

Commission on Cancer State Chair Town Hall

July 17, 2024



CoC

Commission on Cancer
American College of Surgeons

CoC Cancer Liaison Physicians Meeting

Quyen Chu, MD, FACS

Chair

Committee on Cancer Liaison



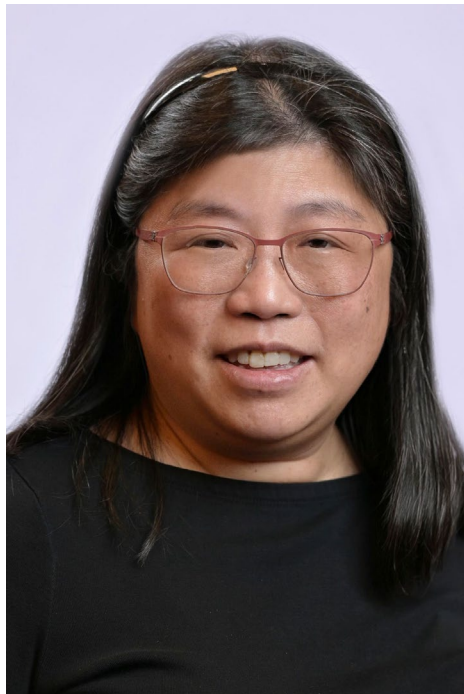
Maria Castaldi, MD, FACS

Vice-Chair

Committee on Cancer Liaison



Welcome to New CoC State Chairs



Lee-may Chen, MD, FACS
Northern California



Dustin Nowotny, DO
North Dakota

Welcome to New CoC State Chairs



Dominic Sanford, MD, FACS
Missouri



Douglas Berglund, MD, FACS
Montana and Wyoming

CoC Update

- Monthly CLP and site visit lists
- CoC Research Paper Competition
- CLP and State Chair Outstanding Performance Awards
- Post Town Hall Communications



ACS/Clinical Congress 2024

*Achieving Our Best Together:
#Inclusive Excellence*

**SAVE
THE DATE!**

October 19–22
San Francisco, CA

New
**Saturday–
Tuesday**
Program



Assessing the Effectiveness and Significance of the Operative Standards Program (AESOP)

Alison S. Baskin, MD

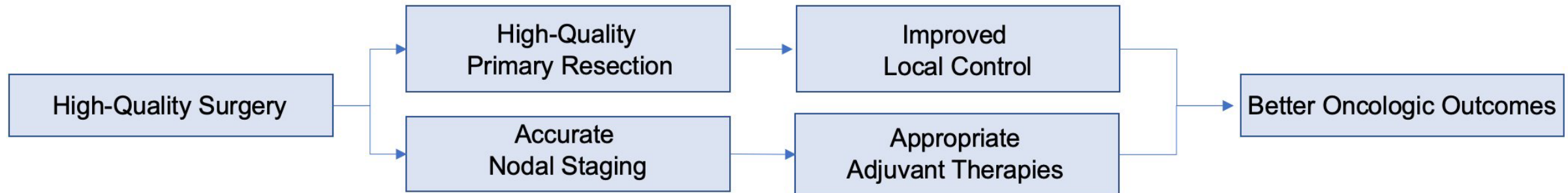
Postdoctoral Research Fellow
General Surgery Resident
ACS Designated Scholar

Lesly A. Dossett, MD, MPH

Maud T. Lane Research Professor for Cancer Quality Improvement
Associate Professor of Surgery
Chief, Division of Surgical Oncology
Co-Director, Michigan Program on Value Enhancement

High Quality Surgery is a Cornerstone of Cancer Care

1.9 million patients were diagnosed with cancer in 2022; 60% of them had surgery



Is all surgery high quality?

