# Interpreting the 2020 Commission on Cancer Standards

Q&A

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|  | Question | Answer |
|  | For Standard 4.4 1) Do we need to track the number of patients who need referrals, or just the number of patients who had a referral placed? I’m very concerned about the possibility of having to track the number of patients needing referrals, because there’s no way to know that unless genetics personally reviews every single patient- no program will have the bandwidth for that 2) Does the CoC choose the “selected cancer site” each year, or is that left up to each individual site? 3) What exactly are the categories and data points that need reported (all patients, with a subset specific to the “selected cancer site,” only the “selected cancer site”?) | In reviewing compliance you want to review the number of patients identified as needing referrals and then how many patients identified actually received the referrals.  2) The cancer committee selects the cancer site each year.  3) The cancer program will pull charts for those patients within that cancer site selected to do a review to identify the patients who were referred and those not referred based on the national guidelines. Please see chart provided as an example of reporting on this standard. |
|  | Is it required to have a CLP Alternate? | No, alternates are not a required component of the standard. It is an option. |
|  | We had cancer committee meeting via webex for just the required members? We excluded all the others because it would be too stressful on the system. Is this acceptable? | Considering the COVID-19 restrictions, the decision of the Cancer Committee to restrict attendance to only required members is acceptable. Be sure to note this action in the committee minutes. |
|  | Do you just want a yes/no for the elements of discussion - or how many out of the cases presented on the grid. Like 3 out of 5 cases discussed clinical research? For standard 2.5 | The facilities that I work with include the number of cases. |
|  | The exemptions to some of the standards for NCI designated centers are still in place, correct? For example stds like 2.1, 2.5, etc | Correct, please refer to the standards manual to validate those standards specific to NCI programs. |
|  | What is the best way to tract genetic testing and supportive care on our cancer conference grid? | Please refer to the template provided during the webinar. |
|  | On the 2.5 std grid is this conf total by month or is this grid set up for each patient presented? | The template calculates per cell/data element. |
|  | For example on a breast conf is it expected we list each patient, separately? | No, it is not expected that you list out each patient separately. |
|  | How do you recommend meeting the genetic testing discussion for Std. 2.5 since not all cases require this discussion? | The discussion must occur when it is applicable. You are only recording the outcomes of Cancer conference discussion. If any one of the items is not applicable, then the surveyor would not expect to hear discussion on it. |
|  | CoC in datalinks has a template for the nurse standard. | Correct |
|  | What is an AP provider as listed on the Standard 4.5 Palliative Care team. | Advanced Practice Provider |
|  | What is the best way to communicate requirements of palliative care services to cancer committee and palliative physicians? | Create a template outlining the requirements and the items that are necessary to report on annually to meet compliance. |
|  | DUE TO COVID -19, DELAYED FOR STANDARD 4.4 & 4.5. for 2020. I'm in community hospital, for standard 4.4 - Genetics counseling is referred out by the med oncologist and radiation phys. No site specific is recorded, Not able to document in the minutes for 2020. | Even if this service is a referred service, you are required to report the outcomes of the genetics services. You have two more quarterly meetings to have this discussion and gather details about the process and referrals. |
|  | When does survivorship begin? After treatment? | This discussion should happen with the Survivorship team and the Cancer committee. Facilities tend to offer programs to their patients following the end of first course treatment; however, this is the facilities decision. |
|  | What is the expectation for compliance with 4.8 Survivorship for 2020? | You are expected to show progress towards meeting the expectations of the standard. This standard will go into effect 1/1/2021. |
|  | If screening for recurrences is included in SCP's and we count it as one of the three services being provided along with SCP's & nutrition services, will this be compliant with standard? | You are only allowed to count a service one time. SCP’s would count once. |
|  | What is considered supportive services? | These may include psychosocial care, rehab services, nutrition, just to name a few. |
|  | Does the distress screening have to be completed by the oncology team or can it be done by any provider within the health system? | The mode of administration is determined by the cancer committee and may be tailored to the workflow of the practice. The individual(s) who administer or interpret the screening tool must be properly trained. |
|  | 2.5 Cancer Conference- Of note, the nursing staff should be responsible for documenting and tracking the treatment recommendation sheets. This should not be the responsibility of the cancer registry and cannot be a part of the medical record. | The CoC does not require a treatment recommendation sheet. It is the decision of the Cancer program if they have such a document and who is responsible for the tracking of treatment recommendations. The facility also decides if the information is to be part of the medical record. The CoC does not make requirements or recommendations on this information being recorded in the medical record. |
|  | For nci facilities - std 6.1 the quality control coordinator requirement is not applicable then correct? | Please refer to the standards manual for exemptions on standards based on category. |
|  | Is there a report that can be run or how do we run a report to look for percentage of information with 9's? | You can run a report from your cancer registry by data element on percentage of 9’s. The CoC also provides this information annually on the NCDB datalinks reports. (Completeness and Default Overuse Reports) |
