



State Chair Town Hall

September 26, 2026

Commission on Cancer

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



Nicolas Ajkay, MD, FACS
Kentucky



**David Mullins, MD, MBA, CPE,
FACS**
West Virginia

2026 State Chair Outstanding Performance Award



Jamal Rahaman, MD, FACS
New York



Jason Wilson, MD, MBA, FACS
Virginia

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

2026 Research Paper Competition

Basic Science



1st Place

Divyansh Agarwal, MD, PhD

University of Minnesota



2nd Place

Suryansh, MBBS

University of Iowa

2026 Research Paper Competition

Clinical Research



1st Place
Zhen Ma, PhD
Xinjiang Medical University



2nd Place
Kainoa McCauley, MD, MS
The MetroHealth System/
Case Western Reserve University



3rd Place
Tara Talaie, MD, MS
Memorial Sloan Kettering Cancer Center

State Chair Town Hall

The Value of CoC Accreditation

Ronald J. Weigel, MD, PhD, MBA, FACS

ACS Cancer Programs Medical Director

Julian Kim, MD, MS, FACS

President, Prisma Health Cancer Institute and South Carolina CoC State Chair

The Value of CoC Accreditation

Ronald J. Weigel, MD, PhD, MBA, FACS
Medical Director, Cancer Programs

CoC State Chair Quarterly Town Hall
September 26, 2026

ACS Cancer Accreditation Programs

- Commission on Cancer (CoC)
- National Accreditation Program for Breast Centers (NAPBC)
- National Accreditation Program for Rectal Cancer (NAPRC)



ACS Cancer Accreditation Programs

Delivering Value to Hospitals

Improving Quality of Cancer Care to Patients

- Improved surgical outcomes
- More effective delivery of cancer-related services guided by the highest standards
- Data-driven quality improvement
- Improved hospital financial performance



Benefits of Accreditation

- Offers external evaluation by trained physicians
- Provides a structure and methodology for continuous improvement
- Promotes standardization of care
- Drives multidisciplinary care
- Provides quality metrics comparison
- Demonstrates commitment to quality and accountability to all stakeholders
- Offers free and discounted education events
- Enables participation in nation-wide quality improvement projects



A valuable resource providing data to improve patient care

- NCDB accrued over 1.7 million records in 2024
 - With historic accrual of 53 million records dating back to 1985
- Registries abstracted over 250 data points
 - Covering patient demographics, diagnosis, staging, first course of treatment, survival outcome
- In 2025 and first half of 2026, there are over 900 publications in PubMed that utilized the NCDB
 - Cancer Therapy, Healthcare Disparities, Data on Quality Care
- Articles show that ACS Accreditation improves quality of care and survival



National Cancer Database
American College of Surgeons

Fragmented Care, Commission on Cancer Accreditation, and Overall Survival in Patients Receiving Surgery and Chemotherapy for Lung Cancer



Ayham Odeh, MD,^{1,2} Raymond Verm, MD,¹ Simon Park, BS, PhD,¹ James Swanson, BS,¹ Marshall Baker, MD, MBA,³ and Zaid Abdelsattar, MD, MS^{1,4}

(Ann Thorac Surg 2025;120:521-30)

RESULTS Of 65,369 patients, 32,494 (49.7%) had fragmented care, with the majority (70.4%) receiving their chemotherapy at a non-CoC accredited facility. Factors associated with fragmented care were White race (adjusted odds ratio [aOR], 1.34; $P < .001$), lower comorbidity index (aOR, 1.11; $P < .001$), having private insurance (aOR, 1.11; $P < .001$), and a higher median income (aOR, 1.24 $P < .001$). Fragmented care was associated with worse overall survival (median survival, 60 vs 65 months; $P < .001$) compared with single-center care. When care was fragmented, receiving adjuvant chemotherapy at CoC-accredited centers had higher 5-year overall survival rates compared with those with fragmented care at non-CoC centers (median survival, 71 vs 55 months; $P < .001$).

CONCLUSIONS The majority of lung cancer patients have their care fragmented to non-CoC-accredited centers and this is associated with worse outcomes. Regionalization, achieving CoC accreditation, or improved patient access may be necessary to allow select patients to receive closer care while maintaining outcomes.

ORIGINAL RESEARCH

Association of commission on cancer accreditation with receipt of guideline-concordant care and survival among patients with colon cancer

Kelley Chan^{1,2}  | Bryan E. Palis¹ | Joseph H. Cotler¹ |
Lauren M. Janczewski^{1,3} | Ronald J. Weigel^{1,4} | David J. Bentrem³ |
Clifford Y. Ko^{1,5}

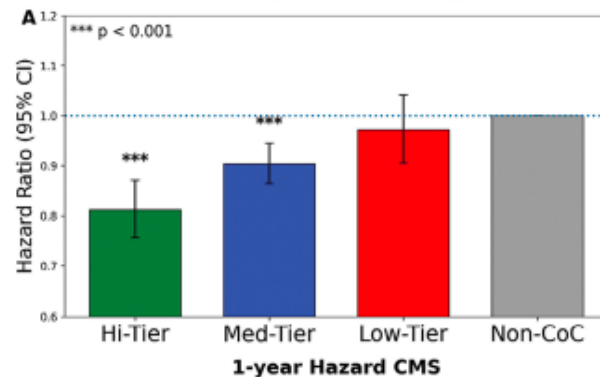
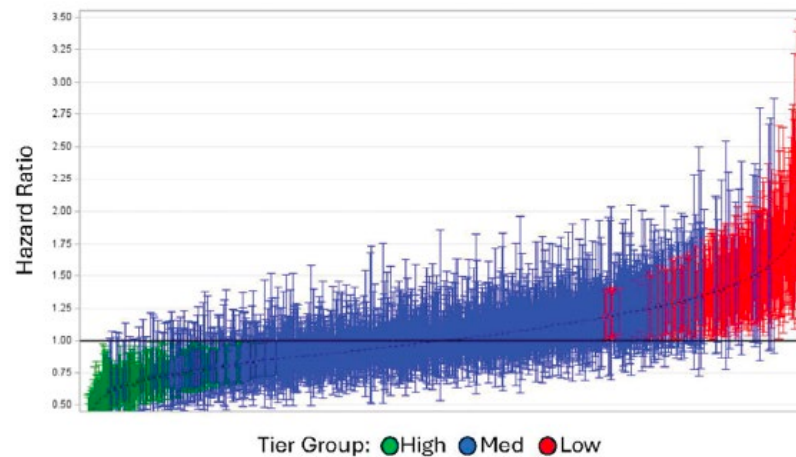
World J Surg. 2025 Jan;49(1):34-45.

Results: Of 222,583 patients with colon cancer, 146,629 (91.2%) of eligible patients received guideline-concordant lymphadenectomy and 70,586 (81.9%) of the eligible patients received guideline-concordant chemotherapy. Treatment at CoC-accredited hospitals was the strongest modifiable predictor for receipt of guideline-concordant lymphadenectomy (odds ratio [OR] 1.82; 95% confidence interval [CI] 1.75–1.88) and chemotherapy (OR 2.14; 95% CI 2.06–2.23). Among patients treated at CoC-accredited hospitals, risk adjusted mortality was decreased for patients with stage I–II disease (hazard ratio [HR] 0.94; 95% CI 0.80–0.99), stage III disease (HR 0.93; 95% CI 0.88–0.98), and stage IV disease (HR 0.88; 95% CI 0.84–0.92).

Conclusions: For patients with colon cancer, treatment at CoC-accredited hospitals was associated with increased receipt of GCC and decreased mortality risk. Benchmarking data may serve as a valuable accountability tool for quality assessment to improve cancer treatment and outcomes.

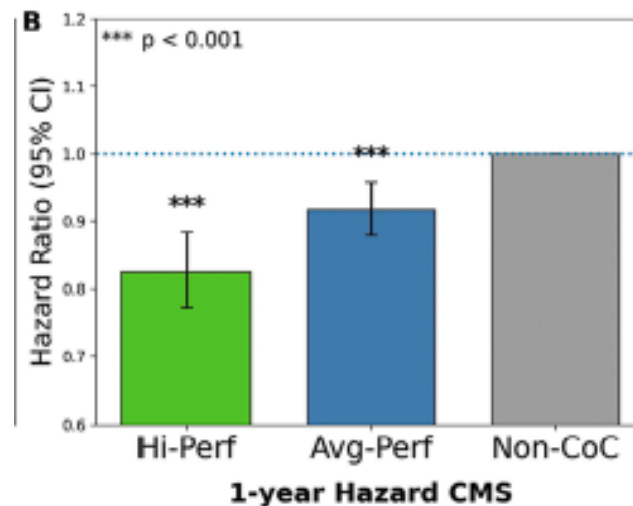
Assessing Quality of Colorectal Cancer Care at Commission on Cancer–Accredited Hospitals. 2026, Cotler JH, et al. JACS (in press)

- CoC hospitals ranked as High, Med, Low quality based on 5-year survival
- CoC High and Med-tier outperformed non-CoC (using 1-year survival based on CMS data)



Assessing Quality of Colorectal Cancer Care at Commission on Cancer–Accredited Hospitals. 2026, Cotler JH, et al. JACS (in press)

- CoC hospitals ranked as High Performance or Average Performance based on guideline concordant care and adherence to quality metrics.
- Both High Performance and Average Performance based on guideline concordant care out-performed Non-CoC hospitals for 1-year survival.



