



AMERICAN COLLEGE OF SURGEONS

Inspiring Quality:  
Highest Standards, Better Outcomes

CQIP

Cancer Quality Improvement Program



Commission  
on Cancer®

# CQIP

## Cancer Quality Improvement Program Mercy Medical Center Redding

6932520

Redding, CA



# Annual Report 2018

Updated March 2019

# Table of Contents

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

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

[Slide #46: Surgical Volume and Unadjusted 30, 90 Day Mortality After Complex Operations](#)

[Slide #56: Survival Reports](#)

[Slide #71: Breast Cancer - Additional Reports](#)

[Slide #81: Colon Cancer - Additional Reports](#)

[Slide #89: Non-Small-Cell Lung Cancer \(NSCLC\) - Additional Reports](#)

[Slide #98: Prostate Cancer - Additional Reports](#)

[Slide #108: Melanoma of the Skin Cancer - Additional Reports](#)

[Slide #116: Commission on Cancer](#)



# 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
- 2018 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

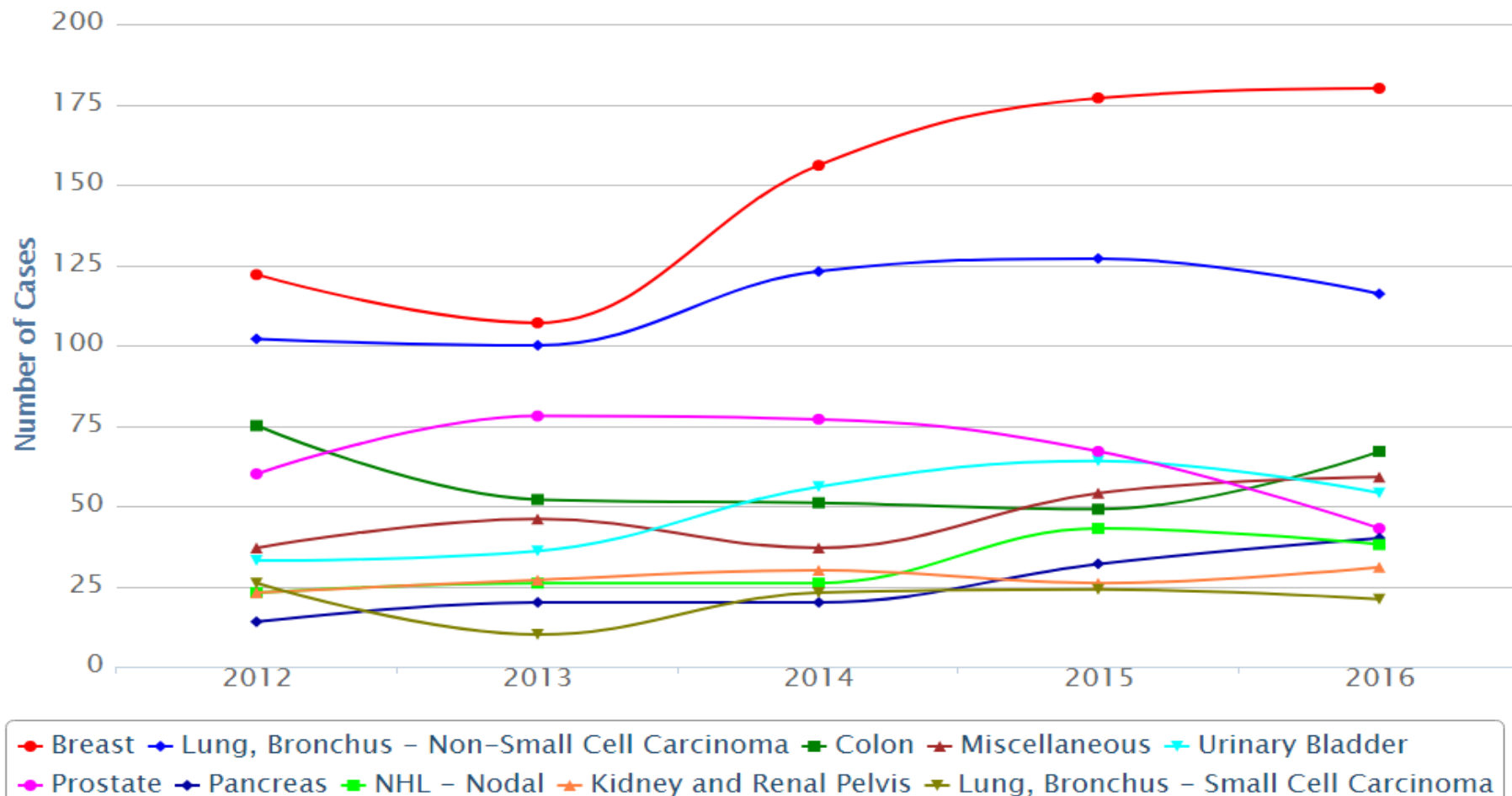
- Total Case Volume Over Time, 2012 – 2016 \*
- Insurance Status, 2013 – 2016 (including CoC comparison)

## Cancer Program In/Out Migration

- Total In/Out Migration, 2012– 2016 - My Facility
- In/Out Migration by Insurance Status, 2016 - My Facility

\* Some facilities may see “Cranial Nerves Other” as one of their top ten cancer sites for case volume in the 2018 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, 2012 - 2016 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



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

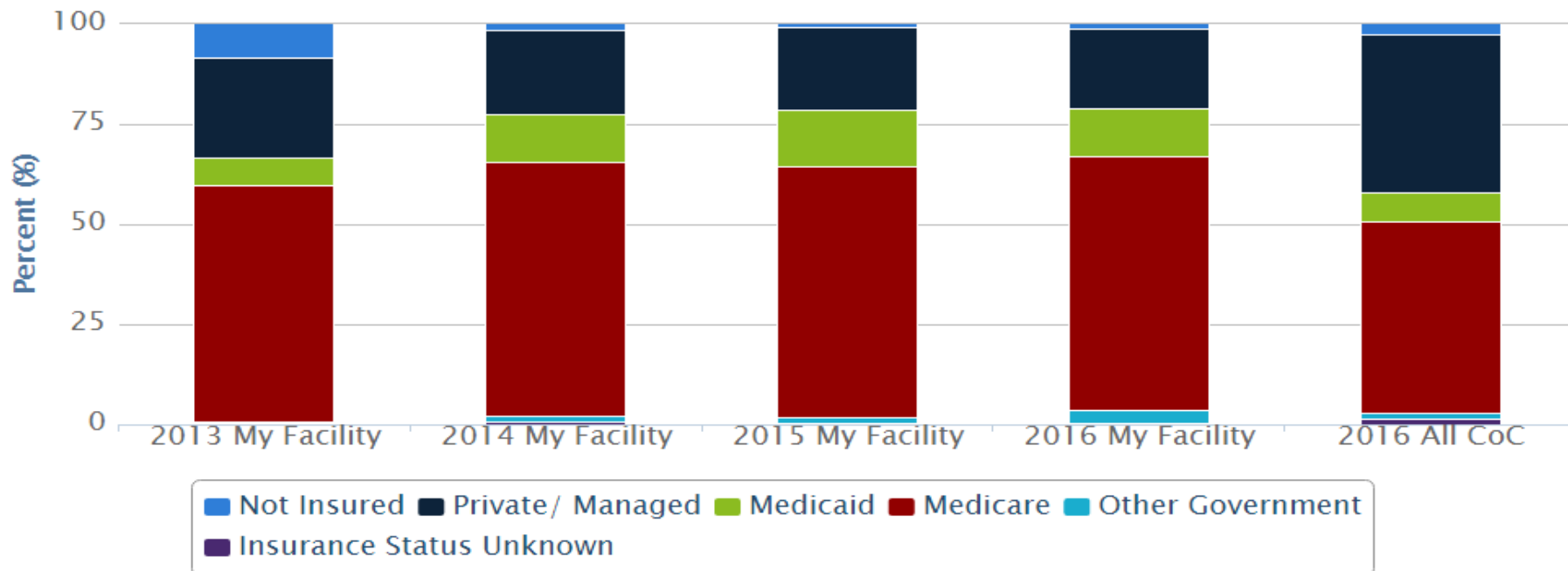
# Cancer Program Total Case Volume, 2012 - 2016 My Facility

|  | 2012 | 2013 | 2014 | 2015 | 2016 |
|--|------|------|------|------|------|
| <b>Breast</b>                                    | 122  | 107  | 156  | 177  | 180  |
| <b>Lung, Bronchus - Non-Small Cell Carcinoma</b> | 102  | 100  | 123  | 127  | 116  |
| <b>Colon</b>                                     | 75   | 52   | 51   | 49   | 67   |
| <b>Miscellaneous</b>                             | 37   | 46   | 37   | 54   | 59   |
| <b>Urinary Bladder</b>                           | 33   | 36   | 56   | 64   | 54   |
| <b>Prostate</b>                                  | 60   | 78   | 77   | 67   | 43   |
| <b>Pancreas</b>                                  | 14   | 20   | 20   | 32   | 40   |
| <b>NHL - Nodal</b>                               | 23   | 26   | 26   | 43   | 38   |
| <b>Kidney and Renal Pelvis</b>                   | 23   | 27   | 30   | 26   | 31   |
| <b>Lung, Bronchus - Small Cell Carcinoma</b>     | 26   | 10   | 23   | 24   | 21   |
| <b>All Other Sites</b>                           | 264  | 258  | 274  | 277  | 275  |
| <b>TOTAL</b>                                     | 779  | 760  | 873  | 940  | 924  |

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

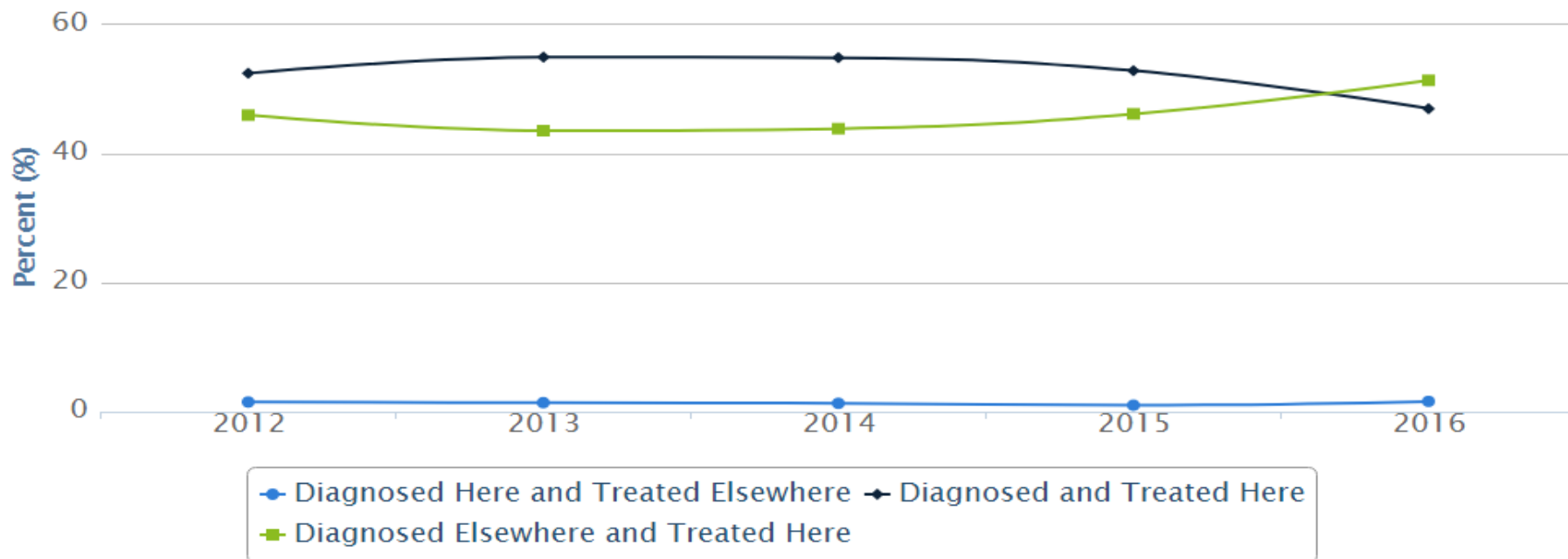


# Insurance Status, 2013 - 2016 - My Facility vs. All CoC



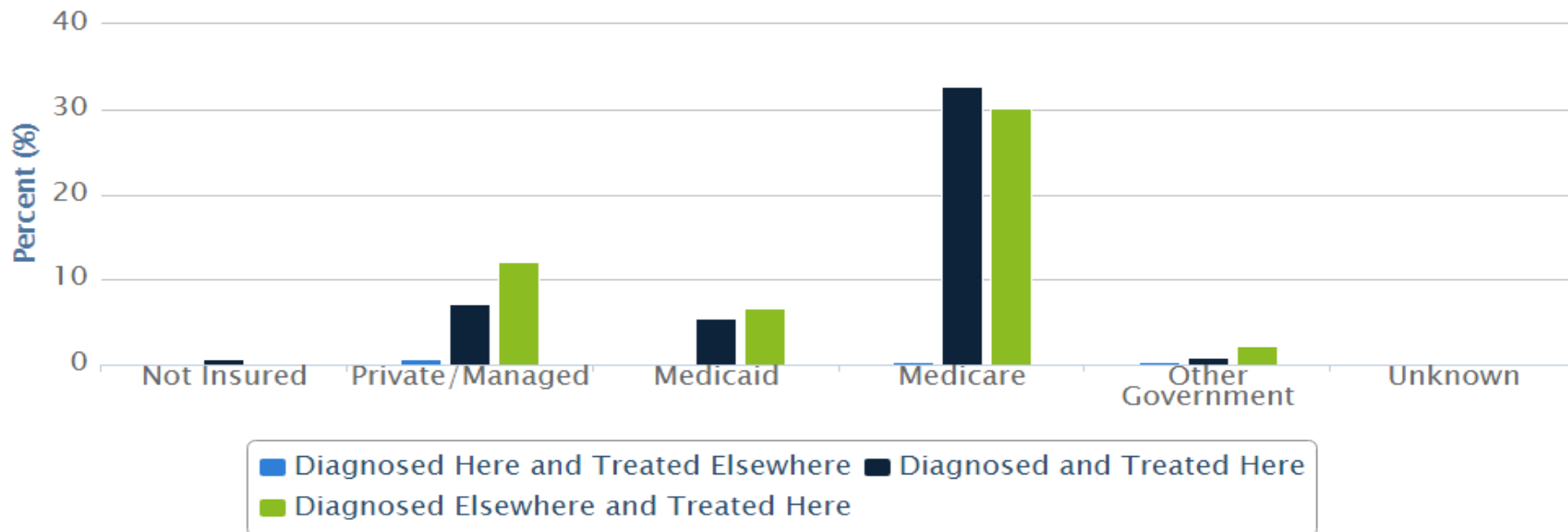
|                                 | 2013 My Facility | 2014 My Facility | 2015 My Facility | 2016 My Facility | 2016 All CoC      |
|---------------------------------|------------------|------------------|------------------|------------------|-------------------|
| <b>Not Insured</b>              | 8.3 % (n=63)     | 1.6 % (n=14)     | 0.7 % (n=7)      | 1 % (n=9)        | 2.3 % (n=28387)   |
| <b>Private/ Managed</b>         | 24.9 % (n=189)   | 20.7 % (n=181)   | 20.6 % (n=194)   | 19.9 % (n=184)   | 39.6 % (n=491816) |
| <b>Medicaid</b>                 | 7.1 % (n=54)     | 12 % (n=105)     | 14.3 % (n=134)   | 12.2 % (n=113)   | 7.1 % (n=88754)   |
| <b>Medicare</b>                 | 58.8 % (n=447)   | 63.7 % (n=556)   | 62.7 % (n=589)   | 63.2 % (n=584)   | 48.1 % (n=597286) |
| <b>Other Government</b>         | 0.5 % (n=4)      | 1.3 % (n=11)     | 1.4 % (n=13)     | 3.4 % (n=31)     | 1.5 % (n=19180)   |
| <b>Insurance Status Unknown</b> | 0.4 % (n=3)      | 0.7 % (n=6)      | 0.3 % (n=3)      | 0.3 % (n=3)      | 1.3 % (n=16245)   |

# Total In/Out Migration, 2012 - 2016 - My Facility



|                                      | 2012           | 2013           | 2014           | 2015           | 2016           |
|--------------------------------------|----------------|----------------|----------------|----------------|----------------|
| Diagnosed Here and Treated Elsewhere | 1.5 % (n=12)   | 1.4 % (n=11)   | 1.3 % (n=11)   | 1 % (n=9)      | 1.6 % (n=15)   |
| Diagnosed and Treated Here           | 52.5 % (n=409) | 55 % (n=418)   | 54.9 % (n=479) | 52.9 % (n=497) | 47 % (n=434)   |
| Diagnosed Elsewhere and Treated Here | 46 % (n=358)   | 43.6 % (n=331) | 43.9 % (n=383) | 46.2 % (n=434) | 51.4 % (n=475) |

# In/Out Migration by Insurance Status, 2016 - My Facility



|                                      | Not Insured | Private/Managed | Medicaid     | Medicare       | Other Government | Unknown     |
|--------------------------------------|-------------|-----------------|--------------|----------------|------------------|-------------|
| Diagnosed Here and Treated Elsewhere | 0.1 % (n=1) | 0.6 % (n=6)     | 0.1 % (n=1)  | 0.4 % (n=4)    | 0.3 % (n=3)      | 0 % (n=0)   |
| Diagnosed and Treated Here           | 0.6 % (n=6) | 7.1 % (n=66)    | 5.5 % (n=51) | 32.6 % (n=301) | 0.9 % (n=8)      | 0.2 % (n=2) |
| Diagnosed Elsewhere and Treated Here | 0.2 % (n=2) | 12.1 % (n=112)  | 6.6 % (n=61) | 30.2 % (n=279) | 2.2 % (n=20)     | 0.1 % (n=1) |

# 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 (CP<sup>3</sup>R ) 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 Database (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.**



100+ years

AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

CQIP

Cancer Quality Improvement Program

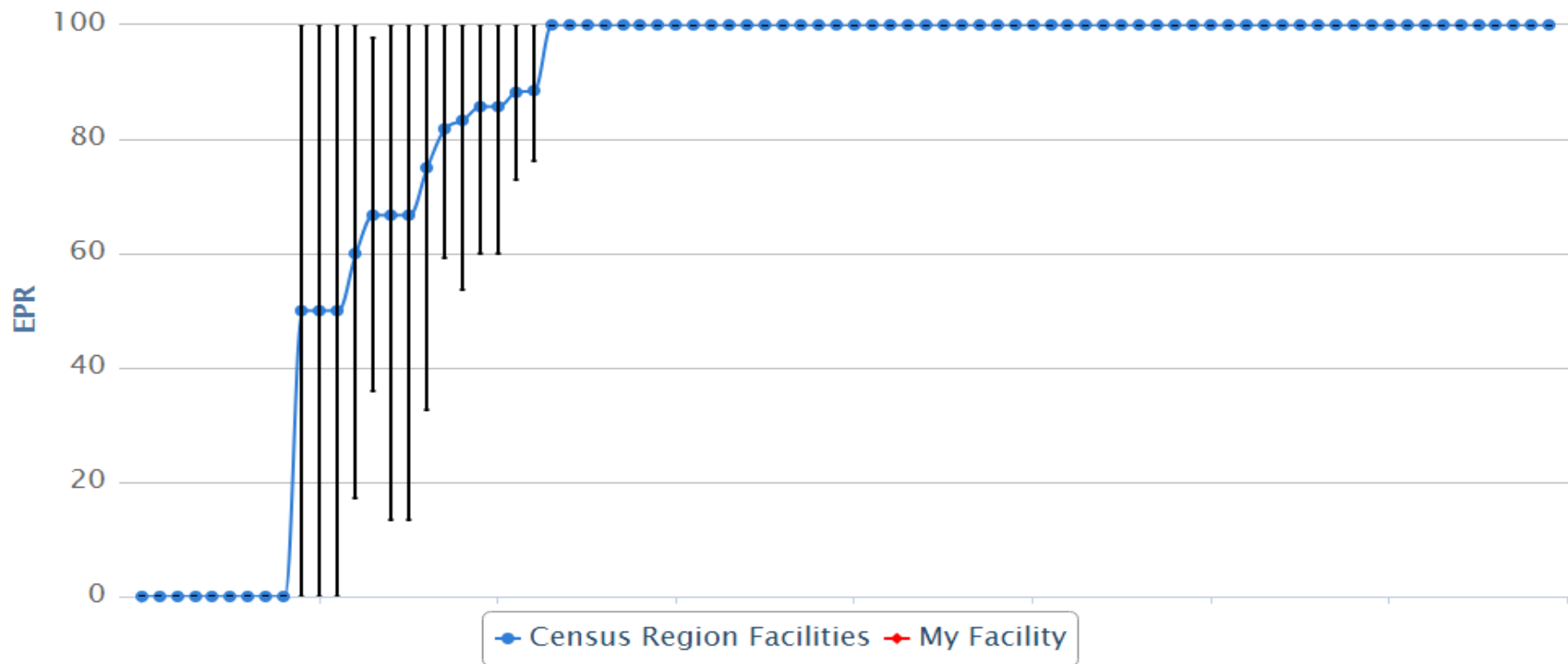


© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# 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, 2016, BL2RLN: At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy (Surveillance)



|                         | My Program | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | NA         | 91.3 %        | 90.3 %                     | 90.2 %               | 88.7 %                     | 93.1 %           |
| <b>Denominator</b>      | NA         | 126           | 237                        | 246                  | 567                        | 2187             |
| <b>95 % CI</b>          | NA         | (86.4,96.2)   | (86.5,94.1)                | (86.5,93.9)          | (86.1,91.3)                | (92.0,94.2)      |

At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy. (CP3R data as of 02/14/2019)



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

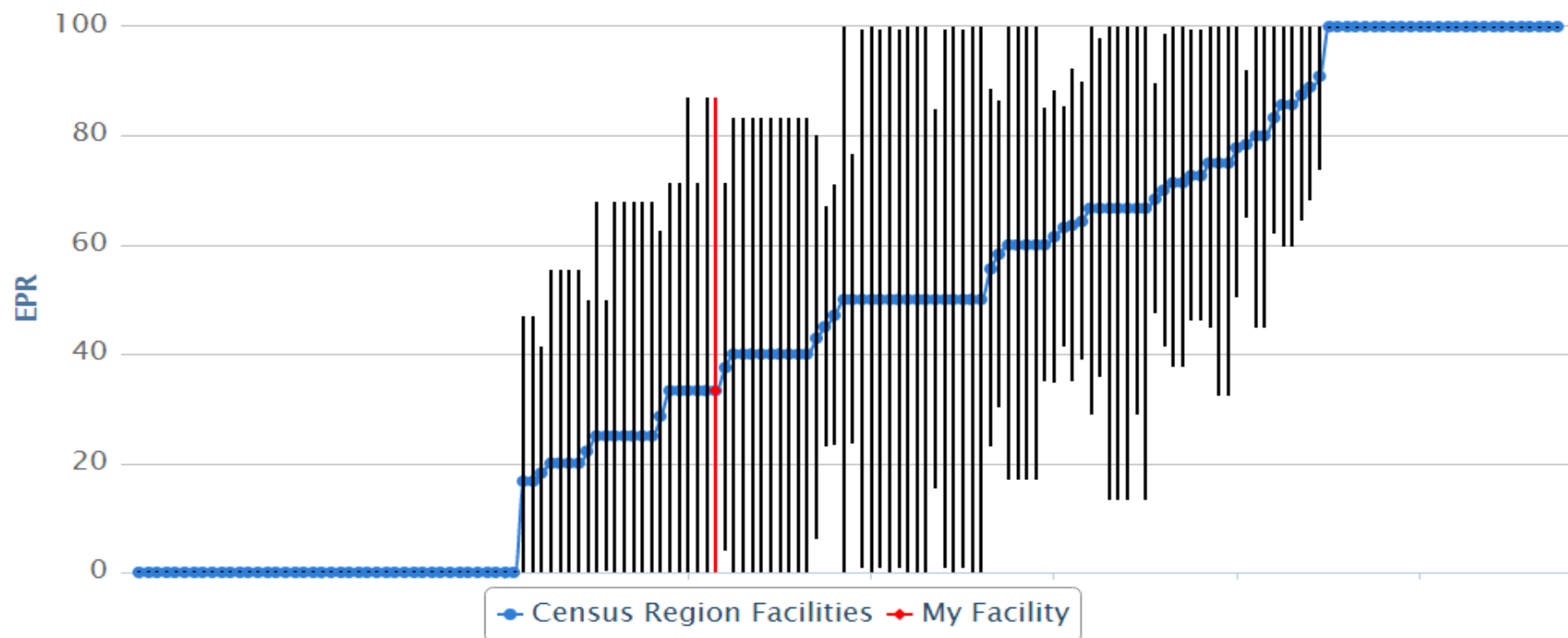
CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Bladder, 2016, 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 (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | 33.3 %     | 45.6 %        | 51.6 %                     | 51.1 %               | 51.7 %                     | 55.3 %           |
| <b>Denominator</b>      | 3          | 344           | 568                        | 593                  | 1761                       | 4817             |
| <b>95 % CI</b>          | (0.0,86.6) | (40.3,50.9)   | (47.5,55.7)                | (47.1,55.1)          | (49.4,54.0)                | (53.9,56.7)      |

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 02/14/2019)



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

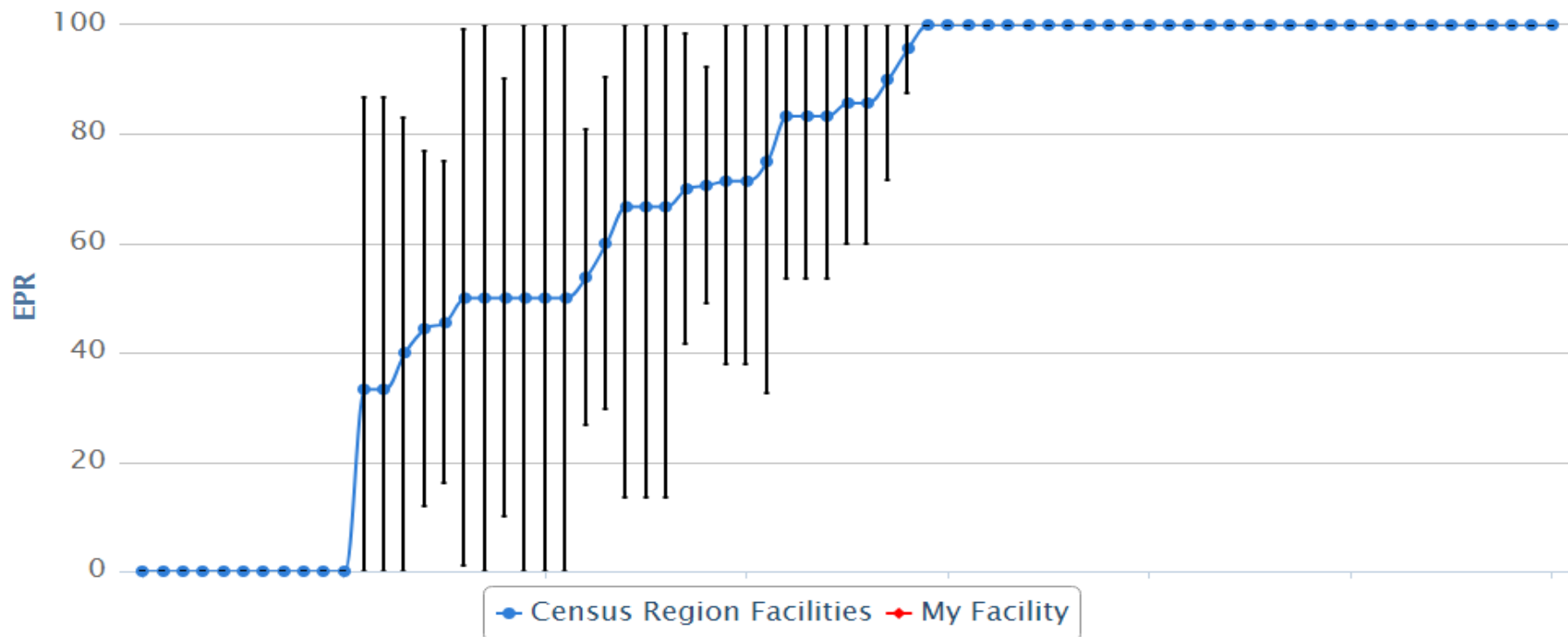
CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Bladder, 2016, BLCT: Neo-adjuvant or adjuvant chemotherapy offered or administered for patients with muscle invasive cancer undergoing radical cystectomy (Surveillance)



|                         | My Program | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | NA         | 70.3 %        | 73.3 %                     | 73.7 %               | 70.2 %                     | 68.7 %           |
| <b>Denominator</b>      | NA         | 101           | 202                        | 209                  | 506                        | 2004             |
| <b>95 % CI</b>          | NA         | (61.4,79.2)   | (67.2,79.4)                | (67.7,79.7)          | (66.2,74.2)                | (66.7,70.7)      |

Neo-adjuvant or adjuvant chemotherapy offered or administered for patients with muscle invasive cancer undergoing radical cystectomy.  
(CP3R data as of 02/14/2019)

# 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



100+ years

AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

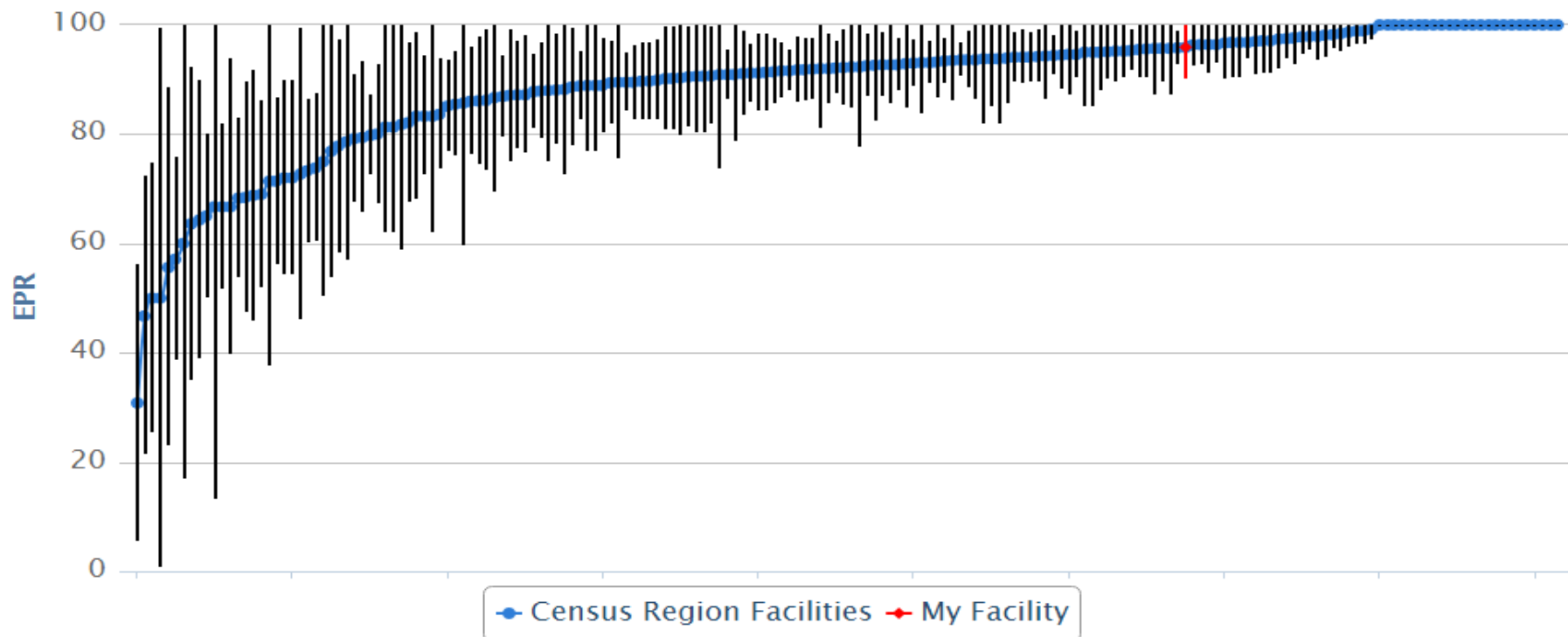
CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

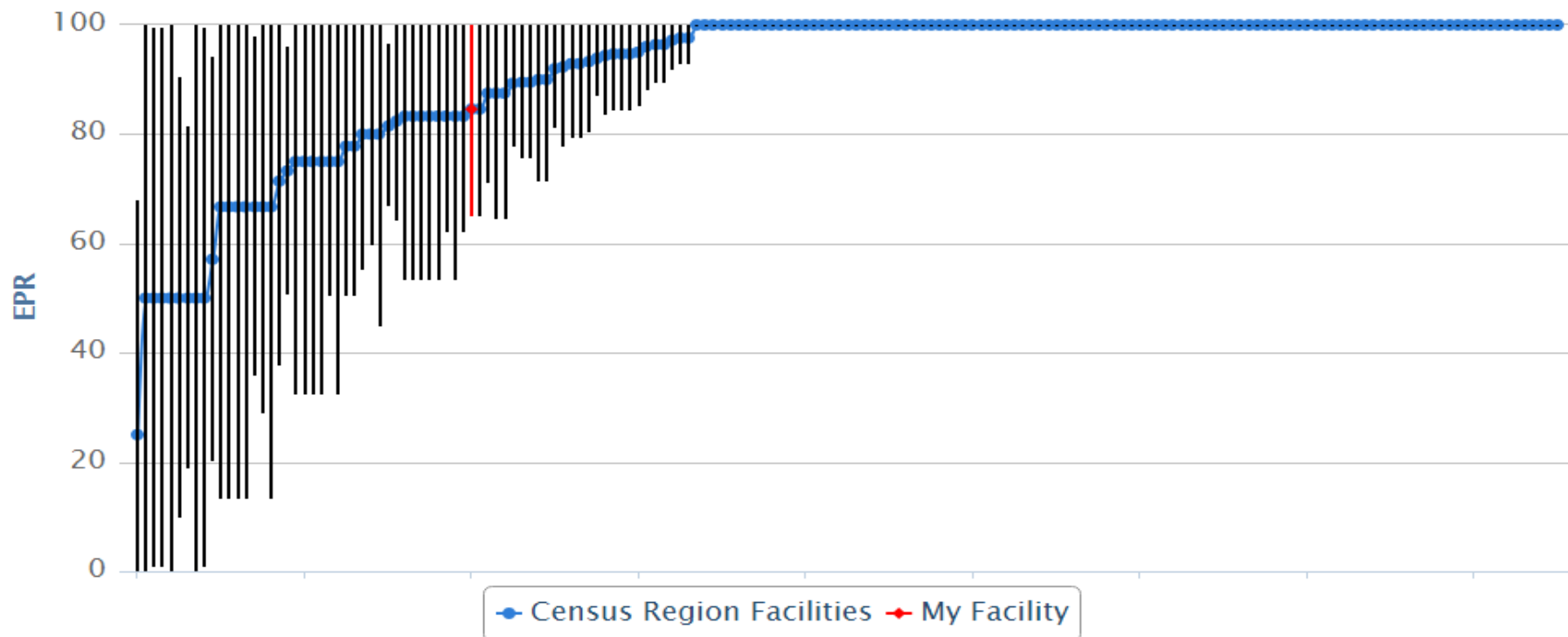
# BREAST, 2016, BCSRT: Breast radiation after breast conserving surgery (NQF 0219 - Accountability)



|                         | My Program   | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|--------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | 95.9 %       | 89.7 %        | 90.9 %                     | 90.8 %               | 92 %                       | 91.8 %           |
| <b>Denominator</b>      | 49           | 4793          | 7711                       | 7955                 | 25754                      | 59705            |
| <b>95 % CI</b>          | (90.3,100.0) | (88.8,90.6)   | (90.3,91.5)                | (90.2,91.4)          | (91.7,92.3)                | (91.6,92.0)      |

