Cancer Surgery Standards Program (CSSP) Case Identification Guidelines

CoC Standard 5.7: Total Mesorectal Excision

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 5.7 Total Mesorectal Excision

Standard 5.7 applies to surgical cases starting January 1, 2021. 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 radical, anatomic operations for rectal adenocarcinoma performed with curative intent and excludes primary resection specimens with no residual cancer (e.g. following neoadjuvant therapy).

Measure of Compliance

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

1. 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.
2. Pathology reports for resections of rectal adenocarcinoma document the quality of TME resection (complete, near complete, or incomplete) in synoptic format.

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, date of procedure, class of case)
  - Primary site (Rectum, C209), histology and exclusions per the Standard (reference Scope of Standard above)
  - Surgical codes 30-80 from STORE.
  - It is recommended code 90 also be included to check for eligible cases.

- Using the EMR - Review Operative Report to determine the following:
  - Curative or palliative intent,
  - Type of surgical resection

- Using the EMR - Review Pathology Report for each case to confirm:
  - CAP elements in synoptic format
  - Quality of resection: complete, near complete, or incomplete

Site Visits

2022 site reviews will evaluate 2021 documentation to determine whether 70% of reviewed pathology reports for eligible patients meet the requirement for Standards 5.7. The compliance rate will increase to 80% beginning with 2023 site visits (which will review 2021 and 2022 pathology reports).

Site reviewers will review 7 charts for this standard. If a program has less than 7 patients that meet the patient criteria for a specific standard, then all patient charts meeting the criteria will be reviewed by the site reviewer. The site reviewer may choose to include a portion of the 7 patients reviewed for Standards 5.7 in the sample to determine compliance with Standard 5.1: CAP Synoptic Reporting.