ACS Cancer Programs
American College of Surgeons

Lung NODES:
Root Causes and Success Cases

May 31, 2024

Logistics- We're on Zoom!

- Please mute yourself!
- Don't put us on hold!
- This meeting is being recorded and slides will be available on the project website ~5 days after this call BUT breakout room discussion is NOT recorded
- Please complete the post-webinar evaluation you will receive via email

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Introducing our Speakers

David Odell, MD, MS, FACS
Section Head, Thoracic Surgery
Department of Surgery
University of Michigan

Kelley Chan, MD, MS
General Surgery Resident, Loyola
Clinical Scholar, ACS Cancer Programs

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Agenda for today

- Welcome
- Baseline Data Review
- Programmatic Reminders
- Accreditation Reminders
- Logistics of Breakout Rooms
- Break
- Small Breakout Rooms
- Report Out Rooms
- Adjourn

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Baseline Data Review

Kelley Chan

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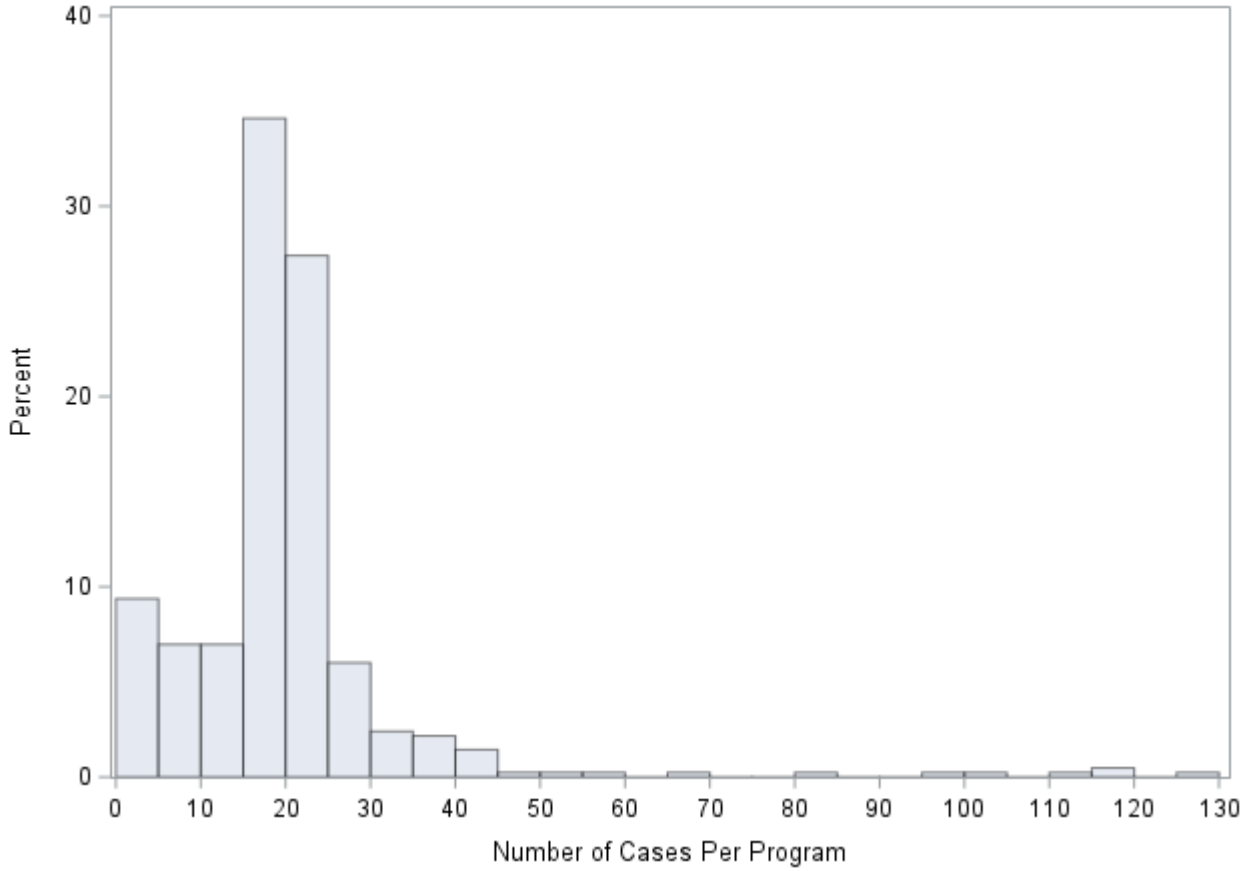
Participating Programs

