

Lung NODES

October 25, 2024

Logistics!

- Please mute yourself!
- Don't put us on hold!
- This meeting is being recorded and slides will be available on the project website approximately 5-7 days post webinar

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



Ryan Jacobs, MD, MS
General Surgery
Resident, Northwestern
University
Postdoctoral Research
Fellow, NQUIRES

Agenda for today

- Welcome
- Data Review
- Programmatic Updates and Reminders
 - Year 2 Overview
- Q and A
- Adjourn

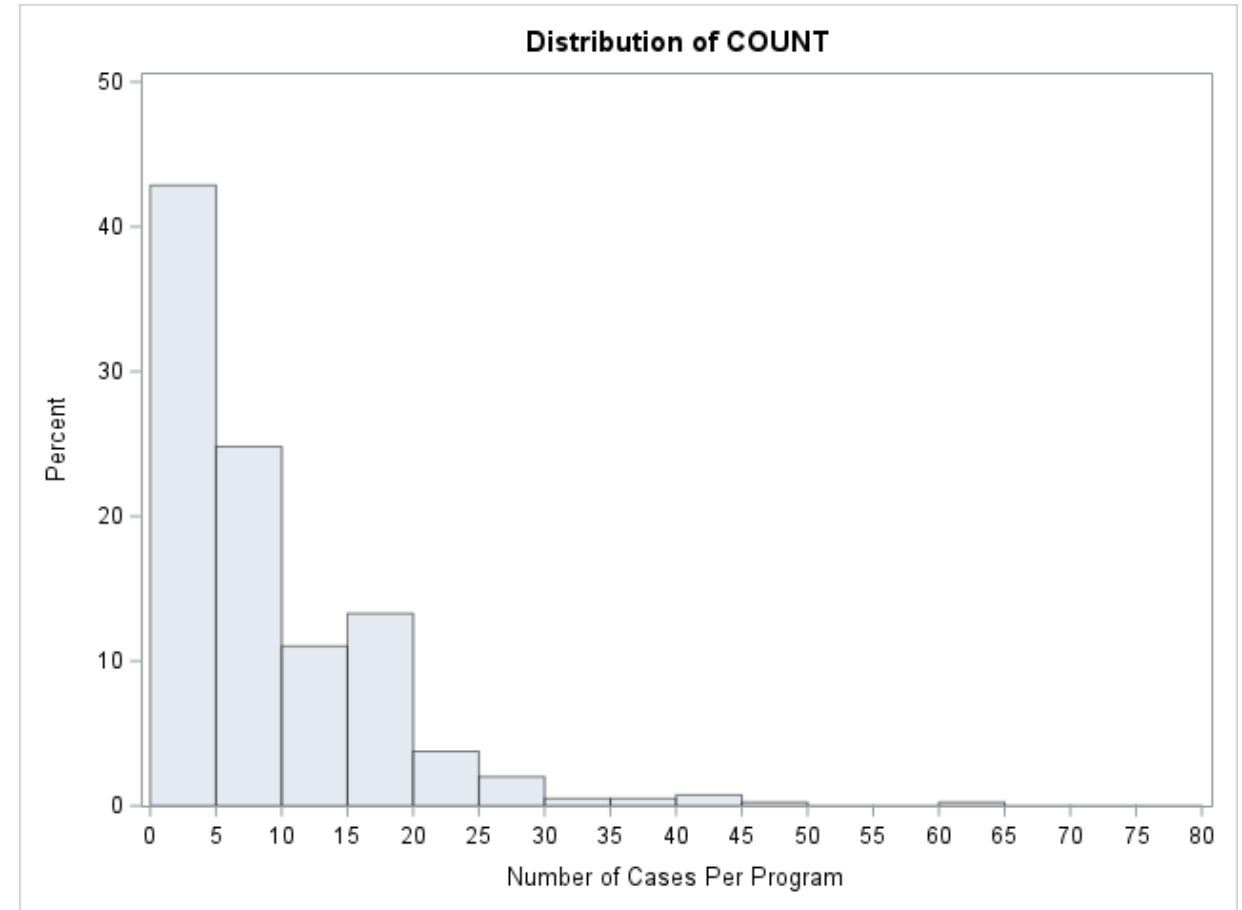


June-August Data Review

Kelley Chan

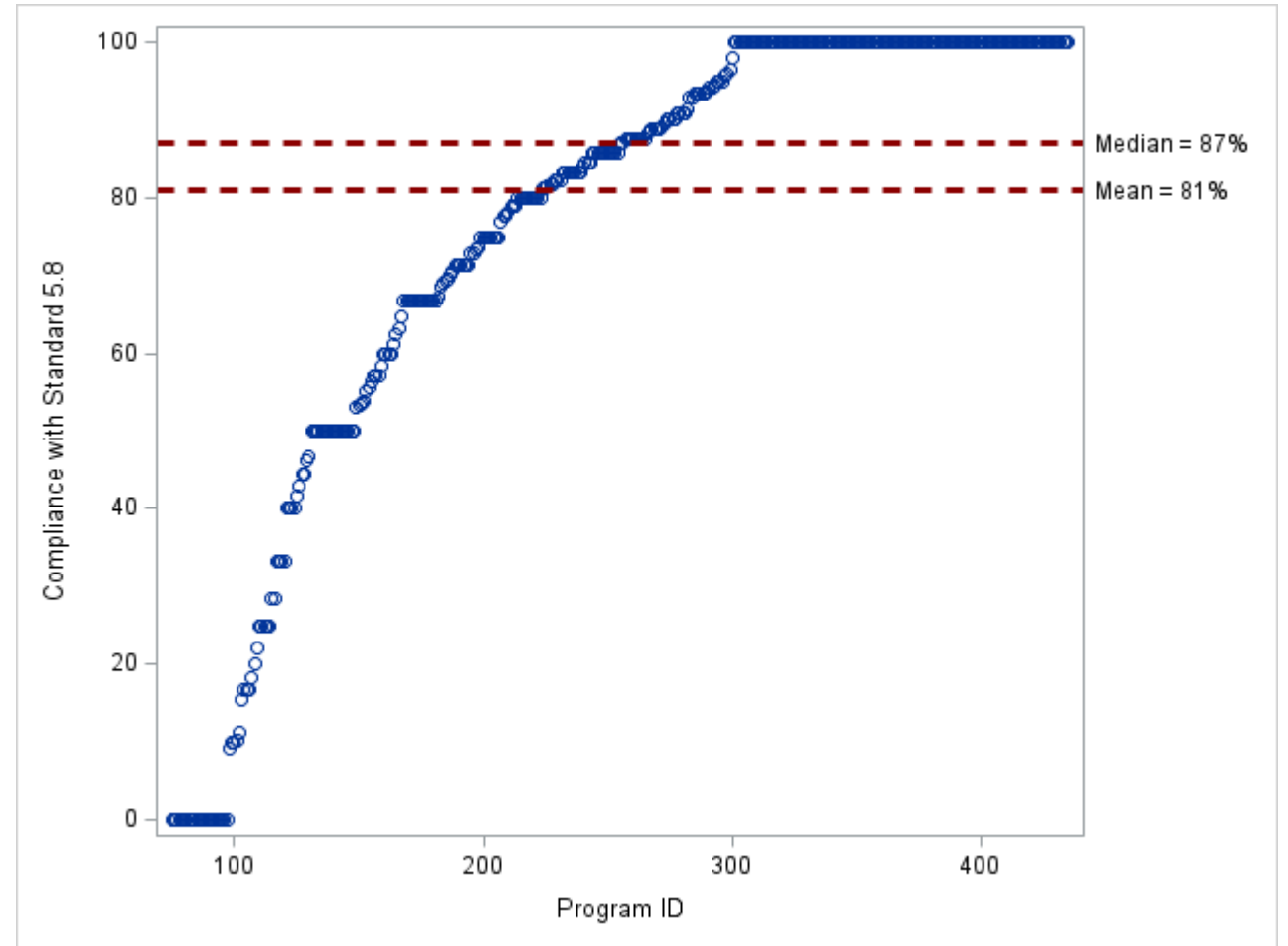
Participating Programs

- 415 programs
- Total cases submitted: 3,664 cases
- Average case compliance: 79.6% (from 76.2%)
- Median # cases per program: 7 (IQR 2-14)



Total Overall Compliance Continues to Improve From Baseline!

