Commission on Cancer State Chair Town Hall

October 19, 2024

Commission on Cancer
American College of Surgeons

CoC Cancer Liaison Physicians Meeting

Quyen Chu, MD, FACS

Chair

Committee on Cancer Liaison

Maria Castaldi, MD, FACS

Vice-Chair

Committee on Cancer Liaison

ACS CoC Commission on Cancer
American College of Surgeons

Welcome to New CoC State Chairs

Kelsey Larson, MD, FACS
Kansas

Bret Schipper, MD, FACS
Connecticut

Leah Stockton, MD, FACS
Idaho

2024 CoC State Chair Outstanding Performance Award

Diana Dickson-Witmer, MD, FACS
Delaware

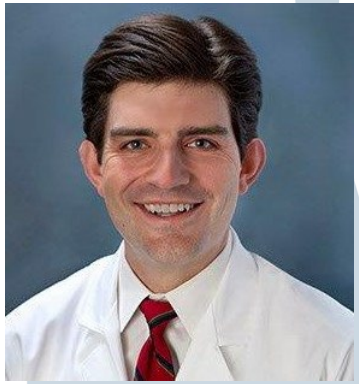
ACS CoC Commission on Cancer
American College of Surgeons

2024 CLP Outstanding Performance Award Winners

Ikechukwu Akunyili, MD
Wellspan Adams Cancer Center
Gettysburg, PA

David Byrd, MD, FACS
University of Washington Medical Center/Fred Hutchinson Cancer Center
Seattle, WA

Edwin Chiu, MD
NYC Health + Hospitals/Kings County
Brooklyn, NY



Ryan K. Cleary, MD
Erlanger Health System
Chattanooga, TN

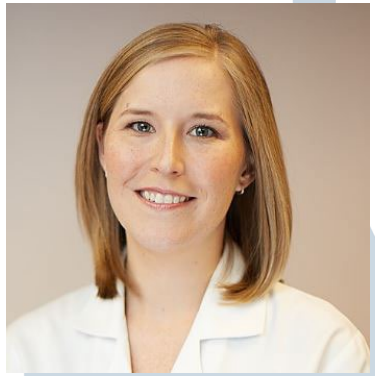
ACS CoC Commission on Cancer
American College of Surgeons

2024 CLP Outstanding Performance Award Winners

Megan B. Nelson, MD, FAAAPMR
UofL Health – UofL Hospital & Brown Cancer Center
Louisville, KY

Sharona Ross, MD, FACS
AdventHealth Tampa
Tampa, FL

Melwyn Sequeira, MD, FRCS, FACS
MyMichigan Health System
Midland, Michigan



Carolyn L. Thomas, MD, FACS
Texas Health Presbyterian Hospital of Dallas
Dallas, TX

ACS CoC Commission on Cancer
American College of Surgeons

2024 CoC Research Paper Competition

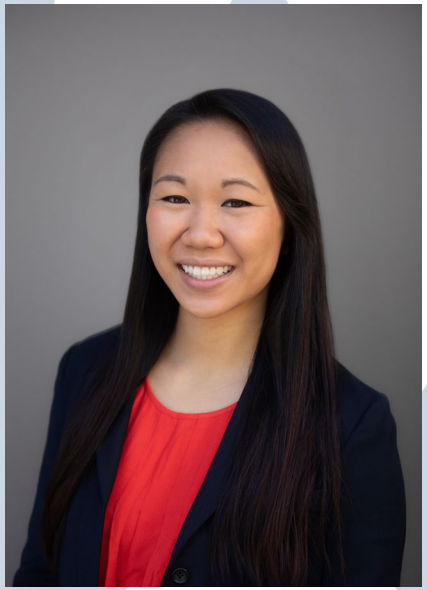
1st Place: Richard Sassun, MD

ACS CoC Commission on Cancer
American College of Surgeons

2024 CoC Research Paper Competition

2nd Place: Kelley Chan, MD, MS

3rd Place: Jamie Hillas, MD



3rd Place: Amelia Wong, DO

ACS CoC Commission on Cancer
American College of Surgeons

- **2025 ACS Cancer Conference**
  - **March 12-14, Phoenix, AZ**
- **CoC VIP Luncheon**
  - **Yosemite Room AB, Ballroom Level Tower 2**
  - **12:15 to 1:15 pm**

October 2024

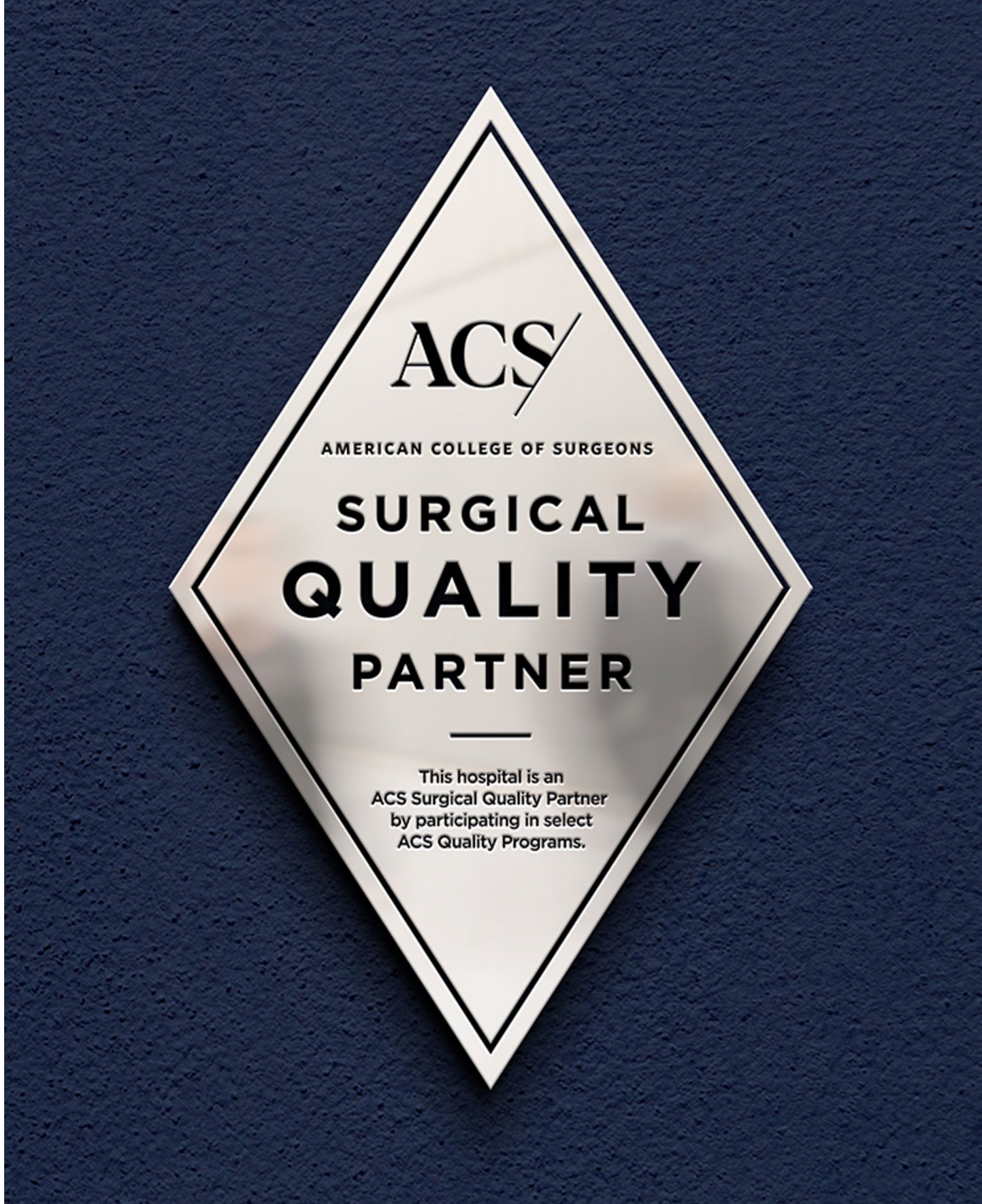
Power of Quality

Commission on Cancer State Chairs Town Hall

ACS AMERICAN COLLEGE OF SURGEONS

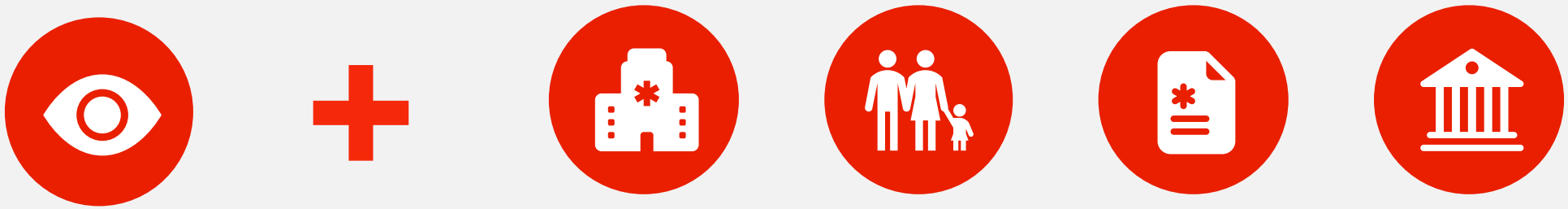
Power of Quality Update Agenda

- Amplifying our Quality Message
- SQP Diamonds – Promoting Quality at Your Hospital
- Advancing Quality for Older Adult Patients – the Geriatric Surgery Verification Program
  - New CMS Age Friendly Measure



Quality is more critical than ever before

The **Power of Quality Campaign** is a national, multi-year effort aimed to improve care for all patients that will be achieved by:



RAISING **AWARENESS**

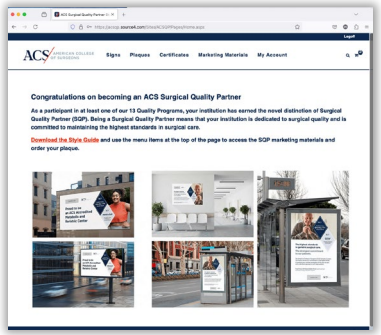
ENGAGING WITH **HOSPITALS**, **COMMUNITIES/PATIENTS**, **PAYERS**, AND **POLICYMAKERS**

Power of Quality Campaign Update By the Numbers

Since launching the campaign in April 2023:

1,600

Complimentary Surgical Quality Partner Diamond Plaque distributed to hospitals



2,300+

Marketing kits downloaded from the SQP Store

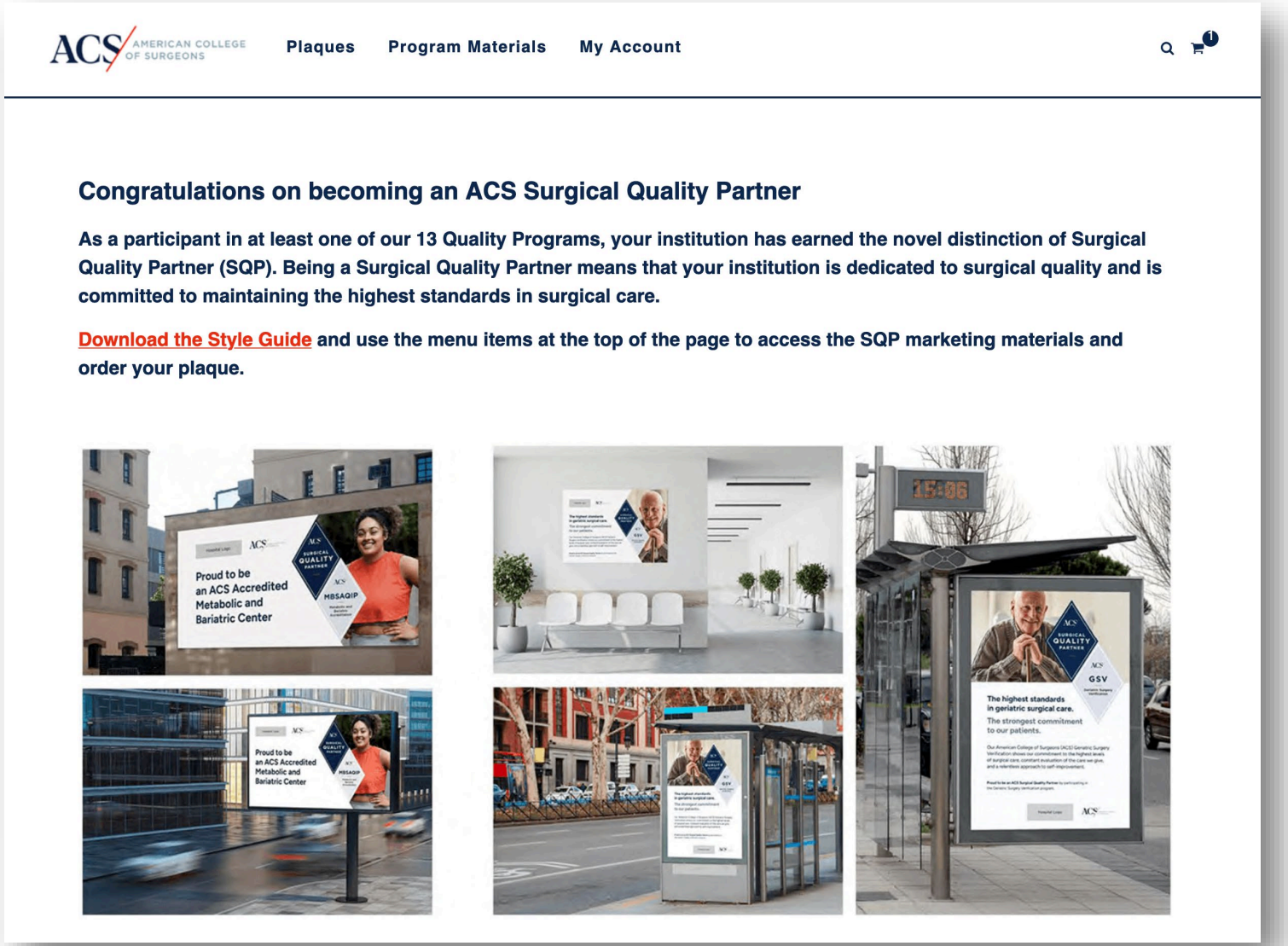
13.2M

Impressions generated and 151K clicks from digital advertising campaign launched in January

The marketing kit is a **free resource for** participating hospitals in CoC, NAPRC, and NAPBC. Continue encouraging the hospitals to claim the complimentary diamond *AND* use the marketing toolkit.

