



Commission on Cancer Cancer Liaison Physicians Meeting

September 16, 2026

Commission on Cancer

CoC Cancer Liaison Physicians Meeting

Maria Castaldi, MD, FACS

Chair

Committee on Cancer Liaison



Quan Ly, MD, FACS

Vice-Chair

Committee on Cancer Liaison



Daniel J. Boffa, MD, FACS

Incoming Chair

Commission on Cancer

2026 CoC Cancer Liaison Physician Outstanding Performance Award



Anne-Corinne Beaver, MD, FACS
UNC Health Appalachian
Boone, NC



Robert S. Crupi, MD
New York-Presbyterian Queens
Flushing, NY

2026 CoC Cancer Liaison Physician Outstanding Performance Award



Megan Miller, MD, FACS

University Hospitals
Cleveland, OH



Serena Murphy, MD, FACS

Brooke Army Medical Center
San Antonio, TX

2026 CoC Cancer Liaison Physician Outstanding Performance Award



Ibrahim Nassour, MD, MSCS, FSSO, FACS
University of Florida
Gainesville, FL



Samir Rahman, DO
HCA Florida Citrus Hospital
Inverness, FL

2026 CoC Cancer Liaison Physician Outstanding Performance Award



Stephanie Smith-Marrone, MD
New York-Presbyterian Westchester
Bronxville, NY



Marvaretta Stevenson, MD
Duke Raleigh Cancer Center
Raleigh, NC

2026 CoC Cancer Liaison Physician Outstanding Performance Award



Justin Williams, DO
Rockcastle Regional Hospital
Mount Vernon, KY

Research Study on CoC Standards 5.3-5.4 Breast Synoptic Op Note Audit

What is the best way to audit and provide breast synoptic operative report compliance information to surgeons?



What is the study about?

We are partnering with cancer programs to help programs **co-design audit and feedback strategies** that support high-quality breast cancer surgery documentation and performance improvement.



Why your perspective matters?

CoC now requires 5.3 and 5.4 audits. What an effective, surgeon-informed feedback mechanism looks like is unknown. **Your input directly shapes the format, frequency, and delivery** of how surgical teams will receive breast synoptic op report information.

What does the study entail?

1-2

Virtual group meetings
(max 90 min each)

≤4

Surveys to complete



Who can participate?

Group Meeting #1: Breast surgeons & surgeon leaders
(including Cancer Liaison Physician)

Group Meeting #2: Breast surgeon leaders & IT specialists

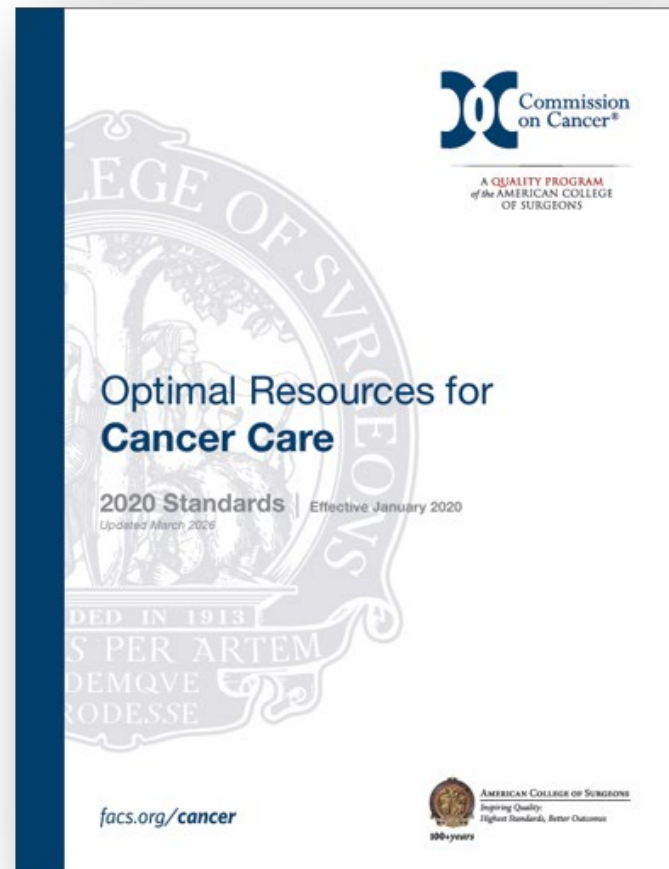


Cancer Accreditation Standards Update

Aaron Bleznak, MD, MBA, FACS, FSSO
Chair, Accreditation Committee, CoC
Commission on Cancer

MENU

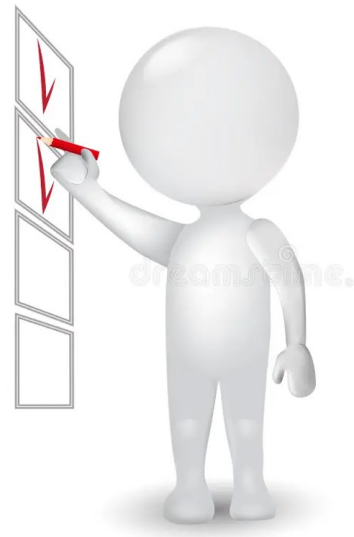
- General Comments
- Updates as Per Jan 1, 2026
 - NCDB Data S2.2, 6.4, 7.1
 - Operative Standards 5.3-5.6
 - Smoking Cessation S5.9
 - Research S9.1
- Reporting Time Frames
- QI Initiative "Reciprocity"



Beyond Reaccreditation: Good to GREAT

Doing things RIGHT

Doing the RIGHT things RIGHT



CoC Standards for Accreditation



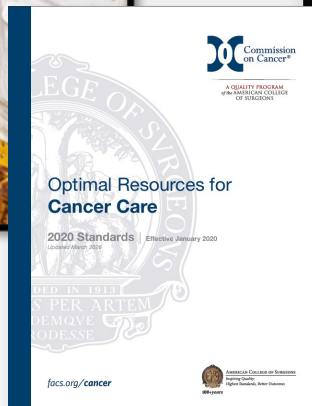
- Provide guidelines for the WIDTH (chapters) and BREADTH (standards) of a good cancer program.
- Compliance requirements set a BASE level of activity to provide the service

CoC Standards for Accreditation



- Provide guidelines for the WIDTH (chapters) and BREADTH (standards) of a good cancer program.
- Compliance requirements set a BASE level of activity to provide the service
- **Many of the standards have the requirement for programs to CRITICALLY EVALUATE the service they provide to identify opportunities for IMPROVEMENT**

READ the Standards



Read the ENTIRE Standard

8 Patient Care: Expectations and Protocols

- Number of patients referred for distress resources or further follow-up
- Where patients were referred (on-site or by referral)

Documentation

Submitted with Pre-Review Questionnaire

- Protocols that provide patient access to psychosocial services either on-site or by referral
- The psychosocial distress screening protocol
- The psychosocial services annual report that documents all required elements and cancer committee meeting minutes documenting the report

Measure of Compliance

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

1. Protocols are in place to provide patient access to psychosocial services either on-site or by referral.
2. The cancer committee implements a protocol that includes all requirements for providing and monitoring psychosocial distress screening and referral for psychosocial care.
3. Cancer patients are screened for psychosocial distress at least once during the first course of treatment.
4. The psychosocial distress screening process is evaluated, documented, and the findings are reported to the cancer committee by the Psychosocial Services Coordinator. The psychosocial services annual report contains all required elements as outlined and is documented in the cancer committee meeting minutes. The psychosocial services annual report meets the requirements outlined on page vii, "Standards Requiring Annual Review."

Institute of Medicine. *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*. Washington DC: National Academies Press; 2008. Available at <http://www.nationalacademies.org/hmd/Reports/2007/Cancer-Care-for-the-Whole-Patient-Meeting-Psychosocial-Health-Needs.aspx>. Accessed August 16, 2019.

National Comprehensive Cancer Network (NCCN). (2014). NCCN clinical practice guidelines in oncology: Distress management. Version 3.2019. May 6, 2019.

Bultz BD, Johansen C. Screening for distress, the 6th vital sign: Where are we, and where are we going? *Psychosomatics*. 2011;20(6):569-571.

Carlson LE, Waller A, Mitchell AJ. Screening for distress and unmet needs in patients with cancer: Review and recommendations. *J Clin Oncol*. 2012;30(11):1160-1177.

Lazenby M, Ercolano E, Grant M et al. Supporting Commission on Cancer-mandated psychosocial distress screening with implementation strategies. *J Oncol Pract*. 2015;11(3):e413-e420.

Lazenby M, Tan H, Pasacreta N, Ercolano E, McCorkle R. The five steps of comprehensive psychosocial distress screening. *Curr Oncol Rep*. 2015;17(5):447.

Vodermaier A, Linden W, Siu C. Screening for emotional distress in cancer patients: A systematic review of assessment instruments. *J Natl Cancer Inst*. 2009;101(21):1464-1488.

Zabora J, BrintzenhofeSzoc K, Curbow B, Hooker C, Piantadosi S. The prevalence of psychosocial distress by cancer site. *Psychosomatics*. 2001;10(1):19-28.

5.2 Psychosocial Distress Screening

Definition and Requirements

Psychosocial services are available on-site or by referral. Each calendar year, the cancer committee implements a protocol for providing and monitoring psychosocial distress screening and referral for psychosocial care. The psychosocial distress screening process is evaluated, documented, and the findings are reported to the cancer committee by the Psychosocial Services Coordinator.

Psychosocial Services Protocol

Services that address physical, psychological, social, spiritual, cultural, and financial needs that result from a cancer diagnosis must be available on-site or by referral with an established protocol in place to inform patients how to access them.

Psychosocial Distress Screening

Cancer programs must implement a protocol for psychosocial distress screening for cancer patients. The process identifies psychological, social, financial, and behavioral issues that may interfere with a patient's treatment plan and adversely affect treatment outcomes. The process also provides patients identified with distress the appropriate resources and/or referral for psychosocial needs.

Timing of Screening

Cancer patients must be screened for distress at least one time during the patient's first course of treatment. Additional screenings may be provided per cancer program or health care provider discretion, but are not required by this standard.

The following patients are not included in compliance for this standard:

- Biopsy only or class of case "00" patients
- Patients who are admitted to the hospital with a history of cancer, but for non-cancer related issues
- Inpatients with a current diagnosis of cancer who are treated for a non-cancer issue and do not receive cancer treatment

Method

The mode of administration (patient questionnaire or clinician-administered questionnaire) is determined by the cancer committee and may be tailored to the workflow of the practice. Medical staff, including medical assistants, nurses, social workers, and physicians who administer or interpret the screening tool must be properly trained.

