



Commission on Cancer

► Updates

FCRA Annual Conference

July 16, 2018

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NCRA Immediate Past President

OBJECTIVES

- ▶ PROVIDE CANCER REGISTRARS WITH INFORMATION ABOUT CURRENT COC 2018 CHANGES
- ▶ DISCUSS CHANGES RELATED TO CANCER REGISTRY DATA COLLECTION
- ▶ DISCUSS CHANGES RELATED TO CANCER REGISTRY PROFESSION
- ▶ ENHANCE THE ROLE OF THE CANCER REGISTRARS IN COC ACCREDITED PROGRAMS
- ▶ PROVIDE INFORMATION ON COMPLETING THE SURVEY APPLICATION RECORD

Standards for Oncology Registry Entry STORE Manual (REPLACES FORDS)

- ▶ Designed to reflect changes in AJCC 8th Edition
- ▶ Updated to reflect new non staging related data items
- ▶ New Radiation Data Items
- ▶ New Follow Up Data Items
- ▶ New Sentinel Lymph Items (Breast and Melanoma)
- ▶ Number examined and positive

COC 2018 Changes

COMMISSION ON CANCER 2018 STAGING REQUIREMENTS

For cases diagnosed January 1, 2018 and later, CoC will be requiring:

- Other New Stage-associated Data Items
 - RX Date Regional LN Resection [# 682]
 - RX Date Regional LN Resection Flag [# 683]
 - Date SLN Biopsy (for breast and melanoma only) [# 832]
 - Date SLN Biopsy Flag (for breast and melanoma only) [# 833]
 - SLN Examined (for breast and melanoma only) [# 834]
 - SLN Positive (for breast and melanoma only) [# 835]

COC 2018 Changes (Cont.)

2018 Implementation Updates:
Session 2

10/20/2017

COMMISSION ON CANCER STAGING DATA ITEMS NO LONGER COLLECTED

For cases diagnosed January 1, 2018 and later, CoC will no longer be collecting:

- TNM Path T [# 880]
- TNM Path N [# 890]
- TNM Path M [# 900]
- TNM Path Stage Group [# 910]
- TNM Path Descriptor [# 920]
- TNM Path Staged By [# 930]
- TNM Clin T [# 940]
- TNM Clin N [# 950]
- TNM Clin M [# 960]
- TNM Clin Stage Group [# 970]
- TNM Clin Descriptor [# 980]
- TNM Clin Staged By [# 990]

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COC 2018 Changes (Cont.)

COMMISSION ON CANCER STAGING DATA ITEMS NO LONGER COLLECTED

For cases diagnosed January 1, 2018 and later, CoC will no longer be collecting:

- CS Site-Specific Factors [# 2861-2880, 2890-2930]
- CS Version Input Original
- *CS Version Derived*
- CS Version Input Current
- NO COLLABORATIVE STAGE DATA ITEMS SHOULD HAVE VALUES

CoC RADIATION THERAPY NEW DATA ITEMS 2018

- ▶ Phase I-III RADIATION EXTERNAL BEAM PLANNING TECH
- ▶ Phase I-III RADIATION TO PRIMARY TREATMENT VOLUME
- ▶ Phase I-III RADIATION TO DRAINING LYMPH NODES
- ▶ Phase I-III RADIATION TREATMENT MODALITY

PHASE 1 RADIATION EXTERNAL BEAM PLANNING TECH - *Renamed Regional Treatment Modality*

- ▶ Identifies the external beam radiation planning technique used to administer the first phase of radiation treatment during the first course of treatment. This data item is required for CoC-accredited facilities as of 01/01/2018.
- ▶ **Rationale**
- ▶ External beam radiation is the most commonly-used radiation modality in North America. In this data item we specified the planning technique for external beam treatment. Identifying the radiation technique is of interest for patterns of care and comparative effectiveness studies

PHASE 2 RADIATION TO DRAINING LYMPH NODES

- ▶ Identifies the draining lymph nodes treated (if any) during the second phase of radiation therapy delivered to the patient during the first course of treatment. This data item is required for CoC-accredited facilities as of cases diagnosed 01/01/2018.
- ▶ **Rationale**
- ▶ The second phase of radiation treatment commonly targets both the primary tumor (or tumor bed) and draining lymph nodes as a secondary site. This data item should be used to indicate the draining regional lymph nodes, if any, that were irradiated during the second phase of radiation

CoC RADIATION NEW DATA ITEMS (CONT.)

