DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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BUMED INSTRUCTION 6320.92A

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY CANCER REGISTRY PROGRAM

Ref: (a) 10 U.S.C.
  (b) Public Law 92-218
  (c) Joint Pathology Center SOP, J-CCR-PR-20130612.001.01 (NOTAL)
  (d) DoD Directive 6200.04 of 9 October 2004
  (e) DoD Instruction 6490.03 of 11 August 2006
  (f) Public Law 102-515
  (g) Public Law 107-260

Encl: (1) Guidelines for the Use of Cancer Data
  (2) Guidelines for Establishing Facility Cancer Registry Programs
  (3) Cancer Registry Performance Evaluations

1. Purpose. This instruction establishes a Navy Cancer Registry Program comparable to similar programs in the civilian sector, and it defines Navy Medicine (NAVMED) responsibilities for the program, including the provision of quality cancer care to meet requirements of references (a) through (g), commensurate with facility cancer patient caseload, scope of treatment provided, and available resources. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 6320.92.

3. Scope and Applicability. This instruction applies to all Navy medical treatment facilities (MTF) with or without established Cancer Registry Programs, both inside and outside the continental United States, to include naval health clinics, branch health clinics, and shipboard medical facilities. It is issued under the authority granted to the Bureau of Medicine and Surgery (BUMED) via reference (a), sections 5131 and 5132 to establish healthcare policy for the Department of the Navy.

4. Background. Members of the military are exposed to hazardous environments due to the nature of their service. Cancer surveillance and registry programs improve cancer control efforts in prevention, early diagnosis, pre-treatment evaluation, staging, treatment, follow-up, survivorship, palliation, and support deployment health surveillance and force health protection. Per reference (b), cancer is a reportable disease. Data collected will be used to identify trends, patterns, and variations for directing cancer control intervention and resource utilization and is routinely used for descriptive statistics, epidemiological analysis, and both

clinical and population health research. NAVMED oncology data is an integral component in the continuum of patient-centered care. Facilities with cancer programs accredited by the American College of Surgeons (ACoS), Commission on Cancer (CoC) are recognized by other healthcare organizations, including The Joint Commission, as having standardized performance measures for high-quality cancer care.

5. Discussion

    a. This instruction ensures compliance with references (a) through (g), ensuring new cancer cases are recorded in the designated cancer registry and follow up of all known cancer cases is conducted annually.

    b. Hierarchical oversight of the Navy's Cancer Registry Program is managed from Secondary and Specialty Care (BUMED-M32), to the NAVMED regions, to the Navy and Marine Corps Public Health Center (NAVMCPUBHLTHCEN), and to individual Navy MTFs. This approach ensures consistent recording of cancer cases to optimize data quality and program compliance.

    c. Naval Medical Centers (NAVMEDCEN) Portsmouth and San Diego are the designated regional registries for NAVMED East and NAVMED West respectively.

    d. Cancer registrars are data information specialists charged with the collection, analysis, interpretation, coding, and summarization of complex patient data. MTFs must employ cancer registry personnel with health information management, clinical, or previous registry experience.

    e. To improve cancer treatment care, Navy MTFs and clinics use cancer data for internal review, surveillance, and participation in ACoS-CoC special studies. Accordingly, independent research using data in the cancer registry is highly encouraged via the guidelines outlined in enclosure (1). A robust process of data quality control is integral to the validity of data utilized for research.

    f. A program for on-going education is mission essential. Support for and provision of training for positions is the responsibility of the activity head employing a position listed within this instruction. The Cancer Registry Program manager is the authority on training requirements for registry staff.

6. Definitions, Positions, and Qualifications

    a. Facility Cancer Registry Programs. Local repositories for data collected on cancer, to include the staff required to collect, abstract, and follow-up on that data. Additional details are provided in enclosure (2).

b. Positions and Qualifications. The following positions play key roles in successfully maintaining the Navy Cancer Registry Program.

