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CQIP

Cancer Quality Improvement Program



Commission
on Cancer®

CQIP

Cancer Quality Improvement Program

Wayne HealthCare

6411400

Greenville, OH

NCDB

CQIP



Annual Report 2016

Table of Contents

[Slide #5: Cancer Program Administrative Reports](#)

[Slide #11: Quality Measure Reports](#)

[Slide #40: Surgical Volume and Unadjusted 30, 90 Day Mortality After Complex Operations](#)

[Slide #50: Survival Reports](#)

[Slide #65: Breast Cancer - Additional Reports](#)

[Slide #75: Colon Cancer - Additional Reports](#)

[Slide #83: Non-Small-Cell Lung Cancer \(NSCLC\) - Additional Reports](#)

[Slide #92: Prostate Cancer - Additional Reports](#)

[Slide #102: Melanoma of the Skin Cancer - Additional Reports](#)

[Slide #110: Commission on Cancer](#)



Cancer Quality Improvement Program (CQIP)

- A data-driven, process and outcomes-based cancer quality improvement initiative provided by the American College of Surgeons, Commission on Cancer
- Confidentially reports to 1,500 individual CoC-accredited hospitals their data as entered in NCDB (including comparisons with national data from all CoC-accredited programs)



Cancer Program Administration Reports

Cancer Program Volume

- Total Case Volume Over Time, 2009–2013
- Insurance Status (including national comparison)

Cancer Program In/Out Migration

- Total In/Out Migration, 2009-2013 - My Facility
- In/Out Migration by Insurance Status, 2013 - My Facility



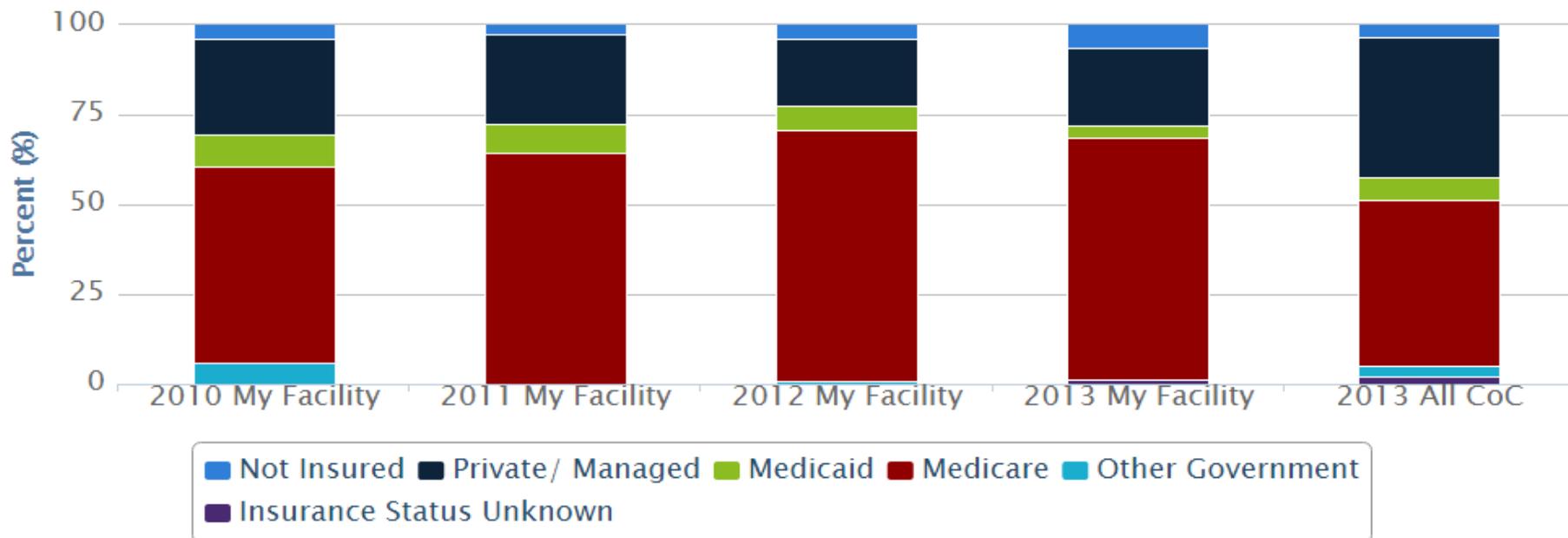
Cancer Program Total Case Volume, 2009 - 2013 My Facility

	2009	2010	2011	2012	2013
Breast	28	22	32	31	31
Prostate	20	15	14	21	26
Colon	10	16	17	13	21
Urinary Bladder	7	9	4	8	8
Rectum	10	10	6	1	8
Melanoma of the Skin	8	7	4	4	7
NHL - Nodal	2	1	5	9	6
Lung, Bronchus - Non-Small Cell Carcinoma	2	3	4	5	3
Esophagus	0	2	1	4	3
Cranial Nerves Other	0	1	0	3	3
All Other Sites	20	18	22	31	24
TOTAL	107	104	109	130	140

If Miscellaneous appears in your table, note that this is a SEER-defined group. The exact primary sites and histologies included in this group may be found in the CQIP documentation

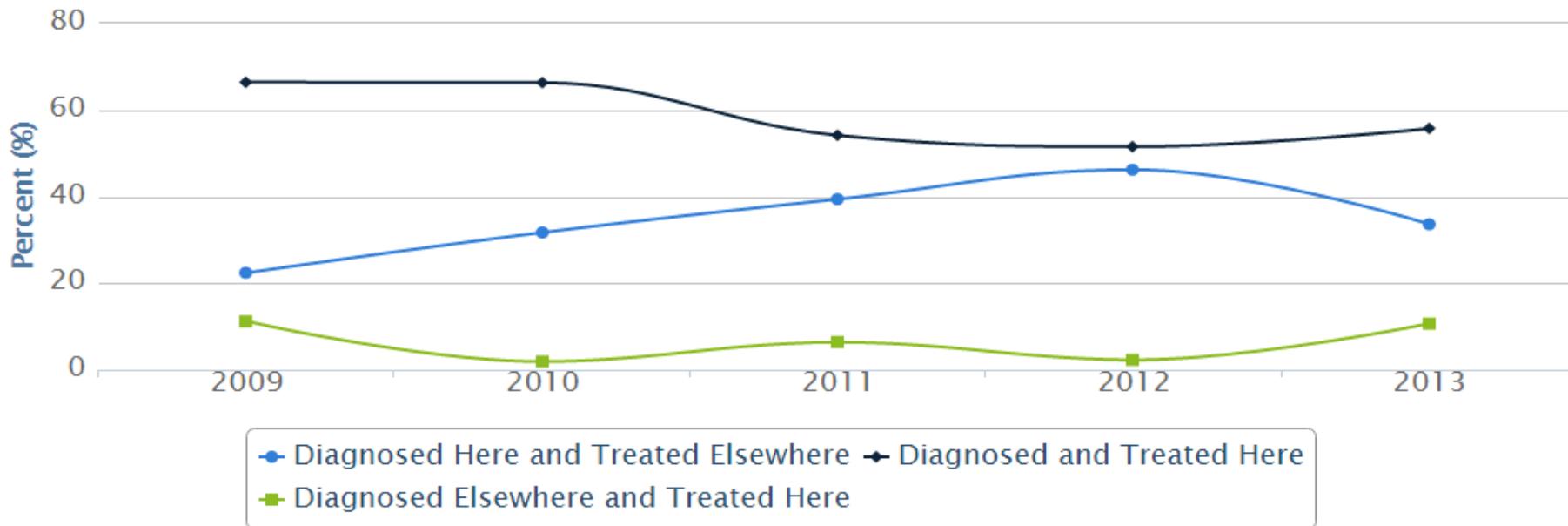


Insurance Status, 2010 - 2013 - My Facility vs. All CoC



	2010 My Facility	2011 My Facility	2012 My Facility	2013 My Facility	2013 All CoC
Not Insured	3.8 % (n=4)	2.8 % (n=3)	3.8 % (n=5)	6.4 % (n=9)	3.5 % (n=44005)
Private/Managed	26.9 % (n=28)	24.8 % (n=27)	18.5 % (n=24)	21.4 % (n=30)	38.8 % (n=483282)
Medicaid	8.7 % (n=9)	8.3 % (n=9)	6.9 % (n=9)	3.6 % (n=5)	6.3 % (n=78116)
Medicare	54.8 % (n=57)	64.2 % (n=70)	70 % (n=91)	67.1 % (n=94)	46.4 % (n=576837)
Other Government	5.8 % (n=6)	0 % (n=0)	0.8 % (n=1)	0 % (n=0)	2.8 % (n=35372)
Insurance Status Unknown	0 % (n=0)	0 % (n=0)	0 % (n=0)	1.4 % (n=2)	2.1 % (n=26362)

Total In/Out Migration, 2009 - 2013 - My Facility



	2009	2010	2011	2012	2013
Diagnosed Here and Treated Elsewhere	22.4 % (n=24)	31.7 % (n=33)	39.4 % (n=43)	46.2 % (n=60)	33.6 % (n=47)
Diagnosed and Treated Here	66.4 % (n=71)	66.3 % (n=69)	54.1 % (n=59)	51.5 % (n=67)	55.7 % (n=78)
Diagnosed Elsewhere and Treated Here	11.2 % (n=12)	1.9 % (n=2)	6.4 % (n=7)	2.3 % (n=3)	10.7 % (n=15)



Quality Measure Reports

Accountability Measure

- Considered the current standard of care based on clinical trial evidence Commission on Cancer Standard 4.4.

Quality Improvement Measure (QI)

- Demonstrates good practice based on consensus. Usually not based on clinical trial evidence. Commission on Cancer Standard 4.5 addresses compliance with quality improvement.

Surveillance Measure

- Used at the community, regional, and/or national level to monitor patterns and trends of care in order to guide policymaking and resource allocation.



Cancer Program Practice Profile (CP³R) Estimated Performance Rates

- Breast (6)
- Colon (2)
- Gastric (1)
- Ovary (1)
- Cervix (3)
- Endometrium (2)
- Non-Small Cell Lung (3)
- Rectum (1)

Extensive assessment and validation of the measures were performed using cancer registry data reported to the National Cancer Data Base (NCDB).

Disclaimer: All measures are designed to assess performance at the hospital or systems-level, and are not intended for application to individual physician performance.



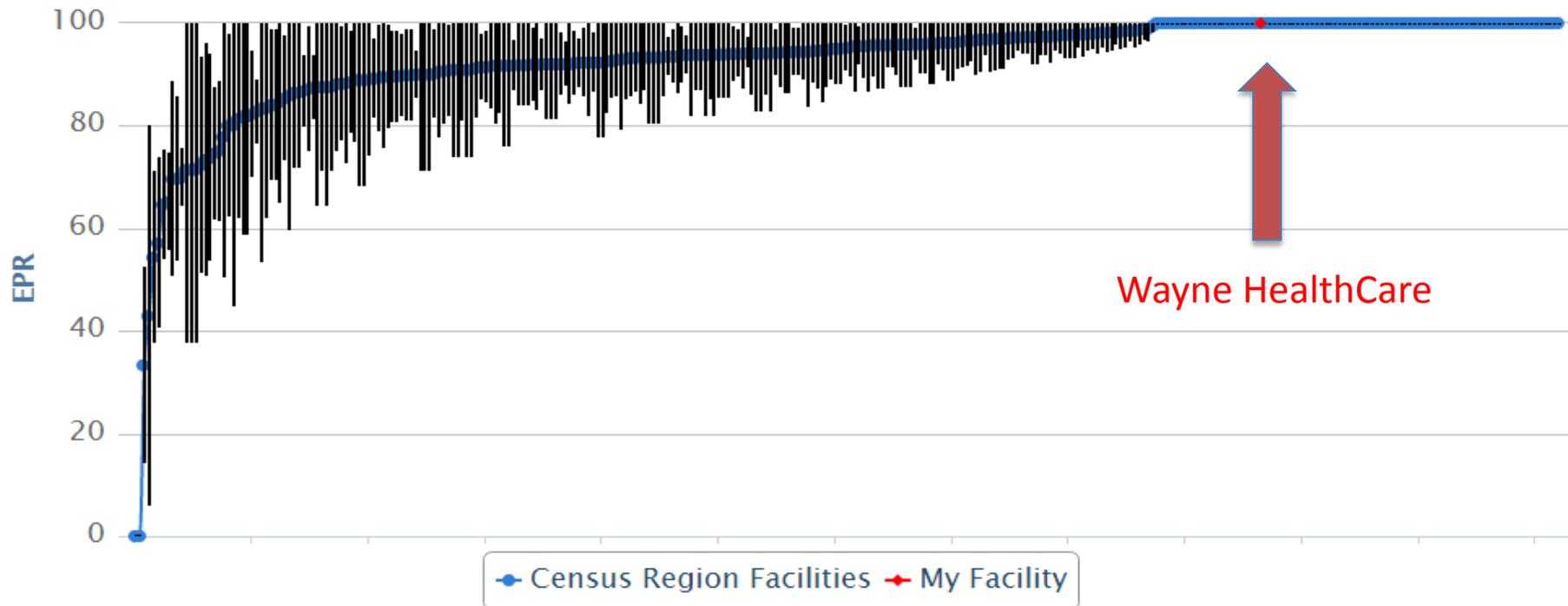
Quality Measure Reports – Breast

- **BCSRT:** Breast radiation after breast conserving surgery (NQF 0219 – Accountability)
- **MAC:** Combination chemotherapy for hormone receptor negative breast cancer (NQF 0559 – Accountability)
- **HT:** Adjuvant hormonal therapy for hormone receptor positive breast cancer (NQF 0220 – Accountability)
- **BCS:** Breast conserving surgery rate (Surveillance)
- **MASRT:** Radiation therapy recommended or administered following mastectomy within 1 year of diagnosis for women with 4 or more positive regional lymph nodes (Accountability)
- **nBx:** Image or palpation-guided needle biopsy (core or FNA) is performed for the diagnosis of breast cancer (Quality Improvement)

