

# 2021 Ginsberg Day Update

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*No conflicts of interest  
Consultant for Medtronic*



# Agenda

- Alliance Operative Standards Committee update
  - New Opportunity to Initiate Clinical Studies
- COC 5.8
  - ACS/SSO podcast
  - Synoptic Report Initiative



Cancer Research Program

Committees

Resources

Operative Standards for Cancer Surgery

Cancer Program News

Cancer Programs Events

Contact Cancer Programs

## ACS Cancer Research Program Committees

The American College of Surgeons Cancer Research Program (ACS CRP) maintains one administrative committee (Education) and three scientific committees (Cancer Care Delivery Research, Cancer Care Standards Development, and Dissemination & Implementation).

### Education Committee

**Chair:** Judy C. Boughey, MBBCh, FACS

**Vice-Chair:** Rebecca A. Snyder, MD, MPH, FACS

#### Goals

- Increase knowledge and awareness of ongoing clinical trials
- Increase knowledge and awareness of new evidence (clinical trial results) and practice standards
- Reduce the time from trials reporting to practice implementation

### ACS CRP Articles from the *Bulletin of the American College of Surgeons*

The *Bulletin of the American College of Surgeons* is the College's monthly member magazine, containing articles on topics that affect surgical practice and the surgical profession. Each month, the ACS CRP publishes an article in the *Bulletin* related to clinical trials in cancer.

[Read the latest ACS CRP column](#)

### ACS CRP Honorary Lecturers at the Alliance for Clinical Trials in Oncology Group Meetings

Ronald P. DeMatteo, MD, FACS: Rapid adoption of tyrosine kinase inhibitors in GIST through clinical trials (Alliance Group Meeting November 2019)

Lawrence Shulman, MD, FACP: Phase III Randomized Clinical Trials, Pragmatic Trials, and Big Data: What is the future? (Alliance Group Meeting November 2018)

Kelly Hunt, MD, FACS: How co-operative group clinical trials have shaped the surgical management of breast cancer (Alliance Group Meeting November 2016)

Heidi Nelson, MD, FACS: The future of surgical research within the changing landscape of research funding (Alliance Group Meeting November 2015)

Clifford Ko MD, MS, MSHS, FACS: Surgical quality management and outcomes in oncologic care (Alliance Group Meeting May 2015)

Elaine Mardis, PhD: Information from genomic analysis from Z1031 and beyond (Alliance Group Meeting November 2014)

### Dissemination & Implementation Committee

**Co-Chairs:** Sarah L. Blair, MD, FACS, and Sarah Birken, PhD

**Vice-Chair:** Diana Dickson-Witmer, MD, FACS

#### Goals

- Develop strategies for disseminating key cancer clinical trial results as well as design implementation research programs for cancer guidelines
- Collaborate with the Commission on Cancer and components of the ACoS and the Alliance to disseminate and implement standards based on new information from clinical trials
- Investigate novel ways to hasten and broaden uptake in clinical practice of changes indicated by results of clinical trials

### Cancer Care Standards Development Committee

**Chair:** Christina L. Roland, MD, MS, FACS

**Vice-Chair:** Nirmal K. Veeramachaneni, MD, FACS

#### Goals

- Promote prompt dissemination and adoption of clinical trials results by all practitioners involved in cancer care
- Provide a focus for research to determine the impact of clinical decision support tools on cancer treatment outcomes
- Ensure optimal research quality by review of the surgical components of Alliance protocols

### Cancer Care Delivery Research Committee

**Co-Chairs:** George J. Chang, MD, MS, FACS, and Heather B. Neuman, MD, MS, FACS

**Vice-Chair:** Stephen B. Edge, MD, FACS

#### Goal

Improve cancer care outcomes through high-quality health services that leverage the multidisciplinary collaboration and research infrastructure of the Alliance for Clinical Trials in Oncology, NCI Community Oncology Research Program (NCORP), and other partners to generate new knowledge and facilitate the implementation and dissemination of research findings throughout the oncology community.