Commission on Cancer Accreditation Eliminates the "Rural Gap"

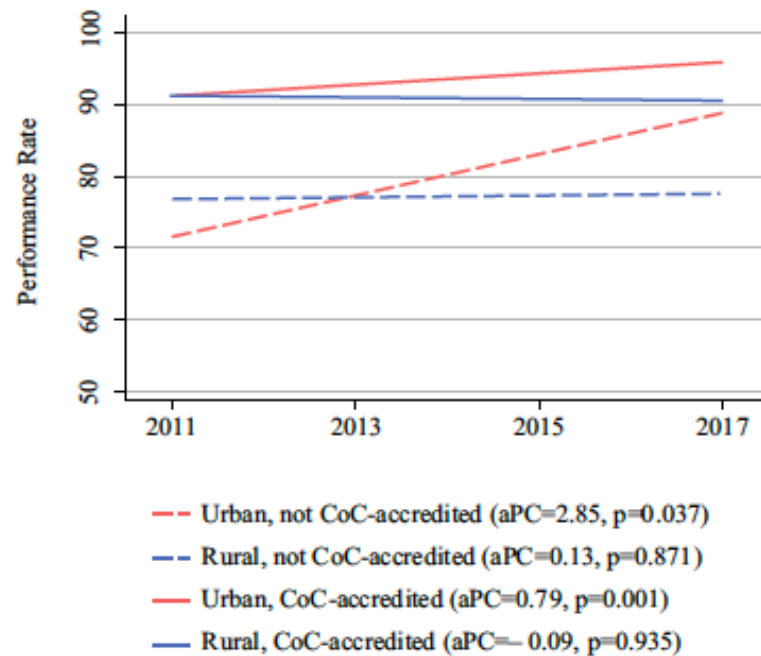


FIG. 3 Performance rate over time for colon nodal yield quality measure by hospital rurality and CoC accreditation status. *CoC* Commission on Cancer, *aPC* annual percentage change

Schroeder et al. Ann Surg Oncol (2022) 29:2527–2536

Social Vulnerability and Receipt of Guideline-Concordant Care among Patients with Colorectal Cancer

Kelley Chan, MD, MS, Bryan E Palis, MA, Joseph H Cotler, PhD, Lauren M Janczewski, MD, MS, Ronald J Weigel, MD, FACS, PhD, MBA, Clifford Y Ko, MD, FACS, MS, MSHS, David J Bentrem, MD, FACS, MS

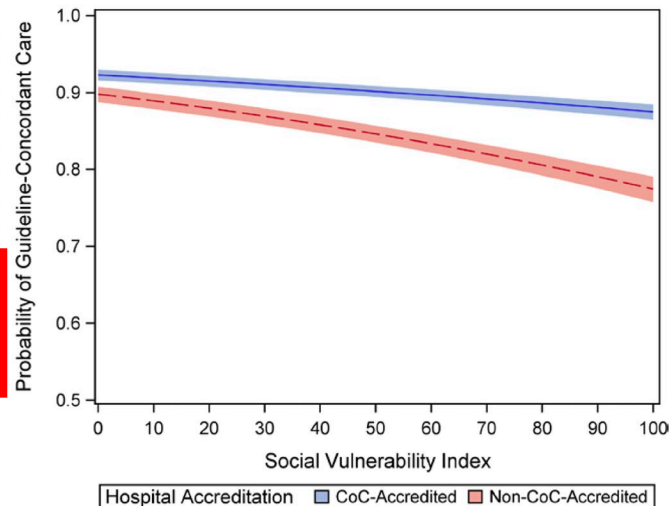
Journal of the American College of Surgeons 240(2):p 167-178, February 2025.

RESULTS:

Among 124,950 patients (colon, 102,399; rectal, 22,551), median SVI was 60.9 (interquartile range 35.0 to 79.5). Patients in the highest SVI quartile had 21% decreased odds of receiving GCC (95% CI 0.76 to 0.83). Treatment at Commission on Cancer (CoC)-accredited hospitals was associated with increased GCC (odds ratio 1.79; 95% CI 1.72 to 1.85). Although there was an inverse, decreasing association between SVI and probability of GCC, probability at non-CoC-accredited hospitals declined faster than at CoC-accredited hospitals ($p < 0.05$). After adjusting for receipt of GCC, highly vulnerable patients treated at CoC-accredited hospitals had decreased mortality risk (hazard ratio 0.91; 95% CI 0.83 to 0.98).

CONCLUSIONS:

For highly vulnerable patients, treatment at CoC-accredited hospitals was associated with increased receipt of GCC and decreased mortality risk, which may reflect CoC accreditation requirements for treatment guideline adherence, community engagement, and addressing barriers to care. (J Am Coll Surg 2025;240:167-176. © 2024 by the American College of Surgeons. Published by Wolters Kluwer Health, Inc. All rights reserved.)



VALUE OF ACCREDITATION

DEFINITION OF VALUE:

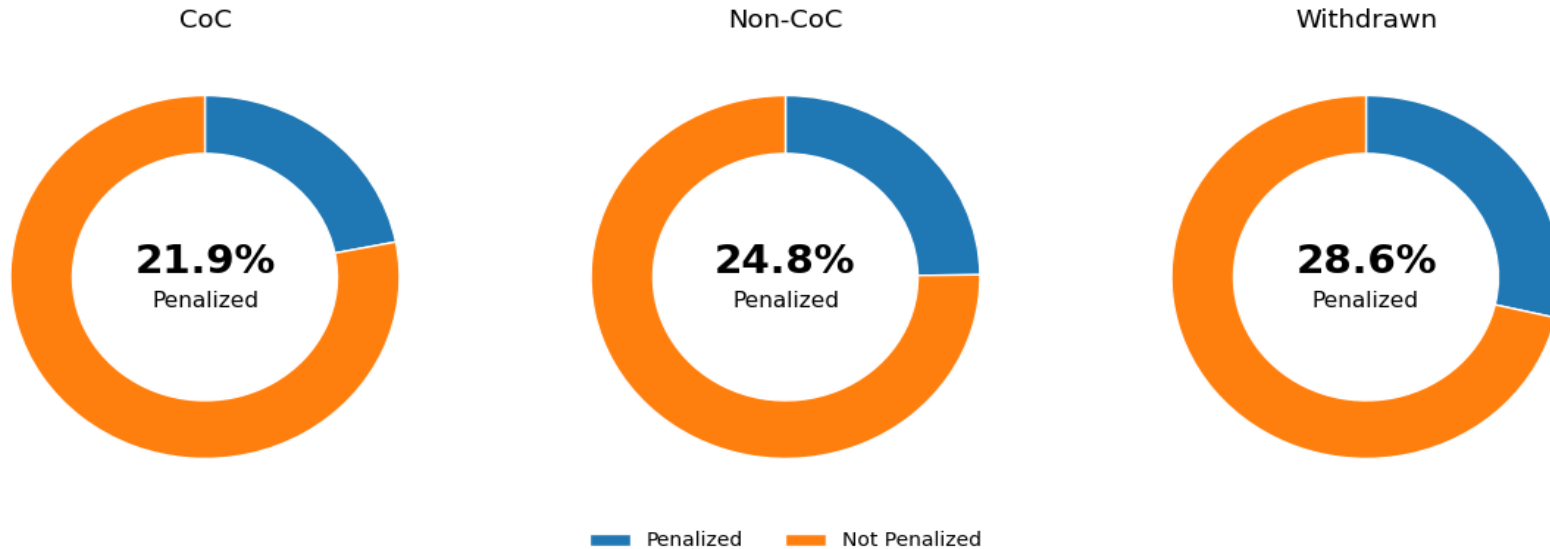
$$\text{VALUE} = \text{QUALITY} / \text{COST}$$

Message to the C-Suite:

ACS Cancer Program Accreditation Drives Patient Volume and Improves Operating Margin