NQF = National Quality Forum Endorsed Measure



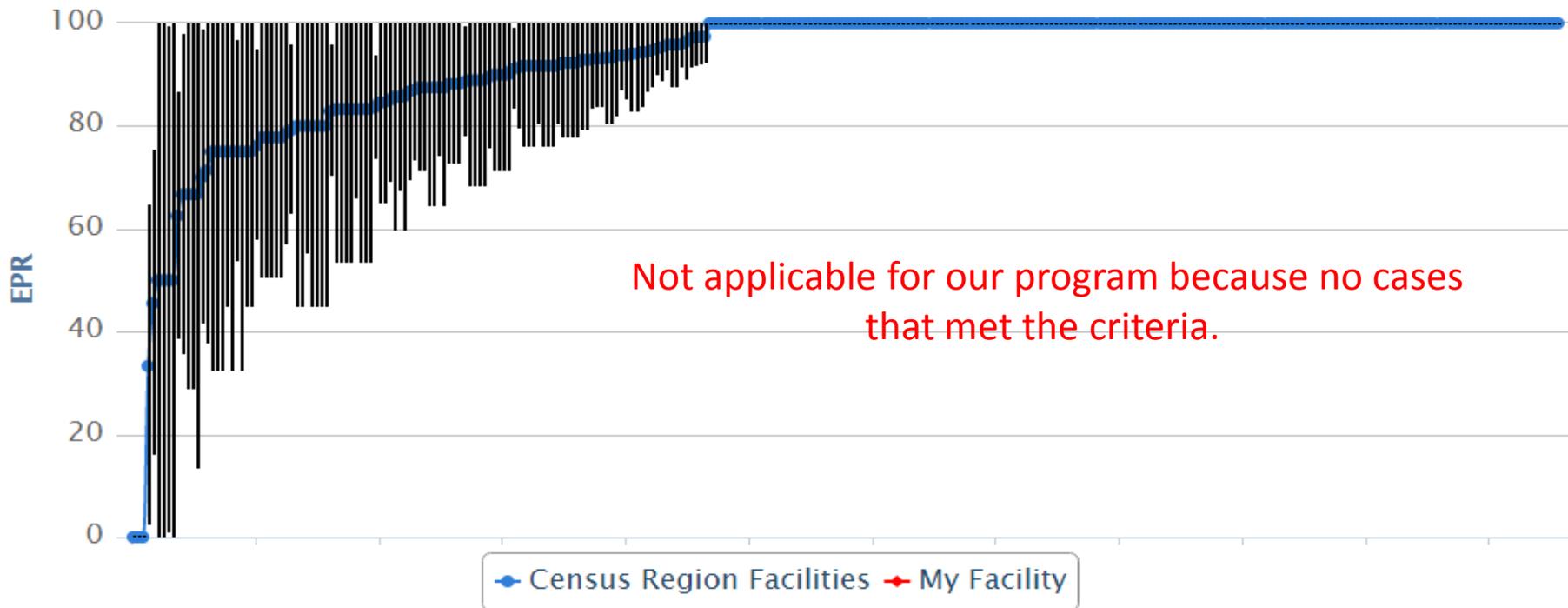
BREAST, 2013, BCSRT: Breast radiation after breast conserving surgery (NQF 0219 - Accountability)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCP)	All CoC Programs
Performance Rate	100 %	93.9 %	93 %	94.7 %	90.2 %	91.5 %
Denominator	6	2524	9505	5366	5304	52944
95 % CI	(100.0,100.0)	(93.0,94.8)	(92.5,93.5)	(94.1,95.3)	(89.4,91.0)	(91.3,91.7)

Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. (CP3R data as of 11/02/2015)

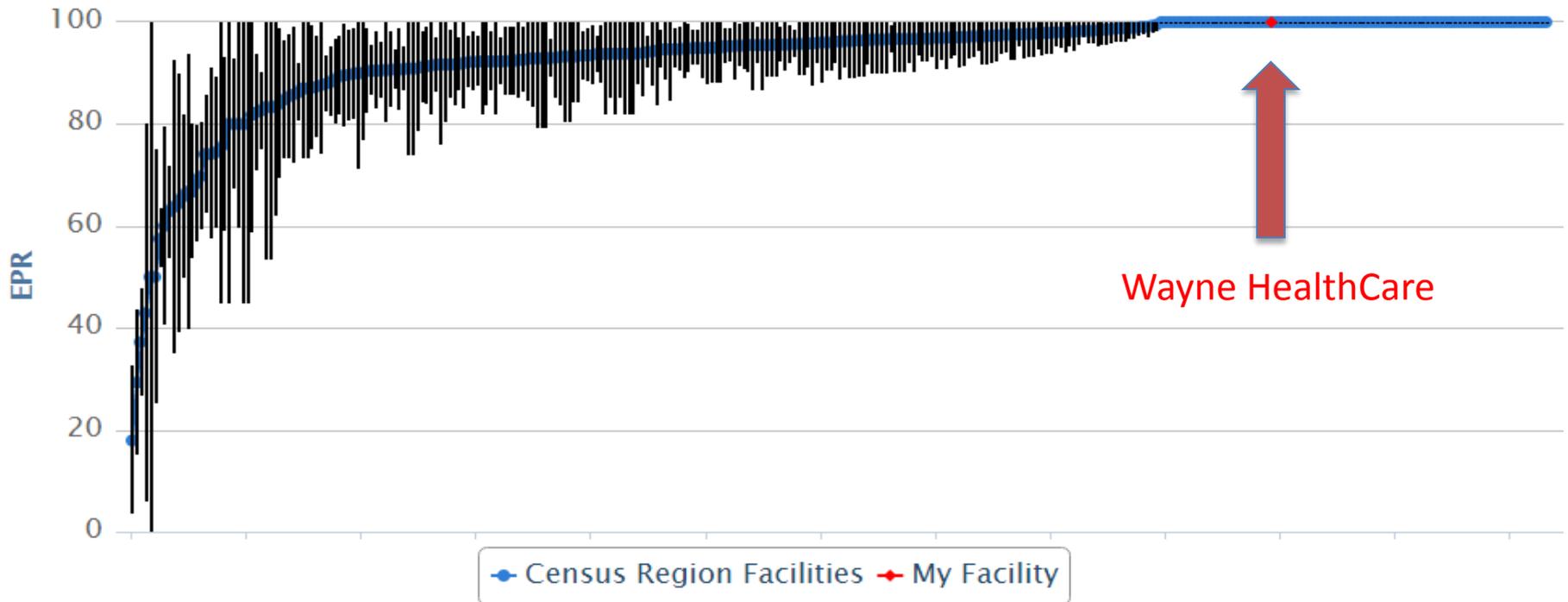
BREAST, 2013, MAC: Combination chemotherapy for hormone receptor negative breast cancer (NQF 0559 - Accountability)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCP)	All CoC Programs
Performance Rate	NA	91.5 %	92.6 %	93 %	90.7 %	92.3 %
Denominator	0	568	2204	1147	1184	12397
95 % CI	(0.0,0.0)	(89.2,93.8)	(91.5,93.7)	(91.5,94.5)	(89.0,92.4)	(91.8,92.8)

Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage II or III hormone receptor negative breast cancer. (CP3R data as of 11/02/2015)

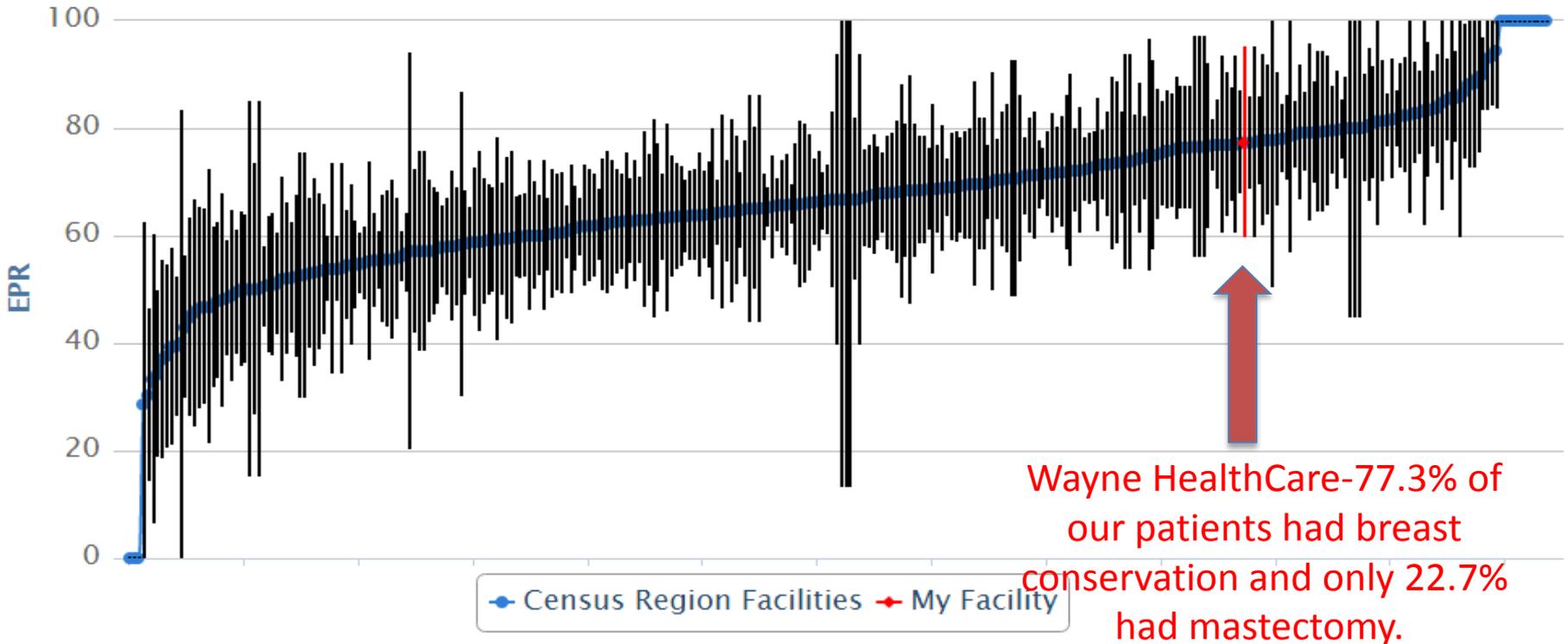
BREAST, 2013, HT: Adjuvant hormonal therapy for hormone receptor positive breast cancer (NQF 0220 - Accountability)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCP)	All CoC Programs
Performance Rate	100 %	93.8 %	93 %	94.7 %	90.1 %	91.2 %
Denominator	14	3503	12879	7170	7579	74509
95 % CI	(100.0,100.0)	(93.0,94.6)	(92.6,93.4)	(94.2,95.2)	(89.4,90.8)	(91.0,91.4)

Tamoxifen or third generation Aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB - III hormone receptor positive breast cancer. (CP3R data as of 11/02/2015)

