Interpreting the 2020 Commission on Cancer Standards

NAVIGATING THE 2020 SURVEY APPLICATION RECORD (SAR)

2

NAACCR

Q&A

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

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

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

Fabulous Prizes

Guest Presenter

Cynthia Boudreaux, LPN, CTR
◦ Owner/Consultant CB Professional Abstracting

Cancer Registrar and CoC Standards Compliance

Interpreting the 2020 Commission on Cancer Standards

Presented by

Cynthia Boudreaux, CTR

Objectives of Lecture

- **Ways to meet compliance with standards:**
  - Understand how to fine-tune documentation
  - Learn how to enhance your team-building skills in order to meet compliance with standards
  - Understand the context of the new standards

Cancer Registrar Leadership

- **Qualities of Leadership**
  - Attributes
  - Skills
  - Knowledge

Leadership

- **Attributes**
  - Opportunities
  - Priority Setter
  - Critical/Creative thinker
  - Attitude towards change

Leadership

- **Skills**
  - Inspire/promote vision
  - Communicate at all levels
  - Recognize issues with process
  - Look at the "big picture"
  - Engage in goal setting
  - Develop and Implement action plan

Leadership

- **Knowledge**
  - Roles/Responsibilities of others
  - Know strategic plan of institution
  - Know relationship of budget
  - Understand local, state and national factors
  - Research best practices
  - Strategies to involve and communicate with others

Communication

■ **Styles of communication**
- Assertive communication
- Aggressive communication
- Passive communication
- Passive-aggressive communication

Communication

■ **Presentation**
- High level of self awareness
- How others perceive you
- Selective communication

Empowerment

- **Empowerment**
  - Effective leadership
- **Collaboration**
  - Working together
  - Cooperate

Empowerment

- **Environment**
  - Vital to productivity
  - Critical to success
  - Establishes motivation

Leadership

- **Leadership is a gift, not a given.**
- **Leadership is the ability to motivate.**
- **Leadership is bringing about unity.**
- **Leadership is listening.**
- **Leadership is effectively communicating.**
- **Leadership is envisioning.**
- **Leadership is accountability.**
- **Leadership is YOU!**

Leadership equals Success

- **2020 Standards** Optimal Resources for Cancer Care
  - 1: Institutional and Administrative Commitment
  - 2: Program Scope and Governance
  - 3: Facilities and Equipment Resources
  - 4: Personnel and Services Resources

Leadership equals Success

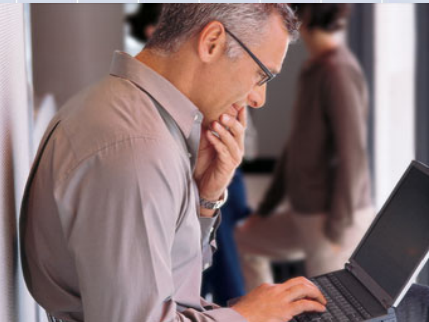- **2020 Standards** Optimal Resources for Cancer Care
  - 5: Patient Care: Expectations and Protocols
  - 6: Data Surveillance and Systems
  - 7: Quality Improvement
  - 8: Education: Professional and Community Outreach
  - 9: Research

2020 Patient Care Standards

- **Let's review the standards!**
- **Definitions**
- **Requirements**
- **Documentation**
- **Compliance**

Standards Requiring Annual Review

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

Reports that count in year completed

- Standard 2.2: Cancer Liaison Physician
- Standard 6.4: Rapid Quality Reporting System (RQRS) Participation
- Standard 7.2: Monitoring Concordance with Evidence-Based Guidelines
- Standard 7.3: Quality Improvement Initiative
- Standard 7.4: Cancer Program Goal

Standard 1.1: Institutional Administrative Commitment

- **New Standard**
- **What sort of documentation needed for compliance?**
- **How often should we address?**

- A high-level description of the cancer program
- Any initiatives involving the cancer committee during the accreditation cycle that were initiated for the purposes of ensuring quality and safety
- Facility leadership's involvement in the cancer committee
- Examples of the current and future financial investment in the cancer program

Standard 2.1: Cancer Committee Membership

- **Addition of Survivorship Program Coordinator – enhanced standard**
- **Dropped Community Outreach Coordinator – removed previous S1.8**