Direct Financial Value of CoC Accreditation

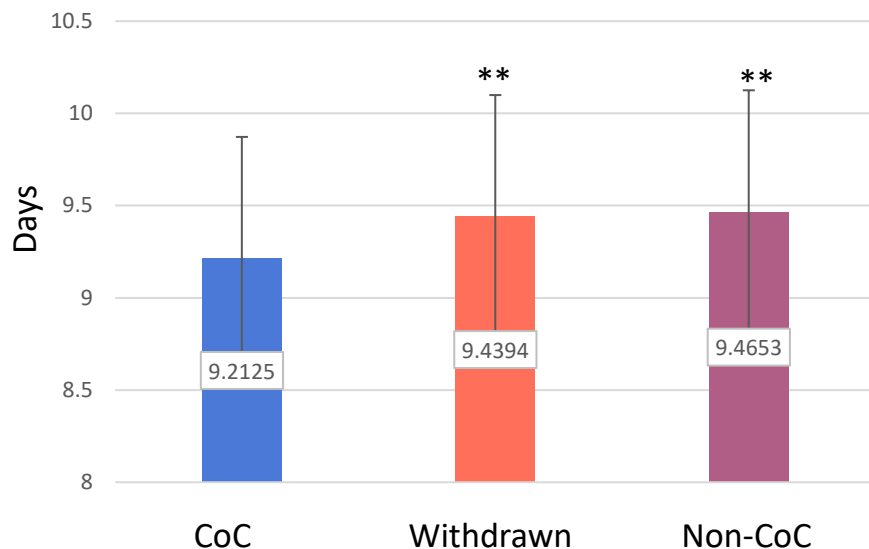
Hospitals With HAC Payment Reduction



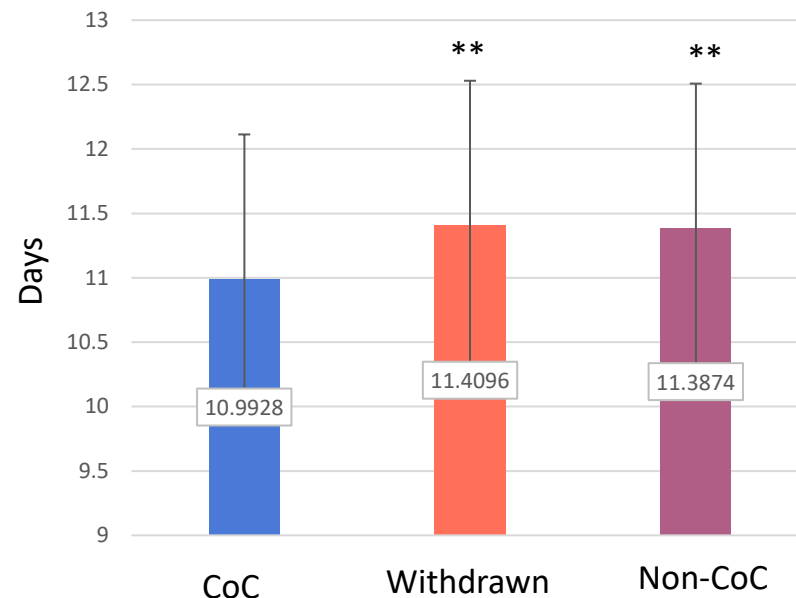
CoC hospitals are less likely to be financially penalized by Medicare ($p < .05$)

CoC Accreditation Reduces Length of Stay

Average LOS for Colon Resections



Average LOS for Lung Resections



**p < 0.001

JAMA Surgery | Original Investigation

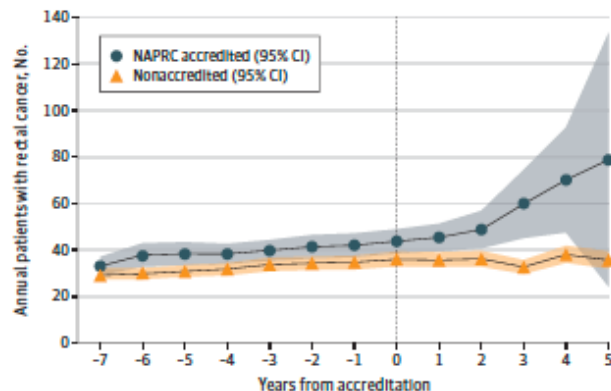
Association of Rectal Cancer Accreditation with Patient Volume and Procedural Trends in the US

Anthony Loria, MD, MSCI; Yusheng Jia, MS; Ronald J. Weigel, MD, PhD; Steven D. Wexner, MD; Ingrid M. Lizarraaga, MBBS; Samantha Hendren, MD, MPH; Yue Li, PhD; Fergal J. Fleming, MD, MPH

RESULTS Prior to matching, 1336 COC-accredited facilities were identified, including 80 that achieved NAPRC accreditation and 1256 that never attained accreditation. After propensity score matching, the final analytic sample included 316 hospitals: 80 NAPRC-accredited and 236 nonaccredited facilities. NAPRC accreditation was associated with a mean annual increase of 4.3 patients with rectal cancer per institution ($\beta = 4.29$; 95% CI, 0.55-8.03; $P = .03$). Sensitivity analyses demonstrated increases beginning in the first postaccreditation year, with larger point estimates in subsequent years, though later estimates were not statistically significant. Accreditation was associated with an increase in stage I procedural volume ($\beta = 1.01$; 95% CI, 0.016-1.99; $P = .05$), but not stage II/III surgical volume. No significant changes in care fragmentation were observed.

CONCLUSIONS AND RELEVANCE In this study, NAPRC accreditation was associated with increased institutional rectal cancer patient volumes and higher procedural volume for early-stage disease without evidence of increased care fragmentation. These findings suggest that accreditation may promote institutional growth while preserving care continuity, offering a potential strategic incentive for hospitals to pursue NAPRC accreditation beyond quality improvement alone. Understanding these dynamics may inform hospital investment decisions, payer strategies, and policy efforts to support high-quality oncologic care delivery.

Figure 1. Graph of Mean Institutional Annual Number of Rectal Cancer Patients by National Accreditation Program for Rectal Cancer (NAPRC) Accreditation Status Relative to Year of Accreditation



Mean annual rectal cancer volumes are shown for NAPRC-accredited hospitals ($n = 80$) and matched nonaccredited hospitals ($n = 236$) from 7 years before to 5 years after accreditation. Shaded bands denote 95% CIs. The vertical dashed line at year 0 marks NAPRC accreditation.

Outer Banks Hospital

- A 19-bed hospital in Nags Head, North Carolina
- First opened in 2002
- Earned CoC accreditation in 2016
- NAPBC accreditation in 2022



Through Accreditation Outer Banks Has:

Broader Support

Able to reduce patient travel times by providing cancer treatments on-site or through direct referrals.



Increased Patient Volumes

Breast cancer

▲ **400%**

All cancers

▲ **520%**



Greater Involvement in All Cancer Cases

Before accreditation

10-20% of cases

After accreditation

▶ **70%** of cases

Lessons Learned from CoC and NAPBC Accreditation:

- Leverage Partnerships to Strengthen Existing Resources
- Quality Care Drives Patient Volumes
- Accreditation Provided a Framework for Keeping Cancer Care Closer to Home
 - “You’re never too small to consider receiving accreditation”



Thank You

Email: rweigel@facs.org

Julian Kim, MD, MS, FACS

President, Prisma Health Cancer Institute and South
Carolina CoC State Chair



State Chair Town Hall

CoC Standards Update

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

Anthony Villano, MD, FACS
Vice Chair, CSSP Education Committee

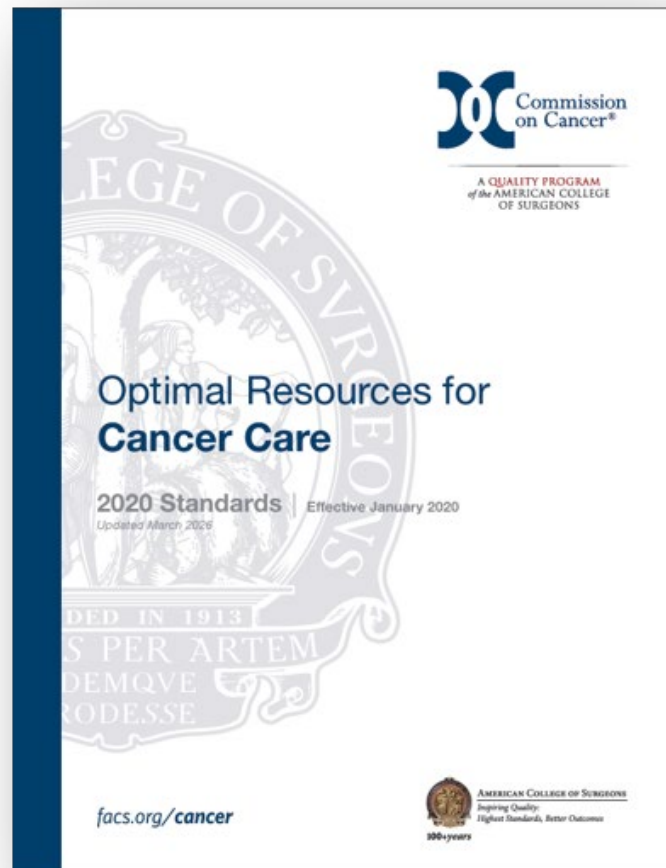


State Chair Meeting: Problematic Accreditation Standards

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

MENU

- General Comments
- Problematic Standards
 - Operative Standards 5.3-5.6
 - Survivorship Program S4.8
 - Cancer Committee Attendance S2.4
 - Pulmonary Resection S5.8
 - RCRS Reporting System S6.4
- Updates as Per Jan 1, 2026
 - Reporting Time Frames
 - QI Initiative “Reciprocity”



What is our GOAL?

