Life in a CoC Accredited Facility in 2024

NAACCR 2023-2024 Monthly Webinar Series

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Q&A

Please submit all questions concerning the webinar content through the Q&A panel.

If you have participants watching this webinar at your site, please collect their names and emails.

We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.

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Fabulous Prizes

Guest Presenters

Jennie Jones
MSHI-HA, CHDA, ODS

MOFFITT CANCER CENTER

Kim Rodriguez
BSPH, CPH, RHIT, ODS

EISENHOWER HEALTH
CURCI CANCER CENTER

Commission on Cancer (CoC) Topics

Standards

Cancer Committee
- Structure
- Governance

Accreditation
- Site Visit
- Pre-Review Questionnaire

Quality Measures / Tools

Information Available as of 06/24/2024

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1st Poll: Do you work in a CoC accredited program?

CoC

Quality cancer program of the American College of Surgeons

National Recognition

- – National Cancer Institute
- – Centers for Medicare & Medicaid Services
- – National Quality Forum
- – American Cancer Society
- – The Joint Commission

High-Quality

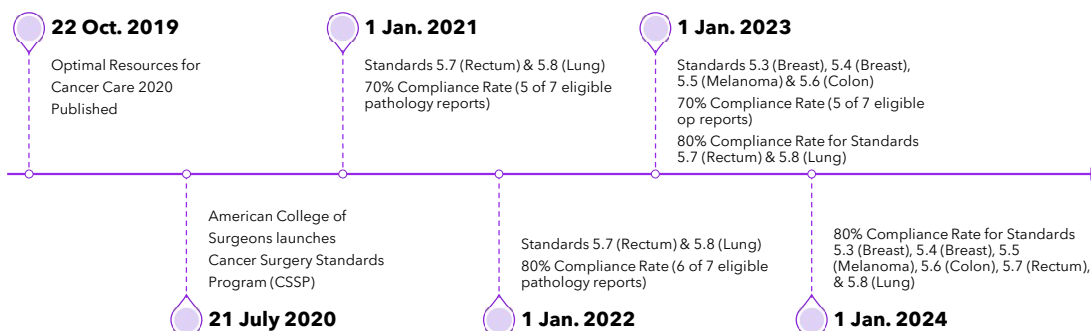**Multidisciplinary**

Patient-Centered

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Standards

Life in a CoC Accredited Facility in 2024

Information Available as of 06/24/2024

Optimal Resources for Cancer Care 2020

22 Oct. 2019
Optimal Resources for
Cancer Care 2020
Published

1 Jan. 2021
Standards 5.7 (Rectum) & 5.8 (Lung)
70% Compliance Rate (5 of 7 eligible
pathology reports)

1 Jan. 2023
Standards 5.3 (Breast), 5.4 (Breast),
5.5 (Melanoma) & 5.6 (Colon)
70% Compliance Rate (5 of 7 eligible
op reports)
80% Compliance Rate for Standards
5.7 (Rectum) & 5.8 (Lung)

American College of
Surgeons launches
Cancer Surgery Standards
Program (CSSP)
21 July 2020

Standards 5.7 (Rectum) & 5.8 (Lung)
80% Compliance Rate (6 of 7 eligible
pathology reports)
1 Jan. 2022

80% Compliance Rate for Standards
5.3 (Breast), 5.4 (Breast), 5.5
(Melanoma), 5.6 (Colon), 5.7 (Rectum),
& 5.8 (Lung)
1 Jan. 2024

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2nd Poll: When was the latest version of the CoC standards manual released?

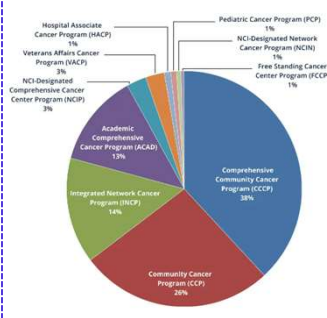## Optimal Resources for Cancer Care: 2020 Standards
Updated February 2024

- 1 Cancer Program Goal
- 1 Quality Improvement Initiative
- Survivorship Program
- Oncology Nursing Credentials
- Pathology Department Internal Audit [90%]
    - As of 2024, accreditation for anatomic pathology by a recognized organization
- New Operative Standards
    - 2 Pathology Driven Standards [Lung, Rectum]
    - 4 Operative Driven Standards [Breast, Colon, Melanoma]
- **New Terms: Pre-Review Questionnaire (PRQ); Site Visit; Site Visit Reviewer**

9 Chapters

Categories of Cancer Programs

Academic Comprehensive Cancer Program (ACAD)

Community Cancer Program (CCP)

Comprehensive Community Cancer Program (CCCP)

Integrated Network Cancer Program (INCP)

NCI-Designated Comprehensive Cancer Program (NCIP)

NCI-Designated Network Cancer Program (NCIN)