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 02/14/2019)

# BREAST, 2016, MAC: Combination chemotherapy for hormone receptor negative breast cancer (NQF 0559 - Accountability)



|                         | My Program   | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|--------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | 84.6 %       | 90.3 %        | 92.5 %                     | 92.6 %               | 93.3 %                     | 93.2 %           |
| <b>Denominator</b>      | 13           | 780           | 1242                       | 1292                 | 5039                       | 12245            |
| <b>95 % CI</b>          | (65.0,100.0) | (88.2,92.4)   | (91.0,94.0)                | (91.2,94.0)          | (92.6,94.0)                | (92.8,93.6)      |

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 02/14/2019)



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+ years

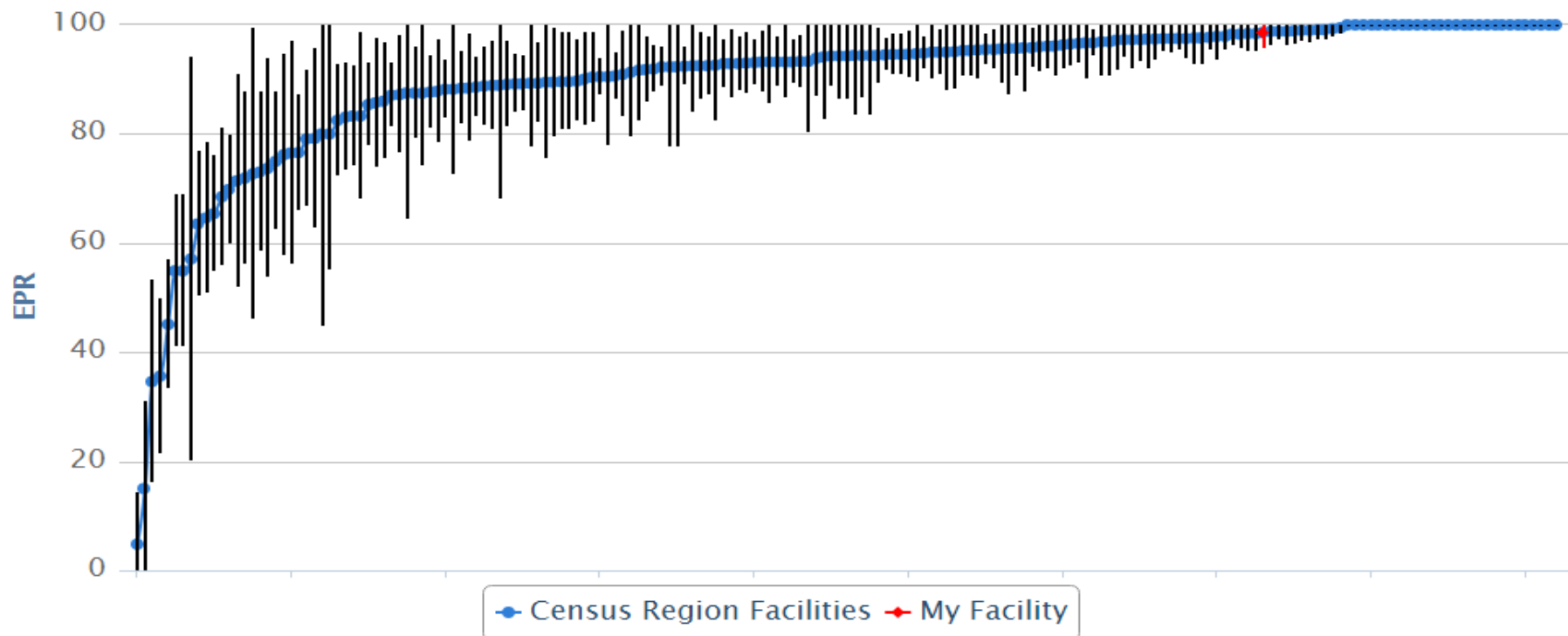
CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

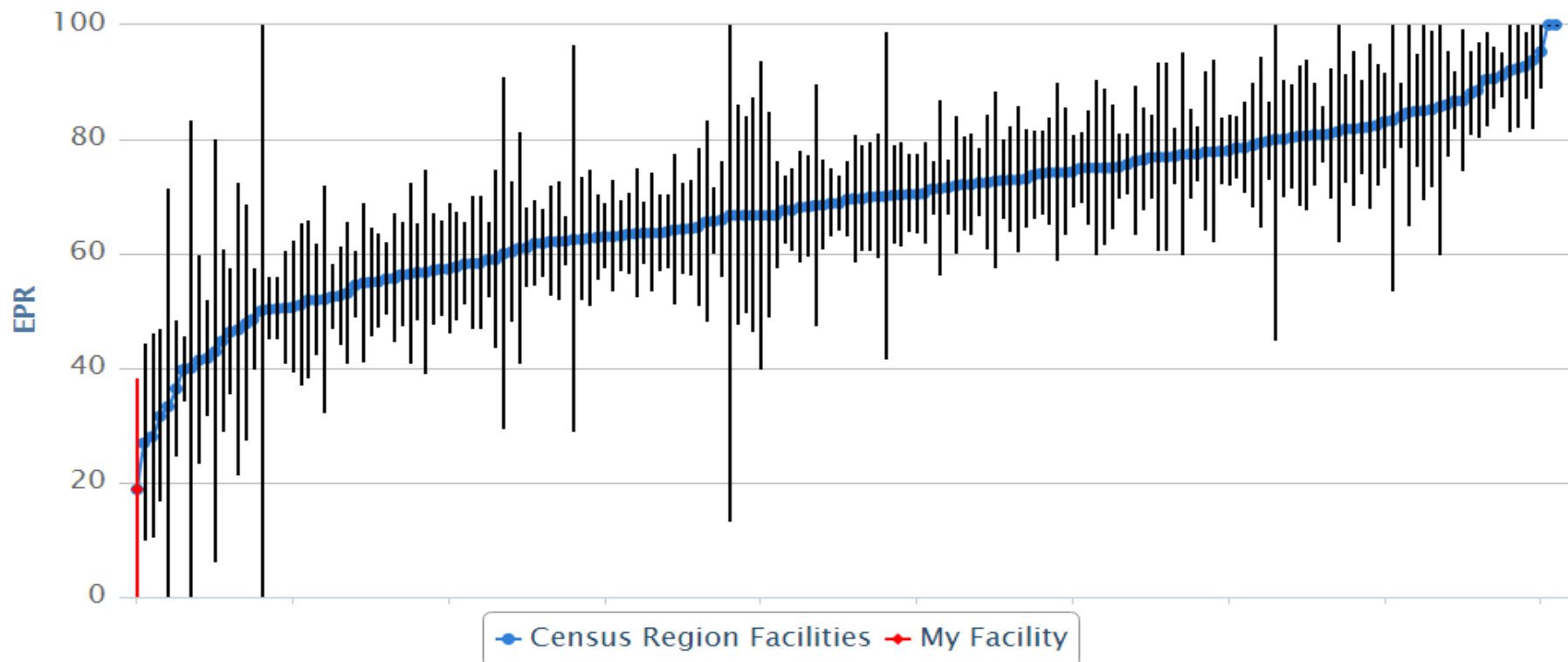
# BREAST, 2016, HT: Adjuvant hormonal therapy for hormone receptor positive breast cancer (NQF 0220 - Accountability)



|                         | My Program   | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|--------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | 98.6 %       | 90.9 %        | 92.3 %                     | 92.5 %               | 93.1 %                     | 93 %             |
| <b>Denominator</b>      | 70           | 6915          | 10768                      | 11098                | 35097                      | 78878            |
| <b>95 % CI</b>          | (95.8,100.0) | (90.2,91.6)   | (91.8,92.8)                | (92.0,93.0)          | (92.8,93.4)                | (92.8,93.2)      |

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 02/14/2019)

# BREAST, 2016, BCS: Breast conserving surgery rate (Surveillance)



|                         | My Program | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | 18.8 %     | 66 %          | 67 %                       | 67.1 %               | 67.3 %                     | 67.1 %           |
| <b>Denominator</b>      | 16         | 10434         | 16353                      | 16874                | 57660                      | 127495           |
| <b>95 % CI</b>          | (0.0,37.9) | (65.1,66.9)   | (66.3,67.7)                | (66.4,67.8)          | (66.9,67.7)                | (66.8,67.4)      |

Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer. (CP3R data as of 02/14/2019)



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

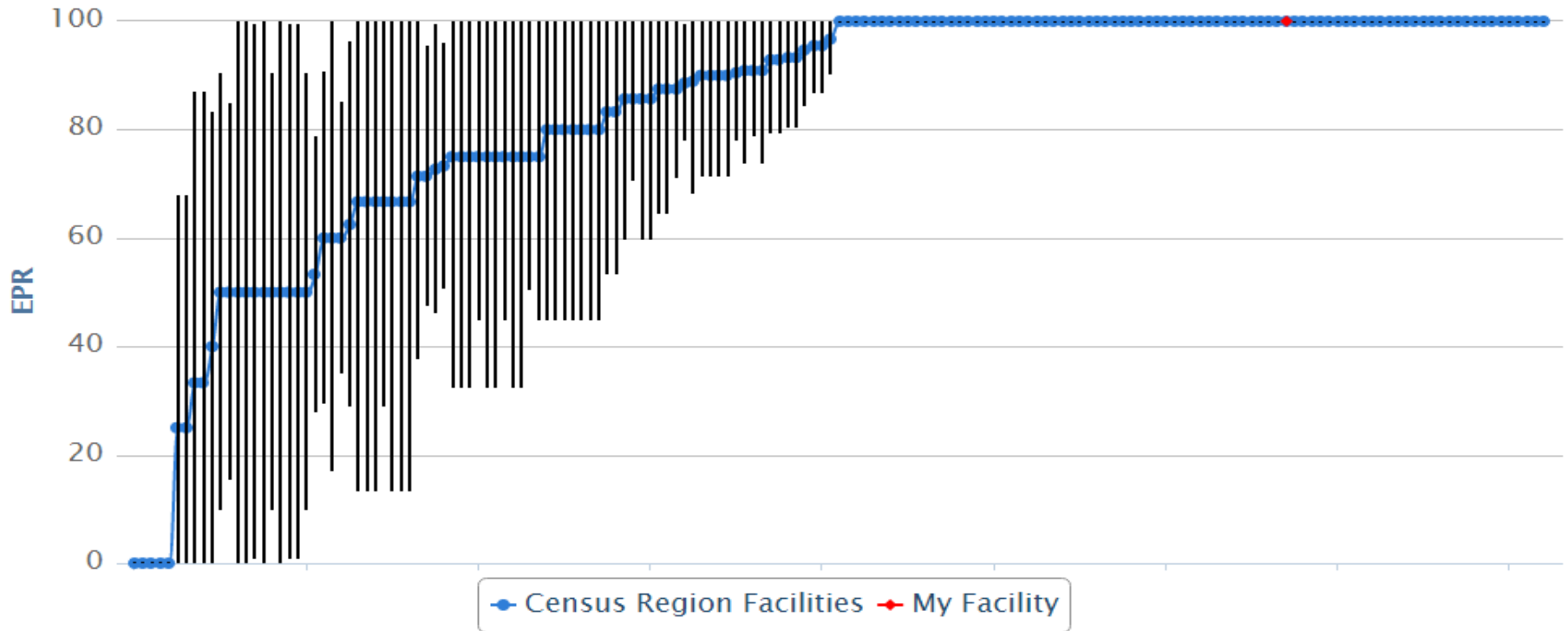
CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# BREAST, 2016, MASRT: Post-mastectomy radiation for women with 4 or more positive regional lymph nodes (Accountability)



|                         | My Program    | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|---------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | 100 %         | 82.8 %        | 86.2 %                     | 86.4 %               | 87.5 %                     | 88.5 %           |
| <b>Denominator</b>      | 10            | 571           | 831                        | 856                  | 2657                       | 6246             |
| <b>95 % CI</b>          | (100.0,100.0) | (79.7,85.9)   | (83.9,88.5)                | (84.1,88.7)          | (86.2,88.8)                | (87.7,89.3)      |

Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with  $\geq 4$  positive regional lymph nodes. (CP3R data as of 02/14/2019)



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes.

100+ years

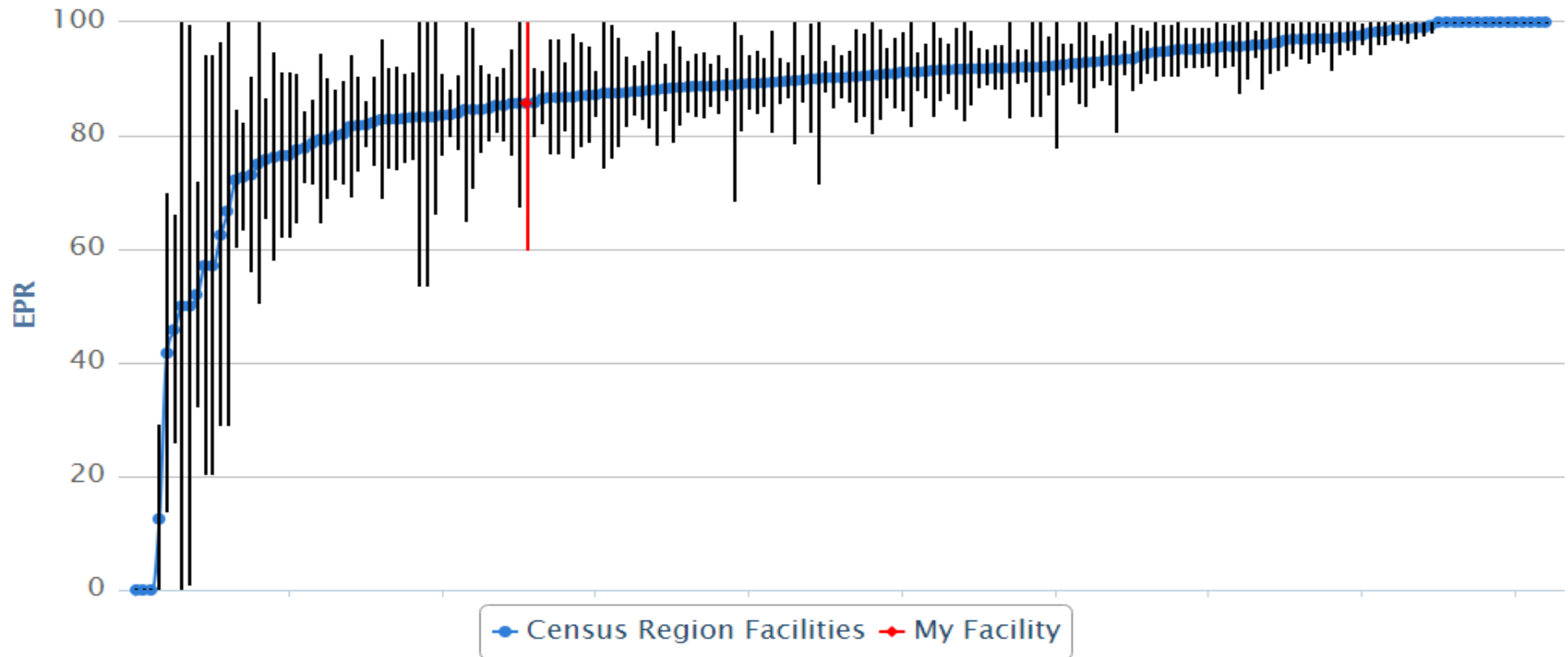
CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# BREAST, 2016, nBx: Image or palpation-guided needle biopsy (core or FNA) is performed for the diagnosis of breast cancer (Quality Improvement)



|                         | My Program   | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|--------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | 85.7 %       | 90.2 %        | 90.4 %                     | 90.4 %               | 90.5 %                     | 90.1 %           |
| <b>Denominator</b>      | 7            | 10399         | 17010                      | 17492                | 63437                      | 133004           |
| <b>95 % CI</b>          | (59.8,100.0) | (89.6,90.8)   | (90.0,90.8)                | (90.0,90.8)          | (90.3,90.7)                | (89.9,90.3)      |

Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer. (CP3R data as of 02/14/2019)



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+years

CQIP

Cancer Quality Improvement Program



Commission  
on Cancer®

© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

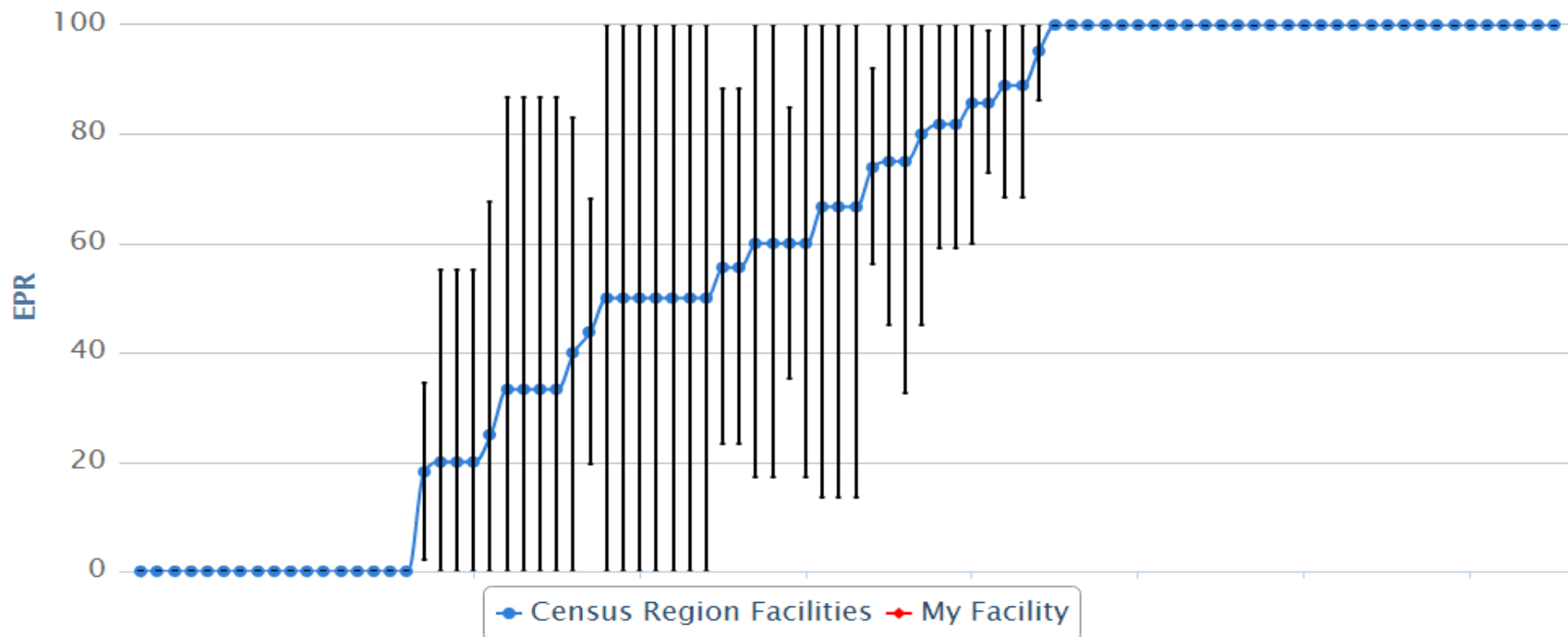
# Quality Measure Reports - Cervix

**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, 2016, CBRRT: Brachytherapy in cervical cancer patients treated with primary radiation (Surveillance)



|                         | My Program | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | NA         | 66.9 %        | 67.4 %                     | 67.2 %               | 69 %                       | 74.1 %           |
| <b>Denominator</b>      | NA         | 248           | 319                        | 323                  | 924                        | 2969             |
| <b>95 % CI</b>          | NA         | (61.0,72.8)   | (62.3,72.5)                | (62.1,72.3)          | (66.0,72.0)                | (72.5,75.7)      |

Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer. (CP3R data as of 02/14/2019)



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

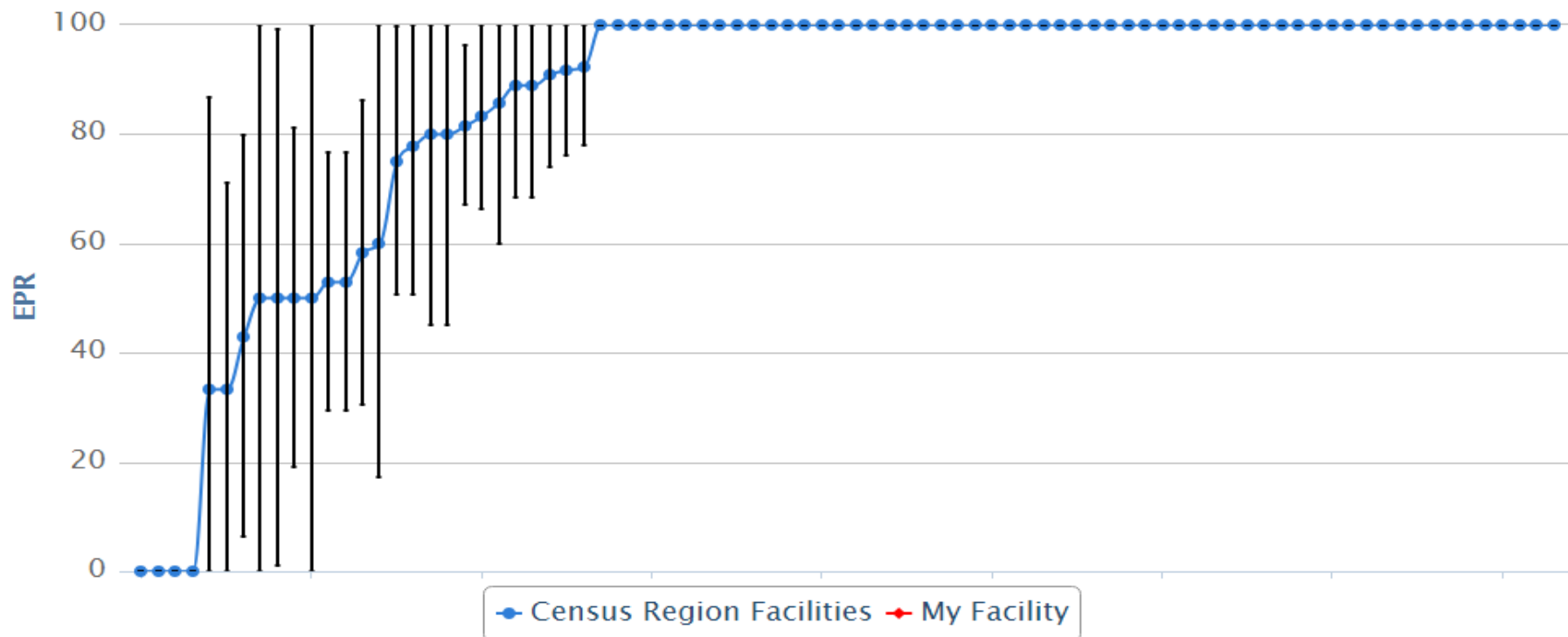
CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# CERVIX, 2016, CERRT: Radiation therapy completed within 60 days among women diagnosed with cervical cancer (Surveillance)



|                         | My Program | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | NA         | 81.5 %        | 81.4 %                     | 81.6 %               | 77.8 %                     | 81.1 %           |
| <b>Denominator</b>      | NA         | 254           | 328                        | 332                  | 976                        | 2864             |
| <b>95 % CI</b>          | NA         | (76.7,86.3)   | (77.2,85.6)                | (77.4,85.8)          | (75.2,80.4)                | (79.7,82.5)      |

Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer. (CP3R data as of 02/14/2019)



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+ years

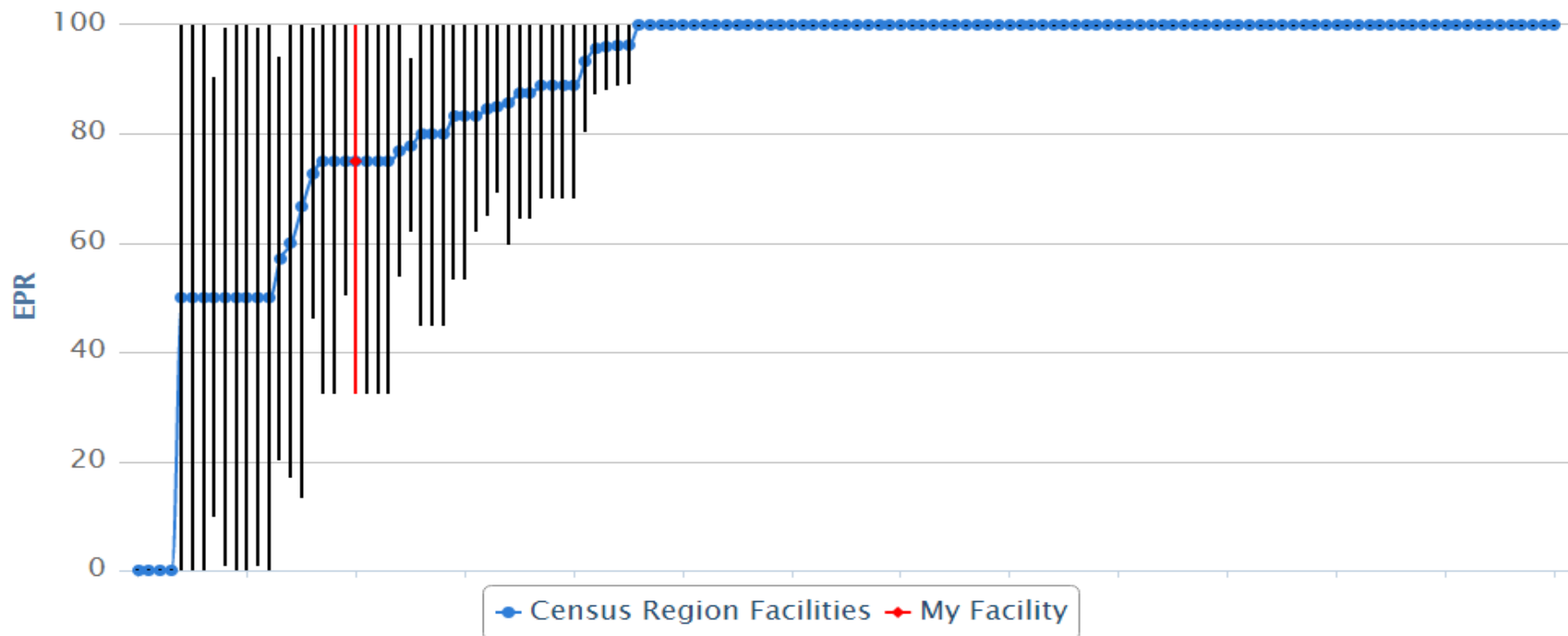
CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# CERVIX, 2016, CERCT: Chemotherapy for cervical cancer patients who received radiation (Surveillance)



|                         | My Program   | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|--------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | 75 %         | 88.5 %        | 89.7 %                     | 89.8 %               | 88.9 %                     | 89.7 %           |
| <b>Denominator</b>      | 4            | 364           | 477                        | 491                  | 1318                       | 3875             |
| <b>95 % CI</b>          | (32.6,100.0) | (85.2,91.8)   | (87.0,92.4)                | (87.1,92.5)          | (87.2,90.6)                | (88.7,90.7)      |

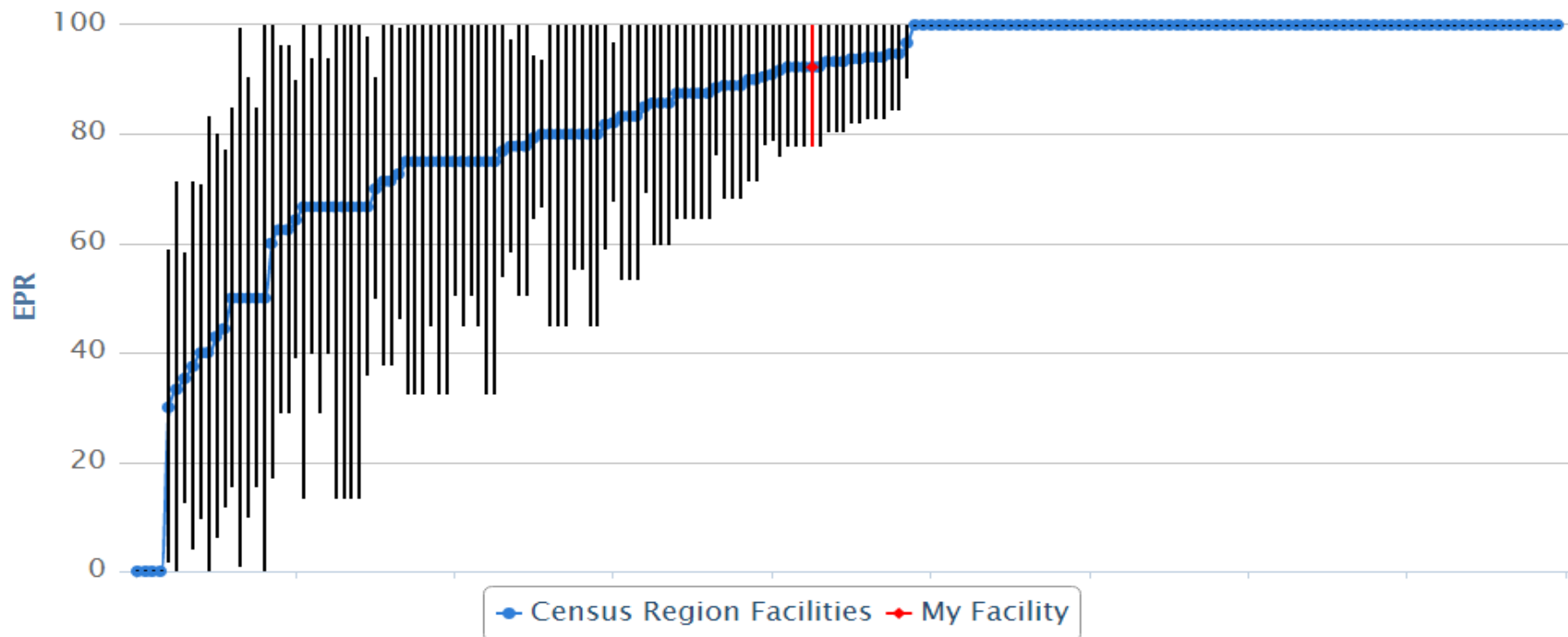
Chemotherapy administered to cervical cancer patients who received radiation for stages IB2-IV cancer (Group 1) or with positive pelvic nodes, positive surgical margin, and/or positive parametrium (Group 2) (CP3R data as of 02/14/2019)

# 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, 2016, ACT: Adjuvant chemotherapy for lymph node positive colon cancer (NQF 0223 - Accountability)



|                         | My Program   | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|--------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | 92.3 %       | 81.5 %        | 85.3 %                     | 84.9 %               | 89.2 %                     | 88.9 %           |
| <b>Denominator</b>      | 13           | 789           | 1216                       | 1264                 | 4590                       | 10103            |
| <b>95 % CI</b>          | (77.8,100.0) | (78.8,84.2)   | (83.3,87.3)                | (82.9,86.9)          | (88.3,90.1)                | (88.3,89.5)      |

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 02/14/2019)



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+ years

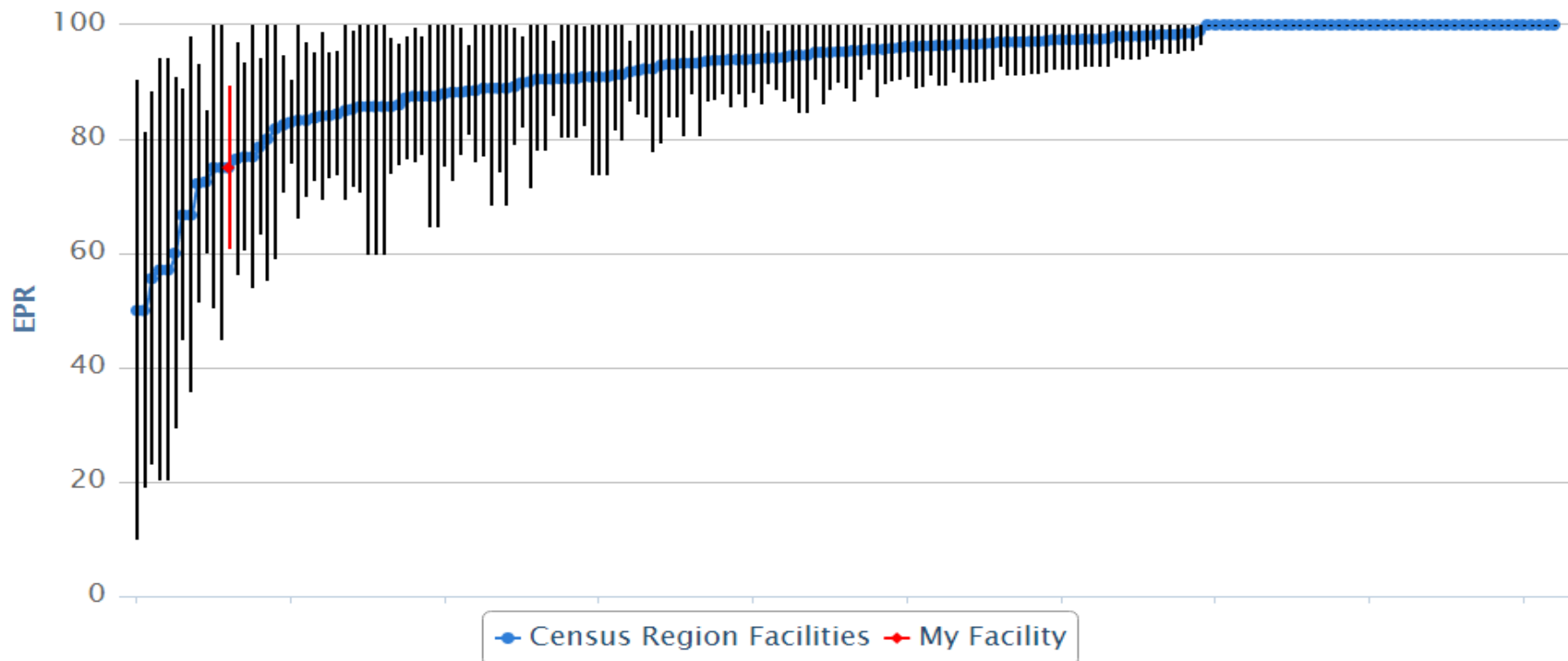
CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# COLON, 2016, 12RL: At least 12 regional lymph nodes removed and pathologically examined for resected colon cancer (NQF 0225 - Quality Improvement)



|                         | My Program  | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|-------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | 75 %        | 93 %          | 93.4 %                     | 93.5 %               | 92.4 %                     | 92.8 %           |
| <b>Denominator</b>      | 36          | 3286          | 4979                       | 5145                 | 19251                      | 40417            |
| <b>95 % CI</b>          | (60.9,89.1) | (92.1,93.9)   | (92.7,94.1)                | (92.8,94.2)          | (92.0,92.8)                | (92.5,93.1)      |

