Commission on Cancer Cancer Liaison Physicians Meeting

February 19, 2025

Commission on Cancer
American College of Surgeons

CoC Cancer Liaison Physicians Meeting

Maria Castaldi, MD, FACS
Chair
Committee on Cancer Liaison

Quan Ly, MD, FACS
Vice-Chair
Committee on Cancer Liaison

Commission on Cancer
American College of Surgeons

CoC Standards and CLPs

Aaron Bleznak, MD, MBA, FACS, FSSO

Chair, Accreditation Committee, CoC

Site Reviewer, CoC

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)

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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

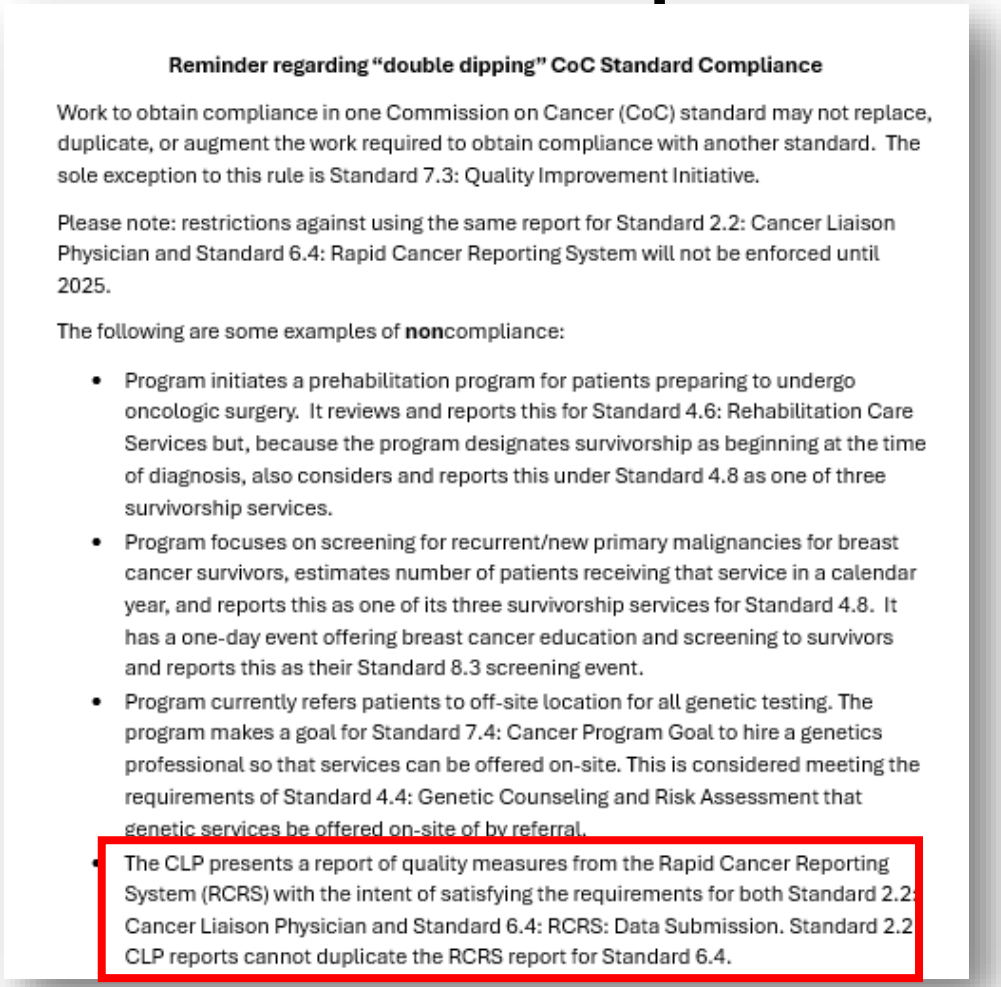
- Attend Cancer Committee meetings ≥ 75%
- Present NCDB data twice annually to CC
  - NOT RCRS data
  - Attention to areas of low performance
- Attend reaccreditation visit and meet with site reviewer
- Serve as ALTERNATE to the CC Chair
- Attend any and all "pre-meetings" or interim CC leadership meetings
- Investigate areas of worse than expected performance
- Volunteer to champion implementation of select standards, such as:
  - Operative standards 5.3-5.8
  - S7.2

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.

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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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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 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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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.

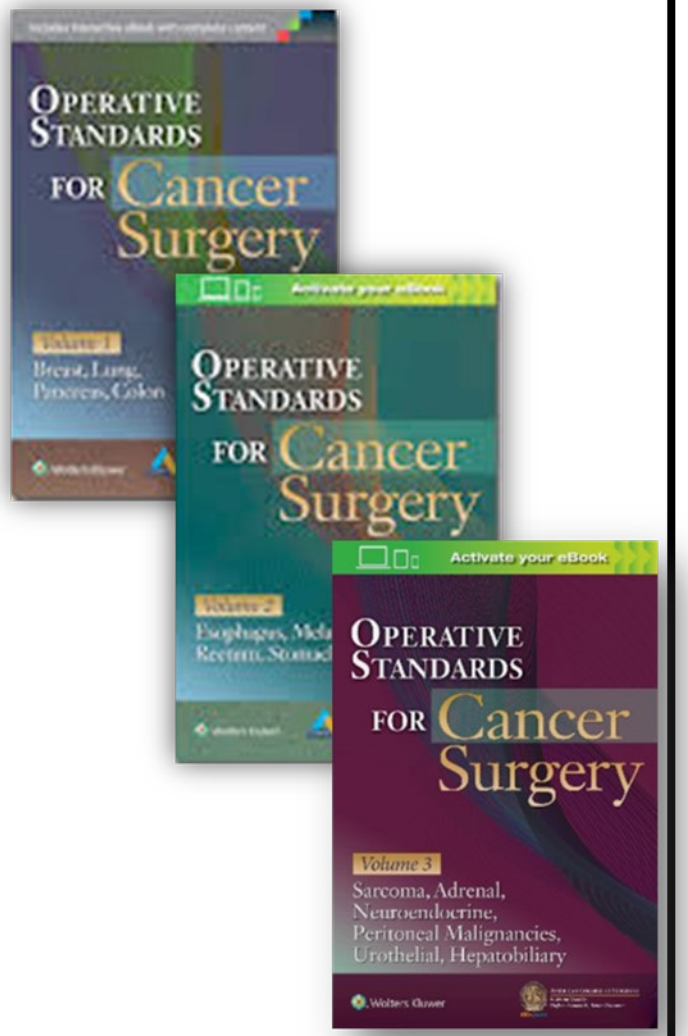
CLP Responsibilities

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

- GOAL: Assure that key steps of cancer surgeries are being performed
- Engage the Surgeons
  - Read the DARN chapters*
  - Review the FAQs & videos
- Internal Audit
- Meaningful Action Plan if not achieving 80% compliance



Dear Cancer Programs:

As we begin 2025 site visits, we are sending these helpful reminders and updates to ensure an efficient medical record review process. Please ensure the following when providing the case list to your site reviewer:

- Information is clearly labeled and includes the **operative procedure** performed at your institution.
- The list includes ALL applicable cases for each standard. If the case is applicable for the standard, it **must** be included.
    - If your list includes significantly fewer procedures than your analytic caseload for a specific cancer site, please proactively provide an explanation to the Site Reviewer as to the reasons for the difference in the numbers.
- The list excludes cases that are not applicable to the standards. For example, the following types of cases must be excluded:
    - Cases that were not treated for curative intent
    - For Standard 5.7: sigmoid, rectosigmoid, or high rectal cases
    - For Standard 5.4: procedures other than axillary lymphadenectomy
    - Cases otherwise ineligible for the standards
- Before the patient list is provided to the Site Reviewer, it is strongly recommended that it be reviewed to confirm that only applicable cases are included.
    - **NEW for 2025 Site Visits:** If the Site Reviewer selects a case not applicable to the standard, there will be **one** opportunity to swap it for another case. If the second case is still not eligible for the standard, then it will be noted as Not Applicable during the medical record review. Compliance will be calculated based on the total number of applicable records reviewed.
- The list is separated for Standard 5.3: Sentinel Node Biopsy for Breast Cancer and Standard 5.4: Axillary Lymph Node Dissection for Breast Cancer.
    - Targeted axillary node dissection/lymphadenectomy is considered a 5.3 case and not a 5.4 case.

New for 2025 Site Visits: Number of Cases Reviewed

As a reminder, starting with 2025 Site Visits, Site Reviewers will now be evaluating 15 reports for each of the Commission on Cancer Operative Standards (Standards 5.3-5.8). If your program does not have 15 applicable cases for a select standard, all applicable cases will be evaluated.

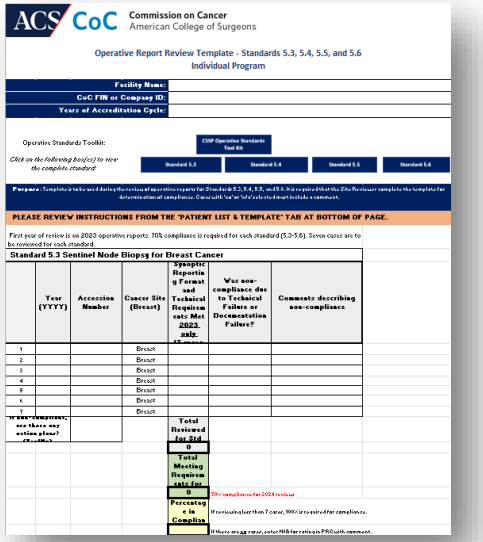
For Integrated Network Cancer Programs and NCI Networks, 30 total reports will be reviewed for each standard. The selected cases must include at least one report from each site within the network that performs the relevant procedure.

As noted above, if the Site Reviewer selects a Not Applicable case from your list, you will have one opportunity to swap it for an applicable case. It is recommended your case list be reviewed closely before submission to ensure only applicable cases are included.

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 Conflict:
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.