Free Standing Cancer Center Program (FCCP)

Hospital Associate Cancer Program (HACP)

Pediatric Cancer Program (PCP)

Veterans Affairs Cancer Program (VACP)

CoC Pediatric Specialty Accreditation (CoC-PS)

https://www.facs.org/quality-programs/cancer-programs/commission-on-cancer/coc-accreditation/

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3rd Poll: Do you know what CoC cancer program category you are? If so, what type?
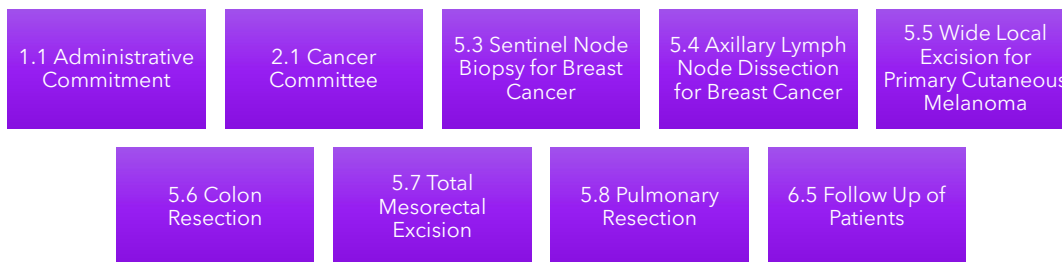

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Standards Requiring Annual Review

2.5 Multidisciplinary Cancer Case Conference	4.4 Genetic Counseling and Risk Assessment	4.5 Palliative Care Services	4.6 Rehabilitation Care Services	4.7 Oncology Nutrition Services
4.8 Survivorship Program	5.1 College of American Pathologists Synoptic Reporting	5.2 Psychosocial Distress Screening	6.1 Cancer Registry Quality Control	8.1 Addressing Barriers to Care
	8.2 Cancer Prevention Event	8.3 Cancer Screening Event	9.1 Clinical Research Accrual	

Reviews take place within the same year on which they are based or no later than the 1st quarter of the following calendar year
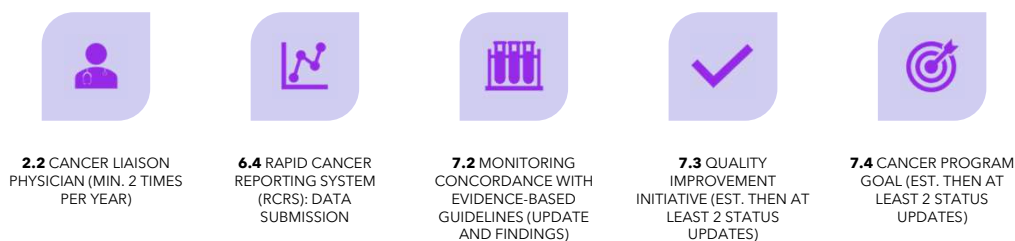
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Standards Reviewed During Triennial Site Visit

| 1.1 Administrative Commitment | 2.1 Cancer Committee | 5.3 Sentinel Node Biopsy for Breast Cancer | 5.4 Axillary Lymph Node Dissection for Breast Cancer | 5.5 Wide Local Excision for Primary Cutaneous Melanoma |

| 5.6 Colon Resection | 5.7 Total Mesorectal Excision | 5.8 Pulmonary Resection | 6.5 Follow Up of Patients |

Review of services at least once each site visit cycle

Standards Requiring Studies/Projects

| **2.2** CANCER LIAISON PHYSICIAN (MIN. 2 TIMES PER YEAR) | **6.4** RAPID CANCER REPORTING SYSTEM (RCRS): DATA SUBMISSION | **7.2** MONITORING CONCORDANCE WITH EVIDENCE-BASED GUIDELINES (UPDATE AND FINDINGS) | **7.3** QUALITY IMPROVEMENT INITIATIVE (EST. THEN AT LEAST 2 STATUS UPDATES) | **7.4** CANCER PROGRAM GOAL (EST. THEN AT LEAST 2 STATUS UPDATES) |

Count for the year they are completed and documented in the Cancer Committee Minutes

Standard Documentation in Cancer Committee Minutes

2.1 Cancer Committee	6.1 Cancer Registry Quality Control
2.2 Cancer Liaison Physician	7.1 Accountability and Quality Improvement Measures
2.4 Cancer Committee Attendance	7.2 Monitoring Concordance with Evidence-Based Guidelines
2.5 Multidisciplinary Cancer Case Conference	7.3 Quality Improvement Initiative
4.4 Genetic Counseling and Risk Assessment	7.4 Cancer Program Goal
4.5 Palliative Care Services	8.1 Addressing Barriers to Care
4.6 Rehabilitation Care Services	8.2 Cancer Prevention Event
4.7 Oncology Nutrition Services	8.3 Cancer Screening Event
4.8 Survivorship Program	9.1 Clinical Research Accrual
5.2 Psychosocial Distress Screening	
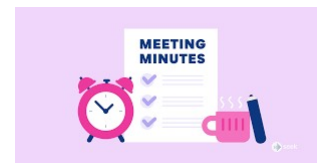
Pre-Review Questionnaire (PRQ) Required Templates