(1) Cancer Registry Program Manager. Oversees all Navy Cancer Registry Program technical and policy issues. The Cancer Registry Program manager must be a full-time employee assigned to the NAVMCPUBHLTHCEN, and must have:

(a) A bachelor's degree; however, a master's degree in public health or related field is preferred.

(b) An understanding of all DoD and other cancer reporting directives as defined in references (a) through (g) of this instruction,

(c) Certification (preferred but not required) as an active tumor registrar, through the National Cancer Registrars Association (NCRA). Ideally, the Cancer Registry Program manager should have 6 years of cancer registry experience, two of which are as a registry supervisor, and should have participated in at least one successful ACoS-CoC survey as either the registry supervisor or lead registrar.

(2) Navy Cancer Registry Program Physician Proponent. The clinical advocate for the Navy Cancer Registry Program, and must be a board-certified physician who also holds a master's degree in public health or commensurate population or community health experience or training.

(3) Regional Cancer Registry Supervisors. Oversee the regional registries situated at ACoS-CoC accredited medical centers: NAVMEDCENs Portsmouth and San Diego, NAVMED East and West, respectively. The Regional Cancer Registry Supervisors must be current with tumor registrar certifications and have 4 years of experience working in an ACoS-CoC accredited facility and previous managerial experience. Required experience includes participation in at least one ACoS-CoC survey. At a minimum, the regional cancer registry supervisor must hold an associate's degree, however a bachelor's degree is preferred.

(4) MTF Certified Tumor Registrars. Abstract cases at CoC accredited programs and must hold a current NCRA certification as per the Cancer Program Standards: Ensuring Patient-Centered Care 2016 edition available at https://www.facs.org/quality-programs/cancer/coc/standards. Certified tumor registrars must maintain current certification and meet continuing education requirements as defined by the NCRA. Staffing of non-accredited registries and facilities with Certified Tumor Registrars is encouraged.

(5) Non-credentialed Registrars. Support local cancer registry programs at individual MTFs and do not have official certified tumor registrar credentials. Non-credentialed Cancer Registry personnel must have: knowledge of anatomy, physiology, and medical terminology

c. All reportable cancers will be recorded in the Department of Defense (DoD) Automated Central Tumor Registry (ACTUR), or its designated replacement system of record, and followed up annually. Per reference (c), access to the DoD Cancer Registry data for purposes of research and research publication may be obtained via the Joint Pathology Center (JPC) Web link http://www.jpc.capmed.mil.

d. Non-accredited MTFs will be audited every 2 years by the Cancer Registry Program manager. Audit findings will be reported according to the process outlined in enclosure (3).

e. In areas where a signed data usage agreement exists between state or territorial departments of public health and the Defense Enrollment Eligibility Reporting System (DEERS), MTF data will be shared with state or territorial cancer registries in the political jurisdiction in which the MTF registry is located. In such cases, MTF registries will comply with the reporting standards for that state or territory if variables are available in ACTUR or its replacement.

f. In most cases, registrars at non-accredited MTFs need not be officially certified by NCRA, but they are strongly encouraged to attain certification. MTF registry staff at ACoS-CoC accredited facilities must be certified tumor registrars and hold current credentials.

g. MTFs with cancer registry programs will support and fund registry personnel participation in national, regional, and local training.

h. Inter-facility transfers of registry functions will comply with the following:

(1) Regional or associated MTF registries having a certified tumor registrar and sufficient staffing capacity will perform registry operations for smaller facilities having a caseload precluding a dedicated full-time equivalent employee.

(2) MOA signed by the activity heads of the collaborating facilities is required to establish an agreement to assume the responsibility of registry functions.

(3) Additional details on establishing inter-facility MOA are provided in enclosure (2).

i. Cancer registries should reside within clinical departments with knowledge and support of cancer programs, the treatment of cancer, and utilization of data for research defined in this instruction. Departments of surgery, pathology, and medical or radiation oncology are appropriate.

j. MTFs are responsible for complying with the Privacy Act of 1974, as amended, and the Health Insurance Portability and Accountability Act of 1996, privacy and security rule.