- COVID-19 cancellations
- Use of consent agendas
- Required member can hold position of alternate for another member
- CLP/Cancer Committee chair and Required Physician role
- CLP alternate

Standard 2.2: Cancer Liaison Physician

- Reports on NCDB data specific to program at least twice each year.
- Can include review of:
  - NCDB quality improvement, accountability and surveillance measures
  - CQIP reports
  - NCDB hospital benchmark reports
  - Any other data specific to the cancer program from the NCDB

- RQRS (S6.4) and Accountability and Quality Improvement measures (S7.1)

Standard 2.5: Multidisciplinary Cancer Case Conference

- Combined ER3: Cancer Conference policy and S1.7- Monitoring Cancer Conference activity
- Requirement added to discuss Genetics and Supportive Care
- Programs hold General Cancer Conference and/or Site-Specific Conference(s)
- CME not required

- Cancer Conference Report to include:
  - Frequency
  - Multidisciplinary attendance
  - Number of cases presented
  - Percentage of Prospective

- Elements of Discussion
  - Clinical/Pathological stage
  - Treatment planning
  - Genetic Testing
  - Clinical Research
  - Supportive Care services

Cancer Conference Grid 2020

Standard 2.5 Cancer Conference
CoC Cancer Conference Grid

| 2020 | | Attendance by Specialty | | | | | | Number Discussed | | | | | | | |
Mtg Dates	Mtg Format	Medical Oncology	Radiation Oncology	Surgery	Pathology	Diagnostic Radiology	Sites Discussed	Number of Cases Presented	Number of Prospective Cases	AJCC Stage	National Treatment Guidelines	Clinical Trials	Genetic Testing	Support Services
1/1/2020	FAC													
	Breast													
1/1/2020	FAC													
	Breast													
1/1/2020	FAC													
	Breast													
1/1/2020	FAC													
	Breast													
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1/1/2020	FAC													
	Breast													
1/1/2020	FAC													
	Breast													
1/1/2020	FAC													
	Breast													
1/1/2020	FAC													
	Breast													

Standard 3.2: Evaluation and Treatment Services

- **Required Services**
  - Diagnostic Imaging
  - Radiation Oncology
  - Systemic Therapy

- **Quality Assurance**
  - Accreditation
  - Policies and Procedure following recognized guidelines

Standard 4.2: Oncology Nursing Credentials

- **Nurses taking care of cancer patients either:** (Phase-in 2021)
  - **Hold oncology-specific nursing certification**
  - **Complete 36 oncology-specific CNE's each accreditation cycle (3 years)**

Potential Oncology Nursing Certifications

- Advanced Oncology Certified Nurse Practitioner (AOCNP®)
- Advanced Oncology Certified Clinical Nurse Specialist (AOCNS®)
- Advanced Oncology Certified Nurse (AOCN®)
- Blood & Marrow Transplant Certified Nurse (BMTCN®)
- Certified Pediatric Hematology Oncology Nurse (CPHON®)
- Certified Pediatric Oncology Nurse (CPON®)
- Certified Breast Care Nurse (CBCN®)
- Oncology Certified Nurse (OCN®)

What type of Education Counts?

- **Attendance at Cancer Conference**
- **Free CNE**
- **Online CNE**
- **In-house education that offers CNE's**
- **In-person CNE**

S4.2 applies to Nurses who:

- Provide direct Oncology care
- Work at the facility for more than one calendar year
- ONC applies to the following:
  - Registered Nurses (RN)
  - Advanced Practice Registered Nurses (APN/APRN)
  - Nurse Practitioners (NP)
  - Nurse Navigators
  - Contract Nurses
  - Oncology clinical trials RN's APRN's and Nurse Navigators

- Oncology Clinical trials nurses must meet the CNE requirement
- If a site visit is reviewing less than 3 years of activity for S4.2 then the nurse must complete an average of 12 CNE's per year for the number of years involved in the review.
- Example: nurse employed 2 of 3 year cycle, then must demonstrate completion of 24 CNE's.
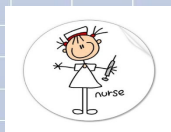
S4.2 Does not apply to:

- **Medical Assistants (MA)**
- **Physician Assistants (PA)**
- **Travel RN's, APRN's, Nurse navigators**
- **Locum Tenens RNS, APRN's, Nurse navigators**
- **Nursing administrators, Directors, Managers (that do not provide direct patient care)**

## Standard 4.3: Cancer Registry Staff Credentials

- **All Registry Staff abstracting cases must:**
  - Hold a CTR credential OR
  - Perform case abstracting under supervision of CTR
- **Non-credentialed cancer registry staff:**
  - May perform case finding and follow-up
  - Complete three hours of cancer-related continuing education per calendar year

Certificate of Completion
THIS IS TO CERTIFY THAT
Hey
has fulfilled all requirements for the completion of
Microsoft Excel 2010
Presented by Infinite Skills Inc.