Surgical Quality Partner Store -- Free Marketing Assets

All the North American sites in QPort have received access to the SQP Store.



Diamond Sightings

A great example of a local system highlighting the NAPBC and Surgical Quality Partner designation through a Sponsored Content on their community news source.

Touro earns elite national recognition for comprehensive breast cancer care and emphasis on overall patient well-being

BY AMANDA MCELFRESH | BRANDED CONTENT SPECIALIST Oct 6, 2024 3 min to read

Sponsored Content

This article is brought to you by LCMC Health.

A new prestigious accreditation signifies that Touro provides some of the best breast cancer treatment in the country, with a particular focus on the full spectrum of the patient journey, including prevention, screening, treatment and survivorship.

Touro is one of a handful of institutions to receive accreditation under the American College of Surgeons National Accreditation Program for Breast Centers (NAPBC). Along with the NAPBC accreditation, Touro has become an ACS Surgical Quality Partner, which signifies its dedication to consistently improving procedures and approaches to treating breast cancer.

Diamond Sightings

Torrance Memorial

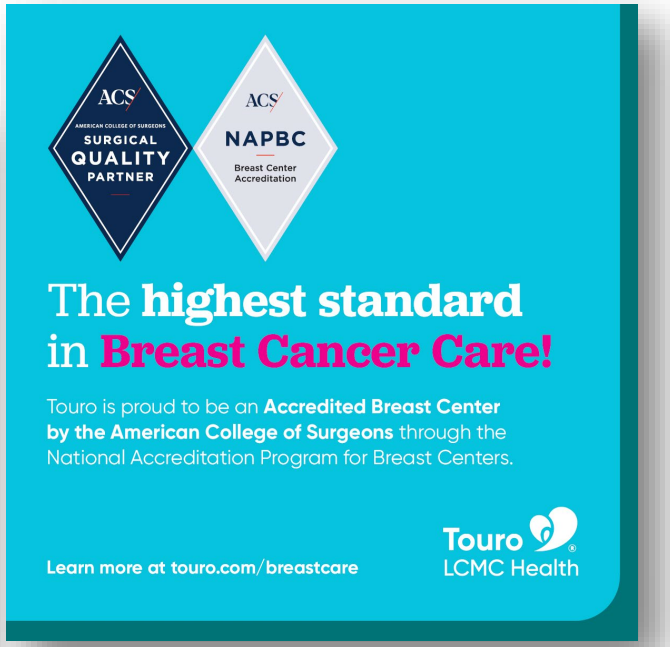
Diamond Sightings

Hines VA Hospital

Diamond Sightings

NYC Health + Hospitals / Jacobi

AdventHealth Tampa



Clinton Memorial Hospital

The Ask to Our Surgical Quality Partners

1

Claim your complimentary SQP Diamond Plaque for your own center. Email us at sqp@facs.org.

2

Show off your Surgical Quality Partner participation on social media. Tag us @amcollsurgeons

3

Encourage centers to update their CEO/marketing contact and to claim their plaque.

ACS Quality Portal
Visit the ACS Quality Portal

ACS AMERICAN COLLEGE OF SURGEONS

ACS SURGICAL QUALITY PARTNER

ACS GSV Geriatric Surgery Verification

The CMS Age Friendly Hospital Measure

ACS GSV Program: Your Solution for Improving Care for Older Adults

Introducing the Age Friendly Hospital Measure

- **What:** The Centers for Medicare & Medicaid Services finalized the new **Age Friendly Hospital Measure on August 1, 2024** for the CMS Inpatient Quality Reporting Program.
- **Why**: This geriatric measure is being implemented to improve the health care for older adults.
- **The measure is based on quality standards developed previously by the ACS** to improve the care and outcome of older adult patients.

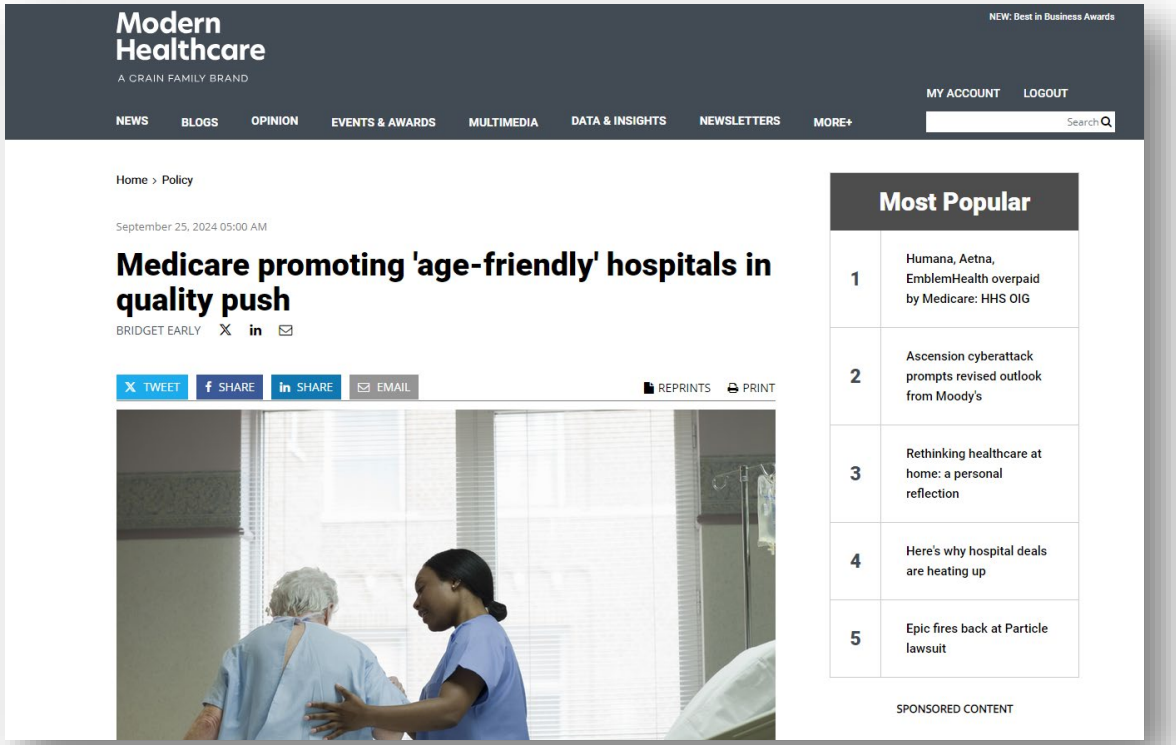
Important Details About the Measure

- **Mandatory**: Within the CMS Inpatient Quality Reporting Program, the measure is mandatory. All hospitals that don't meet participation requirements **could face significant financial penalties**.
- **Period**: Hospitals must attest to the entire measure for the 2025 calendar year, **January 1, 2025 through December 31, 2025**
- **Public Reporting**: CMS will publicly report the results on the **CMS Care Compare website.**
- *(Of note: All measures in the current CMS Hospital **Pay-for-Performance** Program started initially in the IQR program, so an iteration of this measure might very well be a performance measure in the future)*

GSV: Compliant. Cost-effective. Caring.

- The GSV Program has been specifically designed to help hospitals **comply with the CMS Age Friendly Hospital Measure**.
- The GSV Program gives your hospital all the tools you need to **meet all five CMS domains** of the Age Friendly Hospital Measure.
- The GSV Program does not requires hospitals to hire new staff or add resources to implement the program.
- In addition to complying with regulation; case studies show the GSV Program **improves patient outcomes, reduces costs, and increases surgical capacity (i.e., revenue).**

Modern Healthcare – September 25



….“It's an important lift, but it's a fairly hefty lift,” Dr. Clifford Ko, Director of the research and optimal patient care division at the American College of Surgeons, said during a webinar on the new measures last week.

This approach has the potential to improve care and constrain spending, based on the results of a similar American College of Surgeons initiative….

*…Participants in the American College of Surgeons Geriatric Surgery Verification program r**ecorded shorter lengths of stay, lower rates of complications such as postoperative delirium and fewer readmissions**, according to a report the Annals of Surgery Open published in May…*

Promoting the GSV Program

- Excellent opportunity for the ACS to bring the GSV Program to more hospitals nationwide.
- GSV can work very well with CoC hospitals given the demographic of many cancer patients.
- Marketing to hospitals now through email marketing campaigns, digital advertising and promotion to existing ACS Quality Hospitals.
- Need strong advocates in our CoC hospitals to promote this with your hospital leadership.

Get Started with GSV

Visit the GSV Website to learn more about the CMS Age Friendly Hospital Measure

facs.org/GSV

Get in touch with the GSV team

Questions: SQP@facs.org

Thank You

Commission on Cancer
American College of Surgeons

Common CoC Standard Deficiencies and Where State Chairs can Help

Aaron Bleznak, MD, MBA, FACS, FSSO

Chair, Accreditation Committee, CoC

Site Reviewer, CoC

1991 1996 2001 2006 2011 2016 2021 **2025**

Cancer Committee Member

Cancer Liaison Physician

CC Chair

CC Admin

PA State Chair

CoC Member

Commission on Cancer®

CoC Member

CCL Chair/VC

CoC Site Reviewer

PRS

PRS

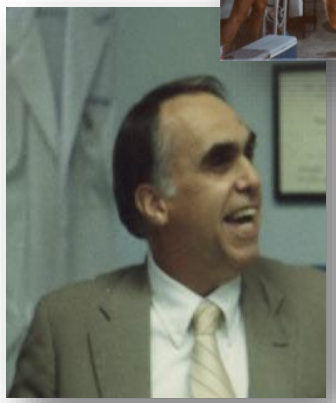
Accred Chair

AGENDA

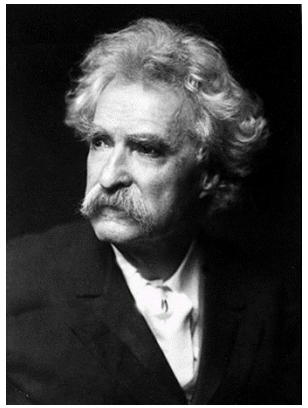
Where State Chairs Can Help

1. Engage with CLPs

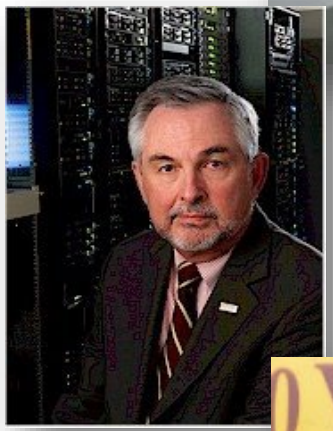
2. Mentor or Coach CLPs

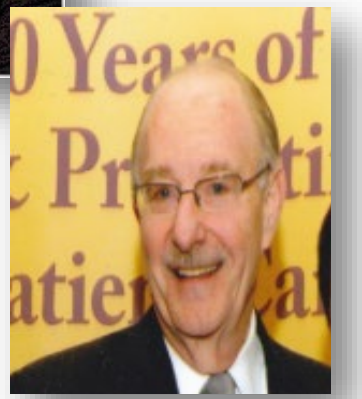


Few things are harder to put up with than the annoyance of a good example.



-Mark Twain

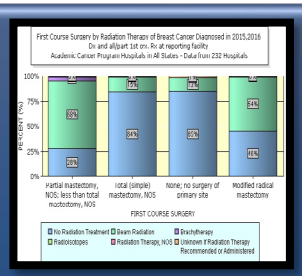




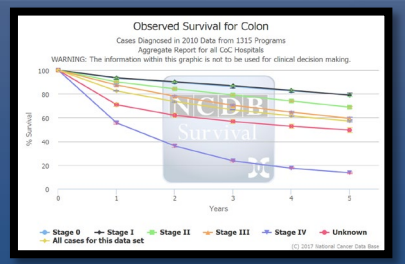
3. Become Proficient with Data Tools

NCDB Tools

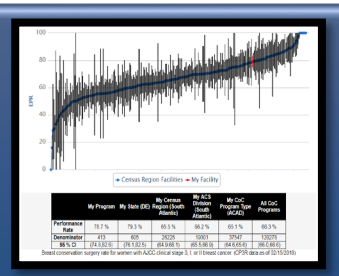
Rapid Cancer Reporting System (RCRS)



Hospital Comparison Benchmark Reports



Survival Reports



Cancer Quality Improvement Program (CQIP) Report

4. Encourage CLPs to Consider Compliance & Value

Compliance

Value

Compliance vs. Value

Less Value

- Centralization of work
- Limited engagement of committee members
- Lack of time for discussion
- Reports with significant repetition from year to year

Maximizing Value

- Distribution/sharing of work
- Active engagement of committee members
- Allowing for vigorous discussion
- Reports focused on opportunities (90:10)

AGENDA

- CLP Standards
  - S2.2: Cancer Liaison Physician
  - S6.4: Rapid Cancer Reporting System
  - S7.1: Quality Measures
  - S7.3: Quality Improvement Initiative
- Operative Standards (S5.3-5.6)
- Cancer Committee (S2.1 & S2.4)
- S4.8: Survivorship Program
- S7.2: Concordance of Care Study
- S9.1: Research

ACS CoC **Commission on Cancer**
American College of Surgeons

2.2 Cancer Liaison Physician

Definition and Requirements

CLP Eligibility
The Cancer Liaison Physician is a physician of any specialty who is an active member of the medical staff. The CLP is considered the physician quality leader of the cancer committee. The CLP serves as the alternate for the Cancer Committee Chair and oversees cancer committee meetings if the chair is not in attendance.

It is permissible for the CLP to also serve as the Cancer Committee Chair, but it is encouraged that the CLP role and the chair role be filled by two individuals.

CLP as Quality Champion
In the role as physician quality leader of the cancer committee, the CLP must identify, analyze, and present National Cancer Database (NCDB) data pertinent and specific to the cancer program to the cancer committee at a minimum of two meetings each calendar year. CLPs are given access to NCDB reporting tools that include survival reports, benchmarking, and other cancer program performance reports. Data from the NCDB must be used as the basis of the reports. Focus is given to areas of concern or where expected performance is not being met. Reports must be given by the CLP or the CLP's alternate.

Documentation of the data presented and the details of the discussion with the cancer committee must be included in the cancer committee minutes or as an attachment to the cancer committee minutes. CLP reports do not substitute and cannot duplicate requirements from other standards, except Standard 7.1: Quality Measures and Standard 6.4: Rapid Cancer Reporting System: Data Submission.