Patient Care: Expectations and Protocols | 5

The protocol must address the sites of service where screenings occur, including at the CoC-accredited facility and/or with designated providers (for example, offices of medical oncologists and/or radiation oncologists affiliated with the CoC program). The protocol must include processes for assessment and treatment (on-site or by referral) appropriate for the source of distress identified by the screening, including the psychosocial, physician, spiritual, and mental health resources available to patients on-site or by referral.

Tools

The cancer committee selects and approves the psychosocial distress screening tool to be administered. Preference is given to standardized, validated instruments or tools with established clinical cutoffs. The cancer committee determines the cutoff score used to identify distressed patients.

Assessment and Referral

If there is clinical evidence of moderate or severe distress based on the results of the distress screening, a member of the patient's oncology team (physician, nurse, social worker, psychologist, and/or contracted mental health professional) must assess the patient (through direct contact) to identify the problems initiating the distress. Direct contact means discussion of the results with the patient face-to-face, by telephone, or by telemedicine. This assessment will confirm the distress screening results and identify the appropriate referrals as needed.

Documentation

The screening process, timing of screening, identified tool, and distress level triggering a referral to services are documented in the protocol.

The distress screening(s) results, referral for provision of care, and any follow-up are documented in the patient medical record to facilitate integrated, high-quality care.

The Psychosocial Services Coordinator must present an annual report on psychosocial services to the cancer committee. The annual report is presented during the first quarter meeting of each calendar year and must include reporting data from the previous full calendar year. The annual report is documented in the cancer committee meeting minutes.

The psychosocial services report must include the following elements:

- Number of patients screened

Utilize the CoC Resources

Home

Welcome to the Standards Resource Library (SRL)!

This library contains resources, tools and examples designed to help cancer programs meet the Commission on Cancer Program Standards.

There are a few examples provided. These are not required, but can be adapted for use within your cancer program.

Chapters:

- [1. Institutional Administrative Commitment](#)
- [2. Program Scope and Governance](#)
- [3. Facilities and Equipment Resources](#)
- [4. Personnel and Services Resources](#)
- [5. Patient Care: Expectations and Protocols](#)
- [6. Data Surveillance and Systems](#)
- [7. Quality Improvement](#)
- [8. Education: Professional and Community Outreach](#)
- [9. Research](#)
- [10. General: Resource documents that include more than one standard or are more general.](#)

Standards: **Chapter 5 Patient Care: Expectations and Protocols**

- [Standard 5.1 College of American Pathologists Synoptic Reporting](#)
- [Standard 5.2 Psychosocial Distress Screening](#)
- [Standard 5.3 Breast Sentinel Node Biopsy](#)
- [Standard 5.4 Breast Axillary Dissection](#)
- [Standard 5.5 Primary Cutaneous Melanoma](#)
- [Standard 5.6 Colon Resection](#)
- [Standard 5.7 Total Mesorectal Excision](#)
- [Standard 5.8 Pulmonary Resection](#)
- [Standard 5.9 Smoking Cessation for Patients with Cancer](#)
- [Chapter 5 - General: Resources that include more than one standard from this chapter.](#)

Utilize the CoC Resources

Cancer Program News Articles - Standards Updates

[CoC Cancer Program News Article Archive](#)

May 2026 - Additions to Standard 4.2 Frequently Asked Questions

April 2026 - Review Updates to CoC Accreditation Standards

March 2026 - CoC Releases Updates to Accreditation Standards

March 2026 - CoC: NAPRC Programs Exempt from CoC Standard 5.7: TME

December 2025 - Discover CoC Standards for Rural Cancer

December 2025 - CoC Pediatric Programs Must Comply with Event Requirements in 2026

December 2025 - CoC Provides Additional Guidance for Standard 7.1 Compliance

November 2025 - CoC Announces Updates to Operative Standards 5.3-5.6

October 2025 - Release of the Revised CoC Accreditation Standards

August 2025 - CoC Pediatric Programs Must Comply with Prevention Event Requirements

August 2025 - CoC Releases Standard 5.9: Smoking Cessation for Patients with Cancer; CoC Releases Revised Standard 4.2: Oncology Nursing Credentials

July 2025 - Standard 7.1 performance benchmarks

June 2025 - Alternative Pathways for Standard 9.1, Updates for Annual Reporting Requirements

February 2025 - Quality Measure Updates

January 2025 - Updates to Standard 2.2 (CLP reports cannot double dip Standard 6.4); Standard 4.8 - applicable to patients who have completed first course of treatment

December 2024 - CoC Standards Updates, Compliance Requirement for 2025

November 2024 - Fillable PDF Forms Are No Longer Compliant for the Operative Standards

October 2024 - Updated requirements for Standards 2.2 and 6.4

October 2024 - Clarification on "Double Dipping" CoC Standards Compliance

October 2024 - Alternative Compliance Pathway for Operative Standards 5.3 - 5.6 extended through 2025 and 2026

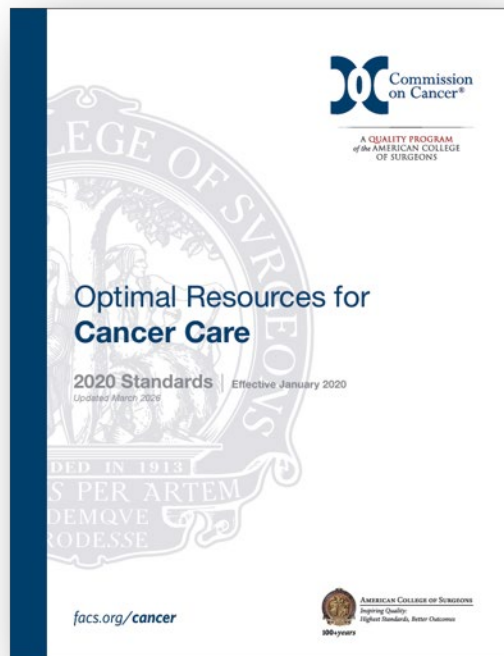
September 2024 - Standard 9.1 clarification - retrospective studies do not qualify for clinical research accrual

September 2024 - Standard 4.4 - updated list of genetic professional credentials

March 2024 - Alternative Compliance Pathway Introduced for Operative Standards 5.3 - 5.6

June 2023 - Standard 5.1 requires an internal audit of pathology reports

March 2023 - Standard 3.2 requires accreditation for anatomic pathology



Clarification: NCDB Data Reporting Requirements

Standard	Data Allowed	Frequency	Reporter	Focus of Report
2.2: Cancer Liaison Physician	- NCDB Benchmark - CQIP - Survival Reports	Twice Yearly	CLP	Areas of Concern
6.4: RCRS: Data Submission	RCRS/Quality Measure Comparison	Twice Yearly	Anyone (CLP optimal)	Areas of Concern
7.1: Quality Measures	Selected Quality Measures (4)	≥ Once Yearly	Anyone (CLP optimal)	Required, selected quality measures

Clarification: NCDB Data Reporting Requirements

Aaron David Bleznak,
MD, MBA, FACS, FSSO
Riverside Health
System
Company Id: 18470
SAR

[Site Information](#)

[Site Profile](#)

[Site Contacts](#)

[Data Platform Contacts](#)

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[Applications](#)

[NCDB Reporting Tools](#)



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OF SURGEONS

NCDB Reporting Tools

[Site by Stage Distribution Report](#)

[NCDB: Hospital Comparison Benchmark Reports](#)

[NCDB: Survival Reports \(V2\)](#)

[Cancer Quality Improvement Program \(CQIP\) Reports](#)

[Rapid Cancer Reporting System \(RCRS\)](#)

Commission on Cancer
American College of Surgeons

Standard	Data Allowed
2.2: Cancer Liaison Physician	- NCDB Benchmark - CQIP - Survival Reports

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CoC



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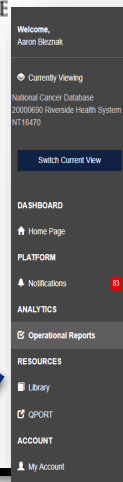
[NCDB: Hospital Comparison Benchmark Reports](#)

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Commission on Cancer
American College of Surgeons



Operational Reports

Cancer Reports

Alerts Report

This report provides an overview as well as detailed information regarding cases with outstanding alerts and the associated edit errors.
Note: report displays all available alerts data.

Case Log Report

This report allows users to view a filtered list of cases, along with case-level edits.
Note: report displays data available for the latest 6 years.

Quality Measures Report

This report provides details for all quality measures.
Note: report displays data available for the latest 5 years.

Comparisons Report

This report allows users to view different performance rates for quality measures and compare the rates from the users' program to the users' program category to all CoC programs.
Note: report displays data available for the latest 6 years.

Completeness Report

The purpose of this report is to give CoC accredited programs information about required data items for which they may not be providing all of the information that is available in the patient record.

Submission Compliance Report

This report allows users to track their annual submission compliance using the 90% rule, by viewing the total cases free from NCDB edits submitted before and after December 31st of the year following the diagnosis.
Note: Report displays data available for the last 6 years.

NCDB Benchmark Report

The NCDB Hospital Comparison Benchmark Reports are provided to CoC-accredited cancer programs to compare and contrast patient demographics, patterns of disease presentation by AJCC stage and other histo-pathologic characteristics, and patterns of patient management across cancer sites. This reporting tool enables users to generate figures and tables filtered by geography, cancer program category or corporate affiliation.

