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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 2016

Updated January 2017

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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
- 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



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, 2010–2014 *
- Insurance Status (including national comparison)

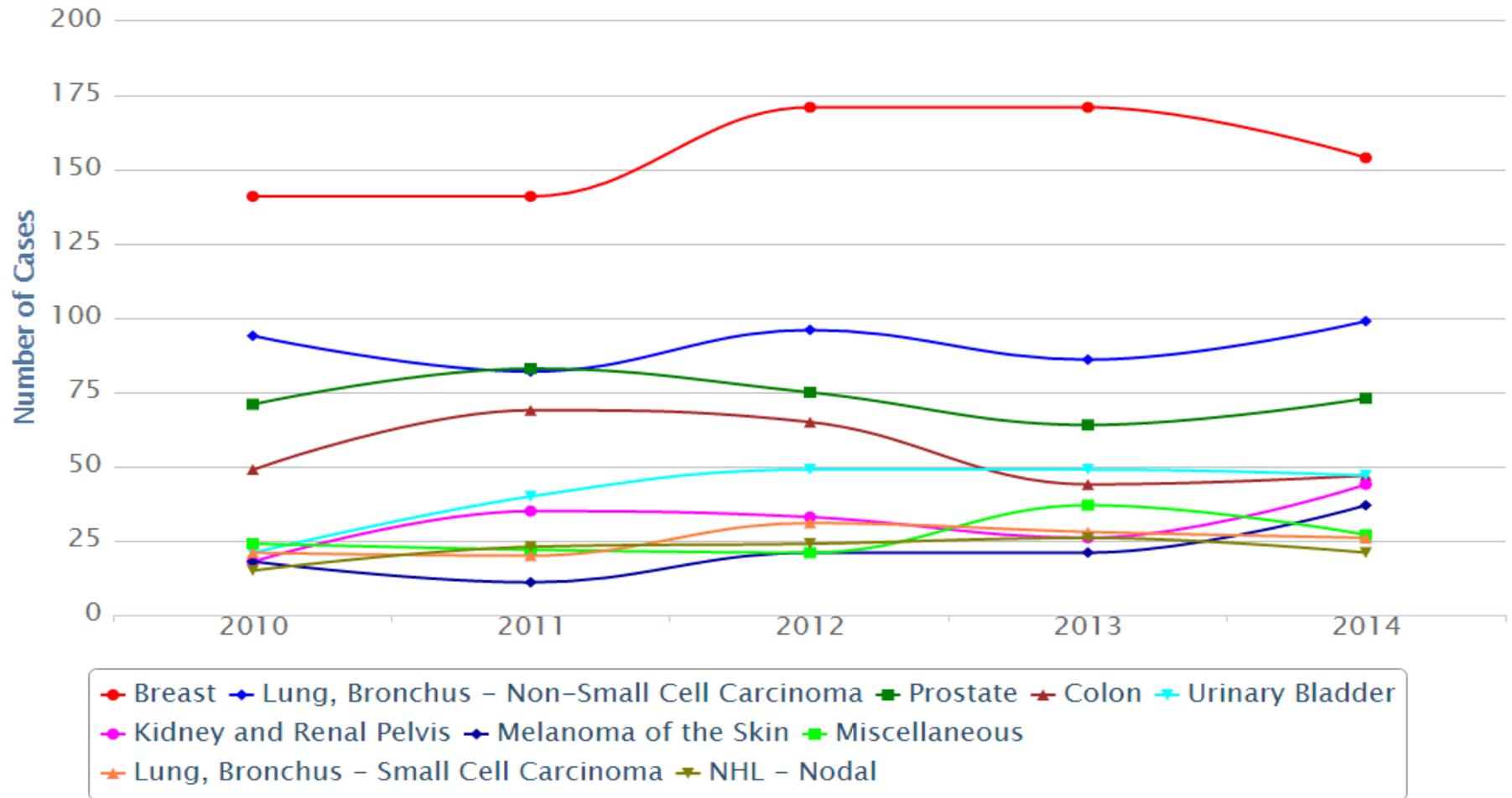
Cancer Program In/Out Migration

- Total In/Out Migration, 2010-2014 - My Facility
- In/Out Migration by Insurance Status, 2014 - My Facility

* Some facilities may see “Cranial Nerves Other” as one of their top ten cancer sites for case volume in the 2016 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.



Cancer Program Total Case Volume, 2010 - 2014 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, 2010 - 2014 My Facility

	2010	2011	2012	2013	2014
Breast	141	141	171	171	154
Lung, Bronchus - Non-Small Cell Carcinoma	94	82	96	86	99
Prostate	71	83	75	64	73
Colon	49	69	65	44	47
Urinary Bladder	21	40	49	49	47
Kidney and Renal Pelvis	18	35	33	26	44
Melanoma of the Skin	18	11	21	21	37
Miscellaneous	24	22	21	37	27
Lung, Bronchus - Small Cell Carcinoma	21	20	31	28	26
NHL - Nodal	15	23	24	26	21
All Other Sites	202	212	246	229	216
TOTAL	674	738	832	781	791

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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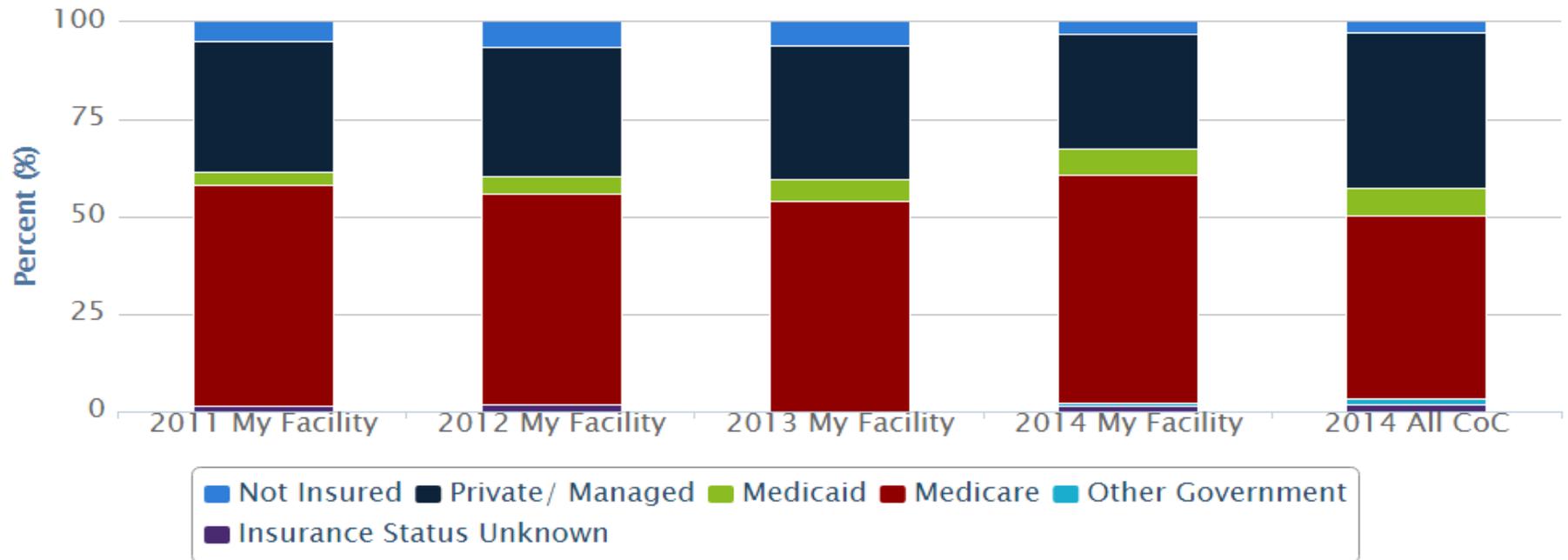
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Insurance Status, 2011 - 2014 - My Facility vs. All CoC



	2011 My Facility	2012 My Facility	2013 My Facility	2014 My Facility	2014 All CoC
Not Insured	4.7 % (n=35)	6.1 % (n=51)	6 % (n=47)	2.9 % (n=23)	2.6 % (n=32358)
Private/Managed	33.6 % (n=248)	33.5 % (n=279)	34.3 % (n=268)	29.5 % (n=233)	39.9 % (n=490106)
Medicaid	3.4 % (n=25)	4.4 % (n=37)	5.6 % (n=44)	6.8 % (n=54)	7.1 % (n=86983)
Medicare	56.8 % (n=419)	54 % (n=449)	53.9 % (n=421)	58.4 % (n=462)	46.9 % (n=576071)
Other Government	0.1 % (n=1)	0.2 % (n=2)	0 % (n=0)	0.9 % (n=7)	1.5 % (n=17947)
Insurance Status Unknown	1.4 % (n=10)	1.7 % (n=14)	0.1 % (n=1)	1.5 % (n=12)	2 % (n=24613)



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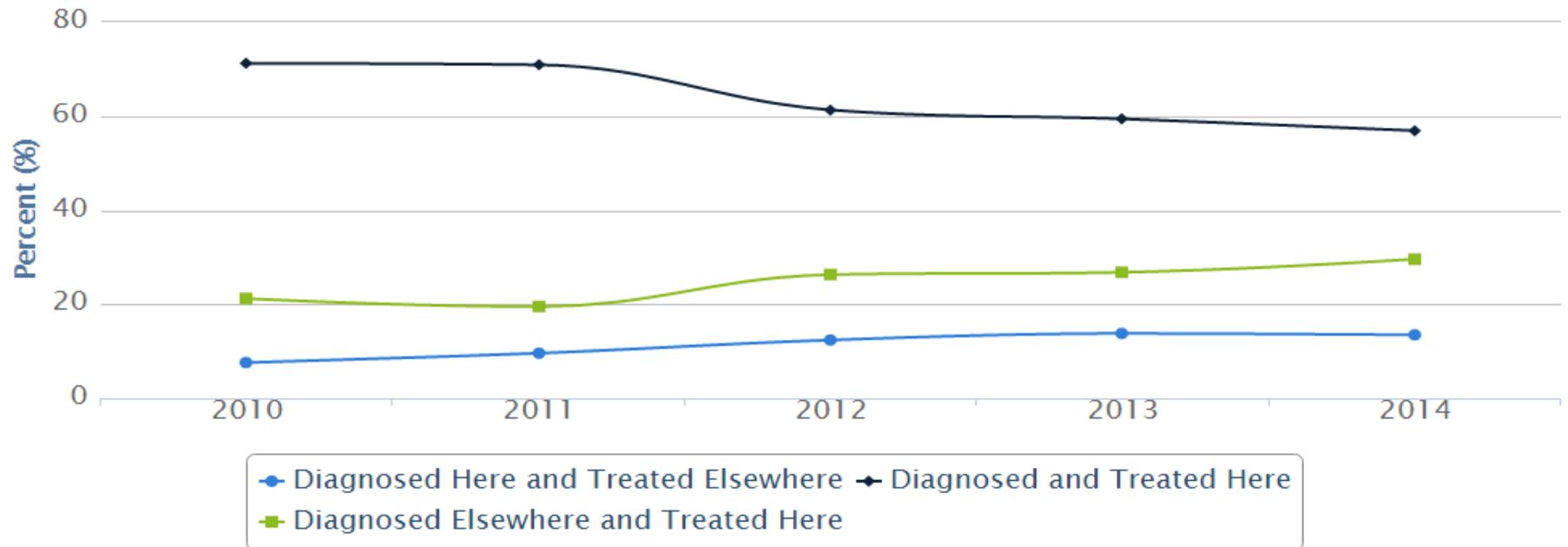
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Total In/Out Migration, 2010 - 2014 - My Facility



	2010	2011	2012	2013	2014
Diagnosed Here and Treated Elsewhere	7.6 % (n=51)	9.6 % (n=71)	12.4 % (n=103)	13.8 % (n=108)	13.5 % (n=107)
Diagnosed and Treated Here	71.2 % (n=480)	70.9 % (n=523)	61.3 % (n=510)	59.4 % (n=464)	56.9 % (n=450)
Diagnosed Elsewhere and Treated Here	21.2 % (n=143)	19.5 % (n=144)	26.3 % (n=219)	26.8 % (n=209)	29.6 % (n=234)



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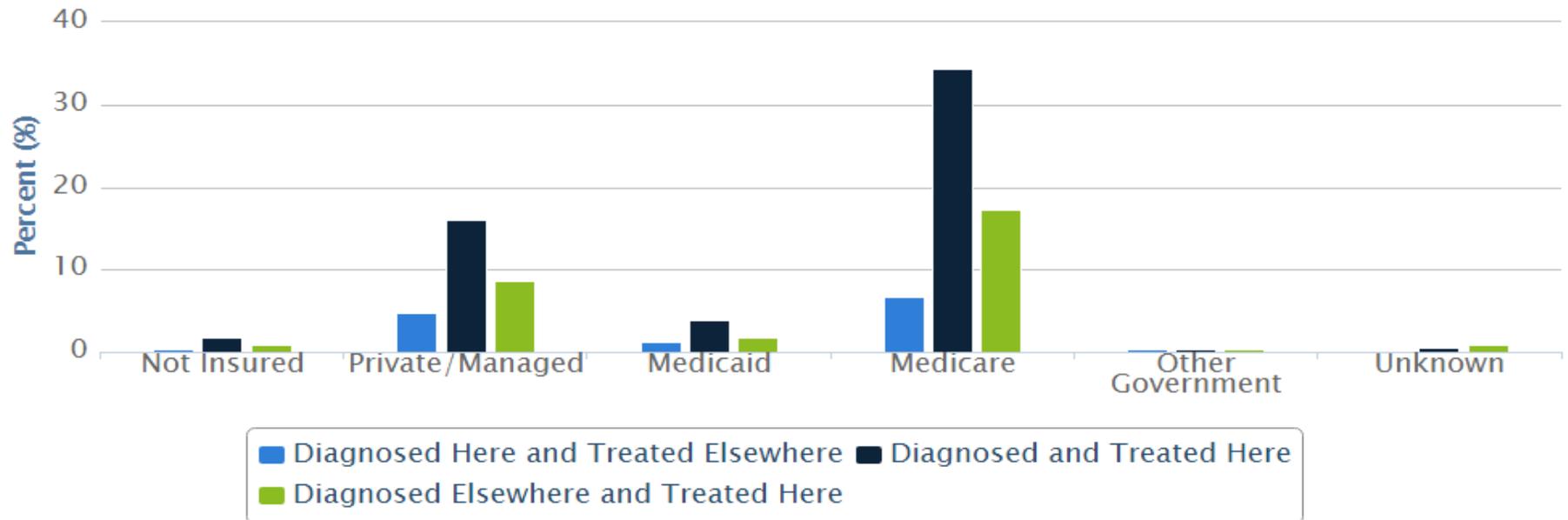
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In/Out Migration by Insurance Status, 2014 - My Facility



