Webinar Logistics

• All participants are muted during the webinar.

• Questions – including technical issues you may be experiencing – should be submitted through the question pane.

• Questions will be answered as time permits; additional questions and answers will be posted on the website.

• Please complete the post-webinar evaluation you will receive via email.
Introducing our Moderator

Frederick (Rick) Greene, MD, FACS
Presenters

Delores Akins, CTR
User Support Specialist

Cindy Traylor-Richards, CTR
User Support Specialist
Objectives

• Review the new STORE 2023 data items and changes
• Review date data items that cannot be left blank and must be completed
• STORE data items removed effective 2023
• Discuss continuation of the collection of the 4breast surgery data items
• Describe the population of edits
• Identify the Compliancy Requirements for Standard 6.4
• Describe the Quality Measures updates for 2023
• Demonstrate utilization of the Quality Measure Specifications
New STORE Data Items

- NAACCR Data Item 344 Tobacco Use Smoking Status Indicates the patient's past or current smoking use of tobacco Cigarette, Cigar, and/or Pipe

- The National Program of Cancer Registries (NPCR) is source of this standard
- CoC Collects this data item in STORE effective 2023 forward
- The data item is product of Centers for Disease Control (CDC)

- NAACCR Data Item 3961 Clinical Margin Width-Melanoma Collected in the Site Specific Data Item
New STORE Data Items/Name Change

- NAACCR Data Items 670 and 1290 names were changed to include dx years 2003-2022. The data items 670 and 1290 (Historical data items) 2003-2022.
- The historical data items are not in STORE 2023.
- The version of STORE to be used should be based on the diagnosis year.

- Effective with diagnosis year 2023, the new data items NAACCR Data Item 671 is now Rx Hosp -Surg 2023 (New).
- NAACCR Data item 1291 is now Rx Summ-Surg 2023 (New).
- Surgical codes have changed from a two-digit code to alphanumeric codes (one letter followed by four digits) effective with diagnosis January 1, 2023, and forward.
- For diagnosis years 2003 –2022, leave Data Items 671 and 1291 blank and Code data items 670 Surgical Procedure of Primary Site at this Facility and 1290 Surgical Procedure of Primary Site instead.
- All 2023 site specific surgery codes begin with a letter A except for skin.
- Skin surgery codes begin with the letter B to indicate a significant change in coding.
Data Items Must Be Completed

All date data items allow blanks EXCEPT for the following:

• The three data items must be completed
  • The date must be a complete date
  • Date of Birth
  • Date of Diagnosis
  • Date of last Contact or Death
Data Items Must Be Completed

Continue collecting data items 2022+

• NAACCR Data Item 10104 Rx Hosp-Surg Breast
• NAACCR Data Item 10105 Rx Summ-Surg Breast
• NAACCR Data Item 10106 Rx Hosp-Recon Breast
• NAACCR Data Item 10107 Rx Summ-Recon Breast

• If these required data items are left blank for diagnosis year 2022 forward for a breast primary, edits will populate and must be corrected and resubmitted.
Store 2023 Data Items Removed

STORE NAACCR Data Items:
- 241 Date of Birth Flag
- 581 Date of First Contact Flag
- 1281 Rx Date–Dx/Stg Proc Flag
- 1201 Rx Date–Surgery Flag
- 1290 Surgical Procedure of Primary Site
- 670 Surgical Procedure of Primary Site at this Facility
- 1221 Rx Date–Chemo Flag
- 1231 Rx Date–Hormone Flag
- 1241 Rx Date–BRM Flag
Edits

The date must be completed for the four breast data items
• Based on the date of diagnosis, if the data items 670/1290 or 671/1291 are coded, the data items 10104, 10105, 10106 and 10107 must be completed

Edit Levels
• Edit 1-The case can get into the RCRS system
• Edit 2-The case is complete, and will make it to the NCDB reporting tools
  • These edits are applicable to all sites
Melanoma and CTR Guide to Coding Radiation

Appendix M:
• Case studies for coding melanoma in STORE v23 effective January 1, 2023
• Case studies were put together from registrars asking how to code on the cancer forum
• Includes surgical codes and clinical margin width
• Registrars should review before submitting questions to the cancer forum

Appendix R:
• CTR Guide to Coding Radiation Therapy Treatment in the STORE Version 4.0 effective February 2022
Coding STORE Data Items

When coding STORE the data items it’s very important for the registrar to review the following:

