ACS CSSP Cancer Surgery Standards Program American College of Surgeons

ACS CoC Commission on Cancer American College of Surgeons

Cancer Surgery Standards Program (CSSP)
Webinar on CoC Standards 5.6 for Colon Resection

Background

- In 2020, the CoC introduced a new accreditation standard for colon resection (Standard 5.6), which includes documentation requirements in synoptic format

Rationale and Requirements for CoC Standard 5.6: Colon Resection

- To comply with the standard, resection of the tumor-bearing bowel segment and complete lymphadenectomy is performed en bloc with proximal vascular ligation at the origin of the primary feeding vessel(s)
  - High ligation of the main colonic vascular pedicles optimizes lymph node yield by maximizing the length of the associated mesentery extirpated en bloc with the specimen
  - Adequate lymphadenectomy is independently associated with improved survival outcomes for colon cancer
- Standard 5.6 requires the operative report to include documentation of curative intent, tumor location, and extent of colon and vascular resection in synoptic format
- Standard 5.6 will take full effect on January 1, 2023. Site visits in 2024 will evaluate charts from 2023 to determine whether 70% of operative reports within the scope of the standards meet the requirements for compliance. The compliance rate will increase to 80% starting with site visits in 2025

Synoptic Operative Reporting for Standard 5.6

- Synoptic reporting has been found to improve the accuracy of documentation, improve the efficiency of data entry and abstraction, and reduce costs.
  - Synoptic reports can also reinforce education (by emphasizing the critical elements of oncologic operations) and reduce variability in care, leading overall to improved quality of cancer care
  - Synoptic reports use standardized data elements structured as a checklist or template
    - Each response is pre-specified to ensure interoperability of information and easy interpretation
    - Synoptic operative reports allow for easy collection and retrieval of data
- Current options for synoptic operative reporting to meet the requirements of Standards 5.6:
  - Create institutional synoptic templates with required elements/responses from Standard 5.6
    - Can be done using smart phrases, may supplement a narrative operative report
  - Use a commercial option and integrate their synoptic operative reporting tool
  - Use fillable PDF forms downloaded from the Standards Resource Library in QPort

Best Practices to Optimize Compliance

- While not required for these standards, it is recommended that CoC-accredited programs perform internal audits to identify gaps in compliance.
  - The CSSP recommends that CoC programs form review teams to identify cases using the case identification guidelines available on the Operative Standards Toolkit and evaluate their charts for compliance with CoC Standard 5.6
- An important component of optimizing compliance is educating surgeons and other specialists about the requirements of Standard 5.6
  - Monthly section meetings or multidisciplinary tumor boards can be used to share information and encourage engagement

Frequently Asked Questions

Question	Answer
How does Standard 5.6 apply to colectomies performed on an emergent basis?	Standard 5.6 applies to all resections performed with curative intent for patients with colon cancer and applies to all approaches. An indication for emergent surgery does not necessarily preclude the performance of proximal vascular ligation and en bloc lymphadenectomy. If high ligation cannot be performed, it should be documented in the operative note.
If a neuroendocrine tumor occurs in the colon, does Standard 5.6 apply?	Standard 5.6 applies to adenocarcinomas and not to neuroendocrine tumors.
Do two colon primaries require two synoptic reports?	If the surgeon performs one resection with two primary tumors, one set of synoptic elements/responses would be required. If two resections are performed for two primary tumors, two sets of synoptic elements/responses would be required.
For the "extent of colon and vascular resection" data element, what should be documents if the resection that was performed does not correlate with any of the options listed?	The focus of Standard 5.6 is on proximal vascular ligation at the origin of the primary feeding vessels. Surgeons can use the "other" response any time the resection is not one of those described by the other response options and describe the extent of the colon and vascular resection as part of their explanation.
How do you deal with pathologists that don't find 12 nodes routinely, even when a complete oncologist resection is done?	It has been shown that adequate lymphadenectomy is linked to better patient outcomes. Collecting at least 12 lymph nodes also allows for more accurate staging. While the nodes are important, it is important to note that this CoC Standard is shifting the focus from obtaining a specific number of nodes to meeting the technical requirements of complete lymphadenectomy en bloc and proximal vascular ligation.
Is it required to include the required elements/responses in the operative note, or can the brief operative note be utilized due to the complexity of incorporating the template into a dictated note?	To demonstrate compliance with CoC Standard 5.6, the data elements/responses required by the standard must be included in synoptic format in the operative report of record. The only exception is for programs utilizing the fillable PDF option, which is intended as a stop gap measure for institutions who cannot otherwise create synoptic reports to meet these standards.
How can our program ensure compliance by physicians who are not employed by our hospital but have admitting privileges?	We recommend that CoC programs perform self-audits of their operative reports in advance of their site visit to identify if physicians are not meeting the requirements of the standard. This can ensure ample time to provide opportunities for those providers to be educated and corrected. This document on recommendations for self-auditing CoC Standards 5.3-5.8 can aide the process.