

# Lung NODES: From Assessment to Action

August 2, 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
- Please complete the post-webinar evaluation you will receive
  - Link will be in the chat at the end of this call
  - Link will be sent via email

# 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



**Kim Rodriguez, BSPH, CPH,  
RHIT, ODS-Certified**  
Manager, Cancer Data Systems  
Eisenhower Health Lucy Curci  
Cancer Center

# Agenda for today

- Welcome
- Data Review
- Programmatic Updates and Reminders
- Assessment to Action- A Worked Example
- Panel Discussion
- Q and A
- Adjourn



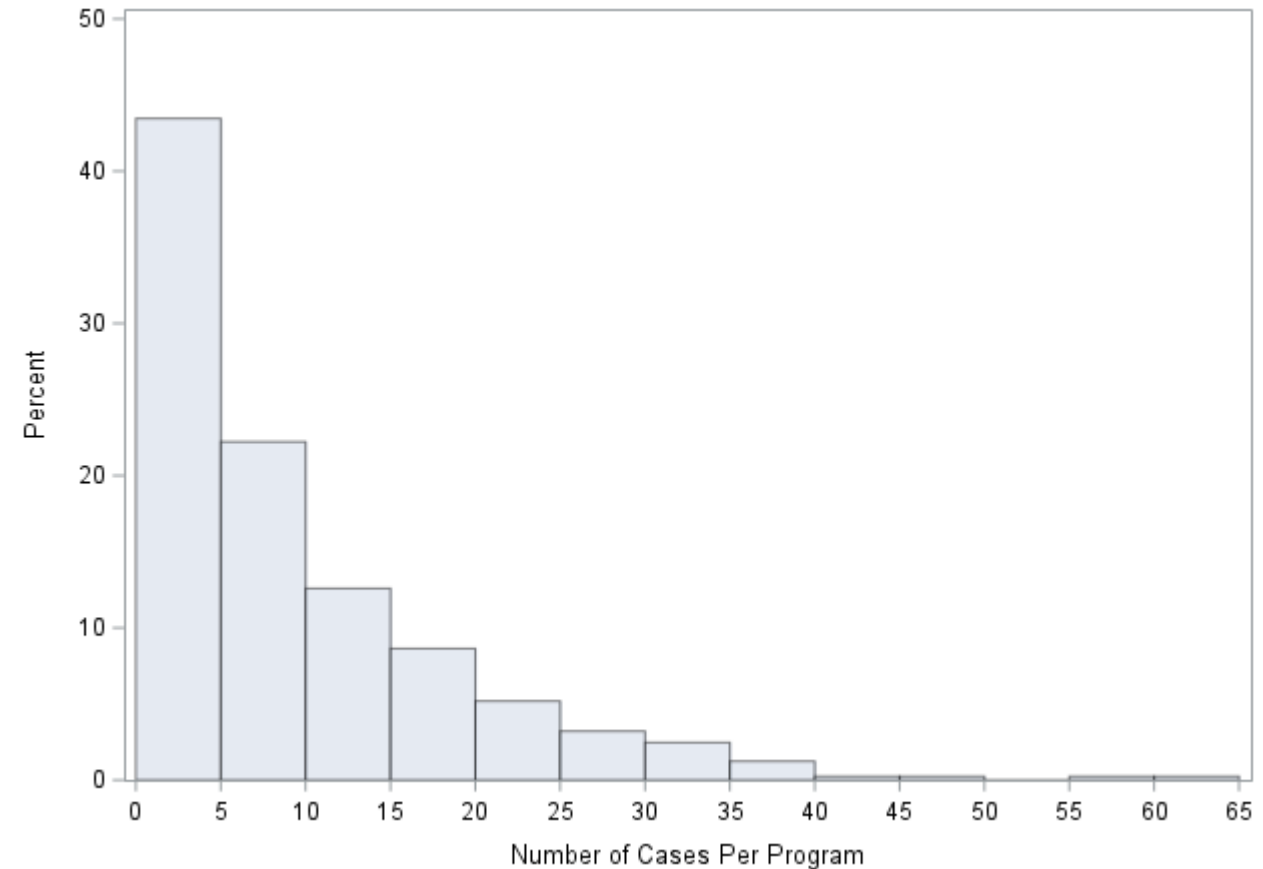
# March-May data review

Dr Kelley Chan



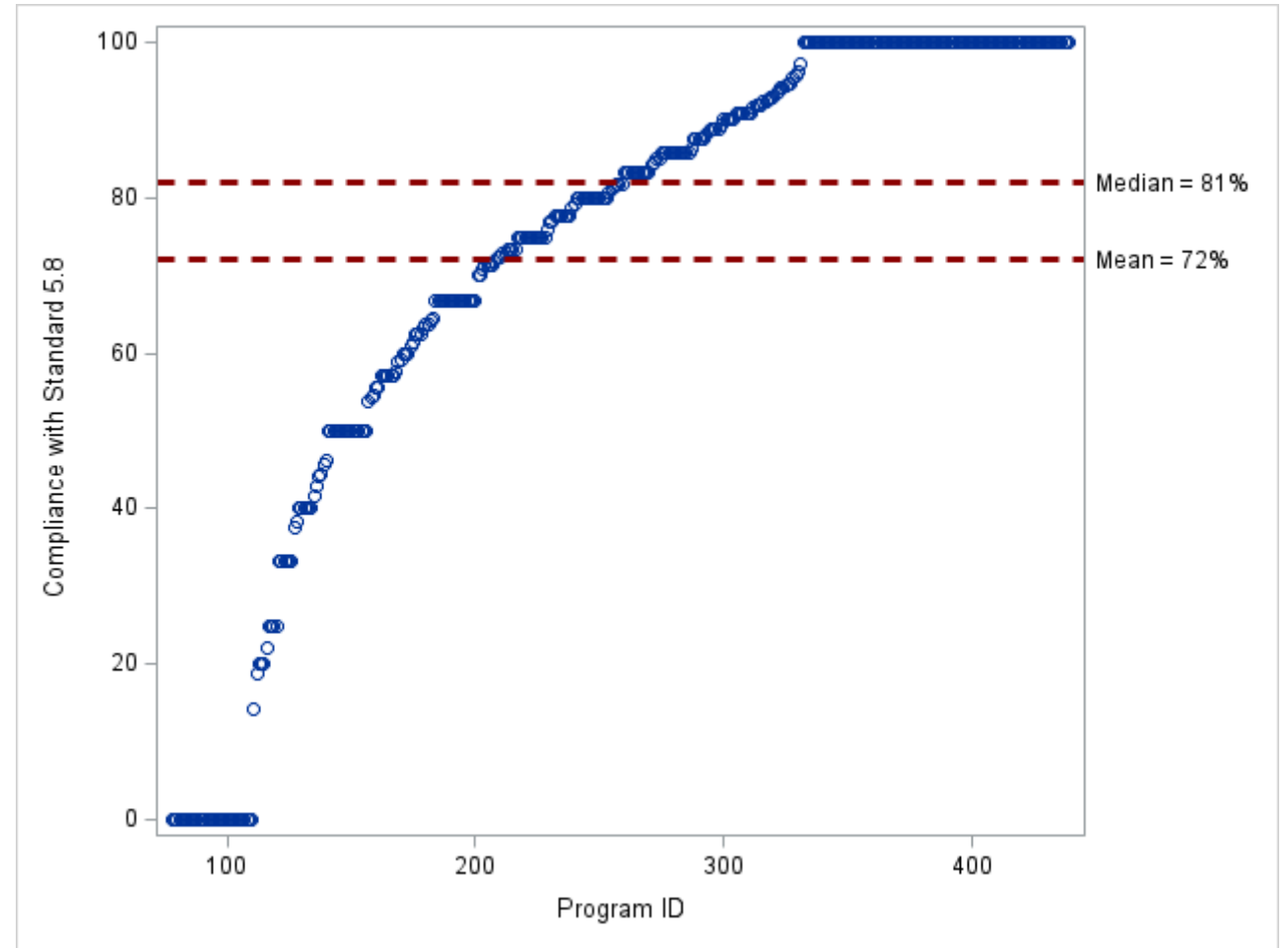
# Participating Programs

- 423 programs
- Total cases submitted: 3,986 cases
- Average case compliance: 76.2%
- Median # cases per program: 7 (IQR 2-14)