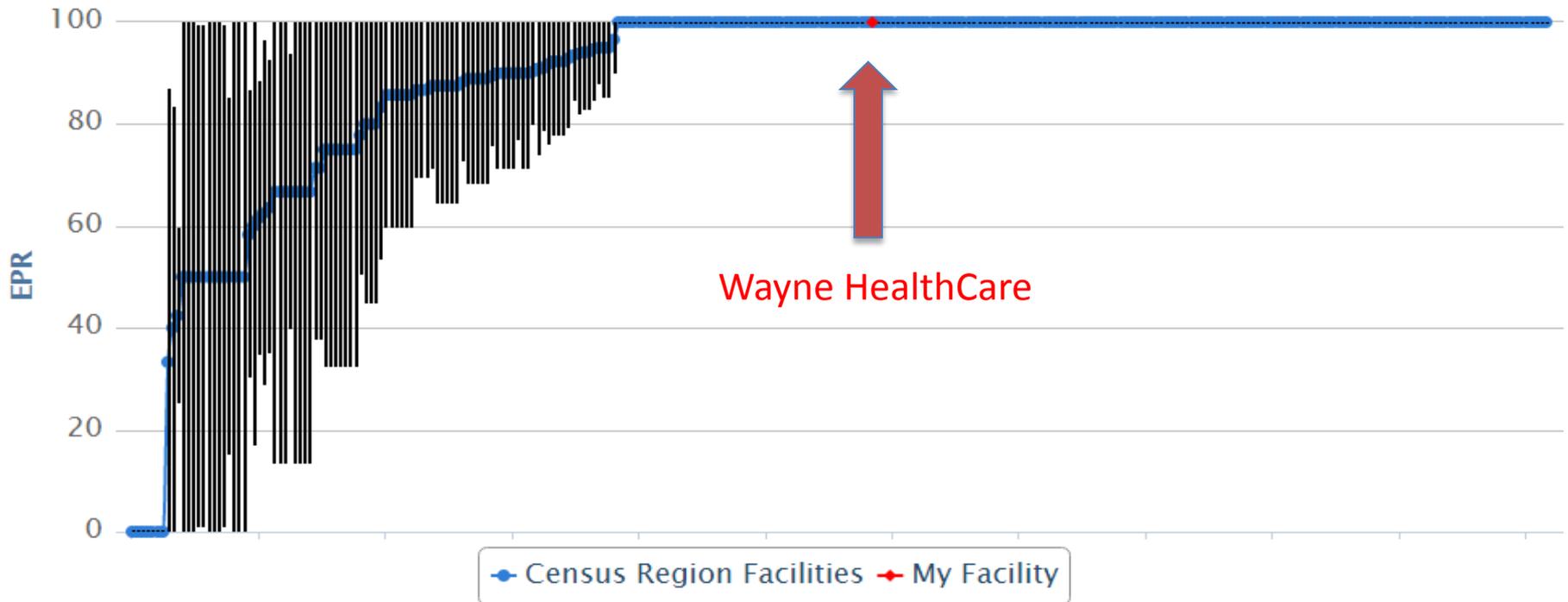
BREAST, 2013, BCS: Breast conserving surgery rate (Surveillance)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCP)	All CoC Programs
Performance Rate	77.3 %	64.9 %	65.2 %	66.4 %	65.1 %	62.6 %
Denominator	22	5327	20749	11727	11491	120267
95 % CI	(59.8,94.8)	(63.6,66.2)	(64.6,65.8)	(65.5,67.3)	(64.2,66.0)	(62.3,62.9)

Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer. (CP3R data as of 11/02/2015)

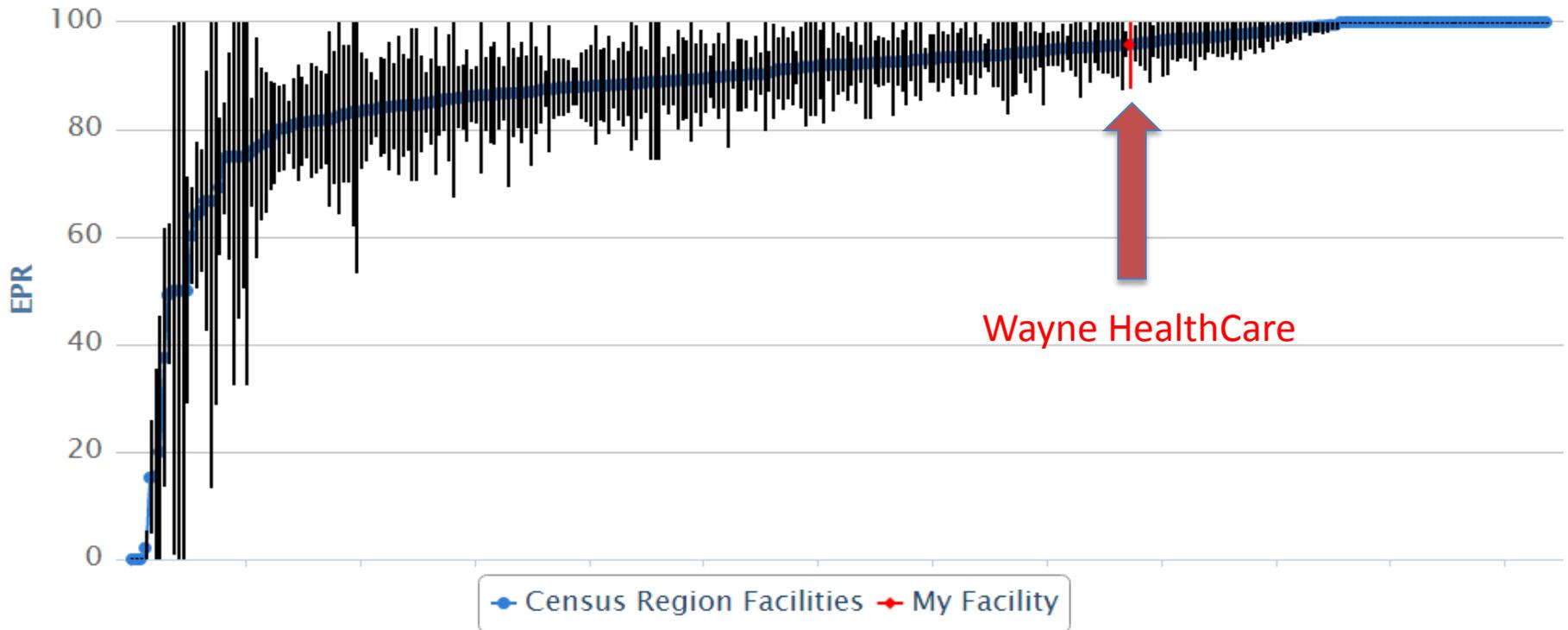
BREAST, 2013, MASRT: Post-mastectomy radiation for women with 4 or more positive regional lymph nodes (Accountability)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCP)	All CoC Programs
Performance Rate	100 %	87.8 %	90.4 %	89.6 %	86.3 %	87.6 %
Denominator	1	329	1294	689	800	7473
95 % CI	(100.0,100.0)	(84.3,91.3)	(88.8,92.0)	(87.3,91.9)	(83.9,88.7)	(86.9,88.3)

Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes. (CP3R data as of 11/02/2015)

BREAST, 2013, nBx: Image or palpation-guided needle biopsy (core or FNA) is performed for the diagnosis of breast cancer (Quality Improvement)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCP)	All CoC Programs
Performance Rate	95.8 %	86.7 %	90.7 %	89.4 %	88.1 %	90.3 %
Denominator	24	6431	24633	13934	14190	126851
95 % CI	(87.8,100.0)	(85.9,87.5)	(90.3,91.1)	(88.9,89.9)	(87.6,88.6)	(90.1,90.5)

Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer. (CP3R data as of 11/02/2015)

Quality Measure Reports - Cervix

CBRRT: Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer (Surveillance)

CERRT: Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer (Surveillance)

CERCT: Chemotherapy administered to cervical cancer patients who received radiation for stages IB2-IV cancer (Group 1) or with positive pelvic nodes, positive surgical margin, and/or positive parametrium (Group 2) (Surveillance)



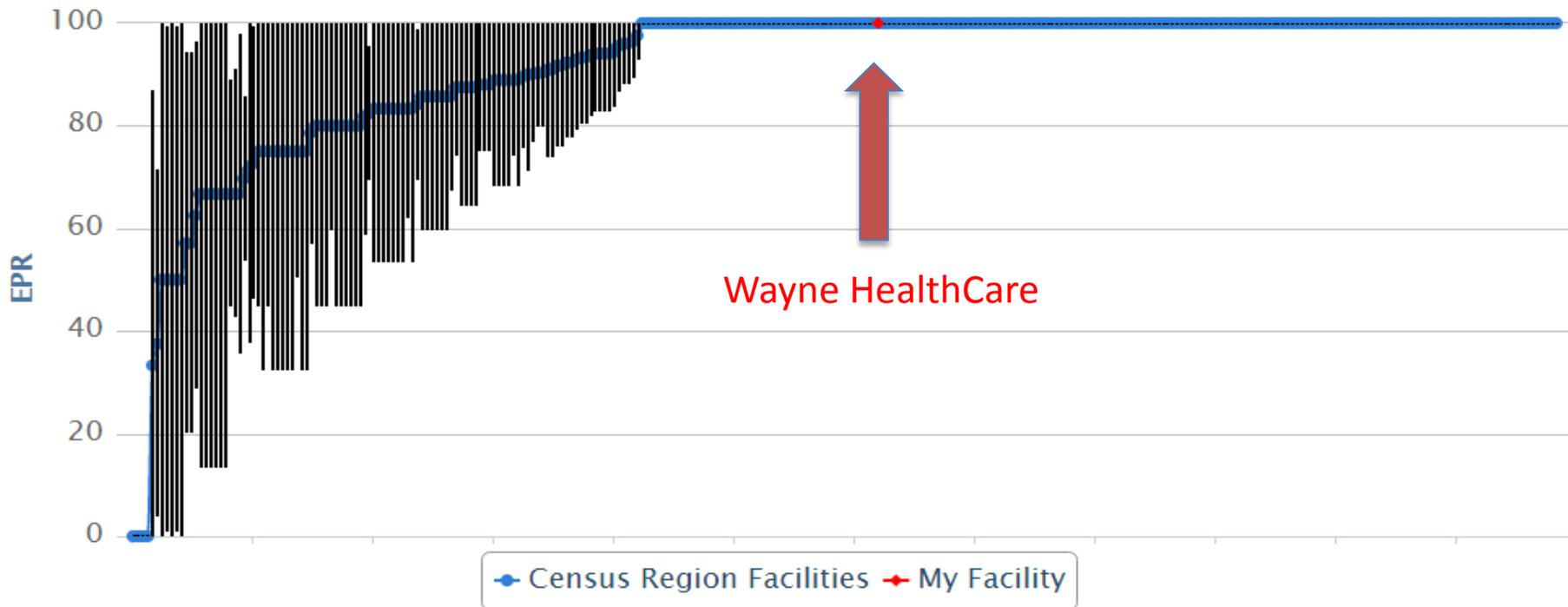
Quality Measure Reports - Colon

- **ACT:** Adjuvant chemotherapy for lymph node positive colon cancer (NQF 0223 – Accountability)
- **12RLN:** At least 12 lymph nodes are removed and examined as part of primary colon cancer resection (NQF 0225 – Quality Improvement)