|  | We are a Network Cancer Program with 11 hospitals. Am I understanding the standard correctly that we have to do 10% case review for each facility? | If you are an INCP, then you are correct, each facility must report its own statistics for the required elements and meet the requirements of the standard. You may also give an overall review for the Network. |
|  | On Standard 2.5, regarding site-specific and multidisciplinary conferences and the new the elements of discussion...are the supportive services and genetics required? The standard says where applicable so if we outline in the policies and procedures that we are collecting just the clinical trial information will that be okay for survey? | No, you must discuss all of the new elements when applicable. You cannot eliminate genetics or support services on all Cancer conference discussion. |
|  | What does RCRS stand for? | Rapid Cancer Reporting System |
|  | Which date(s) are used to calculate submission timeliness for RCRS? | I do not have that information. The CoC will release all of the details in the coming weeks/months. |
|  | Does it matter what year is reviewed: for Standard 7.1? What year should be review for 2020? 2016 data okay to use? | You should review the most current data available in CoC datalinks concerning CP3R. Currently that is 2017. However, it is not a bad idea to run the same reports on more current years within your cancer registry to ensure accurate coding and data collection. |
|  | With most companies working remote because of covid. Will the guidelines for the follow up rates will change? | I am not aware of any changes on Follow-up. Many registries operate remotely as normal business and are able to meet the requirements of follow-up. |
|  | During COVID restrictions can skype education prevention activites be held- in our area all outreach activites in person have been cancelled. Same is for screening | The Cancer committee must decide how to move forward with prevention activities if COVID is affecting the normal course of business. Document any decisions and discussions in the committee minutes. Due to the requirements of screenings, I do not think they are able to be performed via skype. |
|  | Our program may not be able to conduct in-person screening events to meet standard 8.3 due to COVID-19; how is documentation recommended to avoid a deficiency? | You must document the discussion and decision of the cancer committee concerning any standard where you are unable to meet compliance due to COVID. In this case, social distancing and the mandates and restrictions of government would prevent in-person events. |
|  | The problem is that the templates are not offered to programs just going for COC or NAPRC/NAPBC approval. |  |
|  | Is a consent agenda acceptable for the policies and procedures? My facility is redoing and updating all of them for the 2020 standards. | Normally, consent agendas are allowed for approving items that have been sent out and are routine and administrative such as cancer committee appointees and attendance. Items such as goals, QI projects, annual reports, etc., must be discussed at the cancer committee meeting. |
|  | About Review of Registry work - so I can have all CTRs do a review other PEER CTRs if that is what we decide vs. having physicians involved at all? Currently as Lead I review 15% quarterly of each CTR, could I count that as the review? | CTR’s are allowed to perform the QC of the cancer registry data. However, you are not allowed to review your own work/abstracts. The Cancer Program decides who will perform the review and the details on how the review will be performed annually. These details must be included in your policy and procedures. |
|  | Which Standards will be the hardest to meet or exceed compliance? | In my opinion, it will be the same as in years past. |
|  | STD 6.5 Follow up- Who decides our reference year? How many years do we go back for Follow up? Does it matter when we run the monthly follow up report to give our Cancer Committee an update on our follow up rate? | If you are a new program, the facility/cancer committee will decide the reference year. You must have two years of complete data. Please review the specifics on S6.4 in the standards manual. The Cancer committee decides on the timelines for reporting. |
|  | For a 2500 analytic cases per year how many abstractors should be abstracting? Does your facility also report nonanalytic cases? Do you think the COC standards should address this? | The NCRA had reported out on the numbers many years ago. There is no current information on this since the changes of 2018. Yes, we do report on non-analytics. I would like to see all standard setters and national organizations get together on this item and make some educated determinations concerning cancer registry operations. |
|  | May a non CTR abstract even though the facility hasn't been fully accredited? Or as long as a CTR does QA review of the abstracts on the non CTR. | A non-CTR may abstract for a 3 year period under the supervision of a CTR. This is a standards requirement under the CoC accreditation. The non-CTR must pass the CTR exam within 3 years of the date of hire. See standard 4.3. If you are not an accredited facility then this obviously would not apply. Your facility would make the determination on who performs the abstracting. |
|  | In genetic standard 4.4, could I utilize 2019 data for genetic review or I have to utilize 2020 data. | Based on the standards requiring annual review and the stipulation that these reviews must be documented in the cancer committee minutes and must take place within the same year on which they are based or no later than the first quarter of the following calendar year....I would recommend presenting 2020 data in 2020. |
|  | Based on the slide for standard 4.2 where it says Cancer Conference is acceptable if our facility has to apply for CNE in conjunction with CME. According to the attached document, it looks like we do. | Yes, that is correct. CNE's must be applied for by the facility in order for nursing staff to utilize these hours towards S4.2. CME's are specific to physicians and do not count for nursing staff. Hope that helps! |