If you don't know
where you are going,
you might wind up
someplace else.

Yogi Berra



Jalen Hurts' ex-teammate claims Eagles QB won't take Philly far: 'He hasn't really showed us a lot'

Jalen Hurts again faces yearly scrutiny despite the Eagles' success

What is our GOAL?

“Keep the main thing, the main thing.”

-Jalen Hurts

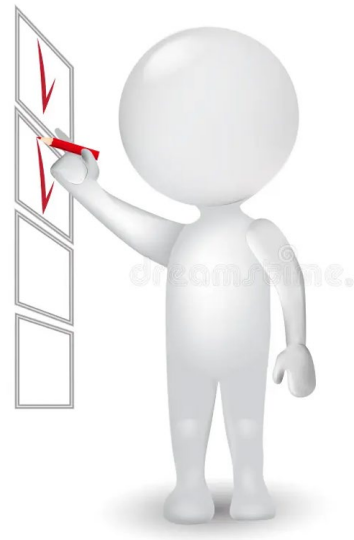
Hurts improved to 59-24 as starter after leading Philadelphia to a 24-20 comeback victory over Tennessee. According to Reuben Frank of [NBC Sports Philadelphia](#), via [Eagles communications](#), that is the seventh-best record by an NFL quarterback through his first 84 starts. The quarterbacks ahead of Hurts include Patrick Mahomes, Roger Staubach, Tom Brady, Lamar Jackson and Ken Stabler. Every name represents either a Hall of Famer, a future Hall of Famer, or one of the defining quarterbacks of the current era.



What is our GOAL?

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**

The Focus Should be on CRITICAL Evaluation and Continuous 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

You Asked for It...2026 Site Reviews Top 5

N=154

Standard(s)	Non- Compliant	Percent	Deficiency Resolved	Percent	Total <u>Not</u> Compliant
5.3-5.6	94	16%	156	27%	250
4.8	40	26%	14	9%	54
2.4			20	14%	50
5.8			12*	10%	37
6.4	18	12%	15	10%	33

Pick the RIGHT members
Select ALTERNATES
DOCUMENT changes

* Participated in NODES

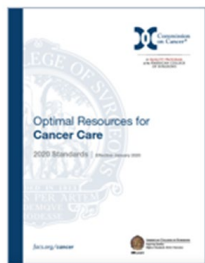
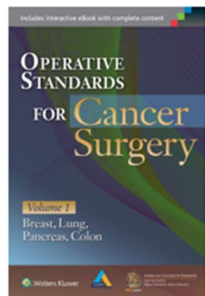
The Focus Should be on IMPROVEMENT

Standards allowing for **action plans** to achieve compliance

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



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



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



Changes in Operative Standards (5.3-5.6) Assessment

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
Column-specific instructions			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													

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.

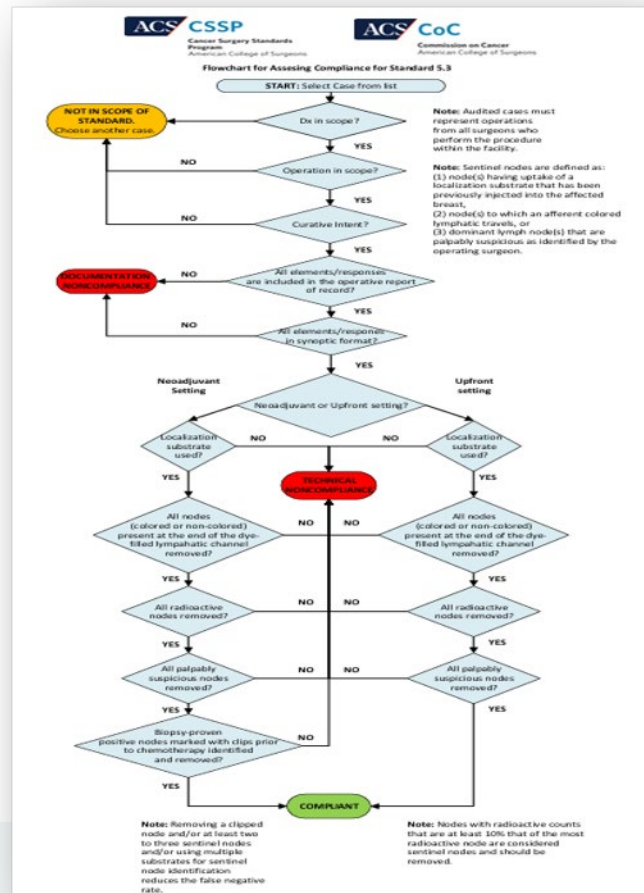
Use of the fillable PDF forms for the synoptic requirements for CoC Standards 5.3-5.6 will no longer be compliant starting **January 1, 2026**.

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

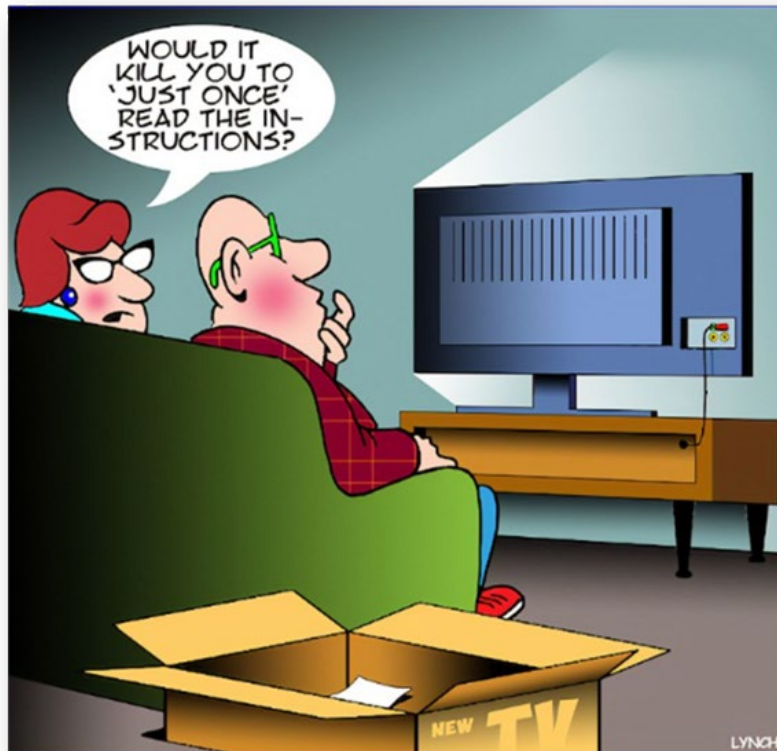
3. Standard 5.3 Internal Audit Flowcharts

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](#)



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 Survivorship Program Coordinator 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 who have completed their first course of treatment. These services and programs must address the needs of patients who have completed their first course of treatment, but may also be utilized by patients in active treatment.

The survivorship program team formally documents and evaluates a minimum of three survivorship services offered each year. Services evaluated to meet this standard cannot be single events, and must be available to patients throughout the calendar year or at specific intervals during the calendar 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.

The Survivorship Program Coordinator must present an annual report on the survivorship program 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 and must focus only on those patients who have completed their first course of treatment. The survivorship program report must include the following elements:

- An estimate of the number of cancer patients who have completed their first course of treatment and participated in the three identified services
- Identification of the resources needed to improve the services if barriers were encountered

- The same report utilizing data from patients who have completed first course of treatment cannot be used to meet the requirements of more than one standard. For example, a report satisfying the required review of Standard 4.7: Oncology Nutrition Services cannot also be used to meet the requirements of this standard.

