Commission on Cancer®
NATIONAL ACCREDITATION PROGRAM FOR RECTAL CANCER

A QUALITY PROGRAM *of the* AMERICAN COLLEGE OF SURGEONS

The National Accreditation Program for Rectal Cancer **Standards Manual**

2017 EDITION (REVISED OCTOBER 2017)

American College of Surgeons
Inspiring Quality:
Highest Standards, Better Outcomes

100+*years*

STANDARD

2.10

Photographs of Surgical Specimens

Each calendar year, a minimum of 65 percent of all eligible surgical specimens are photographed to include anterior, posterior, and lateral views. Photographs of the fresh or formalin fixed ex-vivo specimen may be obtained using any standard digital camera in either the operating room or in the pathology laboratory. These images are subsequently presented to and discussed by the Rectal Cancer Multidisciplinary Team and are electronically stored with patient identifier.

DEFINITION AND REQUIREMENTS

The integrity of the mesorectum correlates with oncologic outcomes.[1] The plane in which the surgeon performs the dissection of the rectum will influence the completeness of the mesorectum and therefore reflects the quality of the surgery.[2] The presence of mesorectal tears or defects predisposes to both local and distant recurrence.[3] Photographs of the surgical specimens displaying the integrity of the mesorectum provide useful feedback to the surgeon.

A minimum of 65 percent of rectal cancer specimens are photographed to document the quality of the mesorectum and include anterior, posterior, and lateral views. These images are shown and discussed at RC-MDT meetings and are electronically stored with a patient identifier. If the specimen is photographed but not presented and discussed at an RC-MDT meeting, then it does not qualify for the 65 percent required for compliance with this standard.

DOCUMENTATION

The RCP must complete all required electronic data fields.

Each calendar year, the RCP uploads the policy and procedure for obtaining, displaying, and storing photographs of rectal cancer specimens.

CHART REVIEW

At a minimum, a random sample of 20 percent of eligible cases or a maximum of 100 cases are reviewed by the Rectal Cancer Program Director each calendar year to evaluate compliance with this standard. The Rectal Cancer Program Director may delegate this review to an appropriately credentialed physician member of the RC-MDT. For any result that does not meet the required percentages as listed in the rating criteria section, an action plan must be developed and implemented.

During the on-site visit, the surveyor will evaluate the randomly, preselected medical records of eligible patients to confirm compliance with the rating criteria.

RATING CRITERIA

Compliance: Each calendar year, the RCP fulfills all of the compliance criteria:

1. A minimum of 65 percent of all eligible surgical specimens are photographed to include anterior, posterior, and lateral views and are presented to and discussed by the Rectal Cancer Multidisciplinary Team and electronically stored with the patient identifier.
2. All required policies and procedures are in place.

Noncompliance: The RCP does not fulfill one or more of the compliance criteria each calendar year.

1. Quirke P, Steele R, Monson J, Grieve R, Khanna S, Couture J, O'Callaghan C, Myint AS, Bessell E, Thompson LC, Parmar M, Stephens RJ, Sebag-Montefiore D. Effect of the plane of surgery achieved on local recurrence in patients with operable rectal cancer: a prospective study using data from the MRC CR07 and NCIC-CTG CO16 randomised clinical trial. Lancet. 2009; 373(9666):821-8.

2. Maslekar S, Sharma A, Macdonald A, Gunn J, Monson JR, Hartley JE. Mesorectal grades predict recurrences after curative resection for rectal cancer. Dis Colon Rectum. 2007 ;50(2):168-75.

3. Maurer CA, Renzulli P, Kull C, Käser SA, Mazzucchelli L, Ulrich A, Büchler MW. The impact of the introduction of total mesorectal excision on local recurrence rate and survival in rectal cancer: long-term results. Ann Surg Oncol. 2011;18(7): 1899-1906.