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CQIP

Cancer Quality Improvement Program



Commission
on Cancer®

CQIP

Cancer Quality Improvement Program

St. Rita's Medical Center

6411560

Lima, OH



Annual Report 2017

Updated March 2018

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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
- 2017 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



CoC Recommendations on the use of the CQIP Report

- The CQIP report should be presented and discussed at the Cancer Committee meeting
 - Major findings relevant to the cancer program should be listed
 - Interventions for improvement of quality of cancer care should be recommended
- Cancer Committee Leadership should present the report, major findings and recommendations to hospital leadership, including, but not limited to, CEO, COO, CMO, CNO, and bodies such as the Medical Staff Executive Committee, the hospital Quality Committee, etc
- As part of the accreditation process, these processes will be reviewed.



Cancer Program Administration Reports

Cancer Program Volume

- Total Case Volume Over Time, 2011 – 2015 *
- Insurance Status, 2012 – 2015 (including CoC comparison)

Cancer Program In/Out Migration

- Total In/Out Migration, 2011 – 2015 - My Facility
- In/Out Migration by Insurance Status, 2015 - My Facility

* Some facilities may see “Cranial Nerves Other” as one of their top ten cancer sites for case volume in the 2017 report that did not appear in prior CQIP reports. Prior to 2015 submissions, some “Other Cranial” histologies and primary sites such as meninges were incorrectly suppressed, but were allowed in 2015. The histologies and primary sites that were added may be found in the CQIP documentation.



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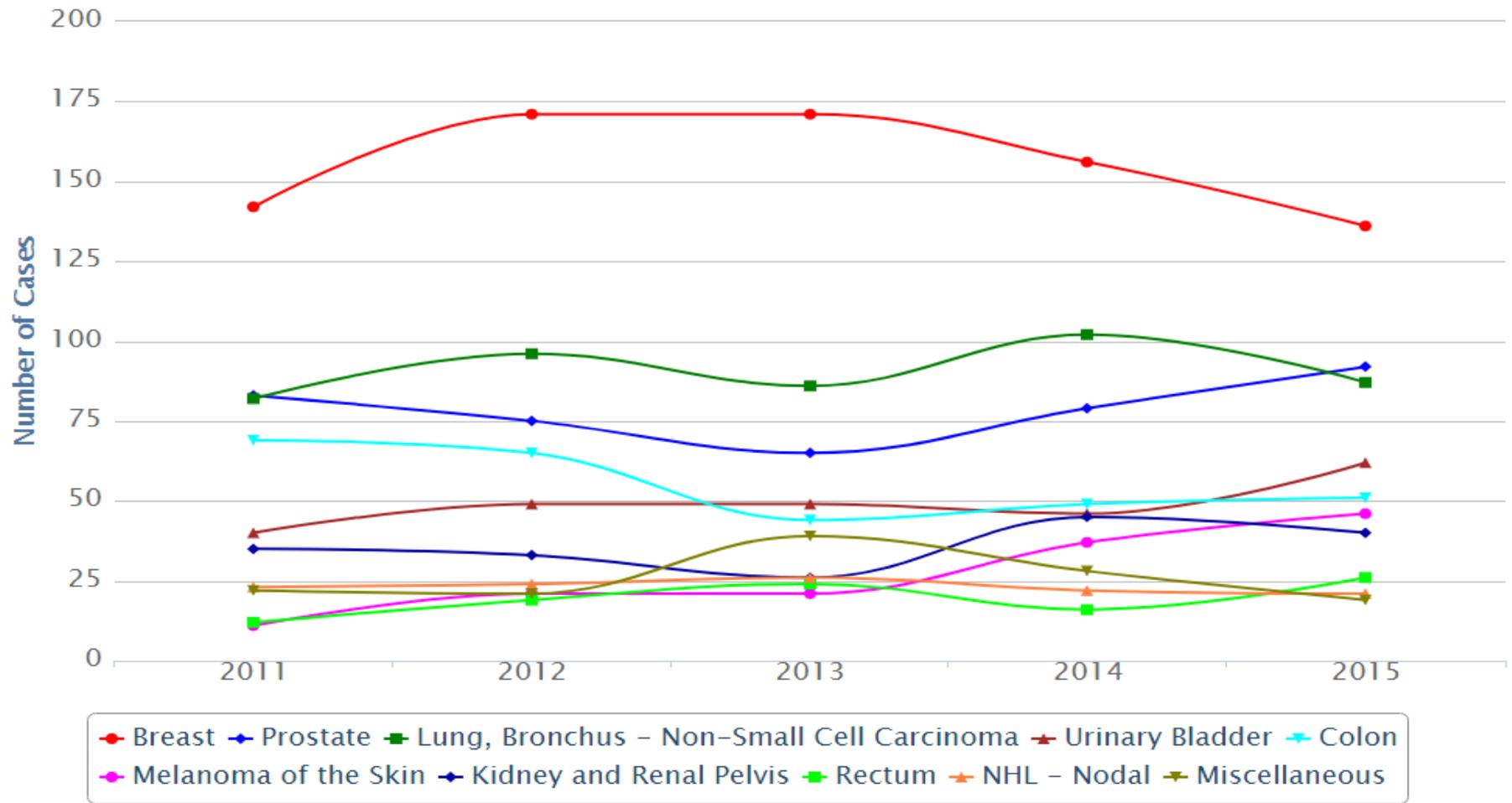
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Cancer Program Total Case Volume, 2011 - 2015 My Facility



If Miscellaneous appears in your graph, 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



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Cancer Program Total Case Volume, 2011 - 2015 My Facility

	2011	2012	2013	2014	2015
Breast	142	171	171	156	136
Prostate	83	75	65	79	92
Lung, Bronchus - Non-Small Cell Carcinoma	82	96	86	102	87
Urinary Bladder	40	49	49	46	62
Colon	69	65	44	49	51
Melanoma of the Skin	11	21	21	37	46
Kidney and Renal Pelvis	35	33	26	45	40
Rectum	12	19	24	16	26
NHL - Nodal	23	24	26	22	21
Miscellaneous	22	21	39	28	19
All Other Sites	221	260	232	231	184
TOTAL	740	834	783	811	764

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



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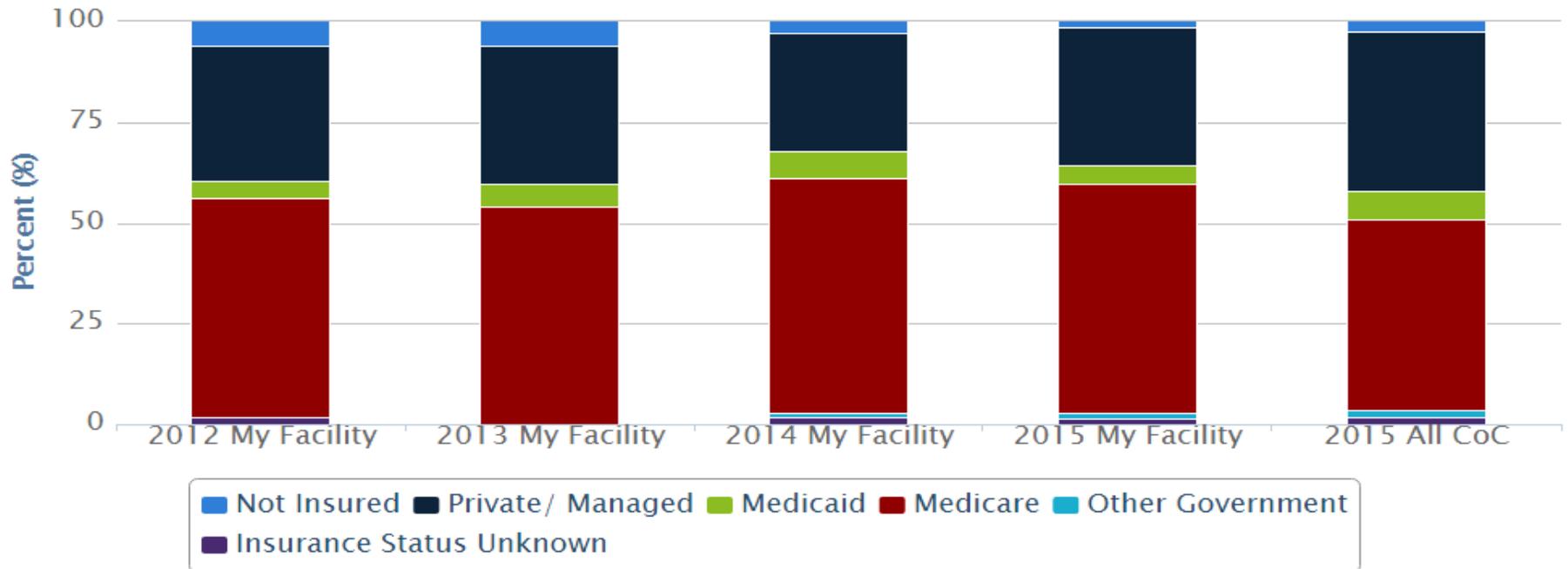
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Insurance Status, 2012 - 2015 - My Facility vs. All CoC



	2012 My Facility	2013 My Facility	2014 My Facility	2015 My Facility	2015 All CoC
Not Insured	6 % (n=50)	6 % (n=47)	2.8 % (n=23)	1.6 % (n=12)	2.4 % (n=28611)
Private/ Managed	33.5 % (n=279)	34.2 % (n=268)	29.1 % (n=236)	34.3 % (n=262)	39.6 % (n=477381)
Medicaid	4.4 % (n=37)	5.6 % (n=44)	6.8 % (n=55)	4.5 % (n=34)	7.1 % (n=85675)
Medicare	54.2 % (n=452)	54 % (n=423)	58.4 % (n=474)	56.8 % (n=434)	47.4 % (n=571079)
Other Government	0.2 % (n=2)	0 % (n=0)	1.2 % (n=10)	1.6 % (n=12)	1.5 % (n=18308)
Insurance Status Unknown	1.7 % (n=14)	0.1 % (n=1)	1.6 % (n=13)	1.3 % (n=10)	1.9 % (n=22960)



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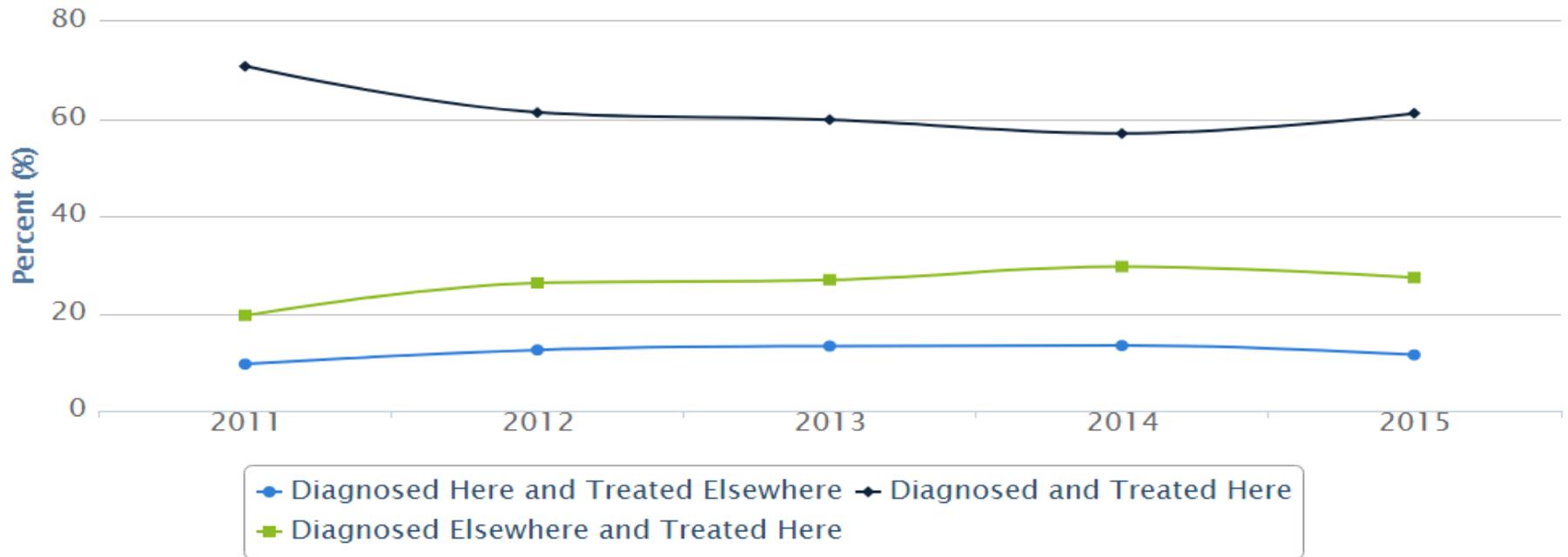
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Total In/Out Migration, 2011 - 2015 - My Facility



