ACS Cancer Conference 2025

March 12–14 | Phoenix, AZ

Excellence in Compliance with Standard 5.8 lung nodes Implementing a QI Project to Improve Patient Care and Outcomes

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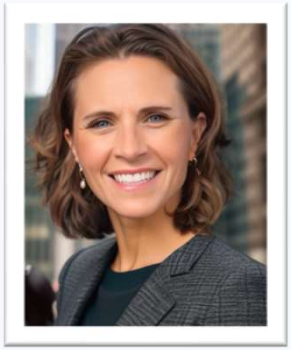
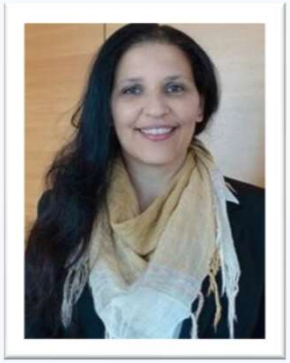
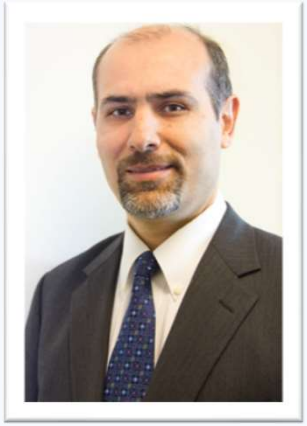
Disclosures

- Nothing to disclose







Standard 5.8 lung nodes

Operation

For any primary pulmonary resection performed with curative intent
(including non-anatomic parenchymal-sparing resections)

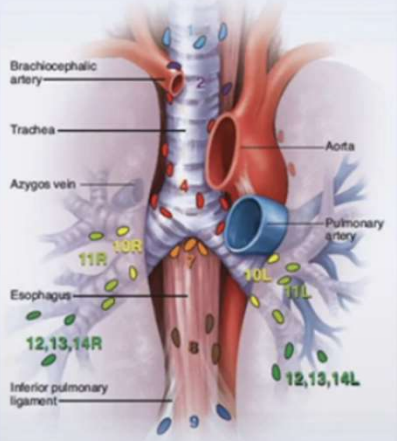
Resect nodes from:

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

When?

2021:
Implementation

2022 site visits:
70%
Compliance

Adapted from *Chest*, Vol. 111, Mountain CF, Dresler CM, Regional lymph node classification for lung cancer staging, Pp. 1718-1723. Copyright (1997), with permission from Elsevier.

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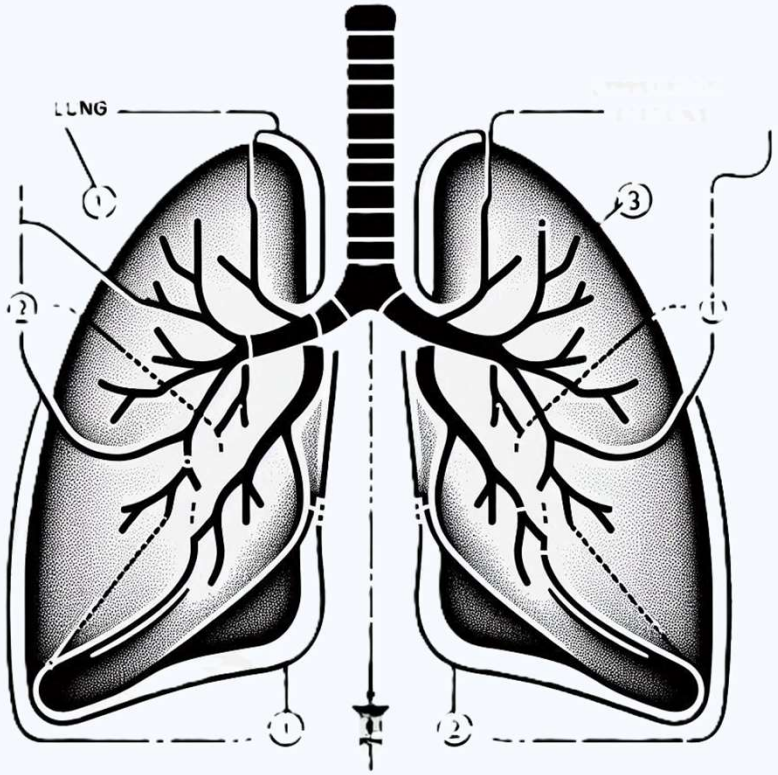
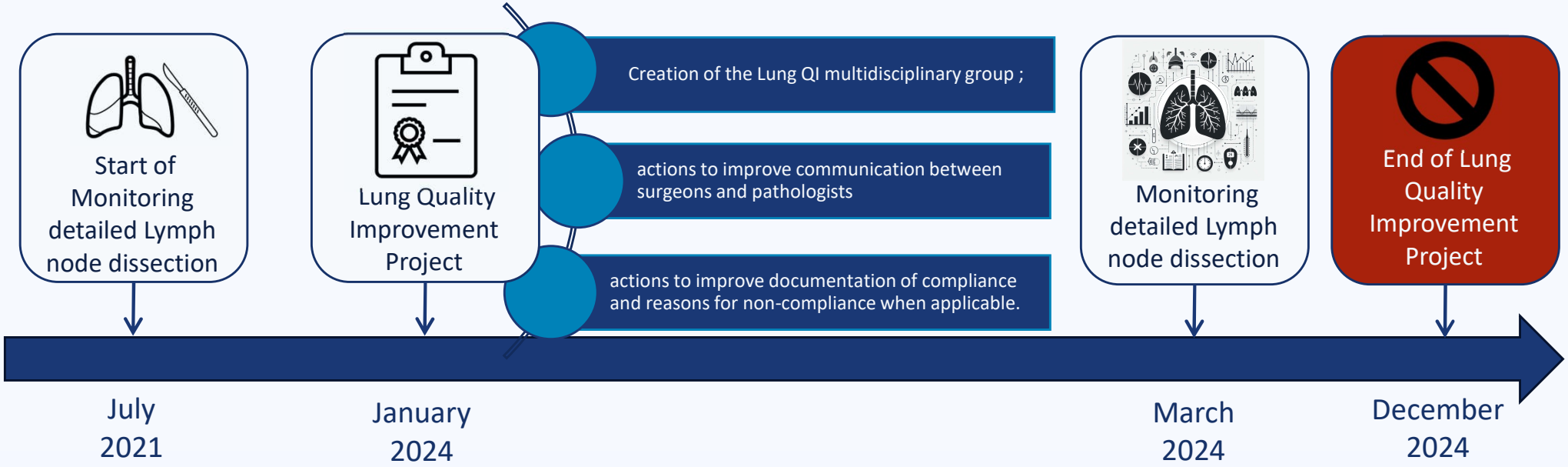
Did the Lung QI Project impact compliance with the Standard 5.8 lung nodes?