- Total programs with baseline data submitted: 418
- Total cases submitted: 8634
- Median # cases per program: 20 (IQR 17 - 22)
  - 39 programs 1-5 cases
  - 29 programs 6-10 cases
  - 173 programs 11-20 cases
  - 177 programs >20 cases



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Patient and Program Characteristics

- Median age 69 years (IQR 63 - 75)
- Sex: 57.5% female, 42.5% male

- Overall compliance: 62.5%
- Median compliance at program-level 62.5% (IQR 41.2 - 87.2)
- 131 programs >80% complaint

Program Type	n (%)
Academic	55 (13.2)
Community	47 (11.2)
Comprehensive Community	167 (40.0)
Integrated	125 (29.9)
NCI	13 (3.1)
Other (Hospital associate, VA)	11 (2.6)

Geographic Region	n (%)
Midwest	77 (18.4)
North	71 (17.0)
Northeast	80 (19.1)
South	66 (15.8)
Southeast	61 (14.6)
West	63 (15.1)

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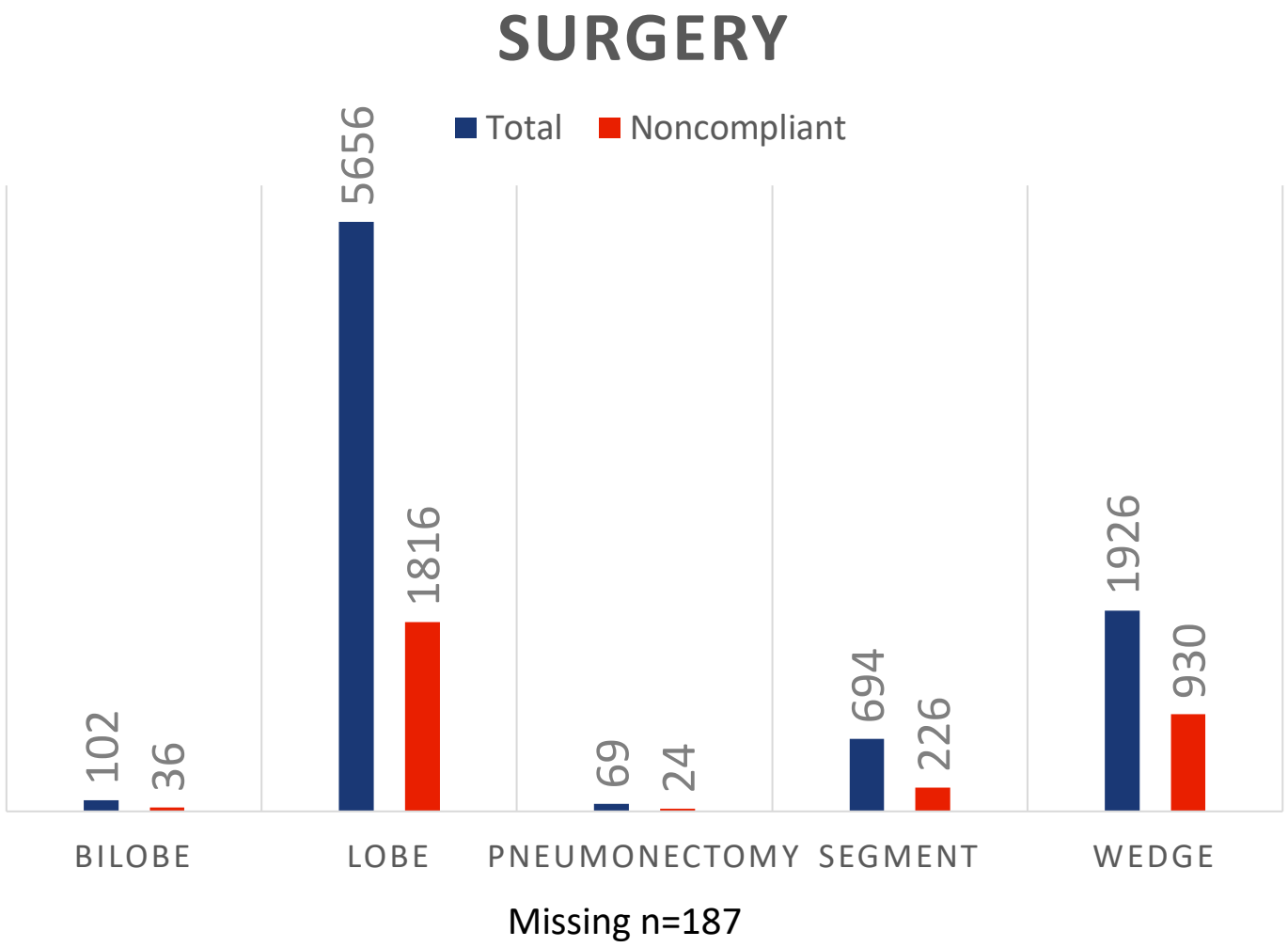
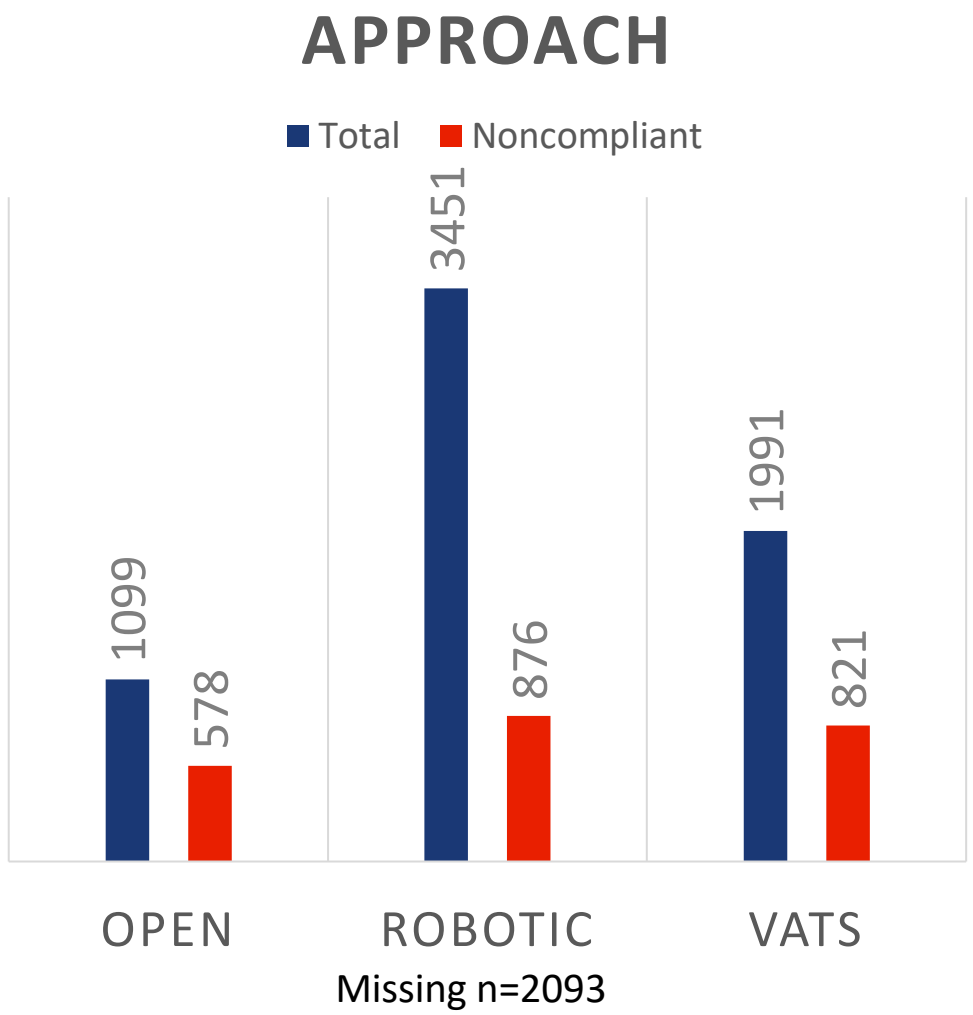
Surgical Factors Associated With Noncompliance





