INTRODUCTION

- The American College of Surgeons and the Alliance for Clinical Trials in Oncology published two volumes on The Operative Standards for Cancer Surgery in 2015 and 2016, which outline technical aspects of oncologic operations considered essential for optimal and quality surgeries.
- Standards addressing documentation of critical steps described in these manuals are currently being incorporated by the Commission on Cancer (CoC) in their revised standards for cancer center accreditation with implementation anticipated by 2020.

Oncologic Elements of Operative Record – Breast

METHODS

- The objective of this study was to assess the current status of documentation of essential elements in operative reports for breast cancer surgery.
- Operative reports for partial mastectomy (PM) with sentinel lymph node biopsy (SLNB) performed at Loma Linda University Medical Center, a CoC accredited institution, from January 2013 to May 2018 were analyzed.
- Reviewers assessed operative record compliance with the Operative Standards list of Oncologic Elements of Operative Record - Breast. The non-redundant Mastery of Breast Surgery (MBS) intra-operative quality measures was evaluated for comparison.
- Each reviewer was provided with a training module, which included a sample operative report, to simulate basic training of surgeons.

RESULTS

- During the study period, 66 cases of PM with SLNB had complete operative reports available for review in electronic format. A total of five attending physicians performed operations with one surgeon performing 50% of cases.
- Operative reports were completed by the attending surgeon in 63.6% of cases within 30.5. Team reviewers (ranging in experience from third year general surgery clerkship medical students to third-year graduate general surgery residents) evaluated all 66 cases for 14 critical elements (13 Oncologic Elements of PM and SLNB and one MBS measure).
- No operative reports were identified where all critical elements were reported for PM with SLNB or for PM alone.
- The average time required to survey the operative report was 2 minutes (min) 41 seconds (sec). After the first 15 cases, the average survey time per case decreased from 3 min 55 sec to 2 min 19 sec (p<0.0001).
- Combined reporting performance and interrater reliability were variable across elements, and were highest for reports use of SLNB tracer (97.1% and k= 0.96, respectively) and lowest for inclusion of intraoperative assessment of SLNB (30.6%, k=0.43).
- MBS specimen orientation had both high proportion reported (87%) and interrater reliability (k=0.84).

CONCLUSIONS

- Limitations included selection bias inherent to retrospective studies along with variation in educational backgrounds of observers.
- Adherence to essential elements of breast cancer operations listed in the Operative Standards manual was found to be variably reported by surgeons performing PM with SLNB in the current study.
- Regardless of whether differential compliance in reporting is tied to discrepancies in surgeon documentation or reviewer abstraction of critical elements, clarification of synoptic choices may help to improve reporting consistency.
- Rapidly evolving standards in technology or technology will require continuous appraisal of any mandated reporting elements for breast cancer surgery.

REFERENCES