NQF = National Quality Forum Endorsed Measure



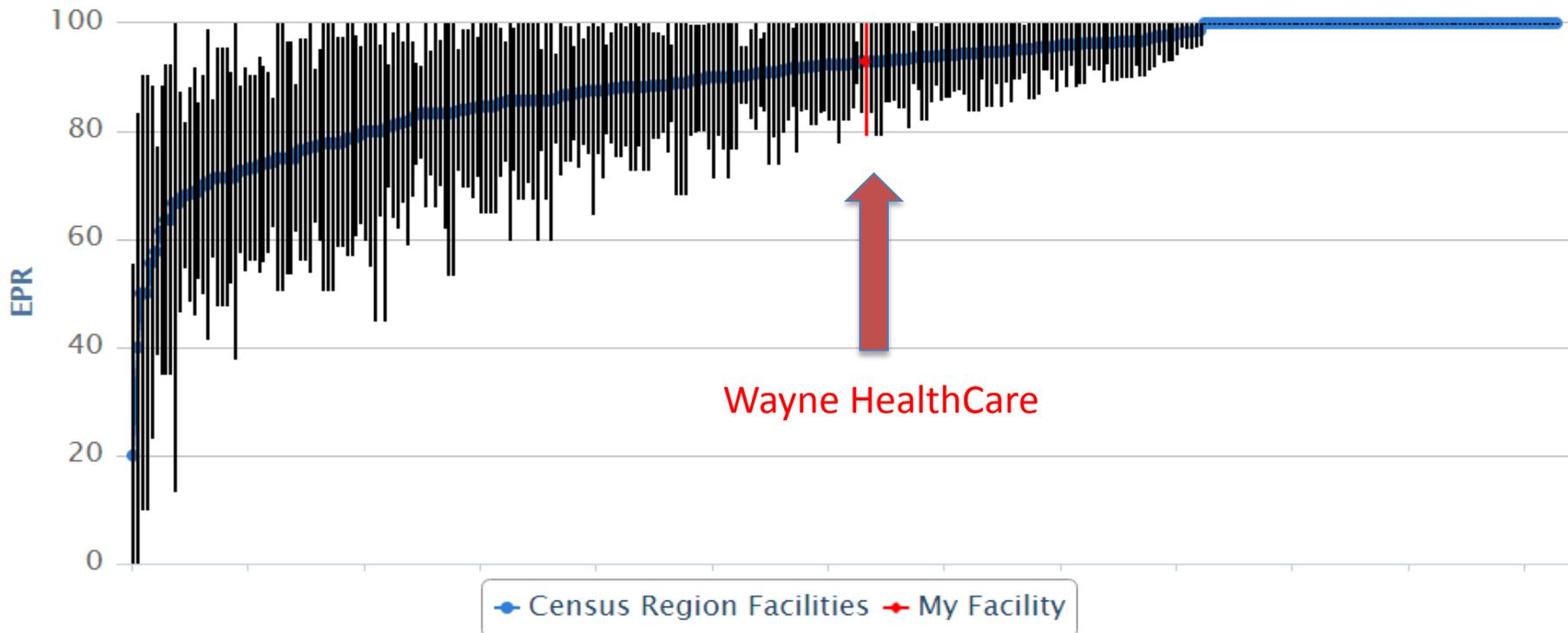
COLON, 2013, ACT: Adjuvant chemotherapy for lymph node positive colon cancer (NQF 0223 - Accountability)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCP)	All CoC Programs
Performance Rate	100 %	91 %	91.8 %	91.7 %	88.9 %	89.3 %
Denominator	3	489	1710	965	1220	9718
95 % CI	(100.0,100.0)	(88.5,93.5)	(90.5,93.1)	(90.0,93.4)	(87.1,90.7)	(88.7,89.9)

Adjuvant chemotherapy is recommended 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. (CP3R data as of 11/02/2015)

COLON, 2013, 12RL: At least 12 regional lymph nodes removed and pathologically examined for resected colon cancer (NQF 0225 - Quality Improvement)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCP)	All CoC Programs
Performance Rate	92.9 %	88.4 %	90.6 %	88.2 %	86 %	89.9 %
Denominator	14	2074	7455	4296	5156	40959
95 % CI	(79.4,100.0)	(87.0,89.8)	(89.9,91.3)	(87.2,89.2)	(85.1,86.9)	(89.6,90.2)

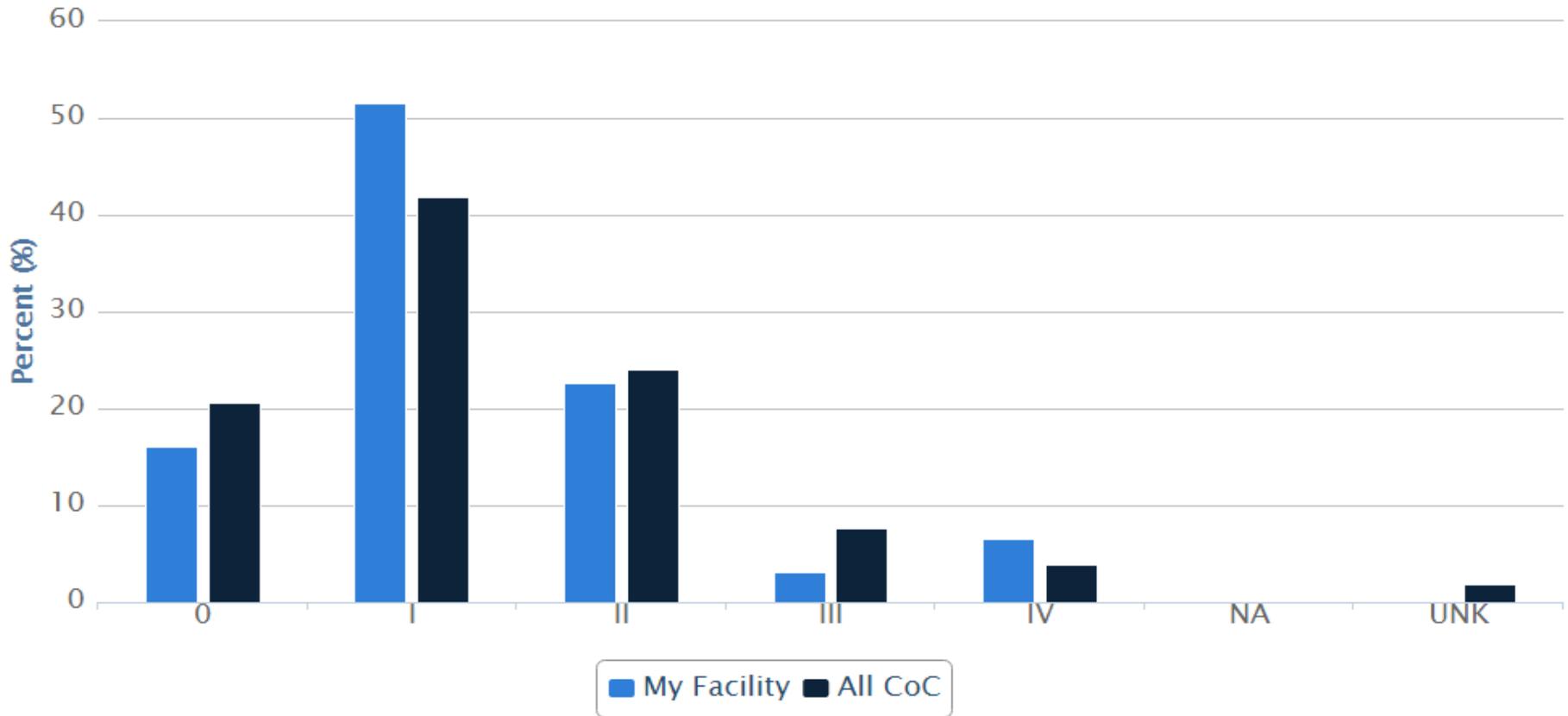
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. (CP3R data as of 11/02/2015)

Breast Cancer—Additional Reports

- Stage Distribution
- In/Out Migration
- In/Out Migration by Insurance Status
- Insurance Status
- Distance Traveled
- First Course Treatment – Stage I
- Days to First Treatment: Cases Diagnosed and Treated at My Facility
- Days to First Treatment: Cases Diagnosed at My Facility or Elsewhere; Treated at My Facility
- Radiation Treatment After Breast Cancer Surgery Out Migration Heat Map By Zip Code



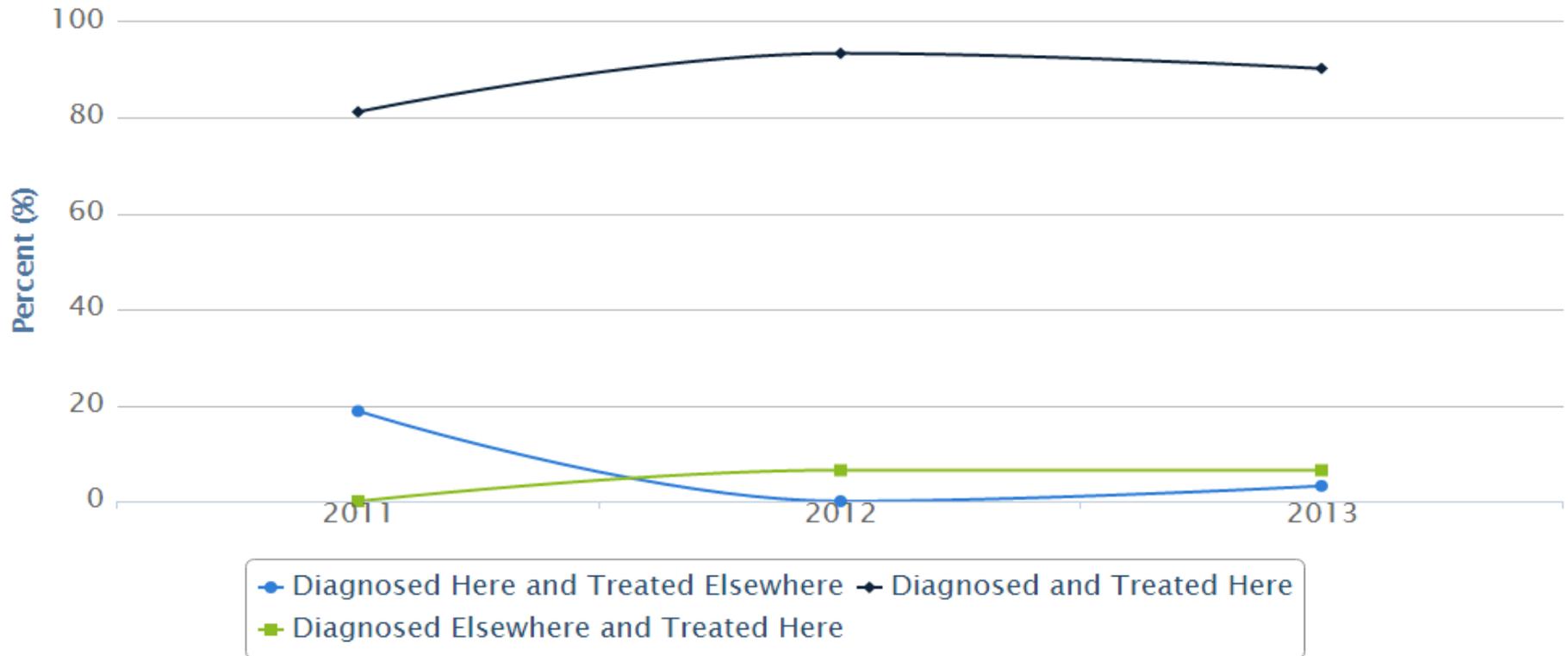
Stage Distribution - Breast Cancer Diagnosed in 2013, My Facility vs. All CoC



	0	I	II	III	IV	NA	UNK
My Facility	16.1 % (n=5)	51.6 % (n=16)	22.6 % (n=7)	3.2 % (n=1)	6.5 % (n=2)	0 % (n=0)	0 % (n=0)
All CoC	20.7 % (n=47290)	41.9 % (n=95776)	24 % (n=54796)	7.7 % (n=17723)	3.9 % (n=8942)	0.1 % (n=175)	1.8 % (n=4042)