At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. (CP3R data as of 02/14/2019)



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+years

CQIP

Cancer Quality Improvement Program



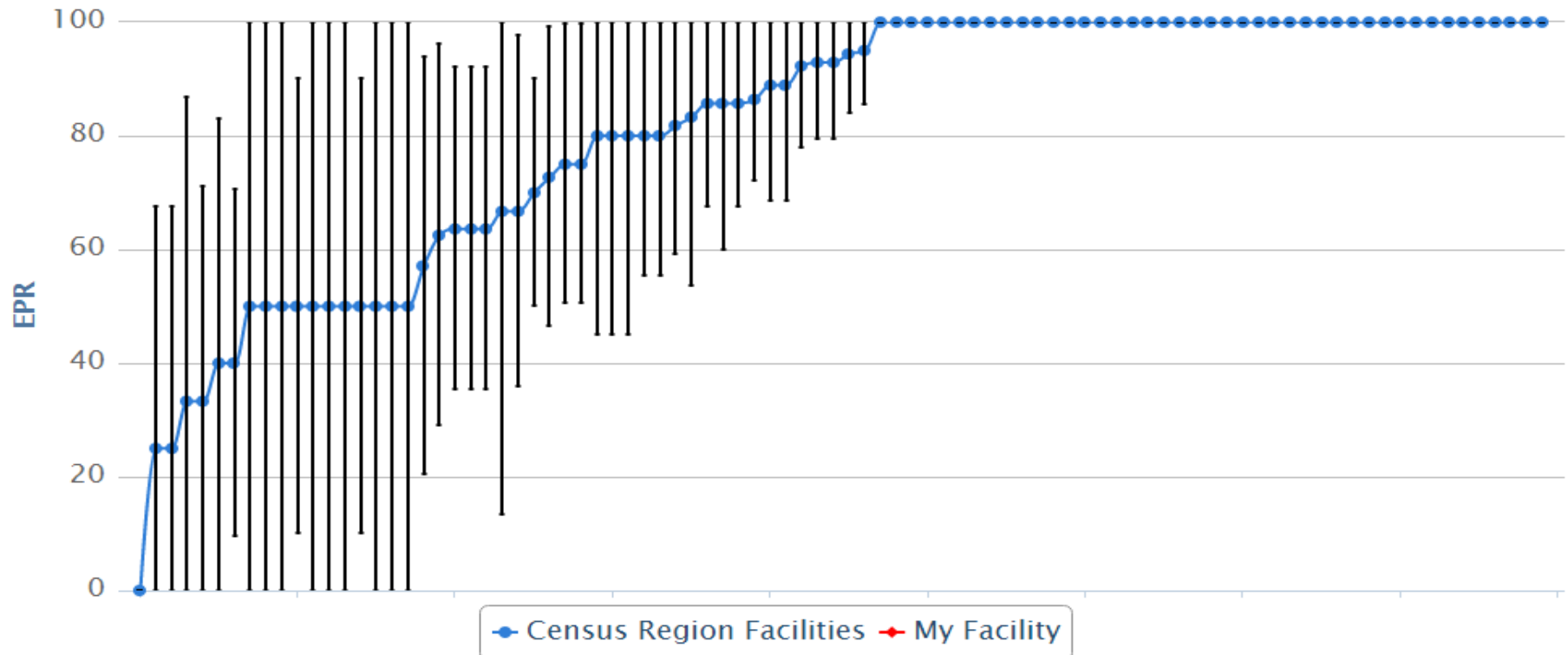
© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# 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, 2016, ENDCTRT: Chemotherapy and/or radiation administered to patients with Stage IIIC or IV Endometrial cancer (Surveillance)



|                         | My Program | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | NA         | 76.5 %        | 80.5 %                     | 79.7 %               | 80.7 %                     | 84.2 %           |
| <b>Denominator</b>      | NA         | 268           | 399                        | 409                  | 1034                       | 2927             |
| <b>95 % CI</b>          | NA         | (71.4,81.6)   | (76.6,84.4)                | (75.8,83.6)          | (78.3,83.1)                | (82.9,85.5)      |

Chemotherapy and/or radiation recommended to patients with Stage IIIC or IV Endometrial cancer. (CP3R data as of 02/14/2019)



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+ years

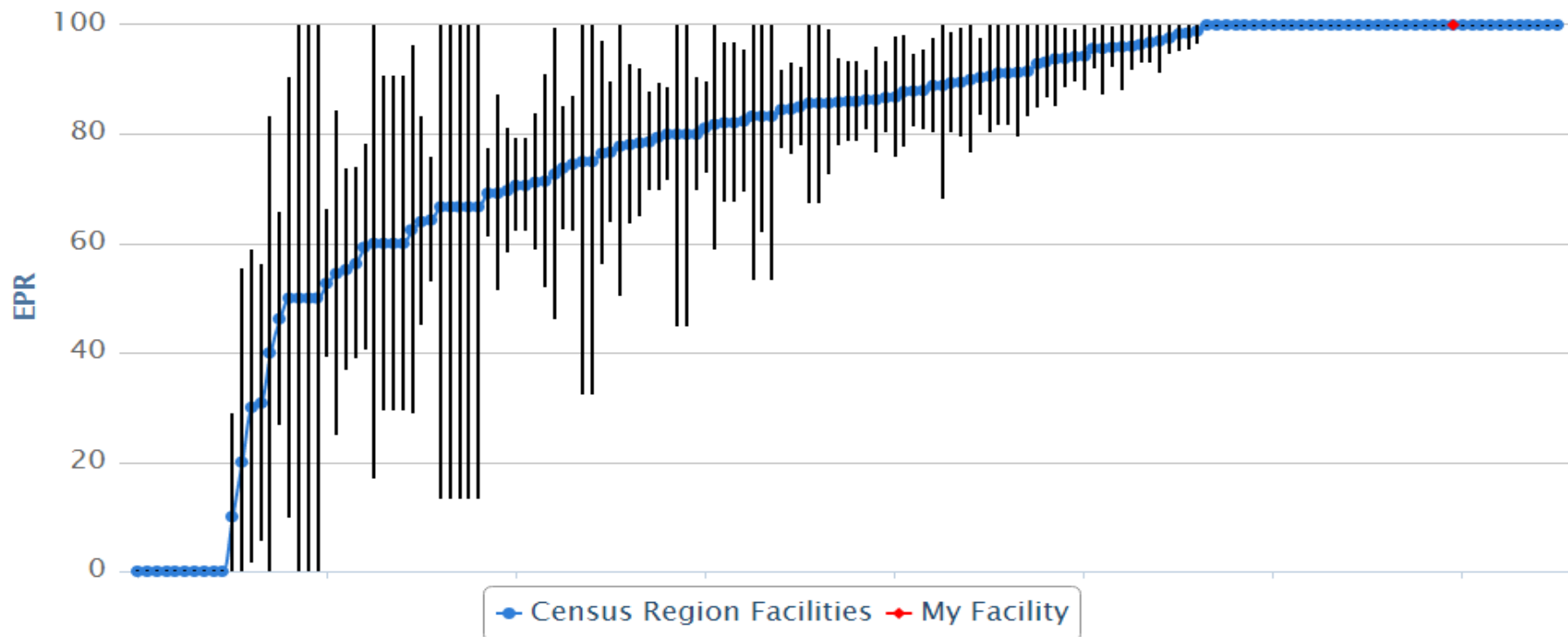
CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# ENDOMETRIUM, 2016, ENDLRC: Endoscopic, laparoscopic, or robotic surgery performed for all Endometrial cancer (Surveillance)



|                         | My Program    | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|---------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | 100 %         | 81.2 %        | 83.7 %                     | 83.5 %               | 82.9 %                     | 81 %             |
| <b>Denominator</b>      | 2             | 2481          | 3912                       | 4036                 | 11123                      | 29475            |
| <b>95 % CI</b>          | (100.0,100.0) | (79.7,82.7)   | (82.5,84.9)                | (82.4,84.6)          | (82.2,83.6)                | (80.6,81.4)      |

Endoscopic, laparoscopic, or robotic surgery performed for all Endometrial cancer (excluding sarcoma and lymphoma), for all stages except stage IV. (CP3R data as of 02/14/2019)



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+ years

CQIP

Cancer Quality Improvement Program



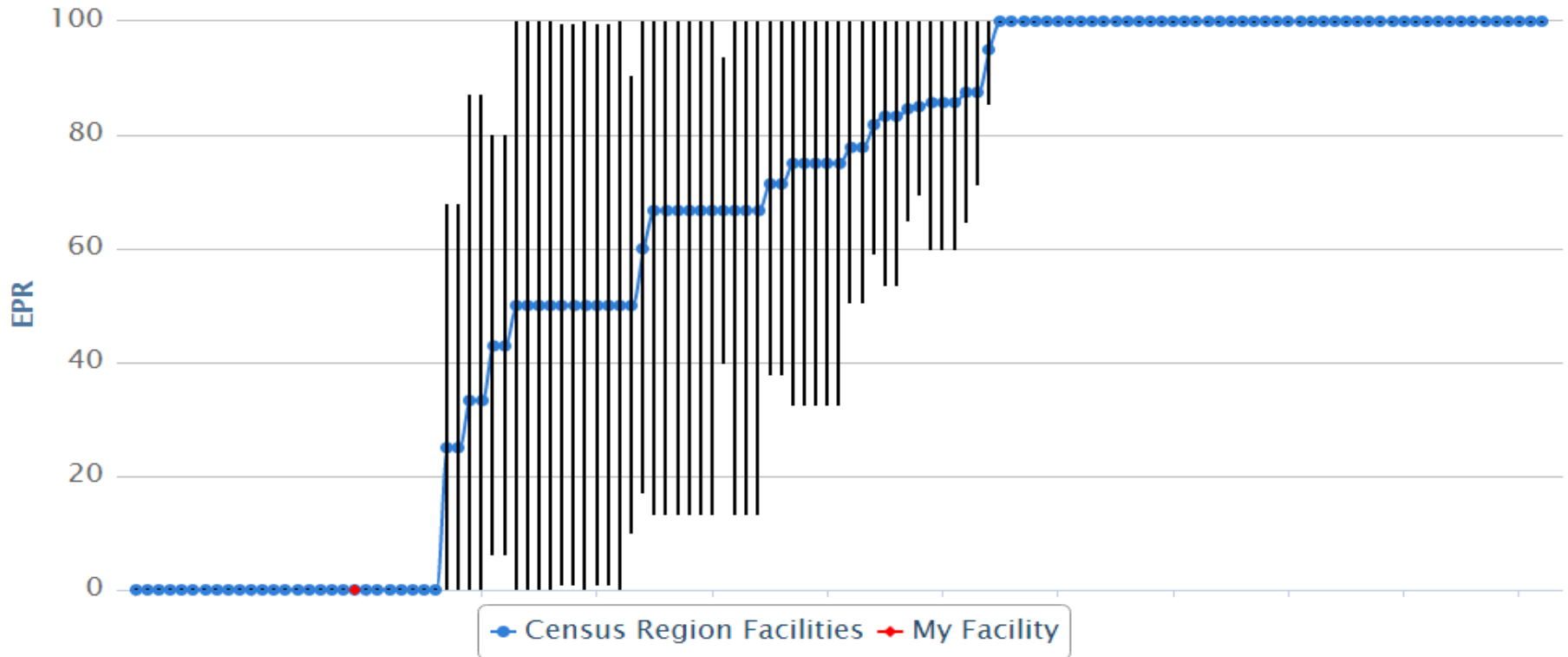
© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Quality Measure Reports - Gastric

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



# GASTRIC, 2016, G15RLN: At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement)



|                         | My Program | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | 0 %        | 73.2 %        | 74 %                       | 72.7 %               | 58.1 %                     | 65.2 %           |
| <b>Denominator</b>      | 2          | 291           | 392                        | 403                  | 866                        | 2505             |
| <b>95 % CI</b>          | (0.0,0.0)  | (68.1,78.3)   | (69.7,78.3)                | (68.4,77.0)          | (54.8,61.4)                | (63.3,67.1)      |

At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer. (CP3R data as of 02/14/2019)



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+years

CQIP

Cancer Quality Improvement Program



Commission  
on Cancer®

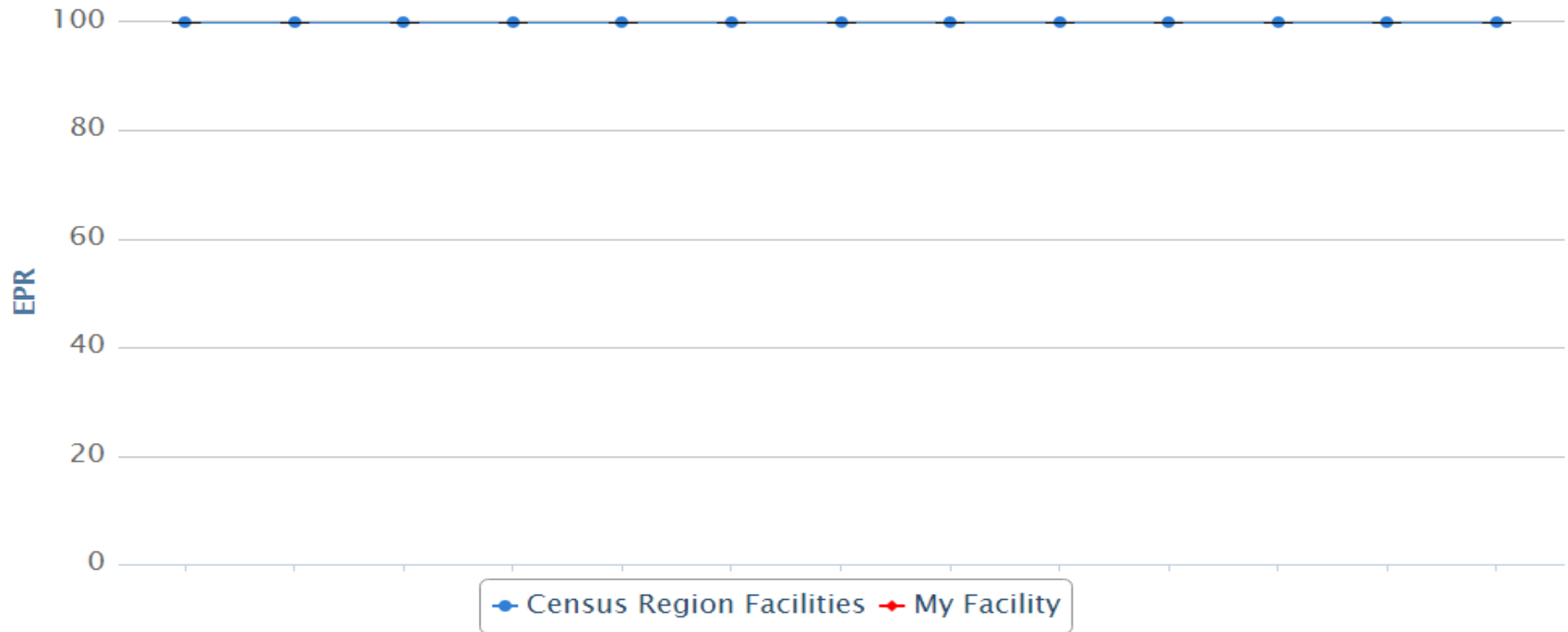
© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Quality Measure Reports - Kidney

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



# KIDNEY, 2016, Pediatric Measure: PD1RLN: At least 1 regional lymph node is removed and pathologically examined for primarily resected unilateral nephroblastoma (Surveillance)



|                         | My Program | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | NA         | 100 %         | 100 %                      | 100 %                | 95.8 %                     | 90.6 %           |
| <b>Denominator</b>      | NA         | 10            | 24                         | 29                   | 24                         | 149              |
| <b>95 % CI</b>          | NA         | (100.0,100.0) | (100.0,100.0)              | (100.0,100.0)        | (87.8,100.0)               | (85.9,95.3)      |

Pediatric Measure: At least 1 regional lymph node is removed and pathologically examined for primarily resected unilateral nephroblastoma. (CP3R data as of 02/14/2019)



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+ years

CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# 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)



100+ years

AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

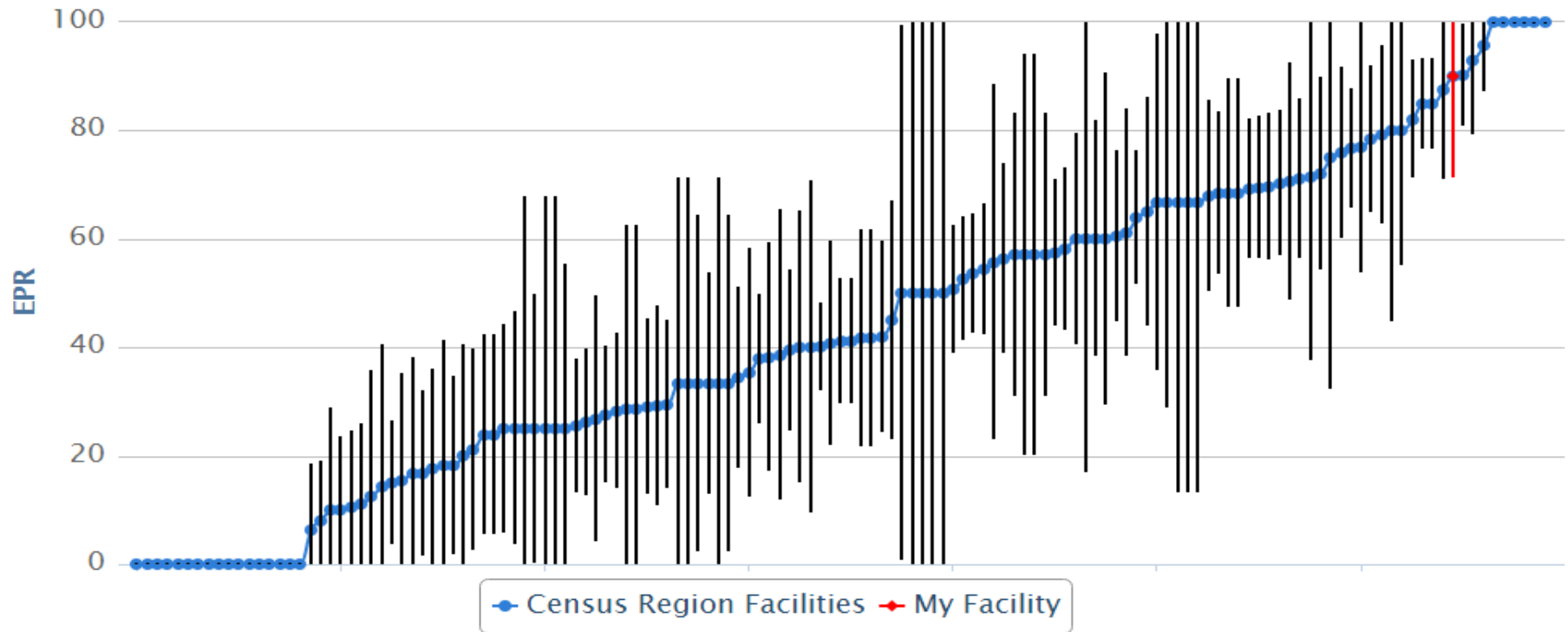
CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# NSCLC, 2016, 10RLN: At least 10 regional lymph nodes removed and pathologically examined for resected NSCLC (Surveillance)



|                         | My Program   | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|--------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | 90 %         | 43 %          | 49.6 %                     | 48.8 %               | 47.4 %                     | 49.2 %           |
| <b>Denominator</b>      | 10           | 1429          | 2417                       | 2500                 | 9334                       | 23110            |
| <b>95 % CI</b>          | (71.4,100.0) | (40.4,45.6)   | (47.6,51.6)                | (46.8,50.8)          | (46.4,48.4)                | (48.6,49.8)      |

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 02/14/2019)



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+ years

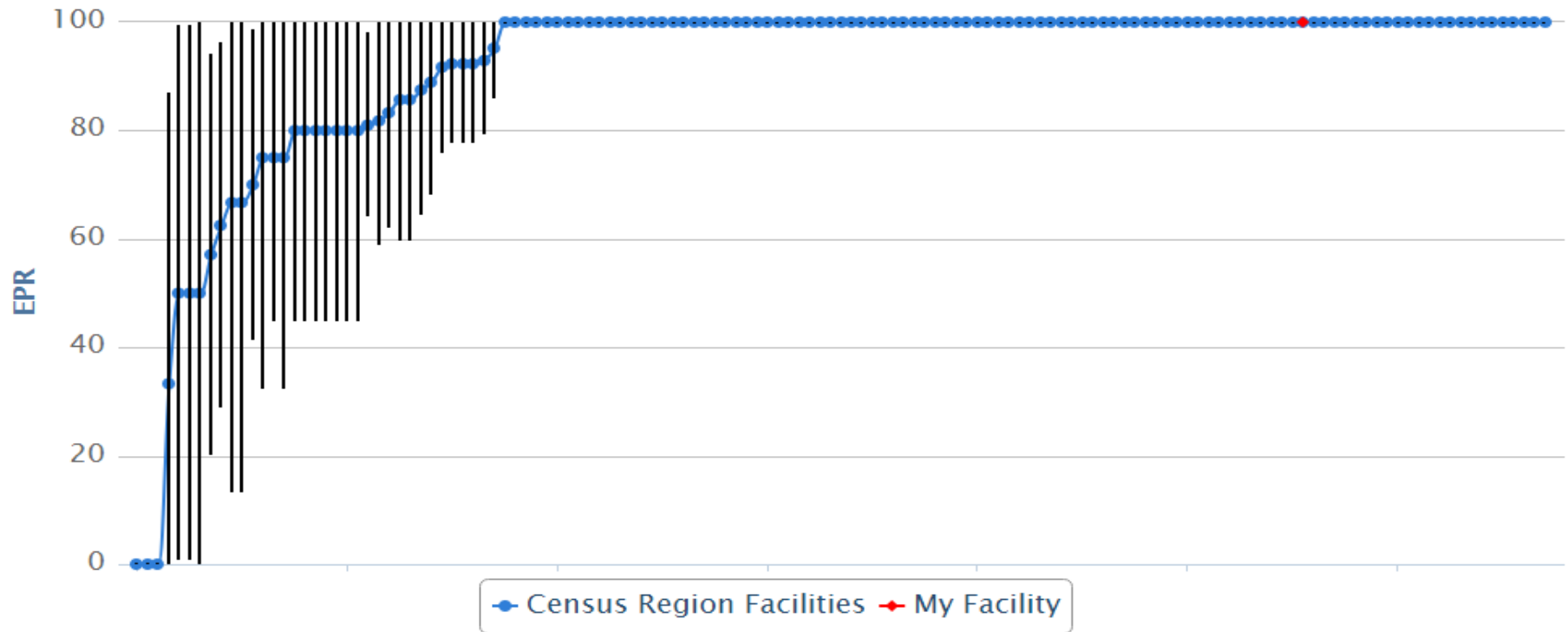
CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# NSCLC, 2016, LCT: Systemic chemotherapy administered or recommended for pre or postoperatively resected NSCLC (Quality Improvement)



|                         | My Program    | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|---------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | 100 %         | 87.8 %        | 89.8 %                     | 89 %                 | 91.5 %                     | 91.7 %           |
| <b>Denominator</b>      | 3             | 255           | 443                        | 455                  | 1714                       | 4280             |
| <b>95 % CI</b>          | (100.0,100.0) | (83.8,91.8)   | (87.0,92.6)                | (86.1,91.9)          | (90.2,92.8)                | (90.9,92.5)      |

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 02/14/2019)



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+ years

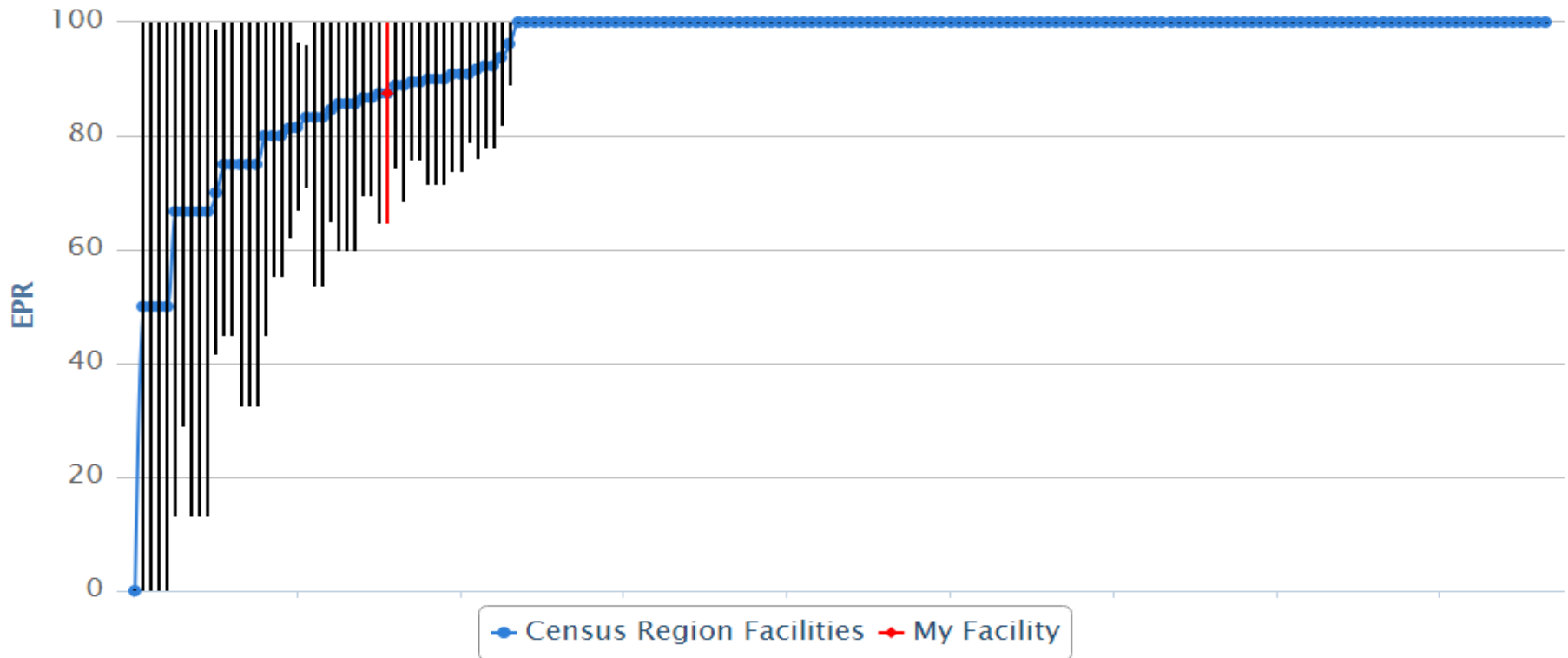
CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# NSCLC, 2016, LNoSurg: Surgery is not the first course of treatment for NSCLC (Quality Improvement)



|                         | My Program    | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|---------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | 87.5 %        | 93.5 %        | 93.3 %                     | 93.5 %               | 93.7 %                     | 93.3 %           |
| <b>Denominator</b>      | 8             | 527           | 846                        | 873                  | 3993                       | 9079             |
| <b>95 % CI</b>          | (64.6, 100.0) | (91.4, 95.6)  | (91.6, 95.0)               | (91.9, 95.1)         | (92.9, 94.5)               | (92.8, 93.8)     |

Surgery is not the first course of treatment for cN2, M0 cases. (CP3R data as of 02/14/2019)



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+years

CQIP

Cancer Quality Improvement Program



Commission  
on Cancer®

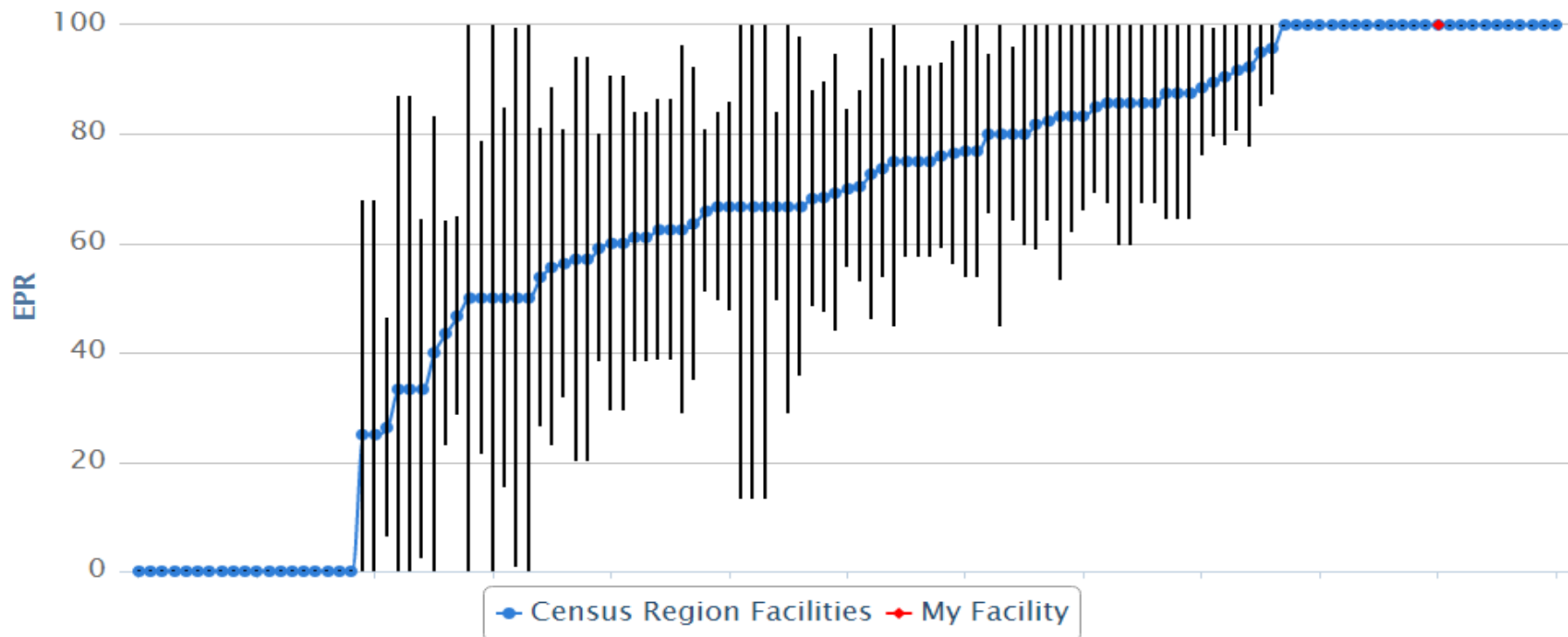
© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Quality Measure Reports - Ovary

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



# OVARY, 2016, OVSAL: Salpingo-oophorectomy with omentectomy, debulking; cytoreductive surgery, or pelvic exenteration for Ovarian cancers (Surveillance)



|                         | My Program    | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCP) | All CoC Programs |
|-------------------------|---------------|---------------|----------------------------|----------------------|----------------------------|------------------|
| <b>Performance Rate</b> | 100 %         | 73.1 %        | 72.1 %                     | 72.2 %               | 70.4 %                     | 69.8 %           |
| <b>Denominator</b>      | 2             | 720           | 1034                       | 1070                 | 2496                       | 6951             |
| <b>95 % CI</b>          | (100.0,100.0) | (69.9,76.3)   | (69.4,74.8)                | (69.5,74.9)          | (68.6,72.2)                | (68.7,70.9)      |

Salpingo-oophorectomy with omentectomy, debulking; cytoreductive surgery, or pelvic exenteration in Stages I-IIIc Ovarian cancer. (CP3R data as of 02/14/2019)



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+ years

CQIP

Cancer Quality Improvement Program



Commission  
on Cancer®

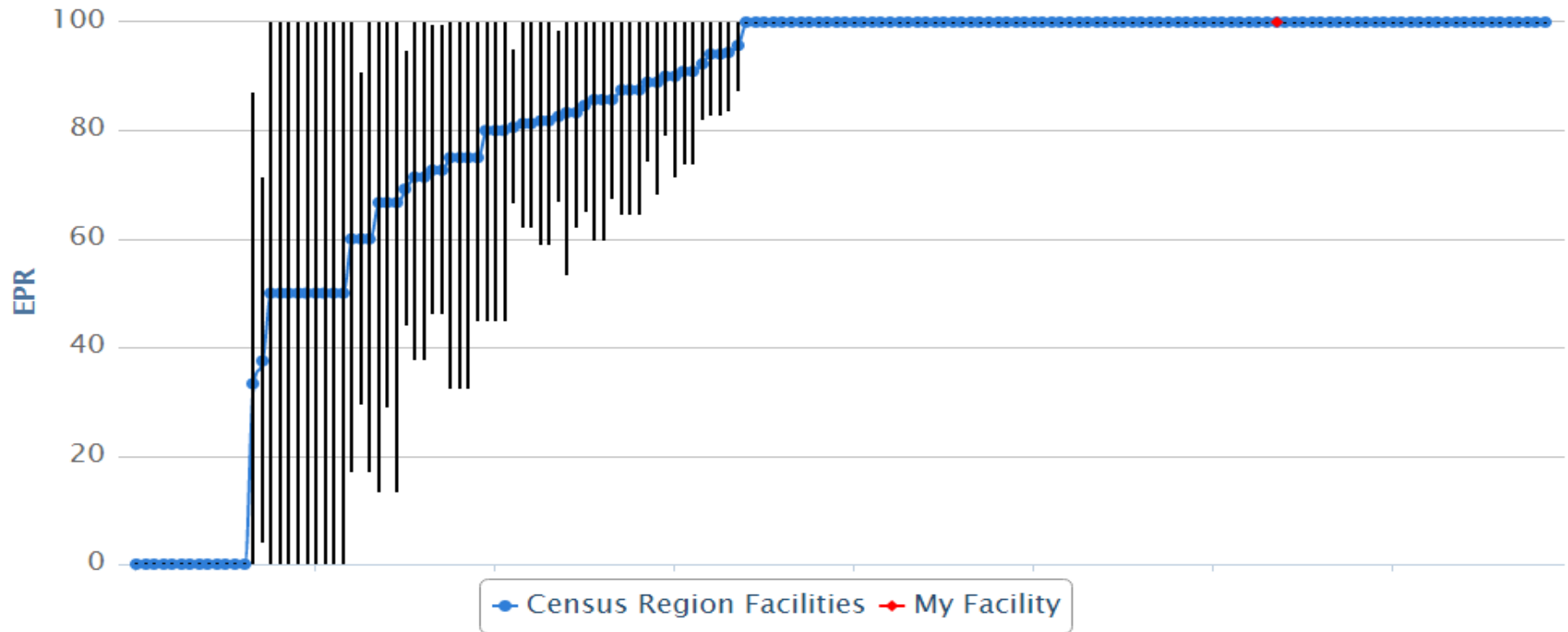
© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Quality Measure Reports - Rectum

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



# RECTUM, 2016, RECRTCT: Chemo and Radiation therapy is administered or recommended for resected rectal cancers (Quality Improvement)



|                         | My Program    | My State (CA) | My Census Region (Pacific) | My ACS Region (West) | My CoC Program Type (CCCCP) | All CoC Programs |
|-------------------------|---------------|---------------|----------------------------|----------------------|-----------------------------|------------------|
| <b>Performance Rate</b> | 100 %         | 84.1 %        | 87.7 %                     | 87.7 %               | 89.9 %                      | 88.3 %           |
| <b>Denominator</b>      | 1             | 421           | 692                        | 713                  | 2473                        | 5974             |
| <b>95 % CI</b>          | (100.0,100.0) | (80.6,87.6)   | (85.3,90.1)                | (85.3,90.1)          | (88.7,91.1)                 | (87.5,89.1)      |

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 02/14/2019)



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+ years

CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Surgical 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 2014–2016 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.

