

We hope you had an opportunity to attend the Commission on Cancer (CoC) CLP meeting on October 9, 2024. If you weren't able to attend, we urge you to view the recording and slides, which are posted under the "Meetings" section of the CoC Cancer Liaison Physicians landing page on the American College of Surgeons Cancer Programs [website](#).

October 9 Cancer Liaison Physician Meeting

CoC Committee on Cancer Liaison Vice-Chair Maria Castaldi, MD, FACS, welcomed CLPs to the meeting and shared updates from the CoC. Dr. Castaldi recognized the winners of the 2024 CLP Outstanding Performance Award. This year, more than 40 nominations were submitted and after careful review of each submission by the CoC State Chair Education Advisory Group, chaired by Iowa State Chair Ingrid Lizarraga, MBBS, FACS, eight CLPs have been chosen to receive this award:

Ikechukwu Akunyili, MD, WellSpan Adams Cancer Center
Gettysburg, Pennsylvania

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

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

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

Megan B. Nelson, MD, FAAPMR, UofL Health – UofL Hospital & Brown Cancer Center
Louisville, Kentucky

Sharona Ross, MD, FACS, AdventHealth Tampa
Tampa, Florida

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

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

Congratulations to the winners, and all who were nominated for this prestigious award. The 2025 CLP awards program will open for nominations in the spring.

Dr. Castaldi also suggested that CLPs save the date for the **2025 ACS Cancer Conference**, which will be held **March 12-14 in Phoenix, AZ**. More information on the conference can be found on the [ACS Cancer Programs website](#).

Following the CoC update, ACS Chief of External Communications Brian Edwards provided an update on the ACS Power of Quality Campaign for accredited programs. Timothy Vreeland, MD, FACS, Vice Chair of the Education Committee for the Cancer Surgery Standards Program, discussed the CoC Operative Standards, and ACS Cancer Programs Quality Improvement Manager Eileen Reilly provided an update on new national Quality Improvement initiatives for 2025. Julie Shaver, Senior Director of Cancer Center Partnerships for the American Cancer Society, shared information on a new resource that programs can use to help meet the CoC Standards: The American Cancer Society Intersections Guide. The Guide can be accessed and downloaded via The Standards Resource Library link in the Resources section of QPort, under "General Resources" in Chapter 4.

2024 CLP Survey

The CoC is continuing to evaluate educational and informational resources and develop new materials that we hope will improve your experience and effectiveness as a CLP. Please take a few minutes to complete the [annual CLP survey](#), to provide the feedback needed to develop these resources. **The deadline to complete the survey is Monday, November 11, 2024.**

Alternative Compliance Pathway for Standards 5.3-5.6 Extended to 2025 and 2026 Site Visits

In March 2024, an important change for demonstrating compliance was announced as an [Alternative Compliance Pathway](#) for the review of the CoC Operative Standards during 2024 site visits.

The Alternative Compliance Pathway has been approved to be continued for 2025 and 2026 site visits. During 2025 and 2026 site visits, an internal audit of compliance with Standards 5.3, 5.4, 5.5, and/or 5.6 and an action plan that addresses compliance issues may be considered by Site Reviewers when rating the standard.

The internal audit and resulting action plan must be documented in cancer committee minutes from a meeting during the year before or the year of the site visit and must be from before the Site Reviewer selects the cases to be reviewed during the site visit. For example, if the site visit is in 2026, then the internal audit/action plan must be documented in the minutes from a 2025 or 2026 cancer committee meeting.

The internal audit must outline the specific issue(s) affecting compliance and the interventions that will be implemented to achieve compliance. An action plan must be documented for each potentially non-compliant standard.

If the expected compliance percentage is not met in the medical record review during the site visit, the site reviewer will evaluate the results of the site's internal audit and action plan as documented in the cancer committee minutes. A "deficient but resolved" rating may then be given.

This is a temporary alternative pathway for compliance with Standards 5.3-5.6 for 2024, 2025, and 2026 site visits. A site taking advantage of this alternative compliance pathway is expected to be fully compliant with Standards 5.3-5.6 at its next site visit.

This alternative compliance pathway option does not apply to Standard 5.7 or Standard 5.8.