# Total Overall Compliance has Improved From Baseline!

	Baseline	March-May	Difference
Median	65%	81%	+12.1%
Mean	59%	72%	+7.4%



# Program Level Compliance for March-May

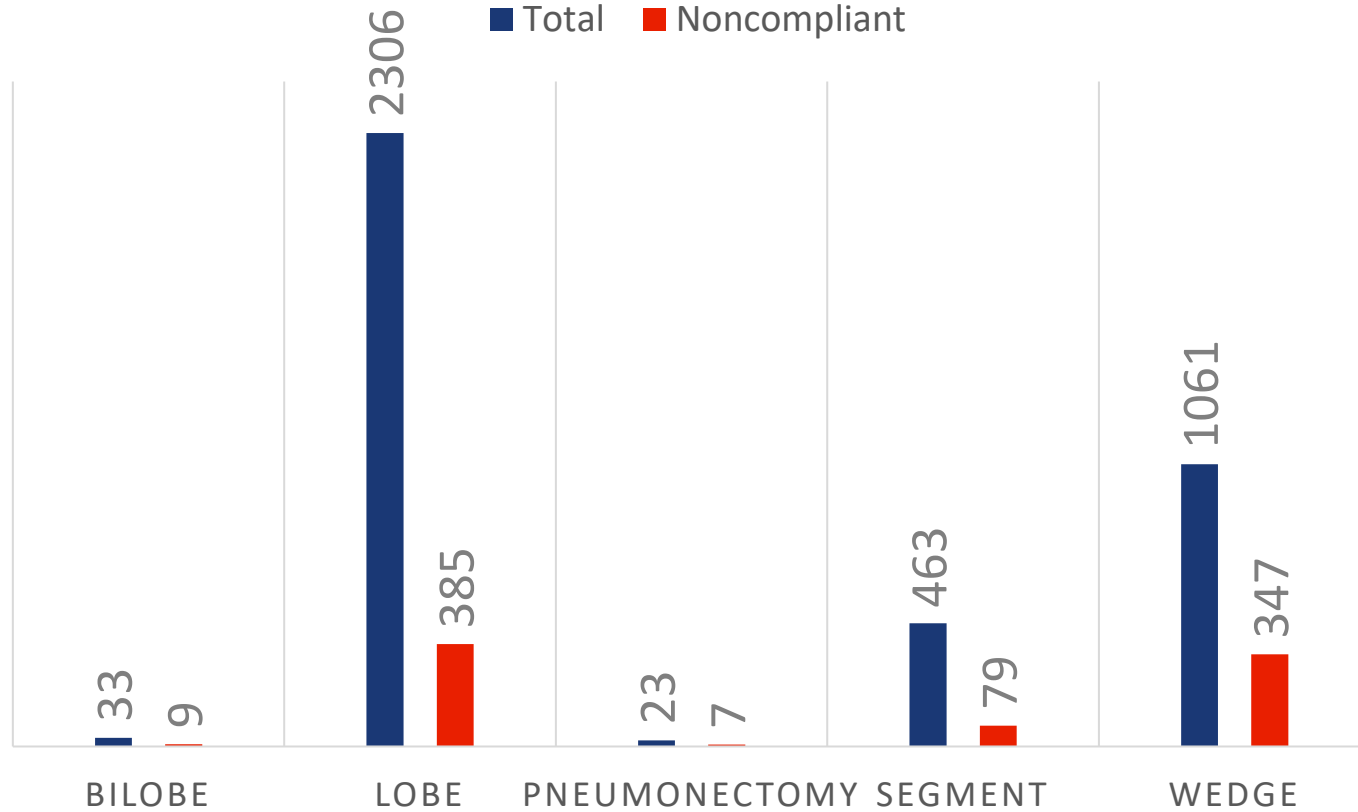
- Compliance at the program level
  - Median 81.8% (IQR 57.7 to 100%)
  - 199 programs with compliance  $\geq 80\%$
  - Difference from baseline 7.4% (-4 to 31%)
- 228 (63%) programs had an increase in compliance
  - Median +23.8% (IQR 9.9 to 45%)
- 132 (37%) programs had no change or a decrease in compliance
  - 41 programs with compliance  $\geq 80\%$  [Median -1.6% (IQR -6.0 to 0%)]
  - 91 programs with compliance  $< 80\%$  [Median -18.0% (IQR -40 to -9.1%)]



