

Commission on Cancer State Chair Town Hall

April 10, 2024



CoC

Commission on Cancer
American College of Surgeons

CoC Cancer Liaison Physicians Meeting

Quyen Chu, MD, FACS

Chair

Committee on Cancer Liaison



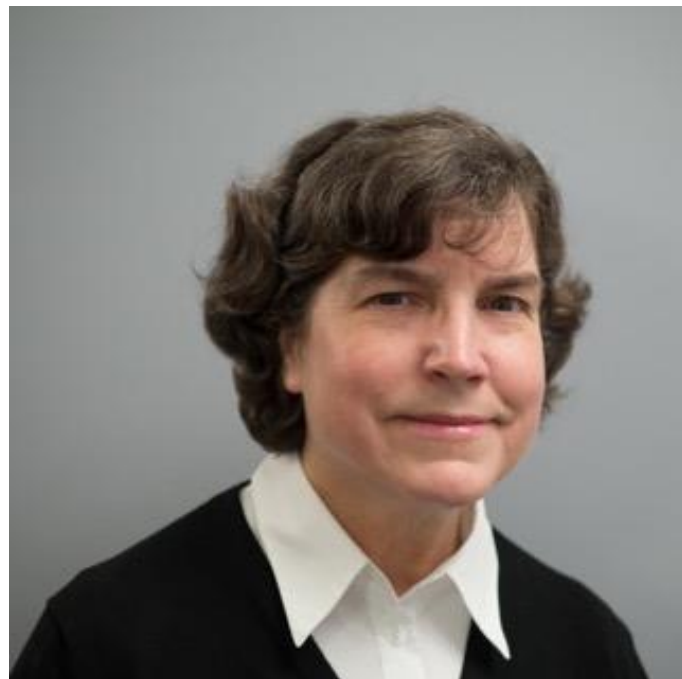
Maria Castaldi, MD, FACS

Vice-Chair

Committee on Cancer Liaison



Welcome to New CoC State Chairs



Marilyn Leitch, MD, FACS

North Texas





Commission on Cancer
American College of Surgeons

CoC Update

- 2024 State Chair Activity Report
- Monthly CLP and Accreditation Site Visit List
- Post-Town Hall Communications
- 2024 CoC Research Paper Competition



ACS/Clinical Congress 2024

*Achieving Our Best Together:
#Inclusive Excellence*

**SAVE
THE DATE!**

October 19–22
San Francisco, CA

New
**Saturday–
Tuesday**
Program



CSSP Updates

Kim A. Rodriguez, BSPH, CPH, RHIT, ODS-C

Eisenhower Health – Rancho Mirage, CA

CSSP Education Committee Member / NCRA CSSP Liaison

Collaboration with the Resident and Associate Society

Operative Standards for Cancer Surgery: A Resource for Resident/Fellow Surgical Education

- Objectives
 - Introduce the Operative Standards for Cancer Surgery
 - Illustrate how operative standards can improve trainee development and patient care
 - Discuss best practices for incorporating the operative standards into clinical practice
- Resources
 - [Webinar recording](#) (live webinar held 3/11/24)
 - [Visual Abstract](#)
 - [Video](#)
 - Editorial- In Progress

Technical Standards for Thyroid Cancer Surgery Webinar

May 20th at 5pm CT

- Speakers

- Elizabeth (Libby) Grubbs, MD, FACS
- Tracy Wang, MD, FACS
- David Hughes, MD, FACS
- Julie McGill, MD, FACS
- Linwah Yip, MD, FACS
- Mark Zafereo, MD, FACS

- Objectives

- Discuss evidence-based operative standards for the preoperative considerations for surgical planning, thyroidectomy, and lymphadenectomy as outlined in the Operative Standards for Cancer Surgery (OSCS) Volume 2

Register [here](#), contact CSSP@facs.org for more information

Operative Standards for Cancer Surgery Video Series

- Recently published
 - [Right-Side Cancer Lung Resection](#)
 - [Left-Side Cancer Lung Resection](#)
 - [Pancreatoduodenectomy: Superior Mesenteric Artery Dissection](#)
- Coming soon...
 - Superficial and Deep Groin Dissection for Melanoma



OPERATIVE STANDARDS FOR Cancer Surgery

National Cancer Registrars Association

- Credential Name Change
 - Effective 1/1/24, certification for cancer registrars updated from Certified Tumor Registrar (CTR) to certified Oncology Data Specialist (ODS, ODS-C or ODS-certified). Learn more here: [ODS Toolkit](#)
- National Cancer Registrars Week
 - April 8-12 – a diverse workforce serving a diverse population. Celebrate your cancer registry departments! Learn more here: [Registrars Week](#)
- Annual Educational Conference
 - April 24-27 – Indianapolis, Indiana. Please consider presenting at next year’s annual conference. Call for abstracts opens June 2024. Learn more here: [NCRA Conference](#)
- Counting Veterans’ Cancer Act
 - On 3/9/24 President Biden signed a requirement for Veterans cancer case reporting into law in March 2024. The language is derived from NCRA’s work with Senators Kelly and Tillis who introduced the Counting Veterans Cancer Act. Learn more here: [Current Advocacy Efforts](#)

Cancer Registry and Synoptic Op Reports

- Utilize your cancer registry team to assist in monitoring and compliance for synoptic operative report standards.
- Working closely with your cancer registry and EMR informatics teams will be important in training surgeons how to meet CoC compliance.
- [Operative Standards Toolkit](#)
 - FAQ's on standards and CoC
 - Visual abstracts for standards 5.3 to 5.8
 - Guidelines for Oncology Data Specialists to identify eligible cases by standard
 - Videos on best practices by cancer site

Cancer Registrar Perspective on SOR Standards

- How can you help cancer registrars when it comes to assessing and monitoring CoC compliance?
 - Surgeons impacted by standards 5.3 to 5.8 should take the time to become familiar with the standard requirements.
 - EMR informatics teams should work closely with the registry to incorporate synoptic operative report and CAP templates.
 - Cancer registrars at most facilities are the messengers to deliver compliance ratings – we are here to help 😊
 - Subscribe to the [Cancer Program News](#) e-mail to remain current with standards changes.

