

Back to the Future: What Year Is It and What Did I Miss?

QUIZ 1

1. Which of the following is NOT a CoC Cancer Program Category?
 - a. Comprehensive Community Cancer Program
 - b. NCI-Designated Network Cancer Program
 - c. Comprehensive Associate Network Cancer Program
 - d. Academic Comprehensive Cancer Program

2. True or False?

Quality Improvement Initiatives may only be counted for the year it was completed?
False. Quality initiative may only be counted for the year it was initiated.

3. Reporting data and receiving feedback from the National Cancer Data Base:
 - a. Allows facilities to compare quality care
 - b. Evaluate cancer patient outcomes
 - c. Identify opportunities for improvement
 - d. All of the above

4. The CoC offers additional accreditation programs for:
 - a. Thoracic Surgery
 - b. Rectal Cancer
 - c. Pancreas Cancer
 - d. Melanoma

5. CoC site visits occur every:
 - a. Three Years
 - b. Four Years
 - c. Two Years
 - d. Five Years

QUIZ 2

1. Synoptic format for pathology reports are **NOT** required for:
 - a. Surgical resection with no residual tumor present
 - b. Surgical resection DCIS
 - c. Surgical resection of primary invasive malignancies
 - d. Surgical resection of patients who received adjuvant treatment

2. The Pre-Review Questionnaire (PRQ) is required to be completed ____ days prior to site visit?
 - a. 30
 - b. 45
 - c. 60
 - d. 90

3. Standard 5.2 requires psychosocial distress screening be provided for:
 - a. Patient with history of cancer
 - b. Patient receiving biopsy only at reporting facility
 - c. Patient with current cancer and did not receive treatment
 - d. Patients receiving first course of treatment at your facility

4. The Psychosocial Service Coordinator is required to report the following to the cancer committee:
 - a. Number of cancer patients referred to psychosocial resources
 - b. Member of the oncology accessing the patients
 - c. Number of cancer patients receiving financial assistance
 - d. A & B
 - e. All of the above

5. All sentinel lymph nodes for breast cancer are identified using tracers (dye) or palpation.
 - a. True
 - b. False

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6. During 2022, facilities are required to achieve at least ____ compliance with Standard 5.5 Wide Local Excision for Primary Cutaneous Melanoma?
 - a. 50%
 - b. 60%
 - c. 70%
 - d. 80%

7. When determining the extent of colon and vascular resection, _____ and _____ must be performed.
 - a. Imaging and Biopsy
 - b. Neoadjuvant Treatment and Biopsy
 - c. Hemicolectomy and Colostomy
 - d. Segment resection and lymph node dissection

8. For rectal cancer, complete mesorectal excision has been proven to have similar outcomes (risk of local recurrence and cancer-related death) as near-complete mesorectal excision
 - a. True
 - b. False

9. Physicians are required to review ____ % of analytic cancer registry abstracts each year?
 - a. 0 – The standard no longer requires physician review
 - b. 10%
 - c. 15%
 - d. 20%

10. The Cancer committee is required to review the facility's quality measure performance rate:
 - a. Monthly
 - b. Quarterly
 - c. Twice a year
 - d. Annually

11. Which patients are eligible to be included in follow-up calculations:
 - a. Patients diagnosed elsewhere, receiving all first course of treatment at the reporting facility
 - b. Patient diagnosed at the reporting facility, receiving all first course of treatment elsewhere
 - c. Foreign residents
 - d. Patient greater than 100 years old without contact during the last 12 months.

QUIZ 3

1. NCDB data represents 100% of newly diagnosed cancer cases nationwide.
 - a. True
 - b. False (NCDB is a clinical oncology database sourced from CoC-accredited facilities and represents more than 72% of newly diagnosed cancer cases nationwide.)

2. NCDB Hospital Comparison Benchmark reports include summaries on patient:
 - a. Demographics
 - b. Treatment
 - c. Stage
 - d. None of the above
 - e. All of the above

3. Stage is based on NCDB's best stage which represents:
 - a. Collaborative Stage
 - b. General Stage
 - c. A combination of AJCC pathologic stage over clinical stage
 - d. Site-specific data items

4. Cancer Quality Improvement Program summarizes data from
 - a. Hospital Comparison Benchmark Reports
 - b. American Cancer Society data
 - c. NCDB Survival Reports
 - d. Rapid Cancer Reporting System data
 - e. All of the above
 - f. A, C, and D

5. Participant User Data Files (PUF) contain patient-level data that identify:
 - a. Hospitals
 - b. Healthcare Providers
 - c. Patients
 - d. None of the above PUF contains de-identified patient-level data.