ACS CRP Cancer Research Program
American College of Surgeons

Assessing the Effectiveness and Significance of the Operative Standards Program (AESOP)

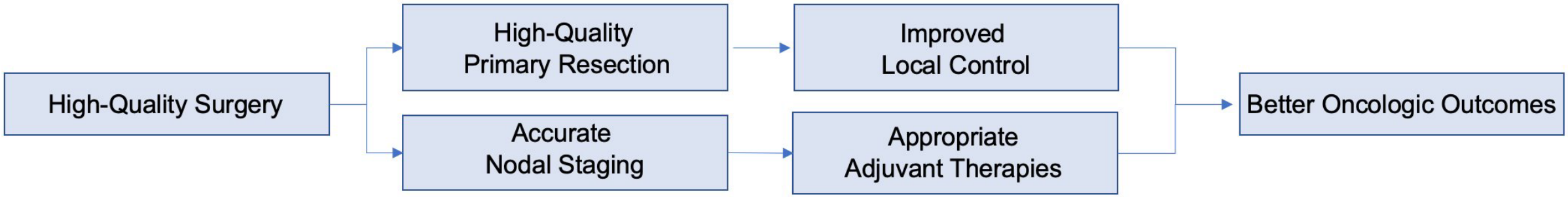
February 19th, 2025

Alison S. Baskin, MD
Postdoctoral Research Fellow
General Surgery Resident
ACS Designated Scholar

Lesly A. Dossett, MD, MPH
Daniel J. Boffa, MD, MBA
MPIs of AESOP Study (NCI R01 Grant)

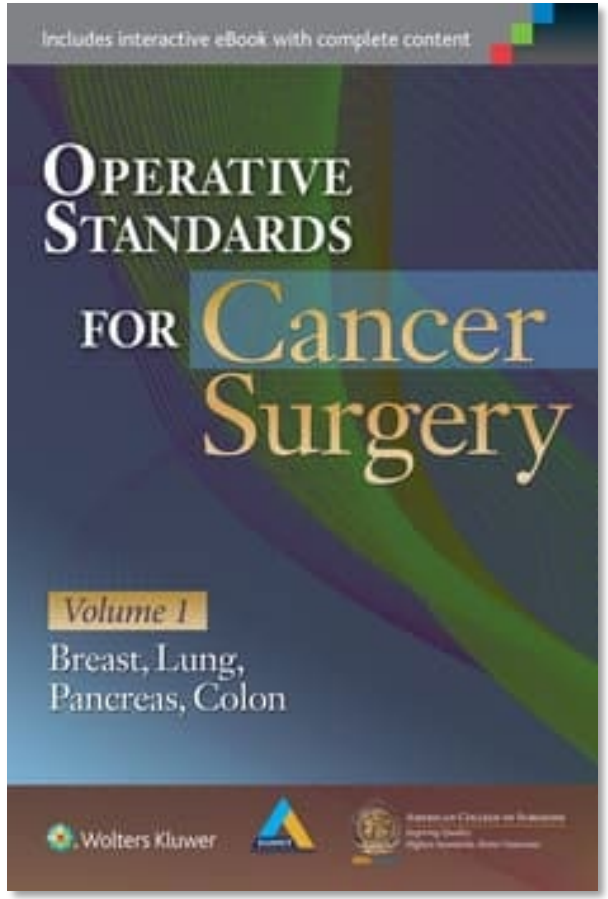
High-quality surgery is a cornerstone of cancer care

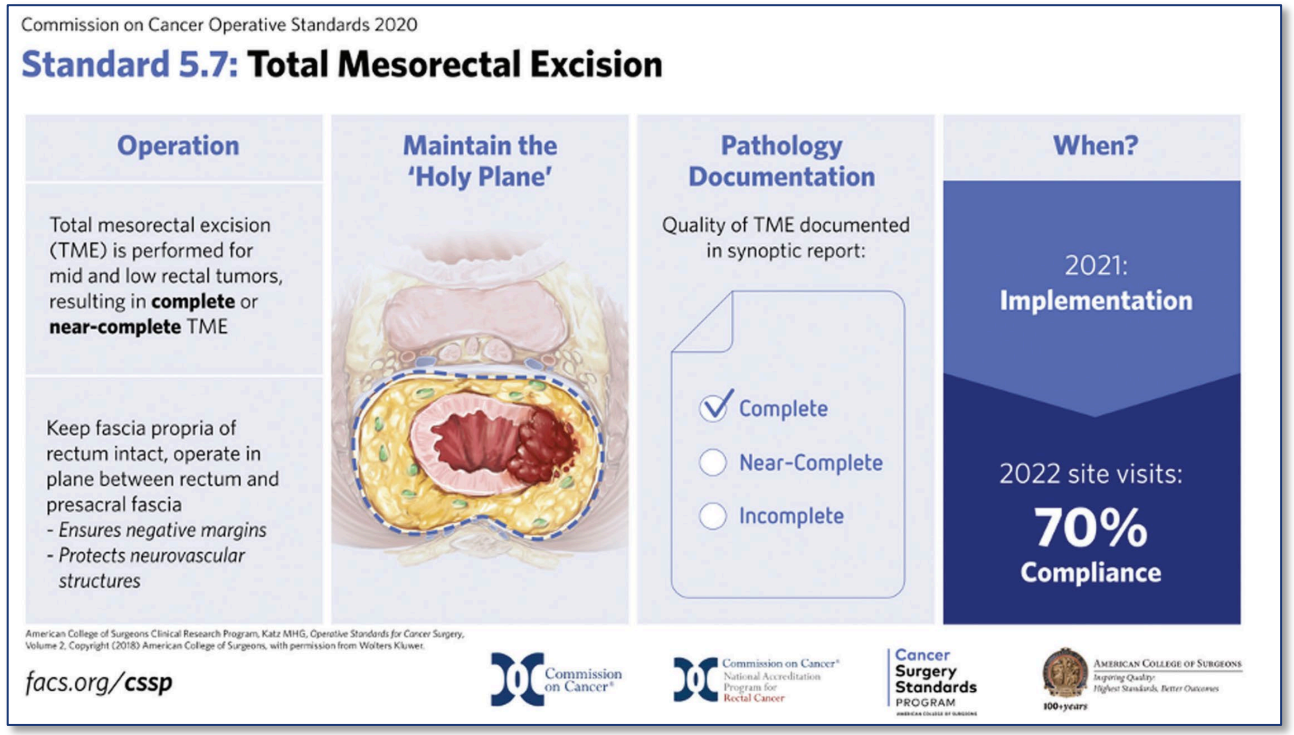
2 million patients were diagnosed with cancer in 2024; 60% of them had surgery



Relatively little attention has been paid to the potential differences in **surgical technical quality** and their impact on oncologic outcomes

Operative Standards for Cancer Surgery





With **1400 CoC-accredited hospitals** nationwide, treating more than **70% of cancer patients,** the standards have the potential for broad impact.

The link between true and apparent effect

Effective Standards (True Positive)

Clinician Education
Hawthorne Effect
Audit & Feedback
Accreditation Incentive

Measurement Errors (False Positive)

Stage Migration
Not accounting for temporal trends

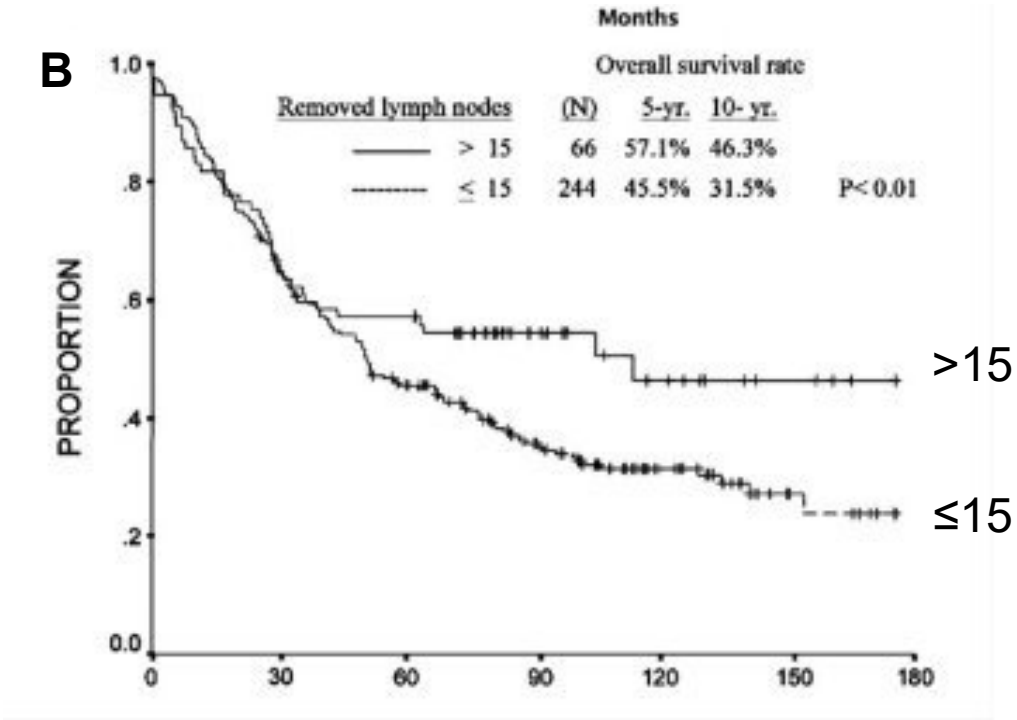
Poor Implementation (False Negative)

Poor Reach of Standards
Poor Fidelity to Standard

Ineffective Standards (True Negative)

Targeting elements performed at high rates
Target elements not impacting outcomes

A possible improvement in outcomes?



The link between true and apparent effect

Effective Standards (True Positive)

Clinician Education
Hawthorne Effect
Audit & Feedback
Accreditation Incentive

Measurement Errors (False Positive)

Stage Migration
Not accounting for temporal trends

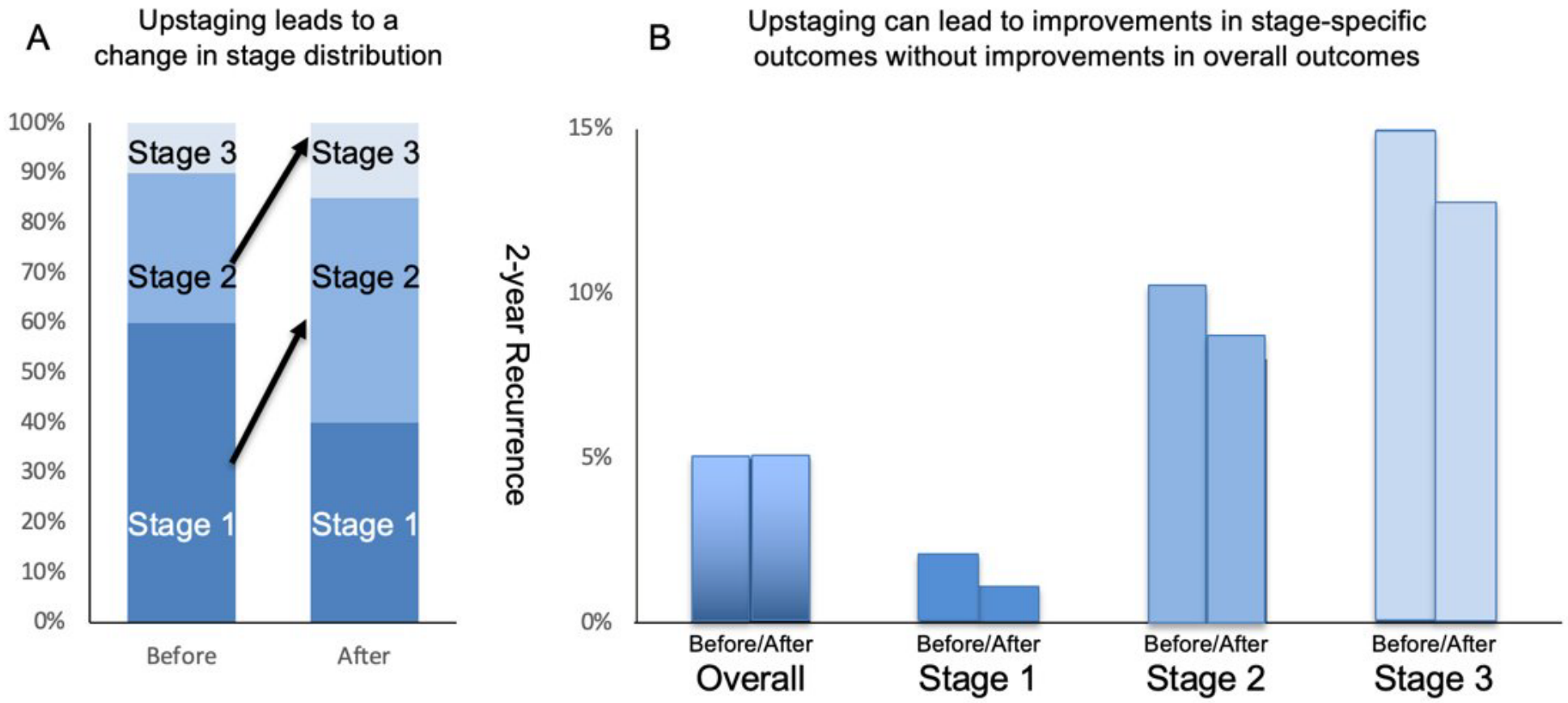
Poor Implementation (False Negative)

