ACS Cancer Programs
American College of Surgeons

Standard 5.8 Lung NODES

(Nodal Operative, Dissection, Evaluation, and Staging):

An ACS Cancer Programs National Quality Improvement Collaborative

Informational Webinar

December 7, 2023

Introducing our Moderator and Panelists

Kelley Chan, MD
General Surgery Resident, Loyola
Clinical Scholar, ACS Cancer Programs

Matthew A Facktor, MD, FACS
System Chief, Thoracic Surgery
Geisinger Heart & Vascular Institute
Geisinger Health

David Odell, MD, MS, FACS
Section Head, Thoracic Surgery
Department of Surgery
University of Michigan

Anthony D Yang, MD, MS, FACS
Professor, Division of Surgical Oncology
Department of Surgery
Indiana University Health

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Agenda

- Why a National QI project
- Standard 5.8 Lung NODES
  - Definitions
  - Goal
  - Requirements
  - Timeline
  - Accreditation Details
- Common FAQ
- Q and A

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Why a National QI Project

- Scope of CoC
- Success of past projects
- Focus on improving an Operative Standard

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Past Success

Commission on Cancer®

NAPBC® NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS

Return to Screening- 2021

749 Accredited Programs Enrolled

814 PDSA Projects Initiated

70,000/mo Potential Additional Screenings A Month

Just/Beyond ASK- 2022-2023

776 Accredited Programs Enrolled

2,000 PDSA Projects Initiated

Over 700,000 patients potentially impacted

Breaking Barriers – 2023-2024

356 Accredited Programs Enrolled

80% Programs identified patients missing ≥ 3 appointments

PDSA Projects to Start 2024

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What is Standard 5.8?

Matthew A Facktor, MD, FACS

Components of Compliance with Standard 5.8

Operation

For any primary pulmonary resection performed with curative intent

(including non-anatomic parenchymal-sparing resections)

Resect nodes from:

Mediastinum (Stations 2-9)
≥3 distinct stations

Hilum (Stations 10-14)
≥1 station

Pathology Documentation

Synoptic report documents lymph nodes from:

≥ 3 mediastinal stations

≥ 1 hilar station

with names and/or numbers of stations

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Why are we focusing on noncompliance?

Reasons for noncompliance

- Surgical technique
- Operating room standardization
- Pathology documentation
- Communication

Noncompliance with Standard 5.8 leads to worse patient clinical outcomes

Noncompliance can be measured

Noncompliance can become data for programs to help improve outcomes through shared quality initiatives

Goal for Lung NODES National QI Collaborative:

By December 2025, all programs participating in the Standard 5.8 Lung NODES national QI project will achieve >80% overall compliance and/or improve by an absolute value of 20%

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How can programs optimize compliance?

Ensure institution is utilizing **standardized CAP reports** for all lung cancer procedures

Document performance of lymph node sampling during pulmonary resection & label stations **clearly** in operative note

Encourage communication amongst surgeons, pathologists, & registrars

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What resources are available for Standard 5.8?

Governance | **Toolkit** | Operative Standards for Cancer Surgery | Protocols for Cancer Surgery Documentation

Standard 5.8: Pulmonary Resection

Editorial on CoC Standard 5.8 in Society of Thoracic Surgeons

Standard 5.8 Flowchart to Assess Compliance (PDF)

Society of Thoracic Surgeons Webinar on CoC Standard 5.8 (Webinar recording from April 28, 2022)

CoC Standard 5.8: Requirements & Best Practices (Video - 9 minutes)

Visual abstract of standard requirements and compliance information (PDF)

Guidelines for registrars to identify eligible cases for Standard 5.8 (PDF)

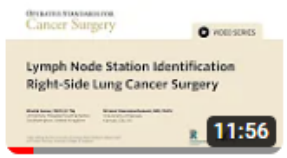
Best Practices to Meet the Standard for Nodal Assessment During a Curative Operation (SurgOnc Today® podcast - 40 minutes)

CSSP Webinar on CoC Standard 5.8 (Webinar recording from December 15, 2020 - 53 minutes)

- Slides (PDF)
- Summary and FAQs (PDF)

Best Practices for Compliance with CoC Standards 5.7 & 5.8 (Webinar recording from June 3, 2021 - 60 minutes)

- Slides (PDF)
- Summary and FAQs (PDF)



Right-Side Cancer Lung Resection (Graphic Imagery) | Surgical Videos | ACS

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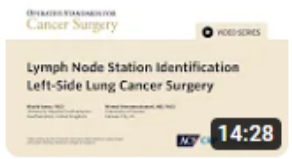

Left-Side Cancer Lung Resection (Graphic Imagery) | Surgical Videos | ACS

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Program Preparation

David Odell, MD, MS, FACS

Should we consider participating?