Ideas on Implementing & Educating

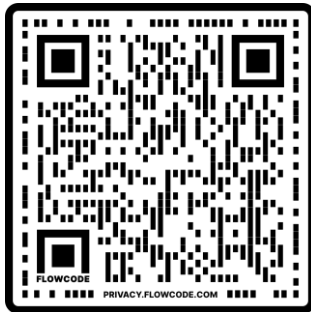
- Eisenhower Health's experience
 - Meet with Cancer Committee Chair, Cancer Liaison Physician, Oncology Program Director, and Chief Administrative Officer to discuss all standards and best ways to reach intended surgeon audience.
 - Began educating cancer committee about standards when information was released with the 2020 Standards.
 - CoC Chair is also a surgeon, so he took on being champion for these standards, with assistance from VP of Surgical Services and support from VP of Medical Affairs.
 - Reached out to surgeons with highest case volumes per site to share information about operative report requirements and initial compliance ratings
 - Present standards at designated site-specific cancer conferences as well as disease site steering committees, including General Surgery Section meeting
 - Regularly present on standards and monitoring at cancer committee meetings.
 - Forwarding all CoC updates and CSSP webinars on standards to impacted surgeons.

Ideas on Implementing & Educating

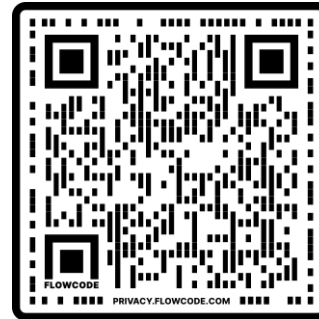
- Eisenhower Health's experience
 - Meet with EMR Informatics Team (Epic) to discuss best approach to incorporating SOR templates
 - Informatics Team created training program for all current surgeons, and a required training for all new/incoming surgeons and fellows/residents.
 - Identified 1 lead surgeon from each of the areas (breast, melanoma, colorectal, lung) to assist with site-specific templates, education and report details.
 - Identified that medical dermatology reports needed modifications due to how that department was set up in Epic.
 - Tip sheet for how to complete templates in Epic
 - BPA alert in Epic for surgeries that meet eligibility criteria for synoptic operative reports
 - Epic reports to monitor compliance. Tested and identified gaps to improve reports
 - Team presents at Cancer Committee as well as General Surgery Section Meeting



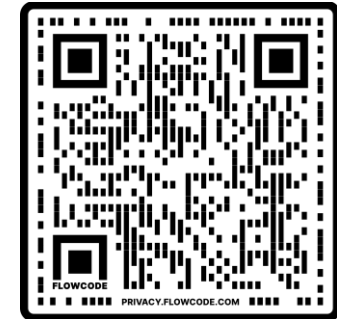
Contact cssp@facs.org for additional questions



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



ACS Cancer Programs



AmColSurgCancer

National Quality Improvement Collaborative Updates

Eileen Reilly, Quality Improvement Manager
American College of Surgeons Cancer Programs

Agenda

- National Projects
 - Beyond ASK
 - Breaking Barriers
 - 5.8 Lung NODES
- QI Committee
 - Standard
 - Education (QI workshop, webinars, etc)

Just ASK/Beyond ASK





Improved Care for Nearly 1 Million Patients

- Just ASK (2022)
 - 712 Cancer Programs
 - 650,000 Cancer patients
- Beyond ASK (2023)
 - 326 Cancer programs
 - 250,000 Cancer Patients
- 98% of participants asked about smoking
- 83% advised patients to quit
- 58% assisted patients in cessation efforts

Original Reports | Care Delivery



Current Practices, Perceived Barriers, and Promising Implementation Strategies for Improving Quality of Smoking Cessation Support in Accredited Cancer Programs of the American College of Surgeons

Jamie S. Ostroff, PhD¹ ; Eileen M. Reilly, MSW² ; Jessica L. Burris, PhD³ ; Graham W. Warren, MD, PhD⁴ ; Rachel C. Shelton, ScD, MPH⁵ ; and Timothy W. Mullett, MD⁶ ; the Just ASK Quality Improvement Task Force

DOI <https://doi.org/10.1200/OP.23.00393>



*Credit to L Janczewski

“Breaking Barriers” Quality Improvement Collaborative

Disruptions in
Planned Radiotherapy



Modifiable Barriers?

Psychosocial, Geographic,
Financial, Etc.

