

Future Projects – Standard 5.8

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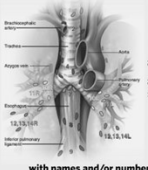
Disclosures – Linda Martin

Astra Zeneca	Consultant; Advisory Board; Investigator: MDT-Bridge Trial
OnTarget Laboratories	Steering committee, ELUCIDATE Trial (intra-operative molecular imaging)
Ethicon	Speakers Bureau
Genentech	Advisory Board, Speakers Bureau

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Commission on Cancer Operative Standards 2020 Standard 5.8: Pulmonary Resection

Operation	Pathology Documentation	When?
<p>For any primary pulmonary resection performed with curative intent (including non-sleeve, parenchymal-sparing resections)</p> <p>Resect nodal stations from:</p> <ul style="list-style-type: none"> Mediastinum (Stations 2-9) ≥3 distinct stations Hilum (Stations 10-14) ≥1 station 	<p>Synoptic report documents lymph nodes from:</p>  <p>≥ 1 hilar station ≥ 3 mediastinal stations</p> <p>with names and/or numbers of stations</p>	<p>2021: Implementation</p> <p>2022 site visits: 70% Compliance</p>

facs.org/cssp



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Standard 5.8: Pulmonary Nodal Staging

1 + 3
RULE

1 hilar lymph node


3 mediastinal lymph nodes
 (3 distinct stations)

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Pulmonary Resection: Lymph Node Stations

RIGHT
 9R
 8R
 7
 10R
 4R
 2R



LEFT
 9L
 8L
 7
 6
 5
 (4L & 2L if accessible)

Mediastinal stations:
 Single digit (2-9)

Hilar stations:
 Double digit (10+)

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Standard 5.8: Lung Resection Rationale

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Examining Mediastinal Lymph Nodes Improves Survival

NCCN Guidelines:

1. Anatomic resection
2. Negative margins
3. Examination of hilar/ intrapulmonary LNs
4. Examination of ≥3 mediastinal LNs

✓ Following NCCN guidelines improves survival

Number at risk	0	50	100	150
nccn_criteria=0	1892	782	204	0
nccn_criteria=1	333	66	8	0

Osaragiagbon et al. 2017

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Goals of the Project – from the Lung Cancer Introduction OSCS

Purpose

The purpose of this section is to describe a minimal standard for the actions that should be taken in the surgical care of lung cancer patients, with the ultimate goal of improving the quality of care these patients receive. In this way, the aim of the following chapters is to “raise the floor” rather than define the absolute ceiling of what can be achieved; further improvement is always possible. This standard should serve

“People never improve unless they look to some standard or example higher or better than themselves.” Tyron Edwards, American theologian 1809-1894

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Timeline to Achieve Compliance: Standard 5.8

Compliance and Site Reviews

- 2020: Communicate requirements & engage clinicians in implementation plans
- 2021: Measure compliance with synoptic pathology reports and assure high reliability at 70% compliance
- 2022: Site Visits review 2021 pathology reports for 70% compliance
- 2023: Site Visits review 2021 & 2022 pathology reports for 80% compliance
- 2024: Site Visits review 2021, 2022, and 2023 pathology reports for 80% compliance

Steps to Achieve Compliance

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Current rates of compliance with Standard 5.8

53%

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Standard 5.8 Lung NODES
An ACS Cancer Standards National Quality Improvement Collaborative

**Nodal
Operative
Dissection
Evaluation and
Staging Information =
NODES**

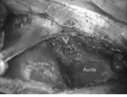




Webinar describing NODES

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Why are programs noncompliant?

- Surgeon expertise, knowledge, technique
- Pathology documentation
 - CAP report
- OR standardization
 - Labeling specimens
 - Naming
 - Nodes assessed
- Communication!

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GOAL of the NODES QI project:

By December 2025 all programs participating in standard 5.8 Lung NODES national QI will achieve >80% overall compliance and/or improve by absolute value of 20%

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ACS CoC Commission on Cancer
American College of Surgeons

Should our program join this QI project? Why? How?

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Should we consider participating?

Consider participating if you are interested in finding answers to the following questions:

- Do you know the “noncompliance” rate for Standard 5.8 at your program?
- Do you know why cases are noncompliant?
- Is there a mechanism in place to review why a case was noncompliant?
 - If yes, have you tried to improve the compliance rate?
- Are you aware of resources to help your program overcome challenges to compliance with Standard 5.8?

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ACS Cancer Programs

Accreditation 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

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Inclusion/Exclusion Criteria

Include:

- Patients aged 18-99 undergoing curative intent lung resection for lung cancer: wedge, segmentectomy, lobectomy, bilobectomy, pneumonectomy

Exclude:

- Patients undergoing lung resections for non-cancer diagnoses
- Patients undergoing lung resection without curative intent (e.g., biopsy)
- Patients undergoing lung resection for metastatic cancer to the lung

Noncompliance means:

- Patient did not receive appropriate pulmonary nodal staging (at least one hilar station and at least three mediastinal stations)
- Required elements/responses were not documented in pathology report or not documented in synoptic format

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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

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How do we get started?

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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

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What is the difference between year 1 and 2?

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Year 1		Year 2	
January – February 2024	March – December 2024	January – July 2025	August – December 2025
Application due Feb 2024	Guided Root Cause Analysis	Continue implementing interventions that support compliance	Focus on sustainability and scalability
Submit baseline data	Begin tracking and submitting data	Periodic data submissions to track performance	
	Implement interventions	Share best practices with programs in your cohort	
	Participate in calls with programs in your cohort		

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Data, Quality Improvement, and Accreditation

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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

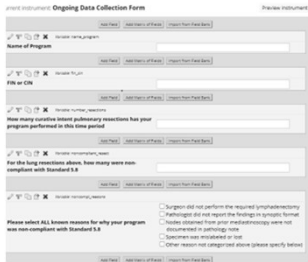


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How would we submit data?

