Cancer Surgery Standards Program
American College of Surgeons

Best Practices for CoC Operative Standards 5.3-5.6:
A Webinar for ODS-Certified Professionals
Q&A Summary

Is having the statement curative or palliative resection mandatory in the synoptic report? If yes, where is this located so it may be shown to our physicians?
Yes, to be found compliant with CoC Standards 5.3–5.6, synoptic operative reports must use the exact wording as the data elements and responses listed in the 2020 Standards. Curative intent is included at the top of the list of required synoptic elements and responses for CoC Standards 5.3-5.6.

For site visits in 2024, will sites be sending patient lists with operative reports from 2024? Even if we are being surveyed on 2021 through 2023 material?
For CoC Standards 5.3-5.6, site reviews that take place in 2024 will review operative reports from 2023. 2023 was the first year that operative reports were required to be included in the operative report of record.

The Scope of Standard for CoC Standard 5.6 states "Colon adenocarcinoma." Does adenocarcinoma need to be biopsy proven prior to curative resection? Let's say operation pre-op diagnosis is "cancer" but it has not been biopsied to confirmed adenocarcinoma.
If the cancer is unknown prior to surgery, then the case is not included in the scope of CoC Standard 5.6.

For Corrective Action Process, is that "one year" to resolve the standard, a full calendar year? Or a year from the date of the Site Visit?
Corrective action is due one year after the site visit report is completed. The deadline for corrective action is included at the top of the report.

If a site visit is in 2025 review 2023 & 2024 operative reports for 80% compliance, then site reviews in 2026 will review 2024 and 2025 cases?
For Standards 5.3-5.6, site visits that take place in 2026 will review cases from 2023 – 2025.

If surgeons do an amended OP report after an internal audit finding, will that be in compliance?
While not recommended, amended or addended operative reports can meet the requirements of Standards 5.3–5.6. However, reports should only be corrected when the

change will affect clinical care. All the required elements and responses must be included in the operative report of record.

What is the definition of "Curative intent must be indicated"?
Intent should be assigned postoperatively by the operating surgeon on the basis of preoperative evaluation and intraoperative management and is to be clearly documented in the operative report for any operation covered by these standards. Curative operations generally include complete resection of the primary tumor and nodal evaluation for therapeutic or staging purposes.* Any operation in which a surgeon deliberately deviates from these standards, as may occur in the setting of patient frailty or comorbidity, would not be considered curative. * Lymphadenectomy is not performed for certain curative operations, such as resection of a thin melanoma.

How are colectomies performed on an emergent basis measured and tracked? How does this standard apply to truly emergent operations for obstruction?
Standard 5.6 applies to "all resections performed with curative intent for patients with colon cancer and applies to all approaches." An indication for emergent surgery, (e.g., obstruction) does not necessarily preclude the performance of proximal vascular ligation and en bloc lymphadenectomy. If the high ligation cannot be performed due to an "emergency situation", then it should be documented in the operative note (or in a narrative portion of the synoptic report).

For corrective action, what is required when there are less than 10 eligible cases/year?
If a program has fewer than 10 charts within the scope of a specific standard, then all charts within the scope of the standard from the applicable timeframe 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.

Who do you recommend reviews these cases for compliance?
Internal audits are not required outside of the site visit process. Members of the Cancer committee would be adequately equipped to review cases for both the technical and documentation requirements.

If a patient has both a SLN biopsy and ALN dissection are both templates required on the OP report?
Yes, if both procedures are performed then the required elements/responses for each standard must be included in the operative report.

How often do you recommend facilities perform internal audits?
Internal audits are not required for CoC accreditation however we recommend audits take place quarterly in conjunction with cancer committee meetings.