- ▶ PHASE 3 – RADIATION EXTERNAL BEAM PLANNING TECH
- ▶ PHASE 3 – RADIATION TO PRIMARY TREATMENT VOLUME
- ▶ PHASE 3 – RADIATION TO DRAINING LYMPH NODES
- ▶ PHASE 3 – RADIATION TREATMENT MODALITY
- ▶ RADIATION TREATMENT DISCONTINUED EARLY

CONCURRENT ABSTRACTING STATEMENT

- ▶ NAACCR has posted a 2018 Concurrent Abstracting Overview Statement which provides updated implementation timeline, guidance for registries doing concurrent abstracting, and information on AJCC chapter-specific and new histology codes for 2018.
- ▶ Facilities abstracting cases diagnosed in 2018 in the current NAACCR Version (v16) software will not be considered complete until all new data items are completed.
- ▶ Case are required to be completed in the NAACCR Version (v18) reporting software due to new 2018 data items required to be collected.

CONCURRENT ABSTRACTING (CONT.)

NEW DATA ITEMS REQUIRED

- ▶ Grade Clinical, Pathologic & Post Treatment
- ▶ Site Specific Data Items (SSDI's)
- ▶ AJCC Cancer Staging 8th Edition and Updates to Histology
- ▶ Solid Tumor Rules (MP/H)
- ▶ Revised Hematopoietic & Lymphoid Database
- ▶ SEER Summary Stage
- ▶ 2018 Extend of Disease

CONCURRENT ABSTRACTING (CONT.)

- ▶ Due to new timeliness requirements for commendation on Program Standards 5.2 implemented in 2017 RQRS will be accepting cases diagnosed in 2018 v16 format.
- ▶ Document as much text as possible in your abstracts to support capturing and coding new data items. For additional information on implementation and guidelines please visit NAACCR website at <https://www.naaccr.org/2018-implementation/#Concurrent>
- ▶ The information on NAACCR website is for central registries, hospital registries and software vendors which will help prepare us for collecting data on cases diagnosed in 2018

2018 COC SPECIAL STUDY DCIS BREAST CANCER (COMET)

- ▶ As you may recall from prior communications, the Commission on Cancer (CoC) initiated a pilot study at 20 CoC accredited facilities in the fall of 2017 as a component of the **Comparison of Operative to Monitoring and Endocrine Therapy (COMET)** clinical trial (PIs: Drs. Shelley Hwang, Ann Partridge, Alastair Thompson). The study examines the risks and benefits of active surveillance compared to usual care for patients diagnosed with low risk Ductal Carcinoma *in situ* (DCIS), commonly known as stage 0 breast cancer
- ▶ The pilot study concluded January 1, 2018.
- ▶ a **CoC Special Study launched in June 2018** to investigate outcomes from DCIS treatment retrospectively

COMET STUDY (CONT.)

- ▶ Participation in the DCIS Special Study is required by all CoC-accredited sites to fulfill Standard 5.7 (Special Studies), with the exception of Veterans Affairs, Department of Defense and pediatric facilities. For Integrated Network Cancer Programs, data will need to be submitted for each facility in the network. Participation in this study will not count for credit toward Standard 1.9 (Clinical Trial Accrual).
- ▶ Individual site eligibility will be confirmed by facility registrars through review of eligible patient records on the web form, which will be available for registrar login via Datalinks on Friday **June 1, 2018.**

SURVIVORSHIP CARE PLAN STANDARD CHANGES (12/14/17)

- ▶ The [Commission on Cancer](#) (CoC) announced that effective 12/11/17, the percentage of delivered survivorship care plans to eligible patients required for CoC-compliance with Standard 3.3 has been lowered to 50% for 2018. All CoC-accredited programs will be expected to meet or exceed the delivery of survivorship care plans to 50% of eligible patients by the end of 2018. This announcement replaces the current language on page 59 of the [CoC Standards \(2016 edition\)](#) that required the delivery of survivorship care plans to 75% of eligible patients for 2018.
- ▶ Additional revisions to CoC Standard 3.3 will be announced in the first quarter of 2018, but will not go into effect until January 1, 2019. All CoC-related questions should be submitted to the [CAnswer Forum](#)

SURVIVORSHIP CARE PLAN STANDARD (CONT.)

