

The Commission on Cancer: Opportunities for North Carolina Cancer Care

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The Commission on Cancer (CoC) is an umbrella organization of 43 cancer organizations. (See Table 1.) Technically under the aegis of the American College of Surgeons, the CoC serves as a mechanism for communication and coordination for the majority of organizations dedicated to the multidisciplinary care of cancer patients in the United States. In addition, professional organizations representing every facet of cancer patient care have liaisons with the CoC to provide a multidisciplinary approach for modern day cancer care.

Members of the CoC include surgeons representing the American College of Surgeons as well as representatives of the 42 liaison organizations invited to membership by the Commission. The CoC is responsible for the oversight and standard setting for hospitals in the United States that dedicate their missions to outstanding cancer care. As of May 2008, there were 1480 programs which span small community hospitals, teaching hospitals, pediatric hospitals, Veterans Administration hospitals, and hospitals designated as comprehensive cancer centers under the aegis of the National Cancer Institute.¹ In the state of North Carolina there are 43 hospitals currently under the auspices of the CoC Approvals Program. These hospitals are surveyed every 3 years and must meet stringent standards dealing with clinical care, support services, research, and the development of outstanding registries for data collection relative to cancer patients.

One of the important interactions for the CoC is its alliance with the American Cancer Society (ACS). The programs which allow for cancer liaison physicians (CLPs) to be selected in each approved hospital, as well as the state liaison initiative, are under the CoC and are supported with funding from the

American Cancer Society. In addition, the Facility Information Profile System (FIPS) is a program in which basic resource data and information regarding the site and stage-specificity of hospital cases are reported to a public-use Web site. FIPS is supported by the American Cancer Society and serves as a resource to enable patients to select potential institutions for their care. It is the goal of the CoC to have each hospital update its resources and case experience and to report these to the FIPS program.

The Commission on Cancer is also dedicated to making patients aware of the importance of selecting hospitals that are committed to multidisciplinary care. During the last several years, a major public awareness campaign has been conducted

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utilizing magazine advertising and notices in public arenas such as airports to explain the importance of the CoC and to urge the public to choose a CoC program for its care. In addition, public awareness campaigns dedicated to specific sites such as prostate, breast, and colorectal cancers have been conducted. These types of programs are important for planning in North Carolina and have served to focus on large groups of patients who might benefit by the CoC.

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Table 1.
Commission on Cancer Member Organizations

AAHPM	American Academy of Hospice and Palliative Medicine
AAP	American Academy of Pediatrics
AACE	American Association of Cancer Education
ACS	American Cancer Society
ACOG	American College of Obstetricians and Gynecologists
ACOA	American College of Oncology Administrators
ACP	American College of Physicians
ACR	American College of Radiology
ACOSOG	American College of Surgeons Oncology Group
ACOSRAS	American College of Surgeons Resident & Associate Society
ADA	American Dietetic Association
AHNS	American Head and Neck Society
AHA	American Hospital Association
AJCC	American Joint Committee on Cancer
AMA	American Medical Association
APSA	American Pediatric Surgical Association
APOS	American Psychosocial Oncology Society
ARS	American Radium Society
ASBS	American Society of Breast Surgeons
ASCO	American Society of Clinical Oncology
ASCRS	American Society of Colon and Rectal Surgeons
ASTRO	American Society for Therapeutic Radiology and Oncology
AUA	American Urological Association
AACI	Association of American Cancer Institutes
ACE	Association of Cancer Executives
ACCC	Association of Community Cancer Centers
AOSW	Association of Oncology Social Work
CSSO	Canadian Society of Surgical Oncology
CDC	Centers for Disease Control and Prevention
CAP	College of American Pathologists
DOD	Department of Defense
VA	Department of Veterans Affairs
UICC	International Union Against Cancer
NCI	National Cancer Institute
NCRA	National Cancer Registrars Association
NCCN	National Comprehensive Cancer Network
NCBC	National Consortium of Breast Centers
NSGC	National Society of Genetic Counselors
NSABP	National Surgical Adjuvant Breast and Bowel Project
NAACCR	North American Association of Central Cancer Registries
ONS	Oncology Nursing Society
SGO	Society of Gynecologic Oncologists

In addition to these specific campaigns for patients, the CoC is committed to the recruitment of hospitals and retention of those currently in the program. Approximately 24% of all the acute care hospitals are members of the CoC. Although this is a minority of all acute care hospitals in the United States, these hospitals represent the sites for the majority—approximately 80%—of all inpatient cancer care.¹ It is important to continue to target administrators and physicians who are not yet working at CoC-approved hospital programs in order to bring their facilities into the fold.