Clarification: NCDB Data Reporting Requirements

Welcome,
Aaron Bleznak

Currently Viewing

National Cancer Database
20000690 Riverside Health System –
NT18470

Switch Current View

DASHBOARD

Home Page

PLATFORM

Notifications

ANALYTICS

Operational Reports

RESOURCES

Library

QPORT

ACCOUNT

My Account

Operational Reports

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Standard	Data Allowed
6.4: RCRS: Data Submission	RCRS/Quality Measure Comparison
7.1: Quality Measures	Selected Quality Measures (4)

Clarification: NCDB Data Reporting Requirements

Welcome,
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NCDB Benchmark Report

The NCDB Hospital Comparison Benchmark Reports are provided
patterns of patient management across all cancer sites. This report

File

Summary Panel

Summary View: Table

Measure Group:
CoC Standard 7.1

Disease Site:
☒ (All)
☒ Bladder
☒ Breast
☒ Cervical
☒ Colon
☒ Gastric
☒ HeadNeck
☒ HPB
☒ Kidney
☒ Lung
☒ Melanoma
☒ Prostate
☒ Rectum

Diagnosis Year:
Type to search in list

Standard	Data Allowed
6.4: RCRS: Data Submission	RCRS/Quality Measure Comparison
Quality Measures	Selected Quality Measures (4)

Clarification: NCDB Data Reporting Requirements

CoC Provides Additional Guidance for Standard 7.1 Compliance

Original Publication Date: December 4, 2025

Commission on Cancer (CoC) Standard 7.1: Quality Measures requires CoC-accredited programs to review and react to their recent data, as that is most reflective of current performance. However, there is significant variation among accredited programs regarding both timeliness of abstraction and cancer case volume. This makes it difficult for the CoC to select a time frame of data that will not disadvantage either large volume and/or rapidly abstracting programs (by having them review older data) or smaller volume and/or later abstracting programs (by having them review data with low numbers and wide confidence intervals).

The CoC directs programs—during the required reviews of the Standard 7.1 quality measures—to review the most recent 3 years of data, including the most recent complete year. That year can be identified by bolder green-yellow-red colors and the column label "Performance Rate" as opposed to years with incomplete data, which are labeled "Estimated Performance Rate."

Programs should react to any noncompliant (red) levels of performance in the most recent year of data containing meaningful volumes. A volume of at least 50% of the most recent complete year is considered meaningful.

Questions on the requirements for Standard 7.1: Quality Measures should be submitted to the [CAnswer Forum](#). Questions on quality measure specifications should be submitted to NCDB@facs.org.

Required 7.1 Measures for Review

Actual Performance $\geq$ EPR

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

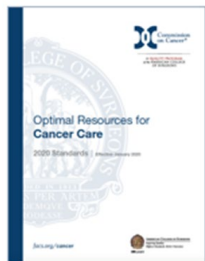
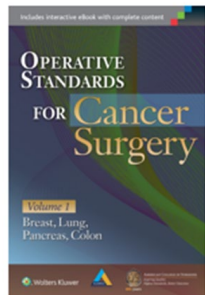
Actual Performance $<$ EPR
95% CI $<$ EPR



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

Can still achieve compliance if an action plan is developed and documented in minutes

Operative Standards



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

Use of the fillable PDF forms for the synoptic requirements for CoC Standards 5.3-5.6 will no longer be compliant starting **January 1, 2026**.

Changes in Operative Standards 5.3-5.6

Original Process



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



Evaluated once every three years



Audit Requirements during 2026



Audit Requirements during 2026

Resources for: **(Standard 5.3: Breast Sentinel Node Biopsy)**

1. Link to Operative Standards Toolkit

To make it easy for CoC-accredited programs to locate and access content on the CoC Operative Standards, the Cancer Surgery Standards Program (CSSP) has created a new webpage called the Operative Standards Toolkit.

[Operative Standards Toolkit \(facs.org\)](https://www.facs.org/standards/operative-standards-toolkit)

2. Fillable PDF - Sentinel Node Biopsy for Breast Cancer Form

This fillable PDF can be downloaded and utilized by CoC-accredited programs to meet the synoptic reporting requirements of Standard 5.3.

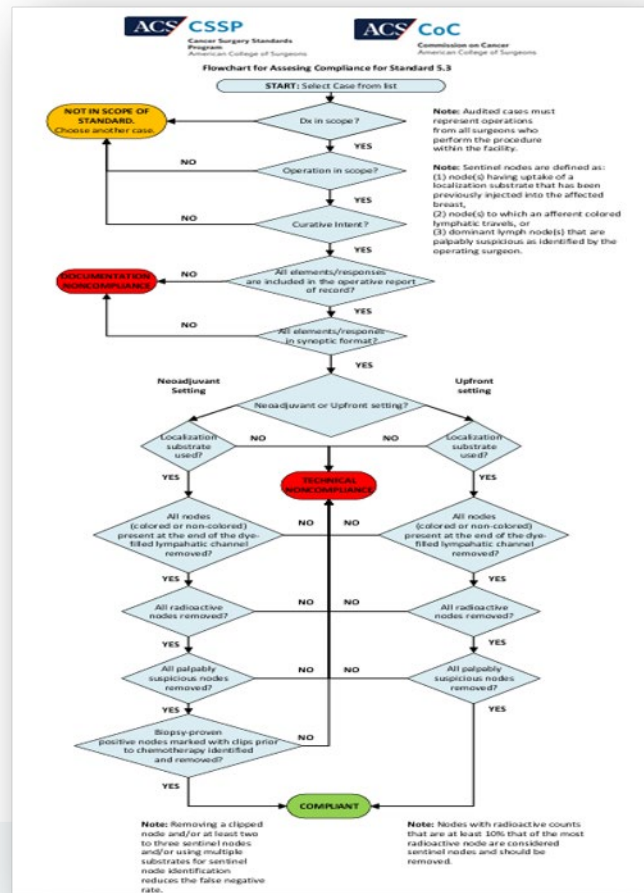
Use of the fillable PDF forms for the synoptic requirements for CoC Standards 5.3-5.6 will no longer be compliant starting **January 1, 2026**.

[Sentinel Node Biopsy for Breast Cancer Form for CoC St 5.3.pdf](#)

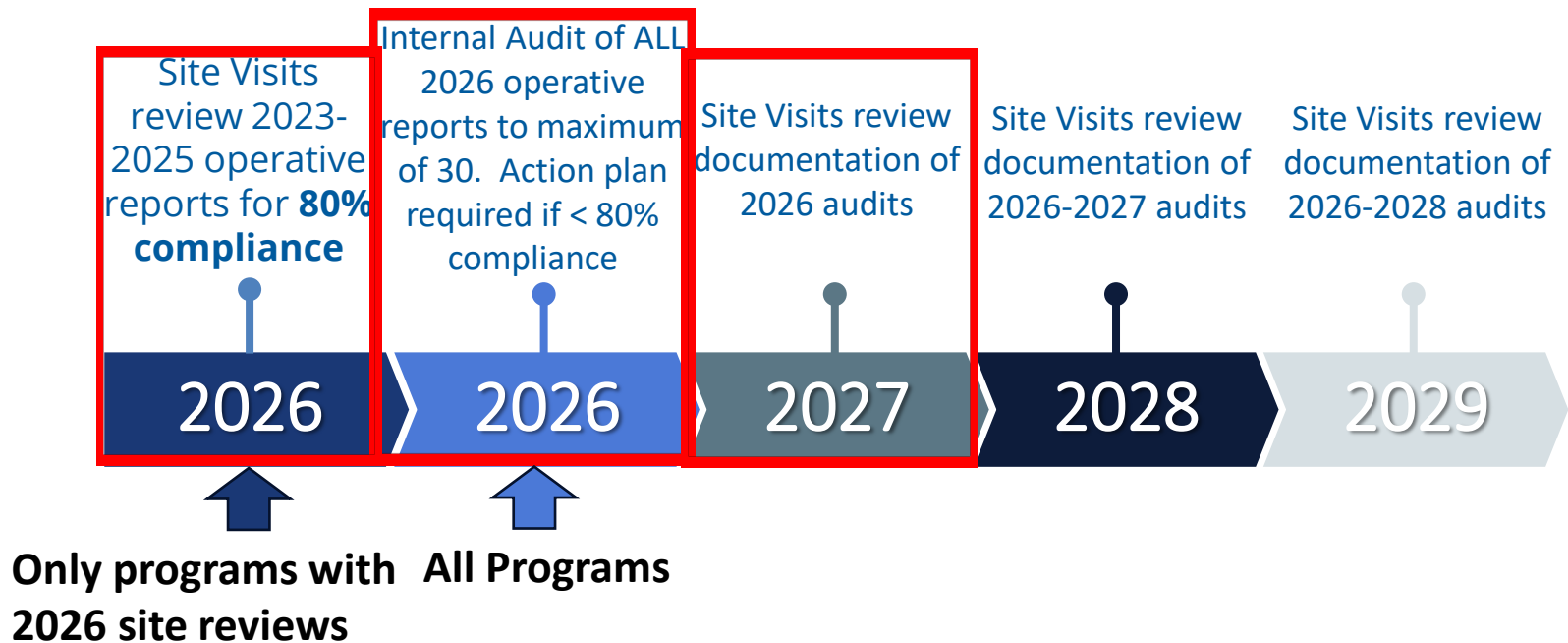
3. Standard 5.3 Internal Audit Flowcharts

To make it easier for CoC-accredited programs to conduct internal audits, the Cancer Surgery Standards Program (CSSP) has created a flowchart outlining documentation and technical compliance requirements for CoC Standard 5.3.

[Standard 5.3 Internal Audit Flowchart.pdf](#)



Operative Standards Implementation Timeline



Standard 5.9: Smoking Cessation

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 patients with newly diagnosed cancer to determine:
 - # screened for smoking status
 - # who were current smokers
 - # who received smoking cessation treatment
- Action plan for areas of improvement:
 - Less than 50% of patients were screened for smoking status
 - Less than 80% of current smokers were referred for treatment



S9.1: Clinical Research Accrual (Alternative)

Barriers to Clinical Trial Accrual

Availability of relevant clinical trials

- Consolidation of cooperative groups

Federal support

Public perceptions

Alternative Pathway Is Available for Standard 9.1 Compliance

The Commission on Cancer (CoC) and National Accreditation Program for Breast Centers (NAPBC) recognize that accredited programs are struggling to accrue required percentages of patients to participate in clinical research.

Effective immediately, the CoC and NAPBC are offering an alternative pathway for Standard 9.1: Clinical Research Accrual compliance for activity from 2025 through 2028.