Relatively little attention has been paid to the potential differences in **surgical technical quality** and their impact on oncologic outcomes

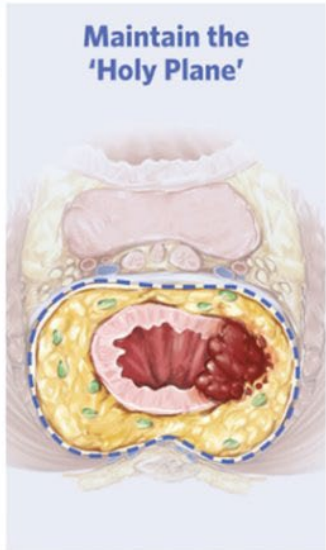


The Operative Standards Program

Operative Standards define critical elements of optimal cancer surgery based on data and expert opinion that can be used as a quality assurance tool for practicing surgeons

Commission on Cancer Operative Standards 2020

Standard 5.7: Total Mesorectal Excision

Operation	Maintain the 'Holy Plane'	Pathology Documentation	When?
<p>Total mesorectal excision (TME) is performed for mid and low rectal tumors, resulting in complete or near-complete TME</p>		<p>Quality of TME documented in synoptic report:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Near-Complete <input type="checkbox"/> Incomplete 	<p>2021: Implementation</p> <p>2022 site visits: 70% Compliance</p>

American College of Surgeons Clinical Research Program, Katz MHG, Operative Standards for Cancer Surgery, Volume 2, Copyright (2018) American College of Surgeons, with permission from Wolters Kluwer.