# Surgical Factors Associated With Noncompliance

## SURGERY

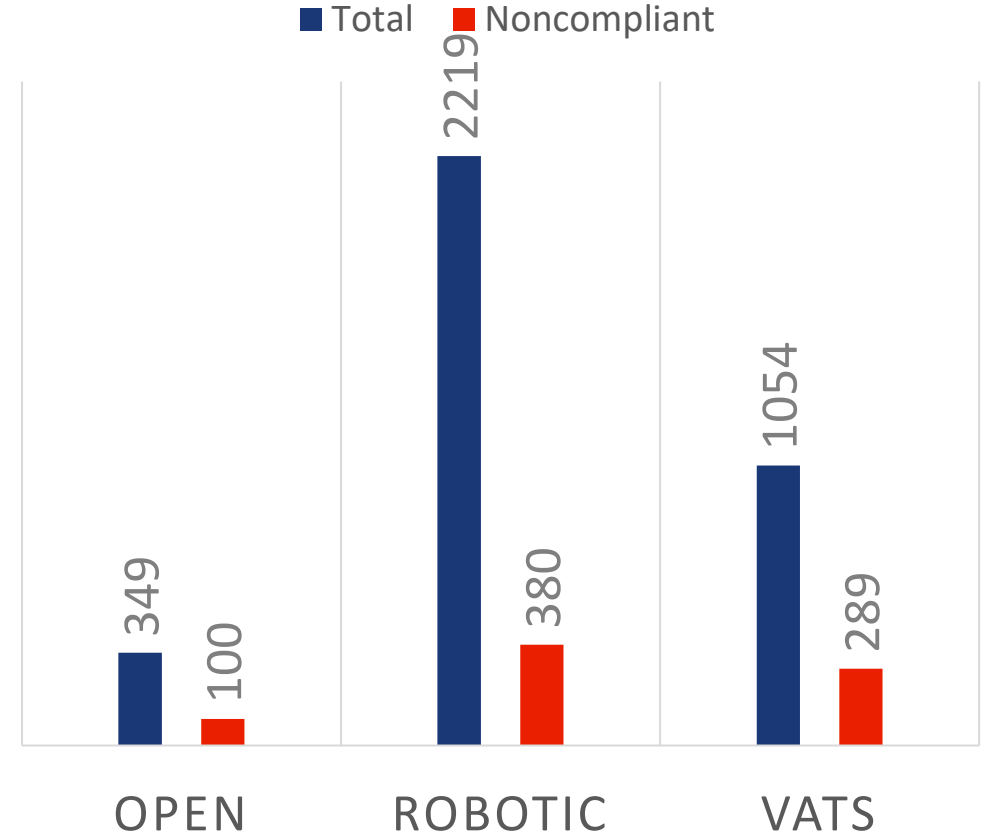
■ Total ■ Noncompliant



Missing n=100

## APPROACH

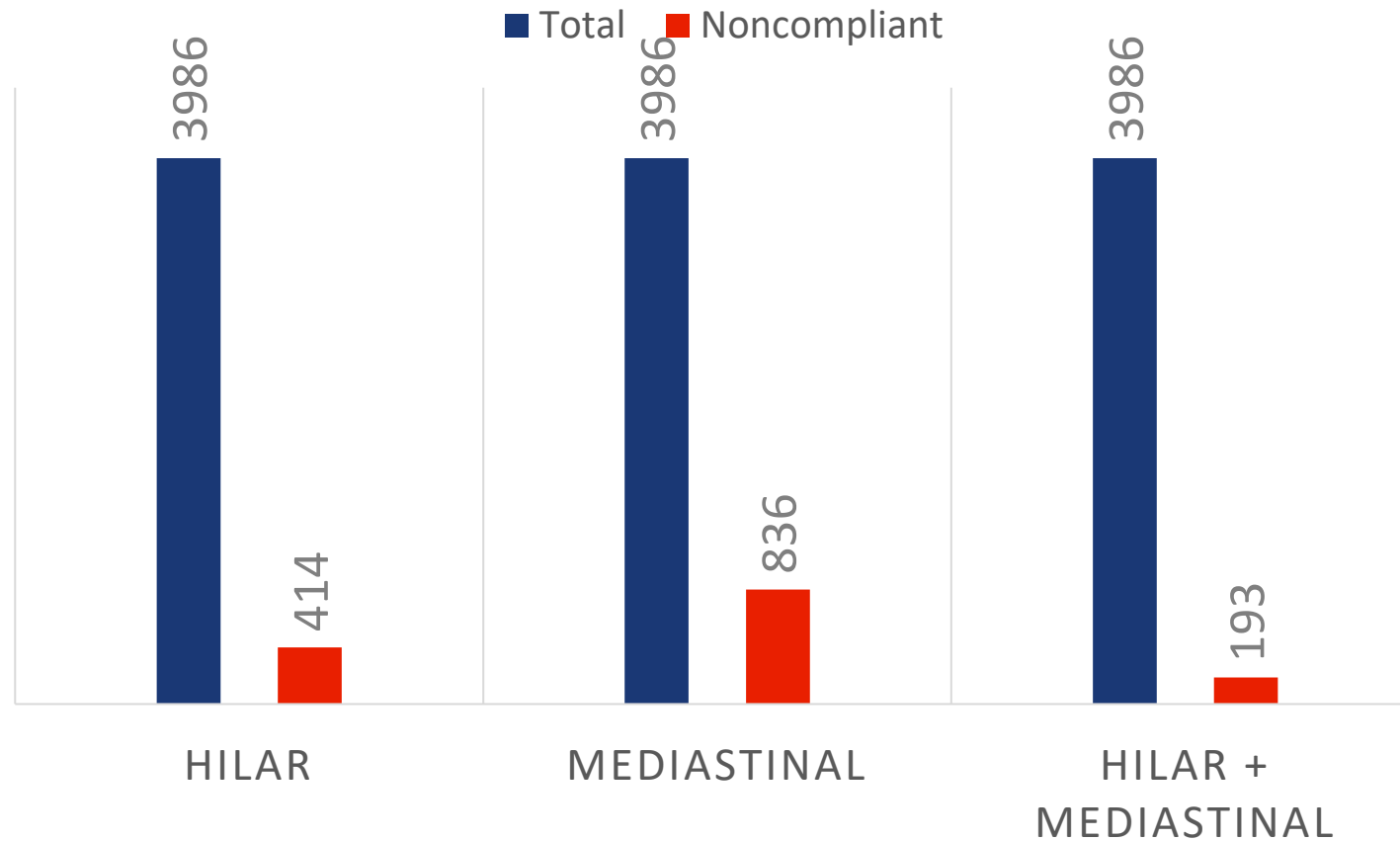
■ Total ■ Noncompliant



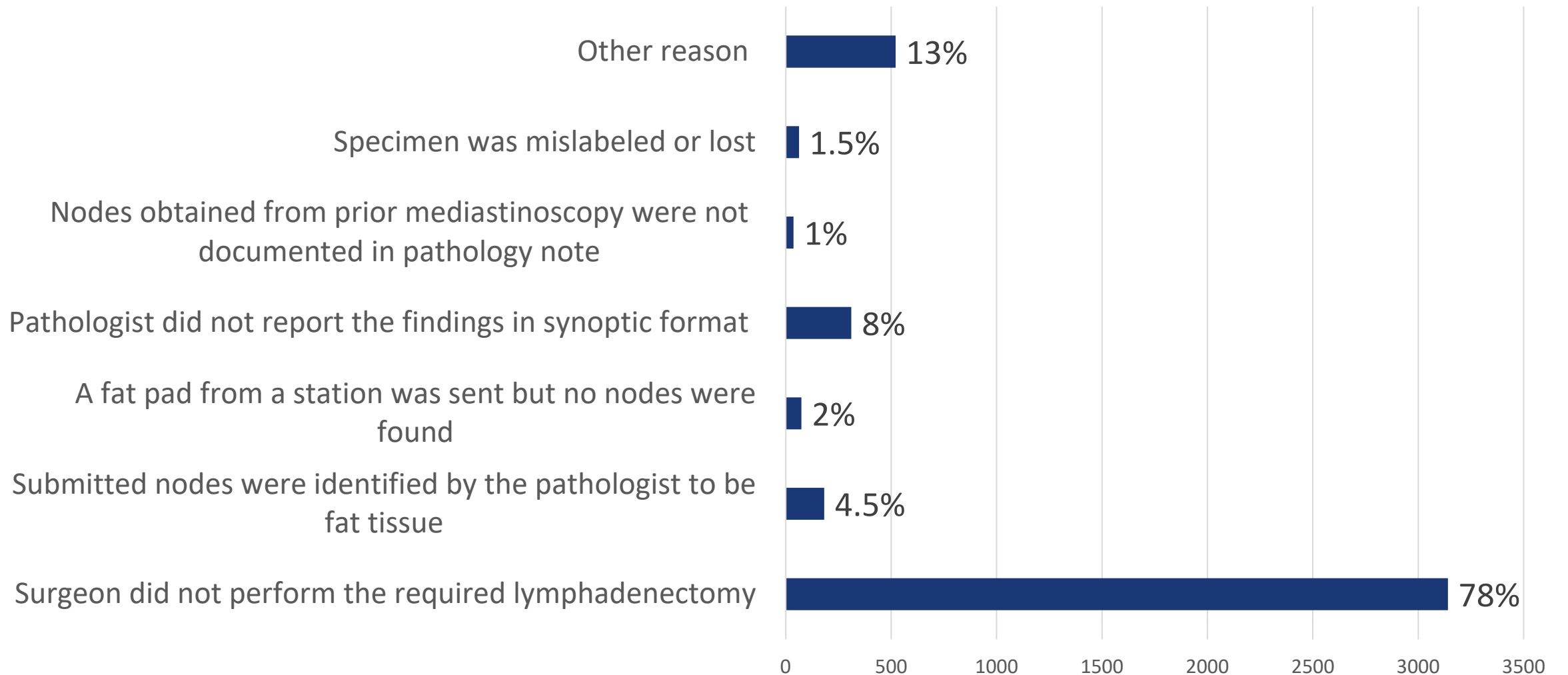
Missing n=364

# Surgical Factors Associated With Noncompliance

## LYMPH NODE STATIONS



# Reasons for Noncompliance



206 (5.1%) cases with >1 reason

# Other Listed Reasons for Noncompliance

- Patient factors: comorbidities, body habitus, adhesions
- Limited lymphadenectomy with benign frozen section so did not pursue more extensive dissection
- Exploration performed but could not identify lymph nodes
- Pathology report noted nodes but did not label stations

# Programmatic Reminders

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.