Standard 4.4: Genetic Counseling & Risk Assessment

- **Policy and Procedure must include:**
  - Criteria for referral for a genetic evaluation
  - Identification of the genetics professionals
  - Identification of the genetics professionals qualified to perform post-test counseling
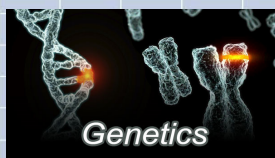
- **Evaluation of S4.4**
  - The number of patients identified as needing referrals for the selected cancer site each year, and
  - How many patients identified as needing referrals for the selected cancer site received a referral for genetic counseling
  - – It is encouraged, but not required, that programs track whether patients who received referrals ultimately had genetic counseling

Genetics

Monitoring Genetic Assessment for a Selected Cancer Site

- **Identify a specific cancer site each calendar year**
- **Address identifying appropriate individuals for further genetic evaluation**
- **Appropriate referrals for genetic evaluation**

Standard 4.5: Palliative Care Services

- **Palliative care refers to patient and family centered care that optimizes quality of life**
- **Palliative care team may include:**
  - Physicians
  - AP providers
  - Nurses
  - Mental Health Professionals
  - Social Workers and Spiritual counselors

Standard 4.5: Palliative Care Services

- **Types of Palliative Care Services:**
  - Team-based care planning that involves the patient and family
  - Pain and non-pain symptom management
  - Communication among patients, families, and provider team members
  - Education about illness and prognosis
  - Assistance with medical decision making
  - Psychosocial support for patients and families
  - Attention to spiritual needs
  - Bereavement support for families and care team

Standard 4.5: Palliative Care Services

- **Evaluating Palliative Care Services:**
  - Access the approximate number of cancer patients referred
  - Discuss criteria utilized to trigger referrals
  - Discuss areas of improvement
    - Barriers to access of palliative care services
    - Improve timeliness of referrals
    - Addition of palliative care services to program

Standard 4.6: Rehabilitation Care Services

- **Criteria for performing functional assessments**
  - Should be in-person assessment
- **Criteria for referral to rehabilitation care specialist**
  - Physiatrists
  - Physical therapists
  - Occupational therapists
  - Speech language pathologists

Standard 4.6: Rehabilitation Care Services

- **Types of rehabilitative care services:**
  - Screening, diagnosis, and management of physical dysfunction, impairments, and disabilities
  - Interventions to manage identified functional impairments and disabilities
  - Screening, diagnosis and management of pain and non-pain symptoms
  - Lymphedema management
  - Physical activity recommendations

Standard 4.7: Oncology Nutrition Services

- **Oncology Nutrition Services provided by a Registered Dietitian Nutritionist**
- **Nutritional Services are to be provided to ALL Oncology patients**
- **Annual evaluation of nutritional services**

## Standard 4.7: Oncology Nutrition Services

- **Components of Oncology Nutrition services include:**
  - Screening and nutrition assessment
  - Medical nutrition therapy
  - Nutrition counseling
  - Nutrition education
  - Management and coordination of enteral and parenteral nutrition

Standard 4.8: Survivorship Program – Phase in 2021

- **New Standard requirements:**
  - Designate leader of survivorship program
  - Identify team and services/programs offered to address needs of cancer survivors
  - Annually evaluate 3 services/programs impacting cancer survivors

Survivorship Program Services may include:

- Treatment summaries
- SCP's
- Screening for recurrences
- Screening new cancers
- Seminars for survivors
- Rehab services
- Nutritional services
- Psychosocial support
- Psychiatric services

- Support groups
- Financial support services
- Physical activity programs
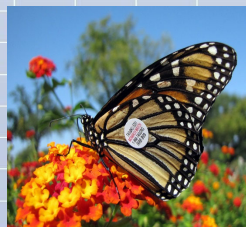
Standard 5.1: CAP Synoptic Reporting