PRQ Templates

CoC PRQ Templates Instructions and Tidbits
CoC Standards Template Change Log
Standards 2.1, 2.3, 2.4: Cancer Committee Template / Video Template Overview of Stds 2.1,2.3,2.4
Standard 2.5: Multidisciplinary Cancer Case Conference Template / Video Template Overview of Std 2.5
Standard 4.1: Physician Certification Credentials Template / Video Template Overview of Std 4.1
Standard 4.2: Oncology Nursing Credentials Template / Video Template Overview of Std 4.2
Standard 4.3: Cancer Registry Staff Credentials Template / Video Template Overview of Std 4.3
Standard 6.1: Cancer Registry Quality Control Template / Video Template Overview of Std 6.1
Standard 7.2: Monitoring Concordance with Evidence-Based Guidelines Template / Video Template Overview of Std 7.2
Standard 7.3: Quality Improvement Initiative Template / Video Template Overview of Std 7.3
Standard 7.4: Cancer Program Goal Template / Video Template Overview of Std 7.4
Standard 8.1: Addressing Barriers to Care Template / Video Template Overview of Std 8.1
Standard 8.2: Prevention Community Outreach Template / Video Template Overview of Std 8.2
Standard 8.3: Screening Community Outreach Template / Video Template Overview of Std 8.3
Standard 9.1: Clinical Research Template / Video Template Overview of Std 9.1

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4th Poll: How many synoptic operative report standards are there?

5th Poll: How many synoptic pathology report standards are there?

Operative Standards I *Compliance*

Synoptic Reporting in the *Pathology* Report

Standard 5.7: Total Mesorectal Excision [Mid to Low Rectum]

Standard 5.8: Pulmonary Resection

Effective 1/1/2021

2024: 80% Compliance Rate

Synoptic Reporting in the *Operative* Report

Standard 5.3: Sentinel Node Biopsy for Breast Cancer

Standard 5.4: Axillary Lymph Node Dissection for Breast Cancer

Standard 5.5: Wide Local Excision for Primary Cutaneous Melanoma

Standard 5.6: Colon Resection

Effective 1/1/2023

2024: 80% Compliance Rate

NAACCR   https://www.facs.org/quality-programs/cancer/cssp/resources/operative-standards-toolkit   21
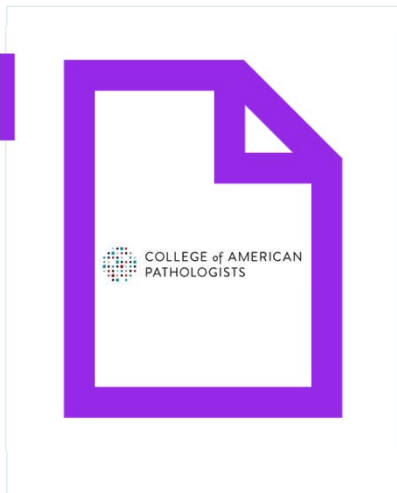

Synoptic Format Definition

- Synoptic format is defined by the CoC as a structured checklist or template that includes all of the following:
  - All core elements must be reported in a "diagnostic parameter pair" format, in other words, data element followed by its response (answer).
  - Each response (answer) must be completed using the pre-specified or allowable responses (answer)
  - All core elements must be reported (whether applicable or not), and each standard has required data elements specific to the primary site and/or surgery
  - Each diagnostic parameter pair must be listed on a separate line or in a tabular format to achieve visual separation.
  - All core elements must be listed together in synoptic format in one location in the operative report.
- CSSP Operative Standards Toolkit website → Frequently Accessed Resources → FAQ on the CoC Operative Standards → https://www.facs.org/quality-programs/cancer-programs/cancer-surgery-standards-program/cssp-operative-standards-toolkit/

