

1 OCTOBER 1996



Medical

THE CANCER PROGRAM

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

NOTICE: This publication is available digitally on the SAF/AAD WWW site at: <http://afpubs.hq.af.mil>. If you lack access, contact your Publishing Distribution Office (PDO).

OPR: HQ AFMOA/SGOC
(Lt Col Karen K. Wies)
Supersedes AFI 44-110, 19 July 1994.

Certified by: HQ AFMOA/SGO
(Lt Col M. Parkinson)

Pages: 5
Distribution: F

This instruction implements AFD 44-1, *Medical Operations*. It explains the Air Force Cancer Program goals and details the responsibilities of Air Force medical treatment facilities (MTF) for establishing local cancer programs commensurate with the size and resources of each facility. A system for surveillance, treatment, and follow up of various malignancies is put into place. This instruction also supports various publications of Department of Defense (DoD), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the American College of Surgeons' (ACoS) Commission on Cancer, and appropriate health and safety agencies. It explains the functions of the cancer committee, cancer conferences, and tumor registries. The instruction applies to all Air Force MTFs that diagnose and/or treat malignancies. It does not apply to the Air National Guard and US Air Force Reserve. This instruction requires collection and maintenance of information protected by the Privacy Act of 1974 authorized by Title 10, USC, Chapter 55. System of Records Notice: F160 AF/SG C, Medical Treatment Facility Tumor Registry. Send comments and suggested improvements on AF Form 847, **Recommendation for Change of Publication**, through channels, to HQ AFMOA/SGOC, 110 Luke Avenue, Room 400, Bolling AFB DC 20332-7050.

SUMMARY OF REVISIONS

This revision substantially revises AFI 44-110, 19 July 1994; further defines Tumor Registrar's roles; and explains the functions of the Automated Central Tumor Registry (ACTUR). A | indicates revisions from the previous edition.

Section A—Program Objectives

1. Air Force Cancer Program Objectives. The objectives of this program parallel those of the Cancer Program of the ACoS Commission on Cancer. Objectives include developing measures to decrease the morbidity and mortality of patients with cancer through multidisciplinary approaches to early diagnosis,

pretreatment evaluation and staging, and treatment and surveillance for recurrent and multiple primary cancers. The program emphasizes the highest quality of medical care, data collection and patient follow-up. Functional account code (FAC) 5203B (Tumor Registry) is responsible for managing the program. Assign to another FAC at the discretion of the MTF Commander.

1.1. MTF Objectives. All Air Force MTFs that diagnose and/or treat patients with malignancies must have a cancer program and will comply with the requirements of ACoS (see paragraph 1.). Medical centers with full resources will seek approval through the accreditation process detailed in the ACoS Cancer Program Standards. At a minimum, cancer programs in MTFs that are not medical centers, must have an institutional cancer committee, a tumor registry, and hold timely cancer conferences/Tumor Board meetings. Small MTFs (free-standing clinics and hospitals of fewer than 15 beds) may use the cancer programs and the registry functions of a larger referral MTF. Such relationships must be established through memoranda of agreement.

Section B—What People Do

2. MTF Commander.

- Establishes a cancer committee or function for the hospital and appoints the Chief of Professional Services or other designee as chairperson.
- Ensures a cancer conference/tumor board convenes regularly.
- Establishes a tumor registry with enough staffing to assess and follow the case load.
- Encourages staff to become Certified Tumor Registrars and when feasible provides funding for annual Continuing Medical Education (CME).

3. Cancer Committee.

- Plans, initiates, and assesses all cancer-related activities in the MTF.
- When possible, must include members from all disciplines (surgery, internal medicine, gynecology, pediatrics, family practice, dentistry, nursing, physical therapy, medical records, social services, diagnostic and therapeutic radiology, pathology, and religious) involved in the care of cancer patients (see paragraph 1.).
- Ensures patients have access to consultative services in all major disciplines.
- Meets at least quarterly as a policy, advisory, and administrative body. Documents activities and attendance.
- Maintains quality control of abstracting, staging, and reporting of Tumor Registry Data.
- Appoints members as tumor registry physician-advisors.
- Has additional responsibilities as approved by the ACoS (see paragraph 1.).