	Not Insured	Private/Managed	Medicaid	Medicare	Other Government	Unknown
Diagnosed Here and Treated Elsewhere	0.4 % (n=3)	4.8 % (n=38)	1.3 % (n=10)	6.7 % (n=53)	0.3 % (n=2)	0.1 % (n=1)
Diagnosed and Treated Here	1.8 % (n=14)	16.1 % (n=127)	3.8 % (n=30)	34.4 % (n=272)	0.4 % (n=3)	0.5 % (n=4)
Diagnosed Elsewhere and Treated Here	0.8 % (n=6)	8.6 % (n=68)	1.8 % (n=14)	17.3 % (n=137)	0.3 % (n=2)	0.9 % (n=7)



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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

- 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



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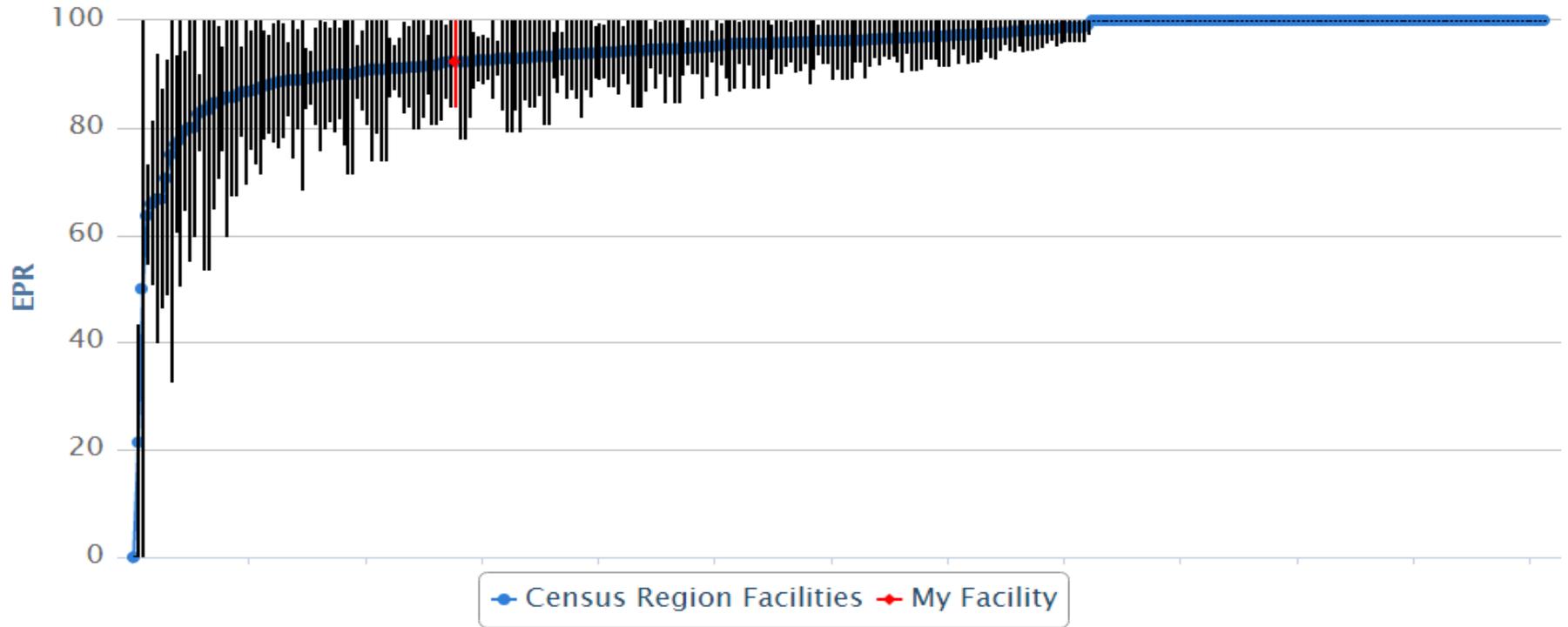
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BREAST, 2014, BCSRT: Breast radiation after breast conserving surgery (NQF 0219 - Accountability)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	92.3 %	94.3 %	94.3 %	94.7 %	92.1 %	92.2 %
Denominator	39	2651	10052	5613	25239	55551
95 % CI	(83.9,100.0)	(93.4,95.2)	(93.8,94.8)	(94.1,95.3)	(91.8,92.4)	(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)



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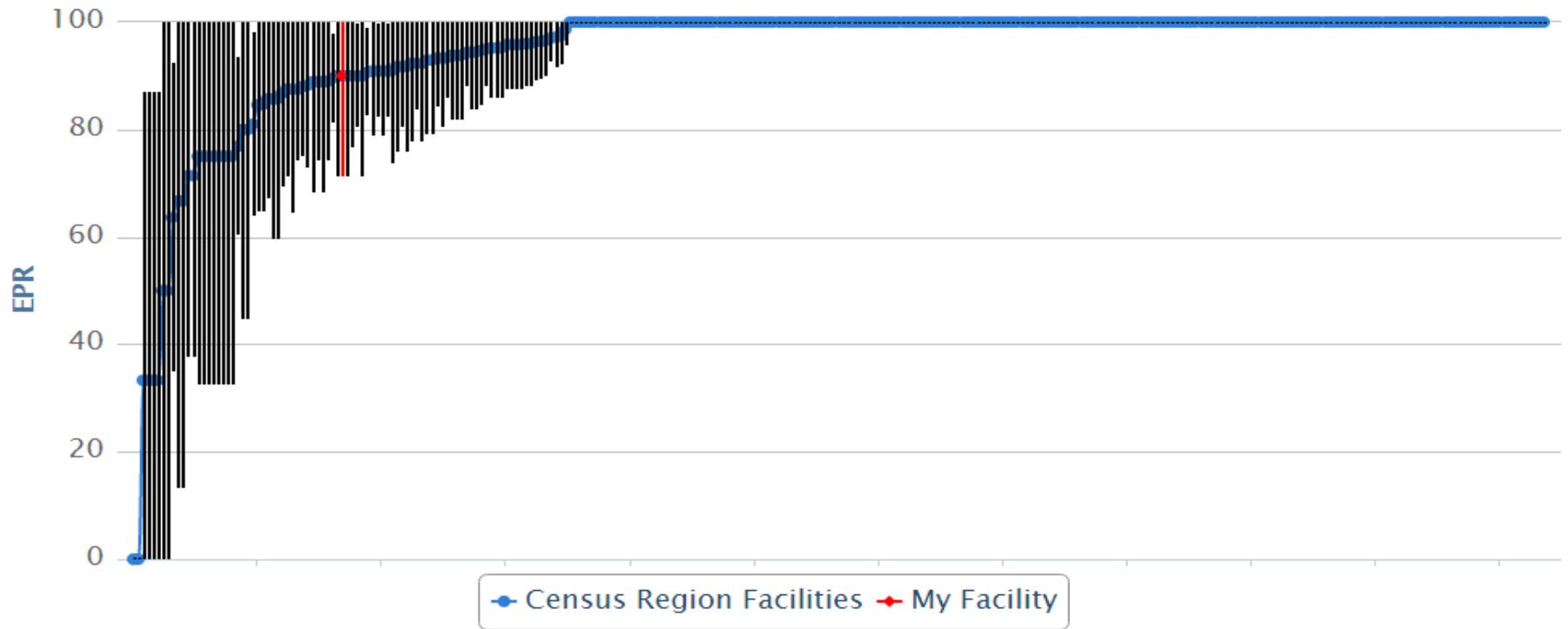
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BREAST, 2014, MAC: Combination chemotherapy for hormone receptor negative breast cancer (NQF 0559 - Accountability)



	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	90 %	94.5 %	94.7 %	94.9 %	92.7 %	92.4 %
Denominator	10	582	2147	1159	5360	12285
95 % CI	(71.4,100.0)	(92.6,96.4)	(93.8,95.6)	(93.6,96.2)	(92.0,93.4)	(91.9,92.9)

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 1/13/2017)



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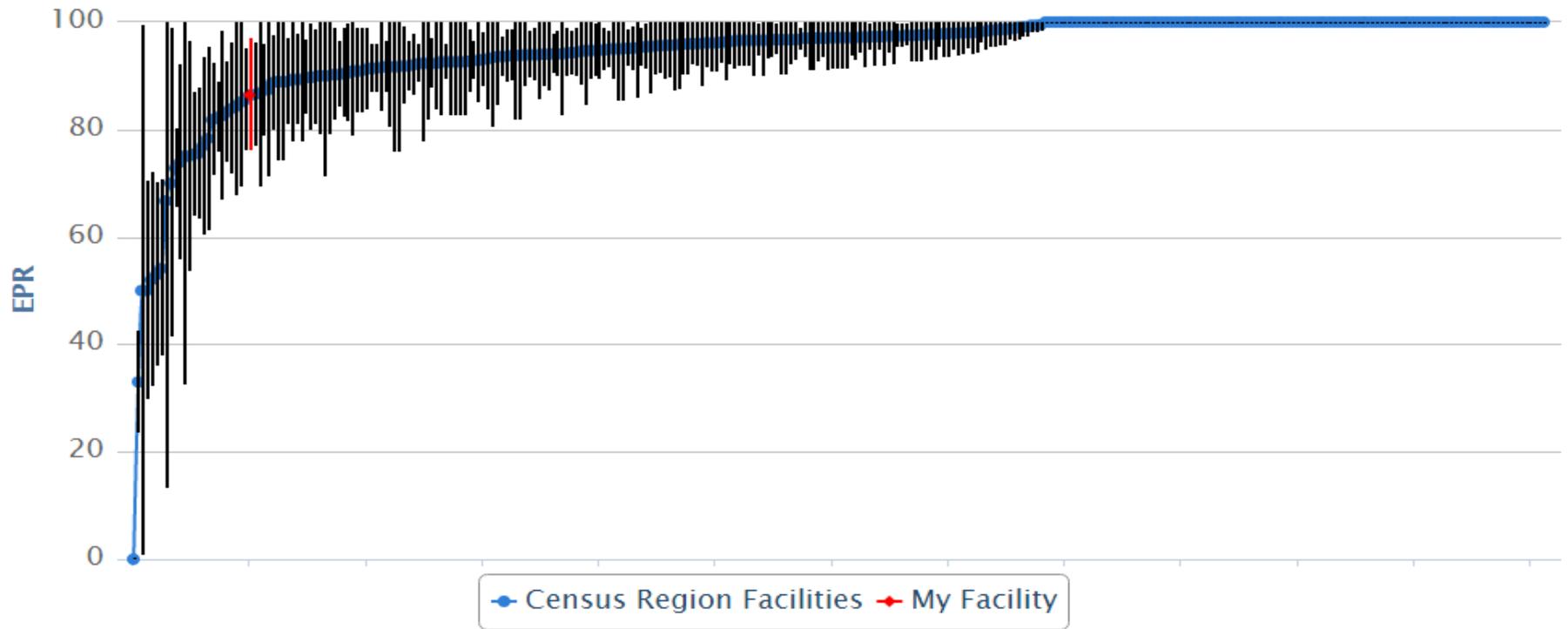
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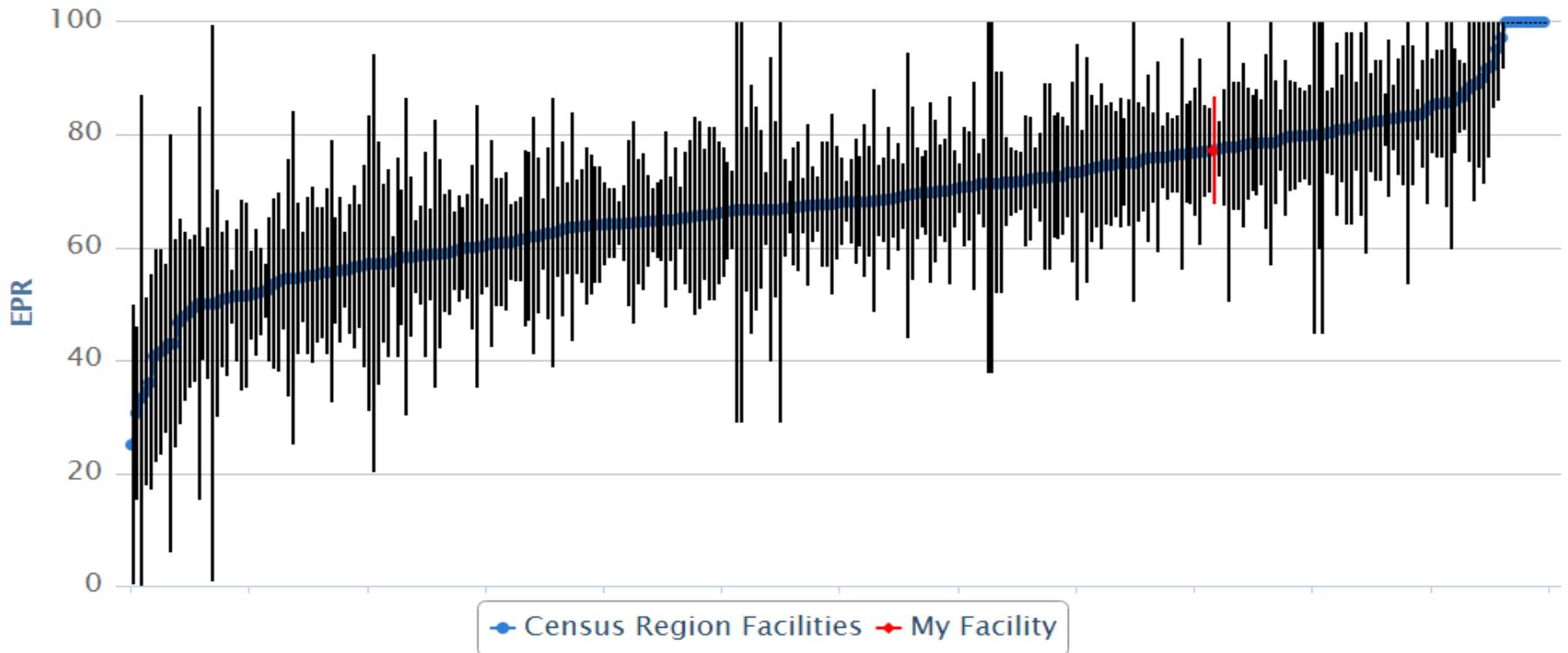
BREAST, 2014, HT: Adjuvant hormonal therapy for hormone receptor positive breast cancer (NQF 0220 - Accountability)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	86.4 %	95.4 %	94.6 %	96.1 %	92.3 %	92.5 %
Denominator	44	3655	13366	7410	35229	76016
95 % CI	(76.3,96.5)	(94.7,96.1)	(94.2,95.0)	(95.7,96.5)	(92.0,92.6)	(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 (CCCP)	All CoC Programs
Performance Rate	77.2 %	66.2 %	66.9 %	68.6 %	64.8 %	64.6 %
Denominator	79	5808	22083	12089	57801	122171
95 % CI	(67.9,86.5)	(65.0,67.4)	(66.3,67.5)	(67.8,69.4)	(64.4,65.2)	(64.3,64.9)