Consider participating if you are interested in finding answers to the following questions:

- Do you know the “noncompliance” rate for Standard 5.8 at your program?
- Do you know why cases are noncompliant?
- Is there a mechanism in place to review why a case was noncompliant?
  - If yes, have you tried to improve the compliance rate?
- Are you aware of resources to help your program overcome challenges to compliance with Standard 5.8?

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Accreditation Details

Who can participate?

All accredited programs performing at least one lung resection annually

Programs who have received a compliant rating are encouraged to participate

What standards can you earn credit towards?

CoC: 7.3 and 5.8

Approved for Year 1 of credit, pending approval for Year 2

How long is this project?

Year 1- January 2024 thru December 2024

Year 2- January 2025 thru December 2025

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Inclusion/Exclusion Criteria

Include:

- Patients aged 18-99 undergoing curative intent lung resection for lung cancer: wedge, segmentectomy, lobectomy, bilobectomy, pneumonectomy

Exclude:

- Patients undergoing lung resections for non-cancer diagnoses
- Patients undergoing lung resection without curative intent (e.g., biopsy)
- Patients undergoing lung resection for metastatic cancer to the lung

Noncompliance means:

- Patient did not receive appropriate pulmonary nodal staging (at least one hilar station and at least three mediastinal stations)
- Required elements/responses were not documented in pathology report or not documented in synoptic format

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What data will you be asked to provide?

1. Current lung resection cases noncompliant with Standard 5.8

- How many cases were compliant?
- How many cases were non-compliant?

2. If available, reasons for noncompliance with standard

- Operating room standardization, technical, documentation, communication

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How do we get started?

Build a team

- Physician champion
- Clinician project leader
- Surgeon
- Pathologist
- Oncology data specialist/Data analyst/support
- Operating room staff member

Complete application

- Complete application by February 29
- Get support of physician champion

Begin Project

- Assess current “noncompliance” rates
- Assess existing strategies for tracking and addressing noncompliance
- Evaluate internal workflow, assess for information technology needs

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What is the difference between year 1 and 2?

Year 1

January – February 2024

- Application due Feb 2024
- Submit baseline data

March – December 2024

- Guided RCA
- Begin tracking and submitting data
- Implement interventions
- Participate in calls with programs in your cohort

Year 2

January – July 2025

- Continue implementing interventions that support compliance
- Periodic data submissions to track performance
- Share best practices with programs in your cohort

August – December 2025

- Focus on sustainability and scalability

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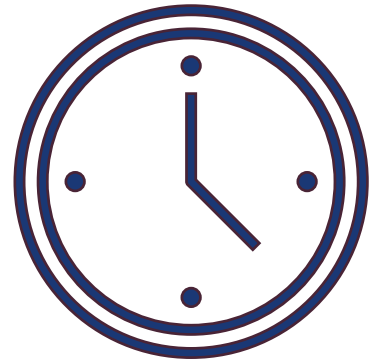
Data, Quality Improvement, and Accreditation

Anthony Yang, MD, MS, FACS

For year 1: How much time is required?

We approximate 25 hours of time per year will be spent on:



Submitting 1 pre and 1 post survey

Submitting 3 rounds of data submission

Attending/viewing up to 5 webinars and/or group calls with programs in your cohort

This time does not include any team huddles/meetings or time spent on PDSA cycles or collecting information

