

Cancer Surgery Standards Program (CSSP)
2022 Site Visit Preparation for CoC Standards 5.7 & 5.8
Webinar held on August 30, 2021

Requirements for Compliance with CoC Standards 5.7 & 5.8

- Standards 5.7 & 5.8 took effect on January 1, 2021. Site visits in 2022 will assess 7 rectal pathology reports and 7 lung pathology reports from 2021 for 70% compliance. The threshold compliance rate will increase to 80% starting with site visits in 2023.
- Measures of Compliance
 - Standard 5.7 (Total Mesorectal Excision) requires a complete or near-complete total mesorectal excision to be performed for patients undergoing radical surgical resections of mid and low rectal cancers and for the quality of the TME resection to be documented in the pathology report in synoptic format.
 - The quality of the TME resection must be reported using the “Macroscopic Evaluation of Mesorectum” data element in the CAP protocol for Colon and Rectum Resection.
 - Standard 5.8 (Pulmonary Resection) requires pulmonary resections to include lymph nodes from at least one hilar station and at least three distinct mediastinal stations and for the nodal stations examined to be documented in the pathology report in synoptic format.
- Synoptic reporting presents information in a paired “data element: response” format, whereas narrative reporting present information in a prose format.
 - [CAP’s website](#) provides definitions and guidelines for ensuring compliance with synoptic formatting requirements.
- Amended/addended pathology reports can meet the requirements of these standards.

Site Review Process for CoC Standards 5.7 & 5.8 in 2022

- Programs will generate a list of all cases from 2021 eligible for Standard 5.1 (CAP Synoptic Reporting), which includes rectal and lung cases eligible for Standards 5.7 and 5.8.
 - The site reviewer will then select 7 rectal cancer cases to assess for compliance with Standard 5.7 and 7 lung cancer cases to assess for compliance with Standard 5.8.
 - A portion of the 14 patients reviewed for Standards 5.7 and 5.8 may be included in the sample to determine compliance with Standard 5.1.
 - Programs must determine whether cases selected by the site reviewer were performed with curative intent, and for rectal cancers, whether the cases were for mid/low rectal tumors.
 - The site reviewer will then assess whether all measures of compliance have been met for each selected case and choose a rating for each standard.
- If a program does not meet the compliance threshold, the program must complete a random sample review of 10 pathology reports eligible for the noncompliant standard to determine whether the synoptic reporting format and technical requirements were met.
 - The cancer committee should designate who should conduct the audit.
 - The review must be documented in the cancer committee minutes. The number of reports reviewed and the number that were compliant is documented. The outcome must meet the 70% threshold of compliance to resolve the standard.
 - The pathology reports reviewed for the deficiency resolution must be from procedures occurring after the period reviewed during the site visit.
- Each hospital in an Integrated Network Cancer Program (INCP) will have 7 charts assessed per standard. The INCP will then be rated cumulatively.

- If a program has fewer than 7 cases that meet the criteria for a specific standard, then all cases meeting the criteria will be reviewed by the site reviewer.
- If a program has no cases that meet the criteria for a specific standard, they are exempt from that standard.

CoC Standards 5.3–5.6 in 2022

- There are no requirements for Standards 5.3 through 5.6 for site visits in 2022.
- During 2022, CoC-accredited programs will need to document their final plan for how they plan to achieve compliance with Standards 5.3, 5.4, 5.5, and 5.6 beginning on January 1, 2023. Documentation of final plans will be reviewed at site visits in 2023.
- Programs need to be at 70% compliance for Standards 5.3 through 5.6 by January 1, 2023.

Tips for CoC-Accredited Programs

- Cancer committee members should be fully aware of these standards and their requirements. We also suggest bringing this topic to tumor boards, surgeon staff meetings, and/or pathologist staff meetings.
 - Brief videos on [CoC Standard 5.7 Requirements](#) and [CoC Standard 5.8 Requirements](#) can be shared during meetings or distributed to staff.
 - Numerous educational resources are available through the [Operative Standards Toolkit](#).
- It is recommended that CoC-accredited programs perform an internal audit for these standards. While not required for compliance, this will allow programs to identify the gaps/opportunities for improvement specific to their institution.
 - Many problems can be addressed with additional education and a team-focused approach.

