

Cancer Committee Minutes - Date _____

Present:

Members: S. _____, MD (Chairman); A. _____, MD (Pathology); G. _____ MD (Radiology); B. _____, MD, (Surgery/Liaison MD); K. _____, MD (Med/Onc); M. _____, MD (Rad/Onc); V. _____ MD (Urology); _____, MD (QI); _____, (Ca Prgm Mgr Onc); _____, (Adm); _____ (Rad/Onc); _____, CTR (Cancer Registrar); _____ (Research); _____ (Onc) _____ (Comm Outreach); _____, ACS patient services; _____ (Social Svcs)

Coordinators: Cancer Conference-Dr. _____, Quality Improvement-Dr. _____, Registry Quality- _____, Community Outreach- _____, Clinical Research- _____, Psychosocial Services- _____.

Absent: _____ (Nuclear Med); _____ – (Pharmacy)

TIME STARTED: 8:09 AM

TIME ENDED: 8:53 AM

Subject/Issues	Discussion & Recommendations	Actions	Responsible Party	Follow-Up
Aug. 12, 2013 Cancer Committee meeting minutes	Minutes approved as written	None	_____	None
<u>NEW BUSINESS:</u> Cancer Reporting to Dept. of Public Health	Registrar shared a certificate from State Cancer registry which acknowledged 90% or greater timeliness reporting of 2012 cases. Dr. _____ acknowledged and thanked registrar for all that she does with our program.	None	_____, CTR	None
RQRS (Standard 5.2)	Registrar provided an overview of RQRS and shared that we are in the process of registration for this. This will replace the current Standard 5.2 Timeliness of Abstracting – effective July 1, 2013.	Work with Dr. _____ to complete registration.	_____, CTR	Provide regular updates to committee.
Subject/Issues	Discussion & Recommendations	Actions	Responsible Party	Follow-Up

<p>Prostate Cancer Education event (Standard 1.8, 4.1)</p>	<p>September 24, 2013 “Catch Prostate Cancer Early” event was well attended. 30 people attended. Free PSA testing cards were provided along with education on screening, general information and treatment options were provided by Dr. V. _____.</p>	<p>None</p>	<p>Dr. V. _____</p>	<p>Report back to committee as needed.</p>
<p>Bladder Cancer Assessment (Standard 4.6)</p>	<p>A report of the review of all 2012 Bladder cancer cases was provided by Dr. _____. All but 1 case received the appropriate care as per NCCN guidelines. The 1 outlier was only Bx'd. here and treatment was not known since pt. did not return.</p>	<p>Registry will work to get information on the 1 outlier case.</p>	<p>Registry & Dr. _____</p>	<p>Report back to committee</p>
<p>Palliative Services (Standard 1.2, 2.4)</p>	<p>_____ provided a brief overview of palliative services available here at hospital. Patients do not have to be off treatment or have late stage disease. Any cancer diagnosis is eligible. They provide support in-house, in home and even in Nursing homes. Discussion held on physician communications w/palliative care staff.</p>	<p>Promote palliative care services.</p>		
<p>Liaison Physician Update (Standard 4.3)</p>	<p>Dr. _____ presented the new 2009-2011 CP³R report. The comparison reports show we are low in a few areas and great in other areas. Discussion was held on how to address the outliers in our lower scoring measures. He also mentioned the recent CoC newsflash on “List of Commonly used Tests & Treatments and CoC recommendations”. Discussion on these was held.</p>	<p>Check to see if we have standard protocols consistent with these recommendations in Thoracic and General Surgery.</p>	<p>Dr. _____</p>	<p>Report back</p>