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



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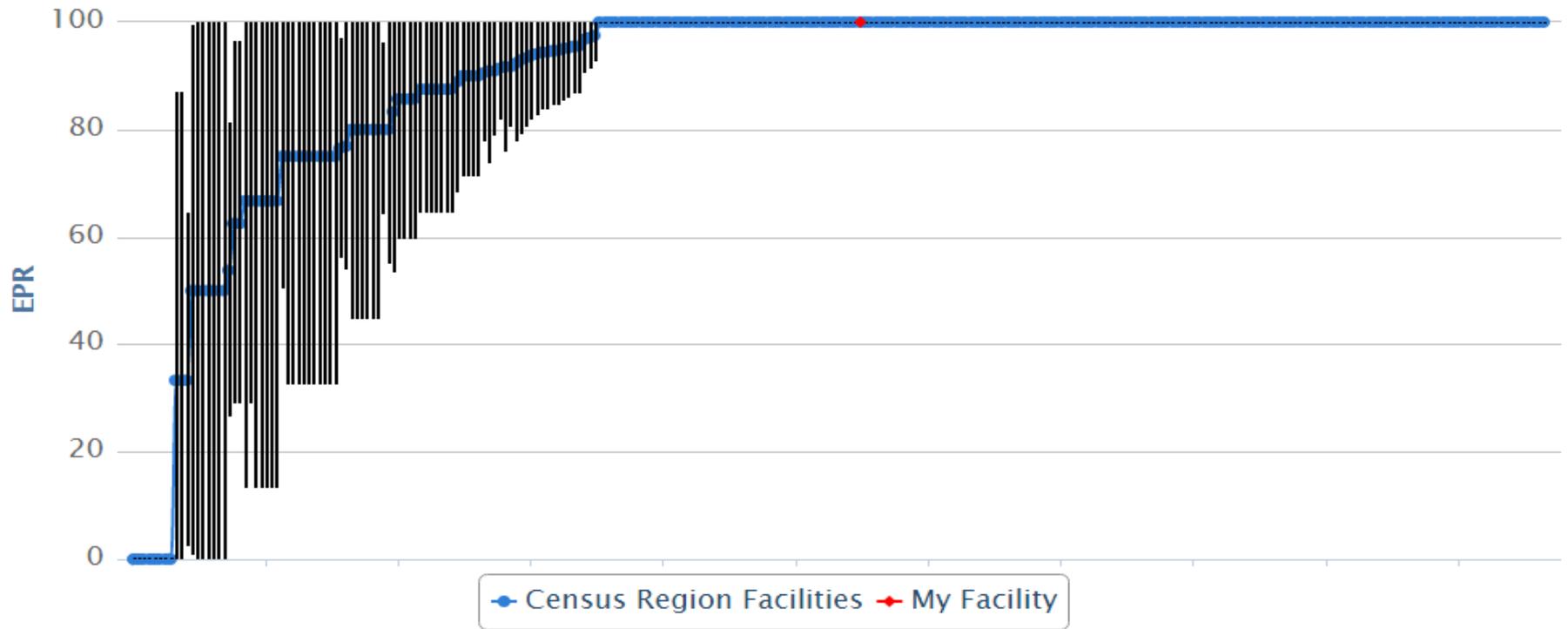
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BREAST, 2014, MASRT: Post-mastectomy radiation for women with 4 or more positive regional lymph nodes (Accountability)



	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 %	93.5 %	91.6 %	93.9 %	87.7 %	88.6 %
Denominator	5	338	1149	627	3099	6794
95 % CI	(100.0,100.0)	(90.9,96.1)	(90.0,93.2)	(92.0,95.8)	(86.5,88.9)	(87.8,89.4)

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 1/13/2017)



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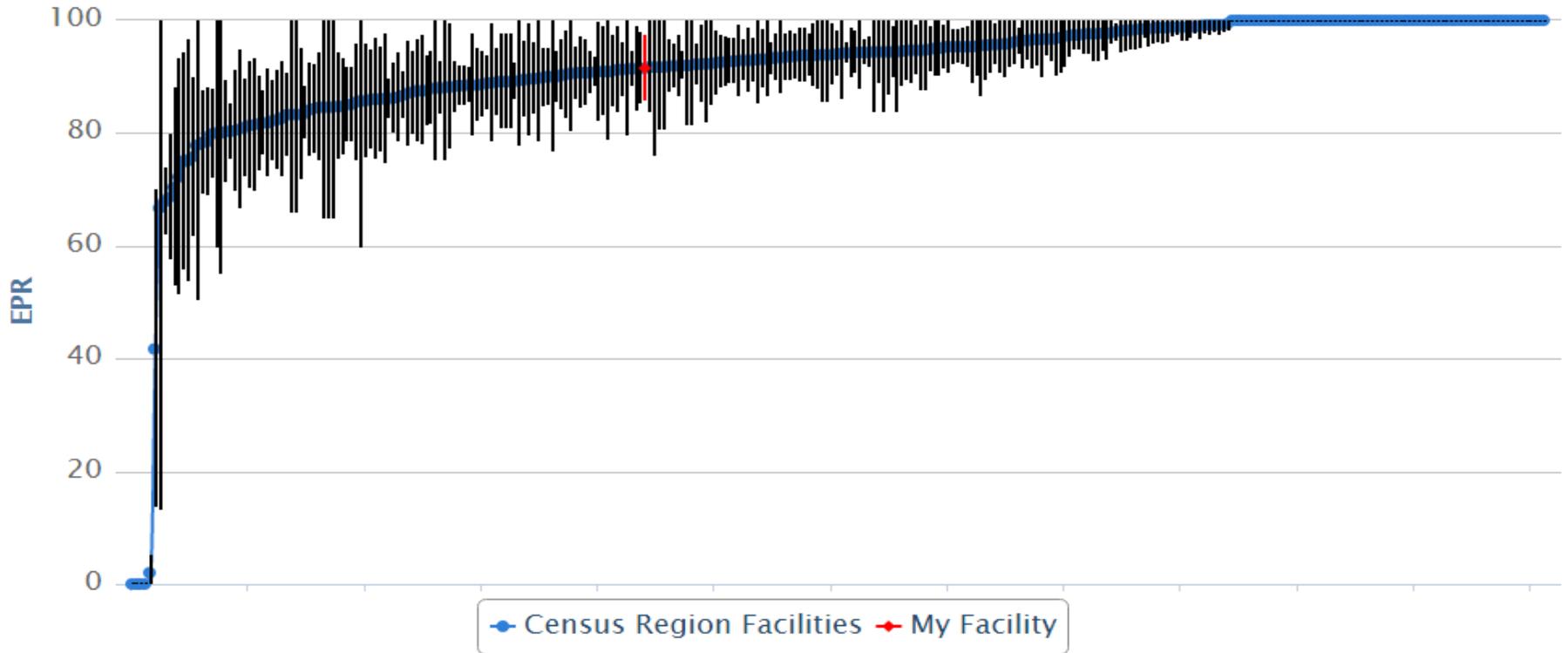
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BREAST, 2014, nBx: Image or palpation-guided needle biopsy (core or FNA) is performed for the diagnosis of breast cancer (Quality Improvement)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	91.5 %	91.3 %	92.1 %	92.8 %	91.5 %	91.9 %
Denominator	94	6744	25709	14190	63692	129100
95 % CI	(85.9,97.1)	(90.6,92.0)	(91.8,92.4)	(92.4,93.2)	(91.3,91.7)	(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)



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Quality Measure Reports - Cervix

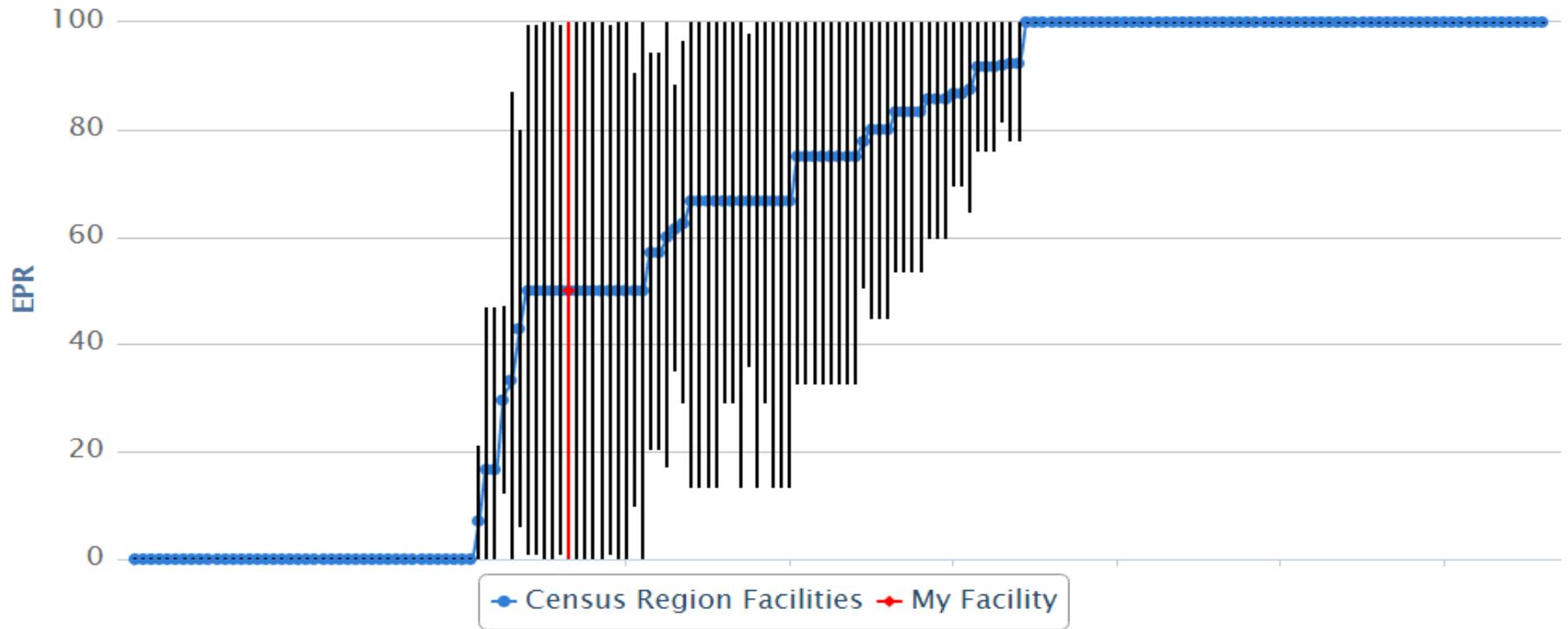
CBRRT: Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer (Surveillance)

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, 2014, 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	50 %	77.3 %	70 %	78.5 %	67.9 %	71.7 %
Denominator	2	150	506	303	992	2969
95 % CI	(0.0,100.0)	(70.6,84.0)	(66.0,74.0)	(73.9,83.1)	(65.0,70.8)	(70.1,73.3)

Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer. (CP3R data as of 1/13/2017)



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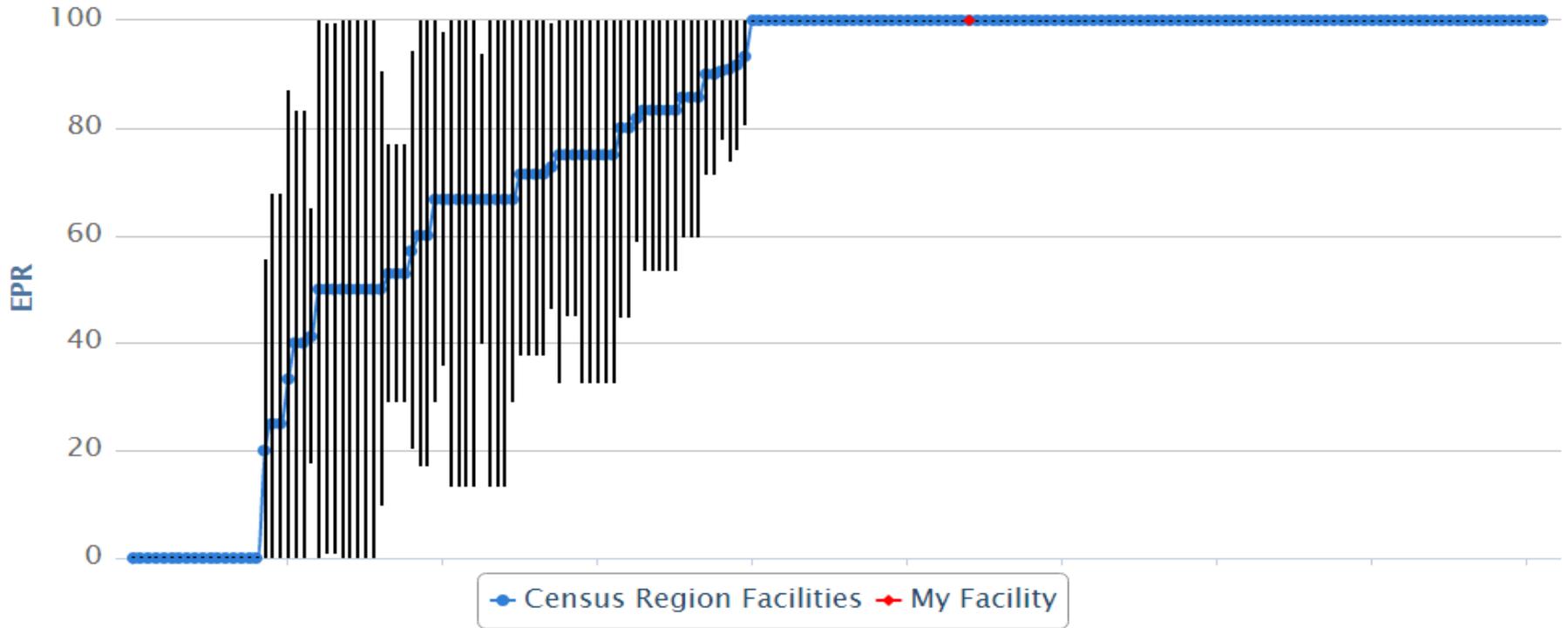
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CERVIX, 2014, CERRT: Radiation therapy completed within 60 days among women diagnosed with cervical cancer (Surveillance)