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

- Protocol defining the survivorship program requirements
- Cancer committee meeting minutes that document the required annual report of the survivorship program

Measure of Compliance

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

1. The cancer committee identifies a survivorship program team, including its designated coordinator and members.

Clarifications to Standards

CoC Standards Updates: A Closer Look

Original Publication Date: **January 9, 2025**

The CoC released an updated version of its accreditation standards, [Optimal Resources for Cancer Care \(2020 Standards\)](#) in December 2024. Review the CoC Standards and the CoC Standards Change Log, available on the CoC website, for complete information on these updates. A closer look at some of the changes are outlined below.

Standard 2.2: Cancer Liaison Physician: This standard has been updated to clarify that the Cancer Liaison Physician reports required by this standard cannot also satisfy the requirements for Standard 6.4: Rapid Cancer Reporting System: Data Submission.

Standard 4.8: Survivorship Program: This standard has been updated to clarify that survivorship services must address the needs of cancer survivors who have completed their first course of treatment. Services evaluated to meet this standard **cannot be single events** and must be available to patients throughout the calendar year or at specific intervals during the calendar year. The survivorship program coordinator's report must **focus only on those patients who have completed their first course of treatment**. Additionally, **the same report (or a substantially similar report) cannot be used to meet the requirements of more than one standard**. For example, a report satisfying the required review of Standard 4.7: Oncology Nutrition Services cannot also be used to meet the requirements of Standard 4.8.

Standard 6.4: Rapid Cancer Reporting System: Data Submission: This standard has been updated to clarify that the reports required by this standard cannot also satisfy the requirements for Standard 2.2: Cancer Liaison Physician.

These changes were **effective beginning January 1, 2025**.

For more information on the CoC standards, visit the [CoC website](#).

Questions regarding the CoC accreditation standards should be submitted through the [CAnswer Forum](#).

CoC Updates Requirements for Annual Report

Original Publication Date: **June 26, 2025**

The Commission on Cancer (CoC) provided the following resource to update and clarify requirements for annual reports that must be presented to the cancer committee and documented in the meeting minutes.

The following standards must be reported at the **first quarter meeting of the following year**. The report must **include a full calendar year's worth of 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. Some programs may choose to provide partial year reports as well, but that data must also be included in the final report given in Q1 of the following year.

- 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

The following standards require an annual evaluation, but do not necessarily require a data review. They 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 4.6: Rehabilitative Care Services
- Standard 4.7: Oncology Nutrition Services
- Standard 8.1: Addressing Barriers to Care

Standard 4.8 Survivorship Program



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: Annual Report Requirements

- Survivorship Program Coordinator reports to cancer committee each year in Q1 as regards the LAST calendar year
- Report outlines three (3) survivorship **SERVICES** focused on **cancer survivors**
 - Estimate the number of patients with cancer who participated in each of the three identified services
 - Identify resources needed to improve services
- Discussion is documented in the minutes



Standard 6.4 Had 2 Components

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

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

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2.2: Cancer Liaison Physician	- NCDB Benchmark - CQIP - Survival Reports	Twice Yearly	CLP	Areas of Concern
	RCRS/Quality Measure Comparison	Twice Yearly		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

Welcome,
Aaron Bleznak

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NT18470

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PLATFORM

Notifications

ANALYTICS

Operational Reports

RESOURCES

Library

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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 programs to compare their patterns of patient management across cancer sites. This reporting tool

RCRS S2.2

Hospital Compare S2.2

Clarification: NCDB Data Reporting Requirements

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This report allows users to track their annual submission complian
Note: Report displays data available for the last 6 years.

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.

Clarification: NCDB Data Reporting Requirements

Report Description

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

(All) 6 values

2026

2025

2024

2023

2022

Rolling Year EPR

Quality Measures

Primary Site	Measure	Measure Description	Label	2026 Estimated Performance Rate	2025 Estimated Performance Rate	2024 Performance Rate
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	83.78% [71.91% - 95.66%] 70%	86.10% [81.14% - 91.06%] 70%	77.40% [71.24% - 83.56%] 70%
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	100.00% [100.00% - 100.00%] 90%	81.82% [59.03% - 100.00%] 90%	95.00% [85.45% - 100.00%] 90%
	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	86.67% [69.46% - 100.00%] 95%	93.59% [88.15% - 99.03%] 95%	91.67% [85.28% - 98.05%] 95%
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 4 months prior to surgery or after surgery, or was ...	PR/EPR 95% CI Benchmark	100.00% [100.00% - 100.00%] 70%	100.00% [100.00% - 100.00%] 70%	83.33% [53.51% - 100.00%] 70%

Measure Eligibility by Case Count

Category	Count
Denominator	187
Numerator	161
Non-Concordant	26
Not Eligible	567
Total Cases	754

Case List

Select bar(s) from the Measure Eligibility by Case Counts to view the categories.

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

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



Thanks for All You Do

CSSP Updates

Anthony Villano MD, FACS

Fox Chase Medical Center

CSSP Education Committee Vice Chair – Incoming Chair



CSSP

Cancer Surgery Standards Program
American College of Surgeons

Proposed Standards Revisions



CSSP

Cancer Surgery Standards Program
American College of Surgeons

Standards Overview

- Feedback indicated a positive response to the standards revisions proposed
- Proposed changes to the following standards
 - 5.3
 - 5.4
 - 5.6
 - 5.7
 - 5.8

Proposed Changes: Standard 5.3 Sentinel Node Biopsy for Breast Cancer

- Elements and response options were streamlined from 7 elements to 3 elements.
- Minor clarifications were made to the operative report requirements to reflect that elements/responses must be in the operative report of record and provide clarification on use of the brief operative note.
- The measures of compliance were updated to reflect the changes in the elements/responses and to specify when nodal removal is compliant.

Element	Response Options
Operation performed with curative intent.	Yes; No.
Methods used to identify sentinel and/or biopsy-proven lymph nodes (<i>select all that apply</i>).	Dye; Radioactive tracer; Superparamagnetic iron oxide; Clip; Other (<i>with explanation</i>); N/A.
Sentinel lymph nodes removed (<i>select all that apply</i>).	Baseline biopsy-proven positive node; Blue nodes; Radioactive nodes; SPIO detected nodes; Palpably suspicious nodes; Other (<i>with explanation</i>).

Measure of Compliance

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

1. All sentinel nodes for breast cancer are identified using one or more of the following methods: tracer(s), clips, and/or palpation.
2. All nodes identified as being sentinel nodes are removed at the time of surgery.
3. All removed sentinel nodes are subjected to pathologic analysis.
4. Compliance with sentinel node removal is achieved if at least one of the following conditions is met:
 - a Removal of the baseline biopsy-proven positive node or at least one palpably suspicious node, regardless of the method of detection selected.
 - b Removal of nodes that correspond to the identification method(s) selected, as follows:
 - i Blue-stained nodes and/or nodes at the end of a blue lymphatic channel are compliant only if dye is selected as an identification method.
 - ii Radioactive nodes are compliant only if radioactive tracer is selected.
 - iii Superparamagnetic iron oxide (SPIO) detected nodes are compliant only if SPIO is selected.
 - iv Indocyanine green dye (ICG) detected nodes are compliant only if ICG is selected.

Proposed Changes: Standard 5.4

Axillary Lymph Node Dissection for Breast Cancer

- Minor clarifications were made to the definitions and requirements section.

Axillary lymph node dissection (ALND) for breast cancer **involves** removal of level I and II lymph nodes within an anatomic triangle defined by the axillary vein, chest wall, and latissimus dorsi, with preservation of key neurovascular structures.

For appropriately selected patients, ALND serves two purposes: (1) to provide important staging and prognostic information that can inform treatment decisions, and (2) to improve locoregional disease control.

- Axillary tissue boundary element was revised for clarification.
- Level III nodes element was reordered to demonstrate that “No” is the preferred response.
- Minor clarifications were made to the operative report requirements to reflect that elements/responses must be in the operative report of record and provide clarification on use of the brief operative note.

Element	Response Options
Operation performed with curative intent.	Yes; No.
Axillary nodal tissue within the boundaries of the axillary vein, chest wall and latissimus dorsi muscle was resected.	Yes; No (<i>with explanation</i>).
Nerves identified and preserved during dissection (<i>select all that apply</i>).	Long thoracic nerve; Thoracodorsal nerve; Branches of the intercostobrachial nerves; Other (<i>with explanation</i>).
Level III nodes removed.	No. Yes (<i>with explanation</i>)

Proposed Changes: Standard 5.6

Colon Resection – Pending Final Review

- Minor clarifications were made to the Tumor Location section.