Poor Reach of Standards
Poor Fidelity to Standard

Ineffective Standards (True Negative)

Targeting elements performed at high rates
Target elements not impacting outcomes

The link between operative standards, stage migration and cancer outcomes



The link between true and apparent effect

Effective Standards (True Positive)

Clinician Education
Hawthorne Effect
Audit & Feedback
Accreditation Incentive

Measurement Errors (False Positive)

Stage Migration
Not accounting for temporal trends

Poor Implementation (False Negative)

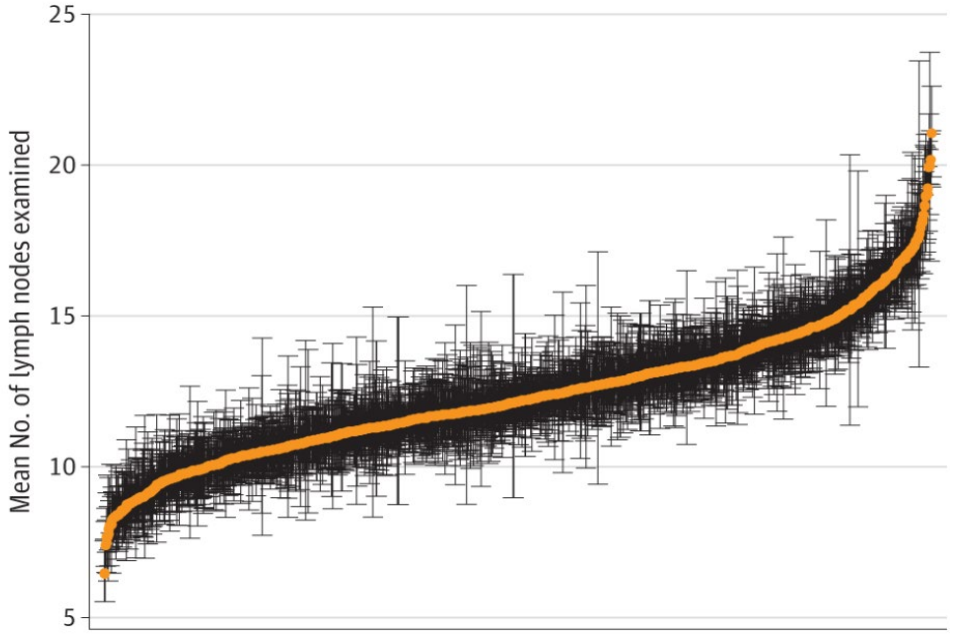
Poor Reach of Standards
Poor Fidelity to Standard

Ineffective Standards (True Negative)

Targeting elements performed at high rates
Target elements not impacting outcomes

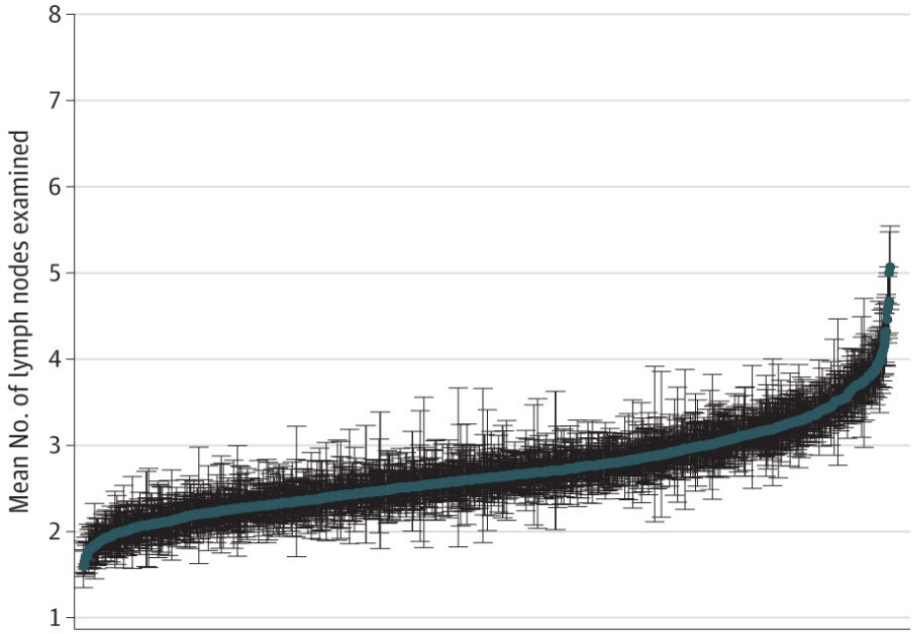
For some of the standards, there appears an opportunity for improvement

Axillary Lymph Node Dissection



Significant variation in LN yield for ALND by facility.

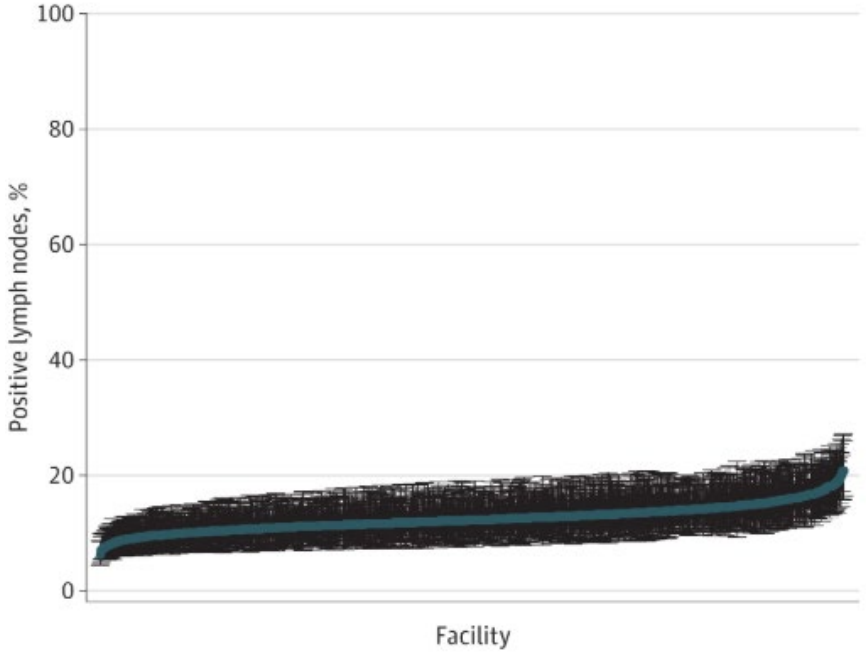
Sentinel Lymph Node Biopsy



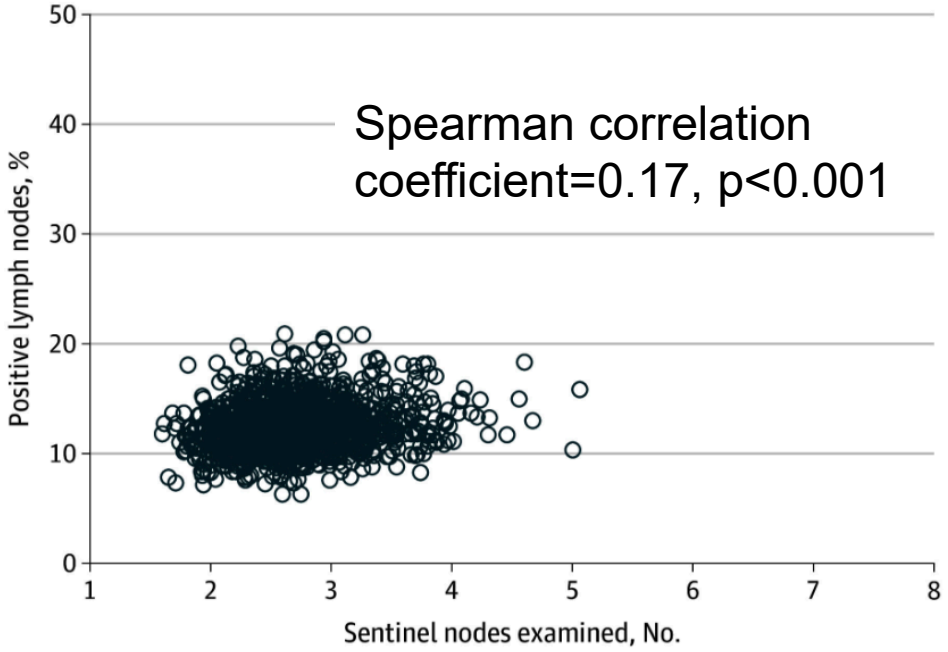
Minimal variation in LN yield by SLNB by facility.