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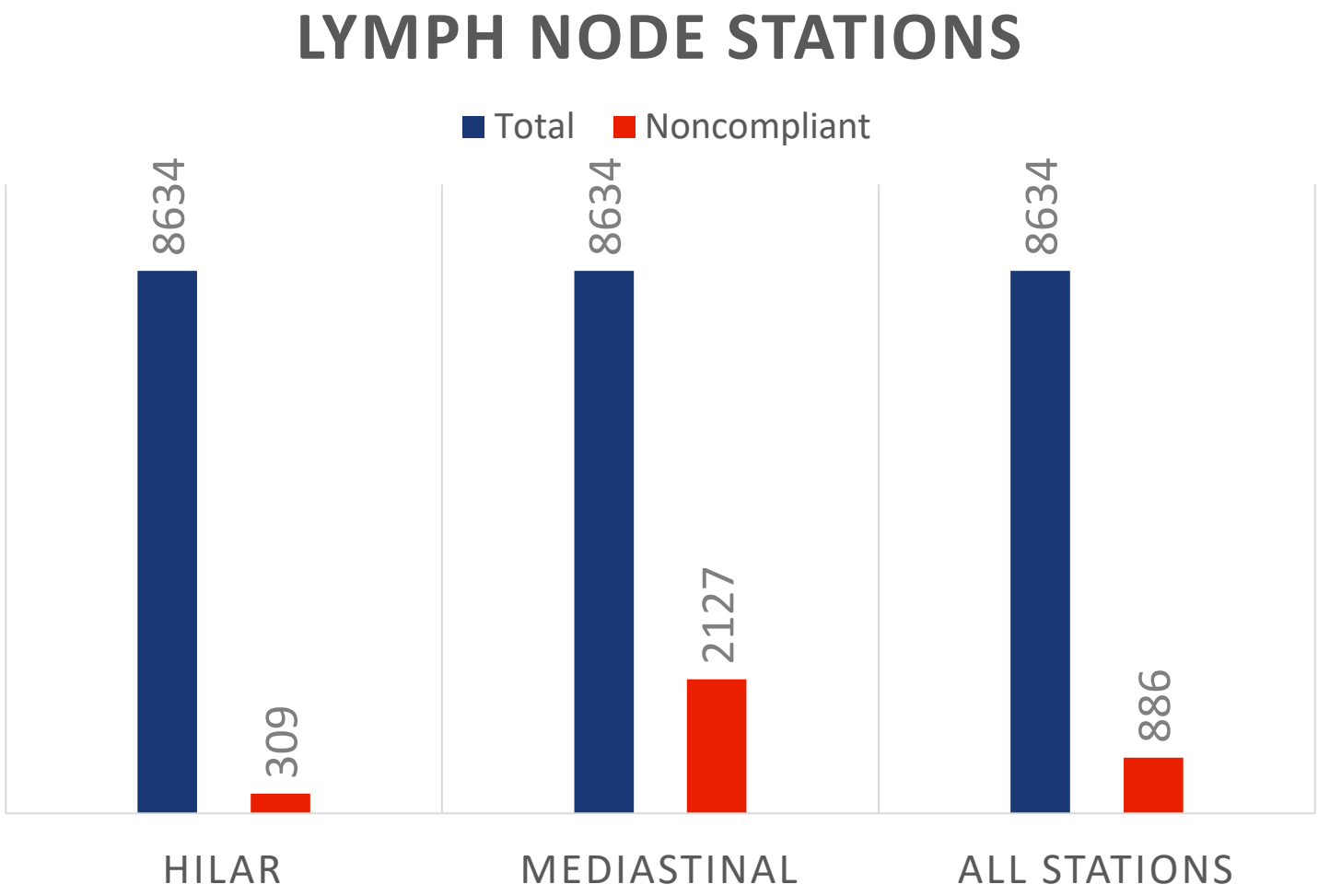