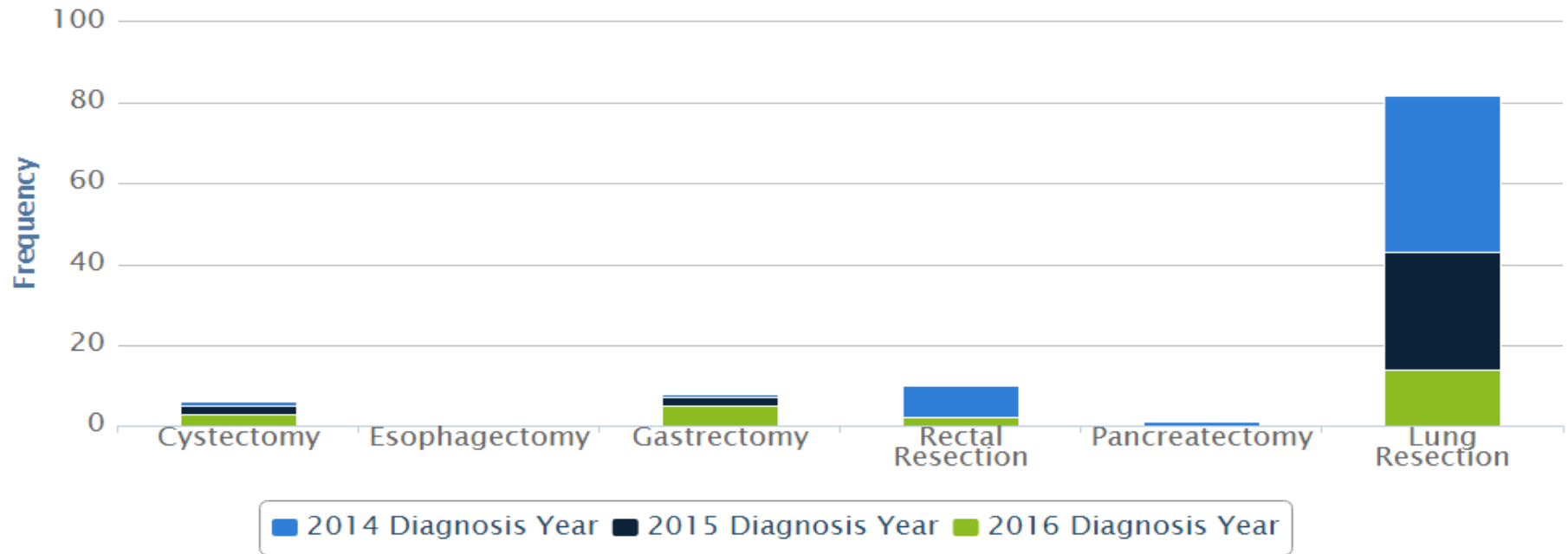


# Methods, 30, 90 Day Mortality

- 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 at 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, 2014 - 2016 - My Facility



|                     | Cystectomy | Esophagectomy | Gastrectomy | Rectal Resection | Pancreatectomy | Lung Resection |
|---------------------|------------|---------------|-------------|------------------|----------------|----------------|
| 2014 Diagnosis Year | 1          | 0             | 1           | 8                | 1              | 39             |
| 2015 Diagnosis Year | 2          | 0             | 2           | 0                | 0              | 29             |
| 2016 Diagnosis Year | 3          | 0             | 5           | 2                | 0              | 14             |

\* includes surgery codes 30-80 only



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+ years

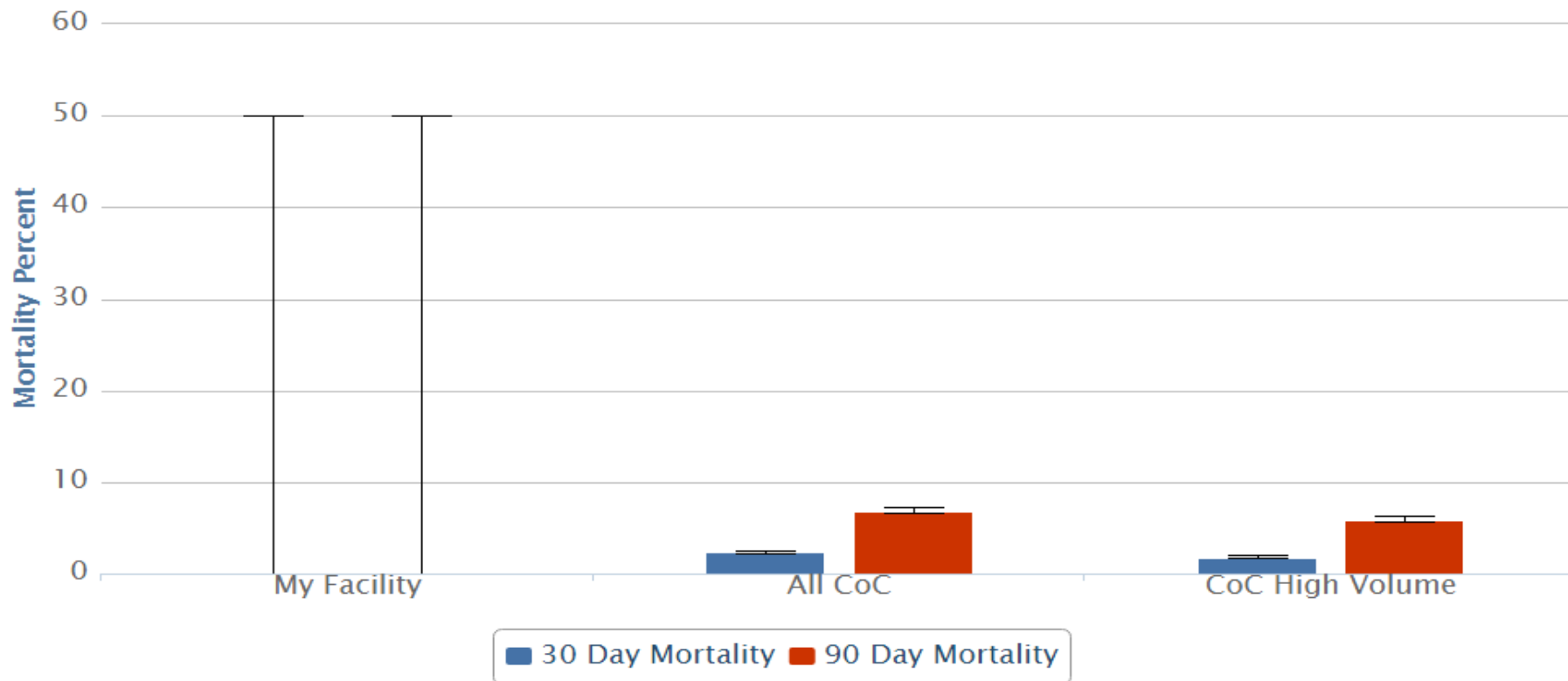
CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

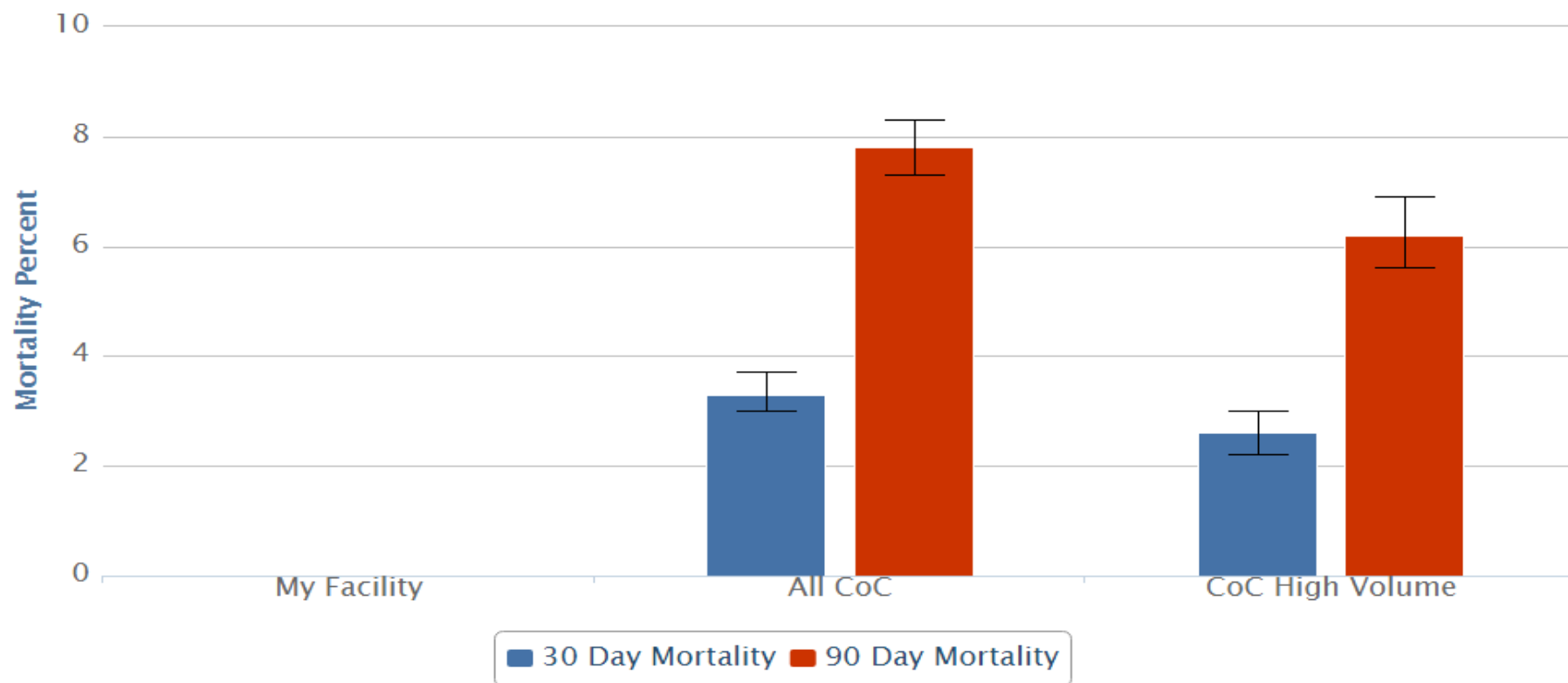
# Cystectomies, Unadjusted 30, 90 Day Mortality, 95% CI, 2014 - 2016 My Facility vs. All CoC and CoC High Volume



|                          | My Facility |            | All CoC   |           | CoC High Volume |           |
|--------------------------|-------------|------------|-----------|-----------|-----------------|-----------|
|                          | 30 Day      | 90 Day     | 30 Day    | 90 Day    | 30 Day          | 90 Day    |
| <b>Mortality Percent</b> | 0.0%        | 0.0%       | 2.3%      | 6.8%      | 1.8%            | 5.9%      |
| <b>95 % CI</b>           | (0.0,49.9)  | (0.0,49.9) | (2.1,2.5) | (6.5,7.2) | (1.6,2.0)       | (5.6,6.3) |
| <b>Deaths</b>            | 0           | 0          | 417       | 1,189     | 217             | 678       |
| <b>Resections</b>        | 6           | 6          | 18,292    | 17,411    | 12,021          | 11,407    |

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

# Esophagectomies, Unadjusted 30, 90 Day Mortality, 95% CI, 2014 - 2016 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    |
| <b>Mortality Percent</b> | *NA         | *NA    | 3.3%      | 7.8%      | 2.6%            | 6.2%      |
| <b>95 % CI</b>           | *NA         | *NA    | (3.0,3.7) | (7.3,8.3) | (2.2,3.0)       | (5.6,6.9) |
| <b>Deaths</b>            | *NA         | *NA    | 265       | 588       | 113             | 253       |
| <b>Resections</b>        | *NA         | *NA    | 7,994     | 7,544     | 4,340           | 4,090     |

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



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

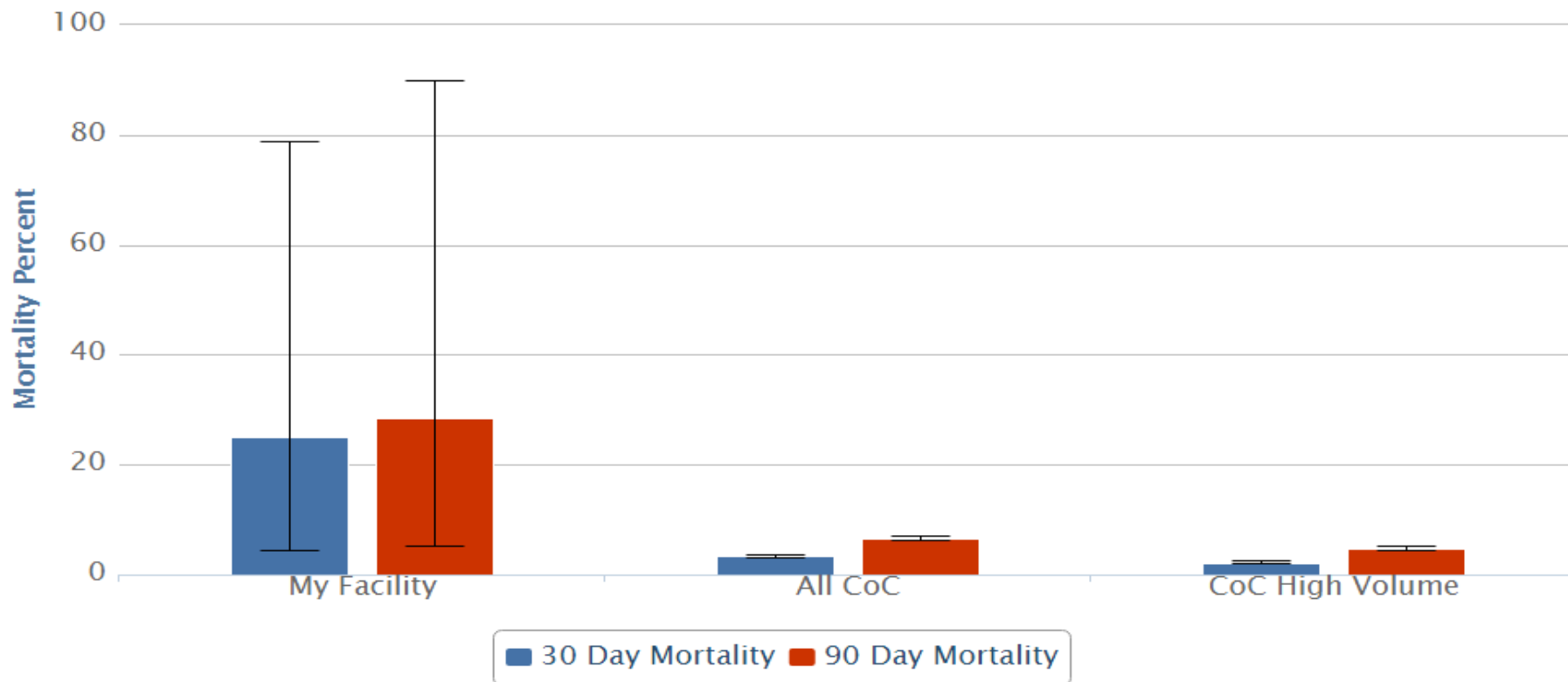
CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

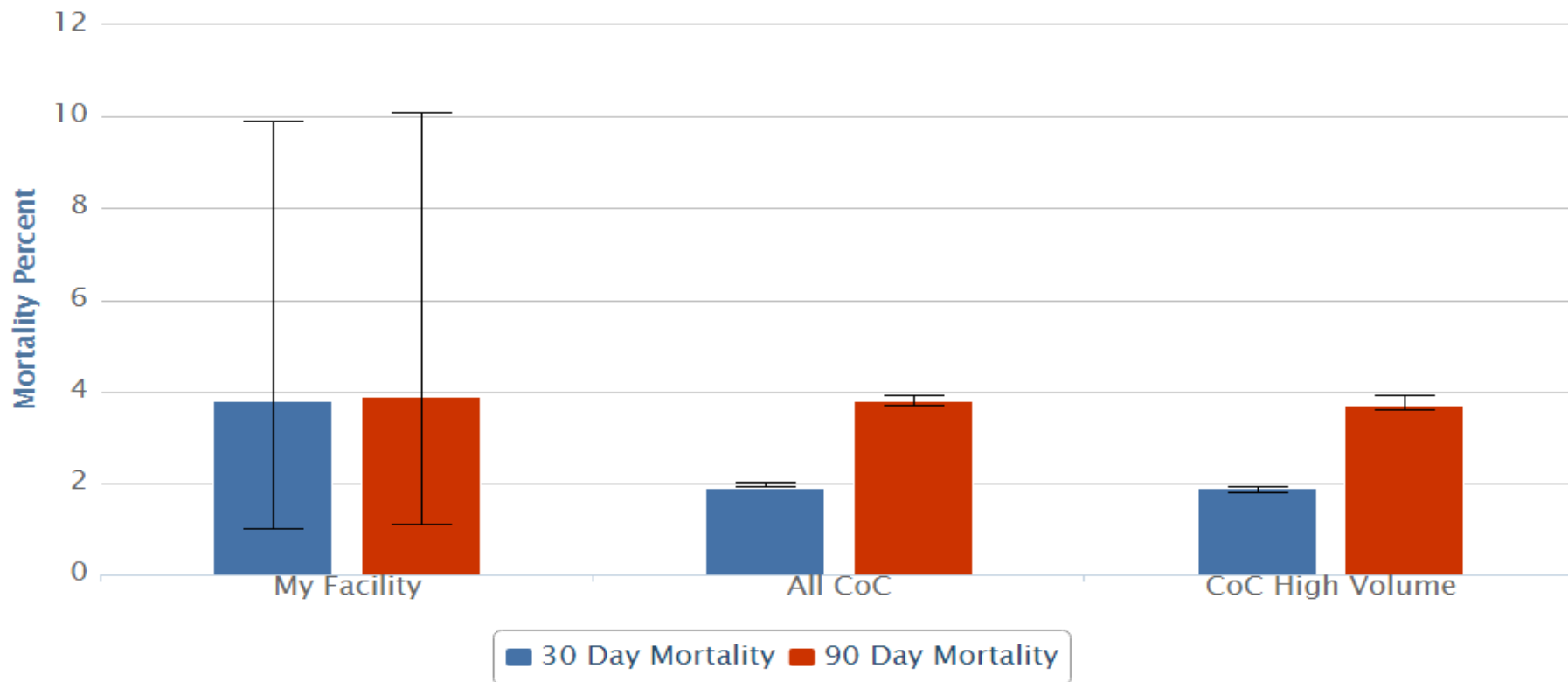
# Gastrectomies, Unadjusted 30, 90 Day Mortality, 95% CI, 2014 - 2016 My Facility vs. All CoC and CoC High Volume



|                          | My Facility |            | All CoC   |           | CoC High Volume |           |
|--------------------------|-------------|------------|-----------|-----------|-----------------|-----------|
|                          | 30 Day      | 90 Day     | 30 Day    | 90 Day    | 30 Day          | 90 Day    |
| <b>Mortality Percent</b> | 25.0%       | 28.6%      | 3.3%      | 6.6%      | 2.1%            | 4.8%      |
| <b>95 % CI</b>           | (4.4,78.7)  | (5.1,89.9) | (3.1,3.5) | (6.3,6.9) | (1.9,2.4)       | (4.4,5.1) |
| <b>Deaths</b>            | 2           | 2          | 623       | 1,193     | 244             | 516       |
| <b>Resections</b>        | 8           | 7          | 19,059    | 18,158    | 11,364          | 10,782    |

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

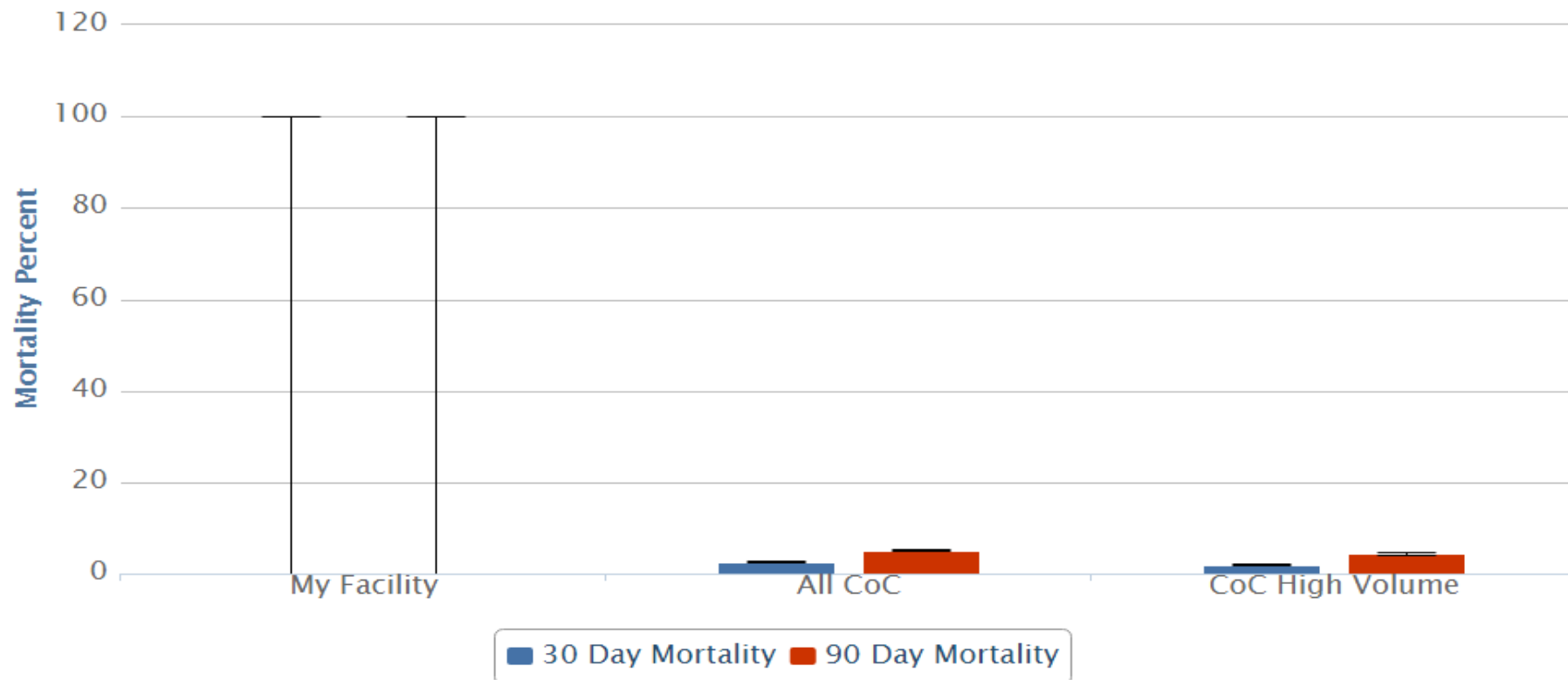
# NSCLC Resections, Unadjusted 30, 90 Day Mortality, 95% CI, 2014 - 2016 My Facility vs. All CoC and CoC High Volume



|                          | My Facility |            | All CoC   |           | CoC High Volume |           |
|--------------------------|-------------|------------|-----------|-----------|-----------------|-----------|
|                          | 30 Day      | 90 Day     | 30 Day    | 90 Day    | 30 Day          | 90 Day    |
| <b>Mortality Percent</b> | 3.8%        | 3.9%       | 1.9%      | 3.8%      | 1.9%            | 3.7%      |
| <b>95 % CI</b>           | (1.0,9.9)   | (1.1,10.1) | (1.9,2.0) | (3.7,3.9) | (1.8,1.9)       | (3.6,3.9) |
| <b>Deaths</b>            | 3           | 3          | 1,492     | 2,811     | 1,339           | 2,572     |
| <b>Resections</b>        | 78          | 77         | 76,927    | 73,614    | 72,029          | 68,907    |

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

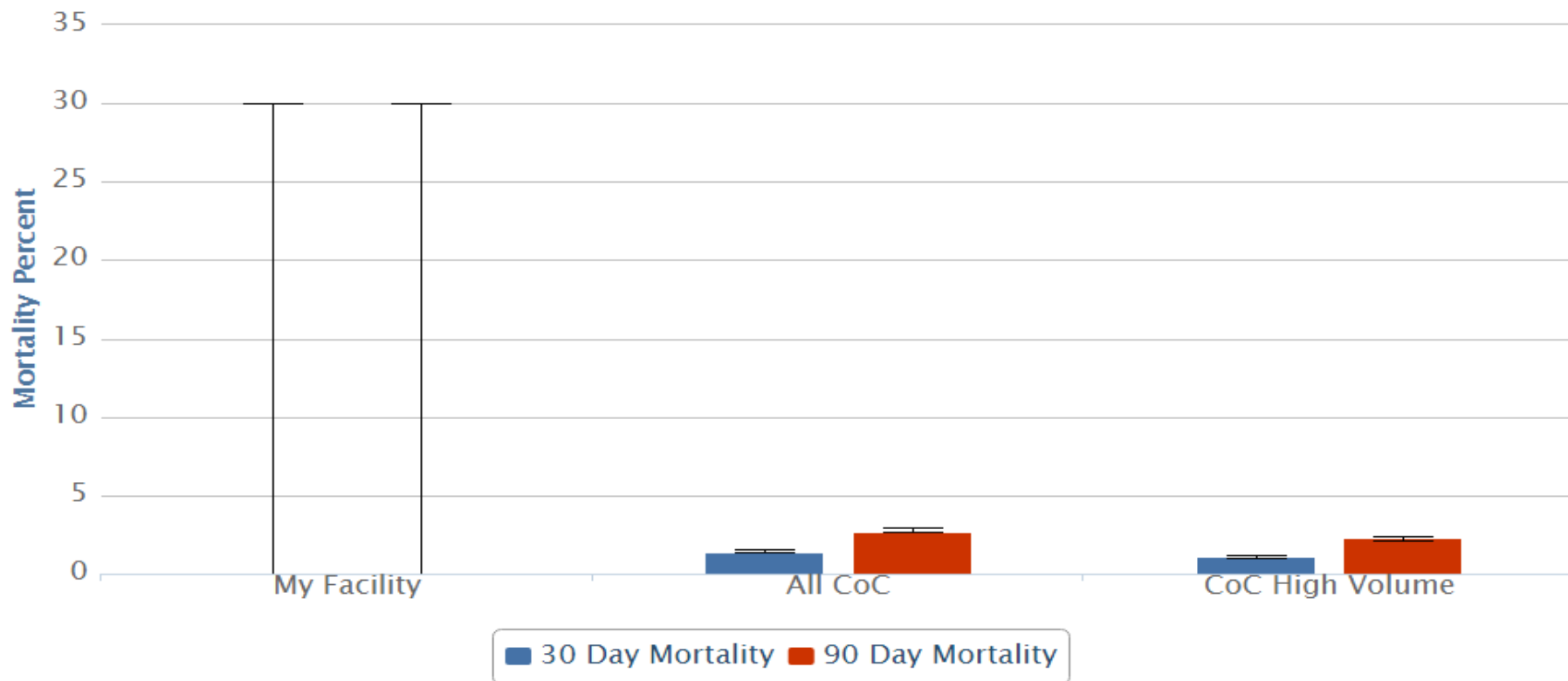
# Pancreatectomies, Unadjusted 30, 90 Day Mortality, 95% CI, 2014 - 2016 My Facility vs. All CoC and CoC High Volume



|                          | My Facility |             | All CoC   |           | CoC High Volume |           |
|--------------------------|-------------|-------------|-----------|-----------|-----------------|-----------|
|                          | 30 Day      | 90 Day      | 30 Day    | 90 Day    | 30 Day          | 90 Day    |
| <b>Mortality Percent</b> | 0.0%        | 0.0%        | 2.4%      | 5.1%      | 2.0%            | 4.4%      |
| <b>95 % CI</b>           | (0.0,100.0) | (0.0,100.0) | (2.3,2.6) | (4.9,5.3) | (1.8,2.2)       | (4.1,4.6) |
| <b>Deaths</b>            | 0           | 0           | 590       | 1,187     | 397             | 831       |
| <b>Resections</b>        | 1           | 1           | 24,230    | 23,298    | 19,809          | 19,032    |

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

# Rectal Resections, Unadjusted 30, 90 Day Mortality, 95% CI, 2014 - 2016 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    |
| <b>Mortality Percent</b> | 0.0%        | 0.0%       | 1.4%      | 2.7%      | 1.1%            | 2.3%      |
| <b>95 % CI</b>           | (0.0,30.0)  | (0.0,30.0) | (1.3,1.5) | (2.6,2.9) | (1.0,1.2)       | (2.1,2.4) |
| <b>Deaths</b>            | 0           | 0          | 490       | 898       | 297             | 558       |
| <b>Resections</b>        | 10          | 10         | 35,264    | 33,252    | 26,302          | 24,751    |

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

# Survival Reports

CQIP contains both unadjusted survival rates and risk-adjusted hazard ratios for breast, colon, and non-small cell lung cancer primaries diagnosed between 2009 and 2011.

*These reports are intended for internal institutional use only, with the goal of better understanding your program's performance while identifying opportunities for improved cancer care.*

To be eligible for a survival report, your cancer program must have:

- administered all or part of patient treatment, or made a decision not to treat
- accrued 30 or more cases during the reporting period for breast, colon, and lung primaries within disease site and stage



100+ years

AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Unadjusted Survival

- Unadjusted survival rates are calculated by the life table method
- Program-specific rates relative to aggregated CoC are stage-stratified and include 95% confidence intervals
- Data are for patients who received all treatment at your facility (“All”), and for those who received only some of the therapy at your facility (“Any”)
- Please note that survival data are not available for Network-level CQIP Reports, and “All CoC” estimates do not include cases at VA and DoD facilities in their calculations
- CoC policy does not allow cancer programs to publicly report survival rates for their facility generated from NCDB data on any website or publication



100+years

AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality:  
Highest Standards, Better Outcomes

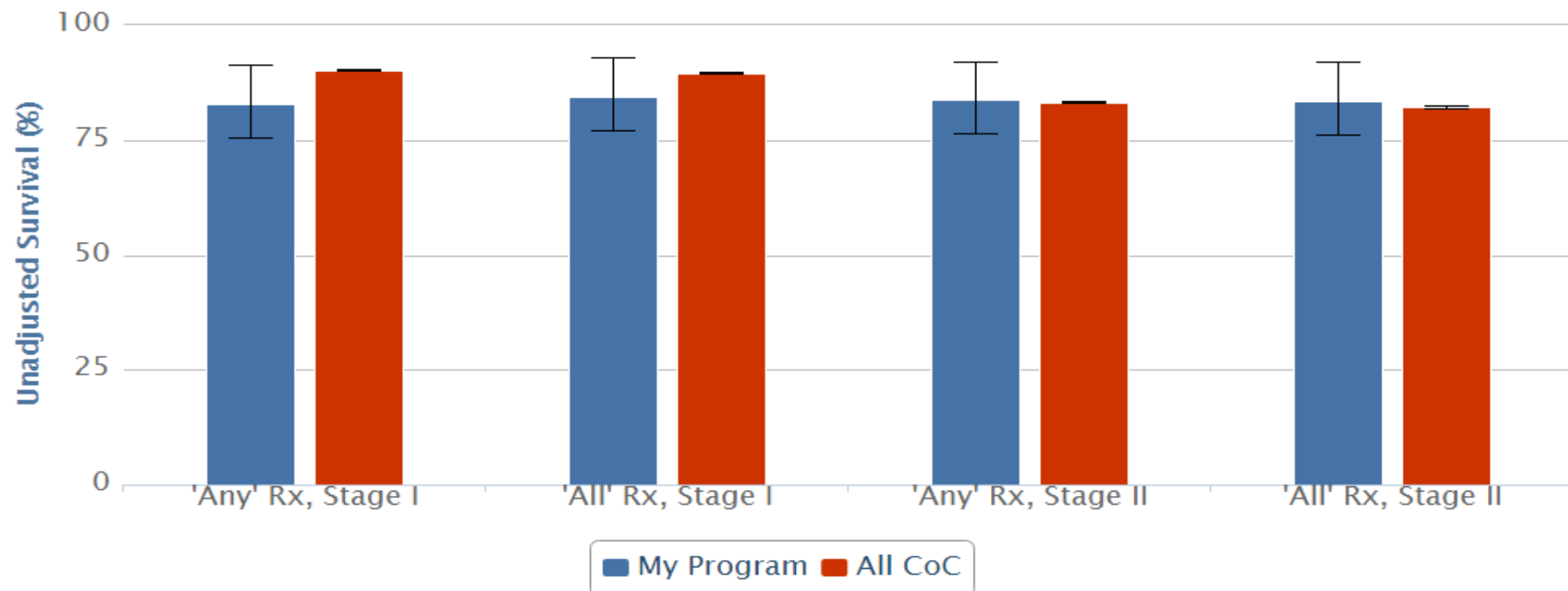
CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Unadjusted 5 Year Survival Rates 2009 - 2011: Breast Cancer Stages I, II



|                     | 'Any' Rx, Stage I |             | 'All' Rx, Stage I |             | 'Any' Rx Stage II |             | 'All' Rx Stage II |             |
|---------------------|-------------------|-------------|-------------------|-------------|-------------------|-------------|-------------------|-------------|
|                     | My Prog           | All CoC     | My Prog           | All CoC     | My Prog           | All CoC     | My Prog           | All CoC     |
| Unadjusted Survival | 82.9%             | 90.2%       | 84.5%             | 89.6%       | 83.8%             | 83.2%       | 83.5%             | 82.1%       |
| 95 % CI             | (75.4,91.3)       | (90.1,90.4) | (77.0,92.7)       | (89.5,89.8) | (76.5,91.8)       | (83.0,83.4) | (75.9,91.9)       | (81.8,82.3) |
| Deaths              | 15                | 20,675      | 13                | 17,194      | 15                | 21,799      | 14                | 18,214      |
| Total Cases         | 121               | 238,321     | 116               | 189,243     | 132               | 144,487     | 122               | 114,426     |

CoC policy does not allow cancer programs to publicly report survival rates for their facility generated from NCDB data. \*NA denotes <30 cumulative cases &/or the cancer program has not submitted at least 5 years of data to the NCDB(new programs).



