

VHA ONCOLOGY PROGRAM

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive provides the structure for VHA's Oncology Program to ensure that it consistently delivers high-quality cancer prevention, screening, diagnosis, staging, treatment, tumor boards, molecular analysis, symptom management, palliative care, end-of-life-care, cancer care coordination and patient navigation, clinical research, and personnel requirements. This policy seeks to ensure that the delivery of VA cancer care is provided following a national standard of practice and with regard to Veteran wellbeing. **NOTE:** *This policy does not apply to oncology services delivered by non-VA health care providers.*

2. SUMMARY OF CONTENT: This policy provides contemporary, interdisciplinary and collaborative cancer care to eligible Veterans.

3. RELATED ISSUES: VHA Directive 1412(1), Department of Veterans Affairs Cancer Registry System, dated May 29, 2019; VHA Directive, 1413 Requirements For Facilities Providing Anti-cancer and Chemotherapy Drugs, dated June 6, 2019.

4. RESPONSIBLE OFFICE: The Office of Specialty Care Services (10P11) is responsible for the contents of this directive. Questions may be referred to 202-461-7120 or cancer@va.gov.

5. RECISSIONS: VHA Directive 2003-034, National Cancer Strategy, dated; June 20, 2003; VHA Manual M-9, Chapter 9, Appendix 9D, Criteria and Standards for VA Oncology Programs (M-9, Strategic Planning) dated, December 29, 1992 are now rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of April 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY THE DIRECTION OF OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ Lucille B. Beck, PhD.
Deputy Under Secretary for
Health for Policy and Services

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

April 9, 2020

VHA DIRECTIVE 1415

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VHA ONCOLOGY PROGRAM

1. PURPOSE

a. This Veterans Health Administration (VHA) directive provides policy for VHA's National Oncology Program. **NOTE:** *This policy does not apply to oncology services delivered by non-VA health care providers.*

b. This directive formalizes responsibility, oversight, and organizes the delivery of high-quality cancer prevention, screening, diagnosis, staging, treatment, tumor boards, molecular analysis, symptom management, palliative care, end-of-life-care, cancer care coordination and patient navigation, clinical research, and personnel requirements. This directive provides a framework for contemporary interdisciplinary and collaborative cancer care to Veterans enrolled in VHA and seeks to ensure that the delivery of VA-funded cancer care is provided following a national standard of practice. **NOTE:** *The delivery of oncology services is not confined to a single provider specialty or program (e.g., primary care, surgery and surgery subspecialties, medicine and medical subspecialties (e.g., pharmacy, nursing, palliative care, radiation oncology, radiology, and pathology).* **AUTHORITY:** Title 38 United States Code (U.S.C) 7301(b).

2. BACKGROUND

a. Oncology is the branch of medicine that specializes in the care of patients with cancer. Components of oncology care include: prevention, screening, diagnosis, staging, treatment, rehabilitation, follow-up, survivorship, pain and symptoms management, palliative care, and end-of-life care including hospice care. Cancer is a varied and complex collection of hundreds of diseases having many causes and clinical characteristics. It is estimated that cancer claimed more than 600,920 American lives in 2017, including a substantial fraction of the estimated 175,000 Veterans receiving care for cancer within VHA and the estimated 450,000 cancer survivors in VHA (a cancer survivor is any individual who has been diagnosed with cancer). **NOTE:** *See definition of survivor in paragraph 3.* Cancer imposes a severe and, in some ways, unique burden of illness. Morbidity and mortality from the disease itself are significant, and currently available treatments sometimes reduce quality of life. Arguably, it is the most feared of diseases, and its diagnosis imposes a significant emotional burden on both patients and their families. It is estimated that 2.1 million new cancer cases were diagnosed in the U.S. in 2018, and this figure is expected to grow to 2.7 million by 2030. The absolute number of cancer survivors is expected to grow from 16.9 million in 2019 to 22.1 million by 2030. Approximately 50,000 new cases of invasive cancer occur in VHA patients each year; and cancer is the second leading cause of death among Veterans.

b. Some cancers are thought to occur as a result of Veterans' service, including presumptive service connection status for several cancer types due to presumptive Agent Orange exposure for those who served in Southeast Asia during the Vietnam War. Cancer has already surpassed heart disease as the leading cause of death in

many demographic groups and is expected to become the overall leading cause of death in this decade.