8. Responsibilities

    a. Assistant Deputy Chief, Healthcare Operations (BUMED-M3) must:

    (1) Ensure program is fully implemented and funded as a flexible, robust, user-centric cancer data reporting system and is current and compliant with national standards mandated by this instruction.

    (2) Appoint a Cancer Registry Program manager to provide technical, administrative, and policy oversight to the Navy Cancer Registry Program, to include quality control by monitoring registry activity, data accuracy, comprehensiveness, and timeliness.

    (3) Appoint a Cancer Registry Program physician proponent as the clinical proponent of the Navy Cancer Registry Program to ensure compliance with this instruction.

    (4) Provide sufficient resources to maintain the Navy Cancer Registry Program and meet mission requirements.

    (5) Require NAVMED East and West commanders to provide comprehensive and timely cancer reporting metrics from all registries within their respective regions to the Cancer Registry Program manager.

    (6) Require and review an annual summary report from the Cancer Registry Program manager on the status of the Navy Cancer Registry Program to include regional metrics for reporting of cancer.

    b. Commanders, NAVMED East and West must:

    (1) Ensure complete and comprehensive reporting of cancer cases by MTFs within their respective region.

    (2) Ensure staffing of regional medical center, hospital, and clinic registries is sufficient and adequate to meet mission requirements.

    (3) Provide sufficient resources to maintain all regional MTF registries and prevent data-entry backlog.

    (4) Ensure facilities without a registry maintain an MOA with appropriate neighboring facilities, to include provisions for funding.

    (5) Appoint the registry supervisors of NAVMEDCENs Portsmouth and San Diego as regional cancer registry supervisors for their respective regions.

   c. <u>Commander, NAVMCPUBHLTHCEN must</u>:

     (1) Supervise the Cancer Registry Program manager to ensure on-going management of the Navy Cancer Registry Program as specified in this instruction.

     (2) Allocate funds to support fully Cancer Registry Program performance evaluations, audits, and site visits.

     (3) Provide ongoing management of Navy Cancer Registry Program per this instruction.

   d. <u>Commanding Officers (CO), NAVMEDCENs Portsmouth and San Diego must</u>:

     (1) Maintain the integrity of the regional cancer registry by ensuring staffing levels are sufficient to meet data quality metrics and registrar credential requirements, and meet or exceed ACoS-CoC accreditation standards prescribed in the Cancer Program Standards: Ensuring Patient-Centered Care 2016 Edition.

     (2) Ensure compensation is sufficient to recruit and retain qualified and accredited personnel.

     (3) Remit funding of ACoS-CoC annual accreditation fees in a timeframe to avoid late payment and quarantine of survey results.

     (4) Fund training for registry staff to attend a national conference in compliance with ACoS-CoC program accreditation standards outlined in the Cancer Program Standards: Ensuring Patient-Centered Care 2016 Edition.

     (5) Ensure Cancer Committee operations meet ACoS-CoC program standards prescribed in the Cancer Program Standards: Ensuring Patient-Centered Care 2016 Edition. The Cancer Committee reports to the Medical Executive Committee.

   e. <u>COs and Officers-in-Charge (OIC) of MTFs, Naval Health Clinics, and Branch Health Clinics with Cancer Registries must</u>:

     (1) Comply with ACoS-CoC and DoD data reporting guidelines and standards.

     (2) Create an action plan to address deficiencies. The CO will transmit responses to the Cancer Registry Program manager and audit findings to the cognizant NAVMED region, with a copy to the Cancer Registry Program manager, 30 days post receipt of the evaluation (enclosure (3)).

(3) Ensure registry personnel possess required skills and competencies as defined in this instruction. Newly hired staff lacking cancer registry experience must have either clinical or health information experience.

(4) Require newly hired staff without registry experience shadow at a regional registry or attend national registrar training within 6 months of hire.

(5) Assign registry duties in writing as primary role.

