



**THE AMERICAN
BOARD OF SURGERY**

COMPLEX GENERAL SURGICAL ONCOLOGY ENTRUSTABLE PROFESSIONAL ACTIVITIES CLINICAL COMPETENCY COMMITTEE GUIDE

This document is intended to be a resource for complex general surgical oncology program Clinical Competency Committees (CCCs) to utilize when reviewing trainee performance with the aid of Entrustable Professional Activities (EPAs) data. Each EPA phase of care has been linked to the related ACGME Surgery Milestones and can be found in the included tables.

MILESTONE KEY:

PC - Patient Care
MK - Medical Knowledge
SBP - Systems-Based Practice
PBLI - Practice-Based Learning and Improvement
PROF - Professionalism
ICS - Interpersonal and Communication Skills

For a listing of ACGME surgery milestones, please see this document.

(<https://www.acgme.org/globalassets/pdfs/milestones/complexgeneralurgicaloncologymilestones.pdf>)

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CCC Guide

Evaluation And Management of Patients with Breast Cancer

Description of the Activity:

Surgical oncologists are expected to evaluate and manage patients who present with signs and symptoms of a breast mass, breast imaging abnormalities, and biopsy-proven breast cancers. Surgical oncologists must be able to accurately and cost-effectively diagnose, treat, and provide surveillance for adult patients with breast disease/cancer and recognize complex disease that requires multidisciplinary treatment.

In Scope:

- Diagnoses
 - Evaluation of:
 - High-risk and genetic predisposition scenarios
 - High-risk lesions (eg, atypical ductal hyperplasia, radial scar)
 - Imaging abnormality
 - Nipple discharge
 - Palpable mass
 - Carcinoma arising from the breast
 - In situ disease
 - Invasive
 - Phyllodes
 - Angiosarcoma of the breast
 - Axillary lymphadenopathy related to breast disease
 - Inflammatory breast cancer
- Procedures
 - Mastectomy, total or partial
 - Image-guided partial mastectomy
 - Nipple-sparing
 - Skin-sparing
 - Total

- Oncoplastic techniques
 - Lymphadenectomy: sentinel, targeted, or complete
 - Risk-reduction procedures
 - Integration of reconstructive approaches
 - Terminal duct excision/central duct excision
- Populations
 - Male and female patients with breast cancer
 - Pregnant patients

Out of Scope:

- Diagnoses
 - Breast abscess
 - Breast pain
 - Cutaneous malignancies of the breast
 - Fibroadenoma
 - Gynecomastia
 - Hidradenitis
 - Mastitis
- Procedures
 - Ablation
- Populations
 - Patients younger than 12 years

Level	Preoperative /Nonoperative		Intraoperative Open	Intraoperative Endovascular	
1 Limited Participation	PC1 L1	PC7 L1	PC1 L1	PC1 L1	PC7 L1
	MK2 L1	MK3 L1	PC5 L1	MK2 L1	MK3 L1
	MK4 L1	ICS1 L1	MK2 L1	MK4 L1	ICS3 L1
		ICS3 L1	MK3 L1		ICS3 L1
			ICS3 L1		
2 Direct Supervision	PC1 L2	PC7 L2	PC1 L2	PC1 L2	PC7 L2
	MK2 L2	MK3 L2	PC5 L2	MK2 L2	MK3 L2
	MK4 L2	ICS1 L2	MK2 L2	MK4 L2	ICS3 L2
		ICS3 L2	MK3 L2		ICS3 L2
			ICS3 L2		
3 Indirect Supervision	PC1 L3	PC7 L3	PC1 L3	PC1 L4	PC7 L4
	MK2 L3	MK3 L3	PC5 L3	MK2 L4	MK3 L4
	MK4 L3	ICS1 L3	MK2 L3	MK4 L4	ICS3 L4
		ICS3 L3	MK3 L3		ICS3 L4
			ICS3 L3		
4 Practice Ready	PC1 L4	PC7 L4	PC1 L4	PC1 L4	PC7 L4
	MK2 L4	MK3 L4	PC5 L4	MK2 L4	MK3 L4
	MK4 L4	ICS1 L4	MK2 L4	MK4 L4	ICS3 L4
		ICS3 L4	MK3 L4		ICS3 L4
			ICS3 L4		



CCC Guide

Evaluation & Management of Patients with Colon Cancer

Description of the Activity:

Surgical oncologists are expected to evaluate and manage patients with malignant polyps, colon cancer, and appendiceal adenocarcinoma and screen/treat patients with hereditary colon cancer and polyposis syndromes. They must be able to identify the indicated surgical procedures for the treatment of known colon cancer, the need for any relevant risk-reducing procedures, and the management of synchronous metastatic disease. Surgical oncologists must develop a patient-specific, evidence-based surveillance plan in coordination with a multidisciplinary team.

