Cancer Surgery Standards Program (CSSP) Case Identification Guidelines
CoC Standard 5.8: Pulmonary Resection

Note: Standards 5.3–5.8 do not require an internal audit to be compliant with the standard. However, this is recommended to identify any gaps in compliance.

Rationale: These guidelines can help CoC-accredited programs identify and/or audit their cases as they begin to track compliance with the surgical standards.

Standard 5.8: Pulmonary Resection

Standard 5.8 applies to surgical cases starting January 1, 2021. Registrars can use the surgery codes in STORE as an efficient way to identify cases for the surgical standards, along with other items listed under the general guidelines below.

Scope of Standard

This standard applies to all primary pulmonary resections performed with curative intent for non-small cell lung cancer (NSCLC), small cell lung cancer (SCLC), or carcinoid tumors of the lung. This standard applies to all operative approaches.

Measure of Compliance

Each calendar year, the cancer program fulfills the compliance criteria:

1. 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.
2. Pathology reports for curative pulmonary resection document the nodal stations examined by the pathologist documented in synoptic format.

General Guidelines and Source Documents:

Programs can audit for compliance or prepare for the site visit using the following steps:

- ✓ Using the Cancer Registry database - Pull cases within the scope of the standard with the following criteria:
  - Patient identifiers (MRN, date of procedure, class of case)
  - Surgeon identifiers (NPI, physician code, etc.)
  - Primary site (Lung, C34.0 – C34.9), histology and exclusions per the Standard (reference *Scope of Standard* above)
  - Surgical codes 20 – 80 from STORE.
    - It is recommended code 90 also be included to check for eligible cases.
- ✓ Using the EMR - Review Operative Report to determine the following:
  - Curative or palliative intent
  - Type of surgical resection (cross-referenced with surgical codes)
  - At least one (1) named and/or numbered) hilar station, and at least three (3) distinct (named and/or numbered) mediastinal lymph node stations resected
- ✓ Using the EMR - Review Pathology Report for each case to confirm:
  - CAP elements in synoptic format
  - Nodal stations examined and documented in synoptic format (single-digit stations are mediastinal [2-9] and double-digit stations are hilar [10 or higher]).

Site Visits

2022 site reviews will evaluate charts from 2021 to determine whether 70% of pathology reports within the scope of this standard meet the requirements for Standard 5.8. The compliance rate will increase to 80% beginning with 2023 site visits (which will review 2021 and 2022 pathology reports).

Site reviewers will review 7 charts for this standard. If a program has fewer than 7 charts within the scope of this standard, then all charts within the scope of the standard from the applicable time frame will be reviewed by the site reviewer. For these programs, the threshold compliance level will be 70% for charts assessed at 2022 site visits and will increase to 100% starting with charts assessed at 2023 site visits.

The site reviewer may choose to include a portion of the 7 charts reviewed for Standard 5.8 in the sample to determine compliance with Standard 5.1: CAP Synoptic Reporting.