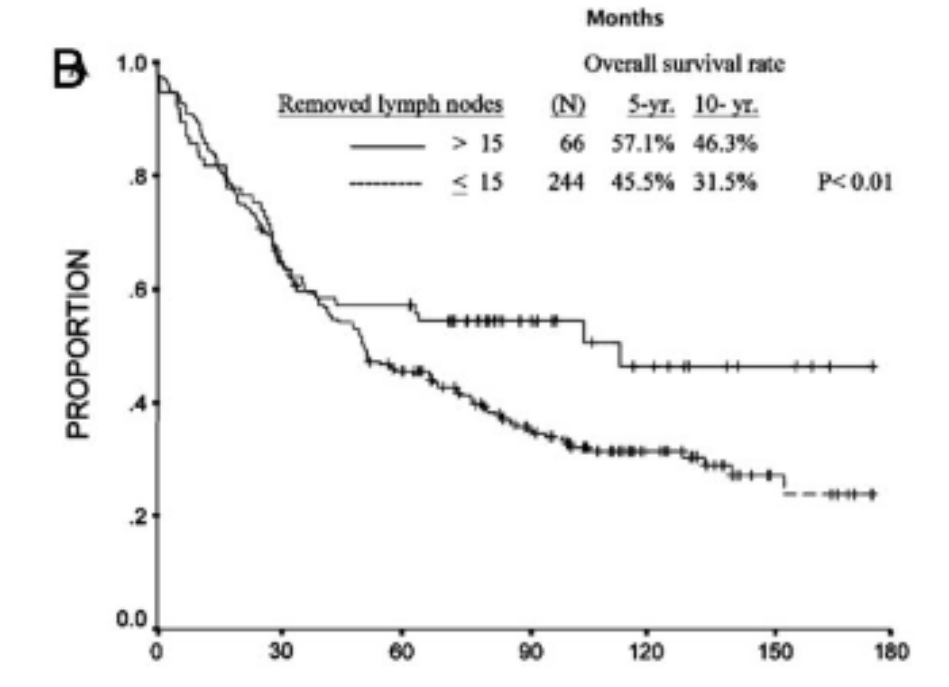
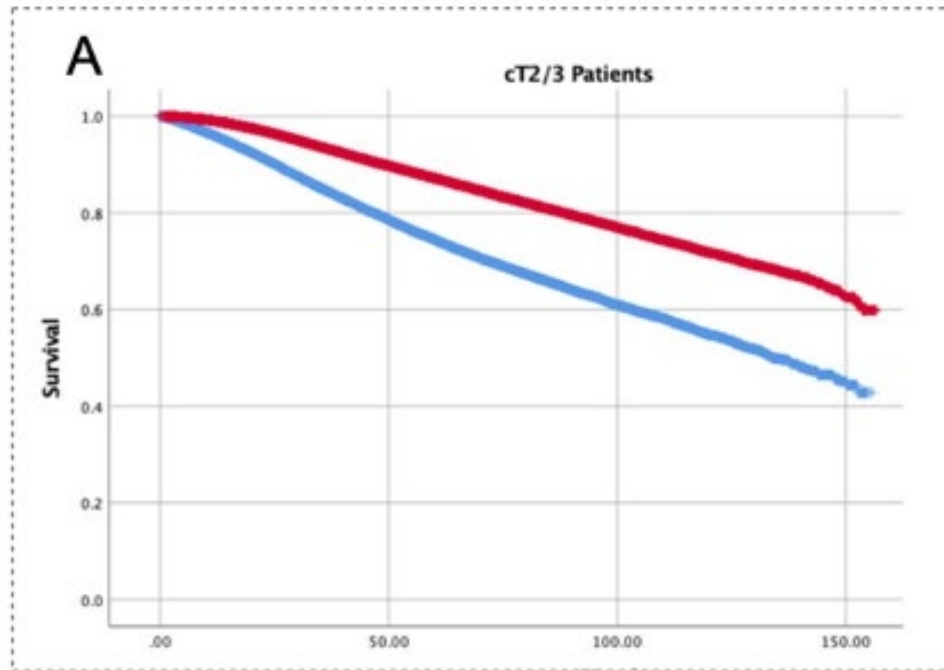
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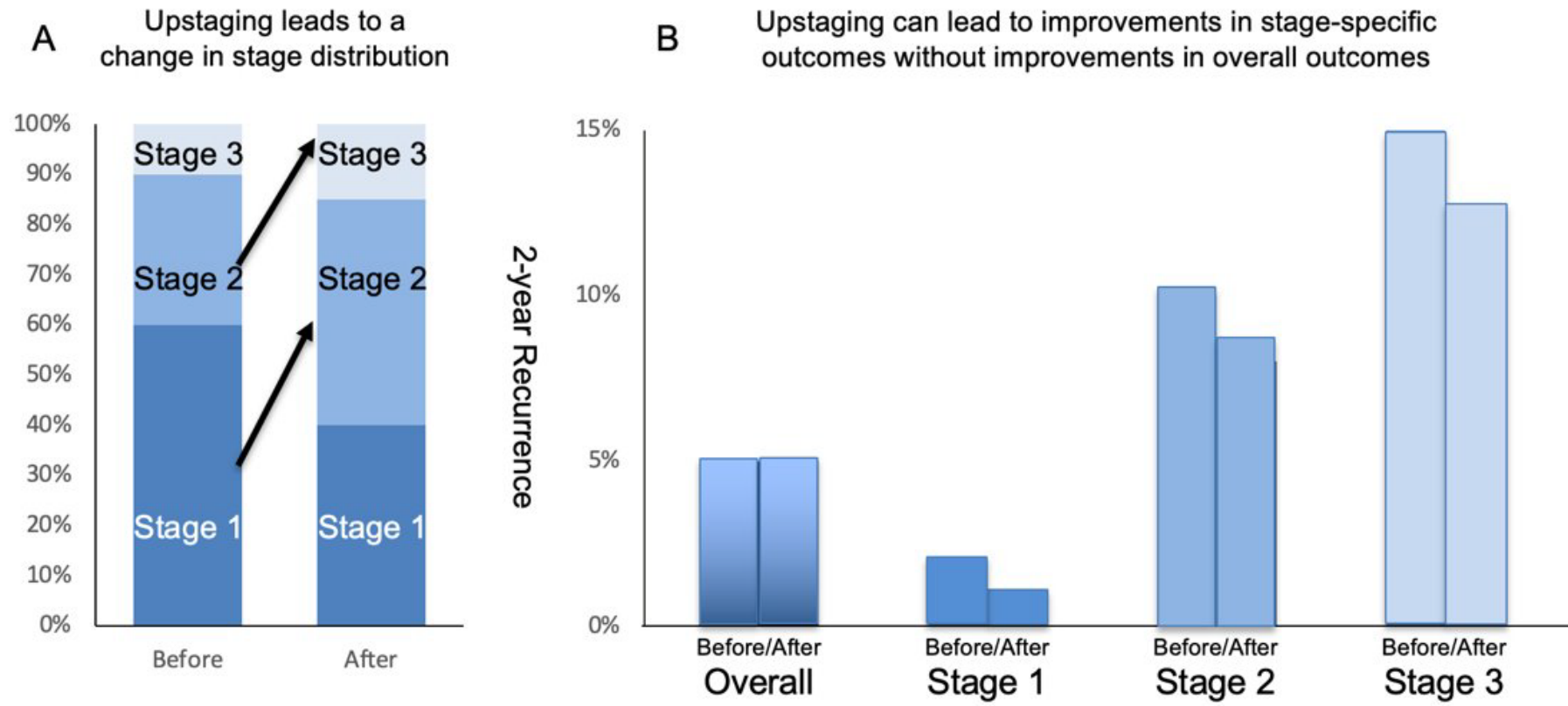
The CoC Operative Standards