	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	100 %	79.1 %	77.4 %	81.8 %	76.6 %	78.5 %
Denominator	3	158	509	296	1049	2896
95 % CI	(100.0,100.0)	(72.8,85.4)	(73.8,81.0)	(77.4,86.2)	(74.0,79.2)	(77.0,80.0)

Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer. (CP3R data as of 1/13/2017)



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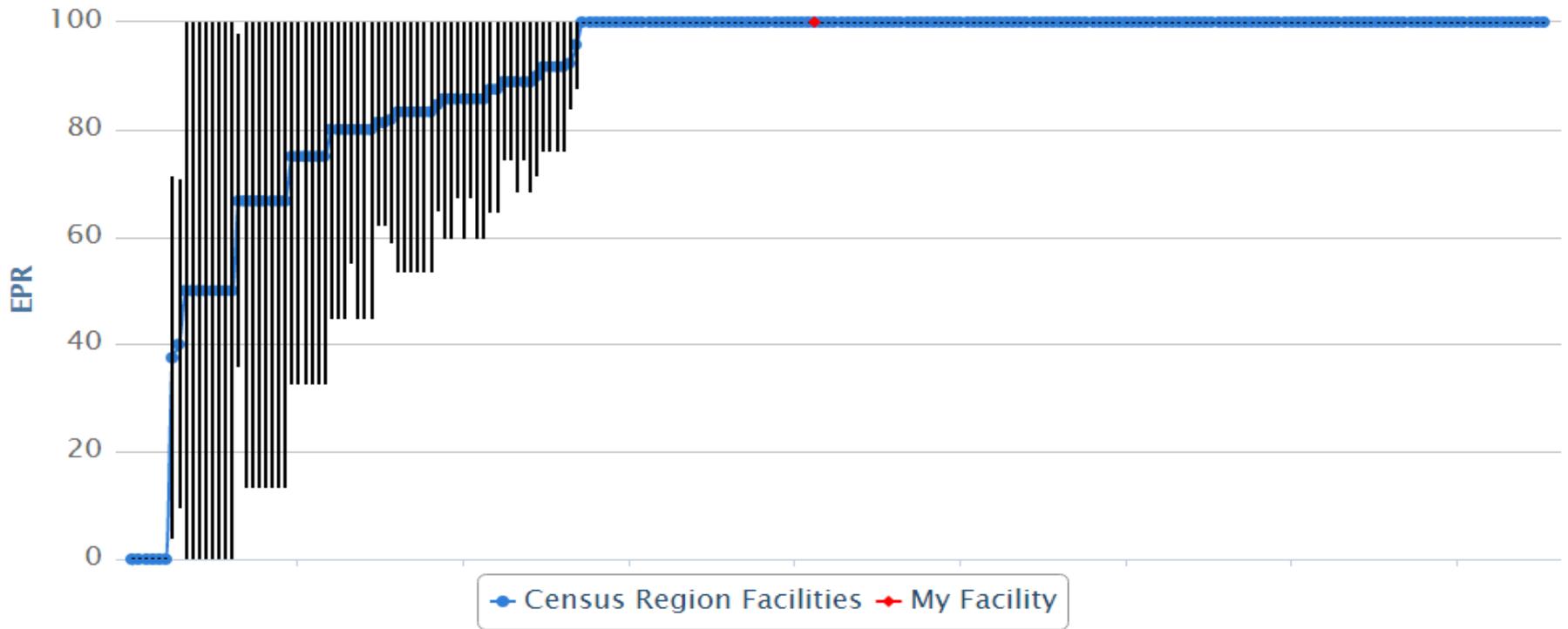
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CERVIX, 2014, CERCT: Chemotherapy for cervical cancer patients who received radiation (Surveillance)



	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	100 %	86.8 %	89.9 %	88.8 %	88 %	88.8 %
Denominator	3	197	654	383	1355	3959
95 % CI	(100.0,100.0)	(82.1,91.5)	(87.6,92.2)	(85.6,92.0)	(86.3,89.7)	(87.8,89.8)

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 1/13/2017)



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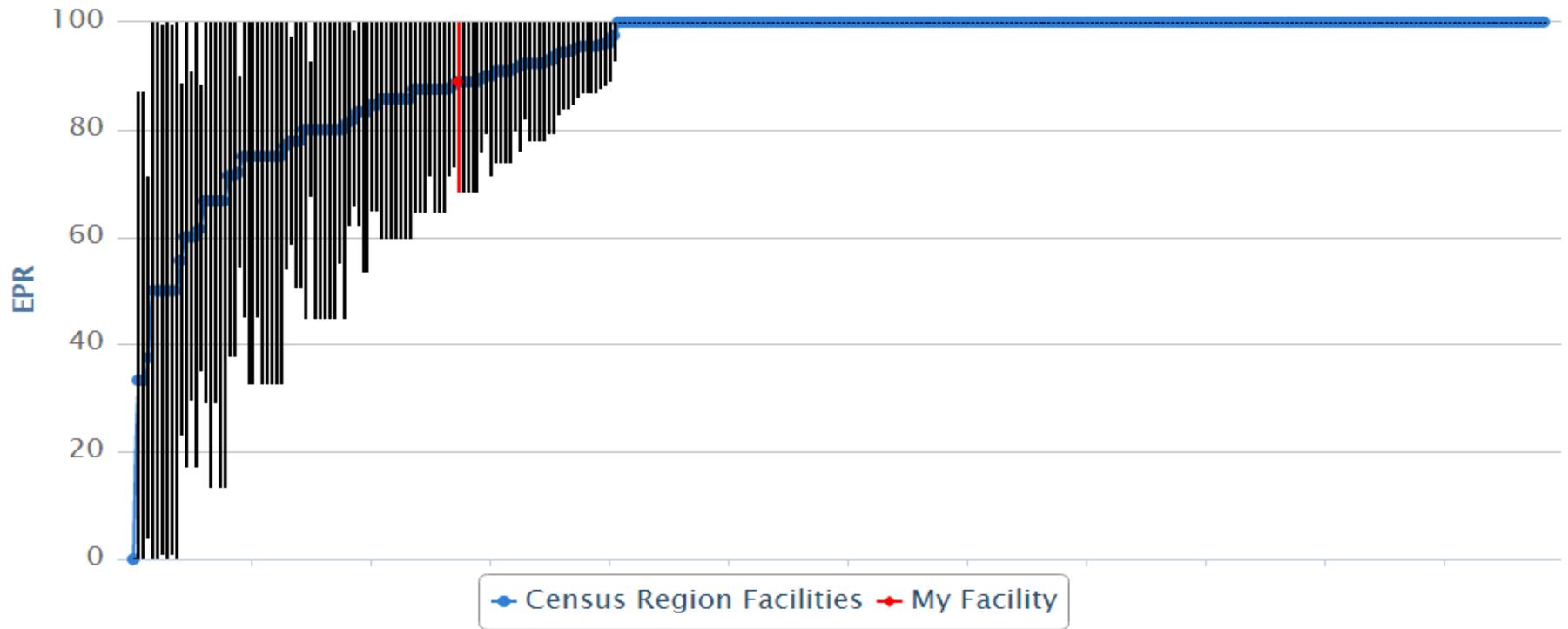
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COLON, 2014, ACT: Adjuvant chemotherapy for lymph node positive colon cancer (NQF 0223 - Accountability)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	88.9 %	90.2 %	92.5 %	92.7 %	88.5 %	89 %
Denominator	9	469	1703	972	4641	9921
95 % CI	(68.4,100.0)	(87.5,92.9)	(91.2,93.8)	(91.1,94.3)	(87.6,89.4)	(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)



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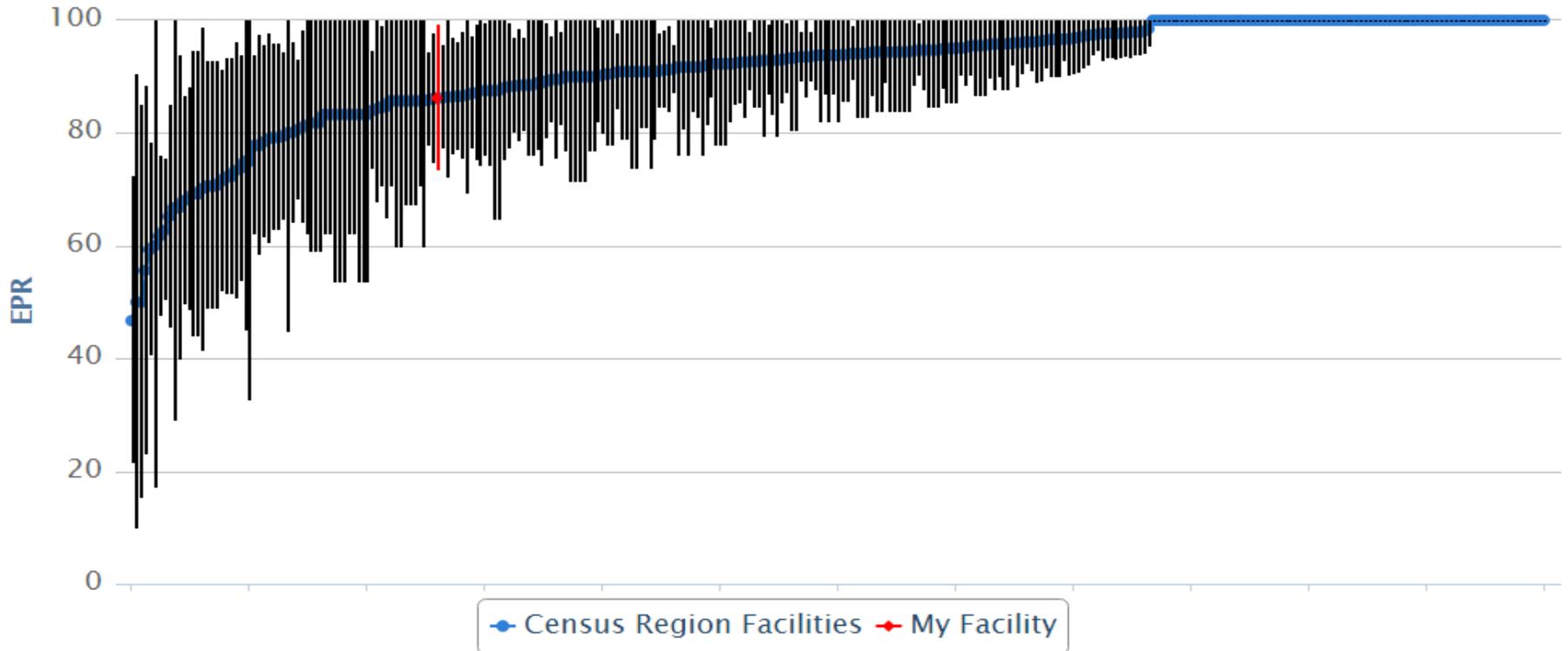
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COLON, 2014, 12RL: At least 12 regional lymph nodes removed and pathologically examined for resected colon cancer (NQF 0225 - Quality Improvement)



	My Program	My State (OH)	My Census Region (East North Central)	My ACS Division (East Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	86.2 %	91.6 %	92.2 %	91.3 %	90.7 %	91.2 %
Denominator	29	2054	7206	4238	19578	39856
95 % CI	(73.6,98.8)	(90.4,92.8)	(91.6,92.8)	(90.5,92.1)	(90.3,91.1)	(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)