Operative Report Synoptic Formatting

Breast				Melanoma		Colon	
Sentinel Node Biopsy		**Axillary Dissection**		**Wide Local Excision**		**Colectomy**	
Element	Response Options	Element	Response Options	Element	Response Options	Element	Response Options
Operation performed with curative intent.	Yes; No.	Operation performed with curative intent.	Yes; No.	Operation performed with curative intent	Yes; No.	Operation performed with curative intent	Yes; No.
Tracer(s) used to identify sentinel nodes in the upfront surgery (non-neoadjuvant) setting *(select all that apply)*.	Dye; Radioactive tracer; Superparamagnetic iron oxide; Other *(with explanation)*; N/A.	Resection was performed within the boundaries of the axillary vein, chest wall (serratus anterior), and latissimus dorsi.	Yes; No *(with explanation)*.	Original Breslow thickness of the lesion	Melanoma in situ (MIS); _._ mm *(to the tenth of a millimeter)*.	Tumor location *(select all that apply)*	Cecum; Ascending colon; Hepatic flexure; Transverse colon; Splenic flexure; Descending colon; Sigmoid colon; Rectosigmoid junction; Rectum, NOS; Colon, NOS.
Tracer(s) used to identify sentinel nodes in the neoadjuvant setting *(select all that apply)*.	Dye; Radioactive tracer; Superparamagnetic iron oxide; Other *(with explanation)*; N/A.	Nerves identified and preserved during dissection *(select all that apply)*.	Long thoracic nerve; Thoracodorsal nerve; Branches of the intercostobrachial nerves; Other *(with explanation)*.	Clinical margin width *(measured from the edge of the lesion or the prior excision scar)*	0.5 cm; 1 cm; 2 cm; Other: __ cm due to cosmetic/anatomic concerns; Other *(with explanation)*.	Extent of colon and vascular resection *(select all that apply)*	Right hemicolectomy – ileocolic, right colic (if present); Extended right hemicolectomy – ileocolic, right colic (if present), middle colic; Transverse colectomy – middle colic; Splenic flexure resection – middle and ascending left colic; Left hemicolectomy – inferior mesenteric; Sigmoid resection – inferior mesenteric; Total abdominal colectomy – ileocolic, right colic (if present), middle colic, inferior mesenteric; Total abdominal colectomy, with proctectomy – ileocolic, right colic (if present), middle colic, inferior mesenteric, superior and middle rectal; Other *(with explanation)*.
All nodes (colored or non-colored) present at the end of a dye-filled lymphatic channel were removed.	Yes; No *(with explanation)*; N/A.			Depth of excision	Full-thickness skin/subcutaneous tissue down to fascia (melanoma); Only skin and superficial subcutaneous fat (melanoma in situ); Other *(with explanation)*.		
All significantly radioactive nodes were removed.	Yes; No *(with explanation)*; N/A.						
All palpably suspicious nodes were removed.	Yes; No *(with explanation)*; N/A.						
Biopsy-proven positive nodes marked with clips prior to chemotherapy were identified and removed.	Yes; No *(with explanation)*; N/A.	Level III nodes were removed.	Yes *(with explanation)*; No.				

CAP Synoptic Format Definition

- Synoptic format is defined by CAP as a structured format that includes all of the following:
  - Required data element followed by its answer (response)
    - May be listed in any order
    - Not required to be verbatim, but can be re-phrased as long as the intended meaning remains clear
  - Multiple related elements can be combined into a single data entry, as long as the individual responses can be distinguished by the reader and as long as the intended meaning remains clear.
  - Additional methods may be used in order to enhance or achieve visual separation such as use of headers, indentations, bolding and/or font variations
  - Required elements may appear in a summary format elsewhere in the report IN ADDITION TO but not as replacement for the synoptic report (i.e., all required elements must be in the synoptic portion of the report in the format defined above)

- CAP Website → Resources → Synoptic Reporting with Examples: https://documents.cap.org/documents/synoptic_reporting_definition_examples_v4.0.pdf

Std. 5.7: Total Mesorectal Excision

Mid and Low Rectum

Per College of American Pathologists (CAP) cancer protocol template for rectal cancer resections, the quality of TME resection (complete, near complete, or incomplete) must be documented in curative resection of rectal adenocarcinoma pathology reports in synoptic format.

Measure of Compliance

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

1. Total mesorectal excision is performed for all patients undergoing radical surgical resection of mid and low rectal cancers and results in a complete or near complete mesorectal excision.

2. The quality of TME resection (complete, near complete, or incomplete) is documented in curative resection of rectal adenocarcinoma pathology reports in synoptic format.

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Std. 5.8: Pulmonary Resection

Lung

Per the College of American Pathologists (CAP) cancer protocol template for pulmonary resections, the nodal stations examined by the pathologist must be documented in curative pulmonary resection pathology reports in synoptic format. Surgeons are expected to designate the lymph node station from which each node/group of nodes was/were taken on the histology requisition form.

Measure of Compliance

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

1. Pulmonary resections for primary lung malignancy include lymph nodes from at least one (named and/or numbered) hilar station and at least three distinct (named and/or numbered) mediastinal stations.

2. Pathology reports for curative pulmonary resection document the nodal stations examined by the pathologist documented in synoptic format.

