Please remember to mute your computer or phone, unless you are speaking.
CoC State Chair Town Hall

Quyen Chu, MD, FACS
Chair
Committee on Cancer Liaison

Maria Castaldi, MD, FACS
Vice-Chair
Committee on Cancer Liaison
CoC Site Review Update

Erin DeKoster, JD, MS
Accreditation Senior Manager
ACS Cancer Programs
Welcome New State Chairs

John Lyons III, MD, FACS
Louisiana State Chair
CoC Cancer Liaison Program Update

- State Chair Activity Report
  Susan Lee, MD, FACS, Chair, Recognition Advisory Group
- CoC Research Paper Competition
  Timothy Fitzgerald, MD, FACS, Chair, Paper Competition Advisory Group
- CLP Education
  Ingrid Lizarraga, MBBS, FACS, Chair, CLP Education Advisory Group
- Meeting Planning
  Dr. Chu
- CLP Mentor Program
  Dr. Chu
Welcome everyone to the first quarterly CoC State Chair Town Hall for 2021.
Paper Competition Advisory Group

Timothy L. Fitzgerald, MD, FACS
Chair, Paper Competition Advisory Group
Eligibility

- Open to residents and fellows-in-training
  - Medical students are not eligible

- MUST be specific to oncology and related to the mission of the Commission on Cancer
  - Separate categories for clinical and basic science

- Abstracts submitted may have been previously presented at local or regional meetings, but not national meetings
  - Cannot be previously published or under consideration for review of publication in a national journal
Requirements

• Only abstracts – not full papers – will be accepted
  • Abstracts must be submitted using submission form
    • 250 words with one (1) figure or table

• Abstracts will be accepted through June 30, 2021
Awards and Presentation of Papers

- Winners from each category (clinical and basic science) will be announced by July 31, 2021

- First place winners (2)
  - $1,000 honorarium (plus travel expenses)
  - Present their research at the CoC Plenary session

- Second and third place
  - $500 cash award

- All winners
  - Research presentation posted to the American College of Surgeons' website
  - Encouraged to submit their research for publication after in the Journal of the American College of Surgeons
CoC Operative Standards

Mediget Teshome, MD, FACS
Chair
CSSP Education Committee

Timothy Vreeland, MD, FACS
Vice-Chair
CSSP Education Committee
CoC Operative Standards Update

CSSP Education Committee
Chair, Mediget Teshome MD MPH FACS
Vice Chair, Timothy Vreeland MD FACS

CoC State Chair Quarterly Town Hall
1.26.21
## The CoC Operative Standards (2020)

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<th>Standard</th>
<th>Disease Site</th>
<th>Procedure</th>
<th>Documentation</th>
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<td>Breast</td>
<td>Sentinel node biopsy</td>
<td>Operative report</td>
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<tr>
<td>5.4</td>
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<td>Axillary dissection</td>
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<td>5.5</td>
<td>Melanoma</td>
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<td>5.7</td>
<td>Rectum</td>
<td>Mid/low resection (TME)</td>
<td>Pathology report (CAP)</td>
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<tr>
<td>5.8</td>
<td>Lung</td>
<td>Lung resection (any)</td>
<td>Pathology report (CAP)</td>
</tr>
</tbody>
</table>
Standards 5.7 and 5.8 Requirements

Compliance and Site Reviews

- Site Visits review 2021 pathology reports for 70% compliance
- Site Visits review 2021 & 2022 pathology reports for 80% compliance
- Site Visits review 2021, 2022, and 2023 pathology reports for 80% compliance

2020
Communicate requirements & engage clinicians in implementation plans

2021
Measure compliance with synoptic pathology reports and assure high reliability at 70% compliance

2022

2023

2024

Steps to Achieve Compliance
Standards 5.3 — 5.6 Requirements

- Introduction of operative standards
- Plan for implementation, educate/train surgeons & registrars
- Document final plan for implementation
- Site Visits review documentation of final plans for compliance
- Site Visits review 2023 operative reports for 70% compliance
- Site Visits review 2023 & 2024 operative reports for 80% compliance

2020
2021
2022
2023
2024
2025

Compliance and Site Reviews
CoC Operative Standards Resources

- Webinars: 5.7 and 5.8
- Visual abstracts for 5.7 and 5.8
- CoC Operative standards introduction video
- SurgOnc Today Podcast with Dr. Katz and Dr. Hunt
  “American College of Surgeons Operative Standards for Cancer Surgery – Why we need them and how to put them into practice”
Webinar 5.7: Rectal cancer (Total Mesorectal Excision)
12.7.20

(Webinar and summary with Q/A available online @facs.org/cssp)
Webinar 5.8: Lung Resection
12.15.20

(Webinar and summary with Q/A available online @facs.org/cssp)

Moderator and Multidisciplinary Panelists:

Michael Archer, DO
SUNY Upstate
Thoracic Surgery
Kimberly Absher, MD
UK Markey Cancer Center
Pathology
Lexy Adams, MD MPH
Brooke Army Medical Center
General Surgery Resident
Jennie Jones MSHI-HA, CHDA, CTR
Moffitt Cancer Center
Cancer Registry Director
Timothy Mullett, MD FACS
UK Markey Cancer Center
Thoracic Surgery
Chair, Commission on Cancer
Raymond Osarogiabon, MD
Baptist Cancer Center
Medical Oncology
**Standard 5.7: Total Mesorectal Excision**

**Operation**

Total mesorectal excision (TME) is performed for mid and low rectal tumors, resulting in **complete** or **near-complete** TME.