The CLP must attend the CoC site visit and meet with the site reviewer to discuss the cancer program, CLP responsibilities, and the NCDB quality reporting tools.

Documentation

Submitted with Pre-Review Questionnaire

- Cancer committee minutes documenting CLP reports from at least two separate meetings each calendar year on data specific to the cancer program, including actions and response

Documentation uploaded into the Pre-Review Questionnaire must have all protected health information removed.

It is expected that programs follow local, state, and federal requirements related to patient privacy, risk management, and peer review for all standards of accreditation. These requirements vary state-to-state.

Measure of Compliance

The cancer program fulfills all of the compliance criteria:

1. The CLP or the CLP's alternate identifies, analyzes, and presents NCDB data specific to the cancer program, with preference for areas of concern and/or where benchmarks are not met, to the cancer committee at a minimum of two meetings each calendar year.
2. The CLP is present during the CoC site visit and meets with the site reviewer to discuss CLP activities and responsibilities.

Bibliography

Hoyt DB, Ko, CY. *Optimal Resources for Surgical Quality and Safety.* Chicago, IL: American College of Surgeons; 2017.

CLP Responsibilities

MUST DO

- Attend Cancer Committee meetings ≥ 75%
- Present NCDB data twice annually to CC
  - Attention to areas of low performance
- Attend reaccreditation visit and meet with site reviewer
- Serve as ALTERNATE to the CC Chair
- Attend any and all “pre-meetings” or interim CC leadership meetings
- Investigate areas of worse than expected performance
- Volunteer to champion implementation of select standards, such as:
  - Operative standards 5.3-5.8
  - S7.2

ACS CoC **Commission on Cancer**
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6.4 Rapid Cancer Reporting System: Data Submission

Definition and Requirements

The Rapid Cancer Reporting System (RCRS) enables accredited cancer programs to report data on patients concurrently and receive notifications of treatment expectations. This tool presents performance rates for each CoC quality measure for individual programs as well as comparison with the state, other hospital groups, and hospitals at the national level.

The cancer program actively participates in RCRS, submits all required cases, and adheres to the RCRS terms and conditions. All new and updated cancer cases are submitted at least once each calendar month according to the RCRS terms and conditions. A calendar month is defined as the first day of the month through the last day of the month (for example, March 1 to March 31). Once each calendar year, programs submit all complete analytic cases for all disease sites via RCRS as specified by the annual Call for Data.

Programs must actively participate in RCRS submissions and adhere to the RCRS requirements through the entire accreditation cycle. The full details for RCRS participation are provided in the RCRS terms and conditions available on the National Cancer Database website.

RCRS data and required quality measure performance rates must be reported to the cancer committee at least twice each calendar year. The Cancer Liaison Physician may report RCRS data and performance in partial fulfillment of the requirement for Standard 2.2.

Documentation

Submitted with Pre-Review Questionnaire

- Cancer committee minutes documenting reports at two separate meetings each year on RCRS data and performance

Measure of Compliance

Each calendar year, the cancer program fulfills the compliance criteria:

1. All new and updated cancer cases are submitted at least once each calendar month.
2. All complete analytic cases for all disease sites are submitted via RCRS as specified by the annual Call for Data.
3. Rapid Cancer Reporting System data and required quality measure performance rates are reviewed by the cancer committee at least twice each calendar year and are documented in the cancer committee minutes.

CLP Responsibilities

MUST DO

- No responsibility

- Present RCRS data twice annually
- Identify areas of poor/suboptimal performance
- Investigate areas of worse than expected performance
  - RCRS
  - Hospital compare
  - Survival

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American College of Surgeons

7.1 Quality Measures

Definition and Requirements

The Commission on Cancer (CoC) requires accredited cancer programs to treat cancer patients according to nationally accepted quality measures indicated by the CoC quality reporting tool.

The cancer committee monitors the program's expected Estimated Performance Rates for quality measures selected annually by the CoC. Details on the quality measures for this standard may be referenced on the National Cancer Database (NCDB) website which includes quality measure specifications, years for performance evaluation, and quality measure performance thresholds for this standard. Facility performance rates for these quality measures will be extracted from the NCDB reporting tools.

If the cancer program is not meeting the expected EPR of a quality measure(s), then a corrective action plan must be developed and implemented in order to improve performance. The corrective action plan must document how the program will investigate the issue(s) for each quality measure with the goal of resolving all barriers and improving compliance.

The cancer committee's review of compliance with required quality measures and monitoring activity is documented in the cancer committee minutes. The action plan and any corrective action taken are included in the documentation.

Programs with no cases eligible for assessment in a selected quality measure are exempt from requirements for that individual measure.

Documentation

Submitted with Pre-Review Questionnaire

- Cancer committee minutes documenting the presentation and review of required quality measures; documentation includes any required action plans

Documentation uploaded into the Pre-Review Questionnaire must have all protected health information removed.

It is expected that programs follow local, state, and federal requirements related to patient privacy, risk management, and peer review for all standards of accreditation. These requirements vary state-to-state.

Measure of Compliance

Each calendar year, the cancer program fulfills all of the compliance criteria:

1. The cancer committee monitors the program's expected Estimated Performance Rates for quality measures selected by the CoC.
2. The monitoring activity is documented in the cancer committee minutes.
3. For each quality measure selected by the CoC, the quality reporting tools show a performance rate equal to or greater than the expected EPR specified by the CoC.
4. If the expected EPR is not met, the program has implemented an action plan that reviews and addresses program performance below the expected EPR.

Plan is to "reactivate" S7.1 beginning 1/1/25* and begin assessing at reaccreditation visits in 2026.

There will be 4-5 specified measures for which program must achieve EPR

CLP Responsibilities

MUST DO

- No responsibility

- Present CoC-selected RCRS quality measures
- Identify and investigate areas of performance < EPR
- Propose **action plan** for any such areas

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American College of Surgeons

7.3 Quality Improvement Initiative

Definition and Requirements

Under the guidance of the Cancer Liaison Physician (CLP), the Quality Improvement Coordinator, and the cancer committee, the cancer program must measure, evaluate, and improve its performance through at least one cancer-specific quality improvement initiative each year.

This quality improvement (QI) initiative requires the program to identify a problem, understand what is causing the identified problem through use of a recognized performance improvement methodology, and implement a planned solution to the problem. Reports on the status of the QI initiative must be given to the cancer committee at least twice each calendar year and documented in the cancer committee minutes.

Quality Improvement Initiative Required Components

1. **Review Data to Identify the Problem**

The QI initiative must be focused on an already identified, quality-related problem specific to the cancer program.

The following (in order of preference) may be used to identify the focus of the QI initiative:

- Problems identified in a National Cancer Database (NCDB) quality measure
- Problems identified in a Standard 7.2: Monitoring Compliance with Evidence Based Guidelines study
- Problems identified through annual review of clinical services in other CoC standards (for example, palliative care services, genetics services, operative standards)
- Problems identified through National Accreditation Program for Rectal Cancer or National Accreditation Program for Breast Centers accreditation initiatives
- Problems identified through review of NCDB data, including Cancer Quality Improvement Program (CQIP)
- Any other cancer-specific, quality-related problem determined by the cancer committee

2. **Write the Problem Statement**

The QI initiative must have a problem statement. The problem statement must identify:

- A specific, already identified, quality-related problem specific to the cancer program to solve through the QI initiative
- The baseline and goal metrics (must be numerical)
- Anticipated timeline for completing the QI initiative and achieving the expected outcome

The problem statement cannot state that a study is being done to see if a problem exists, rather it must already be known that a problem exists.

3. **Choose and Implement Performance Improvement Methodology and Metrics**

The Quality Improvement Coordinator and the CLP must identify the content experts needed to execute the QI initiative. For example, if the QI initiative is on the BCSRT quality measure, then at least one breast surgeon and one radiation oncologist are included on the initiative team.

A recognized, standardized performance improvement tool must be chosen and used to conduct the QI initiative (for example, Lean, DMAIC, or PDCA/PDSA).

In line with the performance improvement tool selected, the team conducts analysis to identify all possible factors contributing to the problem. This may involve a literature review and/or a root-cause analysis. Based on the results, an intervention is developed that aims to fix the cause of the problem being studied.

It is recommended that a project calendar is identified, which includes the initiative's launch date, when status updates will be given at cancer committee meetings, and a goal wrap-up date.

QI initiatives should last approximately one year. But if additional time is needed, it may be extended for a second year (for a total of two years). However, a new initiative must be started at the beginning of each calendar year even if a previous QI initiative is still in progress. If the QI initiative will extend into the second year, then a status update to the cancer committee must be given at the last meeting of the first calendar year.

4. **Implement Intervention and Monitor Data**

The intervention chosen in step three must be implemented. If oversight of the implementation suggests the intervention is not working, then it must be modified.

5. **Present Quality Improvement Initiative Summary**

Once the initiative has been completed, a document summarizing the initiative and the results must be presented and discussed with the cancer committee and documented in the cancer committee minutes. If possible, results are compared with national data.

The summary presentation must include:

- Summary of the data reviewed to identify the problem to study
- The problem statement
- The QI initiative team members
- Performance improvement tool utilized
- The intervention implemented
- If applicable, any adjustments made to the intervention
- Results of the implemented intervention

Cancer Committee Reports

The CLP or the Quality Improvement Coordinator must provide updates to the cancer committee on the QI initiative's status at least twice each calendar year. Status updates, at a minimum, indicate the current status of the QI initiative and any planned next steps. The final summary and results report may qualify as one of the required reports.

Documentation

Reviewed On-Site

- Documentation of QI initiative team's work from throughout the initiative (for example, minutes, literature used).

Submitted with Pre-Review Questionnaire

- Quality Improvement Initiative Template
- Cancer committee minutes documenting required status updates and presentation of the QI initiative summary

Documentation uploaded into the Pre-Review Questionnaire must have all protected health information removed.

It is expected that programs follow local, state, and federal requirements related to patient privacy, risk management, and peer review for all standards of accreditation. These requirements vary state-to-state.

Measure of Compliance

Each calendar year, the cancer program fulfills all of the compliance criteria:

1. One quality improvement initiative based on an identified quality-related problem is initiated each year. The QI initiative documentation includes how it measured, evaluated, and improved performance through implementation of a recognized, standardized performance improvement tool.
2. Status updates are provided to the cancer committee two times. Reports are documented in the cancer committee minutes.
3. A final presentation of a summary of the quality improvement initiative is presented after the QI initiative is complete. The summary presentation includes all required elements.

Bibliography

Scholtes PR, Joiner BL, Streibel BJ. Teams using tools to solve problems. In: Scholtes PR, Joiner BL, Streibel BJ. *The Team Handbook*. 3rd ed. Edison, NJ: One Quality Place; 2010.

Hoyt DB, Ko CY. *Optimal Resources for Surgical Quality and Safety*. Chicago, IL: American College of Surgeons; 2017.

CLP Responsibilities

MUST DO

- Dyad relationship with Quality Coordinator for annual QI project (guidance/sponsorship)
- Collaborate with QC to identify content experts for QI initiative
- Obtain education in quality improvement processes (CoC offers)
- Serve as a team member for appropriate projects
- Co-present updates and work with QC

Operative Standards

Resources for: **(Standard 5.3: Breast Sentinel Node Biopsy)**

1. Link to Operative Standards Toolkit

To make it easy for CoC-accredited programs to locate and access content on the CoC Operative Standards, the Cancer Surgery Standards Program (CSSP) has created a new wepage called the Operative Standards Toolkit.

Operative Standards Toolkit (facs.org)

2. Fillable PDF - Sentinel Node Biopsy for Breast Cancer Form

This fillable PDF can be downloaded and utilized by CoC-accredited programs to meet the synoptic reporting requirements of Standard 5.3.

Sentinel Node Biopsy for Breast Cancer Form for CoC St 5.3.pdf

Operative Standards Toolkit

Frequently Accessed Resources

- Frequently Asked Questions on the CoC Operative Standards
- Quick Reference Guide – Standards 5.3-5.6 Synoptic Operative Reporting Requirements
- Letter to Surgeons with Documentation Requirements for the CoC Operative Standards
- Overview of Compliance Requirements & Site Visit Process for CoC Operative Standards
- Visual Abstract of Synoptic Operative Reporting Information for Standards 5.3-5.6
- CoC Standard 5.8: Requirements & Best Practices (Video)

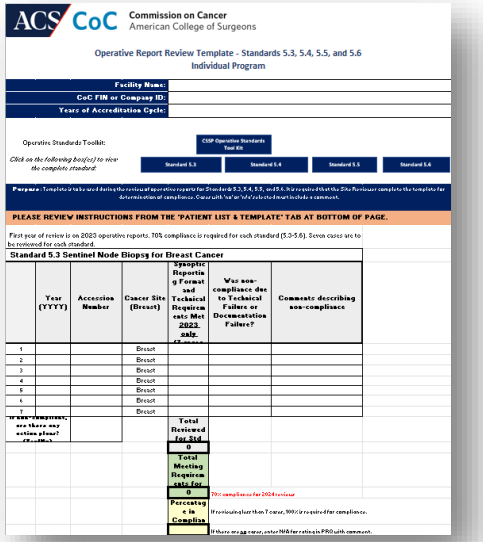
All Resources

- CoC Operative Standards and the Cancer Surgery Standards Program
- CoC Accreditation, Compliance, and Site Review Process
- Synoptic Operative Reporting
- Standard 5.3: Sentinel Lymph Node Biopsy for Breast Cancer
- Standard 5.4: Axillary Lymph Node Dissection for Breast Cancer
- Standard 5.5: Wide Local Excision for Cutaneous Melanoma
- Standard 5.6: Colon Resection
- Standard 5.7: Total Mesorectal Excision
- Standard 5.8: Pulmonary Resection
- References and Suggestions for Further Reading

Standard 5.3-5.6: Operative Standards Alternative Compliance Pathway

- Effective for **2024, 2025, and 2026** Site Visits, alternative compliance pathway for Operative Standards 5.3-5.6
  - Does **not** apply to Standards 5.7 and 5.8

- Applicable IF program does not meet compliance based upon medical record review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Operative Report Review Template - Standards 5.3, 5.4, 5.5, and 5.6
Individual Program

Facility Name:
CoC FIN or Company ID:
Years of Accreditation Cycle:

Operative Standards Toolkit:
CSSP Operative Standards Tool Kit

Click on the following box(es) to view the complete standard:
Standard 5.3 | Standard 5.4 | Standard 5.5 | Standard 5.6

Purpose: Template is to be used during the review of operative reports for Standards 5.3, 5.4, 5.5, and 5.6. It is recommended that the CoCs Reviewer complete the template for determination of compliance. Cases with 'no' or 'n/a' selected must include a comment.