- Analyze the impact of the Lung Quality Improvement Project implementation on the compliance with Standard 5.8 lung nodes.



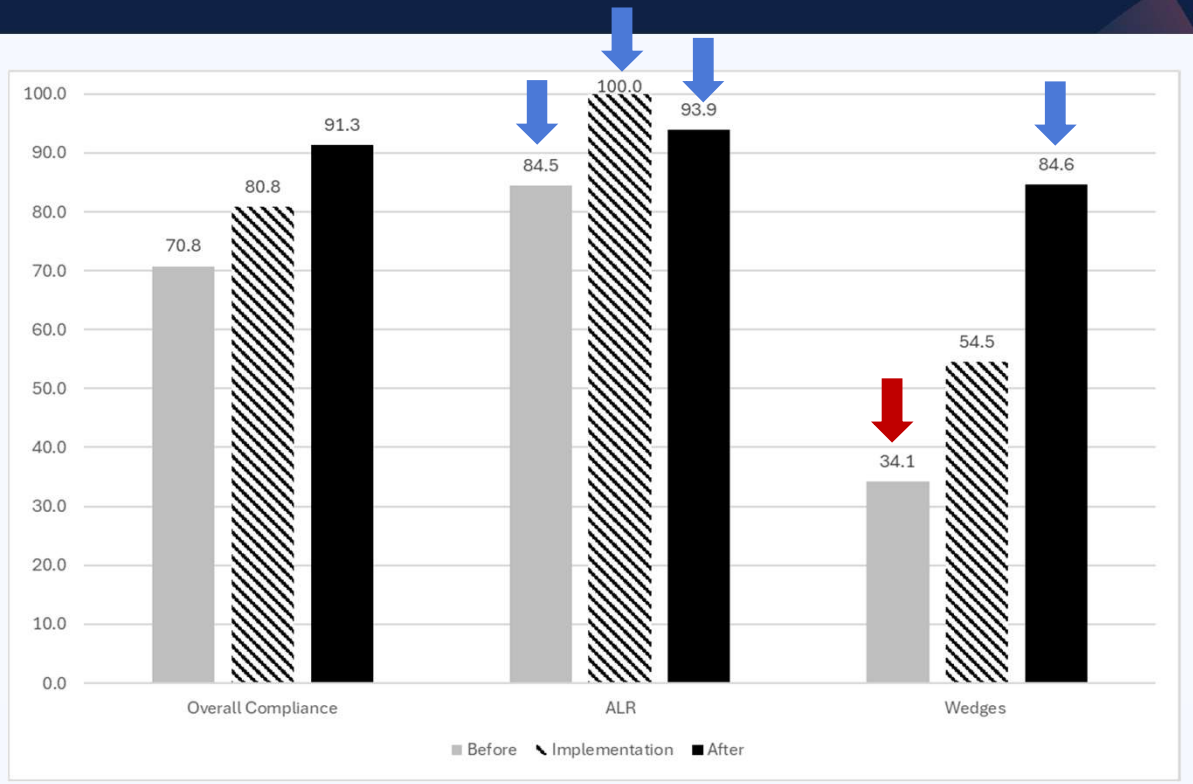
Achieving Excellence in Compliance Standard 5.8 lung nodes



The Lung QI Project improved compliance with the standards of care

July 2021 to December 2024

- 465 Lung Cancer resections
- 71.6% Anatomic Lung resections



Reasons for non-compliance

1) Surgeon performed adequate lymph node assessment - no nodes found (6)
2) Patient with previous lymphadenectomy (3)
3) Patient did not tolerate 1 lung ventilation (1)
4) Surgeon did not evaluate hilar lymph nodes (2)

Lessons Learned – Next steps

- Documentation
- Team Effort
- Regular Reporting
- Communication

- Maintaining excellence
- Evaluating the impact of 5.8 standards on Post-op complications
- Evaluating the impact of 5.8 standards on Survival and Recurrence rate

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Thank you

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