What's Ahead for NAPRC?

National Accreditation Program for Rectal Cancer
Standards Revision Project

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Presenters

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Disclosures

- Nothing to Disclose

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What's Ahead for NAPRC?

Kimberly Yee, MD, FACS, White Plains, NY

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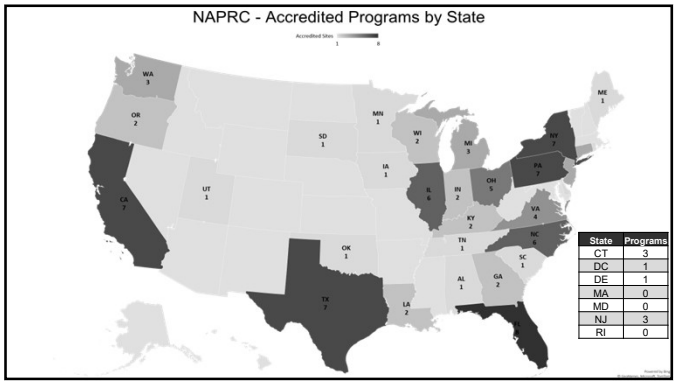

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Focal Points for Standards Revisions

- General Standards Revisions
- Local Excision
- Non-Operative Management
- Watch and Wait Surveillance

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Focal Points for Standards Revision

- 2020 NAPRC Standards do not adequately address all current treatment modalities for rectal cancer
  - ✓Surgical Resection
  - × Total Neoadjuvant Therapy
  - × Watch and Wait Surveillance
  - × Local Excision
- Addressed in the revised standards

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General Standards Revisions

Linda Farkas, MD, FACS, Augusta, GA

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General Standards Revisions

Standard 2.1 Rectal Cancer Multidisciplinary Care

- **Clarification:**
  - Compliance with Standard 2.1 is evaluated based on the outlined requirements for the establishment of the RC-MDT. Compliance with the RCP Director and RCP Coordinator roles are evaluated in Standards 2.2 and 2.3

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General Standards Revisions

Standard 2.2 Rectal Cancer Program Director

- **Removed:**
  - RCP Director requirement for Data Interpretation Responsibilities
  - This requirement remains in active development until further notice

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General Standards Revisions

Standard 2.5 Rectal Cancer Multidisciplinary Team Attendance

- **Update:**
  - RC-MDT physicians who practice at multiple NAPRC-accredited programs are only required to participate as a member of the RC-MDT at one of the accredited programs
  - Letter of attestation must be issued by the RC-MDT or the RCP Director at the facility of participation, documenting their participation and attendance at meetings

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General Standards Revisions

Standard 5.2 – Systemic Staging with Computerized Tomography
Standard 5.3 – Local Staging with Magnetic Resonance Imaging

- Staging separated into systemic and local, with their respective requirements for associated imaging studies

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General Standards Revisions

- All Chapter 5 Standards requiring 95% compliance → **90% compliance**
- 90% preserves the importance and emphasis placed on these standards
- Provides more flexibility to meet compliance
  - Standard 5.2 – Review of Diagnostic Pathology
  - Standard 5.3 – Systemic Staging with Computerized Tomography
  - Standard 5.4 – Local Staging and Standardized Reporting with Magnetic Resonance Imaging
  - Standard 5.6 – Treatment Planning Discussion and Recommendation Summary
  - Standard 5.8 – Surgical Resection and Standardized Operative Reporting
  - Standard 5.9 – Pathology Reports after Surgical Resection
  - Standard 5.12 – RC-MDT Review Following Neoadjuvant Therapy

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General Standards Revisions

Standard 5.6 – Treatment Planning Discussion and Recommendation Summary

- Treatment planning discussion and recommendation summary merged into one standard

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General Standards Revisions

Standard 5.6 – Treatment Planning Discussion and Recommendation Summary

- Compliance with this standard is evaluated based on the completion of the required RC-MDT treatment planning discussion, and the treatment recommendation summary
- **Compliance with required diagnostic and staging studies is only evaluated in Standards 5.2 – 5.5**
  - Standard 5.2 - Review of Diagnostic Pathology
  - Standard 5.3 - Systemic Staging with Computerized Tomography
  - Standard 5.4 - Local Staging and Standardized Reporting with Magnetic Resonance Imaging
  - Standard 5.5 - Carcinoembryonic Antigen Level

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General Standards Revisions

Standard 5.9 Pathology Reports after Surgical Resection

- **Update:**
  - It is expected that pathology reports completed by the NAPRC-accredited program include all required data elements as outlined in the College of American Pathologists (CAP) rectal cancer protocols and use a standardized synoptic format
  - The review of pathology reports was retired as a compliance measure from this standard, but it is still required to follow CAP protocols and utilize synoptic formatting