3. DEFINITIONS

a. **American Joint Committee on Cancer (AJCC)**. The American Joint Committee on Cancer (AJCC) is an organization that provides worldwide leadership in the development, promotion, and maintenance of evidence-based systems for the classification and management of cancer in collaboration with multidisciplinary organizations dedicated to cancer surveillance and to improving care. AJCC develops and publishes systems of classification of cancer, including staging and end results reporting.

b. **Cancer Committee**. For the purposes of this directive, a Cancer Committee is a formal multidisciplinary group convened by the VA facility Director to monitor, assess, and identify needs of the facility's care program. **NOTE:** *For more information about cancer committees, see paragraph 6.*

c. **Cancer Registry**. A cancer registry (or tumor registry) is a data system used to monitor all types of cancer diagnosed or treated in VHA, state, or country, and contains information on each patient with cancer including demographics, cancer identification, extent of disease and staging, first course of treatment, recurrence, subsequent treatments, and vital status.

d. **Commission on Cancer**. The Commission on Cancer is a program of the American College of Surgeons. For more information, see <https://www.facs.org/quality-programs/cancer/coc>. **NOTE:** *This Web site is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*

e. **Oncology Clinical Pharmacy Specialists**. An Oncology Clinical Pharmacy Specialist (CPS) is an advance practice pharmacist with specialized education and training in oncology pharmacy. **NOTE:** *For purposes of this directive the term oncology clinical pharmacist encompasses all licensed pharmacists.*

f. **Survivor**. The National Cancer Institute, National Institutes of Health defines a cancer survivor as someone who remains alive and continues to function during and after overcoming a serious hardship or life-threatening disease. In cancer, a person is considered to be a survivor from the time of diagnosis until the end of life.

g. **Tumor Board**. A tumor board is a multidisciplinary case conference that convenes at individual VA medical facilities and nationally to discuss the diagnosis, staging, and management of patients with cancer.

4. POLICY

It is VHA policy that Veterans are provided and receive high-quality, interdisciplinary cancer care according to national standards of practice and VA-specific clinical pathways. **NOTE:** *For detailed information on clinical pathways specific to VA, see*

VHA Oncology Program Guidance:

<https://vaww.infoshare.va.gov/sites/specialtycare/Oncology/>. **NOTE:** This is an internal VA Web site that is not available to the public.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISN).

(2) Ensuring that each VISN Director has sufficient resources to fulfill the terms of this directive in all VA health facilities within that VISN.

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable regulations.

c. **Chief Officer, Specialty Care Service.** The Chief Officer, Specialty Care Service is responsible for:

(1) Collaborating with the National Program Director for Oncology to review and revise this directive as appropriate or at least every 5 years.

(2) Appointing a National Program Director for Oncology.

(3) Appointing a National Program Director for Radiation Oncology.

(4) Maintaining the charter for the Oncology Field Advisory Committee.

d. **Chief Nursing Officer, Office of Nursing Services.** The Chief Nursing Officer is responsible for:

(1) Appointing the National Oncology Clinical Nurse Advisor, Office of Nursing Services.

(2) Consulting with VHA program offices, ensuring nursing input in national oncology clinical program initiatives.

(3) Evaluating the Oncology Nursing Field Advisory Committee to identify and develop recommendations for the program Steering Committee on promoting evidenced-based standards of practice, dissemination of best practices, developing policy, and educational priorities and needs for staff and patients.

(4) Appointing a liaison member to the Oncology Nursing Field Advisory Committee.

e. **National Oncology Clinical Nurse Advisor, Office of Nursing Services.** The National Oncology Clinical Nurse Advisor, Office of Nursing Services is responsible for serving as the nursing expert in the oncology clinical specialty area (e.g., to the Oncology Field Advisory Committee). **NOTE:** For more information, see: <https://vawww.va.gov/nursing/cppOnc.asp>. This is an internal VA Web site that is not available to the public.

f. **National Director of Surgery.** The National Director of Surgery is responsible for:

(1) Appointing a liaison to the American College of Surgeons Commission on Cancer.

(2) Managing the initial patient referral, assessment, and recommendation for Hematopoietic Stem Cell Transplantation Services and Chimeric Antigen Receptor T-Cell (CAR-T) Services.

(3) Appointing a liaison member to the Oncology Field Advisory Committee.

f. **National Program Director for Oncology.** The National Program Director for Oncology is VHA's subject matter expert for diagnosis and management of cancer, is advised by the Oncology Field Advisory Committee, which is constituted in accordance with its charter established by the Office of Specialty Care Services, and is responsible for:

(1) Collaborating with other VHA program offices to establish oncology program goals and assess progress toward completion of those goals.