#### Active NCORP CCDR Protocols

*Study participation for the following NCORP protocols is limited to NCORP institutions only.*

#### Alliance Foundation Trials (AFT) CCDR Protocols

### Contact Us

For more information on the ACS CRP committees or to inquire about participation, please e-mail [cancerresearchprogram@facs.org](mailto:cancerresearchprogram@facs.org).





Commission on Cancer 2020 Operative Standards

[Operative Standards Implementation](#)

## Commission on Cancer 2020 Operative Standards

The 2020 Commission on Cancer (CoC) accreditation standards, *Optimal Resources for Cancer Care*, include six new operative standards. Standards 5.3 through 5.8 were developed from standards described in *Operative Standards for Cancer Surgery Volumes I & II (OSCS)*.

The OSCS manuals provide concrete recommendations for the technical conduct of surgical operations, based on the best-available evidence. Incorporation of the OSCS recommendations as CoC accreditation standards is a step toward improving oncologic outcomes.

The full implementation plan for Standards 5.3 through 5.8 is detailed on the [Operative Standards Implementation page](#).



### Updates

[What Registrars, Pathologists and Surgeons Need to Know about the CoC Operative Standards \(12/3/20\)](#)

[CoC and CSSP Provide Update on Synoptic Operative Reporting Tools \(8/20/20\)](#)

[American College of Surgeons Launches Cancer Surgery Standards Program \(7/20/20\)](#)

[Update on Implementation of CoC Operative Standards \(5/11/20\)](#)

[Commission on Cancer Operative Standards Update \(3/10/20\)](#)

[Update on Resources for Implementation of the CoC Operative Standards for Accreditation \(1/9/2020\)](#)

### Online Education

[CoC Standards Manual Content & Requirements for Chapter 5—Patient Care: Expectations and Protocols Video | Slides](#)



## Cancer Surgery Standards PROGRAM

AMERICAN COLLEGE OF SURGEONS

Cancer Surgery Standards Program

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### Quick Links

[2020 CoC Operative Standards](#)

[Operative Standards for Cancer Surgery](#)

### Cancer Surgery Standards Program

## Cancer Surgery Standards PROGRAM

AMERICAN COLLEGE OF SURGEONS

Capture the surgical data that matter.  
Improve the quality of cancer care.

The Cancer Surgery Standards Program (CSSP) has been developed to improve the quality of surgical care provided to people with cancer.

The CSSP aims to improve care by setting evidence-based standards for the technical conduct of oncologic surgery and educating surgeons to help them meet those standards. To support implementation and adherence, the CSSP builds and disseminates tools, including synoptic operative report templates and the associated electronic infrastructure.

#### Synoptic Reporting Options



While compliance with CoC Standards 5.3-5.6 will not take effect until 2023, many programs are aware that it will take time to get electronic medical record synoptic reporting solutions in place. Programs are asking about new options available for synoptic operative reporting. We are providing the most current information about synoptic reporting solutions.

[Read more](#)

#### Standards 5.3-5.8



This brief video introduces the Operative Standards and the rationale for their incorporation into the CoC accreditation standards. We recommend that all CLPs and State Chairs distribute this video to surgeons at their CoC-accredited cancer programs and encourage program staff to show the video during tumor boards.

[Watch now](#)

#### SurgOnc Today™ Podcast



Listen to the latest episode of *SurgOnc Today*™ "American College of Surgeons Operative Standards for Cancer Surgery – Why we need them and how to put them into practice." SSO President James Howe CSSP Chair Matthew H.G. Katz and Vice-Chair Kelly Hunt about CoC Standards 5.3 through 5.8.

[Learn More](#)

#### Surgeon Voices



CSSP Implementation & Integration Committee Chair, Arden M. Morris, MD, MPH, FACS, speaks on the incorporation of synoptic reporting into surgery and how standardized language and increased data capture can help to quickly identify and disseminate important findings on patient outcomes.