Programs unable to accrue patients to clinical research at the required percentages outlined in *Optimal Resources for Cancer Care (2020 Standards)* and/or *Optimal Resources for Breast Care (2024 Standards)* may receive a "Deficient but Resolved" rating if the following requirements are met:

- Provide an annual report to the cancer committee/Breast Program Leadership Committee (BPLC) that includes the following:
 - Number of subjects enrolled in eligible clinical research studies (numerator)
 - Total number of annual analytic cancer cases (denominator)
 - Categories of clinical trials to which patients are accrued and number per category

S9.1: Clinical Research Accrual (Alternative)



Standard 5.3 – 5.8: Operative Standards

[Update to Standards 5.3-5.6 – Alternative Compliance Pathway](#)
[Alternative Compliance Pathway for Standards 5.3-5.6 Extended to 2025 and 2026 Site Visits](#)
[Fillable PDF Forms for CoC Standards 5.3-5.6 Are No Longer Compliant Starting in 2026](#)
[CoC Standards Updates for 2025](#)
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Standard 5.9: Smoking Cessation for Patients with Cancer

[CoC Announces New Smoking Cessation Standard](#)
[CoC Releases Updates to Accreditation Standards](#)

Standard 6.1: Cancer Registry Quality Control

[CoC Releases Updates to Accreditation Standards](#)

Standard 6.4: Rapid Cancer Reporting System: Data Submission

[Updated Requirements for Standard 2.2: CLP and Standard 6.4: RCRS Reports](#)
[“Double Dipping” CoC Standards Compliance](#)
[CoC Standards Updates for 2025](#)
[CoC Standards Updates: A Closer Look](#)

Standard 7.1: Quality Measures

[Update to Standard 7.1 – Standard Will not be Rated During 2024 Site Visits](#)
[CoC Standard 7.1: Quality Measures Update](#)
[CoC Releases Standard 7.1 Quality Measure Performance Benchmarks](#)
[CoC Provides Additional Guidance for Standard 7.1 Compliance](#)
[CoC Releases Updates to Accreditation Standards](#)

Standard 8.2: Cancer Prevention Event

[Reminder: CoC Pediatric Programs Must Comply with Prevention Event Requirements](#)
[CoC Pediatric Programs Must Comply with Event Requirements in 2026](#)

Standard 9.1: Clinical Research Accrual

[Clarification on Standard 9.1 – Clinical Research Accrual \(Retrospective Studies\)](#)
[Alternative Pathway Is Available for Standard 9.1 Compliance](#)

If a program will not reach the required accrual percentage, they can obtain “Deficiency Resolved” status by preparing a more extensive annual report and developing a MEANINGFUL action plan.

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 may be added to current offerings
- Assessment of current versus required **clinical trial resources**
- **Strategies** to increase accrual

Report must be given in Q1 of subsequent year and documented in minutes

Clarification on Reporting Timelines



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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: RCRS: 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

NAPBC/NAPRC QI Projects and CoC credit

During each accreditation cycle, one NAPBC project and one NAPRC project can be submitted for CoC credit

2026 (Year 1)

- **CoC** project started
- Counts for 2026 credit

2027 (Year 2)

- **NAPRC** project

2028 (Year 3)

- **NAPBC** project completed
- Counts for 2028 credit

Timing is
Everything



The Focus Should be on IMPROVEMENT



I didn't fail the test, I just found
100 ways to do it wrong.

~ Benjamin Franklin



Standard
Standard 2.2: Cancer Liaison Physician*
Standard 2.5: Multidisciplinary Cancer Case Conference
Standard 4.2: Oncology Nursing Credentials
Standard 4.4: Genetic Counseling and Risk Assessment
Standard 4.5: Palliative Care Services
Standard 4.6: Rehabilitation Care Services
Standard 4.7: Oncology Nutrition Services
Standard 4.8: Survivorship Program
Standard 5.1: CAP Synoptic Reporting
Standard 5.2: Psychosocial Distress Screening
Standard 5.3: Sentinel Node Biopsy for Breast Cancer
Standard 5.4: Axillary Lymph Node Dissection for Breast Cancer
Standard 5.5: Wide Local Excision for Primary Cutaneous Melanoma
Standard 5.6: Colon Resection
Standard 5.9: Smoking Cessation for Patients with Cancer
Standard 6.1: Cancer Registry Quality Control
Standard 6.4: RCRS: 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 8.1: Addressing Barriers to Care
Standard 8.2: Cancer Prevention Event
Standard 8.3: Cancer Screening Event
Standard 9.1: Clinical Research Accrual

The Focus Should be on IMPROVEMENT

Standards allowing for action plans to achieve compliance

- S4.2
- S5.1
- S5.3-5.6
- S5.9
- S7.1
- S9.1 (Deficiency Resolved)



Thanks for All You Do



CRP

Cancer Research Program
American College of Surgeons

Assessing the Effectiveness and Significance of the Operative Standards Program (AESOP)

September 16, 2026

Tim Kravchenko, MD

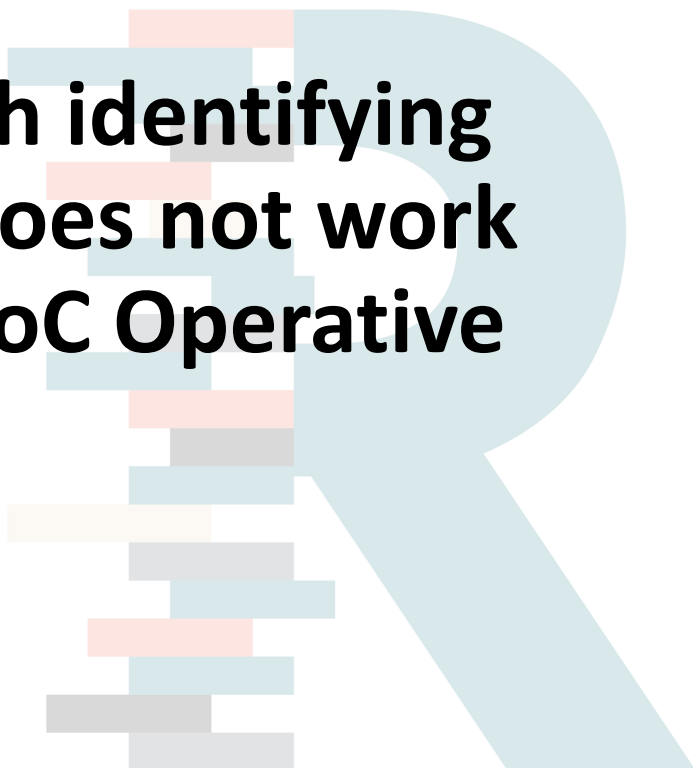
Postdoctoral Research Fellow
PGY-4 General Surgery Resident

Lesly A. Dossett, MD, MPH

Daniel J. Boffa, MD, MBA

MPIs of AESOP Study (NCI R01 Grant)

**We need your help with identifying
what works and what does not work
in implementation of CoC Operative
Standards**



High-quality surgery is a cornerstone of cancer care, yet variation in technical quality exists



AESOP Study Team



NATIONAL
CANCER
INSTITUTE

Study MPIs

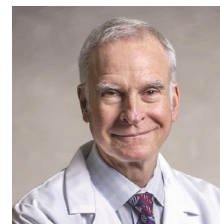


Lesly Dossett



Dan Boffa

Cancer Programs Leadership



Other Key AESOP Members

AESOP Grant Aims



Evaluate the implementation of the CoC Operative Standards across cancer and hospital types



Evaluate the impact of the CoC Operative Standards on cancer outcomes through an NCDB Special Study



Assess barriers and facilitators of implementation with **Cancer Liaison Physicians**



AESOP

Assessing the Effectiveness and
Significance of the Operative
Standards Program

Assess guideline and facility-level barriers and facilitators of implementation

Recognizing the Cancer Liaison Physicians (CLPs) as key voices to convey unique institutional experience



Survey all CLPs at sites who undergo a site visit in 2026 (n~400)

Interview purposive sample from high and low compliance institutions to further understand experience (n=30)

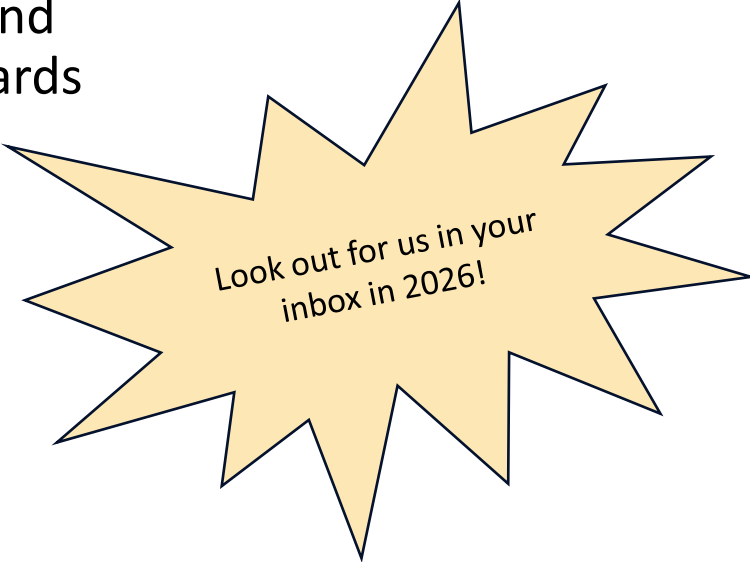
Inform data analysis and future care practices

What kind of data are we gathering?

- Individual and institutional attitude towards **evidence** for Standards 5.3-5.8
- Impact of standards on **clinician workflow and practice patterns**
- **Support** you have (or have not) received for implementation
- **Incentive structures** for compliance
- How **information systems** incorporate adherence to standards