(6) Ensure that registry position descriptions are up to date and reflect the scope of registry duties.

(7) For MTFs that have a need for a facility cancer program for comprehensive cancer management, ensure support for a multidisciplinary Cancer Committee and provision for cancer care conferences or tumor boards.

f. COs and OICs of MTFs, Naval Health Clinics, and Branch Health Clinics without Cancer Registries must:

(1) Establish and maintain an MOA with a local registry or coordinate with the region to use another appropriate registry.

(2) Appoint a case referral points of contact as a conduit to report cancer data to the receiving registry.

(3) Monitor case referral points of contact activity and performance.

g. Senior Medical Department Representatives of Navy Shipboard Medical Facilities must transmit positive or equivocal biopsy results and preliminary diagnoses to the appropriate regional registry.

h. The Cancer Registry Program Manager must:

(1) Oversee Navy Cancer Registry Program management as set forth in this instruction.

(2) Conduct cancer registry performance evaluations to assess data quality and program compliance based on DoD, ACoS-CoC, and other recognized authorities' guidelines and best practices:

(a) Audit cases for all non-ACoS-CoC-accredited cancer registries annually and provide an audit outcome and program performance report to the registrar and the registrar's chain of command.

(b) Recommend remedial actions and design a monitoring program for cancer registries failing to meet ACoS-CoC or NAVMED reporting standards.

(c) Exempt accredited facilities from audits, when appropriate, due to participation in the Commission on Cancer's annual data call to update the National Cancer Database, the ACoS-CoC's Rapid Quality Reporting System, and supervisory audits.

(d) Conduct sampling and review of regional registry abstracting if needed to ensure quality data, as needed at the discretion of the Cancer Registry Program manager.

(e) Conduct official visits every 2 years to sites with Navy Cancer Registry Programs and prepare reports that focus on data quality (i.e., validity, integrity, and accuracy); program resources; military health system component operability; and patient follow-up.

(f) Generate a report for each MTF visited. The report will document facility support for the registry, training of registrars, role of Cancer Committee if established, and presence or absence of a cancer care conference either at the facility or coordinated with another facility.

(g) Establish minimum performance standards for each non-accredited registry in keeping with current standard setters' guidance. At a minimum, the performance standards must comply with ACoS-CoC and NAVMED guidelines for timely case completion and follow-up per the ACos-CoC Facility Oncology Registry Standards.

(h) Provide performance standards and audit criteria to each non-accredited facility registry staff and supervisor and document date of receipt.

(i) Evaluate the level of data quality and prepare an evaluation of the program.

(j) Monitor the volume of reported cancer cases and the level of case completion for all non-accredited MTFs and facilities that have a MOA with a reporting facility.

(k) Submit, within 30 working days of completing a visit, a site visit report listing areas needing improvement with a suggested timeline for completion. Relevant instructions will be referenced and included as part of the report. The report will be submitted to the CO or OIC of the site visited, the supervisor of the cancer registry staff, and registry staff. A copy of the report will also be submitted to the appropriate NAVMED region. Responses and action plans from COs or OICs of visited sites will be tracked and filed.

(3) Provide Navy-wide oversight of the quality, accuracy, and comprehensiveness of data entered into the DoD data collection repository, the quality and timeliness of follow-up, and the dissemination of changes to the format of the data collection application and variables mandated by national standard setters.

(4) Function as the primary BUMED representative regarding all multi-component coordination meetings or organizations on issues related to cancer registries, DoD cancer data, and utilization of DoD data for purposes of epidemiologic study, clinical, or population health research.

(5) Act as the point of contact for all Navy registry personnel and the primary contact for NAVMED registry staff for questions and assistance in interfacing with ACoS-CoC, data submission to the ACoS-CoC, coordination with data collection application programmers and staff, and management of local registry programs and related Facility Cancer Registry Programs.

(6) Define requirements for ongoing registrar training, to include training for the case referral points of contact and relevant clinical staff at facilities without a cancer registry. The Cancer Registry Program manager may be required to provide on-site training for the case referral points of contact.

