

Evaluating the Current Status of Rectal Cancer Care in the US: Where We Stand at the Start of the Commission on Cancer's National Accreditation Program for Rectal Cancer

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- BACKGROUND:** In an effort to improve the quality of rectal cancer care in the US, the American College of Surgeons Commission on Cancer has developed the National Accreditation Program for Rectal Cancer (NAPRC). We aimed to describe the current status of rectal cancer care before implementation of the NAPRC.
- STUDY DESIGN:** The 2011-2014 National Cancer Database was queried for non-metastatic rectal cancer patients who underwent proctectomy. The NAPRC process measures evaluated included clinical staging completion, treatment starting fewer than 60 days from diagnosis, CEA level drawn before treatment, tumor regression grading, and margin assessment. The NAPRC performance measures included negative proximal, distal, and circumferential margins, and ≥ 12 lymph nodes harvested during resection.
- RESULTS:** There were 39,068 patients identified (mean age 62 years, 61.6% male sex). In $>85\%$ of patients, clinical staging was completed, treatment was started within 60 days, and all tumor margins were assessed. Pretreatment CEA level (64.6% complete) was the process measure most often omitted. However, completion of all included process measures occurred in only 28.1% of patients. All pathologic margins were negative in 79.8% of patients and 73.2% of specimens reported ≥ 12 lymph nodes. Overall, 56.3% of patients achieved all performance measures. Patients treated at high-volume centers (>30 cases/year) had higher odds of meeting all performance measures (odds ratio 1.42; $p < 0.001$).
- CONCLUSIONS:** Overall, very few patients achieved all of the proposed quality measures for rectal cancer care. It will be important to re-evaluate these data after the implementation of the NAPRC. (J Am Coll Surg 2018;■:1–10. © 2018 Published by Elsevier Inc. on behalf of the American College of Surgeons.)
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Disclosure Information: Nothing to disclose.

Disclosures outside the scope of this work: Dr Fleming receives royalties from UpToDate, Inc. Dr Wexner is a consultant for Axonics Modulation Technologies, LifeBond, Medtronic, Novadaq, and TiGenix; he is a consultant, receives royalties, and holds patents with Intuitive Surgical and Karl Storz Endoscopy America; he holds patents and receives royalties from Covidien and Unique Surgical Innovations; owns stock in Asana Medical, LifeBond, Pragma, and Renew Medical; and receives support from CRH Medical, Intuitive Surgical, Neatstitch, and novoGI.

Presented at the American College of Surgeons Clinical Congress 2017, San Diego, CA, October 2017.

Received November 12, 2017; Revised January 12, 2018; Accepted January 16, 2018.

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Abbreviations and Acronyms

CoC	=	Committee on Cancer
CRM	=	circumferential radial margin
NAPRC	=	National Accreditation Program For Rectal Cancer
NCDB	=	National Cancer Database
TME	=	total mesorectal excision

In 2017, it was estimated that nearly 40,000 people in the US will be diagnosed with rectal cancer.^{1,2} Despite its high incidence and major financial burden on the healthcare system, there is significant heterogeneity in treatment patterns and outcomes for rectal cancer patients across the US. The underlying etiology behind this variation is multifactorial. The complex anatomy of the pelvis, coupled with the historical trend of patients receiving

Table 1. National Accreditation Program for Rectal Cancer Standards (2017 Edition)

Chapter 1: Program Management

- Standard 1.1: Commission on Cancer Accreditation
- Standard 1.2: Rectal Cancer Multidisciplinary Care
- Standard 1.3: Rectal Cancer Multidisciplinary Team Attendance
- Standard 1.4: Rectal Cancer Multidisciplinary Team Meetings
- Standard 1.5: Rectal Cancer Program Director
- Standard 1.6: Rectal Cancer Program Coordinator
- Standard 1.7: Rectal Cancer Program Education*