	Baseline	March-May	June-Aug	Difference
Median	65%	81%	87%	22%
Mean	59%	72%	81%	22%

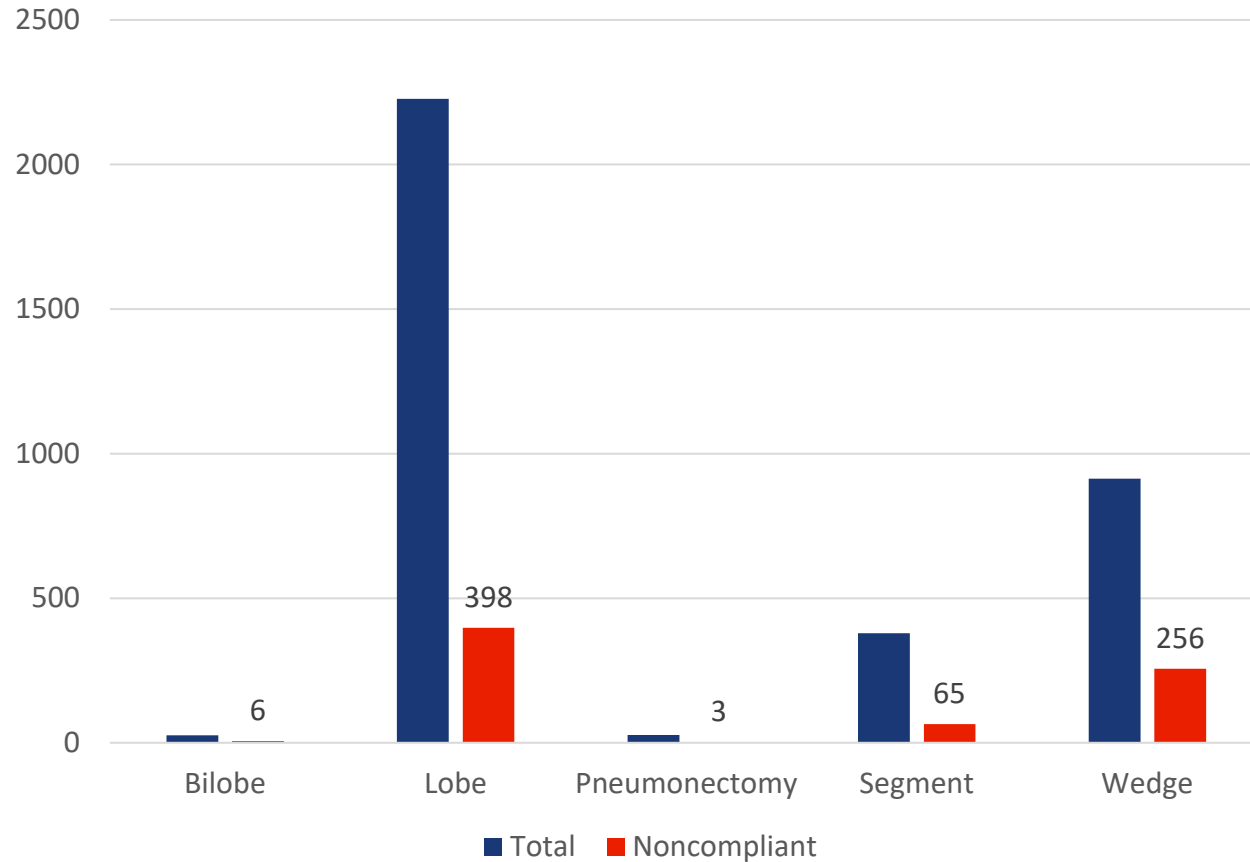


Program Level Compliance for June-August

- Compliance at the program level
 - Median 87.0% from 82% (last data)
 - (IQR 62.5 to 100%)
 - 222 programs with compliance $\geq 80\%$
 - Difference from baseline 15.7% (-3 to 35%)
- 145 (56%) programs had an increase in compliance from last period
 - Median +16.7% (IQR 9.9 to 35.7%)
- 188 (44%) programs had no change or a decrease in compliance
 - 97 programs with compliance $\geq 80\%$ [Median 0% (IQR -4.9 to 0%)]
 - 91 programs with compliance $< 80\%$ [Median -22.0% (IQR -48.9 to -7.1%)]