(2) Upon request, providing advice on the use of newly developed molecular analyses across the spectrum of care including the diagnosis, screening, treatment, prognosis, and detection of recurrence.

(3) Ensuring that national chemotherapy order sets are established and updated.

(4) Ensuring an electronic resource, such as SharePoint or other intranet links, are maintained to facilitate communication of information regarding the VA National Oncology Program.

(5) Overseeing the management of the VA Cancer Registry System and periodically generating reports on the status of cancer incidence and care in VHA in accordance with VHA Directive 1412, Department of Veterans Affairs Cancer Registry System, dated May 29, 2019.

(6) Ensuring new consent forms for newly approved anti-cancer drugs are submitted to the appropriate manager of VHA consent forms (e.g., iMedConsent) in accordance with VHA Directive 1004.05, iMedConsent, dated December 10, 2014.

(7) Ensuring the national deployment of electronic health record (EHR) note, order, and workflow templates for the documentation of care provided. **NOTE:** Templates can

be found on: <https://vaww.infoshare.va.gov/sites/specialtycare/Oncology/>. **NOTE:** This is an internal VA Web site that is not available to the public.

(8) Identifying oncology subject matter experts for the review of patient education resources and materials.

(9) Reviewing and revising this policy as appropriate at least every 5 years in accordance with VHA Directive 6330, Controlled National Policy/Directives Management System dated June 24, 2016, or more often, as necessitated by changing circumstances.

g. **National Program Director for Radiation Oncology.** The National Program Director for Radiation Oncology is responsible for:

(1) Serving as the subject matter expert for Radiation Oncology in VHA providing opinions, forecasts, and evaluations of services.

(2) Meeting with special committees as charged by the Assistant Deputy Under Secretary for Health for Patient Care Service, Deputy Under Secretary for Health for Policy and Services and Deputy Under Secretary for Health for Operations and Management. **NOTE:** This includes receiving advice from the Radiation Oncology Field Advisory Committee.

(3) Overseeing and coordinating accreditation of Radiation Oncology Services and medical physics operations and quality assurance of VHA Radiation Oncology Services.

(4) Appointing a liaison member to the Oncology Field Advisory Committee.

h. **National Pharmacy Benefits Management (PBM) Clinical Pharmacy Program Managers for Oncology.** The National PBM Clinical Pharmacy Program Managers are responsible for:

(1) Serving as consultants and subject matter experts to the Oncology Field Advisory Committee and the National Precision Oncology Advisory Board.

(2) Serving as the national pharmacy subject matter experts and developers of clinical guidance to aid in national formulary decision-making for oncology related drugs that offer guidance for the care of Veterans.

i. **Chief Consultant for Preventive Medicine, National Center for Health Promotion and Disease Prevention.** The Chief Consultant, National Center for Health Promotion and Disease Prevention (NCP) is responsible for:

(1) Leading the development of VHA guidance on clinical preventive services, including guidance on cancer screening and cancer prevention.

(2) Leading the development of related tools and resources for implementation in accordance with VHA Directive 1120, Responsibilities of the National Center for Health Promotion and Disease Prevention (NCP), dated July 30, 2015.

j. **Veterans Integrated Service Network Director.** The Veterans Integrated Service Network (VISN) Director is responsible for:

(1) Providing coordination and regionalization of oncology services through the appointment of a multidisciplinary cancer committee to address the provision of oncology services throughout the VISN.

(2) Ensuring complexity level 1 and 2 facilities pursue membership in the National Cancer Institute's (NCI) National Clinical Trial Network (NCTN) or the National Cancer Institute Community Oncology Program Research Program (NCORP) as a main member or an affiliate member, and provide patients with access to NCI-sponsored clinical trials.