Taylor et al. American College of Surgeons and Breast Cancer Outcomes. *JAMA Network Open.* 2024

However, a ceiling effect may limit the impact of other standards



Almost no variation in SLNB nodal positivity rates



No apparent stage migration

Taylor et al., American College of Surgeons and Breast Cancer Outcomes. *JAMA Network Open.* 2024

AESOP Study Team

MPI Dossett
Implementation Evaluation Lead

MPI Boffa
Outcomes Evaluation Lead

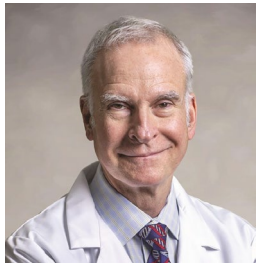
Other Key Members

Other Key Members: Co-I Shawna Smith, Ph.D. (Implementation Scientist); Alison Baskin, MD (Postdoc Fellow); Project Manager Elizabeth Funk, MSW

Other Key Members: Co-I Norton, Ph.D. (Health Economist); Brandy Sinco, MS (UM Statistician); Brian Palis (NCDB Senior Statistician)

Statistical Expertise

Cancer Programs Leadership



Co-Investigators: Dr. Judy Boughey (Chair of ACS CRP) and Dr. Ronald Weigel (Medical Director of ACS Cancer Programs)

Other Key Members: Amanda Francescatti (ACS Senior Program Manager of CSSP and CRP); Dr. Tina Hieken (Chair of CSSP); Dr. Samantha Hendren (Colorectal expert); Gunita Kashyap (Registrar expert)

NIH
NATIONAL CANCER INSTITUTE

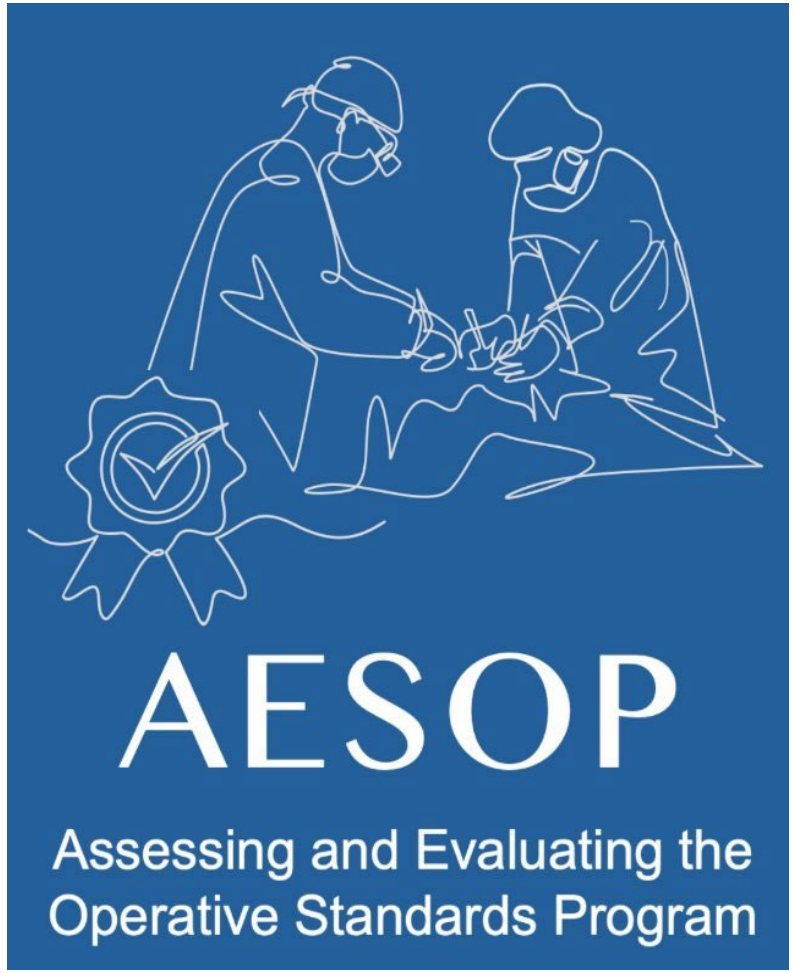
Other Key Members

AESOP Grant Aims

Aim 1: Evaluate the implementation of the operative standards across cancer and hospital types

Aim 2: Assess guideline and facility-level barriers and facilitators of implementation with **Cancer Liaison Physicians**

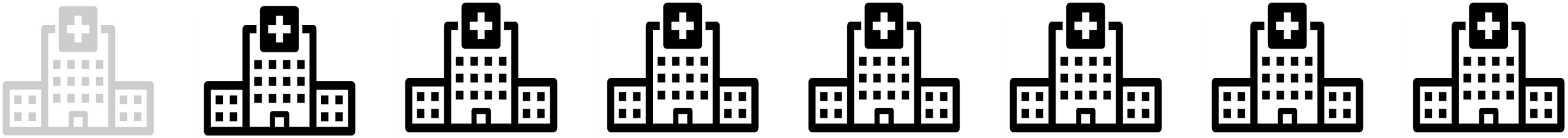
Aim 3: Evaluate the impact of the operative standards on short-term cancer outcomes through an NCDB Special Study



AESOP Timeline

Task	Year 1				Year 2				Year 3				Year 4				Year 5			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Review and update regulatory approvals																				
Disseminate progress report & results to ACS																				
Aim 1 – Assessment of adherence to operative standards																				
Startup period																				
Data collection during planned CoC site visits																				
Interim data analysis (to inform sampling for Aim 2)																				
Final data analysis																				
Manuscript submission & publication																				
Aim 2 – To assess organizational mediators and moderators to adherence																				
Select and recruit sites for study																				
Perform mixed methods data collection																				
Perform data analysis																				
Manuscript Submission & Publication																				
Aim 3 –Interrupted Time Series Analysis (NCDB Special Study)																				
NCDB DUA/IRB approval																				
Modify online data collection instrument																				
Recruit facilities for pilot data collection																				
Train registrars for data collection at pilot sites																				
Conduct pilot data collection & analysis																				
Resolution of issues from pilot																				
Train remaining registrars																				
Special study data collection																				
Interrupted Time Series Analysis																				
Manuscript Submission & Publication																				

Early Trends in Compliance with Standard 5.7 on Total Mesorectal Excision for Rectal Cancer

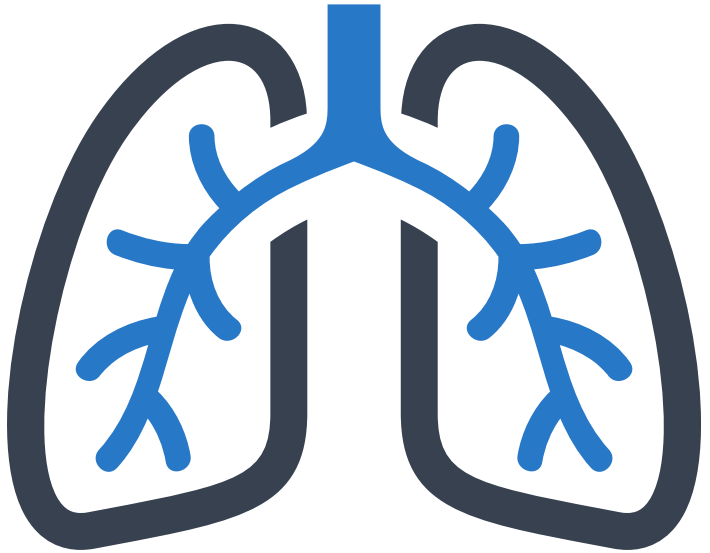


- **7 of 8** sites were compliant
- No change in compliance from 2022 to 2023
- No difference in compliance by CoC site type
- Most non-compliant hospitals were **close to achieving compliance** (often needing just 1-2 additional compliant cases)

Baskin et al., SSO Annual Meeting, March 2025

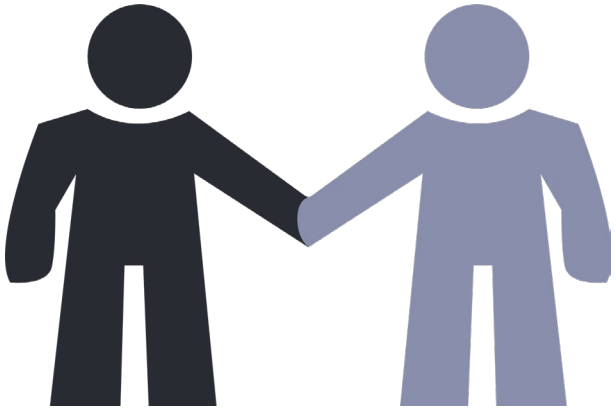
Early Trends in Compliance with Standard 5.8 on Lymph Node Sampling in Lung Cancer

- Most (77%) of CoC hospitals are performing curative-intent lung cancer surgery
- Only **about half** of sites were compliant
- No significant differences by site visit year (2002 vs 2023)
- NCI-designated centers and Academic programs had higher compliance rates



Baskin et al., AATS Annual Meeting, May 2025

CoC Site Reviewer Study



- CoC site reviewers' role extends beyond just evaluation (advocates, educators, partner)
- Perceived facilitators to compliance: leadership engagement and personnel support, IT infrastructure, shared mission
- Given the importance of surgeon engagement and leadership support, **alliances between reviewers** and **sites** are likely to **promote compliance**

Baskin et al., ACS Cancer Conference, March 2025

Understanding what surgical trainees know about the CoC Operative Standards

Help us reach the surgical residents and fellows at your institution!

Scan QR code for a PDF with email text and the survey link!

Scan me!

CLP Surveys and Interviews – Coming Next Year!

- Aiming to identify guideline and organization-level barriers and facilitators of implementation

- Mixed methods study
  - Surveys after routine site visits (n=400)
  - Interviews to further explore your hospitals' experience (n=30)

- We will be soliciting your interest at upcoming meetings!

Thank you! Questions?

Further questions can be directed to AESOP@facs.org

Quality Improvement Updates

Eileen Reilly, MSW

Manager, Cancer Programs

ACS CoC Commission on Cancer
American College of Surgeons

Commission on Cancer
American College of Surgeons

Quality Improvement Updates

- National QI Projects
  - Current projects
  - Past Projects
  - Future Projects
- Education
  - Resources
  - Office Hours
  - QI Workshop

2025 National Projects

Lung NODES

Increase compliance with Standard 5.8 by 20% over (original) individual baseline, or up to at least 80%

	Base-line	March-May	June-Aug	Final	Differ-ence
Median	65%	81%	87%	91%	26%
Mean	59%	72%	81%	80%	21%

Genetics Access Pilot

Increase the number of newly diagnosed breast cancer patients offered genetic testing by 20% from baseline

Description/ Definition
% of newly diagnosed breast cancer patients diagnosed **with triple negative** offered genetic testing
% of newly diagnosed breast cancer patients **51-65 years old** offered genetic testing
% of newly diagnosed breast cancer patients aged **50 and younger** offered genetic testing

Past Projects

Just ASK/Beyond ASK

JCO Oncol Pract. 2024 Feb;20(2):212-219. doi: 10.1200/OP.23.00393. Epub 2023 Nov 15.

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 [1], Eileen M Reilly [2], Jessica L Burris [3], Graham W Warren [4], Rachel C Shelton [5], Timothy W Mullett [6]; Just ASK Quality Improvement Task Force

Affiliations + expand

PMID: ⋮ ORIGINAL REPORTS | November 19, 2024

Longitudinal Results From the Nationwide Just ASK Initiative to Promote Routine Smoking Assessment in American College of Surgeons–Accredited Cancer Programs

Authors: Jessica L. Burris, PhD, Jamie S. Ostroff, PhD, Eileen M. Reilly, MSW, Graham W. Warren, MD, PhD, Rachel C. Shelton, ScD, MPH, and Timothy W. Mullett, MD on behalf of the Just ASK Quality Improvement Task Force | AUTHORS INFO & AFFILIATIONS

Meeting Abstract: 2023 ASCO Annual Meeting I

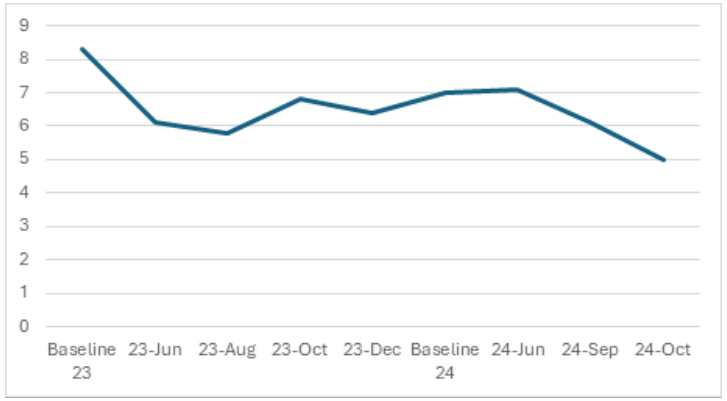
FREE ACCESS | Health Services Research and Quality Improvement | May 31, 2023

Just ASK: A quality improvement project to enhance smoking assessment and treatment.