In/Out Migration Breast Cancer, 2011 - 2013 - My Facility

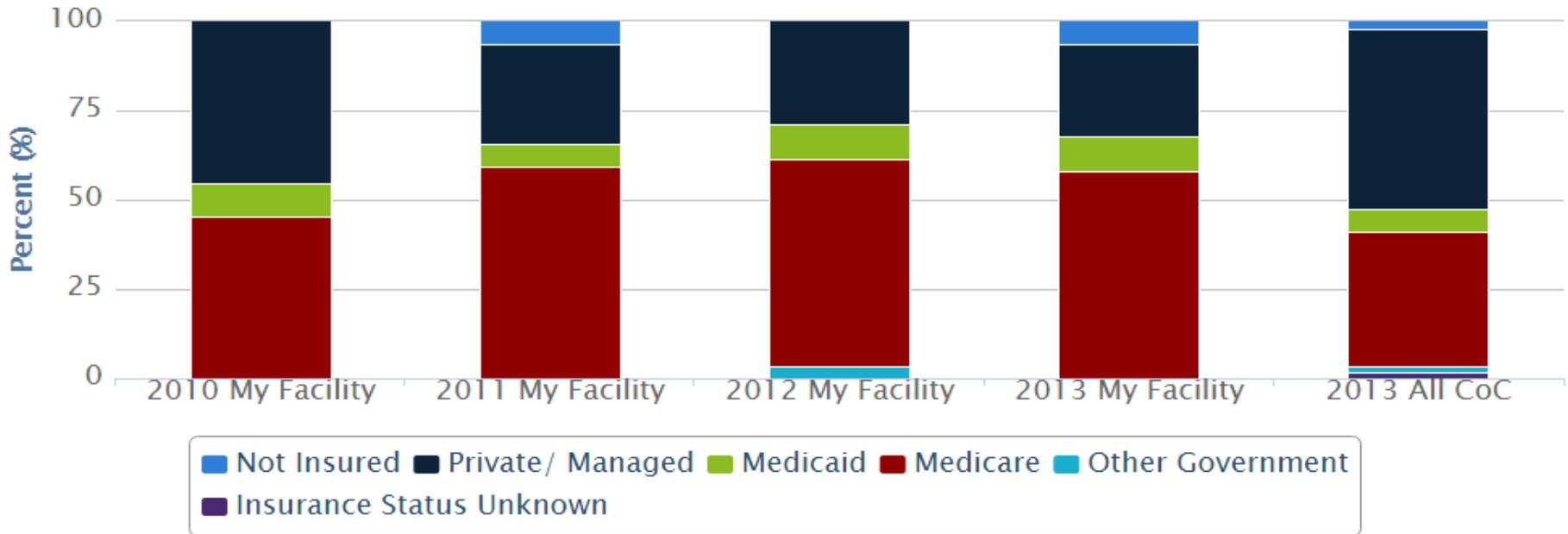


	2011	2012	2013
Diagnosed Here and Treated Elsewhere	18.8 % (n=6)	0 % (n=0)	3.2 % (n=1)
Diagnosed and Treated Here	81.3 % (n=26)	93.5 % (n=29)	90.3 % (n=28)
Diagnosed Elsewhere and Treated Here	0 % (n=0)	6.5 % (n=2)	6.5 % (n=2)



Insurance Status - Breast Cancer, 2010 - 2013

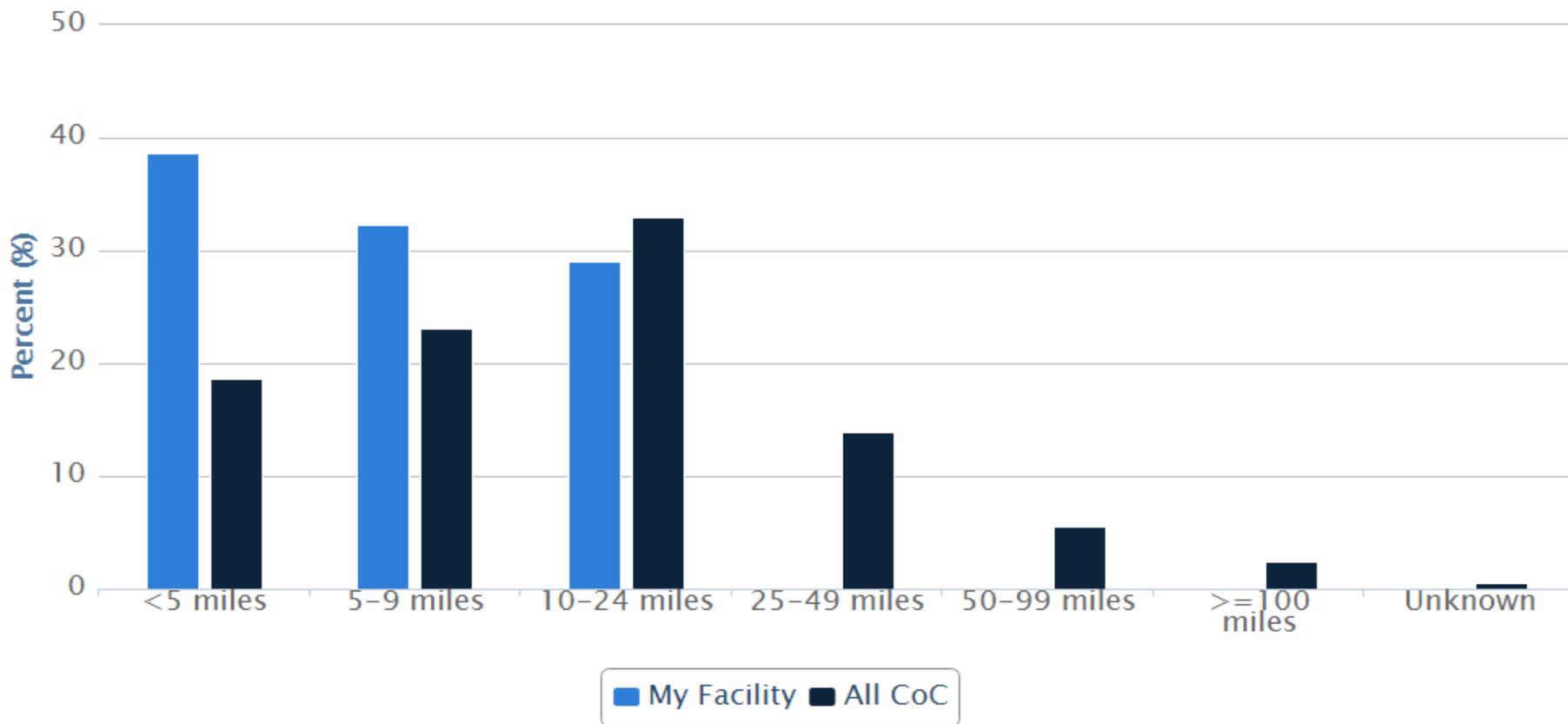
My Facility vs. All CoC



	2010 My Facility	2011 My Facility	2012 My Facility	2013 My Facility	2013 All CoC
Not Insured	0 % (n=0)	6.3 % (n=2)	0 % (n=0)	6.5 % (n=2)	2.3 % (n=5231)
Private/Managed	45.5 % (n=10)	28.1 % (n=9)	29 % (n=9)	25.8 % (n=8)	50.3 % (n=115134)
Medicaid	9.1 % (n=2)	6.3 % (n=2)	9.7 % (n=3)	9.7 % (n=3)	6.5 % (n=14842)
Medicare	45.5 % (n=10)	59.4 % (n=19)	58.1 % (n=18)	58.1 % (n=18)	37.6 % (n=86010)
Other Government	0 % (n=0)	0 % (n=0)	3.2 % (n=1)	0 % (n=0)	1.4 % (n=3223)
Insurance Status Unknown	0 % (n=0)	0 % (n=0)	0 % (n=0)	0 % (n=0)	1.9 % (n=4304)



Distance Traveled - Breast Cancer, 2013



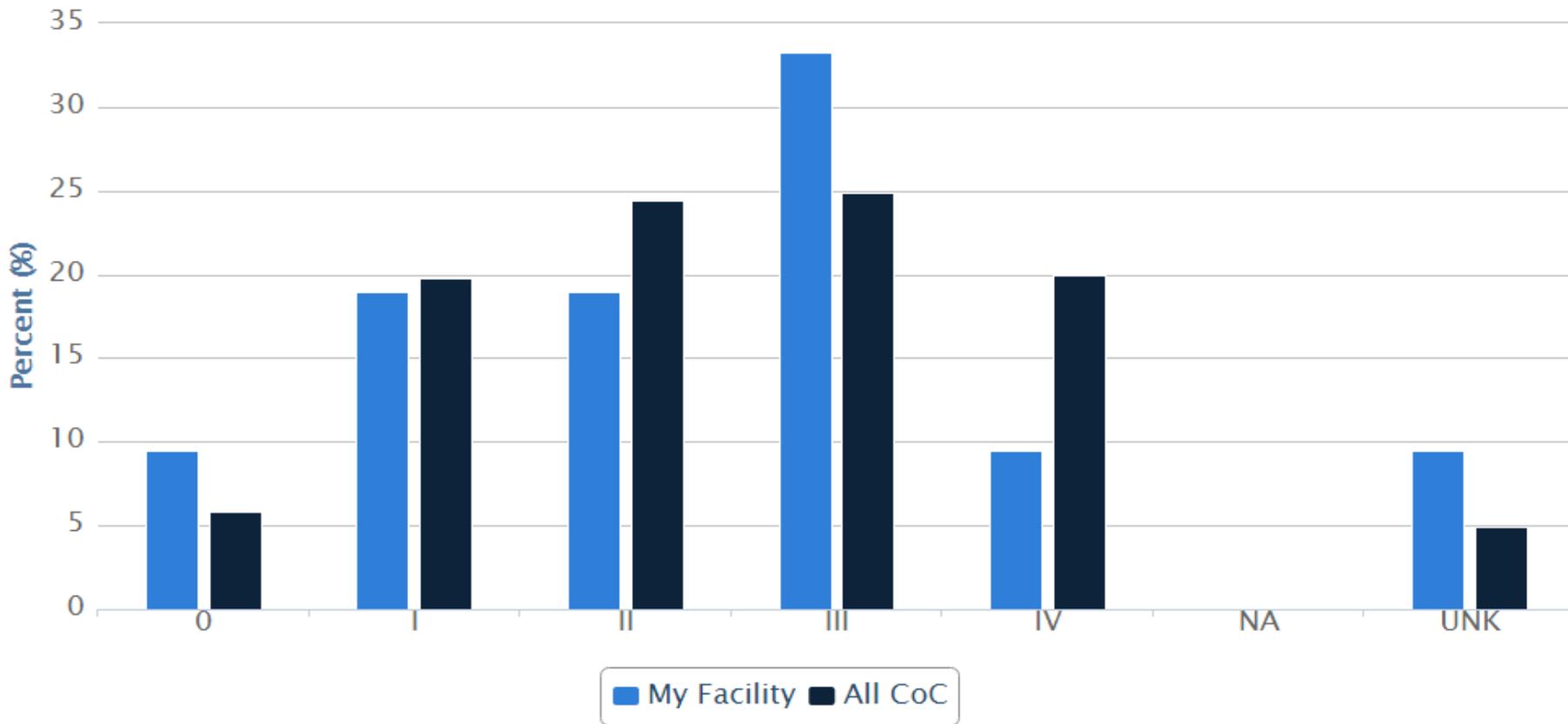
	<5 miles	5-9 miles	10-24 miles	25-49 miles	50-99 miles	>=100 miles	Unknown
My Facility	38.7 % (n=12)	32.3 % (n=10)	29 % (n=9)	0 % (n=0)	0 % (n=0)	0 % (n=0)	0 % (n=0)
All CoC	18.7 % (n=42765)	23.1 % (n=52814)	33 % (n=75525)	13.9 % (n=31710)	5.5 % (n=12638)	2.4 % (n=5487)	0.5 % (n=1069)

Colon Cancer—Additional Reports

- Stage Distribution
- In/Out Migration
- In/Out Migration by Insurance Status
- Insurance Status
- Distance Traveled
- Days to First Treatment: Cases Diagnosed and Treated at My Facility
- Days to First Treatment: Cases Diagnosed at My Facility or Elsewhere; Treated at My Facility