Chapter 2: Clinical Services

- Standard 2.1: Review of Diagnostic Pathology
- Standard 2.2: Staging before Definitive Treatment
- Standard 2.3: Standardized Staging Reporting for Magnetic Resonance Imaging Results
- Standard 2.4: Carcinoembryonic Antigen Level
- Standard 2.5: Rectal Cancer Multidisciplinary Team Treatment Planning Discussion
- Standard 2.6: Treatment Evaluation and Recommendation Summary
- Standard 2.7: Definitive Treatment Timing
- Standard 2.8: Surgical Resection and Standardized Operative Reporting*
- Standard 2.9: Pathology Reports after Surgical Resection
- Standard 2.10: Photographs of Surgical Specimens
- Standard 2.11: Multidisciplinary Team Treatment Outcome Discussion
- Standard 2.12: Treatment Outcome Discussion Summary
- Standard 2.13: Adjuvant Therapy after Surgical Resection

Chapter 3: Quality Improvement

- Standard 3.1: Rapid Quality Reporting System*
- Standard 3.2: Accountability and Quality Improvement Measures*

The National Accreditation Program for Rectal Cancer (NAPRC) standards are evolving. The full NAPRC Standards Manual is available at <https://www.facs.org/quality-programs/cancer/naprc>.

*Standard remains in development.

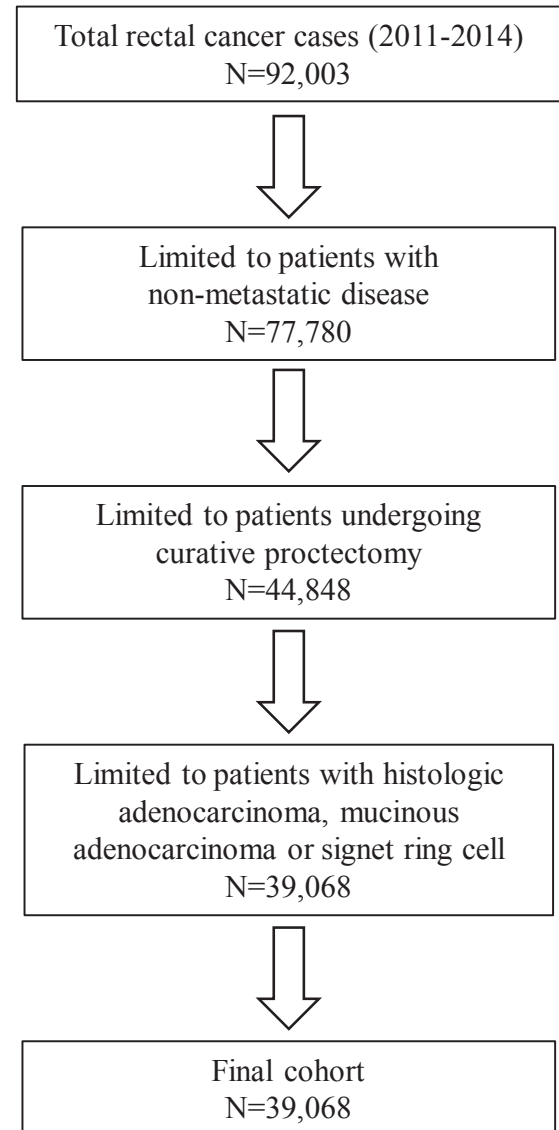


Figure 1. Inclusion diagram.

treatment at low-volume hospitals by surgeons with suboptimal training and/or experience, has resulted in significant differences in colostomy rates, oncologic outcomes, postoperative complications, and mortality in the US and other countries.³⁻⁶ Centers that have implemented a multidisciplinary and process-driven approach to the treatment of rectal cancer, as well as many other cancers, have demonstrated improved outcomes.⁷⁻¹⁰

The US lags behind many European countries in the implementation of evidence-based processes for the treatment of rectal cancer patients and, as a consequence, also in the quality of outcomes.^{8,11} The Consortium for Optimizing the Surgical Treatment of Rectal Cancer (OS-TRiCh) was created in 2011 in an effort to improve the

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