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+ years

CQIP

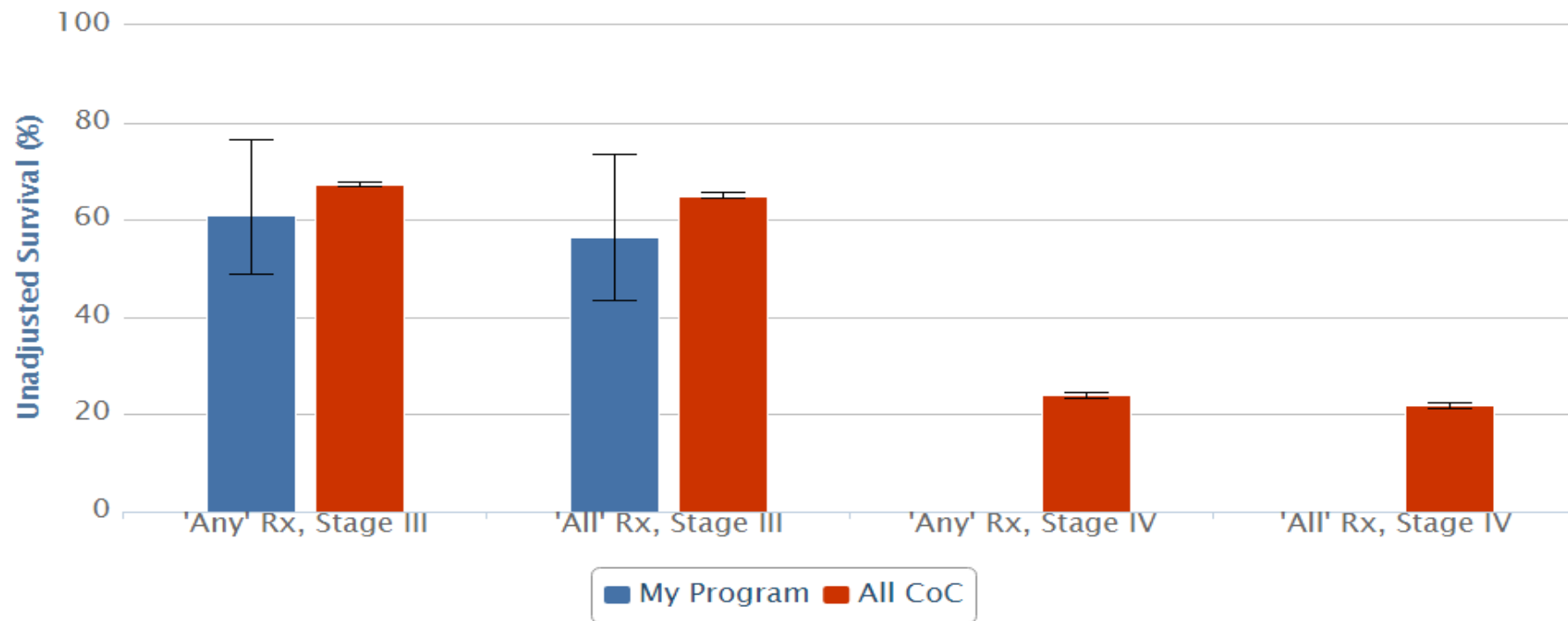
Cancer Quality Improvement Program



Commission  
on Cancer®

© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Unadjusted 5 Year Survival Rates 2009 - 2011: Breast Cancer Stages III, IV

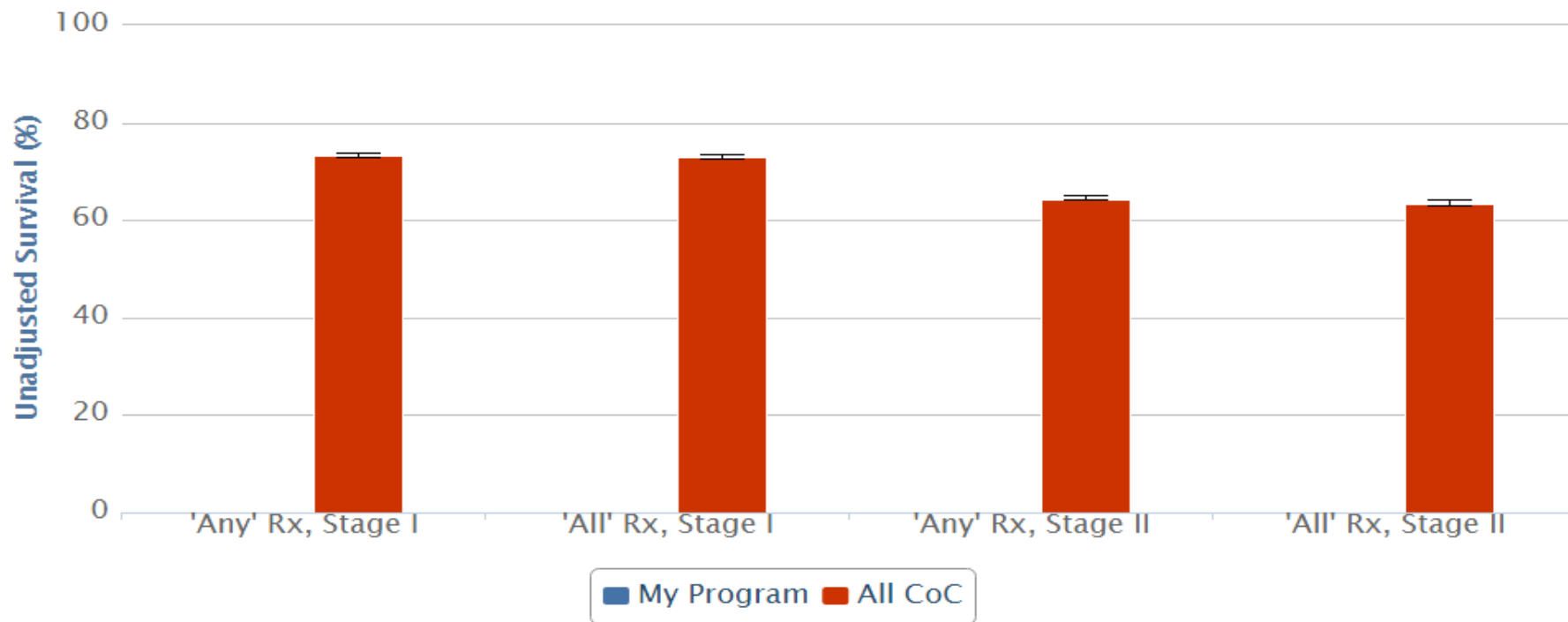


|                            | 'Any' Rx, Stage III |             | 'All' Rx, Stage III |             | 'Any' Rx Stage IV |             | 'All' Rx Stage IV |             |
|----------------------------|---------------------|-------------|---------------------|-------------|-------------------|-------------|-------------------|-------------|
|                            | My Prog             | All CoC     | My Prog             | All CoC     | My Prog           | All CoC     | My Prog           | All CoC     |
| <b>Unadjusted Survival</b> | 61.0%               | 67.2%       | 56.5%               | 65.0%       | *NA               | 23.9%       | *NA               | 21.9%       |
| <b>95 % CI</b>             | (48.7,76.5)         | (66.8,67.6) | (43.4,73.5)         | (64.5,65.5) | *NA               | (23.3,24.5) | *NA               | (21.3,22.5) |
| <b>Deaths</b>              | 19                  | 15,588      | 19                  | 12,871      | 16                | 16,149      | 16                | 14,406      |
| <b>Total Cases</b>         | 59                  | 51,620      | 54                  | 40,406      | 21                | 22,239      | 20                | 19,364      |

CoC policy does not allow cancer programs to publicly report survival rates for their facility generated from NCDB data. \*NA denotes <30 cumulative cases &/or the cancer program has not submitted at least 5 years of data to the NCDB(new programs).



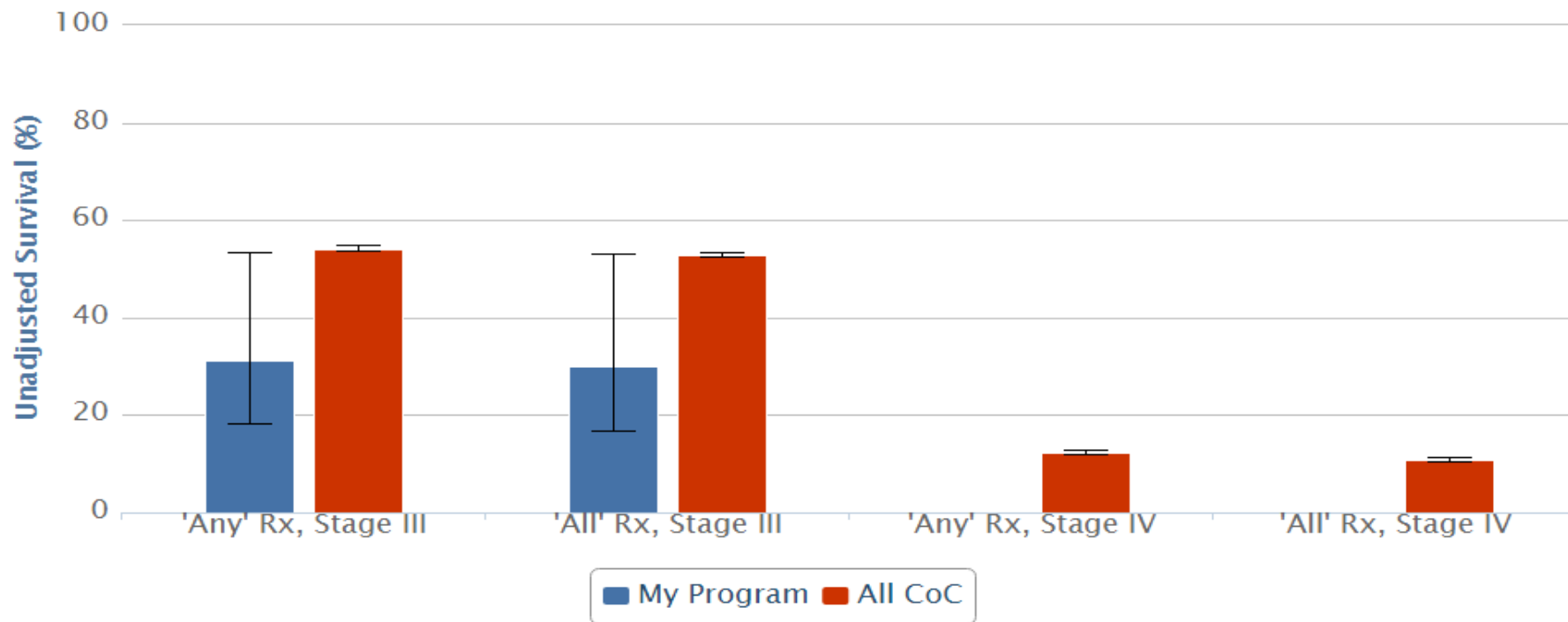
# Unadjusted 5 Year Survival Rates 2009 - 2011: Colon Cancer Stages I, II



|                            | 'Any' Rx, Stage I |             | 'All' Rx, Stage I |             | 'Any' Rx Stage II |             | 'All' Rx Stage II |             |
|----------------------------|-------------------|-------------|-------------------|-------------|-------------------|-------------|-------------------|-------------|
|                            | My Prog           | All CoC     | My Prog           | All CoC     | My Prog           | All CoC     | My Prog           | All CoC     |
| <b>Unadjusted Survival</b> | *NA               | 73.3%       | *NA               | 73.0%       | *NA               | 64.4%       | *NA               | 63.5%       |
| <b>95 % CI</b>             | *NA               | (72.8,73.7) | *NA               | (72.5,73.5) | *NA               | (64.0,64.9) | *NA               | (63.0,64.0) |
| <b>Deaths</b>              | 9                 | 9,422       | 8                 | 8,684       | 7                 | 15,737      | 6                 | 14,602      |
| <b>Total Cases</b>         | 28                | 39,070      | 26                | 35,819      | 25                | 48,332      | 23                | 43,881      |

CoC policy does not allow cancer programs to publicly report survival rates for their facility generated from NCDB data. \*NA denotes <30 cumulative cases &/or the cancer program has not submitted at least 5 years of data to the NCDB(new programs).

# Unadjusted 5 Year Survival Rates 2009 - 2011: Colon Cancer Stages III, IV

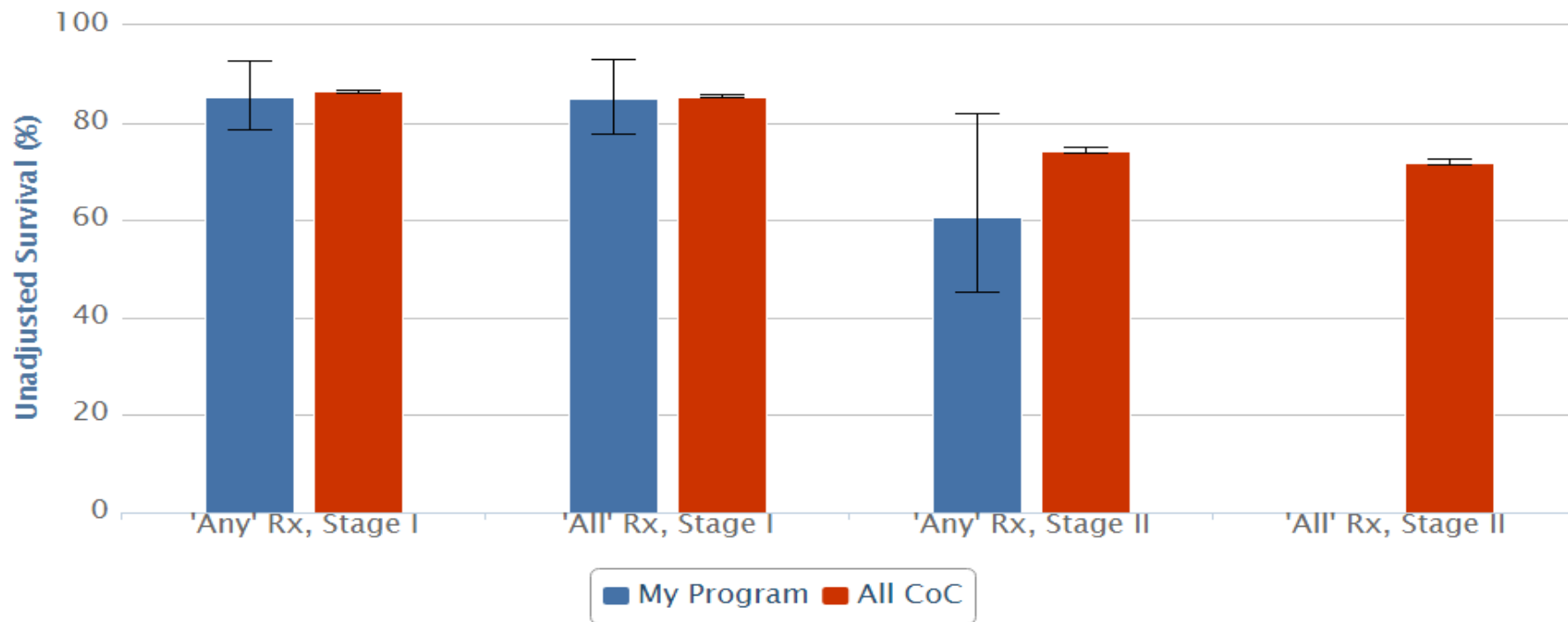


|                            | 'Any' Rx, Stage III |             | 'All' Rx, Stage III |             | 'Any' Rx Stage IV |             | 'All' Rx Stage IV |             |
|----------------------------|---------------------|-------------|---------------------|-------------|-------------------|-------------|-------------------|-------------|
|                            | My Prog             | All CoC     | My Prog             | All CoC     | My Prog           | All CoC     | My Prog           | All CoC     |
| <b>Unadjusted Survival</b> | 31.2%               | 54.2%       | 29.9%               | 52.9%       | *NA               | 12.3%       | *NA               | 10.8%       |
| <b>95 % CI</b>             | (18.2,53.3)         | (53.7,54.7) | (16.8,53.0)         | (52.4,53.4) | *NA               | (12.0,12.7) | *NA               | (10.5,11.2) |
| <b>Deaths</b>              | 21                  | 20,443      | 20                  | 18,803      | 24                | 31,331      | 24                | 28,781      |
| <b>Total Cases</b>         | 38                  | 48,019      | 36                  | 43,099      | 26                | 36,696      | 26                | 33,185      |

CoC policy does not allow cancer programs to publicly report survival rates for their facility generated from NCDB data. \*NA denotes <30 cumulative cases &/or the cancer program has not submitted at least 5 years of data to the NCDB(new programs).



# Unadjusted 1 Year Survival Rates 2009 - 2011: NSCLC Stages I, II



|                            | 'Any' Rx, Stage I |             | 'All' Rx, Stage I |             | 'Any' Rx Stage II |             | 'All' Rx Stage II |             |
|----------------------------|-------------------|-------------|-------------------|-------------|-------------------|-------------|-------------------|-------------|
|                            | My Prog           | All CoC     | My Prog           | All CoC     | My Prog           | All CoC     | My Prog           | All CoC     |
| <b>Unadjusted Survival</b> | 85.3%             | 86.4%       | 84.9%             | 85.3%       | 60.7%             | 74.3%       | *NA               | 71.8%       |
| <b>95 % CI</b>             | (78.4,92.7)       | (86.1,86.6) | (77.6,92.8)       | (85.0,85.6) | (45.1,81.8)       | (73.8,74.8) | *NA               | (71.2,72.4) |
| <b>Deaths</b>              | 51                | 39,173      | 48                | 32,709      | 23                | 17,201      | 22                | 14,403      |
| <b>Total Cases</b>         | 105               | 84,356      | 96                | 69,351      | 30                | 27,739      | 29                | 22,405      |

CoC policy does not allow cancer programs to publicly report survival rates for their facility generated from NCDB data. \*NA denotes <30 cumulative cases &/or the cancer program has not submitted at least 5 years of data to the NCDB(new programs).



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+ years

CQIP

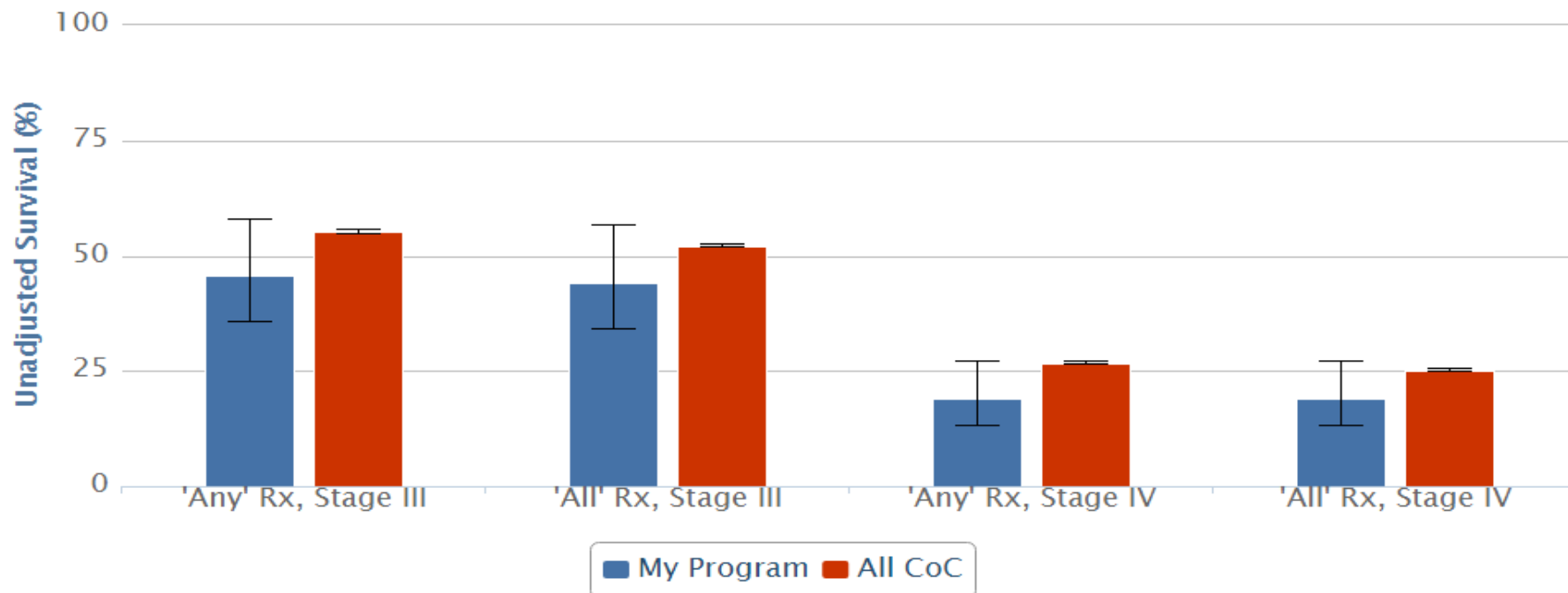
Cancer Quality Improvement Program



Commission  
on Cancer®

© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Unadjusted 1 Year Survival Rates 2009 - 2011: NSCLC Stages III, IV



|                            | 'Any' Rx, Stage III |             | 'All' Rx, Stage III |             | 'Any' Rx Stage IV |             | 'All' Rx Stage IV |             |
|----------------------------|---------------------|-------------|---------------------|-------------|-------------------|-------------|-------------------|-------------|
|                            | My Prog             | All CoC     | My Prog             | All CoC     | My Prog           | All CoC     | My Prog           | All CoC     |
| <b>Unadjusted Survival</b> | 45.6%               | 55.2%       | 44.0%               | 52.2%       | 18.9%             | 26.7%       | 18.9%             | 25.2%       |
| <b>95 % CI</b>             | (35.8,58.0)         | (54.8,55.6) | (34.1,56.8)         | (51.8,52.6) | (13.2,27.1)       | (26.5,27.0) | (13.2,27.1)       | (24.9,25.5) |
| <b>Deaths</b>              | 70                  | 53,818      | 69                  | 46,298      | 124               | 115,662     | 124               | 103,638     |
| <b>Total Cases</b>         | 80                  | 65,659      | 76                  | 55,102      | 128               | 121,861     | 128               | 108,720     |

CoC policy does not allow cancer programs to publicly report survival rates for their facility generated from NCDB data. \*NA denotes <30 cumulative cases &/or the cancer program has not submitted at least 5 years of data to the NCDB(new programs).



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+ years

CQIP

Cancer Quality Improvement Program



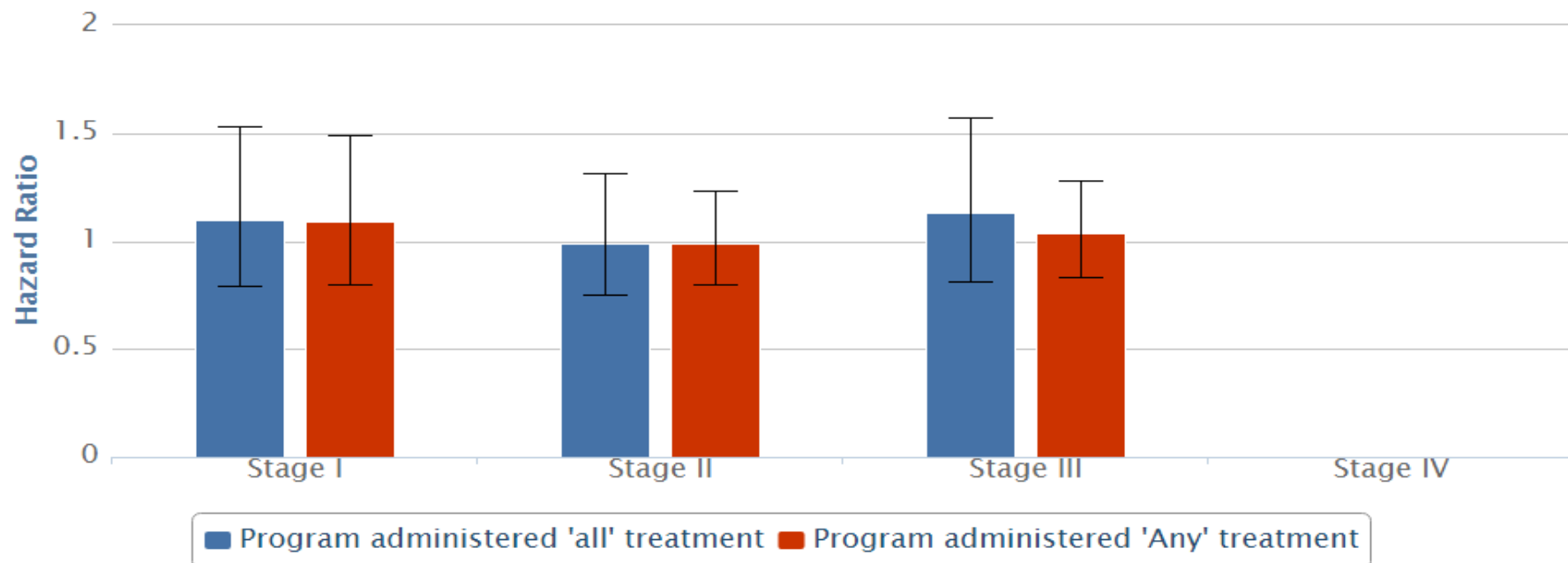
© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Risk Adjusted Survival

- Site and stage specific Hazard Ratios (HR) adjusted for age, race, sex, cancer sequence, insurance status, and comorbid conditions are generated for your program
- HR are generated for patients who received All Treatment in your facility, and for patients who received Partial Treatment in your facility
- A  $HR < 1.0$  indicates a lower risk of death at your facility compared to all CoC patients
- A  $HR > 1.0$  indicates a higher risk of death at your facility compared to all CoC patients
- A HR is not statistically significant unless indicated
- Please note that survival data are not available for Network-level or VA/DoD CQIP Reports



# Risk-Adjusted Survival Breast Cancer Stage Stratified Hazard Ratios 2009 - 2011



|                     | Stage I - All | Stage I - Any | Stage II - All | Stage II - Any | Stage III - All | Stage III - Any | Stage IV - All | Stage IV - Any |
|---------------------|---------------|---------------|----------------|----------------|-----------------|-----------------|----------------|----------------|
| <b>Hazard Ratio</b> | 1.1           | 1.09          | 0.99           | 0.99           | 1.13            | 1.04            | *NA            | *NA            |
| <b>95 % CI</b>      | (0.79,1.53)   | (0.8,1.49)    | (0.75,1.31)    | (0.8,1.23)     | (0.81,1.57)     | (0.83,1.28)     | *NA            | *NA            |
| <b>Deaths</b>       | 13            | 15            | 14             | 15             | 19              | 19              | 16             | 16             |
| <b>Total Cases</b>  | 116           | 121           | 122            | 132            | 54              | 59              | 20             | 21             |
| <b>Significance</b> | **NS          | **NS          | **NS           | **NS           | **NS            | **NS            | *NA            | *NA            |

CoC policy does not allow cancer programs to publicly report survival rates for their facility generated from NCDB data.\*NA denotes <30 cumulative cases &/or the cancer program has not submitted at least 5 years of data.\*\*NS denotes "Non-Significant"

Lower (Worse) Survival Hazard Ratio > 1 and Higher (Better) Survival Hazard Ratio < 1

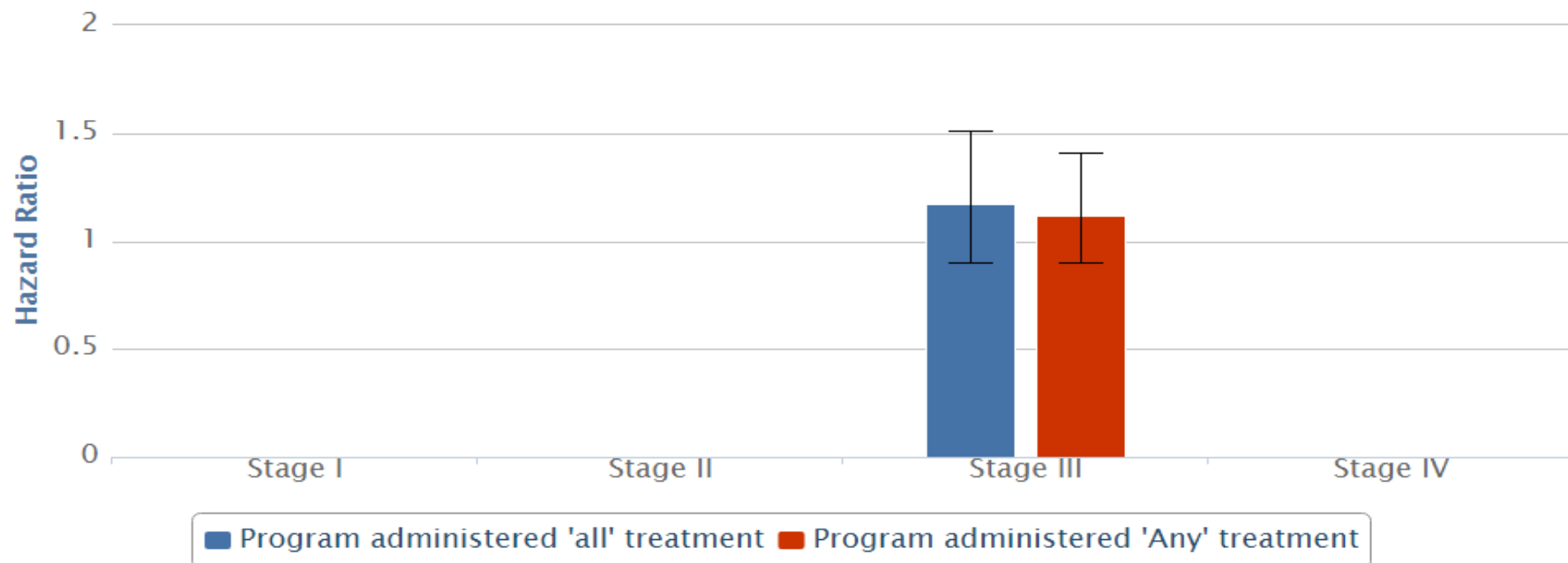
# Risk Adjusted Survival Breast Cancer: Patient Demographics 2009 - 2011 - My Facility

| Program administered 'all' treatment  |         |          |           |          |
|---------------------------------------|---------|----------|-----------|----------|
|                                       | Stage I | Stage II | Stage III | Stage IV |
| Patient N                             | 116     | 122      | 54        | 20       |
| Death N                               | 13      | 14       | 19        | 16       |
| Proportion Lost to Follow-Up          | 33.6%   | 38.5%    | 24.1%     | 15.0%    |
| Proportion Missing Race or Payer Data | 1.7%    | 1.6%     | 5.6%      | 0.0%     |
| Program administered 'any' treatment  |         |          |           |          |
|                                       | Stage I | Stage II | Stage III | Stage IV |
| Patient N                             | 121     | 132      | 59        | 21       |
| Death N                               | 15      | 15       | 19        | 16       |
| Proportion Lost to Follow-Up          | 32.2%   | 37.9%    | 22.0%     | 14.3%    |
| Proportion Missing Race or Payer Data | 1.7%    | 2.3%     | 5.1%      | 0.0%     |

CoC policy does not allow cancer programs to publicly report survival rates for their facility generated from NCDB data. \*NA denotes <30 cumulative cases &/or the cancer program has not submitted at least 5 years of data.



# Risk-Adjusted Survival Colon Cancer Stage Stratified Hazard Ratios 2009 - 2011



|                     | Stage I - All | Stage I - Any | Stage II - All | Stage II - Any | Stage III - All | Stage III - Any | Stage IV - All | Stage IV - Any |
|---------------------|---------------|---------------|----------------|----------------|-----------------|-----------------|----------------|----------------|
| <b>Hazard Ratio</b> | *NA           | *NA           | *NA            | *NA            | 1.17            | 1.12            | *NA            | *NA            |
| <b>95 % CI</b>      | *NA           | *NA           | *NA            | *NA            | (0.9,1.51)      | (0.9,1.41)      | *NA            | *NA            |
| <b>Deaths</b>       | 8             | 9             | 6              | 7              | 20              | 21              | 24             | 24             |
| <b>Total Cases</b>  | 26            | 28            | 23             | 25             | 36              | 38              | 26             | 26             |
| <b>Significance</b> | *NA           | *NA           | *NA            | *NA            | **NS            | **NS            | *NA            | *NA            |

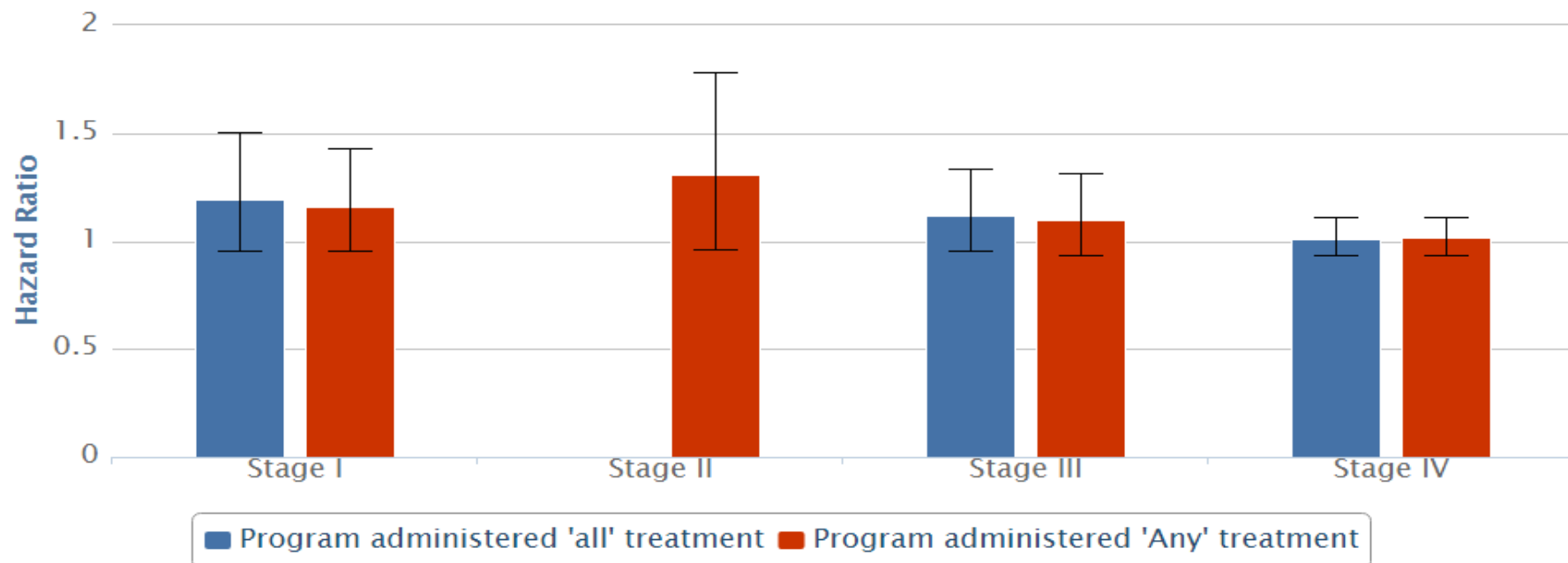
CoC policy does not allow cancer programs to publicly report survival rates for their facility generated from NCDB data.\*NA denotes <30 cumulative cases &/or the cancer program has not submitted at least 5 years of data.\*\*NS denotes "Non-Significant"  
 Lower (Worse) Survival Hazard Ratio > 1 and Higher (Better) Survival Hazard Ratio < 1

# Risk Adjusted Survival Colon Cancer: Patient Demographics 2009 - 2011 - My Facility

| Program administered 'all' treatment  |         |          |           |          |
|---------------------------------------|---------|----------|-----------|----------|
|                                       | Stage I | Stage II | Stage III | Stage IV |
| Patient N                             | 26      | 23       | 36        | 26       |
| Death N                               | 8       | 6        | 20        | 24       |
| Proportion Lost to Follow-Up          | 26.9%   | 30.4%    | 22.2%     | 3.8%     |
| Proportion Missing Race or Payer Data | 0.0%    | 0.0%     | 0.0%      | 0.0%     |
| Program administered 'any' treatment  |         |          |           |          |
|                                       | Stage I | Stage II | Stage III | Stage IV |
| Patient N                             | 28      | 25       | 38        | 26       |
| Death N                               | 9       | 7        | 21        | 24       |
| Proportion Lost to Follow-Up          | 28.6%   | 28.0%    | 21.1%     | 3.8%     |
| Proportion Missing Race or Payer Data | 0.0%    | 0.0%     | 0.0%      | 0.0%     |

CoC policy does not allow cancer programs to publicly report survival rates for their facility generated from NCDB data. \*NA denotes <30 cumulative cases &/or the cancer program has not submitted at least 5 years of data.