CoC Standard	Operative Standard	Targeted Outcomes	Reporting Mechanism
5.3	All sentinel nodes for breast cancer are identified using tracers or palpation, removed, and subjected to pathologic analysis.	Number of lymph nodes assessed	Operative Report
5.4	Axillary lymph node dissections for breast cancer include removal of Level I and II lymph nodes within an anatomic triangle comprised of the axillary vein, chest wall (serratus anterior), and latissimus dorsi, with preservation of the main nerves in the axilla.	Regional recurrence Number of lymph nodes assessed	Operative Report
5.5	Wide local excisions for melanoma include the skin and all underlying subcutaneous tissue down to the fascia. Clinical margin width is selected based on original Breslow thickness.	Local recurrence	Operative Report
5.6	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).	Local recurrence Number of lymph nodes assessed	Operative Report
5.7	Total mesorectal excision is performed for patients undergoing radical surgical resections of mid and low rectal cancers, resulting in complete or near-complete total mesorectal excision.	Local recurrence Number of lymph nodes assessed	Pathology Report
5.8	For any primary pulmonary resection performed with curative intent, lymph nodes must be resected from the mediastinum (≥ 3 nodal stations) and ≥ 1 hilar station.	Number of lymph nodes assessed	Pathology Report

Can Operative Standards improve quality?



The link between operative standards, stage migration, and cancer outcomes



The link between true and apparent effect

<p>Effective Standards (True Positive)</p> <ul style="list-style-type: none"> • Clinician Education • Hawthorne Effect • Audit and feedback • Accreditation disincentive 	<p>Measurement Errors (False Positive)</p> <ul style="list-style-type: none"> • Stage migration leads to improved stage-specific outcomes, but no change in overall outcomes • Failure to account for temporal trends
<p>Ineffective Implementation (False Negative)</p> <ul style="list-style-type: none"> • Poor fidelity to standard 	<p>Ineffective Standards (True Negative)</p> <ul style="list-style-type: none"> • Target elements already performed at high rates (i.e., ceiling effect) • Target elements not leading to improved outcomes

Assessing the Effectiveness and Significance of the Operative Standards Program (AESOP) Study Aims

- Can operative standards be implemented across diverse cancer types and programs?
- What organizational characteristics, processes, or resources support or hinder the successful implementation of the operative standards?
- Will operative standards improve outcomes?

AESOP Study Team



MPI Dossett

Administrative Leadership (MPIs Dossett & Boffa; Project Manager)

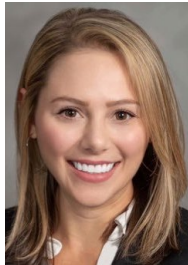
Coordinate and lead study team meetings; oversee study team communication; manage all financial aspects of the project; ensure regulatory approvals; provide project updates.



MPI Boffa

Implementation Evaluation Lead (MPI Dossett)

Outcome Evaluation Lead (MPI Boffa)



PD Baskin



Co-I Smith

Other Key Members: Co-I Shawna Smith, Ph.D. (Implementation Scientist), Project Manager Elizabeth Funk, MSW, Scholar Alison Baskin, MD

Activities: Lead study team activities for Aims 1 and 2; engage clinician stakeholders for study recruitment and retention; survey and interview guide development and analysis

Other Key Members: Co-I Norton, Ph.D. (Health Economist); Brandy Sinco, MS (UM Statistician); Brian Palis (NCDB Senior Statistician)

Activities: Oversee and execute study methods; oversee NCDB special study mechanism; analyze and interpret results; disseminate results to research groups and societies.



Co-I Norton



Sinco

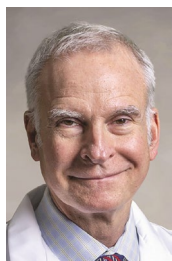
Cancer Programs Leadership (Co-Is Weigel & Boughey)

Other Key Members: Amanda Francescatti ACS Senior Program Manager, Cancer Programs Executive Committee, NCDB Steering Committee

Activities: Engage CoC sites and CoC liaisons to assist in study recruitment, enrollment, and study retention.