PLEASE REVIEW INSTRUCTIONS FROM THE 'PATIENT LIST & TEMPLATE' TAB AT BOTTOM OF PAGE.

First year of review is on 2023 operative reports. 70% compliance is required for each standard (5.3-5.6). Seven cases are to be reviewed for each standard.

Standard 5.3 Sentinel Node Biopsy for Breast Cancer

	Year (YYYY)	Accession Number	Cancer Site (Breast)	Synoptic Reporting Format and Technical Requirements Met 2023 only	Was non-compliance due to Technical Failure or Documentation Failure?	Comments describing non-compliance
1			Breast			
2			Breast			
3			Breast			
4			Breast			
5			Breast			
6			Breast			
7			Breast			
If non-compliant, are there any action plans?				Total Reviewed for Std: 0		
				Total Meeting Requirements for: 0	70% compliance for 2024 reviews	
				Percentage in Compliance:	If reviewing less than 7 cases, 100% is required for compliance.	
					If there are no cases, enter N/A for rating in PRO with comment.	

Standard 5.3-5.6: Alternative Pathway for Compliance; Requirements

Conduct an **internal audit** and develop an **action plan** to achieve compliance

- Separate audits potentially non-compliant stand
- Must be comple sit or the year of the site visit
  - Audit results a nutes before Site Reviewer selects cases f

Action plan must a nce and the interventions impl

- Be specific! Re t meaningful.
- Plans can includ applicable

Standards 5.3 – 5.6 Operative Standards

Important Information and FAQs

- **Curative intent** element must be included in synoptic operative reports for 5.3-5.6
- **S5.3:** If bilateral axillary surgery for breast cancer, a separate synoptic format with all required elements must be listed for each side with laterality designated.
- **S5.4:** If SLN biopsy and subsequent ALND are both performed during the same operation, a synoptic report with all required elements must be listed for each procedure.
- **S5.5:** Wide local excisions for melanoma performed by any provider within the accredited program is considered a case applicable for review during the site visit.
- **S5.6:** If resection for colon cancer of 2 lesions within one resection, only one synoptic report with all required elements is needed. However, if resecting 2 colon cancers in 2 separate resections, a synoptic report with all required elements for each is required.

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2.1 Cancer Committee

Definition and Requirements

The care of patients with cancer requires a multidisciplinary approach and encompasses physician and non-physician professionals. The committee responsible for program leadership is multidisciplinary and represents the full scope of cancer care and services.

Required cancer committee members include at least one physician representing each of the diagnostic and treatment services, coordinators, and representatives from administrative, clinical, and supportive services. Each program assesses the scope of services offered and determines the need for additional cancer committee members based on the major cancer sites seen by the program.

Appointments for required members must occur at the first meeting of a calendar year at least once during the accreditation cycle. The appointments are documented in the cancer committee minutes. If a required member cannot continue to serve on the cancer committee, a new member must be appointed at the next cancer committee meeting and documented in the minutes.

Required physician members:

- Cancer Committee Chair
  Physician of any specialty, selected according to facility rules and/or bylaws; can also represent one of the required physician specialties
- Cancer Liaison Physician (CLP)
  Can also represent one of the required physician specialties and/or the Quality Improvement Coordinator; the CLP serves as the Cancer Committee Chair's alternate
- Diagnostic radiologist
- Pathologist
- Surgeon
  Can be either a general surgeon involved in cancer care or a surgical specialist involved in cancer care
- Medical oncologist
- Radiation oncologist
  If all radiation oncology services are provided by referral and the facility's medical staff does not include a radiation oncologist, a radiation oncologist is recommended to be part of the committee but not required

Required non-physician members:

- Cancer Program Administrator
  Responsible for the administrative oversight and has budget authority for the cancer program
- Oncology nurse
- Social worker (licensed social worker, OSW-C preferred)
- Oncology Data Specialist (ODS)

Required coordinator members:

- Cancer Conference Coordinator
  Responsible for overseeing Standard 2.5: Multidisciplinary Cancer Case Conference
- Quality Improvement Coordinator
  Responsible for overseeing Standard 7.3: Quality Improvement Initiative
- Cancer Registry Quality Coordinator
  Responsible for overseeing Standard 6.1: Cancer Registry Quality Control and Standard 4.3: Cancer Registry Staff Credentials
- Clinical Research Coordinator
  Responsible for overseeing Standard 9.1: Clinical Research Accrual; a clinical trial principal investigator, a research data manager or associate, a clinical research nurse, an oncology nurse, or other similar role with clinical research experience is selected to fill this role
- Psychosocial Services Coordinator
  Responsible for overseeing Standard 5.2: Psychosocial Distress Screening; an oncology social worker [OSW-C preferred], advanced practice nurse, clinical psychologist, or other mental health professional trained in the psychosocial aspects of cancer care is selected to fill this role
- Survivorship Program Coordinator
  Responsible for overseeing Standard 4.8: Survivorship Program; a physician, physician assistant, advanced practice nurse, nurse, social worker [OSW-C preferred], nurse navigator, or therapist or other licensed health care professional is selected to fill this role

One individual may serve in a maximum of two coordinator roles and represent one of the required physician or non-physician specialties. For example, the appointed medical oncologist can serve as the Clinical Research Coordinator and Survivorship Program Coordinator.

A Certified Tumor Registrar may only serve as the Cancer Conference Coordinator and/or the Cancer Registry Quality Coordinator.

2.4 Cancer Committee Attendance

Definition and Requirements

To successfully complete responsibilities and guide multidisciplinary input, it is imperative that all required members regularly attend and participate in cancer committee meetings.

Each required cancer committee member or the member's designated alternate attends at least 75 percent of the cancer committee meetings held each calendar year. The cancer committee monitors the attendance of required members. It is recommended that the cancer committee also monitor attendance of non-required members.

Members subject to attendance requirements include the specialists and coordinators defined as "required members" in Standard 2.1: Cancer Committee.

Appointing Alternates
For each required member/role, one designated alternate member can be identified. Designating an alternate is optional. Only one alternate can be appointed for each required member.

The designated alternate must be qualified and appropriately credentialed to serve as an alternate for the role (for example, alternate to a medical oncologist must be another medical oncologist). An individual can only serve as an alternate for one individual.

The identification of designated alternates must take place at the first meeting of the calendar year at least once during the accreditation cycle. This information is documented in the cancer committee minutes. If a required member or alternate cannot continue to serve on the cancer committee, a new member or alternate must be appointed at the next cancer committee meeting and documented in the minutes.

The attendance percentage is calculated based on the attendance of the required role. In other words, the required member plus his or her designated alternate's attendance is considered together.

Remote Attendance
Attendance at cancer committee meetings may include participation through teleconference or videoconference calls as long as the remote attendee has access to appropriate meeting documents.

Documentation

Submitted with Pre-Review Questionnaire

- Cancer Committee Template
- Cancer committee minutes that include the required member attendance for each cancer committee meeting held during each calendar year

Documentation uploaded into the Pre-Review Questionnaire must have all protected health information removed.

It is expected that programs follow local, state, and federal requirements related to patient privacy, risk management, and peer review for all standards of accreditation. These requirements vary state-to-state.

Measure of Compliance

Each calendar year, the cancer program fulfills the compliance criteria:

1. Each required member or the designated alternate attends at least 75 percent of the cancer committee meetings held.

Standard 2.4: Cancer Committee Attendance

- Compliance defined as each required member or the designated alternate attends <u>at least 75%</u> of the cancer committee meetings held.

Helpful Remi

- Required members ted **at least once** during the accredit
- Designating alterna
- Alternates must be ved for each position
- Changes to membe noted in the cancer committee minute r on day of appt.

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4.8 Survivorship Program

Definition and Requirements

The cancer committee oversees the development and implementation of a survivorship program directed at meeting the needs of cancer patients treated with curative intent.

Survivorship Program Team
The cancer committee appoints a coordinator of the survivorship program per the requirements in Standard 2.1: Cancer Committee.

The Survivorship Program Coordinator develops a survivorship program team. Suggested specialties include physicians, advanced practice providers, nurses, social workers, nutritionists, physical therapists, and other allied health professionals.

The survivorship program team determines a list of services and programs, offered on-site or by referral, that address the needs of cancer survivors. The team formally documents a minimum of three services offered each year. Services may be continued year to year, but it is expected that cancer programs will strive to enhance existing services over time and develop new services.

Each year, the survivorship program coordinator gives a report, and the cancer committee reviews the activities of the survivorship program. The report includes:

- An estimate of the number of cancer patients who participated in the three identified services
- Identification of the resources needed to improve the services if barriers were encountered

Survivorship Program Services
Services utilized by the survivorship program may include, but are not limited to:

- Treatment summaries
- Survivorship care plans
- Screening programs for cancer recurrence
- Screening for new cancers
- Seminars for survivors
- Rehabilitation services
- Nutritional services
- Psychological support & psychiatric services
- Support groups and services
- Formalized referrals to experts in cardiology, pulmonary services, sexual dysfunction, fertility counseling
- Financial support services
- Physical activity programs

Survivorship Care Plans (SCP)
The CoC recommends and encourages that patients receive a survivorship care plan (SCP), but delivery of such plans is not a required component of this standard. Delivery of SCPs may be utilized as one of the services offered to survivors to meet the requirements of this standard. If so, then the program defines the population to receive care plans.

Documentation

Submitted with Pre-Review Questionnaire

- Policy and procedure defining the survivorship program requirements
- Cancer committee minutes that document the required yearly evaluations of the survivorship program

Measure of Compliance

Each calendar year, the program fulfills all of the following compliance criteria:

1. The cancer committee identifies a survivorship program team, including its designated coordinator and members.
2. The survivorship program is monitored and evaluated. A report is given to the cancer committee, contains all required elements, and is documented in the cancer committee minutes.

Bibliography

Jacobs, LA, Shulman LN. Follow-up care of cancer survivors: Challenges and solutions. *Lancet Oncol*. 2017;18:e19-29.

Mayer DK, Nekhyudov L, Snyder CF, Merrill JK, Wollins DS, Shulman LN. American Society of Clinical Oncology clinical expert statement on cancer survivorship care planning. *J Oncol Practice*. 2014;10:345-351.

Nekhlyudov L, Mollica MA, Jacobsen P, Mayer DK, Shulman LN, Geiger AM. Developing a quality of cancer survivorship care framework: Implications for clinical care, research, and policy. *J Natl Cancer Inst*. 2019.

Focus: Development of a survivorship program to address the breadth of a cancer survivor's needs.

OP-ED

I miss the man I was before cancer

As a person of faith, discovering I had cancer was hard. The journey since has been even harder.

By Larry Miller

I'm a very private person. That's just who I am. But the very nature of this story, the personal nature, demands I open up.

In 2022, I was diagnosed with squamous cell carcinoma of the lower right mandible. I thought it was an abscess. I felt a lump on my lower right jaw and saw it in the mirror when I opened my mouth. It didn't hurt. I thought it was an abscess, which is a buildup of pus from an infection. I thought that because I had a tooth removed at the end of 2021. No, it was a cancerous lesion that would have to

I'm not the kind of man who gives in to fear, and even when the diagnosis was confirmed, my lifetime of spiritual and religious studies, personal convictions, and training in physical and emotional control all kicked in.

I would need it.

The surgery

In June of that year, I underwent surgery. I spent 10 days in the hospital and three months on disability, recovering. The nature of the surgery wasn't just removing

The lower right portion of my face was hugely swollen after surgery and permanently slightly disfigured. I'm vain, I admit it, but my care team at Penn Medicine assured me the swelling would go down, and it did. I didn't need chemotherapy, but six weeks of targeted radiation therapy at the Abramson Cancer Center was necessary.

Before the surgery, the doctor told me I wouldn't be able to turn or lift my head. The procedure changed my center of gravity, necessitating the use of a cane sometimes, and as if that wasn't

The road to recovery

This is a journey in and through the dark places of the heart, mind, and soul. Really dark places.

My life is twisted inside out. I sleep much more.

Chewing is hard. I soften foods to eat and make thick soups that I puree and eat through a straw. I've lost a lot of weight, which might not seem like a bad thing. But I have a closet full of very nice suits and shirts I can't wear.

Speaking has become a labored process; my resonant, expressive

In June of that year, I underwent surgery. I spent 10 days in the hospital and three months on disability, recovering. The nature of the surgery wasn't just removing the lesion, but also the lower right jawbone. A portion of bone from my right shoulder blade would replace it.

The lower right portion of my face was hugely swollen after surgery and permanently slightly disfigured. I'm vain, I admit it, but my care team at Penn Medicine assured me the swelling would go down, and it did. I didn't need chemotherapy, but six weeks of targeted radiation therapy at the Abramson Cancer Center was necessary.

Before the surgery, the doctor told me I wouldn't be able to turn or lift my head. The procedure changed my center of gravity, necessitating the use of a cane sometimes, and as if that wasn't enough, when I could eat solid foods again, my taste buds were off.

That was the easy part of this journey.

The road to recovery

This is a journey in and through the dark places of the heart, mind, and soul. Really dark places.

Standard 4.8 Survivorship Program

Standard requirements:

- Designate leader/coordinator of survivorship program
- Identify team & services/programs offered to address needs of cancer survivors
- Annually evaluate 3 services impacting cancer survivors

Services may include:

- SCP & treatment summaries
- Screening for recurrence & new cancers
- Education & seminars
- Rehabilitation services
- Nutrition services
- Psychological support & psychiatric services
- Support groups and services
- Formalized referrals to experts in cardiology, pulmonary services, sexual dysfunction, fertility counseling
- Financial support services
- Physical activity programs

Standard 4.8: Required Annual Report

- Survivorship Program Coordinator reports to cancer committee each year on a full calendar year's activities

- Report outlines three survivorship **SERVICES focused on cancer survivors**
  - Estimate the number of patients with cancer who participated in each of the three identified services (must distinguish between active treatment & post treatment patients)
  - Identify resources needed to improve services/opportunities

- Discussion is documented in the minutes. Must appear in the year of the activities reviewed or the Q1 meeting of the subsequent year.

