

# Commission on Cancer State Chair Town Hall

October 4, 2025



CoC

**Commission on Cancer**  
American College of Surgeons

# CoC State Chair Town Hall

**Maria Castaldi, MD, FACS**

Chair

Committee on Cancer Liaison



**Quan Ly, MD, FACS**

Vice-Chair

Committee on Cancer Liaison



# Welcome to New CoC State Chairs

**David Brauer, MD, FACS**  
Minnesota



**Edward Cho, MD, FACS**  
Illinois



**Sangeetha Prabhakaran, MBBS, FACS**  
New Mexico



**Danny Yakoub, MD, PhD, FACS**  
Georgia



# 2025 CoC State Chair Outstanding Performance Award



**John M. Lyons, III, MD, FSSO, FACS**  
**Louisiana**

# 2025 CLP Outstanding Performance Award Winners



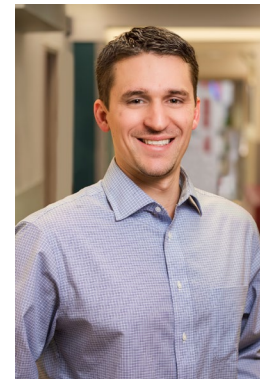
**Umur Atabek, MD, FACS**  
Cooper University Health Care  
Camden, NJ



**Irina Bernescu, MD, FACS**  
Ascension Saint Agnes Hospital Cancer Institute  
Baltimore, MD



**Jessica Cohan, MD, MAS, FASCRS, FACS**  
University of Utah and Huntsman Cancer Institute  
Salt Lake City, UT



**Andrew Fintel, DO**  
Blue Ridge Cancer Care/LewisGale Medical Center  
Salem, VA

# 2025 CLP Outstanding Performance Award Winners



**Christine A. Garcia, MPH, MD**  
Weill Cornell Medicine/New York Presbyterian  
New York, NY



**Paul Gordon, MD, FACS**  
Advocate Christ Medical Center  
Oak Lawn, IL



**Ihor Pidhorecky, MD, FACS**  
HCA Florida Westside Hospital  
Davie, FL

# 2025 CLP Outstanding Performance Award Winners



**Elizabeth Rinehart, MD**  
Waterbury Hospital  
Waterbury, CT



**Taylor Turner, MD**  
St. Luke's Cancer Institute  
Boise, ID



**Anthony Scholer, MD, FACS**  
Jersey Shore University Medical Center  
Neptune, NJ

# 2025 CoC Research Paper Competition



**Shravan Leonard-Murali, MD**  
**1<sup>st</sup> Place, Basic Science**

# 2025 CoC Research Paper Competition



**Jaspinder Sanghera, MBChB, iBSc**  
**1<sup>st</sup> Place, Clinical Research**

# 2025 CoC Research Paper Competition



**Jennifer Chen, MD**  
**2<sup>nd</sup> Place, Clinical Research**



**Chris Varghese, MBChB, BMedSC(Hons)**  
**3<sup>rd</sup> Place, Clinical Research**

# 2026 ACS Quality, Safety & Cancer Conference

July 30-August 2, Orlando,  
FL

## CoC VIP Luncheon

Regency Ballroom D,  
Second Floor

A graphic for the 2026 ACS Quality, Safety & Cancer Conference (QSCC26). The background is a collage of geometric shapes in orange, dark blue, light blue, and white, overlaid on a photograph of palm trees against a blue sky. The ACS logo is at the top. The main title 'QSCC26' is in large white and blue letters. Below it, the subtitle 'Quality, Safety & Cancer Conference' is in white and blue. The dates 'July 30-Aug 2 | Orlando, FL' are in white. A white diamond shape on the right contains the text 'Save the Date' in bold black letters. At the bottom, the hashtag '#acsqsc26' and website 'facs.org/qsc26' are in white.

ACS AMERICAN COLLEGE  
OF SURGEONS

# QSCC26

Quality, Safety  
& Cancer Conference

July 30-Aug 2 | Orlando, FL

#acsqsc26  
facs.org/qsc26

Save  
the  
Date

# CoC State Chair Resources

**Maria Castaldi, MD, FACS**

Chair, Committee on Cancer Liaison

Manhattan CoC State Chair

# Resources for CoC State Chairs

- Website
  - Orientation Videos for State Chairs and CLPs
  - State Chair Tool Kit
  - Past Meeting Recordings and Slides
  - NCDB Tools Brochure

For Surgeons For Patients

ACS AMERICAN COLLEGE OF SURGEONS

gram < Commission on Cancer State... < State Chair Resources

## / State Chair Resources

🕒 1 Min 🖨️ Print ➦ Share 📖 Bookmark

### State Chair Orientation

- [CoC State Chair Orientation](#)
- [CoC State Chair Toolkit](#)
- [CoC State Chair Outstanding Performance Award](#)
- [Template Press Release for New State Chairs](#)

### Comprehensive Cancer Control

- [Comprehensive Cancer Control National Partnership](#)
- [American Cancer Society Comprehensive Cancer Control Coalition Resources](#)

### Cancer Liaison Physicians

- [Cancer Liaison Physician Orientation](#)
- Current CoC State Chairs will be emailed Cancer Liaison Physician contacts lists for their state/region and scheduled site visits information on the first of each month.

### Other Contact Lists

- [American College of Surgeons Chapter Listings](#)

# Resources for CoC State Chairs

- Meetings
  - Quarterly State Chair Town Halls
  - Bi-Annual CLP Meetings
  - State Chair/CLP Accreditation Office Hours
  
- Education
  - Cancer Programs Webinars and Conferences
  - 2026 Cancer Programs Conference/ Quality and Safety Conference
    - July 30 – August 2 in Orlando, FL

ACS AMERICAN COLLEGE OF SURGEONS

Quality Programs < Cancer Programs < Events and Education

Cancer Programs **Events & Education** Cancer QI Programs

## Cancer Events and Education

ACS Cancer Programs  
American College of Surgeons

**CANCER EDUCATION**

**2025 Webinars**

View the upcoming schedule for cancer education webinars.

ACS Cancer Programs  
American College of Surgeons

**ACS Cancer Conference 2025**  
March 12-14 | Phoenix, AZ

**CANCER PROGRAMS**

**2025 ACS Cancer Conference**

Thank you to all who attended the 2025 ACS Cancer Conference and...

**CANCER PROGRAMS**

**Clinical Congress 2025 Cancer...**

Learn about Cancer Programs events happening at Clinical...

# Resources for CoC State Chairs

- Cancer Programs Communications
  - Cancer Programs News
  - Social Media



COC

NAPRC

Education

## CANCER RESEARCH PROGRAMS

### Commission on Cancer Study Results Published in Medical Journal

The British Medical Journal published a new observational study on outcomes in women without upfront surgery for ductal carcinoma...

Read More

## COMMISSION ON CANCER

### Rapid Cancer Reporting System Multifactor Authentication August 9

Starting August 9, all users must use a multifactor authentication for the Cancer Reporting System. Before then, users should log in to the system and confirm that their email on file is accurate.

Read More



# Resources for CoC State Chairs: Accreditation

- 2020 CoC Standards and Standards Changelog
- QPort Resources Page
  - Standards Resources Library
  - Site Visit Resources
  - Guidelines for Pediatric Specialty Accreditation
  - Recent CPN articles on Standards Updates
  - And much more!
- CAnswer Forum

The screenshot displays two web pages. The top page is the ACS CoC website, featuring a navigation menu on the left with links such as 'Site Information', 'Site Profile', 'Site Contacts', 'Data Platform Contacts', 'Invoice', 'Program Enrollment', 'Schedule Site Visit', 'PBO', 'Networks', 'Network & Merger Applications', 'NCDB Reporting Tools', 'Site Visit History', 'File Sharing', 'Resources', 'Surgical Quality Partner', and 'Marketing Resources'. The main content area includes the ACS CoC logo, the text 'Commission on Cancer American College of Surgeons', a notice about the Cancer Program News Archive, and sections for 'General Resources', 'Financial Resources', 'CoC Standards', 'Standards Resource Library (SRL)', and 'Standards Compliance Resources'. The bottom page is the CAnswer Forum registration page, showing a 'Need to Register? Click Here' link, a welcome message, and a registration form with fields for 'Email Address' and 'Verification' (including a CAPTCHA).

# Resources for CoC State Chairs: Operative Standards

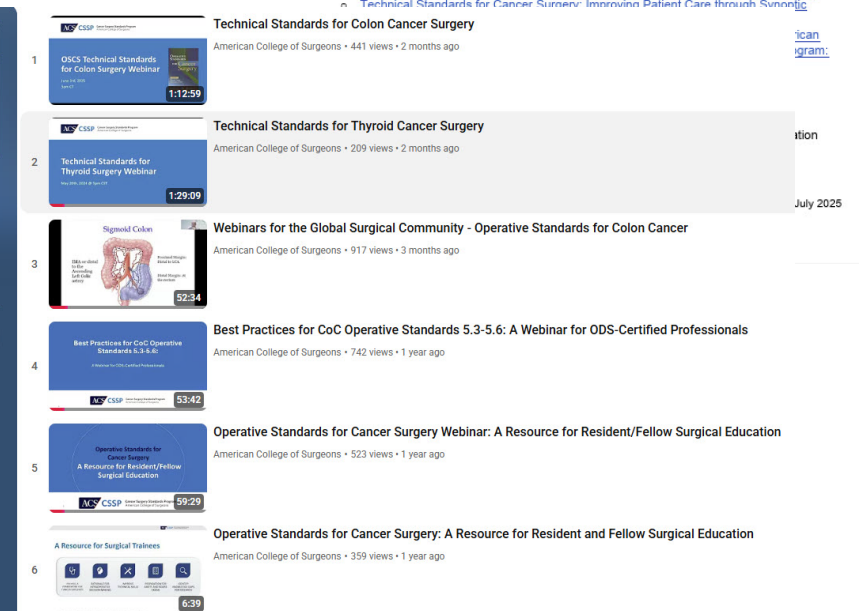
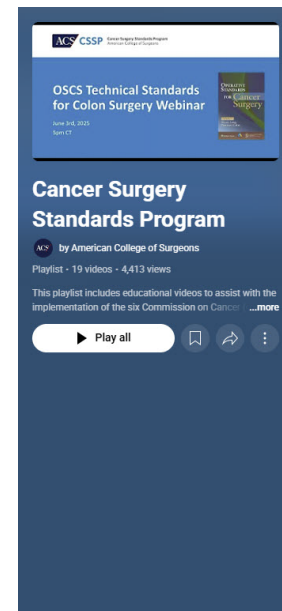
## CoC Operative Standards (Standards 5.3–5.8) Frequently Asked Questions

### Compliance & Implementation

#### CoC Operative Standards (Standards 5.3-5.8) Reference Material:

- [Site Visit Instructions and Sample Agenda](#) are available via the resources tab in QPort.
- [Overview of Compliance Requirements and Site Visit Process for the CoC Operative Standards](#)
- [Operative Standards Toolkit](#)
- [Quick Reference Guide for CoC Operative Standards \(Standards 5.3-5.6\)](#)
- [Operative Standards for Cancer Surgery, Volumes 1, 2, and 3](#)
- **Operative Standards References**
  - [CoC Standards 5.3 and 5.4 Editorial](#)
  - [CoC Standard 5.5 Editorial](#)
  - [CoC Standard 5.7 Editorial](#)
  - [CoC Standard 5.8 Editorial](#)
  - [Adherence to surgical and oncologic standards improves survival in breast cancer patients](#)
  - [Adherence with operative standards in the treatment of gastric cancer in the United States](#)
  - [Technical Standards for Cancer Surgery: Commission on Cancer Standards 5.3-5.8](#)
  - [Technical Standards for Cancer Surgery: Improving Patient Care through Synoptic Operative Reporting](#)
  - [Meeting the New Commission on Cancer Operative Standards: Where do we stand now?](#)
  - [Development of an Electronic Health Record Registry to Facilitate Collection of Commission on Cancer Metrics for Patients Undergoing Surgery for Breast Cancer](#)
  - [Implementation of a Synoptic Operative Report for Rectal Cancer: A Mixed-Methods Study](#)
  - [Technical Standards for Cancer Surgery: Commission on Cancer Standards 5.3-5.8](#)
  - [Technical Standards for Cancer Surgery: Improving Patient Care through Synoptic](#)

- Operative Standards Toolkit
- Frequently Asked Questions
- Cancer Surgery Standards Program YouTube Channel



# 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.

Q. Type here to search

Quality Program Year

Quality Domain

Project Type

Hospital Type

Methodology

Data Source

Program Applicability

**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, shows your team how to conduct more efficient quality improvement projects. With so many tools to you, it can be difficult to know where to begin! Here are some steps to get you started.

- 1. Read the Framework from start to finish.** While the Framework is broken into Planning, Conducting and Reflecting Phases, it is not intended to be used in all phases. There are many criteria that you should be thinking about throughout your project. There are many criteria that you should be thinking about throughout your project. There are many criteria that you should be thinking about throughout your project. There are many criteria that you should be thinking about throughout your project.
- 2. Download the tools and talk with your team about how you can use them.** The Framework is designed to help you meet several of the criteria in the Framework. Download the Framework, Project Charter, Data Plan and Communication Plan, and look through them. Determine which of the tools you would like to use and discuss how you can use them. Some questions you may want to ask yourselves:

- Where should we store this document so that we all have easy access to it?
- How can we make sure that we will use this tool throughout the project from the beginning?

Quality Framework

[Quality Framework](#)

Quality Framework Toolkit

Frequently Asked Questions

QUALITY FRAMEWORK | ACS AMERICAN COLLEGE OF SURGEONS Quality Improvement Project Charter

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.										

Project Team

	Name	Position Title
Project Sponsor:		
Clinical Leadership:		
Day-to-Day Leadership:		
Technical Expertise:		

© American College of Surgeons

Institution Name: \_\_\_\_\_  
 Project Name: \_\_\_\_\_



## The ACS Quality Framework Notetaking Tool

When an idea for a 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.

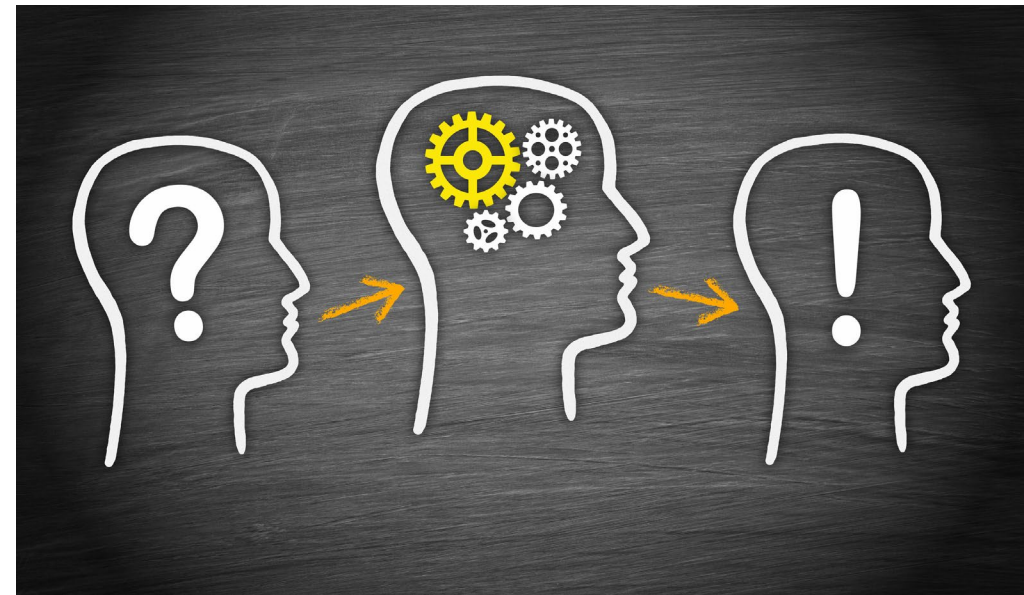
Author: \_\_\_\_\_  
 Co-Authors: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Component #1: Problem Detailing

Criteria	Definition	Notes
1.1 Local Issue	Describe how the issue was discovered at your institution. Include: <ol style="list-style-type: none"> <li>The timeframe in which the issue was discovered</li> <li>The data sources that informed the identification of the issue</li> </ol>	
1.2 Problem Statement	Define a problem statement that presents a clinical reason to pursue the project. The problem statement should address: <ol style="list-style-type: none"> <li>Who does the problem affect or impact?</li> <li>When was the problem found (or did it begin)?</li> <li>Where is the problem happening?</li> <li>How often is the problem happening?</li> <li>What is happening (that shouldn't be), or what didn't happen (that should have)?</li> </ol>	

# NEW! Cancer QI Coaching Calls

- Small group discussions with QI experts
- Participants bring ideas for current and future projects
- Challenges with the standard and recommendations for resources are given
- Email [cancerqi@facs.org](mailto:cancerqi@facs.org) to sign up, or watch the Cancer Program Newsletter for more information