(7) Provide an annual summary report to Secondary and Specialty Care (BUMED-M32), documenting performance standards by region, needed changes to improve cancer data collection and treatment of patients diagnosed with cancer, and adjuvant program support. A copy of this report will be submitted to the Cancer Registry Program physician proponent.

(8) Act as a liaison between regional cancer registry supervisors and the Cancer Registry Program physician proponent.

(9) Serve as the Navy Cancer Registry Program representative and voting member of the DoD Cancer Registry Coordination Committee or its successor.

(10) Review and make recommendations for inter-facility MOA. The Cancer Registry Program manager ensures that MOAs are signed by the CO of the supporting MTF and the CO of the facility requesting support.

(11) Advise and assist the regional cancer registry supervisors on issues related to cancer registry data collection.

(12) Provide Navy registry staff with access to the DoD data reporting application per governance regulations, once proper qualification authority has been verified.

    i. Navy Cancer Registry Program Physician Proponent must:

(1) Together with the Cancer Registry Program manager, provide overall program oversight for the Navy Cancer Registry Program and ensure compliance with all aspects of the guidance contained in the directives and references listed in this instruction.

(2) Serve as the Navy Cancer Registry Program representative to senior-level committees and work groups.

(3) Support the Cancer Registry Program manager in providing an annual report to BUMED-M32, outlining Cancer Registry Program support requirements and any needed changes to improve cancer data collection and treatment of patients with cancer.

(4) Coordinate cancer collection issues with the DoD representative to the ACoS-CoC.

(5) Serve as the Navy clinical representative and voting member of the DoD Cancer Registry Coordination Committee or its successor. As the Navy's physician program proponent, provides input related to:

(a) Budgetary and mission priorities.

(b) Policy regarding the collection and reporting of cancer data that impacts not only Navy medical treatment and research facilities, but also the overall quality of the DoD cancer databases.

(6) Provide guidance to the Cancer Registry Program manager related to clinical cancer treatment and cancer data collection issues.

j. Regional Cancer Registry Supervisors must:

(1) Support the Cancer Registry Program manager and provide necessary command and control in the regions to implement cancer reporting policy.

(2) Manage the NAVMED regional registry. Will be responsible for developing an incorporation process if NAVMED East or NAVMED West eliminates smaller registries in favor of consolidation into one regional registry.

(3) Assist in the coordination of site visits and inspections by the Cancer Registry Program manager, per request. Act as a liaison between MTF cancer registrars within respective regions if the Cancer Registry Program manager is unavailable.

(4) Conduct quality assurance abstract audits of registry staff on a schedule defined by the facility's Cancer Committee.

k. MTF Certified Tumor Registrars must:

(1) Adhere to categorical standards as defined by the ACoS-CoC if serving at ACoS-CoC accredited cancer programs.

(2) Participate in cancer care conferences and be assigned as a member of the Cancer Committee if serving at facilities with established cancer registry programs.

l.   Non-credentialed Cancer Registrars must comply with all NAVMED and ACoS-CoC registry reporting standards.

m.   Case Referral Points of Contact must:

(1) Refer cases to the registry designated as the reporting registry and support inquiries for additional information as requested.

(2) Conduct regular case-finding and notification of all cases of cancer diagnosed or treated at the facility.

(3) Adhere to all other specific case referral points of contact duties as defined in MOAs.

9.   Records Management

a.   Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000, 2000, and 4000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at
https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx.

b.   For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

10.   Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-M3 will review this instruction annually on the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

11. Information Management Control. The reports required in paragraphs 7c, 7e, 8a(1), 8a(6), enclosure (2), paragraph 2d(5), and enclosure (4), paragraph 3d(1) are exempt from reports control per the Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7j.

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Releasability and distribution:
This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx

GUIDELINES FOR THE USE OF CANCER DATA

1. To improve cancer treatment care, Navy MTFs and clinics use cancer data for internal review, surveillance, and participation in ACoS-CoC special studies.