Disparities in
Oncologic Outcomes



Enrolled **342 accredited-cancer programs** across US

Pre-Intervention Period:
5 separate, 60-day data collection periods (March-December 2023)



Prospectively identified patients scheduled for a **15–45-day course of curative radiotherapy**

Primary Outcome: Patients who missed **≥3 radiation treatments** and reasons for missed treatments

332 (97.1%) programs identified patients who missed **≥3 treatments**
Median per program: 9.4% (IQR 4.5-16.5)
5,221 patients who did not complete radiotherapy as prescribed

Differences based on:

Geographic Region

↑ **Northeast**
median **11.3%**
[IQR 5.4-17.3]
p=0.014

Disease Site

↑ **Rectum (13.0%)**
↑ **Gynecologic (11.4%)**
p<0.001

Reasons for Missed Treatments:



Illness
91.0%



Conflicting Appointments
54.2%



Transport
71.7%



Stopping Treatment
53.0%

BB Year 2 Goals

- Of 300 participants
 - 15% are new to the project this year
 - 44% intend to address transportation
 - 20% intend to address conflicting appointments
 - 16% intend to address patient sick (not due to toxicity)
 - 11% intend to address why patients no longer wish to seek treatment

Breaking Barriers Toolkit

The American College of Surgeons Cancer Programs offers this "Breaking Barriers" Toolkit to help you and your colleagues develop strategies that will increase patient compliance with cancer treatment.

The Toolkit is organized by the most prevalent barriers to care, as identified through baseline data collection results. They include (1) transportation issues, (2) illness unrelated to treatment toxicity/no longer wishing to pursue treatment, and (3) conflicting appointments. A list of interventions* and potential strategies for success are provided for each barrier. Supplemental tools and materials also are included for direct implementation or modified use in your practice. Before you begin, it is recommended you view the [Breaking Barriers: Breaking Down the Top Barriers webinar](#).

Table of Contents

Barrier #1 Transportation Issues

Barrier #2 Illness Unrelated to Treatment Toxicity/
No Longer Wishing to Pursue Treatment

Barrier #3 Conflicting Appointments

Appendix/Supplemental Documents

*Not all interventions may need to be implemented. Consult with your local quality improvement team for the specific barriers to care experienced in your program.

If you have questions, please email CancerQI@facs.org.

ACS Cancer Programs American College of Surgeons



Standard 5.8

Lung NODES

- Improve the quality of cancer care and patient outcomes by accomplishing assessment of hilar and mediastinal lymph nodes
- Assist programs to identify root cause challenges in achieving compliance
- Develop a standardized way for programs to assess and monitor their compliance with Standard 5.8
- Identify and implement successful and sustainable solutions

Category	N
CCCP	180
INCP	141
ACAD	59
CCP	51
NCI, HACP	17

As part of participation, programs agree to:

- ✓ Form a core QI team with at least 3 individuals
- ✓ Provide a signature of support from physician champion and cancer committee chair
- ✓ Attend and actively share/participate on calls
 - ✓ (at least 1 person from each program should attend every call or view at a later date if clinical care interferes)
- ✓ Review and submit data measuring compliance
 - ✓ (no patient or provider facing data collected)
- ✓ Resources
 - ✓ 5.8 Toolkit
 - ✓ QI Basics Course

CoC Quality Improvement Committee Work

What have we been up to and why do you care?!

What's ahead for 2024-2025

- QI Standard is aligned across programs
- Education efforts continue
 - QI Workshop
 - Case Study Repository
 - Local coaching option
- Meaningful Stakeholder Engagement
- Development of 2025 QI projects
- Presenting 3 sessions at Quality and Safety
 - Operative Standard Implementation
 - Timeliness of Care Interventions
 - Adapting, Adopting, or Abandoning strategies in QI

Quality Improvement Resources

- ACS Quality Framework: Webinar, Framework, Tools, Project Charter, Communication Plan, Data Plan



The ACS Quality Framework Components & Criteria

Component #1: Problem Detailing

Criterion	Definition
1.1 Local Issue	Describe how the issue was discovered at your institution. Include: <ol style="list-style-type: none"> The timeframe in which the issue was discovered 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: <ol style="list-style-type: none"> Who does the problem affect or impact? When was the problem found (or did it begin)? Where is the problem happening? How often is the problem happening?

Quality Improvement Resources



Q Type here to search Quality Progra

Quality Domain
Quality Doma... ▾

Project Type
Project Type ▾

Methodology
Methodology ▾

Data Source
Data Source ▾

Program Applicability

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



ACS QI Course:
The Basics



Case Study Repository



CoC

Commission on Cancer
American College of Surgeons



National Cancer Database

Leticia Nogueira, PhD MPH
Scientific Director
Health Services Research



March 2024

National Cancer Database (NCDB)

- Co-sponsored
 - American Cancer Society
 - American College of Surgeons
- Largest cancer registry
 - >15K accredited facilities
 - >70% cancer cases in the US
- Data
 - Real-time reporting
 - New variables
 - Sunsetting variables
 - Quality and completeness
 - Research best practices
- Data quality standards
 - Demographic
 - Clinical
 - Treatment
 - Survival