• Case Eligibility: Determines reportability
• Overview of Coding Principles: Provides an overview for collection of the data items
• Description: Identifies what is being collected
• Rationale: Explains why the data item is being collected
• Coding Instructions: Provides details on how to code the data items
• Examples: Can be used as a guide when abstracting the cases
Collection of RCRS Data Items

- The list of required data items for submission of cases are no longer available in the RCRS User Guide
- This list is now available on the Call for Data Webpage under Layouts
Coding STORE Data Items

• When coding STORE data items it’s very important for the registrar to review all available resources:
  • Case Eligibility: Determines reportability
  • Overview of Coding Principles: Provides an overview for collection of the data items
  • Description: Identifies what is being collected
  • Rationale: Explains why the data item is being collected
  • Coding Instructions: Provides details on how to code the data items
  • Examples: Can be used as a guide/resource when abstracting the cases

• Other Resources:
  • CTR Guide to Coding Radiation
  • Melanoma Case Studies
Quality Data

Clean
- Prepared well, free of errors

Calculable
- Must be workable and usable by business users

Credible
- Must be collected in a valid way

Complete
- No missing information

Comprehensive
- Must cover the questions being asked

Chosen
- No irrelevant/confusing data
Quality Data Abstraction

• The abstract should tell the story:
• Clean: Well prepared and free of errors
• Complete: There should be no missing information
• Chosen: Data should be relevant and not confusing
• Credible: Should be collected in a valid way
• Calculable: Must be usable by users, physicians, statisticians, researchers etc.
NCDB LCIS Clarification

- Lobular Carcinoma In Situ is not reportable to the CoC
- The NCDB announcements are made via the NCDB Program News. The change to the collection of LCIS was overlooked, and not announced publicly. The Case Eligibility Section of STORE will be updated in 2023
- The NCDB recently clarified to registrars on the Cancer Forum, LCIS is not reportable to the CoC
- LCIS is not reflected in any of the NCDB reports/Reporting tools
- Required for Nationally Accredited Breast Programs (high-risk patients), as part of the review for Atypical Hyperplasia and LCIS

- Registrar should clarify with the State Registry, SEER and NPCR for their requirements on collection of LCIS and continue to collect LCIS where required
- Programs can discuss with their cancer committee and continue to collect LCIS at their cancer committee discretion
Take Away Points for STORE

- Beginning with diagnosis year 2023, the new STORE data items are 671 (Rx Hosp-Surg 2023) and 1291 (Rx Summ-Surg 2023)
- The data items 670 and 1290 are not listed in STORE 2023; the version of STORE to be used should be based on the diagnosis year
- Surgical code B indicates a significant change in coding
- Date of Birth, Date of Diagnosis, and Date of Last contact must be completed
- Collection of four breast data items must be completed
- All date flags have been removed
- The Melanoma and CTR Guide is now located in the back of STORE
- The list of required data items for submission of cases are no longer available in the RCRS User Guide
CoC Standard 6.4 Requirements

- Monthly submission of all new and updated cases since last submission
- Annual Call for Data (CFD) requirements
- Performance reported at 2 Cancer Committee meetings yearly
Call For Data 2023

Timeliness

- Newly abstracted and updated cases diagnosed between 2007* and 2021, including ALL analytic cases diagnosed from 2008 through 2020, received by March 31, 2023, 11:59pm CT

Accuracy

- Corrections for newly abstracted and updated 2021 diagnosed cases and any new and updated cases back to the year 2007* received by March 31, 2023, 11:59pm CT

* Or program’s first accreditation year whichever is most recent

2023 Call for Data Open Time Window:
March 1 through March 31, 2023. 11:59am CT
### Call For Data 2023- Expectation of % Cases Submitted

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>100</td>
</tr>
<tr>
<td>2020</td>
<td>85</td>
</tr>
<tr>
<td>2019</td>
<td>50</td>
</tr>
<tr>
<td>2018</td>
<td>30</td>
</tr>
<tr>
<td>2017</td>
<td>25</td>
</tr>
<tr>
<td>2016</td>
<td>20</td>
</tr>
<tr>
<td>2015</td>
<td>15</td>
</tr>
<tr>
<td>2014</td>
<td>10</td>
</tr>
<tr>
<td>2007-2013</td>
<td>5</td>
</tr>
</tbody>
</table>
Call For Data 2023

- Instructions available on the NCDB Call For Data Webpage at https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/ncdb-call-for-data/

