Commission on Cancer
American College of Surgeons

HPB quality measures

Ko Un Clara Park, MD FACS
Brigham and Women's Hospital, Dana-Farber Cancer Institute
Harvard Medical School

ACS Cancer Conference, Phoenix, AZ. March 14, 2025

ACS CoC Commission on Cancer
American College of Surgeons

- No financial disclosures relevant to this talk.
- Does not represent views of NIH.
- Research grants:
  - NIH NCI K08 CA263488
  - Alliance Foundation (NIH UG1 CA189823)

Quality Assurance and Data Committee (QADC)

(NCDB)

Quality Measure

Accreditation Standard 7.1

ACS CoC Commission on Cancer
American College of Surgeons

For patients with stage I or II cholangiocarcinoma (BTC) or pancreatic ductal adenocarcinoma (PDAC), who underwent curative surgery, should have no residual tumor after resection of the primary.

ESPAC 4: Gem/Cape vs Gemcitabine

Comparison of adjuvant gemcitabine and capecitabine with gemcitabine monotherapy in patients with resected pancreatic cancer (ESPAC-4): a multicentre, open-label, randomised, phase 3 trial

ESPAC Trials: 5 Year Overall Survival

Trial	Treatment	No. of pts (N=2092)	5-Year OS (95% CI)	Stratified Log-Rank χ^2	p-value
ESPAC-1	5FU/FA	149	21 (14.6 – 28.5) %	7.03	0.030*
	No chemotherapy	143	8.0 (3.8 – 14.1) %		
	Chemoradiotherapy (5FU/Rad)	145	10.8 (6.1 – 17.0) %		
ESPAC-3	GEM	539	17.5 (14.0 – 21.2) %	0.74	0.390*
	5FU/FA	551	15.9 (12.7 – 19.4) %		
ESPAC-4	GEM	366	16.3 (10.2 – 23.7) %	4.61	0.032†
	GEMCAP	364	28.8 (22.9 – 35.2) %		

*Stratification factor: resection margin status; †stratification factors: resection margin status and country

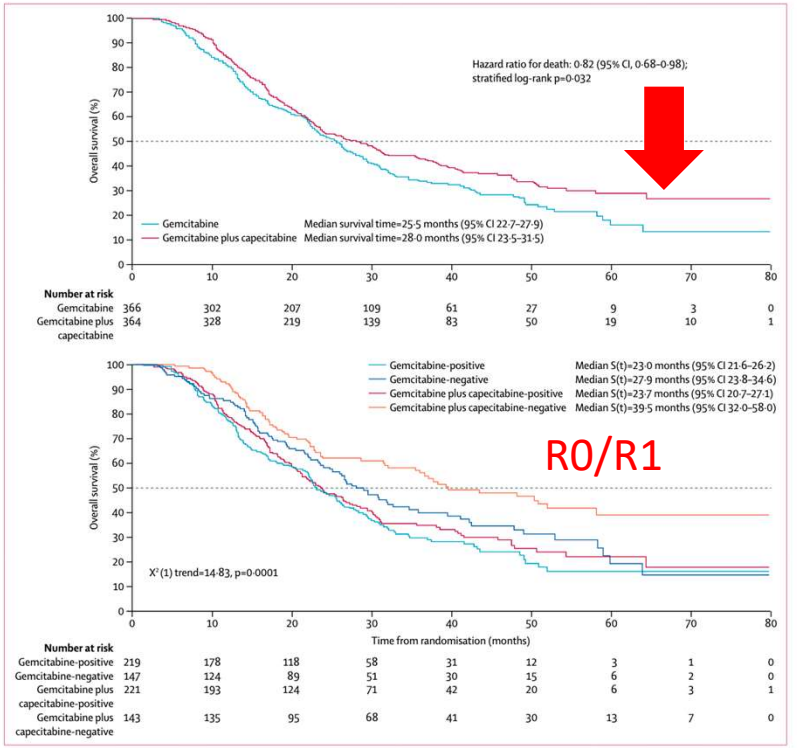
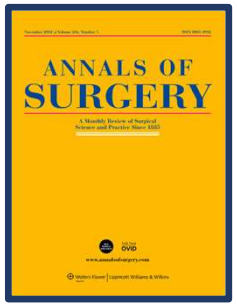


Figure 2: Kaplan Meier plots for overall survival (A) and for overall survival by resection margin status and treatment group (B)