Keep fascia propria of rectum intact, operate in plane between rectum and presacral fascia:
- Ensures negative margins
- Protects neurovascular structures

**Maintain the ‘Holy Plane’**

Pathology Documentation

Quality of TME documented in synoptic report:
- Complete
- Near-Complete
- Incomplete

**When?**

2021: Implementation

2022 site visits: 70% Compliance

facs.org/cssp
Standard 5.8: Pulmonary Resection

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

Resect nodal stations 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
Clarifications for CoC Standards 5.7 and 5.8

The following clarifications were recently made for Standards 5.7 and 5.8:

- To align with the College of American Pathologists cancer protocol template for rectal cancer resections, Standard 5.7 does not apply to primary resection specimens with no residual cancer (e.g., following neoadjuvant therapy).
- Nodes taken from station 1 are not mediastinal and will not count toward Standard 5.8 requirements. The definition of mediastinal lymph node stations is 2–9.
- Edits will be reflected in Optimal Resources for Cancer Care (2020 Standards) in early 2021
CoC Operative Standards Update: Ongoing and future efforts

- Webinars: 5.3 – 5.6
- Visual abstracts: 5.3 – 5.6
- Videos:
  - Lung, Rectal (in progress)
  - Breast, melanoma, colon (planned)
- Survey
- SurgOnc Today Podcast: 5.7 & 5.8
- Tweet chats: 5.7 & 5.8
- Conferences:
  - NRCA
  - ACS Quality and Safety Conference
CoC Operative Standards: Discussion

How can we best serve the CoC sites?
• Is the developed educational content being disseminated well?

Partnership with CoC sites to identify best practices

We are open to any and all feedback about the implementation and education around the CoC operative standards
Special Thanks

ACS Cancer Programs Staff:
Asa Carter: Senior Manager, Education & Training
Chantel Ellis: Administrator, Education & Training
Andrea Scrementi: Meetings and Events Administrator

CSSP Leadership & Staff:
CSSP Chair: Matthew H.G. Katz, MD FACS
CSSP Vice-Chair: Kelly K. Hunt, MD, FACS
CSSP Senior Manager: Amanda Francescatti, MS
CSSP Program Coordinator: Linda Zheng

CSSP Education Committee

Questions?
cssp@facs.org

Resources:
CSSP Resources webpage and CAnswer Forum
American Cancer Society Update

William G. Cance, MD, FACS
Chief Medical and Scientific Officer
American Cancer Society

Laura Makaroff, DO
Senior Vice President
Prevention and Early Detection
American Cancer Society
Bill Cance, MD, FACS
Chief Medical and Scientific Officer
Mission Focus Areas will Focus on Reduced Mortality

- Tobacco Control
- Healthy Eating Active Living (HEAL)
- Vaccination & Screening

- Diagnosis
- Treatment
- Survivorship

- Discovery research and BrightEdge
- Partnerships/collaborations

Prevention and Early Detection

Equitable Quality Cancer Care

Innovation to Improve Patient Outcomes

American Cancer Society

ACS and ACS CAN will Reduce Mortality by 40% by 2035
Laura Makaroff, DO
Senior Vice President, Prevention & Early Detection
Screening Rates During COVID-19 Pandemic

- The COVID-19 pandemic has led to unprecedented drops in breast, colorectal, and cervical cancer screenings

- According to electronic medical record company among clinics among 2.7 patients across 190 clinics in 23 states:
  - In March/April, 80-90% reduction compared to three-year averages
  - In June, 29-36% reduction compared to three-year averages
  - Fall/Winter reductions are not yet reported

- Population-wide impacts are not yet known

https://www.ehrn.org/articles/delayed-cancer-screenings-a-second-look/
American Cancer Society Priorities 2021

Return to Screening Initiative

Health Equity
Return to Screening

Current Efforts:

- Timely, up-to-date info on cancer.org and NCIC
- HPV and CRC Roundtables quickly convened national leaders and developed resources and communication tools
- Developed and released “Return to Screening” Guide for healthcare providers in October
Return to Screening

Current Efforts (continued):

- Leveraging real-world data to understand impact of COVID and cancer
- Open Letter endorsed by 76 major cancer centers and organizations – release date January 28.
- CDC hosting a Satellite Media Tour on January 28. ACS & NCCN will also participate.
- Market research conducted on messages for the public on returning to cancer screening. A communications guidebook on that research will be published soon.
Return to Screening Initiative – What’s to Come

- National Consortium
  - Convene key national stakeholders to inform and coordinate return to screen efforts in order to learn from one another and maximize resources
  - **Opportunity:** CoC participation

- Convening State Coalitions
  - Convene state cancer coalitions/roundtables
  - Consensus building among stakeholders for best cancer screening practices
  - **Opportunity:** CoC State Chair engage in state coalition

- Supporting Health systems to increase screening rates
  - Invite health systems to participate in ACS-led quality improvement screening projects
  - **Opportunity:** CLPs to engage in QI projects

- Communications Campaign
  - Public messaging campaign in development
  - **Opportunity:** Amplify messages and potential cobranding opportunities
THANK YOU
We want to hear from you!

- Agenda Topics for Upcoming State Chair and CLP Meetings
- Questions
- Success Stories
- Challenges
- Suggestions
Thank you!

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