Cancer Surgery Standards Program Frequently Asked Questions

What are the mission and goals of the new Cancer Surgery Standards Program (CSSP)?

The CSSP is a new program of the American College of Surgeons (ACS) Cancer Programs dedicated to improving the quality of surgical care provided to people with cancer. The CSSP seeks to improve care by setting evidence-based standards for the technical conduct of oncologic surgery and educating surgeons to help them meet those standards. To support implementation and adherence, the CSSP will build and disseminate tools, including synoptic operative report templates and associated electronic infrastructure.

In 2020, the Commission on Cancer included six operative standards—two for breast cancer surgery, two for colorectal cancer surgery, and one each for lung cancer surgery and melanoma surgery—in the Optimal Resources for Cancer Care (2020 Standards). The evidence from the Operative Standards for Cancer Surgery manuals formed the basis for the six CoC operative standards, and adherence to these standards will be required for maintenance of CoC accreditation. The CSSP created documentation tools that will ensure CoC accredited sites can monitor compliance with these operative standards, including concise synoptic operative reports that standardize the collection of surgical data. The goal of developing synoptic operative report templates and protocols for cancer surgery is to standardize operative documentation so it accurately reflects oncologically-critical standards and improves the quality of surgical care for patients with cancer. Additionally, the CSSP has developed disease site-specific protocols that provide guidance on the collection of essential data elements for cancer surgery. Going forward, the CSSP will focus on sharing this information, and educating and training oncology surgeons.

What is standardized synoptic operative reporting and why is it important?

Synoptic operative reports help to maintain the quality and consistency of operative data by ensuring that all operative reports contain data in a standardized format. Synoptic operative reporting tools will ensure capture of the vital information that otherwise may be missing from narrative operative reports. According to the CoC Optimal Resources for Cancer Care (2020 Standards), synoptic format is defined as a structured format that includes all of the following:

- All core elements must be reported (whether applicable or not).
- All core elements must be reported in a “diagnostic parameter pair” format, in other words, data element followed by its response (answer).
- Each diagnostic parameter pair must be listed on a separate line or in a tabular format to achieve visual separation.
- All core elements must be listed together in synoptic format in one location in the operative report.

Synoptic reports improve accuracy of documentation, efficiency of entry and data abstraction. They reduce variability in care and improve quality of care. Synoptic operative reports will also help programs improve timeliness of data collection.
How will these tools help hospitals in their reporting?

Leaders from the ACS CRP and CSSP collaborated with Commission on Cancer (CoC) leadership to integrate the operative standards into the CoC accreditation standards. Each of the CoC operative standards (Standards 5.3-5.8) in the CoC Optimal Resources for Cancer Care (2020 Standards) includes a required list of minimum elements, which must be present in synoptic format in the operative note. Having these items in synoptic format will make it easier for registrars and site reviewers to track compliance with these standards.

These synoptic operative reporting tools will be shared with CoC accredited sites to help implement the operative standards. These templates and tools can be readily integrated into electronic health records, enabling surgeons to document the critical components of cancer operations efficiently and comprehensively.

How will this program help surgeons provide higher quality care?

An increasing body of evidence demonstrates that the adherence to specific operative techniques during cancer surgery directly improves key patient outcomes, including survival and quality of life.\(^2,3\) The development of these surgical standards and associated tools will allow surgeons and facilities to monitor adherence and review outcomes, ultimately leading to improved patient care.

The CSSP synoptic operative reporting tools will allow for easy monitoring of adherence to CoC standards and provide linkage to critical cancer and surgical codes. The CSSP also develops disease specific cancer surgery protocols, which provide guidance on the collection of essential data for cancer surgery, leading to higher quality care.

How does synoptic operative reporting impact surgeon productivity?

By standardizing documentation and data collection, the CSSP will implement standards to maintain and apply the language of cancer surgery, as well as accurately reflect oncologically-critical standards and document surgical outcomes. Collecting these data will allow surgeons to continuously improve.

