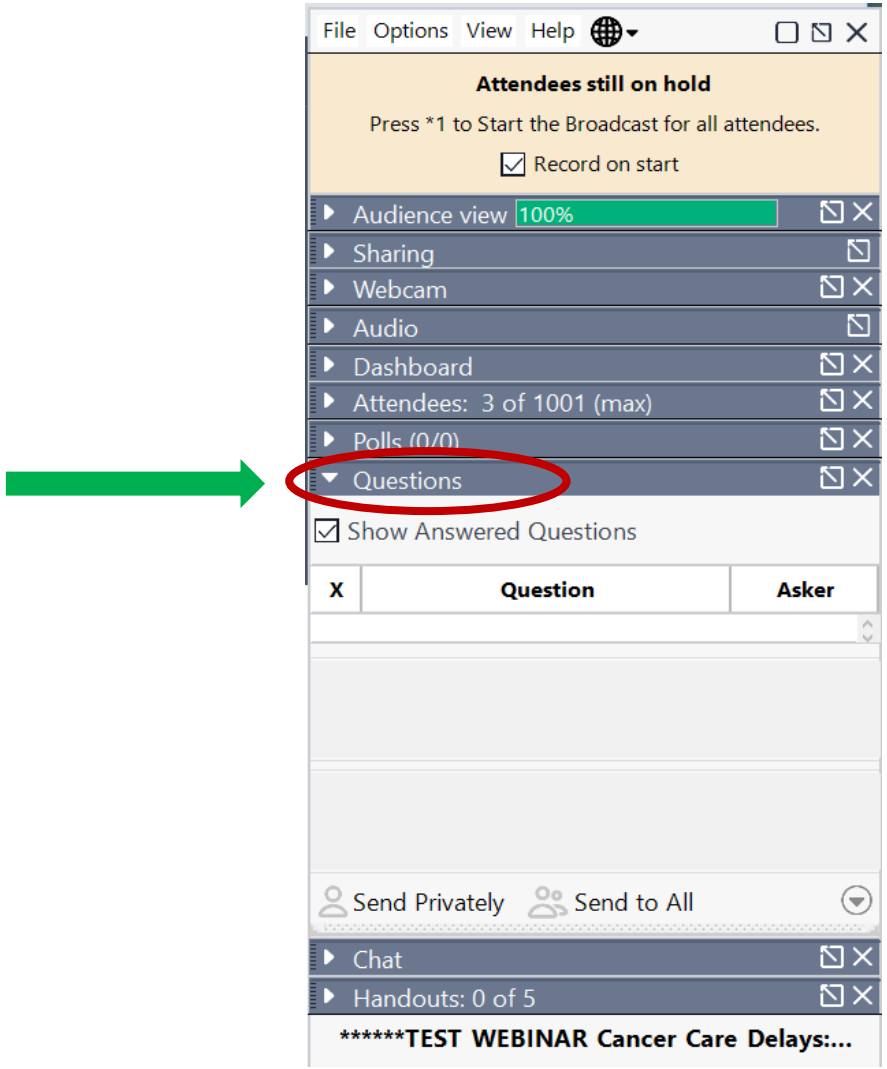
Cancer Surgery Standards Program
American College of Surgeons

# CoC Self-Audit Tool Webinar

February 23, 2026, at 4pm CT

# 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
- Recorded content will be posted on the ACS CSSP Playlist and ACS website 1-2 weeks at the conclusion of the live presentation



# Moderator


Anthony Villano, MD, FACS
Surgical Oncologist
Fox Chase Cancer Center

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# Program Objectives

- This forum will discuss the new internal audit process for CoC Standards 5.3 through 5.6.

At the completion of the activity, participants should be able to:

- Recognize the new measures of compliance for Standards 5.3 through 5.6.
- Understand the audit process.
- Describe how to utilize the CoC internal audit templates.
- Gain insight into accurate and compliant case auditing practices for every member of the cancer committee.

