Standard 2.5: Rectal Cancer Multidisciplinary Team Treatment Planning Discussion

Before the initiation of definitive treatment, all rectal cancer patients must have an individualized treatment planning discussion conducted at a Rectal Cancer Multidisciplinary Team meeting.

DEFINITION AND REQUIREMENTS

All rectal cancer patients who undergo treatment at a NAPRC-accredited program, excluding emergency patients, must be discussed at a Rectal Cancer Multidisciplinary Team meeting before beginning definitive treatment. Definitive treatment is defined as neoadjuvant therapy, surgical resection, or initiation of palliative care.

Emergency patients who do not require a treatment planning discussion are those that present with tumor-related complications that require immediate or urgent treatment.

Examples of emergent conditions include, but are not limited to: rectal tumor perforation, life-threatening tumor hemorrhage, and acute large bowel obstruction.

The RC-MDT treatment planning discussion must include, but is not limited to:

**Review of diagnostic and staging studies**
- Colonoscopy report (location of primary tumor and synchronous lesions) if present/available
- Biopsies of primary rectal cancer and metastases if present/available (Standard 2.1)
- CT scan or PET/CT of chest, abdomen, and pelvis (Standard 2.2)
- Rectal Cancer MRI (Standard 2.2)
- Pretreatment CEA level (Standard 2.4)

**Assignment of clinical stage**
- Clinical stage according to the American Joint Committee on Cancer

**Creation of individualized treatment plan**
- Neoadjuvant therapy regimen, when indicated
- Anticipated surgical procedure
- Referral to radiation oncology, when indicated
- Referral to medical oncology, when indicated
- Palliative care, when indicated

The Rectal Cancer Program consults with its legal and/or risk management department(s) to conform to local policy and requirements for conducting and documenting multidisciplinary team treatment discussions and communicating with the patient.

In rectal cancer programs with 100 or more cases, the RCP Director may develop criteria to determine which patients must be presented at the RC-MDT for a treatment planning discussion. These criteria must be documented in a policy and procedure. Regardless of criteria put in place, at least 100 cases must be presented for treatment planning discussion in accordance with this standard each year. The patients who are not presented at RC-MDT must still meet the requirements of all other standards.
**DOCUMENTATION**
The RCP must complete all required electronic data fields.

Each calendar year, the RCP uploads the policy and procedure for ensuring pretreatment discussion of all rectal cancer patients at a RC-MDT meeting.

During the on-site visit, the surveyor will discuss with the RCP Director and the RCP Coordinator the process for ensuring appropriate content of patient discussions at RC-MDT meetings.

**CHART REVIEW**
At a minimum, a random sample of 20 percent of eligible patient medical records or a maximum of 100 cases are reviewed by the RCP Director each calendar year to evaluate compliance with this standard. The RCP Director may delegate this review to an appropriately credentialed physician member of the RC-MDT. For any result that does not meet the required percentages as listed in the rating criteria section, an action plan must be developed and implemented.

During the on-site visit, the surveyor will evaluate the randomly, preselected medical records of eligible patients to confirm compliance with the rating criteria.

**RATING CRITERIA**
Compliance: Each calendar year, the RCP fulfills the compliance criteria:

1. Excluding emergency patients, an individualized treatment planning discussion is conducted at a Rectal Cancer Multidisciplinary Team meeting for all rectal cancer patients before initiation of definitive treatment.

2. All required policies and procedures are in place.

Noncompliance: The RCP does not fulfill one or more of the compliance criteria each calendar year.
Standard 2.6: Treatment Evaluation and Recommendation Summary

Before the initiation of definitive treatment, a standardized treatment evaluation and recommendation summary is completed and provided to the treating physician for at least 50 percent of rectal cancer patients.

DEFINITION AND REQUIREMENTS

A lack of substantial information in treatment summaries has been recognized to negatively affect rectal cancer patient outcomes. The standardized evaluation and treatment recommendation summary provides documentation of all information pertinent to the treatment of the patient’s rectal cancer and communicates this information to the patient’s treating physician in order to improve coordination and delivery of care.