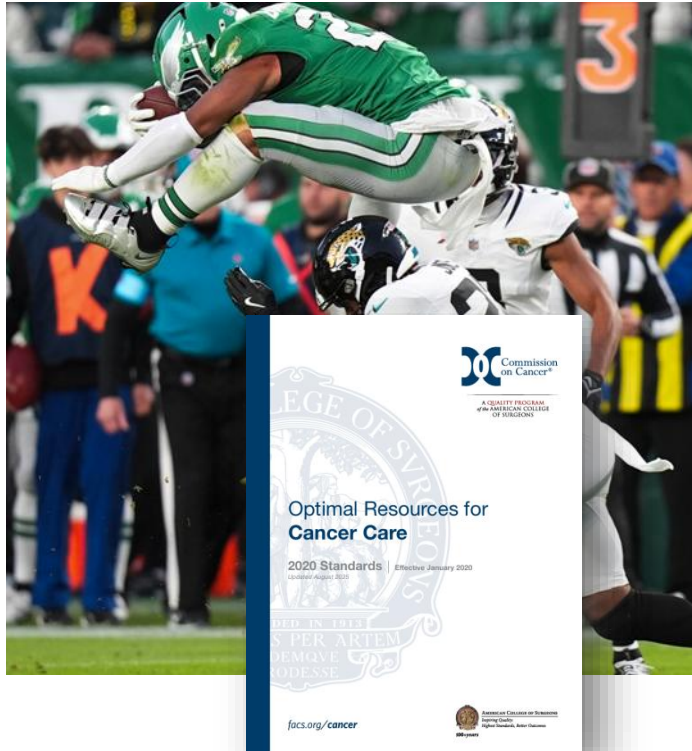


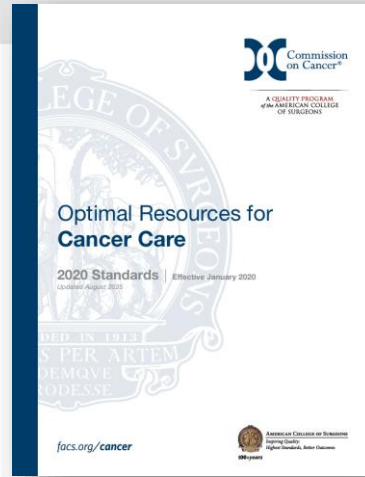
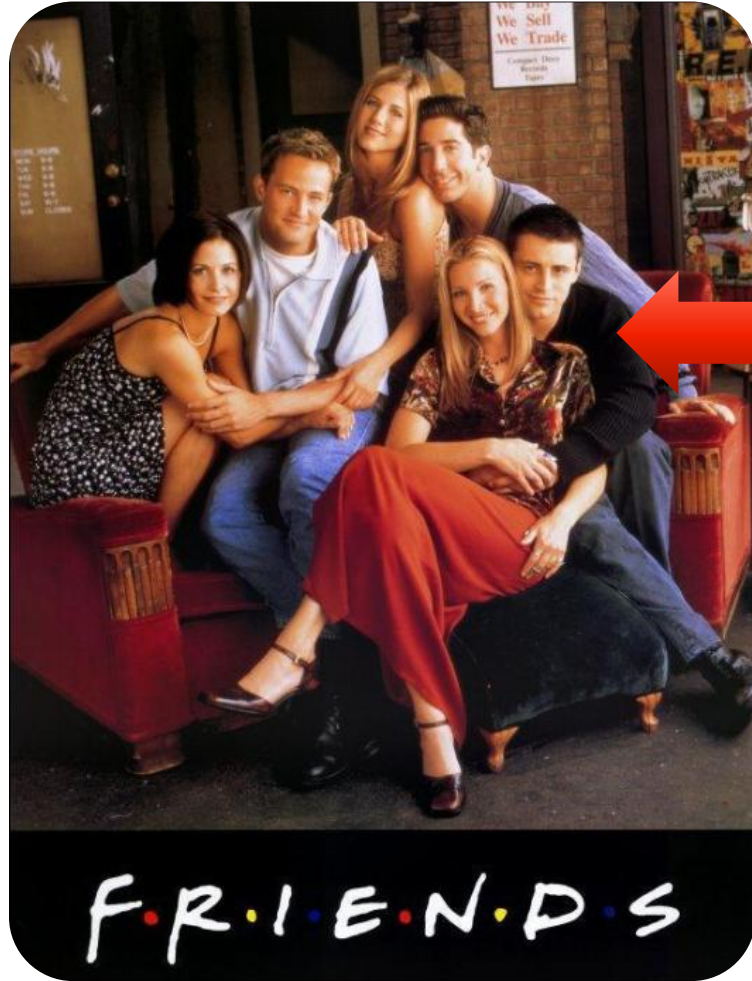
# Resources for CoC State Chairs: American Cancer Society

# State Chair Town Hall: CoC Standards Update

Aaron Bleznak, MD, MBA, FACS, FSSO  
Chair, CoC Accreditation Committee

# CoC Accreditation Standards





Less  
More



# Why You Want the Most Effective Cancer Committee

Harvard Business Review

STRATEGY

## The Strategy That Will Fix Health Care

by Michael E. Porter and Thomas H. Lee, MD

FROM THE OCTOBER 2013 ISSUE

### The Playbook for Integrated Practice Units (IPUs)

1. **Organized around a medical condition** or a group of closely related conditions
2. Care is delivered by a **dedicated, multidisciplinary team** devoting a significant portion of their time to the condition
  - In-house staff and affiliated staff with strong working relationships
3. Takes responsibility for the **full cycle of care**
4. **Patient education, engagement, adherence, follow-up and prevention** are integrated into the care process
5. The unit has a **clear clinical leader**, a common scheduling and intake process, and unified financial structure
6. A physician team captain, clinical care manager, or both **oversees each patient's care**
7. The IPU routinely **measures outcomes**, costs, care processes, and patient experience using a common platform
8. The IPU accepts **joint accountability for outcomes and costs**
9. The team regularly meets formally and informally to discuss **individual patient care plans, process improvements, and how to improve results**
10. Co-located in dedicated facilities. A hub and spoke structure connecting multiple or affiliated sites, incorporating telemedicine where appropriate

# Where can you make an impact?

- CCP or CCCP programs
  - Cancer Committee may represent the major or only cancer infrastructure
  - CLPs may have a more “direct” path to eventual chairmanship
  - Program likely has more limited resources and would accrue more benefits from a highly functioning cancer committee
- “En masse” efforts have limited success, particularly in changing perspective. 1:1 may be more effective.

# Thank You

[aaronbleznak@aol.com](mailto:aaronbleznak@aol.com)

[aaron.bleznak@rivhs.com](mailto:aaron.bleznak@rivhs.com)

# Standards Compliance Trends YTD 2025

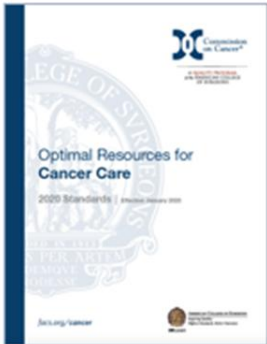
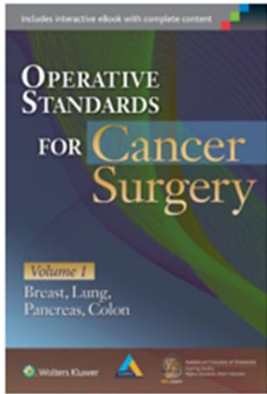
19/34 Standards rated in 2025 have more than 90% compliance across all programs reviewed

Standard with most deficiencies	
Standard 5.5: Wide Local Excision for Primary Cutaneous Melanoma	
Standard 5.8: Pulmonary Resection	<b>NODES</b>
Standard 5.6: Colon Resection	
Standard 5.4: Axillary Lymph Node Dissection for Breast Cancer	
Standard 2.4: Cancer Committee Attendance	
Standard 4.8: Survivorship Program	

**Adjust to requirements for compliance**

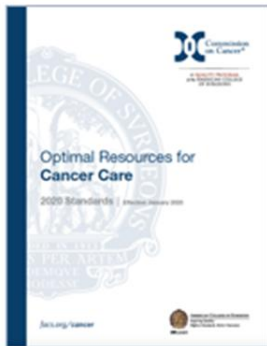
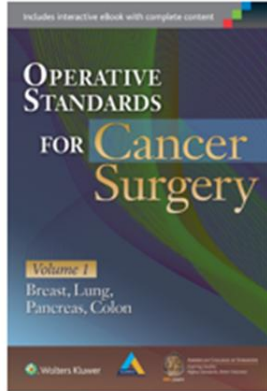
**Education: Dec 2**

# Operative Standards



Standard	Disease Site	Procedure	Documentation
5.3	Breast	Sentinel node biopsy	<b>Operative report</b>
5.4	Breast	Axillary dissection	<b>Operative report</b>
5.5	Melanoma	Wide local excision	<b>Operative report</b>
5.6	Colon	Colectomy (any)	<b>Operative report</b>

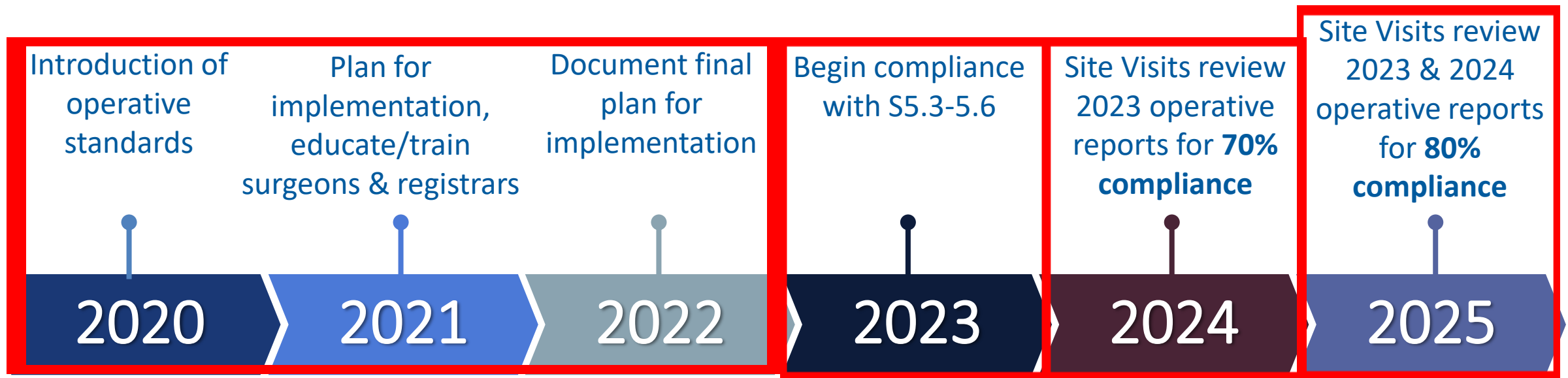
# Operative Standards



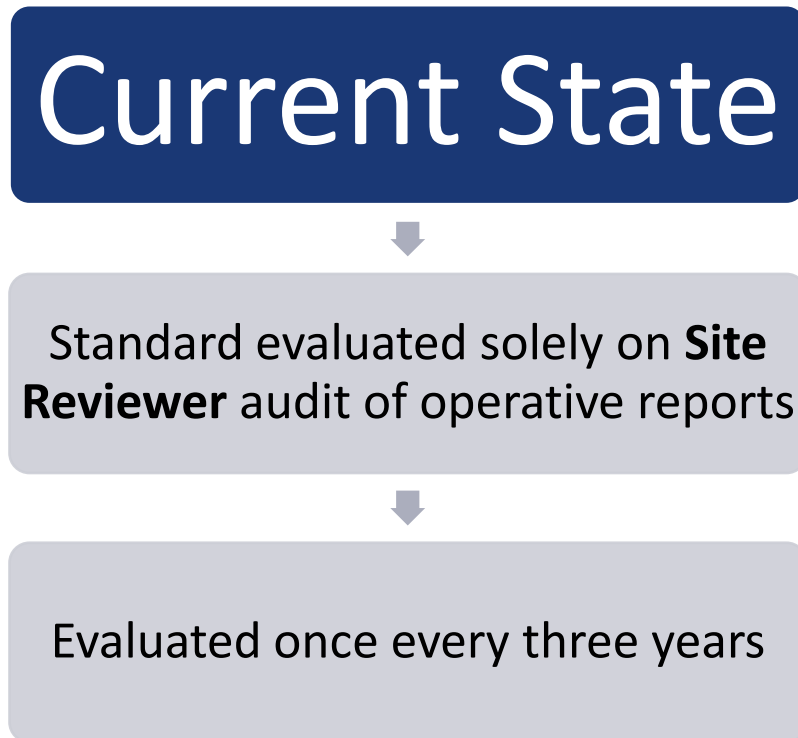
Standard	Compliance Percentage	No. of Compliant ratings	No. of Noncompliant ratings	No. of Deficiency Resolved	No. of Not Applicable
<b>Standard 5.5: Wide Local Excision for Primary Cutaneous Melanoma</b>	47%	70	26	52	27
<b>Standard 5.6: Colon Resection</b>	53%	91	27	54	3
<b>Standard 5.4: Axillary Lymph Node Dissection for Breast Cancer</b>	65%	106	21	37	11

# Operative Standards Implementation Timeline

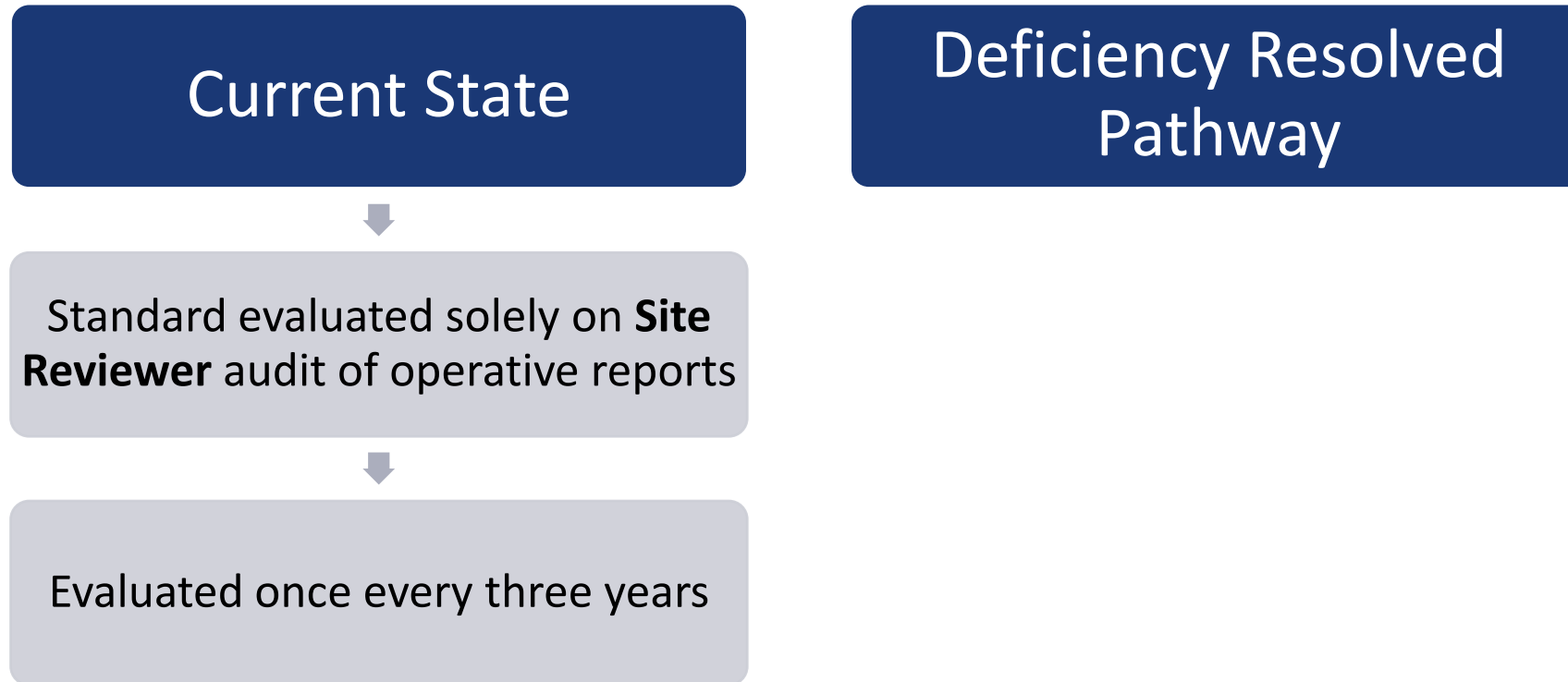
## Compliance and Site Reviews: OPERATIVE REPORTS



# ANNOUNCEMENT: Changes in Operative Standards (5.3-5.6) Assessment



# ANNOUNCEMENT: Changes in Operative Standards (5.3-5.6) Assessment



# Issues Identified during 2023/4 Site Visits

- Insufficient **focus** on the SURGERY being performed and too much focus on documentation
- **Lack of concordance** between external audit and internal audit or true compliance rate
- Issues (e.g.: failure to record all required synoptic elements) not always **recognized timely** (until site review)
- Current process may **not recognize improvements** over the accreditation cycle
- List generation and case selection is **burdensome process**

# ANNOUNCEMENT: Changes in Operative Standards (5.3-5.6) Assessment

## Current State



Standard evaluated solely on **Site Reviewer** audit of operative reports



Evaluated once every three years

## New Process



# Requirements during 2026

- Programs must perform an **audit of 30 cases** (or all applicable cases) of eligible cases. For each case, the audit must assess:
  - All **required elements** are present in the operative report in **synoptic format**
  - **Responses** to the required elements are appropriate
  - All elements of the audit are **recorded in the CoC audit template**
- Audit results must be reported and discussed with the cancer committee each year AND documented in the minutes

# Example of CoC Audit Template

Audit templates provided that facilitate consistent application across cancer programs

## Standard 5.3: Sentinel Lymph Node Biopsy

### Reminders

Standard applies to all nodal staging operations performed with curative intent for patients with breast cancers of epithelial origin. If the case does not meet these parameters, select another case.  
 Synoptic elements/responses must be in the operative report of record, not the brief operative note.  
 Cases must meet both technical and documentation requirements to be compliant.  
 See "Instructions for Use" tab for additional information.