These standards and tools will be implemented in such a way that surgeons can easily integrate them in their daily surgical practice. Standardized reporting will lead to more effective communication across multidisciplinary teams. Ultimately, this will increase productivity and lead to higher quality care for patients.

How will the operative standards and implementation of synoptic operative reports into surgical practice ultimately benefit patients?

An increasing body of evidence demonstrates that the adherence to specific operative techniques during cancer surgery directly improves key patient outcomes, including survival and quality of life.\(^2,3\) The CSSP helps achieve better quality care for patients by educating surgeons on the technical conduct of oncologic surgery and setting standards for surgical care.
These standards will hold surgeons accountable through an electronic documentation system, and patients will benefit from better outcomes. Once these operative standards take hold in cancer care, patients can be assured to know that their surgeons are skilled practitioners in these optimal operative techniques.

**How does the CSSP align with the American College of Surgeons’ commitment to raising the standards of surgical care?**

The American College of Surgeons (ACS) has been setting standards for more than 100 years and is highly focused on improving the quality of care, which leads to better outcomes for patients.

With their rich history as pioneers of innovation that push the boundaries of surgical quality, the ACS and Commission on Cancer (CoC) are continuing their legacy by creating and implementing new cancer surgical standards. An increasing body of evidence demonstrates that the adherence to specific operative techniques during cancer surgery directly improves key patient outcomes, including survival and quality of life.

In keeping with the College’s commitment to quality, the development of these surgical standards and associated tools will allow surgeons and facilities to monitor adherence and review outcomes, ultimately leading to improved patient care.

**How does the CSSP fit in with the other American College of Surgeons Cancer Programs?**

The CSSP brings together experts in cancer surgery, cancer registry management, digital tools/frameworks and surgical coding to develop synoptic operative reporting templates and point-of-care electronic documentation tools. Integrated into electronic health records, these templates and tools enable surgeons to document the outcome of a cancer operation. The CSSP also develops disease specific cancer surgery protocols, which provide guidance on the collection of essential data for cancer surgery.

Experts from the American College of Surgeons Cancer Research Program (ACS CRP) involved in the development of the *Operative Standards for Cancer Surgery* manuals serve on the CSSP workgroups and are engaged in the creation of the synoptic operative report templates, protocols, electronic tools, and education and training resources to support implementation. Those involved have broad representation from ACS Cancer Programs, the ACS Young Fellows Association and the Resident and Associate Society, the cancer registry community and key surgical societies.

Leaders from the CSSP collaborated with Commission on Cancer (CoC) leadership to integrate the operative standards into the CoC accreditation standards. The CSSP provided guidance on the level of compliance that CoC programs should seek to achieve for these standards. These tools will be sent to CoC accredited sites to help implement the operative standards. Other cancer accreditation programs, such as the National Accreditation Program for Breast Centers (NAPBC) and National Accreditation Program for Rectal Cancer (NAPRC), may adopt operative standards into their accreditation requirements in the future.
The CSSP follows a model similar to that of the American Joint Committee on Cancer (AJCC), which serves as the source of evidence-based cancer staging information. Similarly, the CSSP maintains and implements the language of cancer surgery.

Why is the implementation of the operative standards innovative in cancer care?

The American College of Surgeons (ACS) and ACS Cancer Programs have a rich history as pioneers of innovation that push the boundaries of surgical quality – 100 years in fact. The CSSP is really a result of the ACS and Commission on Cancer (COC) continuing their legacy by creating and implementing new cancer surgical standards. These standards have been shown to improve the quality of care provided, which often leads to better outcomes for cancer patients. The CSSP is translation old expectations into new technology by providing tools and educational materials at the point-of-care. Capturing operative data in a standardized format will allow surgeons to monitor adherence and review outcomes, and ultimately improve communication across multidisciplinary teams.