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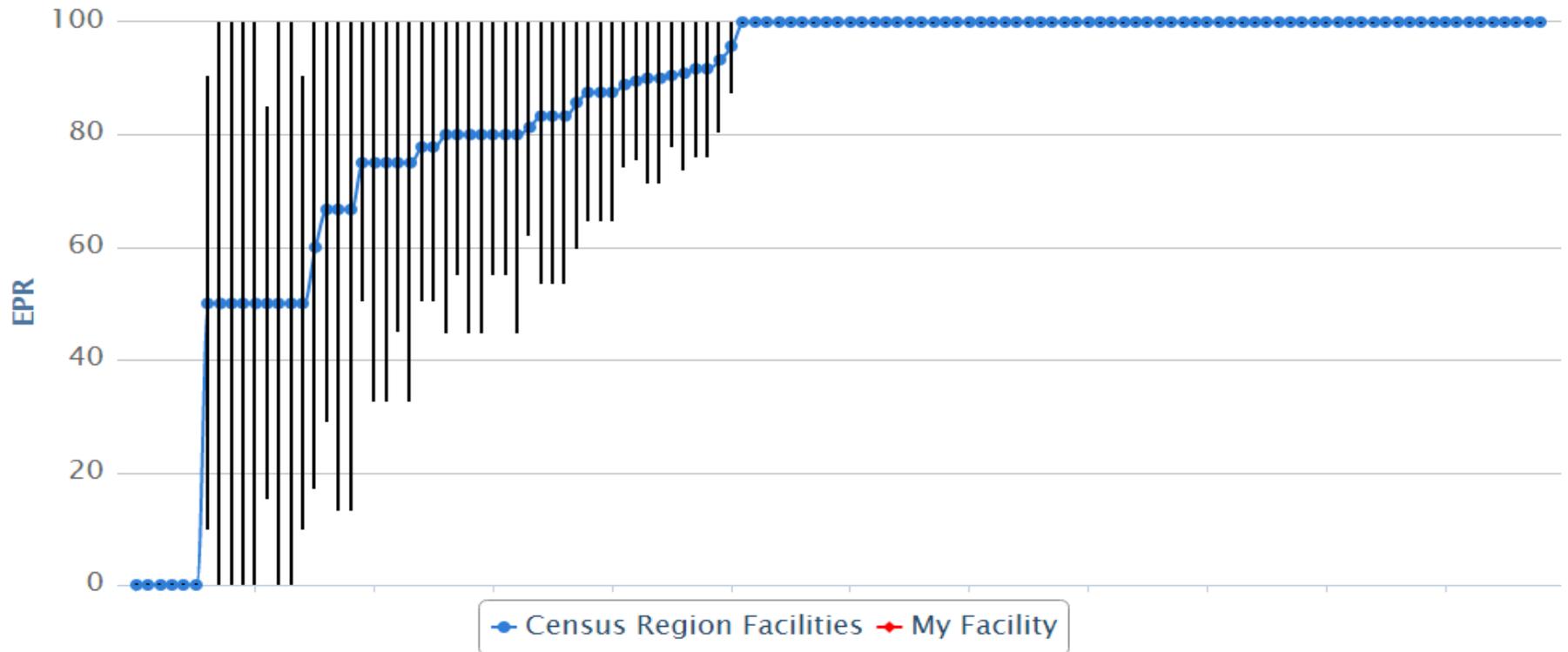
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Quality Measure Reports - Endometrium

- **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, 2014, ENDCTRT: Chemotherapy and/or radiation administered to patients with 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	87.9 %	87.9 %	87.4 %	78.6 %	83 %
Denominator	NA	124	445	277	1011	2820
95 % CI	NA	(82.2,93.6)	(84.9,90.9)	(83.5,91.3)	(76.1,81.1)	(81.6,84.4)

Chemotherapy and/or radiation recommended to patients with Stage IIIC or IV Endometrial cancer. (CP3R data as of 1/13/2017)



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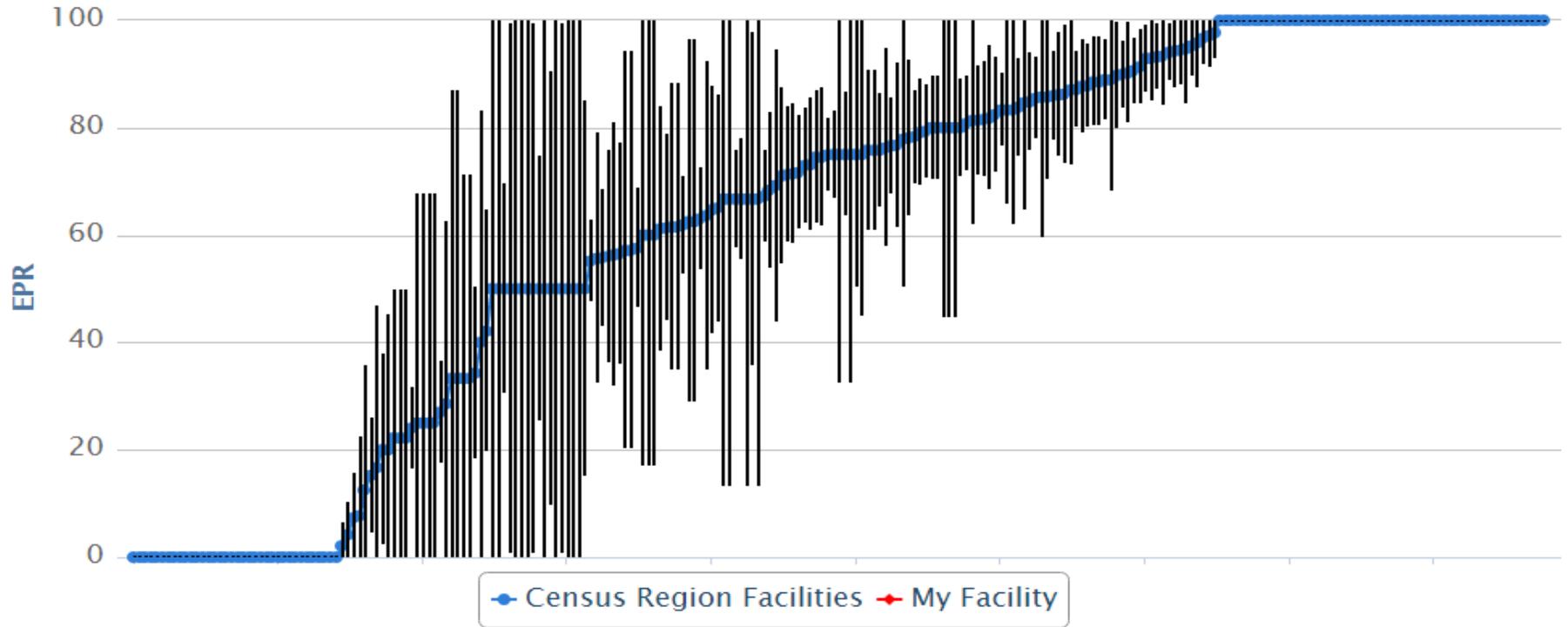
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ENDOMETRIUM, 2014, ENDLRC: Endoscopic, laparoscopic, or robotic surgery performed for all Endometrial cancer (Surveillance)



	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	NA	63.6 %	70.9 %	69.6 %	77.3 %	74.7 %
Denominator	NA	1241	4795	2907	10654	27188
95 % CI	NA	(60.9,66.3)	(69.6,72.2)	(67.9,71.3)	(76.5,78.1)	(74.2,75.2)

Endoscopic, laparoscopic, or robotic surgery performed for all Endometrial cancer (excluding sarcoma and lymphoma), for all stages except stage IV. (CP3R data as of 1/13/2017)



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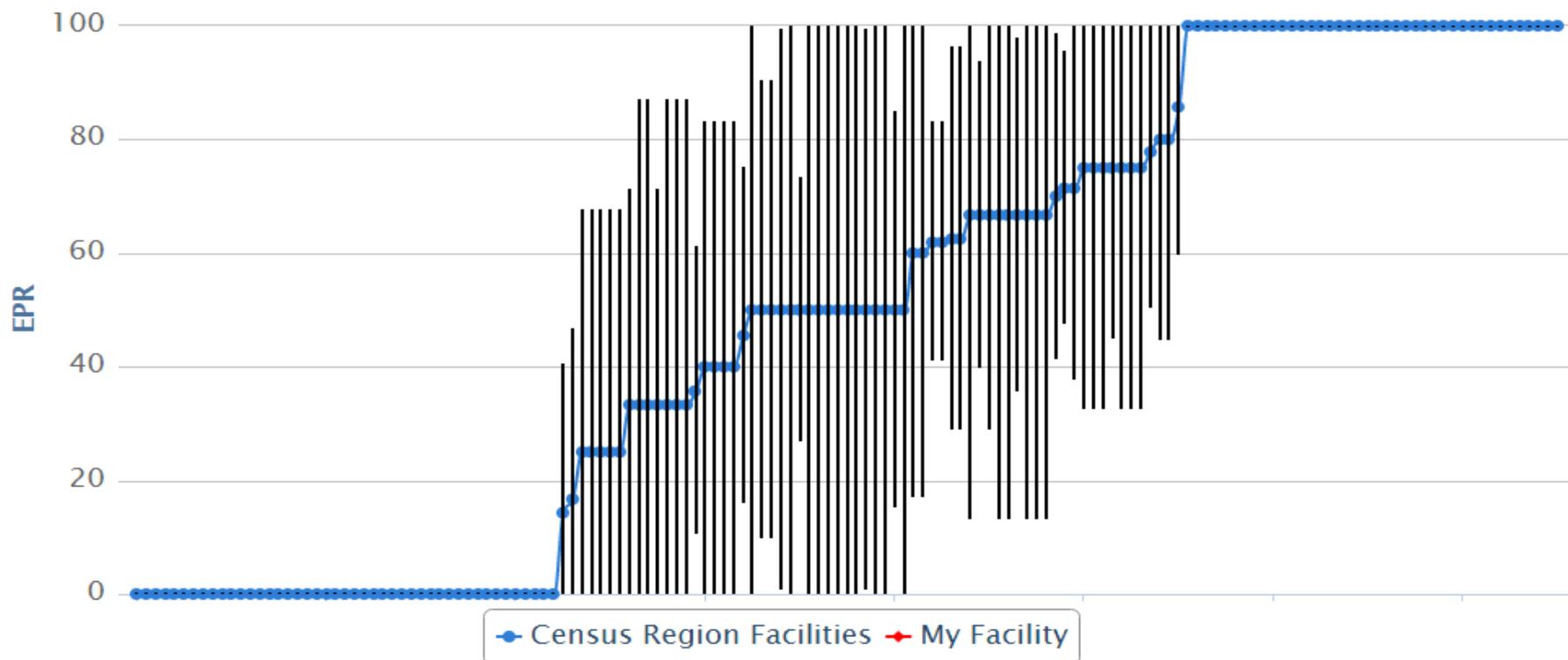
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Quality Measure Reports - Gastric

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



GASTRIC, 2014, 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	50 %	54.9 %	57.8 %	51.1 %	57.7 %
Denominator	NA	84	381	218	945	2764
95 % CI	NA	(39.3,60.7)	(49.9,59.9)	(51.2,64.4)	(47.9,54.3)	(55.9,59.5)

At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer. (CP3R data as of 1/13/2017)



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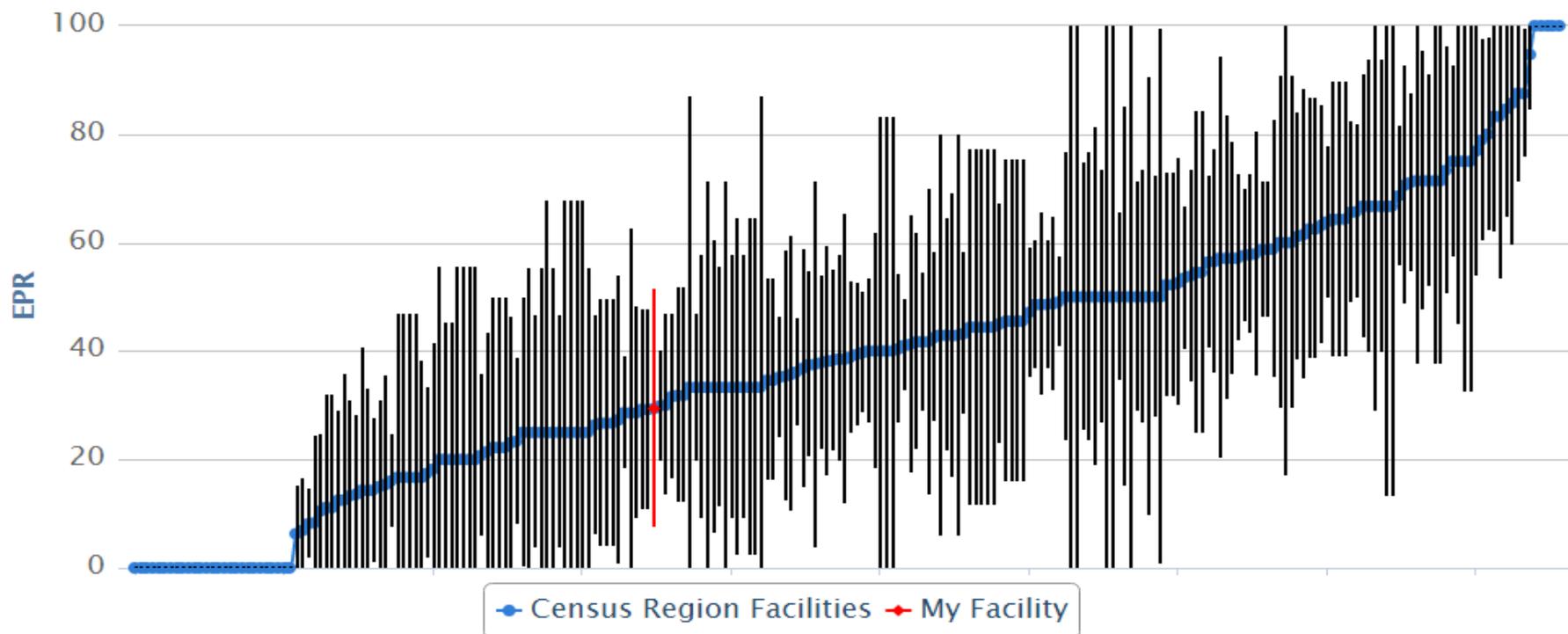
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Quality Measure Reports - Non-Small Cell Lung

- **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, 2014, 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	29.4 %	44.3 %	41.4 %	50.1 %	39.2 %	42.8 %
Denominator	17	1113	3633	2319	8865	20382
95 % CI	(7.7,51.1)	(41.4,47.2)	(39.8,43.0)	(48.1,52.1)	(38.2,40.2)	(42.1,43.5)

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 1/13/2017)