- Compliance percentage is 90%
- No annual audit required any longer – it is encouraged
- Synoptic reporting format

Standard 5.2: Psychosocial Distress Screening

- **Policy and Procedure for providing and monitoring psychosocial services and distress screening**
- **Cancer program chooses tool**
- **Screened at least once during 1st course treatment**
- **Evaluate process**

Standard 5.2: Psychosocial Distress Screening

- **The annual summary must include:**
  - **Number of patients screened**
  - **Number of patients referred**
  - **Where patients were referred**

## Psychosocial Distress Screening Annual Summary

Process: Using the NCCN Distress Thermometer, our patients are screened during their first appointment and referred to appropriate services. Anyone with a positive screen for high distress is referred to Social Worker for evaluation.

Outcomes: Since August 2018, 1230 screenings were completed. 252 patients rated distress level as high, 7-10 on scale.
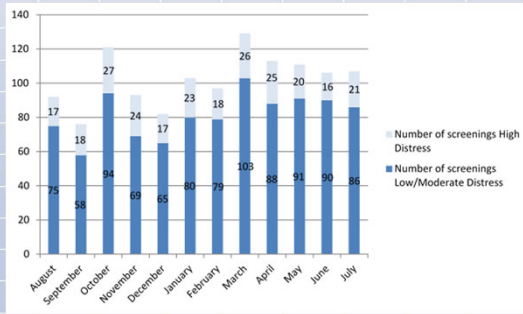
On distress screening tool, stressors are broken up into 4 categories: Practical, Emotional, Spiritual and Physical.

Psychosocial Distress Screening Annual Summary
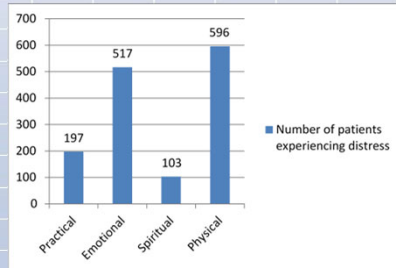
Outside Referrals:

8 patients referred to Catholic Charities for Marque Fund ($10,000 grant for each recipient)

51 patients referred to CAGNO for assistance with prescriptions, gas cards, rent, etc. ($19,487.64 in assistance)

7 patients to Thomas and McMahan Foundation, mostly for cabs

280 grants from copay assistance foundations

29 people referred to Psychiatric services or outside counseling through Quartet

Operative Standards 5.3 - 5.8

- **Breast Sentinel Node Biopsy**
- **Breast Axillary Dissection**
- **Primary Cutaneous Melanoma**
- **Colon Resection**
- **Total Mesorectal Excision**
- **Pulmonary Resection**

Standard 6.1: Cancer Registry Quality Control

- **Change to standard – expanded who can do annual audit**
  - **Can be CTR, APRN, PA, Physician, Fellow, Resident**
  - **Lowered number of cases that must be reviewed each year**

Standard 6.1: Cancer Registry Quality Control

- **Policy and Procedure must identify the activities to be evaluated for all cases each year**
  - Case finding
  - Abstracting timeliness
  - Percentage of information with 9's

Standard 6.1: Cancer Registry Quality Control

- **Identify activities to be evaluated each year for accuracy of abstracted data**
  - Class of Case
  - Primary site
  - Histology and Grade
  - AJCC stage or other staging system
  - First course treatment
  - Follow-up

Standard 6.1: Cancer Registry Quality Control

- **What type of documentation is required to show compliance?**
  - **Review criteria**
  - **Cases reviewed**
  - **Errors identified**
  - **Resolutions to errors**
  - **Report percentage of accuracy**
  - **All data elements reviewed should be listed**

**Quality Control of Cancer Registry Abstracting
Compared to the Medical Record**

This tool is provided to document compliance with Standard 6.1

Month/Time Period of Audit:

Number of cases abstracted this period: Number of cases audited this period:

Criteria:
1.   The text within the abstract allows for review of AJCC.
2.   The documented histology is correct.
3.   The documented primary site is correct.
4.   The documented class of case is correct.
5.   The documented grade is correct.
6.   The documented first course of treatment is correct based on NCCN guidelines.
7.   The documented demographic data are correct.
8.   The documented AJCC staging information is complete and correct.
9.   The documented follow-up physician(s) and/or follow-up contacts are correct.