	2011	2012	2013	2014	2015
Diagnosed Here and Treated Elsewhere	9.6 % (n=71)	12.5 % (n=104)	13.3 % (n=104)	13.4 % (n=109)	11.5 % (n=88)
Diagnosed and Treated Here	70.8 % (n=524)	61.3 % (n=511)	59.8 % (n=468)	57 % (n=462)	61.1 % (n=467)
Diagnosed Elsewhere and Treated Here	19.6 % (n=145)	26.3 % (n=219)	26.9 % (n=211)	29.6 % (n=240)	27.4 % (n=209)



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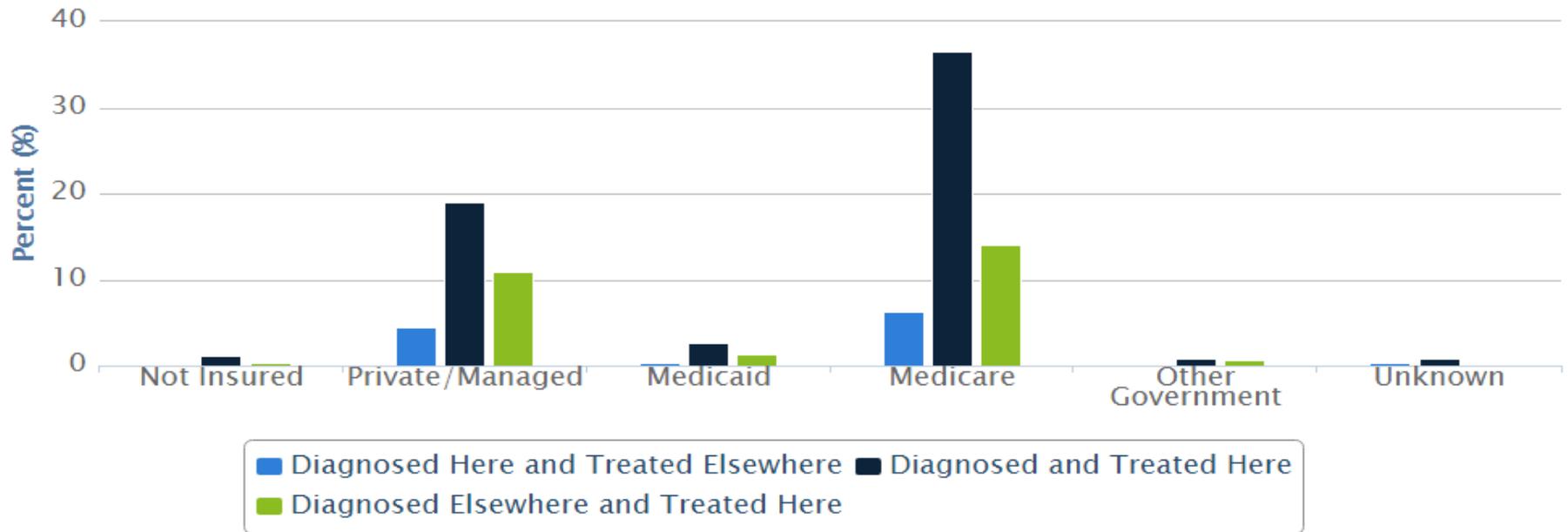
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In/Out Migration by Insurance Status, 2015 - My Facility



	Not Insured	Private/Managed	Medicaid	Medicare	Other Government	Unknown
Diagnosed Here and Treated Elsewhere	0.1 % (n=1)	4.5 % (n=34)	0.3 % (n=2)	6.3 % (n=48)	0.1 % (n=1)	0.3 % (n=2)
Diagnosed and Treated Here	1.2 % (n=9)	19 % (n=145)	2.7 % (n=21)	36.5 % (n=279)	0.8 % (n=6)	0.9 % (n=7)
Diagnosed Elsewhere and Treated Here	0.3 % (n=2)	10.9 % (n=83)	1.4 % (n=11)	14 % (n=107)	0.7 % (n=5)	0.1 % (n=1)



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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

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

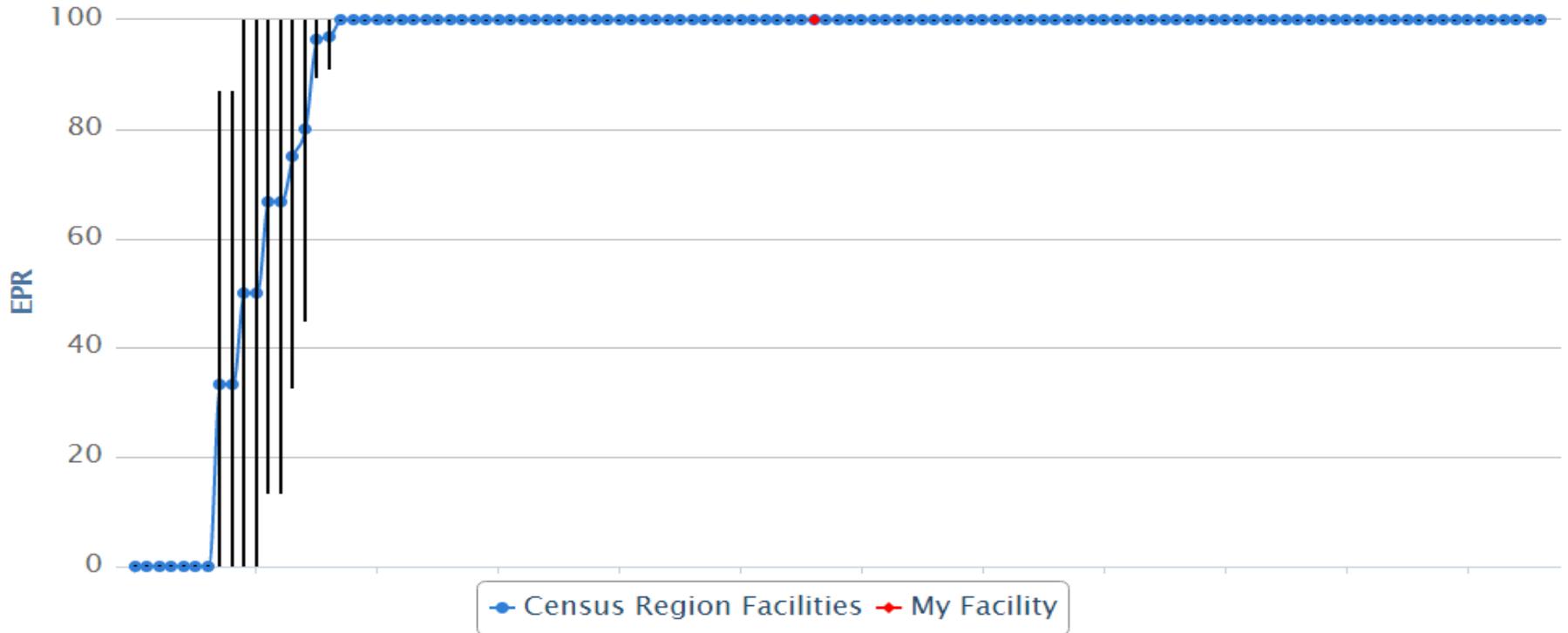


Quality Measure Reports – Bladder

- **BL2RLN:** At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy (Surveillance)
- **BLCSTRI:** Radical or partial cystectomy; or Tri-modality therapy (Local tumor destruction/excision with chemotherapy and radiation) for clinical T234N0M0 patients, first treatment within 90 days of diagnosis (Surveillance)
- **BLCT:** Neo-adjuvant or adjuvant chemotherapy offered or administered for patients with muscle invasive cancer undergoing radical cystectomy (Surveillance)



Bladder, 2015, BL2RLN: At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy (Surveillance)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	100 %	97.8 %	96 %	97.7 %	87.9 %	92.7 %
Denominator	2	89	322	214	438	1728
95 % CI	(100.0,100.0)	(94.8,100.0)	(93.9,98.1)	(95.7,99.7)	(84.8,91.0)	(91.5,93.9)

At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy. (CP3R data as of 02/15/2018)



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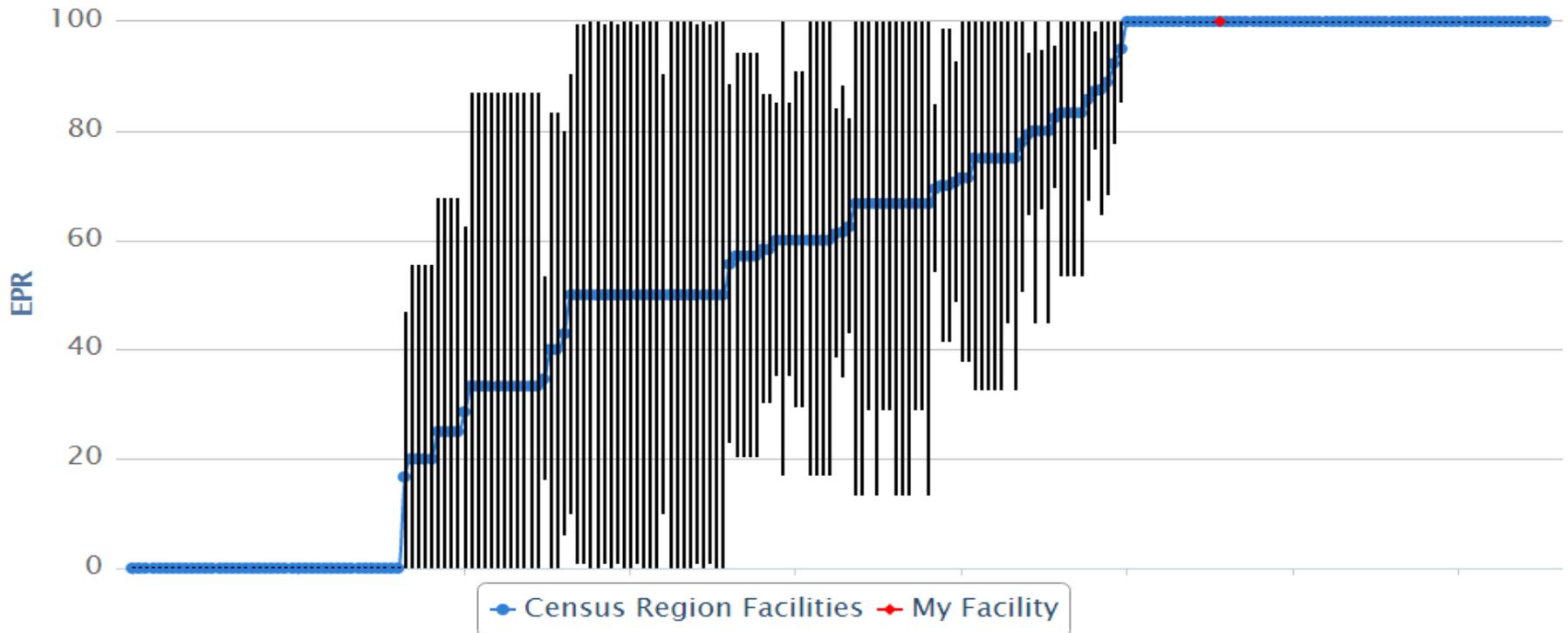
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Bladder, 2015, BLCSTRI: Radical or partial cystectomy; or Tri-modality therapy for clinical T234N0M0 patients, first treatment within 90 days of diagnosis (Surveillance)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	100 %	53 %	63.2 %	61.2 %	54.9 %	59.5 %
Denominator	4	202	628	423	1190	3408
95 % CI	(100.0,100.0)	(46.1,59.9)	(59.4,67.0)	(56.6,65.8)	(52.1,57.7)	(57.9,61.1)

Radical or partial cystectomy; or Tri-modality therapy (Local tumor destruction/excision with chemotherapy and radiation) for clinical T234N0M0 patients, first treatment within 90 days of diagnosis. (CP3R data as of 02/15/2018)