- ▶ All centers accredited by National Accreditation Program for Breast Centers (NAPBC), programs will also be expected to meet or exceed the delivery of survivorship care plans to 50% of eligible patients by the end of 2017 and beyond as stated in Standard 2.20 of the 2018 National Accreditation Program for Breast Centers Standards Manual that goes into effect April 2, 2018. Please forward all questions regarding the NAPBC standards to napbc@facs.org

What to Do with 2018 Cases

- ▶ Due to delays beyond cancer registry software vendor control, the North American Association of Central Cancer Registries (NAACCR) version 18-compliant software upgrades will not be available until June or July of 2018 (or possibly later). Because of the prospective nature of the treatment alert function within the NCDB RQRS and the new timeliness requirements for commendation on Program Standard 5.2 that were implemented in the calendar year of 2017, the Rapid Quality Reporting System (RQRS) is currently accepting cases diagnosed in 2018 for which abstraction has begun in NAACCR v16-compliant software and that are submitted using the NAACCR v16 file format.
- ▶ Although cases diagnosed January 1, 2018 and later must be completed using NAACCR V18-based software, the majority of data items can still be abstracted for a 2018 case using v16 software

New or revised data items for 2018

- ▶ **Grade:** The current grade data item [#440] will be replaced by three separate grade data items assessed during the clinical and pathologic timeframes or for cases that had neoadjuvant therapy administered
- ▶ **AJCC Clinical and Pathologic T, N, M and stage groups:** data items will be replaced by new, expanded data items to be used to collect AJCC 8th edition stage data.
- ▶ **Site-Specific Factors 1-25:** All CS site-specific factors (SSFs) will be replaced by separate site-specific data items (SSDIs). Note that some CS SSFs were dropped, some have been slightly redefined, and some new site-specific data items will be required.
- ▶ **Radiation Treatment:** data items will be replaced by new data items to update the way phases of radiation treatment and treatment target volumes are described to better reflect modern nomenclature and practice and to enable more accurate and informative research studies

RAPID QUALITY REPORTING SYSTEM (RQRS) for 2017 Compliance

- ▶ Program submits all new and updated RQRS Measure Eligible cases at least once each calendar quarter.
- ▶ Each calendar year, RQRS data and performance reports are reviewed by cancer committee at least semiannually and documented in the cancer committee minutes.
- ▶ **For 2018 Commendation:**
- ▶ Beginning April 1, 2017: Each calendar year, the program submits all new and updated RQRS Measure Eligible cases at least once each calendar month.



RQRS (Cont.)

► **For Commendation**

- 2017: 25% of measure eligible cases that were diagnosed and submitted in the calendar year of 2017 must be submitted within 3 months of the Date of 1st Contact.
- 2018: 50% of measure eligible cases that were diagnosed in 2017 and 2018 that were submitted in the calendar year of 2018 must be submitted within 3 months of the Date of 1st Contact.
- Programs being surveyed this year (2018) that are pursuing commendation and would like to know what percent of RQRS ME cases were diagnosed and submitted in 2017 within 3 months of the Date of 1st Contact, please write to ncdb_rqrs@facs.org to request this information. Please be sure to include your FIN in the communication.

RQRS (Cont.)