	Criteria										
Patient ID	1	2	3	4	5	6	7	8	9		Comments

Directions:
1.   If the criterion is met, put an (X) in the appropriate box.
2.   If the criterion is not met, put a zero (0) in the appropriate box.
3.   If the criterion does not apply, put (NA) in the appropriate box.
4.   Comment on all zero (0) responses.
5.   Identify the follow-up action required, if any.
Results of Review:

Identified errors and proposed resolution:

Signature of auditor (physician) _____ Date: _____

Date presented to the cancer committee: _____

National Cancer Data Base (NCDB) Data Submission Standard

- **Data Submission (S6.2)**
- **Data Accuracy (S6.3)**

Line chart legend:
— First estimate of quarter-on-quarter GDP growth (%)
— Revised estimate of quarter-on-quarter GDP growth (%)

Standard 6.4: Rapid Quality Reporting System (RQRS)

- Highlights of expected changes with the new RCRS will include:
  - Single platform for real time data submission
  - No more Call for Data for completed cases
  - All new and updated cases, for all disease sites, since last submission (e.g., monthly)
  - .Dat File format only
  - File size < 150 MB
  - No zipped files
  - RCRS extract software will include all sites and all years (2004-present)
  - Submitted data will pass through two sets of edits upon submission:
  - Cases will need to pass RCRS edits for successful submission and inclusion in alerts and quality measures
  - After treatment, cases will need to pass Call for Data edits to be included in NCDB annual reporting tools
  - Cases may be submitted multiple times
  - The most recent case will be used
  - RQRS case notes will not automatically transfer into RCRS; registrars will need to copy over any needed notes into the new system

Standard 6.5: Follow-Up of Patients

- 80% follow-up rate is maintained for all eligible cases from registry reference year
- 90% follow-up rate is maintained for all eligible cases diagnosed within last five years or reference date, whichever is shorter

Standard 7.1: Accountability and QI Measures

- Monitor performance rates with NCDB Quality Improvement and Accountability Measures
  - Develop an action plan for measures that do not meet the benchmark
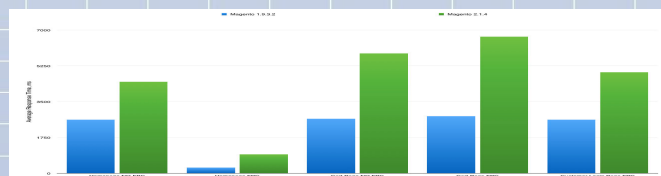
Standard 7.2: Monitoring Concordance with Evidence-based Guidelines

- **What must the review include?**
  - All cases from a specific cancer site
    - To max of 100 cases
  - Identified need or concern within a specific cancer site or stage of cancer
  - Review of initial evaluation of patient
  - Review of first course treatment

Standard 7.2: Monitoring Concordance with Evidence-based Guidelines

- **How should the review be reported to Committee?**
  - Format permits analysis
  - Provides opportunity for recommended Performance Improvements
  - Report details all required data elements of the study

Monitoring Compliance with Evidence-Based Guidelines

Each year, a physician member of the cancer committee performs a study to assess whether patients within the program are evaluated and treated according to evidence-based national treatment guidelines. The study must determine that the diagnostic evaluation is adequate and the treatment plan is concordant with a recognized guideline.

Source:
Review of a single treatment (radiation therapy) for a specific cancer site (prostate).

Study Data:
This study included all patients with localized prostate cancer that received radiation therapy as primary treatment in 2016-2017.

Assessment:
The treatment plans developed by radiation oncologist for each of these patients were reviewed and all recommendations were found to be concordant with the NCCN Clinical Practice Guidelines.

See below for further discussion regarding the results of this study.

Respectfully submitted,

Localized Prostate Cancer Treated with External Beam Radiation Therapy as Part of Primary Treatment, 2017 Study
Staging per AJCC 7th Edition