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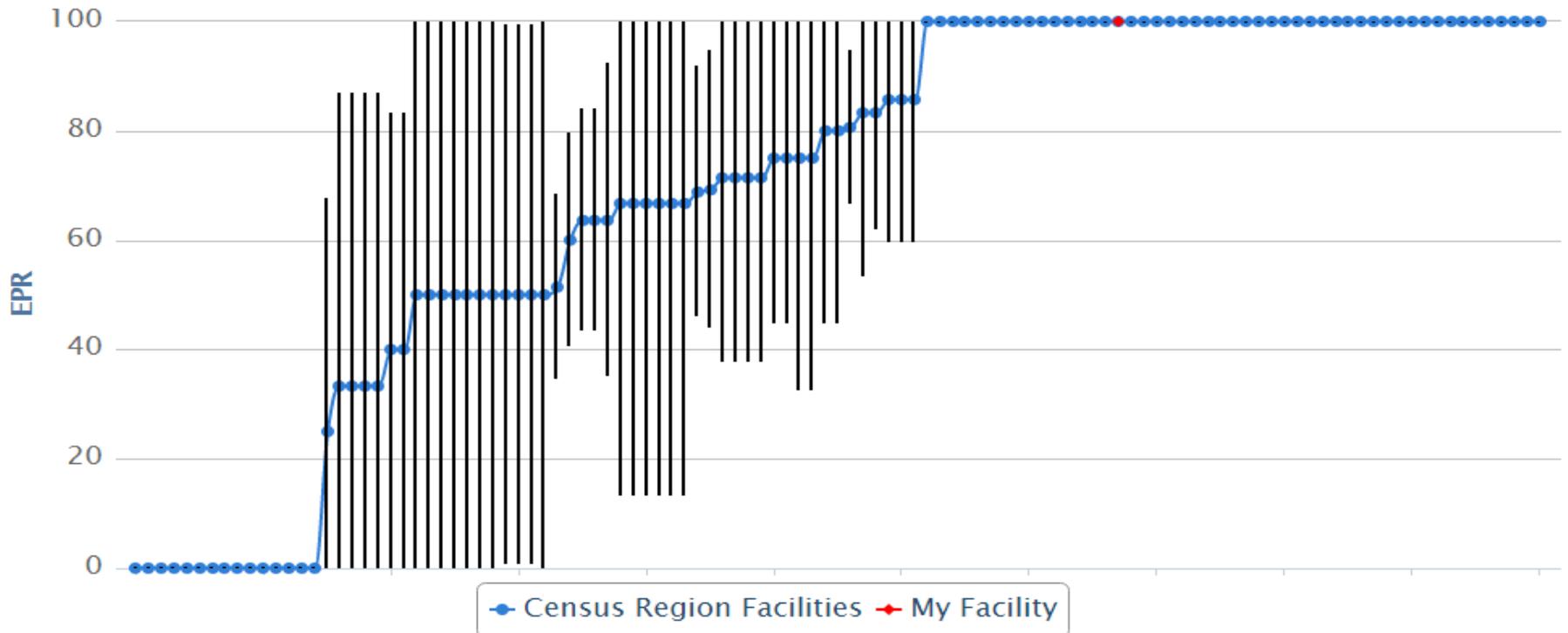
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Bladder, 2015, BLCT: Neo-adjuvant or adjuvant chemotherapy offered or administered for patients with muscle invasive cancer undergoing radical cystectomy (Surveillance)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	100 %	66.7 %	67.2 %	73.1 %	65.5 %	67.1 %
Denominator	2	81	299	197	386	1583
95 % CI	(100.0,100.0)	(56.4,77.0)	(61.9,72.5)	(66.9,79.3)	(60.8,70.2)	(64.8,69.4)

Neo-adjuvant or adjuvant chemotherapy offered or administered for patients with muscle invasive cancer undergoing radical cystectomy. (CP3R data as of 02/15/2018)



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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



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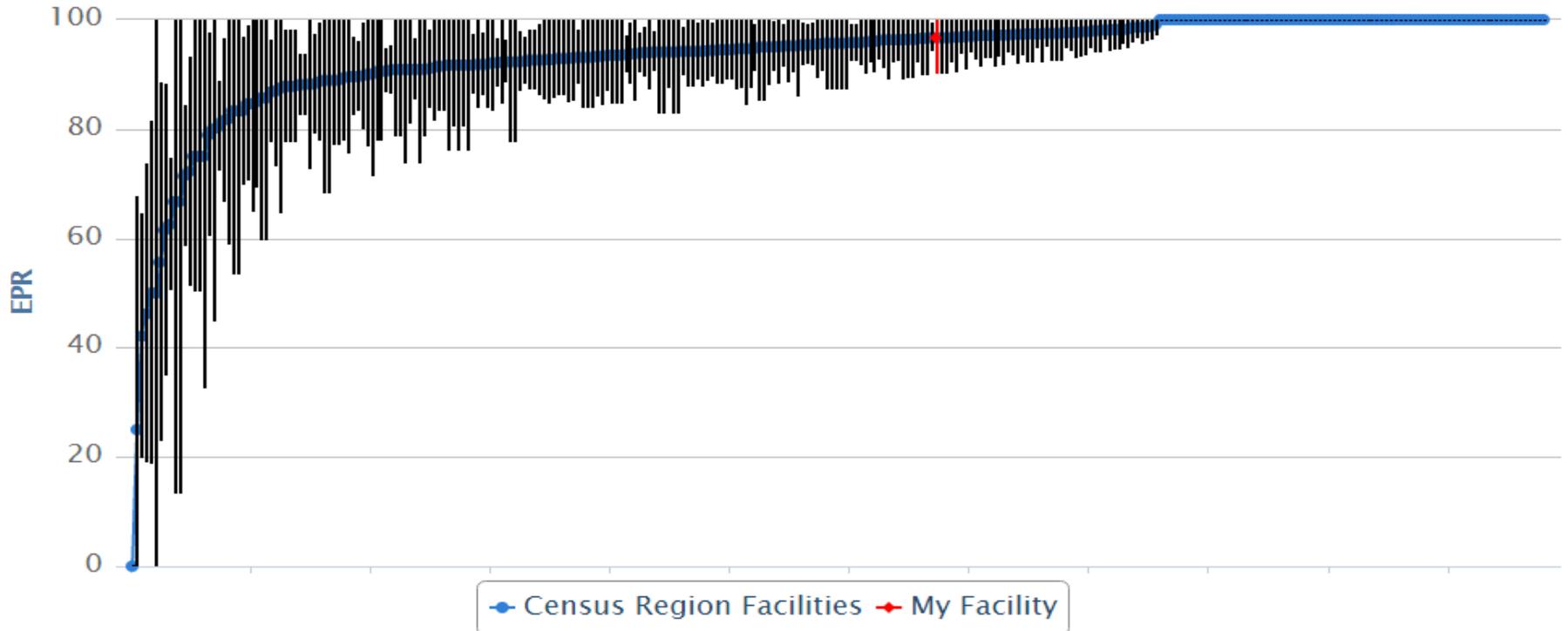
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BREAST, 2015, BCSRT: Breast radiation after breast conserving surgery (NQF 0219 - Accountability)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	96.7 %	93.1 %	94.1 %	93.9 %	91.9 %	92 %
Denominator	30	2692	9993	5744	24844	56406
95 % CI	(90.3,100.0)	(92.1,94.1)	(93.6,94.6)	(93.3,94.5)	(91.6,92.2)	(91.8,92.2)

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 02/15/2018)



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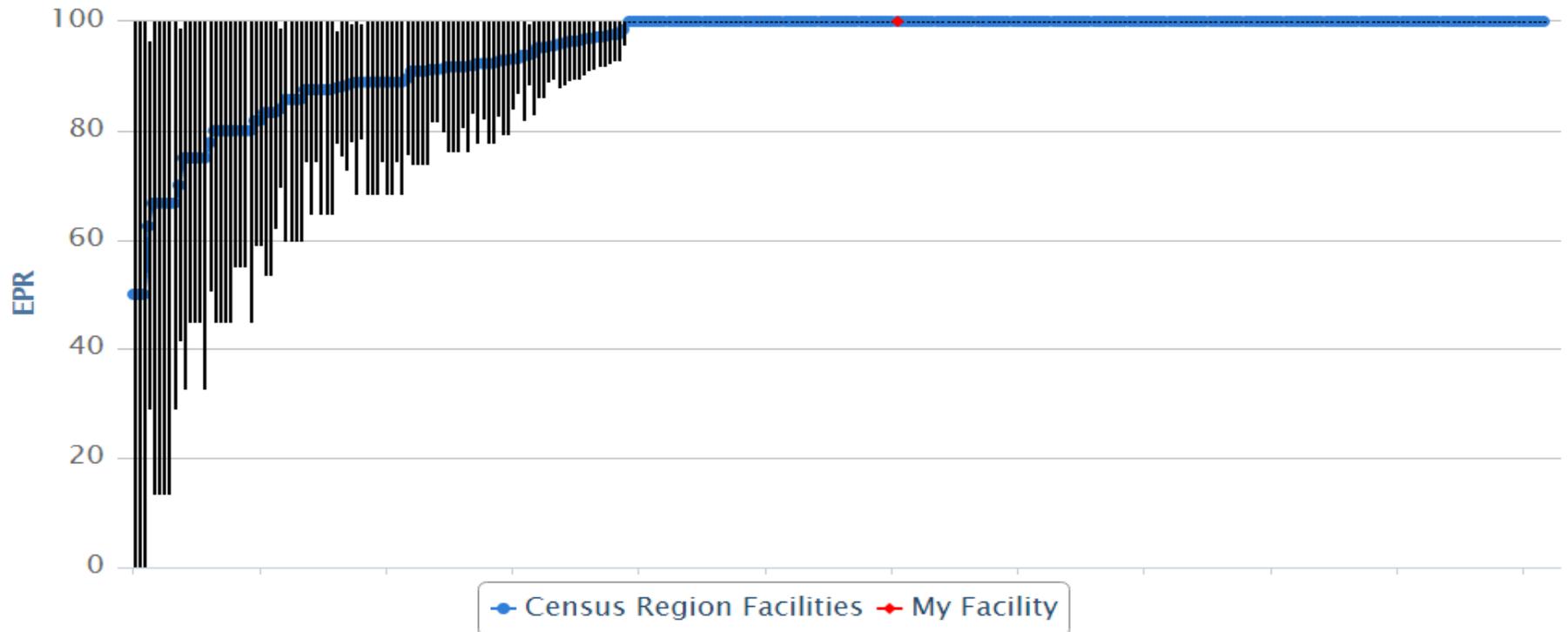
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BREAST, 2015, MAC: Combination chemotherapy for hormone receptor negative breast cancer (NQF 0559 - Accountability)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	100 %	94.7 %	94.8 %	94.7 %	93.1 %	93.1 %
Denominator	10	608	2114	1179	5370	12206
95 % CI	(100.0,100.0)	(92.9,96.5)	(93.9,95.7)	(93.4,96.0)	(92.4,93.8)	(92.7,93.5)

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 02/15/2018)



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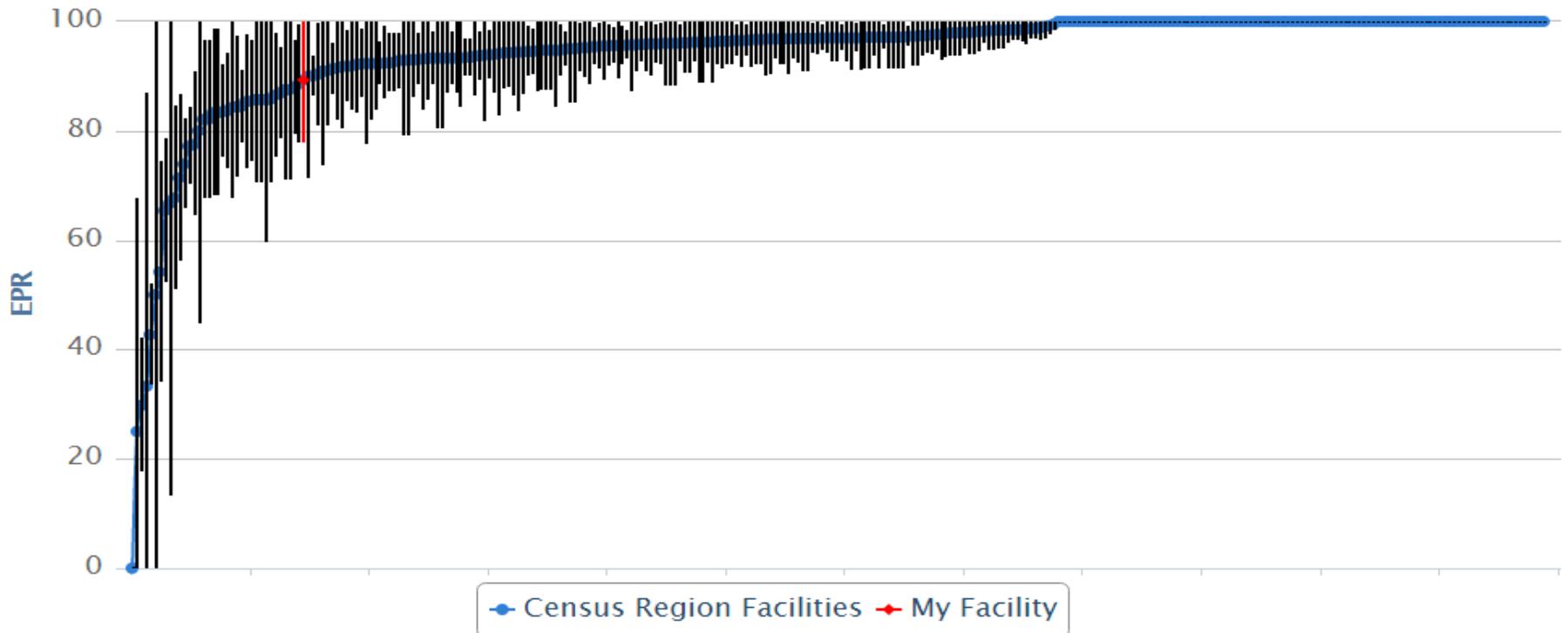
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BREAST, 2015, HT: Adjuvant hormonal therapy for hormone receptor positive breast cancer (NQF 0220 - Accountability)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	89.3 %	95 %	94.8 %	95.5 %	92.6 %	92.7 %
Denominator	28	3599	12958	7321	34137	75406
95 % CI	(77.9,100.0)	(94.3,95.7)	(94.4,95.2)	(95.0,96.0)	(92.3,92.9)	(92.5,92.9)

