Commission on Cancer State Chair Town Hall

January 31, 2024

Commission on Cancer
American College of Surgeons

CoC Cancer Liaison Physicians Meeting

Quyen Chu, MD, FACS

Chair

Committee on Cancer Liaison

Maria Castaldi, MD, FACS

Vice-Chair

Committee on Cancer Liaison

ACS CoC Commission on Cancer
American College of Surgeons

Welcome to New CoC State Chairs

Jose Pimiento, MD, FACS

Florida

Commission on Cancer
American College of Surgeons

CoC Update

- Monthly CLP and Accreditation Site Visit List
- Post-Town Hall Communications
- 2024 State Chair Activity Report
- 2024 CoC Research Paper Competition
- 2024 ACS Cancer Conference
  - February 22-24 in Austin, TX

ACS Clinical Congress 2024

Achieving Our Best Together:
#Inclusive Excellence

SAVE THE DATE!

October 19–22
San Francisco, CA

New **Saturday–Tuesday** Program

Cancer Surgery Standards Program
American College of Surgeons

CSSP Education Committee Updates- January State Chair Town Hall

Mediget Teshome, MD, MPH, FACS

CSSP Education Committee Updates

What's Coming in 2024?

- Collaboration with RAS
  - Ask the Experts session- March 2024
- Technical Standards Webinar- Thyroid
  - May 2024
- Operative Standards Presentation- SSO, March 21st, 2024, 9:30-10:30am ET
  - Optimizing Cancer Surgery: Updates in Technical Aspects and Documentation of Common Surgical Oncology Operations
- CSSP Operative Standards Presentation- ACS Cancer Conference, February 23rd, 2024, 10:15-11:30am CST
  - Operative Standards Implementation and Best Practices
- OSCS Video Series- Melanoma
- Standard 5.8 Quality Improvement Project
  - More information here

2023 CLP Survey Results

- Thank you to the CLPs who have demonstrated a commitment to increasing compliance at their institutions! We appreciate you!
- Results from the 2023 CLP survey indicated that:
  - 56.72% of institutions had implemented synoptic operative reporting as of 1/1/23
  - 62.5% of sites were compliant with Standard 5.7 at their 2023 site visit
  - 57.58% of sites were compliant with Standard 5.8 at their 2023 site visit
  - Surgeon buy-in, surgeon awareness, and IT support were all identified as direct challenges to implementing the standards

2023 CLP Survey Results

CLP Feedback

- Additional challenge for small/community hospitals that have fewer resources
- Request for more resources that can demonstrate compliance for sites to use as a model
- CLPs have a large undertaking to communicate, educate, and review reports for compliance in addition to their existing workload
- Need for continuous education

Non-Compliance in Standard 5.7 and 5.8

Common technical and documentation failures

Standard 5.7

- Mesorectal component not reported
- Complete mesorectal excision not documented
- Incomplete mesorectal excision performed
- Missing data elements in synoptic operative report
- Complete mesorectal resection documented in the body of the note instead of in synoptic form
- Curative/ non-curative intent not specified

Standard 5.8

- Insufficient sampling of Mediastinal Nodes
- No specific identification of lymph node station
- Adequate node resection but inadequate labeling
- Institutional lack of process of how to record the elements and educate physicians
- Some nodes sampled with EBUS but only cytologic/ cell block evaluation

Frequently Asked Questions

Clarification on Case Eligibility for Operative Standard 5.5

- Standard 5.5 only applies to the first wide local excision performed with curative intent after diagnostic excisional biopsy
- Repeat wide local excisions being performed for involved/close margins are outside the scope of Standard 5.5
- Standard 5.5 does not apply to Mohs technique as Mohs is not a wide local excision

Frequently Asked Questions

Multiple Primary Tumors

- In cases of bilateral breast cancer, the synoptic elements and responses should be completed for each side. Each side should be clearly labeled as right or left.
- If the surgeon performs one colon resection with two primary tumors, one synoptic report would be required.
- In early 2023, the tumor location and extent of colon and vascular resection synoptic elements for Standard 5.6 were updated to include “select all that apply,” which may apply to cases involving multiple primary tumors. If two resections are performed with two primary tumors, two synoptic reports would be required.

