



AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:*

*Highest Standards, Better Outcomes*

100+years

CQIP

Cancer Quality Improvement Program



Commission  
on Cancer®

# CQIP

Cancer Quality Improvement Program

Wayne HealthCare

6411400

Greenville, OH

NCDB

CQIP



## Annual Report 2017

# Cancer Quality Improvement Program (CQIP)

- A data-driven, process and outcomes-based cancer quality improvement initiative
- 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)
- PDF download provides information to support the reports, technical details, report creation, and scientific justification and references for quality measures
- 2016 release provides CoC-accredited facilities with data on:
  - Compliance with CoC-adopted quality measures
  - Volume data for complex surgical oncology operations with 30-day and 90 day mortality
  - Unadjusted and risk-adjusted survival data for selected cancer sites
  - Other clinical data and administrative data, which will be updated and expanded annually



# 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.



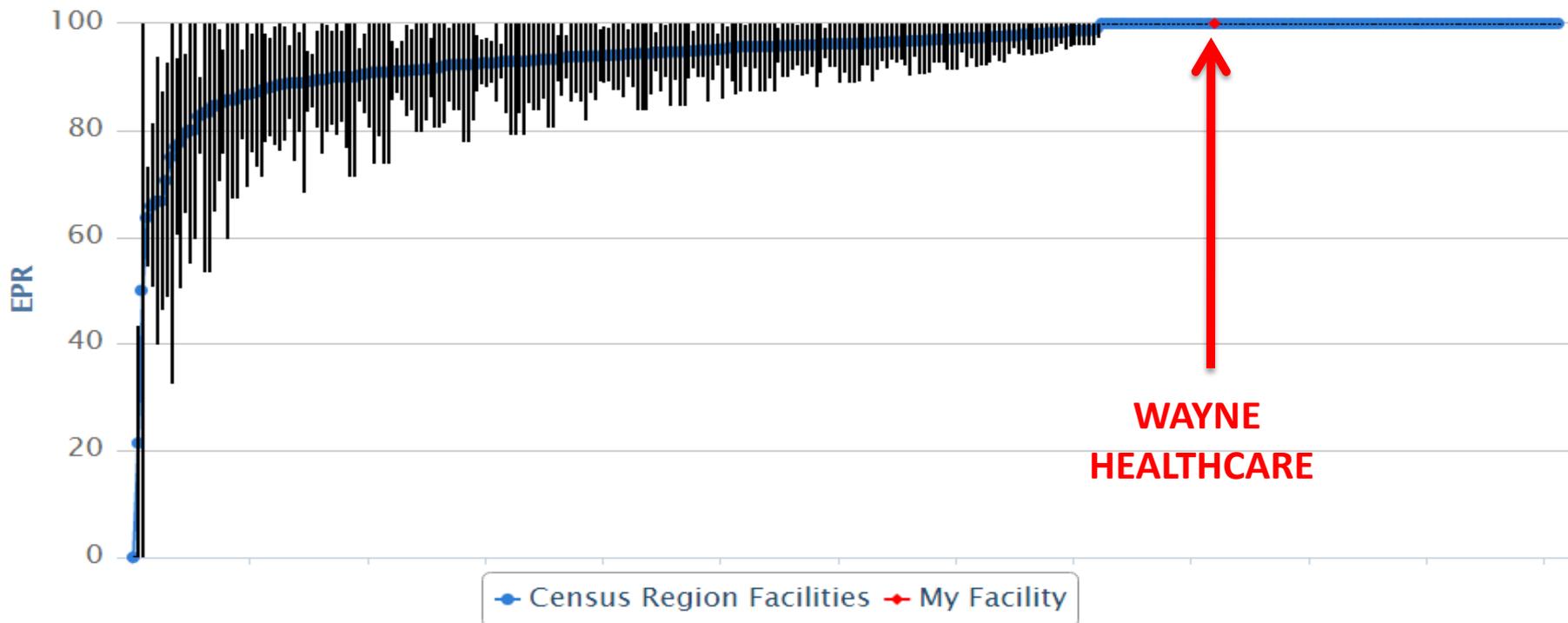
# Quality Measure Reports – Breast

- **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



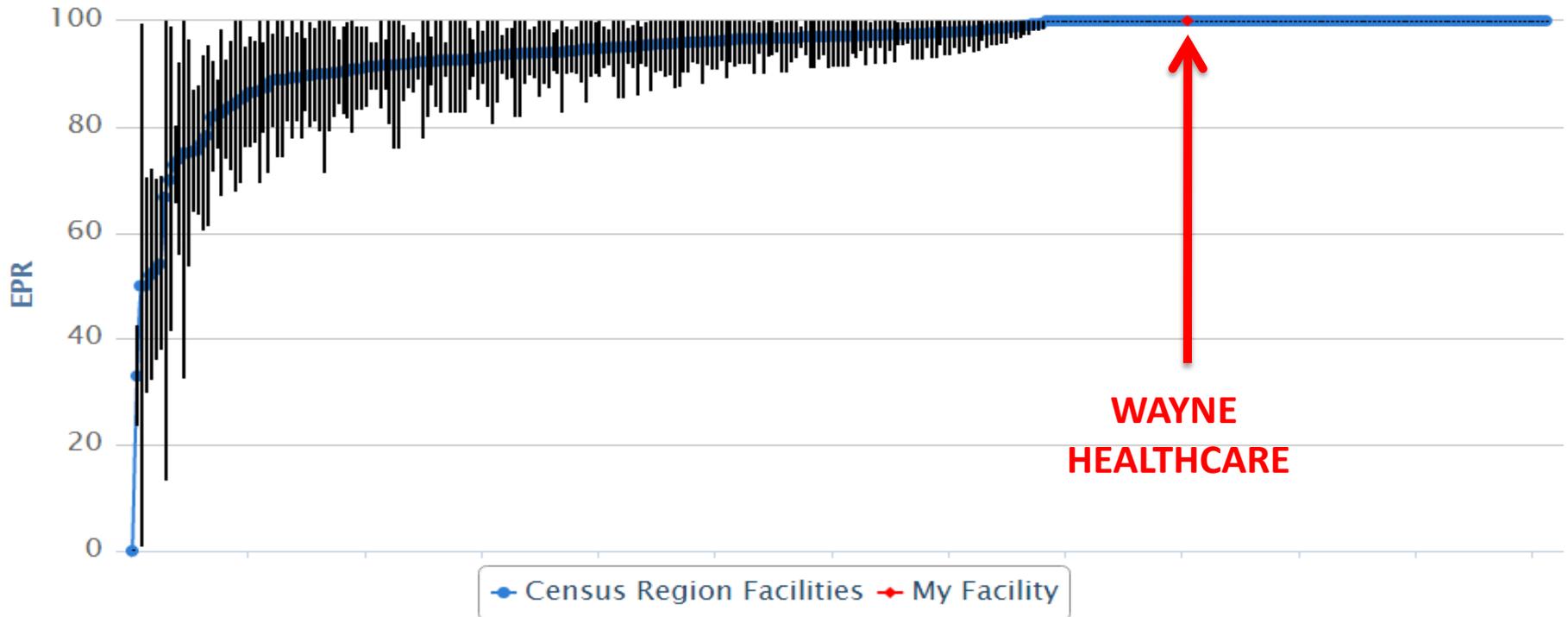
# BREAST, 2014, BCSRT: Breast radiation after breast conserving surgery (NQF 0219 - Accountability)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCP)	All CoC Programs
<b>Performance Rate</b>	100 %	94.3 %	94.3 %	94.7 %	90.8 %	92.2 %
<b>Denominator</b>	2	2651	10052	5613	5609	55551
<b>95 % CI</b>	(100.0,100.0)	(93.4,95.2)	(93.8,94.8)	(94.1,95.3)	(90.0,91.6)	(92.0,92.4)

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 1/13/2017)

