CoC Operative Standards Revisions Summary

Standard 5.3 Sentinel Node Biopsy for Breast Cancer

- Elements and response options were streamlined from 7 elements to 3 elements.
- The measures of compliance were updated to reflect the changes in the elements/responses and to specify when nodal removal is compliant.
- Minor clarifications were made to the operative report requirements to reflect that elements/responses must be in the operative report of record and provide clarification on use of the brief operative note.

Standard 5.4 Axillary Lymph Node Dissection for Breast Cancer

- Minor clarifications were made to the definitions and requirements section.
- Axillary tissue boundary element was revised for clarification.
- Level III nodes element was reordered to demonstrate that "No" is the preferred response.
- Minor clarifications were made to the operative report requirements to reflect that elements/responses must be in the operative report of record and provide clarification on use of the brief operative note.

Standard 5.5 Wide Local Excision for Melanoma

- No revisions proposed.

Standard 5.6 Colon Resection

- Elements and response options were expanded from 3 to 4.
- Minor clarifications were made to the operative report requirements and scope of standard to reflect what is already in the FAQ.
    1. If the colon resection involves more than one primary tumor/resection, a distinct synoptic section is required for each tumor/resection.
    2. Synoptic elements/responses must be in the operative report of record. Clarification was provided on use of the brief operative note.
    3. Emergent cancer operations when the cancer is biopsy-proven or suspected are included within the scope of the standard.
- The measures of compliance were updated to specify when the resection/lymphadenectomy is compliant.

Standard 5.7 Total Mesorectal Excision for Rectal Cancer

- The scope of standard was revised to include primary resection specimens with no residual cancer (e.g. following neoadjuvant therapy).

Standard 5.8 Pulmonary Resection

- The scope of standard was revised to:
    1. Include primary resection specimens with no residual cancer (e.g. following neoadjuvant therapy).

2. Include all lung cancer subtypes regardless of their propensity for nodal metastasis, including ground glass opacities.
3. Reflect what is currently included in the FAQ: mediastinoscopy specimens are surgical and may be included in the final pathology synoptic report to count towards the nodal requirements. Transbronchial FNA nodal samples do not count towards the nodal requirements for Standard 5.8.

- The references have been updated to reflect the current literature.