

## ACS Cancer Conference 2025

March 12-14 | Phoenix, AZ

# Next Steps to Improving Operative Quality

March 13<sup>th</sup>, 2025

3:50pm MST

# Meeting Agenda

- Welcome and Introduction – Timothy Vreeland, MD, FACS
- Current and Future CoC Operative Standards – Tina Hieken, MD, FACS
- Assessing the Effectiveness of the Operative Standards Program (AESOP) – Lesly Dossett, MD, MPH, FACS
- Presentation of Abstracts
  - Optimizing Surgical Documentation: Evaluating the Impact of Synoptic Operative Notes (SON) on Efficiency and Compliance at Kaiser Permanente Mid-Atlantic States (KPMAS) – Lisa Pizzo, CRS, CRS-A/D
  - CoC Operative Standards: Turning Old Norms into New Paradigms – Lauren Prescott, MD, MPH
  - Site Reviewer Perspectives on the Implementation of the Commission on Cancer (CoC) Operative Standards 5.3-5.8 – Alison Baskin, MD
- Q&A

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# Welcome and Introduction

Tim Vreeland MD FACS

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# CSSP Mission and Goals

- Mission
  - To improve the quality of surgical care for persons with cancer
- Goals
  - Educate on the technical steps of cancer operations critical for optimal oncologic outcomes
  - Provide a knowledge base supporting these recommendations
  - Define components of operative notes to clearly document and communicate important intraoperative findings and details of the operation to the multidisciplinary team
  - Improve the surgical and multidisciplinary care of cancer patients

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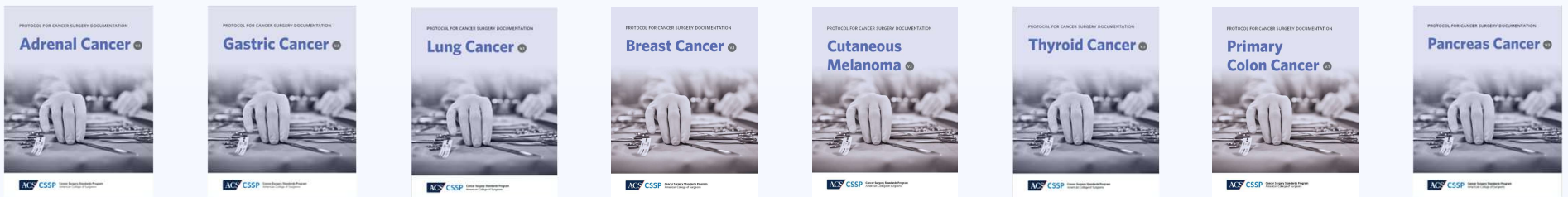
# 2024 Accomplishments

- Collaborated with the National Cancer Registrars Association on Best Practices for CoC Operative Standards 5.3-5.6: A Webinar for ODS-Certified Professionals
  - Total attendance and viewership: 1245
- Hosted webinar for residents and young fellows: *Operative Standards for Cancer Surgery: A Resource for Resident/Fellow Surgical Education*
  - Total attendance and viewership: 459
- Hosted Technical Standards for Thyroid Cancer Surgery Webinar
  - Total attendance and viewership: 269
- Submitted recommendations to NCDB for updates to Site-Specific Surgery Codes for colon, pancreas, lung, breast, and thyroid cancers

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# Ongoing CSSP Efforts

- Development underway for *Operative Standards in Oncology* Breast and Prostate sections
- Collaborating with the Behind the Knife Podcast for an *Operative Standards for Cancer Surgery* series
- *Technical Standards for Cancer Surgery* webinars in development for colon cancer, sarcoma, and neuroendocrine tumors
- Disease-specific *Cancer Surgery Protocols* available for sale on ACS Store and Amazon Kindle Store



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# Current and Future CoC Operative Standards

Tina J Hieken MD FACS

Chair, Cancer Surgery Standards Program  
Professor of Surgery  
Mayo Clinic, Rochester, MN USA