Authors: Graham W. Warren, Jamie S. Ostroff, Timothy Mullett, Robert Adsit, Jessica Burris, Audrey Darville, Michael C. Fiore, ... SHOW ALL ..., and Elisa Tong | AUTHORS INFO & AFFILIATIONS

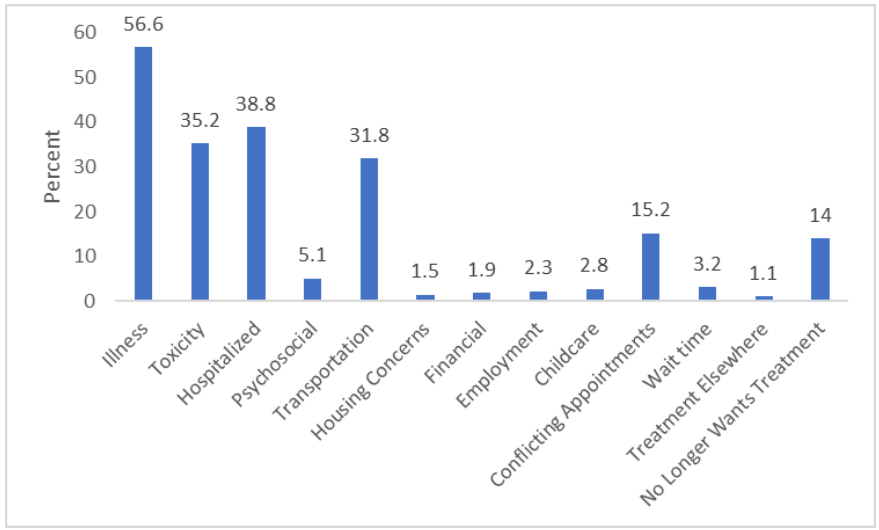
Publication: Journal of Clinical Oncology • Volume 41, Number 16_suppl • https://doi.org/10.1200/JCO.2023.41.16_suppl.6571

Breaking Barriers

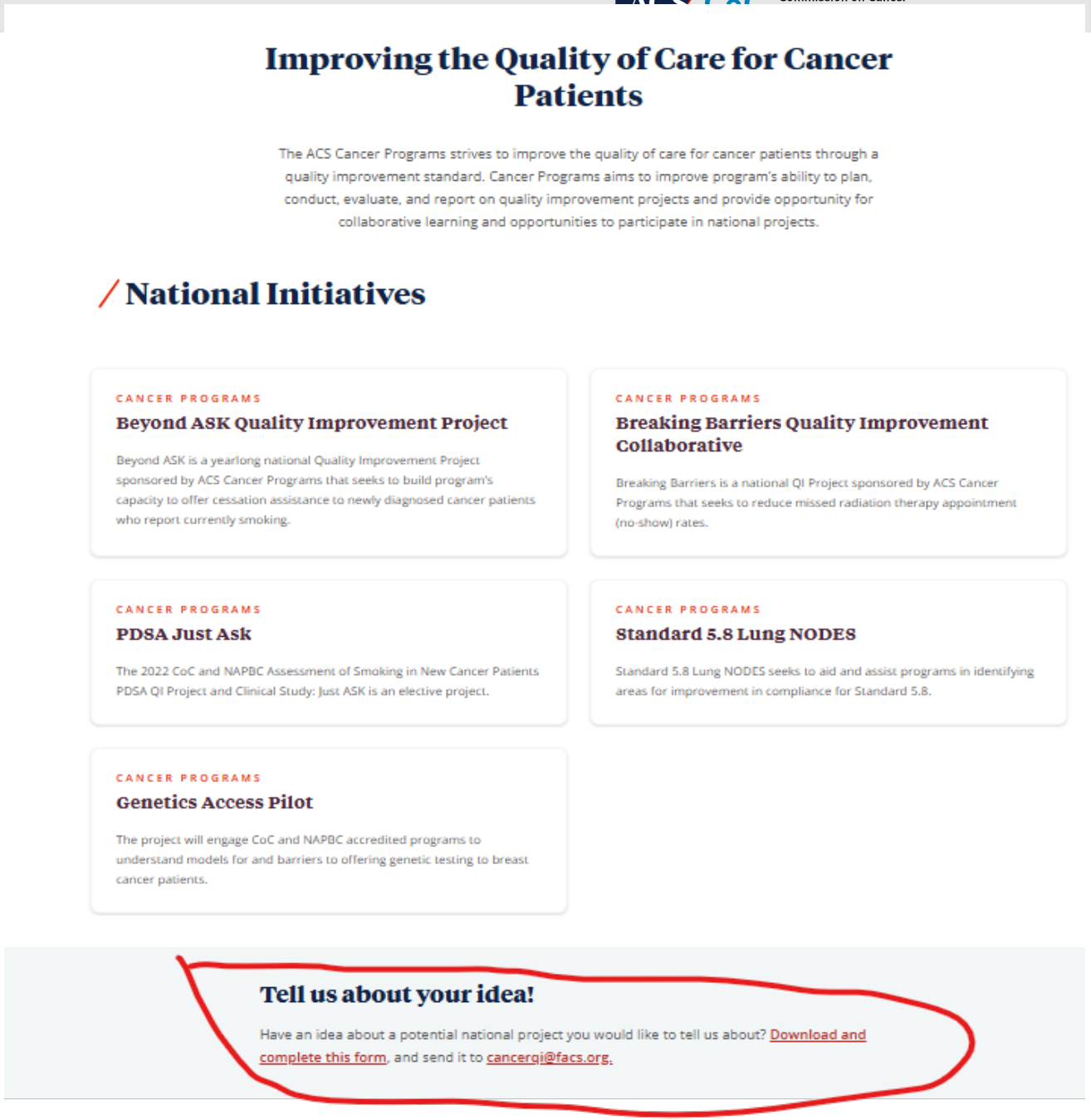


Total number of patients tracked:

Year 1: 53,049
Year 2: 46,008



Future projects:



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)?	

Opportunities to Engage

- Office Hours
  - Small group conversations
  - 45 minutes
  - Scheduling March and April
- QI Workshop
- Cancer Conference

Wednesday, March 12, 2025	
Time/Length in minutes	QI Basics Workshop
12:30 – 5:00 pm	Registration open
1:00 – 1:10 pm	Quality Improvement Ice Breaker (Truths and Myths about QI)
1:10 – 1:55 pm	Dissecting a Good Quality Improvement Project (Ray L) -Case Studies of Good Quality Projects (deidentified)
2:10 – 2:20 pm	ACS Quality Framework Notetaking Tool (Kelley C
2:20-2:35pm	Break
2:35 – 3:45 pm	Utilizing CQIP to build your Quality improvement Initiative for novice learners (Ray L and Kelley C)
3:45 – 4:45 pm **60 minutes**	Condensing from Framework to QI Standard (Ray L and Kelley C)
4:45 pm- 5:00 pm	Reflections and Wrap up
5:00 pm-5:30 pm	Q&A and Networking

Submitted Topics

- Improving Oncology Mortality Variable Capture Rates
- SDOH Screening
- Readmission Rates
- Low Dose CT Lung Screening for current cancer patients
- Optimizing genetic testing for cancer patients to evaluate for inheritable cancer syndromes
- Consistency in molecular studies to customized therapy in management of solid tumors
- Time to treatment
- Improve sampling adequacy for lung biopsy
- Improve patients who receive interstitial chemo within 24 hours of bladder surgery
- Oncofertility
- Goals of Care Discussion documented
- Increase sexual health assessment and education
- Molecular profile testing concordance with NCCN Guidelines (Pilot THN and GU Clinics)
- Support care questionnaire and equity
- High anxiety distress scores and anecdotal evidence of anxiety related to stomas for young rectal resection patients
- Patient health literacy
- Increase referrals to nutrition
- Improve timeliness in breast cancer care
- Decrease infusion center wait times

ACS CoC

Commission on Cancer
American College of Surgeons

Questions?

Email cancerqi@facs.org


Cancer.org
Your voice can help future generations.
Every cancer. Every life.
Get Cancer Information Now
American Cancer Society

Maria Cabrera, MPH

Strategic Director
Medical and Health Content

American Cancer Society®

February 19, 2025

Cancer.org

Most trusted source for cancer information next to a patient's physician

60+ million annual users

- Comprehensive information across the continuum
- Content is curated and maintained by oncology physicians and certified nurses
- Includes videos, quizzes, 3D animations and illustrations
- Information in English and 13 other languages
- 5,200 of downloadable patient education pieces
- Empower patients to talk to their health care team
- Provides tools and resources for medical professionals
- Links patients to our access to care programs (i.e., lodging and transportation)

Cancer.org Medical & Health Content

American Cancer Society

Cancer Continuum	Supporting Areas	Content Quality	Special Populations	Interactive	Downloadable Content
What is Cancer	Navigation	Written by Medical Experts	Caregivers	Videos	Over 5k Pieces
Cancer Types	Financial Matters	ASCO Partnership	Veterans	3D Anatomy Gallery	
Risk & Prevention	Insurance Matters	Epic Systems Integration	Childhood	Animations	
Screening	Integrative Care	Health Literacy Best Practices	Adolescents & Young Adults		
Diagnosis & Staging	Coping	English & Spanish	Health Care Professionals		
Cancer Care	Survivorship	Plus 12 other languages			
End of Life					

147,000

Number of sites that link to cancer.org

Comprehensive and trusted cancer information for your patients

The American Cancer Society offers evidence-based, understandable, and actionable resources to help health care teams educate and empower their patients and caregivers.