2. Requests for DoD cancer repository data for research, to include intention to publish, must be routed through the Cancer Registry Program manager. To expedite the approval process, the principal investigator must coordinate with the Cancer Registry Program manager to ensure that all variables in support of research are documented before submitting for Institutional Review Board approval.

3. The JPC Scientific Review Committee or its successor approves release of DoD cancer data for purposes of research and publication, and data release to non-DoD organizations. Per reference (c), requests for DoD cancer data to JPC must include the protocol and letter of approval from the Institutional Review Board. A list of requested data variables and parameters should be included in the protocol.

4. Data intended only for local MTF use for purposes of performance improvement and decision support can be provided without JPC scientific review committee approval. Such data may be obtained in consultation with the installation's cancer registrar or via registry staff performing registry functions through MOA.

5. Epidemiological analysis is strongly encouraged. NAVMCPUBHLTHCEN can provide assistance with data extraction and analysis available at http://www.med.navy.mil/sites/nmcphc/health-analysis/pages/default.aspx.

GUIDELINES FOR ESTABLISHING FACILITY
CANCER REGISTRY PROGRAMS

1.   Facility Cancer Registry Programs are local repositories for data collected on cancer, to include the staff required to collect, abstract, and follow-up on that data. In general, one registrar is required for every 125-150 new reportable cancer cases per annum. The ratio may vary depending on facility caseload, reference date, and scope of services provided. Minimum recommended staffing ratios for maintaining a cancer registry at Navy MTFs are based on historical data from successful civilian programs.

2.   MTFs with insufficient caseload to support maintenance of a full-time cancer registrar must establish an MOA with a larger regional facility or co-located MTF with an active registry. An MOA is required for transfer of registry functions from one facility to another unless a NAVMED region consolidates and centralizes registry functions. The following guidelines apply for MOA:

   a.   The facility requesting an MOA with a larger facility must notify the Cancer Registry Program manager.

   b.   MOA will be established only if the receiving facility has the staffing capacity to absorb additional caseload. If the larger facility does not have adequate staffing, alternative options, such as contracting for services, may be considered.

   c.   The receiving facility will be responsible for abstraction and follow-up of cancer cases commensurate with DoD standards. The transferring facility will be responsible for case finding and notification of patients referred for either suspected or confirmed cancer.

   d.   The facility requesting transfer of registry functions will appoint a facility case referral points of contact responsible for the identification and notification of cancer cases to the receiving facility. The case referral points of contact must also respond to requests for information to complete the abstract as needed by the receiving facility.

      (1) The case referral points of contact will be trained to report cancer cases utilizing DoD and nationally recognized guidelines for reportable cancers.

      (2) The case referral points of contact duties will be defined at time of appointment and documented in the incumbent's official position description.

      (3) Lapses in cancer registry program compliance and MOA requirements will be reported in writing by either the regional cancer registry supervisor or the registrar at the receiving facility. Reports will be submitted to the Cancer Registry Program manager, the supervisor of the case referral points of contact, and the case referral points of contact.   The

supervisor of the case referral points of contact must respond in writing within 30 days of receipt of the complaint to the Cancer Registry Program manager and the regional cancer registry supervisor or registrar at the receiving facility with a plan to rectify reported issues. The regional cancer registry supervisor or registrar at the receiving facility will monitor progress and provide the Cancer Registry Program manager with quarterly updates on compliance with the plan until compliance is met. Updates must be submitted to the Cancer Registry Program manager the last month of each yearly quarter.

       (4) The Cancer Registry Program manager will serve as the final arbitrator to settle disputes.

       (5) The supervisor of the case referral points of contact at the reporting facility will report lapses at the receiving facility in maintaining the tenets of the MOA to the regional cancer registry supervisors or the registrar at the receiving facility with a copy forwarded to the Cancer Registry Program manager. The Cancer Registry Program manager will have 30 days to investigate and respond in writing to the appropriate parties. A plan to rectify lapses will be defined, in writing, and monitored by the Cancer Registry Program manager.