- Instructions combined into 1 document
  - v22 or v23 Metafile
  - v21 Retired as of 12/31/2022
  - Select Metafile version that matches your registry software

- GenEDIT is not a NCDB requirement
  - CDC software

- Make sure your CFD submission is clear of edits

- **DO** ensure your CFD submission is clear of edits
Standard 6.4 Reminders

• NCDB will not review submissions during Call For Data open time window
• NCDB will not rate programs performance until 3 weeks prior to scheduled site visit
• NCDB will not re-review ratings before site visit is completed and program receives their Performance Report
  • Programs may select to appeal rating after reviewing Performance Report
• Documentation for Standard 6.4 is reviewed by site reviewer
Quality Measures Updates
Four Quality Measures Removed in 2023

Data from 2020 forward will no longer be available in RCRS for these measures effective June 27, 2022+

Eff Jan 2023, no longer evaluated to determine compliance with Standard 7.1

1. **MASTRT**: Radiation following any mastectomy with >4 positive regional lymph nodes

2. **HT**: Tamoxifen or third generation aromatase inhibitor T1cN0M0 or stage IB-III hormone receptor positive breast cancer

3. **nBx**: Image or palpation-guided needle biopsy to the primary site before resection

4. **LNoSurg**: Surgery is not the first course of treatment for Stage III lung cancer
Five New 2022 Quality Measures

Performance not included in determining Std 7.1 compliance
Internal Monitoring
No CoC set benchmark

1. **BCSdx**: First therapeutic breast surgery in a non-neoadjuvant setting is performed within 60 days of diagnosis for patients with AJCC Clinical Stage I-III breast cancer
2. **GCTRT**: Neoadjuvant therapy (including chemotherapy and/or chemoradiation therapy) is administered within 120 days preoperatively for patients with AJCC cT2+, any N, M0 gastric, gastroesophageal junction, and esophageal adenocarcinoma, age 18-79
3. **HadjRT**: Time to initiation of postoperative radiation therapy < 6 weeks for patients with surgically-managed head and neck squamous cell carcinoma
4. **MadjRx**: Melanoma adjuvant therapy was considered or administered within 6 months of Surgery for eligible patients with Stage IIIb-d resected melanoma (immunotherapy or targeted therapy
5. **RCRM**: Circumferential Margin is > 1 mm from the tumor to the inked, non-serosalized resection margin for Rectal Resections
Locating 2022 New QM Performance Rates

| Measure Group: | CoC New |

### Quality Measures

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Measure</th>
<th>Measure Description</th>
<th>Label</th>
<th>Rolling Year EPR</th>
<th>2022 Estimated Performance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>BCStdx</td>
<td>First therapeutic breast surgery in a non-neoadjuvant setting is performed within 60 days of diagnosis for patients with AJCC clinical stage I-II breast cancer</td>
<td>PREFR</td>
<td>68.42%</td>
<td>[60.60% - 92.10%] 0%</td>
</tr>
<tr>
<td>Gastric</td>
<td>GCTRT</td>
<td>Neoadjuvant chemotherapy and/or chemo-radiation is administered within 120 days preoperatively for patients with AJCC cT2+ or cN+, cM0 for gastric carcinoma; or (cT2 and poor ...</td>
<td>PREFR</td>
<td>Data Not Available</td>
<td></td>
</tr>
<tr>
<td>Head/Neck</td>
<td>HadiRT</td>
<td>Time to initiation of postoperative radiation therapy less than 6 weeks for patients with surgically-managed head and neck squamous cell carcinoma</td>
<td>PREFR</td>
<td>Data Not Available</td>
<td></td>
</tr>
<tr>
<td>Melanoma</td>
<td>MajdRx</td>
<td>Melanoma adjuvant systemic therapy was administered within 6 months of surgery or recommended for eligible patients with Stage III-B-D resected melanoma</td>
<td>PREFR</td>
<td>100.00%</td>
<td>[100.00% - 100.00%] 0%</td>
</tr>
<tr>
<td>Rectum</td>
<td>RCRM</td>
<td>Circumferential Margin is greater than 1 mm from the tumor to the inked, non-serosalized resection margin for Rectal Resections</td>
<td>PREFR</td>
<td>100.00%</td>
<td>[100.00% - 100.00%] 0%</td>
</tr>
</tbody>
</table>

