ACS Cancer Programs
American College of Surgeons

Lung NODES Quality Improvement Project

Year 2 Introduction

Why are we focusing on 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

Goal for Lung NODES National QI Collaborative:

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

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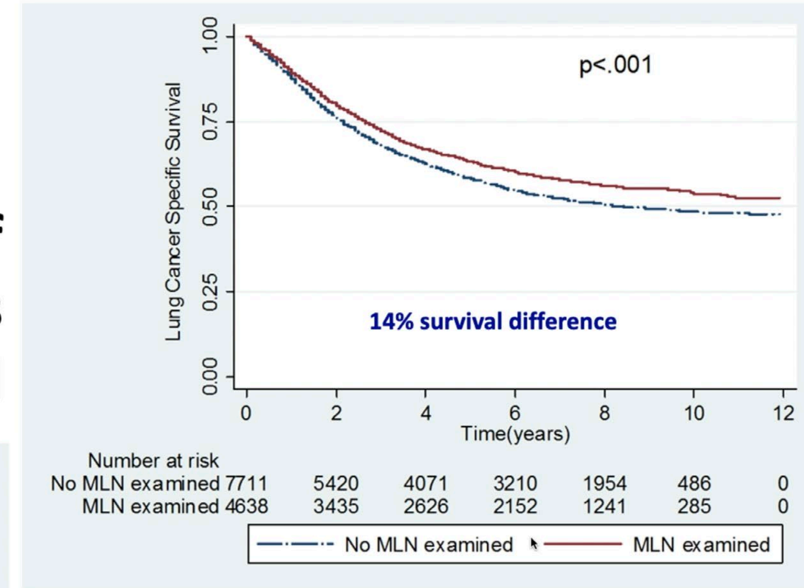
Why address 5.8

Evidence for Lung Cancer Operative Standards

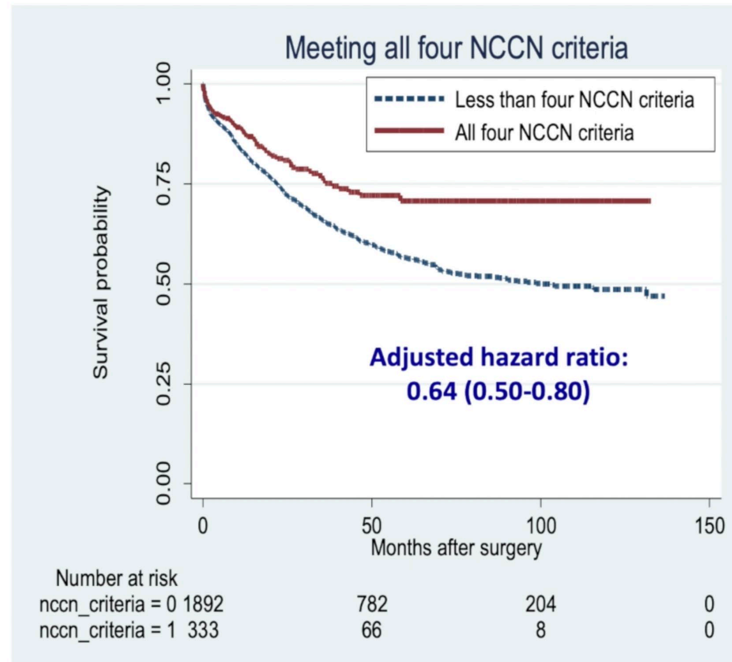
Examination of MLNs increases survival



Following NCCN quality resection guidelines improves survival

NCCN Guidelines:

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



Osarogiagbon et al. 2012; Osarogiagbon et al. 2017

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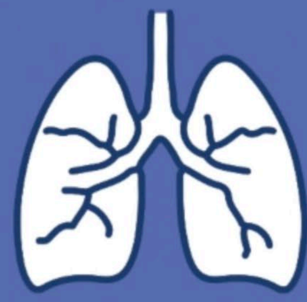
Operation

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

Resect nodes from:

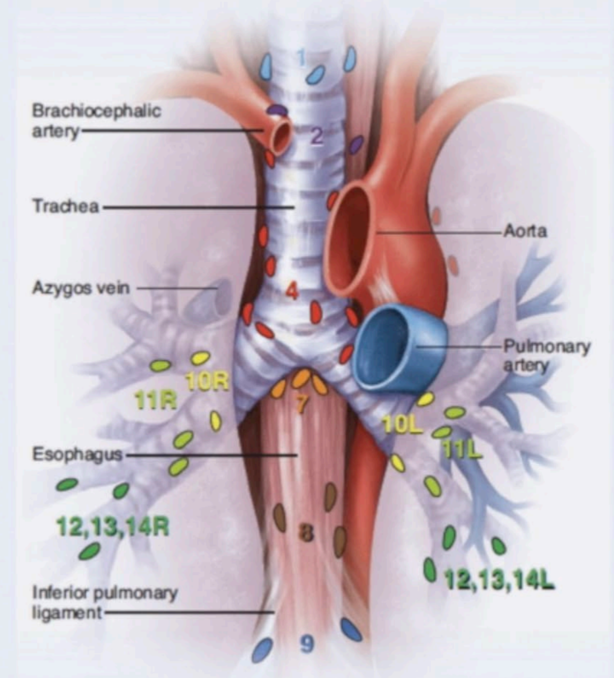


Mediastinum
(Stations 2-9)
≥3 distinct stations

Hilum
(Stations 10-14)
≥1 station

Pathology Documentation

Synoptic report documents lymph nodes from:



≥ 3 mediastinal stations

≥ 1 hilar station

with names and/or numbers of stations

When?

