

Cancer Surgery Standards Program (CSSP) Case Identification Guidelines

CoC Standard 5.4: Axillary Lymph Node Dissection for Breast Cancer

Note: Standards 5.3–5.8 do not require an internal audit to be compliant with the standard. However, this is recommended to identify any gaps in compliance.



Rationale: These guidelines can help CoC-accredited programs identify and/or audit their cases as they begin to track compliance with the surgical standards.

Standard 5.4 Axillary Lymph Node Dissection for Breast Cancer

Standard 5.4 applies to surgical cases starting January 1, 2023. Registrars can use the surgery codes in STORE as an efficient way to identify cases for the surgical standards, along with other items listed under the general guidelines below.

Scope of Standard

Standard 5.4 applies to all axillary lymph node dissections performed with curative intent for patients with breast cancers of epithelial origin.

Measure of Compliance

Each calendar year, the cancer program fulfills the compliance criteria:

1. Axillary lymph node dissections for breast cancer include removal of level I and II lymph nodes within an anatomic triangle comprised of the axillary vein, chest wall (serratus anterior), and latissimus dorsi, with preservation of the main nerves in the axilla.
2. Operative reports for axillary lymph node dissections for breast cancer document the required elements in synoptic format.

Synoptic Operative Report Requirements

There are currently four (4) elements that require a response in a synoptic format. These are listed in the *Optimal Resources for Cancer Care (2020 Standards)*.

General Guidelines and Source Documents:

Programs can audit for compliance or prepare for the site visit using the following steps:

- ✓ Using the Cancer Registry database - Pull cases within the scope of the standard with the following criteria:
 - Patient identifiers (MRN, Accession year [2021 and >], Class of case)
 - Surgeon identifiers (NPI, physician code, etc.)
 - Primary site (Breast, C50.0–C50.9), histology per the Standard (reference *Scope of Standard* above)
 - Date of regional lymph node dissection does not equal blank
 - Regional lymph nodes examined = 01–90, 96–98
 - Scope of regional lymph node surgery codes 3–7 from STORE
- ✓ Using the EMR - Review the Operative Report to determine the following:
 - Curative or palliative intent
 - Axillary dissection is completed
 - A synoptic format is used in the operative report and includes the current required data elements and responses according to Standard 5.4

Site Visits

2024 site visits will evaluate charts from 2023 to determine whether 70% of operative reports within the scope of this standard meet the requirements for Standard 5.4. The compliance rate will increase to 80% beginning with 2025 site visits (which will review 2023 and 2024 operative reports). Site reviewers will review 7 charts for this standard.