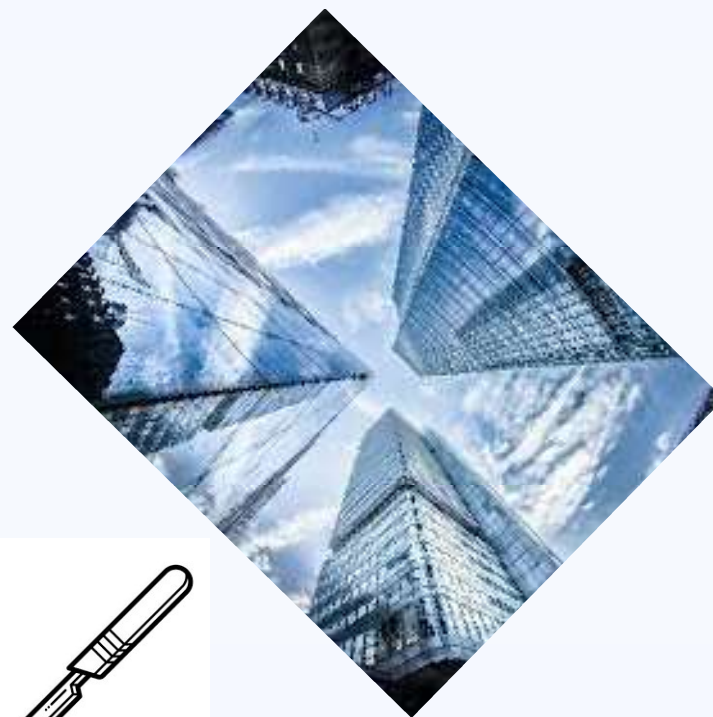
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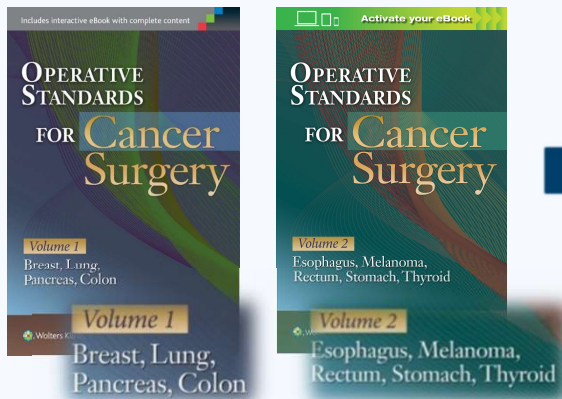
# Oncology Standards

- Focus has been on medical management and institutional care processes
- Operative standards are assumed (although highly variable)
- Measurement of outcome metrics after surgery (e.g. number of lymph nodes in a resection specimen)
- Prior lack of defined **standards** for the actual **cancer operation**
- Typically, surgery is the only component of care that can be curative!



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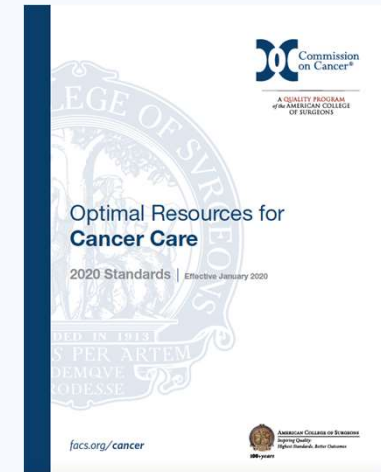
# Incorporating Operative Standards into Clinical Practice and CoC Accreditation



CoC Accreditation  
Committee Work  
Groups + Disease Site  
Experts from the OSCS  
Manuals translated 6  
critical elements into 6  
CoC Surgical Standards