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# Rolling EPRs

<table>
<thead>
<tr>
<th>Primary Sites</th>
<th>Assigned Topography</th>
<th>Measure</th>
<th>Treatment Expectation Timeframe (# months)</th>
<th># of Months From Diagnosis the Case is Included in Calculations</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCSDx</td>
<td>C500, C501, C502, C503, C504, C505, C506, C508, C509</td>
<td>First therapeutic breast surgery performed within 60 days of diagnosis</td>
<td>0</td>
<td>12 months from Diagnosis Date: 0 months to receive treatment + 12 months [365 days] included in the YTD date range</td>
</tr>
<tr>
<td>Melanoma MadjRx</td>
<td>C440, C441, C442, C443, C444, C445, C446, C447, C448, C449, C510, C511, C512, C518, C519, C600, C601, C602, C608, C609, C632</td>
<td>Adjuvant chemotherapy or immunotherapy recommended or administered</td>
<td>0</td>
<td>12 months from Diagnosis Date: 0 months to receive treatment + 12 months [365 days] included in the YTD date range</td>
</tr>
<tr>
<td>Head and Neck HadjRT</td>
<td>C000, C001, C002, C003, C004, C005, C006, C008, C009, C019, C020, C021, C022, C023, C024, C028, C029, C030, C031, C039, C040, C041, C048, C049, C050, C051, C052, C058, C059, C060, C061, C062, C068, C069, C079, C080, C081, C088, C089, C090, C091, C098, C099, C100, C101, C102, C103, C104, C108, C109, C129, C130, C131, C132, C138, C139, C140, C142, C148, C320, C321, C322, C323, C328, C329</td>
<td>Radiation Therapy administered</td>
<td>0</td>
<td>12 months from Diagnosis Date: 0 months to receive treatment + 12 months [365 days] included in the YTD date range</td>
</tr>
<tr>
<td>Rectal RCRM</td>
<td>C209</td>
<td>CRM greater than 1 mm</td>
<td>0</td>
<td>12 months from Diagnosis Date: 0 months to receive treatment + 12 months [365 days] included in the YTD date range</td>
</tr>
</tbody>
</table>
QM Spec Summary
<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Standard and Expected EPR</th>
<th>Measure Description</th>
<th>Initial Measure Release</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCRM</td>
<td>n/a</td>
<td>Circumferential Margin is greater than 1 mm from the tumor to the inked, non-serosalized resection margin for Rectal Resections</td>
<td>Feb 2022</td>
</tr>
<tr>
<td>RECRTCT</td>
<td>Standard 7.1 85%</td>
<td>Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer.</td>
<td>Spring 2015</td>
</tr>
</tbody>
</table>
# QM Latest Measure Release Updates

The following updates to the measure specifications were applied on June 1, 2022.

<table>
<thead>
<tr>
<th>Change</th>
<th>Measures affected</th>
<th>Description</th>
</tr>
</thead>
</table>
| **New Breast Quality Measure** | BCSdx | Added new breast quality measure BCSdx: First therapeutic breast surgery in a non-neoadjuvant setting is performed within 60 days of diagnosis for patients with AJCC Clinical Stage I-II breast cancer.  
**Result:** The new BCSdx measure will display EPR results in RCRS QM and Comparison reports under the breast primary site. |
| **Removed CoC Standards for Breast quality measures** | HT, MASTRT, nBx | Breast quality measures dropped from CoC Standards after 2019  
**Result:** Starting with dx_year 2020 cases will be non-eligible for these measures. |
**Result:** Starting with dx_year 2020 cases will be non-eligible for this measure. |
| **HeadNeck Measure Update** | HadjRT | 1) Updated Head and Neck rule calculation for radiation performed within 42 days from surgery to include cases with radiation date = 42 days after surgery as compliant.  
2) Corrected allowable surgery codes for primary site C09.0 to include codes 50-52.  
**Result:** 1) Cases with radiation date = to surgery date plus 42 days will be compliant with this measure. 2) Cases with surgery codes 50-52 for primary site C09.0 will now be included in the denominator. |

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How to Read Measures Specs

RCRM - Rectum Measure: Circumferential Margin is greater than 1 mm from the tumor to the inked, non-serosalized resection margin for Rectal Resections

The CRM is defined within the CAP synaptic report and indicates the perpendicular distance from the tumor to the inked, non-serosalized resection margin. The circumferential resection margin (CRM) must be >1 mm at resection for rectal cancer to be considered negative.

