2022 CoC Site Visit Preparation for Standard 5.7 & Standard 5.8

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Panelists & Presenter

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Geisinger Health System

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Vice-Chair, CSSP Education Committee
## The CoC Operative Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>Disease Site</th>
<th>Procedure</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.3</td>
<td>Breast</td>
<td>Sentinel node biopsy</td>
<td>Operative report</td>
</tr>
<tr>
<td>5.4</td>
<td>Breast</td>
<td>Axillary dissection</td>
<td>Operative report</td>
</tr>
<tr>
<td>5.5</td>
<td>Melanoma</td>
<td>Wide local excision</td>
<td>Operative report</td>
</tr>
<tr>
<td>5.6</td>
<td>Colon</td>
<td>Colectomy (any)</td>
<td>Operative report</td>
</tr>
<tr>
<td>5.7</td>
<td>Rectum</td>
<td>Mid/low resection (TME)</td>
<td>Pathology report (CAP)</td>
</tr>
<tr>
<td>5.8</td>
<td>Lung</td>
<td>Lung resection (any)</td>
<td>Pathology report (CAP)</td>
</tr>
</tbody>
</table>
Compliance and Site Reviews

- Communicate requirements & engage clinicians in implementation plans
- Measure compliance with synoptic pathology reports and assure high reliability at 70% compliance

Steps to Achieve Compliance

2020
- Communicate requirements & engage clinicians in implementation plans

2021
- Measure compliance with synoptic pathology reports and assure high reliability at 70% compliance

2022
- Site Visits review 2021 pathology reports for 70% compliance

2023
- Site Visits review 2021 & 2022 pathology reports for 80% compliance
- Site Visits review 2021, 2022, and 2023 pathology reports for 80% compliance

2024
## Compliance levels for 5.7 & 5.8

<table>
<thead>
<tr>
<th>Visit Year</th>
<th>Standard</th>
<th>Materials Assessed</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022</td>
<td>5.7</td>
<td>7 rectal pathology reports from 2021</td>
<td>70% compliance</td>
</tr>
<tr>
<td></td>
<td>5.8</td>
<td>7 lung pathology reports from 2021</td>
<td>70% compliance</td>
</tr>
<tr>
<td>2023</td>
<td>5.7</td>
<td>7 rectal pathology reports from 2021-2022</td>
<td>80% compliance</td>
</tr>
<tr>
<td></td>
<td>5.8</td>
<td>7 lung pathology reports from 2021-2022</td>
<td>80% compliance</td>
</tr>
<tr>
<td>2024</td>
<td>5.7</td>
<td>7 rectal pathology reports from 2021-2023</td>
<td>80% compliance</td>
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<td>5.7</td>
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<td></td>
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<td>7 lung pathology reports from 2022-2024</td>
<td>80% compliance</td>
</tr>
</tbody>
</table>
Measures of Compliance

Standard 5.7: Total Mesorectal Excision

• Total mesorectal excision is performed for patients undergoing radical surgical resections of mid & low rectal cancers, resulting in complete or near-complete total mesorectal excision

• Pathology reports for resections of rectal adenocarcinoma document the quality of TME resection in synoptic format

Standard 5.8: Pulmonary Resection

• Pulmonary resections for primary lung malignancy include lymph nodes from at least one (named and/or numbered) hilar station and at least three distinct (named and/or numbered) mediastinal stations

• Pathology reports for curative pulmonary resection document the nodal stations examined by the pathologist in synoptic format
Synoptic format vs. Narrative format

- Synoptic reporting presents information in a paired “data element: response” format.
  - Example:
    Procedure: Total thyroidectomy
    Tumor focality: Single focus

- Narrative reporting presents information in a prose format that can be read as phrases or sentences.
  - Example:
    No lymph nodes submitted, adrenal gland uninvolved, lymphatic invasion present.
CAP Definition of Synoptic Reporting

• CAP’s website provides definitions and guidelines for ensuring compliance with synoptic reporting requirements

• Each CAP protocol also summarizes these requirements in the first few pages under “Synoptic Reporting”
Examples of compliant vs. noncompliant pathology reports

**Compliant** ✔

**Macroscopic Evaluation of Mesorectum:** Near complete

**Macroscopic Evaluation of Mesorectum:** Complete

**Noncompliant** ✗

**Macroscopic Evaluation of Mesorectum:** Incomplete

“The TME specimen is complete, with a smooth and regular appearance and no defects deeper than 5 mm.”

