Update on Commission on Cancer
Synoptic Reporting

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Associate Cancer Liaison Physician, UAB Cancer Committee

July 22, 2022

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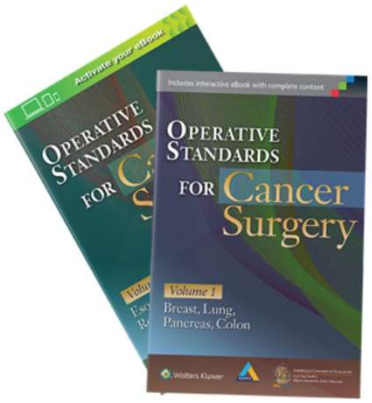

Synoptic Operative Reporting

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Synoptic Operative Reports

Commission on Cancer Operative Standards 2020

Synoptic Operative Reports: CoC Standards 5.3–5.6

Definition

Standardized sets of data elements organized as a structured checklist or template

Each data element's value is filled in using a pre-specified format

Benefits

Allow information to be easily collected, stored, and retrieved, resulting in:

- ↑ Accuracy
- ↑ Efficiency of entry
- ↑ Efficiency of data abstraction
- ↓ Variability
- ↓ Costs

... thereby increasing the **quality of cancer care**

Timeline

2022
Programs document final plan for implementation

2023
Operative reports must meet technical & synoptic formatting requirements

2024
Site visits assess 2023 reports for 70% compliance

2025
Site visits assess 2022 reports for **80% compliance**

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Applicable Cases

Site	Case	Report Type
Breast	Sentinel lymph node biopsy	Operative
Breast	Axillary node dissection	Operative
Melanoma	Wide excision	Operative
Colorectal	Colorectal resection	Operative
Rectal	Rectal resection – total mesorectal excision	Pathology
Thoracic	Nodal yield	Pathology

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Requirements

- Structured list
- Required elements should be included verbatim
- Applies to cancer cases performed with curative intent

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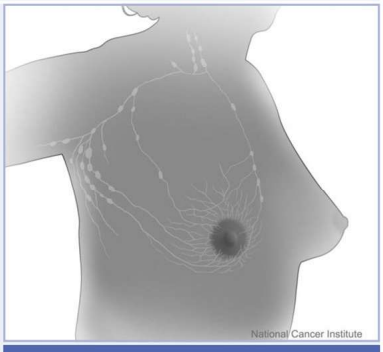
Commission on Cancer Operative Standards

Standard 5.3: Sentinel Node Biopsy for Breast Cancer

Operation

For all nodal staging operations performed with **curative intent** for patients with breast cancers of epithelial origin

Remove nodes that are:
- Radioactive
- Dye stained
- Present at the end of dye-filled lymphatic
- Palpably suspicious
- Clipped



All sentinel nodes must be identified, removed, and subjected to pathologic analysis

Image by Don Bliss via National Cancer Institute (NCI).

Documentation

Synoptic operative reports document:

- ✓ Curative intent
- ✓ Tracer(s) used
- ✓ Upfront or neoadjuvant setting
- ✓ Removal of all sentinel nodes
- ✓ Removal of all clipped nodes *(if applicable)*

Timeline

2022 Document final plan for implementation

2023 Standard 5.3 takes full effect

2024 Site visits begin reviewing operative reports

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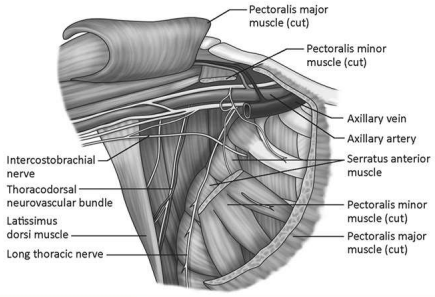
Commission on Cancer Operative Standards

Standard 5.4: Axillary Lymph Node Dissection for Breast Cancer

Operation

For all axillary lymph node dissections performed with **curative intent** for patients with breast cancers of epithelial origin



Remove **level I and II** lymph nodes within:
- Axillary vein
- Latissimus dorsi
- Serratus anterior (chest wall)

Preserve long thoracic, thoracodorsal, & intercostobrachial nerves when possible

Documentation

Synoptic operative reports document:

- ✓ Curative intent
- ✓ Resection boundaries
- ✓ Preservation of vasculature
- ✓ Level III node removal *(if applicable)*

Timeline

2022 Document final plan for implementation

2023 Standard 5.4 takes full effect

2024 Site visits begin reviewing operative reports

*facs.org/**cssp***

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Commission on Cancer Operative Standards

Standard 5.5: Wide Local Excision for Primary Cutaneous Melanoma

Operation

Wide local excision for primary cutaneous melanoma
(excluding mucosal, ocular, and subungual melanomas)

Depth of excision
Invasive: skin + all underlying subcutaneous tissue down to the fascia
Melanoma in situ: skin + superficial subcutaneous fat

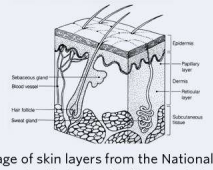
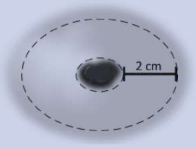


Image of skin layers from the National Cancer Institute. Used with permission.