Potential Issues with Standard 4.8

Survivorship: During and After Treatment

The American Cancer Society uses the term **cancer survivor** to refer to anyone who has ever been diagnosed with cancer no matter where they are in the course of their disease.

NATIONAL CANCER INSTITUTE

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Home > About Cancer > Coping with Cancer > Cancer Survivorship

Coping with Cancer
- Emotions and Cancer
- Adjusting to Cancer
- Self-Image & Sexuality
- Day-to-Day Life
- Support for Caregivers
- Survivorship
  - Life After Cancer Treatment
  - Follow-Up Medical Care
  - Late Effects
  - Family Issues
  - Survivorship Care for Children
  - Questions to Ask When You Have Finished Treatment

Cancer Survivorship

Millions of adults and children in the United States have been diagnosed with cancer in their lifetime. A person is considered a cancer survivor from the time of diagnosis through the balance of life. There are many types of survivors, including those living with cancer and those free of cancer. What being a survivor means to you may change over time, and some people might prefer another term entirely to describe themselves.

These pages focus on helping survivors cope with the issues they may face after completing cancer treatment or, if they are living with metastatic or advanced cancer, the issues they may face during ongoing treatment. To learn about ways to cope with an initial diagnosis, see Coping with Cancer.

To read our booklet for cancer survivors, see NCI's Facing Forward: Life After Cancer Treatment. To learn more about survivorship and NCI research, and to read stories from cancer survivors, see our Office of Cancer Survivorship page.

The following are not compliant services:

- Use same report from another Standard
  - Nutrition
  - Rehab
  - Psychosocial services
  - Cancer screening
  - Cancer prevention

Potential Issues with Standard 4.8

Events ≠ Services

Active care provided

Examples of non-compliant services:

- One-time event (usually)
- Distributing brochures or providing website for patients to view
- Events/celebrations for cancer survivors
- Booths at a health fair

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9.1 Clinical Research Accrual

Definition and Requirements

As prescribed for cancer program category, the required percentage of subjects is accrued to eligible cancer-related clinical research studies each calendar year. The Clinical Research Coordinator documents and reports clinical research information and the annual enrollment in clinical research studies to the cancer committee each calendar year.

Clinical Research Information and Screening Processes
The cancer program must establish a screening policy and procedure to identify participant eligibility for clinical research studies and how to provide clinical research information to subjects. Through the Clinical Research Coordinator, the cancer committee evaluates and assesses the eligibility and screening processes to identify and address barriers to enrollment and participation.

Cancer-Related Research Studies Eligible for Accrual
Clinical research studies eligible to count for accrual must meet the following requirements:

1. Be related to cancer
2. Be approved by an internal or external Institutional Review Board (IRB) that is responsible for the review and oversight of the research study, and
3. Have informed, written subject consent (unless consent is waived by the IRB)

Categories of cancer-related clinical research studies eligible for accrual:

- Basic Science
- Device Feasibility
- Diagnostic
- Health Services Research
- Prevention
- Screening
- Supportive Care
- Treatment

Definitions for these categories may be found on the National Cancer Institute Clinical Trial Reporting Program User Guide (see Primary Purpose Value Definitions).

Additional categories of cancer-related clinical research studies for accrual:

- Cancer-specific biorepositories or tissue banks
  - Such biobanks must collect cancer tissue or blood samples specifically for use in clinical trials and/or clinical research
- Economics of cancer care
  - Studies that assess the costs and effectiveness of cancer interventions and/or analyze the financial impact of cancer care on patients
- Genetic studies
  - Studies that examine contributing genes or how different exposures modify the effect of a gene mutation that may be at risk for cancer development, or
  - Studies that examine genetic polymorphisms and mutations for early risk assessment
- Patient registries with an underlying cancer research focus
  - Such registries must be used in clinical trials and/or clinical research
- Epidemiological studies with an underlying cancer research focus

Humanitarian Use Devices studies cannot be counted as an accrual under this standard.

Calculating Compliance
Compliance with this standard is calculated using the number of subjects enrolled in eligible clinical research studies (numerator), and the total number of annual analytic cancer cases (denominator).

To count for accrual, subjects enrolled in eligible clinical research studies must fall into at least one of the following categories:

- Diagnosed and/or treated at your program or facility and enrolled in a cancer-related clinical research study within your program or facility
- Diagnosed and/or treated at your program or facility and enrolled in a cancer-related clinical research study within a staff physician's office of your program or facility
- Diagnosed and/or treated at the program or facility, then referred by your program or facility for enrollment onto a cancer-related clinical research study through another program or facility
- Referred to your program or facility for enrollment onto a cancer-related clinical research study through another program or facility

Researchers and clinical trial investigators who accept referral of subjects from other programs for the purpose of participation in a cancer-related clinical research study must cooperate with the data management team of the cancer program from which the subject was referred.

If one subject is enrolled in two different trials or studies, that subject may be counted twice for accrual. However, if one subject is enrolled in two arms of a protocol, or enrolled in a sub-study of a protocol, the subject only counts once for accrual.

Minimum required accrual percentages each calendar year:

Category	Percentage Requirement
ACAD	6
CCCP	4
CCP	2
FCCP	2
HACP	Exempt
INCP	6
NCIP	Exempt
PCP	50
VACP	2

Clinical Research Coordinator
The Clinical Research Coordinator must track and report to the cancer committee:

- The specific clinical research studies where subjects were accrued, including the trial/study name and, when applicable, the clinicaltrials.gov trial number
- Number of subjects accrued to each individual clinical research study
- Open clinical research studies with identification of those with a nearing end date
- New trials that will be added
- If the required accrual percentage is not met, the report identifies contributing factors and identifies an action plan to address those factors

The report and analysis must be documented in the cancer committee minutes.

Documentation

Reviewed On-Site

- Tracking documents that detail the number of subjects accrued to specific clinical research studies

Submitted with Pre-Review Questionnaire

- Clinical Research Accrual Template
- Cancer committee minutes documenting the Clinical Research Coordinator's report that includes all required elements
- Policy and procedure for screening patients for clinical research studies and for providing subjects with information on clinical research studies

Documentation uploaded into the Pre-Review Questionnaire must have all protected health information removed.

It is expected that programs follow local, state, and federal requirements related to patient privacy, risk management, and peer review for all standards of accreditation. These requirements vary state-to-state.

Measure of Compliance

Each calendar year, the cancer program fulfills all of the compliance criteria:

1. The program has a screening policy and procedure to identify participant eligibility for clinical research studies and how to provide clinical trial information to subjects. These processes are assessed to identify and address barriers to enrollment and participation.
2. The number of accruals to cancer-related clinical research studies meets or exceeds the required percentage.
3. The Clinical Research Coordinator reports all required information to the cancer committee and the report is documented in the cancer committee minutes.

Bibliography

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Chow CJ, Habermann EB, Abraham A, et al. Does enrollment in cancer trials improve survival? *J Am Coll Surg*. 2013:216(4);774-780.

Brennan M, Gass P, Haberle L, et al. The effect of participation in neoadjuvant clinical trials on outcomes in patients with early breast cancer. *Breast Cancer Res Treat*. 2018:171(3):747-758.

Clinical Research Accrual

- Programs must develop screening methods to identify patients for clinical research & must provide clinical research information to patients

- Program must accrue a percentage of patients to clinical research each year
  - Denominator is the number of newly diagnosed cancer patients that calendar year
  - Numerator is the # of those patients entered into clinical trials.

Category	Percentage Requirement
ACAD	6
CCCP	4
CCP	2
FCCP	2
HACP	Exempt
INCP	6
NCIP/NCIN	Exempt
PCP	50
VACP	2

Standard 9.1: Clinical Research Accruals

Retrospective studies do not qualify for 9.1 accrual

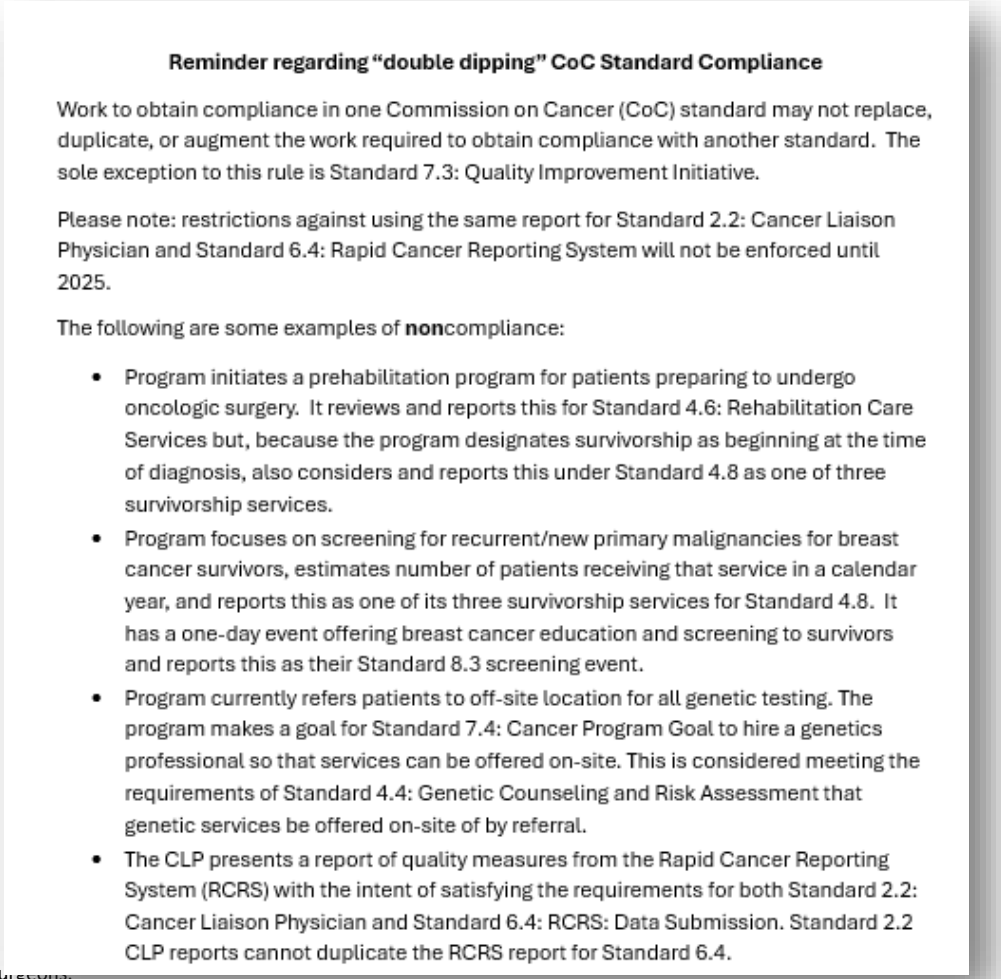
- **Retrospective study definition:** Studies designed to answer clinical questions through the analysis of data that has previously been collected. May include chart reviews or audits, or the review of available data from cancer registries or databases

No Double Dipping

Work for one standard cannot be used to meet compliance with another standard

Exceptions:

- Standard 7.3 QI Initiative can be based on work done in another standard
- Standard 6.4 RCRS data review and S7.1 Quality Measures



Reminder regarding "double dipping" CoC Standard Compliance

Work to obtain compliance in one Commission on Cancer (CoC) standard may not replace, duplicate, or augment the work required to obtain compliance with another standard. The sole exception to this rule is Standard 7.3: Quality Improvement Initiative.

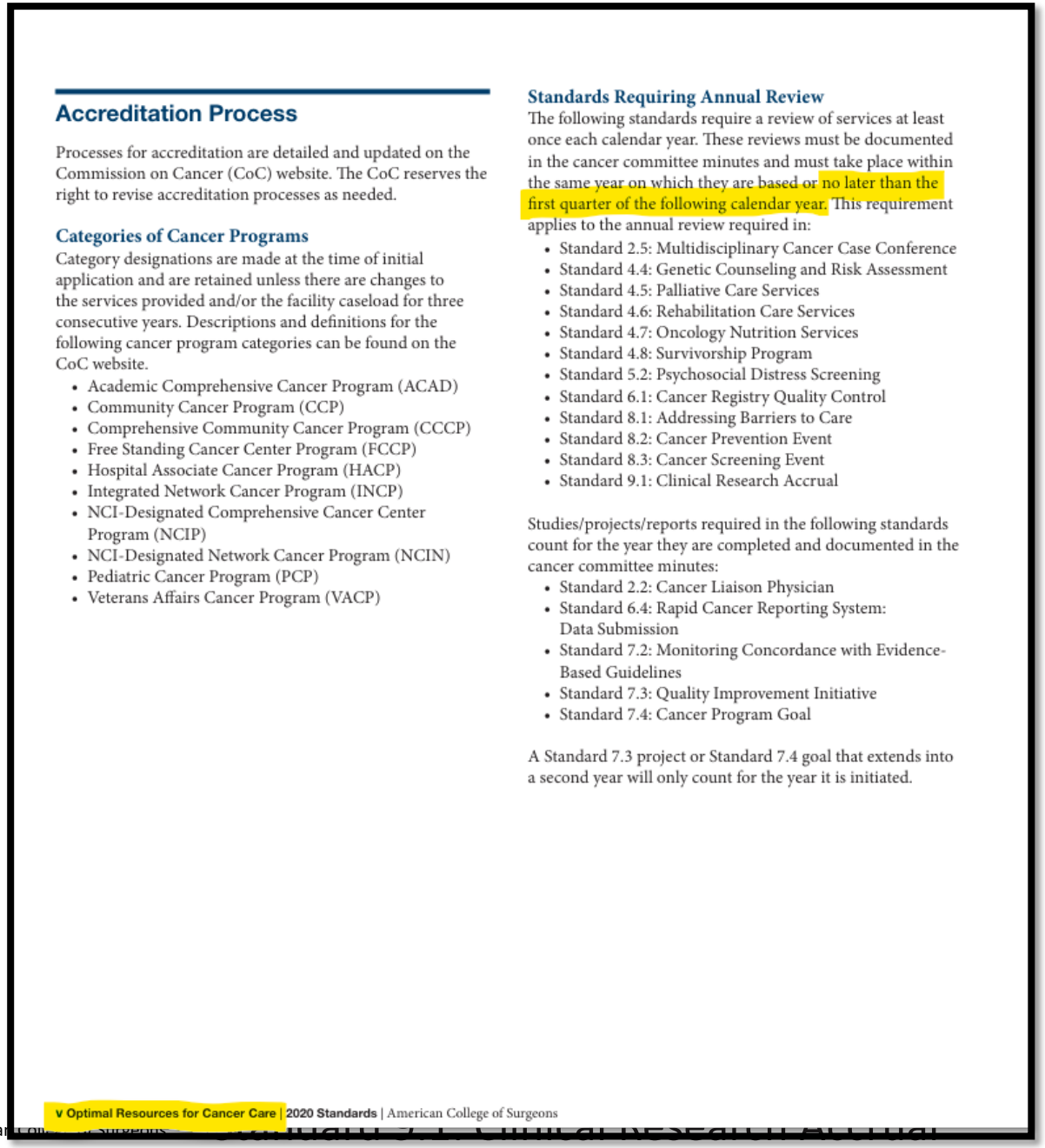
Please note: restrictions against using the same report for Standard 2.2: Cancer Liaison Physician and Standard 6.4: Rapid Cancer Reporting System will not be enforced until 2025.