A treatment evaluation and recommendation summary must be provided to the treating physician for at least 50 percent of rectal cancer patients. It is anticipated that many RCPs will exceed the minimum 50 percent required by this standard.

Treating physician is defined as the provider of record treating the patient’s rectal cancer who seeks the opinion of the RC-MDT. The treating physician is responsible for ensuring communication of evaluation and treatment recommendations to the patient.

The standardized evaluation and treatment recommendation summary includes, but is not limited to:

• Tumor location in the rectum (lower, middle, or upper third)
• Indication of sphincter involvement
• Pretreatment (clinical) American Joint Committee on Cancer stage
• Pretreatment circumferential resection margin status (involved, threatened, or not threatened)
• Carcinoembryonic antigen level
• Neoadjuvant therapy recommendation
• Type and duration of neoadjuvant therapy recommended
• Anticipated date and type of surgical procedure
• Clinical research study eligibility and/or enrollment

DOCUMENTATION

The RCP must complete all required electronic data fields.

Each calendar year, the RCP uploads:

• Policies and procedures for completing the evaluation and treatment recommendation summary and providing it to the treating physician
• Sample of a standardized evaluation and treatment recommendation summary

During the on-site visit, the surveyor will discuss with the RCP the process for completing the evaluation and treatment recommendation summary and disseminating this information to the patient’s treating physician.
**CHART REVIEW**

At a minimum, a random sample of 20 percent of eligible patient medical records or a maximum of 100 cases are reviewed by the Rectal Cancer Program Director each calendar year to evaluate compliance with this standard. The Rectal Cancer Program Director may delegate this review to an appropriately credentialed physician member of the RC-MDT. For any result that does not meet the required percentages as listed in the rating criteria section, an action plan must be developed and implemented.

During the on-site visit, the surveyor will evaluate the randomly, preselected medical records of eligible patients to confirm compliance with the rating criteria.

**RATING CRITERIA**

Compliance: Each calendar year, the RCP fulfills all of the compliance criteria:

1. Before the initiation of definitive treatment, a standardized evaluation and treatment recommendation summary is completed and provided to the patient’s treating physician for at least 50 percent of rectal cancer patients.

2. All required policies and procedures are in place.

Noncompliance: The RCP does not fulfill one or more of the compliance criteria each calendar year.
Standard 2.11: Multidisciplinary Team Post-Surgical Treatment Outcome Discussion

Within four weeks of definitive surgical treatment completion, an individualized post-surgical treatment outcome discussion occurs for all rectal cancer patients at a Rectal Cancer Multidisciplinary Team meeting.

DEFINITION AND REQUIREMENTS
After completion of definitive surgical treatment, all rectal cancer patients treated at an NAPRC-accredited program must be discussed at an RC-MDT meeting. The post-surgical treatment outcome discussion must occur within four weeks of the patient’s definitive surgical treatment.

The four primary steps of the post-surgical treatment outcome discussion for rectal cancer patients are:

1. Presurgical Evaluation and Treatment
   • Clinical stage according to American Joint Committee on Cancer (AJCC)
   • Neoadjuvant therapy

2. Review of the outcome of the surgery
   • Proctectomy or local excision
   • Approach (open, laparoscopic, robotic)
   • Presence or absence of stoma and type of stoma
   • Postoperative complications that may impact further treatment
   • Unexpected findings (for example, metastatic disease, adjacent organ involvement, grossly involved margins after resection)
   • Specimen photographs

3. Review of the final pathology report and stage
   • CRM and distal margin status
   • Tumor regression grade
   • Mesorectal grade
   • Pathological stage according to the AJCC

4. Recommendation for adjuvant treatment
   • Adjuvant therapy regimen, when indicated
   • Referral to medical oncology, when indicated
   • Referral to radiation oncology, when indicated
   • Palliative care, when indicated

In rectal cancer programs with 100 or more cases, the RCP Director may develop criteria to determine which patients must be presented at the RC-MDT for a treatment outcome discussion. These criteria must be documented in a policy and procedure. Regardless of criteria put in place, at least 100 cases must be presented for treatment outcome discussion in accordance with this standard each year. The patients who are not presented at RC-MDT must still meet the requirements of all other standards.

