

# National Cancer Database Quality Measures

One responsibility of being an American College of Surgeons Commission on Cancer (CoC) accredited program is to report clinical data to the CoC to measure our performance against other accredited programs and to participate in studies of quality.

Here we report on 10 measures monitored by the CoC and reported as the Cancer Program Practice Profile Reports (CP3R). The percentage given provides “an indication of the proportion of patients treated according to recognized standards of care.” Five of these measures are accountability measures that track adherence to a standard of care which is based on clinical trial evidence. Five of the measures are quality improvement measures that demonstrate good clinical practice but are not based on clinical trial evidence. The CoC has also established benchmarks for each accredited program to meet on eight of the measures.

The CP3R was designed to use cancer registry data to “improve the quality of data across several disease sites, foster pre-emptive awareness to the importance of charting and coding accuracy and improve clinical management and coordination of patient care in the multidisciplinary setting.”

For 2016, estimated performance rates for Sanford Bemidji Joe Lueken Cancer Center were above accredited Commission on Cancer programs nationally in seven of the ten CP3R measures, and slightly below for three.

MEASURE	MEASURE TYPE	SANFORD ESTIMATED PERFORMANCE RATES 2016	NATIONAL COC RATES 2016
<b>BREAST</b>			
<b>BCSRT</b> (NQF #219) Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.	Accountability Benchmark: 90%	94.11%	91%
<b>MAC</b> (NQF #0559) Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or stage IB - III hormone receptor negative breast cancer.	Accountability	100%	62.6%
<b>HT</b> (NQF #0220) Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB - III hormone receptor positive breast cancer.	Accountability Benchmark: 90%	89.7%	91.6%
<b>MASTR1</b> Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes.	Accountability Benchmark: 90%	100%	85.6%
<b>nBx</b> Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer.	Quality Improvement Benchmark: 80%	91.8%	90.2%
<b>COLON</b>			
<b>ACT</b> (NQF #0223) Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer.	Accountability	100%	87.8%
<b>12RL</b> (NQF #0225) At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.	Quality Improvement Benchmark: 85%	71.4%	92.7%

MEASURE	MEASURE TYPE	SANFORD ESTIMATED PERFORMANCE RATES 2016	NATIONAL COC RATES 2016
<b>RECTUM</b>			
<b>RECTRT</b> Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer.	Quality Improvement Benchmark: 85%	100%	86.4%
<b>NON-SMALL CELL LUNG</b>			
<b>LNoSurg</b> Surgery is not the first course of treatment for cN2, M0 lung cases	Quality Improvement Benchmark: 85%	100%	92.6%
<b>LCT</b> Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is considered for surgically resected cases with pathologic, lymph node-positive (pN1) and (pN2) NSCLC.	Quality Improvement	100%	88.7%

**Discussion:** At Sanford Bemidji Joe Lueken Cancer Center, we review every case that does not meet one of the Accountability or Quality Improvement measures to understand the reasons behind the patient not meeting the measure and to identify opportunities for improving our systems and services for patients to continually improve adherence to measures.

## MEASURE DEFINITION AND USE:

### Accountability

High level of evidence supports the measure, including multiple randomized control trials. These measures can be used for such purposes as public reporting, payment incentive programs, and the selection of providers by consumers, health plans, or purchasers.

### Quality Improvement

Evidence from experimental studies, not randomized control trials supports the measure. These are intended for internal monitoring of performance within an organization.