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Operative Standards | *Resources*

CSSP Toolkit

Standard 5.7: Total Mesorectal Excision [Mid to Low Rectum]

Standard 5.8: Pulmonary Resection

CAnswer Forum

Standard 5.5: Wide Local Excision for Primary Cutaneous Melanoma

Standard 5.6: Colon Resection

https://www.facs.org/quality-programs/cancer/cssp/resources/operative-standards-toolkit

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Operative Standards | *Resources*

Best Practices Webinar for ODS Professionals

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

Complimentary Webinar for NCRA members. The live presentation is scheduled for **Wednesday, July 17, 2024** at **2:00 PM ET.** The free webinar will offer one (1) CE credit to celebrate NCRA's 50th Anniversary in 2024.

The Cancer Surgery Standards Program (CSSP), Commission on Cancer (CoC), and the National Cancer Registrars Association (NCRA) are collaborating to host a complimentary webinar to provide ODS-certified professionals with best practices and tips to support compliance with the CoC Operative Standards (Standards 5.3-5.6). Those with questions on program expectations, case eligibility requirements, or how to pull lists for site visits should plan to attend. Mediget Teshome, MD, MPH, FACS, will provide an overview of the CoC Operative Standards Overview and Process; Kim Rodriguez, BSPH, CPH, RHIT, ODS, will review Case Eligibility and Compliance Requirements; and Erin Reuter, MS, JD, will outline Implementation Best Practices and Resources. Nadine Walker, MS, ODS-C, NCRA's Senior Director of Professional Practice, will moderate. Time will be provided for Q&A. Attendees are encouraged to send questions prior to the webinar. Send questions to CSSP@facs.org by **Friday, July 12, 2024.** Please reference the following in the email subject line - "Questions for July 17 CSSP Live Webinar."

Learning Objectives:

• Understand the rationale, technical, and documentation requirements for the CoC Operative Standards 5.3-5.6.
• Outline best practices for identification of eligible cases for CoC Operative Standards 5.3-5.6.
• Define best practices with implementation of the CoC Operative Standards 5.3-5.6 to facilitate compliance.

Next Steps After Enrolling:

• The activity will automatically load into the *My Learning Activities* page under *LIVE Webinars.* The quiz will become available after the live broadcast. Make sure to complete the quiz, evaluation and claim CE credit at that time. The enrollment period for this activity is 90 days after the date of live broadcast.
• Three to four days prior to the live presentation, you will receive an email with instructions and a link explaining how to register with GoToWebinar. This will provide you access to the presentation on the scheduled date. If you do not receive the email by 12:00 PM ET on the scheduled date of the webinar, please contact education@ncra-usa.org

https://www.cancerregistryeducation.org/products/1916/live-webinar-best-practices-for-coc-operative-standards-5-3-5-6-a-webinar-for-ods-certified-professionals

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Highlighted Updates

Changes to Standards [Change Log]

Standard 3.2: Evaluation and Treatment Services
- As of 2024, require accreditation for anatomic pathology by a recognized organization [College of American Pathologists (CAP) • American Association for Laboratory Accreditation (A2LA) • Accreditation Commission for Health Care (ACHC) • The Joint Commission (TJC) • COLA Laboratory Accreditation]

Standard 4.2: Oncology Nursing Credentials
- Effective immediately, per diem nurses who work less than 832 hours each calendar year are not required to demonstrate compliance with Standard 4.2. Per diem nurses who work 832 hours or more each calendar year must meet the standard as written. This information has been included in an updated Frequently Asked Questions (FAQ) document, located in the CoC Standards Resource Library, available through the ACS Quality Portal.

NAACCR   https://www.facs.org/quality-programs/cancer-programs/commission-on-cancer/standards-and-resources/2020/implementation/

Highlighted Updates

Standard 5.1: College of American Pathology (CAP) Synoptic Reporting
- Starting with 2023 site visits:
    - Review of pathology reports during the site visit to evaluate that the required CAP elements are present in synoptic format is removed.
    - As of 2024, pathology departments in accredited cancer programs must perform internal audits of their pathology reports confirming at least ninety percent (90%) of eligible cancer pathology reports are structured using synoptic reporting as defined by the College of American Pathologists (CAP) cancer protocols, including all core data elements within the synoptic format. The results are documented in the cancer committee minutes.
    - Each calendar year, the internal audit must evaluate a minimum of 20 total surgical resection cases. The selected cases must include at least three different disease sites. Programs must meet compliance with the revised standard beginning January 1, 2024.

NAACCR   https://www.facs.org/quality-programs/cancer-programs/commission-on-cancer/standards-and-resources/2020/implementation/

Highlighted Updates

Standards 5.3 – 5.8:
- Required Compliance Percentage for Sites with Less than Seven Applicable Cases
  - The percentages required for compliance for Standards 5.3-5.8 have been modified.
  - Previously, 100% compliance was required if the accredited site had fewer than seven applicable pathology or operative reports for a select standard.
  - Effective immediately, if a site has fewer than seven applicable cases for Standards 5.3-5.8, then the standard's applicable percentage for that year will be applied. In other words, for site reviews conducted in 2024, 70% compliance will be required for Standards 5.3-5.6, regardless of the number of cases to be reviewed. Additionally, 80% compliance will be required for Standards 5.7 and 5.8, regardless of the number of cases to be reviewed.