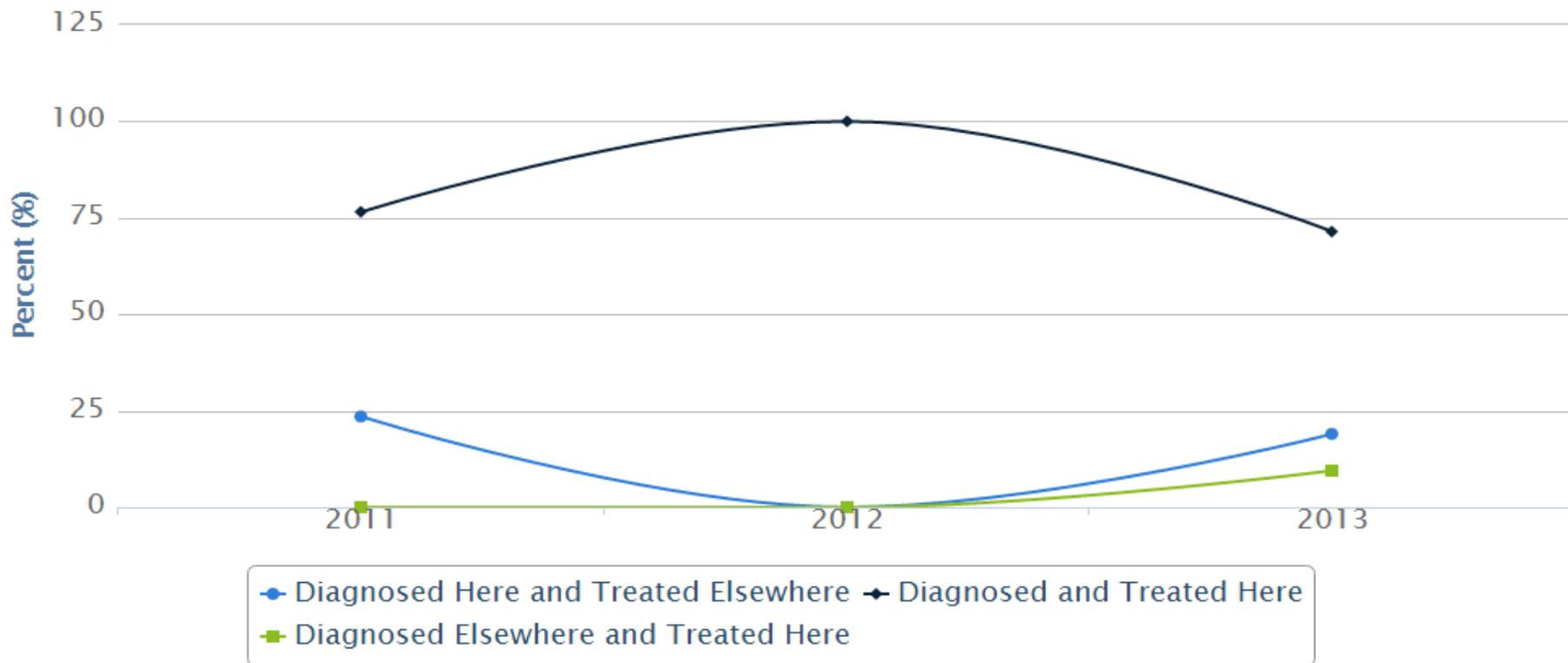
Stage Distribution - Colon Cancer Diagnosed in 2013, My Facility vs. All CoC



	0	I	II	III	IV	NA	UNK
My Facility	9.5 % (n=2)	19 % (n=4)	19 % (n=4)	33.3 % (n=7)	9.5 % (n=2)	0 % (n=0)	9.5 % (n=2)
All CoC	5.8 % (n=4165)	19.8 % (n=14305)	24.4 % (n=17615)	24.9 % (n=17946)	20 % (n=14447)	0.1 % (n=91)	4.9 % (n=3510)



In/Out Migration Colon Cancer, 2011 - 2013 - My Facility

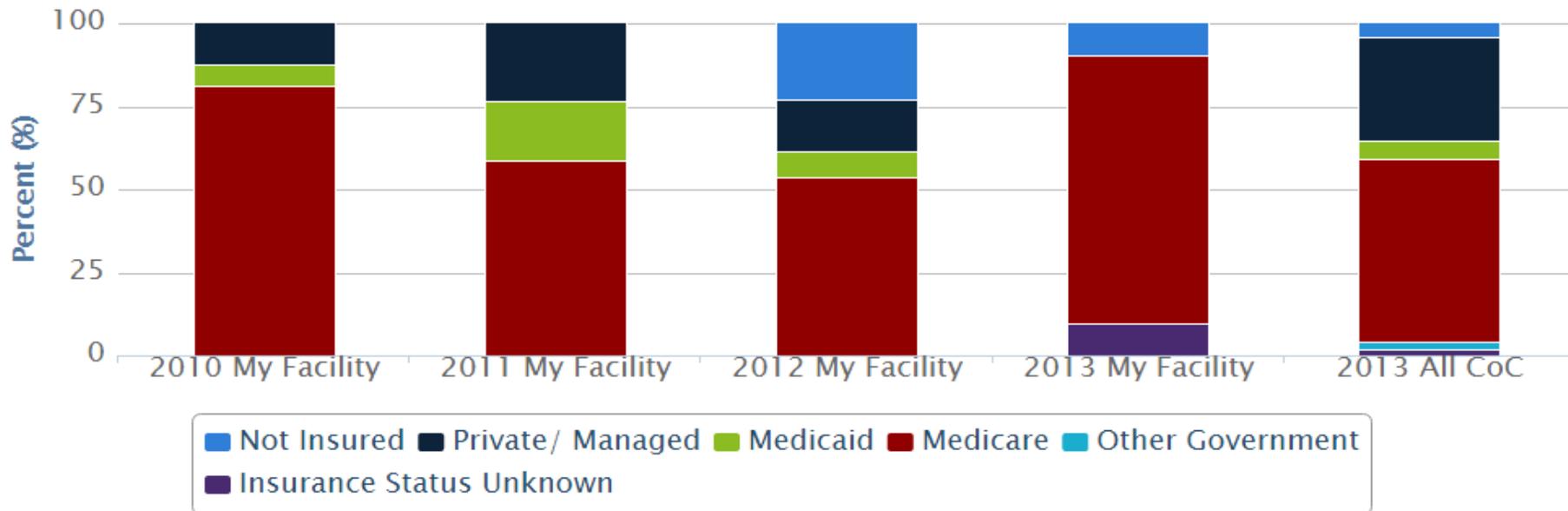


	2011	2012	2013
Diagnosed Here and Treated Elsewhere	23.5 % (n=4)	0 % (n=0)	19 % (n=4)
Diagnosed and Treated Here	76.5 % (n=13)	100 % (n=13)	71.4 % (n=15)
Diagnosed Elsewhere and Treated Here	0 % (n=0)	0 % (n=0)	9.5 % (n=2)



Insurance Status - Colon Cancer, 2010 - 2013

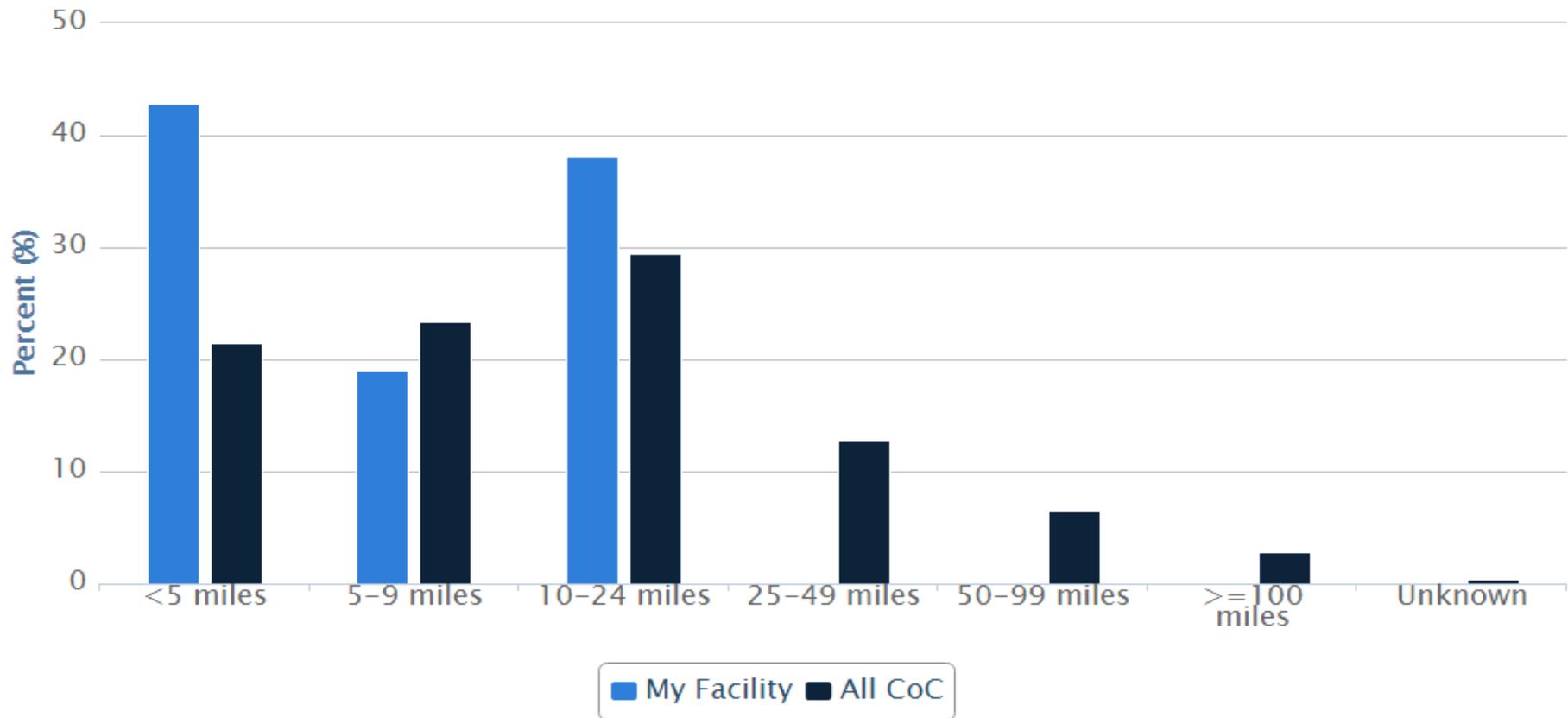
My Facility vs. All CoC



	2010 My Facility	2011 My Facility	2012 My Facility	2013 My Facility	2013 All CoC
Not Insured	0 % (n=0)	0 % (n=0)	23.1 % (n=3)	9.5 % (n=2)	3.9 % (n=2834)
Private/ Managed	12.5 % (n=2)	23.5 % (n=4)	15.4 % (n=2)	0 % (n=0)	31.2 % (n=22513)
Medicaid	6.3 % (n=1)	17.6 % (n=3)	7.7 % (n=1)	0 % (n=0)	5.5 % (n=3933)
Medicare	81.3 % (n=13)	58.8 % (n=10)	53.8 % (n=7)	81 % (n=17)	55.5 % (n=39968)
Other Government	0 % (n=0)	0 % (n=0)	0 % (n=0)	0 % (n=0)	2.2 % (n=1601)
Insurance Status Unknown	0 % (n=0)	0 % (n=0)	0 % (n=0)	9.5 % (n=2)	1.7 % (n=1230)



Distance Traveled - Colon Cancer, 2013



	<5 miles	5-9 miles	10-24 miles	25-49 miles	50-99 miles	>=100 miles	Unknown
My Facility	42.9 % (n=9)	19 % (n=4)	38.1 % (n=8)	0 % (n=0)	0 % (n=0)	0 % (n=0)	0 % (n=0)
All CoC	21.5 % (n=15504)	23.4 % (n=16888)	29.5 % (n=21299)	12.9 % (n=9313)	6.5 % (n=4683)	2.9 % (n=2083)	0.4 % (n=308)

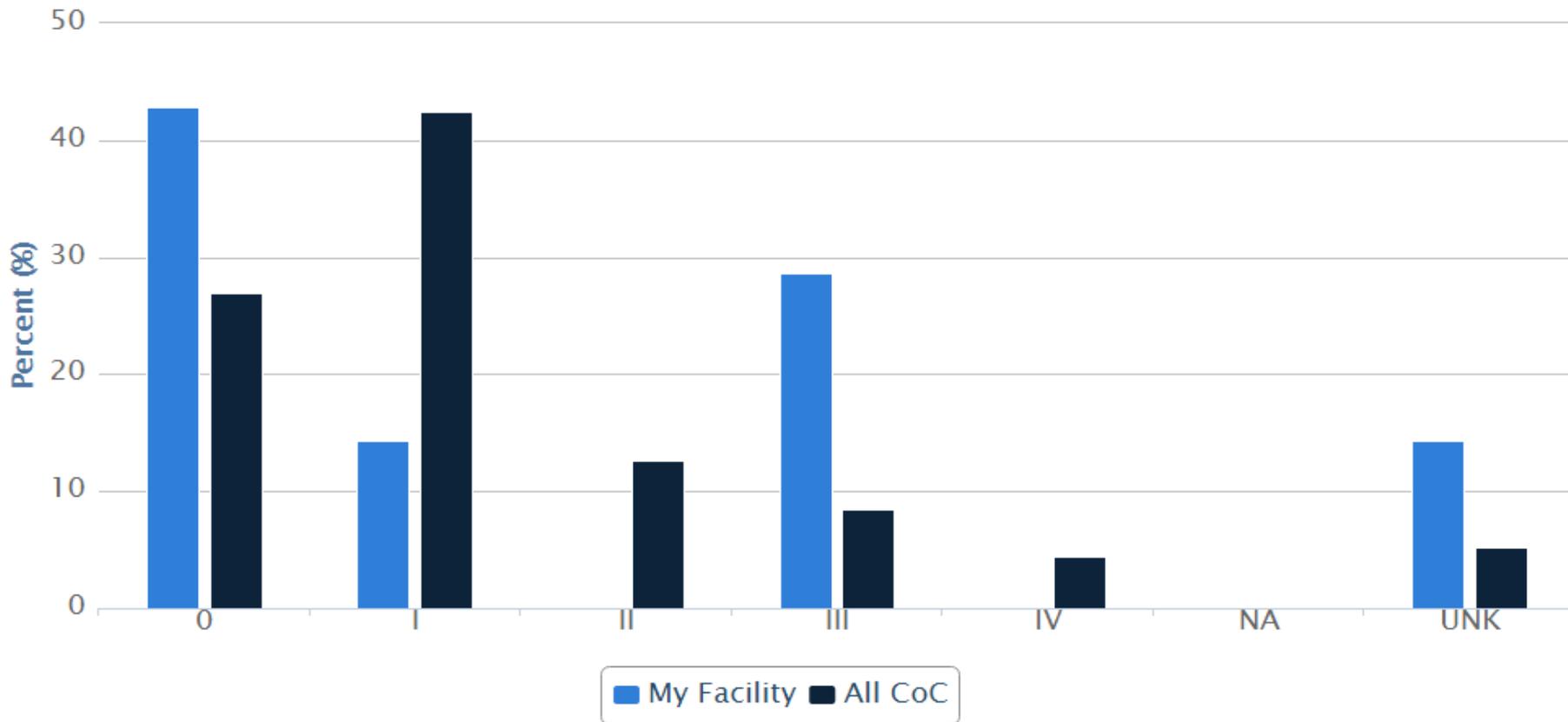
Melanoma of the Skin Cancer—Additional Reports