- REDCap is a web-based interface secure to the American College of Surgeons.
- You do not need to purchase software to enter data into REDCap
- A link will be sent to the primary contact's email at all data collection intervals



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A Note on Data Collection:

No identifiable patient data will be collected

Pre/post surveys collect data on current practices, perceived challenges and facilitators, and organizational readiness and are not provider/staff specific





ACS Cancer Programs has submitted an **IRB application** for exempt/non-human subjects research status

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ACS Cancer Programs

Resources Available to You

-  Webinars
-  Technical assistance from the project team
-  A change package with helpful implementation tools
-  Participate in calls with other programs in your cohort

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ACS Cancer Programs

Common FAQ




1. May participation be used to satisfy corrective action?
 - Yes, participation and completion of requirements may be counted towards a corrective action.
2. We do not have a problem with Standard 5.8 compliance, should we still participate?
 - Yes, we encourage programs to participate to serve as mentors and provide valuable best practice data. They can still receive credit for Standard 7.3.
3. For network (INCP/NCIN) programs, is this project done at the network parent level? Or must it be done at each of the children?
 - This project must be done at the child level.
4. What if we decide to participate, then drop out before completion of Year 1?
 - To get credit for 2024 you must fully and meaningfully participate. You may leave at any time, but you will be responsible for meeting standards independent of participation in 5.8 and identify another project for 7.3 credit.
5. Can programs meaningfully participate in only one year?
 - Yes, this is a 1 year + 1 year project. Programs who meaningfully participated in Year 1 may choose to join Year 2 or drop out. We would encourage participation in both years. New programs will be able to join in Year 2.

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ACS Cancer Programs


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
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Standard 5.8 Lung
 NODES Webpage
 Includes link to
 application



Reach out to cancerqi@facs.org

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What Other Strategies Are Underway To Help With Compliance?

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Node Knowledge Survey

Original Study

A National Survey of Surgeons Evaluating the Accuracy of Mediastinal Lymph Node Identification

Chi-Fu Jeffrey Tang,¹ Nimal Navaratnam,² Jacob Hand,¹ Alexandra L. Potts,¹ Linda Zheng,¹ Nicholas Tomasz,³ Sarah Blain,⁴ Linda W. Martin⁵

ABSTRACT

The identification of cancer-bearing lymph nodes is essential for accurate staging, prognosis, and knowledge assessment of lymph node anatomy was assessed by 288 surgeons. Knowledge of mediastinal node anatomy is high but varies by clinical setting. Further education of lung cancer surgeons and node anatomy is needed to increase utilization of Standard 5.8.

Background: The Commission on Cancer (CoCC) Standard 5.8-2021, which requires removal of 3 mediastinal lymph nodes, has caused confusion among surgeons. The purpose of this study was to assess the accuracy of lymph node identification among surgeons. The Commission on Cancer Standard 5.8-2021 requires removal of 3 mediastinal lymph nodes, which has caused confusion among surgeons. The purpose of this study was to assess the accuracy of lymph node identification among surgeons. The Commission on Cancer Standard 5.8-2021 requires removal of 3 mediastinal lymph nodes, which has caused confusion among surgeons. The purpose of this study was to assess the accuracy of lymph node identification among surgeons.

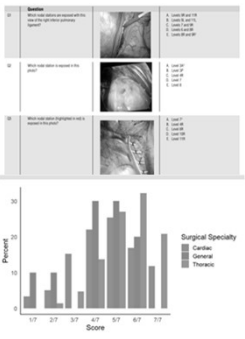



Figure Data:

Score	Cardiac (%)	Thoracic (%)
0-17	~10	~10
17-27	~15	~15
27-37	~25	~25
37-47	~35	~35
47-57	~45	~45
57-67	~55	~55
67-77	~65	~65
77-87	~75	~75


Global Lung Cancer Inc. 24, No. 1, 400-010 © 2023 Elsevier Inc. All rights reserved.
 Keywords: Commission on Cancer, Lung Cancer, Mediastinal Lymph Node Anatomy, Surgery

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Videos on intraoperative node dissection



• Right chest node dissection



• Left chest mediastinal node dissection

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Understanding WHY surgeons may not be compliant

- Qualitative interviews – nearly complete, under analysis
 - *In your experience, what barriers you have faced when trying to adequately stage the mediastinum for lung cancer cases?*
 - *What are some of the other reasons you can think of that a surgeon might not do a satisfactory lymph node dissection during a curative intent resection for lung cancer?*
 - *What might make it easier for you to achieve adequate mediastinal lymph node staging for patients with resectable lung cancer?*


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STS 2024 **Session on Standard 5.8**

- Overview/updates from Dr. Mullett
- Abstracts related to the standard
- Debate between Frank Detterbeck, MD, and Raja Flores: is 3N2 + 1 N1 the “right” standard?

The 60th Annual Meeting of
The Society of Thoracic Surgeons
January 27-29, 2024 | San Antonio, Texas





#STS2024

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Resources

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 26, 2023)

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

Visual abstract of standard requirements and compliance information (PDF)

Guidelines for registrars to identify eligible cases for Standard 5.8 (PDF)


Best Practices to Meet the Standard for Nodal Assessment During a Curative Operation (English) (video) - 48 minutes

CSOP Webinar on CoC Standard 5.8 (Webinar recording from December 11, 2020 - 13 minutes)

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

Operative Standards Toolkit


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NODES Webpage
Includes link to
application

Reach out to cancerqi@facs.org



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