Cancer Treatment and Survivorship

**Agency for Healthcare
Research and Quality (AHRQ)**

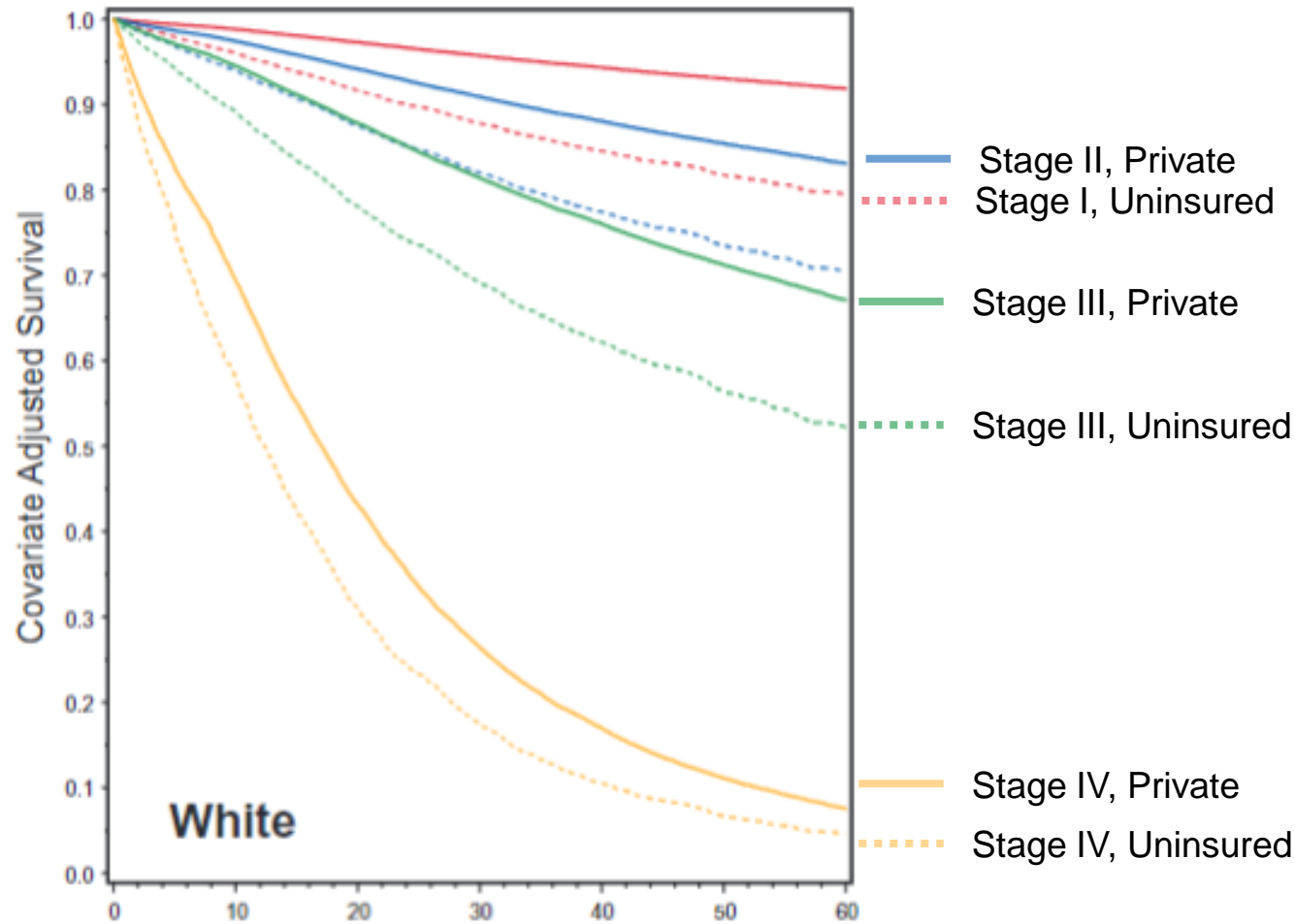
2023 | National Healthcare
Quality and Disparities
Report



Cancer Facts and Figures








NCDB is a unique resource



Policies relevant to cancer care

Colorectal Cancer Care Among Young Adult Patients After the Dependent Coverage Expansion Under the Affordable Care Act







Leticia Nogueira, PhD, MPH *, Neetu Chawla, PhD , Xuesong Han, PhD , Ahmedin Jemal, DVM, PhD, 
K. Robin Yabroff, PhD 

Original Investigation | Health Policy







Medicaid Expansion Under the Affordable Care Act and Early Mortality Following Lung Cancer Surgery

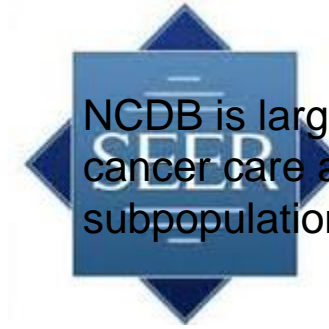
Leticia M. Nogueira, PhD, MPH; Daniel J. Boffa, MD, MBA; Ahmedin Jemal, PhD; Xuesong Han, PhD; K. Robin Yabroff, PhD

Cancer Stage, Treatment, and Survival Among Transgender Patients in the United States

Sarah S. Jackson , PhD, MPH^{1,*} Xuesong Han , PhD² Ziling Mao , MPH^{2,3} Leticia Nogueira , PhD, MPH²
Gita Suneja, MD, MS^{4,5} Ahmedin Jemal , DVM, PhD² Meredith S. Shiels 

The Impact of the Patient Protection and Affordable Care Act on Insurance Coverage and Cancer-Directed Treatment in HIV-Infected Patients With Cancer in the United States