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 02/15/2018)



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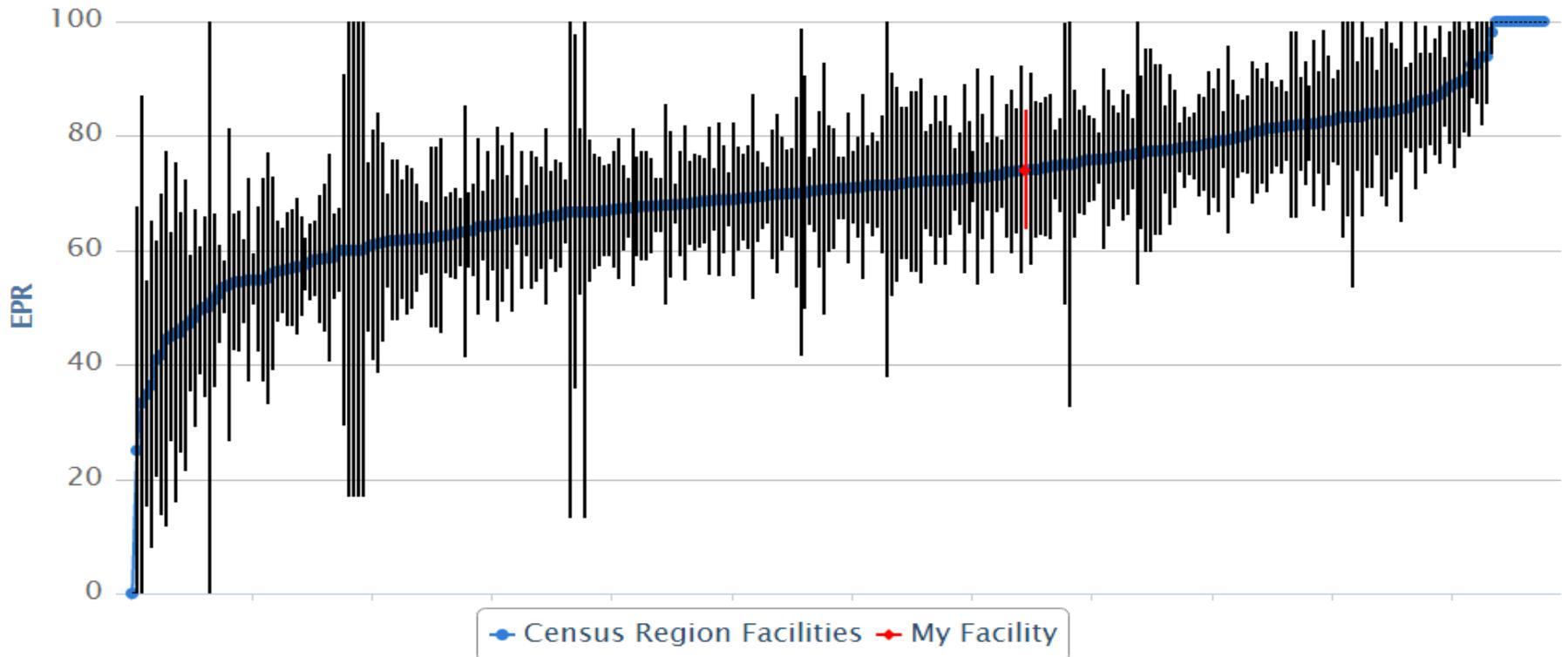
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BREAST, 2015, BCS: Breast conserving surgery rate (Surveillance)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	74 %	68 %	68.8 %	70.4 %	66.3 %	66.3 %
Denominator	73	5857	21561	11930	54907	120278
95 % CI	(63.9,84.1)	(66.8,69.2)	(68.2,69.4)	(69.6,71.2)	(65.9,66.7)	(66.0,66.6)

Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer. (CP3R data as of 02/15/2018)



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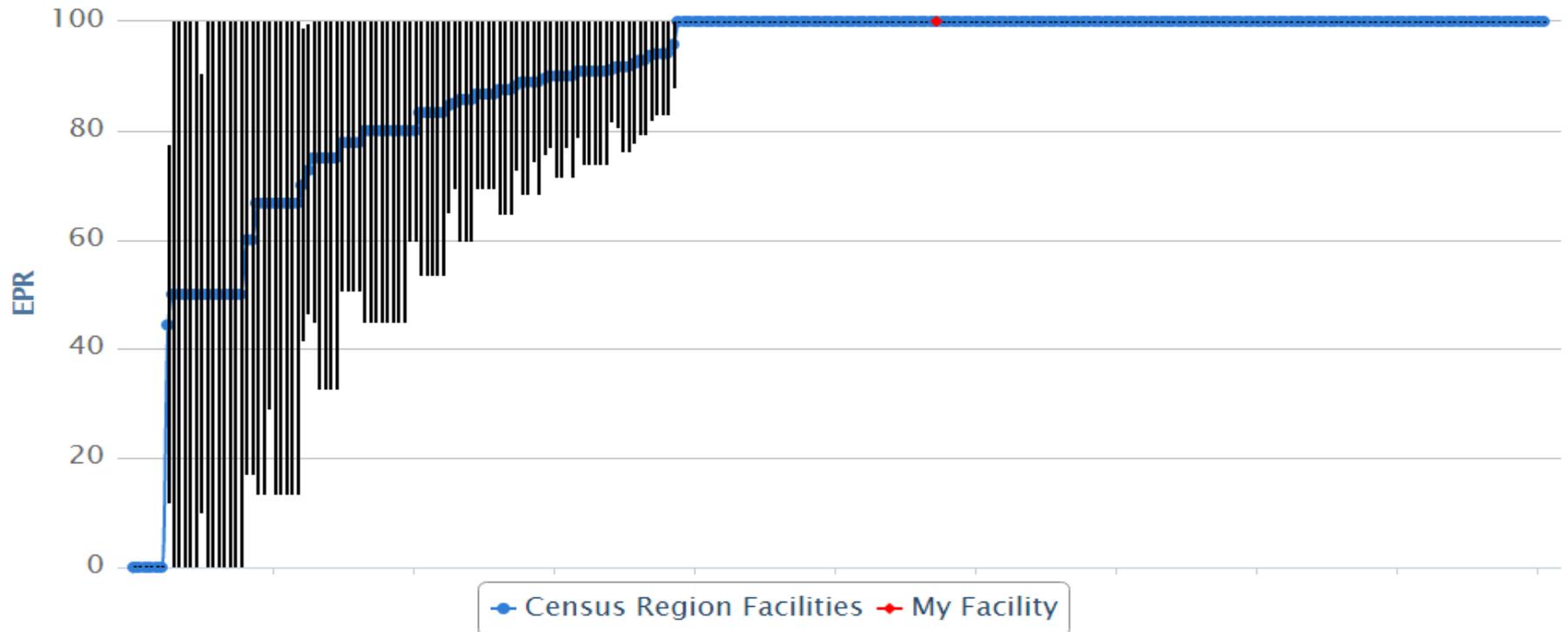
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BREAST, 2015, MASRT: Post-mastectomy radiation for women with 4 or more positive regional lymph nodes (Accountability)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	100 %	93.9 %	92.3 %	93.2 %	89.1 %	89.2 %
Denominator	3	279	1113	590	2851	6459
95 % CI	(100.0,100.0)	(91.1,96.7)	(90.7,93.9)	(91.2,95.2)	(88.0,90.2)	(88.4,90.0)

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 02/15/2018)



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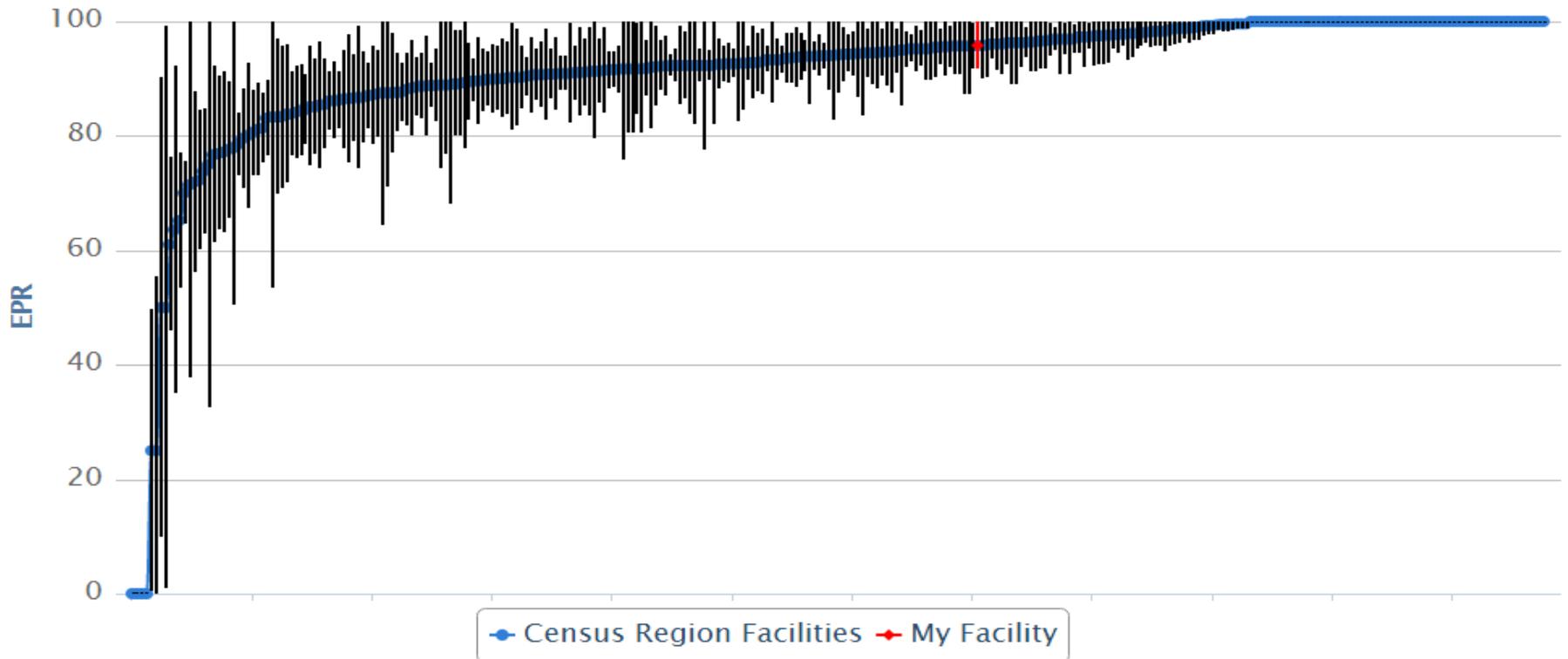
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BREAST, 2015, nBx: Image or palpation-guided needle biopsy (core or FNA) is performed for the diagnosis of breast cancer (Quality Improvement)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	95.8 %	90.1 %	92.7 %	91.8 %	92 %	92.1 %
Denominator	95	6778	25358	13964	60672	126429
95 % CI	(91.8,99.8)	(89.4,90.8)	(92.4,93.0)	(91.3,92.3)	(91.8,92.2)	(92.0,92.2)

Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer. (CP3R data as of 02/15/2018)



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Quality Measure Reports - Cervix

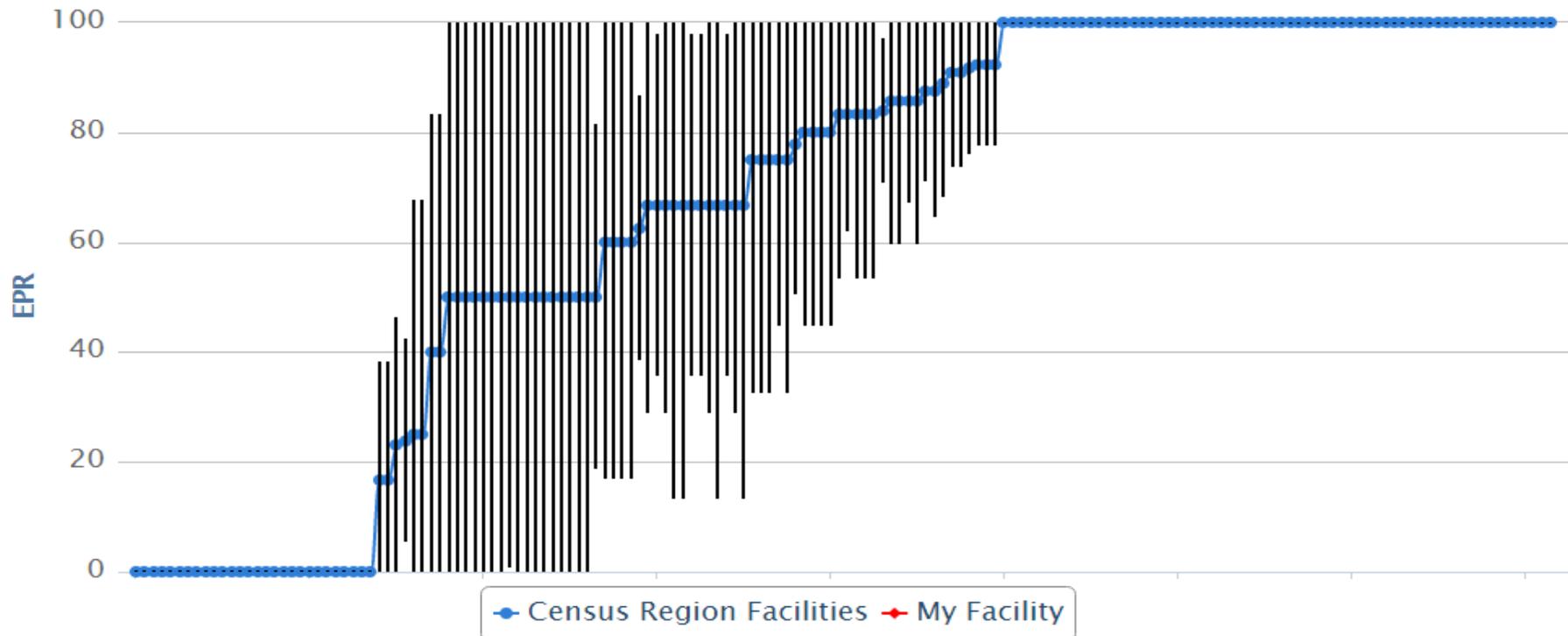
CBRRT: Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer (Surveillance)