In Scope:

- Diagnoses
 - Colonic adenocarcinoma
 - Malignant polyp
- Procedures
 - Complete mesocolic excision
 - En bloc resections, including multivisceral resections
 - Open, MIS, robotic approaches
 - Segmental colectomy with appropriate oncologic mesenteric lymphadenectomy
 - Total abdominal colectomy with appropriate oncologic mesenteric lymphadenectomy
 - Total proctocolectomy and IPAA
- Populations
 - Adults

Out of Scope:

- Diagnoses
 - Benign conditions (diverticulitis)
 - Gastrointestinal stromal tumors
 - Inflammatory bowel disease in the absence of cancer
 - Lymphoma
 - Neuroendocrine tumors
 - Peritoneal surface metastases of the colon or appendiceal origin
- Procedures
 - Endoscopic resection techniques
- Populations
 - Pediatric patients

Level	Preoperative /Nonoperative	Intraoperative Open	Intraoperative Endovascular
1 Limited Participation	PC1 L1 MK2 L1 PBL1 L1 ICS3 L1	PC3 L1 PC4 L1 PC5 L1 ICS3 L1	PC1 L1 MK2 L1 PBL1 L1 ICS3 L1
2 Direct Supervision	PC1 L2 MK2 L2 PBL1 L2 ICS3 L2	PC3 L2 PC4 L2 PC5 L5 ICS3 L2	PC1 L2 MK2 L2 PBL1 L2 ICS3 L2
3 Indirect Supervision	PC1 L3 MK2 L3 PBL1 L3 ICS3 L3	PC3 L3 PC4 L3 PC5 L5 ICS3 L3	PC1 L3 MK2 L3 PBL1 L3 ICS3 L3
4 Practice Ready	MK2 L4 PBL1 L4 ICS3 L4	PC3 L4 PC4 L4 PC5 L5 ICS3 L4	PC1 L4 MK2 L4 PBL1 L4 ICS3 L4



CCC Guide

Evaluation & Management of Patients with Gastric and Esophageal Cancers

Description of the Activity:

Surgical oncologists are expected to evaluate and manage patients who present with signs and symptoms of gastric and esophageal cancers. Surgical oncologists must be able to accurately and cost-effectively diagnose, treat, and provide guideline-adherent surveillance for adult patients with gastric and esophageal cancers and recognize complex disease requiring multidisciplinary treatment.

In Scope:

- Diagnoses
 - High-risk and genetic predisposition scenarios
 - Squamous cell carcinoma of the esophagus
 - Primary adenocarcinoma
 - Gastric
 - Esophageal
 - High-grade dysplastic lesions
 - Gastric
 - Esophageal
- Procedures
 - Total esophagectomy
 - Distal esophagectomy
 - Total gastrectomy
 - Partial/subtotal gastrectomy
 - Lymphadenectomy as appropriate with the above procedures
 - Staging laparoscopy
 - Enteral feeding access

- Populations
 - Adults

Out of Scope:

- Diagnoses
 - Benign stricture
 - Gastrointestinal stromal tumor
 - Leiomyoma
 - Lymphoma
 - Peptic ulcer disease
 - Traumatic perforation
 - Tumors metastatic to the stomach or esophagus
- Procedures
 - Ablation
 - Endoscopic mucosal resection
 - Intraperitoneal chemotherapy
- Populations
 - Pediatric patients
 - Pregnant patients

Level	Preoperative /Nonoperative	Intraoperative Open	Intraoperative Endovascular
1 Limited Participation	PC1 L1 MK2 L1 PBL1 L1 ICS1 L1 ICS3 L1	PC3 L1 MK2 L1 ICS2 L1 ICS3 L1	PC6 L1 MK2 L1 PBL1 L1 ICS1 L1 ICS3 L1
2 Direct Supervision	PC1 L2 MK2 L2 PBL1 L2 ICS1 L2 ICS3 L2	PC3 L2 MK2 L2 ICS2 L2 ICS3 L2	PC6 L2 MK2 L2 PBL1 L2 ICS1 L2 ICS3 L2
3 Indirect Supervision	PC1 L3 MK2 L3 PBL1 L3 ICS1 L3 ICS3 L3	PC3 L3 MK2 L3 ICS2 L3 ICS3 L3	PC6 L3 MK2 L3 PBL1 L3 ICS1 L3 ICS3 L3
4 Practice Ready	PC1 L4 MK2 L4 PBL1 L4 ICS1 L4 ICS3 L4	PC3 L4 MK2 L4 ICS2 L4 ICS3 L4	PC6 L4 MK2 L4 PBL1 L4 ICS1 L4 ICS3 L4



CCC Guide

Evaluation & Management of Patients with a Liver or Biliary Mass

Description of the Activity:

Surgical oncologists are expected to evaluate and manage patients who present with signs and symptoms of a liver or biliary mass. Surgical oncologists must be able to accurately and cost-effectively diagnose, treat, and provide appropriate surveillance for adult patients with hepatobiliary masses and recognize complex disease that requires multidisciplinary treatment.