Frequently Asked Questions

Question	Answer
Will the site review be onsite or virtual?	An email with detailed information on site visit scheduling, including logistics, will be sent to programs due in 2022 in the coming weeks.
Will the review be based on 10% of the analytic caseload?	While other CoC Standards require reviews based on percentages of the analytic caseload, CoC Standards 5.7 and 5.8 are specifically assessed using 7 cases per standard.
Will the pathologist need to be present at the review of the pathology reports during the site review?	No, but we recommend that a pathologist remain available for any questions.
Is the expectation for CTRs to determine whether cases are compliant or non-compliant?	CTRs can play a vital role in preparing for the site visit, but the site reviewer will determine whether the standard is met.
Will the chart review for 5.7 and 5.8 be the only chart review that will take place for a survey?	CoC Standard 5.1 (CAP Synoptic Reporting) will also assess eligible cancer pathology reports for compliance. A portion of the 14 patients reviewed for Standards 5.7 and 5.8 may be included in the sample to determine compliance with Standard 5.1.
In a network, what if 2 out of 3 hospitals meet the requirements for a standard?	Networks receive accreditation ratings as a whole. For example, an INCP with 10 hospitals within it would have 70 reports reviewed (7 reports for each hospital within the network) per standard. 49 of the 70 charts assessed would need to meet all criteria to achieve 70% compliance for that standard. In the example given, this may identify an opportunity for education for the hospital with cases that are not meeting the requirements of these standards.

<p>If we are an integrated program but not all facilities do rectal and/or lung cancer surgery - how will those be handled?</p>	<p>Just one rating will be given for the entire network. The site reviewer will rate the standards based on the hospitals that do those surgeries. Those facilities that do not have any cases applicable will be considered "Not Applicable" and it will not impact the final rating.</p>
<p>If we do not do Total Mesorectal Excisions or Pulmonary Resections, will other case types be selected to review?</p>	<p>No. For Standards 5.7 and 5.8, only TME (5.7) and pulmonary resection (5.8) cases will be reviewed. If a program has NO cases that meet the criteria for a specific standard, they are exempt from that standard.</p>
<p>For 5.7 and 5.8, in the years AFTER 2022, will the review be for 7 cases per year or 7 cases total for the survey period?</p>	<p>At this time, it's just 7 cases for the entire accreditation cycle no matter how many years are in that cycle.</p>
<p>In Standard 5.7, what is the difference between "near-complete" and "incomplete". Shouldn't the TME result be binary--"complete " or "incomplete"?</p>	<p>There are established definitions and guidelines for scoring the quality of the total mesorectal excision, outlined in the CAP protocol for Colon and Rectum Resection. The entire TME specimen is scored by the pathologist based on the worst area. Near-complete TME has been found to provide similar oncologic outcomes for the patient and is therefore grouped together with Complete TME for the purposes of compliance with Standard 5.7.</p>
<p>For TME, is there ever a discrepancy between what the pathologist believes is incomplete and the surgeon?</p>	<p>Compliance with Standard 5.7 is assessed only on the basis of the pathology report. The operative report will not be reviewed for this standard. However, multidisciplinary team discussions can provide an opportunity for the pathologist to give feedback to the surgeon.</p>
<p>Do surgeons need to document whether the surgery was curative and which nodal areas nodes were removed from (for thoracic cases)? Can you confirm whether the site reviewer will review BOTH the operative report and the pathology report?</p>	<p>The site reviewer will only review pathology reports. There are no requirements for operative reports for Standards 5.7 and 5.8. However, we recommend that surgeons incorporate these best practices to help your program optimize compliance with these standards.</p>
<p>If a nodal station taken during an operation is documented by the surgeon but then noted by pathology not to be nodal tissue, why does this count against Standard 5.8?</p>	<p>Fat pads without nodal tissue do not count toward the requirements of Standard 5.8. This standard is based on the growing body of evidence that systematic mediastinal lymph node evaluation improves survival. The threshold compliance rate is less than 100% to take these infrequent occurrences into account.</p>
<p>If you have only had 2 lung wedge resections and the number of lymph nodes and stations have not been met, but in your cancer committee minutes you show an action plan is in place, would this be taken into consideration for compliance?</p>	<p>The site reviewer will determine whether a program is compliant with the standard based only on the pathology reports that are assessed. If a program is found to be noncompliant, they would then need to go through the deficiency resolution process and document this in the cancer committee minutes.</p>
<p>With only 4 months left in 2021 and still educating the surgeons, is it reasonable expectations for 70% compliance for 2022 survey?</p>	<p>We have surveyed CoC programs with site visits in 2022 and found that a vast majority of programs feel prepared to meet the requirements of Standards 5.7 and 5.8. The use of CAP synoptic pathology reporting should also already be in place. We recommend that programs perform a self-audit to understand where gaps still exist and utilize the resources available on the Operative Standards Toolkit.</p>

<p>Does the melanoma standard include office-based procedures?</p>	<p>If the definitive surgery is performed at the CoC-accredited institution, it is eligible to be reviewed for compliance with these standards.</p>
<p>Are you aware of any EMRs that have successfully developed electronic synoptic reports?</p>	<p>Synoptic pathology reporting for Standards 5.7 and 5.8 should already in place with the use of CAP pathology reports. For synoptic operative reports to comply with Standards 5.3-5.6, we recommend working with your EMR contacts. Commercial options are also available.</p>