Co-I Boughey



Co-I Weigel



Francescatti



Funk

AESOP Study Timeline

Task	Year 1				Year 2				Year 3				Year 4				Year 5			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Review and update regulatory approvals	█				█				█				█				█			
Disseminate progress report & results to ACS				█				█				█				█				█
Aim 1 – Assessment of adherence to operative standards	█																			
Startup period	█	█																		
Data collection during planned CoC site visits			█	█	█	█	█	█	█	█	█	█	█	█						
Interim data analysis (to inform sampling for Aim 2)							█	█												
Final data analysis															█	█				
Manuscript submission & publication																	█	█	█	█
Aim 2 – To assess organizational mediators and moderators to adherence	█																			
Select and recruit sites for study							█	█												
Perform mixed methods data collection									█	█	█	█	█	█						
Perform data analysis															█	█				
Manuscript Submission & Publication																	█	█	█	█
Aim 3 – Interrupted Time Series Analysis (NCDB Special Study)	█																			
NCDB DUA/IRB approval					█															
Modify online data collection instrument					█	█														
Recruit facilities for pilot data collection						█	█													
Train registrars for data collection at pilot sites						█	█	█												
Conduct pilot data collection & analysis									█	█										
Resolution of issues from pilot											█									
Train remaining registrars												█								
Special study data collection													█	█	█	█				
Interrupted Time Series Analysis																	█	█		
Manuscript Submission & Publication																			█	█

AESOP Study Budget



CRP



Year 1 \$175k; Year 3-4 >\$300k; Year 5 \$125K

5 Years
\$2.8 million

Year 1 \$503k



Year 1 \$51k



Year 1 \$8k

ACS Budget

- **Key Personnel**

- Ron Weigel MD, PhD, Site Principal Investigator (1% in Years 1-5)

Other Personnel

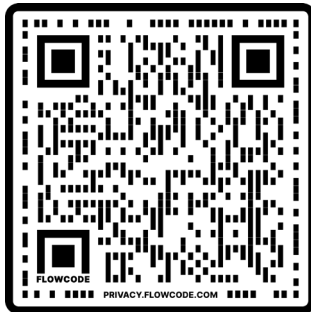
- Elizabeth Funk, Project Manager, Cancer Research Program (70% in Years 1-5)
 - Amanda Francescatti, MS, Senior Manager (5-10% in Years 1-5)
 - Ken Pristas, Manager, Information Technology, NCDB (2-5% in Years 1-5)
 - Amanda Browner, MS, Statistician, NCDB (1-10% in Years 1-5)
 - Consultant, Developer, NCDB (40% in Years 2-4 CM)
 - Dmitry Eremin Developer, NCDB (1-2% in Years 1-5)
 - Lauren Dyer, Accreditation Specialist, CoC (1-2% in Years 1-4)
- Budget also includes an NCDB Management Fee, Telecommunication, and Education fees
 - A 3% inflation is being used to calculate salary in the out years.
 - *Fringe*: Fringe is calculated at 43% for all personnel.

Recent Grant Activity

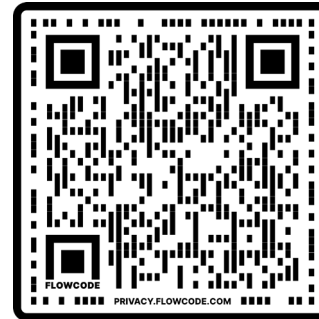
- Completed the grants administration process at UM and established a sub-award with the ACS
- Completed the Data Use Agreement
- Hired a Project Manager
- Held all investigators and staff kickoff meeting
- Meeting every other week with core study staff
- Onboarded ACS Scholar (post-doc fellow)
- Onboarded Registrar Consultant (Gunita Kashyap, Stanford)
- Building data collection instrument for Aim 1 and Aim 3



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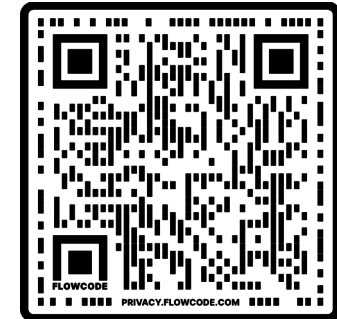
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ACS Cancer Programs



@AmColSurgCancer



Cancer Surgery Standards Program Updates

Chantal Reyna MD, FACS

Loyola Medicine

CSSP Education Committee Member

Recent CSSP Resources

Technical Standards for Thyroid Cancer Surgery Webinar

- Collaboration with AAES
- This forum discussed preoperative and intraoperative considerations for surgical planning of thyroidectomy and lymphadenectomy in patients with differentiated thyroid cancer as **described in the Operative Standards for Cancer Surgery Volume 2.**
- Recording available on the [ACS Learning Management System](#) and [YouTube](#)