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)



CERVIX, 2015, CBRRT: Brachytherapy in cervical cancer patients treated with primary radiation (Surveillance)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	NA	76.7 %	71 %	77.8 %	69.9 %	70.4 %
Denominator	NA	159	507	338	962	2948
95 % CI	NA	(70.1,83.3)	(67.1,74.9)	(73.4,82.2)	(67.0,72.8)	(68.8,72.0)

Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer. (CP3R data as of 02/15/2018)



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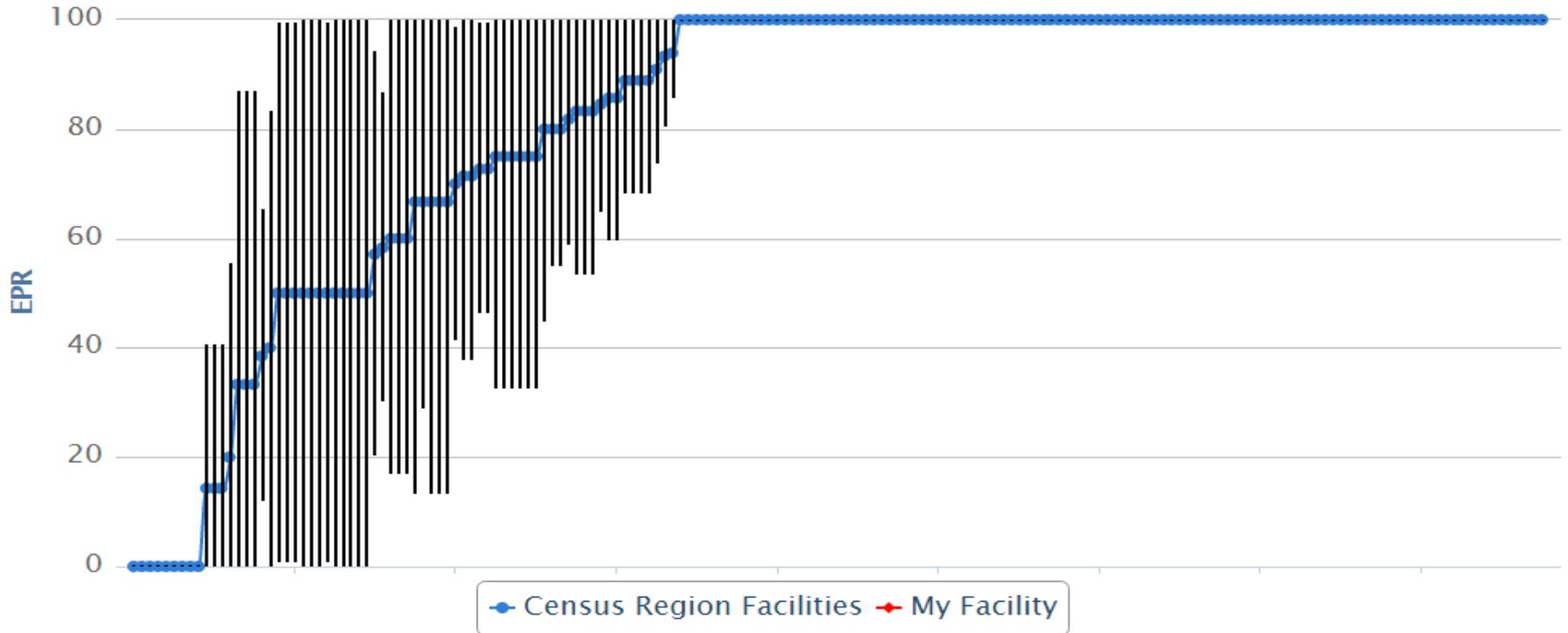
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CERVIX, 2015, CERRT: Radiation therapy completed within 60 days among women diagnosed with cervical cancer (Surveillance)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	NA	82.8 %	81.6 %	82.3 %	79.3 %	79.9 %
Denominator	NA	157	489	328	966	2948
95 % CI	NA	(76.9,88.7)	(78.2,85.0)	(78.2,86.4)	(76.7,81.9)	(78.5,81.3)

Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer. (CP3R data as of 02/15/2018)



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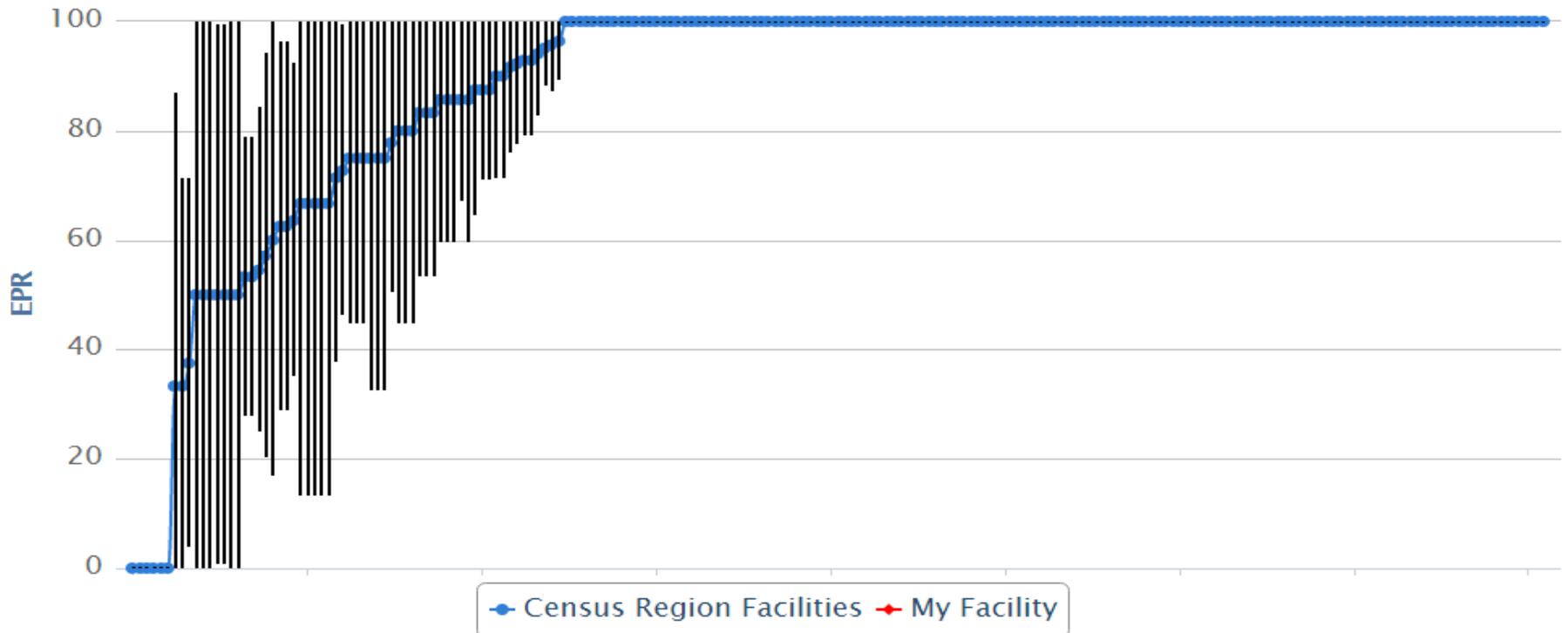
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CERVIX, 2015, CERCT: Chemotherapy for cervical cancer patients who received radiation (Surveillance)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	NA	92.9 %	88.5 %	91.2 %	88.4 %	89.7 %
Denominator	NA	197	643	409	1318	3853
95 % CI	NA	(89.3,96.5)	(86.0,91.0)	(88.5,93.9)	(86.7,90.1)	(88.7,90.7)

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) (CP3R data as of 02/15/2018)



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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



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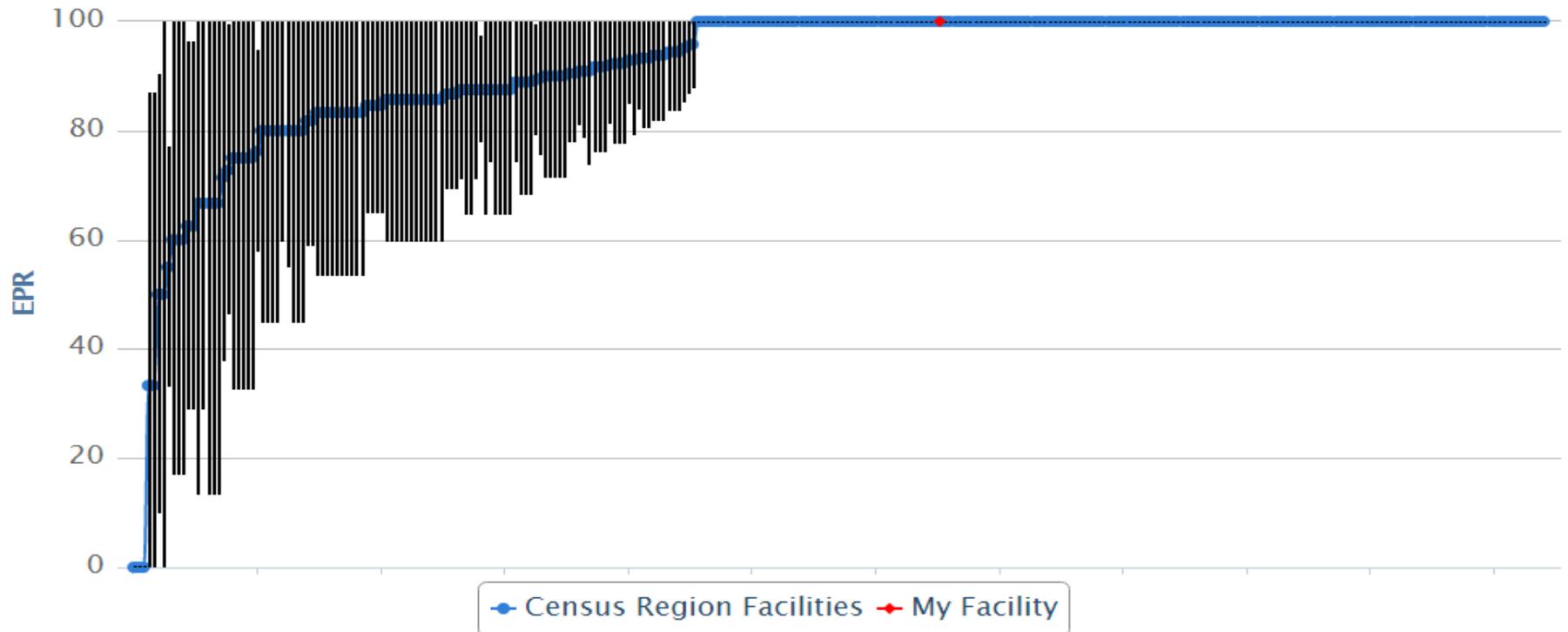
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COLON, 2015, ACT: Adjuvant chemotherapy for lymph node positive colon cancer (NQF 0223 - Accountability)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	100 %	92.2 %	92.3 %	91.6 %	88.9 %	88.8 %
Denominator	9	513	1763	982	4441	9794
95 % CI	(100.0,100.0)	(89.9,94.5)	(91.1,93.5)	(89.9,93.3)	(88.0,89.8)	(88.2,89.4)

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 02/15/2018)



