Resection of the tumor-bearing bowel segment and complete lymphadenectomy must be performed en bloc with proximal vascular ligation at the origin of the primary feeding arteries and veins.

### Operation

<table>
<thead>
<tr>
<th>Right</th>
<th>Hepatic flexure</th>
<th>Transverse</th>
<th>Splenic flexure</th>
<th>Left</th>
<th>Sigmoid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ileocolic, right colic (if present), middle colic</td>
<td>Middle colic</td>
<td>Middle colic, ascending left colic</td>
<td>Inferior mesenteric + ascending left colic</td>
<td>Inferior mesenteric</td>
</tr>
</tbody>
</table>

The shaded area represents optimal en bloc resection with respect to tumor location.

### Documentation

- Curative Intent
- Tumor Location
- Extent of Colon and Vascular Resection

### Timeline

- **2022**: Document final plan for implementation
- **2023**: Standard 5.6 takes full effect
- **2024**: Site visits review operative reports for synoptic elements/responses

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