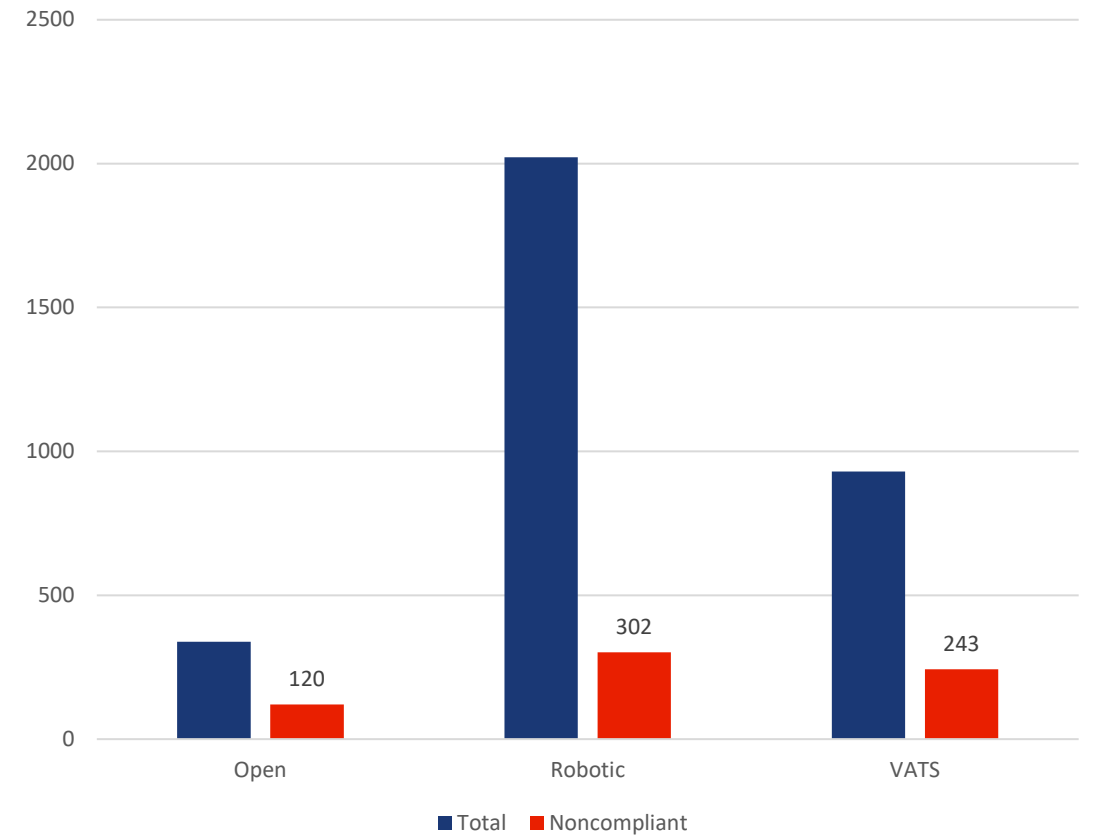
Surgical Factors Associated With Noncompliance