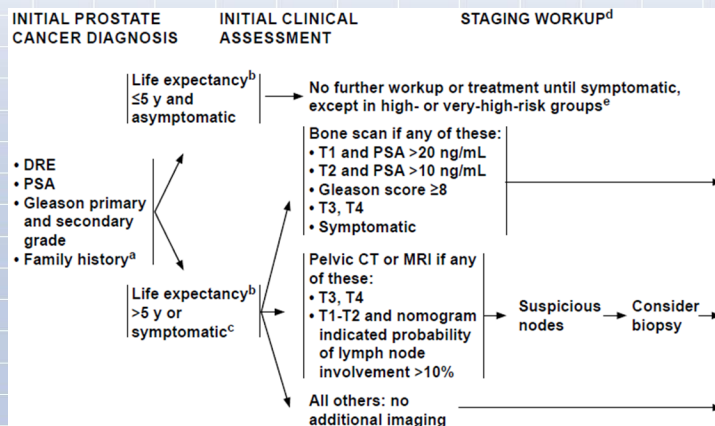| Patient	Medical Record Number	Prognostic Factors	Treatment Given (Comments below are Numbered) Staging studies (generally obtained by Urologist prior to referral).	Radiation Treatment NCCN Concordant	Treatment Delivered- 180 cGy/D Fractions	Stage (AJCC)	Performance Improvement Needed?
1	A154118	67 yo PSA 5.4 Gleason 7 (3+4)	CT abdomen/pelvis (-) for metastases external beam (1), (2)	YES	7560 cGy external beam	cT2a N0 M0 Stage 2A	NO
2	A160841	57 yo PSA 151.0 Gleason 9 (4+5)	Staging studies: MRI pelvis, bone scan, and CT abdomen/pelvis (-) for metastases external beam + ADT (3)	YES	4500 cGy pelvis + 3240 cGy prostate boost external beam + ADT	cT2c N0 M0 Stage 2B	NO

Standard 7.2: Monitoring Concordance with Evidence-based Guidelines

Discussion:

All patients reviewed in this study had all of the staging studies suggested by NCCN guidelines prior to beginning radiation therapy to treat their prostate cancer. Some patients had additional staging studies by outside physicians that were not suggested by NCCN guidelines solely based on their T stage, Gleason score, and PSA value. For some patients, a CT of the abdomen and/or pelvis may have been obtained by outside physicians when they felt that there was a nomogram indicated probability of lymph node involvement of > 10%. There are several different nomograms available to estimate the risk of pelvic lymph node involvement based on T stage, Gleason score, and PSA value. No Urology records that I reviewed discussed which (if any) nomogram was used as an indication to order pelvic imaging studies. It is possible that Urologists ordered a CT of the abdomen and/or pelvis for indications other than staging prostate cancer.

For many patients a CT abdomen was obtained by outside physicians along with a CT of the pelvis for staging. NCCN guidelines for staging prostate cancer do not suggest a CT abdomen for any patient. It is possible that Urologists reflexively obtain a CT abdomen when they order a CT pelvis with the intent of imaging the entire urinary tract or for indications other than staging prostate cancer. From this study, it is possible that CT scans of the abdomen are being ordered excessively for the staging of prostate cancer. We have a unique challenge in that we serve a number of different health care systems in a large geographic region, including a charity hospital. We will follow up on the results of the American College of Surgeons PCORI study which will give additional information about the pattern of imaging studies obtained for prostate cancer nationwide. The PCORI study will allow us to compare the results of a national study with the findings of this current study. This comparison may suggest the need for further action on our part to help assure that patients with prostate cancer undergo diagnosis, treatment, and follow up per NCCN guidelines.

Standard 7.2: Monitoring Concordance with Evidence-based Guidelines

INITIAL PROSTATE CANCER DIAGNOSIS

INITIAL CLINICAL ASSESSMENT

STAGING WORKUP[d]

Life expectancy[b] ≤5 y and asymptomatic → No further workup or treatment until symptomatic, except in high- or very-high-risk groups[e]

- DRE
- PSA
- Gleason primary and secondary grade
- Family history[a]

Bone scan if any of these:
- T1 and PSA >20 ng/mL
- T2 and PSA >10 ng/mL
- Gleason score ≥8
- T3, T4
- Symptomatic

Pelvic CT or MRI if any of these:
- T3, T4
- T1-T2 and nomogram indicated probability of lymph node involvement >10%

Suspicious nodes → Consider biopsy

Life expectancy[b] >5 y or symptomatic[c]

All others: no additional imaging

Standard 7.3: Quality Improvement Initiative

■ **What meets the requirements?**

- Identify problem
- Understand what is causing the problem
- Utilize recognized PI methodology
- Implement resolution to problem
- Report status of QI to committee twice per year