Case Information			Required Elements							Compliance Summary			
	Case identifier (NO PHI)	Surgeon	Was the operation performed with curative intent?	Are all required elements and responses present and in synoptic format?	Tracer(s) used to identify sentinel nodes in the upfront surgery (non-neoadjuvant) setting	Tracer(s) used to identify sentinel nodes in the neoadjuvant setting	Were all nodes (colored or noncolored) present at the end of a dye-filled lymphatic channel removed?	Were all significantly radioactive nodes removed?	Were all palpably suspicious nodes removed?	Were biopsy-proven positive nodes marked with clips prior to chemotherapy identified and removed?	Overall compliant or non-compliant	If non-compliant, select whether the noncompliance was technical, documentation, or both?	If non-compliant, include any applicable comments
<b>Column-specific instructions</b>			If "no," the case is N/A and another must be selected for review	If "no," the case is non-compliant (documentation failure)	Non-compliant if: - "Other" is selected but no explanation is included. - N/A is selected for both column F and G. - Tracers are listed for both column F and G.	Non-compliant if: - "Other" is selected but no explanation is included. - N/A is selected for both column F and G. - Tracers are listed for both column F and G.							
1													
2													
3													
4													
5													

# When is this change happening?

**2026 Site Visits:** Current Site Reviewer Audit Process will apply

- 2026 completes three years of Standard 5.3-5.6 being assessed by the Site Reviewer and allows all programs to benefit from this process

**2026 Program Activity:** ALL programs must complete audits and, if applicable, action plans for Standard 5.3-5.6

# Requirements during 2026

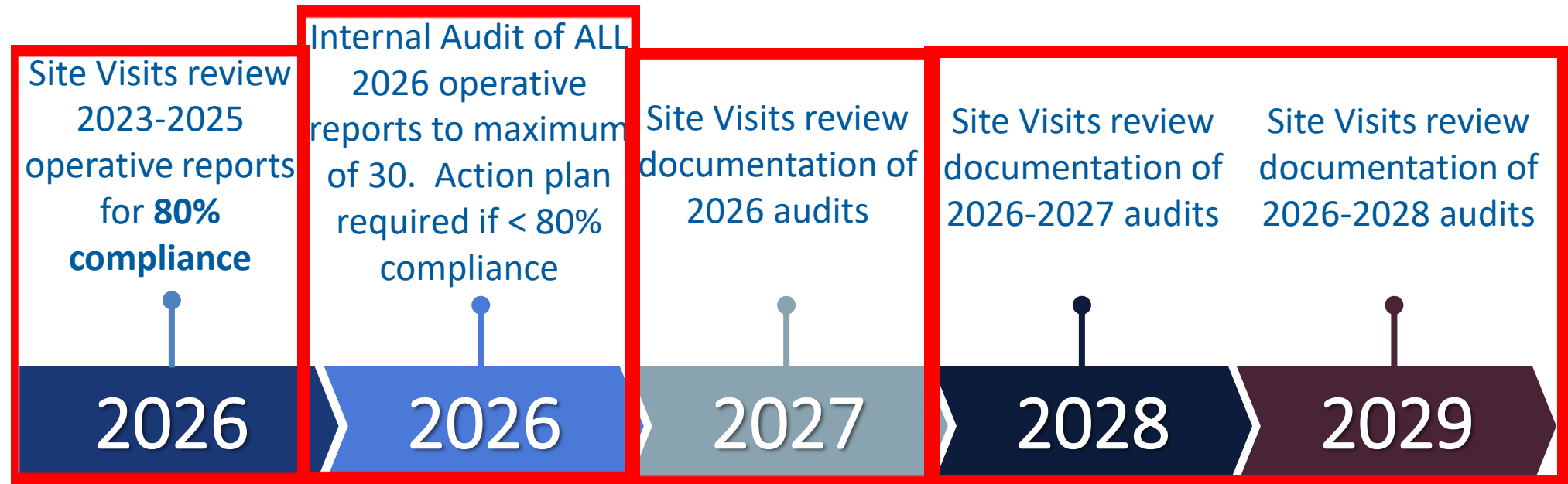
- If the audit demonstrates that all requirements are met in 80% or more cases, no further action is needed
- If audit demonstrates less than 80% compliance, then a **meaningful action plan** must be developed
  - Requires a second audit within 6 months to determine impact of intervention
  - Consecutive action plans without new/additional action will result in deficiency



# Site Visits Starting in 2027

- Standard will be rated on the audit performed by the cancer program and any applicable action plans.
  - Site Reviewer will review the required **audit templates** and **the minutes** in which the audits were reported and documented
  - Site Reviewer will review the **action plan(s)** if any were required
- During the visit, the Site Reviewer will select two cases for each standard from those reviewed during the program's own audit.
  - Purpose is to assure that required elements are all present
  - Review will be for education purposes only; no impact on compliance rating.

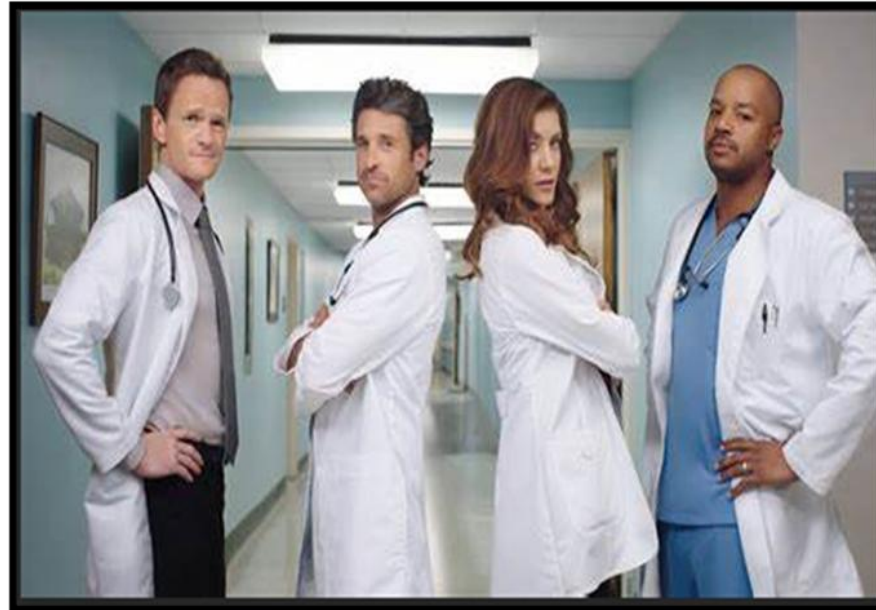
# Operative Standards Implementation Timeline



**Only programs with 2026 site reviews**  
**All Programs**

# Standard 2.4 Cancer Committee Attendance

- Compliance defined as each required member or the designated alternate attends at least 75% of the cancer committee meetings held.



## Standard 2.4 Cancer Committee Attendance

- Required members and any alternates must be appointed at least once during the accreditation cycle
  - Changes to membership including alternates must be noted in the cancer committee minutes
- Appoint members with INTENT
  - Choose physician members who are engaged/wish to engage with the cancer program
  - Replace members who are unable to meet attendance requirements
- Designating alternates is OPTIONAL.
  - Alternates must be qualified for the role
  - Alternates should be available to attend meetings
  - Appointed members can be alternates to other roles but that may not always be optimal

# Clarification: NCDB Data Reporting Requirements

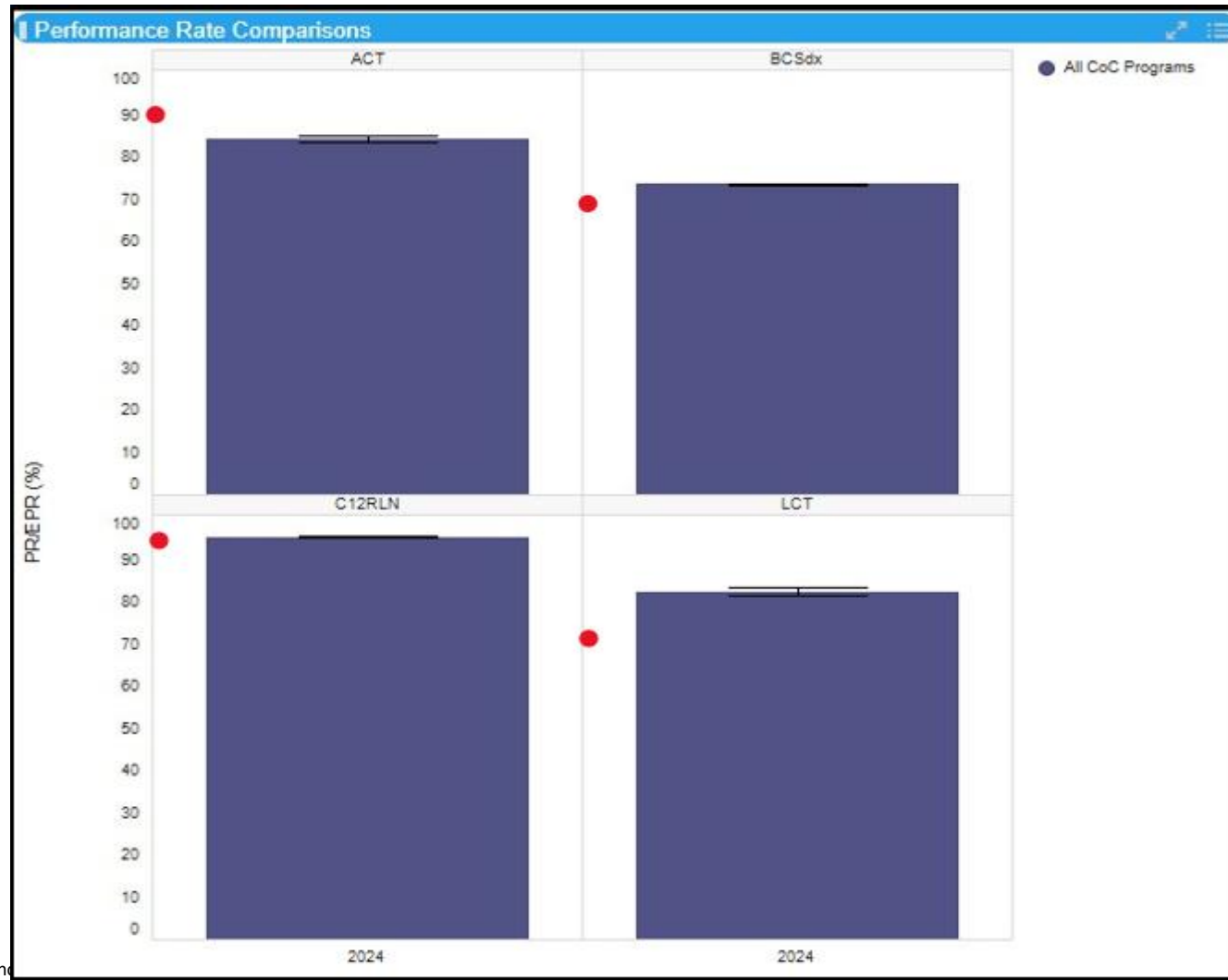
Standard	Data Allowed	Frequency	Reporter	Focus of Report
<b>2.2: Cancer Liaison Physician</b>	<ul style="list-style-type: none"> <li>• NCDB Benchmark</li> <li>• CQIP</li> <li>• Survival Reports</li> </ul>	Twice Yearly	CLP	Areas of Concern
<b>6.4: RCRS: Data Submission</b>	RCRS/Quality Measure Comparison	Twice Yearly	Anyone (CLP optimal)	Areas of Concern
<b>7.1: Quality Measures</b>	Selected Quality Measures (4)	≥ Twice Yearly	Anyone (CLP optimal)	Required, selected quality measures

# Required 7.1 Measures for Review in 2025

- **C12RLN:** For patients undergoing a colon resection for colon cancer, at least 12 regional lymph nodes are removed and pathologically examined at time of resection.
  - 95% benchmark
- **ACT:** For patients under the age of 80 with surgically-managed pathologic stage III colon cancer (N>0), adjuvant chemotherapy is initiated within 4 months (120 days) of diagnosis, or recommended.
  - 90% benchmark
- **LCT:** For patients with surgically managed NSCLC, pathologically staged T2 and >4cm, or T≥3, or N>0, systemic therapy (chemotherapy, immunotherapy or targeted therapy) was initiated within the 4 months prior to surgery or after surgery, or was recommended.
  - 70% benchmark
- **BCSdx:** For patients with AJCC Clinical Stage I-III breast cancer, the first therapeutic surgery in a non-neoadjuvant setting is performed within and including 60 days of diagnosis.
  - 70% benchmark

# Required 7.1 Measures for Review in 2025

- Aspirational Benchmarks



# Standard 7.1: Quality Measures

Actual Performance  $\geq$  EPR 

Actual Performance  $<$  EPR  
but 95% CI  $\geq$  EPR 

Actual Performance  $<$  EPR  
95% CI  $<$  EPR 

Quality Measures			
Primary Site	Measure	Measure Description	Label
Breast	BCSdx	For patients with AJCC Clinical Stage I-III breast cancer, the first therapeutic surgery in a non-neoadjuvant setting is performed within and including 60 days of diagnosis	PR/EPR 95% CI Benchmark
Colon	ACT	For patients under the age of 80 with surgically-managed pathologic stage III colon cancer (N>0), adjuvant chemotherapy is initiated within 4 months (120 days) of diagnosis, or recommended	PR/EPR 95% CI Benchmark
	C12RLN	For patients undergoing a colon resection for colon cancer, at least 12 regional lymph nodes are removed and pathologically examined at time of resection	PR/EPR 95% CI Benchmark
Lung	LCT	For patients with surgically managed NSCLC, pathologically staged T2 and >4cm, or T>=3, or N>0, systemic therapy (chemotherapy, immunotherapy or targeted therapy) was initiated within the 3 months prior to surgery or after surgery, or was ...	PR/EPR 95% CI Benchmark

# Standard 4.8: Survivorship Program

## 4.8 Survivorship Program

### Definition and Requirements

The cancer committee oversees the development and implementation of a survivorship program directed at meeting the needs of cancer patients treated with curative intent.

#### Survivorship Program Team

The cancer committee appoints a coordinator of the survivorship program per the requirements in Standard 2.1: Cancer Committee.

The Survivorship Program Coordinator develops a survivorship program team. Suggested specialties include physicians, advanced practice providers, nurses, social workers, nutritionists, physical therapists, and other allied health professionals.

The survivorship program team determines a list of services and programs, offered on-site or by referral, that address the needs of cancer survivors. The team formally documents a minimum of three services offered each year. Services may be continued year to year, but it is expected that cancer programs will strive to enhance existing services over time and develop new services.

Each year, the survivorship program coordinator gives a report, and the cancer committee reviews the activities of the survivorship program. The report includes:

- An estimate of the number of cancer patients who participated in the three identified services
- Identification of the resources needed to improve the services if barriers were encountered

#### Survivorship Program Services

Services utilized by the survivorship program may include, but are not limited to:

- Treatment summaries
- Survivorship care plans
- Screening programs for cancer recurrence
- Screening for new cancers
- Seminars for survivors
- Rehabilitation services
- Nutritional services
- Psychological support & psychiatric services
- Support groups and services
- Formalized referrals to experts in cardiology, pulmonary services, sexual dysfunction, fertility counseling
- Financial support services
- Physical activity programs

#### Survivorship Care Plans (SCP)

The CoC recommends and encourages that patients receive a survivorship care plan (SCP), but delivery of such plans is not a required component of this standard. Delivery of SCPs may be utilized as one of the services offered to survivors to meet the requirements of this standard. If so, then the program defines the population to receive care plans.

### Documentation

#### Submitted with Pre-Review Questionnaire

- Policy and procedure defining the survivorship requirements
- Cancer committee minutes that document yearly evaluations of the survivorship program

### Measure of Compliance

Each calendar year, the program fulfills all of compliance criteria:

1. The cancer committee identifies a survivorship program team, including its designated members.
2. The survivorship program is monitored. A report is given to the cancer committee, and is documented in committee minutes.

### Bibliography

Jacobs, LA, Shulman LN. Follow-up care of cancer survivors: Challenges and solutions. *Lancet Oncol*. 2017

Mayer DK, Nekhyudov L, Snyder CF, Merrill J, Shulman LN. American Society of Clinical Oncology expert statement on cancer survivorship care plans. *J Oncol Practice*. 2014;10:345-351.

Nekhlyudov L, Mollica MA, Jacobsen P, Mayer DK, Shulman LN, Geiger AM. Developing a quality of cancer survivorship care framework: Implications for clinical care, research, and policy. *J Natl Cancer Inst*. 2019.

## CHANGE YOUR PERSPECTIVE

- NOT about your survivorship services
- NOT about how you define survivorship
- This standard is about EVALUATING the survivorship services you offer to patients who have completed first course of treatment



# Standard 4.8 Survivorship Program

## Standard requirements:

- Designate leader/coordinator of survivorship program
- Identify team & services/programs offered to address needs of cancer survivors
- Annually evaluate 3 services impacting **cancer survivors**
- Annually report to cancer committee

## Services may include:

- SCP & treatment summaries
- Screening for recurrence & new cancers
- Education & seminars
- Rehabilitation services
- Nutrition services
- Psychological support & psychiatric services
- Support groups and services
- Formalized referrals to experts in cardiology, pulmonary services, sexual dysfunction, fertility counseling
- Financial support services
- Physical activity programs

# Potential Issues with Standard 4.8: Services

Events  $\neq$  Services

Active care provided

Examples of non-compliant services:

- One-time event (usually)
- Distributing brochures or providing website for patients to view
- Events/celebrations for cancer survivors
- Booths at a health fair

# Potential Issues with Standard 4.8: Annual Report

- Survivorship Program Coordinator reports to cancer committee each year on a **full calendar year's** activities
- Report outlines three survivorship **SERVICES** focused on **cancer survivors**
  - Estimate the **number of patients** with cancer who participated in each of the three identified services (must distinguish between active treatment & post treatment patients)
  - Identify resources needed to **improve services/opportunities**
- Discussion is documented in the minutes. Must appear in the Q1 meeting of the subsequent year.