# Risk-Adjusted Survival NSCLC Cancer Stage Stratified Hazard Ratios 2009 - 2011



|                     | Stage I - All | Stage I - Any | Stage II - All | Stage II - Any | Stage III - All | Stage III - Any | Stage IV - All | Stage IV - Any |
|---------------------|---------------|---------------|----------------|----------------|-----------------|-----------------|----------------|----------------|
| <b>Hazard Ratio</b> | 1.19          | 1.16          | *NA            | 1.31           | 1.12            | 1.1             | 1.01           | 1.02           |
| <b>95 % CI</b>      | (0.95,1.5)    | (0.95,1.43)   | *NA            | (0.96,1.78)    | (0.95,1.33)     | (0.93,1.31)     | (0.93,1.11)    | (0.93,1.11)    |
| <b>Deaths</b>       | 48            | 51            | 22             | 23             | 69              | 70              | 124            | 124            |
| <b>Total Cases</b>  | 96            | 105           | 29             | 30             | 76              | 80              | 128            | 128            |
| <b>Significance</b> | **NS          | **NS          | *NA            | **NS           | **NS            | **NS            | **NS           | **NS           |

CoC policy does not allow cancer programs to publicly report survival rates for their facility generated from NCDB data.\*NA denotes <30 cumulative cases &/or the cancer program has not submitted at least 5 years of data.\*\*NS denotes "Non-Significant"

Lower (Worse) Survival Hazard Ratio > 1 and Higher (Better) Survival Hazard Ratio < 1

# Risk Adjusted Survival NSCLC Cancer: Patient Demographics 2009 - 2011 - My Facility

| Program administered 'all' treatment  |         |          |           |          |
|---------------------------------------|---------|----------|-----------|----------|
|                                       | Stage I | Stage II | Stage III | Stage IV |
| Patient N                             | 96      | 29       | 76        | 128      |
| Death N                               | 48      | 22       | 69        | 124      |
| Proportion Lost to Follow-Up          | 22.9%   | 13.8%    | 3.9%      | 2.3%     |
| Proportion Missing Race or Payer Data | 1.0%    | 0.0%     | 3.9%      | 1.6%     |
| Program administered 'any' treatment  |         |          |           |          |
|                                       | Stage I | Stage II | Stage III | Stage IV |
| Patient N                             | 105     | 30       | 80        | 128      |
| Death N                               | 51      | 23       | 70        | 124      |
| Proportion Lost to Follow-Up          | 23.8%   | 13.3%    | 7.5%      | 2.3%     |
| Proportion Missing Race or Payer Data | 1.0%    | 0.0%     | 3.8%      | 1.6%     |

CoC policy does not allow cancer programs to publicly report survival rates for their facility generated from NCDB data. \*NA denotes <30 cumulative cases &/or the cancer program has not submitted at least 5 years of data.

# 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



100+ years

AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

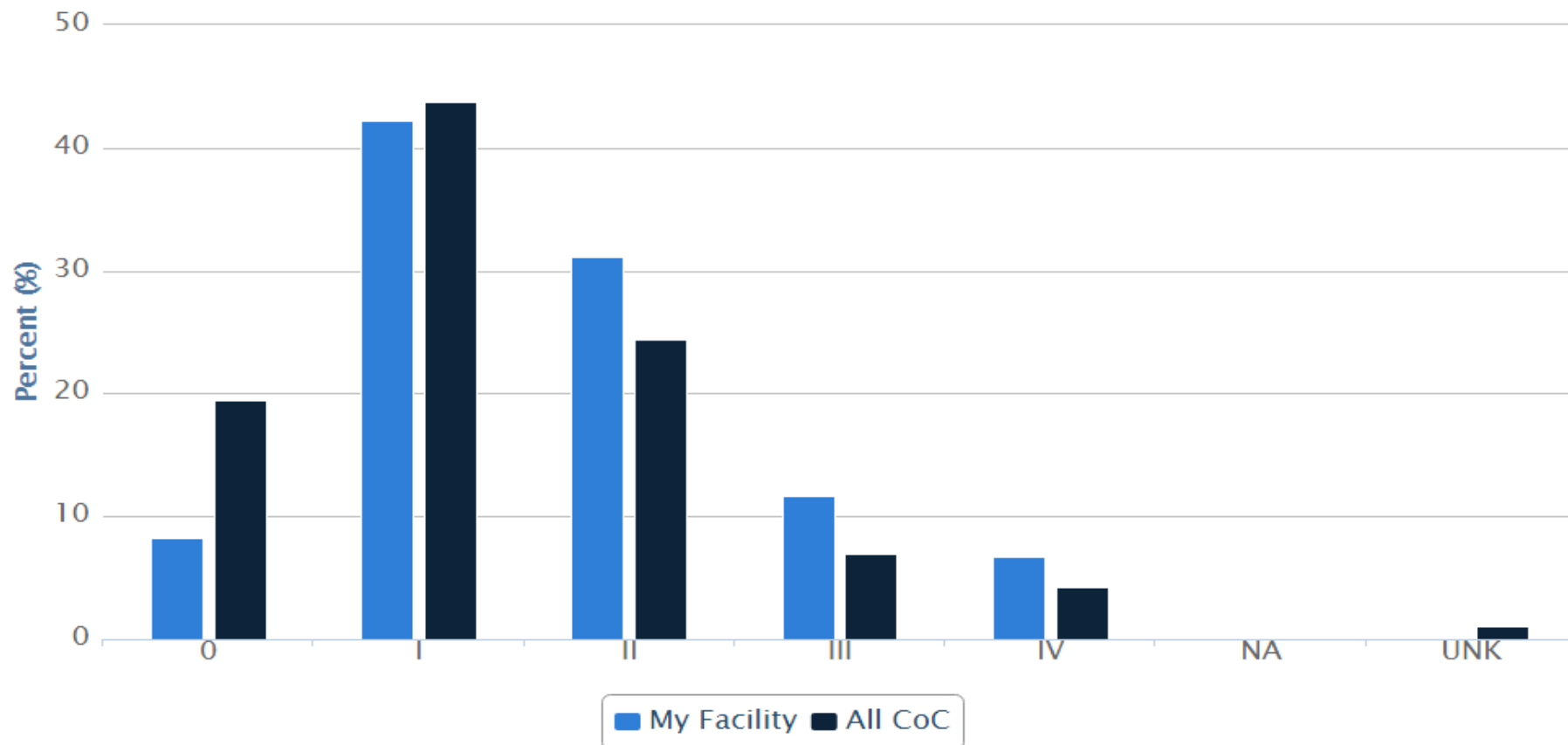
CQIP

Cancer Quality Improvement Program



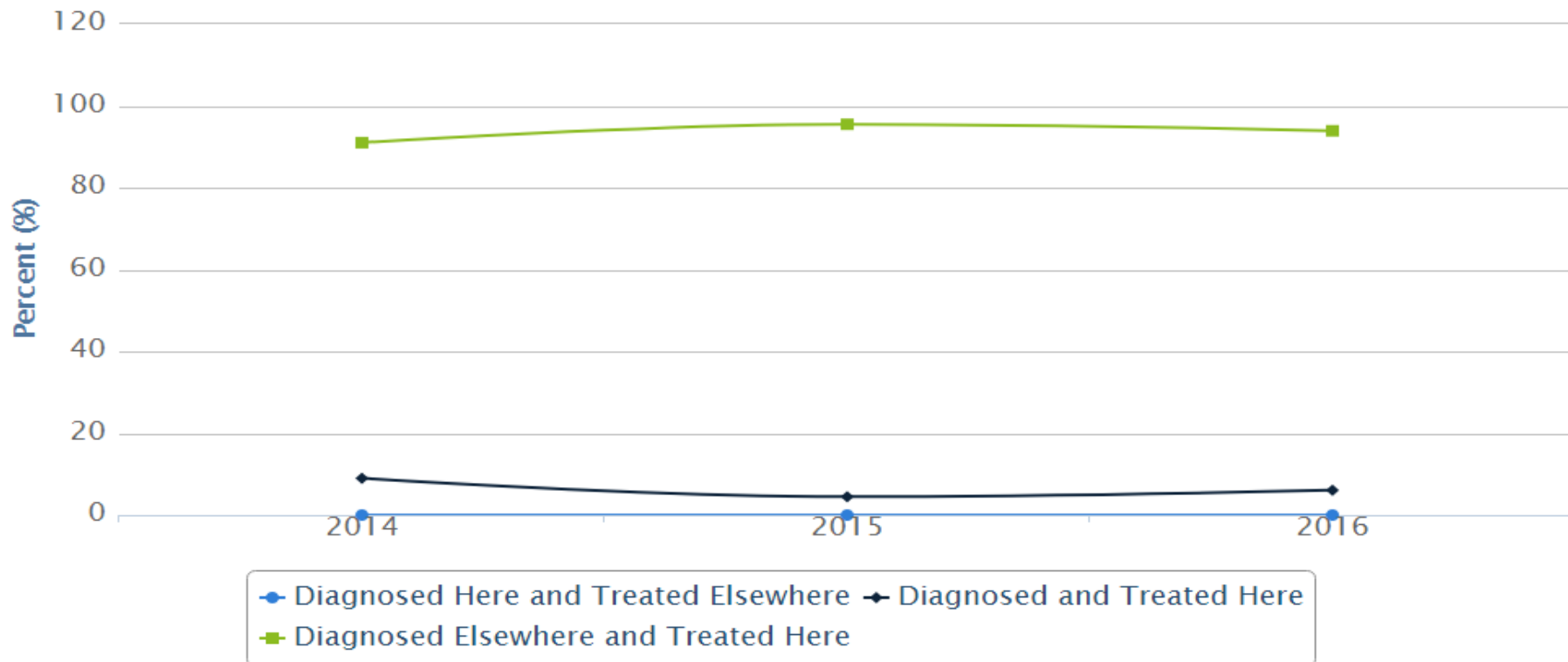
© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Stage Distribution - Breast Cancer Diagnosed in 2016, My Facility vs. All CoC



|             | 0                | I                 | II               | III           | IV             | NA            | UNK            |
|-------------|------------------|-------------------|------------------|---------------|----------------|---------------|----------------|
| My Facility | 8.3 % (n=15)     | 42.2 % (n=76)     | 31.1 % (n=56)    | 11.7 % (n=21) | 6.7 % (n=12)   | 0 % (n=0)     | 0 % (n=0)      |
| All CoC     | 19.4 % (n=44562) | 43.8 % (n=100427) | 24.4 % (n=55887) | 7 % (n=15933) | 4.3 % (n=9838) | 0.1 % (n=191) | 1.1 % (n=2411) |

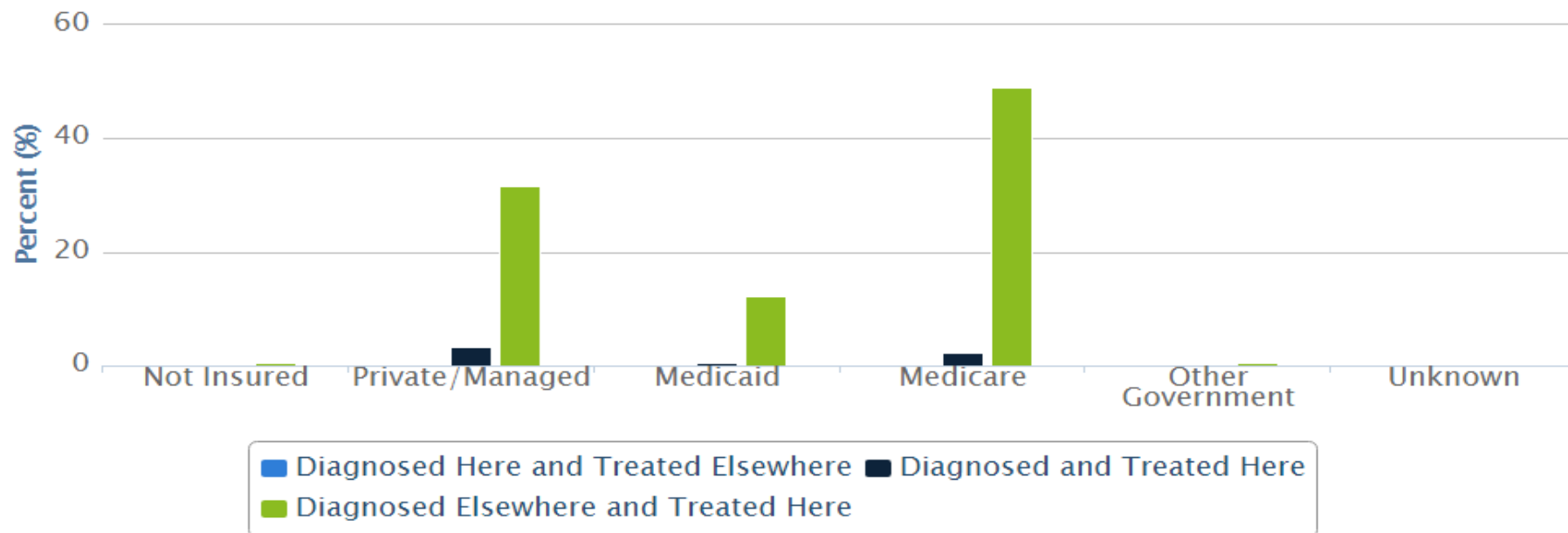
# In/Out Migration Breast Cancer, 2014 - 2016 - My Facility



|   | 2014         | 2015           | 2016           |
|---|--------------|----------------|----------------|
| <b>Diagnosed Here and Treated Elsewhere</b> | 0 % (n=0)    | 0 % (n=0)      | 0 % (n=0)      |
| <b>Diagnosed and Treated Here</b>           | 9 % (n=14)   | 4.5 % (n=8)    | 6.1 % (n=11)   |
| <b>Diagnosed Elsewhere and Treated Here</b> | 91 % (n=142) | 95.5 % (n=169) | 93.9 % (n=169) |

# In/Out Migration by Insurance Status Breast Cancer, 2016

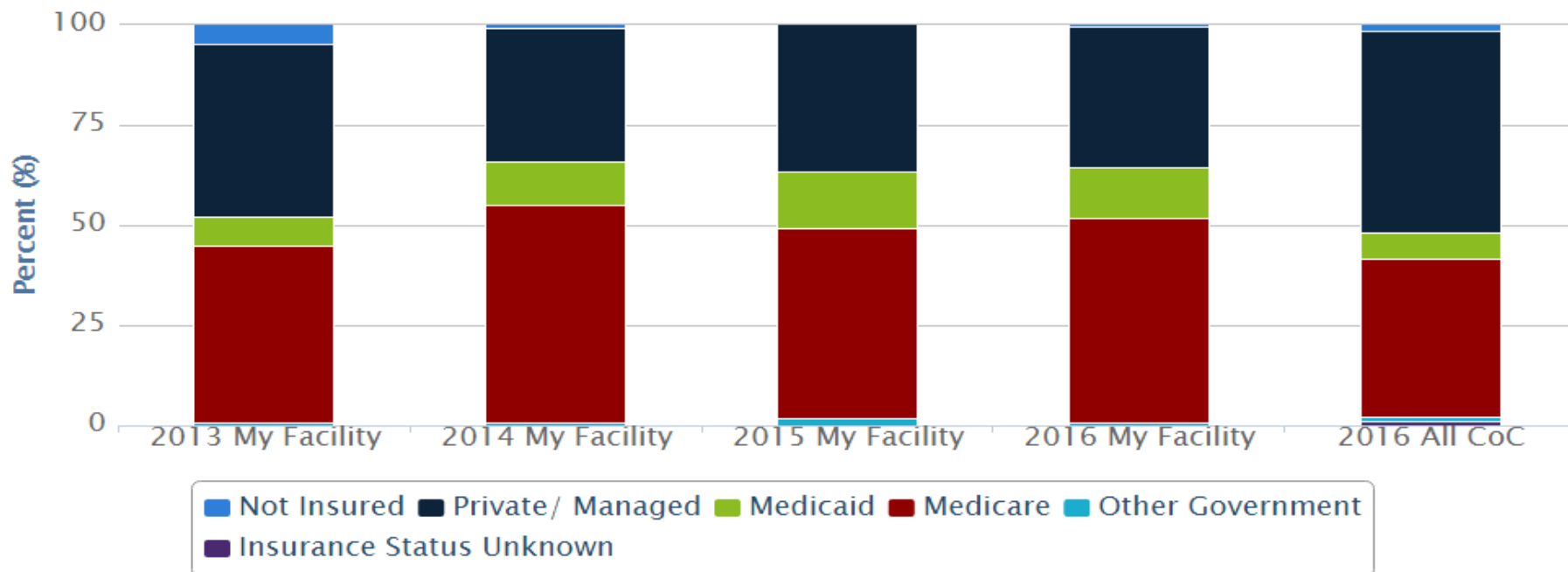
## My Facility



|                                      | Not Insured | Private/Managed | Medicaid      | Medicare      | Other Government | Unknown   |
|--------------------------------------|-------------|-----------------|---------------|---------------|------------------|-----------|
| Diagnosed Here and Treated Elsewhere | 0 % (n=0)   | 0 % (n=0)       | 0 % (n=0)     | 0 % (n=0)     | 0 % (n=0)        | 0 % (n=0) |
| Diagnosed and Treated Here           | 0 % (n=0)   | 3.3 % (n=6)     | 0.6 % (n=1)   | 2.2 % (n=4)   | 0 % (n=0)        | 0 % (n=0) |
| Diagnosed Elsewhere and Treated Here | 0.6 % (n=1) | 31.7 % (n=57)   | 12.2 % (n=22) | 48.9 % (n=88) | 0.6 % (n=1)      | 0 % (n=0) |

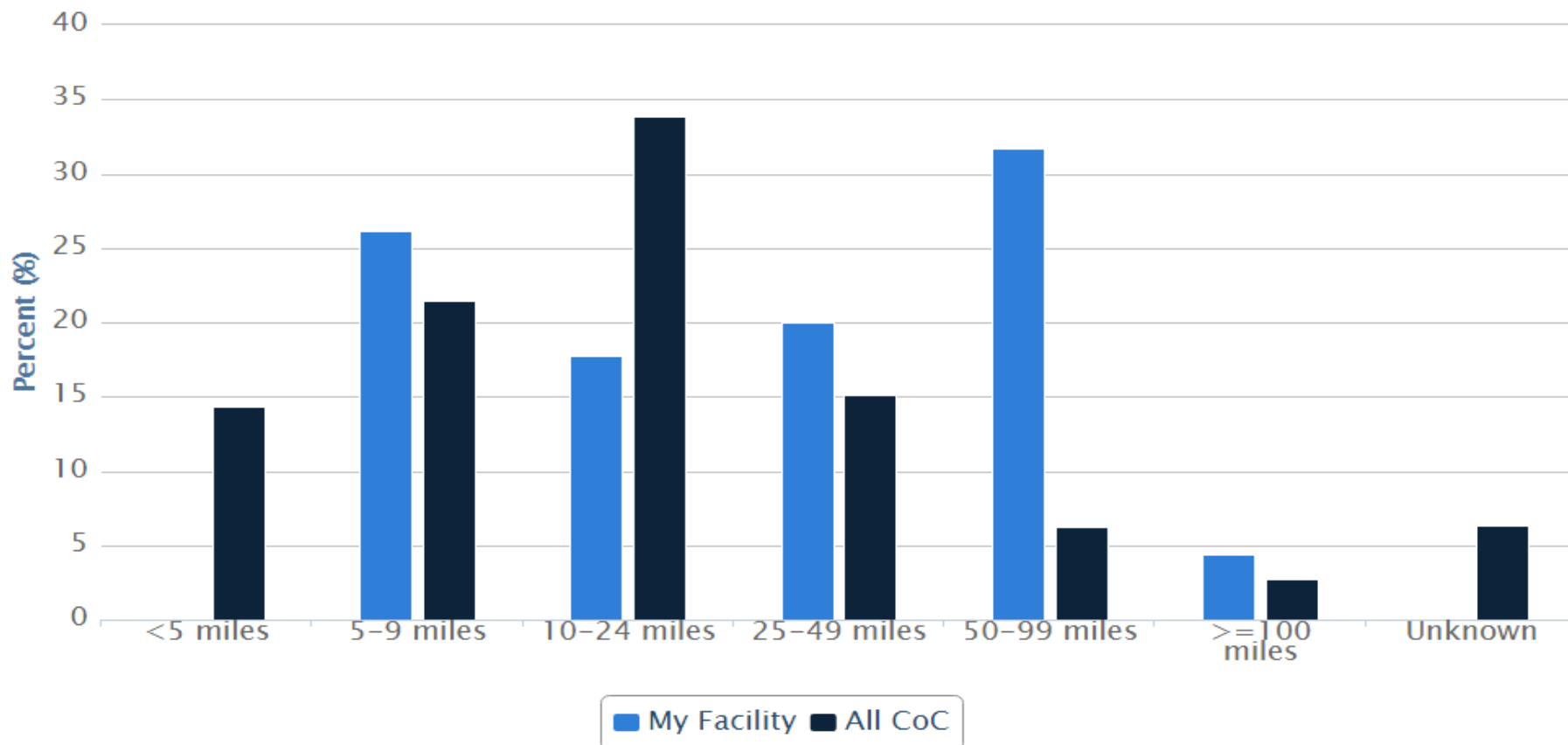
# Insurance Status - Breast Cancer, 2013 - 2016

## My Facility vs. All CoC



|                          | 2013 My Facility | 2014 My Facility | 2015 My Facility | 2016 My Facility | 2016 All CoC      |
|--------------------------|------------------|------------------|------------------|------------------|-------------------|
| Not Insured              | 4.7 % (n=5)      | 0.6 % (n=1)      | 0 % (n=0)        | 0.6 % (n=1)      | 1.6 % (n=3653)    |
| Private/Managed          | 43 % (n=46)      | 33.3 % (n=52)    | 36.7 % (n=65)    | 35 % (n=63)      | 50.3 % (n=115301) |
| Medicaid                 | 7.5 % (n=8)      | 10.9 % (n=17)    | 14.1 % (n=25)    | 12.8 % (n=23)    | 6.3 % (n=14432)   |
| Medicare                 | 43.9 % (n=47)    | 54.5 % (n=85)    | 47.5 % (n=84)    | 51.1 % (n=92)    | 39.5 % (n=90622)  |
| Other Government         | 0.9 % (n=1)      | 0.6 % (n=1)      | 1.7 % (n=3)      | 0.6 % (n=1)      | 1.1 % (n=2455)    |
| Insurance Status Unknown | 0 % (n=0)        | 0 % (n=0)        | 0 % (n=0)        | 0 % (n=0)        | 1.2 % (n=2786)    |

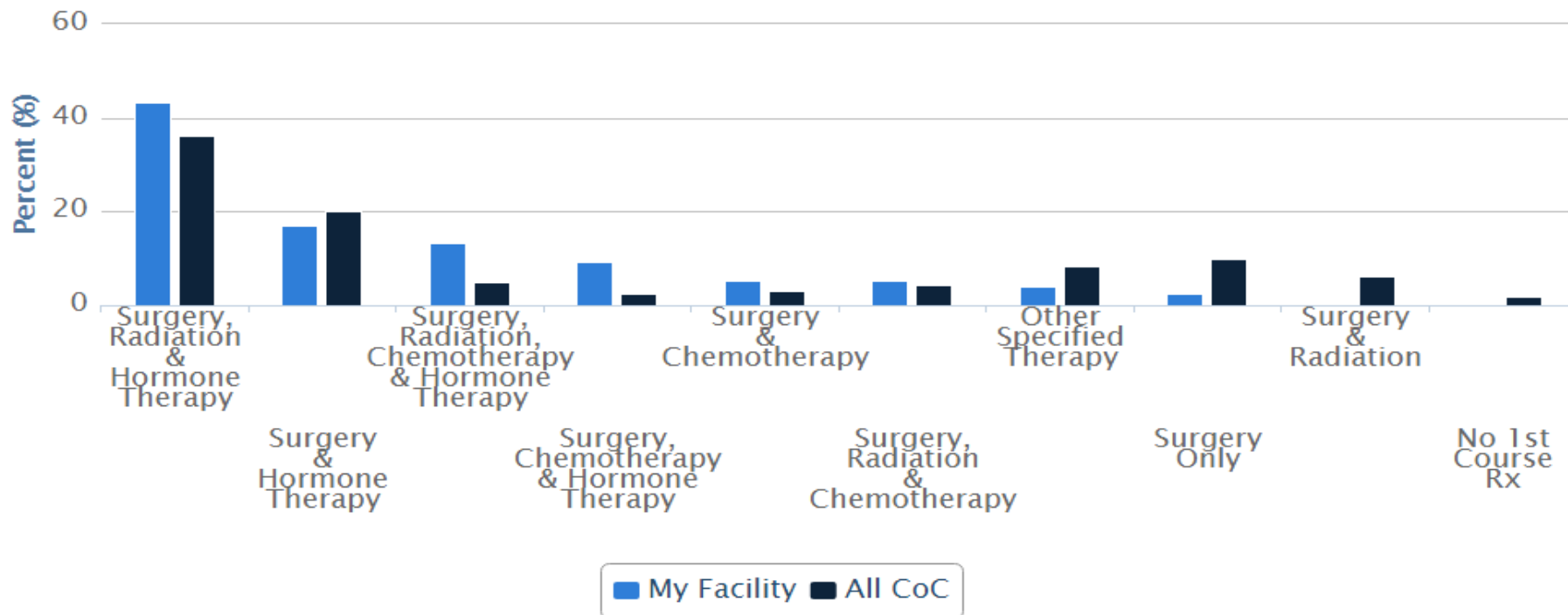
# Distance Traveled - Breast Cancer, 2016 - My Facility



|             | <5 miles         | 5-9 miles        | 10-24 miles      | 25-49 miles      | 50-99 miles     | >=100 miles    | Unknown         |
|-------------|------------------|------------------|------------------|------------------|-----------------|----------------|-----------------|
| My Facility | 0 % (n=0)        | 26.1 % (n=47)    | 17.8 % (n=32)    | 20 % (n=36)      | 31.7 % (n=57)   | 4.4 % (n=8)    | 0 % (n=0)       |
| All CoC     | 14.3 % (n=32824) | 21.5 % (n=49208) | 33.9 % (n=77800) | 15.1 % (n=34520) | 6.2 % (n=14163) | 2.7 % (n=6194) | 6.3 % (n=14540) |

# First Course Treatment Stage I Breast Cancer, 2016

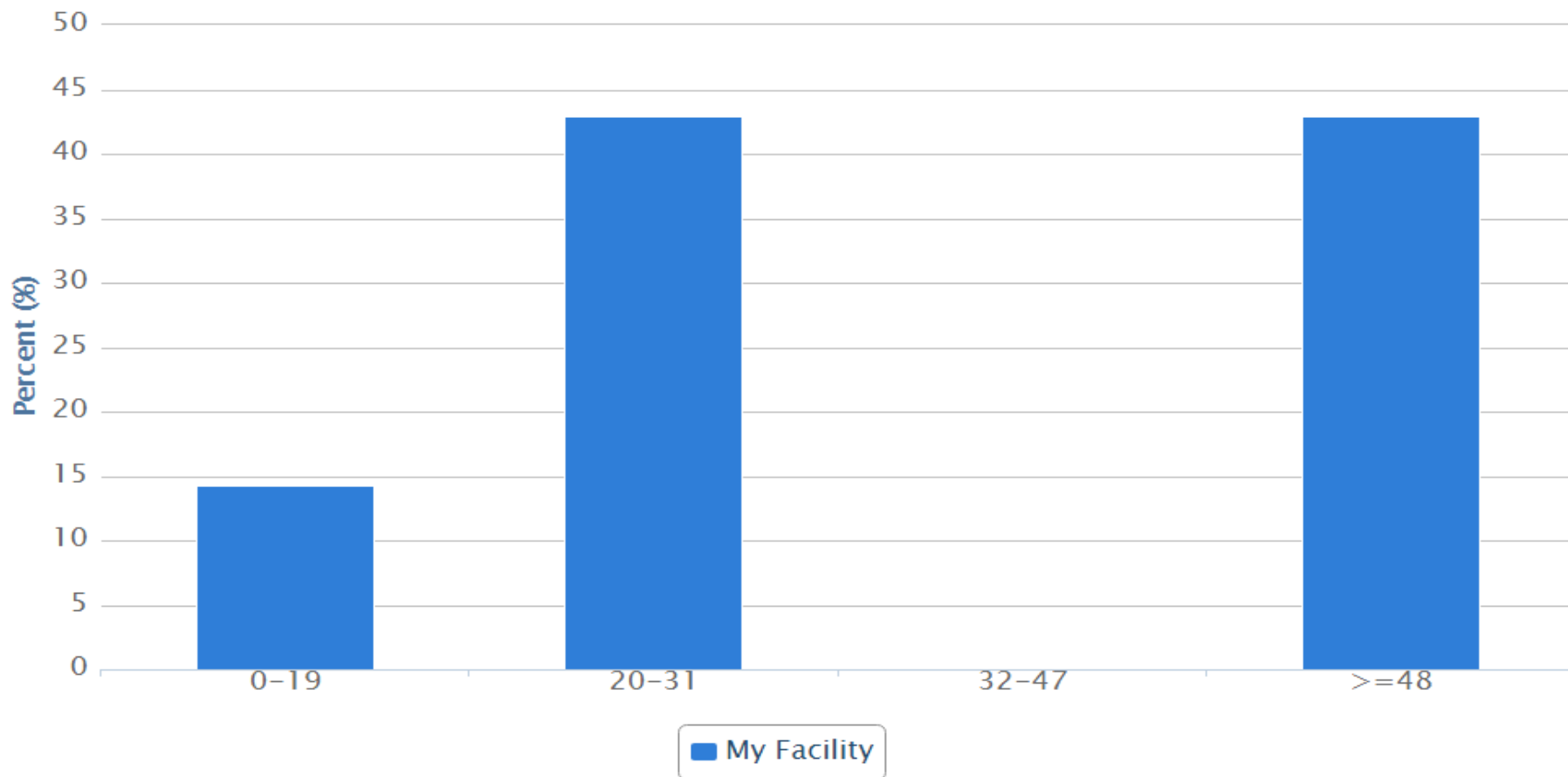
## My Facility vs. All CoC



|             | Surgery, Radiation & Hormone Therapy | Surgery & Hormone Therapy | Surgery, Radiation, Chemotherapy & Hormone Therapy | Surgery, Chemotherapy & Hormone Therapy | Surgery & Chemotherapy | Surgery, Radiation & Chemotherapy | Other Specified Therapy | Surgery Only      | Surgery & Radiation | No 1st Course Rx |
|-------------|--------------------------------------|---------------------------|--|---|------------------------|-----------------------------------|-------------------------|-------------------|---------------------|------------------|
| My Facility | 43.4 %<br>(n=33)                     | 17.1 %<br>(n=13)          | 13.2 %<br>(n=10)                                   | 9.2 %<br>(n=7)                          | 5.3 %<br>(n=4)         | 5.3 %<br>(n=4)                    | 3.9 %<br>(n=3)          | 2.6 %<br>(n=2)    | 0 % (n=0)           | 0 % (n=0)        |
| All CoC     | 36.3 %<br>(n=36493)                  | 20.1 %<br>(n=20195)       | 4.8 %<br>(n=4864)                                  | 2.5 %<br>(n=2481)                       | 3.1 %<br>(n=3069)      | 4.2 %<br>(n=4197)                 | 8.2 %<br>(n=8219)       | 9.9 %<br>(n=9980) | 6.3 %<br>(n=6319)   | 2 %<br>(n=2015)  |



# Days to First Treatment Quartiles Breast Cancer: Cases Diagnosed and Treated at My Facility, 2016



|             | 0-19         | 20-31        | 32-47     | >=48         |
|-------------|--------------|--------------|-----------|--------------|
| My Facility | 14.3 % (n=1) | 42.9 % (n=3) | 0 % (n=0) | 42.9 % (n=3) |

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.