# Program Outline

**Introduction**

Anthony Villano, MD, FACS

**Overview of New Self-Audit Process**

Aaron Bleznak, MD, MBA, FACS

**Auditing Demonstration of Compliant and Non-compliant Cases**

Anthony Villano, MD, FACS

**Considerations for Registrars**

Carrie Antonelli, BA, ODS-C

**Panel Discussion and Q&A**

# Panelists

Carrie Antonelli, BA, ODS-C
Oncology Data & Accreditation Manager
Sarah Cannon Cancer Network- West
Florida Division

Aaron D. Bleznak, MD, MBA, FACS, FSSO
Chair, Accreditation Committee, CoC
Site Reviewer, CoC & NAPBC
Breast Surgical Oncologist, Riverside Health System

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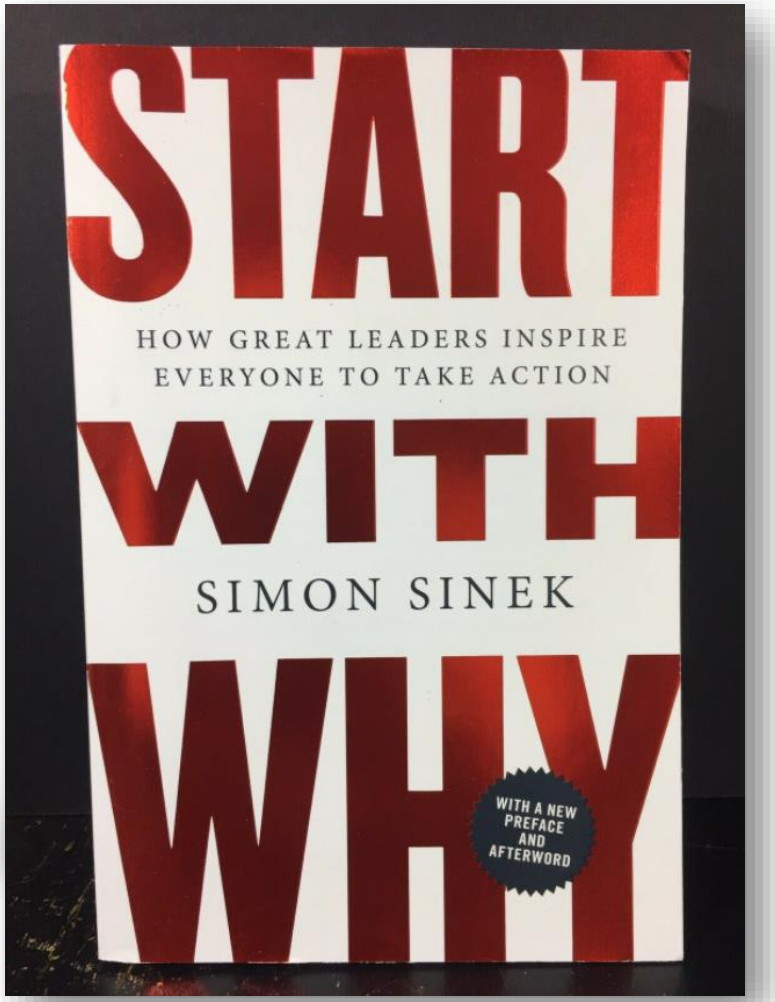
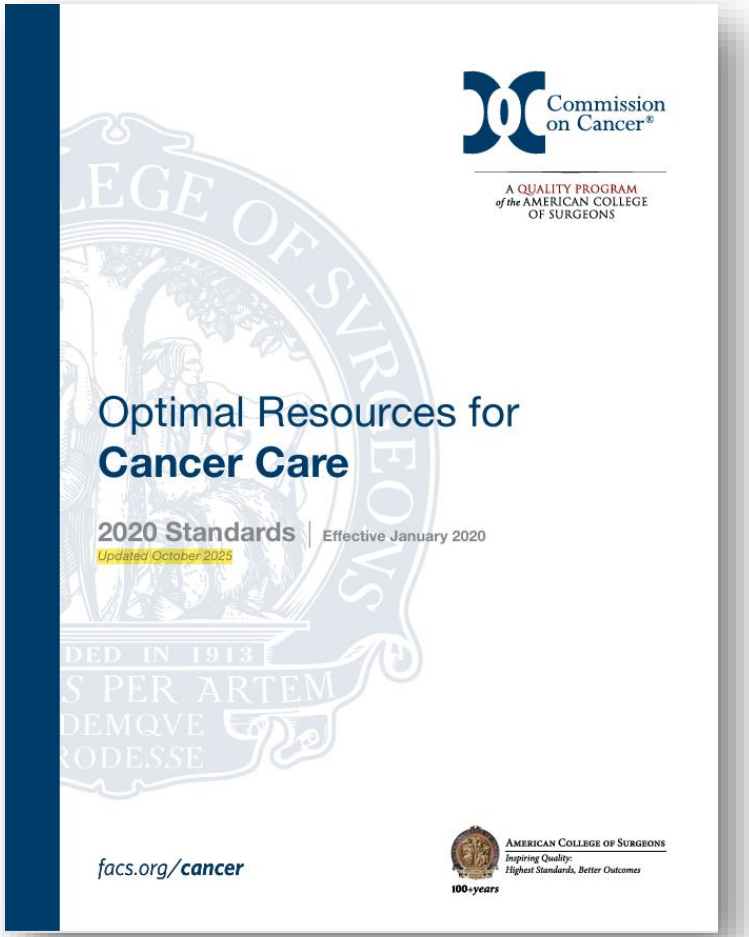
# CoC Standards Revisions: WHY?