Slide credit: Dr. Melissa Hogg

New AJCC STAGING – 8TH EDITION



Multi-Institutional validation study of the American Joint Commission on Cancer (8th edition) changes for T and N staging in patients with pancreatic adenocarcinoma

Peter J. Allen, MD[1], Deborah Kuk, ScM[2], Carlos Fernandez-del Castillo, MD[3], Olca Basturk, MD[4], Christopher L. Wolfgang, MD, PhD[5], John L. Cameron, MD[5], Keith D. Lillemoe, MD[3], Cristina R. Ferrone, MD[3], Vicente Morales-Oyarvide, MD, MPH[3], Jin He, MD, PhD[5], Matthew J. Weiss, MD[5], Ralph H. Hruban, MD[6], Mithat Gönen, PhD[2], David S. Klimstra, MD[4], and Mari Mino-Kenudson, MD[7]

<1mm = R1

	Primary Tumor (T)		Regional Lymph Nodes (N)		Distant Metastases (M)
T1	Maximum tumor diameter ≤2 cm	N0	No regional lymph node metastasis	M0	No distant metastases
T2	Maximum tumor diameter >2 ≤4 cm	N1	1–3 positive regional lymph node metastasis	M1	Distant metastases
T3	Maximum tumor diameter >4 cm	N2	≥4 regional lymph node metastases		
T4	Tumor involves the celiac axis or the superior mesenteric artery (unresectable primary tumor)				

STAGE

Slide credit: Dr. Melissa Hogg

- Primary sites (histology code): C22.1 (8160), C24.0 (8160), C25.0 - C25.3 (8500), C25.7 - C25.9 (8500)
- Stage: I-II
- Surgical procedure: 30 - 80
- Surgical Margins of the Primary Site: code 0
- Pancreatic ductal adenocarcinoma or cholangiocarcinoma (BTC)
- Exclude Palliative care

Diagnosis Year	2021	2022
Performance Rate	84.23%	82.58%
Measure Eligible Cases	1,294	1,194
Measure Compliant Cases	1,090	986
Measure Eligible Hospitals	376	348
Measure Compliant Hospitals	353	317

ACS CoC Commission on Cancer
American College of Surgeons

For patients with stage I or II cholangiocarcinoma (BTC) or pancreatic ductal adenocarcinoma (PDAC), who had upfront curative surgery, adjuvant chemotherapy is initiated within 180 days, or recommended.

Supporting Evidence

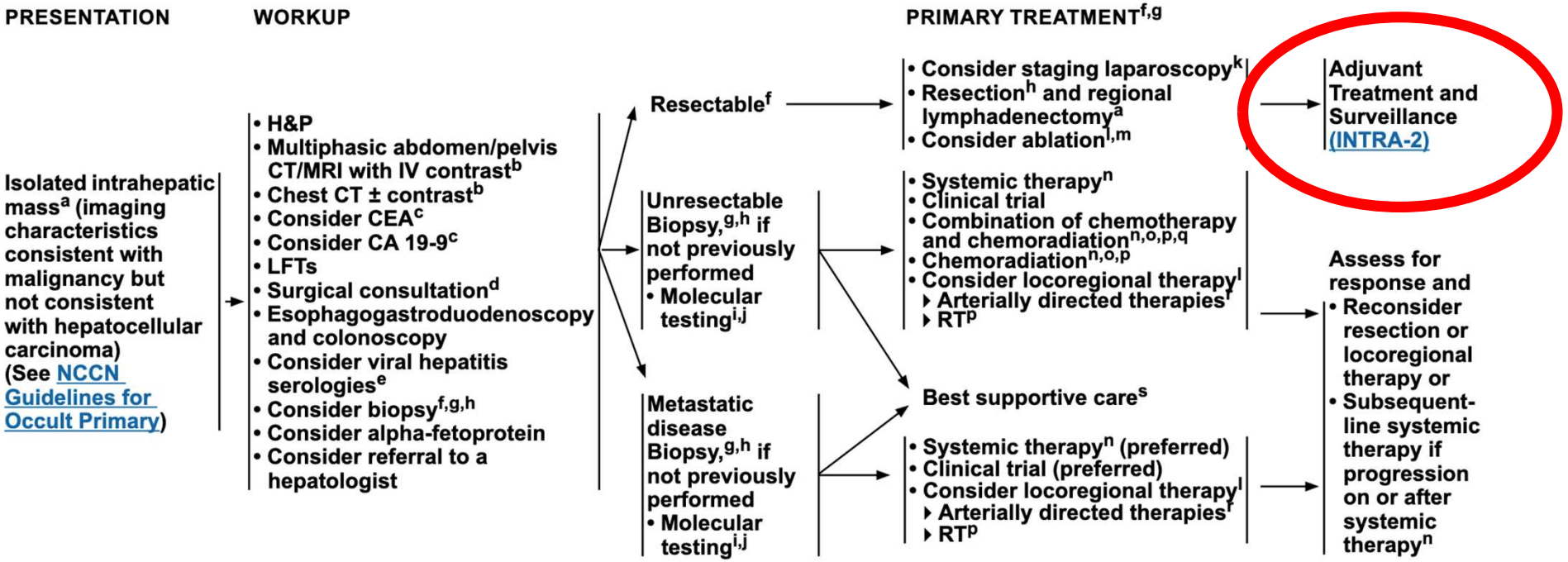
Biliary (Cholangiocarcinoma)