In Scope:

- Diagnoses
 - Choledochal cysts
 - Colorectal liver metastasis
 - Extrahepatic cholangiocarcinoma and gallbladder malignancies
 - Focal nodular hyperplasia
 - Gallbladder masses, including polyps and mucinous lesions
 - Hepatic adenoma
 - Hepatic cystic neoplasms
 - Hepatic hemangioma
 - Hepatocellular carcinoma
 - Indeterminate liver mass
 - Intrahepatic cholangiocarcinoma
 - Other secondary liver tumors
 - Primary liver neuroendocrine tumors
 - Unresectable liver tumors
- Procedures
 - Appropriate referral to multidisciplinary specialists for definitive/adjuvant management, including liver-directed therapy and radiotherapy
 - Bile duct resection with reconstruction
 - Cholangiography
 - Extended hepatectomy
 - Hepatic ablation
- Hepatic arterial infusion chemotherapy
- Intraoperative hepatic ultrasound
- Major hepatectomy
- Partial hepatectomy
- Portal lymphadenectomy
- Radical cholecystectomy
- Surgical approach: open and minimally invasive techniques
- Populations
 - All adult patients, including those with hereditary syndromes and congenital/acquired anatomic variations (eg, variant hepatic artery anatomy, post bariatric surgery)
 - Patients with an indication for liver transplantation

Out of Scope:

- Diagnoses
 - Benign biliary obstruction, including gallstone disease and stricture
 - Infectious hepatic lesions, including abscess and hydatid disease
 - Primary sclerosing cholangitis
 - Type V choledochal cyst (Caroli disease)
- Procedures
 - Liver transplantation
 - Pancreatectomy

Level	Preoperative /Nonoperative	Intraoperative Open	Intraoperative Endovascular
1 Limited Participation	PC1 L1 MK1 L1 ICS3 L1	PC2 L1 PC3 L1 PC4 L1 MK1 L1 ICS3 L1	PC1 L1 PC6 L1 PC7 L1 ICS3 L1
2 Direct Supervision	PC1 L2 MK1 L2 ICS3 L2	PC2 L2 PC3 L2 PC4 L2 MK1 L2 ICS3 L2	PC1 L2 PC6 L2 PC7 L2 ICS3 L2
3 Indirect Supervision	PC1 L3 MK1 L3 ICS3 L3	PC2 L3 PC3 L3 PC4 L3 MK1 L3 ICS3 L3	PC1 L3 PC6 L3 PC7 L3 ICS3 L3
4 Practice Ready	PC1 L4 MK1 L4 ICS3 L4	PC2 L4 PC3 L4 PC4 L4 MK1 L4 ICS3 L1	PC1 L4 PC6 L4 PC7 L4 ICS3 L4



CCC Guide

Evaluation & Management of Patients with Melanoma and Advanced Cutaneous Malignancies

Description of the Activity:

Surgical oncologists are expected to evaluate and manage patients who present with signs and symptoms of cutaneous malignancies. Surgical oncologists must be able to accurately and cost-effectively diagnose, treat, and provide surveillance for melanoma, squamous cell carcinoma, basal cell carcinoma, Merkel cell carcinoma, and cutaneous adnexal tumors, recognizing complex disease that requires multidisciplinary treatment.

In Scope:

- Diagnoses
 - Cutaneous adnexal tumors
 - Hereditary syndromes with increased melanoma risk
 - High-risk basal cell carcinoma
 - High-risk squamous cell carcinoma
 - Melanoma: invasive and noninvasive
 - Merkel cell carcinoma
 - Unknown, suspicious cutaneous lesions
- Procedures
 - Amputation
 - Excisional biopsy
 - Incisional biopsy
 - Intratumoral injections of therapeutic agents
 - Metastasectomy
 - Punch biopsy
 - Sentinel lymph node biopsy, including injection of blue dye, use of a gamma probe, and interpretation of preoperative lymphoscintigraphy
 - Therapeutic or completion lymphadenectomy
 - Wide local excision
 - Wound closure: skin graft, synthetic skin graft products, rotational flaps, complex wound closures
- Populations

- Immunocompromised patients
- Patients with autoimmune disorders
- Pregnant patients

Out of Scope:

- Diagnoses
 - Benign lesions
 - Congenital nevi
 - Cutaneous sarcomas
 - Dermatofibrosarcoma protuberans
 - Desmoid tumors
 - Mucosal melanoma (eg, anorectal)
 - Neurofibroma
 - Ocular melanoma
- Procedures
 - Free flaps
 - Isolated hepatic infusion
 - Isolated limb infusion
 - Isolated limb perfusion
- Populations
 - Pediatric patients