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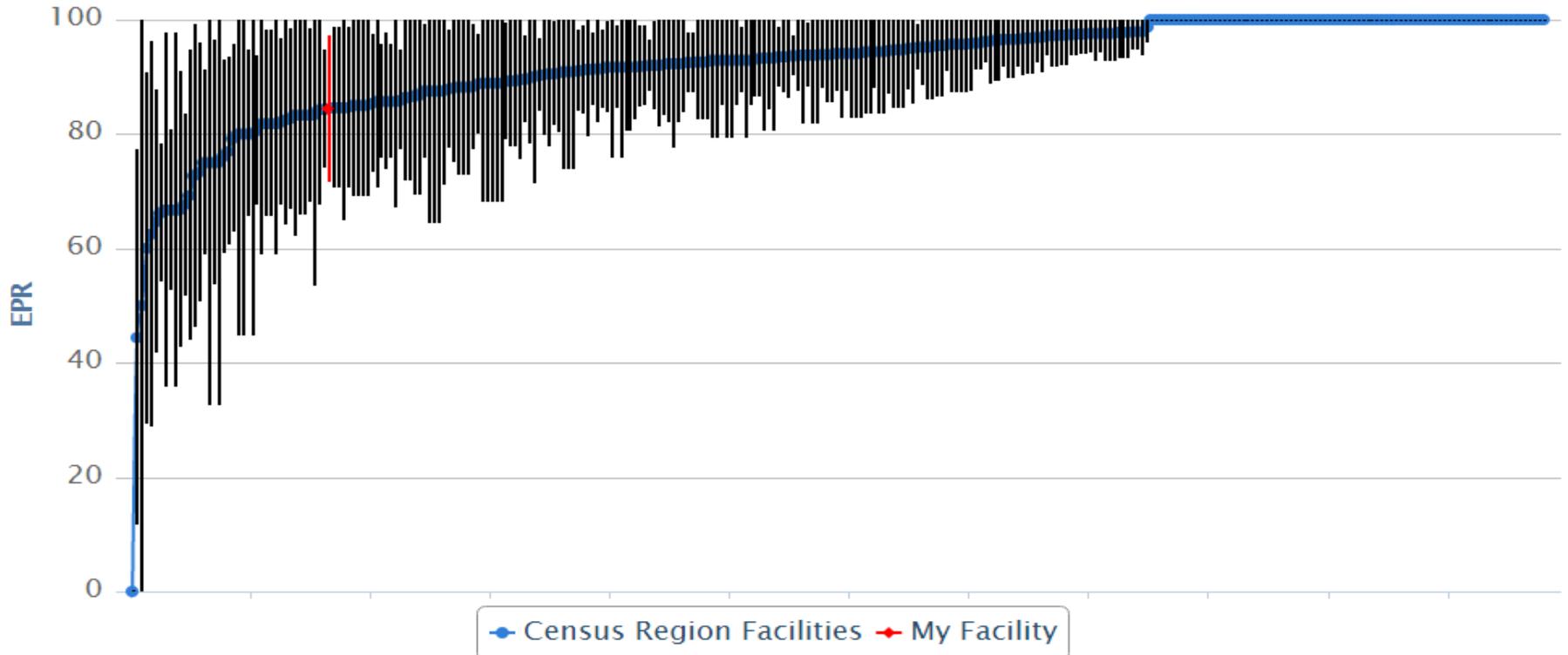
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COLON, 2015, 12RL: At least 12 regional lymph nodes removed and pathologically examined for resected colon cancer (NQF 0225 - Quality Improvement)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	84.4 %	92.8 %	92.8 %	92.7 %	91.9 %	92.2 %
Denominator	32	2061	7192	4080	18949	39174
95 % CI	(71.8,97.0)	(91.7,93.9)	(92.2,93.4)	(91.9,93.5)	(91.5,92.3)	(91.9,92.5)

At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. (CP3R data as of 02/15/2018)



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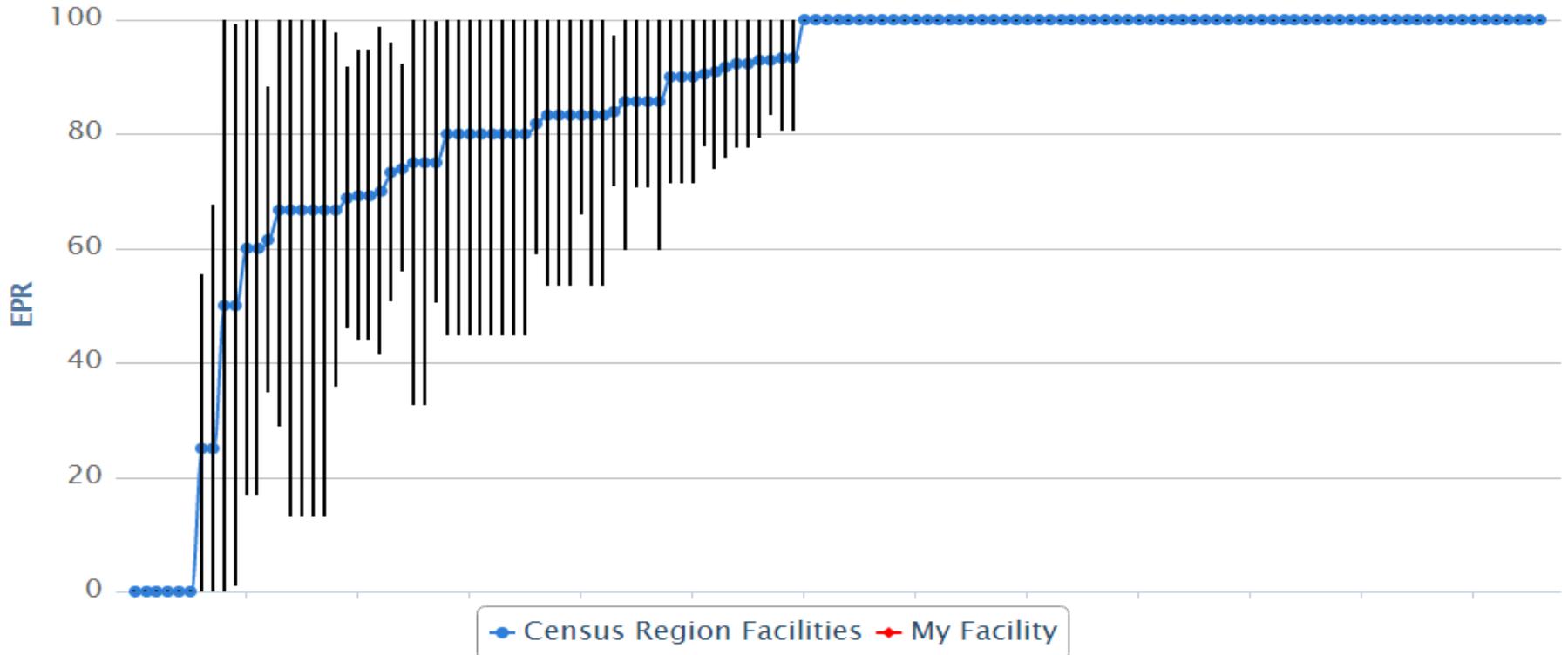
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Quality Measure Reports - Endometrium

- **ENDCTRT:** Chemotherapy and/or radiation administered to patients with Stage IIIC or IV Endometrial cancer (Surveillance)
- **ENDRLC:** Endoscopic, laparoscopic, or robotic surgery performed for all Endometrial cancer (Surveillance)



ENDOMETRIUM, 2015, ENDCTRT: Chemotherapy and/or radiation administered to patients with Stage IIIC or IV Endometrial cancer (Surveillance)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	NA	86.5 %	86.5 %	88.6 %	79.8 %	83.5 %
Denominator	NA	171	540	308	1013	2948
95 % CI	NA	(81.4,91.6)	(83.6,89.4)	(85.1,92.1)	(77.3,82.3)	(82.2,84.8)

Chemotherapy and/or radiation recommended to patients with Stage IIIC or IV Endometrial cancer. (CP3R data as of 02/15/2018)



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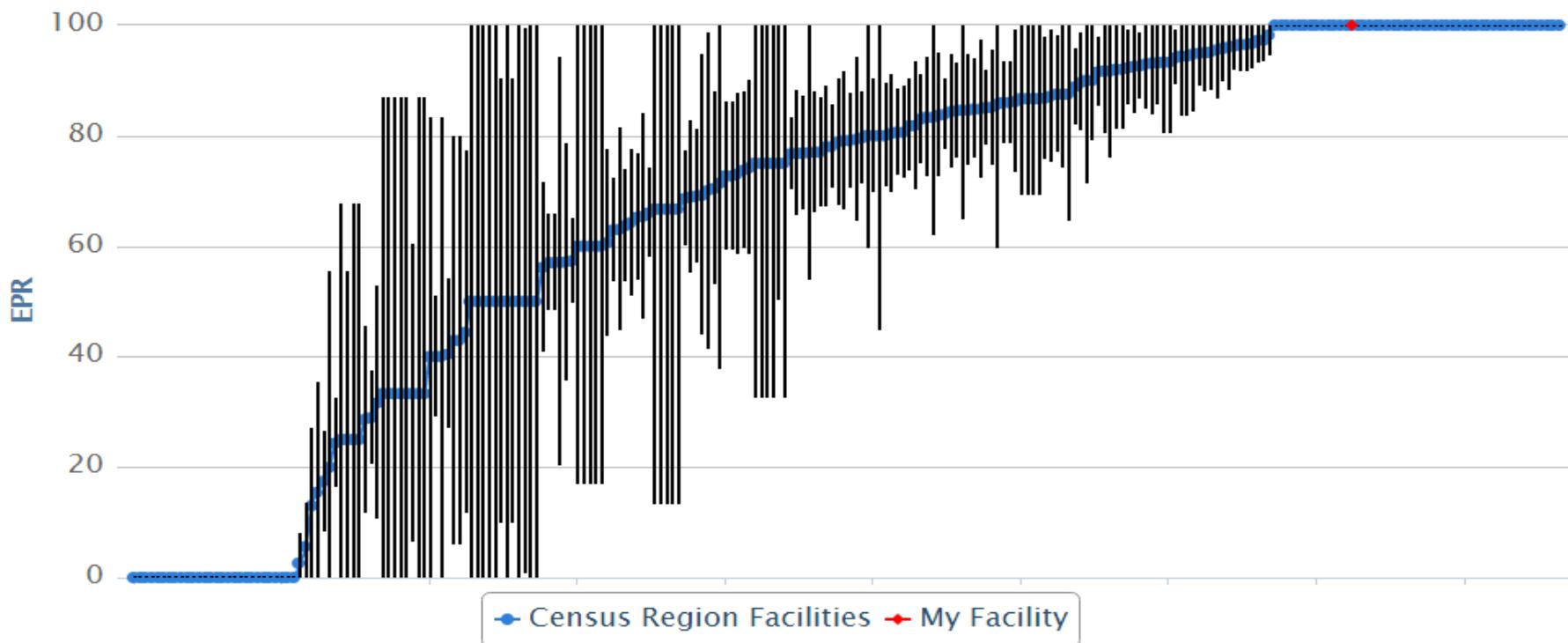
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ENDOMETRIUM, 2015, ENDLRC: Endoscopic, laparoscopic, or robotic surgery performed for all Endometrial cancer (Surveillance)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	100 %	69.7 %	73.9 %	76.3 %	79.8 %	77.5 %
Denominator	1	1335	5047	2998	10585	28034
95 % CI	(100.0,100.0)	(67.2,72.2)	(72.7,75.1)	(74.8,77.8)	(79.0,80.6)	(77.0,78.0)

Endoscopic, laparoscopic, or robotic surgery performed for all Endometrial cancer (excluding sarcoma and lymphoma), for all stages except stage IV. (CP3R data as of 02/15/2018)