Operative Standards for Cancer Surgery: A Resource for Resident/Fellow Surgical Education

- [Webinar recording](#)
- [Visual Abstract](#)
- [Video](#)
- Editorial- In Progress

Best Practices for CoC Operative Standards 5.3-5.6: A Webinar for ODS-Certified Professionals

July 17, 2024, 1-2pm CT

Moderator: Nadine Walker, MS, ODS-C

Agenda

- CoC Operative Standards Overview and Progress: Mediget Teshome, MD, MPH, FACS
- Case Eligibility and Compliance Requirements: Erin Reuter, MS, JD
- Implementation Best Practices and Resources: Kim Rodriguez, BSPH, CPH, RHIT, ODS-C

Recording will be posted on the CSSP YouTube playlist

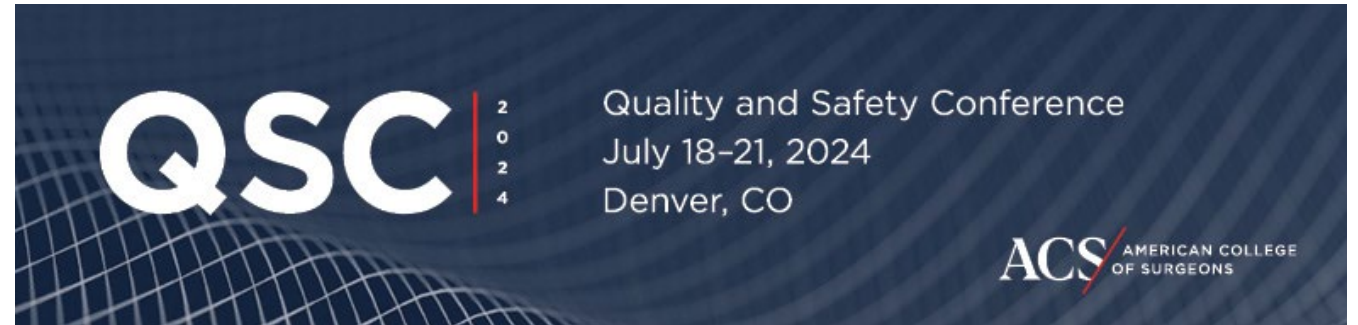
Learning objectives

- To understand the rationale, technical and documentation requirements for the CoC Operative Standards 5.3-5.6
- To outline best practices for identification of eligible cases for CoC Operative Standards 5.3-5.6
- To define best practices with implementation of the CoC Operative Standards 5.3-5.6 to facilitate compliance

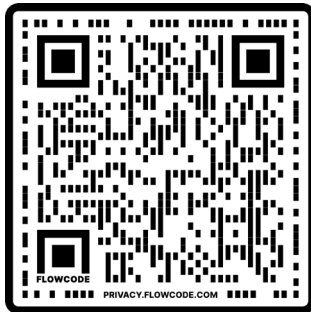
ACS Quality and Safety Conference

Let's Get Practical: Supporting Implementation of Operative Standards

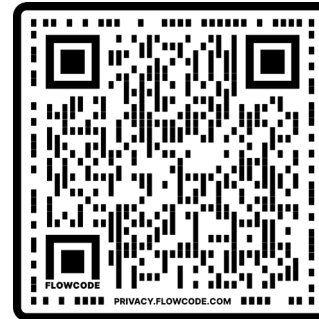
Panel discussion
Friday July 19, 2024
1:30pm-2:45pm MST



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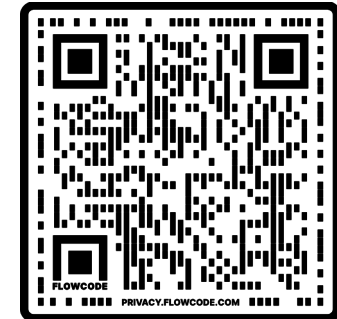
facs.org/quality-programs/cancer-programs/



ACS Cancer Programs



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Open Forum





Thank you!

Questions?

Melissa Leeb: mleeb@facs.org

Rebecca Medina: rmedina@facs.org



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