Frequently Asked Questions

Standard 5.8

- **If diagnosis unknown prior to exploratory surgery, is it considered curative intent or not?** If the cancer is unknown prior to surgery, then the case is not considered for curative intent and is not included within the scope of the standards
- **Is it considered non-compliant if the nodes were removed in a prior surgery?** Standard 5.8 applies to all primary pulmonary resections performed with curative intent for NSCLC, SCLC, or carcinoid tumors of the lung. Infrequent circumstances like these in which the standard is not able to be achieved are why the threshold compliance rate is less than 100%.
- **What is the rationale for requiring 3 mediastinal nodal stations to be sampled?** Please refer to this webinar which reviews the Standard, the head of the CoC, and several other leaders related to Standard 5.8:https://www.youtube.com/watch?v=obswNxohVek&t=61s
- **When there is no residual tumor in a neoadjuvant specimen and synoptic reporting is not required by CAP, how should this situation be handled?** This standard applies to all primary pulmonary resections performed with curative intent for non-small cell lung cancer (NSCLC), small cell lung cancer (SCLC), or carcinoid tumors of the lung, and excludes primary resection specimens with no residual cancer (e.g. following neoadjuvant therapy). This standard applies to all operative approaches.

Questions?

Contact CSSP@facs.org with additional questions

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National Quality Improvement Collaborative Updates

Kelley Chan, MD, Clinical Scholar,
American College of Surgeons Cancer Programs

Agenda

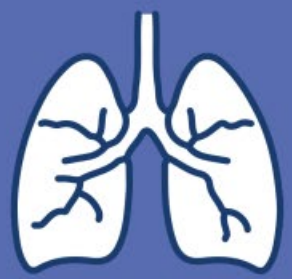
- Standard 5.8 Lung NODES
  - Background
  - Goals
  - Participation
  - Resources
- Breaking Barriers
  - Year 2

Compliance with CoC Standard 5.8

Operation

For any primary pulmonary resection performed with curative intent
(including non-anatomic parenchymal-sparing resections)

Resect nodal stations from:

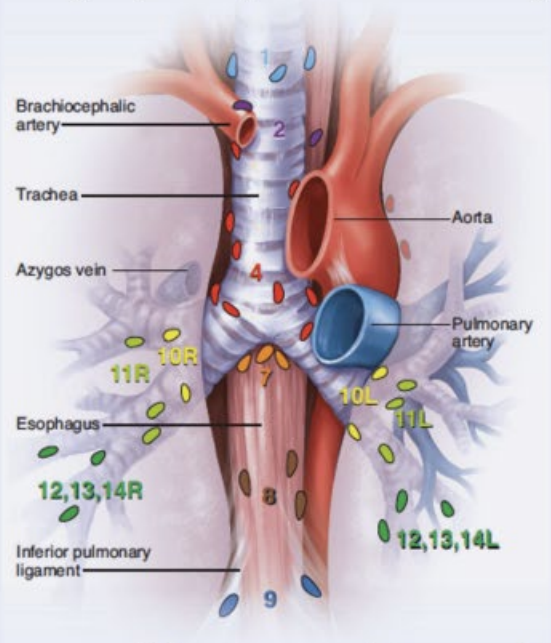


Mediastinum
(Stations 2-9)
≥3 distinct stations

Hilum
(Stations 10-14)
≥1 station

Pathology Documentation

Synoptic report documents lymph nodes from:



≥ 1 hilar station

≥ 3 mediastinal stations

with names and/or numbers of stations

2022-2023 Site Review Data

Year	Compliant n (%)	Non-Compliant n (%)
2022	154 (59)	109 (41)
2023	121 (49)	124 (51)
Total	**275 (54)**	**233 (46)**

- Noncompliant programs more likely to have lower mean yearly lung resection volume (22 vs 36, $p<0.01$)
- Noncompliant programs more likely to community cancer or integrated network programs ($p<0.01$)

Why are we addressing noncompliance?