The following are not compliant:

- Use same report from another Standard
  - Nutrition
  - Rehab
  - Psychosocial services
  - Cancer screening
  - Cancer prevention
- Include in data patients receiving first course of treatment

# Potential Issues with Standard 4.8

## Survivorship: During and After Treatment

The American Cancer Society uses the term **cancer survivor** to refer to anyone who has ever diagnosed with cancer **no matter where they are in the course of their disease.**

**NIH NATIONAL CANCER INSTITUTE**

About Cancer ▾ Cancer Types ▾ Research ▾ Grants & Training ▾ News & Events ▾ About NCI

Home > About Cancer > Coping with Cancer > Cancer Survivorship

**Coping with Cancer**

- Emotions and Cancer >
- Adjusting to Cancer >
- Self-Image & Sexuality
- Day-to-Day Life >
- Support for Caregivers >
- Survivorship**
  - Life After Cancer Treatment**
  - Follow-Up Medical Care
  - Late Effects
  - Family Issues
  - Survivorship Care for Children
  - Questions to Ask When You Have Finished Treatment

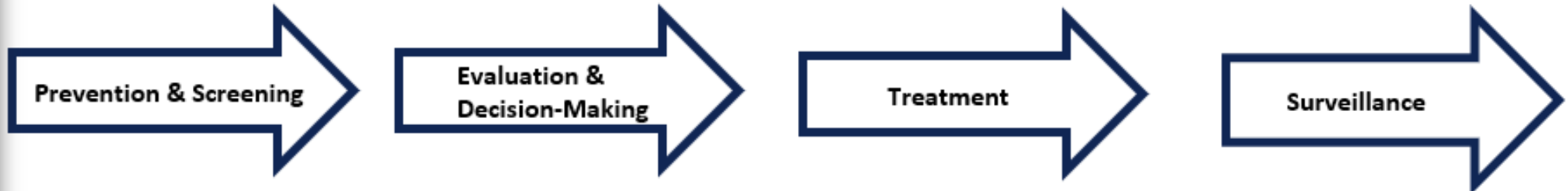
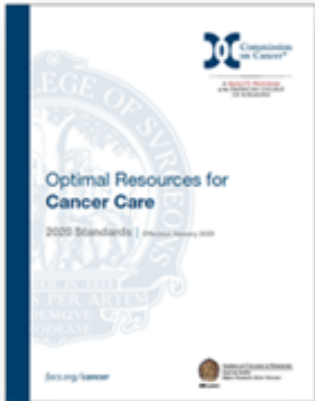
**Cancer Survivorship**

Millions of adults and children in the United States have been diagnosed with cancer in their lifetime. A person is considered a cancer survivor **from the time of diagnosis** through the balance of life. There are many types of survivors, including those living with cancer and those free of cancer. What being a survivor means to you may change over time, and some people might prefer another term entirely to describe themselves.

These pages focus on helping survivors cope with the issues they may face after completing cancer treatment or, if they are living with metastatic or advanced cancer, the issues they may face during ongoing treatment. To learn about ways to cope with an initial diagnosis, see [Coping with Cancer](#).

To read our booklet for cancer survivors, see NCI's [Facing Forward: Life After Cancer Treatment](#). To learn more about survivorship and NCI research, and to read stories from cancer survivors, see our [Office of Cancer Survivorship](#) page.

# Potential Issues with Standard 4.8



- 8.1 Addressing Barriers to Care
- 8.2 Cancer Prevention
- 8.3 Cancer Screening
- 4.4 Genetic Risk Assessment

- 2.5 Multidisciplinary Conferences
- 3.2 Evaluation and Treatment Services
- 4.1 Physician Credentials
- 4.2 Oncology Nursing Credentials
- 4.5 Palliative Care Services
- 4.6 Rehabilitation Care Services
- 4.7 Oncology Nutrition Services

- 5.1 CAP Synoptic Reporting
- 5.2 Psychosocial Distress Screening
- 5.3 Breast Sentinel Node Biopsy
- 5.4 Breast Axillary Dissection
- 5.5 Primary Cutaneous Melanoma
- 5.6 Colon Resection
- 5.7 Total Mesorectal Excision
- 5.8 Pulmonary Resection

- 4.3 Registrar
- 4.8 Survivorship**
- 6.1 Registry Quality Control
- 6.4 RCRS
- 6.5 Patient Follow-up

**Foundations** | Administrative; organization; facility: 1.1; 2.1; 2.3; 2.4; 3.1  
 Quality improvement and Accountability: 2.2, 7.1, 7.3, 7.4  
 Evidence and Research: 7.2, 9.1, 9.2

# Standard 4.8 Survivorship Program

OP-ED

## I miss the man I was before cancer

As a person of faith, discovering I had cancer was hard. The journey since has been even harder.

By Larry Miller

I'm a very private person. That's just who I am. But the very nature of this story, the personal nature, demands I open up.

In 2022, I was diagnosed with squamous cell carcinoma of the lower right mandible. I thought it was an abscess. I felt a lump on my lower right jaw and saw it in the mirror when I opened my mouth. It didn't hurt. I thought it was an abscess, which is a buildup of pus from an infection. I thought that because I had a tooth removed at the end of 2021. No, it was a cancerous lesion that would have to be removed. I contacted a Penn Medicine specialist in otorhinolaryngology — head and neck surgery — Karthik Rajasekaran.

I'm not the kind of man who gives in to fear, and even when the diagnosis was confirmed, my lifetime of spiritual and religious studies, personal convictions, and training in physical and emotional control all kicked in. I would need it.

### The surgery

In June of that year, I underwent surgery. I spent 10 days in the

The lower right portion of my face was hugely swollen after surgery and permanently slightly disfigured. I'm vain, I admit it, but my care team at Penn Medicine assured me the swelling would go down, and it did. I didn't need chemotherapy, but six weeks of targeted radiation therapy at the Abramson Cancer Center was necessary.

Before the surgery, the doctor told me I wouldn't be able to turn or lift my head. The procedure

### The road to recovery

This is a journey in and through the dark places of the heart, mind, and soul. Really dark places.

My life is twisted inside out. I sleep much more.

Chewing is hard. I soften foods to eat and make thick soups that I puree and eat through a straw. I've lost a lot of weight, which might not seem like a bad thing. But I have a closet full of very nice suits and

In June of that year, I underwent **surgery**. I spent 10 days in the hospital and three months on disability, recovering. The nature of the surgery wasn't just removing the lesion, but also the lower right jawbone. A portion of bone from my right shoulder blade would replace it.

The lower right portion of my face was hugely swollen after surgery and permanently slightly disfigured. I'm vain, I admit it, but my care team at Penn Medicine assured me the swelling would go down, and it did. I didn't need chemotherapy, but **six weeks of targeted radiation therapy** at the [Abramson Cancer Center](#) was necessary.

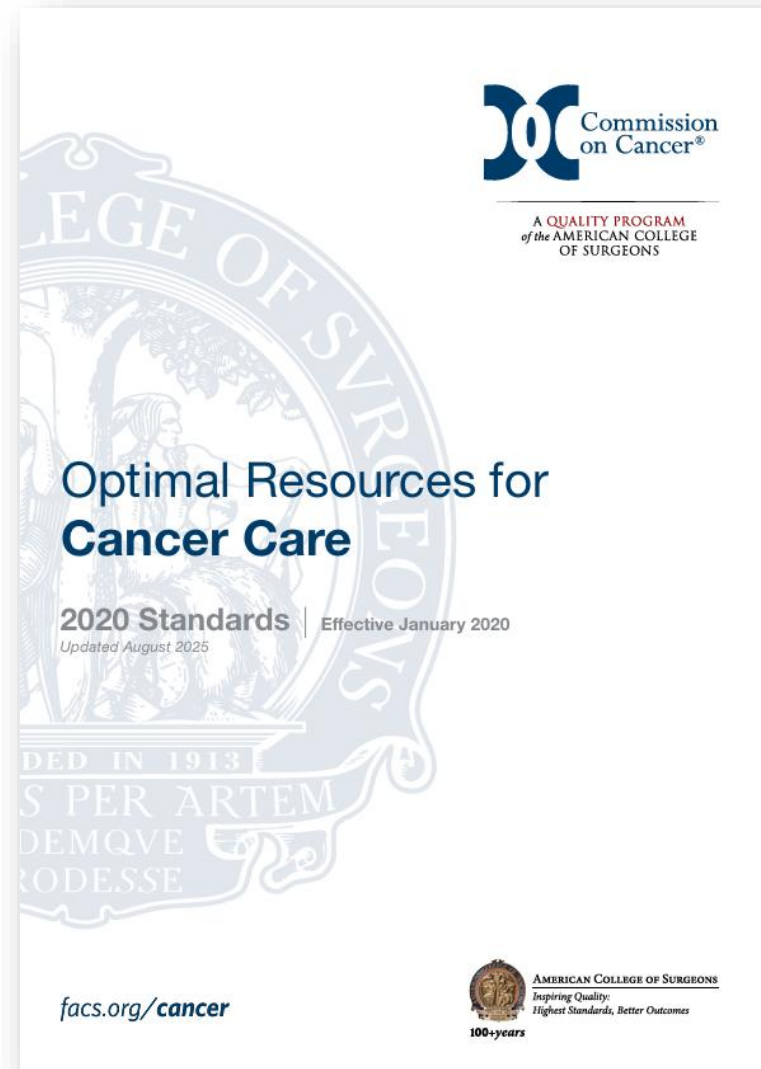
Before the surgery, the doctor told me I wouldn't be able to turn or lift my head. The procedure changed my center of gravity, necessitating the use of a cane sometimes, and as if that wasn't enough, when I could eat solid foods again, my taste buds were off.

That was the easy part of this journey.

### The road to recovery

**This is a journey in and through the dark places of the heart, mind, and soul. Really dark places.**

# New Standards and Clarifications



# S4.2: Oncology Nursing Credentials (Revised)

Standard 4 | Personnel and Services Resources

## 4.2 Oncology Nursing Credentials

### Definition and Requirements

Oncology nursing care is delivered by nurses with specialized knowledge and skills in providing care for patients with cancer.

The cancer program must demonstrate compliance with this standard by assessing oncology nursing continuing education and oncology nursing competency for all nurses providing direct oncology care:

- Confirmation of current cancer-specific certification in the nurse's specialty through an accredited certification program

OR

- Completion of 18 Nursing Continuing Professional Development (NCPD) contact hours each accreditation cycle
  - The required NCPD contact hours must be relevant to oncology nursing care

AND

- Completion of oncology nursing competency assessment in the nurse's specialty, administered by the CoC-accredited facility each calendar year

### Oncology Nursing Protocol

The cancer program must develop and implement a protocol addressing the following requirements to review and assess oncology nursing continuing education and oncology nursing competency:

- A process for identifying oncology nurses required to hold cancer-specific certification or complete cancer-specific continuing education
  - All oncology nurses must also complete assessment of oncology nursing competency
- A process for confirming nursing compliance with the protocol
- The methods of assessment for oncology nursing competency and practice skills
  - For example: testing, return demonstration, and/or simulation
- Competency assessment(s) relevant to oncology nursing specialties and areas of practice
- Time intervals for competency assessment
  - For example: At initial hire, at the time of transfer to an oncology nursing unit, and/or required annual assessment
- An action plan for nurses who do not satisfactorily hold certification or complete continuing education
- An action plan for nurses who do not satisfactorily complete oncology nursing competency assessment

- A timeline for newly hired or newly onboarded oncology nurses to meet compliance with this protocol, which is no later than one calendar year from the nurse's onboarding to an oncology care position
- Review of the facility's oncology nursing protocol and competency assessment program once each accreditation cycle

### Oncology Nursing Certifications

Oncology nursing certifications that qualify for this standard include, but are not limited to:

- Advanced Oncology Certified Nurse Practitioner (AOCNP<sup>®</sup>)
- Advanced Oncology Certified Clinical Nurse Specialist (AOCNS<sup>®</sup>)
- Advanced Oncology Certified Nurse (AOCN<sup>®</sup>)
- Blood & Marrow Transplant Certified Nurse (BMTCN<sup>®</sup>)
- Certified Pediatric Hematology Oncology Nurse (CPHON<sup>®</sup>)
- Certified Pediatric Oncology Nurse (CPON<sup>®</sup>)
- Certified Breast Care Nurse (CBCN<sup>®</sup>)
- Certified Registered Nurse Infusion (CRNI<sup>®</sup>)
- Oncology Certified Nurse (OCN<sup>®</sup>)
- Breast Health Clinical Navigator (BHCN<sup>™</sup>)

A certification qualifies under this standard as long as it is accredited for nursing education and includes cancer-specific criteria. For example, a palliative care certification meets the certification expectations under this standard as long as it contains cancer-specific criteria.

### Reviewing Oncology Nursing Protocol and Competency Assessment

Each calendar year, the cancer committee must evaluate the facility's current compliance with assessing oncology nursing continuing education and oncology nursing competency. The annual evaluation may be presented and discussed with the cancer committee at any time during the calendar year under evaluation or at a meeting during the first quarter of the following year. The annual evaluation is documented in the cancer committee meeting minutes.

This evaluation must include the following:

- The total number of oncology nurses required to hold cancer-specific certification or complete cancer-specific continuing education
- The number of oncology nurses who hold cancer-specific certification
- The number of oncology nurses who are not in compliance with the oncology nursing protocol

- **Education:**
  - Oncology nursing certification or
  - Completion of **18** oncology nursing education credits
  - External review changed to **Internal tracking**
- **Annual Competency:**
  - **Increased specifics** outlined for annual oncology competency assessments
  - **ROBUST**
- **Action plan for compliance if not meeting requirements**

# S9.1: Clinical Research Accrual (Alternative)

- More specifics provided on the annual report requirements and time frame.
- The clinical research activity annual report must contain the following elements:
  - 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
- Report must be given in Q1 of subsequent year

## Alternative Pathway Is Available for Standard 9.1 Compliance

- Develop and report on a meaningful action plan to achieve the required level of accrual. At a minimum, this plan must include:
  - Open clinical research studies with identification of those with a nearing end/closing date
  - Discussion of potential future clinical trial availability, if needed, required to achieve expected accrual percentages
  - Review of current resources used for clinical trial accrual and assessment of any additional resources required to achieve expected accrual percentages
  - Discussion of strategies to increase clinical trial accrual to expected accrual percentages

The report and action plan must be provided at a cancer committee/BPLC meeting held in the first quarter of the subsequent year and must include the full calendar year's worth of data. For example, the report on 2025 accruals must be given at a meeting during the first quarter of 2026.

If accrual percentages are not met for multiple years within the accreditation cycle, a report and action plans must be developed each year that the accrual percentage is not met.

# Clarification on Reporting Timelines

## Standards Requiring Annual Review

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 exceptions to this rule are Standard 6.4: Rapid Cancer Reporting System: Data Submission and Standard 7.3: Quality Improvement Initiative.

The following standards must be reported at the first quarter meeting of the following year. The report must include a full calendar year of reporting data. For example, reports on 2025 activity must include data from all of 2025 and be reported at a meeting in the first quarter of 2026. Reports provided to the cancer committee with a partial calendar year of reporting data must also be included in the final report given at the first quarter meeting of the following year. The reports must be documented in the cancer committee meeting minutes and include all elements.

- Standard 2.5: Multidisciplinary Cancer Case Conference
- Standard 4.4: Genetic Counseling and Risk Assessment
- Standard 4.5: Palliative Care Services
- Standard 4.8: Survivorship Program
- Standard 5.2: Psychosocial Distress Screening
- Standard 9.1: Clinical Research Accrual

The following standards require an annual evaluation, but do not necessarily require data review. These standards may be presented and discussed with the cancer committee at any time during the calendar year under evaluation or at a meeting during the first quarter of the following year.

- Standard 4.2: Oncology Nursing Credentials
- Standard 4.6: Rehabilitative Care Services
- Standard 4.7: Oncology Nutrition Services
- Standard 8.1: Addressing Barriers to Care

The following standards require annual activities such as audits, projects, reports, or events. They must be conducted and presented to the cancer committee within the calendar year per the frequency required in the standard. The presentation to the cancer committee may be provided at any time during the calendar year after the activity has been completed. These standards cannot be presented in the first quarter of the following calendar year.\*\*

- Standard 2.2: Cancer Liaison Physician\*
- Standard 5.1: College of American Pathologists Synoptic Reporting
- Standard 5.9: Smoking Cessation for Patients with Cancer
- Standard 6.1: Cancer Registry Quality Control
- Standard 6.4: Rapid Cancer Reporting System: Data Submission\*
- Standard 7.1: Quality Measures
- Standard 7.2: Monitoring Concordance with Evidence-Based Guidelines
- Standard 7.3: Quality Improvement Initiative\*
- Standard 7.4: Cancer Program Goal\*
- Standard 8.2: Cancer Prevention Event
- Standard 8.3: Cancer Screening Event

\*Standard requires multiple status updates per calendar year. Both updates must be provided within the calendar year or per standard requirements.

\*\*Standards 7.3 and 7.4 activities can be extended into a second year. To be compliant, the intent to do so must be stated during the calendar year the quality improvement or goal was initiated and a final report must be given in the subsequent year after the QI or goal is completed.