In this measure:
- Negative tumor CRM ≥1 mm is Compliant
- Positive tumor CRM <1 mm is non-Compliant

Clinical Rationale: Circumferential resection margin (CRM) status is an important predictor of outcomes following rectal cancer surgery and influenced not only by operative technique, but also by incorporation of a multi-disciplinary treatment strategy. Multidisciplinary treatment of rectal cancer, incorporating neoadjuvant chemoradiation therapy and total mesorectal excision (TME) surgery, has become the standard of care, dramatically reducing local recurrence rates from 50% to 5%–10%. One of the most important prognostic factors associated with recurrence and survival is the status of the circumferential resection margin (CRM). The presence of tumor cells ≤1 mm from the circumferential resection margin is associated with a high risk for treatment failure. Furthermore, positive resection margins are not salvaged by radiotherapy, thus ensuring good preoperative planning and operative technique are essential for achieving negative CRM and successful outcomes.

References:
# How to Read Measures Specs

<table>
<thead>
<tr>
<th>Measure Item List</th>
<th>Description</th>
<th>NAACCR #</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STORE Data Item</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age at Diagnosis</td>
<td>Age of patient at diagnosis</td>
<td>230</td>
</tr>
<tr>
<td>Sequence Number</td>
<td>Sequence of malignant and nonmalignant neoplasms over the lifetime</td>
<td>560</td>
</tr>
<tr>
<td>Class of Case</td>
<td>Indicates the reporting facility’s role in managing the cancer</td>
<td>610</td>
</tr>
<tr>
<td>Primary Site</td>
<td>Anatomic site of origin of the cancer</td>
<td>400</td>
</tr>
<tr>
<td>Date of Initial Diagnosis</td>
<td>Date of initial diagnosis</td>
<td>390</td>
</tr>
<tr>
<td>Histology</td>
<td>Microscopic or cellular anatomy of the cancer</td>
<td>522</td>
</tr>
<tr>
<td>Behavior Code</td>
<td>Neoplastic behavior of the cancer</td>
<td>523</td>
</tr>
<tr>
<td>AJCC TNM Clin T</td>
<td>AJCC Clinical T - AJCC8</td>
<td>1001</td>
</tr>
<tr>
<td>AJCC TNM Clin N</td>
<td>AJCC Clinical N - AJCC8</td>
<td>1002</td>
</tr>
<tr>
<td>AJCC TNM Clin M</td>
<td>AJCC Clinical M - AJCC8</td>
<td>1003</td>
</tr>
<tr>
<td>AJCC TNM Clin Stage Group</td>
<td>AJCC Clinical Stage Group - AJCC8</td>
<td>1004</td>
</tr>
<tr>
<td>AJCC TNM Path T</td>
<td>AJCC Pathologic T - AJCC8</td>
<td>1011</td>
</tr>
<tr>
<td>AJCC TNM Path N</td>
<td>AJCC Pathologic N - AJCC8</td>
<td>1012</td>
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<tr>
<td>AJCC TNM Path M</td>
<td>AJCC Pathologic M - AJCC8</td>
<td>1013</td>
</tr>
<tr>
<td>AJCC TNM Path Stage Group</td>
<td>AJCC Pathologic Stage Group - AJCC8</td>
<td>1014</td>
</tr>
<tr>
<td>AJCC TNM Post Therapy T</td>
<td>AJCC Post Therapy T - AJCC8</td>
<td>1021</td>
</tr>
<tr>
<td>AJCC TNM Post Therapy N</td>
<td>AJCC Post Therapy N - AJCC8</td>
<td>1022</td>
</tr>
<tr>
<td>AJCC TNM Post Therapy M</td>
<td>AJCC Post Therapy M - AJCC8</td>
<td>1023</td>
</tr>
<tr>
<td>AJCC TNM Post Therapy Stage</td>
<td>AJCC Post Therapy Stage Group - AJCC8</td>
<td>1024</td>
</tr>
<tr>
<td>Surgical Procedure of Primary Site</td>
<td>Surgical procedure of the primary site performed at this facility</td>
<td>670</td>
</tr>
<tr>
<td>Circumferential Resection Margin</td>
<td>CRM - AJCC8</td>
<td>3823</td>
</tr>
</tbody>
</table>
# How to Read Measure Specs