- BILCAP Phase III study (Capecitabine compared with observation in resected biliary tract cancer)
- ABC-02 study: Cisplatin plus Gemcitabine vs Gemcitabine for biliary tract cancer
- ACTICCA-1 study: Adjuvant chemotherapy with gemcitabine and cisplatin compared to standard of care after curative intent resection of biliary tract cancer

Pancreatic ductal carcinoma

- GI-PRODIGE group: FOLFIRINOX or gemcitabine as adjuvant therapy for pancreatic cancer (NEJM)
- CONKO-001 study: Adjuvant chemotherapy with gemcitabine and long-term outcomes among patients with resected pancreatic cancer
- ESPAC-3: Optimal duration and timing of adjuvant chemotherapy after definitive surgery for ductal adenocarcinoma of the pancreas

NCCN Recommends Adjuvant for Bile Duct



Adjuvant Therapy[c,1]

Preferred Regimens

- Capecitabine (category 1)[d,2]

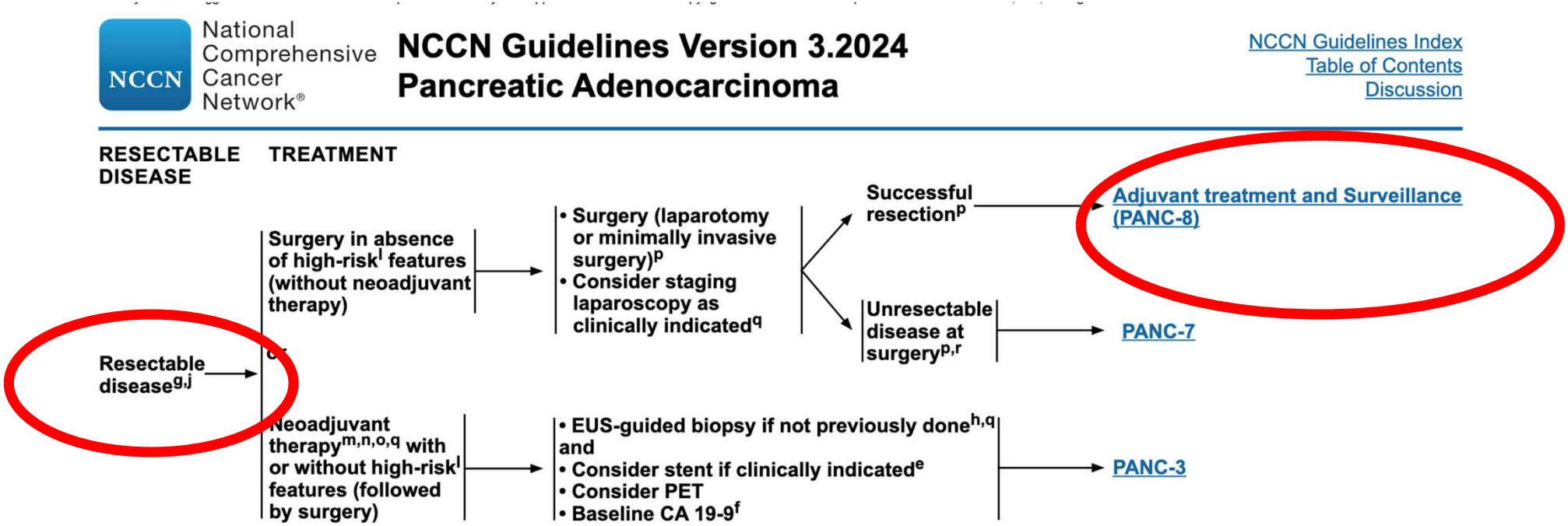
Other Recommended Regimens

- Gemcitabine + capecitabine[3]
- Gemcitabine + cisplatin
- Single agents:
  - 5-fluorouracil
  - Gemcitabine