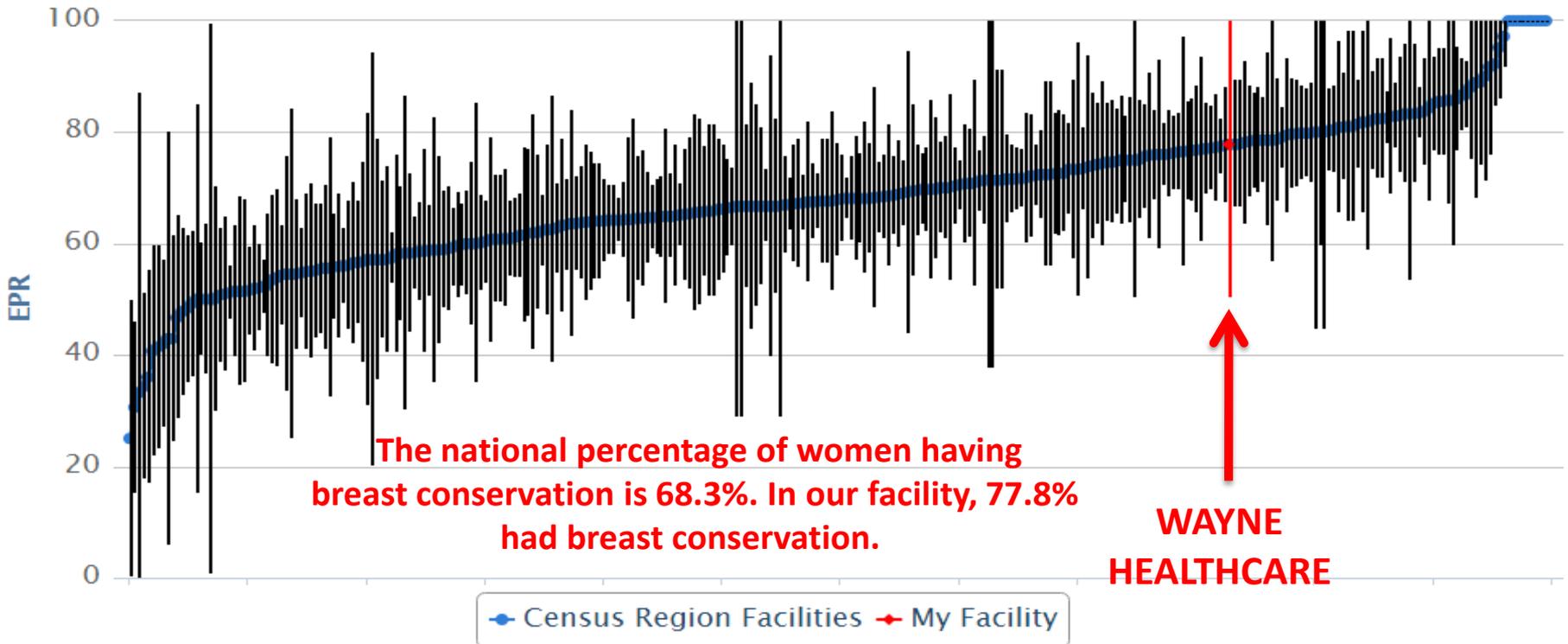
# BREAST, 2014, HT: Adjuvant hormonal therapy for hormone receptor positive breast cancer (NQF 0220 - Accountability)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCP)	All CoC Programs
<b>Performance Rate</b>	100 %	95.4 %	94.6 %	96.1 %	90.5 %	92.5 %
<b>Denominator</b>	7	3655	13366	7410	7698	76016
<b>95 % CI</b>	(100.0,100.0)	(94.7,96.1)	(94.2,95.0)	(95.7,96.5)	(89.8,91.2)	(92.3,92.7)

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 1/13/2017)

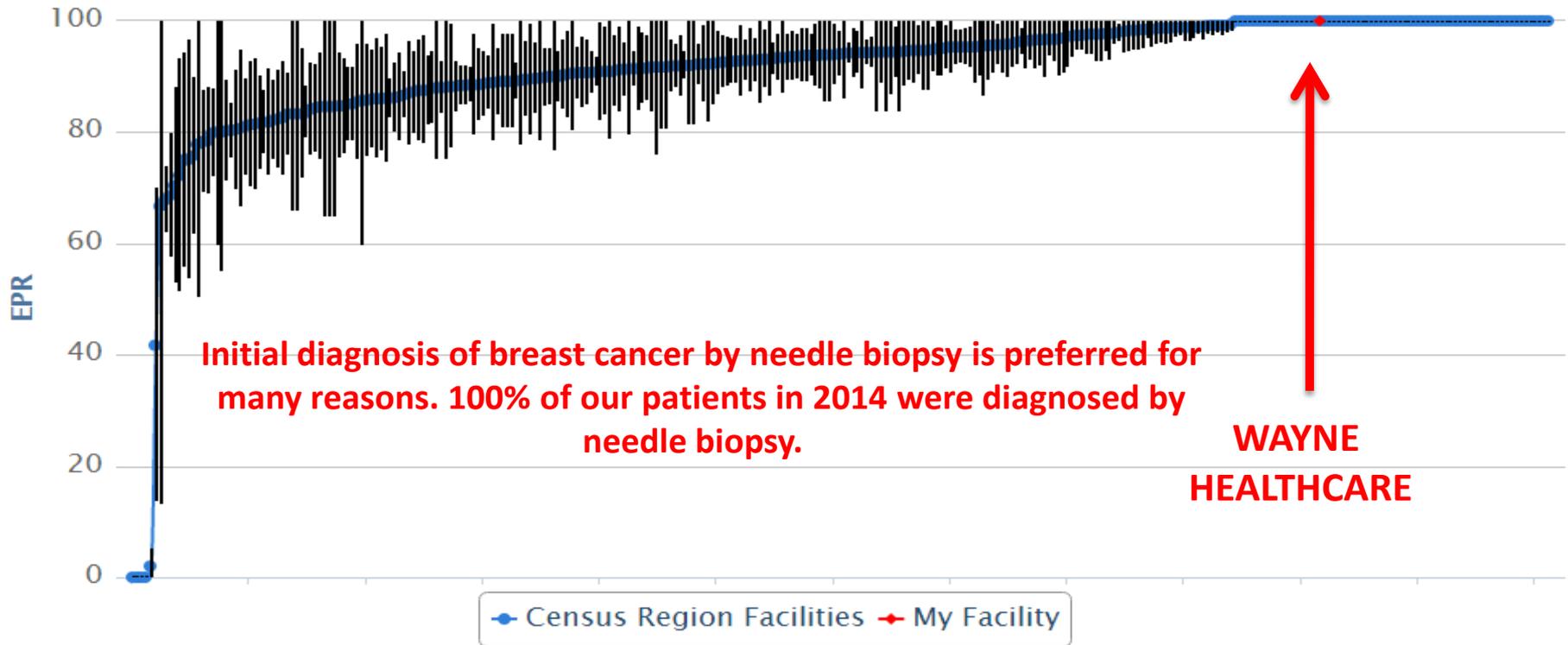
# BREAST, 2014, BCS: Breast conserving surgery rate (Surveillance)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCP)	All CoC Programs
<b>Performance Rate</b>	77.8 %	66.2 %	66.9 %	68.6 %	68.3 %	64.6 %
<b>Denominator</b>	9	5808	22083	12089	11386	122171
<b>95 % CI</b>	(50.6,100.0)	(65.0,67.4)	(66.3,67.5)	(67.8,69.4)	(67.4,69.2)	(64.3,64.9)

Breast conserving surgery rate for women with AJCC clinical stage 0, I, or II breast cancer. (CP3R data as of 1/13/2017)

# BREAST, 2014, 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
<b>Performance Rate</b>	100 %	91.3 %	92.1 %	92.8 %	91.3 %	91.9 %
<b>Denominator</b>	14	6744	25709	14190	14027	129100
<b>95 % CI</b>	(100.0,100.0)	(90.6,92.0)	(91.8,92.4)	(92.4,93.2)	(90.8,91.8)	(91.8,92.0)

Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer. (CP3R data as of 1/13/2017)