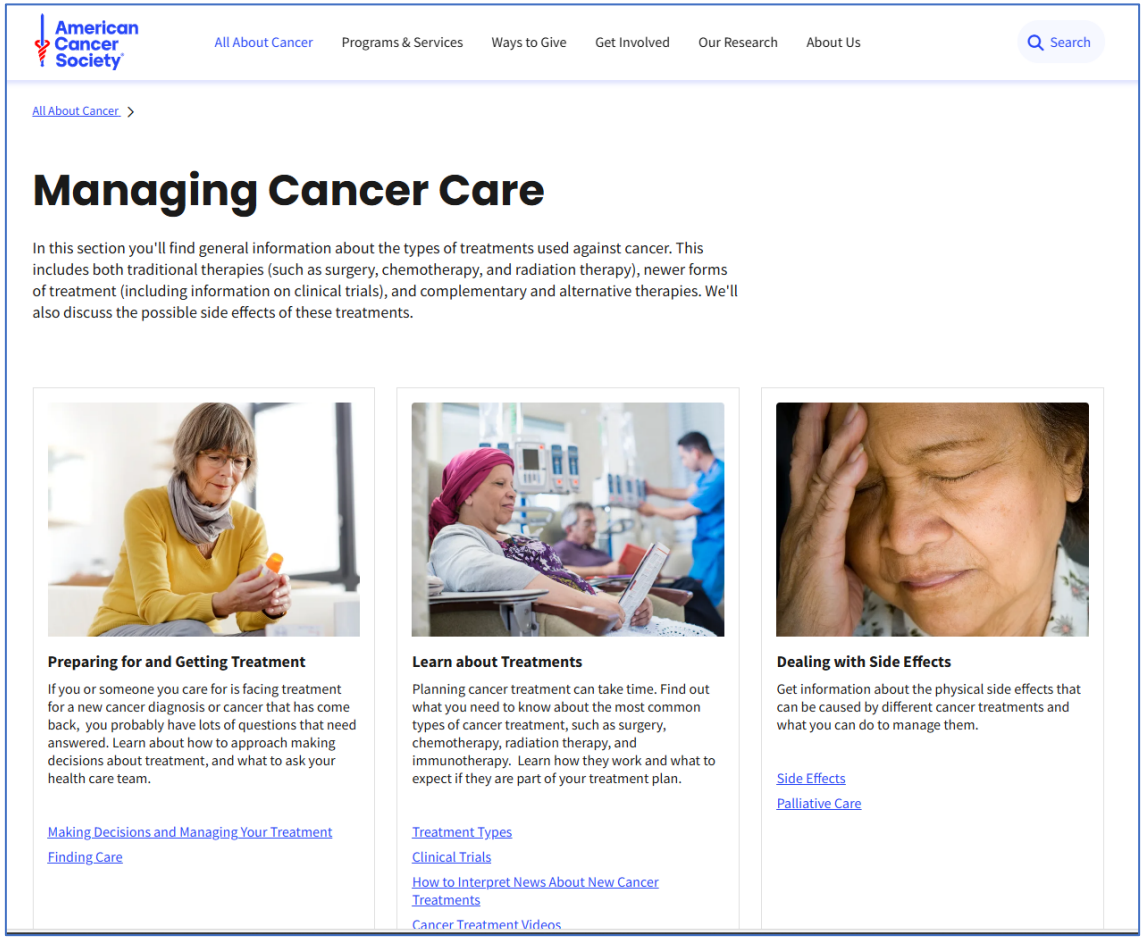
ACS and ASCO unite to educate and empower patients.

The American Cancer Society (ACS) and the American Society of Clinical Oncology (ASCO) are collaborating to make it simpler for patients to find authoritative cancer information online. Content on cancer.org is developed by the ACS medical and editorial team with medical review and contribution by ASCO.

Find Comprehensive Cancer Information

Cancer.org has in-depth information for patients, caregivers, and health care professionals.

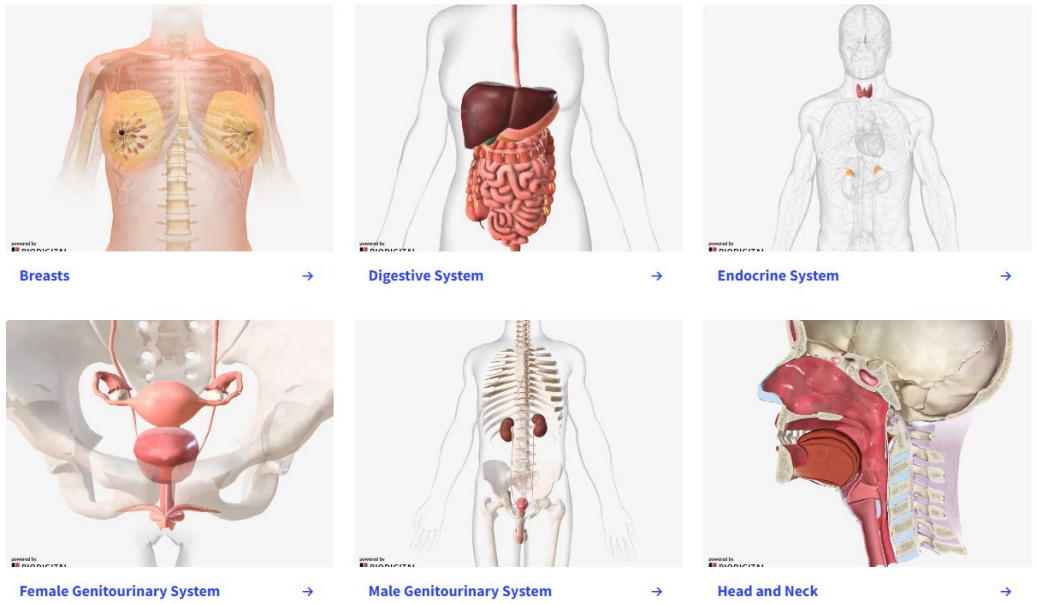
- Cancer risk and prevention
- Cancer screening
- Cancer types
- Cancer treatment and side effects
- Financial and insurance matters
- Resources to support caregivers and family members



Engage with Interactive Illustrations

The Anatomy Gallery can help provide clarity about cancer diagnoses. Including 3D interactive animations of the human anatomy including:

- Breasts
- Digestive System
- Head and Neck
- Endocrine System
- Female and Male Genitourinary System
- And more



Screening and procedural animations can set expectations for patients before undergoing various medical procedures, including:

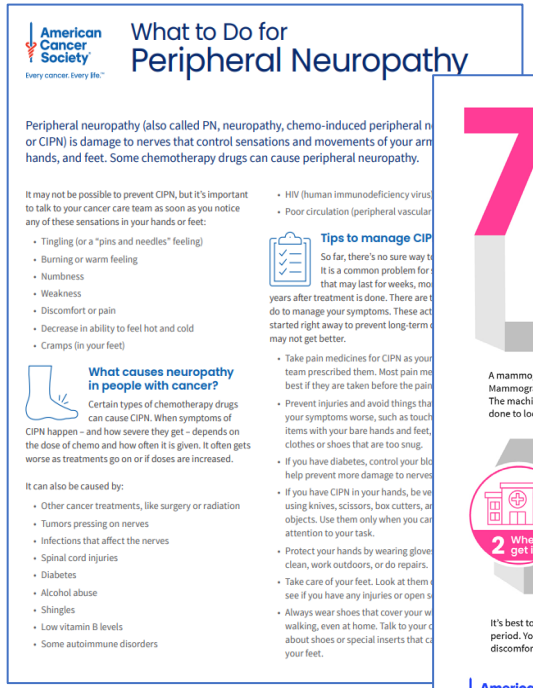
- Intravenous lines, catheters, and ports used in cancer treatment
- External beam radiation treatment
- Low density CT scan for lung cancer screening

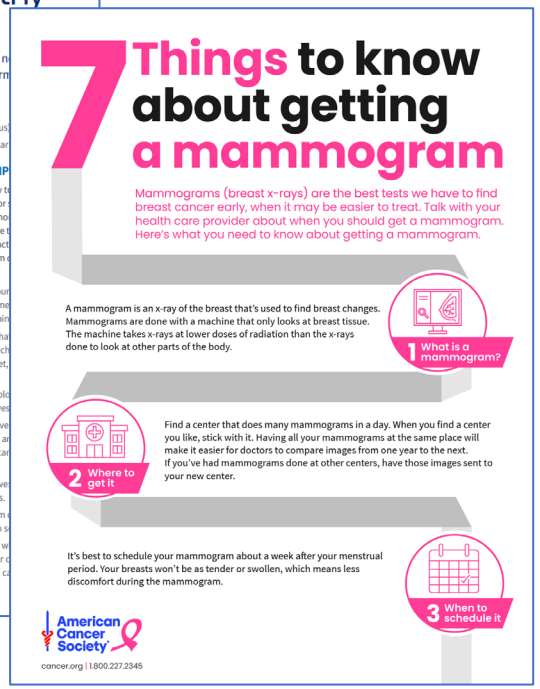
Easy to Share Downloadable Content

Distribute and share infographics, reminders, and flyers designed to provide easy-to-read cancer information for patient and public audiences.

- 7 Things to Know About Getting a Mammogram
- What to Do for Nausea and Vomiting
- Colorectal Cancer: Catch it Early and Reduce Your Risk
- Talking With Your Doctor and Cancer Care Team

Print, email, or order patient education materials at cancer.org/materials.





Direct patients to Cancer.org for more information on available resources through the American Cancer Society.

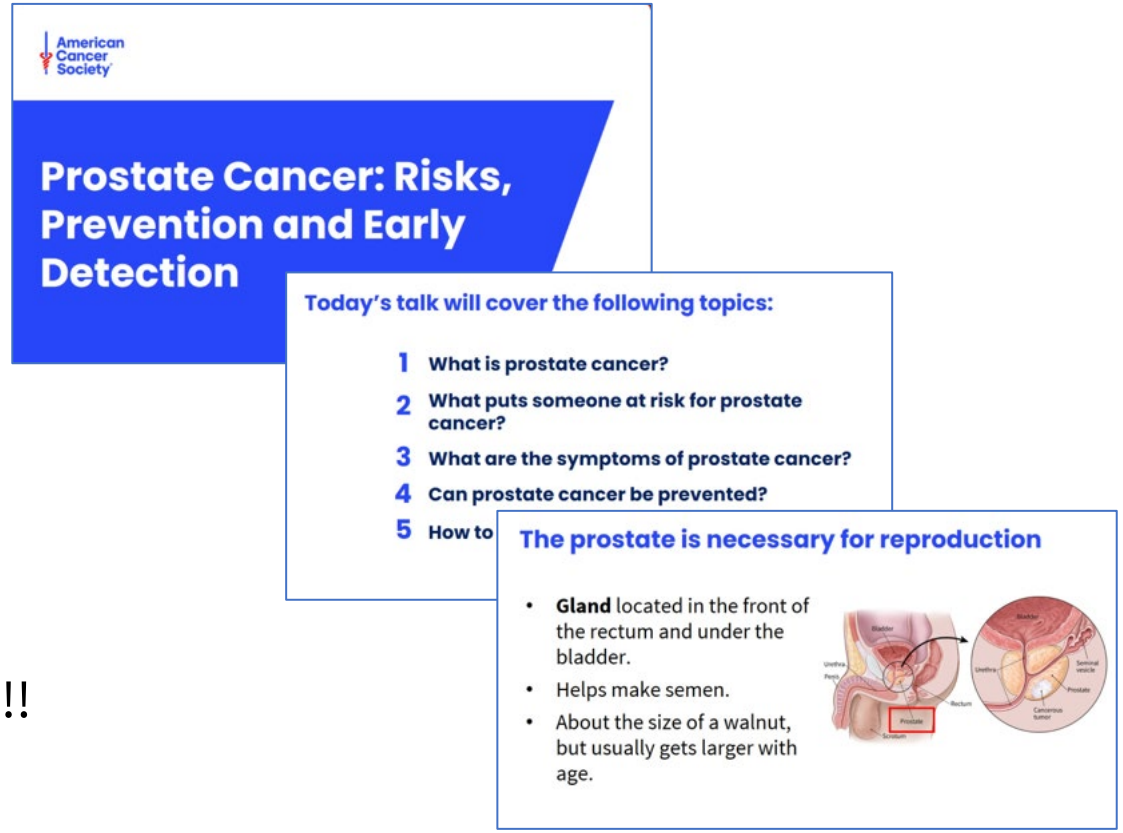
- Access 24/7 cancer information services
- New patient and caregiver support program (ACS CARES)
- Connect with support groups and online communities
- Get free lodging during treatment
- Get free rides to treatment

Cancer Presentations for you to use!