The following are some examples of **non**compliance:

- Program initiates a prehabilitation program for patients preparing to undergo oncologic surgery. It reviews and reports this for Standard 4.6: Rehabilitation Care Services but, because the program designates survivorship as beginning at the time of diagnosis, also considers and reports this under Standard 4.8 as one of three survivorship services.
- Program focuses on screening for recurrent/new primary malignancies for breast cancer survivors, estimates number of patients receiving that service in a calendar year, and reports this as one of its three survivorship services for Standard 4.8. It has a one-day event offering breast cancer education and screening to survivors and reports this as their Standard 8.3 screening event.
- Program currently refers patients to off-site location for all genetic testing. The program makes a goal for Standard 7.4: Cancer Program Goal to hire a genetics professional so that services can be offered on-site. This is considered meeting the requirements of Standard 4.4: Genetic Counseling and Risk Assessment that genetic services be offered on-site of by referral.
- The CLP presents a report of quality measures from the Rapid Cancer Reporting System (RCRS) with the intent of satisfying the requirements for both Standard 2.2: Cancer Liaison Physician and Standard 6.4: RCRS: Data Submission. Standard 2.2 CLP reports cannot duplicate the RCRS report for Standard 6.4.

Annual Report Requirements

- Must be documented in the cancer committee minutes
- Must take place within the same calendar year on which its based or no later than the first quarter of the following calendar year
- Should include a year's worth of data or observations



Accreditation Process

Processes for accreditation are detailed and updated on the Commission on Cancer (CoC) website. The CoC reserves the right to revise accreditation processes as needed.

Categories of Cancer Programs

Category designations are made at the time of initial application and are retained unless there are changes to the services provided and/or the facility caseload for three consecutive years. Descriptions and definitions for the following cancer program categories can be found on the CoC website.

- Academic Comprehensive Cancer Program (ACAD)
- Community Cancer Program (CCP)
- Comprehensive Community Cancer Program (CCCP)
- Free Standing Cancer Center Program (FCCP)
- Hospital Associate Cancer Program (HACP)
- Integrated Network Cancer Program (INCP)
- NCI-Designated Comprehensive Cancer Center Program (NCIP)
- NCI-Designated Network Cancer Program (NCIN)
- Pediatric Cancer Program (PCP)
- Veterans Affairs Cancer Program (VACP)

Standards Requiring Annual Review

The following standards require a review of services at least once each calendar year. These reviews must be documented in the cancer committee minutes and must take place within the same year on which they are based or no later than the first quarter of the following calendar year. This requirement applies to the annual review required in:

- Standard 2.5: Multidisciplinary Cancer Case Conference
- Standard 4.4: Genetic Counseling and Risk Assessment
- Standard 4.5: Palliative Care Services
- Standard 4.6: Rehabilitation Care Services
- Standard 4.7: Oncology Nutrition Services
- Standard 4.8: Survivorship Program
- Standard 5.2: Psychosocial Distress Screening
- Standard 6.1: Cancer Registry Quality Control
- Standard 8.1: Addressing Barriers to Care
- Standard 8.2: Cancer Prevention Event
- Standard 8.3: Cancer Screening Event
- Standard 9.1: Clinical Research Accrual

Studies/projects/reports required in the following standards count for the year they are completed and documented in the cancer committee minutes:

- Standard 2.2: Cancer Liaison Physician
- Standard 6.4: Rapid Cancer Reporting System: Data Submission
- Standard 7.2: Monitoring Concordance with Evidence-Based Guidelines
- Standard 7.3: Quality Improvement Initiative
- Standard 7.4: Cancer Program Goal

A Standard 7.3 project or Standard 7.4 goal that extends into a second year will only count for the year it is initiated.

v Optimal Resources for Cancer Care | 2020 Standards | American College of Surgeons

Cancer Surgery Standards Program
American College of Surgeons

CSSP Updates

Timothy Vreeland MD, FACS
Brooke Army Medical Center
CSSP Education Committee Vice Chair

Current CoC Compliance Rates

CoC Standards 5.3 - 5.6: January-September 2024

Standard	Compliance Percentage	Non-Compliance Percentage
Standard 5.3	73%	27%
Standard 5.4	68%	32%
Standard 5.5	50%	50%
Standard 5.6	52%	48%

196 total site visits YTD

CoC Compliance Rates

CoC Standards 5.7 and 5.8 in 2022, 2023, 2024 YTD, and Overall Compliance

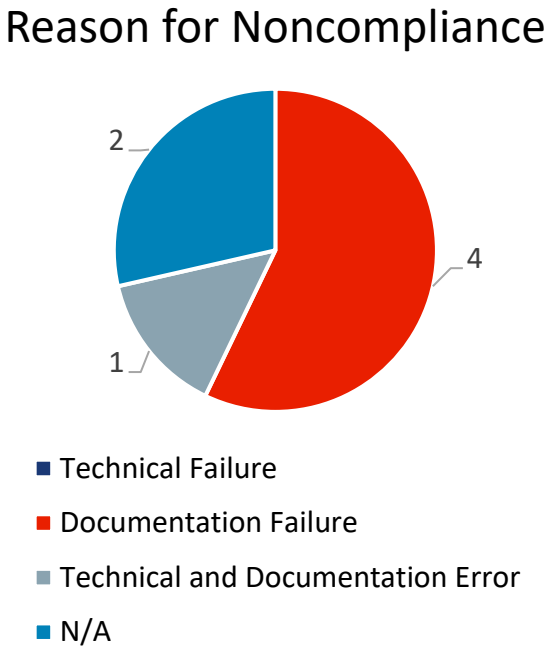
Standard	Compliance Percentage	Non-Compliance Percentage
Standard 5.7 2022	90%	10%
Standard 5.7 2023	86%	14%
Standard 5.7 2024 YTD	88%	12%
Overall Standard 5.7	88%	12%

Standard	Compliance Percentage	Non-Compliance Percentage
Standard 5.8 2022	58%	42%
Standard 5.8 2023	48%	52%
Standard 5.8 2024 YTD	56%	44%
Overall Standard 5.8	53%	47%

Site Reviewer Template Data

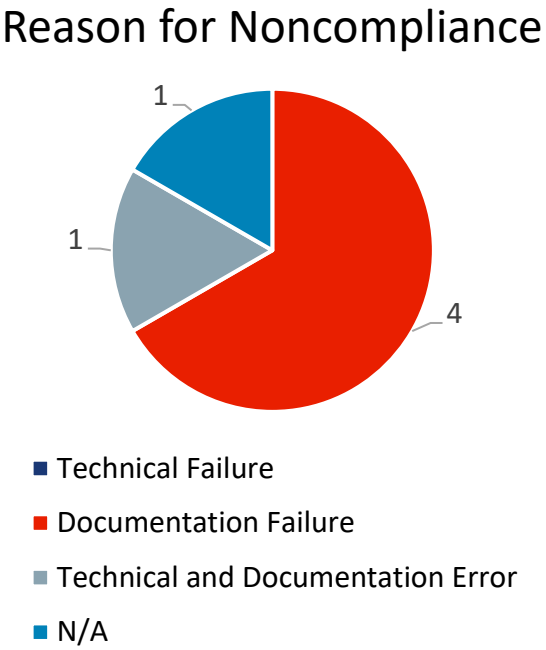
Standard 5.3

26 templates, 19 compliant sites, 7 noncompliant sites



Standard 5.4

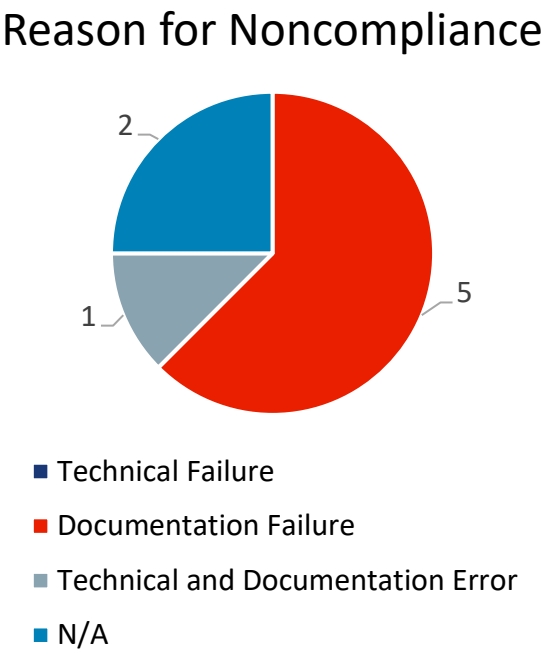
24 templates, 18 compliant sites, 6 noncompliant sites



Site Reviewer Template Data

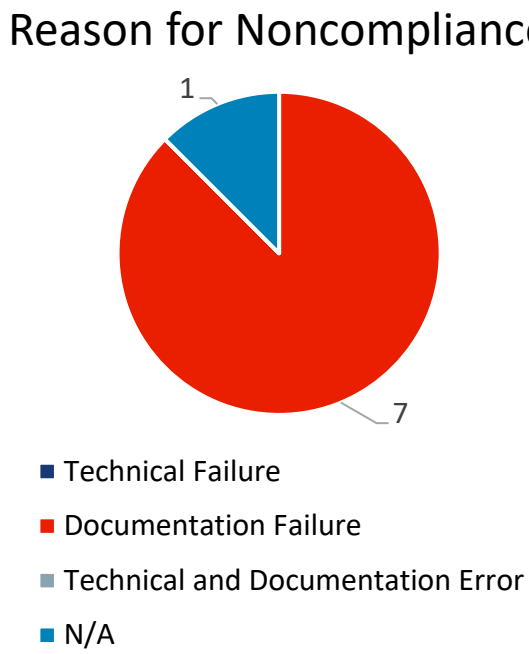
Standard 5.5

20 templates, 12 compliant sites,
8 noncompliant sites



Standard 5.6

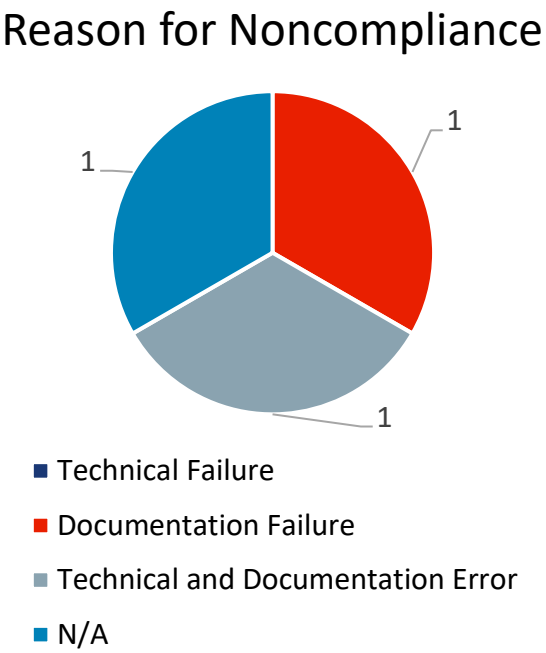
24 templates, 16 compliant sites,
8 noncompliant sites



Site Reviewer Template Data

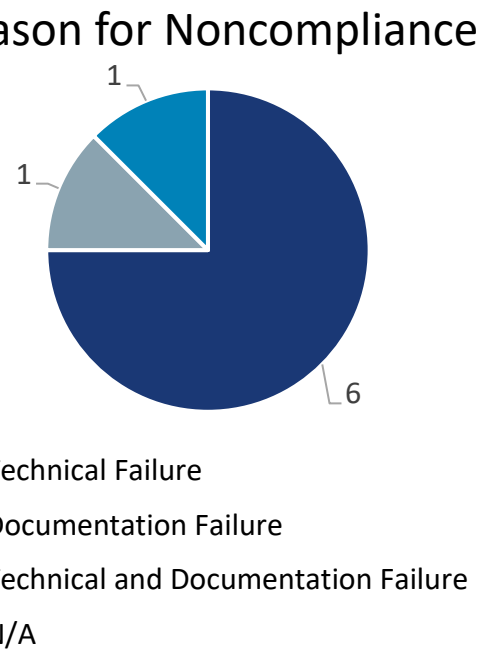
Standard 5.7

26 templates, 23 compliant sites,
3 noncompliant sites



Standard 5.8

21 templates, 13 compliant sites,
8 noncompliant sites



Recent CSSP Resources

Best Practices for CoC Operative Standards 5.3-5.6: A Webinar for ODS-Certified Professionals

- Collaboration with NCRA
- This webinar provided ODS-certified professionals with best practices and tips to support compliance with the CoC Operative Standards (Standards 5.3-5.6).
- Recording available on Youtube and resources uploaded to the Operative Standards Toolkit
- Frequently Asked Questions and Best Practices document available online

ACS Quality and Safety Conference

- Panel Discussion: Let's Get Practical: Supporting Implementation of Operative Standards
- Conference Highlights

Best Practices for Operative Standards Implementation

Best Practices Shared by ODS Professionals

- If not concurrent with abstracting, then review cases in suspense to find resections for auditing purposes.
- Review a list every week of pathology cases. Then, review the operative reports for Standard 5.3-5.6 and track compliance. Report the compliance information to the CLP, Chief of Surgery, Cancer Committee and email the surgeon directly letting them know they need to correct any documentation.
- Use “user defined fields” in the cancer registry software to track all of the CoC Operative Standards with standard language/terminology. The standard terminology really helps with audits.

Best Practices Shared by ODS Professionals (cont.)