Select **clinical margin width** based on original Breslow thickness



Breslow thickness	Margin
Melanoma in situ	> 5 mm
Invasive <1 mm	1 cm
Invasive 1–2 mm	1–2 cm
Invasive >2 mm	2 cm

Documentation

Synoptic operative reports document:

- Curative intent
- Original Breslow thickness of the lesion
- Clinical margin width (measured from edge of lesion or prior excision scar)
- Depth of excision

Timeline

2022 Document final plan for implementation

2023 Standard 5.5 takes full effect

2024 Site visits begin reviewing synoptic operative reports

ACS CSSP Cancer Surgery Standards Program
American College of Surgeons

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Colon Resection

Element	Response Options
Operation performed with curative intent	Yes; No.
Tumor location	Cecum; Ascending colon; Hepatic flexure; Transverse colon; Splenic flexure; Descending colon; Sigmoid colon; Rectosigmoid junction; Rectum, NOS; Colon, NOS.
Extent of colon and vascular resection	Right hemicolectomy – ileocolic, right colic (if present); Extended right hemicolectomy – ileocolic, right colic (if present), middle colic; Transverse colectomy – middle colic; Splenic flexure resection – middle and ascending left colic; Left hemicolectomy – inferior mesenteric; Sigmoid resection – inferior mesenteric; Total abdominal colectomy – ileocolic, right colic (if present), middle colic, inferior mesenteric; Total abdominal colectomy, with proctectomy – ileocolic, right colic (if present), middle colic, inferior mesenteric, superior and middle rectal; Other *(with explanation)*.

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Standard 5.7: Total Mesorectal Excision

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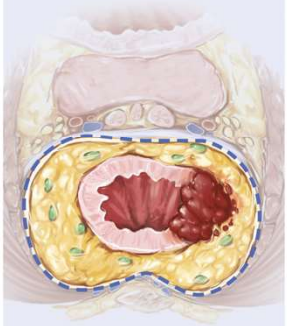
Operation

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

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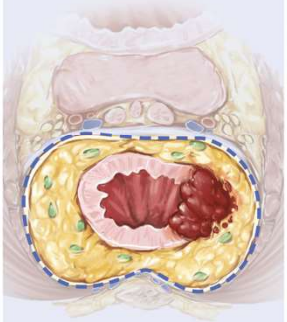

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Strategies

Template in Electronic Medical Record

* Operative Summary <Hide Structure> <Use Free Text>

Melanoma Wide Excision Synpotic Report	Operation Performed with Currative Intent: Yes / No
	Original Breslow Thickness of the Lesion: Melanoma in situ (MIS) / ===mm / OTHER
	Clinical Margin Width: 0.5cm / 1cm / 2cm / ===cm due to cosmetic/anatomic concerns / OTHER
	Depth of Excision: Full thickness skin/subcutaneous tissue down to fascia (melanoma) / Only skin and superficial subcutaneous fat (melanoma in situ) / OTHER

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Strategies

Dictation reminders

Dictating one of these operations?

Click on the QR code for the required elements for your Synoptic Operative Report*

***New requirement for Commission on Cancer accreditation**

SLN biopsy for breast cancer	**Axillary lymph node dissection for breast cancer**
Wide local excision for primary cutaneous melanoma	**Colon resection**

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Strategies

Third-party vendors

https://www.facs.org/quality-programs/cancer-programs/commission-on-cancer/standards-and-resources/2020/operative-standards/commercial/

Across Healthcare, LLC

Application: eDocSS.app (electronic Documentation of Surgery Standards)

E-mail: info@edocss.app

mTuitive, Inc.

Application: mTuitive OpNote™

Email: OpNote.acs@mtuitive.com

The following vendor offers tools that capture the data elements and responses required for compliance with CoC Standards 5.3 through 5.6.

Epic

Application: Epic

Email: SynopticOperativeReporting@epic.com

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UAB example: Implementation Plan

Actions Taken
Created/modified insertable text in Cerner operative reports
Provided templated text to surgeons for inclusion in dictated operative reports
Created flyer with QR code links to templated text for dictating surgeon
Presented requirements and actions at Cancer Management Team (CMT) meetings
Presented requirements and actions at Cancer Committee quarterly meetings

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UAB example: Audit Plan

Audit Plan		
February – March 2022	Informal audits and feedback to individual providers and groups	Karin Hardiman & Kristy Broman
March 2022	Create formal audit tool	Kristy Broman
March 2022	Audit #1 (informal)	Kristy Broman and Laquetta Allen
March-May 2022	Feedback to individual providers Implement necessary changes	Karin Hardiman & Kristy Broman
July 2022	Audit #2 (include March-May cases)	Kristy Broman and Laquetta Allen
August 2022	Feedback to CMTs Additional changes as necessary	Karin Hardiman & Kristy Broman
November 2022	Audit #3 (focused based on Audit #2)	Kristy Broman and Laquetta Allen
January 2023	Compliance Required	UAB Cancer Committee

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Contact Information and Resources

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@KristyBromanMD

- Info on compliance with reporting standards:

https://www.facs.org/quality-programs/cancer-programs/commission-on-cancer/standards-and-resources/2020/operative-standards/implementation/

- Link to Standards:

https://www.facs.org/quality-programs/cancer-programs/commission-on-cancer/standards-and-resources/2020/

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