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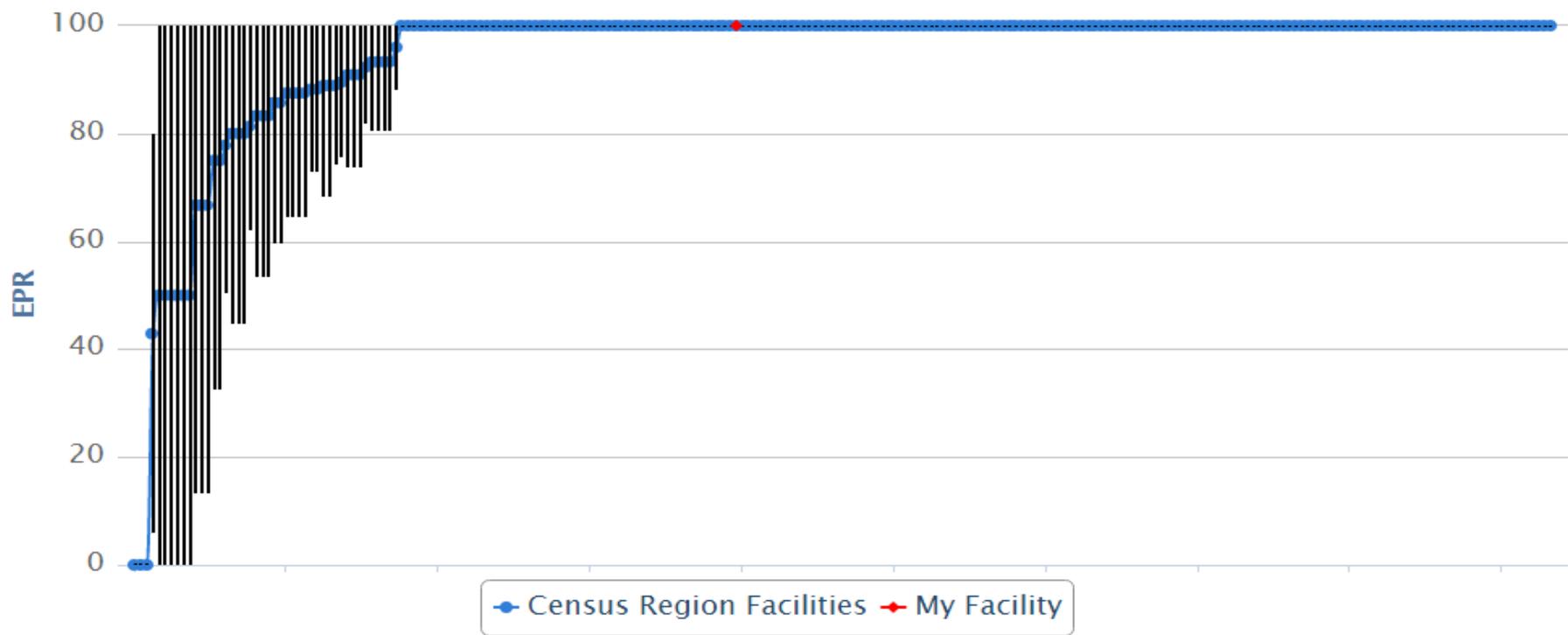
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NSCLC, 2014, LCT: Systemic chemotherapy administered or recommended for pre or postoperatively resected NSCLC (Quality Improvement)



	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 %	95.1 %	95.5 %	95.8 %	91.8 %	92.1 %
Denominator	5	247	801	497	1848	4319
95 % CI	(100.0,100.0)	(92.4,97.8)	(94.1,96.9)	(94.0,97.6)	(90.5,93.1)	(91.3,92.9)

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 1/13/2017)



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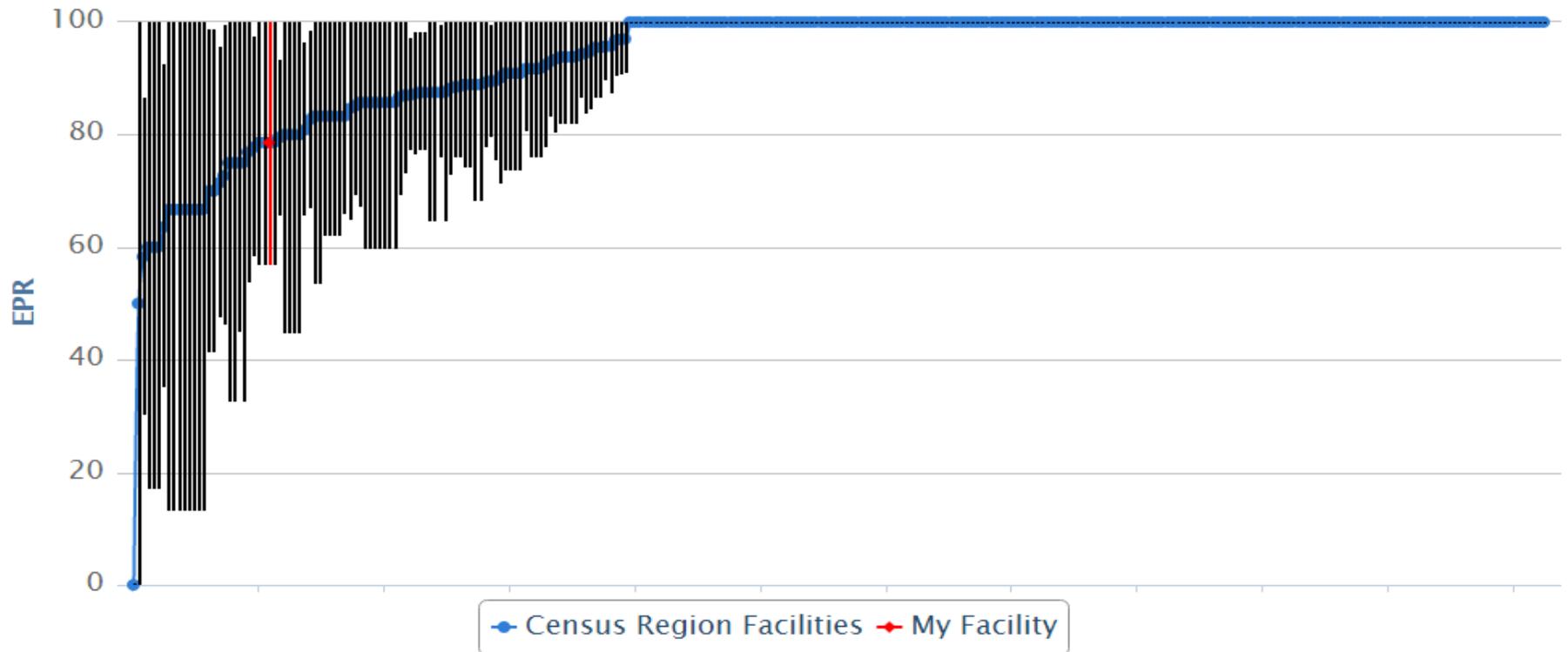
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NSCLC, 2014, LNoSurg: Surgery is not the first course of treatment for NSCLC (Quality Improvement)



	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	78.6 %	92.4 %	92.7 %	94.1 %	92.8 %	92.5 %
Denominator	14	592	1914	1076	4343	9441
95 % CI	(57.1,100.0)	(90.3,94.5)	(91.5,93.9)	(92.7,95.5)	(92.0,93.6)	(92.0,93.0)

Surgery is not the first course of treatment for cN2, M0 cases. (CP3R data as of 1/13/2017)



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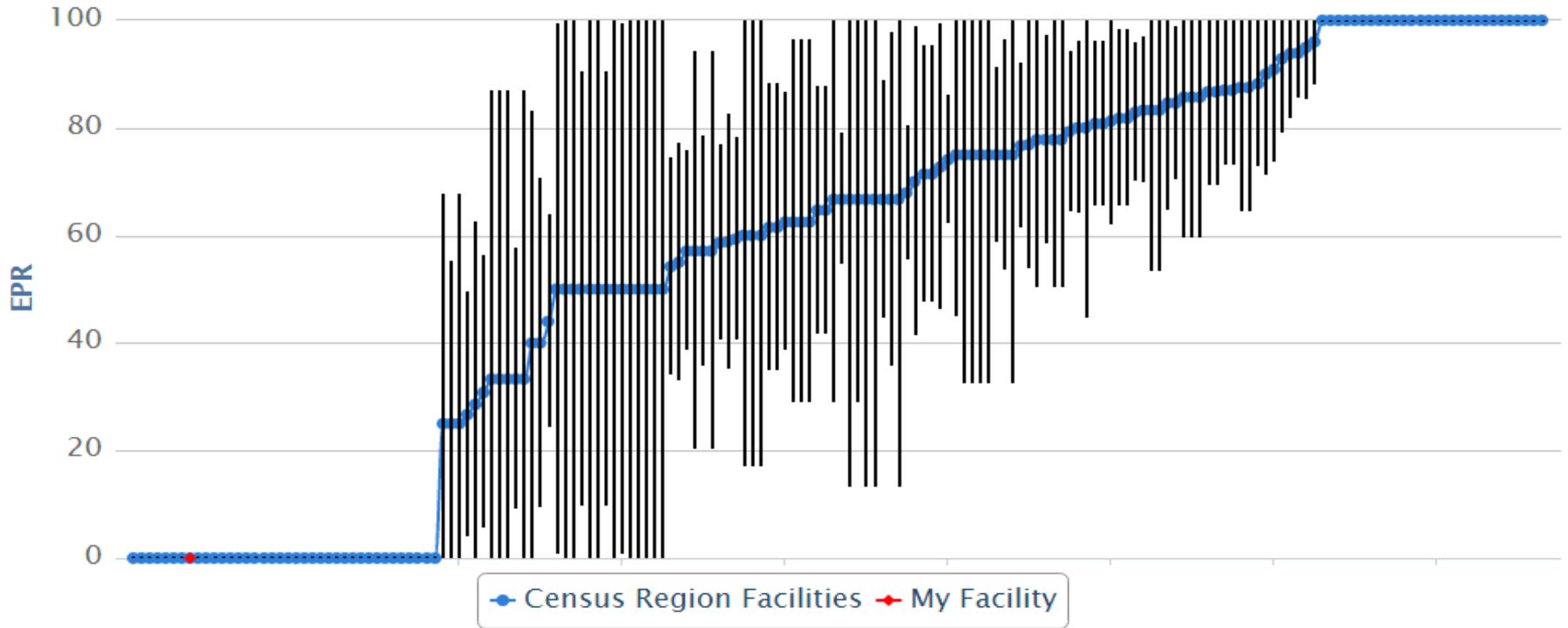
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Quality Measure Reports - Ovary

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



OVARY, 2014, 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 %	74.9 %	71.2 %	74.8 %	72.2 %	71.3 %
Denominator	1	363	1255	782	2837	7384
95 % CI	(0.0,0.0)	(70.4,79.4)	(68.7,73.7)	(71.8,77.8)	(70.6,73.8)	(70.3,72.3)

Salpingo-oophorectomy with omentectomy, debulking; cytoreductive surgery, or pelvic exenteration in Stages I-IIIC Ovarian cancer. (CP3R data as of 1/13/2017)



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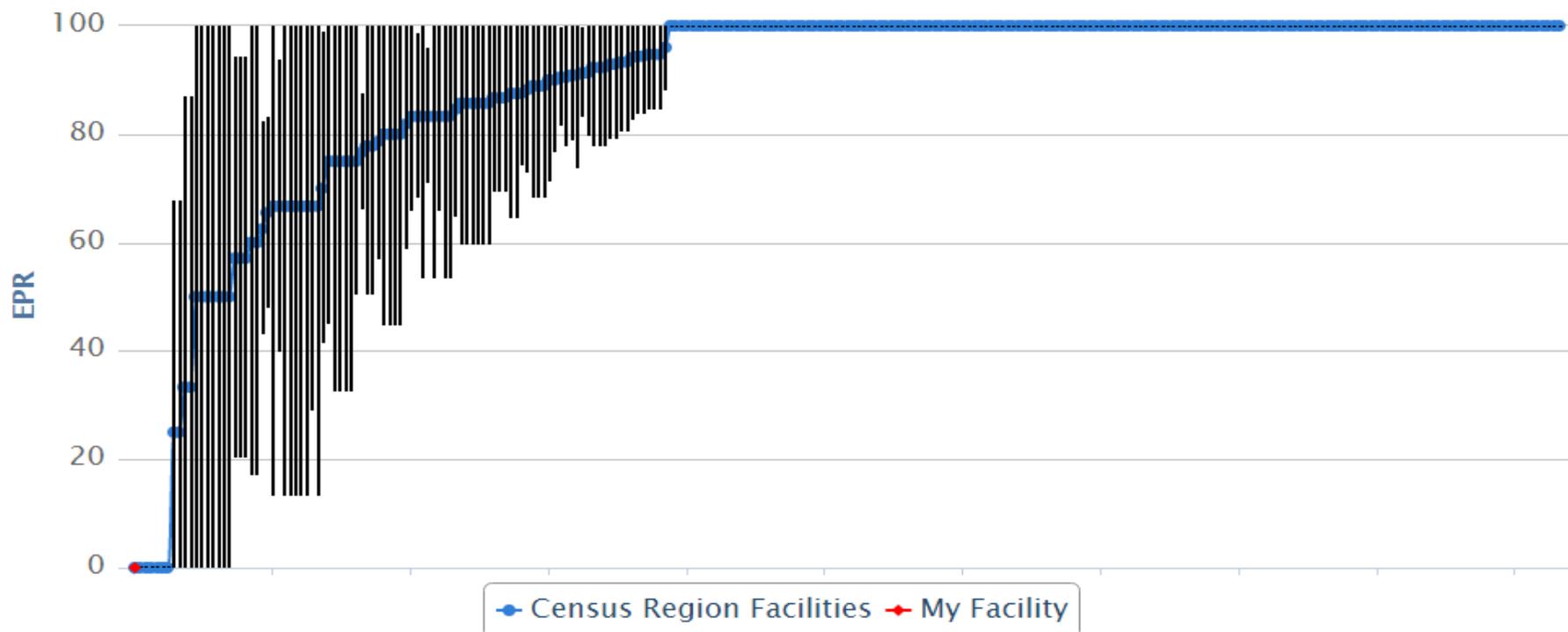
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Quality Measure Reports - Rectum

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



RECTUM, 2014, 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	0 %	87.4 %	87.9 %	89.1 %	87.1 %	88 %
Denominator	1	326	1181	651	2633	6206
95 % CI	(0.0,0.0)	(83.8,91.0)	(86.0,89.8)	(86.7,91.5)	(85.8,88.4)	(87.2,88.8)

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 1/13/2017)



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Volume and Unadjusted 30, 90 Day Mortality After Selected Complex Cancer Operations

- Cystectomy
- Esophagectomy
- Gastrectomy
- Pancreatectomy
- Rectal resection
- Non–Small-Cell Lung Cancer (NSCLC) resection



Methods, 30, 90 Day Mortality

- Resections include FORDs surgery codes 30-80, and Surgery at this Facility only
- Rates are NOT adjusted for any risk factors such as age or stage
- Rates are compared to 30, 90 day mortality for all CoC facilities, and for facilities with at least 30 resections in 2012-2014 diagnosis years (High volume facilities)
- VA and DoD facilities are not included in the calculations for “All CoC” and “CoC High Volume”
- 95% Confidence Intervals are presented for your facility and for all CoC and for high volume facilities. If your facility’s confidence intervals overlap with the all CoC or high volume facilities than your mortality rate is not significantly different from the aggregate rates.