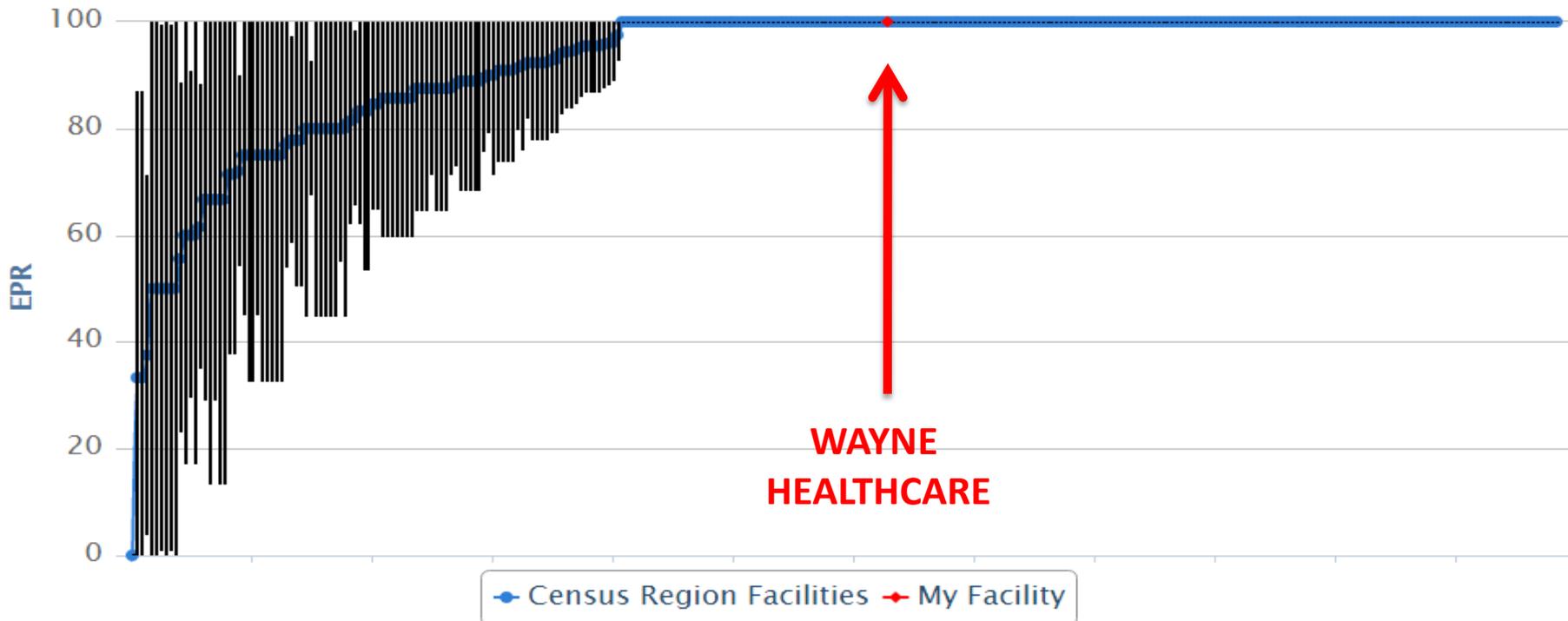
# Quality Measure Reports - Colon

- **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, 2014, ACT: Adjuvant chemotherapy for lymph node positive colon cancer (NQF 0223 - Accountability)

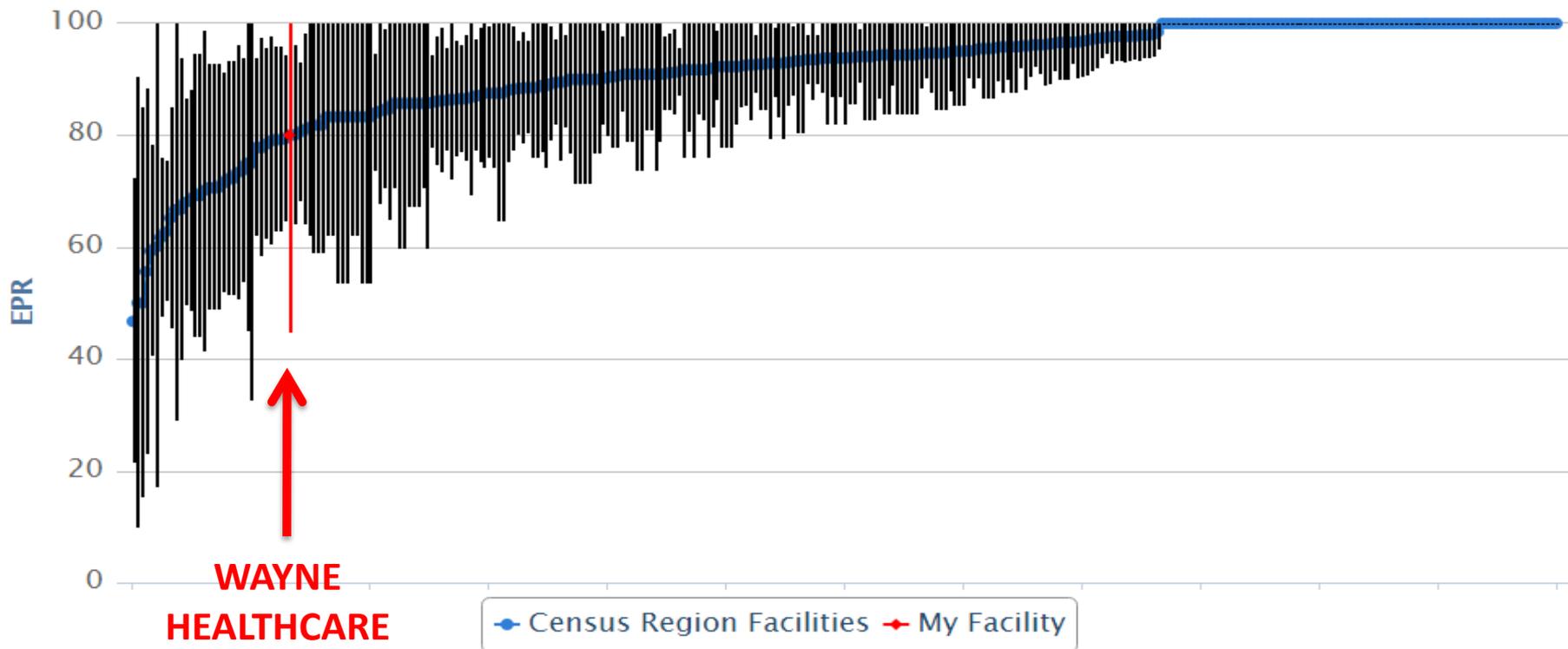


	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCP)	All CoC Programs
<b>Performance Rate</b>	100 %	90.2 %	92.5 %	92.7 %	87.2 %	89 %
<b>Denominator</b>	1	469	1703	972	1259	9921
<b>95 % CI</b>	(100.0,100.0)	(87.5,92.9)	(91.2,93.8)	(91.1,94.3)	(85.4,89.0)	(88.4,89.6)

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 1/13/2017)



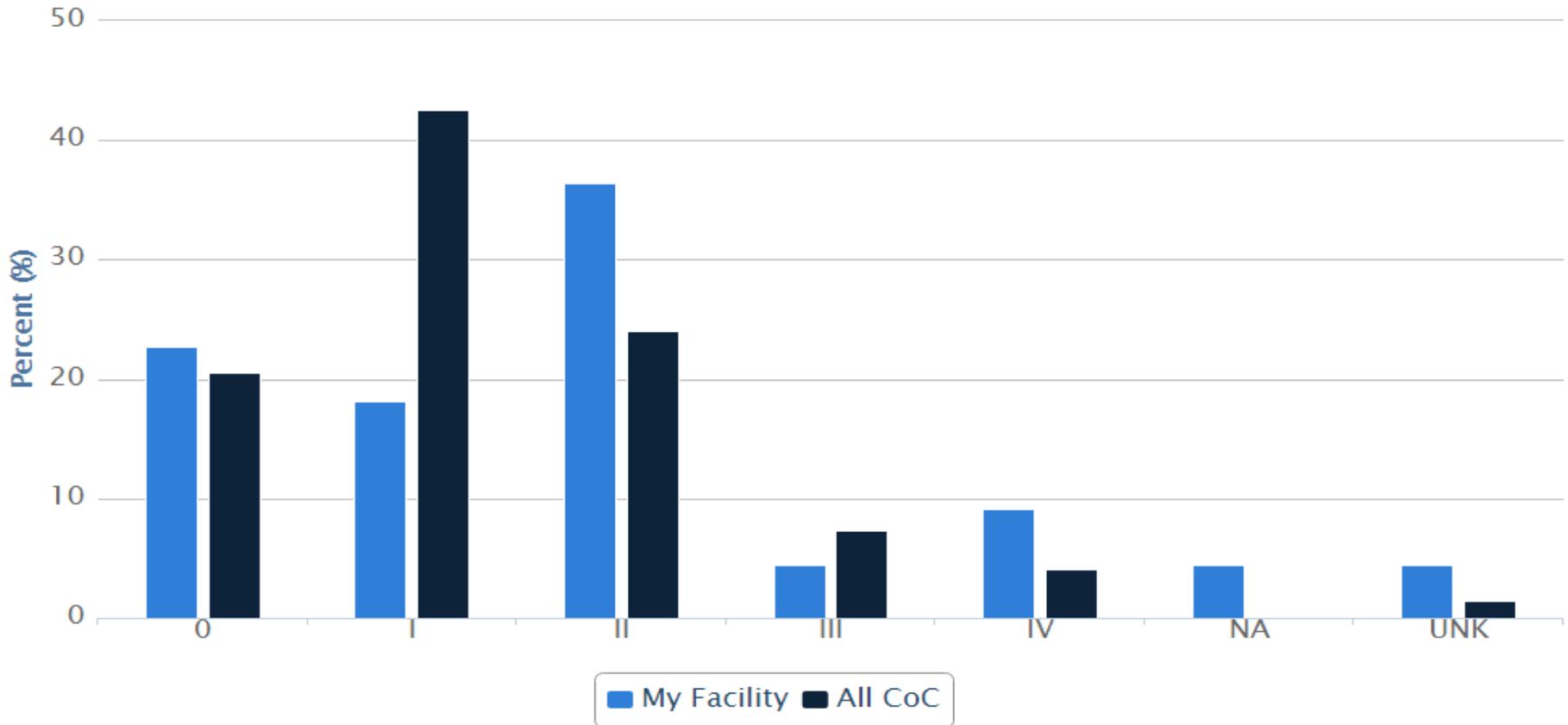
# COLON, 2014, 12RL: At least 12 regional lymph nodes removed and pathologically examined for resected colon cancer (NQF 0225 - Quality Improvement)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCP)	All CoC Programs
<b>Performance Rate</b>	80 %	91.6 %	92.2 %	91.3 %	87.9 %	91.2 %
<b>Denominator</b>	5	2054	7206	4238	5075	39856
<b>95 % CI</b>	(44.9,100.0)	(90.4,92.8)	(91.6,92.8)	(90.5,92.1)	(87.0,88.8)	(90.9,91.5)