(3) Reviewing and providing an inventory of oncological services available at VA medical facilities within the VISN and annually providing an updated list to the National Program Director for Oncology, along with up to five individuals designated as points of contact (POC) for cancer care at each VA medical facility. **NOTE:** *It is strongly recommended to maintain a list of more than two POCs.*

k. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) *Ensuring compliance with this policy. NOTE: it is strongly recommended that the cancer committee should be provided with the resources and direction to ensure compliance with this directive.*

(2) Establishing a Cancer Committee with multidisciplinary participation to manage, assess, and plan the facility's cancer program activities. **NOTE:** *Facilities are required to have a Cancer Committee regardless of their Commission on Cancer certification status. While VA medical facilities are not required to be accredited by the Commission on Cancer, VA medical facilities may choose to become accredited by the Commission on Cancer. NOTE: Facilities at which only a small number of patients are diagnosed with or treated for cancer may partner with another facility or the VISN to provide these services. VA medical facility Directors must request a time-limited exemption from establishing a formal process for cancer program activities. The time-limited exemption requests are not to exceed 2 years and must be made to the National Program Director for Oncology..*

(3) If the facility treats only a small number of cancer patients, ensuring that the facility partners with another VA medical facility or the VISN to offer these services. **NOTE:** *Facilities may utilize a sharing agreement with Department of Defense (DoD) or other federal agencies to provide oncology care.*

(4) Ensuring that palliative care and hospice services are provided in accordance with VHA Directive 2008-041, Hospice and Palliative Care (HPC) Workload Capture, dated August 7, 2008, and VHA Directive 1139, Palliative Care Consult Teams (PCCT) and VISN Leads, dated June 14, 2017. **NOTE:** *Hospice and palliative care services are tied to VA medical facility quality metrics.*

(5) Ensuring that the VA medical facility cancer registry is maintained in accordance with responsibilities assigned in VHA Directive 1412.

(6) Maintaining an inventory of the following information:

(a) Oncological services (which may include availability of clinical trials).

(b) A list of up to five individuals to be designated as points of contact (POC) for cancer care available at the VA medical facility.

(c) An updated list annually to the VISN Director, or directly to the National Program Director for Oncology (if a direct mechanism is provided (e.g. an online database)). **NOTE:** *The VISN Director is responsible for ensuring the list is sent to the National Program Director for Oncology. It is strongly recommended to maintain a list of more than two POCs.*

(7) Establishing service agreements between Primary Care and one or more cancer specialty services to ensure there are clear expectations as to who is to participate in the diagnostic evaluation of patients with suspected cancer.

(8) Pursuing group membership in the National Cancer Institute's (NCI) National Clinical Trial Network (NCTN) as a main member, an affiliate member, or through the National Cancer Institute Community Oncology Program Research Program (NCORP) for complexity level 1 and 2 facilities.

NOTE: *Facilities at which only a small number of patients are diagnosed with or treated for cancer may partner with another facility or the VISN to provide these services. VA medical facility Directors must request a time-limited exemption from establishing a formal process for cancer program activities. The time-limited exemption requests are not to exceed 2 years and must be made to the National Program Director for Oncology.*

I. **VA Medical Facility Tumor Board Coordinator.** The VA medical facility Tumor Board Coordinator is responsible for establishing and maintaining a Tumor Board in accordance with VHA Oncology Program Guidance, located at <https://vaww.infoshare.va.gov/sites/specialtycare/Oncology/>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

m. **Oncology Providers.** Oncology providers are responsible for:

(1) Delivering oncology clinical services to Veterans with cancer. **NOTE:** *Oncology clinical services are not confined to a single specialty or program but include surgery and surgery subspecialties, medicine and medical subspecialties, radiation oncology, and others.*

(2) Documenting cancer stage information in the EHR at or near the time of diagnosis. Stage information should use AJCC staging, when applicable. <https://cancerstaging.org/references-tools/deskreferences/Pages/default.aspx>. **NOTE:** *This Web site is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*

(3) Utilizing nationally deployed note, order set, and workflow templates from the National Oncology Program Office for documentation in the EHR. **NOTE:** See *VHA Oncology Program Guidance:* <https://vaww.infoshare.va.gov/sites/specialtycare/Oncology/>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(4) Providing a summary of the care administered in accordance with VHA Directive 1413, Requirements for the Administration of Chemotherapy and Other Anti-Cancer Drugs, dated June 6, 2019; including surgery, radiotherapy, and chemotherapy, to the patient at the time of completion of their treatment course. **NOTE:** *This summary must be made available to both the patient and his/her providers and must include a clear delineation of responsibilities regarding the patient's long-term care.*

(5) Supervising Physician Assistants, Nurse Practitioners, and other non-physician providers who prescribe anticancer drugs to patients.

