

# National Cancer Database Quality Measures

One requirement 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.

We report on 5 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.” Three of these measures are accountability measures that track adherence to a standard of care which is based on clinical trial evidence. Two 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 all five 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 2018 and 2019, estimated performance rates for Sanford Bemidji Joe Lueken Cancer Center were above accredited Commission on Cancer benchmarks nationally in the five CP3R measures.

MEASURE	MEASURE TYPE	SANFORD ESTIMATED PERFORMANCE RATES 2018	SANFORD ESTIMATED PERFORMANCE RATES 2019
<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%	95.65%	95.8%
<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%	97.22%	97.3%
<b>MASTRT</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%	No patients qualified for this measure	100%
<b>nBx</b> Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer.	Quality Improvement Benchmark: 80%	93.10%	98.10%
<b>COLON</b>			
<b>12RL</b> (NQF #0225) At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.	Quality Improvement Benchmark: 85%	100%	100%

**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 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, 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.

*These are the unofficial percentagers of the data from the Sanford Bemidji Cancer Registry Data base.*