2021:
Implementation

2022 site visits:
70%
Compliance

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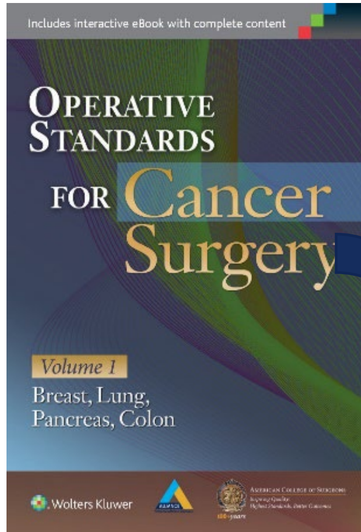

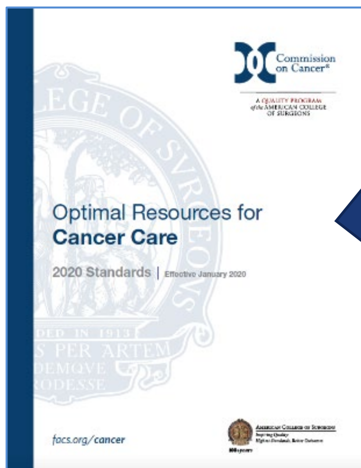

Standard	Disease Site	Procedure	Documentation
5.3	Breast	Sentinel node biopsy	Operative report
5.4	Breast	Axillary dissection	Operative report
5.5	Melanoma	Wide local excision	Operative report
5.6	Colon	Colectomy (any)	Operative report
5.7	Rectum	Mid/low resection (TME)	Pathology report (CAP)
5.8	Lung	Lung resection (any)	Pathology report (CAP)

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QI Components

The problem: Data from CoC site reviews conducted in 2022 and 2023 reveal that compliance with standard 5.8 is lower than the 80% benchmark

Aim: Participating CoC programs will increase compliance with Standard 5.8 by 20% over (original) individual baseline, or up to at least 80%

Data source: Chart audit of synoptic pathology reports from applicable pulmonary resections

Measures:

Process: % of reports with oncologic status of lymph nodes for at least one (names and/or numbered) hilar station and at least three distinct (name and/or numbered) mediastinal stations.

Interventions: 5.8 toolkit, local innovations from previous collaboratives tested over time, spread and scaled

Stakeholders: Thoracic surgeons, pathologists, medical oncologist, ODS's, CLPs and other frontline champions

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What we accomplished in Year 1

- Programs completed 4 data submissions, attended 4 group calls
- Some programs completed the RE-AIM planning tool
- Some programs presented on their best practices and shared resources (educational content, workflows, examples of reports) with the group

We will send a satisfaction survey to the listed primary contacts email by early December

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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 attesting that they listened to the meeting, share feedback on the content
- If your compliance rate has been 80% or higher for all data submissions in 2024, you are not eligible to participate
  - New programs- if your baseline data submitted is 80% or higher, you will not be eligible to participate

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

- Visit the linked titled "Former and New Participants" on 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
- Our first group call of the year will be February 14
- 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

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If you are a new program starting in 2025

- Go to the project website and select the link titled “Former and New Participants”. Please express interest by January 30th.
- Review the webinars on the project website under year 1
- Review the project details and FAQ under year 1
- Form a QI team
- You will submit data by February 28, 2025
  - Once you indicate interest, the primary contact will receive a link with the presurvey and data collection tool.
    - There is a field to upload the letter of support in the pre-survey. A templated letter can be found on the project website
  - Baseline data is 20 random charts from 2023 (can begin with December 2023 and work backwards until 20 charts) and 20 random charts (or closest to 20) from Sept-Nov 2024

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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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Y2 Timeline

Date	Event
October 25	Cohort call Year end reflection is introduced Recruitment for Y2 begins
November 1	“Intent to participate” links will be posted to the website
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

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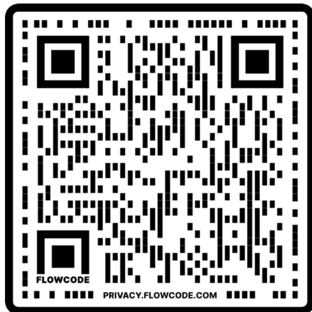

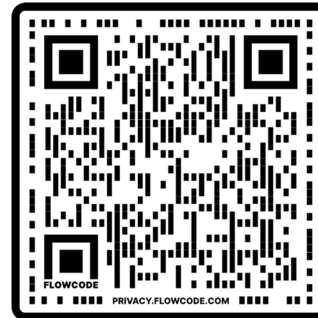

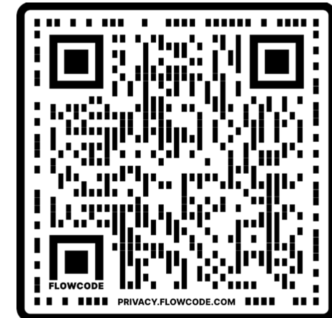

facs.org/quality-programs/cancer-programs/

ACS Cancer Programs

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