- Turn-key, Ready to Use
- To educate patients/community
- Focus on cancer screening, risk reduction, and clinical trials
  - Breast cancer
  - Cervical cancer
  - Colorectal cancer
  - Lung cancer
  - Prostate cancer
  - Skin Cancer
  - Diet and physical activity
  - Clinical trials

Visit Cancer.org/hcp under Cancer Presentations

Coming Soon – Available in Spanish language as well!!



Content in Other Languages.

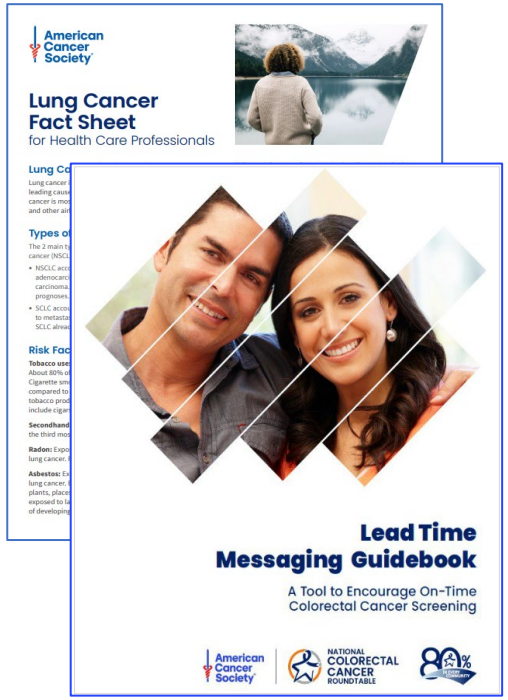
Cancer.org provides cancer information in multiple languages including:

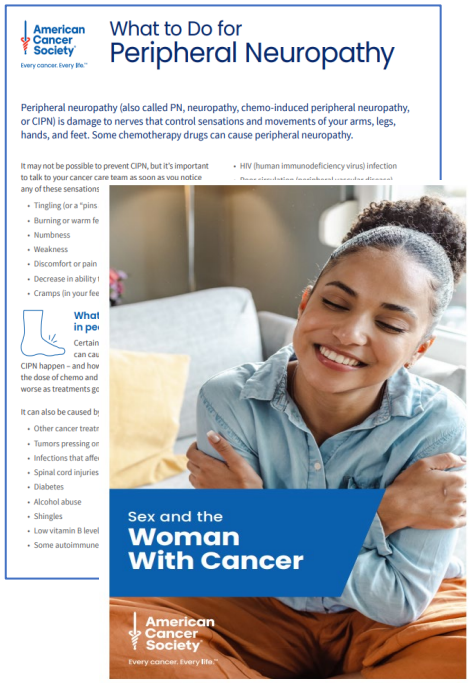
English	Spanish	Hindi	Tagalog	Chinese
Arabic	Vietnamese	Korean	Portuguese	French
Russian	Polish	Haitian Creole	Ukrainian	

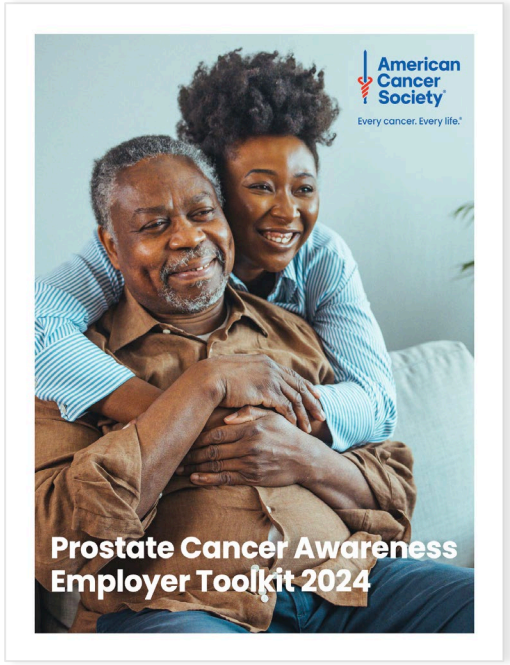
Additional Resources for Health Care Professionals

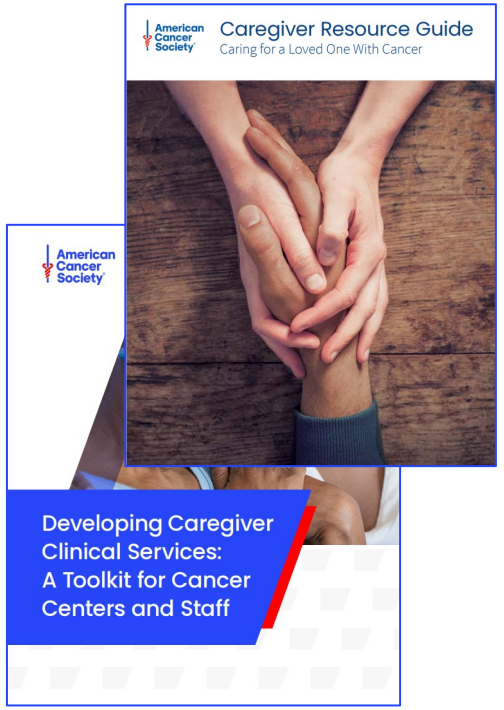
- Review the American Cancer Society guidelines for Prevention and Early Detection.
- Access American Cancer Society journals and publications.
- Get professional education and training resources on timely topics.
- Provide patients with the latest information on cancer biomarkers and pharmacogenomic testing to guide treatment options.
- Engage with American Cancer Society Roundtables.
- Gather educational materials to share with public and patient communities.

Education Resources









50+

Health Care Professional Assets

Fact Sheets, Guides, Briefs, Toolkits, etc.

750+

In-Clinic Materials

Covering English & Spanish, plus 12 other languages

10

Employer Toolkits

Breast, Lung, Colon, Skin, Prostate, Nutrition & Physical Activity, If Your Employee Has Cancer, Cost of Cancer

39

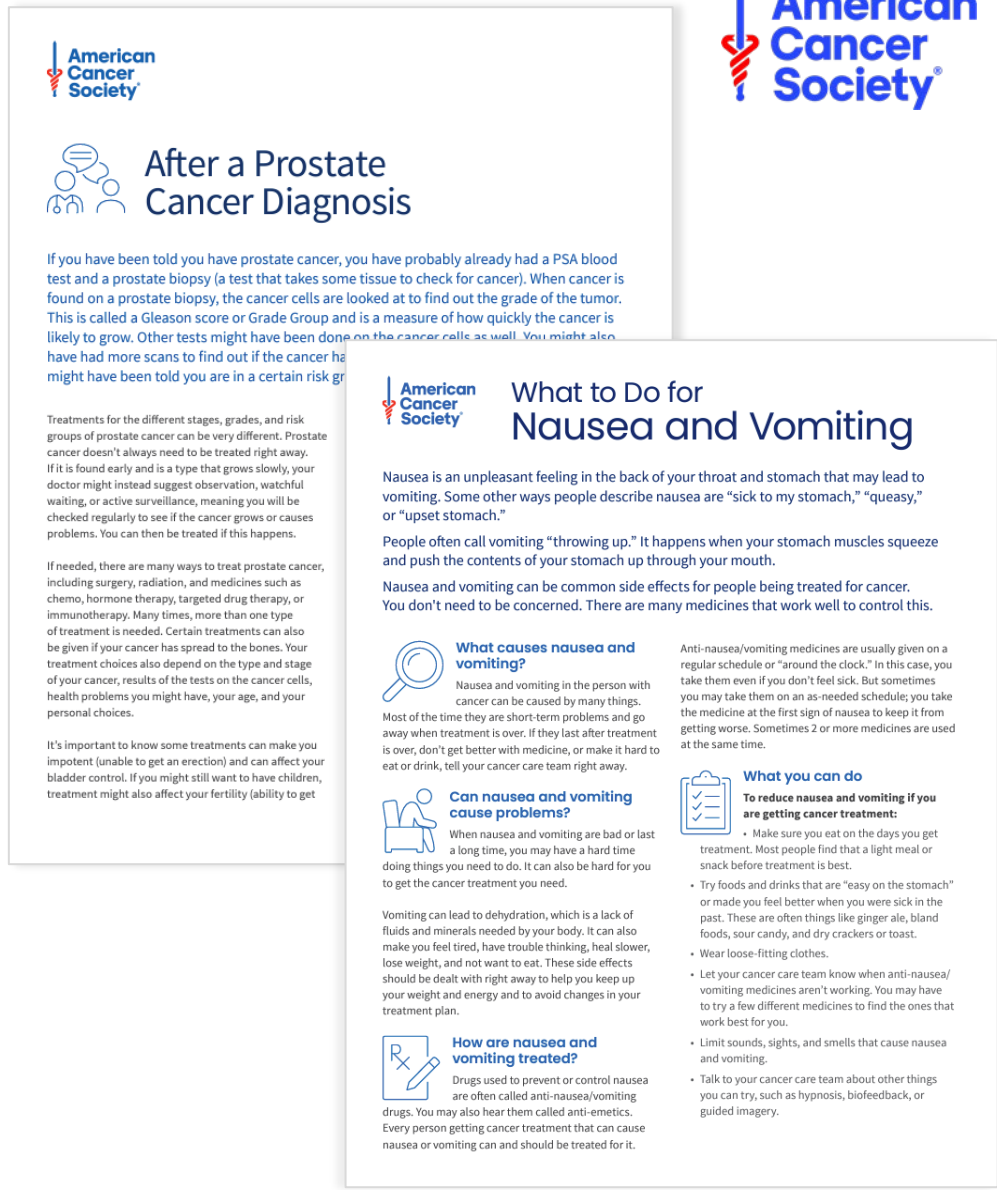
Caregiver Resources

Caregiver Resource Guide, Caregiver Cancer Center Guide, brochures, 34 videos, Caregiver Employer Toolkit

Patient Education Materials

Provide patients with cancer information about their diagnosis, symptom management and much more:

- **After diagnosis** series focuses on what patients can expect during and after treatment.
- **Symptom Management** to support patients with common side effects from treatment
  - Easy-to-read, simple guides
    - 5-7 grade reading level)
    - 14 languages



American Cancer Society

After a Prostate Cancer Diagnosis

If you have been told you have prostate cancer, you have probably already had a PSA blood test and a prostate biopsy (a test that takes some tissue to check for cancer). When cancer is found on a prostate biopsy, the cancer cells are looked at to find out the grade of the tumor. This is called a Gleason score or Grade Group and is a measure of how quickly the cancer is likely to grow. Other tests might have been done on the cancer cells as well. You might also have had more scans to find out if the cancer ha
might have been told you are in a certain risk gr

Treatments for the different stages, grades, and risk groups of prostate cancer can be very different. Prostate cancer doesn't always need to be treated right away. If it is found early and is a type that grows slowly, your doctor might instead suggest observation, watchful waiting, or active surveillance, meaning you will be checked regularly to see if the cancer grows or causes problems. You can then be treated if this happens.