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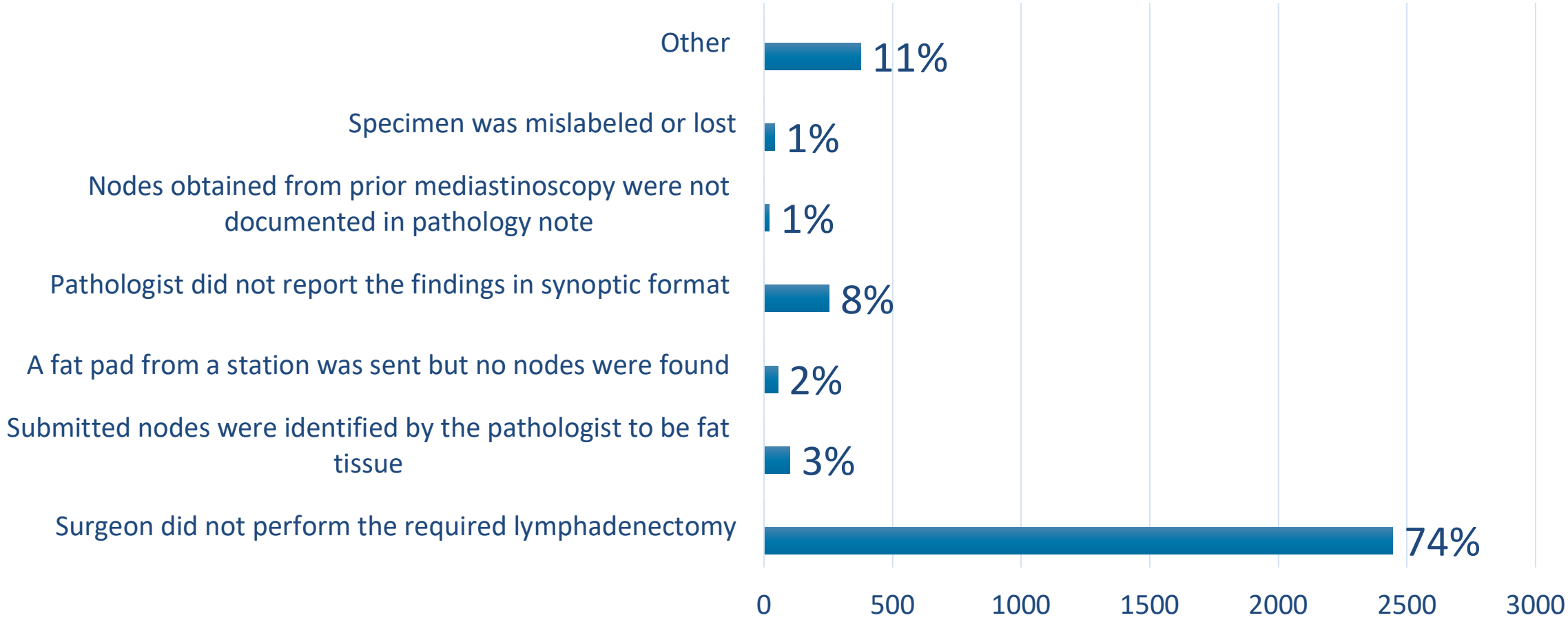
Reasons for Noncompliance



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Other Listed Reasons for Noncompliance

- Exploration performed but could not identify lymph nodes
- Patient factors: advanced age, prior surgery, chronic lung disease
- EBUS FNA with negative cytology
- ION bronchoscopy was completed prior to surgery
- Path report states multiple nodes but nodal stations not labeled

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Timeline and Programmatic Reminders

David Odell

Goals of this QI Initiative

- Project Aim:
  - Achieve > 80% overall adherence and/or improve adherence to Standard 5.8 by an absolute value of >20%
- Project Goals:
  - Improve the quality of cancer care and patient outcomes by accomplishing assessment of hilar and mediastinal lymph nodes for all patients undergoing lung cancer surgery
  - Assist programs to identify root cause challenges in achieving compliance
  - Develop a standardized way for programs to assess and monitor their compliance with Standard 5.8
  - Identify and implement sustainable solutions