Level	Preoperative /Nonoperative		Intraoperative Open	Intraoperative Endovascular	
1 Limited Participation	PC1 L1	MK2 L1	PC4 L1	PC7 L1	MK2 L1
	MK3 L1	MK4 L1	ICS3 L1	MK3 L1	MK4 L1
	PBLI1 L1	ICS3 L1		PBLI L1	ICS3 L1
2 Direct Supervision	PC1 L2	MK2 L2	PC4 L2	PC7 L2	MK2 L2
	MK3 L2	MK4 L2	ICS3 L2	MK3 L2	MK4 L2
	PBLI1 L2	ICS3 L1		PBLI L2	ICS3 L2
3 Indirect Supervision	PC1 L3	MK2 L3	PC4 L3	PC7 L3	MK2 L3
	MK3 L3	MK4 L3	ICS3 L3	MK3 L3	MK4 L3
	PBLI1 L3	ICS3 L3		PBLI L3	ICS3 L3
4 Practice Ready	PC1 L4	MK2 L4	PC4 L4	PC7 L4	MK2 L4
	MK3 L4	MK4 L4	ICS3 L4	MK3 L4	MK4 L4
	PBLI1 L4	ICS3 L4		PBLI L4	ICS3 L4



CCC Guide

Evaluation & Management of Patients with Other Gastrointestinal Tumors

Description of the Activity:

Surgical oncologists are expected to evaluate and manage patients who present with a gastrointestinal (GI) or mesenteric neoplasm found incidentally or after a diagnostic workup. Surgical oncologists must be able to accurately and cost-effectively diagnose, treat, and provide guideline-concordant surveillance for adult patients with a variety of GI or mesenteric neoplasms and recognize that a GI or mesenteric mass may be part of complex disease that requires multidisciplinary treatment.

In Scope:

- Diagnoses
 - GI NETs, including appendiceal NETs
 - GI stromal tumors
 - GI tumors of indeterminate malignant potential (eg, with no tissue diagnosis)
 - Lymphoma with GI involvement
 - Small bowel adenocarcinoma
- Procedures
 - Gastrectomy
 - Subtotal gastrectomy
 - Total gastrectomy
 - Wedge resection
 - Enterectomy
 - Partial colectomy
 - Proctectomy
 - Appendectomy
 - Transanal excision
 - Lymphadenectomy in conjunction with the above as appropriate for indication
 - Multivisceral resection in conjunction with the above
 - Open and minimally invasive techniques
 - Appropriate referral to multidisciplinary specialists for definitive endoscopic management

- Populations
 - Adults, including those with hereditary syndromes

Out of Scope:

- Diagnoses
 - Appendiceal adenocarcinoma
 - Benign neoplasms
 - Colon and rectal adenocarcinoma
 - Malignant small bowel obstruction
 - Metastatic small bowel tumors
 - Mucinous appendiceal neoplasms
 - Pancreatic NETs
 - Peritoneal surface malignancies
 - Primary liver NETs
 - Secondary malignant neoplasms of the colon
- Procedures
 - Incidental en bloc/multivisceral resections for other indications
- Populations
 - Pediatric patients

Level	Preoperative /Nonoperative	Intraoperative Open	Intraoperative Endovascular
1 Limited Participation	PC1 L1 MK2 L1 MK3 L1 PBL1 L1 ICS3 L1	PC3 L1 MK2 L1 ICS3 L1	PC7 L1 MK2 L1 MK3 L1 PBL1 L1 ICS3 L1
2 Direct Supervision	PC1 L1 MK2 L2 MK3 L2 PBL1 L2 ICS3 L2	PC3 L2 MK2 L2 ICS3 L2	PC7 L2 MK2 L2 MK3 L2 PBL1 L2 ICS3 L2
3 Indirect Supervision	PC1 L3 MK2 L3 MK3 L3 PBL1 L3 ICS3 L3	PC3 L3 MK2 L3 ICS3 L3	PC7 L3 MK2 L3 MK3 L3 PBL1 L3 ICS3 L3
4 Practice Ready	PC1 L4 MK2 L4 MK3 L4 PBL1 L4 ICS3 L4	PC3 L4 MK2 L4 ICS3 L4	PC7 L4 MK2 L4 MK3 L4 PBL1 L4 ICS3 L4



CCC Guide

Evaluation & Management of Patients Being Treated with Palliative Intent at the End of Life with Limited Treatment Options

Description of the Activity:

Surgical oncologists are expected to evaluate and manage patients with incurable, locally advanced, or metastatic malignancies who may present with signs and symptoms such as intestinal, biliary, or ureteral obstruction; fistulas; ascites; pleural effusions; lymphedema; bleeding; infection; malnutrition; failure to thrive; and pain. This evaluation includes an assessment of the extent of disease, prognosis, and treatment options. The surgical oncologists work as part of a multidisciplinary team that presents surgical and nonsurgical treatment options to patients and their families, implements an evidence-based treatment plan to palliate symptoms, and develops a discharge plan that encompasses the goals of care.