At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. (CP3R data as of 1/13/2017)

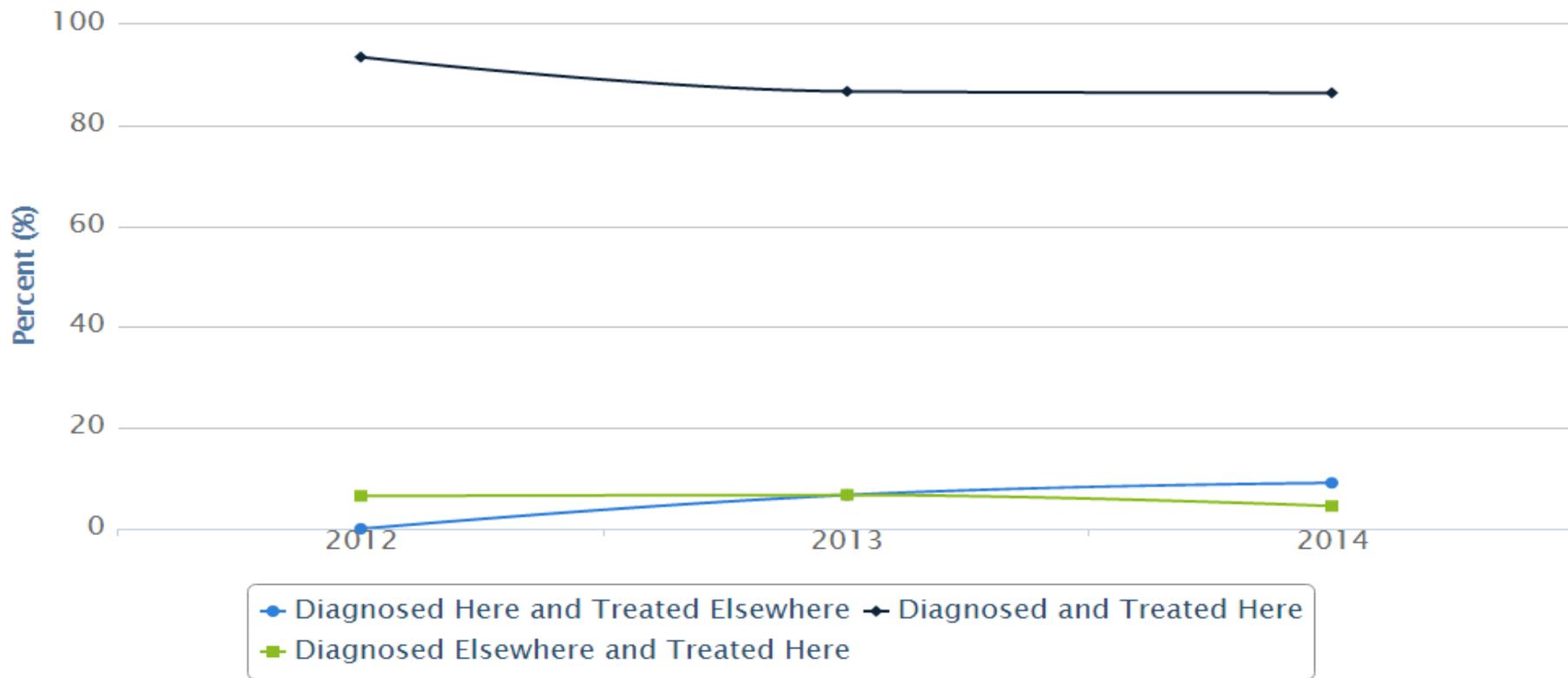
# Stage Distribution - Breast Cancer Diagnosed in 2014, My Facility vs. All CoC



	0	I	II	III	IV	NA	UNK
<b>My Facility</b>	22.7 % (n=5)	18.2 % (n=4)	36.4 % (n=8)	4.5 % (n=1)	9.1 % (n=2)	4.5 % (n=1)	4.5 % (n=1)
<b>All CoC</b>	20.6 % (n=47648)	42.5 % (n=98435)	24 % (n=55560)	7.3 % (n=16943)	4.1 % (n=9426)	0.1 % (n=185)	1.5 % (n=3503)

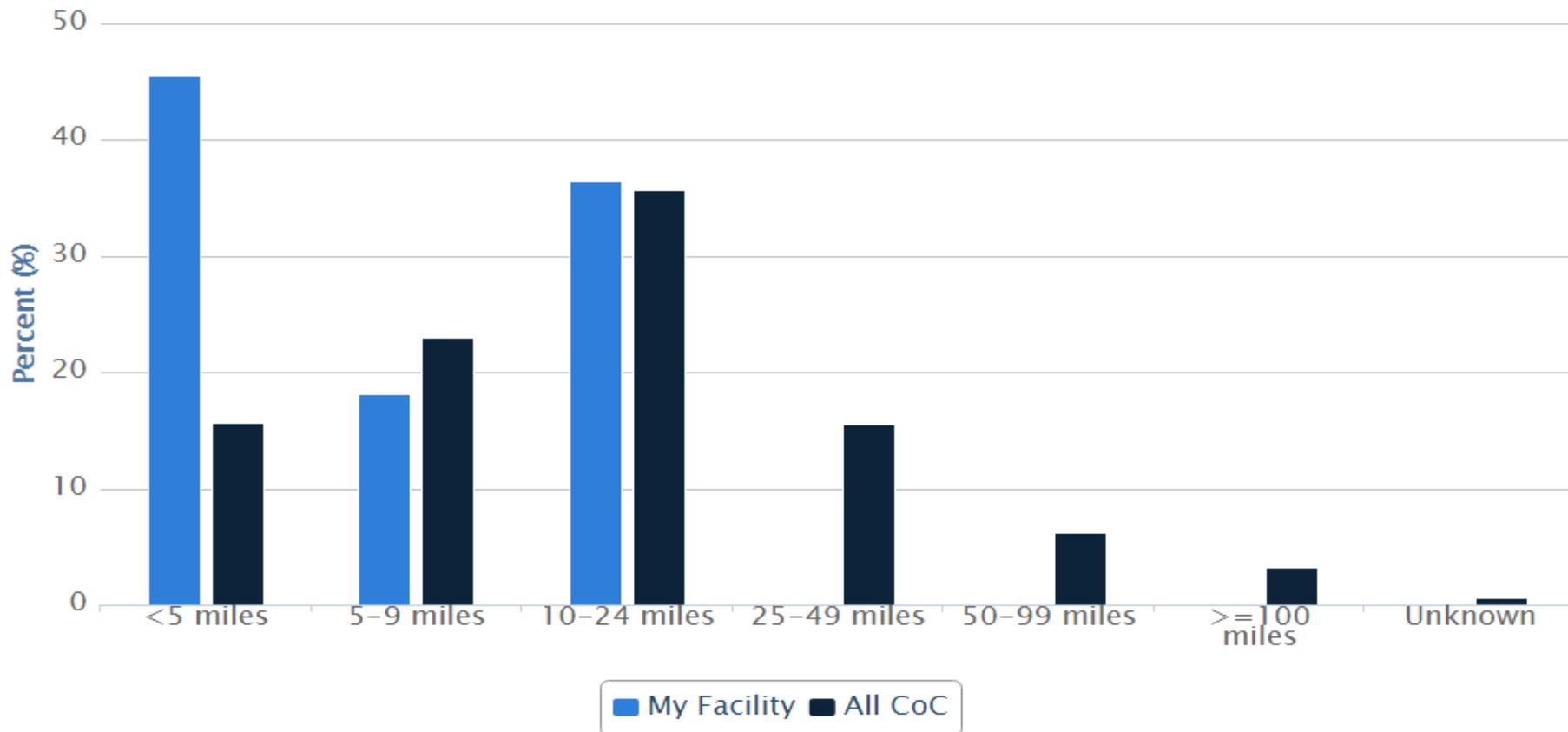


# In/Out Migration Breast Cancer, 2012 - 2014 - My Facility



	2012	2013	2014
<b>Diagnosed Here and Treated Elsewhere</b>	0 % (n=0)	6.7 % (n=2)	9.1 % (n=2)
<b>Diagnosed and Treated Here</b>	93.5 % (n=29)	86.7 % (n=26)	86.4 % (n=19)
<b>Diagnosed Elsewhere and Treated Here</b>	6.5 % (n=2)	6.7 % (n=2)	4.5 % (n=1)