- Stage Distribution
- In/Out Migration
- In/Out Migration by Insurance Status
- Insurance Status
- Distance Traveled
- Days to First Treatment: Cases Diagnosed and Treated at My Facility
- Days to First Treatment: Cases Diagnosed at My Facility or Elsewhere; Treated at My Facility



Stage Distribution - Melanoma Cancer Diagnosed in 2013

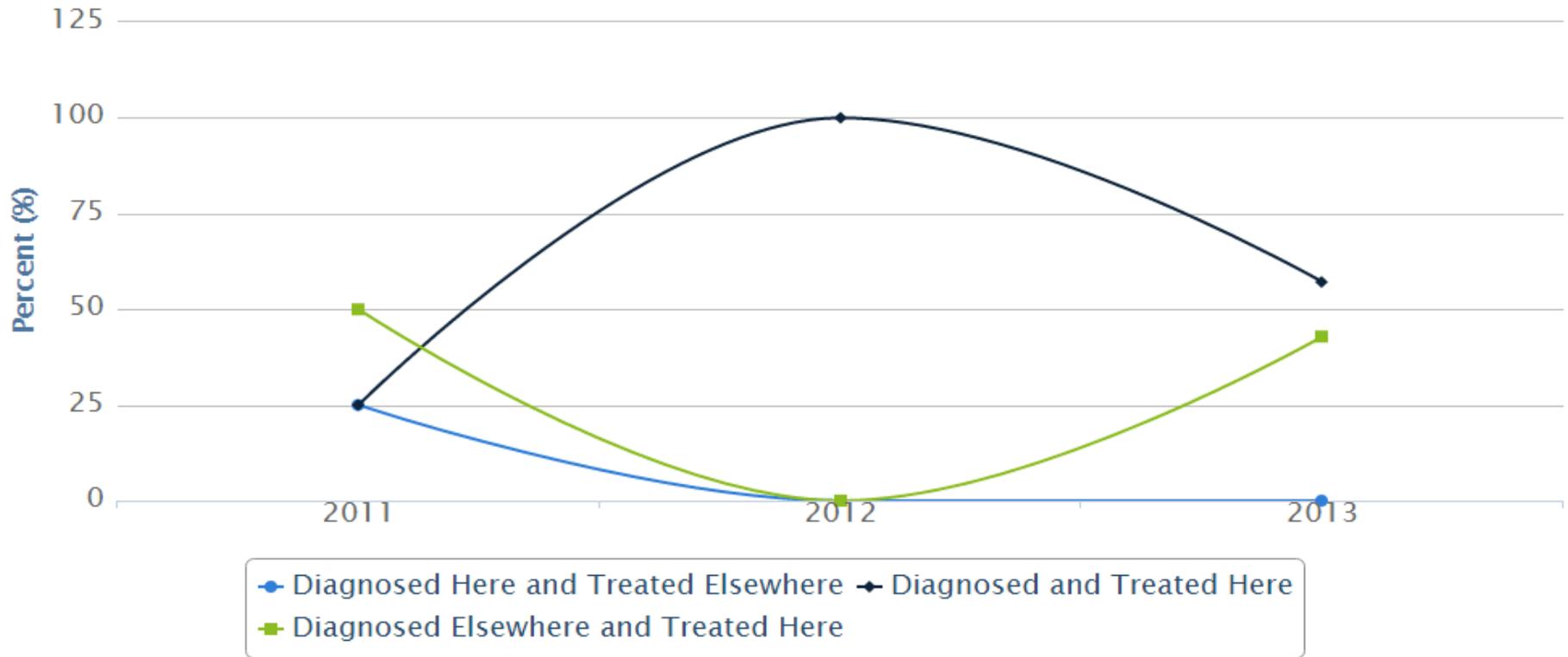
My Facility vs. All CoC



	0	I	II	III	IV	NA	UNK
My Facility	42.9 % (n=3)	14.3 % (n=1)	0 % (n=0)	28.6 % (n=2)	0 % (n=0)	0 % (n=0)	14.3 % (n=1)
All CoC	26.9 % (n=14104)	42.4 % (n=22258)	12.6 % (n=6630)	8.5 % (n=4466)	4.4 % (n=2336)	0 % (n=2)	5.2 % (n=2715)



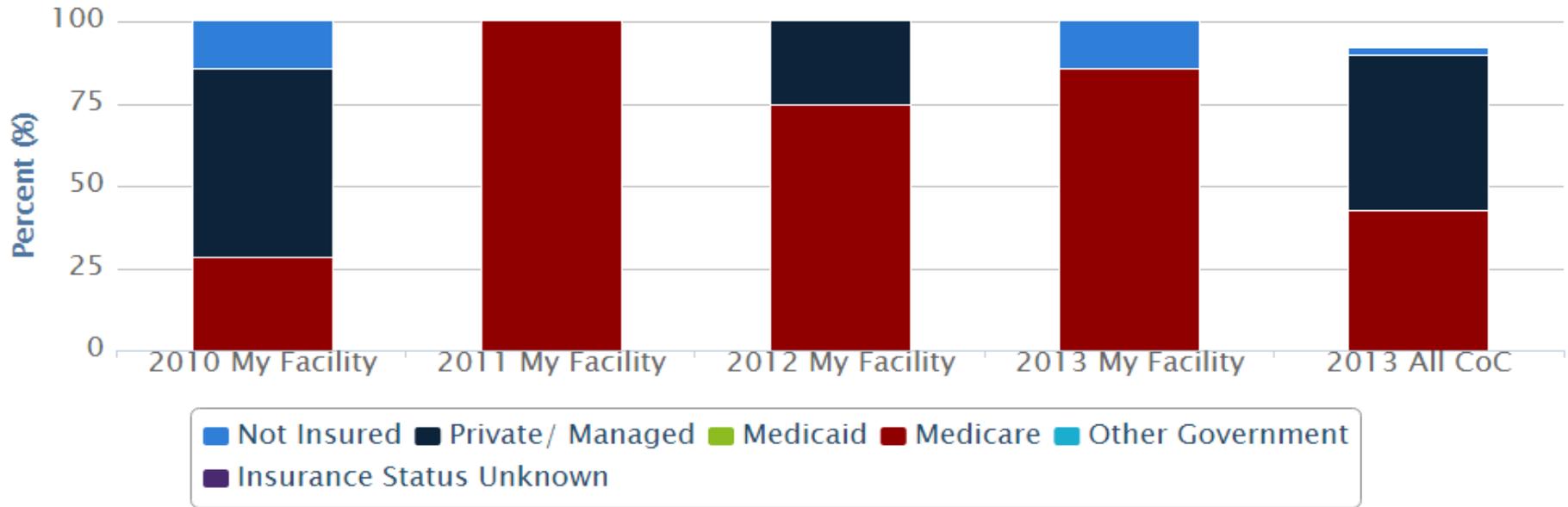
In/Out Migration Melanoma Cancer, 2011 - 2013 - My Facility



	2011	2012	2013
Diagnosed Here and Treated Elsewhere	25 % (n=1)	0 % (n=0)	0 % (n=0)
Diagnosed and Treated Here	25 % (n=1)	100 % (n=4)	57.1 % (n=4)
Diagnosed Elsewhere and Treated Here	50 % (n=2)	0 % (n=0)	42.9 % (n=3)



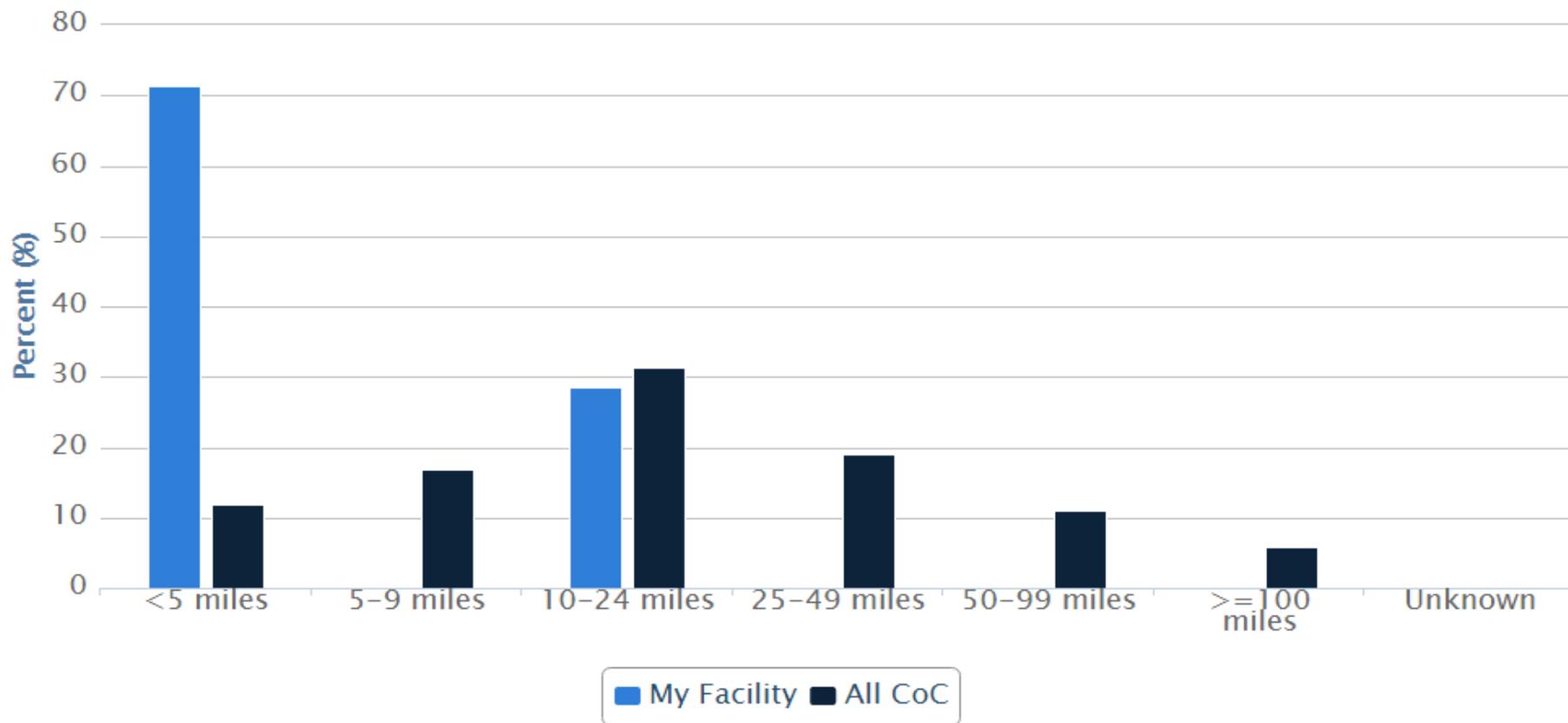
Insurance Status - Melanoma Cancer, 2010 - 2013 My Facility vs. All CoC



