TITLE: CANCER COMMITTEE

PURPOSE: To define the composition, function and duties of the Cancer Committee as outlined in the Medical Staff Constitution & Bylaws

Function: The Cancer Committee is responsible and accountable for cancer program activities. The Committee is responsible for: goal setting, planning, initiating, implementing, evaluating and improving all cancer related activities for our Hospital. The Cancer Committee will follow the cancer program goals outlined in the Cancer Program Standards. The Cancer Conference/Tumor Board activity cannot replace a cancer-related educational activity.

Meeting Frequency & Subcommittees: The Cancer Committee membership and attendance shall follow the Standard as set for by the American College of Surgeons Commission on Cancer.

Cancer Committee meetings will be held on a quarterly basis. Calendar quarters are as follows:
   January 1 – March 31
   April 1 – June 30
   July 1 – September 30
   October 1 – December 31

Attendance may include participation through conference or teleconference calls with appropriate meeting documents provided. Subcommittees or work groups may be formed to manage certain activities. Subcommittees or work groups may call on physicians or non-physicians outside of the Cancer Committee to help accomplish their tasks. These meetings are to be chaired by the assigned coordinators. Other subcommittee or work group chairs are selected from members of the Cancer Committee. Minutes should be taken for these meetings and kept in the Cancer Committee meeting books for submission to the CoC. Subcommittee meetings do not replace regular quarterly meetings.

Composition:

Membership must be multi-disciplinary with physicians from treatment and diagnostic specialties and non-physicians from administrative and supportive services. The Committee’s membership represents the full scope of care offered at our facility.

- Required physician members for all categories are as follows: Surgeon (includes general surgeon and/or surgical specialist(s) involved in cancer care)
- Medical oncologist
- Radiation oncologist
- Diagnostic radiologist
- Pathologist
- Cancer Liaison Physician (A physician of any specialty is selected to be the cancer Liaison Physician. The Cancer Liaison Physician can fulfill a leadership position within the cancer committee such as chair, vice-chair, or quality improvement coordinator or represent one of the required physician specialties).
- physician specialties representing our top five sites

Non-physician members must include:
- Cancer program administrator
- oncology nurse
• social worker or Case Manager
• certified tumor registrar
• cancer registry staff
• quality improvement or performance improvement professional
• palliative care, when services are provided on site
• Non-physician members may include:
  • pain specialist
  • pharmacist
  • pastoral care
  • mental health professional

The Committee fulfills the attendance and quorum requirements of our Hospital. Our facility requires that Cancer Committee members attend at least 50% of the meetings per year. A quorum of 3 voting members must be present at a meeting before business can be conducted.

Program Activity Coordinator:
One coordinator is to be designated for the six areas of Cancer Committee activity:
• Clinical Research
• Quality Control of Registry Data
• Quality Improvement
• Community Outreach
• Cancer Conference/Tumor Board
• Psychosocial Services

Having these positions should promote team involvement and shared responsibilities. These coordinators are chosen by Cancer Committee members on the basis of their specialty, knowledge and skills and may be physician or non-physician members of the Committee with the exception of the Liaison position, which must be a physician.

In some Hospitals, the Coordinator(s) may need to work very closely with certain departments or leaders in order to coordinate, monitor and recommend improvements to the areas or program. Under these circumstances, the Coordinator(s) work in liaison with the departments or leaders.

Coordinator responsibilities include, but are not limited to, the following:
• Contributing to the development of the annual goals and objectives of the Cancer Committee
• Monitoring the activity in the assigned area of responsibility.
• Reporting regularly to the Cancer Committee.
• Recommending corrective action if activity falls below the annual goal or requirement.

Duties and Responsibilities of the Cancer Committee:
• The Cancer Committee develops and evaluates the annual goals and objectives for the clinical, community outreach, quality improvement and programmatic endeavors related to cancer care.
• The Cancer Committee establishes the cancer conference (Tumor Board) frequency and format on an annual basis.
• The Cancer Committee establishes the multi-disciplinary attendance requirements for cancer conferences on an annual basis.
• The Cancer Committee ensures that the number of case presentations (a minimum of 15% of the annual analytic case load) and the prospective presentations rate (a minimum of 80% or a maximum of the 450 of the annual analytic case presentations).
• The Cancer Committee monitors and evaluates the cancer conference frequency, multi-disciplinary attendance, total case presentations, and prospective case presentation on an annual basis
• The Cancer Committee establishes and implements a plan to evaluate the quality of cancer registry data and activity on an annual basis. The plan includes procedures to monitor case finding, accuracy of data collection, abstracting timeliness, follow-up and data reporting.
Each year, the Cancer Committee analyzes patient outcomes and disseminates the results of the analysis. An annual report may be published at the discretion of the Cancer Committee and should be completed by calendar year end.

Terms of Office:
Members of the Committee shall serve a two-year term with expiration of the terms to be established on a staggered basis. The Liaison shall serve as a non-voting member of the Committee. Other interested Hospital-based cancer specialists may be named to the Committee to serve without vote, by the Chairman of the Committee, with the approval of the President of the Medical Staff. The members of the Committee shall elect a Chairman and Vice Chairman. The Vice Chairman shall succeed the Chairman. The outgoing Chairman shall remain on the Committee for one year following his/her term.

Originated:
Revised:
East/North Medical Executive Council Approval: 01/12/2016
South Medical Executive Council Approval: 01/12/2016
Board of Directors Approval: 02/08/2016