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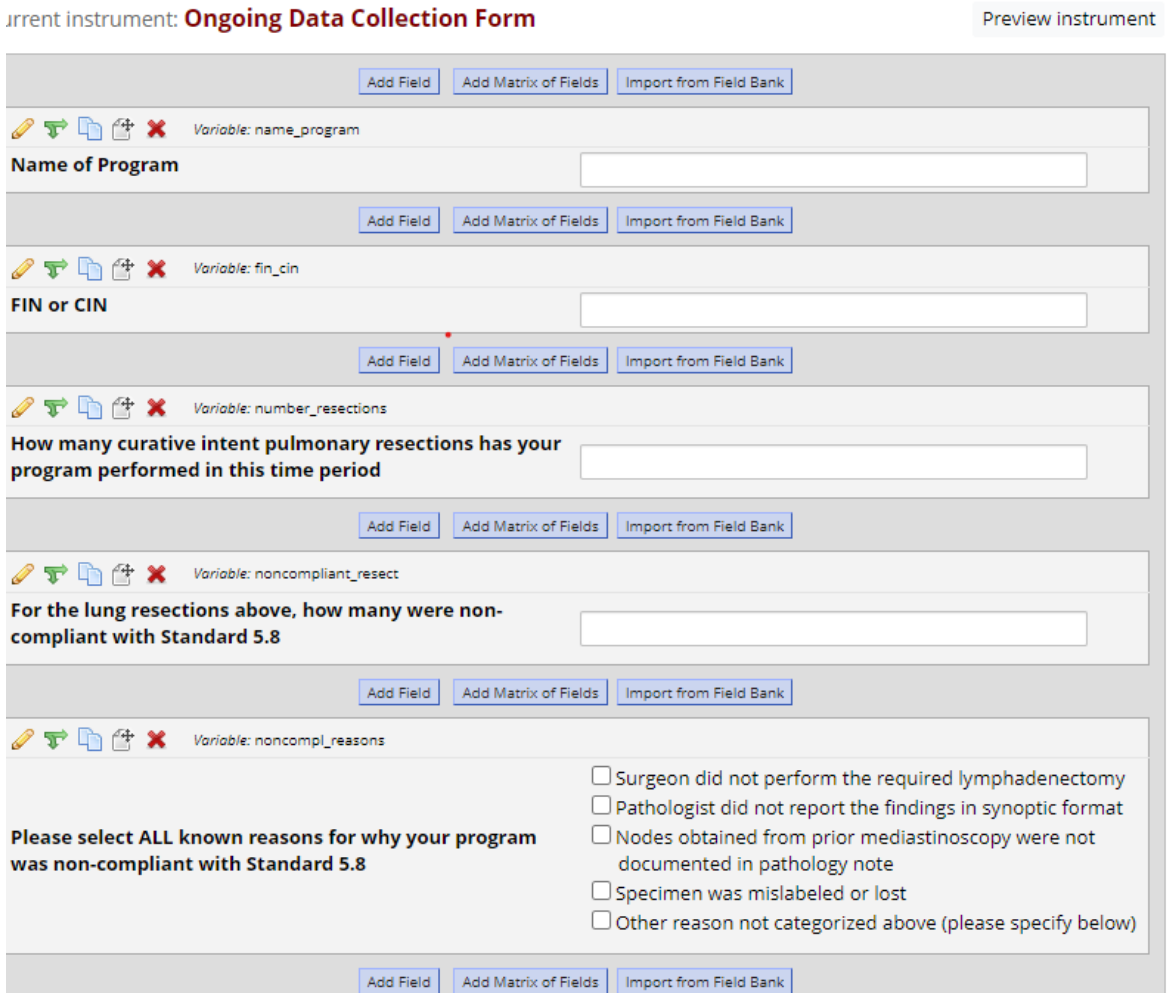
How would we submit data?

- REDCap is a web-based interface secure to the American College of Surgeons.
- You do not need to purchase software to enter data into REDCap
- A link will be sent to the primary contact's email at all data collection intervals



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A Note on Data Collection:

No identifiable patient data will be collected

Pre/post surveys collect data on current practices, perceived challenges and facilitators, and organizational readiness and are not provider/staff specific

ACS Cancer Programs has submitted an IRB application for exempt/non-human subjects research status

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Resources Available to You

- Webinars
- Technical assistance from the project team
- A change package with helpful implementation tools
- Participate in calls with other programs in your cohort

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Common FAQ

1. May participation be used to satisfy corrective action?
   - Yes, participation and completion of requirements may be counted towards a corrective action.

2. We do not have a problem with Standard 5.8 compliance, should we still participate?
   - Yes, we encourage programs to participate to serve as mentors and provide valuable best practice data. They can still receive credit for Standard 7.3.

3. For network (INCP/NCIN) programs, is this project done at the network parent level? Or must it be done at each of the children?
   - This project must be done at the child level.

4. What if we decide to participate, then drop out before completion of Year 1?
   - To get credit for 2024 you must fully and meaningfully participate. You may leave at any time, but you will be responsible for meeting standards independent of participation in 5.8 and identify another project for 7.3 credit.

5. Can programs meaningfully participate in only one year?
   - Yes, this is a 1 year + 1 year project. Programs who meaningfully participated in Year 1 may choose to join Year 2 or drop out. We would encourage participation in both years. New programs will be able to join in Year 2.

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Standard 5.8 Lung NODES: Important Dates

February 29: Application due

March 10: Receive confirmation of participation

April 30: Pre-survey, signature of support, and baseline data due

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ACS Cancer Conference 2024

February 22-24, 2024 | Austin, TX

Save the Date

*facs.org/**cancerconference***

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2024 ACS Cancer Conference

Quality Improvement Workshop

February 21, 2024 (1-5 pm)

Meeting the QI Standard: Beyond the Basics

Topics:

- **Unpacking Quality Improvement in Cancer Programs**
- **Reviewing Data to Identify the Problem**
- **Writing your Problem Statement**
- **Choosing and Implementing PI Methodology and Metrics into Your Own Cancer QI Project**
- **Presenting on QI: Who, what, where, when, and how**

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Q and A

Reach out to cancerqi@facs.org

Standard 5.8 Lung NODES Webpage

Operative Standards Toolkit

ACS Clinical Congress 2024

Achieving Our Best Together:
#Inclusive Excellence

SAVE THE DATE!

October 19–22
San Francisco, CA

New **Saturday–Tuesday** Program

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