If needed, there are many ways to treat prostate cancer, including surgery, radiation, and medicines such as chemo, hormone therapy, targeted drug therapy, or immunotherapy. Many times, more than one type of treatment is needed. Certain treatments can also be given if your cancer has spread to the bones. Your treatment choices also depend on the type and stage of your cancer, results of the tests on the cancer cells, health problems you might have, your age, and your personal choices.

It's important to know some treatments can make you impotent (unable to get an erection) and can affect your bladder control. If you might still want to have children, treatment might also affect your fertility (ability to get

American Cancer Society

What to Do for Nausea and Vomiting

Nausea is an unpleasant feeling in the back of your throat and stomach that may lead to vomiting. Some other ways people describe nausea are "sick to my stomach," "queasy," or "upset stomach."

People often call vomiting "throwing up." It happens when your stomach muscles squeeze and push the contents of your stomach up through your mouth.

Nausea and vomiting can be common side effects for people being treated for cancer. You don't need to be concerned. There are many medicines that work well to control this.

What causes nausea and vomiting?

Nausea and vomiting in the person with cancer can be caused by many things. Most of the time they are short-term problems and go away when treatment is over. If they last after treatment is over, don't get better with medicine, or make it hard to eat or drink, tell your cancer care team right away.

Can nausea and vomiting cause problems?

When nausea and vomiting are bad or last a long time, you may have a hard time doing things you need to do. It can also be hard for you to get the cancer treatment you need.

Vomiting can lead to dehydration, which is a lack of fluids and minerals needed by your body. It can also make you feel tired, have trouble thinking, heal slower, lose weight, and not want to eat. These side effects should be dealt with right away to help you keep up your weight and energy and to avoid changes in your treatment plan.

How are nausea and vomiting treated?

Drugs used to prevent or control nausea are often called anti-nausea/vomiting drugs. You may also hear them called anti-emetics. Every person getting cancer treatment that can cause nausea or vomiting can and should be treated for it.

Anti-nausea/vomiting medicines are usually given on a regular schedule or "around the clock." In this case, you take them even if you don't feel sick. But sometimes you may take them on an as-needed schedule; you take the medicine at the first sign of nausea to keep it from getting worse. Sometimes 2 or more medicines are used at the same time.

What you can do

To reduce nausea and vomiting if you are getting cancer treatment:

- Make sure you eat on the days you get treatment. Most people find that a light meal or snack before treatment is best.
- Try foods and drinks that are "easy on the stomach" or made you feel better when you were sick in the past. These are often things like ginger ale, bland foods, sour candy, and dry crackers or toast.
- Wear loose-fitting clothes.
- Let your cancer care team know when anti-nausea/vomiting medicines aren't working. You may have to try a few different medicines to find the ones that work best for you.
- Limit sounds, sights, and smells that cause nausea and vomiting.
- Talk to your cancer care team about other things you can try, such as hypnosis, biofeedback, or guided imagery.

ACS Patient Education Materials

ACS patient education materials are primarily available within the **Patient Instructions activity** so that they can easily be shared with patients in their **After Visit Summary**.

You can quickly add the education documents as

- SmartText to outpatient notes
- Discharge instructions
- Patient's oncology treatment summary.

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American Cancer Society

After a Prostate Cancer Diagnosis

If you have been told you have prostate cancer, you have probably already had a PSA blood test and a prostate biopsy (a test that takes some tissue to check for cancer). When cancer is found on a prostate biopsy, the cancer cells are looked at to find out the grade of the tumor. This is called a Gleason score or Grade Group and is a measure of how quickly the cancer is likely to grow. Other tests might have been done on the cancer cells as well. You might also have had more scans to find out if the cancer has spread. If the cancer hasn't spread, you might have been told you are in a certain risk group for this happening.

Treatments for the different stages, grades, and risk groups of prostate cancer can be very different. Prostate cancer doesn't always need to be treated right away. If it is found early and is a type that grows slowly, your doctor might instead suggest observation, watchful waiting, or active surveillance, meaning you will be checked regularly to see if the cancer grows or causes problems. You can then be treated if this happens.

If needed, there are many ways to treat prostate cancer, including surgery, radiation, and medicines such as chemo, hormone therapy, targeted drug therapy, or immunotherapy. Many times, more than one type of treatment is needed. Certain treatments can also be given if your cancer has spread to the bones. Your treatment choices also depend on the type and stage of your cancer, results of the tests on the cancer cells, health problems you might have, your age, and your personal choices.

It's important to know some treatments can make you impotent (unable to get an erection) and can affect your bladder control. If you might still want to have children, treatment might also affect your fertility (ability to get

American Cancer Society

What to Do for Nausea and Vomiting

Nausea is an unpleasant feeling in the back of your throat and stomach that may lead to vomiting. Some other ways people describe nausea are "sick to my stomach," "queasy," or "upset stomach."

People often call vomiting "throwing up." It happens when your stomach muscles squeeze and push the contents of your stomach up through your mouth.

Nausea and vomiting can be common side effects for people being treated for cancer. You don't need to be concerned. There are many medicines that work well to control this.

What causes nausea and vomiting?

Nausea and vomiting in the person with cancer can be caused by many things. Most of the time they are short-term problems and go away when treatment is over. If they last after treatment is over, don't get better with medicine, or make it hard to eat or drink, tell your cancer care team right away.

Can nausea and vomiting cause problems?

When nausea and vomiting are bad or last a long time, you may have a hard time doing things you need to do. It can also be hard for you to get the cancer treatment you need.

Vomiting can lead to dehydration, which is a lack of fluids and minerals needed by your body. It can also make you feel tired, have trouble thinking, heal slower, lose weight, and not want to eat. These side effects should be dealt with right away to help you keep up your weight and energy and to avoid changes in your treatment plan.

How are nausea and vomiting treated?

Drugs used to prevent or control nausea are often called anti-nausea/vomiting drugs. You may also hear them called anti-emetics. Every person getting cancer treatment that can cause nausea or vomiting can and should be treated for it.

Anti-nausea/vomiting medicines are usually given on a regular schedule or "around the clock." In this case, you take them even if you don't feel sick. But sometimes you may take them on an as-needed schedule; you take the medicine at the first sign of nausea to keep it from getting worse. Sometimes 2 or more medicines are used at the same time.

What you can do

To reduce nausea and vomiting if you are getting cancer treatment:

- Make sure you eat on the days you get treatment. Most people find that a light meal or snack before treatment is best.
- Try foods and drinks that are "easy on the stomach" or made you feel better when you were sick in the past. These are often things like ginger ale, bland foods, sour candy, and dry crackers or toast.
- Wear loose-fitting clothes.
- Let your cancer care team know when anti-nausea/vomiting medicines aren't working. You may have to try a few different medicines to find the ones that work best for you.
- Limit sounds, sights, and smells that cause nausea and vomiting.
- Talk to your cancer care team about other things you can try, such as hypnosis, biofeedback, or guided imagery.

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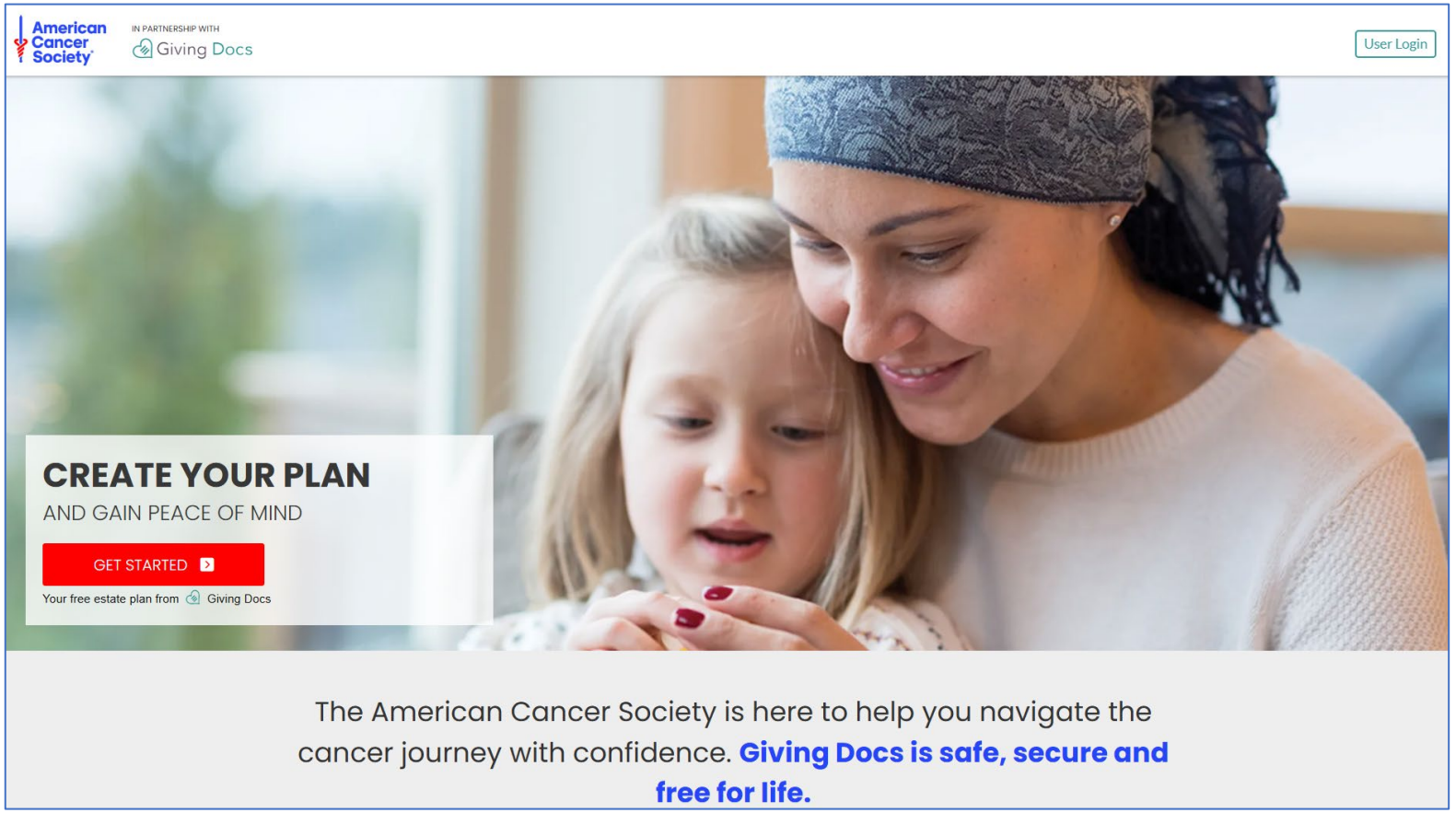

Testimonials

> *I am at a beginning stage of diagnosis. Every question I had or topic I was looking up was clarified by this website and provided the absolute best information. It was academic enough to provide real information but written at a level non-medical people can understand."*
>
> - Cancer Patient

> *Thank you from someone who's head is already filled with so much fear, confusion, and stress. Thank you for straight talk so I could understand all the information."*
>
> - Cancer Patient

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Thank you!

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