

# Cancer Surgery Standards Program (CSSP) Case Identification Guidelines

## CoC Standard 5.5: Wide Local Excision for Primary Cutaneous Melanoma



*Note: Standards 5.3–5.8 do not require an internal audit to be compliant with the standard. However, this is recommended to identify any gaps in compliance.*

Rationale: These guidelines can help CoC-accredited programs identify and/or audit their cases as they begin to track compliance with the surgical standards.

### **Standard 5.5 Wide Local Excision for Primary Cutaneous Melanoma**

Standard 5.5 applies to surgical cases starting January 1, 2023. Registrars can use the surgery codes in STORE as an efficient way to identify cases for the surgical standards, along with other items listed under the general guidelines below.

#### *Scope of Standard*

*This standard applies to all curative-intent wide local excisions of primary cutaneous melanoma lesions. Mucosal, ocular, and subungual melanomas are excluded.*

#### *Measure of Compliance*

Each calendar year, the cancer program fulfills the compliance criteria:

1. Wide local excisions for melanoma include the skin and all underlying subcutaneous tissue down to the fascia (for invasive melanoma) or the skin and the superficial subcutaneous fat (for in situ disease). Clinical margin width is selected based on original Breslow thickness:
  - a. Clinical margin width for wide local excision is 1 cm for invasive melanomas less than 1 mm thick.
  - b. Clinical margin width for wide local excision is 1 to 2 cm for invasive melanomas 1 to 2 mm thick.
  - c. Clinical margin width for wide local excision is 2 cm for invasive melanomas greater than 2 mm thick.
  - d. Clinical margin width for wide local excision is at least 5 mm for melanoma in situ.
2. Operative reports for wide local excisions of primary cutaneous melanomas document the required elements in synoptic format.

### **Synoptic Operative Report Requirements**

There are currently four (4) elements that require a response in a synoptic format. These are listed in the *Optimal Resources for Cancer Care (2020 Standards)*.

### **General Guidelines and Source Documents:**

Programs can audit for compliance or prepare for the site visit using the following steps:

- ✓ Using the Cancer Registry database - Pull cases within the scope of the standard with the following criteria:
  - Patient identifiers (MRN, Accession year [2023 and >], Class of case)
  - Surgeon identifiers (NPI, physician code, etc.)
  - Year surgery performed
  - Surgery performed at reporting facility
  - ICD-0 primary site codes (Skin, C44.0 – C44.9), histology per the Standard (reference *Scope of Standard* above)
  - Histology code range 8720 – 8780
  - Surgery codes B500 – B900 from STORE
- ✓ Using the EMR - Review the Operative Report to determine the following:
  - Curative or palliative intent
  - A synoptic format is used in the operative report and includes the current required data elements and responses according to Standard 5.5

### **Site Visits**

2024 site visits will evaluate charts from 2023 to determine whether 70% of operative reports within the scope of this standard meet the requirements for Standard 5.5. The compliance rate will increase to 80% beginning with 2025 site visits (which will review 2023 and 2024 operative reports). Site reviewers will review 7 charts for this standard.