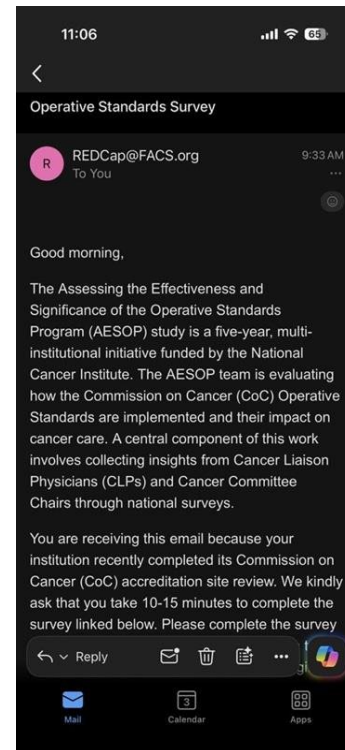
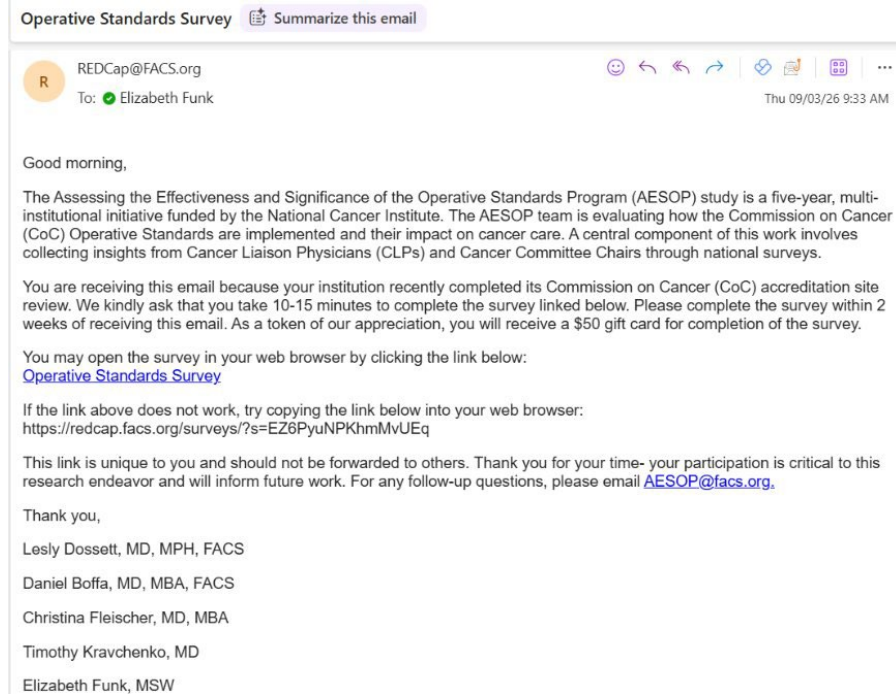
2026 site reviews

- Survey to identify implementation barriers and inform future efforts of the Operative Standards
- All CLPs will receive a survey from REDCap@facs.org after the site visit
- Respondents will receive a \$50 gift card



Look out for us in your
inbox in 2026!

Operative Standards survey



Before your 2026 site review

- Ensure CLP contact information is up to date in QPort





CRP

Cancer Research Program
American College of Surgeons



Scan for more information

Contact AESOP@facs.org with questions

ACS National Roundtables & CoC Cancer Programs

Resource Intersections: Supporting cancer program priorities across the continuum

September 16, 2026

Jessie Sanders
Strategic Director, Partnerships & Collaboration
American Cancer Society National Roundtables



cancer.org/roundtables

ACS National Roundtables

Why We Convene and What We Do

The ACS National Roundtables bring together diverse organizations from all sectors and communities to address complex problems across the cancer continuum that no one organization can solve alone.

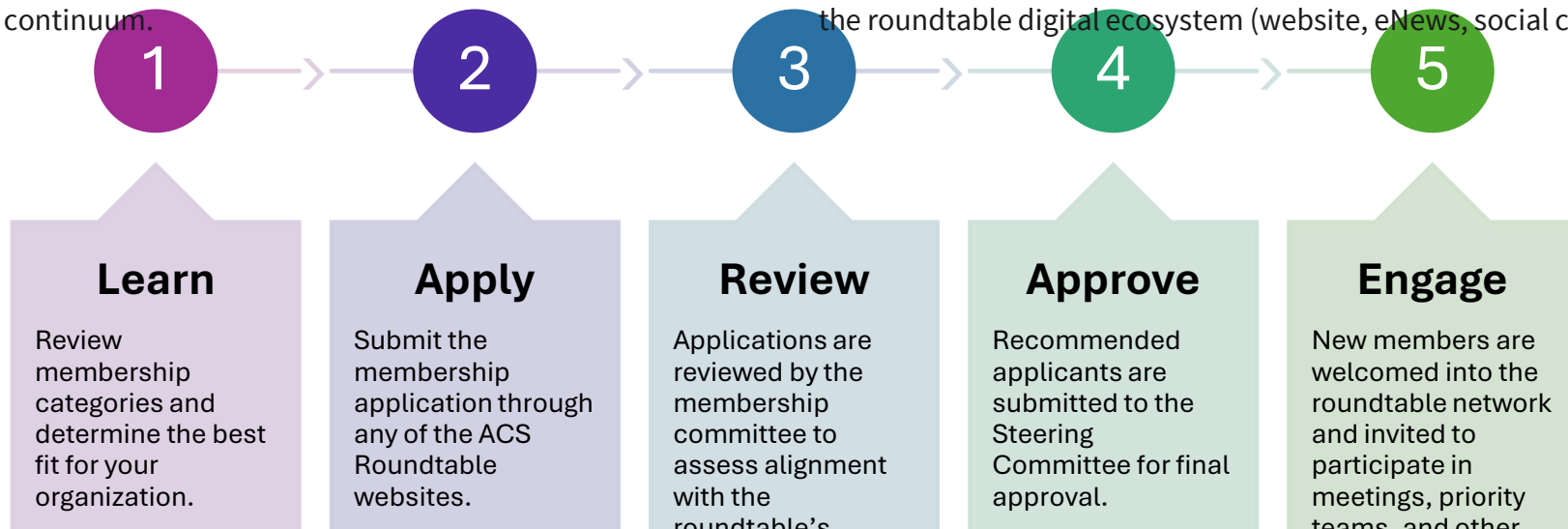
Through convening these roundtables, we align around shared goals, catalyze coordinated action for greater impact, and empower partners to better respond to both long-standing and emerging cancer issues.

ACS Roundtable Membership

- It takes many voices to create an effective coalition.
- A fundamental premise of an ACS National Roundtable is that collective action among the member organizations will be more successful than if we worked alone.
- A roundtable consists of organizational members, corporate members, invited individuals, and affiliate members who reflect a broad involvement across continuum.

Benefits Include:

- Working together on various initiatives designed to **leverage each other's expertise and talents**, identifying the evidence-based practices to address pressing needs.
- Participating in National Meetings and Summits to **share ideas, discuss emerging data and science**, and wrestle with pressing issues.
- **Learning about the latest news, events, tools, and resources** via the roundtable digital ecosystem (website, eNews, social channels).



What ACS Roundtable Resources Uniquely Offer

Our resources combine national expertise, evidence, and practical partner experiences so cancer programs like yours can effectively advance goals and services

1

Expert-led

Brings together member and subject matter expertise from clinicians, researchers, public health practitioners, advocates, and those with lived experience.

2

Evidence-based

Grounded in current literature, findings, and best practice to inform tools and messaging for confident use in health settings.

3

Partner Ready

Resources generally provide starting points, primers, how-tos, tools, case studies, etc so that they can be adapted to various program needs.

Types of Roundtable Resources

Many ways to interact with the information and resources provided on the roundtable websites



Explore

Understand the landscape

Access cancer data, see trends, identify gaps, and learn about emerging issues.

Examples:

- Data Dashboards (CRC, Lung, Cervical)
- Evidence Summaries
- Issue Briefs



Learn

Hear from the field

Benefit from the knowledge exchange created by the diverse roundtable membership

Examples:

- Webinars
- Commentaries
- Partner successes



Apply

Put the tools into practice

Adapt evidence-based approaches or observed best practices to your local program.

Examples:

- Guides
- Handbooks
- Toolkits
- Workflows

Roundtable Resources and Intersections with CoC Accreditation Standards

Standard	Roundtable Resource
7.4 Cancer Program Goal	• NBCRT: Risk Assessment Toolkit • NCCRT: CRC Best Practices for Hospitals and Health Systems; Risk Assessment and Screening Toolkit; Colorectal Cancer Screening Steps Guide • NLCRT: A Steps Guide for Increasing Lung Cancer Screening, Best Practice Guide for Building Lung Cancer Early Detection Programs; LungPLAN
8.1 Addressing Barriers to Care	• NNRT: Patient navigation tools and guidance • NLCRT: Lung Cancer Stigma Communications Assessment Tool • NCCRT: Lead Time Messaging Guidebook (EAO CRC Screening)
8.2 Cancer Prevention Event	• HPVRT: Start HPV Vaccination at Age 9 Toolkit
8.3 Cancer Screening Event	• NBCRT: Risk Assessment Toolkit • NCCRT: Various CRC Messaging Guidebooks; Increasing CRC Screening in Rural Communities, Colorectal Cancer Dashboard; Risk Assessment & Screening Toolkit • NLCRT: National Lung Cancer Screening Day; Messaging Guidebook; Lung Cancer Dashboard • NRTCC: Cervical Cancer Dashboard; Cervical Cancer Screening with HPV Self Collection Test

Find more tools, webinars, and recordings



ROUNDTABLE	RESOURCE CENTER	WEBINARS
Colorectal	nccrt.org/resource-center	nccrt.org/news-and-events/events
HPV Vaccination	hpvroundtable.org/resource-center	Webinars
Lung	nlcrt.org/resource-center	nlcrt.org/whats-happening/webinars
Navigation	navigationroundtable.org/resource-center	navigationroundtable.org/news-events/events
Breast	nbcrt.org/resource-center	nbcrt.org/webinar
Cervical	cervicalroundtable.org/resource-center	cervicalroundtable.org/pastwebinars
Prostate	npcrt.org/resourcelibrary	Npcrt.org/events-webinars

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 www.cervicalroundtable.org



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 www.npcrt.org



[Cancer.org/Roundtables](https://www.cancer.org/Roundtables)

[ACS4CCC.org](https://www.acs4ccc.org)

National Roundtables Business Unit: Our Team



National Roundtables Leadership Team



Sarah Shafir
Vice President
National Roundtables



Shannon Griffin-Blake
Senior Director
Roundtables Program



Caleb Levell
Senior Director
Implementation & Operations



Jessie Sanders
Strategic Director
Partnerships & Collaborations

Roundtables Program Team



Kaitlin Sylvester
Strategic Director, NCCRT



Lauren Rosenthal
Strategic Director, NLCRT



Gabrielle Darville-Sanders
Strategic Director, Nat'l HPV Cancers RT



Lucas Brand
Strategic Director, NPCRT



Karen Costello
Strategic Director, NNRT



Melissa Thomas
Strategic Director, NBCRT

Implementation & Operations Team



Natalie Jaynes
Director
Facilitation & Strategic Planning



Donoria Evans
Director
Data and Evaluation



Disa Patel
Senior Manager
Data and Evaluation



Caitlin Cowan
Communications Manager



Megan Burns
Director, Program Management



Lilly Meier (Now Vacant)
Program Manager



Korey Hofmann
Program Manager



Aubree Thelen
Program Manager



Michelle Chappell
Program Manager



Courtnee VanOrd
Program Manager

ACS National Roundtables & CoC Cancer Programs

Resource Intersections: Supporting cancer program priorities across the continuum

Thank you! Questions?