The Commission on Cancer is also actively involved in the education of all individuals having a role in the care of cancer patients. In July 2008, the CoC hosted a national forum dedicated to the legislative and regulatory issues of cancer care. The concept was to raise awareness of health care legislation and regulatory initiatives that will affect cancer patient care. In this election year the platforms of individual candidates are particularly important not only for their overall health care agenda but also for specifics regarding cancer initiatives. Other educational offerings are held on the Internet and are excellent opportunities for all individuals involved in cancer care in North Carolina to gain better insight into issues relative to cancer patients. These educational topics deal with specific standards for the CoC approval process as well as educational offerings on cancer staging and best practices. Many of the educational offerings specifically revolve around registry concepts, since the development of a cancer registry is paramount for involvement in the CoC's approval process. To this end, a very important member of the CoC is the National Cancer Registrars Association (NCRA), which serves as an active partner in developing educational programming.

The Cancer Liaison Program is supported by significant funding from the American Cancer Society. In this program, there is a cancer liaison selected at each hospital that is approved under CoC guidance. It is the role of the cancer liaison to act as the intermediary between the national CoC organization and the individual hospitals. The cancer liaison is an important member of the cancer committee of each hospital and these physicians, made up of many specialty groups, play a major role when each hospital is surveyed on a 3-year cycle. The state of North Carolina also has a state liaison who serves to coordinate the

activities of the individual institutional liaisons. All state liaisons have an opportunity to join together at least twice a year at a national level to have meaningful interchange relative to the Cancer Liaison Program and also to interact with their American Cancer Society counterparts in their locales.

The CoC has also played an important role in the National Partnership for Comprehensive Cancer Control and has been a member since the inception of the process in 1998. The concept of comprehensive cancer control is a vision which supports a national movement that includes states, tribes, territories, and local communities working together to reduce the burden of cancer for all people. This concept is the driving force behind the state cancer plan initiative. In North Carolina, the impact of having the CoC, American Cancer Society, and many other organizations dedicated to cancer has been realized through an active cancer plan initiative. The authors of this article have all had opportunities to participate in the cancer plan initiative and have recognized the implication of having the CoC, and specifically its Approvals Program, as a highlighted goal for the North Carolina state cancer plan.

Through the CoC, the North Carolina cancer plan will be able to use the power of the National Cancer Data Base (NCDB) which was developed by the CoC and the American Cancer Society in 1988. Twenty years after its establishment there are now over 20 million cases in the NCDB.¹ This national database serves as a repository for quality data benchmarks which are being returned to the approved hospitals not only in North Carolina but throughout the United States. These benchmarks will be especially useful as the state cancer plan goes forward and we are challenged to measure our quality of cancer care against definable quality criteria. Currently each hospital in North Carolina has been asked to assess patients with stage III colon cancer who should receive adjuvant chemotherapy. In addition, quality benchmarks for breast and colorectal cancer are being measured by our North Carolina CoC-approved hospitals. The plan for the NCDB is to have registry information entered rapidly and then returned to each hospital for daily updating of its quality initiatives. Through the use of these benchmarks the state cancer plan and other agencies working in North Carolina will have the opportunity to access many facets of cancer care and compare our initiatives with other states and regions throughout the United States.

The Commission on Cancer serves as an outstanding resource and opportunity for improved cancer care throughout North Carolina. We who have been dedicated to the CoC solidly support the concept that all of our hospitals in North Carolina should become part of the Approvals Program and that all the initiatives of the Commission on Cancer should be utilized to make North Carolina a model for cancer care in the 21st century. **NCMJ**

REFERENCE

- 1 Stewart A. National Cancer Data Base. Personal communication (email) May 2008.

“At the time of my diagnosis I was 24, working my first full-time job and attending graduate school at NC State. I was on top of the world. Then the pain started—pain on my left side. It hurt to breathe, to move, to eat, it hurt to do everything. One night the pain became so excruciating that I was forced to surrender to it. I was taken to the emergency room and all I remember is the doctor telling me that they had found a tumor the size of a softball on my pancreas. I had a solid psuedopapillary tumor, documented case number 305 in the world.

The diagnosis was followed by 6 weeks of radiation and 6 weeks of chemo. After treatments were completed, I underwent a Whipple procedure. During this procedure they removed 75% of my pancreas, part of my small intestines and stomach, my duodenum and other stuff I'd never heard of. The doctors also discovered that the tumor caused the main portal vein in my liver to collapse, so emergency bypass surgery was done.

Months later, after a routine CT scan, the doctors informed me that the cancer was back, and this time it was in my stomach, with too many tumors to count. On November 4, 2005, exactly one year after my original diagnosis, a surgeon went in to remove the tumors, but much to his astonishment he couldn't find any tumors. They were gone. My family and I are convinced that this was a miracle.

So I'll end on this note: cancer is definitely not a life path that we choose for ourselves but it's one that can enrich your life and those around you, beyond measure. Make the most of what you're dealt and give others hope through your survival.”

— Amanda
Pancreatic Cancer