Cancer Surgery Standards Program (CSSP)
2023 CoC Site Visit Preparation for Operative Standards 5.3-5.8 Webinar

Introduction

- The Commission on Cancer has adopted six recommendations from the *Operative Standards for Cancer Surgery* manuals into their standards for accreditation. Standards 5.3 through 5.8 include two standards for breast cancer surgery, one for melanoma (wide local excision), one for colectomy, one for total mesorectal excision, and one for pulmonary resection

CoC Operative Standards

- For Standards 5.3-5.6 the operative report must include the required CoC elements and responses in synoptic format
  - The required synoptic elements and responses must be in the operative report of record. They cannot be in the brief op note
  - The only exception is if the fillable PDF forms developed by the CSSP (available in the Standards Resource Library) are used
- Standards 5.7 & 5.8 must be documented in the CAP Pathology reports

Table 1. Summary of CoC Operative Standards

Number	Standard Name	Documentation Assessed	Date Implemented
5.3	Sentinel Node Biopsy for Breast Cancer	Operative reports	January 1, 2023
5.4	Axillary Lymph Node Dissection for Breast Cancer	Operative reports	January 1, 2023
5.5	Wide Local Excision for Primary Cutaneous Melanoma	Operative reports	January 1, 2023
5.6	Colon Resection	Operative reports	January 1, 2023
5.7	Total Mesorectal Excision	Pathology reports	January 1, 2021
5.8	Pulmonary Resection	Pathology reports	January 1, 2021

Compliance Requirements for the CoC Operative Standards

- Each report must meet both the technical *and* documentation requirements for the standard to be found compliant (see Table 2)
- The Scope of Standard and Measure of Compliance for each standard can be found in the *Optimal Resources for Cancer Care (2020 Standards)*

Table 2. Measures of Compliance for CoC Operative Standards[a]

Standard	Technical Requirement	Synoptic Requirement
5.3	All sentinel nodes for breast cancer are identified using tracers or palpation, removed, and subjected to pathologic analysis.	Operative reports for sentinel node biopsies for breast cancer document the required elements in synoptic format.
5.4	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.	Operative reports for axillary lymph node dissections for breast cancer document the required elements in synoptic format.

5.5	Wide local excisions for melanoma include the skin and all underlying subcutaneous tissue down to the fascia (for invasive melanoma) or the skin and the superficial subcutaneous fat (for in situ disease). Clinical margin width is selected based on original Breslow thickness *(see Standard 5.5).*	Operative reports for wide local excisions of primary cutaneous melanomas document the required elements in synoptic format.
5.6	Resection of the tumor-bearing bowel segment and complete lymphadenectomy is performed en bloc with proximal vascular ligation at the origin of the primary feeding vessel(s).	Operative reports for resections for colon cancer document the required elements in synoptic format.
5.7	Total mesorectal excision is performed for patients undergoing radical surgical resections of mid and low rectal cancers, resulting in complete or near-complete total mesorectal excision.	Pathology reports for resections of rectal adenocarcinoma document the quality of TME resection (complete, near complete, or incomplete) in synoptic format.
5.8	Pulmonary resections for primary lung malignancy include lymph nodes from at least one (named and/or numbered) hilar station and at least three distinct (named and/or numbered) mediastinal stations.	Pathology reports for curative pulmonary resection document the nodal stations examined by the pathologist in synoptic format.

[a] From the Commission on Cancer (CoC) *Optimal Resources for Cancer Care (2020 Standards)*.

Implementation of the CoC Operative Standards

- Standards 5.3-5.6 will be implemented at CoC-accredited programs beginning January 1, 2023. Standards 5.7 and 5.8 took effect on January 1, 2021
    - o Threshold compliance levels begin at 70% for the first year of site visits and will increase to 80% for following years

Table 3. What will be assessed at site visits in 2022-2024

Visit Year	Standard	Materials Assessed	Requirement
2022	5.3-5.6	No requirements for this site visit year.	N/A
	5.7	7 rectal pathology reports from 2021	70% compliance
	5.8	7 lung pathology reports from 2021	70% compliance
2023	5.3-5.6	Implementation plan for Standards 5.3-5.6	Plan documented in 2022
	5.7	7 rectal pathology reports from 2021-2022	80% compliance
	5.8	7 lung pathology reports from 2021-2022	80% compliance
2024	5.3-5.6	Implementation plan for Standards 5.3-5.6	Plan documented in 2022
	5.3	7 breast SLNB operative reports from 2023	70% compliance
	5.4	7 breast ALND operative reports from 2023	70% compliance
	5.5	7 melanoma operative reports from 2023	70% compliance
	5.6	7 colon operative reports from 2023	70% compliance
	5.7	7 rectal pathology reports from 2021-2023	80% compliance
	5.8	7 lung pathology reports from 2021-2023	80% compliance