3. ACoS-CoC accreditation not only benefits cancer registry programs, but also improves patient care. Facility cancer registry programs considering ACoS-CoC accreditation should conduct a thorough review of resources required to pursue and maintain accreditation.

4. The following applies to NAVMED institutions with ACoS-CoC accredited cancer programs per the Cancer Program Standards: Ensuring Patient-Centered Care 2016 Edition.

    a. Maintain a cancer program in a category commensurate with caseload and scope of treatment modalities provided.

    b. Ensure Cancer Committee oversight and compliance with all standards to meet or exceed ACoS-CoC cancer program standards.

    c. Ensure registry staff hold active Certified Tumor Registrar credentials.

    d. Develop a plan to maintain continuity and timeliness of case accessioning, abstracting, and data submission to the ACoS-CoC annual call for data, with contingency planning for staff vacancies.

    e. Comply with ACoS-CoC and DoD patient follow-up metrics. Contract services may be obtained to maintain compliance.

    f. Fund annual ACoS-CoC accreditation fees.

5. Cancer Committee. The following apply to ACoS-CoC accredited facilities:

a. The Cancer Committee's composition, goals, and activities must comply with ACoS-CoC guidelines.

b. The Cancer Committee must function under the purview of the Medical Executive Committee.

c. Smaller Navy MTFs, naval health clinics, and branch health clinics may establish a Cancer Committee at the discretion of the CO or OIC. If a Cancer Committee is established within a smaller facility, it must also follow ACoS-CoC guidelines.

Enclosure (2)

CANCER REGISTRY PERFORMANCE EVALUATIONS

1. Cancer Registry Performance. Evaluations include an annual sampling of cases and a biennial site visit to each non-ACoS-CoC accredited facility and ACoS-CoC accredited facility if needed.

2. Annual Case Sampling

    a. The Cancer Registry Program manager must review cases from an arbitrary cancer site to assess accuracy, timeliness, and comprehensiveness of cancer data reporting.

    b. The case review is a tool to address deficiencies and evaluate training needs.

    c. The Cancer Registry Program manager must submit findings to the registry staff, registry supervisor, and CO.

    d. The Cancer Registry Program manager must recommend remedial actions, if required, to include on-going evaluation of data documentation to monitor improvement on a schedule to be determined.

3. Biennial Site Visits

    a. The Cancer Registry Program manager must conduct a site visit to evaluate non-accredited cancer registries every 2 years and ACoS-CoC accredited programs if needed.

    b. The site visit is an opportunity to interact with registry staff and provide training, guidance, and support.

    c. The Cancer Registry Program manager must create a report outlining program deficiencies, recommendations for remedial actions required to address deficiencies, and a plan to monitor improvement.

    d. The Cancer Registry Program Manager must submit reports to:

        (1) The commander of the MTF visited with a copy to appropriate NAVMED region.

        (2) The commander of the facility referring cases to the receiving facility visited to ensure data from the reporting facility is properly abstracted and reported.

        (3) The registry supervisor and registry staff.

    e. Following receipt of the Cancer Registry Program manager report, the facility commander will have 30 days to design a plan focused on compliance and sustainment. The plan will be submitted to the appropriate NAVMED region with a copy to the Cancer Registry Program manager and the commander of the facility if an MOA with the audited facility is in place.

    f. Site visits will include:

        (1) Program evaluation.

        (2) Review of data quality and appropriate coding.

    g. Reassessment of compliance and sustainment will be monitored on a timetable compatible with deficiencies documented in the Cancer Registry Program manager's report.

4. Following receipt of the Cancer Registry Program manager report, the facility commander will have 30 days to design a plan focused on compliance and sustainment. The plan will be submitted to the appropriate NAVMED region with a copy to the Cancer Registry Program manager and the commander of the facility if an MOA with the audited facility is in place.

5. Reassessment of compliance and sustainment will be monitored on a timetable compatible with deficiencies documented in the Cancer Registry Program manager's report.