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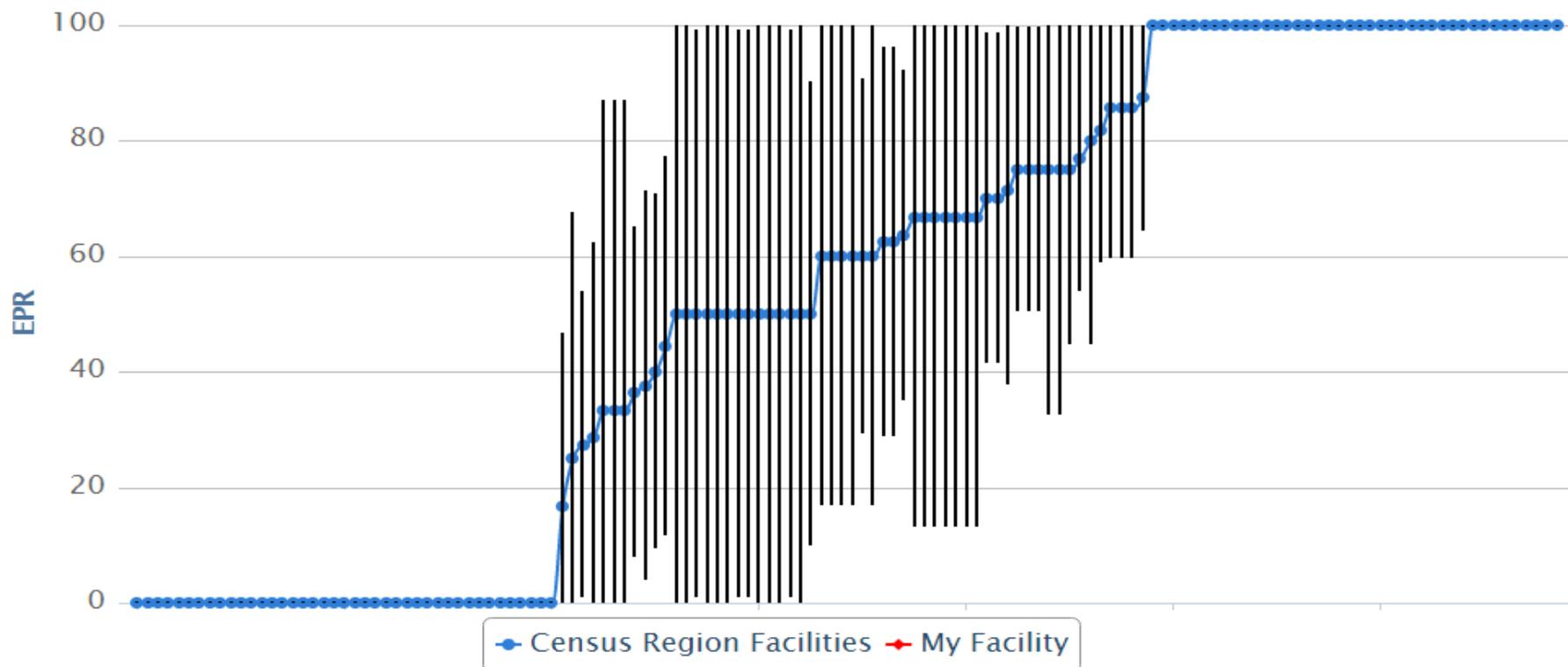
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Quality Measure Reports - Gastric

- **G15RLN:** At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement)



GASTRIC, 2015, G15RLN: At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	NA	57.3 %	59.1 %	62.9 %	53 %	61.5 %
Denominator	NA	89	350	202	860	2478
95 % CI	NA	(47.0,67.6)	(53.9,64.3)	(56.2,69.6)	(49.7,56.3)	(59.6,63.4)

At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer. (CP3R data as of 02/15/2018)



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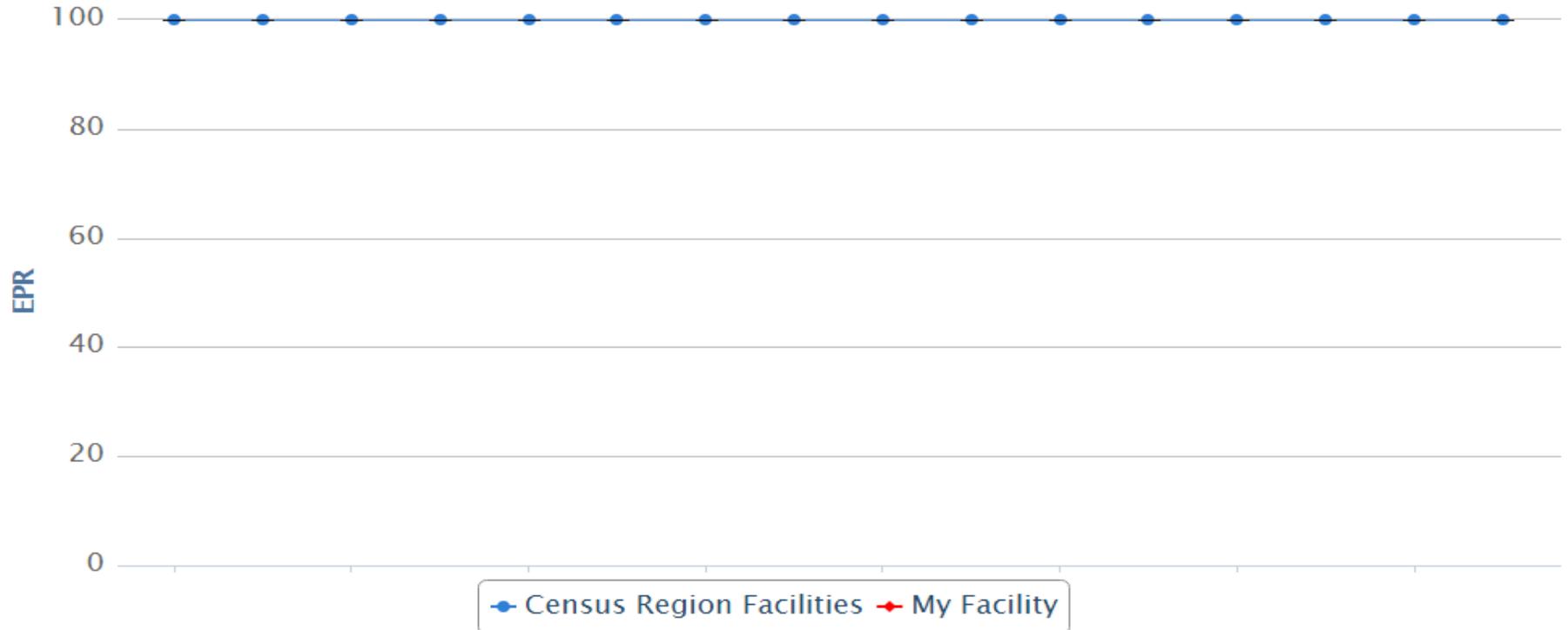
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Quality Measure Reports - Kidney

- **PD1RLN:** Pediatric Measure: At least 1 regional lymph node is removed and pathologically examined for primarily resected unilateral nephroblastoma



KIDNEY, 2015, Pediatric Measure: PD1RLN: At least 1 regional lymph node is removed and pathologically examined for primarily resected unilateral nephroblastoma (Surveillance)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	NA	100 %	100 %	100 %	95.7 %	95.1 %
Denominator	NA	14	27	15	23	163
95 % CI	NA	(100.0,100.0)	(100.0,100.0)	(100.0,100.0)	(87.4,100.0)	(91.8,98.4)

Pediatric Measure: At least 1 regional lymph node is removed and pathologically examined for primarily resected unilateral nephroblastoma. (CP3R data as of 02/15/2018)



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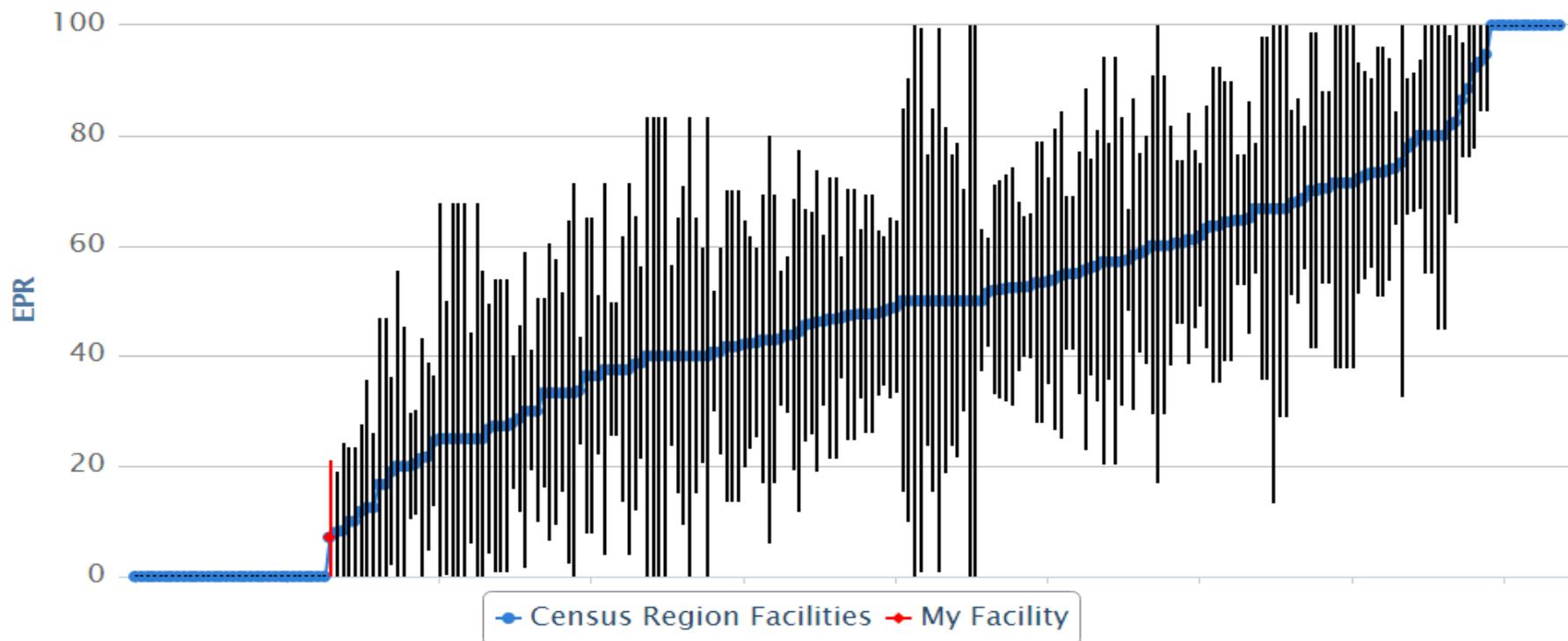
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Quality Measure Reports - Non-Small Cell Lung

- **10RLN:** At least 10 regional lymph nodes removed and pathologically examined for AJCC stage IA, IB, IIA, and IIB resected NSCLC (Surveillance)
- **LCT:** Systemic chemotherapy is administered or recommended within 4 months prior to surgery or within 6 months postoperatively for surgically resected cases with pathologic, lymph node-positive (pN1) and (pN2) NSCLC (Quality Improvement)
- **LNoSurg:** Surgery is not the first course of treatment for cN2, M0 cases (Quality Improvement)



NSCLC, 2015, 10RLN: At least 10 regional lymph nodes removed and pathologically examined for resected NSCLC (Surveillance)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	7.1 %	48.7 %	48.6 %	54.7 %	45.1 %	47.6 %
Denominator	14	1050	3590	2257	8461	21090
95 % CI	(0.0,20.6)	(45.7,51.7)	(47.0,50.2)	(52.6,56.8)	(44.0,46.2)	(46.9,48.3)

At least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IA, IB, IIA, and IIB resected NSCLC. (CP3R data as of 02/15/2018)



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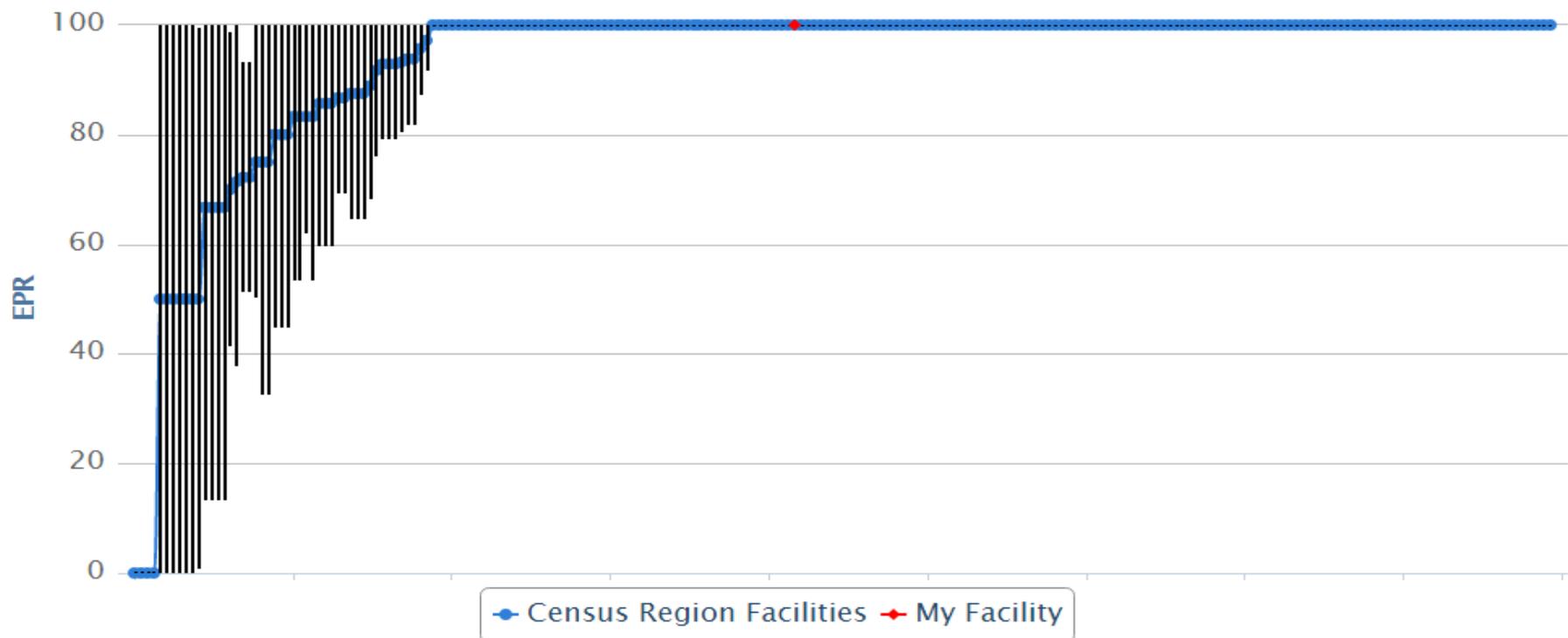
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NSCLC, 2015, LCT: Systemic chemotherapy administered or recommended for pre or postoperatively resected NSCLC (Quality Improvement)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	100 %	95.3 %	94.7 %	95.3 %	90.5 %	91.5 %
Denominator	4	235	767	473	1667	4202
95 % CI	(100.0,100.0)	(92.6,98.0)	(93.1,96.3)	(93.4,97.2)	(89.1,91.9)	(90.7,92.3)