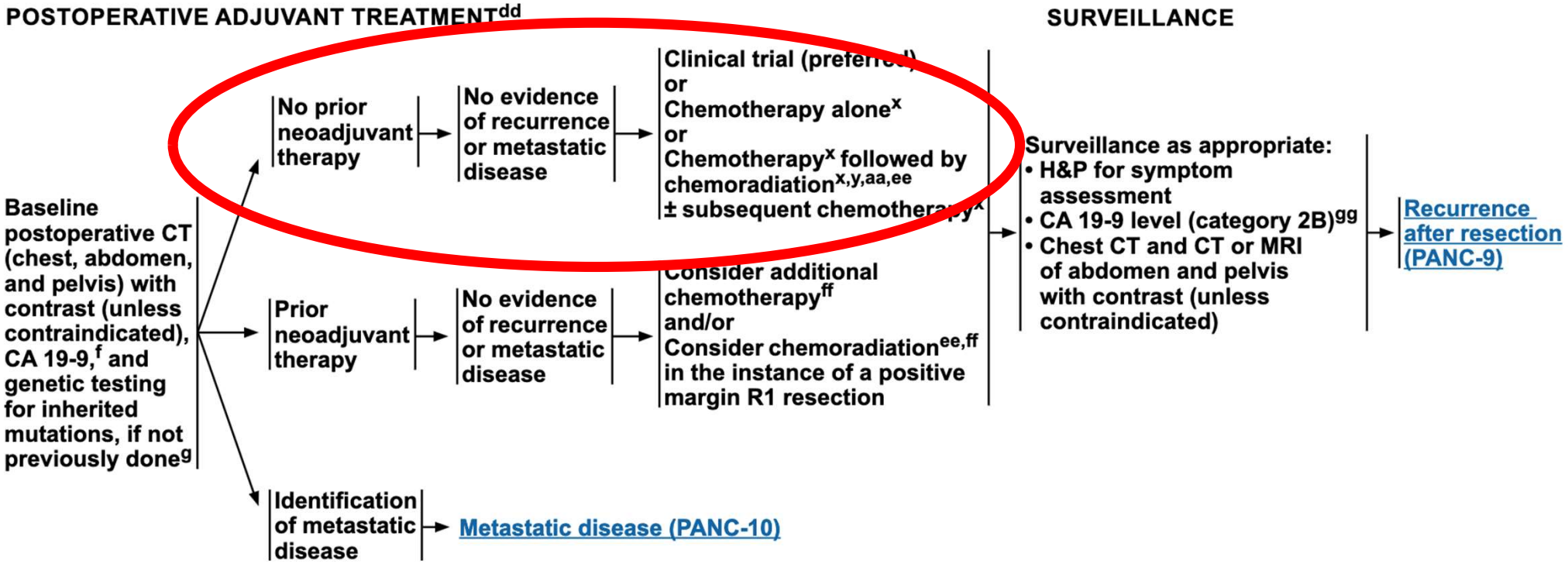
Useful in Certain Circumstances

- None

NCCN Recommends Adjuvant for Pancreas



NCCN Recommends Adjuvant for Pancreas



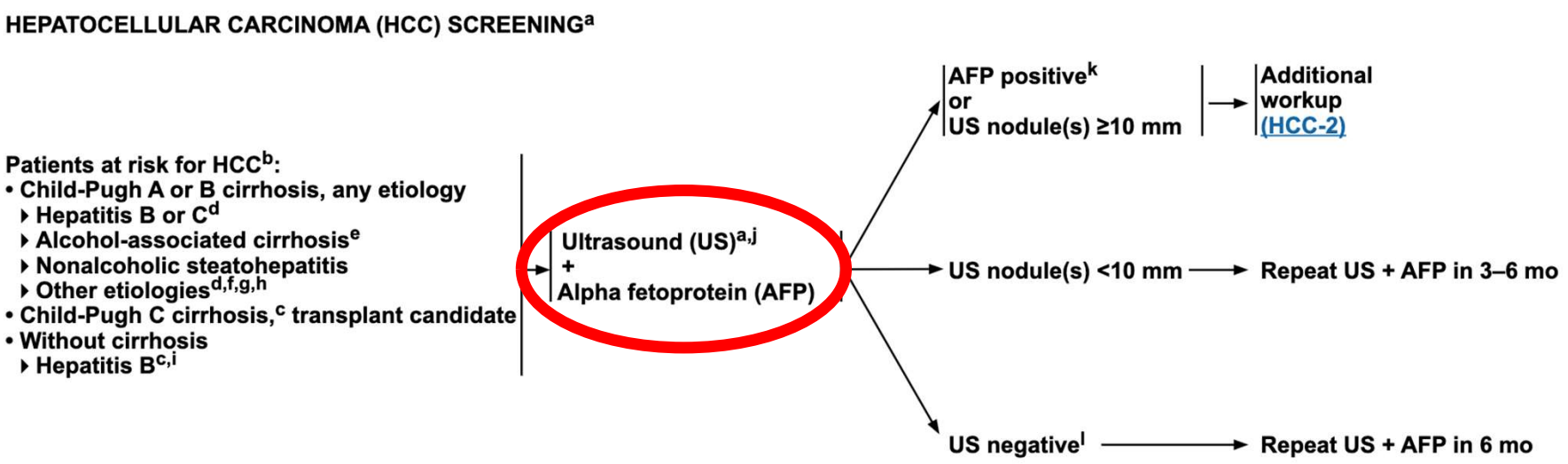
- Primary sites: C22.1, C24.0, C25.0 - C25.3, C25.7 - C25.9
- Histology codes: 8160 or 8500
- Stage: I-IIB
- Time to treatment: Date of Chemotherapy – Date of Most definitive Surgical Procedure (0-180); Chemotherapy 85-88
- Exclude: histology codes 9050-9055, 9140, 9590-9992
- Exclude neoadjuvant therapy
- Exclude if chemo not recommended, contraindicated due to patient risk: Chemotherapy code 82

Diagnosis Year	2021	2022
Performance Rate	77.79%	75.43%
Measure Eligible Cases	1,382	1,278
Measure Compliant Cases	1,075	964
Measure Eligible Hospitals	473	431
Measure Compliant Hospitals	429	379

Commission on Cancer
American College of Surgeons

For hepatocellular carcinoma of any stage, AFP (alpha fetoprotein) is obtained at diagnosis.

75 - 90 % HCC has Cirrhosis



AFP is important both for screening and workup of HCC

- Primary liver site: C22.0
- AFP obtained: 0-2, 7

- Exclude histology codes 9050-9055, 9140, 9590-9992

Diagnosis Year	2021	2022
Performance Rate	83.52%	84.93%
Measure Eligible Cases	19,929	17,158
Measure Compliant Cases	16,645	14,572
Measure Eligible Hospitals	1,278	1,247
Measure Compliant Hospitals	1,241	1,212

Commission on Cancer
American College of Surgeons

Questions?

2025 New Quality Measures

- For patients age >= 70, grade 1 -2, hormone receptor positive and HER2 negative invasive breast carcinoma with tumor size <=2cm and AJCC clinical N0, who underwent breast conserving surgery, a sentinel lymph node biopsy or axillary lymph node dissection was not performed.
- For patients with newly diagnosed oropharyngeal squamous cell carcinoma, p16 status by immunohistochemistry (IHC) is documented.
- For patients with stage I or II cholangiocarcinoma (BTC) or pancreatic ductal adenocarcinoma (PDAC), who underwent curative surgery, should have no residual tumor after resection of the primary.
- For patients with stage I or II cholangiocarcinoma (BTC) or pancreatic ductal adenocarcinoma (PDAC), who had upfront curative surgery, adjuvant chemotherapy is initiated within 180 days, or recommended.
- For hepatocellular carcinoma of any stage, AFP (alpha fetoprotein) is obtained at diagnosis.

Starting with CoC Site Visits in 2026, Standard 7.1: Quality Measures will be reinstated as an accreditation requirement.