In Scope:

- Diagnoses
 - All patients with the following malignancies being treated with palliative intent:
 - Cancer-related pain
 - Cancer-related cachexia
 - Gastric outlet obstruction
 - Gastrointestinal bleeding
 - Lymphedema
 - Malignant ascites
 - Malignant bowel obstruction
 - Malignant fistula
 - Malignant obstructive jaundice
 - Malignant pleural effusion
 - Malignant ureteral obstruction
 - Malignant wounds
- Procedures (Note: Focus on intraoperative and perioperative decision-making—not technical details of each procedure.)
 - Goals of care and advance care planning meetings with patients/caregiver(s) and other care teams (eg, medical oncology, palliative medicine)
 - Code status discussion
 - Incorporation of advance directives and shared decision-making to achieve goal-concordant care
 - Referral for palliative medicine consultation
 - Surgical management of:
 - Enteral feeding access: laparoscopic, open
 - Gastric outlet obstruction: laparoscopic or open, bypass or resection
 - Malignant ascites: placement of peritoneal drain, hyperthermic intraperitoneal chemotherapy
 - Malignant bowel obstruction: laparoscopic, open, resection, bypass, diverting ostomy, venting gastrostomy tube placement, lysis of adhesions
 - Malignant gastrointestinal bleeding: laparoscopic or open

- Malignant obstructive jaundice: open or laparoscopic, bypass or open
- Malignant wounds

Populations

- All oncology patients being treated with palliative intent
- Patients who lack decisional capacity
 - Identify and engage surrogate decision-makers.

Out of Scope:

- Diagnoses
 - Airway compromise
 - Central nervous system (CNS)-related symptoms (eg, cord compression, brain metastases)
 - Hematuria from bladder or genitourinary neoplasms
 - Malignant fractures
 - Nonmalignant pain syndromes
 - Paraneoplastic syndromes
 - Patients receiving treatment with curative intent
 - Patients with chronic pain
 - Vaginal bleeding
- Procedures
 - Advanced endoscopic palliative procedures for bleeding or obstruction
 - Flap coverage for malignant wounds
 - Interventional radiology procedures for bleeding, pain management, or ureteral obstruction
 - Malignant fracture stabilization
 - Management of complications from gynecologic malignancies
 - Neurologic procedures for CNS metastases
 - Percutaneous venting gastrostomy tube placement
 - Tracheostomy for airway obstruction
- Populations
 - Patients pursuing standard curative-intent treatment
 - Pediatric patients
 - Patients at end of life unrelated to malignancy
 - Patients with chronic nonmalignant pain

Level	Preoperative /Nonoperative		Intraoperative Open	Intraoperative Endovascular	
1 Limited Participation	PC1 L1 SBP2 L1 ICS1 L1	P1 L1 SBP3 L1 ICS2 L1 ICS3 L1	PC1 L1 SBP3 L1 ICS2 L1 ICS3 L1	SBP2 L1 ICS1 L1 ICS3 L1	SBP3 L1 ICS2 L1 P1 L1
2 Direct Supervision	PC1 L2 SBP2 L2 ICS1 L2	P1 L2 SBP3 L2 ICS2 L2 ICS3 L2	PC1 L2 SBP3 L2 ICS2 L2 ICS3 L2	SBP2 L2 ICS1 L2 ICS3 L2	SBP3 L2 ICS2 L2 P1 L2
3 Indirect Supervision	PC1 L3 SBP2 L3 ICS1 L3	P1 L3 SBP3 L3 ICS2 L3 ICS3 L3	PC1 L3 SBP3 L3 ICS2 L3 ICS3 L3	SBP2 L3 ICS1 L3 ICS3 L3	SBP3 L3 ICS2 L3 P1 L3
4 Practice Ready	PC1 L4 SBP2 L4 ICS1 L4	P1 L4 SBP3 L4 ICS2 L4 ICS3 L4	PC1 L4 SBP3 L4 ICS2 L4 ICS3 L4	SBP2 L4 ICS1 L4 ICS3 L4	SBP3 L4 ICS2 L4 P1 L4



CCC Guide

Evaluation & Management of Patients with a Pancreatic Lesion or Cancer

Description of the Activity:

Patients with pancreatic lesions or new diagnosis of pancreatic cancer are referred to surgical oncologists. Surgical oncologists are expected to evaluate and lead guideline-concordant management of patients presenting with these conditions. Surgical oncologists must be able to accurately and cost-effectively diagnose, treat, and provide surveillance for patients with benign and malignant pancreatic lesions.