For deficiencies - is it required to submit actual operative or pathology reports for review or just QA spreadsheets showing compliance?
If the program does not meet the compliance threshold for Standards 5.7 or 5.8 and is deemed non-compliant, the program must complete a random sample review of 10 reports eligible for the noncompliant standard to determine whether the synoptic elements and responses were met. The audit of the reports must be documented in the cancer committee minutes. The cancer committee should designate who should conduct the audit. The number of reports reviewed and the number of reports that were compliant must also be documented. If a program has less than 10 cases in this time period, the audit should include all applicable cases. The reports reviewed must be from procedures occurring after the period reviewed during the site visit. The outcome must meet the original threshold of compliance to resolve the standard. Additional information can be found on the Timeline and Compliance Information webpage.

Is the 'Alternative Compliance Pathway' for 2024 site visits only?
Yes, this is a temporary alternative pathway for compliance with Standards 5.3-5.6. At this time, it has only been approved for 2024 site visits. A site taking advantage of this alternative compliance pathway is expected to be fully compliant with Standards 5.3-5.6 at its next site visit.

Would the registry accession number be the identifier for the site surveyor?
Sites are welcome to use any case identifier that they wish provided the identifier is HIPPA complaint.

One slide stated site visits in 2024 and 2025 would need to be 70% compliance but the following slide I believe stated 80% for 2025 site visits. Which is correct?
For Standards 5.3-5.6, Site Visits in 2024 review 2023 operative reports for 70% compliance. Site Visits in 2025 review 2023 & 2024 operative reports for 80% compliance. This information can also be found on the ACS website.

Do the site reviewers know that facilities should not be sending case list via Secure Emails?

There is no prohibition against sending patient lists by email if they are deidentified and HIPPA complaint.

If a procedure is performed and not for curative intent, is a synoptic report still required?
No, only cases that are performed for curative intent are eligible for Standards 5.3-5.8.

Are additional "brief op reports" or amending the original operative note considered compliant?
The elements/responses must be included in the operative report of record to be compliant. Elements/responses included only in the brief op note will be rated non-compliant. Operative reports should only be amended when the change will affect clinical care.

How many cases will site reviewers look at?
7 cases per standard are reviewed over the 3-year accreditation cycle for each CoC Operative Standard.

If curative intent is not listed on the op note, should the overall note be marked not compliant/no?
Curative intent is one of the required elements/responses for Standards 5.3-5.6. If the element/response pair is not included, the case would be non-compliant.

If a physician uses a secondary document outside of the main operative note to record the synoptic operative note with all required elements in proper format, is that still deemed compliant?
No, this is not compliant. The elements/responses must be included in the operative report of record. The only exception to these requirements is for programs utilizing the fillable PDF option, which is intended as a stop gap measure for institutions who cannot otherwise create synoptic reports to meet these standards for January 2023 requirements. Additional information can be found on the Implementation Options webpage.

Why was the melanoma case example non-compliant since the Breslow's depth was listed?
The case did not meet the technical requirements for clinical margin width, which should be 1 cm.

BEST PRACTICES: AUDIENCE RESPONSES AND SUMMARY

- Review a list every week of pathology cases. Then, review the operative reports for Standard 5.3-5.6 and track compliance. After, report the compliance information to the CLP, Chief of Surgery, Cancer Committee and email the surgeon directly letting them know they need to correct any documentation.
- If not concurrent with abstracting, then review cases in suspense to find resections for auditing purposes.
- Use “user defined fields” in the cancer registry software to track all of the CoC Operative Standards with standard language/terminology. The standard terminology really helps with audits.
- Review pathology reports for case finding, while updating the surgical standard fields into the cancer registry.
- Run an Epic report on a biweekly basis and contact non-compliant physicians promptly with an Operative Standard refresher. Additionally, provide surgeons with a tipsheet for adding the synoptic report to their operative note.
- Ensure you are reviewing the most current version of the CoC Standards including being familiar with the change log.
- Subscribe to the Cancer Programs News (CPN) and utilize Qport for updates.
- Identify a physician to champion the CoC Standards and engage with them often. Run EHR reports to identify cases, share compliance information regularly, provide education to all stakeholders and meet with physicians individually.
- Review facility compliance by auditing cases regularly and reporting back to your cancer committee.