Preoperative and intraoperative tumor location of colon cancer may both be recorded, but in cases of discrepancy, the intraoperative tumor location should be considered the definitive tumor location. **In some cases, tumor location may be determined intraoperatively to be different from preoperative assessment.** Colon and Rectum, NOS can be used sparingly for rare tumors where more than one segment of colon is involved, and origin cannot be determined.

- Operative Report Requirements section edited for clarity.

Operative Report Requirements

Operative reports for patients undergoing resection for colon cancer must include the following elements in synoptic format. The required elements and responses must be in the operative report of record, clearly identified, and the response options must be the same as in the CoC standard. **If the operation involves more than one primary tumor/resection, a distinct synoptic section is required for each tumor/resection.** A uniform synoptic reporting format should be used by all surgeons at the facility. **To meet requirements for compliance, the synoptic elements/responses must be included in the operative report of record. Inclusion in a separate document (i.e. brief op note) is noncompliant.**

- Procedure element...
- En bloc lymphadenectomy element...

Element	Response Options
Operation performed with curative intent	Yes; No.
Tumor location (<i>select all that apply</i>)	Cecum; Ascending colon; Hepatic flexure; Transverse colon; Splenic flexure; Descending colon; Sigmoid colon; Rectosigmoid junction; Rectum NOS; Colon, NOS.
Procedure (<i>select all that apply</i>)	Right hemicolectomy; Extended right hemicolectomy; Transverse colectomy; Splenic flexure resection; Left hemicolectomy; Sigmoid colon resection; Total abdominal colectomy; Total abdominal colectomy, with proctectomy; Other (<i>with explanation</i>).
En bloc lymphadenectomy with proximal vascular ligation was performed (<i>select all that apply</i>)	Ileocolic artery and vein; Right colic artery and vein; Right branch of the middle colic artery and vein; Middle colic artery and vein; Left branch of the middle colic artery and vein; Ascending left colic artery and vein; Inferior mesenteric artery and vein; Superior and middle rectal artery and vein; Other (<i>with explanation</i>).

Proposed Changes: Standard 5.6

Colon Resection – Pending Final Review

- Measure of Compliance....

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

1. Resection of the tumor-bearing bowel segment and complete lymphadenectomy is performed en bloc with proximal vascular ligation at the origin of the primary feeding vessel(s). **The resection is compliant if the corresponding vessels below are ligated or if an explanation is included with "other":**
 - a **Right hemicolectomy – ileocolic, right colic artery and vein (if present)**
 - b **Extended right hemicolectomy –ileocolic, right colic (if present), middle colic artery and vein**
 - c **Transverse colectomy – middle colic artery and vein OR right branch of middle colic artery and vein OR left branch of middle colic artery and vein**
 - d **Splenic flexure resection – middle and ascending left colic artery and vein OR left branch of middle colic and ascending left colic artery and vein**
 - e **Left hemicolectomy – inferior mesenteric artery and vein**
 - f **Sigmoid resection – inferior mesenteric artery and vein**
 - g **Total abdominal colectomy –ileocolic, right colic (if present), middle colic, inferior mesenteric artery and vein**
 - h **Total abdominal colectomy, with proctectomy – ileocolic, right colic (if present), middle colic, inferior mesenteric, superior and middle rectal artery and vein**
2. Operative reports for resections for colon cancer document the required elements in synoptic format.
3. Each calendar year, the cancer program conducts an internal audit confirming at least eighty percent (80%) of eligible operative reports for colon resection meet the technical requirements of the standard, are structured using synoptic format, and include all required data elements.
4. The results of the internal audit and any action plans must be presented to the cancer committee and documented in the cancer committee meeting minutes. The cancer committee report meets the requirements outlined on page vii, "Standards Requiring Annual Review."



Proposed Changes: Standard 5.7

Total Mesorectal Excision

- The scope of standard was revised to include primary resection specimens with no residual cancer (e.g. following neoadjuvant therapy).

Scope of Standard

This standard applies to all radical, anatomic operations for rectal adenocarcinoma performed with curative intent and excludes in-situ lesions ~~and primary resection specimens with no residual cancer (e.g. following neoadjuvant therapy).~~

CoC programs accredited by the National Accreditation Program for Rectal Cancer (NAPRC) are exempt from demonstrating compliance with CoC Standard 5.7.

Proposed Changes: Standard 5.8 Pulmonary Resection

- Updated references
- The scope of standard was revised to:
 - Include primary resection specimens with no residual cancer.
 - Include all lung cancer subtypes regardless of their propensity for nodal metastasis, including ground glass opacities.
 - Reflect what is currently included in the FAQ: mediastinoscopy specimens are surgical and may be included in the final pathology synoptic report to count towards the nodal requirements. Transbronchial FNA nodal samples do not count towards the nodal requirements for Standard 5.8.

Scope of Standard

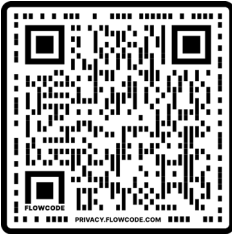
This standard applies to all primary pulmonary resections performed with curative intent for non-small cell lung cancer (NSCLC), small cell lung cancer (SCLC), and carcinoid tumors of the lung, ~~and excludes primary resection specimens with no residual cancer (e.g. following neoadjuvant therapy).~~ This standard applies to all operative approaches. This standard applies to all lung cancer subtypes regardless of their propensity for nodal metastasis. At present, the AJCC Version 9 Lung does not distinguish radiographic ground glass opacities from other lung tumors.

Mediastinoscopy specimens are surgical and therefore may be included in the final pathology synoptic report to count towards the Standard 5.8 nodal requirements. While transbronchial FNA/EBUS sampling is a critical component of the pre-operative clinical staging process, it is not considered completely equivalent to surgical lymph node sampling when a curative operation is performed. Transbronchial FNA nodal samples, therefore, do not count towards the Standard 5.8 surgical nodal requirements.

This standard applies to all operative approaches for curative lung cancer resection and outlines a minimum systematic sampling paradigm for early-stage lung cancer treatment. Further, patients with more advanced disease may benefit from a more thorough nodal dissection.



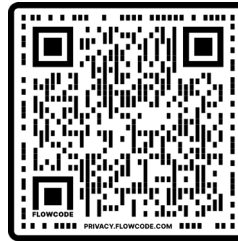
Follow Us on Social Media



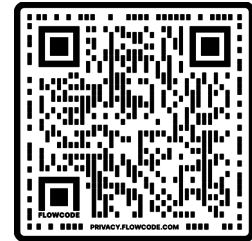
facs.org/quality-programs/cancer-programs/



ACS Cancer
Programs



@AmColSurgCancer



State Chair Town Hall

CoC Rural Accreditation Update

Ingrid Lizarraga, MBBS, FACS

Iowa CoC State Chair

Erin Reuter

Senior Manager, Accreditation, ACS Cancer Programs



CoC Accreditation in Rural Communities

Commission on Cancer

Accreditation Tailored for Rural Cancer Programs Available Now!

Eligibility: Hospital is located in a county that is RUCC 4-6

**CoC Rural Programs get the full benefit of
CoC Accreditation, but follow modified
accreditation standards**



FAQ Available!



Frequently Asked Questions on the Commission on Cancer's (CoC) Rural Cancer Program

FAQs Addressed

[Eligibility](#)

[Submission to the National Cancer](#)

[Database \(NCDB\)](#)

[Standard 2.5: Multidisciplinary Cancer Case](#)

[Conference](#)

[Standard 5.1: College of American](#)

[Pathologists Synoptic Reporting](#)

[Standard 7.3: Quality Improvement Initiative](#)

[Existing Programs Transitioning to RCP](#)

[Category](#)

Eligibility

How is eligibility determined?

The hospital must be located in a county with a [Rural-Urban Continuum Code \(RUCC\)](#) designation of 4-9.

What's the difference between the CoC options?

Crosswalk available!



Commission on Cancer Rural Cancer Program Requirements Crosswalk

This is a high-level overview of the compliance measures found in *Optimal Resources for Cancer Care (2020 Standards)*. This is not a comprehensive guide, and it is not a substitute for reading the CoC standards in their entirety. Please refer to [Optimal Resources for Cancer Care \(2020 Standards\)](#) for full details.

If a Rural Cancer Program modification is noted as "no change," then the standard must be complied with as written in the CoC Standards manual.