CoC Standards Update: A Closer Look at Standard 4.4

As announced in [Cancer Program News](#), the CoC has released an updated version of its accreditation standards, *Optimal Resources for Cancer Care (2020 Standards)*. The updated standards and changelog are available on the [CoC website](#).

For Standard 4.4: Genetic Counseling and Risk Assessment, the update includes a revised list of approved credentials for genetic professionals. The list of approved credentials is now aligned between CoC Standard 4.4 and NAPBC Standard 4.4 and uses consistent language and descriptions for each qualification.

The updates to the list of approved credentials also added completion of the City of Hope Intensive Course in Genomic Cancer Risk Assessment and clarified the annual CME requirement for board-certified/board-eligible physician with experience in cancer genetics (2 CME each calendar year). For more information on the CoC standards, *Optimal Resources for Cancer Care (2020 Standards)*, please visit the [CoC website](#).

Questions regarding the CoC accreditation standards should be submitted through the [CAnswer Forum](#).

Clarification on Standard 9.1: Clinical Research Accrual

The CoC and National Accreditation Program for Breast Centers (NAPBC) confirm that enrollment of patients in **retrospective studies** cannot be counted toward accrual for CoC or NAPBC Standard 9.1: Clinical Research Accrual.

Retrospective research studies are observational studies designed to answer clinical questions through the analysis of data that have already been collected. This may include chart reviews or audits, or the review of available data from cancer registries or databases.

The intent of Standard 9.1 is to support enrollment of eligible patients in active cancer-related clinical trials and research studies that advance the science of cancer research and help provide the highest quality of care to patients with cancer. Accordingly, the CoC and NAPBC have clarified that retrospective research studies do not qualify for patient accrual for Standard 9.1.

In addition to meeting all the requirements outlined in Standard 9.1, research studies that are eligible for patient accrual must include future action on the part of the patient or the accredited cancer program, and/or the clinical researchers.

Questions regarding the CoC and NAPBC accreditation standards should be submitted through the [CAnswer Forum](#).

NCDB Adds New Primary Sites, Quality Measures, Clinical Updates

The CoC National Cancer Database (NCDB) has added four new primary sites and four new quality measures, in addition to two clinical updates.

The new primary sites are as follows:

- Bladder
- Cervix
- Kidney
- Prostate

The new quality measures are as follows:

- **BLCT1:** For patients with low grade Ta bladder cancer undergoing transurethral resection of bladder tumor, intravesical chemotherapy* is initiated within 24 hours of the procedure or recommended.
*Chemotherapy within 24 hours of the transurethral resection assumed to be intravesical; however, the NCDB does not differentiate this from systemic chemotherapy.
- **CBRR1:** For patients with any stage cervical cancer treated with primary radiation with curative intent, brachytherapy is used.
- **KPN:** For patients with surgically managed cT1a kidney tumors, partial nephrectomy is performed.

- **PTSRV:** For patients with low-risk prostate cancer (Gleason \leq 6 and PSA $<$ 10 and \leq cT2), active surveillance is performed.

The following quality measures are reflective of clinical updates:

- **BneoCT:** For patients \leq 75 years old with HER2+ or triple negative breast cancer with any clinical N $>$ 0 or clinical T $>$ 1, neoadjuvant chemotherapy and/or immunotherapy is initiated within 60 days of diagnosis or recommended.
- **RneoRT:** For patients with surgically treated clinical T4NanyM0 or TanyN2M0 rectal cancer, neoadjuvant radiation therapy is initiated within 9 months prior to resection or recommended.

Cancer Program Accreditation Fees Update

Cancer Programs annual accreditation fees have been adjusted for 2025. The new fee amounts will go into effect for subscriptions beginning or renewing on or after January 1, 2025. For detailed CoC, NAPBC, and National Accreditation Program for Rectal Cancer (NAPRC) fee information and fee schedules, the 2025 fee chart is available in the Resources section of QPort.

ACS Cancer Program Initiatives Include New Focus on Rural Patients and Barriers to Care

In the September issue of the [Bulletin of the American College of Surgeons](#), authors share updates on recent initiatives from ACS Cancer Programs, including the American Joint Committee on Cancer, Cancer Quality Improvement Initiatives, Cancer Research Program, Cancer Surgery Standards Program, CoC, NAPBC, NAPRC, and NCDB.

Please contact your [CoC State Chair](#) with any questions about the CoC or your program's accreditation.