- Total pancreatectomy

In Scope:

- Diagnoses
 - Cystic lesions of the pancreas
 - High-risk and genetic predisposition scenarios
 - Intraductal papillary neoplasms
 - Neuroendocrine tumors of the pancreas (functional and nonfunctional)
 - Obstructive jaundice
 - Pancreatic adenocarcinoma
 - Resectable
 - Borderline or locally advanced
 - Unresectable
 - Metastatic pancreatic cancer
 - Pancreatic mass of undetermined malignant potential (eg, with no tissue diagnosis)
 - Pseudopapillary tumors
 - Tumors metastatic to the pancreas
- Procedures
 - Distal pancreatectomy with or without splenectomy
 - Enucleation
 - Palliative bypass
 - Pancreatoduodenectomy with or without venous reconstruction

- Populations
 - Adults
 - Nonsurgical scenarios

Out of Scope:

- Diagnoses
 - Adjacent tumors invading the pancreas
 - Gallstones and other benign causes of obstructive jaundice
 - Lymphoma
 - Pancreatic trauma
 - Pancreatitis
- Procedures
 - Ablative techniques
 - Cyst enterostomy
 - Intraoperative radiation
- Populations
 - Pregnant patients

Level	Preoperative /Nonoperative	Intraoperative Open	Intraoperative Endovascular
1 Limited Participation	PC1 L1 MK1 L1 PBLI1 L1 ICS3 L1	PC3 L1 PC4 L1 MK1 L1 ICS3 L1	PC6 L1 PBLI1 L1 ICS3 L1
2 Direct Supervision	PC1 L2 MK1 L2 PBLI1 L2 ICS3 L2	PC3 L2 PC4 L2 MK1 L2 ICS3 L2	PC6 L1 PBLI1 L1 ICS3 L1
3 Indirect Supervision	PC1 L3 MK1 L3 PBLI1 L3 ICS3 L3	PC3 L3 PC4 L3 MK1 L3 ICS3 L3	PC6 L3 PBLI1 L3 ICS3 L3
4 Practice Ready	PC1 L4 MK1 L4 PBLI1 L3 ICS3 L4	PC3 L4 PC4 L4 MK1 L4 ICS3 L4	PC6 L4 PBLI1 L4 ICS3 L4



CCC Guide

Evaluation and Management of Patients with Peritoneal Surface Malignancy

Description of the Activity:

Surgical oncologists are expected to evaluate and manage patients who present with peritoneal surface malignancy (PSM). PSM may be identified incidentally on imaging or during abdominal surgery. Patients may also present with vague abdominal symptoms or more acutely with obstruction or other symptoms of carcinomatosis. Surgical oncologists must be able to accurately diagnose and direct the appropriate workup and management of these patients and participate in their multidisciplinary treatment.

In Scope:

- Diagnoses
 - Appendix (low-grade appendiceal mucinous neoplasm, high-grade appendiceal mucinous neoplasm, goblet cell, mucocoele, adenocarcinoma)
 - Colorectal cancer
 - Gastric cancer
 - Neuroendocrine cancer
 - Ovarian cancer
 - Peritoneal mesothelioma (epithelioid, biphasic, sarcomatoid, well-differentiated, papillary mesothelioma, multicystic)
- Procedures
 - CRS, including, but not limited to, omentectomy, gastrectomy, small and large bowel resection, peritonectomy, and electrofulguration for liver capsule or serosal implants
 - HIPEC
 - Diagnostic laparoscopy for determination of PCI
- Populations
 - Adults

Out of Scope:

- Diagnoses
 - Adrenocortical cancer
 - Breast cancer
 - Gastrointestinal stromal tumor (see EPA: E&M of Patients with Gastrointestinal Stromal Tumor)
 - Hepatobiliary or pancreatic malignancy
 - Lung cancer
 - Melanoma
 - Pleural-based tumors
 - Sarcoma
- Procedures
 - Adjuvant HIPEC
 - Bidirectional therapy/neoadjuvant intraperitoneal systemic chemotherapy
 - Pressurized intraperitoneal aerosolized chemotherapy
 - Prophylactic HIPEC
 - Thoracic cytoreductive procedures
- Populations
 - Pediatric Patients

Level	Preoperative /Nonoperative	Intraoperative Open	Intraoperative Endovascular
1 Limited Participation	PC1 L1 MK2 L1 SBP3 L1 ICS3 L1 ICS1 L1	PC1 L1 PC3 L1 MK2 L1 SBP1 L1 ICS3 L1 SBP3 L1	PC6 L1 MK2 L1 SBP1 L1 ICS1 L1 ICS2 L1 ICS3 L1 SBP3 L1
2 Direct Supervision	PC1 L2 MK2 L2 SBP3 L2 ICS3 L2 ICS1 L2	PC3 L2 ICS3 L2 MK2 L2 SBP1 L2 SBP3 L2	PC6 L2 MK2 L2 SBP1 L2 ICS1 L2 ICS2 L2 ICS3 L2 SBP3 L2
3 Indirect Supervision	PC1 L3 MK2 L3 SBP3 L3 ICS3 L3 ICS1 L3	PC3 L3 ICS3 L3 MK2 L3 SBP1 L3 SBP3 L3	PC6 L3 MK2 L3 SBP1 L3 ICS1 L3 ICS2 L3 ICS3 L3 SBP3 L3
4 Practice Ready	PC1 L4 MK2 L4 SBP3 L4 ICS3 L4 ICS1 L4	PC3 L4 ICS3 L4 MK2 L4 SBP1 L4 SBP3 L4	PC6 L4 MK2 L4 SBP1 L4 ICS1 L4 ICS2 L4 ICS3 L4 SBP3 L4