Kelsey L. Corrigan, MPH ¹; Leticia Nogueira, MPH, PhD ²; K. Robin Yabroff, PhD²; Chun Chieh Lin, MBA, PhD^{2,3};
Xuesong Han, PhD²; Junzo P. Chino, MD ^{1,4}; Anna E. Coghill, MPH, PhD ⁵; Meredith Shiels, PhD ⁶;
Ahmedin Jemal, DVM, PhD ²; and Gita Suneja, MD, MSHP^{1,4,7}



Cancer treatment collected through linkage with Medicare NCDB is large enough to evaluate cancer care and outcomes in smaller subpopulations

Federal health insurance for people ≥65 years of age

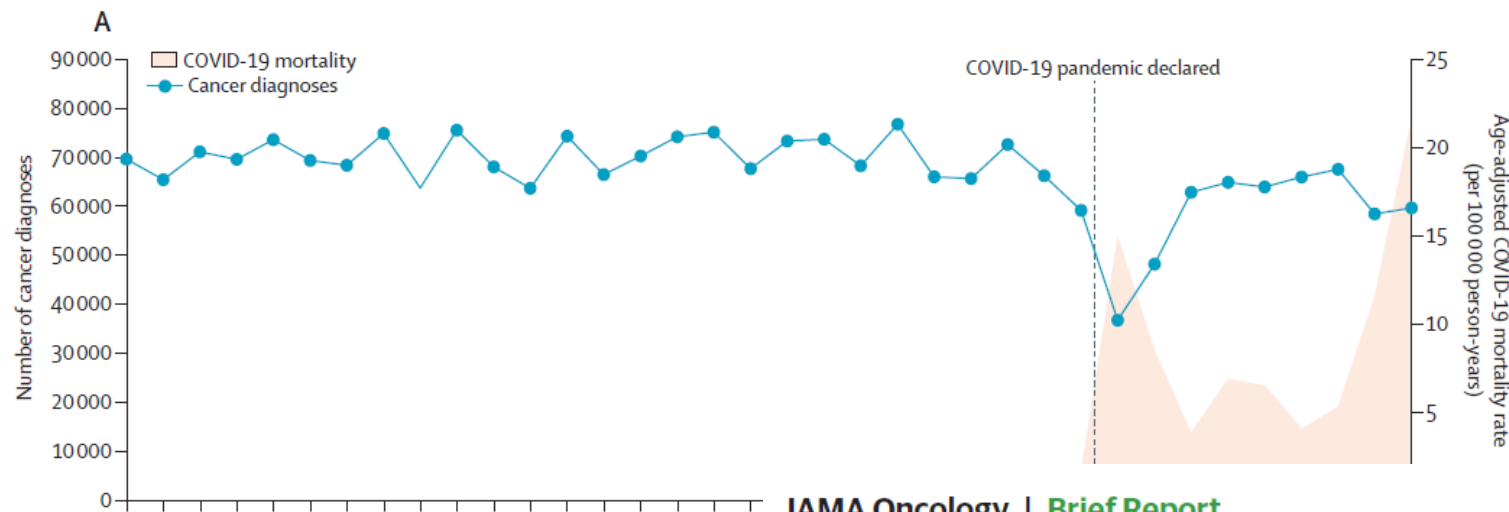
State-level policy variable now available to all researchers using NCDB PUF

Changes in cancer care

Changes in cancer diagnoses and stage distribution during the first year of the COVID-19 pandemic in the USA: a cross-sectional nationwide assessment

Xuesong Han, Nuo Nova Yang, Leticia Nogueira, Changchuan Jiang, Nikita Sandeep Wagle, Jingxuan Zhao, Kewei Sylvia Shi, Qinjin Fan, Elizabeth Schafer, K Robin Yabroff, Ahmedin Jemal

Real-time data collection efforts allowed for evaluation of the impact of the COVID-19 pandemic on cancer care



Assessment of Changes in Cancer Treatment During the First Year of the COVID-19 Pandemic in the US

Leticia M. Nogueira, PhD, MPH; Elizabeth J. Schafer, MPH; Qinjin Fan, PhD; Nikita Sandeep Wagle, MBBS, MHA, PhD; Jingxuan Zhao, MPH; Kewei Sylvia Shi, MPH; Xuesong Han, PhD; Ahmedin Jemal, DVM, PhD; K. Robin Yabroff, PhD

Barriers to cancer care



JAMA

RESEARCH LETTER

Association Between Declared Hurricane Disasters
and Survival of Patients With Lung Cancer
Undergoing Radiation Treatment

Leticia M. Nogueira, PhD; Liora Sahar, PhD; Jason A. Efstathiou, MD; Ahmedin Jemal, PhD; et al

Detailed treatment information,
including dates
Geographic information

JAMA Oncology | **Original Investigation**

Association of Wildfire Exposure While Recovering From Lung Cancer Surgery With Overall Survival

Danlu Zhang, MPH; Yuzhi Xi, PhD; Daniel J. Boffa, MD; Yang Liu, PhD; Leticia M. Nogueira, PhD, MPH