American Joint Committee on Cancer
American College of Surgeons

CoC Cancer Liaison Physicians Meeting

September 16, 2026

AJCC: Principles of Cancer Staging

David R. Byrd, MD

Past Chair, AJCC

Chair, AJCC Cancer Recurrence Staging Workgroup



Goals of Today's Presentation

- Describe and provide AJCC cancer staging resources to all CLPs
 - Review the AJCC website cancerstaging.org educational resources
- Provide an overview of an AJCC Principles of Cancer Staging slide deck (attached) available to all CLPs

American Joint Committee on Cancer (AJCC)

Cancer program of the American College of Surgeons

Member Organizations

- [American Association of Pathologists' Assistants](#)
- [American Cancer Society](#)
- [American College of Physicians](#)
- [American College of Radiology](#)
- [American College of Surgeons](#)
- [American Head and Neck Society](#)
- [American Society for Radiation Oncology](#)
- [American Society of Clinical Oncology](#)
- [American Society of Colon and Rectal Surgeons](#)
- [American Urological Association](#)
- [Canadian Partnership Against Cancer](#)
- [Centers for Disease Control and Prevention](#)
- [College of American Pathologists](#)
- [International Collaboration on Cancer Reporting](#)
- [National Cancer Database](#)
- [National Cancer Institute](#)
- [National Cancer Registrars Association](#)
- [National Comprehensive Cancer Network](#)
- [North American Association of Central Cancer Registries](#)
- [Society of Gynecologic Oncology](#)
- [Society of Surgical Oncology](#)
- [Society of Urologic Oncology](#)

AJCC website - cancerstaging.org

Overview tab:

CANCER PROGRAMS

Learn the Principles of Cancer Staging

AJCC Chapter 1: Principles of Cancer Staging is available as a free download. Chapter 1 provides overall rules for AJCC cancer staging that apply across all tumor sites.

AJCC 8th Ed Cancer Staging Manual: Chapter 1: Rules of cancer staging

Principles of Cancer Staging

1

Donna M. Gress, Stephen B. Edge, Frederick L. Greene,
Mary Kay Washington, Elliot A. Asare, James D. Brierley,
David R. Byrd, Carolyn C. Compton, J. Milburn Jessup,
David P. Winchester, Mahul B. Amin,
and Jeffrey E. Gershenwald

AJCC Principles of Cancer Staging Slide Deck

- Freely available to all CLPs:
- Designed to be a resource for presentations to physicians, cancer committees, trainee lectures, and in tumor board presentations/discussions
- The lengthy presentation can be tailored to audience and time allocation
- Presenter notes are provided for further content and explanation to aid the presenter
- “take-home” points are emphasized in several slides



American Joint Committee on Cancer
American College of Surgeons

AJCC Principles of Cancer Staging Slide Deck – General Sections



Background of AJCC

- 1959 - North American effort first organized as the American Joint Committee for Cancer Staging and End Results Reporting (AJC)
- Jointly formed by the *American College of Surgeons, American College of Radiology, College of American Pathologists, College of Physicians, American Cancer Society & the National Cancer Institute*
- 1970 - AJC adopted “objectives, rules & regulations of the AJC” – resulted in formulation and publication of systems of classification of cancer
- 1977 - First Edition of AJC staging manual published in 1977
- 1980 - AJCC changed its name to American Joint Committee on Cancer

Uses of Cancer Staging

- Determine prognosis
- Guide treatment recommendations
- Facilitate the exchange and comparison of information between providers and treatment centers, both nationally and internationally.
- Facilitate clinical research and evaluate the results of treatments and clinical trials
- Provide longitudinal **cancer surveillance** statistics (CDC-NPCR and NCI - SEER)
- measure **early detection** efforts and impact of screening

Cancer Staging Essentials

- To effectively care for any patient with cancer it is essential to consider three factors:
- The site/organ of origin of the cancer
 - e.g. lung, prostate, breast
- The histological and biological characteristics
 - if lung cancer: non small cell (NSCLC) or small cell cancer?
 - if prostate cancer: what is the tumor grade?
 - if breast cancer: what is the hormone receptor status, HER2 status and grade?
- The extent of the cancer - The globally accepted method of describing anatomical extent of cancer is the **TNM Classification**.

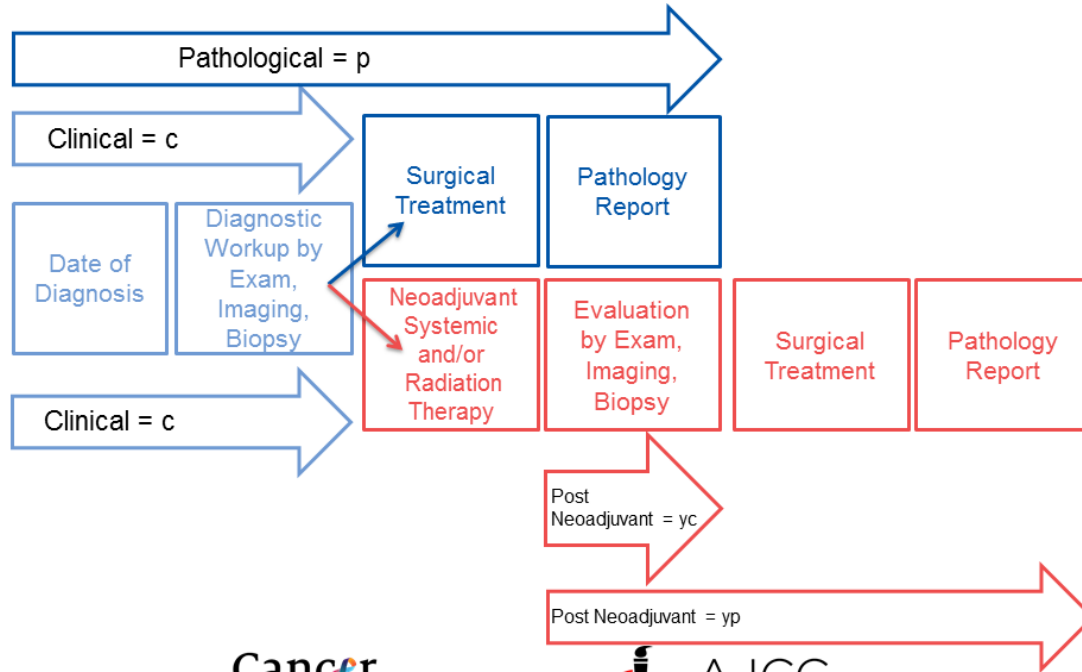
Rules of Cancer Staging

- T-, N-, and M- are categories, NOT "T-stage, N-stage, M-stage"
- Clinical and Pathological staging
 - Clinical stage is based on physical examination, biopsy, imaging, and other methods of diagnostic workup, e.g. endoscopy
 - Pathological stage is documented after removal of the primary tumor +/- regional nodes or even the entire organ, e.g. prostate
- cTNM Stage applies to the initial presentation ONLY

Understanding Stage Classifications

AJCC Stage Classifications

Defining Time Frame and Criteria



Clinical Classification- cTNM

Clinical stage classification is based on patient history, physical examination, imaging, and any procedure performed before initiation of treatment, e.g. endoscopy.

- No specific imaging is required to assign a clinical stage for any cancer site.
- Imaging study information may be used for clinical staging
- Biopsy information on regional lymph nodes and/or other sites of metastatic disease may be included in the clinical classification.

