

Sanford Fargo Cancer Program Practice Profile Reports

Sanford's Roger Maris Cancer Center, as an American College of Surgeon's Commission on Cancer-accredited cancer program, monitors its' quality measure performance rates through the National Cancer Database's (NCDB) Rapid Cancer Reporting System (RCRS). These web-based reports offer providers information to assess adherence to and consideration of standard of care treatments for five cancer types. Currently, the CoC has developed eleven measures, comprised of two different measure types. Evidence-based or accountability measures demonstrate provider accountability, where there is high levels of evidence supporting these measures. Quality improvement measures monitor the need for quality improvement within the organization. The CoC sets an expected estimated performance rate for nine of the eleven measures.

The table shows data from 2018-2020, from each of the nine Accountability and Quality Improvement measures with benchmark EPRs. The data is based on what was most recently available in RCRS at the time of the report. These numbers represent the exact performance rates, however, each measure statistically met the benchmark.

Estimated Performance Rates (%)

MEASURE	EXPECTED EPR	2018	2019	2020
BREAST				
BCSRT (NQF #219) Radiation therapy is administered within 1 year (365 days) days of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. (Accountability)	90%	95.76%	97.94%	95.15%
HT (NQF #0220) Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or IB - III hormone receptor-positive breast cancer. (Accountability)	90%	94.57%	97.46%	94.55%
MASTRT Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with \geq 4 positive regional lymph nodes. (Accountability)	90%	100%	100%	66.67%
nBx Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer. (Quality Improvement)	80%	96.17%	95.22%	94.86%
COLON				
12RLN (NQF #0225) At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. (Quality Improvement)	85%	95.24%	100%	96%

MEASURE	EXPECTED EPR	2018	2019	2020
GASTRIC				
G15RLN At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer. (Quality Improvement)	80%	66.67%	100%	75%
NON-SMALL CELL LUNG				
LCT Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic, lymph node-positive (pN1) and (pN2) NSCLC. (Quality Improvement)	85%	No Data	No Data	100%
LNoSurg Surgery is not the first course of treatment for cN2, MO lung cases. (Quality Improvement)	85%	91.67%	No Data	100%
RECTUM				
RECRTCT 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)	85%	85.0%	93.33%	88.89%