Guest Editorial

Everett Shocket, MD

Commission on Cancer Accreditation of all VA Medical Centers—A Goal Within Reach

Cancer currently is the second most common cause of death both nationwide and in the VA and soon is expected to exceed cardiac mortality rates. The provision of high quality cancer care is a priority for the VA. If every VA facility were to meet the standards of the Commission on Cancer (CoC), we would, ipso facto, ensure that we achieve the goal of quality cancer care throughout the VA.

Since 1922, the CoC of the American College of Surgeons (ACoS) has guided improved cancer care, thus meeting its own mission to "improve survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care."[1] The CoC has expanded beyond its ACoS birth and is now a multidisciplinary entity made up of 47 interested health organizations (including the American Cancer Society, the American Society of Clinical Oncology, the National Cancer Institute, the CDC, the VA, and the DoD).[1]

To become accredited by the CoC, a facility's cancer program must meet 36 meaningful standards that focus on structure and self-evaluation. Each facility is surveyed every three years and must demonstrate compliance with those standards. The surveyor identifies areas in the program that are outstanding as well as areas that need revitalization. The institution has one year to address its problem areas and re-evaluate itself. It then shares the re-evaluation, by mail, with the CoC.

Currently, the 1,400 CoC-accredited institutions treat or diagnose 70% of all cancers in this country.[2] At the same time, of the 121 VA medical centers that provide cancer care, only 69 currently are accredited by the CoC. In addition, only 17 DoD facilities are CoC accredited (10 army, four air force, and three navy).[2]

Five years ago, the VA and CoC announced an agreement in which the CoC modified several requirements for VA facilities. Specifically, it removed a mandate to establish community programs and it required all CoC-accredited VA facilities to conduct clinical trials. The VA, in return, committed to having every facility earn CoC accreditation. Fulfillment of this commitment has been desultory, however, and my chief purpose in writing this editorial is to encourage greater VA and DoD facility participation.

FEATURES OF CoC-ACCREDITED PROGRAMS

The Cancer Committee is the hub of every CoC-accredited cancer program. The Committee gains strength both from above and from below. From above, the Executive Committee of the medical staff or the institution's board appoints the Cancer Committee and charges it with ongoing responsibility and supervision over every aspect of cancer care in that institution. The Cancer Committee, in return, reports periodically to the institution's leadership or executive group. From below, the Cancer Committee garners strength from its broad membership, representing the full spectrum of stakeholders involved in the institution's cancer care. In addition to physicians from all major disciplines, the committee includes nurses, nutritionists, physiotherapists, social workers, registrars, administrative liaisons, spiritual advisors, experts in emotional support, and often, a local representative from the American Cancer Society. Thus, as fashioned by the CoC, the Cancer Committee is a dynamic, broad-based structure that ensures meaningful institutional communication and optimal cancer care.

The Cancer Committee is responsible for fulfilling each of the CoC's 36 standards. These standards provide guidance for self-monitored, effective cancer care programs and include the following:

- Data on every cancer patient at the accredited institution is entered into a registry. The registry staff tracks each patient through his or her initial experiences and annually thereafter.
- Meetings of appropriate medical disciplines take place weekly or monthly (Cancer Conference or Tumor Board) for the purpose of patient planning. Case presentations result in cross-discipline recommendations. The give-and-take discussions educate and update every participating physician. Attending physicians take the knowledge gained from these meetings out into their practices, thus benefiting additional patients.
- Each year, the Cancer Committee chooses a single cancer site (such as gastric cancer) and reviews all relevant data. The committee

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Dr. Shocket is a physician at a VA community-based outpatient clinic and a 25-year surveyor for the Commission on Cancer.

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examines how each patient was diagnosed, what symptoms were present, what diagnostic tools were used, how patients were staged, and what treatment methods were used. Survival rates are determined, and the committee evaluates whether any modifications of the ways patients are diagnosed, evaluated, or treated could be improved to increase cure rates or enhance patients' quality of life. The institution compares its results to those of other centers or to national data.

- The Cancer Committee regularly must review registry abstracts with regard to timeliness and accuracy.
- The Cancer Committee also oversees cancer physiotherapy, the education of registrars, and the institution's involvement in educating neighboring communities regarding the early signs of cancer. The Committee and its institution are encouraged to provide community screenings directed at early cancer diagnoses (commonly skin, breast, prostate, and colon cancers).

In all these requirements, the CoC does not micromanage, but rather nudges its members to self-examine and improve. Thus, professionals are continually enhanced while their patients benefit.

THE NATIONAL CANCER DATA BASE

In 1988, the American Cancer Society and the ACoS founded a nationwide cancer registry known as the National Cancer Data Base (NCDB).[3] All 1,400 CoC-accredited institutions share their registry data with the NCDB. Almost all of these institutions also share their data with a state registry, while every VA facility sends its registry data to the VA Central Cancer Registry. All these registries receive data, but only the NCDB sends something back.

Using the NCDB, any CoC hospital registrar can hone in on a specific cancer site. Within minutes, the user can obtain a printout of total cases at his or her institution as well as tables displaying additional information, including years and stages of diagnoses. The anonymity of each hospital is preserved as the user's institution is the only one identified by name. The user can compare his or her institution's survival data with those of other CoC-accredited hospitals across the country, in the same state, or within the VHA. The data is invaluable in writing papers and other reports.

Approximately six years ago, the NCDB moved from garnering data and accumulating statistics to initiating a program in which meaningful data are siphoned back to institutions. These data allow the institutions to pause and take remedial steps when indicated. For example, it was well accepted within the cancer community—especially among medical oncologists—that colon cancer patients with positive nodes (stage III) experience dramatically increased survival when they receive chemotherapy after surgery. The NCDB made available to each member institution a graph displaying the percentage of stage III colon cancer patients who actually received, or were advised to receive, postoperative chemotherapy at each of the CoC-accredited institutions. Many hospitals were embarrassed with only 30%. Two years later, that percentage was up to 85%.

The NCDB was no longer considered just a repository of data, but an activist stimulating improved care. Currently guided by the National Quality Forum, the NCDB is working to identify patients with colon cancer reporting less than 12 lymph nodes and patients with breast cancer who were treated with conservation surgery but no subsequent chemotherapy or radiation therapy. The NCDB provides CoC institutions a cornucopia of invaluable data and an expanding number of valuable reminders that permit us to enhance our cancer care.

THE BOTTOM LINE

The CoC offers a structure that optimizes the likelihood of an institution's health care team to deliver fulfilling, quality cancer care. Shouldn't your facility join the cancer healers who are members of the CoC, thereby further ensuring your patients the best in cancer care? ●

Author disclosures

Dr. Shocket is a fellow of the American College of Surgeons and one of 44 surveyors for the Commission on Cancer, a position for which he receives an honorarium.

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