Guidelines for Implementation Plan for Commission on Cancer (CoC) Standards 5.3-5.6

- In 2022, CoC-accredited programs will need to document their final plan for how they will meet the requirements of Standards 5.3, 5.4, 5.5 and 5.6 starting on January 1, 2023 (see Table 2)
    - o Guidelines for development of these final plans can be found in the Operative

- We recommend that the plan be developed by the cancer committee and, at a minimum, include the following information:
  - Describe how the cancer committee reviewed the CoC Operative Standards, their intent, and the requirements, including the date of the meeting(s) at which this was discussed.
  - Describe all education and training activities conducted or planned for surgeons, pathologists, and registrars for Standards 5.3-5.6.
  - Describe any internal audit process undertaken or planned to review compliance levels prior to the site review (if applicable).
  - Describe any processes put in place or planned at your facility to facilitate synoptic operative reporting and data collection, including any coordination with IT, the surgery department, the registry, etc.
  - Outline the implemented or planned approach for synoptic reporting for Standards 5.3-5.6 and proposed timeline for complete implementation by January 1, 2023.

Site Visit Process for Standards 5.3-5.6
- In preparation for their site visit, programs will generate a list of all the cases from 2023 that are eligible for each standard
- Starting with site visits in 2024, site reviewers will assess 7 operative reports for each standard. Each report must meet both the technical *and* documentation requirements for the standard to be found compliant
- The site reviewer will select 7 cases to assess for compliance for each standard
  - Site reviewers will assess 7 charts for each standard (7 charts × 6 standards → 42 charts total)
    - If a program has fewer than 7 charts within the scope of a specific standard, then all charts within the scope of the standard from the applicable time frame will be reviewed by the site reviewer
    - If a program has no charts within the scope of a specific standard, they are exempt from that standard
    - There is no adjustment to these requirements (e.g., reduced number of charts assessed) for new CoC programs
- The program will need to determine whether the cases selected were performed with curative intent. If any of the selected cases were NOT performed with curative intent, the program will need to inform the site reviewer so that other cases may be selected instead. The site reviewer may ask programs to elaborate on why specific cases cannot be reviewed
- The site reviewer will confirm whether all measures of compliance have been met for each case being assessed
- The site reviewer will select a rating for each standard (Compliant, Noncompliant, or Not Applicable) based on whether the threshold compliance level has been met for the standard
- Each hospital in an Integrated Network Cancer Program (INCP) will have 7 charts

assessed per standard. The INCP will then be rated cumulatively
- o For example: An INCP with 10 hospitals within it would have 70 reports reviewed (7 reports for each hospital within the network) per standard. 56 of the 70 charts assessed would need to meet all criteria to achieve 80% compliance for that standard
- While not recommended, amended or addended operative reports can meet the requirements of Standards 5.3 through 5.6. Likewise, amended or addended pathology reports can meet the requirements of Standards 5.7 and 5.8; however, reports should only be corrected when the change will affect clinical care

What if a program is deemed non-compliant with Standard 5.3-5.6?
- If a program does not have an implementation plan in place, the program will be non-compliant with Standards 5.3, 5.4, 5.5, and 5.6, individually
- To resolve the deficiency, the program must document their plan and discuss it with the cancer committee
- Cancer committee minutes reflecting the plan must then be submitted through the Corrective Action PRQ
- Programs have one year from the date of the accreditation report to resolve the deficiency

What if a program is deemed non-compliant with Standard 5.7 and/or 5.8?
- If a program does not meet the compliance threshold, the program must complete a random sample review of 10 pathology reports eligible for the noncompliant standard to determine whether the synoptic reporting format and technical requirements were met
- The cancer committee should designate who should conduct the audit
- The review must be documented in the cancer committee minutes. The number of reports reviewed and the number that were compliant is documented
- The pathology reports reviewed for the deficiency resolution must be from procedures occurring after the period reviewed during the site visit

Lessons Learned – Strategies for Achieving Compliance with Operative Standards 5.7-5.8
- Performing internal audits in preparation for the site visit
- Education, awareness, communication with surgeons/pathologists
  - o Sharing CSSP resources in the Operative Standards Toolkit such as past webinars, visual abstracts, FAQ documents, etc.
- Ensure thoracic and colorectal representation at tumor board
- Using the most recent versions of CAP reports to ensure compliance with the Operative Standards
- Create an internal review process to track reports
- Provide a checklist for staff in OR to use and remind surgeons of the need for mediastinal sampling and TME completeness as necessary