# A minor change to the data collection tool

**This ongoing data collection tool is for [initial\_applicatio\_arm\_1][hospital\_name] [fin\_number]  
Please answer questions for the time period indicated.**

Record accession number:

\*\*A nine-digit number used to identify the year in which the patient was first seen at the reporting facility for the diagnosis and/or treatment of cancer  
If this case does not yet have an accession number or the case is in suspense, please enter 000  
For more information, please see the STORE 2024 Manual

---

Case Tumor Sequence Number:

\*\*Indicates the sequence of malignant and nonmalignant neoplasms over the lifetime of the patient.  
Allowable values: 00-88, 99  
If this case does not yet have a sequence number assigned, please enter "999"  
For more information, please see the STORE 2024 Manual

---

Date of Operation:

---

Age:

---

Sex

Female  
 Male

# Brief Reminders

- Next Data **Due September 30**
  - Primary Contact will receive a link September 1
- Meet as a QI team monthly
  - Low case volume? Consider organizational readiness assessments
  - Fully compliant? Consider factors leading to success and participate in a mentoring session
  - Somewhere in between?
    - Complete your root cause analysis
    - Consider strategies to address the root cause.
    - Make small, systematic, iterative changes and look at your data continuously
  - [Cancerqi@facs.org](mailto:Cancerqi@facs.org) will reach out with more
- Save the date for our next webinar:
  - **October 25, 1:30-3pm ET**