# Operative Standards Updates

- React to accredited programs' performance & **feedback**
- Recognize **IT challenges** and variability
- Restore focus on **continuous improvement**



# ANNOUNCEMENT: Changes in Operative Standards (5.3-5.6) Assessment

Achieve Deficiency Resolved status if **internal audit** and **action plan** to achieve compliance was documented in minutes preceding case selection

# Requirements during 2026

- Programs must perform an audit of 30 cases (or all applicable cases) of eligible cases. For each case, the audit must include:
  - All **required elements** are present in the operative report in **synoptic format**
  - **Responses** to the required elements are appropriate
  - All elements of the audit are **recorded in the CoC audit template**
- Audit results must be reported and discussed with the cancer committee each year AND documented in the <u>minutes of that calendar year</u>

# Question: When is this change happening?

**2026 Program Activity:** Programs must complete audits and, if applicable, action plans for Standard 5.3-5.6

**2026 Site Visits:** Current Site Reviewer Audit Process will apply

- 2026 completes three years of Standard 5.3-5.6 being assessed by the Site Reviewer and allows all programs to benefit from this process

# Questions as Regards Audits

- Intention is to audit 30 cases for each of the four Operative Standards
  - This provides the greatest chance that the audit results will reflect actual practice
- The operative cases audited, the audit, the action plan (if needed), and the report to the cancer committee must all occur during the SAME calendar year
  - Therefore, audit must occur prior to final cancer committee meeting of the year
  - The action plan does NOT need to be completed in the same calendar year
- Programs who have <30 annual cases for an Operative Standard
  - Assure that the audit is completed using **as many cases as possible** prior to the final cancer committee meeting of the calendar year
  - The audit report and, if needed, action plan must be presented at a cancer committee meeting in the same calendar year
  - The action plan does NOT need to be completed in the same calendar year

# Requirements during 2026

- If the audit demonstrates that all requirements are met in 80% or more cases, no further action is needed

- If audit demonstrates less than 80% compliance, then a **meaningful action plan** must be developed
  - Requires a second audit within 6 months to determine impact of intervention
  - Consecutive action plans without new/additional action will result in deficiency