4. Cancer Conferences. At cancer conferences, attendees focus on evaluating, surveying, pretreating, staging, treating, and rehabilitating individual patients. In the smaller MTFs, as defined in paragraph 1.1., the membership of the cancer conference may be the same as the cancer committee. Conferences must include multidisciplinary representation for cases of special interest, unusual complexity, and those involving flying personnel. Documentation for each conference must include:

- Date, time, and place of meeting.

- Disciplines represented.
- Members in attendance.
- Cases and sites discussed.

5. Healthcare Providers. Healthcare providers (e.g., physicians, dentists, nurses, physician assistants) assist local tumor registrars, by presenting cases to cancer conferences, and providing clinical input for case abstracts and case follow-up.

Section C—The Tumor Registry and The Automated Central Tumor Registry

6. The Tumor Registry. The Tumor Registry is the principal data base for evaluating the care of cancer patients in the MTF. All MTFs that diagnose and/or treat cancer patients must maintain a registry. Medical centers should organize the registry according to ACoS standards and guidelines (see paragraph 1.). Minimal monitoring functions for all registries include:

- Establishing a reference date. Changes in reference dates must be approved through HQ AFMOA/SGOC.
- Finding cases of inpatients and outpatients who satisfy eligibility criteria by class of case as outlined in the ACoS Cancer Program Standards.
- Abstracting data in accordance with the Automated Central Tumor Registry ACTUR guidelines. References include the current Editions of ACTUR Users Manual, International Classification of Diseases.
- ACTUR Research requests should be approved by the Consultant for Tumor Registry for Oncology (ICD-O), the Manual for Staging of Cancer and the Registry Operations and Data Standards (ROADS). Use of AF Form 1139, **Request for Tumor Board Approval and Recommendation**, is optional. If used, the original should be filed in the outpatient record.
- Assigning Tumor Registry accession numbers.
- Maintaining follow-up information for the lifetime of each patient according to ACoS guidelines.
- Notifying outpatient records and dental clinic personnel of newly accessioned patients and the need for AF Form 966, **Registry Record**. Records personnel must file AF Form 966 in each tumor patient's Health Record Medical or Dental, AF Form 2100 series.

7. Automated Central Tumor Registry (ACTUR). ACTUR is designed to work with the Defense Enrollment Eligibility Reporting System/Real-Time Automated Personnel Identification System (DEERS/RAPIDS). It fully automates all Tumor Registries within the DoD, and is the only authorized Tumor Registry software for DoD. ACTUR functions include registry inquiries, updates, new accessions, and patient follow-up. ACTUR standardizes data collection within DoD and through system edit checks it maintains the quality and integrity of cancer data. All MTFs with ACTUR must use it, all other MTFs should acquire ACTUR.

8. Registrar Communications. Registrars maintain direct communications with each patient through personal questionnaires. Registrars also maintain direct communication with the attending physician, cancer committee, tumor board, other registries, and associated MTFs to obtain complete follow-up infor-

mation. Registrars are encouraged to become involved in cancer prevention programs in their facilities and communities. Registrars should communicate with their local American Cancer Society.

9. Releasing Information to Non-Air Force Tumor Registries. Tumor registrars may release tumor data on patients in Air Force MTFs to state (civilian) and other Federal cancer registries for further medical care or patient research, provided they assure privacy of patient identity.

10. Forms Prescribed. This instruction prescribes AF Form 966, **Registry Record**, and AF Form 1139, **Request for Tumor Board Approval and Recommendation**.

EDGAR R. ANDERSON, JR., Lt General, USAF, MC
Surgeon General

Attachment 1

GLOSSARY OF REFERENCES, ABBREVIATIONS, AND ACRONYMS

References

Current Editions of the following: American College of Surgeons, *Commission on Cancer*, Cancer Program Standard,

World Health Organization, *International Classification of Diseases for Oncology*, Registry Operations and Data Standards,

American Joint Committee on Cancer *Manual for Staging of Cancer*, *ACTUR Users Manual*.

Abbreviations and Acronyms

ACoS—American College of Surgeons

ACTUR—Automated Central Tumor Registry

DEERS—Defense Enrollment Eligibility Reporting System

DoD—Department of Defense

FAC—Functional Account Code

HQ AFMOA—Headquarters Air Force Medical Operations Agency

JCAHO—Joint Commission on Accreditation of Healthcare Organizations

MTF—Medical Treatment Facility