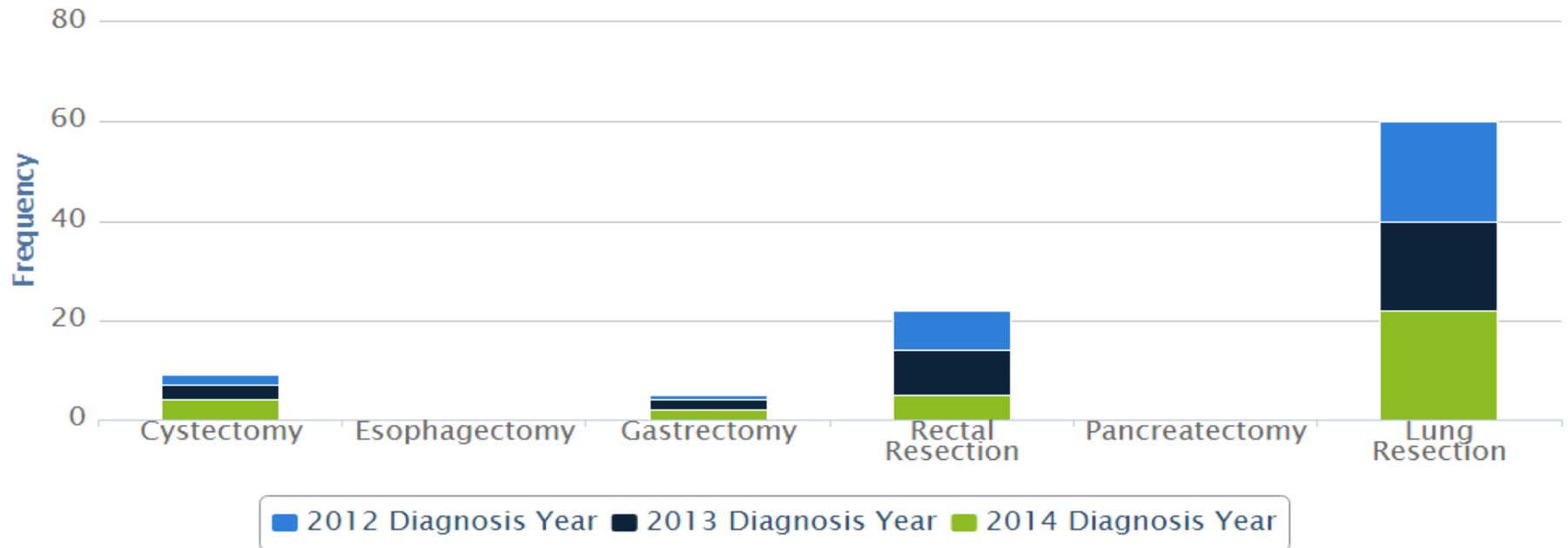


Methods, 30, 90 Day Mortality

- For 30 day mortality, patients who were alive at last contact had to have at least 30 days of follow up from the surgery date to be included in the denominator. Similarly for 90 day mortality, patients who were alive at last contact had to have a least 90 days of follow up from the surgery date. If the denominator for 90 day mortality includes fewer patients than the denominator for 30 day mortality, it means that some patients last known to be alive did not have 90 days of follow up from the surgery date.
- These rates are intended for internal institutional use only, with the goal of better understanding your program's performance while identifying opportunities for improved cancer care.



Number of Major Surgical Resections for Selected Cancers, 2012 - 2014 - My Facility



	Cystectomy	Esophagectomy	Gastrectomy	Rectal Resection	Pancreatectomy	Lung Resection
2012 Diagnosis Year	2	0	1	8	0	20
2013 Diagnosis Year	3	0	2	9	0	18
2014 Diagnosis Year	4	0	2	5	0	22

* includes surgery codes 30-80 only



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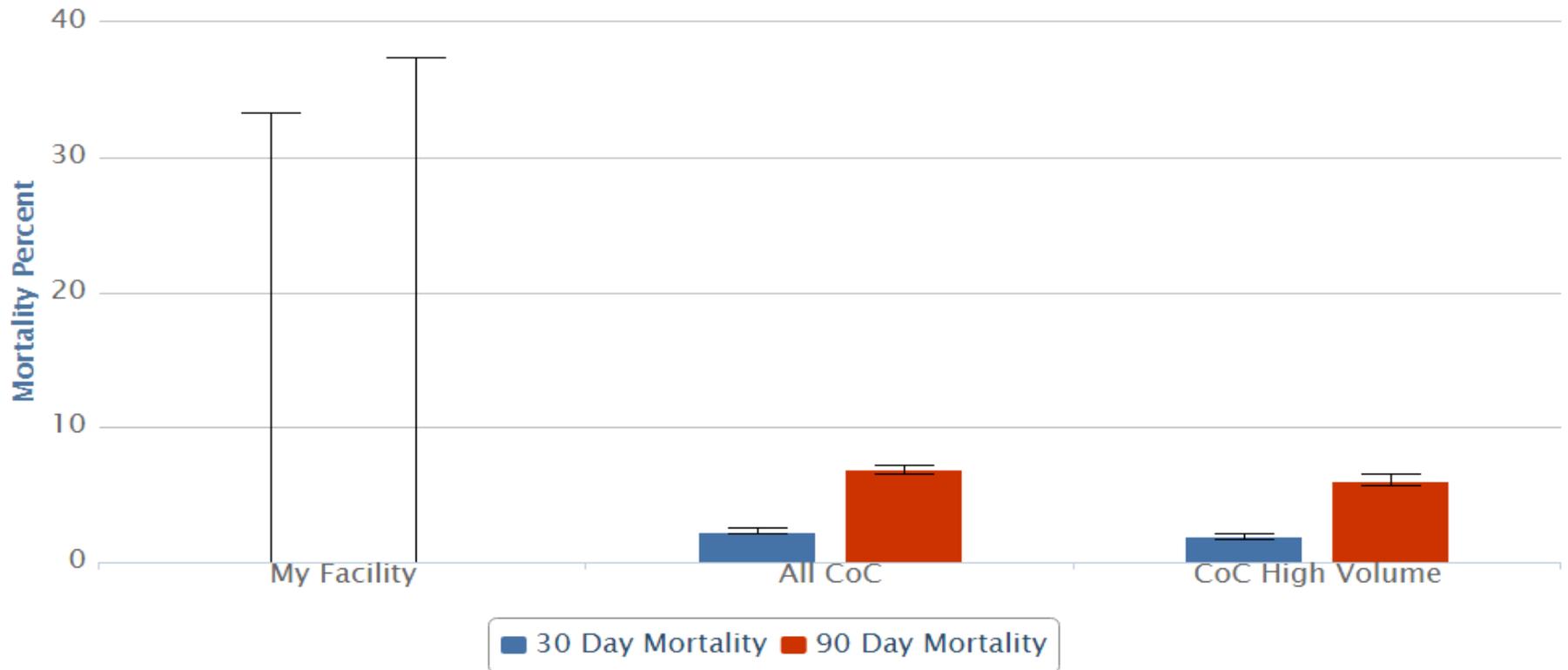
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Cystectomies, Unadjusted 30, 90 Day Mortality, 95% CI, 2012 - 2014 My Facility vs. All CoC and CoC High Volume



	My Facility		All CoC		CoC High Volume	
	30 Day	90 Day	30 Day	90 Day	30 Day	90 Day
Mortality Percent	0.0%	0.0%	2.3%	6.9%	1.9%	6.0%
95 % CI	(0.0,33.3)	(0.0,37.4)	(2.1,2.5)	(6.5,7.2)	(1.7,2.1)	(5.7,6.5)
Deaths	0	0	390	1,120	207	617
Resections	9	8	17,226	16,307	10,839	10,200

*NA No resections, or < 30 or < 90 days of follow up for alive patients



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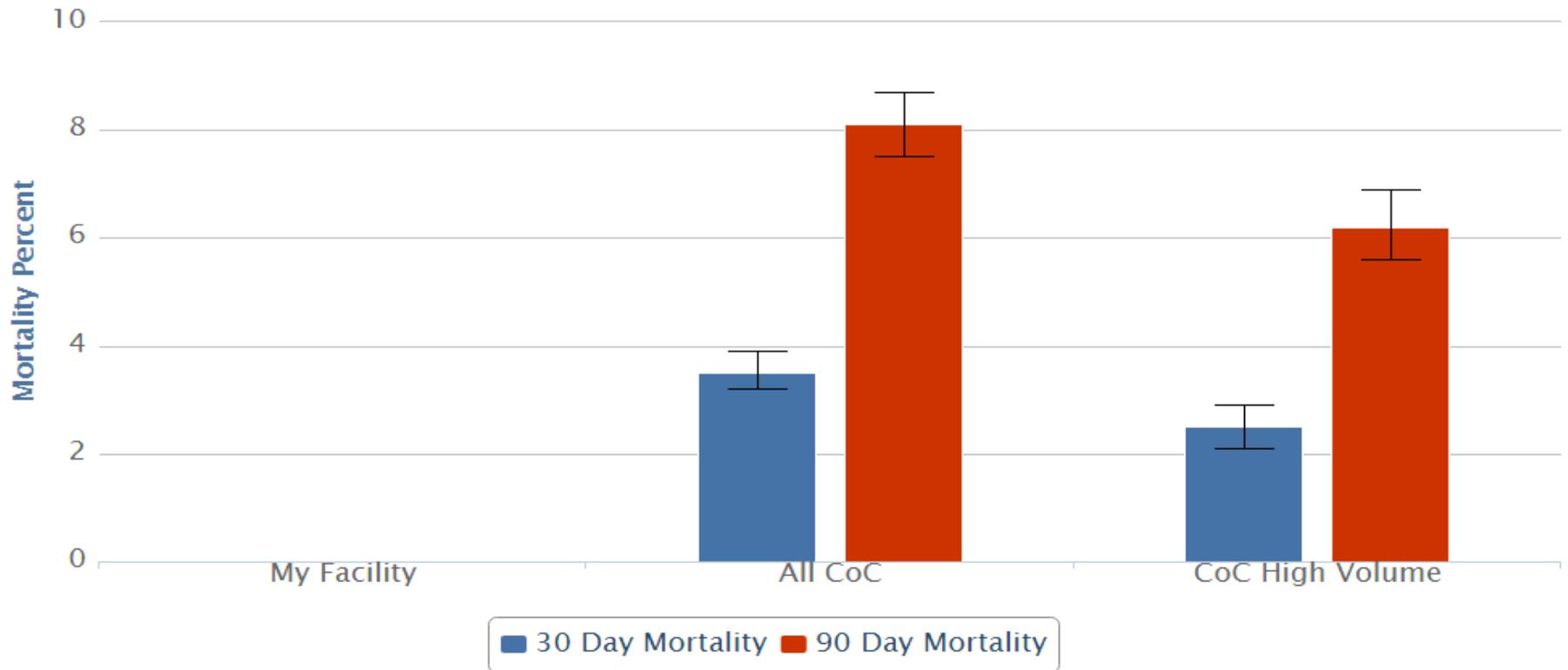
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Esophagectomies, Unadjusted 30, 90 Day Mortality, 95% CI, 2012 - 2014 My Facility vs. All CoC and CoC High Volume



	My Facility		All CoC		CoC High Volume	
	30 Day	90 Day	30 Day	90 Day	30 Day	90 Day
Mortality Percent	*NA	*NA	3.5%	8.1%	2.5%	6.2%
95 % CI	*NA	*NA	(3.2,3.9)	(7.5,8.7)	(2.1,2.9)	(5.6,6.9)
Deaths	*NA	*NA	272	578	102	234
Resections	*NA	*NA	7,670	7,144	4,094	3,769

*NA No resections, or < 30 or < 90 days of follow up for alive patients



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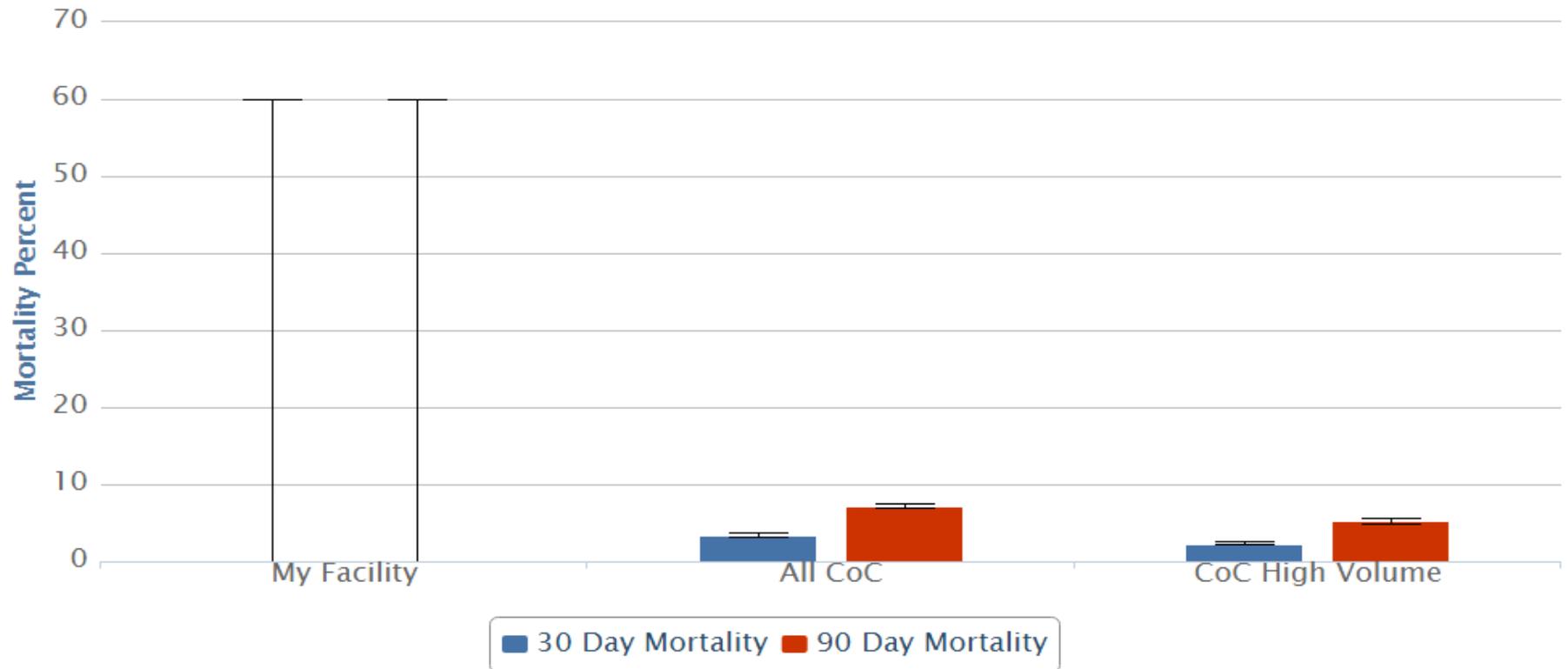
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Gastrectomies, Unadjusted 30, 90 Day Mortality, 95% CI, 2012 - 2014 My Facility vs. All CoC and CoC High Volume