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+ years

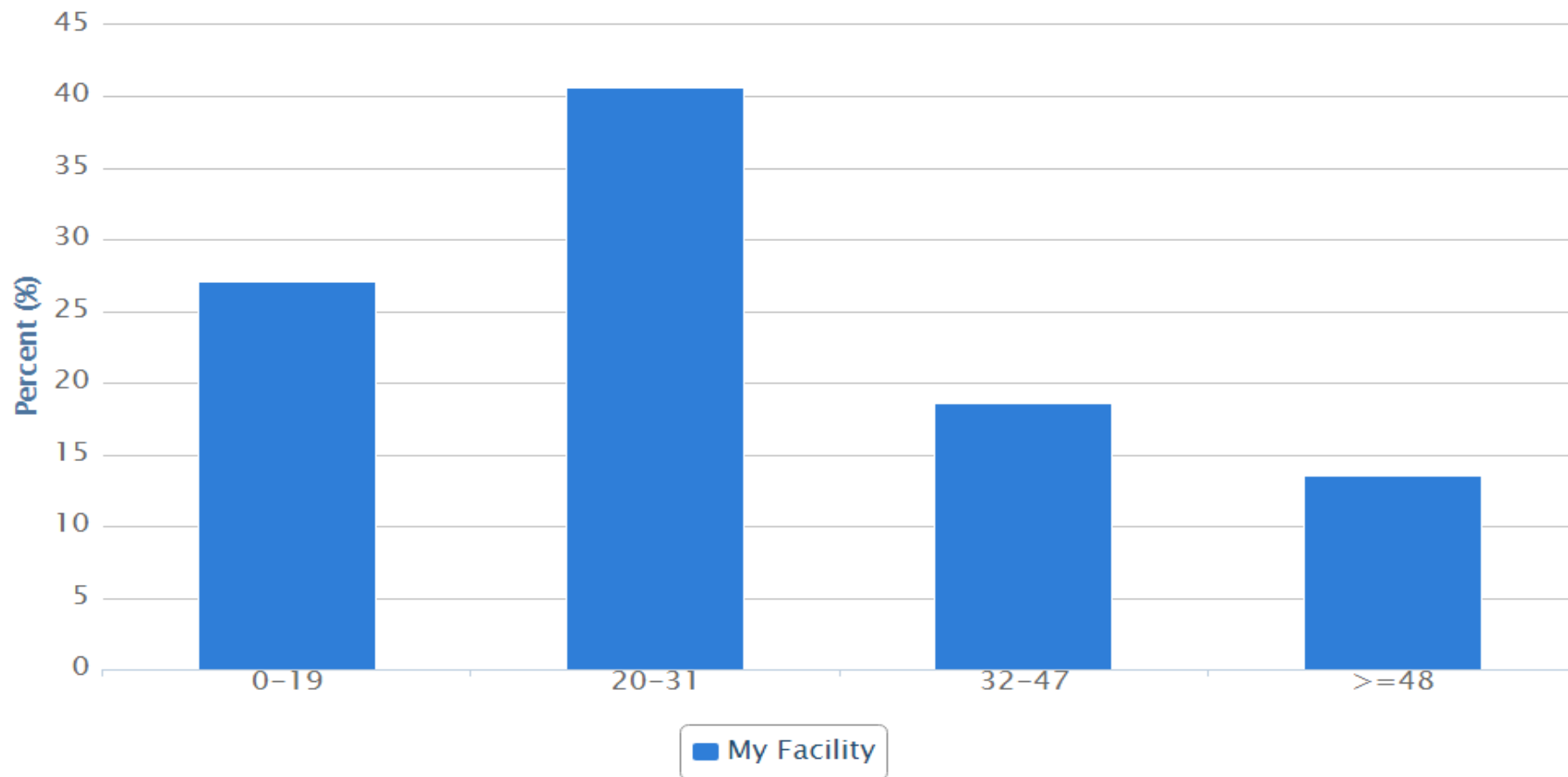
CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Days to First Treatment Quartiles Breast Cancer: Cases Diagnosed at My Facility or Elsewhere; Treated at My Facility, 2016



|             | 0-19          | 20-31         | 32-47         | >=48          |
|-------------|---------------|---------------|---------------|---------------|
| My Facility | 27.1 % (n=38) | 40.7 % (n=57) | 18.6 % (n=26) | 13.6 % (n=19) |

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.



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+ years

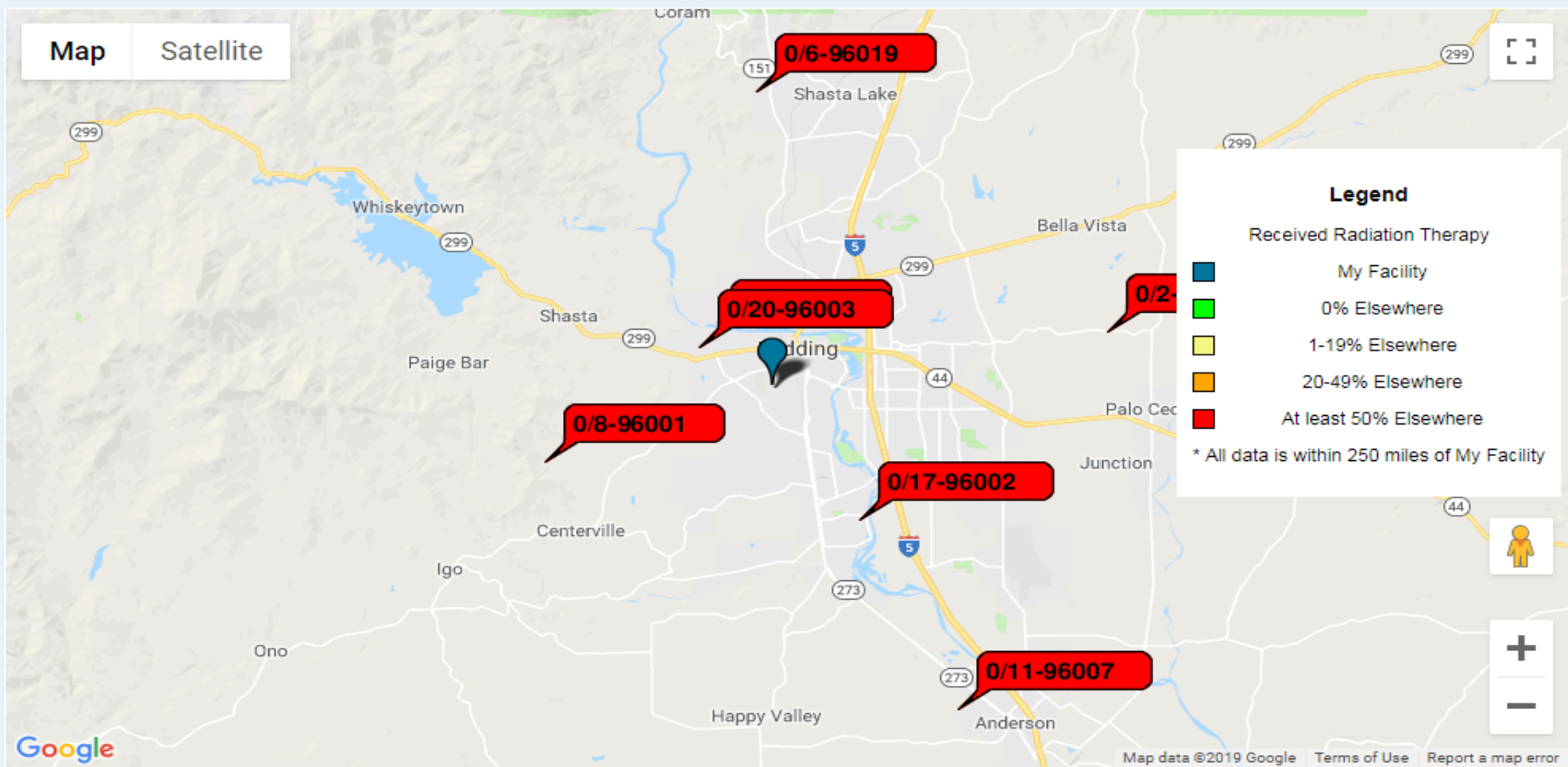
CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Radiation Treatment After Breast Cancer Surgery Out Migration Heat Map By Zip Code, 2016 - My Facility



|                          | At My Facility | Elsewhere    | Total | Average Distance for All Pts |
|--------------------------|----------------|--------------|-------|------------------------------|
| <b>Patients Radiated</b> | 0% (n=0)       | 100% (n=108) | 108   | 40.9                         |

\* n/d = Number of cases in zip code that received radiation in my facility / Number of cases in zip code that received radiation



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality:  
Highest Standards, Better Outcomes

100+ years

CQIP

Cancer Quality Improvement Program

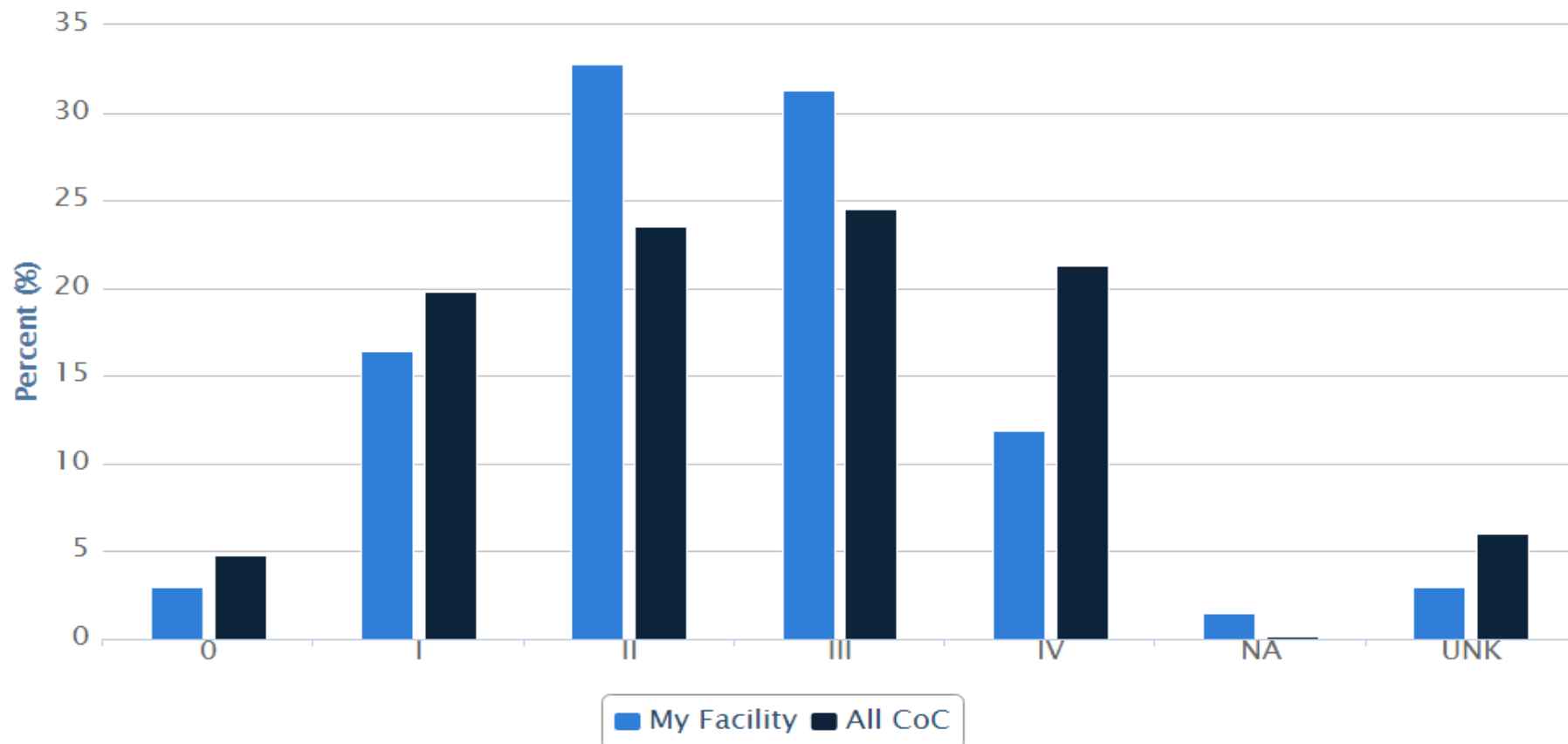


© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Colon Cancer—Additional Reports

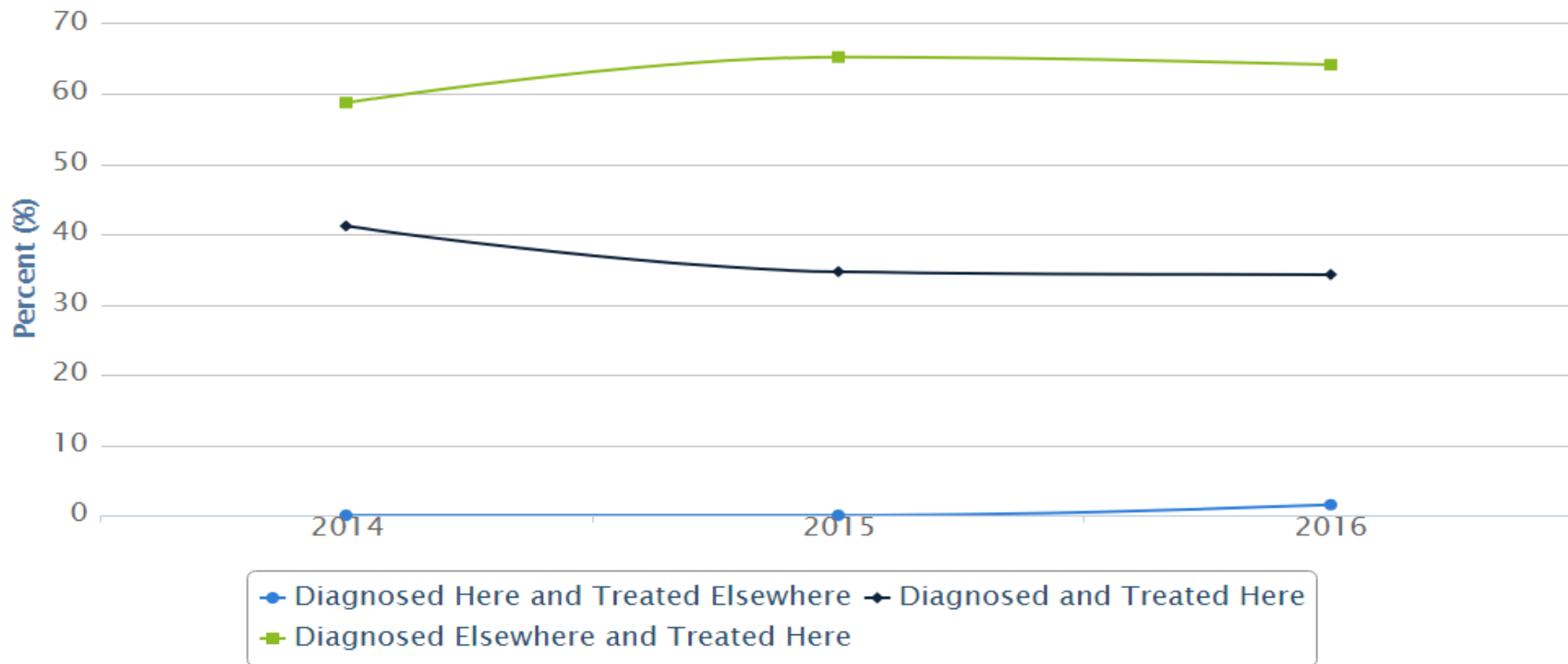
- Stage Distribution
- In/Out Migration
- In/Out Migration by Insurance Status
- Insurance Status
- Distance Traveled
- Days to First Treatment: Cases Diagnosed and Treated at My Facility
- Days to First Treatment: Cases Diagnosed at My Facility or Elsewhere; Treated at My Facility

# Stage Distribution - Colon Cancer Diagnosed in 2016, My Facility vs. All CoC



|             | 0              | I                | II               | III              | IV               | NA            | UNK          |
|-------------|----------------|------------------|------------------|------------------|------------------|---------------|--------------|
| My Facility | 3 % (n=2)      | 16.4 % (n=11)    | 32.8 % (n=22)    | 31.3 % (n=21)    | 11.9 % (n=8)     | 1.5 % (n=1)   | 3 % (n=2)    |
| All CoC     | 4.8 % (n=3368) | 19.8 % (n=13870) | 23.5 % (n=16454) | 24.5 % (n=17190) | 21.3 % (n=14958) | 0.2 % (n=116) | 6 % (n=4207) |

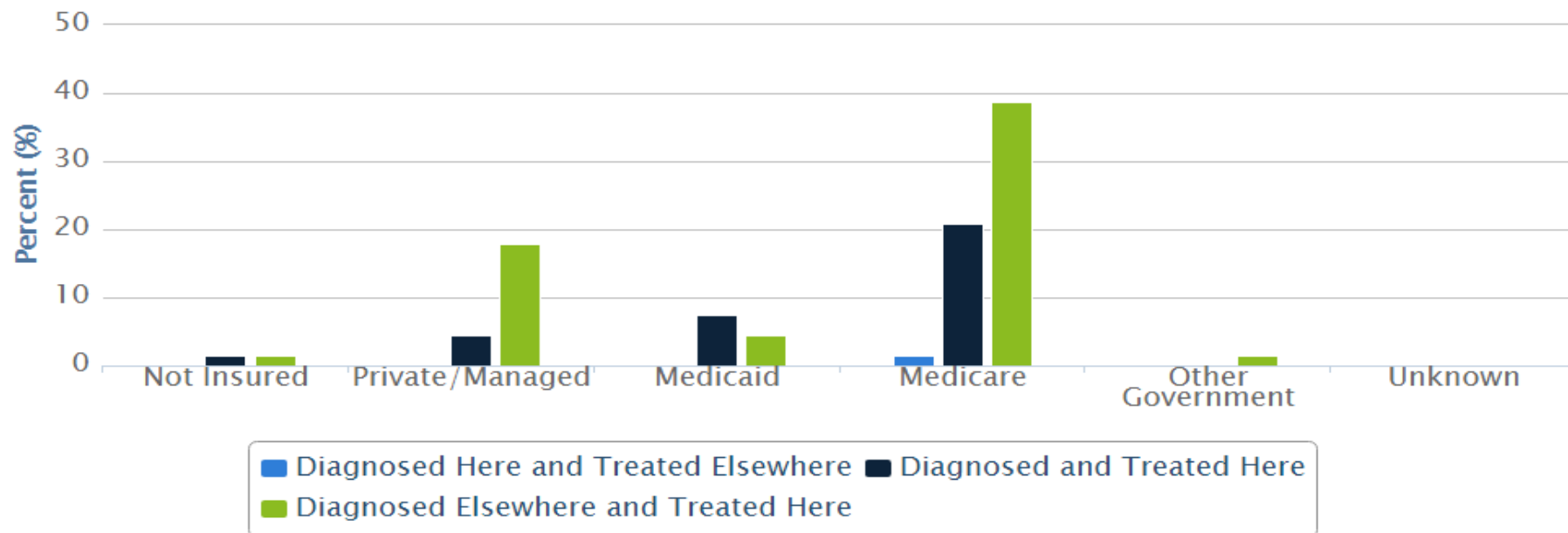
# In/Out Migration Colon Cancer, 2014 - 2016 - My Facility



|   | 2014          | 2015          | 2016          |
|---|---------------|---------------|---------------|
| <b>Diagnosed Here and Treated Elsewhere</b> | 0 % (n=0)     | 0 % (n=0)     | 1.5 % (n=1)   |
| <b>Diagnosed and Treated Here</b>           | 41.2 % (n=21) | 34.7 % (n=17) | 34.3 % (n=23) |
| <b>Diagnosed Elsewhere and Treated Here</b> | 58.8 % (n=30) | 65.3 % (n=32) | 64.2 % (n=43) |

# In/Out Migration by Insurance Status - Colon Cancer, 2016

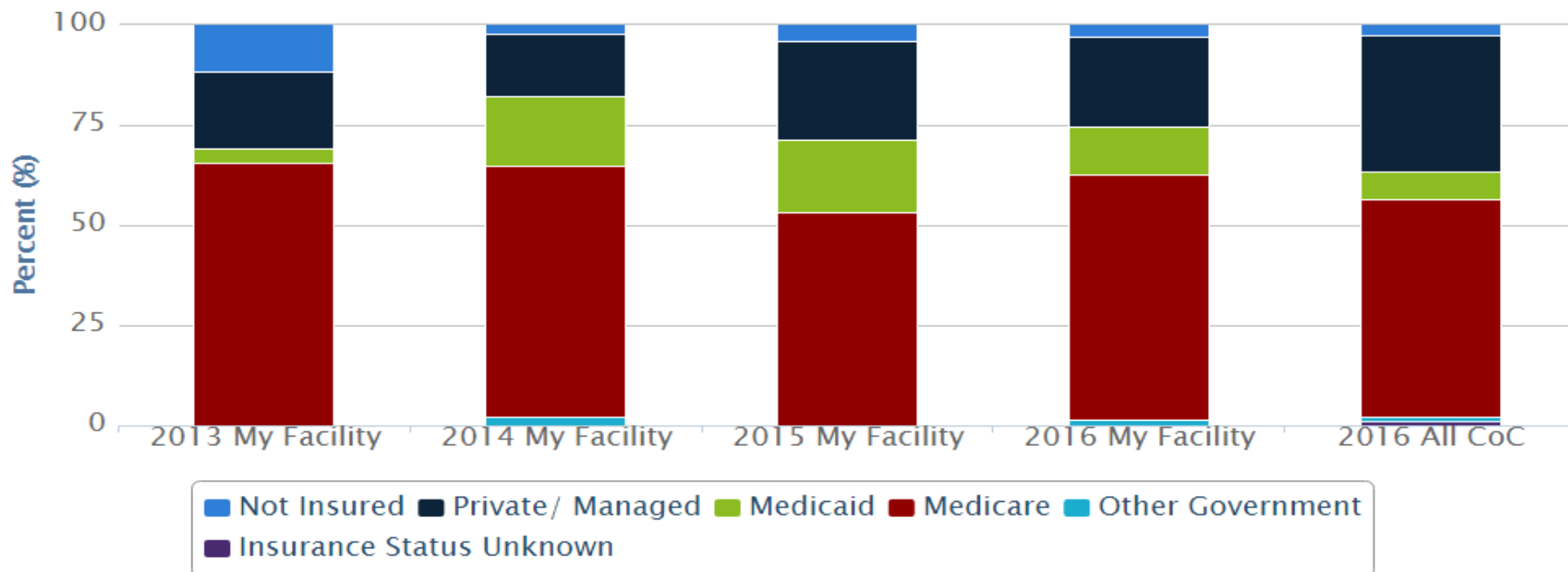
## My Facility



|                                      | Not Insured | Private/Managed | Medicaid    | Medicare      | Other Government | Unknown   |
|--------------------------------------|-------------|-----------------|-------------|---------------|------------------|-----------|
| Diagnosed Here and Treated Elsewhere | 0 % (n=0)   | 0 % (n=0)       | 0 % (n=0)   | 1.5 % (n=1)   | 0 % (n=0)        | 0 % (n=0) |
| Diagnosed and Treated Here           | 1.5 % (n=1) | 4.5 % (n=3)     | 7.5 % (n=5) | 20.9 % (n=14) | 0 % (n=0)        | 0 % (n=0) |
| Diagnosed Elsewhere and Treated Here | 1.5 % (n=1) | 17.9 % (n=12)   | 4.5 % (n=3) | 38.8 % (n=26) | 1.5 % (n=1)      | 0 % (n=0) |

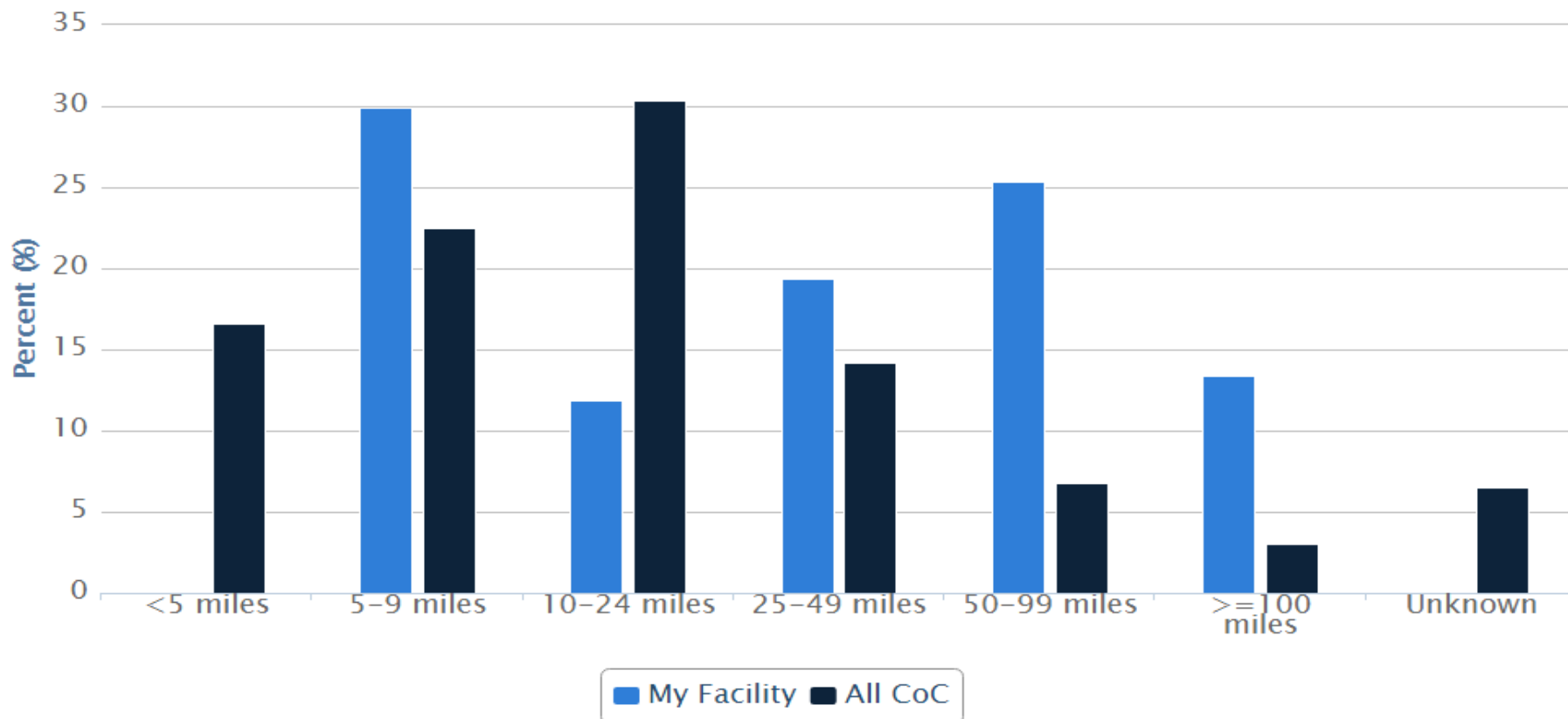
# Insurance Status - Colon Cancer, 2013 - 2016

## My Facility vs. All CoC



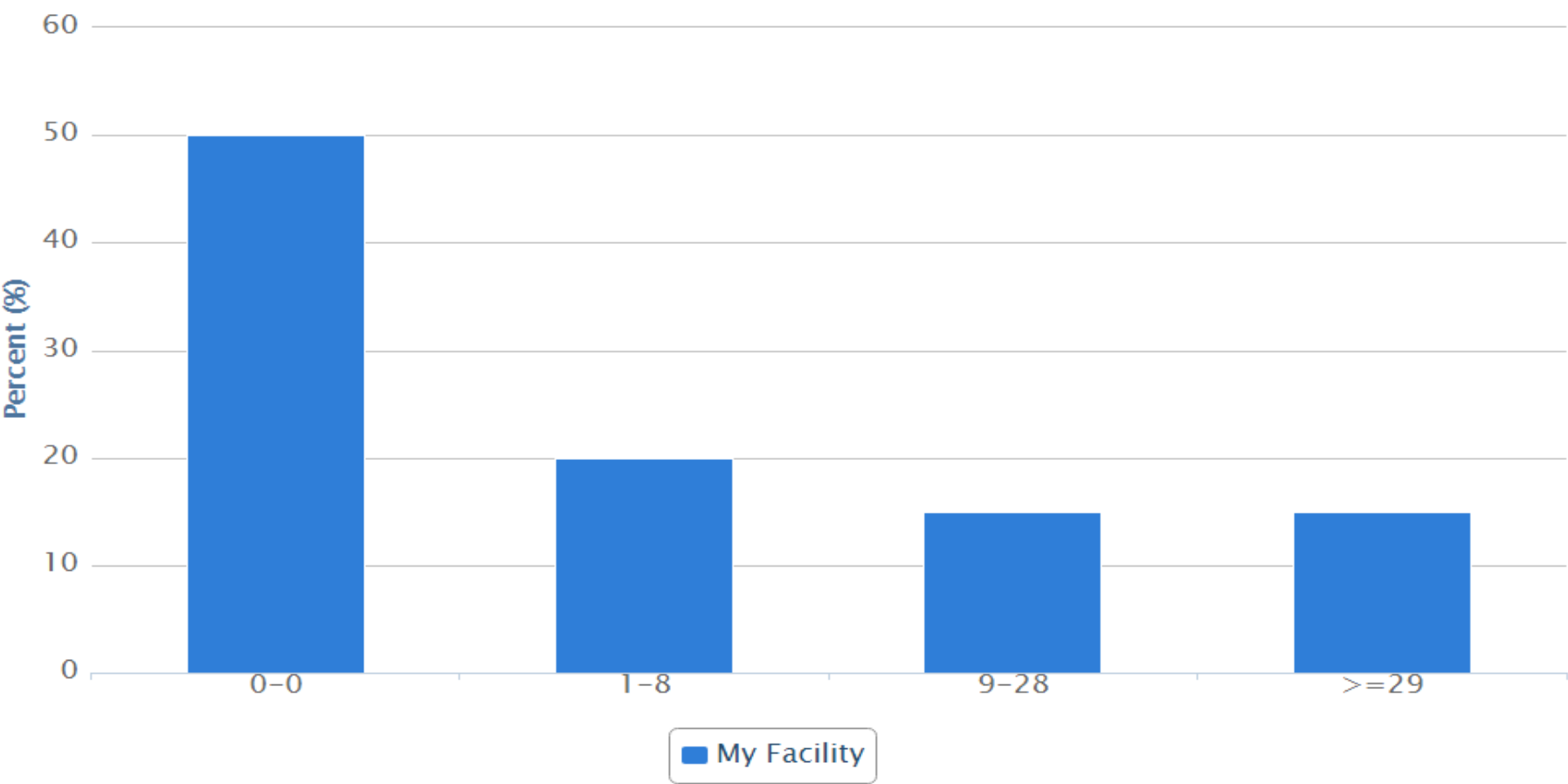
|                                 | 2013 My Facility | 2014 My Facility | 2015 My Facility | 2016 My Facility | 2016 All CoC     |
|---------------------------------|------------------|------------------|------------------|------------------|------------------|
| <b>Not Insured</b>              | 11.5 % (n=6)     | 2 % (n=1)        | 4.1 % (n=2)      | 3 % (n=2)        | 2.7 % (n=1877)   |
| <b>Private/ Managed</b>         | 19.2 % (n=10)    | 15.7 % (n=8)     | 24.5 % (n=12)    | 22.4 % (n=15)    | 34 % (n=23874)   |
| <b>Medicaid</b>                 | 3.8 % (n=2)      | 17.6 % (n=9)     | 18.4 % (n=9)     | 11.9 % (n=8)     | 6.8 % (n=4752)   |
| <b>Medicare</b>                 | 65.4 % (n=34)    | 62.7 % (n=32)    | 53.1 % (n=26)    | 61.2 % (n=41)    | 54.4 % (n=38137) |
| <b>Other Government</b>         | 0 % (n=0)        | 2 % (n=1)        | 0 % (n=0)        | 1.5 % (n=1)      | 1 % (n=697)      |
| <b>Insurance Status Unknown</b> | 0 % (n=0)        | 0 % (n=0)        | 0 % (n=0)        | 0 % (n=0)        | 1.2 % (n=826)    |

# Distance Traveled - Colon Cancer, 2016 - My Facility



|             | <5 miles         | 5-9 miles        | 10-24 miles      | 25-49 miles     | 50-99 miles    | >=100 miles  | Unknown        |
|-------------|------------------|------------------|------------------|-----------------|----------------|--------------|----------------|
| My Facility | 0 % (n=0)        | 29.9 % (n=20)    | 11.9 % (n=8)     | 19.4 % (n=13)   | 25.4 % (n=17)  | 13.4 % (n=9) | 0 % (n=0)      |
| All CoC     | 16.6 % (n=11641) | 22.5 % (n=15764) | 30.4 % (n=21339) | 14.2 % (n=9986) | 6.8 % (n=4784) | 3 % (n=2112) | 6.5 % (n=4537) |

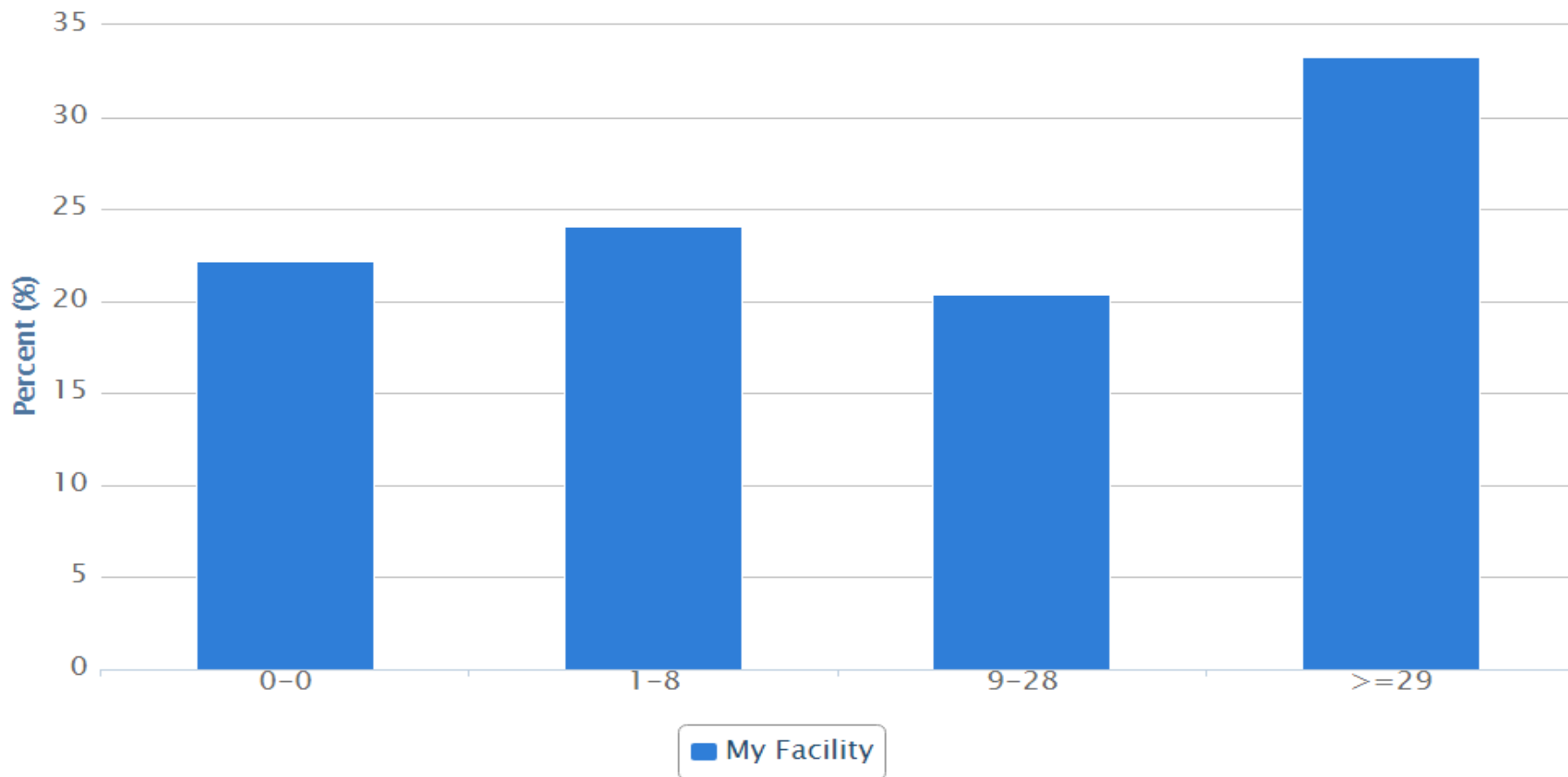
# Days to First Treatment Quartiles Colon Cancer: Cases Diagnosed and Treated at My Facility, 2016



|             | 0-0         | 1-8        | 9-28       | >=29       |
|-------------|-------------|------------|------------|------------|
| My Facility | 50 % (n=10) | 20 % (n=4) | 15 % (n=3) | 15 % (n=3) |

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.