Standard	CoC Standard Requirements	Standard Modifications for the Rural Cancer Program category
1.1 Administrative Commitment	Programs provide a letter of authority from facility leadership (CEO or equivalent) demonstrating the commitment to the cancer committee, which includes required elements.	No change
2.1 Cancer Committee	Required physician and non-physician members: • Cancer Committee Chair • Cancer Liaison Physician • Diagnostic radiologist • Pathologist • Surgeon • Medical oncologist • Radiation oncologist • Cancer Program Administrator • Oncology nurse • Social worker • Oncology Data Specialist	At minimum, the cancer committee consists of at least the following members: • Three physicians representing three different medical disciplines • Two healthcare professionals representing different disciplines related to the management and/or care of patients with cancer (for example, nurse, genetic professional, RDN) • Cancer Program Administrator • Cancer Committee Chair • Cancer Liaison Physician • Cancer Registry Quality Coordinator

Key differences between the standard and rural track

Rural track has:

- Fewer requirements to apply - no tumor board until first reaccreditation survey
- Fewer required roles – 3 cancer committee physicians, fewer coordinators
- Less tracking and reporting requirements – reports only once per cycle, no need to track number of patients screened or referred
- Fewer required services - for palliative care, psychosocial distress screening and nutrition only need to offer 2 of the 3
- No accrual requirement for clinical trials

My hospital isn't in RUCC 4-9, but it primarily serves rural patients. Can we do CoC rural?

The hospital's location determines eligibility—not its patient population.



How can we get help with the cancer registry requirements?

- **Check with your state cancer registry:** State registry software alone may not support NCDB submission, but some states offer assistance with software access, licensing, or data submission.
- **Leverage partnerships with other CoC programs:** Formal or informal affiliates may be able to share registry software access or expand existing site licenses, sometimes at a lower cost.
- **Review National Cancer Registrars Association (NCRA) staffing guides:** NCRA offers tools to help programs estimate the Oncology Data Specialist (ODS) staffing needed to support registry responsibilities.

Where can I send an interested program for more information?

The ACS website!

CoC Accreditation: A Proven Path to Stronger Cancer Care in Rural Communities

To better address the needs of hospitals providing cancer care in rural communities, the Commission on Cancer (CoC) has developed a category for participation that includes standards tailored for hospitals in rural counties. A CoC Rural Cancer Program focuses on tailored standards that are proven to have maximum impact on patient quality of care while meeting the needs unique to a hospital in a rural area.

Learn more about the [development of the CoC Rural Accreditation offering](#).

Determine Your Eligibility

To determine which RUCC level your facility resides in:

1. Visit the [USDA website](#).
2. Download the most recent "Rural-Urban Continuum Codes" file.
3. Search the county your program is located in.
4. Confirm your facility is located in a RUCC Category 4-9.

Apply for CoC Rural Cancer Program Accreditation

If you are a **new program**, go to our [Apply for Accreditation page](#) to get started.

Is your program a **CoC-accredited program**? Programs who meet the eligibility criteria and wish to request a designation change should email CoC@facs.org for more information.

Visit the [CoC Accreditation page](#) for more information on the accreditation process.

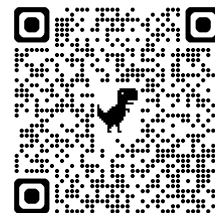
Accreditation status—not hospital size or rurality—has been shown as the strongest predictor of cancer care quality performance.*

Connect with CoC

Want to discuss how CoC accreditation fits in your rural hospital? Fill out our form and we will reach out.

Name *	Email *
Hospital Name *	
City *	State *
Role *	

- Dedicated website for interested rural hospitals
- Includes information about the application process
- Option to request more info & receive helpful resources (FAQ, webinar, crosswalk)
- Set up a call to discuss questions and implementation strategies



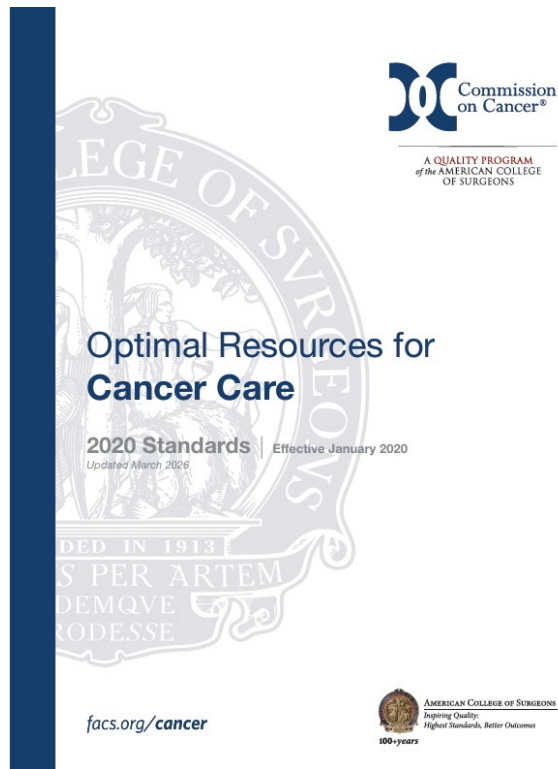


How can State Chairs help to spread the word?

How can State Chairs help?

- Announce the new rural track at your annual meeting, local ACS Chapter meeting or State Consortium meetings
- Discuss the benefits of CoC accreditation for rural hospitals
- Field questions from interested programs, and refer on to the CoC
- Be aware that currently accredited rural programs can switch to the rural track if they are struggling and considering dropping accreditation

Where can you find the rural standards?



Specifications by Category

The following standards are exempt for standalone Pediatric Cancer Programs (PCP) and will not be addressed at the CoC-PS visit:

- 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 5.7: Total Mesorectal Excision
- Standard 5.8: Pulmonary Resection
- Standard 5.9: Smoking Cessation for Patients with Cancer
- Standard 7.1: Quality Measures

Programs Undergoing Initial Site Visit for Accreditation

STANDARD 2.2: Cancer Liaison Physician While the requirement to report NCDB data two times per year will not be rated during the initial site visit, it is encouraged that programs report data to the cancer committee relevant to the cancer program at least twice per year.

STANDARD 4.2: Oncology Nursing Credentials At the initial site visit for accreditation, nurses who do not have current cancer-specific certification must demonstrate ongoing education with documentation of six cancer-related Nursing Continuing Professional Development (NCPD) contact hours.

STANDARD 5.1: College of American Pathologists Synoptic Reporting If the internal audit reports compliance below the ninety percent (90%) compliance threshold, the site reviewer may request to review pathology reports as part of the compliance evaluation for this standard.

STANDARD 6.2: Data Submission Programs in all categories undergoing initial site visit for accreditation are exempt from this standard of accreditation.

STANDARD 6.3: Data Accuracy Programs in all categories undergoing initial site visit for accreditation are exempt from this standard of accreditation.

STANDARD 6.4: Rapid Cancer Reporting System: Data Submission Programs in all categories undergoing initial site visit for accreditation are exempt from this standard of accreditation.

STANDARD 6.5: Follow-Up of Patients Programs in all categories undergoing initial site visit for accreditation are exempt from this standard of accreditation.

STANDARD 7.1: Quality Measures Programs in all categories undergoing initial site visit for accreditation are exempt from this standard of accreditation.

STANDARD 9.2: Commission on Cancer Special Studies Programs in all categories undergoing initial site visit for accreditation are exempt from this standard of accreditation.

Rural Cancer Program

STANDARD 2.1: Cancer Committee At a minimum, the cancer committee must consist of at least the following members:

- Three physicians, representing three different medical disciplines
- Two healthcare professionals, representing different disciplines related to the management and/or care of patients with cancer
 - Examples include: nurse, genetic professional, Oncology Data Specialist, research professional, Registered Dietitian Nutritionist, navigation professionals, social worker, Licensed Professional Counselor

How can State Chairs help?

- Identify rural hospitals in your state that would be good candidates for accreditation:
 - See at least 80-90 new cancer patients a year
 - Offer at least 2 of the three (surgery, medical oncology, radiation)
 - Interested in growing their cancer service line
 - Have strong referral relationships with one or more accredited cancer program in the area

Provide advice and feedback on standards for rural programs considering accreditation

How can we get help with the cancer registry requirements?

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- **Review National Cancer Registrars Association (NCRA) staffing guides:** NCRA offers tools to help programs estimate the Oncology Data Specialist (ODS) staffing needed to support registry responsibilities.

What can the CoC provide to help State Chairs do outreach about rural accreditation?

Questions?