Surgery



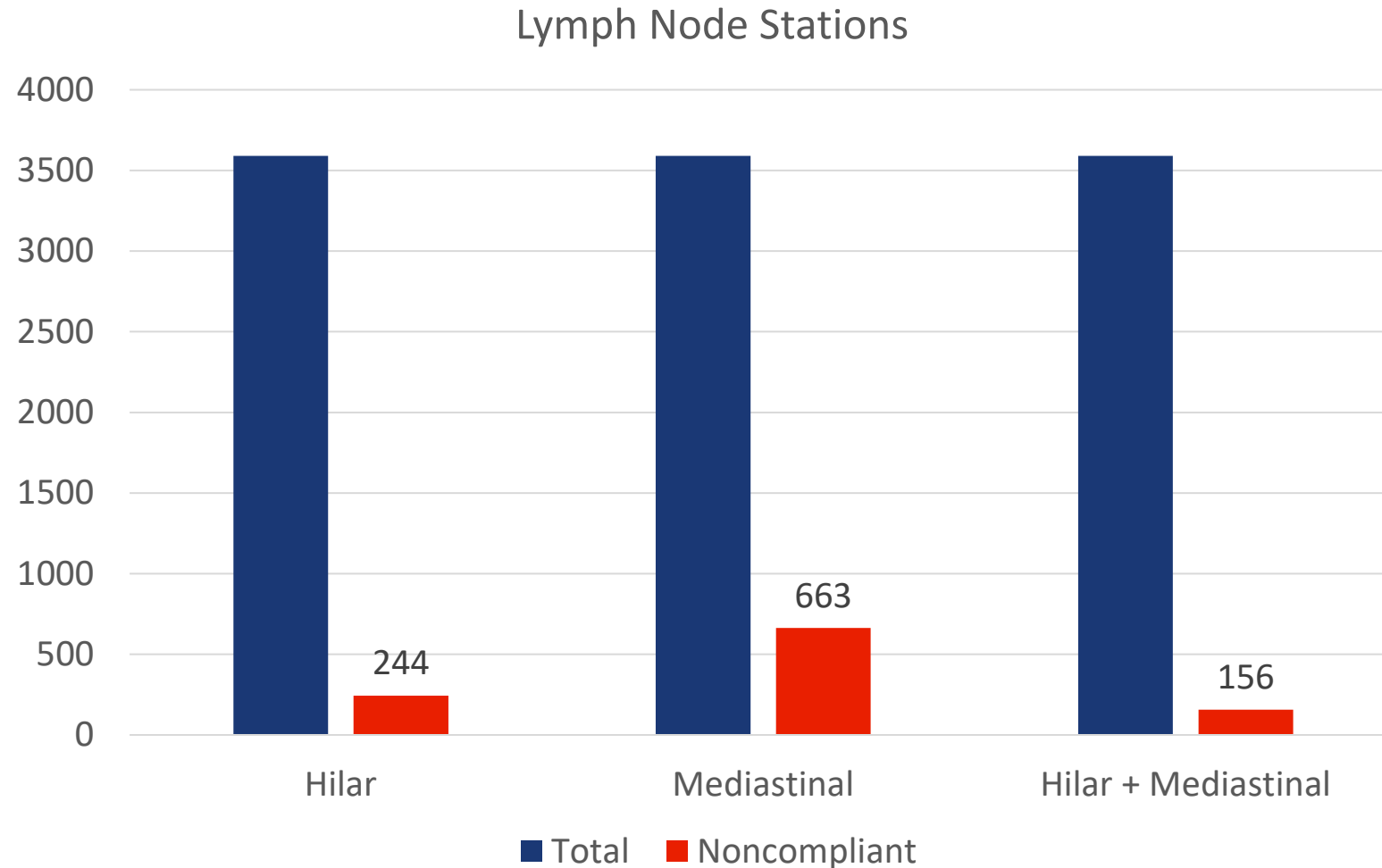
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Approach