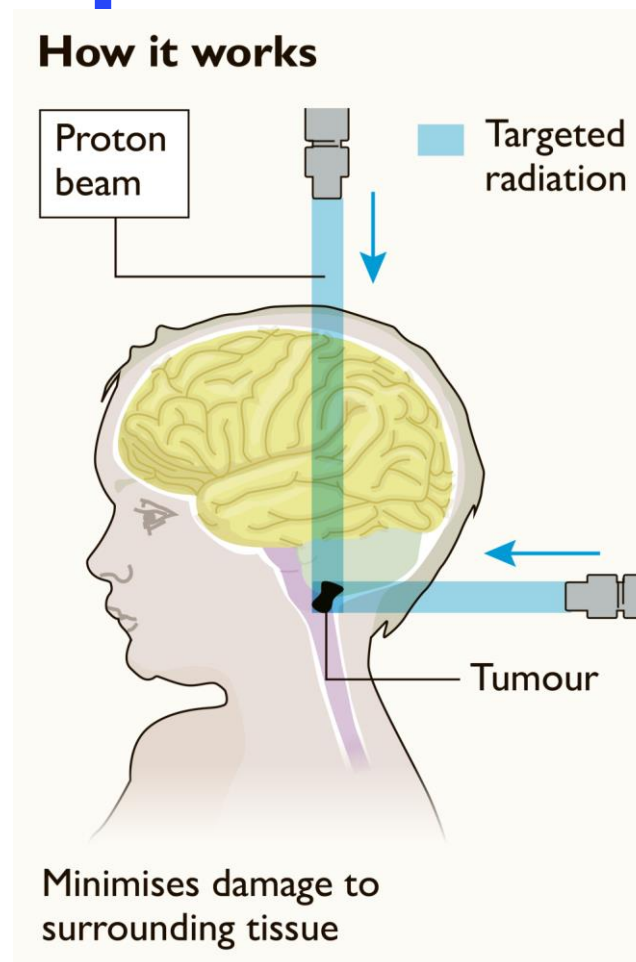
Nogueira LM, Sahar L, Efstathiou JA, Jemal A, Yabroff KR. Association Between Declared Hurricane Disasters and Survival of Patients With Lung Cancer Undergoing Radiation Treatment. *Jama*. 2019;322: 269-271.

Zhang D, Xi Y, Boffa DJ, Liu Y, Nogueira LM. Association of Wildfire Exposure While Recovering From Lung Cancer Surgery With Overall Survival. *JAMA Oncol*. 2023 Sep 1;9(9):1214-1220. doi: 10.1001/jamaoncol.2023.2144. PMID: 37498574; PMCID: PMC10375383.

Uptake of novel therapies

Proton Beam Therapy

- Radiation treatment modality
 - Treatment information is frequently updated to reflect advances in treatment options
- Potentially superior
 - Tumors with complex anatomy
 - Surrounded by sensitive tissue
 - Childhood cancers

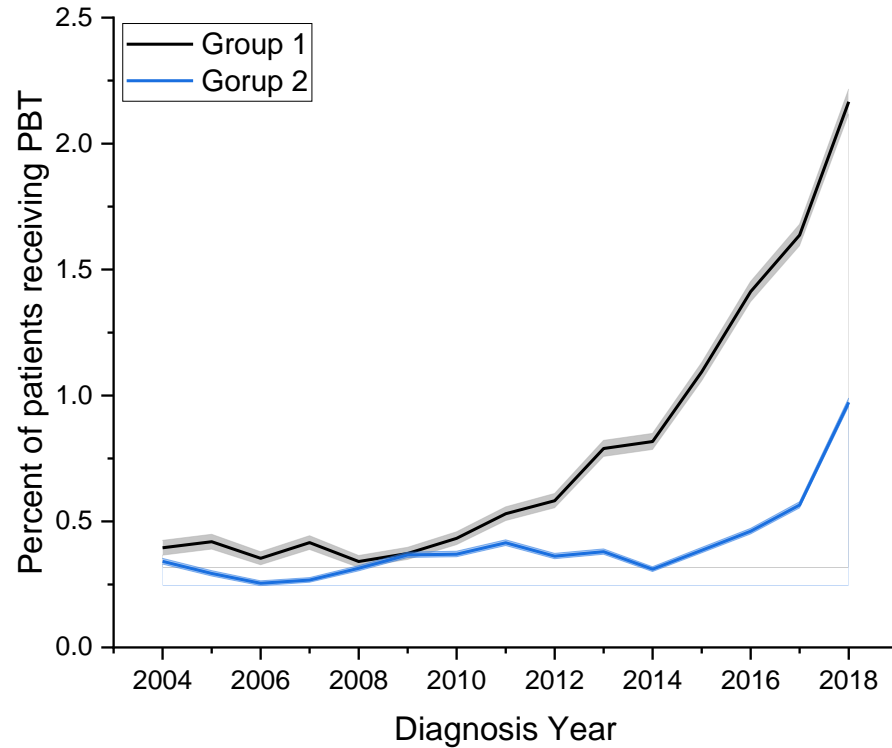


Nogueira LM, Jemal A, Yabroff KR, Efstathiou JA. *Assessment of Proton Beam Therapy Use Among Patients With Newly Diagnosed Cancer in the US, 2004-2018.* [JAMA Netw Open.](#) 2022 Apr 1;5(4):e229025.