Case Example

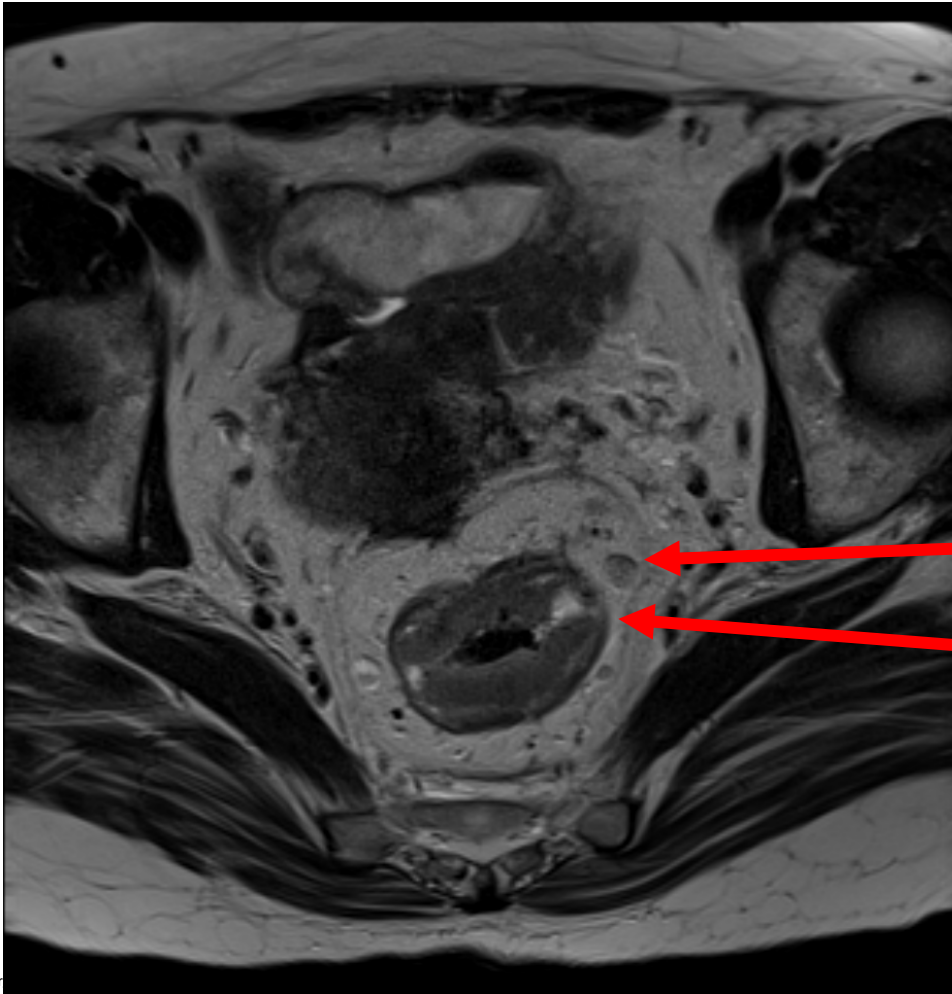


Image of MRI

cT3N1

Rectal cancer

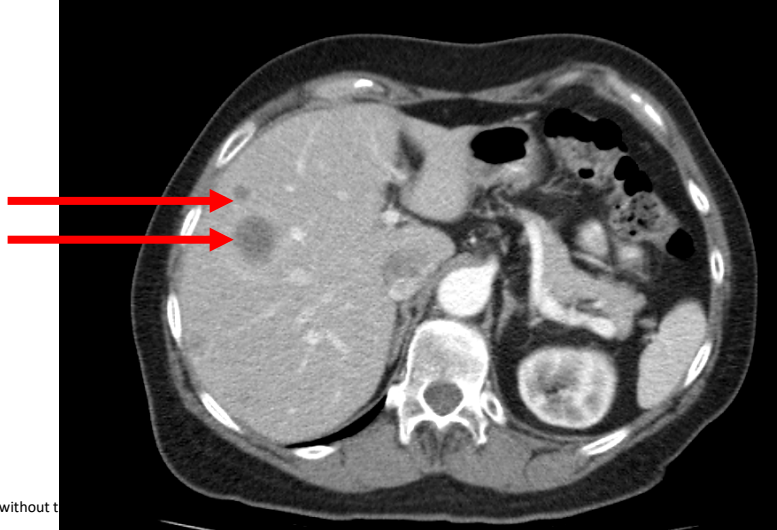
Abnormal perirectal
lymph Node

T3 Rectal Cancer as it invades
through muscularis propria

Case Example - Further Imaging Studies for Clinical Staging

- CT CAP reveals multiple liver metastases
- Needle biopsy positive for metastatic rectal CA
- cM1a (metastasis to one site or organ without peritoneal metastasis)

Liver metastases



Therefore, the Stage Group is:

AJCC Cancer Staging Manual, 8th Ed

When T is...	And N is...	And M is...	Then the stage group is...
Tis	N0, NX	M0	0
T1, T2	N0	M0	I
T3	N0	M0	IIA
T4a	N0	M0	IIB
T4b	N0	M0	IIC
any T	N1-N2	M0	III
T1–T2	N1/N1c	M0	IIIA
T1	N2a	M0	IIIA
T3–T4a	N1/N1c	M0	IIIB
T2–T3	N2a	M0	IIIB
T1–T2	N2b	M0	IIIB
T4a	N2a	M0	IIIC
T3–T4a	N2b	M0	IIIC
T4b	N1-N2	M0	IIIC
Any T	Any N	M1	IV
Any T	Any N	M1a	IVA
Any T	Any N	M1b	IVB
Any T	Any N	M1c	IVC

- T3N1aM1a
- Stage IVA

Pathological Classification (pTNM)

pTNM classification is applicable when surgery is performed and before initiation of adjuvant radiation or systemic therapy if indicated.

pTNM is composed of information from:

- Clinical staging from diagnostic workup
- Operative findings
- Pathology review of resected surgical specimens



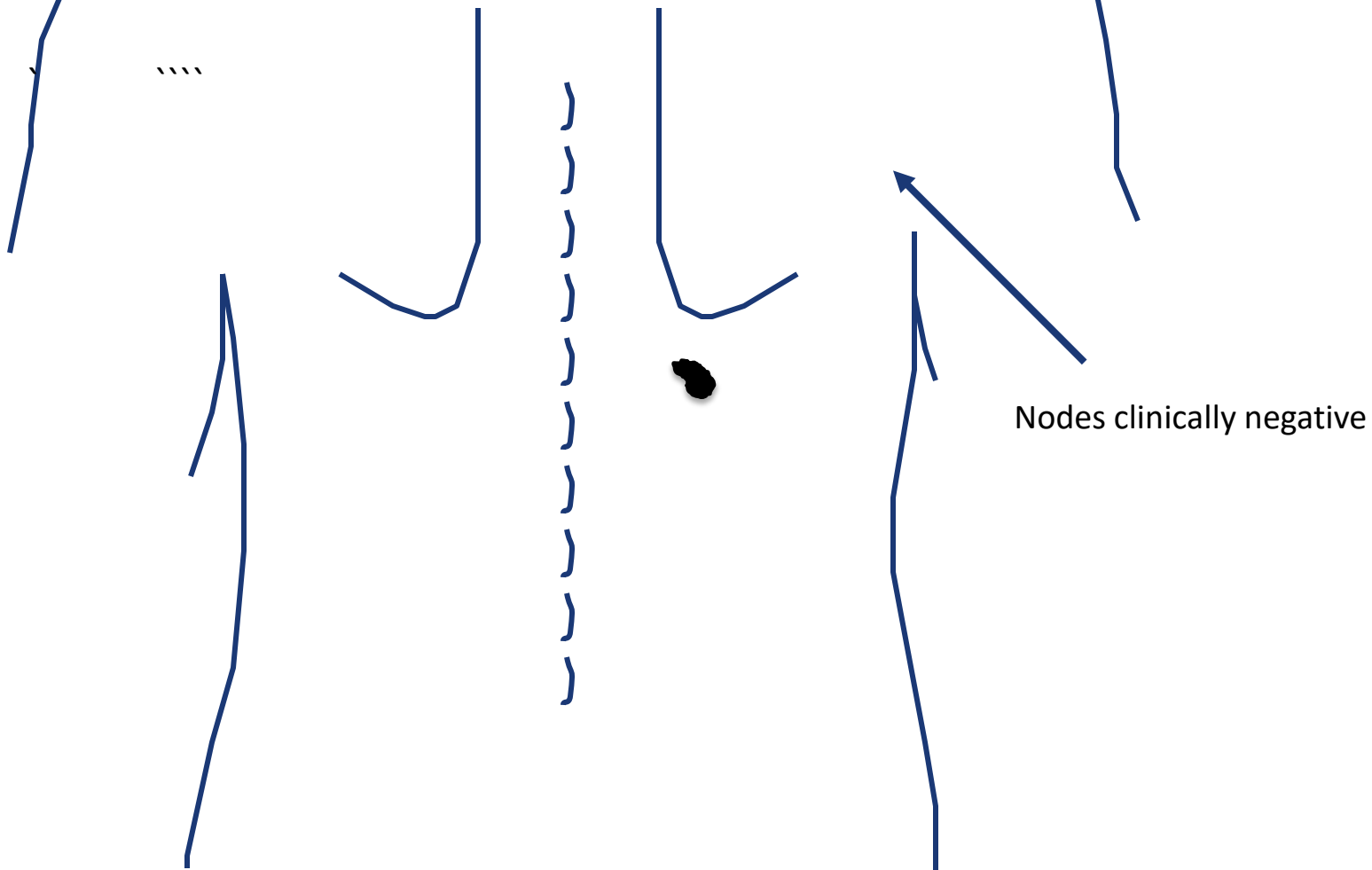
AJCC

American Joint Committee on Cancer
American College of Surgeons

Staging After Initial Treatment with Curative Intent for localized Disease



45 y/o man with itchy mole Right Back





1.8 X 0.8 cm

College of American Pathology Reporting Template - Melanoma

- A) Skin, right back, punch biopsy:**
1. Approximate Breslow thickness: **at least 1.5 mm.**
 2. Clark's Level: IV.
 3. Ulceration: **present**
 4. Mitotic rate: 3/mm².
 5. Lymphocapillary invasion: None identified.
 6. Satellitosis: None identified.
 7. Perineural invasion: None identified.
 8. Lymphocytic infiltrate: Not brisk
 9. Regression: None identified.
 10. Margins: Peripheral margins positive for melanoma.
 11. Melanoma in situ: Present.
 12. Biopsy site identified.

Features in **red** are used for T category

Clinical Stage after Biopsy

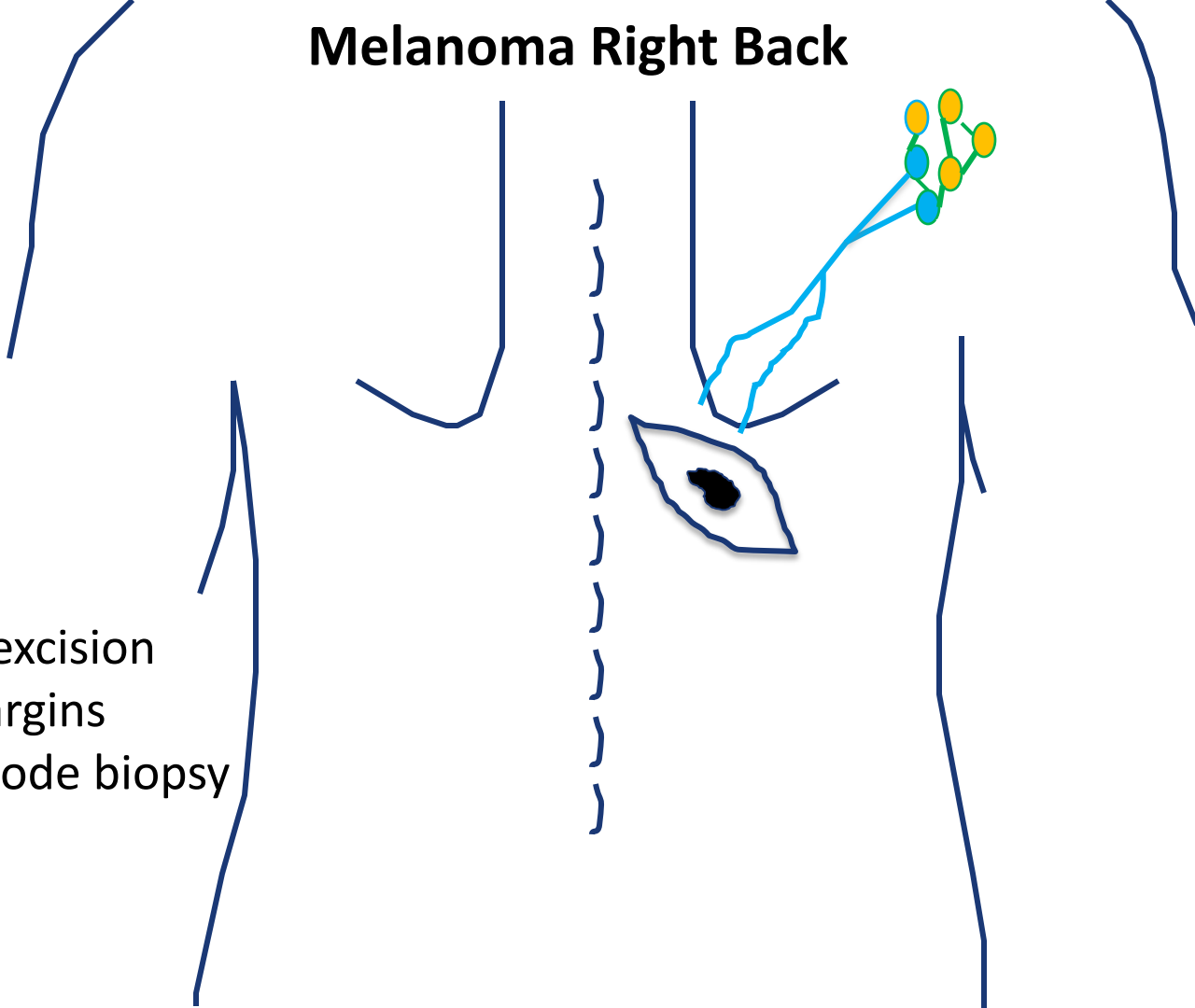
- At least cT2b (1-2 mm with ulceration)
- cN0 - regional nodes normal to palpation
- cM0 – no symptoms suggestive of distant metastasis