Defined critical elements of  
cancer operations that  
impact patient outcomes

- 2018 – Draft
- 2019 – Public  
Commentary + Revision
- 2020 – Focus Groups



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# Current CoC Operative Standards

| Standard | Disease Site | Procedure               | Documentation          | Effective Date |
|----------|--------------|-------------------------|------------------------|----------------|
| 5.3      | Breast       | Sentinel node biopsy    | Operative report       | 1/1/2023       |
| 5.4      | Breast       | Axillary dissection     | Operative report       | 1/1/2023       |
| 5.5      | Melanoma     | Wide local excision     | Operative report       | 1/1/2023       |
| 5.6      | Colon        | Colectomy (any)         | Operative report       | 1/1/2023       |
| 5.7      | Rectum       | Mid/low resection (TME) | Pathology report (CAP) | 1/1/2021       |
| 5.8      | Lung         | Lung resection (any)    | Pathology report (CAP) | 1/1/2021       |

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# CoC Compliance Rates

## CoC Standards 5.3 - 5.6: Calendar Year 2024

| Standard     | Percent Compliant | Percent Non-Compliant |
|--------------|-------------------|-----------------------|
| Standard 5.3 | 73%               | 27%                   |
| Standard 5.4 | 68%               | 32%                   |
| Standard 5.5 | 53%               | 47%                   |
| Standard 5.6 | 58%               | 42%                   |

**323 total site visits**

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# CoC Compliance Rates

## CoC Standards 5.7 and 5.8: 2022 through 2024

| Standard 5.7<br>Total Mesorectal<br>Excision | Percent<br>Compliant | Percent Non-<br>Compliant | Standard 5.8<br>Pulmonary<br>Resection | Percent<br>Compliant | Percent Non-<br>Compliant |
|----------------------------------------------|----------------------|---------------------------|----------------------------------------|----------------------|---------------------------|
| 2022                                         | 90%                  | 10%                       | 2022                                   | 58%                  | 42%                       |
| 2023                                         | 86%                  | 14%                       | 2023                                   | 48%                  | 52%                       |
| 2024                                         | 88%                  | 12%                       | 2024                                   | 50%                  | 50%                       |
| Overall                                      | 88%                  | 12%                       | Overall                                | 52%                  | 48%                       |

975 total site visits

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# Lung NODES Quality Improvement Project

- 2-year long (1+1) national quality improvement (QI) project (2024 and 2025)
- Participating sites accredited programs performing  $\geq$  one lung resection annually
- Goals
  - Improve the quality of cancer care and patient outcomes by accomplishing assessment of hilar and mediastinal lymph nodes for patients undergoing curative intent lung cancer surgery
- Project Design
  - Assist programs in identifying root causes of non-compliance
  - Develop standardized methods for assessment and monitoring of compliance
  - Identify and implement successful and sustainable solutions
- Metrics for Success
  - Support participating programs in achieving  $\geq$  80% overall adherence and/or improvement in adherence to Standard 5.8 by >20%

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# CoC Standard 5.8

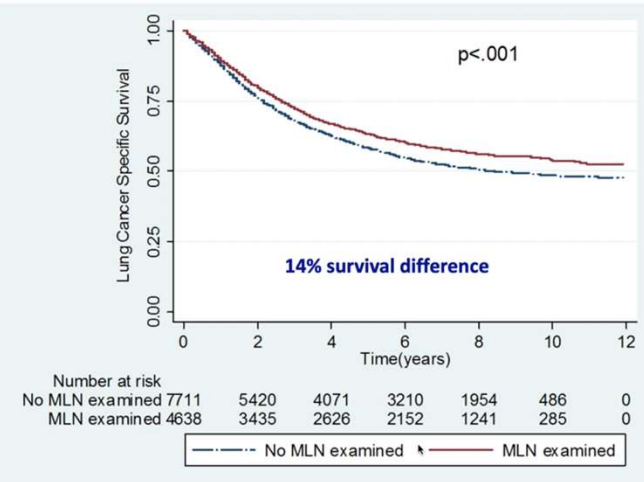
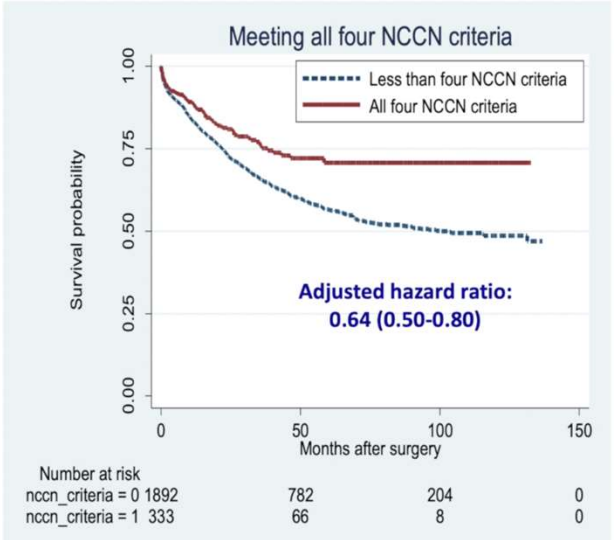
## Evidence for Lung Cancer Operative Standards

