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 eleven 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. Six 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 2014, estimated performance rates for Sanford Cancer Center were above accredited Commission on Cancer programs nationally in nine of eleven CP3R measures, and slightly below for two.

MEASURE	MEASURE TYPE	SANFORD ESTIMATED PERFORMANCE RATES 2014	NATIONAL COC RATES 2014
BREAST			
BCSRT (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%	95.4% (3 patients refused radiation therapy)	92.6%
MAC (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%	92.5%
HT (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%	100%	93.2%
MASTRT 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%	89.3%
nBx Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer.	Quality Improvement Benchmark: 80%	100%	92.2%
COLON			
ACT (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%	89.5%
12RL (NQF #0225) At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.	Quality Improvement Benchmark: 85%	96.9%	91.4%

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MEASURE	MEASURE TYPE	SANFORD ESTIMATED PERFORMANCE RATES 2014	NATIONAL COC RATES 2014
RECTUM			
RECTRT 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%	88.3%
GASTRIC			
G15RLN At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer.	Quality Improvement Benchmark: 80%	33.3% (1 in 3 patients)	57.2%
NON-SMALL CELL LUNG			
LNoSurg Surgery is not the first course of treatment for cN2, M0 lung cases	Quality Improvement Benchmark: 85%	87.5%	92.5%
LCT 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%	92.6%

Discussion: At Sanford 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.

For 2014, patients that did not meet the identified measure include:

BCSRT *(Accountability Measure)*: 3 of 65 patients did not meet this measure. All three patients refused radiation therapy as part of their recommended treatment plan.

12RL *(Quality Improvement Measure)*: 2 of 65 patients did not meet this measure. Both patients had less than 12 nodes found on initial examination, after additional extensive searches for nodes on the surgical specimen a total of 9 nodes were found in each case.

G15RLN *(Quality Improvement Measure)*: 2 of 3 patients did not meet this measure. One patient had their resection after receiving chemotherapy and no nodes were found in the surgical specimen. The second patient had 12 nodes removed.

For both the **12RL** and **G15RLN** measures, the Cancer Liaison Physician from the Cancer Committee discussed each case with the resecting surgeon to remind them of the goal to collaborate with pathology to secure the recommended number of nodes. In addition, the pathology department has posted a reminder in the dissection area of the department defining the number of nodes needed to meet the quality measure for each specific tumor site.

LNoSurg *(Quality Improvement Measure)*: 1 of 8 patients did not meet this measure. The patient was diagnosed at Sanford Cancer Center and was recommended treatment that did not include surgery as the first course of treatment. The patient went to another center for a second opinion and received surgery as their first course of treatment at that center resulting in the patient not meeting the measure at both Sanford and the center where the surgery occurred.

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.

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