NAACCR   Cancer Program News :: March 21, 2024

Highlighted Updates

Standards 5.3 – 5.6:
- During 2024 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 2023 or 2024 meeting and must be from before the Site Reviewer selects the cases to be reviewed during the site visit. 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. At this time, it has only been approved for 2024 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.
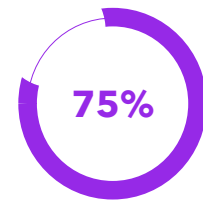
NAACCR   Cancer Program News :: March 21, 2024

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Cancer Committee

Life in a CoC Accredited Facility in 2024

Information Available as of 06/24/2024

75%

Cancer Committee

- Subcommittee of the Medical Executive Committee
- Chair is appointed by the President of the Medical Staff
- Meet at least once per calendar year quarter
- Ensure compliance with the Cancer Program standards
- Multidisciplinary

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Accreditation

Life in a CoC Accredited Facility in 2024

Information Available as of 06/24/2024

Site Visit Process

Every 3 Years

- Triennial
  - CoC Site Visit Reviewer meets with the Cancer Program
  - Review of required cancer program activity documentation to ensure compliance with all accreditation standards
- Requirements
  - Cancer Program Leadership Meeting
  - Cancer Committee Meeting
  - Cancer Liaison Physician Meeting
  - Pathology Report Review
  - Tumor Board
  - Summation/Survey Wrap Up

Triennial Re-Accreditation Site Visit

Accreditation Awards

Accredited	Accredited-Corrective Action Required [Renewal Programs Only]	Not Accredited-Corrective Action Required [Initial Applicants Only]	Not Accredited
• Completion of site visit • Full compliance with all applicable standards and has provided all required documentation to support compliance	• Renewal program receives **noncompliant rating on at least 1 standard but less than 20% of standards rated** during the site visit process	• A new program receives a **noncompliant rating on four or fewer standards** during the site visit process.	• Renewal program receives **noncompliant rating on more than 20% of standards rated during the site visit process** • **Initial applicant receives 5 or more noncompliant standards** • Program does not resolve noncompliant standards within established timeframe

https://www.facs.org/quality-programs/cancer/news/093021/coc

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Readiness Assessment

2023
Pre-Review Questionnaire [PRQ]
NCI Designated Comprehensive Cancer Center Program [NCIP]

Standard	Requirement	NCIP Eligibility	Committee Member Responsible	Deadline	Documentation required for PRQ 2020	Documentation required for PRQ 2021	Documentation required for PRQ 2022	Deficiency Risk	Notes
[1] Institutional Administrative Commitment									
1.1 Administrative Commitment	Letter of authority from facility leadership that includes all required elements	Required	Jennie Jones, Director Cancer Registry	12/31/2022	Complete				Uploaded letter on 9/19/2022
[2] Program Scope and Governance									
2.1 Cancer Committee*	Cancer committee minutes that identify the required cancer committee members	Exempt [Template]	N/A	N/A	Exempt Notation				Template
2.2 Cancer Liaison Physician	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	Required	Dr. Christine Laronga, Cancer Liaison Physician	12/31/2022	Complete	Complete	Complete		Sent to Dr. Laronga on 6/2/2023.
2.3 Cancer Committee Meetings*	The cancer committee meets at least once each calendar quarter.	Required [Template]	Dr. Julian A. Sanchez, Cancer Committee Chair	12/31/2022	Complete	Complete	Complete inc Template		Final review & validation of template
2.4 Cancer Committee Attendance*	Each required member or the designated alternate attends at least 75 percent of the cancer committee meetings held.	Exempt [Template]	N/A	N/A	Exempt Notation				Template
2.5 Multidisciplinary Cancer Case Conference*	1. The cancer program has a policy and procedure for multidisciplinary cancer case conference(s) that includes all required information. 2. The Cancer Conference Coordinator monitors and evaluates the multidisciplinary cancer case conference(s) and presents a report to the cancer committee	Exempt [Template]	N/A	N/A	Exempt Notation				Template

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Quality Measures / Tools

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6th Poll: In what month of 2024 will/did your v24 hospital registry software come out?