DOCUMENTATION
The RCP must complete all required electronic data fields.

Each calendar year, the RCP uploads policies and procedures used to monitor treatment completion status for each rectal cancer patient and ensure that the patient is scheduled for presentation at an RC-MDT meeting following completion of definitive surgery.

During the on-site visit, the surveyor and the Rectal Cancer Program Coordinator will discuss the process for ensuring that after completion of definitive surgical treatment an individualized treatment outcome discussion is held at an RC-MDT meeting for all rectal cancer patients.
CHART REVIEW
At a minimum, a random sample of 20 percent of eligible patient medical records or a maximum of 100 cases are reviewed by the Rectal Cancer Program Director each calendar year to evaluate compliance with this standard. The Rectal Cancer Program Director may delegate this review to an appropriately credentialed physician member of the RC-MDT. For any result that does not meet the required percentages as listed in the rating criteria section, an action plan must be developed and implemented.

During the on-site visit, the surveyor will evaluate the randomly, preselected medical records of eligible patients to confirm compliance with the rating criteria.

RATING CRITERIA
Compliance: Each calendar year, the RCP fulfills the compliance criteria:

1. Within four weeks of definitive surgical treatment completion, an individualized post-surgical treatment outcome discussion occurs for all rectal cancer patients at a Rectal Cancer Multidisciplinary meeting.

2. All required policies and procedures are in place.

Noncompliance: The RCP does not fulfill the compliance criteria each calendar year.
Standard 2.12: Post-Surgical Treatment Outcome Discussion Summary

Each calendar year, a standardized treatment summary is provided to at least 50 percent of treating physicians for all rectal cancer patients within four weeks of the Multidisciplinary Team Post-Surgical Treatment Outcome Discussion.

DEFINITION AND REQUIREMENTS

The standardized post-surgical treatment summary provides documentation of the treatment provided for the patient's rectal cancer and prognostic information based on tumor staging and other pathology factors. The post-surgical treatment summary must be provided to at least 50 percent of patients' treating physicians within four weeks of the Standard 2.11 post-surgical treatment outcome discussion. It is anticipated that many RCPs will exceed the minimum 50 percent required by this standard.

The post-surgical treatment summary must include, but is not limited to, the following information:

- Pretreatment (clinical) stage according to American Joint Committee on Cancer (AJCC)
- Pretreatment CEA level
- Neoadjuvant therapy before surgery
- Type of neoadjuvant therapy
- Neoadjuvant therapy date of completion
- Surgical procedure
- Date of surgery
- Final pathological stage according to AJCC
- Tumor Regression Grade
- Microsatellite instability status
- Circumferential Resection Margin
- Distal Resection Margin
- Mesorectal Grade
- Recommendation for adjuvant therapy and, if applicable, adjuvant therapy regimen

DOCUMENTATION

The RCP must complete all required electronic data fields.

Each calendar year, the RCP uploads:

- A template for the standardized content of the post-surgical treatment summary.
- Policies and procedures to generate and disseminate treatment summaries to patients' treating physician(s).

During the on-site visit, the surveyor will discuss the process for preparing the post-surgical treatment summaries and disseminating this information to patient's treating physician with the Rectal Cancer Program Coordinator.

CHART REVIEW

At a minimum, a random sample of 20 percent of eligible patient medical records or a maximum of 100 cases are reviewed by the Rectal Cancer Program Director each calendar year to evaluate compliance with this standard. The Rectal Cancer Program Director may delegate this review to an appropriately credentialed physician member of the RC-MDT. For any result that does not meet the required percentages as listed in the rating criteria section, an action plan must be developed and implemented.

During the on-site visit, the surveyor will evaluate the randomly, preselected medical records of eligible patients to confirm compliance with the rating criteria.
RATING CRITERIA
Compliance: Each calendar year, the RCP fulfills the compliance criteria:

1. The post-surgical treatment summary is provided to the patient’s treating physician within four weeks of the Standard 2.11 Rectal Cancer Multidisciplinary Team Treatment Outcome Discussion.

2. All required policies and procedures are in place.

Noncompliance: The RCP does not fulfill one or more of the compliance criteria each calendar year.