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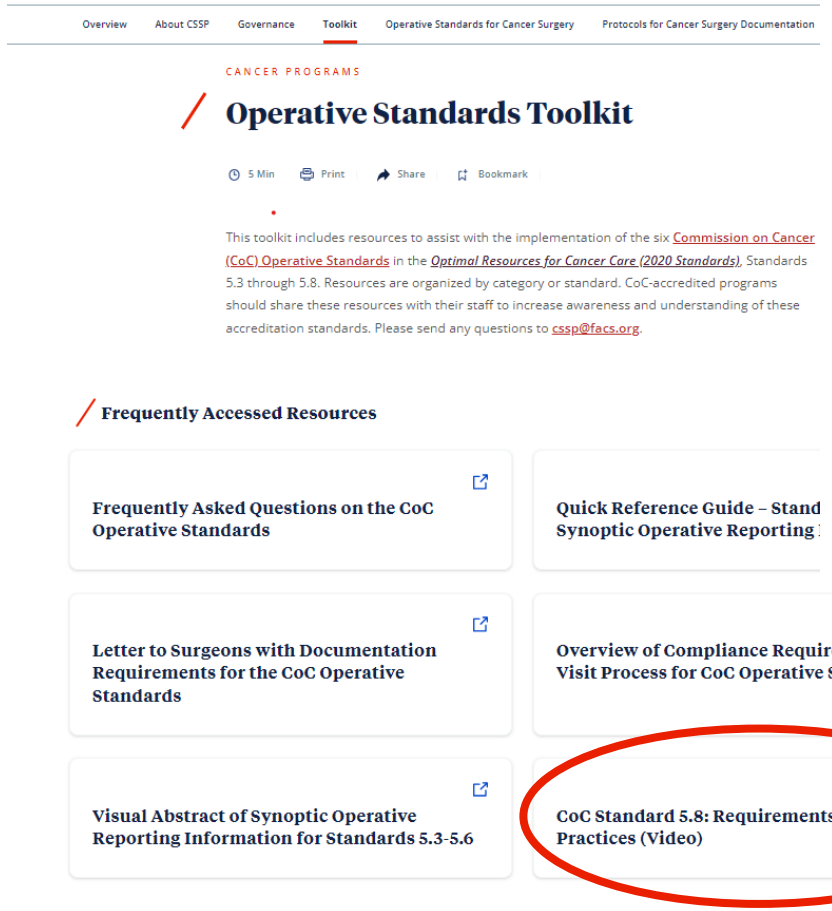
Helpful Reminders

- Next Data Due June 30
  - Primary Contact received a link this morning
- Meet as a QI team monthly
- Save the Date:
  - August 2, 1:30-3pm
  - October 25, 1:30-3pm



Standard 5.8: Pulmonary Resection

Left-Side Cancer Lung Resection (Video- 14 mins)

Right-Side Cancer Lung Resection (Video- 12 mins)

Editorial on CoC Standard 5.8 in Society of Thoracic Surgeons

Standard 5.8 Flowchart to Assess Compliance (PDF)

Society of Thoracic Surgeons Webinar on CoC Standard 5.8 (Webinar recording from April 28, 2022)

CoC Standard 5.8: Requirements & Best Practices (Video - 9 minutes)

Visual abstract of standard requirements and compliance information (PDF)

Guidelines for Oncology Data Specialists to identify eligible cases for Standard 5.8 (PDF)

Best Practices to Meet the Standard for Nodal Assessment During a Curative Operation (SurgOnc Today® podcast - 40 minutes)

CSSP Webinar on CoC Standard 5.8 (Webinar recording from December 15, 2020 - 53 minutes)

- Slides (PDF)
- Summary and FAQs (PDF)

Best Practices for Compliance with CoC Standards 5.7 & 5.8 (Webinar recording from June 3, 2021 - 60 minutes)

- Slides (PDF)
- Summary and FAQs (PDF)

2022 Site Visit Preparation for CoC Standards 5.7 & 5.8 (Webinar recording from August 30, 2021 - 60 minutes)

- Slides (PDF)
- Summary and FAQs (PDF)

Relevant pages from the Lung chapter in *Operative Standards for Cancer Surgery*, Volume 1 (PDF)

CoC Standard 5.8 Informational Flyer (PDF)

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Accreditation Reminders

Eileen Reilly

For compliance:

- Status update on the progress of this project must be documented in committee meeting minutes at least 2x over the year (per the standard)
- QI template does NOT need to be completed for this project (although it could be a useful exercise)
- In December you will be send a final survey; once completed, you will receive a link to the “attestation”. Sign virtually, print, and upload to PRQ
- It may be helpful to save other copies of your data submitted
  - We cannot provide that, so please save a copy yourself before submitting
- See FAQ on project website for more accreditation questions

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Breakout Rooms

David Odell

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Reminders for Breakout Rooms

- Choose your own Breakout Room
- Be respectful of others
- Be open to sharing
- Turn on your cameras, if possible
- Share what you are comfortable with
- Breakout rooms are not being recorded
- This is an opportunity for peer-to-peer learning and sharing
- We will let you know when you have 5 minutes left in the breakout
- Will come back to the main room and go back to “topical” rooms for sharing