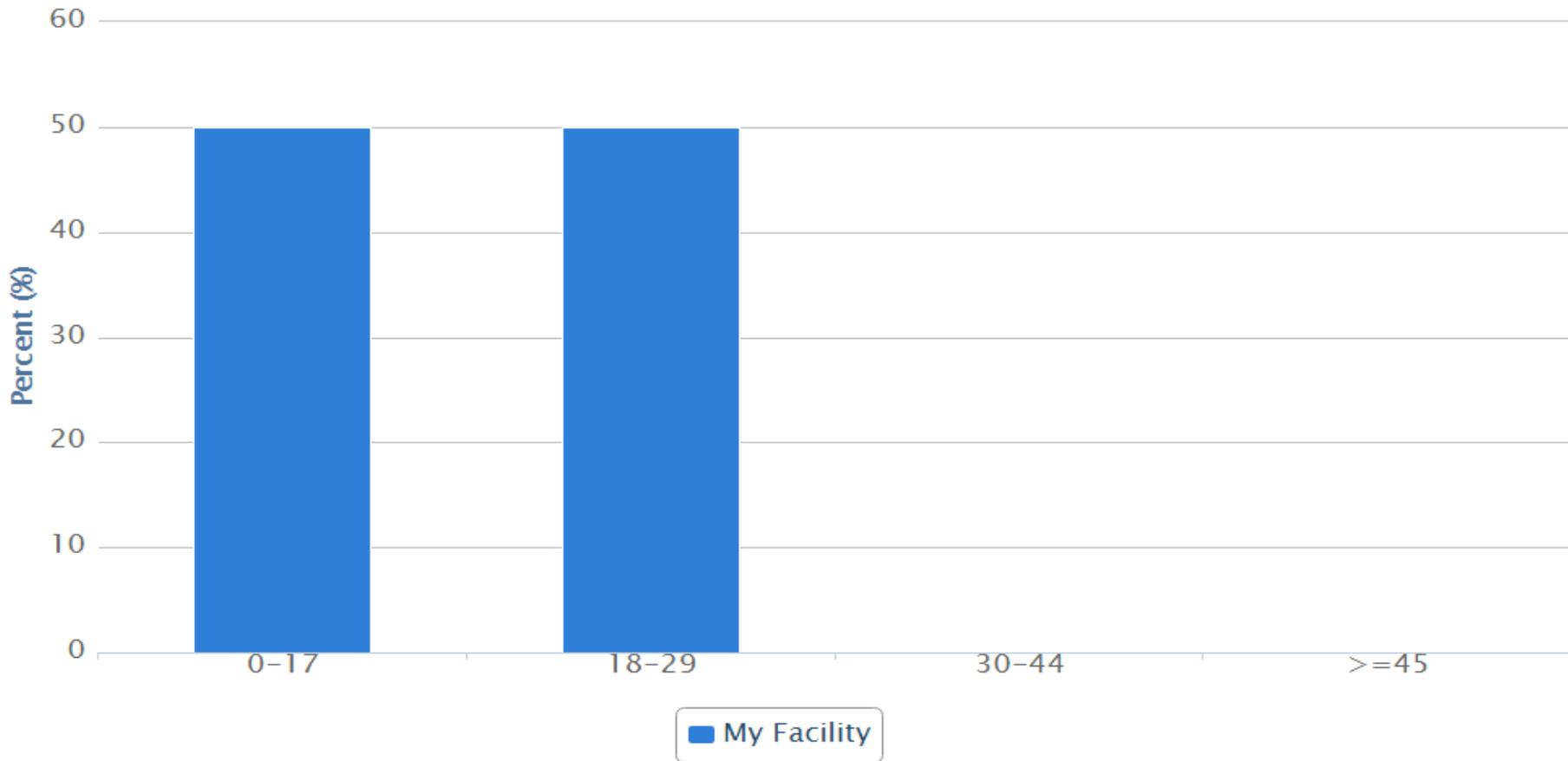
# Distance Traveled - Breast Cancer, 2014



	<5 miles	5-9 miles	10-24 miles	25-49 miles	50-99 miles	>=100 miles	Unknown
My Facility	45.5 % (n=10)	18.2 % (n=4)	36.4 % (n=8)	0 % (n=0)	0 % (n=0)	0 % (n=0)	0 % (n=0)
All CoC	15.7 % (n=36478)	23 % (n=53300)	35.7 % (n=82642)	15.5 % (n=35899)	6.2 % (n=14431)	3.2 % (n=7480)	0.6 % (n=1470)



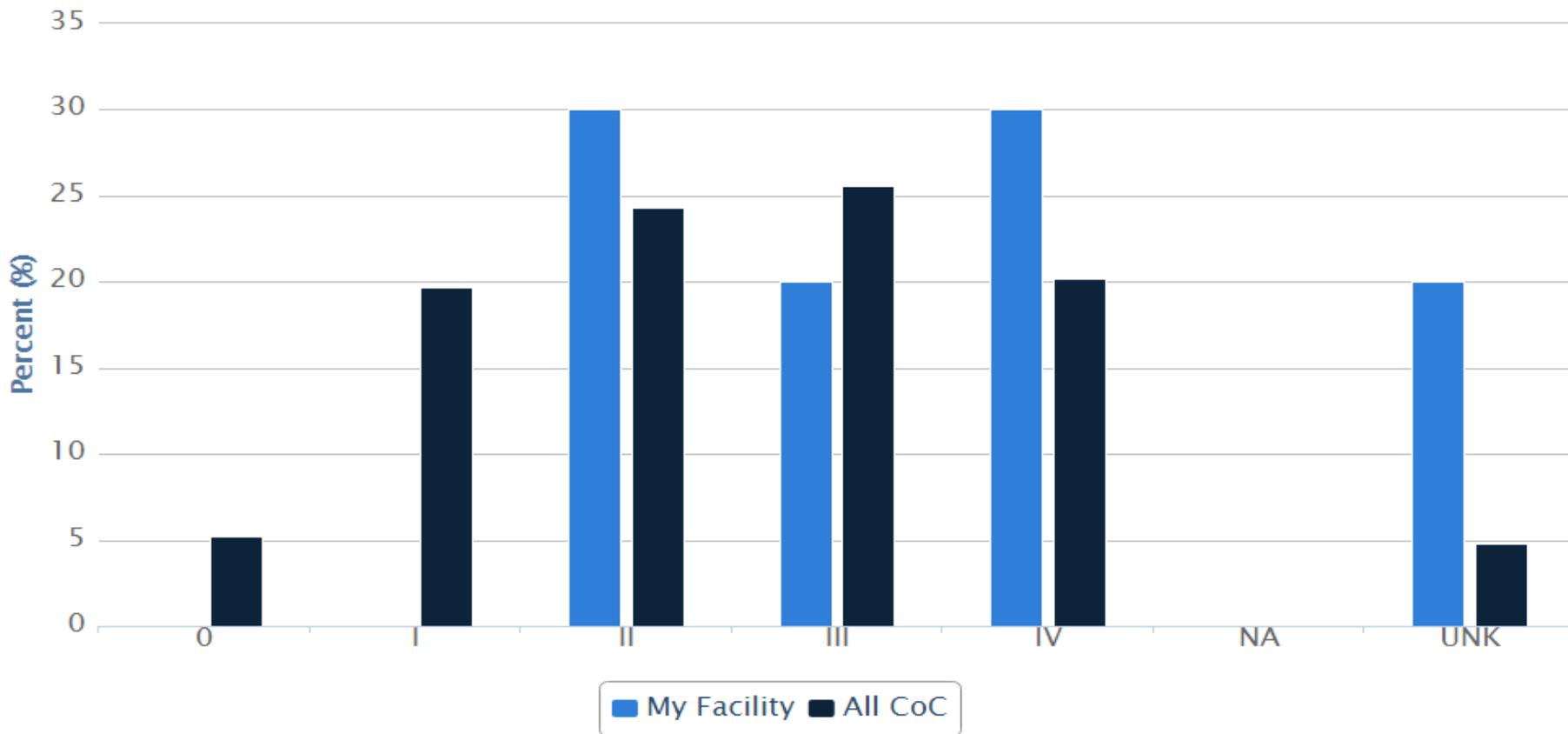
# Days to First Treatment Quartiles Breast Cancer: Cases Diagnosed and Treated at My Facility, 2014



	0-17	18-29	30-44	>=45
<b>My Facility</b>	50 % (n=2)	50 % (n=2)	0 % (n=0)	0 % (n=0)

Percent for my facility represents what percent of our patients were treated within the number of days in this table. The "national" benchmarks for CoC-accredited programs are represented by the Quartiles represented in the column.