Stage group: At least IIA

Amin M, et al: AJCC Cancer Staging Manual, 8th Ed, 2016

Melanoma Right Back

Treatment:
Wide local excision
w/ 1 cm margins
+ sentinel node biopsy



Surgical Pathology

- Superficial spreading melanoma
- Thickness: 1.8 mm thick
- Margins widely free
- 1 of 2 sentinel nodes positive for melanoma
 - Largest nodal deposit – 1 mm
 - No extranodal extension

Pathological Stage after Surgery

- pT2b (1-2 mm with ulceration)
- pN1a (sn*) – one positive node
- cM0 – no symptoms suggestive of distant metastasis + staging CT
C/A/P negative

Stage group: IIIB

*node(s) found positive only on sentinel node biopsy are designated **sn**

Amin M, et al: AJCC Cancer Staging Manual, 8th Ed, 2016

Rules of Cancer Staging – Prognostic Stage Group

- Chapter 1 of the AJCC 8th Ed Cancer Staging Manual is a comprehensive review of the rules of cancer staging
- Assigning stage group means:
 - T category
 - N category
 - M category
 - Non anatomic factors
- **Non-anatomic factors** are used to assign a **Prognostic Stage Group** for some disease sites
- Prognostic Stage group is required when available

Evolution to Prognostic Staging: Breast Cancer

- AJCC 8th Edition Breast Staging incorporates key prognostic factors into primary staging
 - Anatomic stage groups still maintained
 - Clinical and pathological Stage
 - When biomarkers cannot be assessed
- “Prognostic Stage” - stage recorded in US cancer registries
- Requires:
 - T, N, and M
 - Grade; HER2; Estrogen Receptor; Progesterone Receptor
 - Genomic profiles (OncotypeDx™) as appropriate



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Case Example – Unknown Primary Tumor



38M palpable right inguinal node core needle biopsy = metastatic melanoma

Clinical stage:
T0 (unknown
primary) N1 M0
(PET/CT only
shows right
inguinal node)
= Stage III





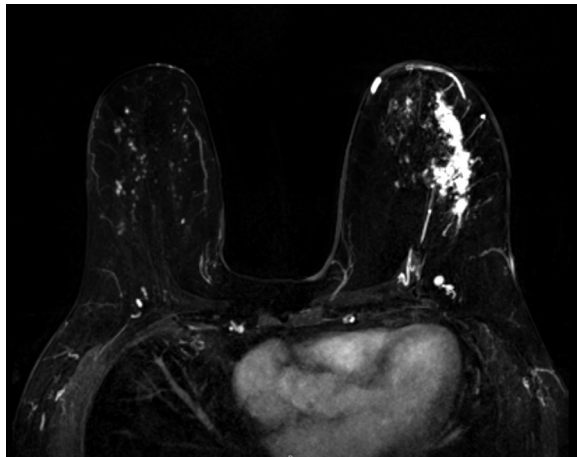
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Staging After Neoadjuvant Treatment

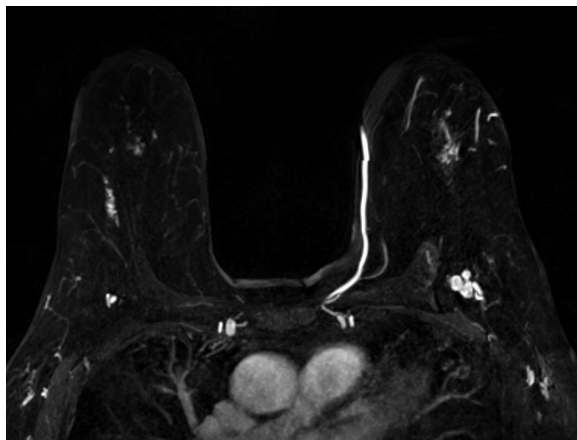


BREAST MRI

cT3 cN1 cM0
Breast cancer

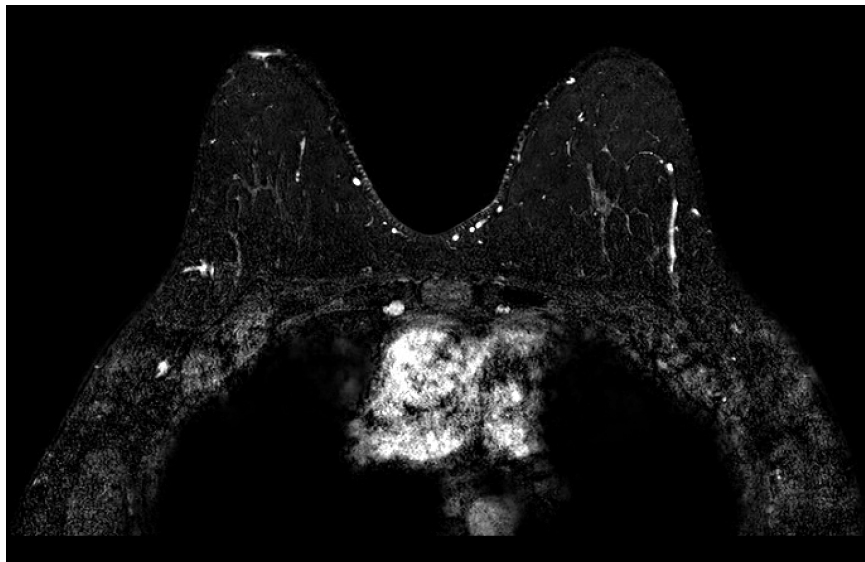


← **T3 breast cancer:
>5 cm contiguous disease**



← **Abnormal axillary
lymph node**

Case Example - Initial Course of Treatment - Chemotherapy



- Localization clip placed into axillary node prior to start of chemo
- MRI post chemo shows no evident breast mass or abnormal axillary node(s): ycT0N0
- Surgery (skin-sparing mastectomy and seed-localized targeted axillary sentinel node dissection) is performed.
- Pathology reveals no residual tumor involving the breast or three axillary sentinel lymph nodes (including the clipped node)



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Staging Cancer Recurrence



Case Example - 65M with Recurrent Cancer

Clinical Stage III rectal CA, NED after chemoradiation and resection with curative intent, downstaged to ypT0 ypN0 cM0; There is no Stage group after complete pathological response



- Five years later has pelvic pain. MRI reveals sacral mass.
- Biopsy consistent with rectal carcinoma recurrence

Sacral mass



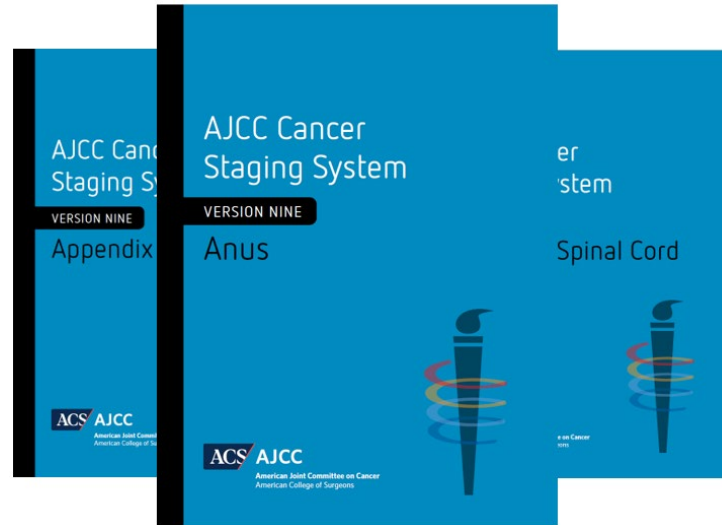
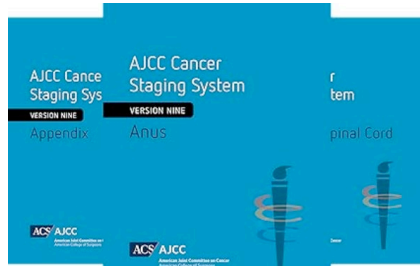
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Evolution of Cancer Staging – Introducing Version 9 Cancer Staging System



Version 9 Cancer Staging

- 2021 – present
- Digital and paper options
- Changes/Updates are published immediately when approved



AJCC Version 9 Protocols

- **NEW** – Effective January 1, 2026
 - Salivary Glands
 - Oropharynx (HPV-Associated)
-
- Currently Available
- Nasopharynx
- Lung
- Thymus
- Diffuse Pleural Mesothelioma
- Appendix
- Anus
- Vulva
- Cervix
- Neuroendocrine Tumors – Stomach
- Neuroendocrine Tumors – Duodenum/Ampulla
- Neuroendocrine Tumors – Jejunum/Ileum
- Neuroendocrine Tumors – Appendix
- Neuroendocrine Tumors – Colon/Rectum
- Neuroendocrine Tumors – Pancreas
- Brain and Spinal Cord

Feedback to AJCC Education Committee

- This slide deck will be periodically updated as appropriate
- We value feedback from all CLPs
- Send suggestions on this version of the slide deck to: byrd@uw.edu



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Thank you for being a CLP!



CoC Cancer Liaison Physicians Meeting

Questions

CoC Cancer Liaison Physicians Meeting

Thank you!

mleeb@facs.org