← Does not meet technical requirement

← Not in synoptic format
Examples of compliant vs. noncompliant pathology reports

**Compliant ✓**
Specify nodal station(s) examined: 4R, 7, 9R, 11R
Nodal Site(s) Examined:
5 Subaortic  
6 Para-aortic  
7 Subcarinal  
10L Hilar

**Noncompliant ✗**
Specify nodal station(s) examined: 2R, 4R, 7, 9R
"5 lymph node stations were examined."

← Does not meet technical requirement
← Not in synoptic format
Site Review Process for 5.7 & 5.8

Programs generate a list of all cases from specified years eligible for Standard 5.1 (CAP Synoptic Reporting), which includes rectal and lung cases eligible for Standards 5.7 and 5.8

Site visit reviewer selects:
7 rectal cancer cases* to assess for compliance with Standard 5.7
7 lung cancer cases* to assess for compliance with Standard 5.8

Site visit reviewer assesses whether all measures of compliance have been met for each selected case then chooses a rating for each standard

*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.
Selection of Eligible Cases

- Programs must determine whether the cases selected by the site reviewer were performed with **curative intent**.
  - If any are NOT for curative intent, the program must inform the site reviewer so that other cases may be selected instead.

- For Standard 5.7, the program will need to determine whether the cases selected by the site reviewer were for **mid/low rectal tumors**. This information can be found in the NAPRC synoptic report (if used) or in the CAP pathology report:

<table>
<thead>
<tr>
<th>Data element name</th>
<th>NAPRC Synoptic Report</th>
<th>CAP Pathology Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of tumor within rectum</td>
<td>High</td>
<td>Entirely above anterior peritoneal reflection</td>
</tr>
<tr>
<td>“High” rectal tumor response</td>
<td>High</td>
<td>Straddles anterior peritoneal reflection</td>
</tr>
<tr>
<td>“Mid” rectal tumor response</td>
<td>Middle</td>
<td>Straddles anterior peritoneal reflection</td>
</tr>
<tr>
<td>“Low” rectal tumor response</td>
<td>Low</td>
<td>Entirely below anterior peritoneal reflection</td>
</tr>
</tbody>
</table>
Additional Compliance Information

• Amended/addended pathology reports can meet the requirements of Standards 5.7 & 5.8
  • Reports should only be corrected when the change will affect clinical care.
• For Standard 5.7, 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.

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Macroscopic Evaluation of Mesorectum (required for rectal cancers) (Note A)

___ Not applicable
___ Complete ✓Compliant
___ Near complete ✓Compliant
___ Incomplete ❌Noncompliant
___ Cannot be determined: _______________ ❌Noncompliant

A different case should be selected by the site reviewer.
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Integrated Network Cancer Programs

• Each hospital in an Integrated Network Program (INCP) will have 7 charts assessed per standard. The INCP will then be rated cumulatively.

• Example: For an INCP with 10 hospitals, 70 reports will be reviewed per standard (7 reports × 10 hospitals).
  • 49 of the 70 charts assessed would need to meet all requirements to achieve 70% compliance for that standard.
What if a program has fewer than 7 cases for Standard 5.7 or 5.8?

- 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.
  - Programs should make a comment in the PRQ to indicate that the operation is not performed at their institution. Site reviewers will discuss with the program and assign a “Not Applicable” rating for that standard.
What if a program is deemed noncompliant?

• 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.
Implementation Timeline for Standards 5.3–5.6

- **2020**: Introduction of operative standards
- **2021**: Plan for implementation, educate/train surgeons & registrars
- **2022**: Document final plan for implementation
- **2023**: Begin compliance with Standards 5.3-5.6
  - Site Visits review, documentation of final plans for compliance
  - Site Visits review 2023 operative reports for 70% compliance
- **2024**: Site Visits review 2023 & 2024 operative reports for 80% compliance
- **2025**: Steps to Achieve Compliance

Steps to Achieve Compliance:

- **2023 & 2024**: Site Visits review operatory reports for 80% compliance

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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 in 2023. Documentation of final plans will be reviewed at site visits in 2023.
Resources for CoC-accredited programs

- Brief videos on the CoC Operative Standards:
  - Introduction to the CoC Operative Standards
  - CoC Standard 5.7: Requirements & Best Practices
  - CoC Standard 5.8: Requirements & Best Practices

- Comprehensive FAQ on Standards 5.3-5.8 and Synoptic Reporting

- SurgOnc Today® Podcast Series

- Webinars
  - Implementation Strategies for Synoptic Operative Reporting (recording, slides, summary)
  - Best Practices for Compliance with CoC Standards 5.7 & 5.8 (recording, slides, summary)
  - CoC Standard 5.7: Total Mesorectal Excision (recording, slides, summary)
  - CoC Standard 5.8: Pulmonary Resection (recording, slides, summary)

- Visual Abstracts on Standard 5.7 and Standard 5.8

- Guidelines for registrars to identify eligible cases for Standard 5.7 & Standard 5.8

All resources can be found on the Operative Standards Toolkit, organized by topic.
Frequently Asked Questions

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?

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.
Frequently Asked Questions

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.
Frequently Asked Questions

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 is available for any questions.
Frequently Asked Questions

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?

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.