# Benefits of this Transition

- Encourage **more focus** on the SURGERY and less on documentation
  - Current process may not recognize improvements over the accreditation cycle
- Streamlined site visit process
  - List generation and case selection is **burdensome process**
- More **timely resolution** to identified issues

# Site Visits Starting in 2027

- Standard will be rated on the audit performed by the cancer program and any applicable action plans in CY2026 only.
  - Site Reviewer will review the required audit templates and the minutes in which the audits were reported and documented
  - Site Reviewer will review the action plan(s) if any were required

- During the visit, the Site Reviewer will select two cases for each standard from those reviewed during the program's own audit.
  - Purpose is to assure that required elements are all present
  - Review will be for education purposes only; no impact on compliance rating.

# Auditing Demonstration of Compliant and Non-compliant Cases


Cancer Surgery Standards Program
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# CoC Audit Template Std. 5.3

Audit templates provided that facilitate consistent application across cancer programs

ACS CoC Commission on Cancer
American College of Surgeons

## Standard 5.3: Sentinel Lymph Node Biopsy for Breast Cancer

| | |
|---|---|
| CoC FIN or Company ID: | |
| Completed By: | |
| Years of Accreditation Cycle: | |

**Reminders**

Standard applies to all nodal staging operations performed with curative intent for patients with breast cancers of epithelial origin. If the case does not meet these parameters, select another case.
Synoptic elements/responses must be in the operative report of record, not the brief operative note.
Cases must meet both technical and documentation requirements to be compliant.
Audited cases must represent operations from all surgeons who perform the procedure within the facility.
See "Instructions for Use" tab for additional information.

| Case Information | | | Required Elements | | | | |
|---|---|---|---|---|---|---|---|
| **Case Information** | | | **Was the operation performed with curative intent?** | **Tracer(s) used to identify sentinel nodes in the upfront surgery (non-neoadjuvant) setting** | | **Tracer(s) used to identify sentinel nodes in the neoadjuvant setting** | |
| | **Case identifier (NO PHI)** | **Surgeon** | | | | | |
| **Column-specific instructions** | | Audited cases must represent operations from all surgeons who perform the procedure within the facility | If "no," the case is N/A and another must be selected for review | Non-compliant if:<br>-"Other" is selected but no explanation is included.<br>-N/A is selected for both column E and G.<br>-Tracers are listed for both column E and G. | If "Other" is selected in column E insert the explanation here. | Non-compliant if:<br>-"Other" is selected but no explanation is included.<br>-N/A is selected for both column E and G.<br>-Tracers are listed for both column E and G. | If "Other" is selected in column G insert the explanation here. |

# CoC Audit Template Std. 5.3

| Were all nodes (colored or noncolored) present at the end of a dye-filled lymphatic channel removed? | | Were all significantly radioactive nodes were removed? | | Were all palpably suspicious nodes were removed? | | Were biopsy-proven positive nodes marked with clips prior to chemotherapy identified and removed? | | Are all required elements and responses present and in synoptic format? |
|---|---|---|---|---|---|---|---|---|
| Non-compliant if: -"No" is selected but no explanation is included. | If "No" is selected in column I insert the explanation here | Non-compliant if: -"No" is selected but no explanation is included. | If "No" is selected in column K insert the explanation here | Non-compliant if: -"No" is selected but no explanation is included. | If "No" is selected in column M insert the explanation here | Non-compliant if: -"No" is selected but no explanation is included. | If "No" is selected in column O insert the explanation here. | If "no," the case is non-compliant (documentation failure) |

| Compliance Summary | | |
|---|---|---|
| Overall compliant or non-compliant | If non-compliant, select whether the noncompliance was technical, documentation, or both? | If non-compliant, include any applicable comments |
| | | |

| | | | |
|---|---|---|---|
| Total Reviewed for Standard 5.3 | | | |
| Total Compliant | | | |
| Percentage in Compliance for Standard 5.3 | | | |