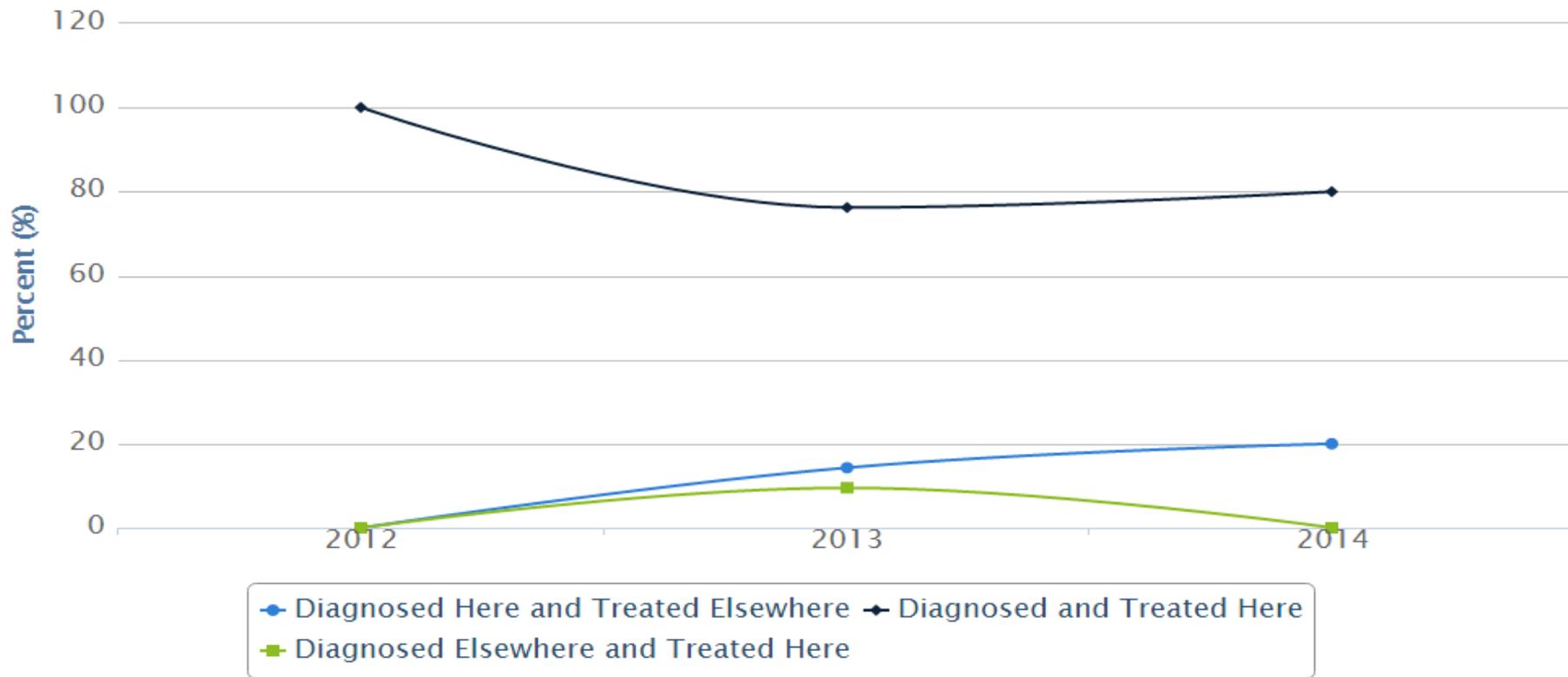
# Stage Distribution - Colon Cancer Diagnosed in 2014, My Facility vs. All CoC



	0	I	II	III	IV	NA	UNK
<b>My Facility</b>	0 % (n=0)	0 % (n=0)	30 % (n=3)	20 % (n=2)	30 % (n=3)	0 % (n=0)	20 % (n=2)
<b>All CoC</b>	5.2 % (n=3710)	19.7 % (n=13976)	24.3 % (n=17169)	25.6 % (n=18112)	20.2 % (n=14307)	0.1 % (n=105)	4.8 % (n=3413)



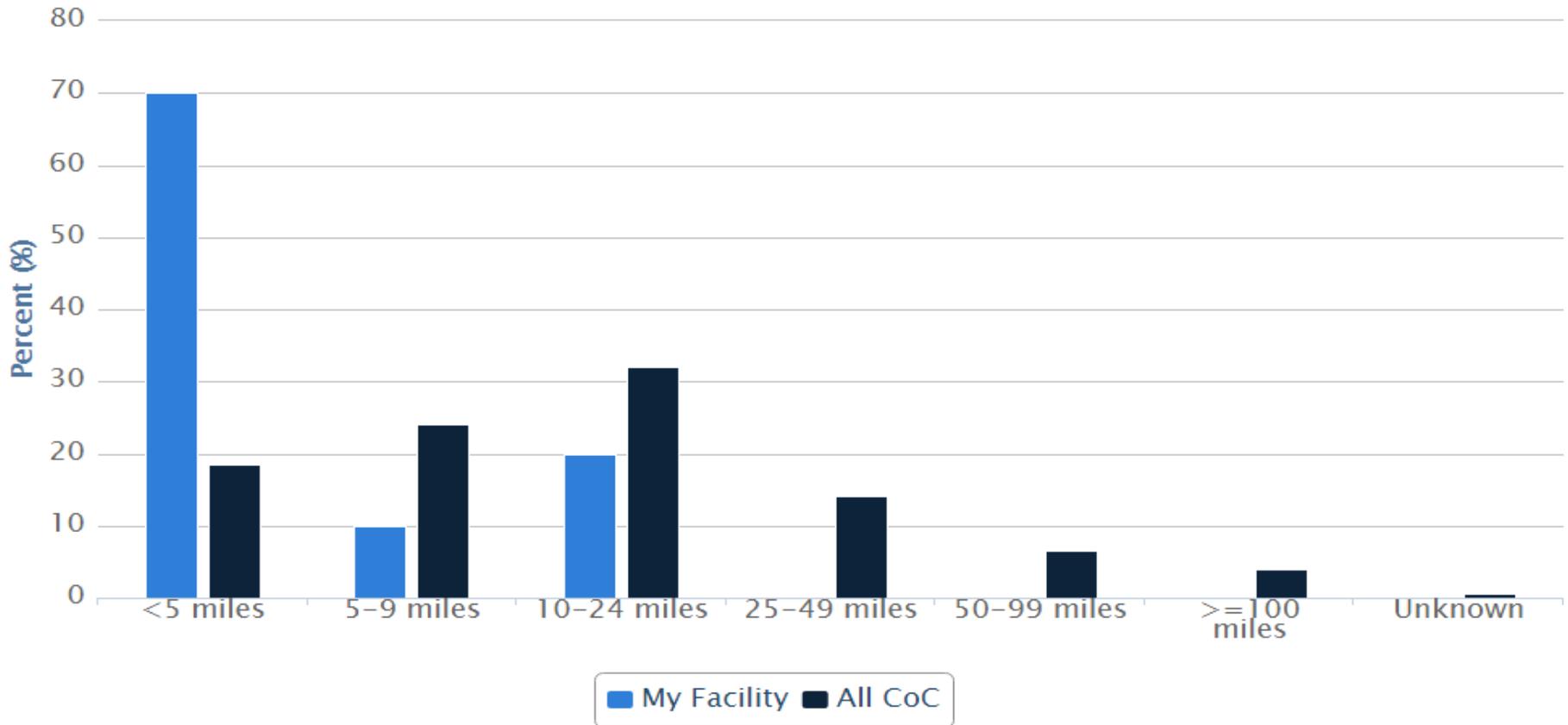
# In/Out Migration Colon Cancer, 2012 - 2014 - My Facility



	2012	2013	2014
<b>Diagnosed Here and Treated Elsewhere</b>	0 % (n=0)	14.3 % (n=3)	20 % (n=2)
<b>Diagnosed and Treated Here</b>	100 % (n=13)	76.2 % (n=16)	80 % (n=8)
<b>Diagnosed Elsewhere and Treated Here</b>	0 % (n=0)	9.5 % (n=2)	0 % (n=0)