[Learn More](#)

#### Bulletin Announcement



Read more about resources and education for the Commission on Cancer operative standards in this feature article published in the January 2021 issue of the *Bulletin of the American College of Surgeons*.

[Learn More](#)



# Cancer Surgery Standards PROGRAM

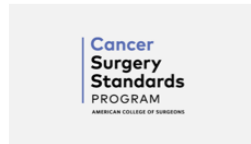
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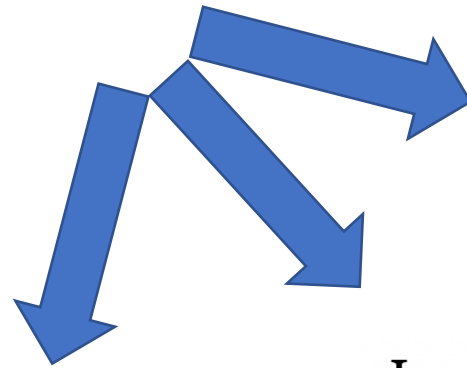
[Learn More](#)



# CSSP Governance

**CSSP Chair:** Matthew H.G. Katz, MD, FACS

**CSSP Vice Chair:** Kelly K. Hunt, MD, FACS



## Content Development Committee

**Chair:** Tina Hieken, MD, FACS

**Vice-Chair:** William Burns, MD, FACS

**Staff Liaisons:** [Amanda Francescatti](#), [Linda Zheng](#)

## Education Committee

**Chair:** Mediget Teshome, MD, FACS

**Vice-Chair:** Timothy Vreeland, MD, FACS

**Staff Liaisons:** [Amanda Francescatti](#), [Linda Zheng](#)

## Implementation and Integration Committee

**Chair:** Arden Morris, MD, FACS

**Vice-Chair:** Kristan Staudenmayer, MD, FACS

**Staff Liaisons:** [Amanda Francescatti](#), [Linda Zheng](#)



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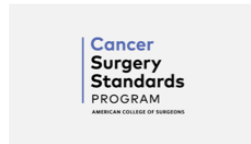
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## **Optimal Resources for Cancer Care** 2020 Standards Webinars

## 5.8 – Pulmonary Resection

### This is a phase-in standard

- The surgical pathology report following any curative intent pulmonary resection for primary lung malignancy must contain
  - lymph nodes from at least one (named and/or numbered) hilar station
  - at least three distinct (named and/or numbered) mediastinal stations
- Per the College of American Pathologists (CAP) cancer protocol template for pulmonary resections, the nodal stations examined by the pathologist must be documented in curative pulmonary resection pathology reports in synoptic format. Surgeons are expected to identify on the histology requisition form the station from which each group of nodes has been taken

## 5.8 – Pulmonary Resection

- This standard applies to the primary surgical procedure for curative intent pulmonary resections for
  - Non-small cell lung cancer (NSCLC)
  - Small cell lung cancer (SCLC)
  - Carcinoid tumors of the lung
- This standard applies to all operative approaches

## 5.8 – Pulmonary Resection

- **Compliance**

1. The surgical pathology report following any curative intent pulmonary resection for primary lung malignancy must contain lymph nodes from at least one (named and/or numbered) hilar station and at least three distinct (named and/or numbered) mediastinal stations
2. The nodal stations examined by the pathologist must be documented in curative pulmonary resection pathology reports in synoptic format





## 5.8 – Pulmonary Resection

- On-site documentation reviewed by site visit reviewer
  - The **standardized synoptic pathology reports** for curative intent pulmonary resections



# Cancer Surgery Standards PROGRAM

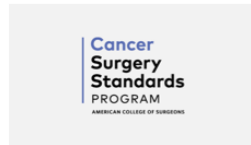
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# Implementation of Operative Standards

- Implementation leaders include, but are not limited to:
  - Cancer Committee Chair
  - Director of Surgery
  - Cancer Liaison Physician
  - Cancer Program Medical Director
  - Other physician leaders with knowledge of the surgeries covered in the standards
- Synoptic reporting templates are in development and will be available soon

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