American Cancer Society

Programs and Services

Suzi Ford

Associate Director, Cancer Center Partnerships

Lean Six Sigma Green Belt



ACS and CoC Collaboration

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



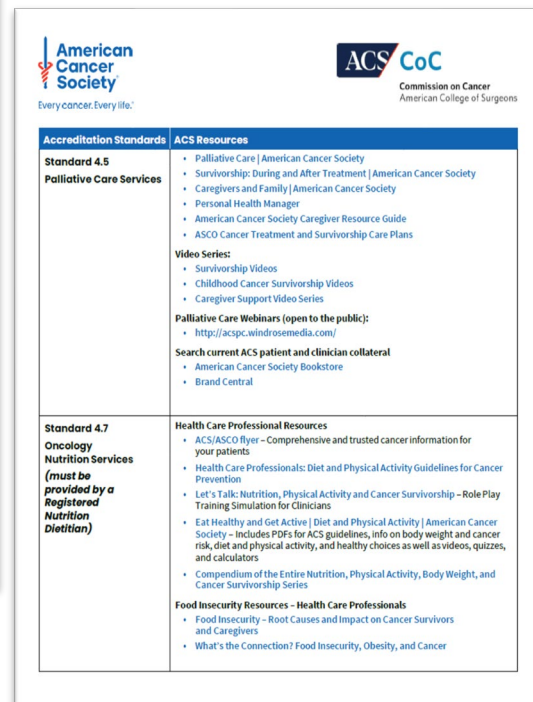
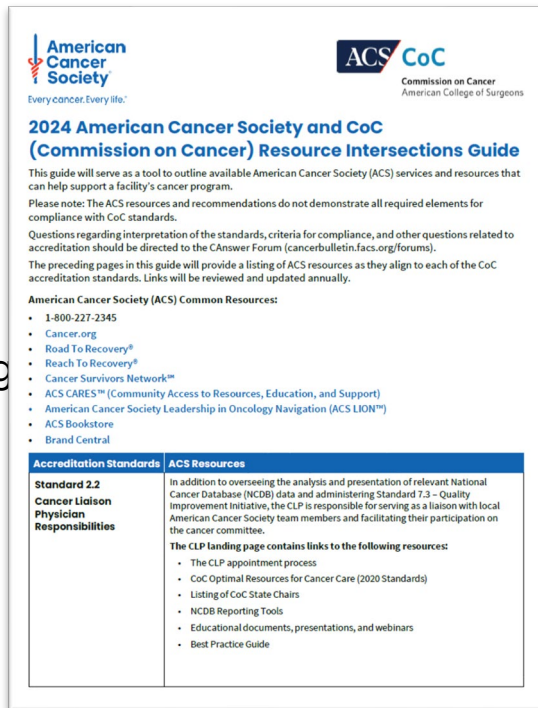
2025–26 ACS and CoC Resource Intersections Guide



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. 2026



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

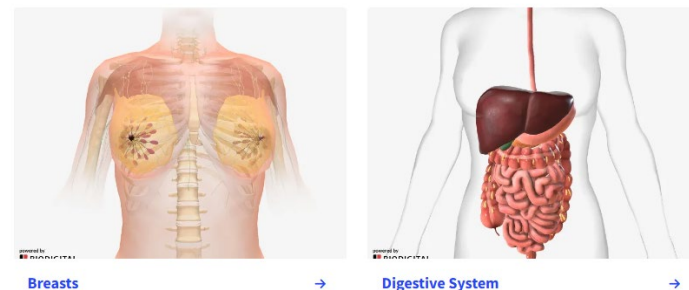
Haitian Creole

Chinese

Visit [cancer.org/cancer-information-in-other-languages](#) 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
- Screening and procedural animations to help patients understand what to expect at cancer.org/cancer/diagnosis-staging/tests

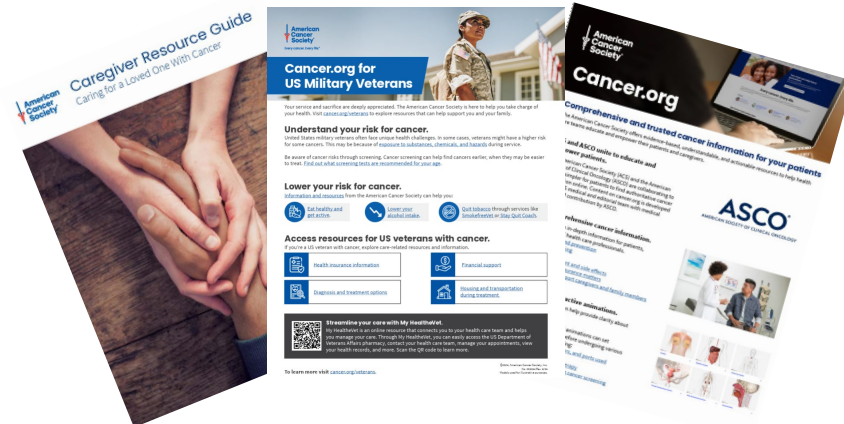


Skin Cancer Image Gallery:

- 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

Dedicated sections for:

- Cancer survivors, cancer.org/survivors
- Caregivers and family members, cancer.org/caregivers
- Adolescents and young adults, cancer.org/cancer/adolescents-young-adults
- Childhood cancer, cancer.org/cancer/childhood-cancer
- Veterans, cancer.org/veterans



Easy-to-Share Content for Patients

At 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.



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



The screenshot displays the American Cancer Society website with several key sections:

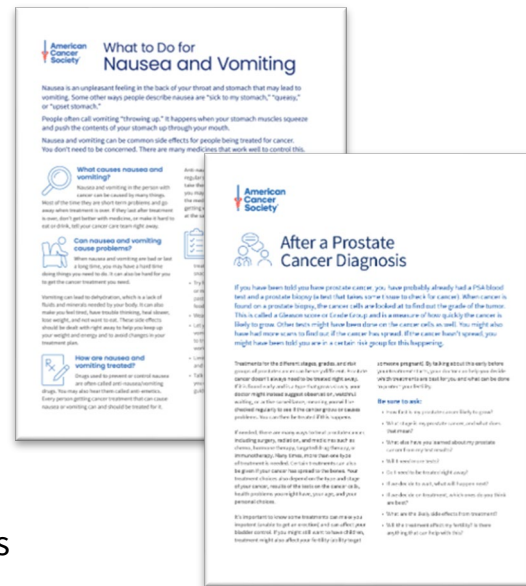
- Do you smoke, or have you smoked in the past?**: Promotes lung cancer screening with a low-dose CT scan.
- Quick Guide to American Cancer Society Resources**: A central hub for various services.
- 24/7 Cancer Helpline**: Offers support through phone, video, and chat.
- Online Resources**: A grid of QR codes linking to specific topics like Surveillence, Understanding Your Diagnosis, ACS Services, Caregivers and Family, and Cancer Resources.
- Road To Recovery**: A program providing free rides to treatment for cancer patients.

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>.

Patient Navigation Credentialing Program

ACS Leadership in Oncology Navigation (ACS LION™) is a standardized training, credentialing, and implementation support program that helps patient navigators deliver essential nonclinical support to individuals, caregivers, and families facing cancer. New program updates reflect our commitment to removing barriers and increasing access to high-quality training for cancer care professionals and navigators. These updates are made possible through generous philanthropic support. They include:

- **The program is now available free.**
- **Live proctoring is no longer required.**
- **A Spanish-language option is coming soon.**

The ACS LION program meets the Centers for Medicare & Medicaid Services training requirements for principal illness navigation reimbursement and is aligned to Oncology Navigation Standards of Professional Practice.



[Learn more](#)



[Informational Flyer](#)



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/acscares.

Transportation & Lodging Assistance

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

[Road To Recovery](#) offers patients free rides to cancer-related medical appointments. Trained volunteer drivers donate their time to help patients get to and from their appointments.

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](#)



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

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



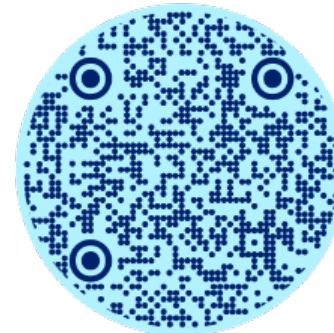
To sign up, patients can visit acts.cancer.org. Or call 1-800-227-2345.

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.

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.
 - 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 to learn more about the tool.

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.
Or you can email the ACS ECHO team at echo@cancer.org.

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 to learn more and get access to the latest resources, webinars, and upcoming meetings.

Thank You

State Chair Town Hall

Open Forum

2027 Committee on Cancer Liaison Leadership

Quan Ly, MD, FACS

Chair

Committee on Cancer Liaison



Jeffrey Farma, MD, FACS

Vice-Chair

Committee on Cancer Liaison





Thank you Dr. Castaldi!

State Chair Town Hall

Thank you!

Questions?
mleeb@facs.org