Standard 7.3: Quality Improvement Initiative

- **Review Data to Identify the Problem**
  - Already identified quality-related problem
  - NCDB Accountability or QI measure
  - Monitoring Compliance with Evidence-based Guidelines study (7.2)
  - Problems identified through annual review of clinical services
  - Problems identified through other accreditation initiatives
  - Problems identified through NDCB data

Standard 7.3: Quality Improvement Initiative

- **Write the Problem Statement**
  - Must be specific QI problem
  - Establish baseline and goal metrics
  - Anticipated timeline for completing QI and achieving the expected outcome

Standard 7.3: Quality Improvement Initiative

- **Implement Performance Improvement Methodology and Metrics**
  - Recognized standardized performance improvement tool such as DMAIC or PDCA
  - Identify all possible contributing factors to problem
  - Root-cause analysis
  - Develop project calendar
  - QI initiatives should last approximately one year
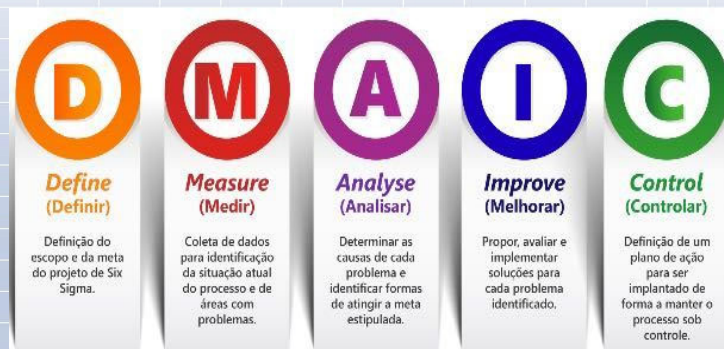
Standard 7.3: Quality Improvement Initiative
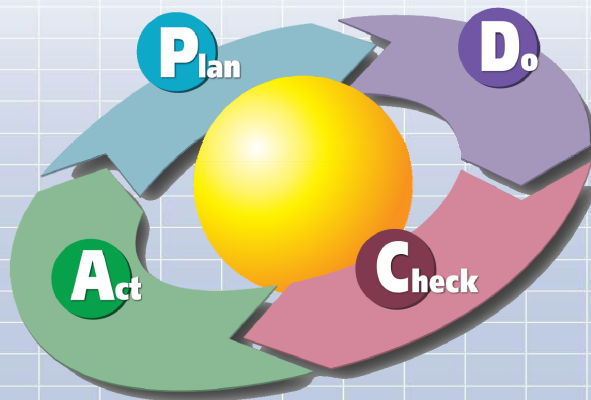
Standard 7.3: Quality Improvement Initiative

- **Quality Improvement Initiative Summary**
  - Summary of data reviewed to ID problem
  - Problem Statement
  - QI initiative team members
  - PI improvement tool utilized
  - Intervention implemented
  - Any adjustments made to the intervention
  - Results of implemented intervention

Standard 7.4: Cancer Program Goal

Standard 8.1: Addressing Barriers to Care

- **Basically 4 step process:**
  - Analysis of cancer barrier(s)
  - Identify barrier(s)
  - Choose barrier(s) and implement strategies to address
  - Report to the Cancer Committee on all elements

Standard 8.2: Cancer Prevention Event

- **One event aimed at changing behavior that reduces the risk cancer will develop**
- **Increase participants knowledge and awareness of cancer risk**
  - **Smoking cessation**
  - **Nutrition**
  - **HPV vaccination**

Examples of non-compliant events under S8.2

- **Programs held only on the Internet, through social media, or through a mail campaign without real-time interaction with participants**
- **Prevention education given in the regular course of business**
- **Events or programs that educate about cancer screening or reduction of late-stage at diagnosis**

Standard 8.2: Cancer Prevention Event

- A summary of the event must be presented to and discussed by the cancer committee that includes the following:
  - The cancer site(s) on which the event focused
  - The partnering community organization (where applicable)
  - Target audience
  - Guideline(s) used in planning the prevention event (where applicable)
  - The type of prevention event held (behavioral risk reduction or cancer education/risk awareness lecture

Standard 8.3: Cancer Screening Event

- Hold at least one event aimed at detecting cancer at an early stage
  - Breast (imaging and physical exam)
  - Colon (colonoscopy, fecal occult blood testing, flexible sigmoidoscopy)
  - Cervical (PAP with or without HPV)
  - Skin (total body exam)
  - Lung (low-dose computed tomography)
  - Head and Neck (oral exam)