# Std. 5.3

| Case Information | | | Requir | | | | |
|---|---|---|---|---|---|---|---|
| | Case identifier (NO PHI) | Surgeon | Was the operation performed with curative intent? | Tracer(s) used to identify sentinel nodes in the upfront surgery (non-neoadjuvant) setting | | Tracer(s) used to identify sentinel nodes in the neoadjuvant setting | |
| **Column-specific instructions** | | Audited cases must represent operations from all surgeons who perform the procedure within the facility | If "no," the case is N/A and another must be selected for review | Non-compliant if:<br>-"Other" is selected but no explanation is included.<br>-N/A is selected for both column E and G.<br>-Tracers are listed for both column E and G. | If "Other" is selected in column E insert the explanation here. | Non-compliant if:<br>-"Other" is selected but no explanation is included.<br>-N/A is selected for both column E and G.<br>-Tracers are listed for both column E and G. | If "Other" is selected in column G insert the explanation here. |
| **1** | **1a** | Dr. A | Yes | Dye; Radioactive tracer | | N/A | |
| **2** | **2b** | Dr. B | Yes | N/A | | Dye | |

# Std. 5.3

| | Ced Elements | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Were all nodes (colored or noncolored) present at the end of a dye-filled lymphatic channel removed? | | Were all significantly radioactive nodes were removed? | | Were all palpably suspicious nodes were removed? | | Were biopsy-proven positive nodes marked with clips prior to chemotherapy identified and removed? | | Are all required elements and responses present and in synoptic format? |
| **Column-specific instructions** | Non-compliant if: -"No" is selected but no explanation is included. | If "No" is selected in column I insert the explanation here | Non-compliant if: -"No" is selected but no explanation is included. | If "No" is selected in column K insert the explanation here | Non-compliant if: -"No" is selected but no explanation is included. | If "No" is selected in column M insert the explanation here | Non-compliant if: -"No" is selected but no explanation is included. | If "No" is selected in column O insert the explanation here. | If "no," the case is non-compliant (documentation failure) |
| **1** | Yes | | Yes | | Yes | | N/A | | Yes |
| **2** | Yes | | No | | Yes | | No (with explanation) | | Yes |

# Std. 5.3

| C | Compliance Summary | | |
|---|---|---|---|
| | Overall compliant or non-compliant | If non-compliant, select whether the noncompliance was technical, documentation, or both? | If non-compliant, include any applicable comments |
| Column-specific instructions | | | |
| 1 | Compliant | | |
| 2 | Non-compliant | Both | |

# Std. 5.3

| | Ced Elements | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Were all nodes (colored or noncolored) present at the end of a dye-filled lymphatic channel removed? | | Were all significantly radioactive nodes were removed? | | Were all palpably suspicious nodes were removed? | | Were biopsy-proven positive nodes marked with clips prior to chemotherapy identified and removed? | | Are all required elements and responses present and in synoptic format? |
| **Column-specific instructions** | Non-compliant if: -"No" is selected but no explanation is included. | If "No" is selected in column I insert the explanation here | Non-compliant if: -"No" is selected but no explanation is included. | If "No" is selected in column K insert the explanation here | Non-compliant if: -"No" is selected but no explanation is included. | If "No" is selected in column M insert the explanation here | Non-compliant if: -"No" is selected but no explanation is included. | If "No" is selected in column O insert the explanation here. | If "no," the case is non-compliant (documentation failure) |
| **1** | Yes | | Yes | | Yes | | N/A | | Yes |
| **2** | Yes | | No | | Yes | | No (with explanation) | | Yes |

# CoC Audit Template Std. 5.4

ACS CoC Commission on Cancer
American College of Surgeons

## Standard 5.4: Axillary Lymph Node Dissection for Breast Cancer

**CoC FIN or Company ID:**

**Completed By:**

**Years of Accreditation Cycle:**

**Reminders**

Standard applies to all axillary lymph node dissections performed with curative intent for patients with breast cancers of epithelial origin. If the case does not meet these parameters, select another case.