CCC Guide

Evaluation & Management of Patients with Anal and Rectal Cancer

Description of the Activity:

Surgical oncologists are expected to evaluate and manage patients who present with anal or rectal cancer in different clinical scenarios. Surgical oncologists must be able to diagnose, treat, and provide surveillance for adult patients with primary anorectal cancer and accurately and cost-effectively differentiate those who will benefit from multimodality treatment and operative resection from those who require palliative or systemic treatments. The surgical oncologist should comfortably lead multidisciplinary discussions that promote patient-centered application of the current diagnostic and treatment guidelines.

In Scope:

- Diagnoses
 - Anal adenocarcinoma
 - Hereditary colorectal cancer involving the rectum or anus
 - Polyposis syndromes
 - Rectal adenocarcinoma
 - Squamous cell cancer of the anal canal/rectum
 - Synchronous metastatic disease
- Procedures
 - Abdominoperineal resection
 - Lateral pelvic lymph node dissection
 - Low anterior resection
 - Open, minimally invasive, and robotic approaches
 - Pelvic exenteration/multivisceral resection
 - Proctectomy with coloanal anastomosis
 - Total mesorectal excision (TME)
 - Transanal endoscopic excision/endoscopic submucosal resection/transanal minimally invasive surgery

- Populations
 - Adults

Out of Scope:

- Diagnoses
 - Benign conditions (eg, prolapse)
 - Gastrointestinal stromal tumors
 - Inflammatory bowel disease
 - Neuroendocrine tumors
 - Perianal Paget disease
- Procedures
 - Transanal TME
- Populations
 - Pediatric patients

Level	Preoperative /Nonoperative	Intraoperative Open	Intraoperative Endovascular
1 Limited Participation	PC1 L1 PBLI1 L1 ICS1 L1 ICS2 L1 ICS3 L1	PC3 L1 PC4 L1 ICS2 L1 ICS3 L1	PC6 L1 PBLI1 L1 ICS1 L1 ICS3 L1
2 Direct Supervision	PC1 L2 PBLI1 L2 ICS1 L2 ICS2 L2 ICS3 L2	PC3 L2 PC4 L2 ICS2 L2 ICS3 L2	PC6 L2 PBLI1 L2 ICS1 L2 ICS3 L1
3 Indirect Supervision	PC1 L3 PBLI1 L3 ICS1 L3 ICS2 L3 ICS3 L3	PC3 L3 PC4 L3 ICS2 L3 ICS3 L3	PC6 L3 PBLI1 L3 ICS1 L3 ICS3 L1
4 Practice Ready	PC1 L4 PBLI1 L4 ICS1 L4 ICS2 L4 ICS3 L4	PC3 L4 PC4 L4 ICS2 L4 ICS3 L4	PC6 L4 PBLI1 L4 ICS1 L4 ICS3 L4



CCC Guide

Evaluation & Management of Patients with Soft Tissue Sarcoma

Description of the Activity:

Surgical oncologists are expected to evaluate and manage patients who present with signs and symptoms of soft tissue sarcoma located in the abdomen, retroperitoneum, extremities, and trunk. Surgical oncologists must be able to accurately and cost-effectively diagnose, treat, and provide evidence-based surveillance for adult patients with soft tissue sarcoma and recognize complex disease that requires multidisciplinary treatment.

In Scope:

- Diagnoses
 - Benign and malignant peripheral nerve sheath tumors
 - Cutaneous sarcomas
 - Desmoid tumors
 - Soft tissue sarcoma of the trunk, extremity, or retroperitoneum
 - Soft tissue sarcomas in the field of prior radiation
 - Solitary fibrous tumors
 - Unknown soft tissue mass
- Procedures
 - Amputation of extremity sarcoma
 - Completion or therapeutic lymphadenectomy
 - Core needle biopsy of soft tissue masses of the trunk or extremity
 - Excisional biopsy of soft tissue masses of the trunk or extremity
 - Excisional lymph node biopsy
 - Incisional biopsy of soft tissue masses of the trunk or extremity
 - Radical resection of extremity sarcomas, including en bloc resection of adjacent muscle, nerve, and vascular structures
 - Radical resection of retroperitoneal tumors, including multivisceral resections
 - Sentinel lymph node biopsy, including injection of blue dye and use of a gamma probe