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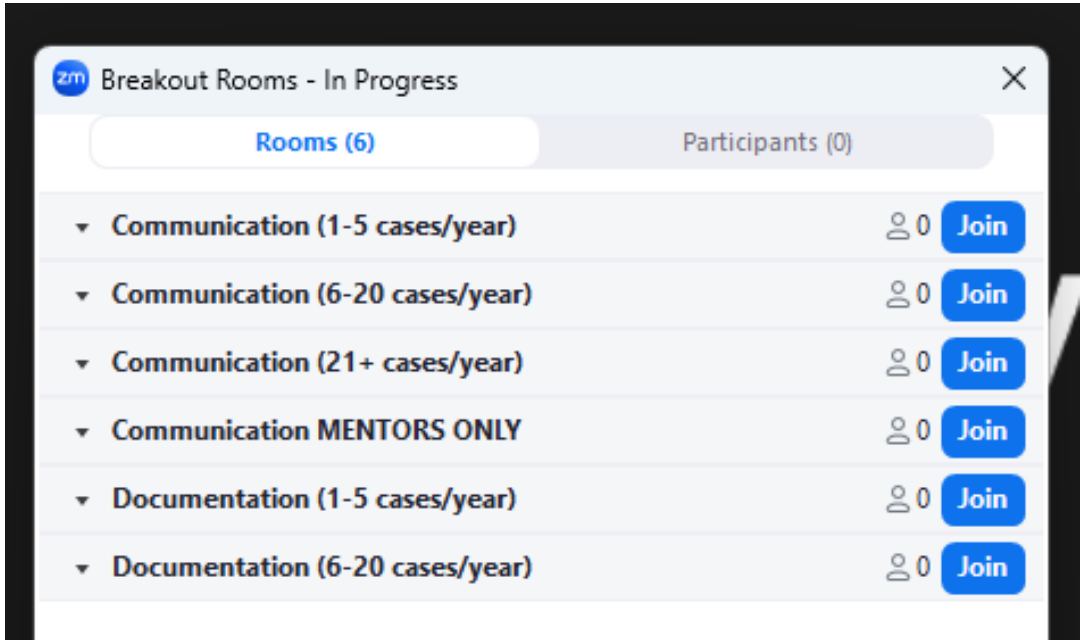
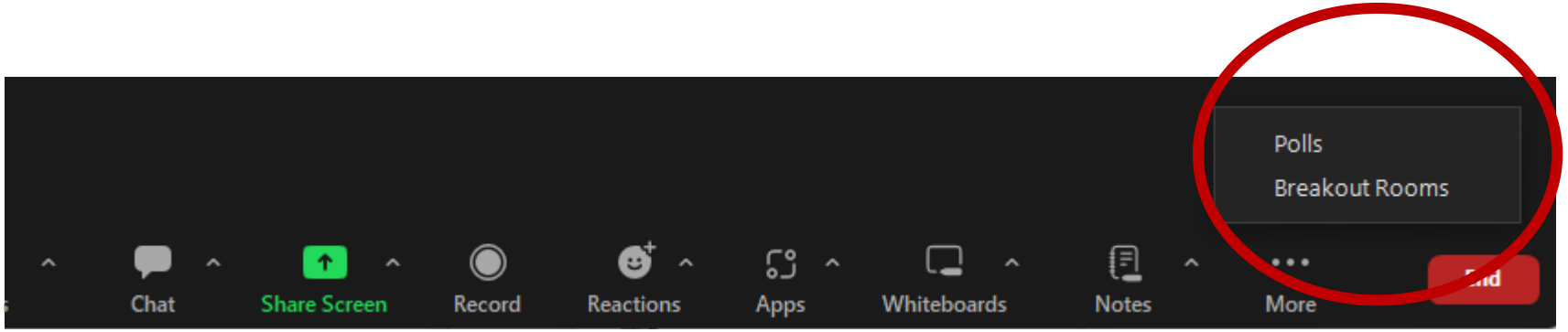
What Breakout Room Should I Join?

By average cases per year

- Communication
- Documentation
- Surgeon and Stakeholder buy in
- Operative Technique
- Other
- MENTOR ONLY





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Final Thoughts

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