# Distance Traveled - Colon Cancer, 2014

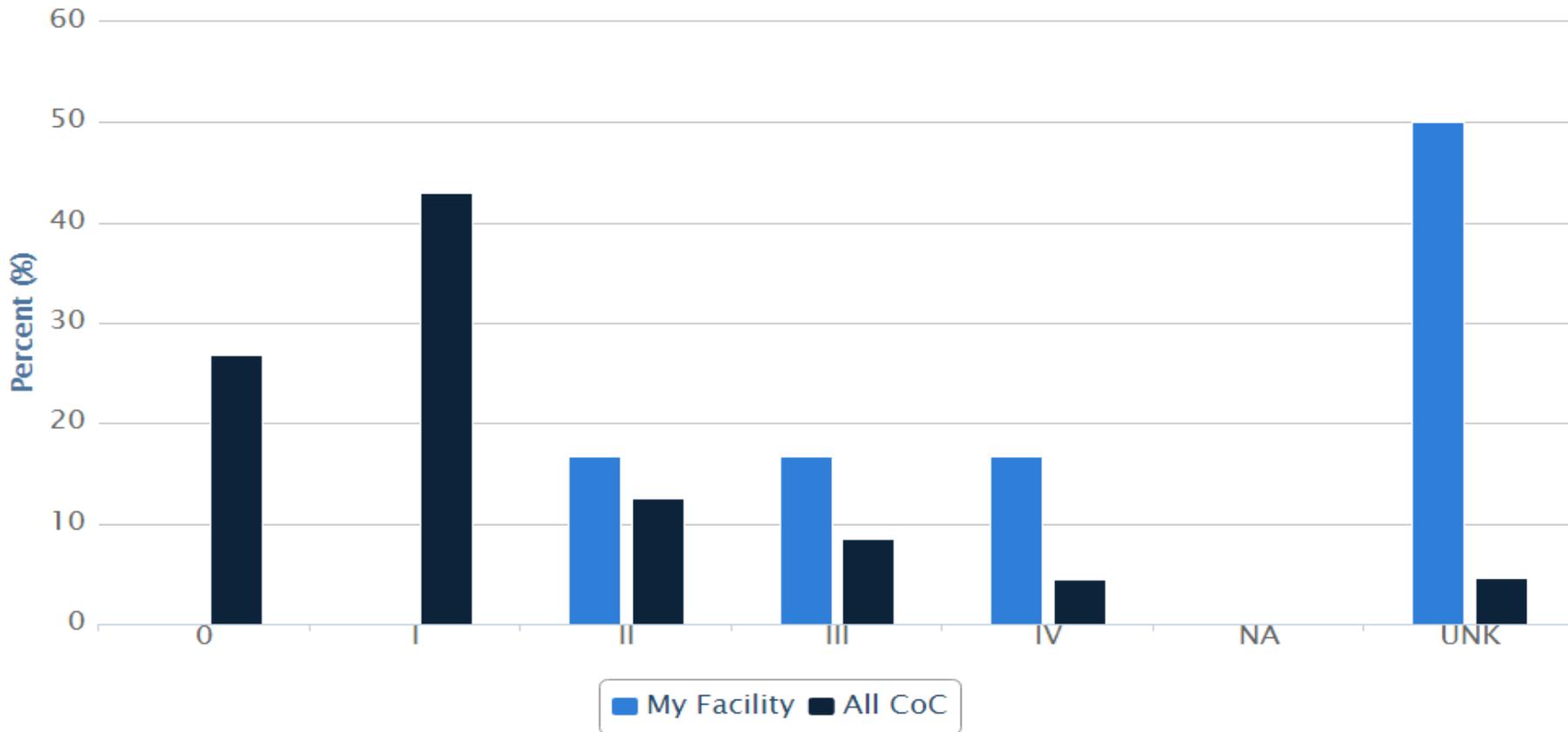


	<5 miles	5-9 miles	10-24 miles	25-49 miles	50-99 miles	>=100 miles	Unknown
My Facility	70 % (n=7)	10 % (n=1)	20 % (n=2)	0 % (n=0)	0 % (n=0)	0 % (n=0)	0 % (n=0)
All CoC	18.6 % (n=13137)	24.1 % (n=17090)	32.1 % (n=22718)	14.1 % (n=9981)	6.6 % (n=4705)	3.9 % (n=2729)	0.6 % (n=432)



# Stage Distribution - Melanoma Cancer Diagnosed in 2014

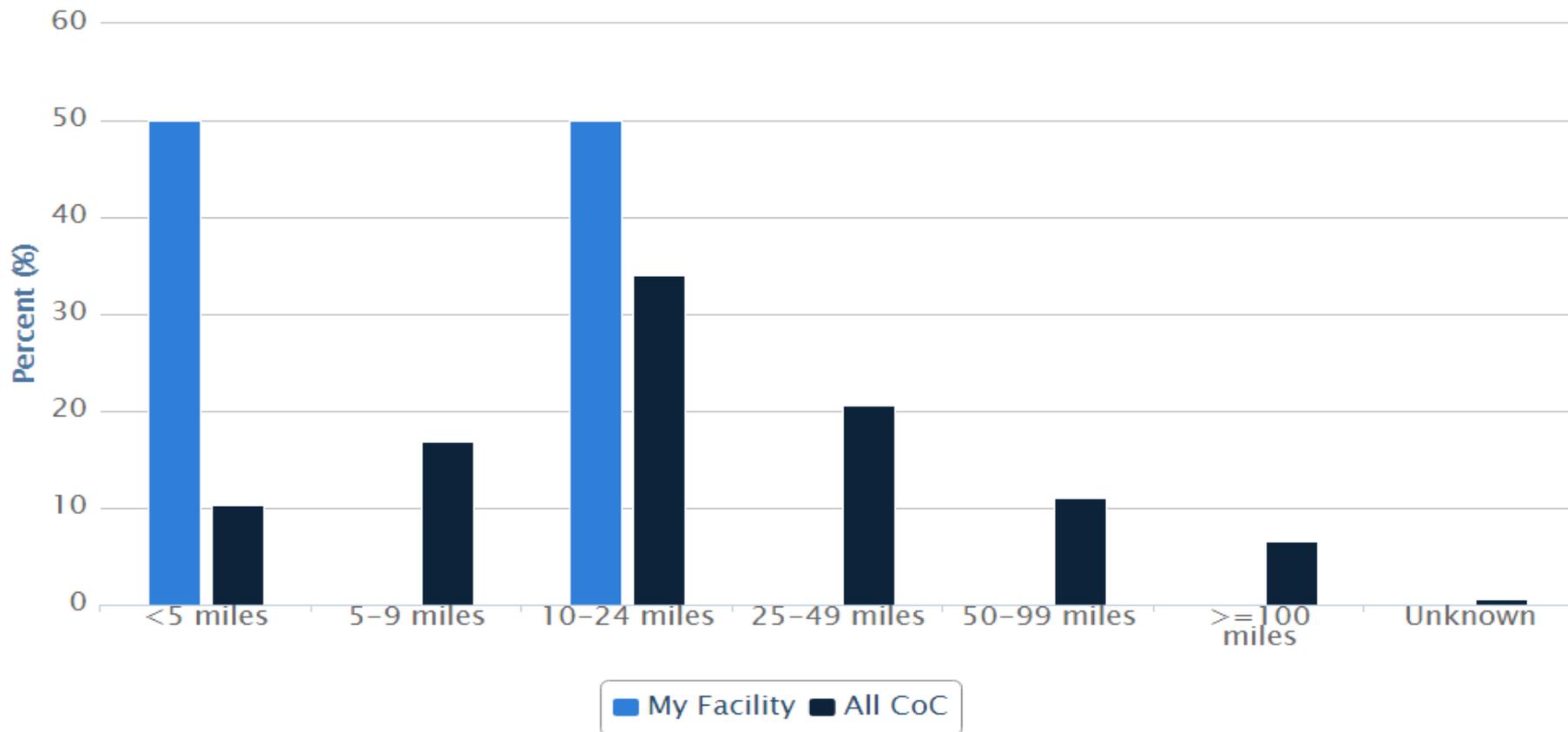
## My Facility vs. All CoC



	0	I	II	III	IV	NA	UNK
My Facility	0 % (n=0)	0 % (n=0)	16.7 % (n=1)	16.7 % (n=1)	16.7 % (n=1)	0 % (n=0)	50 % (n=3)
All CoC	26.8 % (n=14016)	43 % (n=22489)	12.5 % (n=6506)	8.5 % (n=4455)	4.5 % (n=2364)	0 % (n=2)	4.6 % (n=2411)



# Distance Traveled - Melanoma Cancer, 2014 - My Facility



	<5 miles	5-9 miles	10-24 miles	25-49 miles	50-99 miles	>=100 miles	Unknown
My Facility	50 % (n=3)	0 % (n=0)	50 % (n=3)	0 % (n=0)	0 % (n=0)	0 % (n=0)	0 % (n=0)
All CoC	10.3 % (n=5381)	16.8 % (n=8802)	34 % (n=17740)	20.6 % (n=10753)	11.1 % (n=5778)	6.6 % (n=3450)	0.6 % (n=339)