Standard	Data Required	Reporting Timeframe
Standard 2.2: Cancer Liaison Physician*	Activity Completed	During the year of activity
Standard 2.5: Multidisciplinary Cancer Conference	Full Calendar Year of data	Q1 of the following year
Standard 4.4: Genetic Counseling	Full Calendar Year of data	Q1 of the following year
Standard 4.5: Palliative Care Services	Full Calendar Year of data	Q1 of the following year
Standard 4.6: Rehabilitative Care Services	12 months of Observations	During the year of activity or Q1 following year
Standard 4.7: Oncology Nutrition Services	12 months of Observations	During the year of activity or Q1 following year
Standard 4.8: Survivorship Program	Full Calendar Year of data	Q1 of the following year
Standard 5.1: CAP Synoptic Reporting	Activity Completed	During the year of activity
Standard 5.2: Psychosocial Distress Screening	Full Calendar Year of data	Q1 of the following year
Standard 6.1: Cancer Registry Quality Control	Activity Completed	During the year of activity
Standard 6.4: RCRC: Data Submission*	Activity Completed	During the year of activity
Standard 7.1: Quality Measures	Activity Completed	During the year of activity
Standard 7.2: Monitoring Concordance with Evidence-Based Guidelines	Activity Completed	During the year of activity
Standard 7.3: Quality Improvement Initiative*	Activity Completed	During the year of activity
Standard 7.4: Cancer Program Goal*	Activity Completed	During the year of activity
Standard 8.2: Cancer Prevention Event	Activity Completed	During the year of activity
Standard 8.3: Cancer Screening Event	Activity Completed	During the year of activity
Standard 8.1: Addressing Barriers to Care	12 months of Observations	During the reporting year or Q1 following year
Standard 9.1: Clinical Research Accrual	Full Calendar Year of data	Q1 of the following year

# Clarification on Reporting Timelines

Standards that must be reported at **First Quarter Meeting of the Following Year**

Must include a **full calendar year's** worth of data

- **Standard 2.5:** Multidisciplinary Cancer Case Conference
- **Standard 4.4:** Genetic Counseling
- **Standard 4.5:** Palliative Care Services
- **Standard 4.8:** Survivorship Program
- **Standard 5.2:** Psychosocial Distress Screening
- **Standard 9.1:** Clinical Research Accrual



# Clarification on Reporting Timelines

Standards that require **audits/projects/reports/events**  
Report to cancer committee **within year of activity**



- **Standard 2.2:** CLP (2x/year)
- **Standard 5.1:** CAP Reporting
- **Standard 6.1:** Cancer Registry Quality Control
- **Standard 6.4:** RCRS: Data Submission
- **Standard 7.1:** Quality Measures
- **Standard 7.2:** Monitoring Concordance w/ Evidence-Based Guidelines
- **Standard 7.3:** QI Initiative (2x/year)
- **Standard 7.4:** Cancer Program Goal (2x/year)
- **Standard 8.2 & 8.3:** Cancer Prevention & Screening Event

# Clarification on Reporting Timelines

Standards that can be reported at any time during the year of activity

Data not required

- **Standard 4.6:** Rehabilitative Care Services
- **Standard 4.7:** Oncology Nutrition Services
- **Standard 8.1:** Addressing Barriers to Care



# Standard 5.9: Smoking Cessation for Patients with Cancer

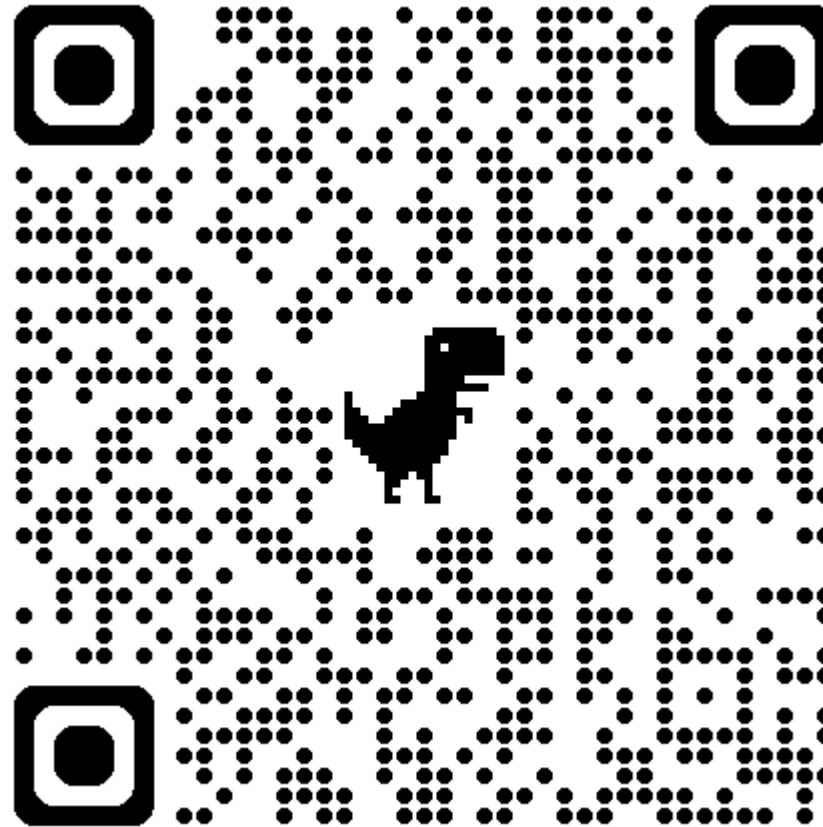
## Process Requirements

- Must implement process to screen for smoking status in patients with newly diagnosed cancer at initial consultation at accredited program for cancer treatment
- Referrals must receive or be referred for smoking cessation treatment consistent with evidence-based guidelines.
- Services must be available on-site or by referral

## Audit Requirements

- Each year, cancer committee must conduct an internal audit of a minimum of 20 patients with newly diagnosed cancer to determine:
  - # screened
  - # who reported current smoking
  - # who reported smoking and received/were referred for smoking cessation treatment
- Action plan required if audit shows:
  - Less than 90% of patients were screened for smoking status
  - Less than 80% of current smokers were referred for treatment

# Link to full Standard 5.9 Text



# Other Notable Updates

- **Double Dipping:** Work to obtain compliance with one CoC standard may not replace/duplicate/augment the work required to obtain compliance with another standard
  - Notable exceptions re NCDB reporting and QI projects



# American Cancer Society

Programs and Services

**Kim Kinner, MA**  
Sr. Director, Cancer Center Partnerships



# 3-Pronged Approach to Improving the Lives of Cancer Patients and Families

Patient-centric strategy, grounded in equitable access to cancer care for all

## Discovery

**\$450M+**  
in grants

Largest private, nonprofit funder of cancer research in the United States

**2.5M+**  
Volunteer participants

Conduct some of the world's largest population studies of cancer

## Advocacy

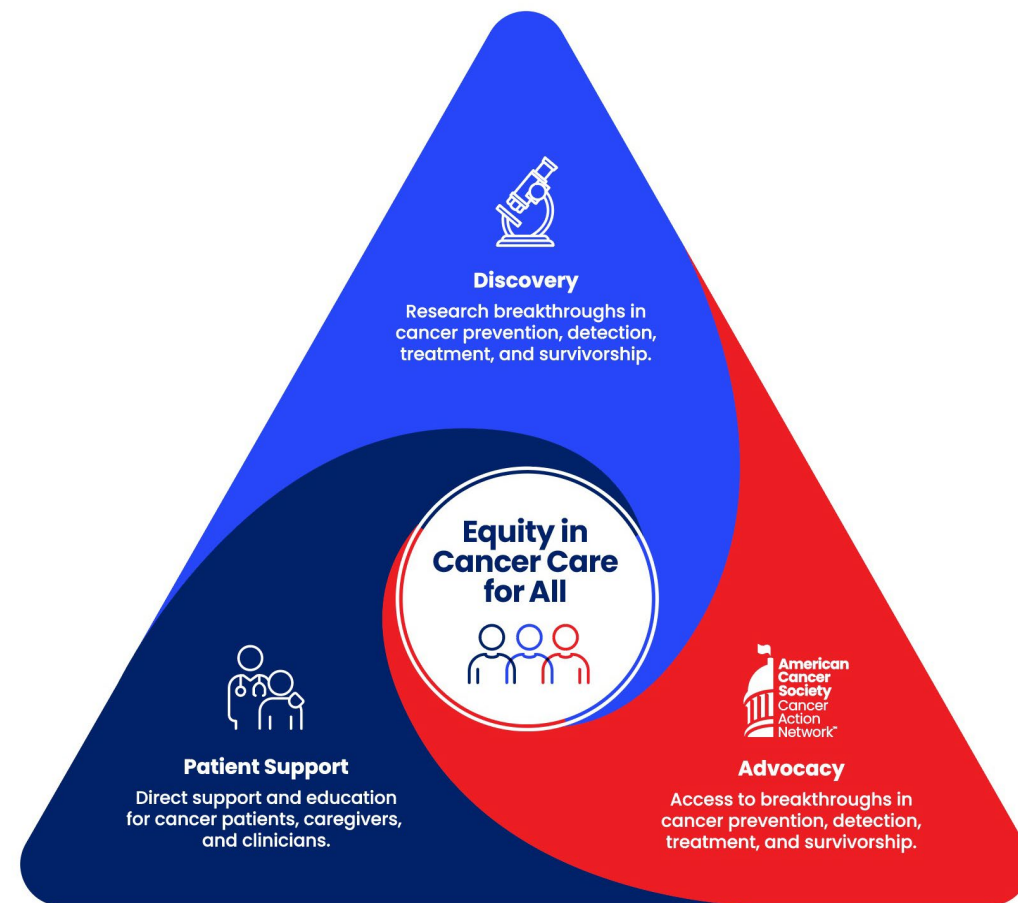
**50 states**  
the District of Columbia,  
Puerto Rico, and Guam

Advocacy presence at every level of government

## Patient Support

**79M+**  
Lives touched  
per year

Direct patient support\* in prevention, screening, lodging, transportation, navigation, survivorship, education



\* Patient support programs and services touch 21,000 communities within the US and its territories, or 71% of zip codes.

# Person-centered support across the cancer continuum



Prevention



Early  
Detection



Treatment  
Support



Research  
Support



Palliative care  
& symptom  
management



Survivorship



End-of-life  
care and  
bereavement



## Cross-continuum work:

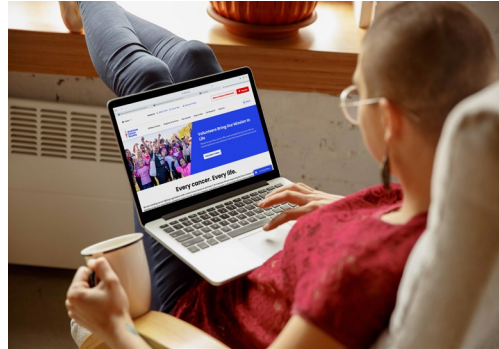
- Health equity
- Global health
- Caregivers



# 2024 Impact Snapshot

## Hope Lodge Communities

- Atlanta, GA
- Baltimore, MD
- Birmingham, AL
- Boston, MA
- Burlington, VT
- Charleston, SC
- Cleveland, OH
- Dallas, TX
- Greenville, NC
- Honolulu, HI
- Houston, TX
- Iowa City, IA
- Jackson, MS
- Jacksonville, FL
- Kansas City, MO
- Lexington, KY
- Lubbock, TX
- Memphis, TN
- Minneapolis, MN
- Nashville, TN
- New Orleans, LA
- New York City, NY
- Oklahoma City, OK
- Omaha, NE
- Philadelphia, PA
- Rochester, MN
- Rochester, NY
- Salt Lake City, UT
- San Juan, PR
- St. Louis, MO
- Tampa, FL



88.3 Million  
new users  
(cancer.org)



**150,200**  
Recipients of  
patient  
programs/services



**36,800** Hope  
Lodge guests



**71,500**  
Rides to  
treatment  
through Road  
to Recovery



**351,000**  
NCIC  
callers/chats



**742,400**  
CSN users



**7,300**  
partner  
organizations  
engaged

Total lives touched in 2024: 111 M

# Patient Support

# 24/7 Cancer Helpline

Our **cancer helpline** at **1-800-227-2345** provides support for people dealing with cancer 24 hours a day, 7 days a week.

- Trained cancer information specialists:
  - Provide accurate, up-to-date information on cancer
  - Answer questions about treatment options, side effects, clinical trials, and more
  - Connect people with programs and services
  - Offer emotional support
- Help is available in more than 200 languages via translation service.
- The helpline also available via **Live Chat** through [cancer.org](https://www.cancer.org).
  - Available weekdays, 7 a.m. to 6:30 p.m. CT.



**To refer patients to an ACS program or service, have them call the helpline at 1-800-227-2345. Or you can call on their behalf.**

Content on cancer.org is developed by a medical and editorial team with medical review and collaboration by the [American Society of Clinical Oncology \(ASCO\)](#).

Cancer.org provides cancer information, videos, and downloadable PDFs in multiple languages, including:

English

Russian

Arabic

Korean

Hindi

Spanish

Polish

Portuguese

Vietnamese

Tagalog

French

Ukrainian

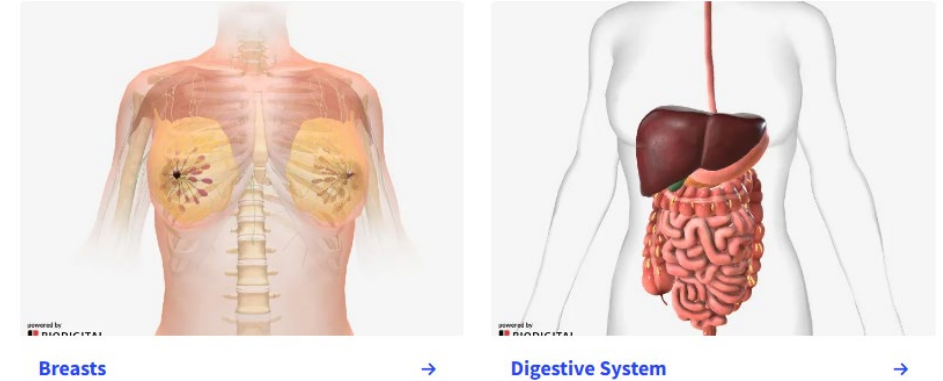
Haitian Creole

Chinese

Visit [cancer.org/cancer-information-in-other-languages](https://www.cancer.org/cancer-information-in-other-languages) for content on prevention, early detection, treatment, and managing side effects.

## 3D Interactive Models and Animations:

- Anatomy gallery to explore interactive tours of the human anatomy at [cancer.org/anatomy](https://cancer.org/anatomy)
- Screening and procedural animations to help patients understand what to expect at [cancer.org/cancer/diagnosis-staging/tests](https://cancer.org/cancer/diagnosis-staging/tests)

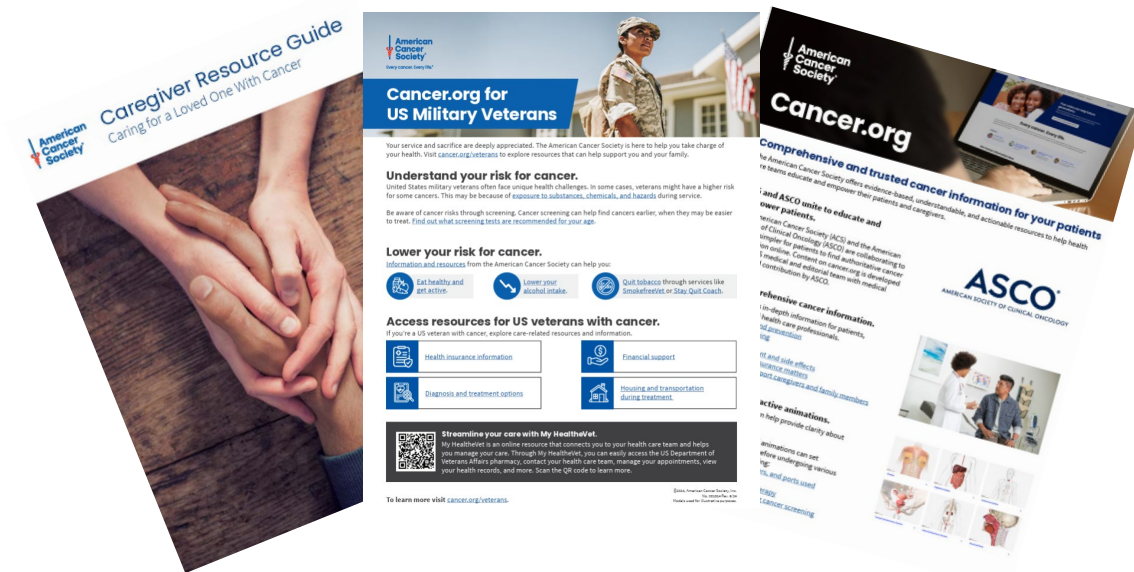


## Skin Cancer Image Gallery:

- Examples of the more common types of skin cancer, and other non-cancerous types of skin growths at [cancer.org/cancer/types/skin-cancer/skin-cancer-image-gallery](https://cancer.org/cancer/types/skin-cancer/skin-cancer-image-gallery)

## Dedicated sections for:

- Cancer survivors, [cancer.org/survivors](https://cancer.org/survivors)
- Caregivers and family members, [cancer.org/caregivers](https://cancer.org/caregivers)
- Adolescents and young adults, [cancer.org/cancer/adolescents-young-adults](https://cancer.org/cancer/adolescents-young-adults)
- Childhood cancer, [cancer.org/cancer/childhood-cancer](https://cancer.org/cancer/childhood-cancer)
- Veterans, [cancer.org/veterans](https://cancer.org/veterans)



# ACS ACTS: Finding the Right Clinical Trial

**ACS ACTS (Access to Clinical Trials and Support)** is a personalized clinical trial matching service.

- By signing up, patients can:
  - Learn about clinical trials
  - Explore personalized clinical trial options
  - Connect with an ACS cancer information specialist
  - Access other ACS programs such as lodging, transportation, and more



**To sign up, patients can visit [acts.cancer.org](https://acts.cancer.org). Or call 1-800-227-2345.**

*Please note that our clinical trials matching service is currently available within the US for persons who reside in or will travel to select states. See the website for details.*

# Road To Recovery® – Free Rides to Treatment

**Road To Recovery** offers patients free rides to cancer-related medical appointments.

- Transportation barriers are the #1 reason for missed cancer appointments.
- Trained volunteer drivers donate their time to help patients get to and from their appointments.



Visit [cancer.org/road-to-recovery](https://cancer.org/road-to-recovery) to learn more.  
Call 1-800-227-2345 to find out if this program is available in your area and to confirm patient eligibility.

# Lodging Assistance

For cancer patients, getting the right treatment sometimes requires traveling away from home. Lodging expenses can present a major financial barrier to lifesaving treatment.

- ACS is trying to make this difficult situation easier for cancer patients and their families through our lodging programs:
  - [Hope Lodge® communities](#)
  - [Extended Stay America partnership](#)
  - Lodging grants to local health care system partners



**To learn more about patient lodging programs in your area, call 1-800-227-2345.**

**ACS CARES (Community Access to Resources, Education, and Support)** is a mobile app for people with cancer, their families, and caregivers.

- Users can:
  - Access personalized, quality cancer related information
  - Speak directly with ACS cancer information specialists
  - Find reliable information on important topics such as emotional health, finances, and more
  - Connect virtually with trained community volunteers who share the same cancer experience
  - Receive in-person support from clinic volunteers at pilot locations
- Available in English/Spanish from Google Play or the App Store.



**Learn more about ACS CARES at [cancer.org/acscare](https://cancer.org/acscare).**

# CancerRisk360™



**ACS CancerRisk360™** is a tool that allows users to check, know, and reduce their risk of getting cancer.

- Users will be able to identify key risk areas and get personalized recommendations to improve their overall health.
- How it works:
  - Go to [acscancerrisk360.cancer.org](https://acscancerrisk360.cancer.org).
  - Take the test in about 5 minutes. No prep or studying is needed.
  - Get results and a personalized action plan with links to resources.
  - Improve your whole health.
- Results can be downloaded, printed, or emailed.
- This tool is periodically reviewed and updated for accuracy and to reflect the latest science.

**Scan to take assessment.**



**Visit [cancer.org/cancer/risk-prevention/cancer-risk-360](https://cancer.org/cancer/risk-prevention/cancer-risk-360) to learn more about the tool.**

# For Health Care Providers

# Easy-to-Share Content for Patients

At [cancer.org/health-care-professionals](https://cancer.org/health-care-professionals), you can find easy-to-share and easy-to-read education materials for patients and caregivers.