<table>
<thead>
<tr>
<th>Diagram Reference</th>
<th>Assessment</th>
<th>Case Eligibility Criteria</th>
<th>STORE Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Diagnosis of rectal cancer</td>
<td>Primary Site</td>
<td>C20.9</td>
</tr>
<tr>
<td>2</td>
<td>Diagnosed in 2018 or later</td>
<td>Date of Initial Diagnosis</td>
<td>Dx_Year ≥ 2018</td>
</tr>
<tr>
<td>3</td>
<td>Adult patient over the age of 17 at diagnosis</td>
<td>Age at Diagnosis</td>
<td>018-120</td>
</tr>
<tr>
<td>4</td>
<td>First or only tumor diagnosis</td>
<td>Sequence Number</td>
<td>00, 01</td>
</tr>
<tr>
<td>5</td>
<td>Invasive tumors</td>
<td>Behavior Code</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>All or part of the first course of treatment was performed at the reporting facility</td>
<td>Class of Case</td>
<td>10, 11, 12, 13, 14, 20, 21, 22</td>
</tr>
<tr>
<td>7</td>
<td>Adenocarcinoma</td>
<td>Histology</td>
<td>For Dx Year ≥ 2018 AJCC 8th ed:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>8140, 8265, 8480, 8481</td>
</tr>
<tr>
<td>8</td>
<td>Exclude cases with clinical stage IV</td>
<td>AJCC TNM Clin M</td>
<td>For Dx Year ≥ 2018 AJCC 8th ed:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AJCC TNM Clin Stage Group</td>
<td>AJCC TNM Clin M ≠ M1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AJCC Clin Stage Group</td>
<td>AJCC Clin Stage Group≠ 4</td>
</tr>
</tbody>
</table>
# How to Read Measure Specs

## Numerator Criteria

<table>
<thead>
<tr>
<th>Diagram Reference</th>
<th>Assessment</th>
<th>STORE Item</th>
<th>STORE Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Negative CRM</td>
<td>Circumferential Resection Margin</td>
<td>Negative CRM $\geq 1$ mm:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Circumferential Resection Margin $= (1.0-99.9, XX.0, XX.1, XX.3-XX.6)$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Positive CRM $&lt; 1$ mm (0.0-0.9) is non-compliant,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Unknown CRM (XX.2,XX.7-XX.9) is incomplete,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CRM missing/invalid is incomplete)</td>
</tr>
</tbody>
</table>

**Notes:**

1. January 2022 release:
   a. New measure
Take Away Points
Take Away Points
Requirements for a Successful Standard 6.4 Rating

• Successful monthly submission to RCRS
• Documented review of data twice calendar year
• Annual Call for Data (CFD) submission within the open CFD time window
• All edits are corrected and resubmitted within the CFD open time window
• Cases for the required diagnosis years are included in your CFD submission
• Percentage of cases for each diagnosis year meets or exceeds the required percentage as outlined on the NCDB Call For Data webpage
Take Away Points for QM Specifications

QM Specification Summary
- Whether QM is tied to Standard 7.1 (some are for internal monitoring)
- Benchmark
- Initial Release of QM

QM Latest Measure Release Updates
- Quick reference for QM changes with dates change were implemented

QM Specifications
- Each measure is defined
- Clinical Rationale with References
- Measure List
- Case Eligibility Criteria
- Numerator Criteria
Questions with RCRS Data: NCDB@facs.org
Questions with RCRS Function: ACSTechSupport@iqvia.com
Questions with QPort: CoC@facs.org

facs.org/cancer  @AmColSurgCancer  @AmColSurgCancer
Cancer Programs has Continuing Education Credits

Physician’s, Nurse’s, or Certified Tumor Registrar’s Cancer Programs offers free education credit courses on our learning management system (LMS). Below is a short list of some of our courses on our LMS:

- AJCC yc Stage Classification—When and How to Use
- Registrar’s Guide to Updating Radiation Data Items
- AJCC Cervix Uteri – Version 9 Cancer Staging System
- *Survivorship Program: Standard 4.8
- *Operative Standards for Cancer Surgery: Standards 5.3-5.8
- *Taking the Mystery Out of QI Projects Per Standard 7.3: A How-to Guide
- *Oncology Nursing Credentials: Standard 4.2
- NAPRC: Practical Tips, Pearls, and Advice from the Trenches PART 1 and 2
- *Surgical Emergencies in Advanced Cancer Patients
- *Surgical Oncology for the General Surgeon
- *Pelvic MRI for Rectal Cancer: Tips on Interpretation
- CAnswer Forum LIVE – 2019-2022

*CME offered
Thank you for joining the webinar today!

- Please help us improve the webinar by completing the evaluation.
- CE and CNE instructions included in post webinar email
- Webinar available through ACS learning management system at Learning.facs.org