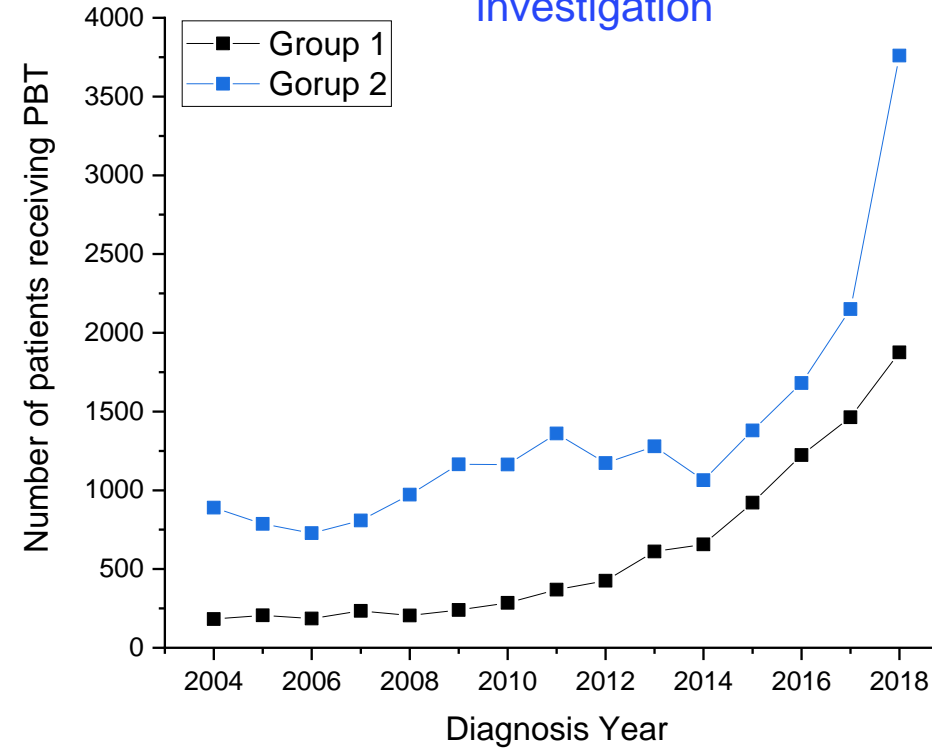
Nogueira LM, Sineshaw HM, Jemal A, Pollack CE, Efstathiou JA, Yabroff KR. *Association of Race With Receipt of Proton Beam Therapy for Patients With Newly Diagnosed Cancer in the US, 2004-2018.* [JAMA Netw Open.](#) 2022 Apr 1;5(4):e228970.

