



# ASO Author Reflections: Commission on Cancer Accreditation as an Independent Predictor of Cancer Survival

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## PAST

The Commission on Cancer (CoC) was established in 1922 to set comprehensive standards for cancer care, and accreditation is achieved by meeting stringent quality-based endpoints.<sup>1</sup> Approximately 1500 out of 5200 community hospitals are CoC accredited (29%).<sup>2</sup>

However, the impact of CoC accreditation on survival in a variety of types of solid-organ cancers has not been systematically evaluated.

## PRESENT

Ahmed et al.<sup>3</sup> found that CoC-accreditation is an independent predictor of 2-year survival for 5/59 solid organ cancers (primary sites in lung and bronchus, liver, esophagus, pancreas, and intrahepatic bile duct), but does not exhibit statistical significance in other solid-organ cancers. On stage-by-stage analysis in these five cancers, accreditation significantly increases survival. This trend is maintained during multivariate analysis (0.86–0.91 hazard ratios, all *p* values < 0.005), but

CoC-accreditation status was not the most important predictor of survival and was on average below both cancer stage and patient age.

## FUTURE

These results may suggest that accreditation impacts survival only in a small subset of complex cancers. Future studies are required to verify our findings in the long-term. Accreditation standards focusing on type-specific cancer outcome metrics could yield further improvements in outcome. For example, adherence to criteria by the National Accreditation Program for Rectal Cancer has been found to correlate with significant improvements in survival.<sup>4</sup> Additionally, the effect of accreditation on several other relevant oncological metrics, such as recurrence, disease-free survival, and quality-of-life, require further investigation for a variety of cancers.

**DISCLOSURE** The authors do not have anything to disclose.

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