# 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

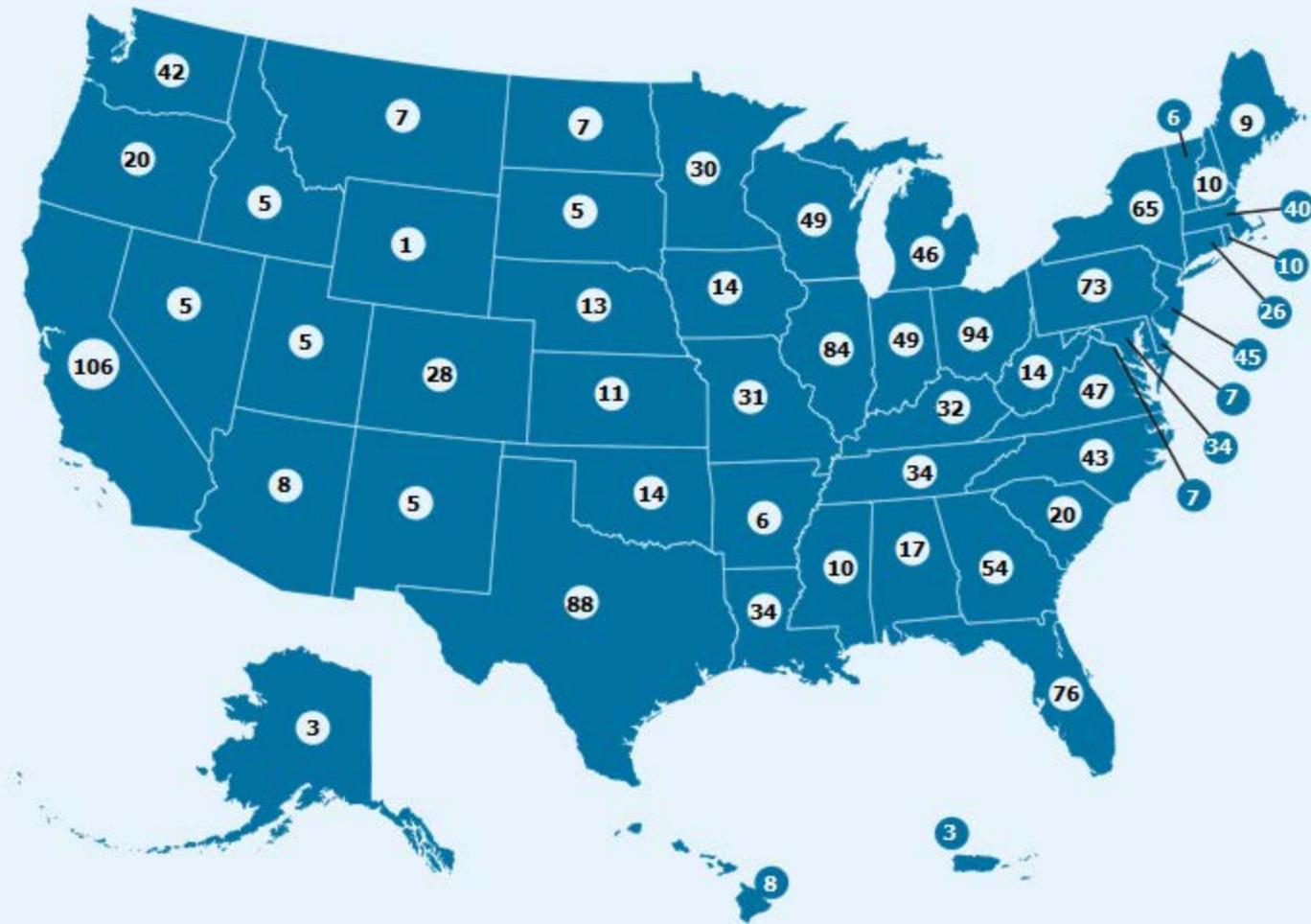


# Commission on Cancer: The Value of Accreditation

- **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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# Commission on Cancer Member Organizations

## Administrative

American Hospital Association (AHA)  
Association of Cancer Executives (ACE)  
Association of Community Cancer Centers (ACCC)  
Community Oncology Alliance (COA)  
National Consortium of Breast Centers (NCBC)

## Advocacy/Patient Based

American Cancer Society, Inc. (ACS)  
Cancer Support Community (CSC)  
LIVESTRONG (Livestrong Foundation)  
National Coalition for Cancer Survivorship (NCCS)

## Allied Health

Academy of Nutrition and Dietetics, Oncology Nutrition Group (AND)  
Academy of Oncology Nurse and Patient Navigators (AONN+)  
American Physical Therapy Association (APTA)  
American Psychosocial Oncology Society (APOS)  
Association of Oncology Social Work (AOSW)  
Association of Pediatric Oncology Social Workers (APOSW)  
National Society of Genetic Counselors (NSGC)

## Clinical

American Academy of Hospice and Palliative Medicine (AAHPM)  
American Academy of Pediatrics (AAP)  
American College of Medical Genetics and Genomics (ACMG)  
American College of Obstetricians and Gynecologists (ACOG)  
American College of Physicians (ACP)  
American College of Radiology (ACR)  
American Head and Neck Society (AHNS)  
American Medical Association (AMA)  
American Pediatric Surgical Association (APSA)  
American Radium Society (ARS)  
American Society for Radiation Oncology (ASTRO)  
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 Urological Association (AUA)  
College of American Pathologists (CAP)  
Hematology/Oncology Pharmacy Association (HOPA)  
Oncology Nursing Society (ONS)  
Resident and Associate Society American College of Surgeons (RASACS)  
Society for Immunotherapy of Cancer (SITC)  
Society of Gynecologic Oncology (SGO)  
Society of Nuclear Medicine and Molecular Imaging (SNMMI)  
Society of Surgical Oncology (SSO)  
Society of Thoracic Surgeons (STS)  
Young Fellows Association American College of Surgeons (YFAACS)



# Commission on Cancer Member Organizations

## Government

Centers for Disease Control and Prevention (CDC)  
Department of Defense Military Health System (DOD)  
Department of Veterans Affairs/Veterans Health (VA)  
National Cancer Institute Healthcare Delivery Research Program (NCI HDRP)  
National Cancer Institute Surveillance, Epidemiology, and End Results Program (NCI SEER)

## Registry

National Cancer Registrars Association, Inc. (NCRA)  
North American Association of Central Cancer Registries (NAACCR)

## Research/Education

Alliance Clinical Research Program (ALLIANCE)  
American Association for Cancer Education (AACE)  
American Joint Committee on Cancer (AJCC)  
Association of American Cancer Institutes (AACI)  
National Accreditation Program for Breast Centers (NAPBC)  
National Comprehensive Cancer Network (NCCN)  
National Surgical Adjuvant Breast and Bowel Project (NSABP)



# 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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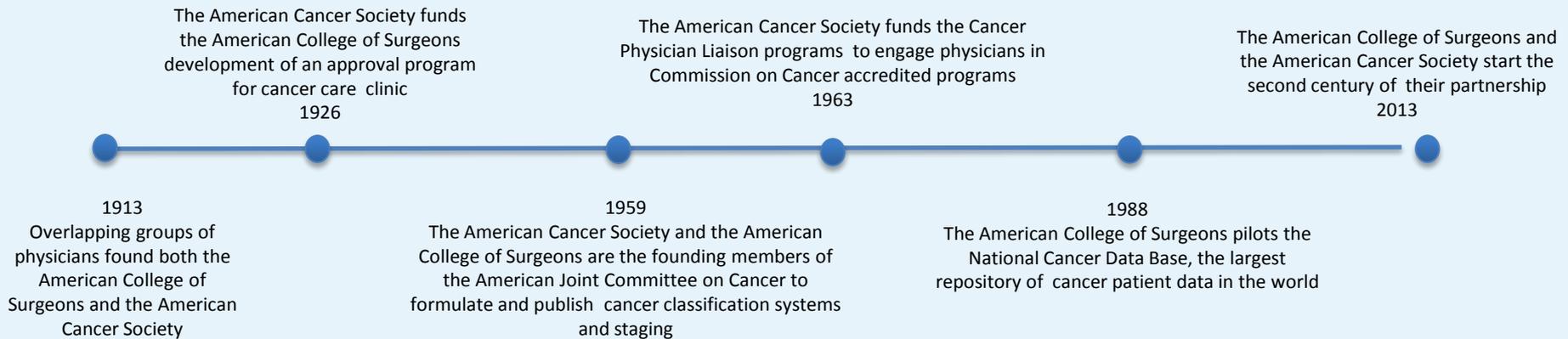
Cancer Quality Improvement Program



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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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# Acknowledgements

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