	2010 My Facility	2011 My Facility	2012 My Facility	2013 My Facility	2013 All CoC
Not Insured	14.3 % (n=1)	0 % (n=0)	0 % (n=0)	14.3 % (n=1)	2.4 % (n=1235)
Private/ Managed	57.1 % (n=4)	0 % (n=0)	25 % (n=1)	0 % (n=0)	47.3 % (n=24822)
Medicaid	0 % (n=0)				
Medicare	28.6 % (n=2)	100 % (n=4)	75 % (n=3)	85.7 % (n=6)	42.6 % (n=22374)
Other Government	0 % (n=0)				
Insurance Status Unknown	0 % (n=0)				



Distance Traveled - Melanoma Cancer, 2013 - My Facility



	<5 miles	5-9 miles	10-24 miles	25-49 miles	50-99 miles	>=100 miles	Unknown
My Facility	71.4 % (n=5)	0 % (n=0)	28.6 % (n=2)	0 % (n=0)	0 % (n=0)	0 % (n=0)	0 % (n=0)
All CoC	11.9 % (n=6235)	16.8 % (n=8843)	31.3 % (n=16410)	19.1 % (n=10013)	11 % (n=5786)	5.8 % (n=3054)	0.3 % (n=167)

Commission on Cancer

- Established by the American College of Surgeons (ACoS) in 1922
- A consortium of professional organizations dedicated to improving survival and quality of life for cancer patients
- Sets standards to ensure quality, multidisciplinary, and comprehensive cancer care delivery in health care settings
- Conducts surveys to assess compliance with those standards
- Collects standardized data to measure cancer care quality
- Uses data to monitor treatment patterns and outcomes and enhance cancer control and clinical surveillance activities
- Develops educational interventions to improve cancer prevention, early detection, cancer-care delivery, and outcomes

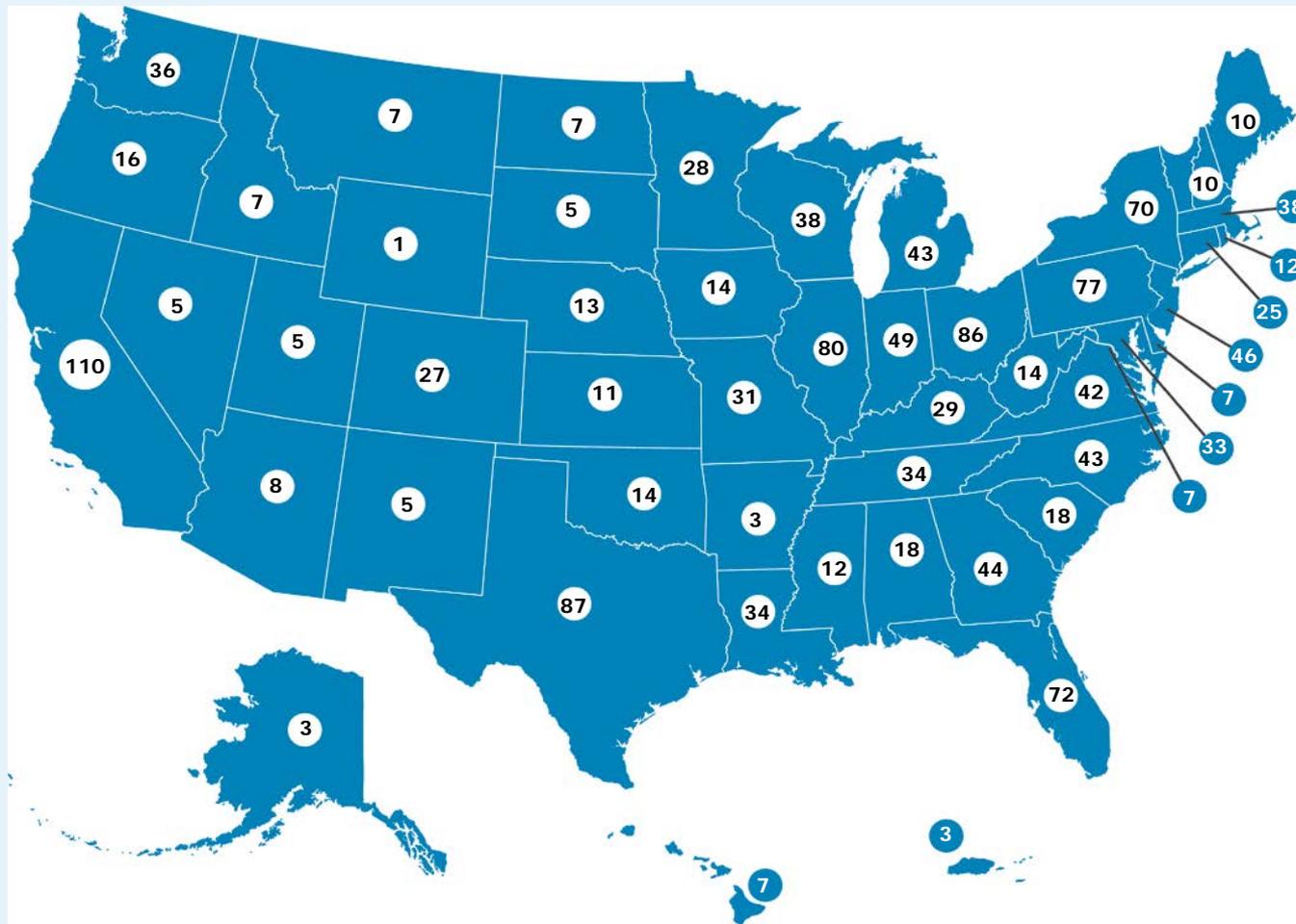


Commission on Cancer: The Value of Accreditation

- **Demonstrates commitment** to patients, communities, providers, payers, and policymakers to improving survival and quality of life for patients and to evidence-based, organized, comprehensive, and quality cancer care
- **Standards ensure that state-of-the-art** clinical services for diagnosing, treating, rehabilitating, and supporting cancer patients and their families are available to provide **quality care**
- **National Cancer Data Base** participation by cancer registries captures more than 100 data elements for every patient and more than 70% of all new cancer patients diagnosed in the U.S. each year. Participant User File (PUF) access for research is only available to investigators at CoC-approved programs
- **Measuring quality and outcomes**, including overall survival, through a rapidly expanding panel of quality measures for cancers of the breast, colon, rectum, lung, esophagus, and stomach, and soon to include gynecologic and urologic malignancies, melanoma, sarcoma and pediatric tumors. Comparison with nation-wide data from all 1,500 CoC-accredited programs
- **Ensures a multidisciplinary team approach** including information and access to clinical trials, access to prevention and early detection programs, cancer conferences, and oversight by a Cancer Committee



Commission on Cancer - Accredited Programs By State



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100+ years

CQIP

Cancer Quality Improvement Program



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Role of the Cancer Liaison Physician (CLP)

CLPs monitor the performance of their Cancer Program to address challenges and opportunities using information from the following NCDB Tools that include:

Accountability Measures
Quality Improvement Measures
Surveillance Measures
Survival Reports

Cancer Program Profile Practice Reports (CP3R)
Cancer Quality Improvement Program (CQIP)
Hospital Comparison Benchmark Reports (HCBM)
Rapid Quality Reporting System (RQRS)

Standard 4.3 *Role of the Cancer Liaison Physician - A Cancer Liaison Physician serves in a leadership role within the cancer program, and is responsible for evaluating, interpreting and reporting the program's performance using the National Cancer Data Base (NCDB) data. The CLP reports the results of this analysis to the cancer committee at least four times a year.*

CQIP – A Resource for the Cancer Liaison Physician Reporting to Cancer Committee



Commission on Cancer Member Organizations

- Academy of Nutrition and Dietetics (AND)
- Academy of Oncology Nurse and Patient Navigators (AONN+)
- Alliance for Clinical Trials in Oncology (ALLIANCE)
- American Academy of Hospice and Palliative Medicine (AAHPM)
- American Academy of Pediatrics (AAP)
- American Association for Cancer Education (AACE)
- American Cancer Society (ACS)
- American College of Obstetricians and Gynecologists (ACOG)
- American College of Physicians (ACP)
- American College of Radiology (ACR)
- American College of Surgeons Resident and Associate Society (ACOSRAS)
- American College of Surgeons Young Fellows Association (ACOSYFA)
- American Head and Neck Society (AHNS)
- American Hospital Association (AHA)
- American Joint Committee on Cancer (AJCC)
- American Medical Association (AMA)
- American Pediatric Surgical Association (APSA)
- American Physical Therapy Association (APTA)
- American Psychosocial Oncology Society (APOS)
- American Radium Society (ARS)
- American Society of Breast Surgeons (ASBS)
- American Society of Clinical Oncology (ASCO)
- American Society of Colon and Rectal Surgeons (ASCRS)
- American Society of Plastic Surgeons (ASPS)
- American Society of Radiation Oncology (ASTRO)
- American Urological Association (AUA)
- Association of American Cancer Institutes (AACI)
- Association of Cancer Executives (ACE)
- Association of Community Cancer Centers (ACCC)
- Association of Oncology Social Work (AOSW)
- Cancer Support Community (CSC)
- Centers for Disease Control and Prevention (CDC)
- College of American Pathologists (CAP)
- Community Oncology Alliance (COA)
- Department of Defense (DOD)
- Department of Veterans Affairs (VA)
- Hematology/Oncology Pharmacy Association (HOPA)
- LIVESTRONG (Lance Armstrong Foundation)
- National Accreditation Program for Breast Centers (NAPBC)
- National Cancer Institute (NCI)
 - Applied Research Program
 - SEER Program
- National Cancer Registrars Association (NCRA)
- National Coalition for Cancer Survivorship (NCCS)
- National Comprehensive Cancer Network (NCCN)
- National Consortium of Breast Centers (NCBC)
- National Society of Genetic Counselors (NSGC)
- National Surgical Adjuvant Breast and Bowel Project (NSABP)
- North American Association of Central Cancer Registries (NAACCR)
- Oncology Nursing Society (ONS)
- Society of Gynecologic Oncology (SGO)
- Society for Immunotherapy of Cancer (SITC)
- Society of Nuclear Medicine and Molecular Imaging (SNMMI)
- Society of Surgical Oncology (SSO)
- Society of Thoracic Surgeons (STS)



National Cancer Data Base (NCDB)

- A joint program of the CoC and the American Cancer Society that began in 1988
- A nationwide oncology database for more than 1,500 CoC-accredited U.S. cancer programs
- 70 percent of all newly diagnosed U.S. cancer cases are captured at the facility level and reported
- Contains approximately 32 million records from hospital cancer registries across the U.S.



American College of Surgeons: 100 Years of Quality Improvement



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100 years

CQIP

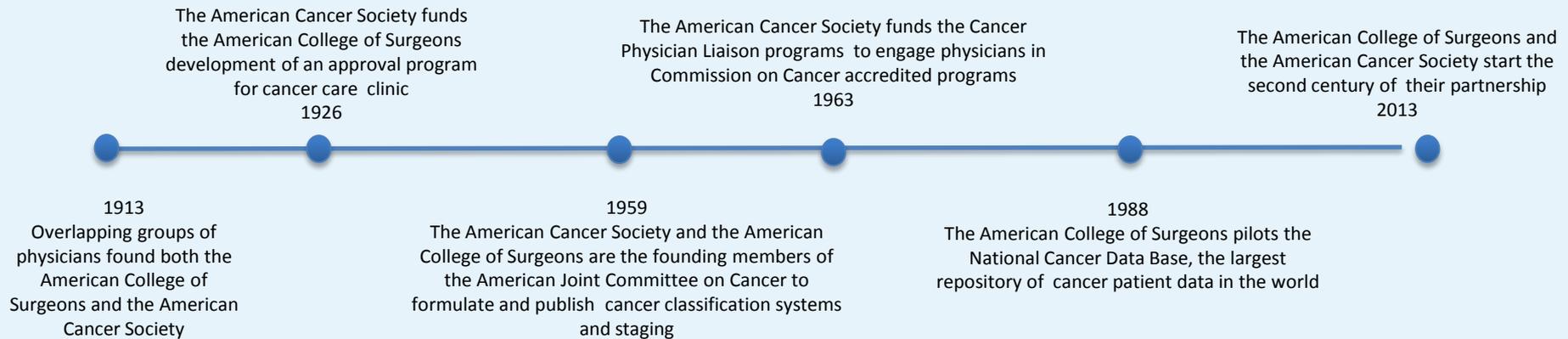
Cancer Quality Improvement Program



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The American College of Surgeons and The American Cancer Society

Partners to Improve the Lives of Cancer Patients



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