Reasons for noncompliance

- Surgical technique
- Operating room standardization
- Pathology documentation
- Communication

Noncompliance with Standard 5.8 leads to worse patient clinical outcomes

Noncompliance can be measured

Noncompliance can become data for programs to help improve outcomes through shared quality initiatives

Standard 5.8 Lung NODES Goal:

By December 2025, participating programs will achieve >80% overall compliance and/or improve by an absolute value of 20%

Participation Details

Who can participate?

All accredited programs performing at least one lung resection annually

Programs who have received a compliant rating are encouraged to participate

What standards can you earn credit towards?

CoC: 7.3 and 5.8

Approved for Year 1 of credit, pending approval for Year 2

How long is this project?

Year 1- January 2024 thru December 2024

Year 2- January 2025 thru December 2025

What data will you be asked to provide?

1. Current lung resection cases noncompliant with Standard 5.8

- How many cases were compliant?
- How many cases were non-compliant?

2. If available, reasons for noncompliance with standard

- Operating room standardization, technical, documentation, communication

How do we get started?

Build a team

- Physician champion
- Clinician project leader
- Surgeon
- Pathologist
- Oncology data specialist/Data analyst/support
- Operating room staff member

Complete application

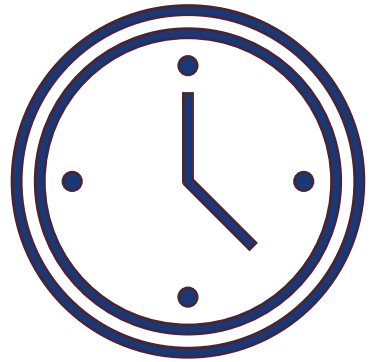
- Complete application by February 29
- Get support of physician champion

Begin Project

- Assess current “noncompliance” rates
- Assess existing strategies for tracking and addressing noncompliance
- Evaluate internal workflow, assess for information technology needs

For year 1: How much time is required?

We approximate 25 hours of time per year will be spent on:



- Submitting 1 pre and 1 post survey
- Submitting 3 rounds of data submission
- Attending/viewing up to 5 webinars and/or group calls with programs in your cohort

This time does not include any team huddles/meetings or time spent on PDSA cycles or collecting information

Resources Available to You

- Webinars
- Technical assistance from the project team
- QI website with helpful implementation tools and resources
- Participate in calls with other programs in your cohort

Standard 5.8 Lung NODES Website

Standard 5.8 Lung NODES: Important Dates

February 29: Application due

March 10: Receive confirmation of participation

April 30: Pre-survey, signature of support, and baseline data due

Breaking Barriers QI Project

- Year 1
  - Programs developed a system for tracking “no shows”
  - Programs identified top barriers to treatment
    - Transportation
    - Conflicting appointments
    - No longer wished to participate in treatment
    - Patient sick (unrelated to toxicity)
- Year 2
  - Programs address the barrier and continue to measure progress
  - Utilize a toolkit developed by the project team

Participation in BB Y2: Open to ALL Programs

- Address patient barriers related to missed radiotherapy appointments
- Learn from peers across the country
- Earn credit for standards
- Apply by March 8

For more information, visit the Breaking Barriers website or email CancerQi@facs.org

ACS Cancer Programs
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Thank you!

For more information, please visit the website or email CancerQi@facs.org

Standard 5.8
Lung NODES

Breaking
Barriers

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American Cancer Society and State Chair Engagement

- Julie Shaver, MPH, Senior Director, Cancer Center Partnerships
- James McLoughlin, MD, FACS, Tennessee State Chair and Michelle Heil, Associate Director, Cancer Center Partnerships
- Nell Maloney Patel, MD, FACS, Former New Jersey State Chair and Maureen Kuhn, Associate Director, Cancer Center Partnerships
- Maria Russell, MD, FACS, Georgia State Chair and May Ndobe, MPH, CHES, Associate Director, Cancer Center Partnerships
- Richard White, MD, FACS, North Carolina State Chair and Jane Smart, BSN, MBA, Associate Director, Cancer Center Partnerships

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Open Forum

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Thank you!

Questions?

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Rebecca Medina: rmedina@facs.org

facs.org/quality-programs/cancer-programs/ ACS Cancer Programs @AmColSurgCancer