Examples of non-compliant events under S8.3

- Screening programs performed in the regular course of business
- Events or programs that educate about cancer screening or reduction of stage at diagnosis that do not provide an actual screening
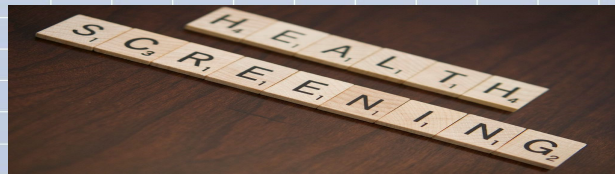
Standard 8.3: Cancer Screening Event

- **Summary of event to Committee:**
  - Cancer site on which event is focused
  - Partnering organization (if applicable)
  - Target audience
  - Guidelines utilized in planning event
  - Process for follow-up of positive findings

Changes for S8.2 and S8.3

- Removed requirement to report effectiveness of events
- Removed requirement that programs document community need for specific event

Standard 9.1: Clinical Research Accrual

- Eligible Cancer-Related Research Studies for Accrual:
  - Basic Science
  - Diagnostic
  - Prevention
  - Screening
  - Supportive Care
  - Treatment
  - Health Services Research

Standard 9.1: Clinical Research Accrual

■ **Additional categories of cancer-related clinical research studies:**
- Cancer-specific biorepositories or tissue banks
- Economics of care related to cancer care
- Genetic Studies
- Patient registries with underlying cancer research focus

Standard 9.1: Clinical Research Accrual

■ **Calculating compliance:**
- Analytic patient enrolled in clinical research within your facility
- Analytic patient enrolled in clinical research within staff physician office
- Analytic patient enrolled in clinical research through another facility
- Patient referred to your facility for enrollment onto a clinical trial

Clinical Research Coordinator must report:

- The specific clinical research studies where subjects were accrued, including the trial/study name and, when applicable, the clinicaltrials.gov trial number
- Number of subjects accrued to each individual clinical research study
- Open clinical research studies with identification of those with a nearing end date
- New trials that will be added
- If the required accrual percentage is not met, the report identifies contributing factors and identifies an action plan to address those factors

Interpreting the 2020 Commission on Cancer Standards

- **Key to successful survey:**
  - Build a cohesive team to tackle the standards
  - Define responsibility and timelines
  - Documentation of discussion, actions and results is a critical piece of survey
  - Read through the entire standard to grasp full understanding of content and compliance

Interpreting the 2020 Commission on Cancer Standards

Today I will do what others won't, so tomorrow
I can accomplish what others can't.
~ Jerry Rice

Future Conferences ACoS/CoC

- Rosemont, IL – December 2-4, 2020
- Denver, CO – April 23-24, 2021

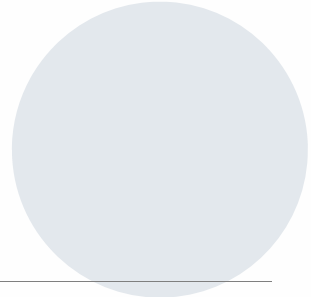Interpreting the 2020 Commission on Cancer Standards

THANK YOU !

Cynthia Boudreaux, CTR
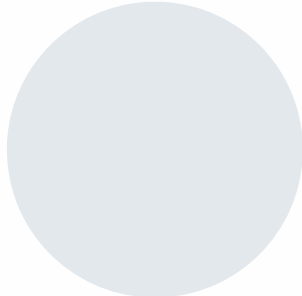**jai.kai@att.net**

Questions?

Fabulous Prizes

Coming UP…

Corpus Uteri
- Denise Harrison and Louanne Currence
- 08/06/2020

Coding Pitfalls
- Guest Host: Janet Vogel
- 09/03/2020

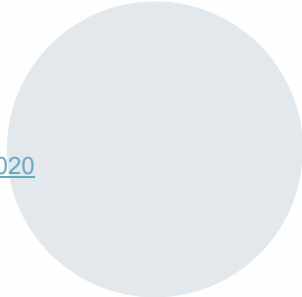# CE Certificate Quiz/Survey

Phrase

Link
- https://www.surveygizmo.com/s3/5311404/Central-Nervous-System-2020

Thank You!!!