**Following NCCN quality resection guidelines improves survival**

**NCCN Guidelines:**

- 1. Anatomic resection
- 2. Negative margins
- 3. Examination of hilar/ intrapulmonary LNs
- 4. Examination of ≥3 mediastinal LNs

**Examination of MLNs increases survival**



Osarogiagbon et al. 2012;  
Osarogiagbon et al. 2017

## Operation

**For any primary pulmonary resection performed with curative intent**

*(including non-anatomic parenchymal-sparing resections)*

**Resect nodes from:**

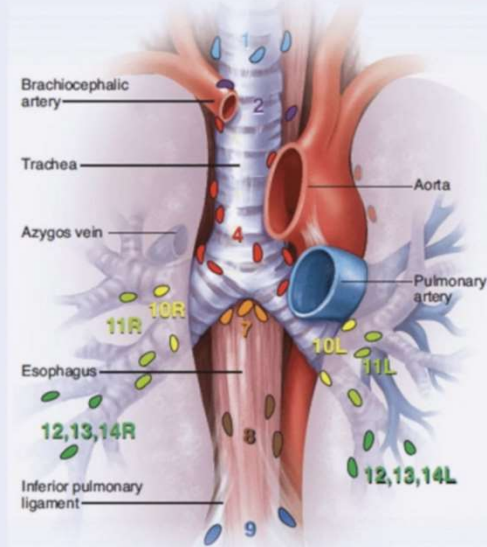


**Mediastinum**  
(Stations 2-9)  
≥3 distinct stations

**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?

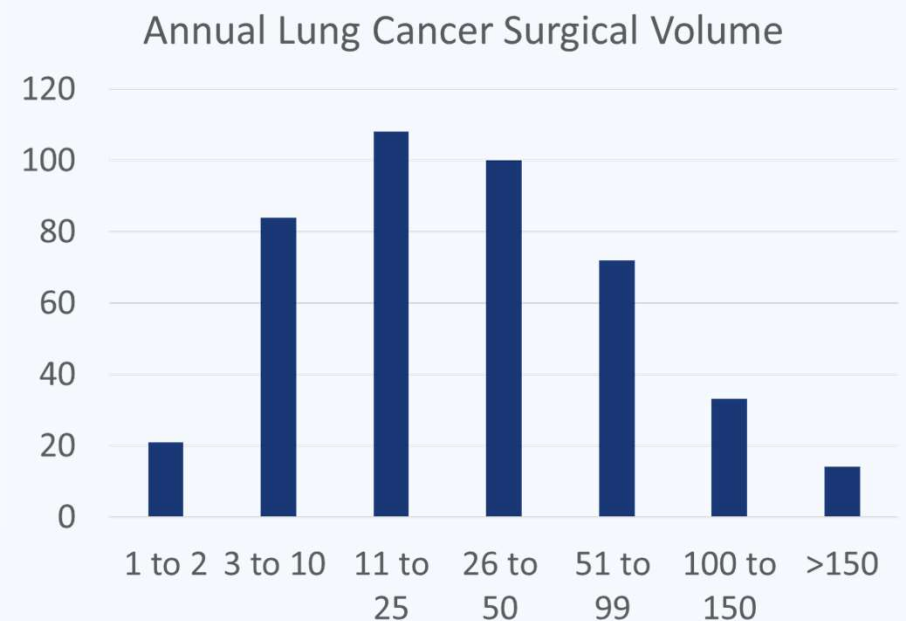
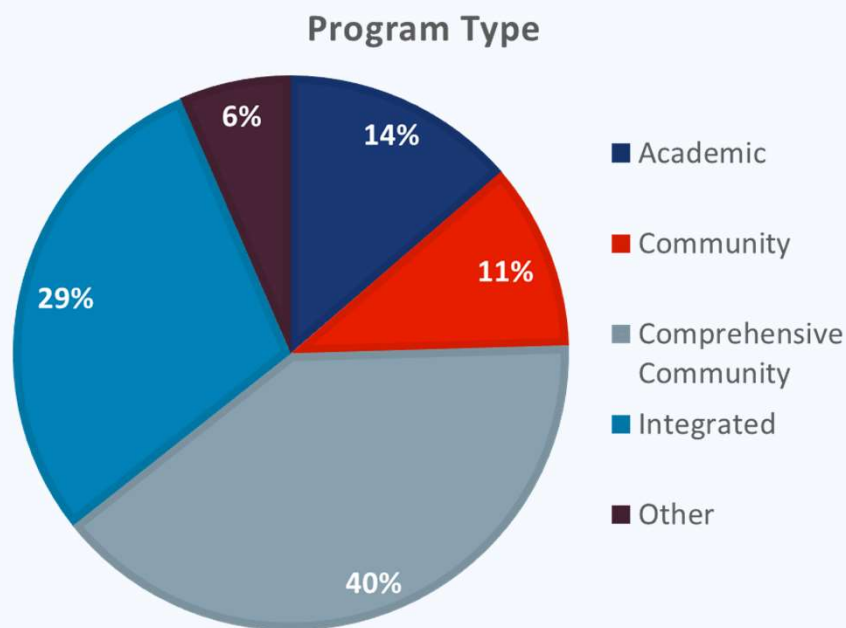
2021:  
**Implementation**

2022 site visits:

**70%**  
**Compliance**

# Lung NODES Quality Improvement Project Year 1

## 431 Participating Programs



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# Data Provided by CoC Sites