(6) Reviewing VHA Oncology SharePoint for new information and updated guidance.

n. **Oncology Clinical Pharmacy Specialists.** The Oncology Clinical Pharmacy Specialists are responsible for:

(1) Collaborating with the Chief of Pharmacy and pharmacy operations team to ensure the safe preparation, handling, monitoring, and disposal of anti-cancer drugs as well as compliance with applicable VHA guidance in accordance VHA Directive 1413, VHA Directive 1108.12, Management and Monitoring of Pharmaceutical Compounded Sterile Preparations, dated November 5, 2018; and VHA Handbook 1108.11, Clinical Pharmacy Services, dated July 1, 2015.

(2) Training and educating personnel who take care of patients with cancer regarding the safe and appropriate use of anti-cancer medications, including updates regarding the indications, toxicities, and availability of existing and new drugs.

(3) Assisting with symptom management and complications related to cancer and its treatment (e.g. nausea, vomiting, hypertension, hyperlipidemia, hyperglycemia, pain, anxiety).

(4) Educating patients regarding the appropriate use of anti-cancer and supportive medications to ensure patient safety and compliance.

(5) Contributing to cancer clinical research efforts.

6. FIELD ADVISORY COMMITTEES AND COMMISSION ON CANCER

a. There are three field advisory committees associated with national and field responsibilities (delineated below). For more information about the committees and the Commission on Cancer, see VHA Oncology Program Guidance: <https://vaww.infoshare.va.gov/sites/specialtycare/Oncology/>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(1) Oncology Field Advisory Committee.

(2) Oncology Nursing Field Advisory Committee.

(3) Radiation Oncology Field Advisory Committee.

b. The Commission on Cancer is external to the VA.

(1) Facilities are required to have a Cancer Committee regardless of their Commission on Cancer certification status. While VA medical facilities are not required to be accredited by the Commission on Cancer, VA medical facilities may choose to become accredited by the Commission on Cancer.

(2) Small facilities and facilities that do not treat cancer are not required to establish a cancer committee; however, the VA medical facility Director must request an exemption from the National Program Director for Oncology.

7. TRAINING

There are no formal training requirements associated with this directive. **NOTE:** *See the Oncology Program Guidance located on SharePoint for educational and training expectations/qualifications of VHA health care professionals in oncology services.*

8. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

9. REFERENCES

- a. 38 U.S.C 7301(b).
- b. VHA Directive 1108.12, Management and Monitoring of Pharmaceutical Compounded Sterile Preparations, dated November 5, 2018.
- c. VHA Directive 1120, Responsibilities of the National Center for Health Promotion and Disease Prevention (NCP), dated July 30, 2015.
- d. VHA Directive 1139, Palliative Care Consult Teams (PCCT) and VISN Leads, dated June 14, 2017.
- e. VHA Directive 1412(1), Department Veterans Affairs Cancer Registry System, dated May 29, 2019.
- f. VHA Directive 1413, Requirements for Administration of Chemotherapy and Other Anti-Cancer Drugs, dated June 6, 2019.
- g. VHA Directive 2008-041, Hospice and Palliative Care (HPC) Workload Capture, dated August 7, 2008.
- h. VHA Directive 2009-053, Pain Management, dated October 28, 2009.
- i. National Cancer Institute, National Institutes of Health. Definition of Survivor: <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/survivor>.
- j. American Joint Committee on Cancer (AJCC) Cancer Staging Manual, 8th Edition, 2018: <https://cancerstaging.org/About/news/Pages/Implementation-of-AJCC-8th-Edition-Cancer-Staging-System.aspx>. **NOTE:** *This Web site is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*
- k. Commission on Cancer. American College of Surgeons. <https://www.facs.org/quality-programs/cancer/coc/standards>. **NOTE:** *This Web site is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*
- l. Miller KD, Nogueira L, Mariotto AB, et al. Cancer treatment and survivorship statistics, 2019. CA Cancer J Clin 2019: <https://onlinelibrary.wiley.com/doi/pdf/10.3322/caac.21565>. **NOTE:** *This Web site is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*
- m. SharePoint. National Program Guidance: VHA Oncology Program: <https://vaww.infoshare.va.gov/sites/specialtycare/Oncology/>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

n. Veterans Affairs Central Cancer Registry (VACCR). U.S. Department Veterans Affairs. <https://www.data.va.gov/dataset/veterans-affairs-central-cancer-registry-vaccr>.

o. World Health Organization and the International Agency for Research on Cancer. Cancer Tomorrow Tool: <http://gco.iarc.fr/tomorrow/home>. **NOTE:** *This Web site is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*