PBT uptake

Group 1: PBT is the recommended treatment modality

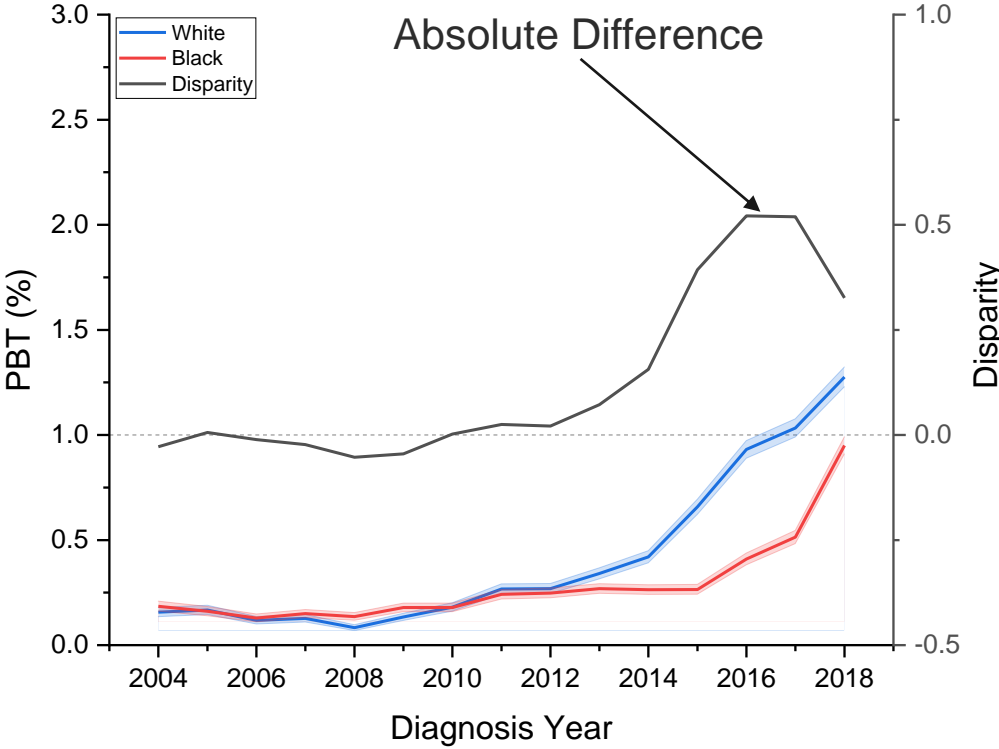


Group 2: PBT superiority is still under investigation

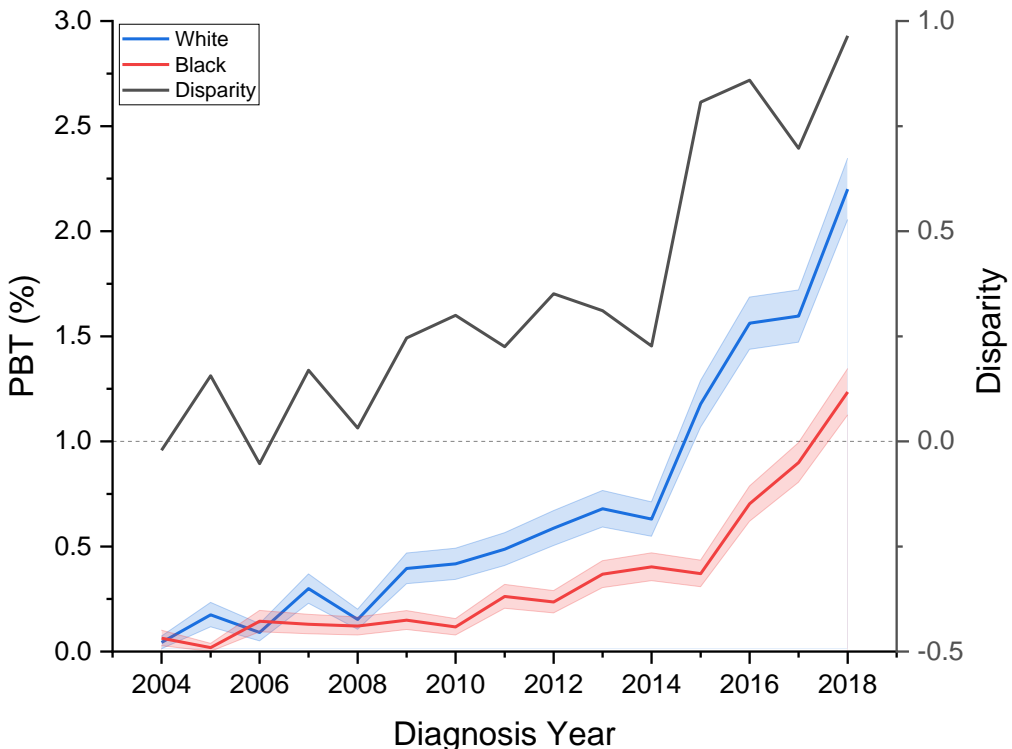


Nogueira LM, Jemal A, Yabroff KR, Efstathiou JA. Assessment of Proton Beam Therapy Use Among Patients With Newly Diagnosed Cancer in the US, 2004-2018. *JAMA Netw Open.* 2022 Apr 1;5(4):e229025.

Disparities in PBT uptake



Group 1, PBT is recommended



Nogueira LM, Sineshaw HM, Jemal A, Pollack CE, Efstathiou JA, Yabroff KR. Association of Race With Receipt of Proton Beam Therapy for Patients With Newly Diagnosed Cancer in the US, 2004-2018. *JAMA Netw Open*. 2022 Apr 1;5(4):e228970.

Racial disparities in receipt of cancer care



JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

Factors That Contributed to Black-White Disparities in Survival Among Nonelderly Women With Breast Cancer Between 2004 and 2013

Ahmedin Jemal, Anthony S. Robbins, Chun Chieh Lin, W. Dana Flanders, Carol E. DeSantis, Elizabeth M. Ward, and Rachel A. Freedman

Racial Disparities in Receipt of Guideline-Concordant Care for Early-Onset Colorectal Cancer in the United States

Leticia M. Nogueira, PhD, MPH¹ ; Folasade P. May, MD² ; K. Robin Yabroff, PhD¹ ; and Rebecca L. Siegel, MS¹ 

DOI <https://doi.org/10.1200/JCO.23.00539>



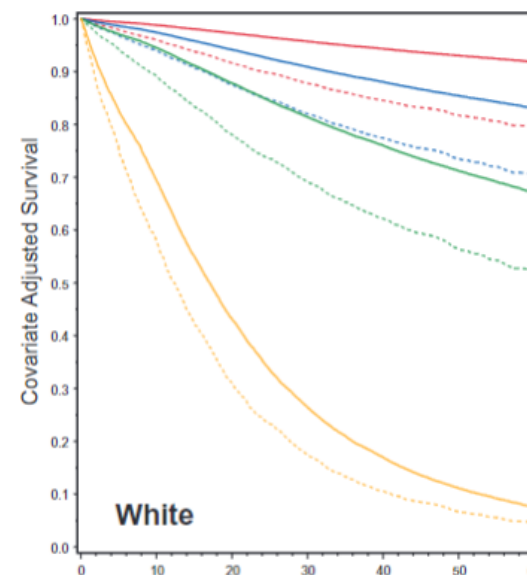
Identifying determinants of racial disparities in cancer care and outcomes
Disparities beyond stage at diagnosis, including time to treatment initiation

Why not evaluate disparities between other demographic groups?

Challenges with cancer treatment data

Registry data linked with data from health insurance providers

By definition, all patients have health insurance coverage



Health insurance coverage is a determinant of survival

Future directions

First and Last Name

- Used to identify Hispanic and Asian
 - >70% cancer cases in the US
 - ~50% Hispanic population
- Real-time update
 - Treatment
 - Follow-up

Optimal Resources for Cancer Care

2020 Standards | Effective January 2020
Updated February 2024

Address

- Social determinants of health
 - Zip code more important than your genetic code
- Clinical trial

9.1 Clinical Research Accrual

8.1 Addressing Barriers to Care

Thank you!

CoC State Chair and CLP Engagement

- Howard Kaufman, MD, FACS, Southern California State Chairs
- James McLoughlin, MD, FACS, Tennessee State Chair
- Michael Sarap, MD, FACS, Ohio State Chair
- V. Liana Tsikitis, MD, FACS, Oregon State Chair

Open Forum





Thank you!

Questions?

Melissa Leeb: mleeb@facs.org

Rebecca Medina: rmedina@facs.org



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



ACS Cancer Programs



@AmColSurgCancer