## 1. Current lung resection cases noncompliant with Standard 5.8

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

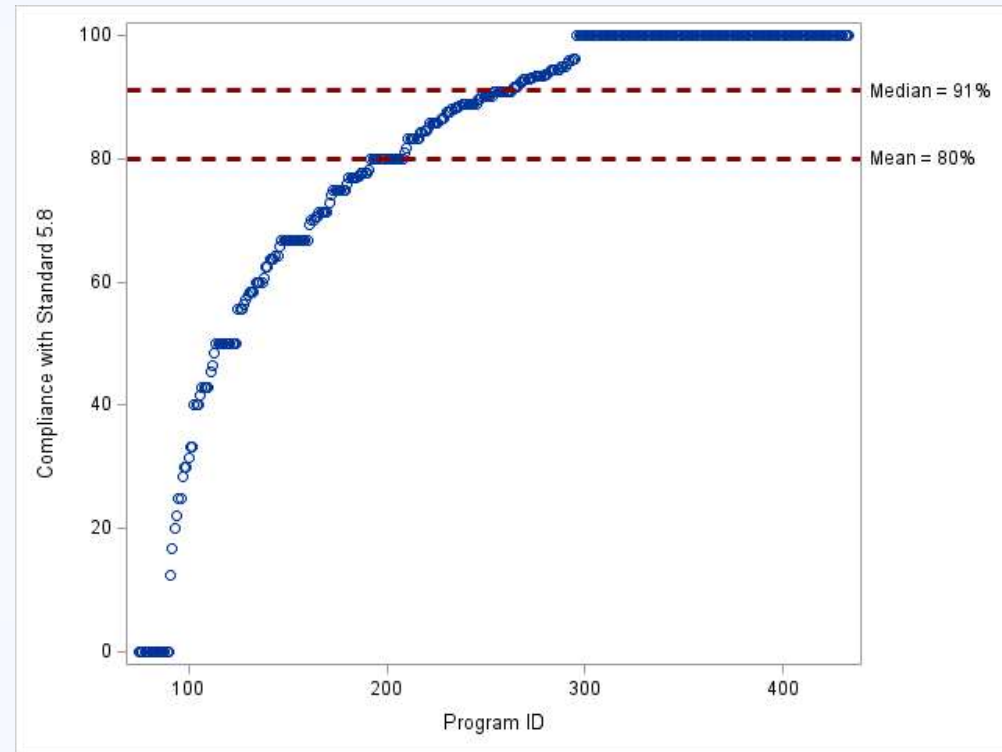
## 2. If available, reasons for noncompliance with standard

- Operating room standardization, technical, documentation, communication

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# Improvements in Program Level Compliance- Year 1

|        | Base-line | March-May | June-Aug | Final | Difference |
|--------|-----------|-----------|----------|-------|------------|
| Median | 65%       | 81%       | 87%      | 91%   | 26%        |
| Mean   | 59%       | 72%       | 81%      | 80%   | 21%        |



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# Median Case Level Compliance Over Time- Year 1

- Total cases submitted over Year 1: 20,123



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**For more information, attend this session**

## **“Collaborating Through Quality Improvement: What We Have Accomplished Nationally”**

**3/14, 10:30 – 11:15 am, room: Ellis**

**Lung NODES Speaker**

**David Odell, MD, FACS, Ann Arbor, MI**

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# CoC Operative Standards - Ongoing & Future Work

- Collaboration with Lung NODES team to understand and mitigate challenges with implementation of CoC Standard 5.8
- Annual review of CoC Operative Standards by program leadership
- Collect data for full 3-year accreditation cycle
- CoC Standards 5.3, 5.4, 5.6, and 5.7 identified as candidates for updates/revision
- Finalize and pilot the inaugural version of a Universal Operative Standard to include critical cancer-relevant specific data elements in the operative report relevant to multiple cancer types and operations

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# Current and Future CoC Operative Standards

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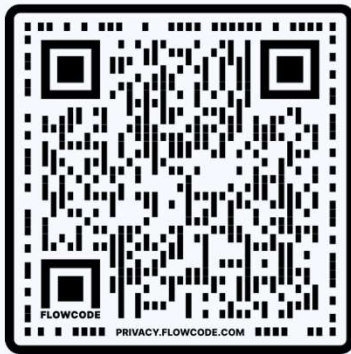
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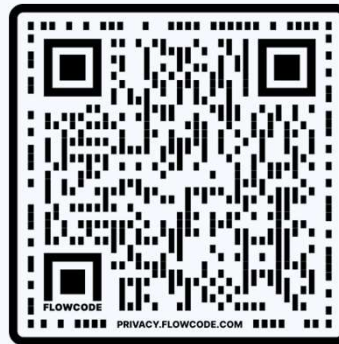
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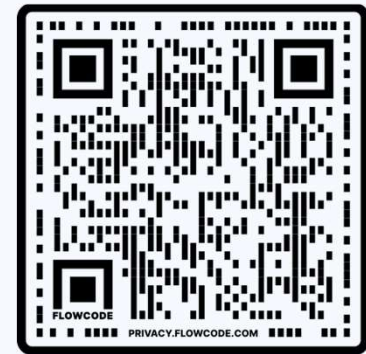
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