- Wound closure, including skin graft, rotational flaps, and complex wounds

- Populations
 - Adults

Out of Scope:

- Diagnoses
 - Central nervous system tumors
 - Sarcomas of gynecologic origin
 - Sarcomas of the bone
 - Soft tissue tumors of oropharyngeal origin
 - Testicular tumors
 - Tumors of the hand, foot or ankle
 - Unknown cutaneous lesion
- Procedures
 - Biopsy or resection of tumors of the:
 - Bone
 - Central nervous system
 - Genitourinary tract
 - Gynecologic organs
 - Oropharynx
- Populations
 - Pediatric patients

Level	Preoperative /Nonoperative		Intraoperative Open	Intraoperative Endovascular	
1 Limited Participation	PC1 L1 MK1 L1 ICS2 L1	PBL1 L1 MK2 L1 ICS3 L1	PC3 L1 MK1 L1 ICS2 L1 ICS3 L1	MK1 L1 ICS1 L1 PBL1 L1	MK2 L1 ICS3 L1
2 Direct Supervision	PC1 L2 MK1 L2 ICS2 L2	PBL1 L2 MK2 L2 ICS3 L2	PC3 L2 MK1 L2 ICS2 L2 ICS3 L2	MK1 L2 ICS1 L2 PBL1 L2	MK2 L2 ICS3 L2
3 Indirect Supervision	PC1 L3 MK1 L3 ICS2 L3	PBL1 L3 MK2 L3 ICS3 L3	PC3 L3 MK1 L3 ICS2 L3 ICS3 L3	MK1 L3 ICS1 L3 PBL1 L3	MK2 L3 ICS3 L3
4 Practice Ready	PC1 L4 MK1 L4 ICS2 L4	PBL1 L4 MK2 L4 ICS3 L4	PC3 L4 MK1 L4 ICS2 L4 ICS3 L4	MK1 L4 ICS1 L4 PBL1 L4	MK2 L4 ICS3 L4



CCC Guide

Evaluation & Management of Patients with Thyroid and Parathyroid Tumors

Description of the Activity:

Surgical oncologists are expected to evaluate and manage patients who present with signs and symptoms of benign and malignant thyroid and parathyroid disorders. Surgical oncologists must be able to accurately and cost-effectively diagnose, treat, and provide appropriate surveillance for adult patients with benign and malignant thyroid and parathyroid disorders and recognize complex disease that requires multidisciplinary treatment.

In Scope:

- Diagnoses
 - High-risk and genetic predisposition scenarios
 - Thyroid mass or nodule
 - Thyroid cancer
 - Differentiated
 - Poorly differentiated
 - Medullary
 - Thyroid lymphoma
 - Anaplastic
 - Primary hyperparathyroidism
 - Adenoma
 - Multiglandular disease
 - Parathyroid carcinoma
 - Secondary hyperparathyroidism
 - Tertiary hyperparathyroidism
 - Recurrent primary hyperparathyroidism
 - Benign thyroid conditions
 - Graves disease
 - Hashimoto thyroiditis
 - Solitary toxic nodule or toxic multinodular goiter
- Recurrent or metastatic thyroid cancer

- Procedures
 - Total thyroidectomy
 - Thyroid lobectomy
 - Central neck lymphadenectomy
 - Lateral neck lymphadenectomy
 - Parathyroid exploration
 - Minimally invasive
 - Subtotal parathyroidectomy
 - Total parathyroidectomy with autotransplantation
 - Thyroid ultrasound and ultrasound-guided FNA
- Populations
 - Adult and pediatric patients
 - Pregnant patients

Out of Scope:

- Diagnoses
 - Thyroglossal duct cyst
- Procedures
 - Remote access thyroidectomy/parathyroidectomy
 - Surgical airway
 - Thyroid ablation

Level	Preoperative /Nonoperative	Intraoperative Open		Intraoperative Endovascular
1 Limited Participation	PC1 L1 MK2 L1 ICS3 L1	PC2 L1 PC4 L1 ICS3 L1	PC3 L1 MK1 L1	PC6 L1 PC7 L1 MK2 L1 ICS3 L1
2 Direct Supervision	PC1 L2 MK2 L2 ICS3 L2	PC2 L2 PC4 L2 ICS3 L2	PC3 L2 MK1 L2	PC6 L2 PC7 L2 MK2 L2 ICS3 L2
3 Indirect Supervision	PC1 L3 MK2 L3 ICS3 L3	PC2 L3 PC4 L3 ICS3 L3	PC3 L3 MK1 L3	PC6 L3 PC7 L3 MK2 L3 ICS3 L3
4 Practice Ready	PC1 L4 MK2 L4 ICS3 L4	PC2 L4 PC4 L4 ICS3 L4	PC3 L4 MK1 L4	PC6 L4 PC7 L4 MK2 L4 ICS3 L4