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General Standards Revisions

Standard 5.11 –Treatment Outcome Discussion and Outcome Summary

- Treatment outcome discussion and outcome summary merged into one standard

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General Standards Revisions

Standard 5.11 –Treatment Outcome Discussion and Outcome Summary

- Compliance with this standard is evaluated based on the completion of the required RC-MDT treatment outcome discussion, and the treatment outcome summary
- **Compliance with standardized operative reporting, final pathology reporting, and surgical specimen photography is evaluated in Standards 5.8 – 5.10**
  - Standard 5.8 - Surgical Resection and Standardized Operative Reporting
  - Standard 5.9 - Pathology Reports after Surgical Resection
  - Standard 5.10 - Surgical Specimen Photographs

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General Standards Revisions

Standard 7.2: Quality Improvement Initiative *New Standard*

- Standard is aligned with CoC and NAPBC QI standards
  - Separate QI initiatives must be conducted for each accreditation program

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General Standards Revisions

Standard 7.2: Quality Improvement Initiative *New Standard*

- Program must implement at least one rectal cancer-specific quality improvement (QI) initiative each calendar year
- Utilize a consistent quality improvement methodology (PDSA/DMAIC)
- Status reports to the RC-MDT twice per year
- Final presentation summary after the QI initiative is complete

- Projects may extend into a second year, but a new project must also be started for the next calendar year

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General Standards Revisions

Standard 7.2: Quality Improvement Initiative *New Standard*

Common Stumbling Blocks
- QI initiatives must be data-driven and based on an identified problem known to exist within the accredited program
- A problem statement must be fully developed with baseline data demonstrating a need for improvement
- Interventions implemented to drive improvement must be measurable against the baseline data

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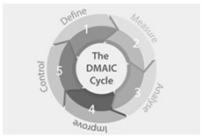
General Standards Revisions

Standard 7.2: Quality Improvement Initiative *New Standard*

QI Initiative Requirements

1. Review Data to Identify the Problem
2. Write the Problem Statement
3. Choose QI Methodology and Metrics
4. Implement Intervention and Monitor Data
5. Present Quality Improvement Initiative Summary



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Local Excision

Mark Whiteford, MD, FACS, Portland, OR

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Local Excision

Standard 5.1: Local Excision of Rectal Cancer *New Standard*

- This standard addresses the management of high-risk malignant rectal lesions and any rectal cancer where advanced transanal procedures for local excision are performed
  - Endoscopic mucosal resection (EMR)
  - Endoscopic submucosal dissection (ESD)
  - Transanal excision (TAE)
  - Transanal endoscopic surgery (TES)
  - Transanal endoscopy microsurgery (TEM)
  - Transanal minimally invasive surgery (TAMIS)
  - Robotic transanal surgery (RTAS)
- The NAPRC-accredited program must develop and implement a protocol to identify such cases for presentation and discussion by the RC-MDT

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Local Excision

Standard 5.1: Local Excision of Rectal Cancer *New Standard*

- Program must adhere to the **Requirements for Local Excision** outlined in each standard of Chapter 5 for all rectal cancer cases where a local excision procedure is performed as definitive treatment by the NAPRC-accredited program
- If local excision is performed for diagnostic purposes with further definitive treatment recommended, the case must meet compliance with all applicable standards in Chapter 5

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Local Excision

Standard 5.1: Local Excision of Rectal Cancer *New Standard*

- Cases where the NAPRC-accredited program determines complete endoscopic removal of a lesion without any high-risk pathologic features are not within the scope of evaluation by the NAPRC Standards

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Local Excision

Requirements for Local Excision

- Standard 5.2 - Review of Diagnostic Pathology
  - **No changes**
- Standard 5.3 - Systemic Staging with Computerized Tomography
  - **When invasive rectal cancer is determined as a result of local excision, systemic staging by CT or PET/CT scan must be completed within ninety (90) days of the date of the signed pathology report**
  - **No other changes**
- Standard 5.4 - Local Staging and Standardized Reporting with Magnetic Resonance Imaging
  - **When invasive rectal cancer is determined as a result of local excision, local staging by MRI must be completed within ninety (90) days of the date of the signed pathology report**
  - **Synoptic Report for MRI following local excision**
- Standard 5.5 - Carcinoembryonic Antigen Level
  - **No changes**

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Local Excision

Requirements for Local Excision

- Standard 5.6 - Treatment Planning Discussion and Recommendation Summary
  - **Separate requirements for local excision**
- Standard 5.7 - Definitive Treatment Timing
  - **Separate requirements for local excision**
- Standard 5.8 - Local Staging and Standardized Reporting with Magnetic Resonance Imaging
  - **No changes**
  - **Synoptic Operative Report for Local Excision**
- Standard 5.9 - Pathology Reports after Surgical Resection
  - **No changes**
- Standard 5.10 - Surgical Specimen Photographs
  - **Not applicable**