- You can download and print content, such as:
  - ACS screening guidelines and healthy living recommendations
  - Short PDF flyers on common cancers
  - PDFs with information to help newly diagnosed patients know what to expect and how to manage common side effects of cancer treatment
- Available in English and 13 other languages, including Spanish, Arabic, Chinese, and Polish.



Screening tests check for cancer in people who don't have any signs or symptoms. These tests may help find cancer early, when it's small and may be easier to treat.

A low-dose CT (LDCT) scan is the test used to screen for lung cancer. This is a type of x-ray to help doctors look at your lungs. The scan is painless and takes just a few minutes. You may be asked to undress and put on a gown. Your doctor can talk with you about lung cancer screening and determine if you are eligible for screening. Together, you can decide if lung cancer screening with LDCT is right for you.

How many pack years have I smoked?	
<input type="text"/>	Number of years smoked
<input type="text"/>	Average number of packs* smoked per day
<input type="text"/>	Pack years <small>*1 pack = 20 cigarettes</small>

cancer.org | 1.800.227.2345

The American Cancer Society offers support in your community and online at every step of your cancer journey. Below are just some of the resources we provide. Visit [cancer.org](https://cancer.org) or call us at 1-800-227-2345 for more information.



## Quick Guide to American Cancer Society Resources

The American Cancer Society (ACS) offers support in your community and online at every step of your cancer journey. Below are just some of the resources we provide. Visit [cancer.org](https://cancer.org) or call us at 1-800-227-2345 for more information.

### 24/7 Cancer Helpline

The American Cancer Society helpline provides 24/7 support by connecting you with trained cancer information specialists who can provide guidance and help find answers through phone, video calls, and online live chat.

- **Cancer information specialists:** Our trained team members are available to provide guidance and help find answers through phone, video calls, and online live chat. Available in English, Spanish, and 200 other languages via translation service.
- **Nurse support:** Oncology and pediatric oncology nurses are available to assist with more medically complex questions.
- **Health Insurance Assistance Service:** Our trained specialists can help with questions about your options and rights relating to health insurance and coverage.

Scan for more information and to access live chat through the ACS cancer helpline.



### Online Resources

Our website, [cancer.org](https://cancer.org), is a highly trusted source of accurate, evidence-based cancer information for people facing cancer, their families, and their caregivers.

 <p><b>Survivorship: During and After Treatment</b> Support and treatment topics, survivorship tools, and stories of hope</p>	 <p><b>Understanding Your Diagnosis</b> Tools to help answer questions about cancer and making treatment decisions.</p>	 <p><b>ACS Services</b> Provides information about resources available to patients and caregivers</p>	 <p><b>Caregivers and Family</b> Information to help caregivers care for their loved ones and themselves throughout the cancer journey</p>	 <p><b>Cancer Resources</b> Find resources to help manage your lives through treatment and recovery, and get the emotional support you need</p>
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## Road To Recovery

**Road To Recovery – Free Rides to Treatment For Cancer Patients**  
One of the biggest roadblocks for people needing cancer treatment can be the lack of transportation. That's why the American Cancer Society Road To Recovery® program provides free rides to treatment through volunteer drivers.

- Trained volunteer drivers donate their time to help people with cancer get to the treatments they need.
- Transportation is provided based on volunteer availability and capacity.
- Visit [cancer.org/transportation](https://cancer.org/transportation)



[Quick Guide to ACS Resources available via Brand Central](#)  
(public link; no sign-in required)

# ACS Leadership in Oncology Navigation (ACS LION™)



The **ACS LION** program consists of training and credentialing for navigation professionals, guidance and education for health systems and practices on implementing navigation best practices and free training program access through ACS LION Equity Support (ACS LION-ES).

- Oncology navigation professionals work with patients within clinics and community-based settings, from abnormal findings through survivorship, guiding them past barriers that might keep them from receiving the best cancer outcomes
- **Cost of ACS LION training and credentialing: \$495 per learner**
- Meets the Centers for Medicare and Medicaid Services (CMS) training requirements for Principal Illness Navigation (PIN) reimbursement and is aligned to the Oncology Navigation Standards of Professional Practice
- A Clinical Trials Navigation Certificate is now available for those holding an active ACS LION credential at no additional charge.

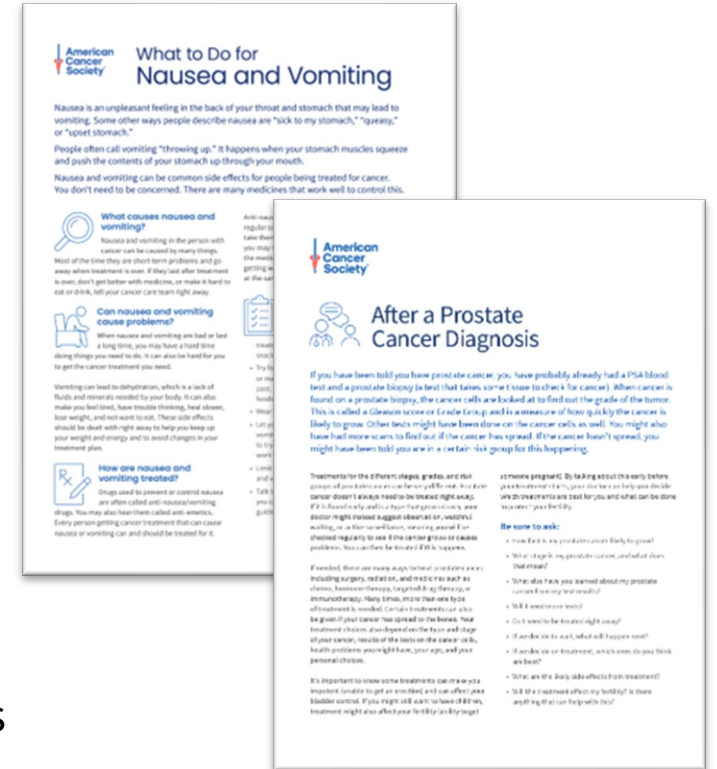
Visit [cancer.org/lion](https://cancer.org/lion) to learn more.

# Patient Education Materials Through Epic



Our patient education materials are now in **Epic** and available within the Patient Instructions activity. You can easily share them with patients in their After Visit Summary or quickly add the education documents as:

- SmartText to outpatient notes
  - Discharge instructions
  - Patient’s oncology treatment summary
- Search for the keywords “ACS” and “American Cancer Society” within the Insert SmartText search field displays available documents.
  - Share easy-to-read, simple guides in 14 languages:
    - **After Diagnosis Series:** What patients can expect when they are newly diagnosed
    - **Symptom Management Series:** Supports patients with common side effects from treatment (Coming Fall 2025)



For Epic Customers with a UserWeb Account:

<https://userweb.epic.com/Webinar/View/12019/Beacon-American-Cancer-Society-Partnership>.

# ACS and Epic Content Integration Webinar

Join the American Cancer Society (ACS) and Epic Systems for an insightful overview of the patient education materials developed by ACS and their integration into Epic electronic health systems. The webinar will provide an update on the content available for usage, what to expect next, and a demo on platforms like eSyM highlighting how to access materials from your Epic Foundation System.

The webinar will take place at 12 p.m. ET on Thursday, October 16, 2025.



[Register for the webinar](#)



# Project ECHO

**Project ECHO (Extension for Community Healthcare Outcomes)** is a learning framework that reaches across disciplines for sustainable and profound change.

- The program engages health care professionals and subject-matter experts using a virtual “all teach, all learn” knowledge-sharing network.
- Participants share clinical challenges and proven approaches.
- ECHO programs allow ACS to efficiently disseminate evidence-based strategies to improve outcomes across the cancer continuum and improve the overall quality of care.



To learn more, visit [echo.cancer.org](https://echo.cancer.org).  
Or you can email the ACS ECHO team at [echo@cancer.org](mailto:echo@cancer.org).

## Addressing Breast Density & Risk in Primary Care (Cohort 2)

This program is designed to help primary care clinicians gain clarity on screening and risk management for patients with dense breasts, family history of breast cancer, or genetic markers for breast cancer. The ECHO program will cover topics including supplemental screening recommendations, risk assessment models, and using shared decision-making to help patients arrive at informed decisions.

Sessions will begin at 4 p.m. ET on Tuesday, October 7, 2025.



[Register here](#)

**Participant Group**  
06 Oct 2025- 03 Mar 2026  
**Addressing Breast Density & Risk in Primary Care ECHO Cohort 2**  
English Every month on 1st Tuesday 37/450  
[Register Now](#)

## Understanding Multi-cancer Detection Testing

ACS has developed an ECHO program to help equip primary care clinicians and multidisciplinary cancer care teams with a foundational understanding of multi-cancer detection (MCD) tests. The sessions will also help attendees understand how to use evidence-based communication about potential risks, benefits, and uncertainty of MCD tests and their results in cancer screening.

Sessions will begin at 11 a.m. ET on Tuesday, October 14, 2025.



[Register here](#)

**Participant Group**  
30 Sep 2025- 31 Jan 2026  
**Understanding Multi-Cancer Detection Testing ECHO Program**  
English 43/450  
[Register Now](#)

# ACS National Roundtables

- The mission-critical **ACS National Roundtables** unite organizations in collaborative partnerships and generate action and positive outcomes by:
  - Impacting policy and systems change
  - Leading public health campaigns
  - Guiding research and publications
  - Educating professionals and advancing practice

Together, ACS and the National Roundtables address and overcome barriers that impact the lives of people with cancer and their families, such as cancer disparities and access to cancer screening.



Visit [cancer.org/roundtables](https://cancer.org/roundtables) to learn more and get access to the latest resources, webinars, and upcoming meetings.

# ACS and CoC Collaboration

- On the ground partnerships
- Content shared during CLP calls, through CLP emails and digital newsletters
- Updated Intersections Guide

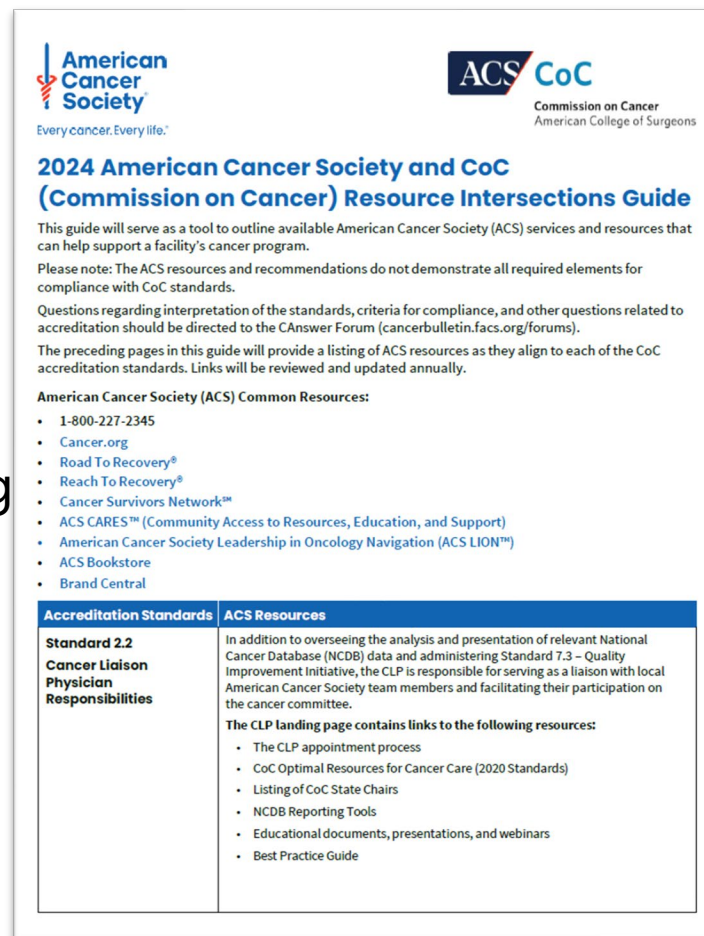


# 2024 ACS and CoC Resource Intersections Guide

## Standards Highlighted

- 2.2 – CLP Responsibilities
- 4.5 – Palliative Care Services
- 4.7 – Oncology Nutrition Services
- 4.8 – Survivorship Program
- 5.2 – Psychosocial Distress Screening
- 7.3 – Quality Improvement Initiative
- 7.4 – Cancer Program Goal
- 8.1 – Barriers to Care
- 8.2 – Cancer Prevention Event
- 8.3 – Cancer Screening Event

***New: Revised version coming in Nov. 2025***



**American Cancer Society**  
Every cancer. Every life.™

**ACS CoC**  
Commission on Cancer  
American College of Surgeons

### 2024 American Cancer Society and CoC (Commission on Cancer) Resource Intersections Guide

This guide will serve as a tool to outline available American Cancer Society (ACS) services and resources that can help support a facility's cancer program.

Please note: The ACS resources and recommendations do not demonstrate all required elements for compliance with CoC standards.

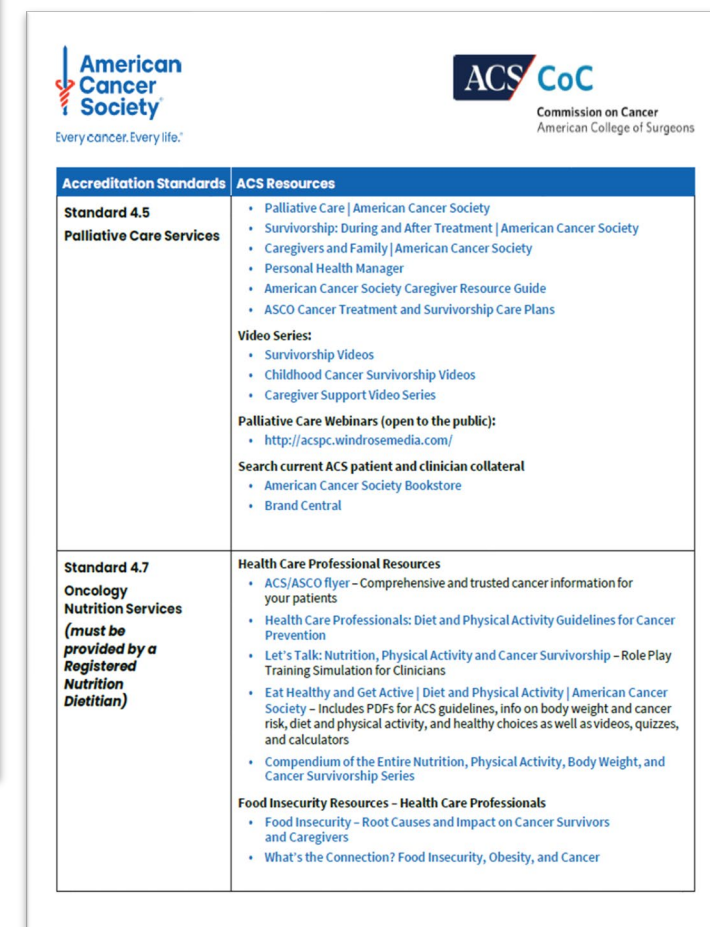
Questions regarding interpretation of the standards, criteria for compliance, and other questions related to accreditation should be directed to the CAnswer Forum ([cancerbulletin.facs.org/forums](http://cancerbulletin.facs.org/forums)).

The preceding pages in this guide will provide a listing of ACS resources as they align to each of the CoC accreditation standards. Links will be reviewed and updated annually.

**American Cancer Society (ACS) Common Resources:**

- 1-800-227-2345
- Cancer.org
- Road To Recovery®
- Reach To Recovery®
- Cancer Survivors Network™
- ACS CARES™ (Community Access to Resources, Education, and Support)
- American Cancer Society Leadership in Oncology Navigation (ACS LION™)
- ACS Bookstore
- Brand Central

Accreditation Standards	ACS Resources
<b>Standard 2.2 Cancer Liaison Physician Responsibilities</b>	In addition to overseeing the analysis and presentation of relevant National Cancer Database (NCDB) data and administering Standard 7.3 – Quality Improvement Initiative, the CLP is responsible for serving as a liaison with local American Cancer Society team members and facilitating their participation on the cancer committee.  <b>The CLP landing page contains links to the following resources:</b> <ul style="list-style-type: none"> <li>• The CLP appointment process</li> <li>• CoC Optimal Resources for Cancer Care (2020 Standards)</li> <li>• Listing of CoC State Chairs</li> <li>• NCDB Reporting Tools</li> <li>• Educational documents, presentations, and webinars</li> <li>• Best Practice Guide</li> </ul>



**American Cancer Society**  
Every cancer. Every life.™

**ACS CoC**  
Commission on Cancer  
American College of Surgeons

Accreditation Standards	ACS Resources
<b>Standard 4.5 Palliative Care Services</b>	<ul style="list-style-type: none"> <li>• Palliative Care   American Cancer Society</li> <li>• Survivorship: During and After Treatment   American Cancer Society</li> <li>• Caregivers and Family   American Cancer Society</li> <li>• Personal Health Manager</li> <li>• American Cancer Society Caregiver Resource Guide</li> <li>• ASCO Cancer Treatment and Survivorship Care Plans</li> </ul> <p><b>Video Series:</b></p> <ul style="list-style-type: none"> <li>• Survivorship Videos</li> <li>• Childhood Cancer Survivorship Videos</li> <li>• Caregiver Support Video Series</li> </ul> <p><b>Palliative Care Webinars (open to the public):</b></p> <ul style="list-style-type: none"> <li>• <a href="http://acspsc.windrosemedia.com/">http://acspsc.windrosemedia.com/</a></li> </ul> <p><b>Search current ACS patient and clinician collateral</b></p> <ul style="list-style-type: none"> <li>• American Cancer Society Bookstore</li> <li>• Brand Central</li> </ul>
<b>Standard 4.7 Oncology Nutrition Services (must be provided by a Registered Nutrition Dietitian)</b>	<p><b>Health Care Professional Resources</b></p> <ul style="list-style-type: none"> <li>• ACS/ASCO flyer – Comprehensive and trusted cancer information for your patients</li> <li>• Health Care Professionals: Diet and Physical Activity Guidelines for Cancer Prevention</li> <li>• Let's Talk: Nutrition, Physical Activity and Cancer Survivorship – Role Play Training Simulation for Clinicians</li> <li>• Eat Healthy and Get Active   Diet and Physical Activity   American Cancer Society – Includes PDFs for ACS guidelines, info on body weight and cancer risk, diet and physical activity, and healthy choices as well as videos, quizzes, and calculators</li> <li>• Compendium of the Entire Nutrition, Physical Activity, Body Weight, and Cancer Survivorship Series</li> </ul> <p><b>Food Insecurity Resources – Health Care Professionals</b></p> <ul style="list-style-type: none"> <li>• Food Insecurity – Root Causes and Impact on Cancer Survivors and Caregivers</li> <li>• What's the Connection? Food Insecurity, Obesity, and Cancer</li> </ul>

# Thank You

# Quality Improvement in the ACS Cancer Programs

State Chair Meeting  
October 4, 2025

# 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.

Q. Type here to search

Quality Program Year

Quality Domain

Project Type

Hospital Type

Methodology

Data Source

Program Applicability

**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, shows your team how to conduct more efficient quality improvement projects. With so many tools to you, it can be difficult to know where to begin! Here are some steps to get you started.