Systemic chemotherapy 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) or (pN2) NSCLC.(CP3R data as of 02/15/2018)



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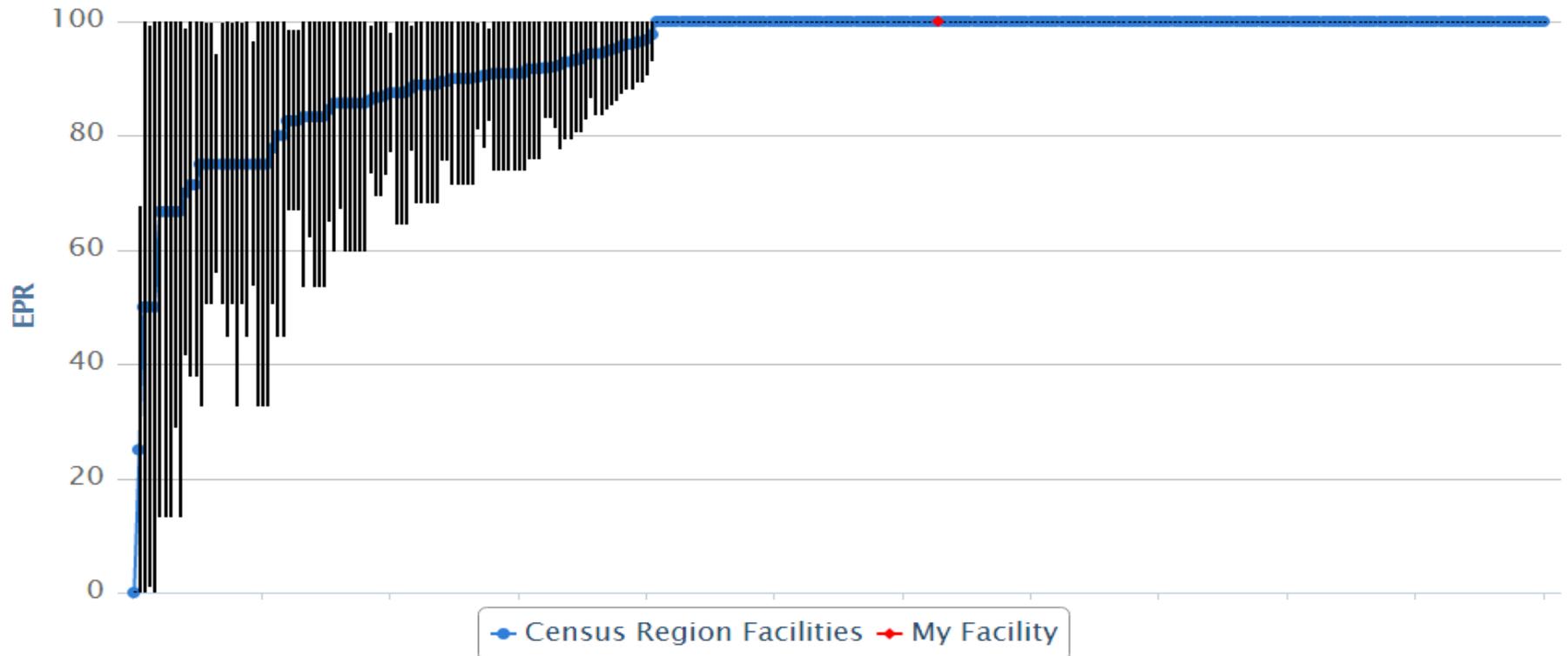
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NSCLC, 2015, LNoSurg: Surgery is not the first course of treatment for NSCLC (Quality Improvement)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	100 %	93.5 %	93.2 %	93 %	92.9 %	92.4 %
Denominator	9	554	1859	1003	4008	9109
95 % CI	(100.0,100.0)	(91.4,95.6)	(92.1,94.3)	(91.4,94.6)	(92.1,93.7)	(91.9,92.9)

Surgery is not the first course of treatment for cN2, M0 cases. (CP3R data as of 02/15/2018)



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Quality Measure Reports - Ovary

- **OVSAL:** Salpingo-oophorectomy with omentectomy, debulking; cytoreductive surgery, or pelvic exenteration in Stages I-IIIC Ovarian cancer (Surveillance)



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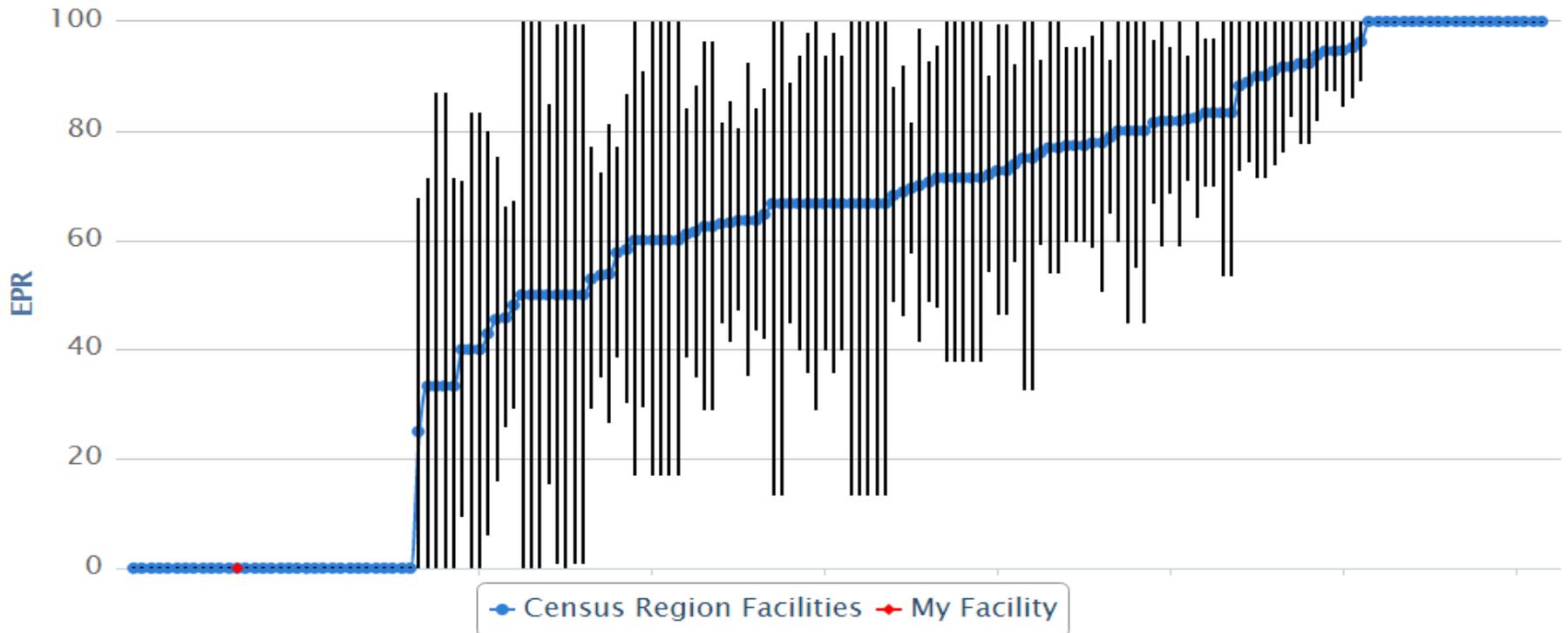
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OVARY, 2015, OVSAL: Salpingo-oophorectomy with omentectomy, debulking; cytoreductive surgery, or pelvic exenteration for Ovarian cancers (Surveillance)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	0 %	71.9 %	70.5 %	74.9 %	71 %	70.5 %
Denominator	1	359	1232	760	2740	7376
95 % CI	(0.0,0.0)	(67.3,76.5)	(68.0,73.0)	(71.8,78.0)	(69.3,72.7)	(69.5,71.5)

Salpingo-oophorectomy with omentectomy, debulking; cytoreductive surgery, or pelvic exenteration in Stages I-IIIC Ovarian cancer. (CP3R data as of 02/15/2018)



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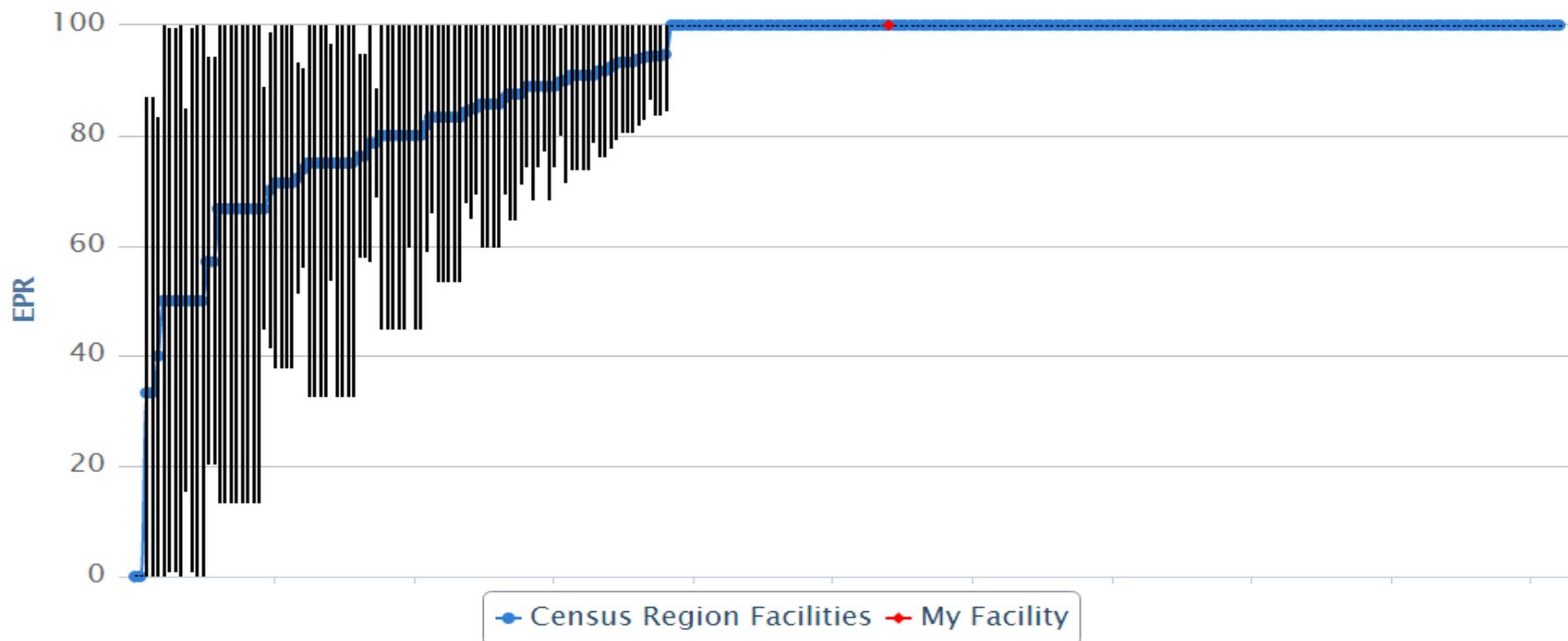
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Quality Measure Reports - Rectum

- **RECRTCT:** Chemo and radiation therapy is administered or recommended for resected rectal cancers (Quality Improvement)



RECTUM, 2015, RECRTCT: Chemo and Radiation therapy is administered or recommended for resected rectal cancers (Quality Improvement)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	100 %	88.2 %	88.8 %	90.7 %	86.8 %	87.8 %
Denominator	14	321	1117	642	2380	5809
95 % CI	(100.0,100.0)	(84.7,91.7)	(87.0,90.6)	(88.5,92.9)	(85.4,88.2)	(87.0,88.6)

Preop CT & RT for clin AJCC T3N0, T4N0, or Stage III; or Postop CT & RT within 180 days of diagnosis for clin AJCC T1-2N0 with path AJCC T3N0, T4N0, or Stage III; or recommended; for patients < age 80 resected rectal cancer. (CP3R data as of 02/15/2018)



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