	My Facility		All CoC		CoC High Volume	
	30 Day	90 Day	30 Day	90 Day	30 Day	90 Day
Mortality Percent	0.0%	0.0%	3.4%	7.1%	2.3%	5.2%
95 % CI	(0.0,59.9)	(0.0,59.9)	(3.2,3.7)	(6.8,7.4)	(2.1,2.6)	(4.8,5.6)
Deaths	0	0	656	1,287	244	522
Resections	5	5	19,055	18,157	10,638	10,048

*NA No resections, or < 30 or < 90 days of follow up for alive patients



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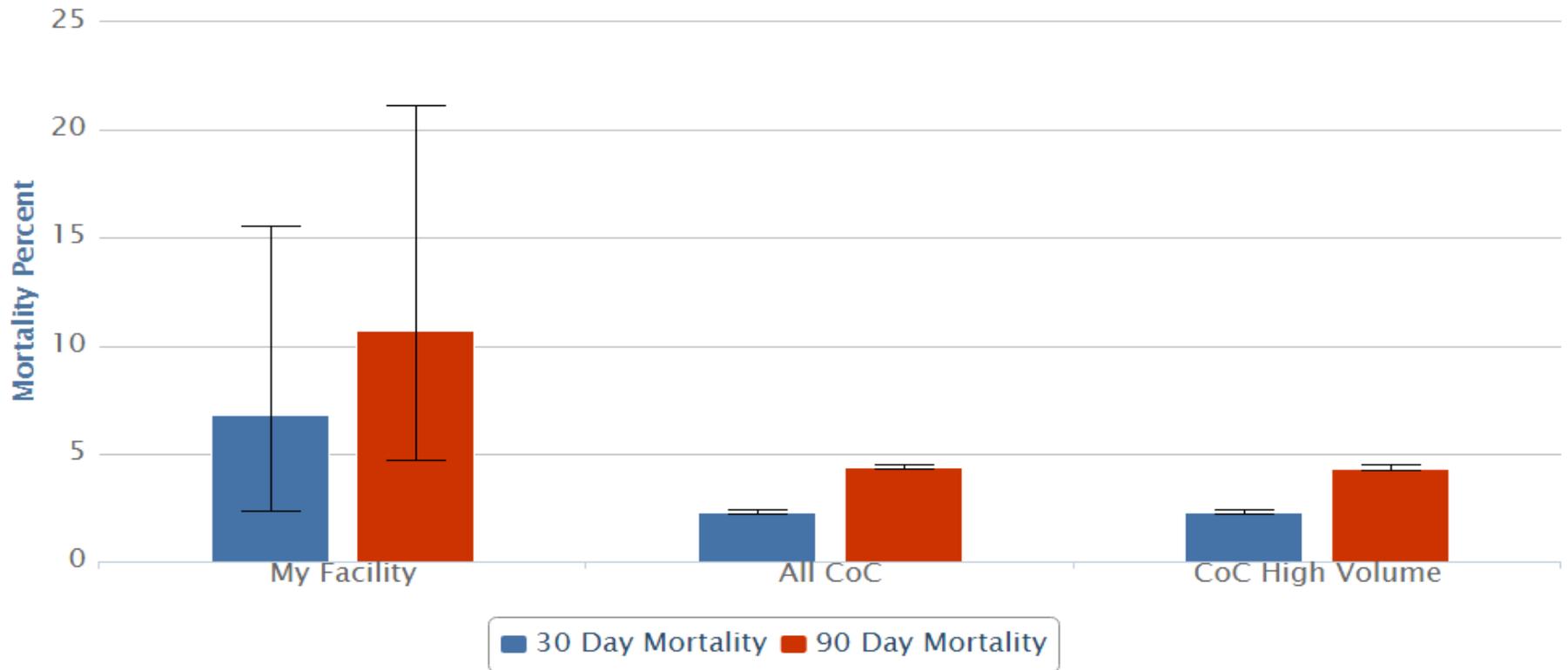
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NSCLC Resections, Unadjusted 30, 90 Day Mortality, 95% CI, 2012-2014 My Facility vs. All CoC and CoC High Volume



	My Facility		All CoC		CoC High Volume	
	30 Day	90 Day	30 Day	90 Day	30 Day	90 Day
Mortality Percent	6.8%	10.7%	2.3%	4.4%	2.3%	4.3%
95 % CI	(2.3,15.5)	(4.7,21.1)	(2.2,2.4)	(4.3,4.5)	(2.2,2.4)	(4.2,4.5)
Deaths	4	6	1,705	3,132	1,542	2,859
Resections	59	56	73,850	71,107	68,338	65,752

*NA No resections, or < 30 or < 90 days of follow up for alive patients



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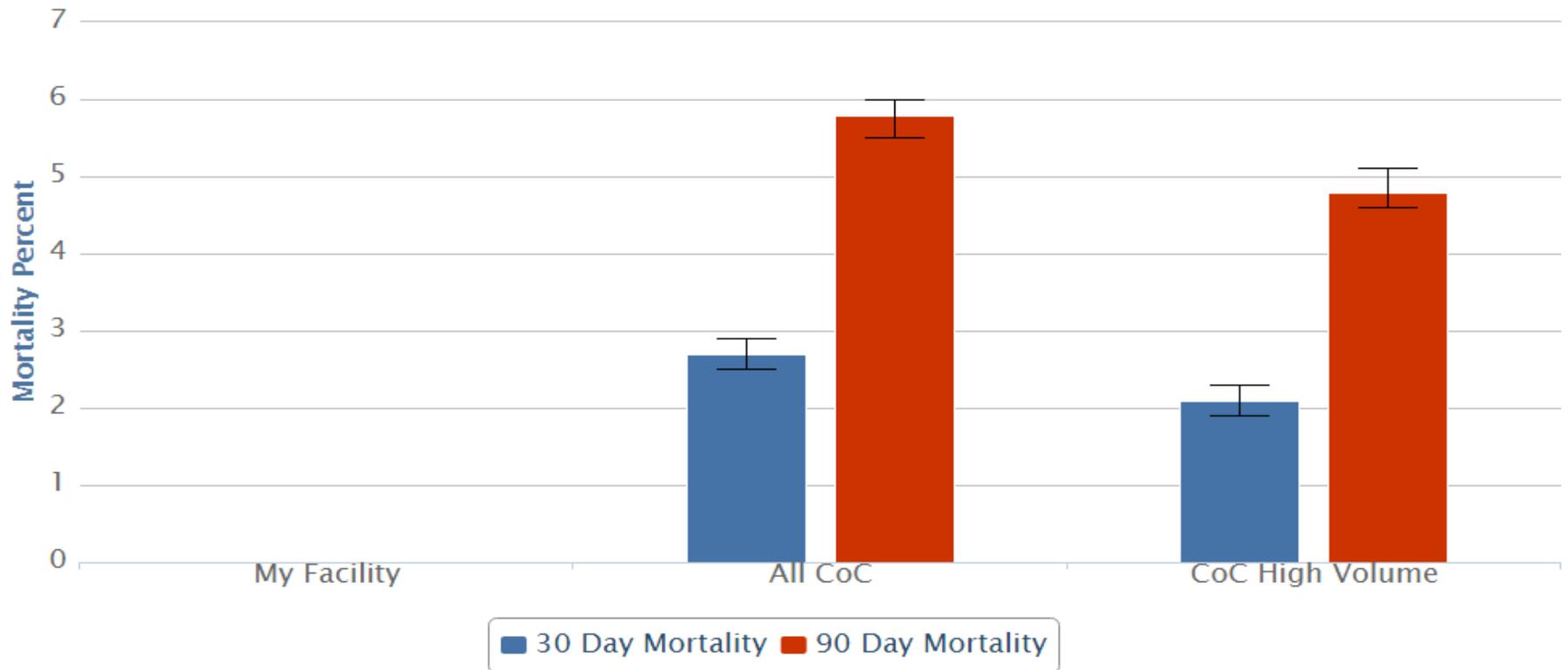
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Pancreatectomies, Unadjusted 30, 90 Day Mortality, 95% CI, 2012 - 2014 My Facility vs. All CoC and CoC High Volume



	My Facility		All CoC		CoC High Volume	
	30 Day	90 Day	30 Day	90 Day	30 Day	90 Day
Mortality Percent	*NA	*NA	2.7%	5.8%	2.1%	4.8%
95 % CI	*NA	*NA	(2.5,2.9)	(5.5,6.0)	(1.9,2.3)	(4.6,5.1)
Deaths	*NA	*NA	584	1,190	359	785
Resections	*NA	*NA	21,593	20,675	17,020	16,247

*NA No resections, or < 30 or < 90 days of follow up for alive patients



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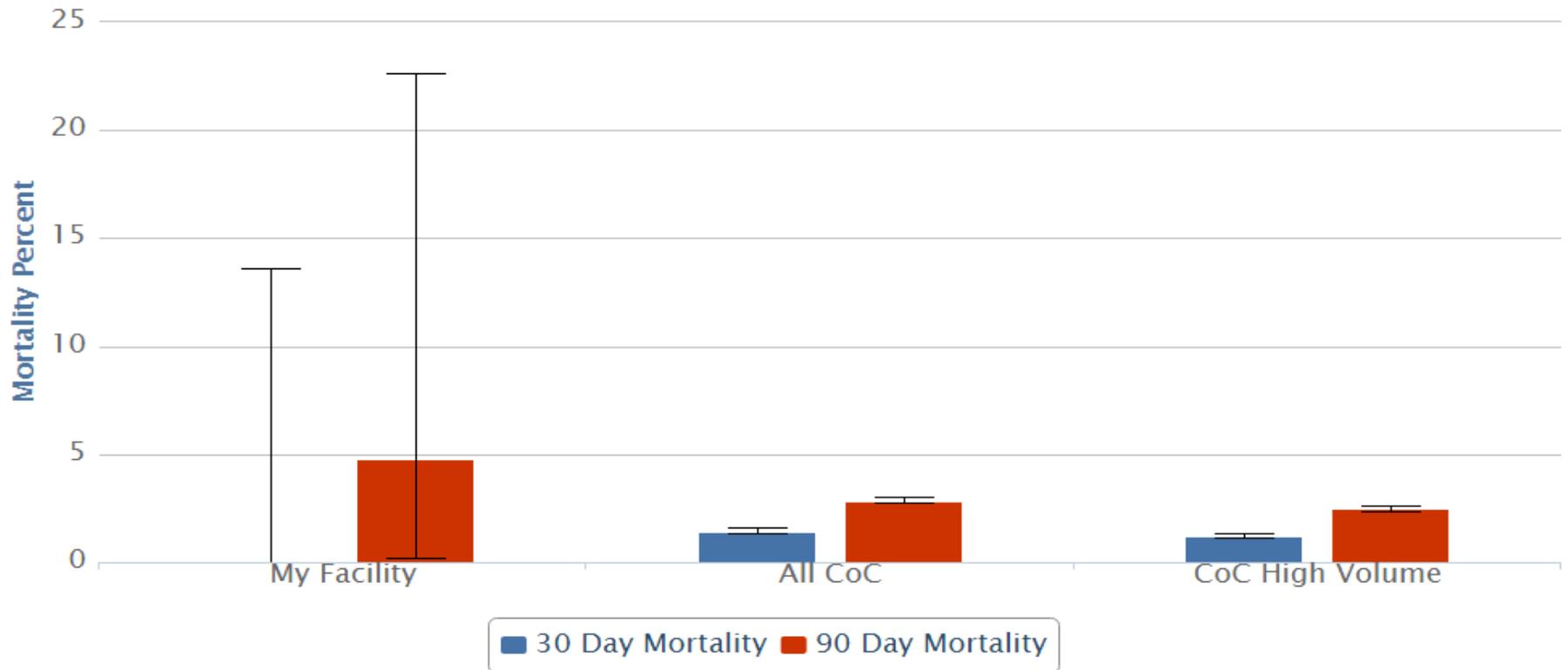
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Rectal Resections, Unadjusted 30, 90 Day Mortality, 95% CI, 2012 - 2014 My Facility vs. All CoC and CoC High Volume



	My Facility		All CoC		CoC High Volume	
	30 Day	90 Day	30 Day	90 Day	30 Day	90 Day
Mortality Percent	0.0%	4.8%	1.4%	2.8%	1.2%	2.5%
95 % CI	(0.0,13.6)	(0.2,22.6)	(1.3,1.6)	(2.7,3.0)	(1.1,1.3)	(2.3,2.6)
Deaths	0	1	484	888	288	547
Resections	22	21	33,474	31,496	23,777	22,293

*NA No resections, or < 30 or < 90 days of follow up for alive patients



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