- Review pathology reports for case finding, while updating the surgical standard fields into the cancer registry.
- Run an Epic report on a biweekly basis and contact non-compliant physicians promptly with an Operative Standard refresher. Additionally, provide surgeons with a tipsheet for adding the synoptic report to their operative note.
- Ensure you are reviewing the most current version of the CoC Standards including being familiar with the change log.

Best Practices Shared by ODS Professionals (cont.)

- Subscribe to the Cancer Programs News (CPN) and utilize Qport for updates.
- Identify a physician to champion the CoC Standards and engage with them often. Run EHR reports to identify cases, share compliance information regularly, provide education to all stakeholders and meet with physicians individually.
- Review facility compliance by auditing cases regularly and reporting back to your cancer committee.

CSSP Member Organizations

- Society of Surgical Oncology
- College of American Pathology
- American Urologic Association
- American Hepato-Pancreato-Biliary Association
- American Association for Endocrine Surgery
- Society of Thoracic Surgeons
- Society of Surgery for the Alimentary Tract
- American Society of Colon and Rectal Surgeons
- American Society of Breast Surgeons
- American Surgical Association
- Society of Gynecologic Oncology
- Society of American Gastrointestinal and Endoscopic Surgeons
- National Cancer Registrars Association
- ACS Cancer Programs

Upcoming Webinar

Understanding the Evidence behind Standard 5.8 on Pulmonary Resection

October 31st, 9 – 10am CT

Moderator: Tina Hieken, MD, FACS

Speakers: Matthew Facktor, MD, FACS and Nirmal Veeramachaneni, MD, FACS

Registration Link

ACS CSSP Cancer Surgery Standards Program
American College of Surgeons

Follow Us on Social Media

facs.org/quality-programs/cancer-programs/

ACS Cancer Programs

@AmColSurgCancer

ACS Cancer Programs
American College of Surgeons

Quality Improvement in Cancer Programs

Eileen Reilly
Manager, Quality Improvement
ACS Cancer Programs

QI Resources available to you

QUALITY PROGRAMS

Quality Improvement Case Study Repository

The ACS Quality Improvement Case Study Repository is a collection of QI projects from hospitals participating in ACS Quality Programs.

Type here to search | Quality Program | Year

Quality Domain
Quality Domain

Project Type
Project Type

Hospital Type
Hospital Type

Methodology
Methodology

Data Source
Data Source

Program Applicability
Program Applicab...

Reducing GI Surgery Readmissions While Increasing Patient Satisfaction
CoC
Wellstar Health System

Managing Postoperative Pain While Limiting Opioid Prescriptions
CoC
Aesthetic and Reconstructive Surgery Institute at Orlando Health, Orlando, Florida

Implementation of an Enhanced Recovery After Surgery (ERAS) Program Improves Outcomes in Patients Undergoing Cytoreductive Surgery and Heated Intraperitoneal Chemotherapy (HIPEC)
CoC
Mayo Clinic Arizona

Collaborative Model between Breast Surgery and Genetic Counseling Clinics to Reduce Wait Time for Pretest Genetic Counseling
CoC
University of Arizona Cancer Center Banner Health

Fast-Track Pathway for Non-Complicated Pediatric Appendicitis Utilizing a Single Dedicated Pre-and Postoperative Unit
CSV
Levine Children's Hospital

Successes Achieved and Lessons Learned from Participation in the American College of Surgeons National Surgical Quality Improvement Pediatric (ACS-NSQIP-P) Appendectomy Pilot
CSV
Golisano Children's Hospital

ACS Quality Improvement Course: The Basics

5 Min | Print | Share | Bookmark

The **ACS Quality Improvement Course: The Basics** is designed to ensure the surgical workforce and other quality improvement staff are well-educated on the basic principles of surgical quality and safety.

The course includes six modules:

- **Introduction to Quality Improvement:** Quality improvement concepts and the rationale for investing in quality
- **The Quality Improvement Process:** How quality improvement happens and how to begin a quality improvement project
- **Data Measurement and Analysis:** How data is used throughout a quality improvement project and some of the fundamental tools that can help to display and analyze data
- **Change Management**: How change happens and the factors that affect the change process, and how implementation science can be used throughout a quality improvement project
- **Patient Safety:** The role of culture in maintaining and improving patient safety, the characteristics of high-reliability organizations, and how to evaluate and improve your institution's safety culture
- **Leadership and Teamwork for QI:** What defines effective leadership and teamwork and how to develop and evaluate teamwork and leadership skills.

Toolkit

Quality Framework Toolkit

3 Min | Print | Share | Bookmark

How Can I Get Started?

The Framework is a comprehensive document that, if completed correctly, sho
your team conduct more efficient quality improvement projects. With so many
to you, it can be difficult to know where to begin! Here are some steps to get y
started.

1. **Read the Framework from start to finish.** While the Framework is brok
   Planning, Conducting and Reflecting Phases, it is not intended to be used
   There are many criteria that you should be thinking about throughout yo
   through the Framework in its entirety will help you understand what is ne
   project to be successful.
2. **Download the tools and talk with your team about how you can use**
   designed to help you meet several of the criteria in the Framework. Dowr
   Tool, Project Charter, Data Plan and Communication Plan, and look throu
   team. Determine which of the tools you would like to use and discuss hov
   them. Some questions you may want to ask yourselves:
   - Where should we store this document so that we all have easy acce
   - How can we make sure that we will use this tool throughout the pro
     the beginning?

Quality Framework

Quality Framework

Quality Framework Toolkit

Frequently Asked Questions

QUALITY FRAMEWORK | ACS AMERICAN COLLEGE OF SURGEONS Quality Improvement Project C

Completed By:	
Project Title:	
Project Start Date:	
Charter Last Revised:	

Project Team

	Name	Position Title
Project Sponsor:		
Clinical Leadership:		
Day-to-Day Leadership:		
Technical Expertise:		

 Quality I

Project Stakeholders

Internal Stakeholders

Name	Position Title

QUALITY FRAMEWORK | ACS AMERICAN COLLEGE OF SURGEONS

Completed By:

Duplicate this sheet as needed for each of your measures.

	Date of Measurement	Date of Measurement	Date of Measurement	Date of Measurement	Date of Measurement	Date of Measurement	Date of Measurement	Date of Measurement	Date of Measurement	Date of Measurement
Measure 1: *Insert Title Here*	*Insert Result*	*Insert Result*	*Insert Result*	*Insert Result*	*Insert Result*	*Insert Result*	*Insert Result*	*Insert Result*	*Insert Result*	*Insert Result*

Notes: Indicate location of additional data sets, challenges in collecting data, or other reminders/notes.

Institution Name: _____

Project Name: _____

QUALITY FRAMEWORK | ACS AMERICAN COLLEGE OF SURGEONS

The ACS Quality Framework Notetaking Tool

When an idea for QI initiative begins to develop, information needs to be captured, disseminated, and discussed to be considered for further definition, and eventual approval. This tool provides a mechanism to plan and organize initial project considerations and will help you stay organized, track your progress, make any necessary adjustments along the way, and will increase the likelihood of a successful initiative. Completing the worksheet will ensure you've got all the framework components and criteria for your project.

Author: _____

Co-Authors: _____

_____

_____

Component #1: Problem Detailing

Criteria	Definition	Notes
1.1 Local Issue	Describe how the issue was discovered at your institution. Include: a. The timeframe in which the issue was discovered b. The data sources that informed the identification of the issue	
1.2 Problem Statement	Define a problem statement that presents a clinical reason to pursue the project. The problem statement should address: a. Who does the problem affect or impact? b. When was the problem found (or did it begin)? c. Where is the problem happening? d. How often is the problem happening? e. What is happening (that shouldn't be), or what didn't happen (that should have)?	

ACS Cancer Programs
American College of Surgeons

If national projects are not a good fit:

Join the “Improving your QI” series

- Born out of Canswer Forum questions
- Small group discussion

Submit your QI project ideas ahead of time or bring ideas in real time

- We will not pre-approve the project
- We will ask clarifying questions or provide comments in an effort to make the project idea stronger
- We will share resources
- We will provide a forum for other programs to ask questions or share ideas back
- Subscribe to Cancer Program News for registration information

November 15, January 24, March 13 (in person at the Cancer Conference)

ACS Cancer Programs

American College of Surgeons

A Brief note on:
National QI Collaboratives

Past or nearly complete QI Projects

Just ASK

- Learned about barriers to asking and assisting
- Asking increased from 87.7% to 91.9%

Beyond ASK

- Learned about resources and barriers to assisting
- Asking remained high (near 99%)
- Assisting is a challenge

Building QI Capacity

Breaking Barriers

- Patients missing scheduled appointments continues to decrease

Lung NODES (Y1)

	Baseline	March-May	June-Aug	Difference
Median	65%	81%	87%	22%
Mean	59%	72%	81%	22%

Lung NODES Year 2 (January-December 2025)

- **Who should participate**
  - New and returning programs
  - Programs who have compliance under the 80% goal
  - Programs who have a committed/engaged surgeon
- **What will you be doing?**
  - Short term interventions to address the root cause
  - Submitting data, attending calls
  - Focusing on sustainability
  - Sharing best practices, workflow, educational posters

Genetic Access Pilot (GAP) Project

Goal: This pilot project seeks to engage up to 20 programs to better understand effective models for and barriers ***to offering genetic testing to newly diagnosed breast cancer patients***.

Aim: Increase the number of newly diagnosed breast cancer patients offered genetic testing by 20% from baseline at CoC/NAPBC pilot sites from January 2025 to December 2025

More Questions?

- View each project website for
  - Important dates
  - Links to “apply”
  - Example of data collection tools
  - FAQs
  - A slide deck to use to present information to cancer committees
  - Email cancerqi@facs.org
  - Subscribe to Cancer Program Newsletter

American Cancer Society

Overview and 2024 Priorities

Julie Shaver, MPH
Sr. Director, Cancer Center Partnerships

American Cancer Society®

Vision: End cancer as we know it, for everyone.

Mission: Improve the lives of people with cancer and their families through advocacy, research, and patient support, to ensure everyone has an opportunity to prevent, detect, treat, and survive cancer.

The American Cancer Society: Patient Support Pillar

Person-centered support across the cancer continuum




Prevention

Early Detection

Treatment Support

Research Support

Palliative care & symptom management

Survivorship

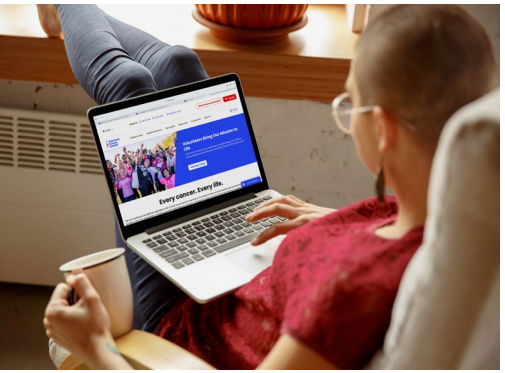
End-of-life care and bereavement

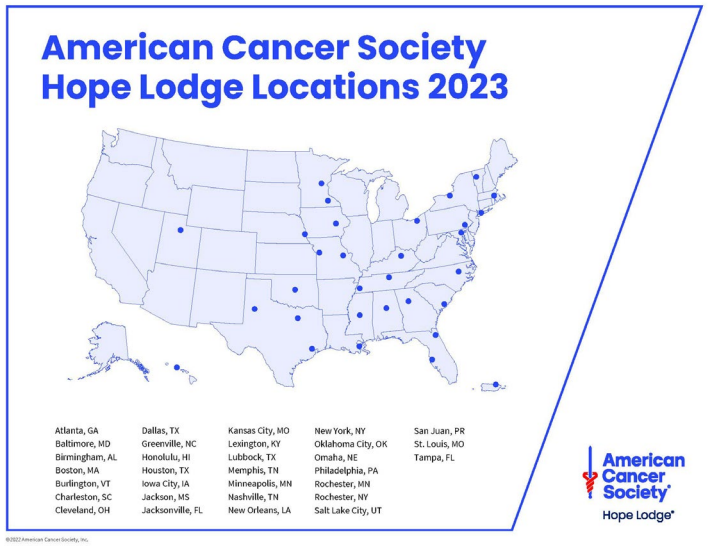
Cross-continuum work:

- **Health equity**
- **Global health**
- **Caregivers**

The American Cancer Society: Patient Support Pillar

2023 Impact Snapshot





96 Million visits/sessions (cancer.org)

141,000 Recipients of patient programs/services

30,000 Hope Lodge guests

47,000 Rides to treatment

360,000 NCIC callers/chats

1.2 million CSN participants

1,471 partner organizations engaged in ACS initiatives

Total lives touched in 2023: 79.9M

Cancer.org for Professionals Resources

Visit Cancer.org for Easy to Share Downloadable Content

The American Cancer Society (ACS) offers evidence-based and understandable cancer information in multiple languages to help health care teams educate and empower their patients and caregivers.

Languages include:

- Arabic (اللغة العربية)
- French (Français)
- Hindi (जानकारी)
- Polish (język polski)
- Russian (Русский)
- Tagalog (Tagalog)
- Vietnamese (Tiếng Việt)
- Chinese (简体中文)
- Haitian Creole (Kreyòl Ayisyen)
- Korean (한국어)
- Portuguese (Português)
- Spanish (Español)
- Ukrainian (Українська)

Flyer: Cancer.org Resources for Health Care Professional.pdf

ACS ROUNDTABLE UPDATES

American Cancer Society Launches National Prostate Cancer Roundtable (NPCRT)

The American Cancer Society national Prostate Cancer Roundtable (ACS NPCRT) was established to address the alarming rise in prostate cancer diagnoses, with a particular focus on Black men, who face disproportionate rates of incidence and mortality in the US.

To learn more about ACS Roundtables visit cancer.org/roundtables.

Prevention & Early Detection

Rectal Exam or Blood Test? 60% of U.S. Men Ages 45+ Have Misconceptions About Prostate Cancer Screening, as Rates of Late-Stage Diagnosis Increase

The results of a new survey conducted by The Harris Poll of nearly 1,200 men ages 45 and older across the U.S., sheds light on the current state of awareness regarding prostate cancer and screening guidelines.

To educate men about the importance of prostate screening, ACS has launched the 'Know Your Score' campaign which aims to encourage men to have proactive conversations with their health care providers. By learning their PSA score and working closely with their doctor, men who are diagnosed can then make informed decisions about treatment. Full article at Press Releases (cancer.org).