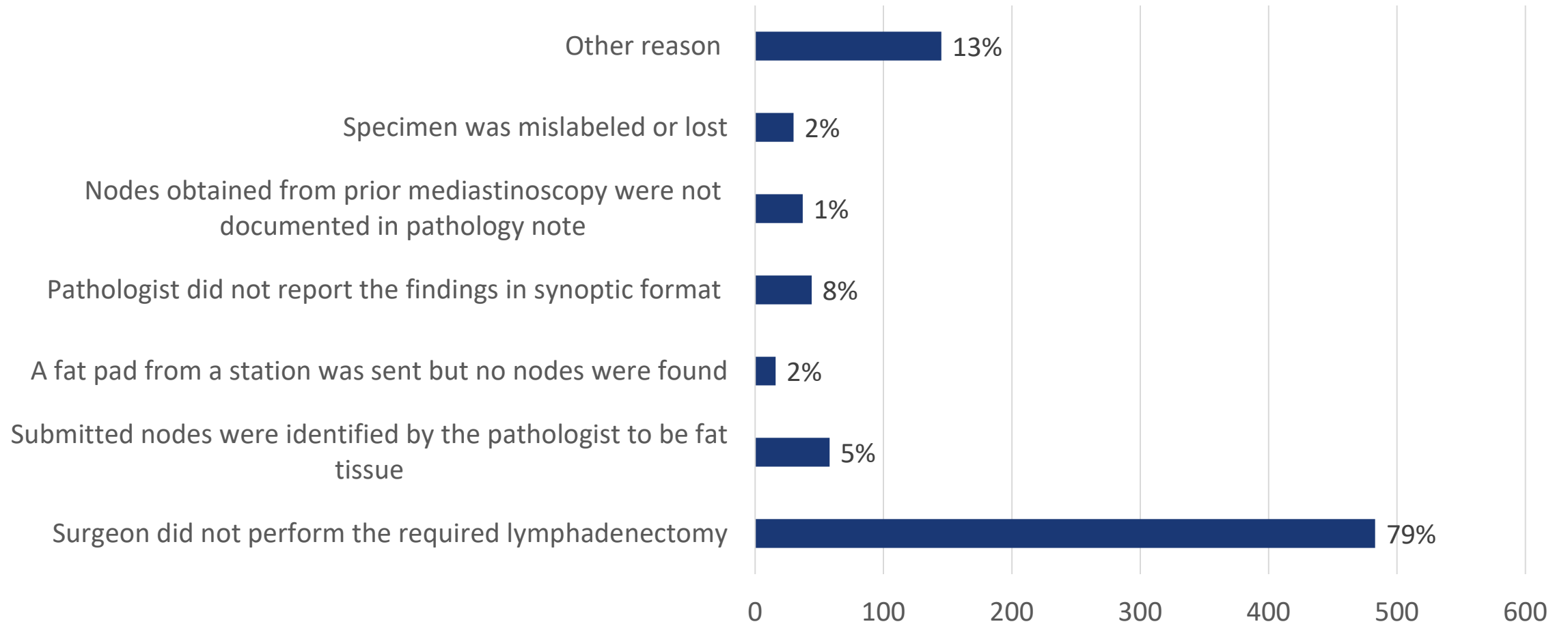


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Surgical Factors Associated With Noncompliance



Reasons for Noncompliance



66 (8.8%) cases with >1 reason

Other Listed Reasons for Noncompliance

- Patient factors: previous cancer resection, adhesions, bleeding
- At time of dissection, difficult to tell if this was a primary lung cancer or lung met from a breast cancer
- Exploration performed but could not identify lymph nodes
- Pathology report noted nodes but did not label stations

Programmatic Reviews

An abstract graphic consisting of several overlapping, curved, ribbon-like shapes in various shades of blue and teal, positioned on the right side of the slide.

The Remainder of Year 1...

- Data Due December 31- for cases September 1-November 30
- Year End Reflection
- **February 14, 2025**: Wrap up to Year 1/Kick off to Year 2 Call
- Low volume programs (<2 per submission), complete the REAIM tool with your team

Year End Reflection: What and Why

- To better understand barriers and facilitators:
 - For sites meeting CoC Operative Standard 5.8
 - To affecting change programmatically
- Helps the National team understand where to focus efforts for Year 2
- Link will be sent to the primary contact by December 1 (with December data collection)
 - A PDF will be posted to the website in the next 10 days

Upcoming Webinar:

Understanding the Evidence Behind CoC Standard 5.8 on Pulmonary Resection

- **October 31, 9-10am CT**
- This webinar will be applicable to general surgeons and surgical oncologists performing lung cancer surgery at CoC-accredited cancer programs.
- This webinar will not be eligible for continuing medical education (CME) credits.
- Link to register in the chat or view the latest Cancer Program News e-newsletter.

The 2025 Plan

- Submit data and attend calls
- Address your root cause
- Focus on sustainability
- Surgeon engagement is REQUIRED for all teams
 - At least 1 surgeon from each facility must attend/ listen to a recording of 4 of 4 calls over the course of the year
 - They will complete a very brief survey monkey form
 - If your compliance rate has been **80% or higher** for all data submissions in 2024, **you are not eligible to participate in 2025.**

If you participated in 2024 and want to continue to participate in 2025

- Visit the project website to indicate you would like to continue to participate by January 30th.
 - *Note, please only include 1 response per facility. All facilities in an INCP need their own, separate submission.*
- We will include you in future correspondence
- Decide if you need to add anyone to your core QI teams, check in with stakeholders
- The first round of data (cases Dec 1-Feb 28) is due March 30th
 - Link will go to the primary contact email by March 1

Y2 Timeline

Date	Event
October 25	Cohort call
December 30	Data due for cases Sept-Nov, Year End Reflection due
Jan 30	“Intent to participate” due
Feb 14	Group call at 12pm CT (Registration link to come)
February 28	NEW PROGRAMS ONLY- Submit baseline data
March 30	All programs- Dec-Feb data due
April	Group call
May	
June	March-May data due
July	
August	Group call
September	June-August data due
October	
November	Group call
December	Sept-Nov data due

Q and A

