Required Elements/Responses for Standards 5.3–5.6 from
Optimal Resources for Cancer Care (2020 Standards)

Please refer to the complete manual for full definitions and requirements.

Standard 5.3: Sentinel Node Biopsy for Breast Cancer

Synoptic Operative Report Requirements
Operative reports for patients undergoing sentinel node biopsy for breast cancer must include the following elements in synoptic format. Programs are welcome to use the American College of Surgeons or their own synoptic operative reports as long as the data elements required to achieve compliance with the CoC standards are clearly identified and the response options are the same as in the CoC Standard. A uniform synoptic reporting format should be used by all surgeons at the facility.

Element	Response Options
Operation performed with curative intent.	Yes; No.
Tracer(s) used to identify sentinel nodes in the upfront surgery (non-neoadjuvant) setting *(select all that apply).*	Dye; Radioactive tracer; Superparamagnetic iron oxide; Other *(with explanation)*; N/A.
Tracer(s) used to identify sentinel nodes in the neoadjuvant setting *(select all that apply).*	Dye; Radioactive tracer; Superparamagnetic iron oxide; Other *(with explanation)*; N/A.
All nodes (colored or non-colored) present at the end of a dye-filled lymphatic channel were removed.	Yes; No *(with explanation)*; N/A.
All significantly radioactive nodes were removed.	Yes; No *(with explanation)*; N/A.
All palpably suspicious nodes were removed.	Yes; No *(with explanation)*; N/A.
Biopsy-proven positive nodes marked with clips prior to chemotherapy were identified and removed.	Yes; No *(with explanation)*; N/A.

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Required Elements/Responses for Standards 5.3–5.6 from
Optimal Resources for Cancer Care (2020 Standards)

Please refer to the complete manual for full definitions and requirements.

Standard 5.4: Axillary Lymph Node Dissection for Breast Cancer

Synoptic Operative Report Requirements

Operative reports for patients undergoing axillary lymph node dissection must include the following elements in synoptic format. Programs are welcome to use the American College of Surgeons or their own synoptic operative reports as long as the data elements required to achieve compliance with the CoC standards are clearly identified and the response options are the same as in the CoC Standard. A uniform synoptic reporting format should be used by all surgeons at the facility.

Element	Response Options
Operation performed with curative intent.	Yes; No.
Resection was performed within the boundaries of the axillary vein, chest wall (serratus anterior), and latissimus dorsi.	Yes; No *(with explanation)*.
Nerves identified and preserved during dissection *(select all that apply)*	Long thoracic nerve; Thoracodorsal nerve; Branches of the intercostobrachial nerves; Other *(with explanation)*.
Level III nodes were removed.	Yes *(with explanation)*; No.

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Required Elements/Responses for Standards 5.3–5.6 from
Optimal Resources for Cancer Care (2020 Standards)

Please refer to the complete manual for full definitions and requirements.

Standard 5.5: Wide Local Excision for Primary Cutaneous Melanoma

Synoptic Operative Report Requirements

Operative reports for patients undergoing wide local excision of primary cutaneous melanomas must include the following elements in synoptic format. Programs are welcome to use the American College of Surgeons or their own synoptic operative reports as long as the data elements required to achieve compliance with the CoC standards are clearly identified and the response options are the same as in the CoC Standard. A uniform synoptic reporting format should be used by all surgeons at the facility.

Element	Response Options
Operation performed with curative intent.	Yes; No.
Original Breslow thickness of the lesion	Melanoma *in situ* (MIS); _._ mm *(to the tenth of a millimeter)*.
Clinical margin width *(measured from the edge of the lesion or the prior excision scar)*	0.5 cm; 1 cm; 2 cm; Other: __ cm due to cosmetic/anatomic concerns; Other *(with explanation)*.
Depth of excision	Full-thickness skin/subcutaneous tissue down to fascia (melanoma); Only skin and superficial subcutaneous fat (melanoma *in situ*); Other *(with explanation)*.

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Required Elements/Responses for Standards 5.3–5.6 from
Optimal Resources for Cancer Care (2020 Standards)

Please refer to the complete manual for full definitions and requirements.

Standard 5.6: Colon Resection

Synoptic Operative Report Requirements

Operative reports for patients undergoing resection for colon cancer must include the following minimum elements in synoptic format. Programs are welcome to use the American College of Surgeons or their own synoptic operative reports as long as the data elements required to achieve compliance with the CoC standards are clearly identified and the response options are the same as in the CoC Standard. A uniform synoptic reporting format should be used by all surgeons at the facility.

Element	Response Options
Operation performed with curative intent.	Yes; No.
Tumor location *(select all that apply)*	Cecum; Ascending colon; Hepatic flexure; Transverse colon; Splenic flexure; Descending colon; Sigmoid colon; Rectosigmoid junction; Rectum, NOS; Colon, NOS.
Extent of colon and vascular resection *(select all that apply)*	Right hemicolectomy – ileocolic, right colic (if present); Extended right hemicolectomy – ileocolic, right colic (if present), middle colic; Transverse colectomy – middle colic; Splenic flexure resection – middle and ascending left colic; Left hemicolectomy – inferior mesenteric; Sigmoid resection – inferior mesenteric; Total abdominal colectomy – ileocolic, right colic (if present), middle colic, inferior mesenteric; Total abdominal colectomy, with proctectomy – ileocolic, right colic (if present), middle colic, inferior mesenteric, superior and middle rectal; Other *(with explanation)*.

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