National Lung Cancer Screening Day is Saturday, November 9, 2024

Supports CoC Standard 8.3 - Screening Event (delete if not for cancer centers)

Join the American Cancer Society National Lung Cancer Roundtable (ACS NLCRT) for the third annual National Lung Cancer Screening Day! Visit the brand new National LCS Day website, which includes registration information and resources, as well as links to order swag and see which centers in your area have signed up to participate.

American Cancer Society

Quick Guide to American Cancer Society Resources

The **American Cancer Society (ACS)** offers support in your community and online at every step of your cancer journey. Below are just some of the resources we provide. Visit **cancer.org** or call us at **1-800-227-2345** for more information.

24/7 CANCER HELPLINE

The **American Cancer Society helpline** provides 24/7 support by connecting you with trained cancer information specialists who can provide guidance and help find answers through phone, video calls, and online live chat.

- **Cancer information specialists:** Our trained staff are available to provide guidance and help find answers through phone, video calls, and online live chat. Assistance in English, Spanish, and 200 other languages via translation service.
- **Nurse support:** Oncology and pediatric oncology nurses are available to assist you with more medically complex questions.
- **Health Insurance Assistance Service:** Our trained specialists can help with questions about your options and rights relating to health insurance and coverage.

24/7

Scan for more information and to access live chat through the ACS cancer helpline.

CANCER.ORG

Our website is a highly trusted source of accurate, evidence-based cancer information for people facing cancer, their families, and their caregivers.

Survivorship: During and After Treatment
Support and treatment topics, survivorship tools, and stories of hope

Understanding Your Diagnosis
Tools to help answer questions about cancer and making treatment decisions

ACS Programs and Services
Provides information about resources available to patients and caregivers

Caregivers and Family
Information to help caregivers care for patients and themselves throughout the cancer journey

American Cancer Society Road To Recovery®

Road To Recovery - Free Rides to Treatment For Cancer Patients

One of the biggest roadblocks for people needing cancer treatment can be the lack of transportation. That's why the American Cancer Society Road To Recovery® program provides free rides to treatment through volunteer drivers.

- Trained volunteer drivers donate their time to help people with cancer get to the treatments they need.
- Transportation is provided based on volunteer availability and capacity.

American Cancer Society

PERSONAL HEALTH MANAGER

It can be hard to keep track of all the information you receive about your diagnosis and treatment, but keeping this information organized can help you feel less stressed and more prepared to talk with your doctor. The ACS Personal Health Manager can help. Your Personal Health Manager content can be printed and kept in a 3-ring binder to take along to your appointments. Using tabbed dividers to separate each section will make it easier for you to find what you need.

Breast Cancer Support

If you have breast cancer, you may want to connect with someone who knows what you're feeling – someone who has "been there." The American Cancer Society Reach To Recovery® program connects people facing breast cancer with trained volunteers who are breast cancer survivors. Our volunteers provide one-on-one support to help those facing breast cancer cope with diagnosis, treatment, side effects, finding ways to talk with friends and family, and more. The program is available in English and Spanish.

Cancer Survivors Network

American Cancer Society Cancer Survivors Network®

Our Cancer Survivors Network (CSN) is a free online community where survivors and caregivers share their stories, ask questions, and get support from each other. With a chat room and more than 40 discussion boards, CSN allows you to connect with others who have a similar cancer experience. You can send private messages to other members, build your own support network, post blogs, and more.

Caregiver Support

Our ACS Caregiver Resource Guide provides information for people who are caring for someone with cancer. It can help you better understand what your loved one is going through, develop skills for coping and caring, learn how to care for yourself as a caregiver, and take steps to help protect your health and well-being.

Hair-loss And Mastectomy Products

Cancer and cancer treatment can have profound effects, including some that can alter a patient's appearance, such as hair loss. The American Cancer Society "tlc" Tender Loving Care® program helps women with appearance-related side effects by offering them a variety of affordable wigs, hats, and scarves as well as a full range of mastectomy products that can be purchased from the privacy of home.

ACS Leadership in Oncology Navigation (ACS LION)

Why Now?

Changes to the Medicare Physician Fee schedule will open a pathway for reimbursement of professional, non-clinical patient navigation (PN) services, allowing health systems to sustain PN or create new programs.

Navigation by trained professionals in clinical and community-based settings is a key component to improving cancer outcomes in the US, helping to ensure every cancer patient has access to timely, quality, and culturally competent care.

Due to limited standardized training, lack of navigation reimbursement, and limited solutions to building sustainable navigation capacity, patients are not receiving the comprehensive care they deserve.

CANCER MOONSHOT

1 of 13 organizations tapped by the White House to commit to major initiatives to fight cancer

Why ACS?

ACS and Patient Navigation

110 years of wins against cancer

30+ years of impact and expertise in Patient Navigation

A White House charge to standardize and expand oncology PN training

Our Plan

ACS will use our voice and credibility as the leading cancer non-profit and early champion of PN to create and launch scalable navigation efforts through training and credentialing, implementation support, and capacity building.

Training and credentialing for nonclinical patient navigation

Guidance and education on implementing navigation best practices

Grants to health systems and practices interested in sustainable navigation

Elevate and Expand Patient Navigation

Raising the bar for cancer patient care through standardized training and credentialing.

American Cancer Society

LION
LEADERSHIP in ONCOLOGY NAVIGATION

American Cancer Society CARES

ACS CARES (Community Access to Resources, Education, and Support) equips those facing cancer with curated content, programs, and services to fit their specific cancer journey

Customized Guidance
Download the app and get personalized information and resources that update as you age, your situation changes or new information becomes available.

Access to Information
24/7 access to receive over-the-phone support from trained American Cancer Society (ACS) staff.

Support System
Virtual support from trained ACS community volunteers and in person support from clinic volunteers.

https://www.cancer.org/support-programs-and-services/acs-cares.html

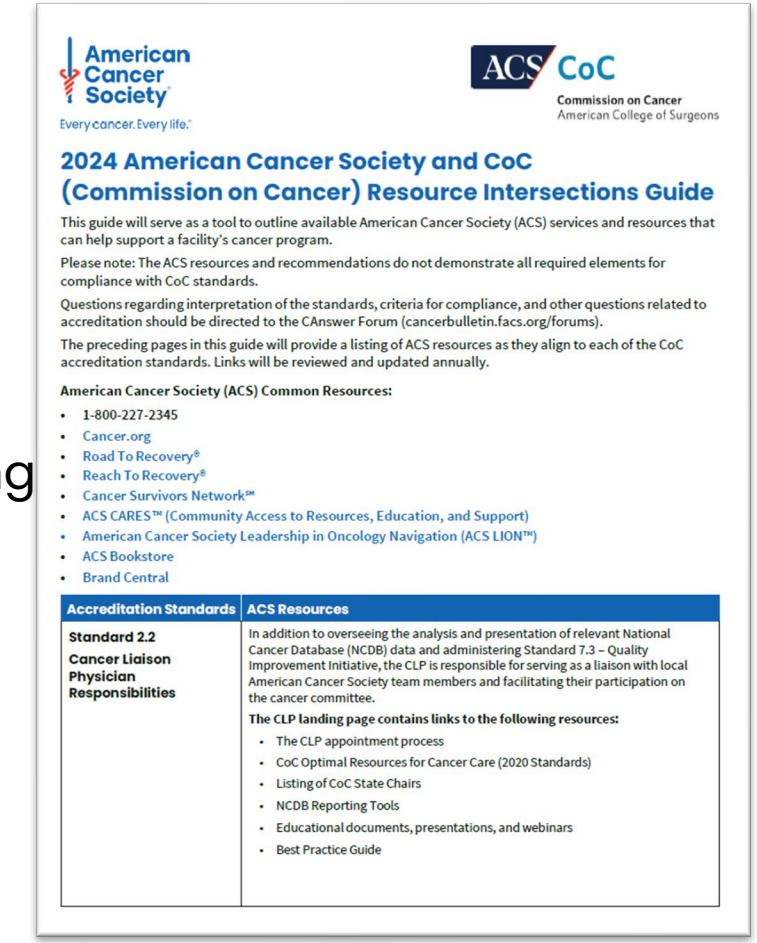
ACS and CoC Collaboration

- On the ground partnerships
- Content shared during CLP calls, through CLP emails and digital newsletters
- Updated Intersections Guide

2024 ACS and CoC Resource Intersections Guide

Standards Highlighted

2.2 - CLP Responsibilities
4.5 - Palliative Care Services
4.7 - Oncology Nutrition Services
4.8 - Survivorship Program
5.2 - Psychosocial Distress Screening
7.3 - Quality Improvement Initiative
7.4 - Cancer Program Goal
8.1 - Barriers to Care
8.2 - Cancer Prevention Event
8.3 - Cancer Screening Event



American Cancer Society
Every cancer. Every life.

ACS CoC
Commission on Cancer
American College of Surgeons

2024 American Cancer Society and CoC (Commission on Cancer) Resource Intersections Guide

This guide will serve as a tool to outline available American Cancer Society (ACS) services and resources that can help support a facility's cancer program.

Please note: The ACS resources and recommendations do not demonstrate all required elements for compliance with CoC standards.

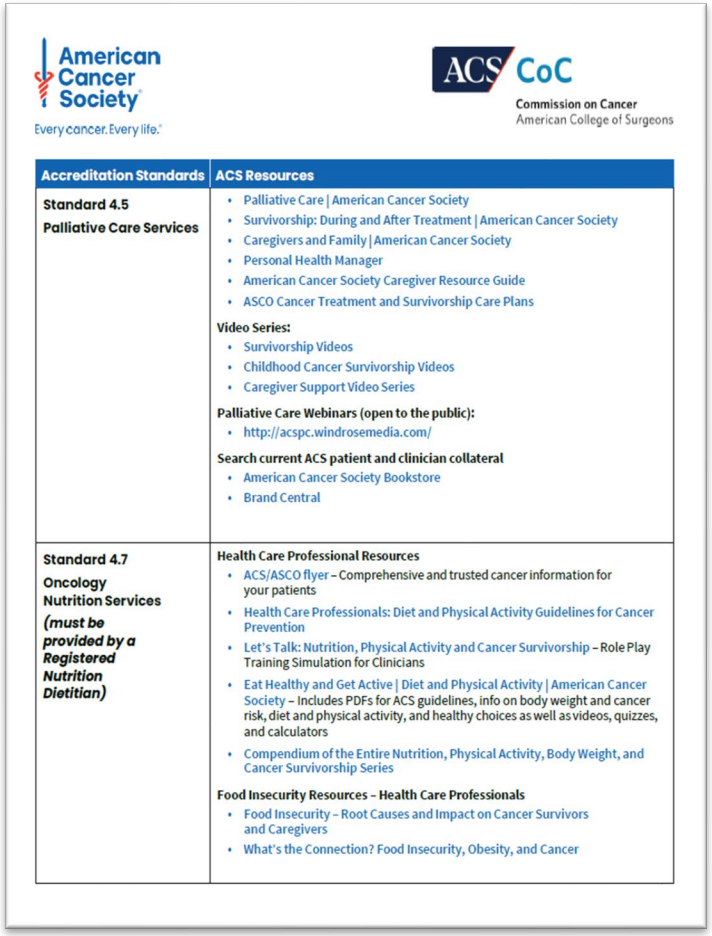
Questions regarding interpretation of the standards, criteria for compliance, and other questions related to accreditation should be directed to the CAnswer Forum (cancerbulletin.facs.org/forums).

The preceding pages in this guide will provide a listing of ACS resources as they align to each of the CoC accreditation standards. Links will be reviewed and updated annually.

American Cancer Society (ACS) Common Resources:

- 1-800-227-2345
- Cancer.org
- Road To Recovery®
- Reach To Recovery®
- Cancer Survivors Network℠
- ACS CARES™ (Community Access to Resources, Education, and Support)
- American Cancer Society Leadership in Oncology Navigation (ACS LION™)
- ACS Bookstore
- Brand Central

Accreditation Standards	ACS Resources
Standard 2.2 **Cancer Liaison Physician Responsibilities**	In addition to overseeing the analysis and presentation of relevant National Cancer Database (NCDB) data and administering Standard 7.3 – Quality Improvement Initiative, the CLP is responsible for serving as a liaison with local American Cancer Society team members and facilitating their participation on the cancer committee. **The CLP landing page contains links to the following resources:** • The CLP appointment process • CoC Optimal Resources for Cancer Care (2020 Standards) • Listing of CoC State Chairs • NCDB Reporting Tools • Educational documents, presentations, and webinars • Best Practice Guide



American Cancer Society
Every cancer. Every life.

ACS CoC
Commission on Cancer
American College of Surgeons

Accreditation Standards	ACS Resources
Standard 4.5 **Palliative Care Services**	• Palliative Care | American Cancer Society • Survivorship: During and After Treatment | American Cancer Society • Caregivers and Family | American Cancer Society • Personal Health Manager • American Cancer Society Caregiver Resource Guide • ASCO Cancer Treatment and Survivorship Care Plans **Video Series:** • Survivorship Videos • Childhood Cancer Survivorship Videos • Caregiver Support Video Series **Palliative Care Webinars (open to the public):** • http://acspc.windrosemedia.com/ **Search current ACS patient and clinician collateral** • American Cancer Society Bookstore • Brand Central
Standard 4.7 **Oncology Nutrition Services** ***(must be provided by a Registered Nutrition Dietitian)***	**Health Care Professional Resources** • ACS/ASCO flyer – Comprehensive and trusted cancer information for your patients • Health Care Professionals: Diet and Physical Activity Guidelines for Cancer Prevention • Let's Talk: Nutrition, Physical Activity and Cancer Survivorship – Role Play Training Simulation for Clinicians • Eat Healthy and Get Active | Diet and Physical Activity | American Cancer Society – Includes PDFs for ACS guidelines, info on body weight and cancer risk, diet and physical activity, and healthy choices as well as videos, quizzes, and calculators • Compendium of the Entire Nutrition, Physical Activity, Body Weight, and Cancer Survivorship Series **Food Insecurity Resources – Health Care Professionals** • Food Insecurity – Root Causes and Impact on Cancer Survivors and Caregivers • What's the Connection? Food Insecurity, Obesity, and Cancer

Thank You

Commission on Cancer
American College of Surgeons

Open Forum

Commission on Cancer
American College of Surgeons

2025 Committee on Cancer Liaison Leadership

Chair: Maria Castaldi, MD, FACS

Vice-Chair: Quan Ly, MD, FACS

Commission on Cancer
American College of Surgeons

Thank you, Dr. Chu!

Commission on Cancer
American College of Surgeons

Thank you!

Questions?

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