Completeness Report

Registry Item	Subset (denominator is in range described below)	Subset Description	NAACCR##	Code Evaluated	Benchmark (highlighted if % above this value)	Hospital Percent	Number (Num/Denom)	Messge
1. Sequence Number	Class of Case = 00-22	All analytic diagnoses	560	88, 99	1%	None	0/1748	High number of unknown Sequence Numbers
2. Date of First Contact	Class of Case = 00-22	All analytic diagnoses	580	blank day	1%	None	0/1748	Full date should be known
3. Primary Payer at Diagnosis	Class of Case = 00-22	All analytic diagnoses	630	99	2%	0.17%	3/1748	High number unknown Primary Payer
4. NPI - Primary Surgeon	Surgical Procedure of the Primary Site at This Facility (#670) = 10-90	Surgery performed at facility	2485	blank	11%	99.05%	FACILITY_ID|DX_YEAR| 836 /844	Surgeon NPI should be known for surgery at facility
5. NPI - Physician #3 (Radiation Oncologist)	Location of Radiation Treatment (#1550) = 1	All radiation performed at facility	2495	blank	15%	99.47%	FACILITY_ID|DX_YEAR| 188 /189	Radiation Oncologist NPI should be known for radiation at facility
6. NPI - Physician #4 (Medical Oncologist)	Chemotherapy at This Facility (#700) = 01-03 OR Hormone Therapy at This Facility (#710)	Known chemotherapy or hormone therapy given at facility	2505	blank	23%	99.76%	FACILITY_ID|DX_YEAR| 410 /411	Medical Oncologist NPI should be known for systemic care at facility

Completeness Report
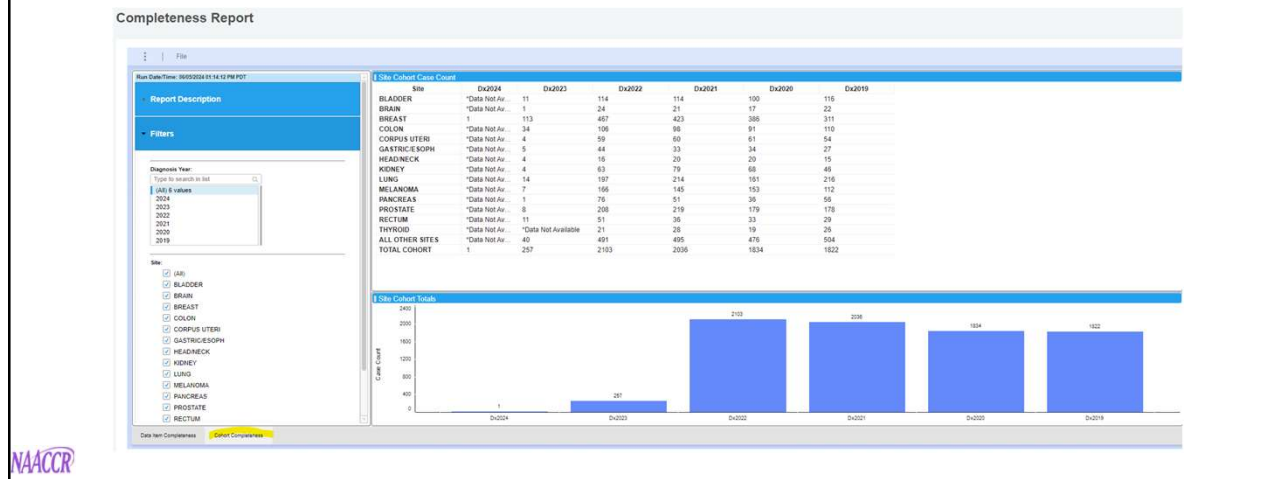
7th Poll: In what month of 2024 will/did you abstract your first 2024 diagnosis?

Site by Stage Distribution Report

Breast: 1709	Stg 0	Stg I	Stg II	Stg III	Stg IV	Unk.	N.A.	All
Breast	222	910	248	115	93	39	82	1709
TOTAL	222	910	248	115	93	39	82	1709

NCDB Primary Site-Histology Groupings • View, save or print an "All Sites Report" as **HTML** **PDF**
Excel

Hospital Comparison Benchmark Reports
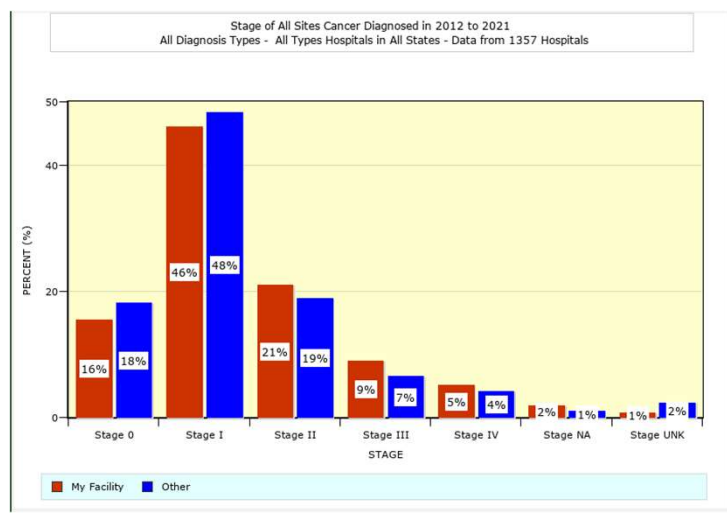
8th Poll: Do you abstract some primary sites more concurrently than others?