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Watch and Wait Surveillance

Ron G. Landmann, MD, FACS, FASCRS, Jacksonville Beach, FL

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Non-Operative Management

Standard 5.12: RC-MDT Review Following Neoadjuvant Therapy
New Standard

- The NAPRC-accredited program must present and discuss patients with rectal cancer with the RC-MDT before the initiation of neoadjuvant therapy
  - **Standard 5.6**
- 90% of patients with rectal cancer who undergo neoadjuvant therapy at the NAPRC-accredited program must also be presented and discussed by the RC-MDT after the completion of neoadjuvant therapy
  - **Standard 5.12**

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Watch and Wait

Standard 5.13: Watch and Wait Protocol *New Standard*

- The NAPRC-accredited program must determine eligibility criteria to identify patients as candidates for watch and wait surveillance
- Eligibility criteria are determined RC-MDT and must be documented in the watch and wait protocol
- No specific requirements regarding the clinical management of patients under watch and wait surveillance
  - Local level decisions for the RC-MDT and treating physicians, following appropriate clinical pathways

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Watch and Wait

Standard 5.13: Watch and Wait Protocol *New Standard*

- Watch and Wait candidates must be presented to the RC-MDT
  - Post-treatment MRI (Standard 5.4 applies w/dedicated radiologist)
  - Post-treatment endoscopy
    - May provide standardization of assessment criteria/templates
  - Complete local re-staging
  - CT and/or PET scans, if available
  - Watch and Wait Surveillance must be approved by the RC-MDT

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Watch and Wait

Standard 5.13: Watch and Wait Protocol *New Standard*

- Required protocol for the management of watch and wait patients
  - Eligibility criteria, including contraindications to W&W
  - Documentation of all specific clinical processes associated with W&W
  - Frequency of follow-up appointments and assessments
  - Considerations for follow-up imaging (MRI/CT/endoscopy)
  - The providers (either individually or by specialty) responsible for reviewing follow-up imaging, endoscopy, and patient clinical assessment
  - Specific mechanisms for patient follow-up and patient tracking, to minimize patients being lost to follow-up while under watch and wait surveillance

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Watch and Wait

Standard 5.13: Watch and Wait Protocol *New Standard*

- Patients under Watch and Wait Surveillance are not required to be re-presented to the RC-MDT after routine follow-up
- **Must be re-presented in the event of a significant clinical finding from any follow-up assessment or imaging study**
- If a patient managed under the watch and wait protocol requires surgical intervention for regrowth or recurrence, the patient's evaluation and treatment must meet compliance with all applicable NAPRC standards

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Next Steps for the NAPRC Draft Standards

Paul Jeffers, Manager, Standards Development, ACS Cancer Programs

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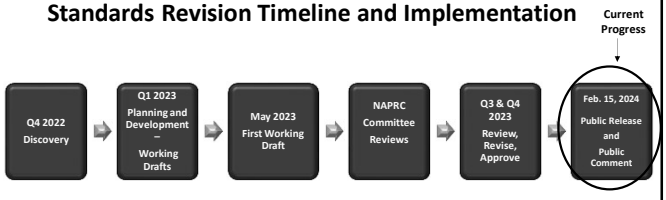
Standards Revision Timeline and Implementation



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Next Steps for the NAPRC Draft Standards

- NAPRC Draft Standards and Public Comment Period open now!
  - Available on the NAPRC Standards website
    - https://www.facs.org/quality-programs/cancer-programs/national-accreditation-program-for-rectal-cancer/standards-and-resources/
  - Draft Standards available for download
  - Link to Public Comment Survey
    - All feedback and questions on the Draft Standards should be submitted through the Survey

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Next Steps for the NAPRC Draft Standards

- NAPRC Draft Standards and Public Comment Period open now!
  - Public Comment Period open until **Sunday, March 17th**
  - All feedback and questions will be reviewed and considered for future revisions and clarifications
  - A timeline for release and implementation of the revised standards will be developed once the standards are finalized
  - Feedback from the survey will be considered during the implementation timeline development

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Next Steps for the NAPRC Draft Standards

- Public Comment Survey
  - Respondent Information
    - Name/email
    - Accreditation status (NAPRC, CoC)
    - Role within the NAPRC Program
    - Credentials (MD, RN, APRN, ODS, etc.)

- Public Comment Survey
  - Standards Feedback
    - Is Standard X.X easily interpretable?
    - Will your program be able to meet compliance by with this standard by:
      - January 1, 2025
      - January 1,2026
      - Unsure
    - Additional Comments and Questions (free response text)

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