Synoptic elements/responses must be in the operative report of record, not the brief operative note.

Cases must meet both technical and documentation requirements to be compliant.

Audited cases must represent operations from all surgeons who perform the procedure within the facility.

See "Instructions for Use" tab for additional information.

| Case Information | | | Required Elements | | | | | | | Compliance Summary | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Case identifier (NO PHI) | Surgeon | Was the operation performed with curative intent? | Resection was performed within the boundaries of the axillary vein, chest wall (serratus anterior), and latissimus dorsi. | | Nerves identified and preserved during dissection (select all that apply). | | Level III nodes were removed | | Are all required elements and responses present and in synoptic format? | Overall compliant or non-compliant | If non-compliant, select whether the noncompliance was technical, documentation, or both? | If non-compliant, include any applicable comments |
| **Column-specific instructions** | | Audited cases must represent operations from all surgeons who perform the procedure within the facility | If "no," the case is N/A and another must be selected for review | Non-compliant if: -"No" is selected but no explanation is included | If "No" is selected in column E insert the explanation here. | Non-compliant if: -No response option is selected | If "Other" is selected in column G insert the explanation here. | Non-compliant if: -"Yes" is selected but no explanation is given | If "Yes" is selected in column I insert the explanation here. | If "no," the case is non-compliant (documentation failure) | | | |

# Std. 5.4

| Case Information | | | Required Elements | | | | | | | | Compliance Summary | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Case identifier (NO PHI) | Surgeon | Was the operation performed with curative intent? | Resection was performed within the boundaries of the axillary vein, chest wall (serratus anterior), and latissimus dorsi. | | Nerves identified and preserved during dissection (select all that apply). | | Level III nodes were removed | | Are all required elements and responses present and in synoptic format? | Overall compliant or non-compliant | If non-compliant, select whether the noncompliance was technical, documentation, or both? | If non-compliant, include any applicable comments |
| **Column-specific instructions** | | Audited cases must represent operations from all surgeons who perform the procedure within the facility | If "no," the case is N/A and another must be selected for review | Non-compliant if: -"No" is selected but no explanation is included | If "No" is selected in column E insert the explanation here. | Non-compliant if: -No response option is selected | If "Other" is selected in column G insert the explanation here. | Non-compliant if: -"Yes" is selected but no explanation is given | If "Yes" is selected in column I insert the explanation here. | If "no," the case is non-compliant (documentation failure) | | | |
| **1** | **1a** | Dr. A | Yes | Yes | | Long thoracic nerve; Thoracodorsal nerve; Branches of the intercostobrachial nerves | | No | | Yes | Compliant | | |
| **2** | **2b** | Dr. B | Yes | Yes | | Other (with explanation) | | No | | Yes | Non-compliant | **Both** | |

# CoC Audit Template Std. 5.5

ACS CoC Commission on Cancer
American College of Surgeons

**CoC FIN or Company ID:**

**Completed By:**

**Years of Accreditation Cycle:**

## Standard 5.5: Wide Local Excision for Primary Cutaneous Melanoma

**Reminders**

Standard applies to all curative-intent wide local excisions of primary cutaneous melanoma lesions. Mucosal, ocular, and subungual melanomas are excluded. If the case does not meet these parameters, select another case.
Synoptic elements/responses must be in the operative report of record, not the brief operative note.
Cases must meet both technical and documentation requirements to be compliant.
Audited cases must represent operations from all surgeons who perform the procedure within the facility.
See "Instructions for Use" tab for additional information.