- 1. Read the Framework from start to finish.** While the Framework is broken into Planning, Conducting and Reflecting Phases, it is not intended to be used in all phases. There are many criteria that you should be thinking about throughout your project. There are many criteria that you should be thinking about throughout your project. There are many criteria that you should be thinking about throughout your project. There are many criteria that you should be thinking about throughout your project. There are many criteria that you should be thinking about throughout your project.
- 2. Download the tools and talk with your team about how you can use them.** The Framework is designed to help you meet several of the criteria in the Framework. Download the Framework, Project Charter, Data Plan and Communication Plan, and look through them. Determine which of the tools you would like to use and discuss how you can use them. Some questions you may want to ask yourselves:

- Where should we store this document so that we all have easy access to it?
- How can we make sure that we will use this tool throughout the project from the beginning?

Quality Framework

[Quality Framework](#)

Quality Framework Toolkit

Frequently Asked Questions

QUALITY FRAMEWORK | ACS AMERICAN COLLEGE OF SURGEONS Quality Improvement Project Charter

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.										

Project Team

	Name	Position Title
Project Sponsor:	_____	_____
Clinical Leadership:	_____	_____
Day-to-Day Leadership:	_____	_____
Technical Expertise:	_____	_____

© American College of Surgeons

Institution Name: \_\_\_\_\_  
 Project Name: \_\_\_\_\_

QUALITY FRAMEWORK | ACS AMERICAN COLLEGE OF SURGEONS

## The ACS Quality Framework Notetaking Tool

When an idea for a 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.

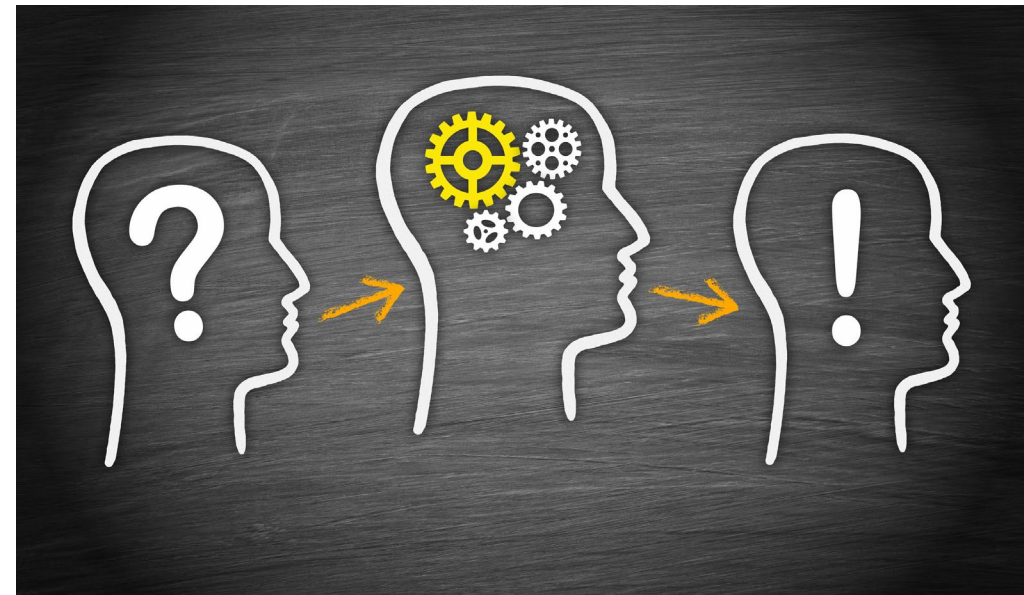
Author: \_\_\_\_\_  
 Co-Authors: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Component #1: Problem Detailing

Criteria	Definition	Notes
<b>1.1 Local Issue</b>	Describe how the issue was discovered at your institution. Include: <ol style="list-style-type: none"> <li>The timeframe in which the issue was discovered</li> <li>The data sources that informed the identification of the issue</li> </ol>	
<b>1.2 Problem Statement</b>	Define a problem statement that presents a clinical reason to pursue the project. The problem statement should address: <ol style="list-style-type: none"> <li>Who does the problem affect or impact?</li> <li>When was the problem found (or did it begin)?</li> <li>Where is the problem happening?</li> <li>How often is the problem happening?</li> <li>What is happening (that shouldn't be), or what didn't happen (that should have)?</li> </ol>	

# NEW! Cancer QI Coaching Calls

- Small group discussions with QI experts
- Participants bring ideas for current and future projects
- Challenges with the standard and recommendations for resources are given
- Email [cancerqi@facs.org](mailto:cancerqi@facs.org) to sign up, or watch the Cancer Program Newsletter for more information



# Lung NODES

Led by Dr David Odell, MD, MMSc

Participating CoC Programs:

2024: 415

2025: 200

# Lung NODES Goals:

- Improve the quality of cancer care and patient outcomes by accomplishing assessment of hilar and mediastinal lymph nodes for all patients undergoing lung cancer surgery
- Assist programs to identify root cause challenges in achieving compliance
- Develop a standardized way for programs to assess and monitor their compliance with Standard 5.8
- Identify and implement successful and sustainable solutions

**Support participating programs to achieve > 80% overall adherence and/or improve adherence to Standard 5.8 by an absolute value of >20%**

# Lung NODES

Full Cohort

Persistent Performance Gap Cohort

	Baseline (2023)	March-May 2024	June-Aug 2024	Sept-Nov 2024	Jan-Mar 2025	Apr-June 2025	July-Sept 2025	Oct-Dec 2025
<b>Median</b>	65%	81%	87%	91%	75%	75%	-	-
<b>Mean</b>	59%	72%	81%	80%	69%	69%	-	-

# Common Concerns from Programs

- Turnover and staffing has been a challenge for us
- Small program size, and few cases, impacts our compliance
- No nodes were found, or we cannot sample nodes because of patient factors. Why is this non-compliant?
- We are struggling to understand what cases are done with curative intent/what cases to include for the standard.
- Our surgeon does not agree with the of the standard. Can you share evidence for the standard?

5.8 Toolkit addresses most concerns

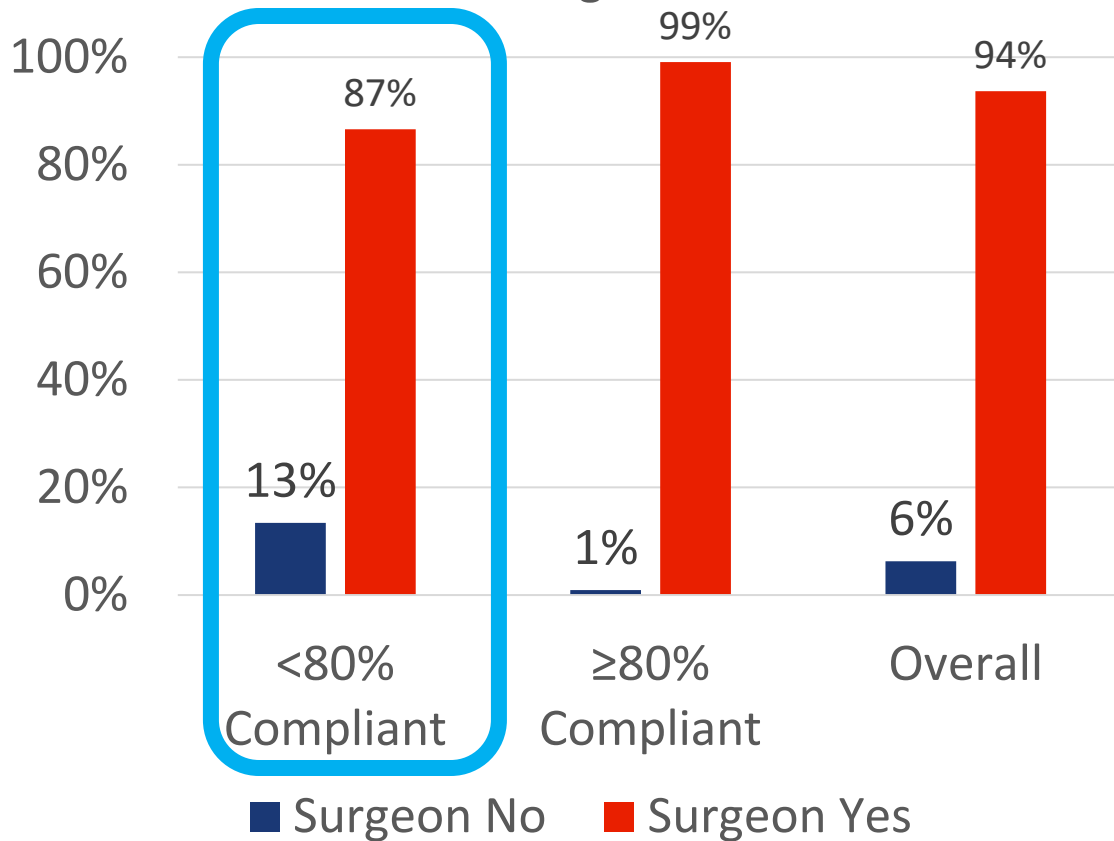


Commission on Cancer Standard 5.8: Pulmonary Resection: Evidence Behind the Standard

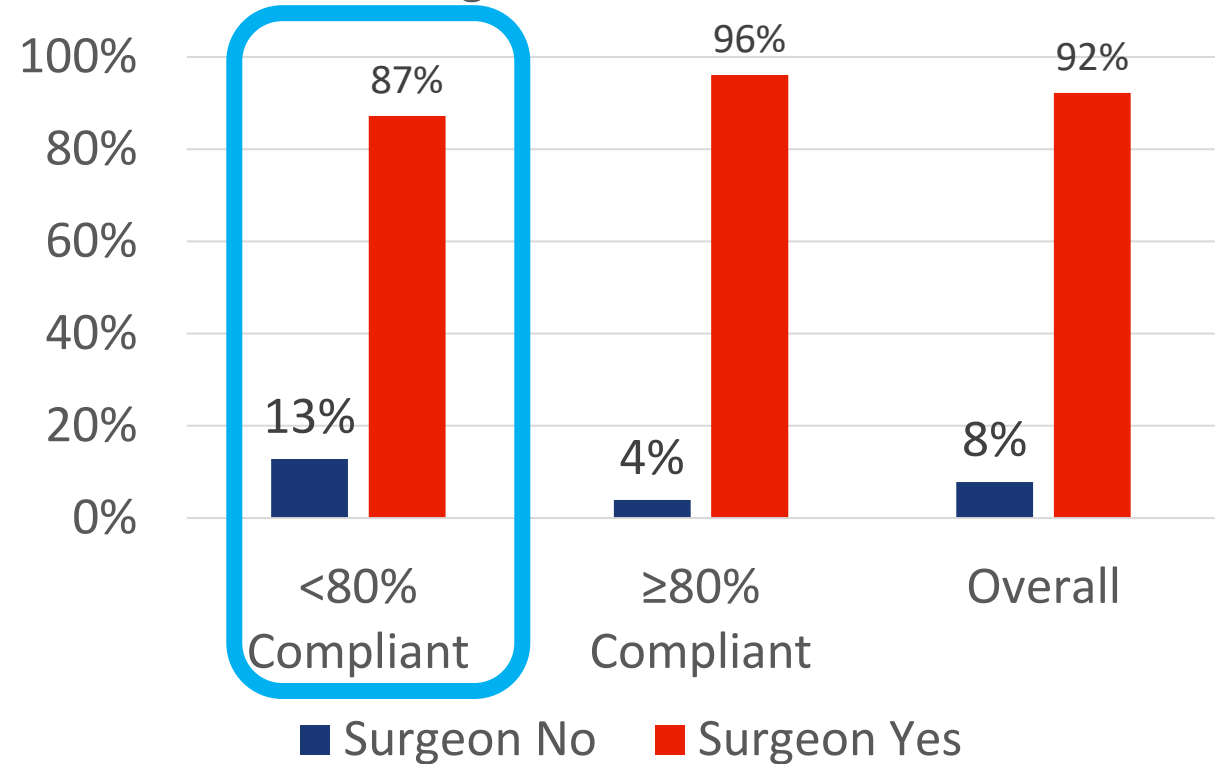
- [Invasive Staging Procedures Do Not Prevent Nodal Metastases From Being Missed in Stage I Lung Cancer](#) Resio BJ, Canavan M, Mase V, Dhanasopon AP, Blasberg JD, Boffa DJ. *Invasive Staging Procedures Do Not Prevent Nodal Metastases From Being Missed in Stage I Lung Cancer*. *Ann Thorac Surg*. 2020 Aug;110(2):390-397. doi: 10.1016/j.athoracsur.2020.03.026. Epub 2020 Apr 10. PMID: 32283084.
  - **Researchers at Yale University used the Society of Thoracic Surgeons General Thoracic Surgery Database to demonstrate that even in experienced centers, both bronchoscopy (EBUS) and mediastinoscopy have real false negative rates when clinically evaluating early stage lung cancer patients, thus bolstering the recommendation for thorough lymph node assessment at the time of curative intent lung cancer surgery.**
- [Confirmatory Mediastinoscopy after Negative Endobronchial Ultrasound-Guided Transbronchial Needle Aspiration for Mediastinal Staging of Lung Cancer \(Systematic Review and Meta-Analysis\)](#) Sanz-Santos J, Almagro P, Malik K, Martinez-Camblop P, Caro C, Rami-Porta R. *Confirmatory Mediastinoscopy after Negative Endobronchial Ultrasound-guided Transbronchial Needle Aspiration for Mediastinal Staging of Lung Cancer: Systematic Review and Meta-analysis*. *Ann Am Thorac Soc*. 2022 Sep;19(9):1581-1590. doi: 10.1513/AnnalsATS.202111-1302OC. PMID: 35348446.
  - **While bronchoscopy with EBUS remains an essential tool for the clinical staging of lung cancer, surgical lymph node harvesting can help minimize false negatives while proceeding towards curative intent lung cancer surgery.**
- [The International Association for the Study of Lung Cancer Staging Project for Lung Cancer: Proposals for the Revision of the N Descriptors in the Forthcoming Ninth Edition of the TNM Classification for Lung Cancer](#). Huang J, Osarogiagbon RU, Giroux DJ, Nishimura KK, Bille A, Cardillo G, Detterbeck F, Kernstine K, Kim HK, Lievens Y, Lim E, Marom E, Prosch H, Putora PM, Rami-Porta R, Rice D, Rocco G, Rusch VW, Opitz I, Vasquez FS, Van Schil P, Jeffrey Yang CF, Asamura H; Members of the Staging and Prognostic Factors Committee, Members of the Advisory Boards, and Participating Institutions of the Lung

# Implementation Environment

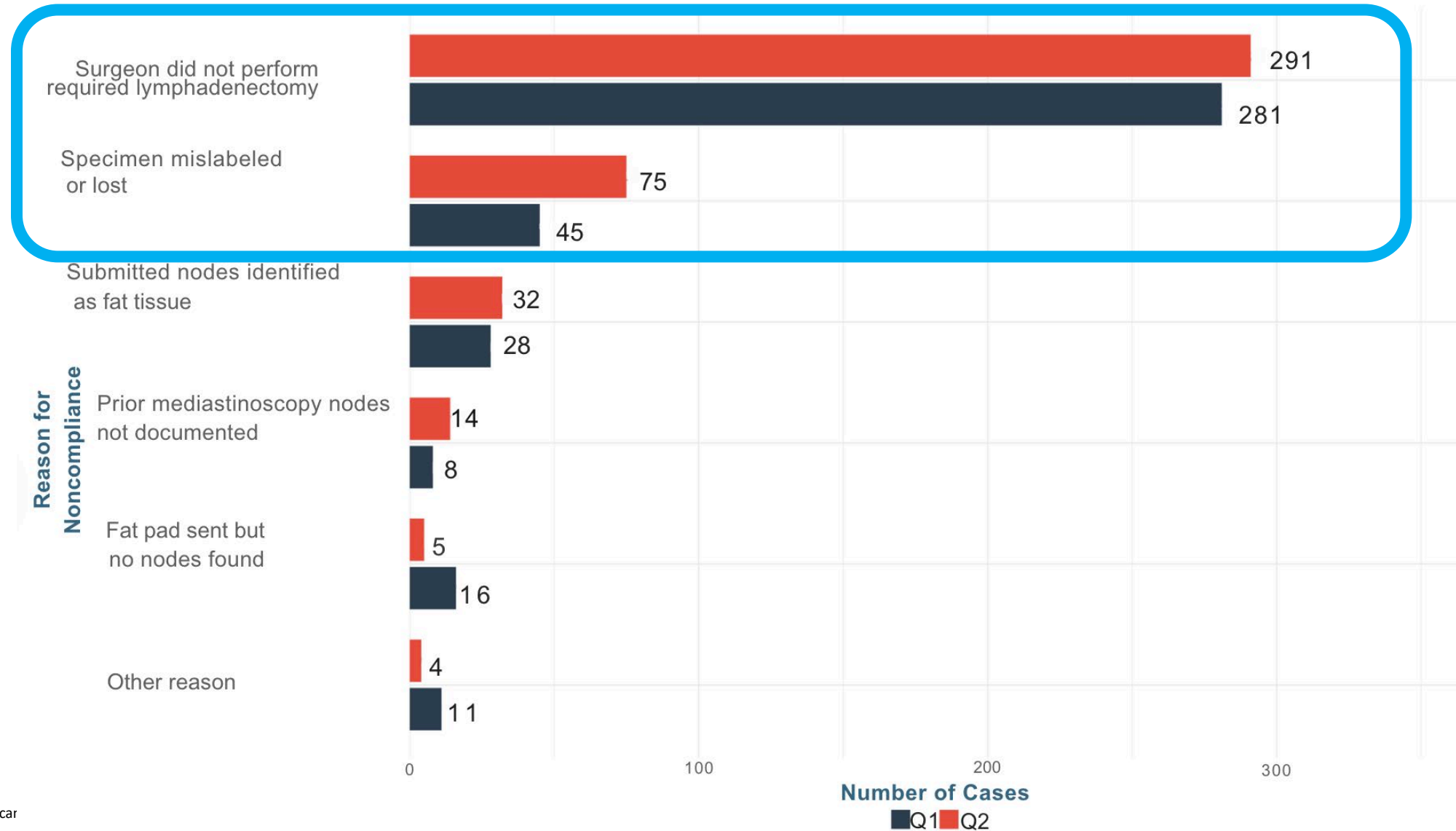
The ACS CoC Operative Standard 5.8 is compatible with existing clinical processes for surgeons