RCRS Operational Reports

Cancer Reports   ⌄

Alerts Report
This report provides an overview as well as detailed information regarding cases with outstanding alerts and the associated edit errors.
Note: report displays data available for the latest 3 years.

Case Log Report
This report allows users to view a filtered list of cases, along with case-level edits.
Note: report displays data available for the latest 6 years.

Quality Measures Report
This report provides details for all quality measures.
Note: report displays data available for the latest 6 years.

Comparisons Report
This report allows users to view different performance rates for quality measures and compare the rates from the users' program to the users' program category to all CoC programs.
Note: report displays data available for the latest 6 years.

Completeness Report
The purpose of this report is to give CoC accredited programs information about required data items for which they may not be providing all of the information that is available in the patient record.

CoC Rapid Cancer Reporting System Quality Measures

Used to track and monitor changes with the CoC RCRS Quality Measures over time.

Site	Quality Measure	7/28/2023	2022	2021
Breast	BCSdx	= First therapeutic breast surgery in a non-neoadjuvant setting is performed within 60 days of diagnosis for patients with AJCC clinical stage I-III breast cancer.	NEW (Launch 06/27/2022): First therapeutic breast surgery in a non-neoadjuvant setting is performed within 60 days of diagnosis for patients with AJCC clinical stage I-III breast cancer.	N/A
	BCSRT	Δ Radiation therapy, when administered, is initiated less than or equal to 60 days of definitive surgery for patients receiving breast conserving surgery for breast cancer for Stage I-III breast cancer who do not undergo adjuvant chemo- or immuno-therapy. (Tied To Standard - Suspended for 2023)	= Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast-conserving surgery for breast cancer. (Tied to Standard - 90%)	Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast-conserving surgery for breast cancer. (Tied to Standard - 90%)
	MAC	= Combination chemotherapy or chemo-immunotherapy (if HER2 positive) is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or stage IB - III hormone receptor negative breast cancer.	= Combination chemotherapy or chemo-immunotherapy (if HER2 positive) is recommended or administered within four months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage IB-III hormone receptor negative breast cancer.	Combination chemotherapy or chemo-immunotherapy (if HER2 positive) is recommended or administered within four months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage IB-III hormone receptor negative breast cancer.
	MASTRT	N/A	= Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cacner for women with >= 4 positive regional lymph nodes. (Tied to Standard - 90%) (Removed 06/27/2022)	Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cacner for women with >= 4 positive regional lymph nodes. (Tied to Standard - 90%)
	nBx	N/A	= Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer. (Tied to Standard - 80%) (Removed 06/27/2022)	Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer. (Tied to Standard - 80%)
	HT	N/A	= Tamoxifen or third generation aromatase inhibitor is recommended or administered within one year (365 days) of diagnosis for women with AJCC T1cN0M0, or Stage IB-III hormone receptor positive breast cancer. NQF-endorsed Accountability Measure. (Tied to Standard - 90%) (Removed 06/27/2022)	Tamoxifen or third generation aromatase inhibitor is recommended or administered within one year (365 days) of diagnosis for women with AJCC T1cN0M0, or Stage IB-III hormone receptor positive breast cancer. NQF-endorsed Accountability Measure. (Tied to Standard - 90%)
	ACT	= Adjuvant chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer.	= Adjuvant chemotherapy is recommended or administered within four months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer. NQF-endorsed Accountability Measure.	Adjuvant chemotherapy is recommended or administered within four months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer. NQF-endorsed Accountability Measure.

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Resources! Resources! Resources!

Home   Contact Us

ACS / CoC

Commission on Cancer
American College of Surgeons

A Cancer Program News archive providing updates regarding the CoC standards will now be available at the bottom of this page.

General Resources

Cancer Program News Articles - Standards Updates
Cancer Program News Article Archive
Standard 3.2 now requires accreditation for anatomic pathology
Standard 5.1 now requires an internal audit of pathology reports
Standards 5.3 – 5.6 an internal audit may be used as an alternative compliance pathway for calendar year 2024

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Resources! Resources! Resources!

- New! AJCC Staging Online for $49.99/year
- STORE v2024 updated version now available
  - https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/ncdb-call-for-data/?utm_medium=email&utm_source=newsletter&utm_campaign=cancer-news
- Updated on June 14th: Quality Measure updates in NCDB RCRS
  - RECRTCT & MAC removed
  - https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/quality-of-care-measures/

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Questions??

Fabulous Prizes

Coming UP…

- CNS
  - Carol Kruchko, BA
  - Jennifer Ruhl, RHIT, CCS, ODS
- Coding Pitfalls 2024
  - Janet Vogel, ODS

CE Certificate Quiz/Survey

CE Phrase

Link

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Thank you!!!