- ▶ From initial enrollment and throughout the three-year accreditation period, the cancer program actively participates in RQRS, submits all eligible cases for all valid performance measures, and adheres to the RQRS terms and conditions
- ▶ Programs must monitor in the SAR dates presented to Cancer Committee
- ▶ Facilities need to work with vendor to monitor timeliness of submission of data to NCDB

NAPRC Accreditation

- ▶ The NAPRC's goal is to ensure patients with rectal cancer receive appropriate care using a multidisciplinary approach. The NAPRC is based on successful international models that emphasize:
- ▶ **Program Structure:** Establish a rectal cancer multidisciplinary team comprised of trained and qualified physicians and coordinators
- ▶ **Patient Care Processes:** Support protocols and processes for rectal cancer care
- ▶ **Performance Improvement:** Data collection and monitoring to track care processes, treatment, compliance, and patient outcomes
- ▶ **Performance Measures:** Verifying adherence to evidence-based procedures, including total mesorectal excision, pathological assessment, and MRI staging and reporting

OPTIONAL FOR SUBMITTING TO RQRS - CDC REGISTRY PLUS

- ▶ As stated earlier, cases diagnosed in 2018 that are abstracted and submitted to RQRS in v16 file format will be assigned an incomplete status, primarily due to missing AJCC 8th Edition stage information
- ▶ Once programs upgrade to v18-compliant software and resubmit
- ▶ the RQRS measure algorithms will run and EPRs will be generated
- ▶ CoC is working in conjunction with the CDC Registry Plus group on configuring an NCDB-customized version of the NAACCR Version 16-compliant CDC Abstract Plus Software

NAPRC Standards

Chapter 1: Program Management

Standard 1.1: Commission on Cancer Accreditation

Standard 1.2: Rectal Cancer Multidisciplinary Care

Standard 1.3: Rectal Cancer Multidisciplinary Team Attendance

Standard 1.4: Rectal Cancer Multidisciplinary Team Meetings

Standard 1.5: Rectal Cancer Program Director

Standard 1.6: Rectal Cancer Program Coordinator

Standard 1.7: Rectal Cancer Program Education*

NAPRC Standards (Cont.)

Chapter 2: Clinical Services

- Standard 2.1:** Review of Diagnostic Pathology
- Standard 2.2:** Staging before Definitive Treatment
- Standard 2.3:** Standardized Staging Reporting for Magnetic Resonance Imaging Results
- Standard 2.4:** Carcinoembryonic Antigen Level
- Standard 2.5:** Rectal Cancer Multidisciplinary Team Treatment Planning Discussion
- Standard 2.6:** Treatment Evaluation and Recommendation Summary
- Standard 2.7:** Definitive Treatment Timing
- Standard 2.8:** Surgical Resection and Standardized Operative Reporting*
- Standard 2.9:** Pathology Reports after Surgical Resection
- Standard 2.10:** Photographs of Surgical Specimens
- Standard 2.11:** Multidisciplinary Team Treatment Outcome Discussion
- Standard 2.12:** Treatment Outcome Discussion Summary
- Standard 2.13:** Adjuvant Therapy after Surgical Resection

NAPRC Standards (Cont.)

Chapter 3: Quality Improvement	Standard 3.1: Rapid Quality Reporting System* Standard 3.2: Accountability and Quality Improvement Measures*
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Cancer Quality Improvement Program Report (CQIP)

- ❖ This annual report is unique to facility and provides short-term quality and outcome data also long-term including five-year survival rates for commonly treated malignancies stratified by stage.
- ❖ CQIP allows programs to assess their quality and outcomes based on the data submitted to the NCDB.
- ❖ Cancer Committee Leadership or CLP should present the report, major findings and recommendations to hospital leadership, including, but not limited to, CEO, COO, CMO, CNO, and bodies such as the Medical Staff Executive Committee, the hospital Quality Committee, etc
- ❖ **As part of the accreditation process, these processes will be reviewed.**

CQIP (Cont.)