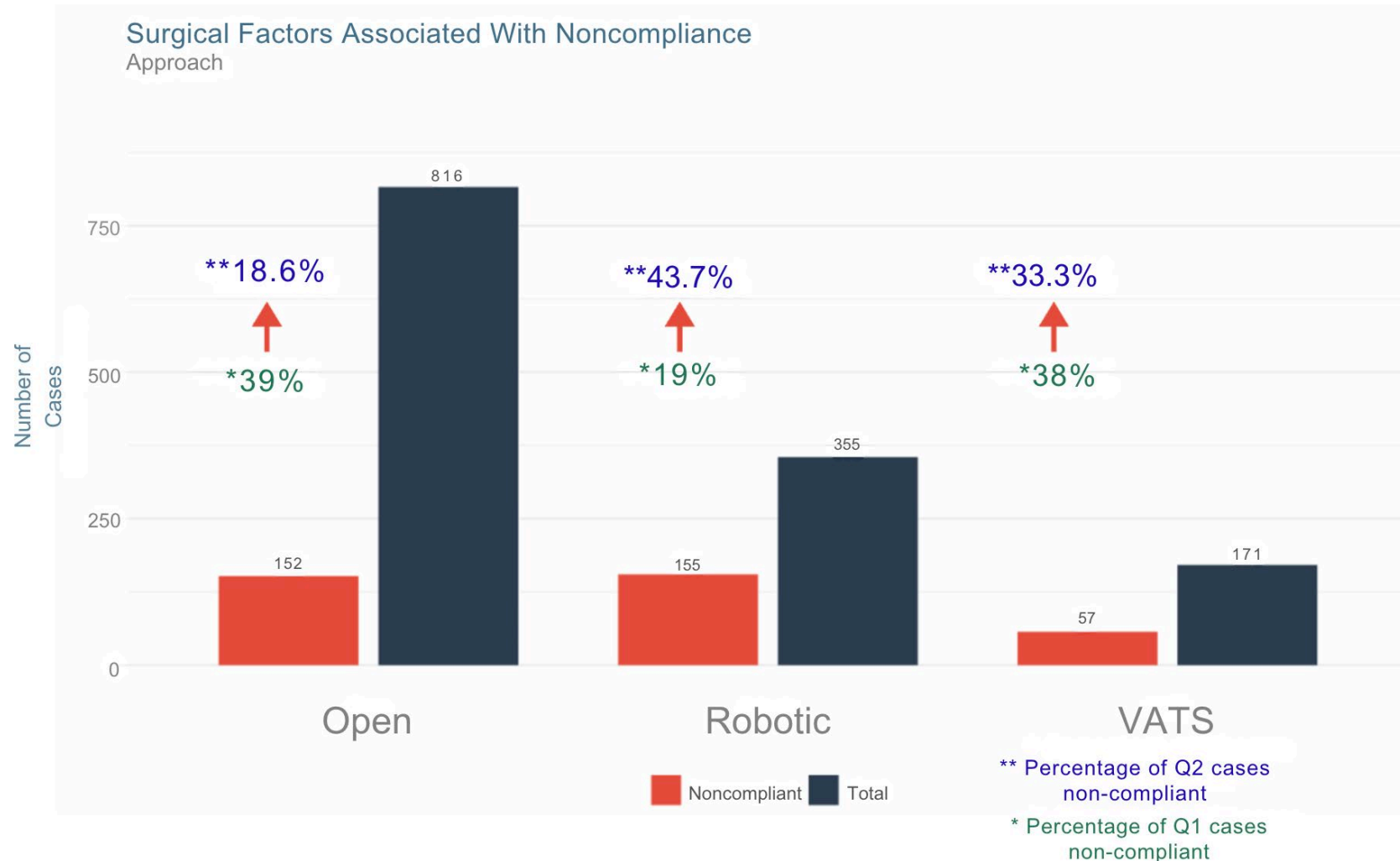
The ACS CoC Operative Standard 5.8 is aligned with surgeons' values related to lymph node sampling and reporting during lung cancer resection



### Reasons for Noncompliance: Q1 vs Q2 Comparison

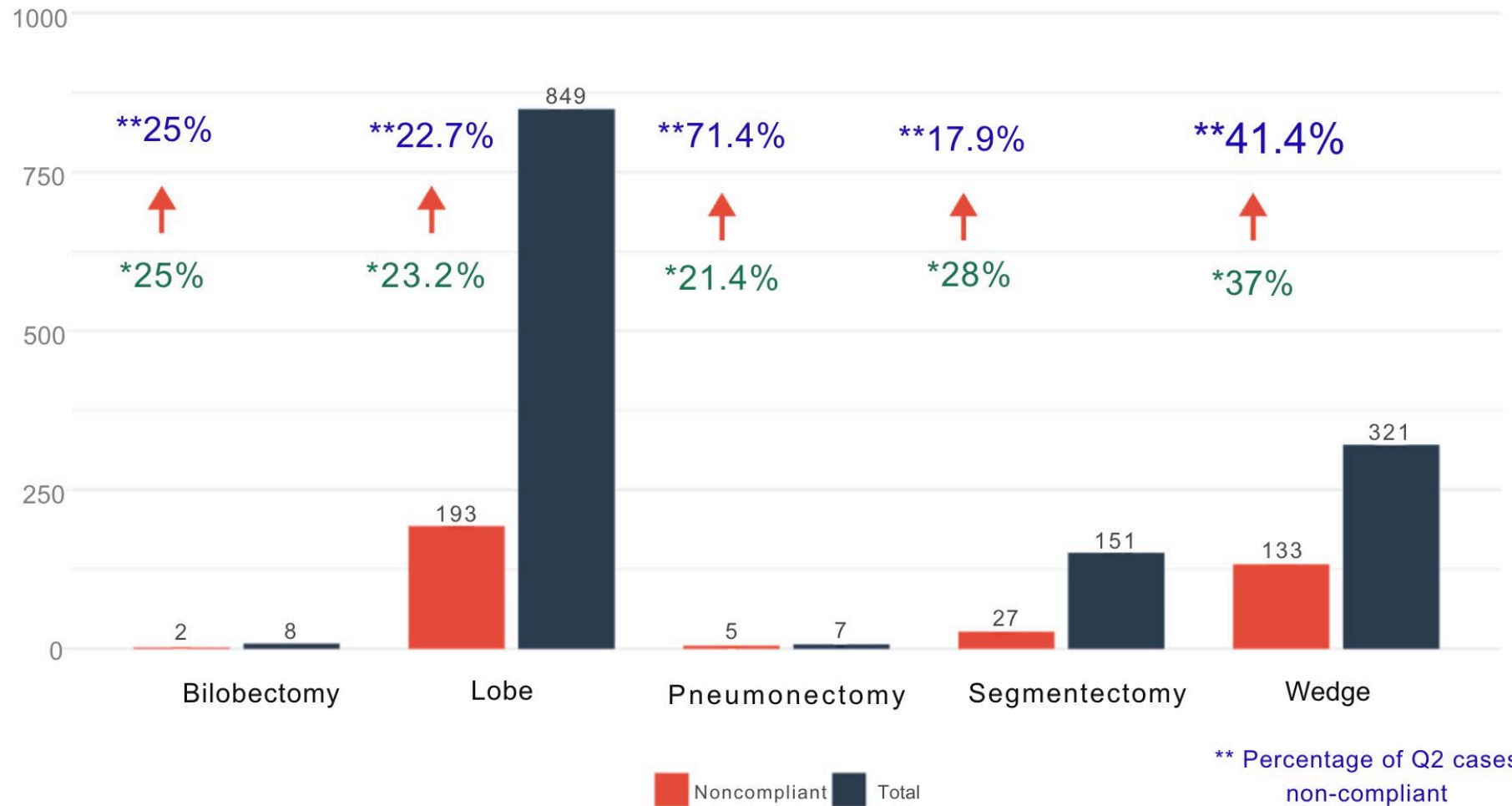


# Surgical Factors Associated with Noncompliance as of July 2025: Surgical Approach



# Surgical Factors Associated with Noncompliance as of July 2025: Extent of Resection

Surgical Factors Associated With Noncompliance  
Surgery



\*\* Percentage of Q2 cases non-compliant  
\* Percentage of Q1 cases non-compliant

# Genetic Access Pilot Project

Led by Dr Kathy Yao, MD, MS, FACS

Participating CoC and/or NAPBC Programs

2025: 26

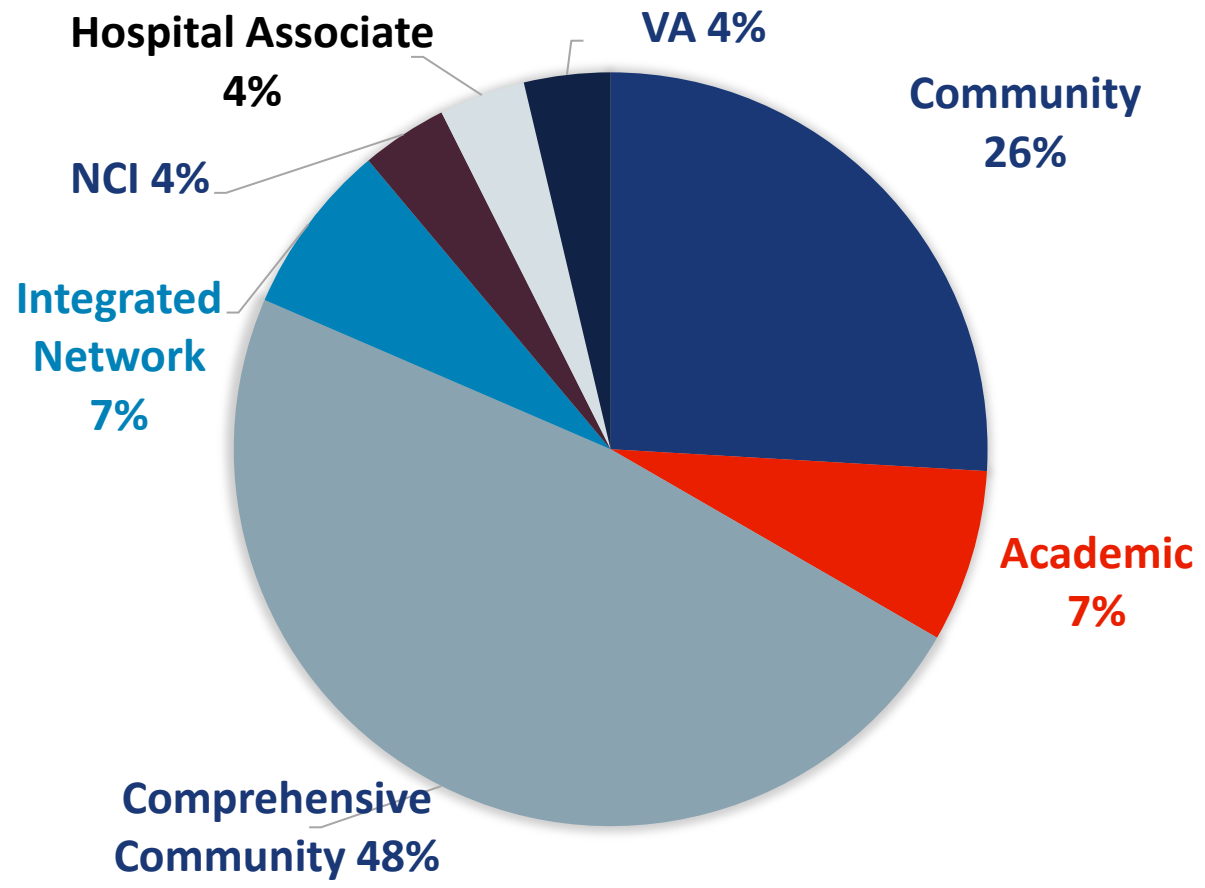
# GAP (Genetic Access Pilot) Goals and Objectives

- **Goal:** This pilot project seeks to better understand effective models for, and barriers to, offering genetic testing to newly diagnosed breast cancer patients.
- **Aim: Increase the number of newly diagnosed breast cancer patients offered genetic testing by 20%** from baseline at CoC/NAPBC pilot sites from January 2025 to December 2025

## Secondary Aims:

- Obtain baseline data of genetic testing in pilot sites for proposed population
- Identify structural and process barriers to achieve testing
- Develop and test interventions to address modifiable barriers to genetic testing
- Spread, scale, and disseminate findings

# Program Characteristics (N=27)



Urban/Rural	N (%)
Large metropolitan	8 (30)
Small metropolitan	5 (19)
Suburban	6 (22)
Rural	8 (30)

Medicaid Population	N (%)
<20%	8 (30)
20-50%	9 (33)
50-75%	7 (26)
Unsure	3 (11)

Safety-Net	N (%)
Yes	11 (41)
No	10 (37)
Unsure	6 (22)

# Program Genetic Testing Characteristics

Access to Genetic Counselor/Geneticist	N (%)
Yes, at least one on staff	9 (33)
Yes, we contract with a company	11 (41)
No, we do not have any available	7 (26)

Other Referring Individuals	N (%)
Physician	24 (89)
Advanced practice provider	17 (63)
Registered nurse/navigator	9 (33)
Other (mammo tech, CGC)	2 (7)

Is genetic testing offered?	N (%)
Often or always	19 (70)
Sometimes	8 (30)

We are doing a good job of offering and completing genetic testing on our newly diagnosed breast cancer patients	N (%)
Strongly agree	10 (37)
Agree	11 (41)
Neutral	3 (11)
Disagree	1 (4)
Strongly disagree	2 (7)

# Overall Increases in Genetic Testing Rates

	Baseline	April	July
≤50 years	88.1%	92.4%	88.7%
51-65 years	72.2%	73.1%	84.1%
>65 years	57.6%	56.3%	72.3%
TNBC	74.6%	79.2%	91.3%

# Which barrier is your program addressing?

Barrier	# Programs
It is unclear who on the team should be referring for testing	4
Insurance challenges	3
We order testing but the patients do not make or keep the apt	3
Other	3
We cannot get testing done before adjuvant therapy/surgery	2
Our surgeons don't agree with referring all newly diagnosed patients	2
We don't have a CGC/Geneticist that could do the testing and counseling that we would need	2
Patients don't feel they have time due to other apts	1

**2026 National QI Project:  
TApT: Timely (Intravesical  
Chemotherapy) Administration  
post-TURBT**

**Led by Dr Minhaj Siddiqui, MD**

# Why TApT?

- **CoC Quality Measure with Gap in Performance**
  - Despite strong evidence and guideline recommendations, compliance rates remain low- ~ 32% (based on QM BLCT1)
- **Program Benefit:** Conduct a QI project while increasing compliance with a best practice guideline concordant QM
- Unexplored new cancer site
- Opportunity to improve a CoC QM on a large scale

Measure	Measure Abbreviation
<p>For patients with low grade Ta bladder cancer undergoing transurethral resection of bladder tumor, intravesical chemotherapy* is initiated within 24 hours of the procedure, or recommended.</p> <p>*chemotherapy within 24 hours of the transurethral resection assumed to be intravesical however the NCDB does not differentiate this from systemic chemotherapy</p>	BLCT1

# TApT Goals

**Improve the quality of cancer care and patient outcomes by accomplishing delivery of intravesical chemotherapy within 24 hours of TURBT**

**Assist programs to identify root cause challenges in achieving compliance**

**Identify and implement successful and sustainable solutions to BLCT1**

**Develop a standardized way for programs to assess and monitor their compliance**

**Support participating programs to achieve >20% increase in compliance**

# Evolution of National QI Projects: Patient-Level Data

- **Currently exploring the possibility of collecting patient-level data through local cancer registries**
- **Enlisting relevant stakeholders (ACS Cancer Programs NCDB Team, Oncology Data Specialists / NCRA)**
- **Combination of relevant process measures and outcome (BLCT1)**
- **Allows for more powerful and granular assessment of baseline performance, opportunities for improvement, assessment of outcomes, efficacy**

# Recruitment Efforts Are Underway

- **Informational webinar on November 14<sup>th</sup> 12pm ET**
- **Announcements in Cancer Program News, to listservs**
- **IRB application and data collection strategy are in progress**

**Reach out to [Cancerqi@facs.org](mailto:Cancerqi@facs.org)**

# A few more brief updates

An abstract graphic consisting of several overlapping, curved, ribbon-like shapes in various shades of blue and teal, positioned on the right side of the slide.

# Other Ongoing Cancer Programs QI Activities

- **QI Committee Consolidation: The NAPBC and NAPRC QICs have merged with the CoC QIC**
  - **Simplify organizational structure, align priorities, pool resources**
- **Engaging ODS's to discuss data strategy for QI projects**
- ***Surgery* special edition is near completion**
- **Continuing to engage groups on Coaching calls**
  - **Engaged over 180 participants to date**
  - **98% satisfaction**
  - **Planning a CLP specific call in 2026**

# Open Forum





# Thank you!

Questions?

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[facs.org/quality-programs/cancer-programs/](https://facs.org/quality-programs/cancer-programs/)



ACS Cancer Programs



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