| Case Information | | | Required Elements | | | | | | | Compliance Summary | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Case identifier (NO PHI) | Surgeon | Was the operation performed with curative intent? | Original Breslow thickness of the lesion | Clinical margin width (measured from the edge of the lesion or the prior excision scar) | | Depth of excision | | Are all required elements and responses present and in synoptic format? | Overall compliant or non-compliant | If non-compliant, select whether the noncompliance was technical, documentation, or both? | If non-compliant, include any applicable comments |
| **Column-specific instructions** | | Audited cases must represent operations from all surgeons who perform the procedure within the facility | If "no," the case is N/A and another must be selected for review | | Non-compliant if:<br>-"Other" is selected but no explanation is given<br>-the margin width for the wide local excision deviates from the guidelines in Figure 1 on the Instructions for Use tab | If "Other" is selected in column F insert the explanation here. | Non-compliant if:<br>-"Other" is selected but no explanation is given<br>-The response to original Breslow thickness indicates melanoma and the response to depth of excision indicates "only skin and superficial subcutaneous fat (melanoma in situ)" | If "Other" is selected in column H insert the explanation here. | If "no," the case is non-compliant (documentation failure) | | | |
| **1** | | | | | | | | | | | | |
| **2** | | | | | | | | | | | | |
| **3** | | | | | | | | | | | | |

# Std. 5.5

| Case Information | | | Required Elements | | | | | | | Compliance Summary | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Case identifier (NO PHI) | Surgeon | Was the operation performed with curative intent? | Original Breslow thickness of the lesion | Clinical margin width (measured from the edge of the lesion or the prior excision scar) | | Depth of excision | | Are all required elements and responses present and in synoptic format? | Overall compliant or non-compliant | If non-compliant, select whether the noncompliance was technical, documentation, or both? | If non-compliant, include any applicable comments |
| **Column-specific instructions** | | Audited cases must represent operations from all surgeons who perform the procedure within the facility | If "no," the case is N/A and another must be selected for review | | Non-compliant if:<br>-"Other" is selected but no explanation is given<br>-the margin width for the wide local excision deviates from the guidelines in Figure 1 on the Instructions for Use tab | If "Other" is selected in column F insert the explanation here. | Non-compliant if:<br>-"Other" is selected but no explanation is given<br>-The response to original Breslow thickness indicates melanoma and the response to depth of excision indicates "only skin and superficial subcutaneous fat (melanoma in situ)" | If "Other" is selected in column H insert the explanation here. | If "no," the case is non-compliant (documentation failure) | | | |
| **1** | **1a** | Dr. A | Yes | 1.3 mm (to the tenth of a millimeter) | 1 cm | | Full-thickness skin/ subcutaneous tissue down to fascia (melanoma) | | Yes | Compliant | | |
| **2** | **2b** | Dr. B | Yes | 2.5 mm (to the tenth of a millimeter) | 1 cm | | Full-thickness skin/ subcutaneous tissue down to fascia (melanoma) | | Yes | Non-compliant | **Technical** | |

# CoC Audit Template Std. 5.6

ACS CoC Commission on Cancer
American College of Surgeons

## Standard 5.6: Colon Resection

| | |
|---|---|
| CoC FIN or Company ID: | |
| Completed By: | |
| Years of Accreditation Cycle: | |

**Reminders**

Standard applies to all resections performed with curative intent for patients with colon adenocarcinoma, and applies to all operative approaches. If the case does not meet these parameters, select another case.
Synoptic elements/responses must be in the operative report of record, not the brief operative note.
Cases must meet both technical and documentation requirements to be compliant.
Audited cases must represent operations from all surgeons who perform the procedure within the facility.
See "Instructions for Use" tab for additional information.

| Case Information | | | Required Elements | | | | | Compliance Summary | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Case identifier (NO PHI) | Surgeon | Was the operation performed with curative intent? | Tumor Location | Extent of colon and vascular resection | | Are all required elements and responses present and in synoptic format? | Overall compliant or non-compliant | If non-compliant, select whether the noncompliance was technical, documentation, or both? | If non-compliant, include any applicable comments |
| Column-specific instructions | | Audited cases must represent operations from all surgeons who perform the procedure within the facility | If "no," the case is N/A and another must be selected for review | Enter all locations included in the operative report. If none, state "Element Missing" | Enter the extent of the resection included in the operative report.<br>If none, state "Element Missing."<br>Non-compliant if:<br>-"Other" is selected with no explanation is given. | If "Other" is selected in column F insert the explanation here. | If "no," the case is non-compliant (documentation failure) | | | |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |

# Std. 5.6

| Case Information | | | Required Elements | | | | | Compliance Summary | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Case identifier (NO PHI) | Surgeon | Was the operation performed with curative intent? | Tumor Location | Extent of colon and vascular resection | | Are all required elements and responses present and in synoptic format? | Overall compliant or non-compliant | If non-compliant, select whether the noncompliance was technical, documentation, or both? | If non-compliant, include any applicable comments |
| Column-specific instructions | | Audited cases must represent operations from all surgeons who perform the procedure within the facility | If "no," the case is N/A and another must be selected for review | Enter all locations included in the operative report. If none, state "Element Missing" | Enter the extent of the resection included in the operative report. If none, state "Element Missing." Non-compliant if: -"Other" is selected with no explanation is given. | If "Other" is selected in column F insert the explanation here. | If "no," the case is non-compliant (documentation failure) | | | |
| 1 | 1a | Dr. A | Yes | Transverse colon | Transverse colectomy – middle colic | | Yes | Compliant | | |
| 2 | 2b | Dr. B | Yes | Ascending colon | Right Hemicolectomy | | Yes | Non-compliant | Both | |

# Registrar Considerations


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# Auditing Considerations

Identify Gaps and Trends While Auditing

This will help develop a meaningful action plan

- Track patterns not just one -off misses
- Flag recurrent surgeon
- Identify, escalate and make a change

(This is not blame, this is a process improvement)

- If compliance is below 80% the need (and reason) for a repeat audit should be in your action plan.

# Q&A


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# Special Thanks

**Moderator: Anthony Villano, MD, FACS**

**Panelists: Carrie Antonelli, BA, ODS-C**

**Aaron Bleznak, MD, MDA, FACS, FSSO**

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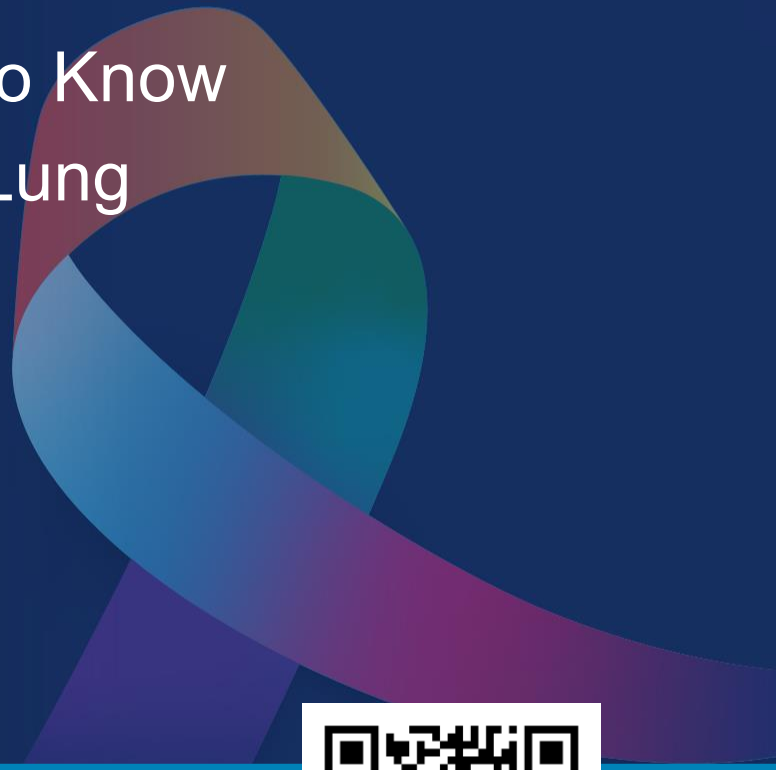

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