- ▶ Information in report is derived from NCDB call for Data
- ▶ Review content of CQIP report
- ▶ Cancer Program Volume by top site
- ▶ The Cancer Program In and Out Migration based on Class of Cass
- ▶ Review site specific quality measures for compliance with COC EPR benchmarks
- ▶ Meet with your CLP or Cancer Committee chair to discuss findings in report

NCDB Data Completeness & Default Overuse Report

- ▶ The Default Completeness and Overuse Report for 2015 diagnoses submitted during the 2017 Call for Data has been released.
- ▶ This report gives CoC-accredited programs information about the completeness of required data items. Site-specific reports are available for: Breast, Colon, Rectum, Stomach, and Esophagus and EG Junction, Lung, Cervical, Endometrium and Ovary. CoC-accredited programs are able to access this report through [CoC Datalinks](#) in your CoC Datalinks Activity menu under National Cancer Data Base (NCDB) Data Transmission
- ▶ Review % of cases coded blank or unknown on 77 core data items compared to benchmark and report findings to the Cancer Committee and action plan to address include in Quality Control Plan

SVHC COMPARED TO COC BENCHMARK

DATA ITEMS HIGHER COMPARED TO BENCHMARK	CoC Benchmark
NPI Physician Medical Onc	5%
Date Case Completed >183	10%
County at Dx	2%
Immunotherapy at this Facility	10%
Date First Course of Treatment	5%
Type of First Recurrence	90%
Comorbidities and complications	35%
Lymph Vascular Invasion (required by CoC)	20%

COC Information

- ▶ Visit CoC Datalinks Hospital Registrar Activity menu for orientation and introduction on the following:
- ▶ **Survey Application Record (SAR)**
 - ▶ Use during survey year
- ▶ **Program Activity Report (PAR)**
 - ▶ 4 years displayed with most recent year & closed during survey
- ▶ Eligibility Requirements
- ▶ Chapters 1-5
- ▶ Deficiency Resolutions
- ▶ Standard Resource Library (templates) linked to CAnswer Forum

Survey Application Record

- ▶ **Cancer Conferences (NEW for 2019 SAR)**
 - ▶ DISCUSSION OF CLINICAL TRIALS
 - ▶ GENETIC TESTING
 - ▶ PALLIATIVE CARE
 - ▶ PSYCHOSOCIAL SERVICES AND REHAB
- ▶ **Quality Improvement & Accountability Measures**
 - ▶ SELECT DATES REVIEWED BY COMMITTEE
 - ▶ DEVELOP ACTION PLAN IF BELOW COC BENCHMARK

SAR (Cont.)

▶ CLP ACTIVITY REPORT

- ▶ DATE PRESENTED
- ▶ UPLOAD DOCUMENT FOR EACH DATE
- ▶ SELECT WHAT WAS PRESENTED RQRS, CQIP, CP3R, NCDB TOOLS

▶ SURVIVORSHIP CARE PLAN TRACKING

- ▶ PERCENT OF ELIGIBLE ANALYTIC PATIENT WHO HAVE COMPLETED TREATMENT SHOULD RECEIVE SCP:
- ▶ 2015 >10%
- ▶ 2016 >25%
- ▶ 2017 >50%
- ▶ DOCUMENT DATE SCP PROCESS AND OUTCOMES REPORTED TO COMMITTEE

SAR (Cont.)

- ▶ **Upload and document in Committee Minutes discussion following:**
 - ▶ ANNUAL SUMMARY ON PSYCHOSOCIAL SERVICES PROCESSES ON DISTRESS SCREENING
 - ▶ GENETIC COUNSELING AND RISK ASSESSMENT
 - ▶ PALLIATIVE CARE SERVICES
 - ▶ ANNUAL COMMUNITY OUTREACH ACTIVITY SUMMARY
 - ▶ CANCER REGISTRY QUALITY CONTROL PLAN
- ▶ IF COMMITTEE DEVELOPS AND DISSEMINATES A REPORT OF PATIENT OR PROGRAMS OUTCOMES 1+ RATING
- ▶ ALL CTR STAFF ATTENDS A NATIONAL OR REGIONAL EDUCATIONAL MEETING DURING 3 YEAR CYCLE 1+ RATING

Questions?

References

- ▶ NAACCR 2018 Implementation Information
- ▶ <https://www.naaccr.org/2018-implementation/>
- ▶ NAACCR Data Standards & Dictionary, Volume II Version 18
- ▶ <https://www.naaccr.org/data-standards-data-dictionary/>
- ▶ Commission on Cancer Quality Programs - Cancer
- ▶ <https://www.facs.org/quality-programs/cancer>