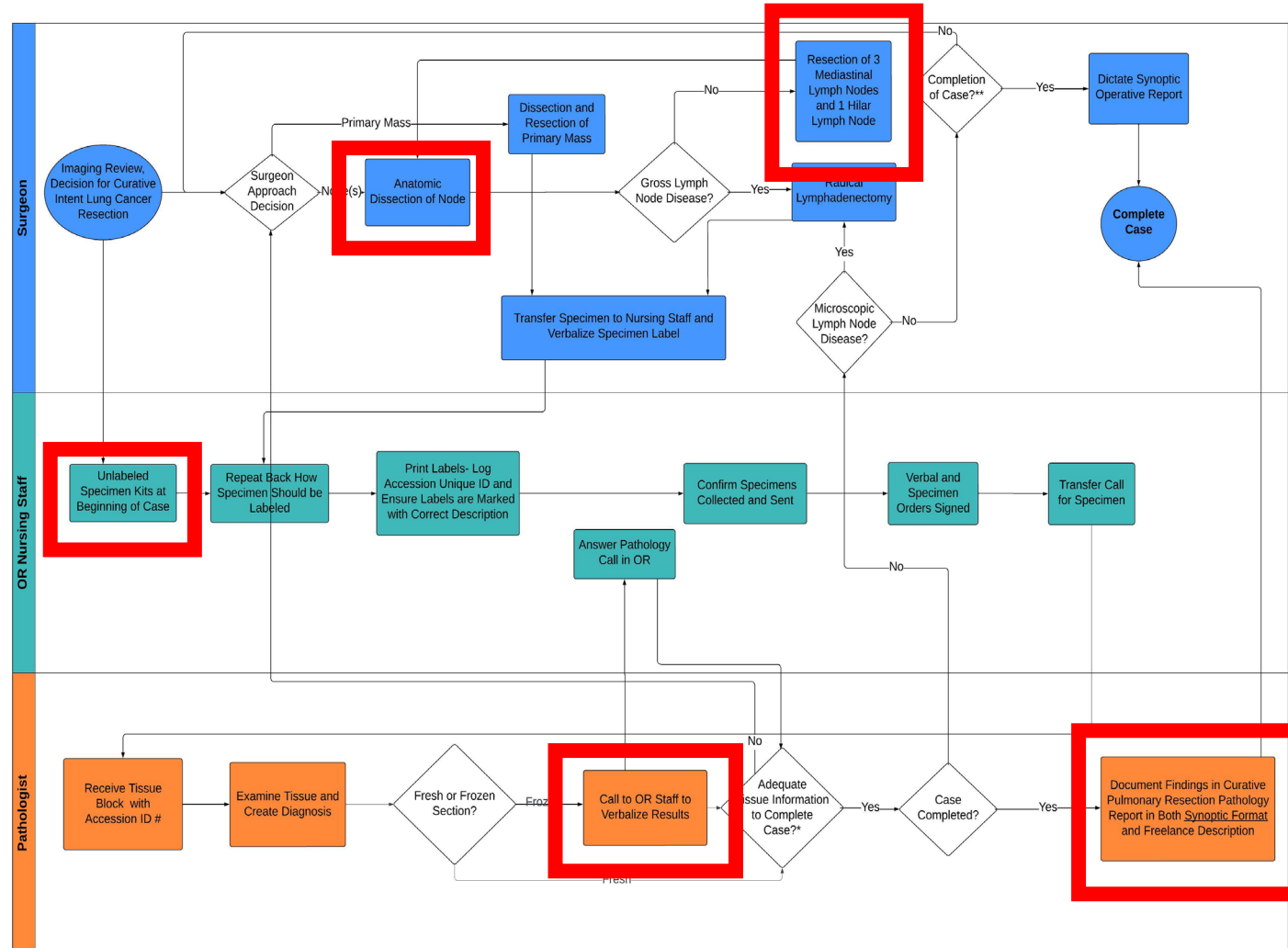
# Moving From Assessment to Action

Ryan Jacobs, MD, MS





# Process Map



\*: Margin negative primary mass; lymph node specimens with lymph node tissue \*\*: Margin negative mass and completed lymphadenectomy

# Finding What Works for Your Program

## Panel Discussion

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

# Q&A



## Follow Us on Social Media



[\*facs.org/quality-programs/cancer-programs/\*](https://facs.org/quality-programs/cancer-programs/)



ACS Cancer Programs



@AmColSurgCancer