# Days to First Treatment Quartiles Colon Cancer: Cases Diagnosed at My Facility or Elsewhere; Treated at My Facility, 2016



|             | 0-0           | 1-8           | 9-28          | >=29          |
|-------------|---------------|---------------|---------------|---------------|
| My Facility | 22.2 % (n=12) | 24.1 % (n=13) | 20.4 % (n=11) | 33.3 % (n=18) |

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.



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+ years

CQIP

Cancer Quality Improvement Program

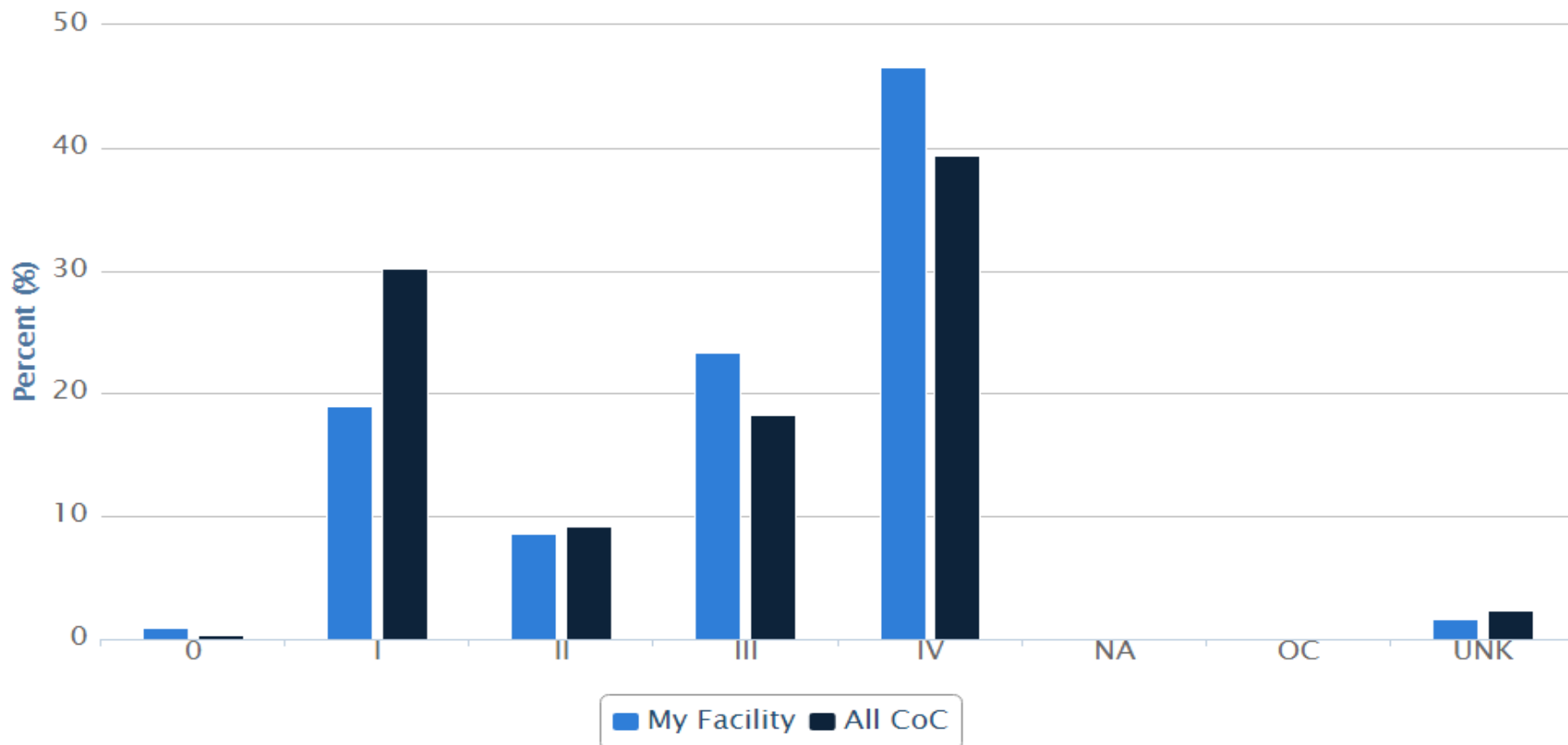


© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Non–Small-Cell Lung Cancer (NSCLC)—Additional Reports

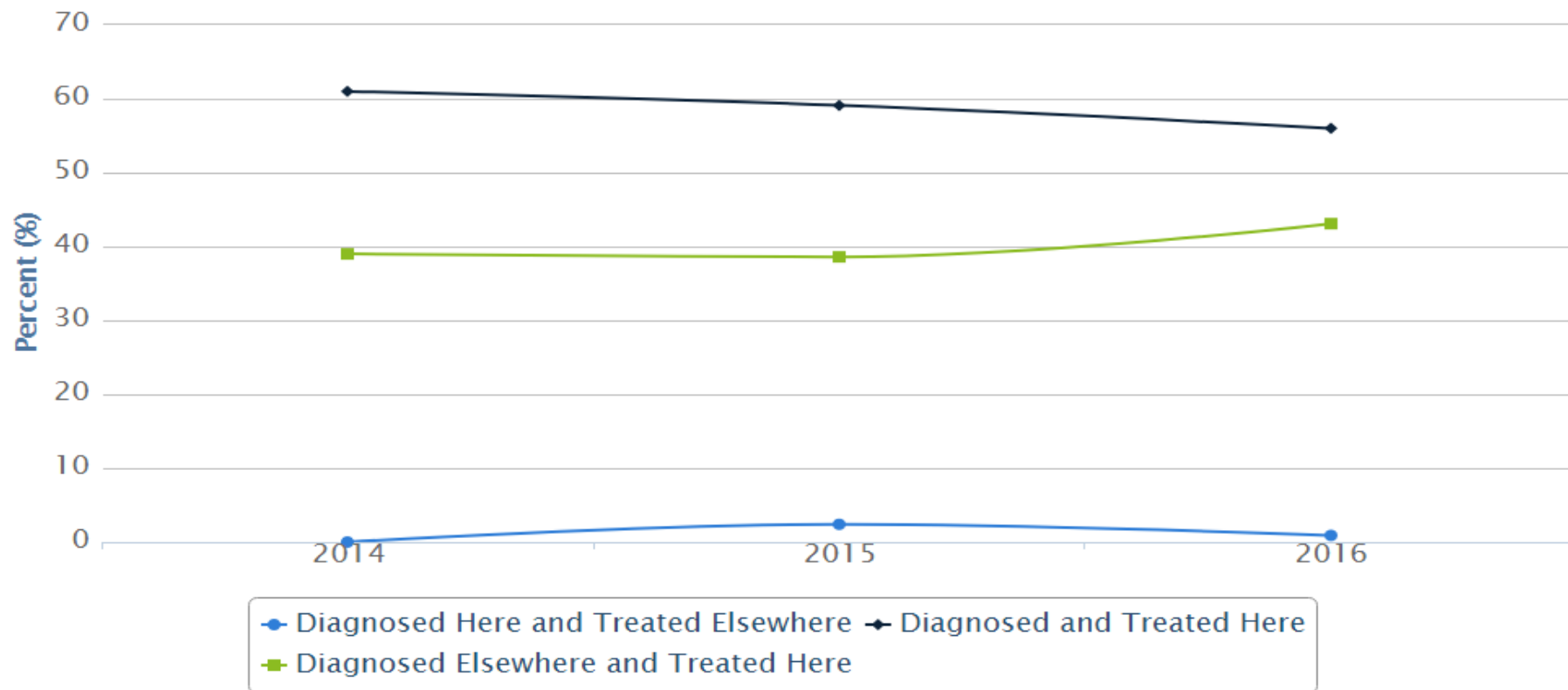
- Stage Distribution
- In/Out Migration Cancer
- In/Out Migration by Insurance Status
- Insurance Status
- Distance Traveled
- First Course of Treatment Stage I
- Days to First Treatment: Cases Diagnosed and Treated at My Facility
- Days to First Treatment: Cases Diagnosed at My Facility or Elsewhere;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

# Stage Distribution - Non Small Cell Lung Cancer Diagnosed in 2016, My Facility vs. All CoC



|             | 0             | I                | II              | III              | IV               | NA        | OC           | UNK            |
|-------------|---------------|------------------|-----------------|------------------|------------------|-----------|--------------|----------------|
| My Facility | 0.9 % (n=1)   | 19 % (n=22)      | 8.6 % (n=10)    | 23.3 % (n=27)    | 46.6 % (n=54)    | 0 % (n=0) | 0 % (n=0)    | 1.7 % (n=2)    |
| All CoC     | 0.4 % (n=535) | 30.2 % (n=37608) | 9.2 % (n=11487) | 18.3 % (n=22758) | 39.4 % (n=49035) | 0 % (n=1) | 0.1 % (n=82) | 2.4 % (n=3041) |

# In/Out Migration Non-Small Cell Lung Cancer, 2014 - 2016 - My Facility



|                                      | 2014        | 2015          | 2016          |
|--------------------------------------|-------------|---------------|---------------|
| Diagnosed Here and Treated Elsewhere | 0 % (n=0)   | 2.4 % (n=3)   | 0.9 % (n=1)   |
| Diagnosed and Treated Here           | 61 % (n=75) | 59.1 % (n=75) | 56 % (n=65)   |
| Diagnosed Elsewhere and Treated Here | 39 % (n=48) | 38.6 % (n=49) | 43.1 % (n=50) |



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+ years

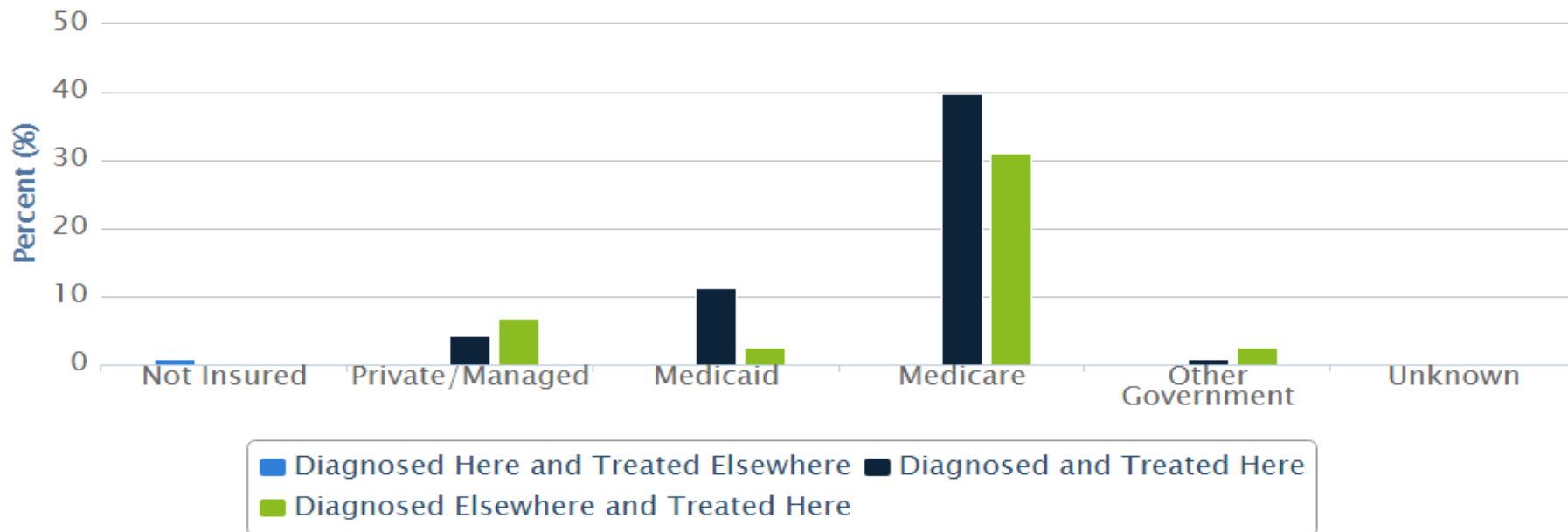
CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

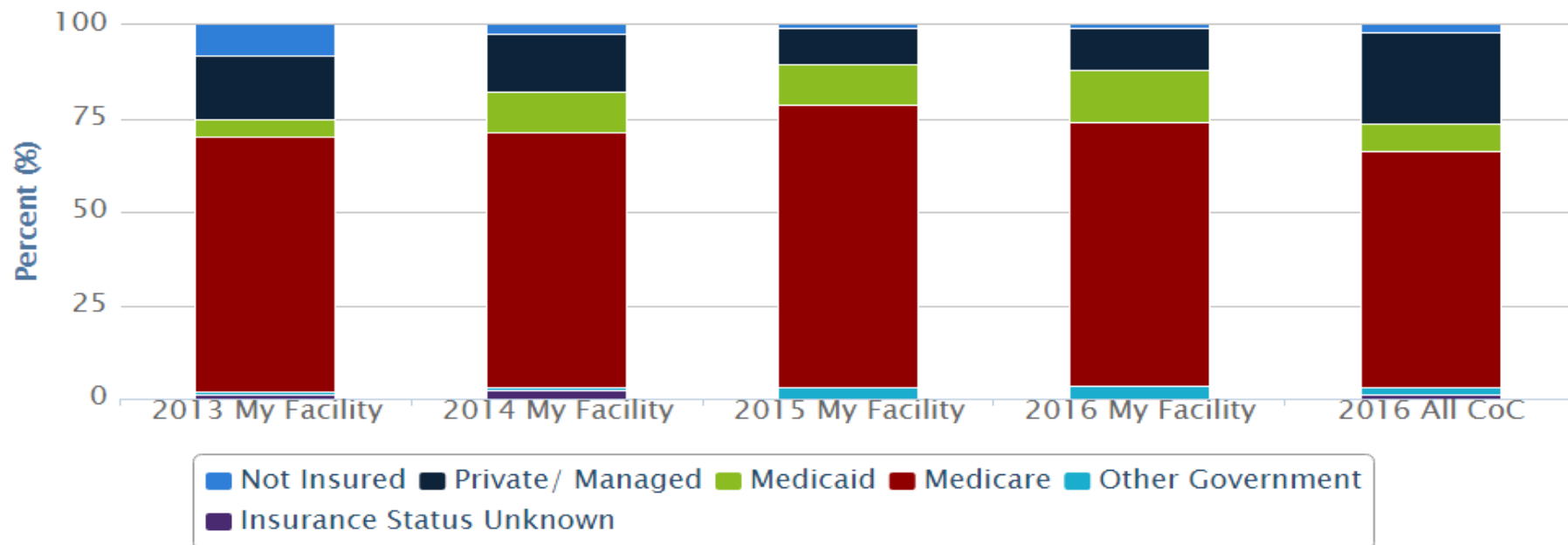
# In/Out Migration by Insurance Status Non-Small Cell Lung Cancer, 2016 - My Facility



|   | Not Insured | Private/Managed | Medicaid      | Medicare      | Other Government | Unknown   |
|---|-------------|-----------------|---------------|---------------|------------------|-----------|
| <b>Diagnosed Here and Treated Elsewhere</b> | 0.9 % (n=1) | 0 % (n=0)       | 0 % (n=0)     | 0 % (n=0)     | 0 % (n=0)        | 0 % (n=0) |
| <b>Diagnosed and Treated Here</b>           | 0 % (n=0)   | 4.3 % (n=5)     | 11.2 % (n=13) | 39.7 % (n=46) | 0.9 % (n=1)      | 0 % (n=0) |
| <b>Diagnosed Elsewhere and Treated Here</b> | 0 % (n=0)   | 6.9 % (n=8)     | 2.6 % (n=3)   | 31 % (n=36)   | 2.6 % (n=3)      | 0 % (n=0) |

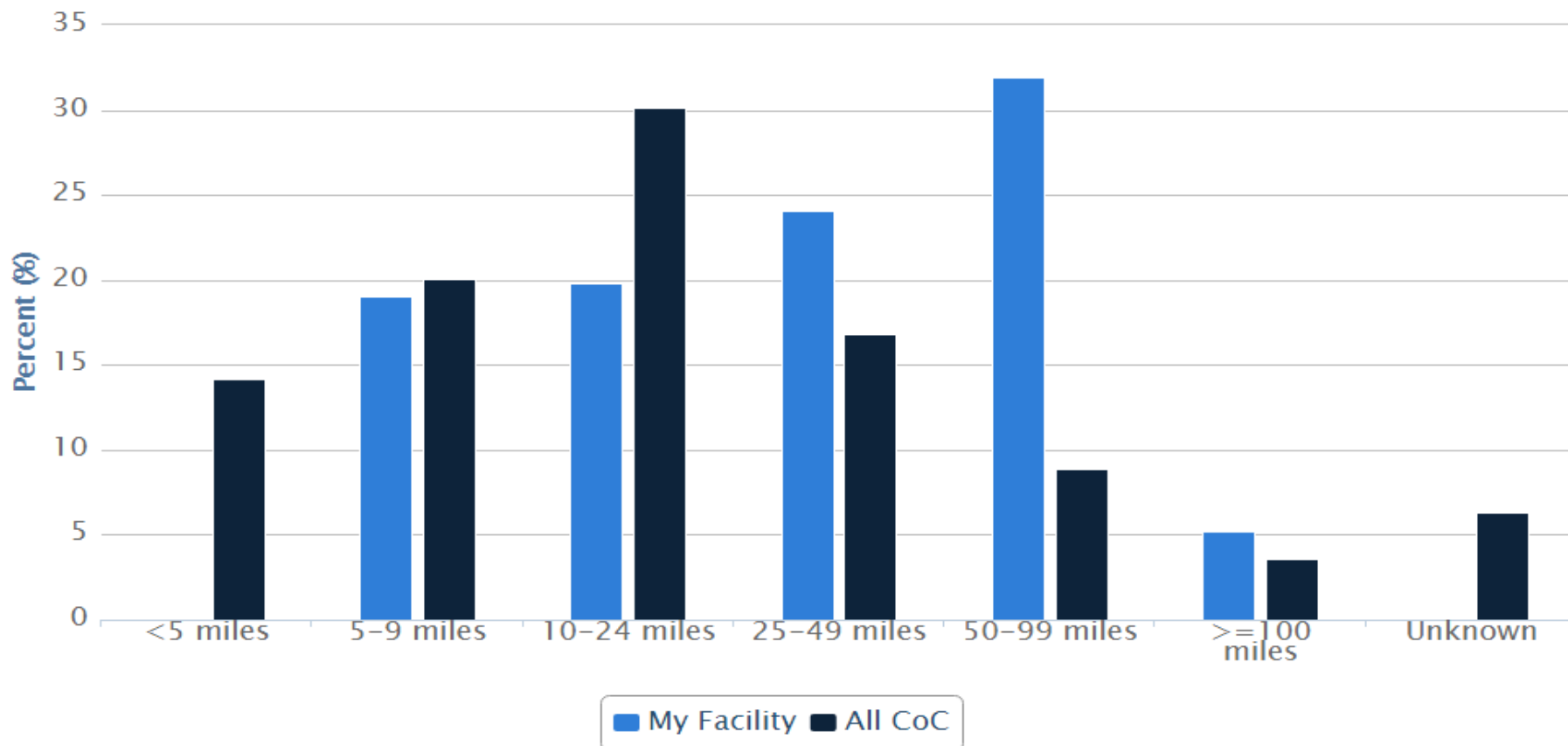
# Insurance Status - Non-Small Cell Lung Cancer, 2013 - 2016

## My Facility vs. All CoC



|                                 | 2013 My Facility | 2014 My Facility | 2015 My Facility | 2016 My Facility | 2016 All CoC     |
|---------------------------------|------------------|------------------|------------------|------------------|------------------|
| <b>Not Insured</b>              | 8 % (n=8)        | 2.4 % (n=3)      | 0.8 % (n=1)      | 0.9 % (n=1)      | 2.1 % (n=2571)   |
| <b>Private/ Managed</b>         | 17 % (n=17)      | 15.4 % (n=19)    | 9.4 % (n=12)     | 11.2 % (n=13)    | 24.4 % (n=30410) |
| <b>Medicaid</b>                 | 5 % (n=5)        | 10.6 % (n=13)    | 11 % (n=14)      | 13.8 % (n=16)    | 7.1 % (n=8784)   |
| <b>Medicare</b>                 | 68 % (n=68)      | 68.3 % (n=84)    | 75.6 % (n=96)    | 70.7 % (n=82)    | 63.2 % (n=78774) |
| <b>Other Government</b>         | 1 % (n=1)        | 0.8 % (n=1)      | 3.1 % (n=4)      | 3.4 % (n=4)      | 2 % (n=2472)     |
| <b>Insurance Status Unknown</b> | 1 % (n=1)        | 2.4 % (n=3)      | 0 % (n=0)        | 0 % (n=0)        | 1.2 % (n=1536)   |

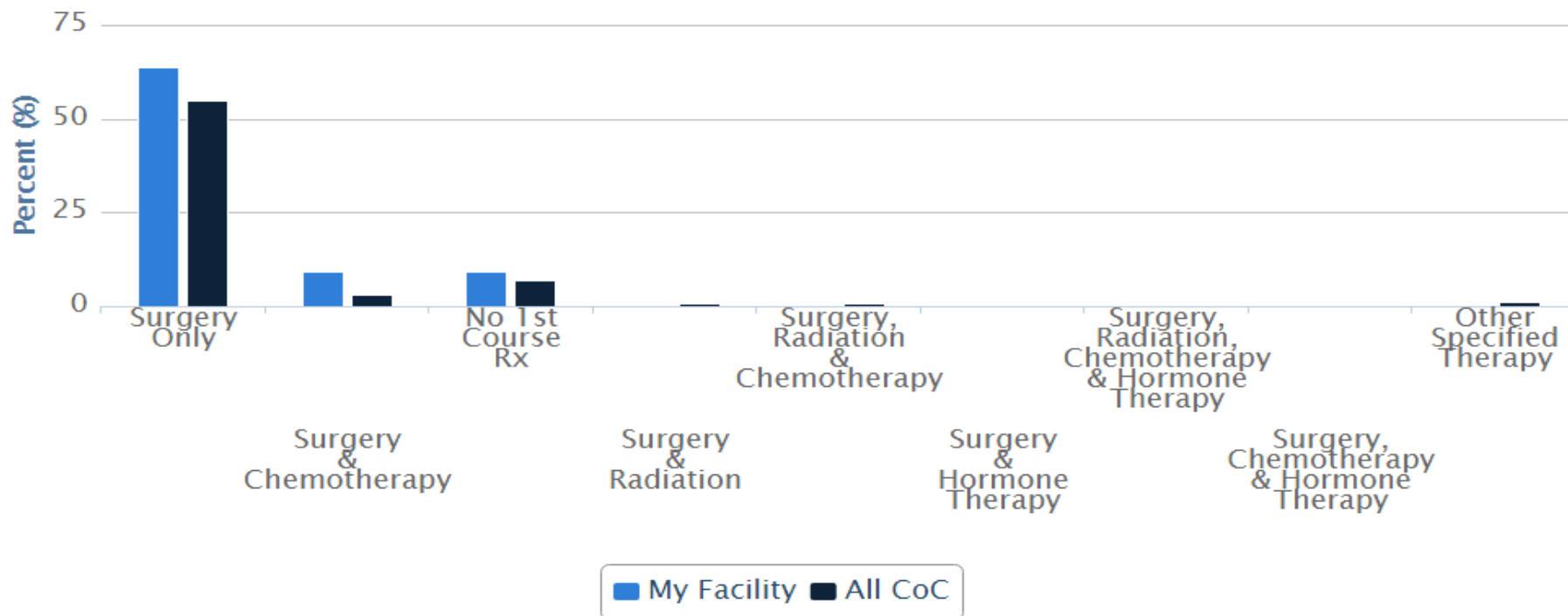
# Distance Traveled - Non-Small Cell Lung Cancer, 2016 My Facility



|             | <5 miles         | 5-9 miles        | 10-24 miles      | 25-49 miles      | 50-99 miles     | >=100 miles    | Unknown        |
|-------------|------------------|------------------|------------------|------------------|-----------------|----------------|----------------|
| My Facility | 0 % (n=0)        | 19 % (n=22)      | 19.8 % (n=23)    | 24.1 % (n=28)    | 31.9 % (n=37)   | 5.2 % (n=6)    | 0 % (n=0)      |
| All CoC     | 14.2 % (n=17641) | 20.1 % (n=25022) | 30.1 % (n=37536) | 16.8 % (n=20910) | 8.9 % (n=11135) | 3.6 % (n=4508) | 6.3 % (n=7795) |

# First Course Treatment Stage I Non-Small Cell Lung Cancer, 2016

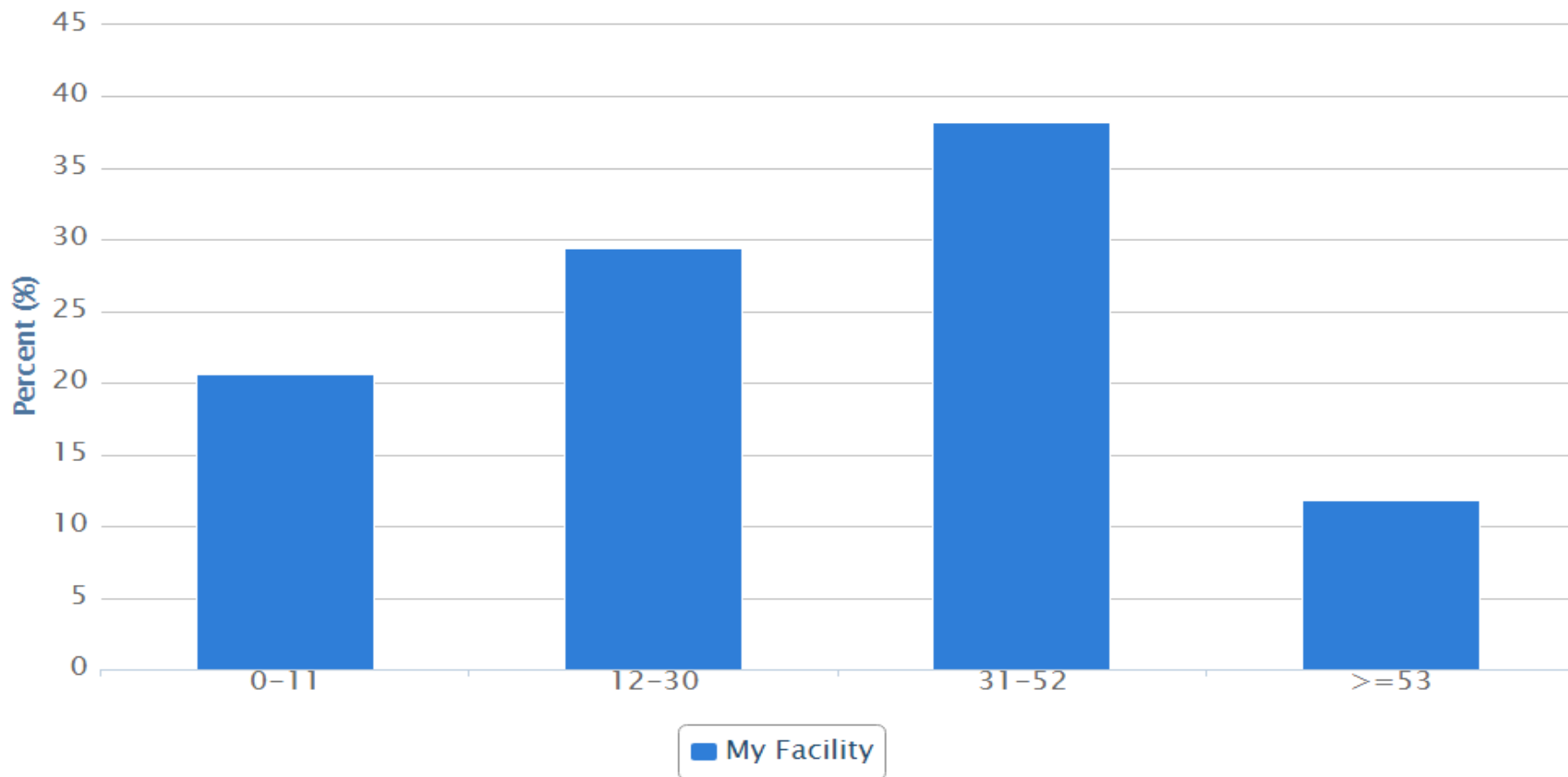
## My Facility vs. All CoC



|             | Surgery Only     | Surgery & Chemotherapy | No 1st Course Rx | Surgery & Radiation | Surgery, Radiation & Chemotherapy | Surgery & Hormone Therapy | Surgery, Radiation, Chemotherapy & Hormone Therapy | Surgery, Chemotherapy & Hormone Therapy | Other Specified Therapy |
|-------------|------------------|------------------------|------------------|---------------------|-----------------------------------|---------------------------|--|---|-------------------------|
| My Facility | 63.6 % (n=14)    | 9.1 % (n=2)            | 9.1 % (n=2)      | 0 % (n=0)           | 0 % (n=0)                         | 0 % (n=0)                 | 0 % (n=0)  | 0 % (n=0)                               | 0 % (n=0)               |
| All CoC     | 54.9 % (n=20636) | 3.1 % (n=1167)         | 7.1 % (n=2676)   | 0.7 % (n=279)       | 0.9 % (n=339)                     | 0 % (n=10)                | 0 % (n=2)  | 0 % (n=4)                               | 1.3 % (n=479)           |



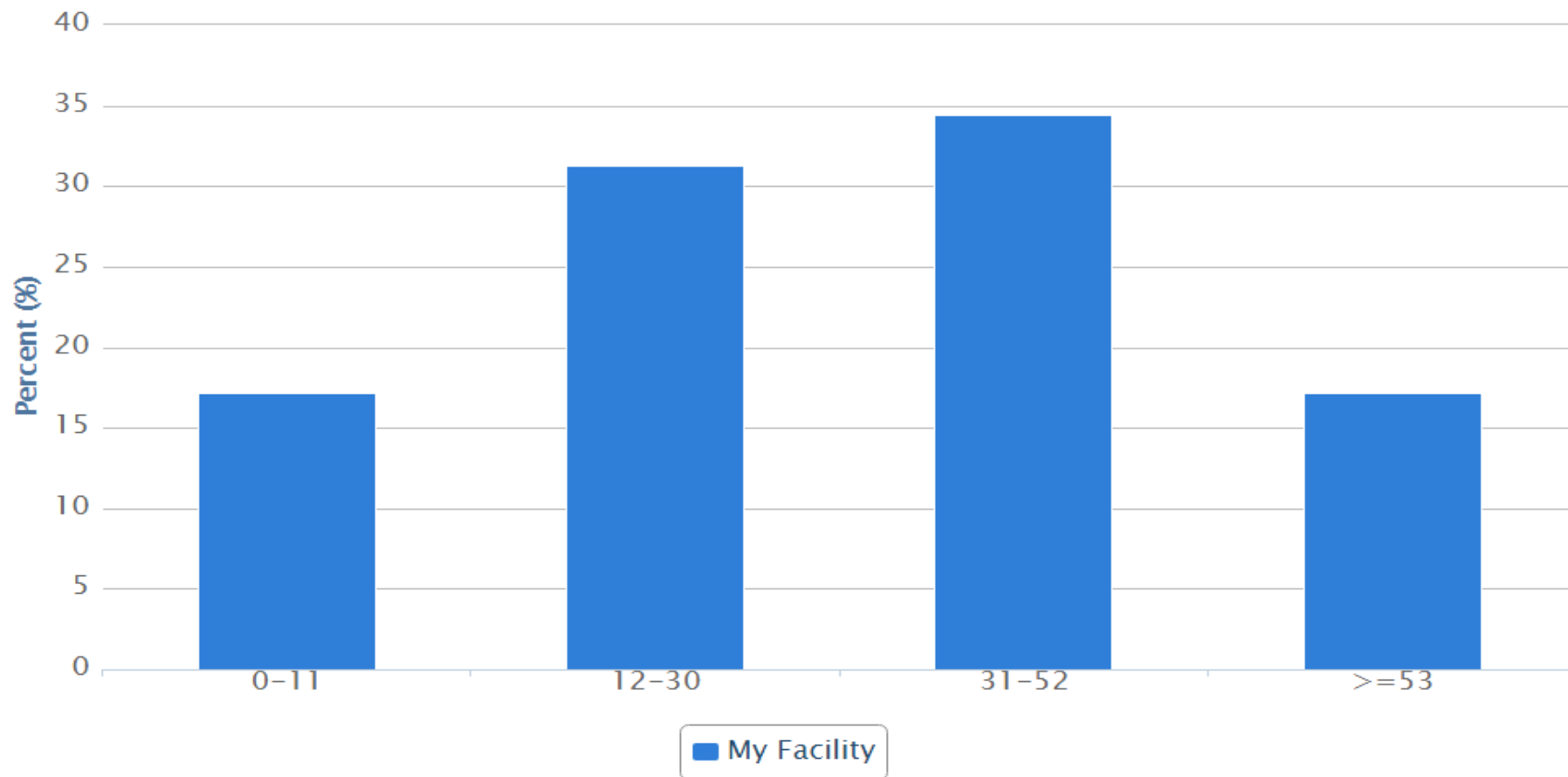
# Days to First Treatment Quartiles Non-Small Cell Lung Cancer: Cases Diagnosed and Treated at My Facility, 2016



|             | 0-11         | 12-30         | 31-52         | ≥53          |
|-------------|--------------|---------------|---------------|--------------|
| My Facility | 20.6 % (n=7) | 29.4 % (n=10) | 38.2 % (n=13) | 11.8 % (n=4) |

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.

# Days to First Treatment Quartiles Non-Small Cell Lung Cancer: Cases Diagnosed at My Facility or Elsewhere; Treated at My Facility, 2016



|             | 0-11          | 12-30         | 31-52         | >=53          |
|-------------|---------------|---------------|---------------|---------------|
| My Facility | 17.2 % (n=11) | 31.3 % (n=20) | 34.4 % (n=22) | 17.2 % (n=11) |

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.



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+ years

CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Prostate Cancer—Additional Reports

- Stage Distribution
- In/Out Migration
- In/Out Migration by Insurance Status
- Insurance Status
- Distance Traveled
- First Course of Treatment Stage I and II Graph
- First Course of Treatment Stage I and II Data Table
- 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



100+years

AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

CQIP

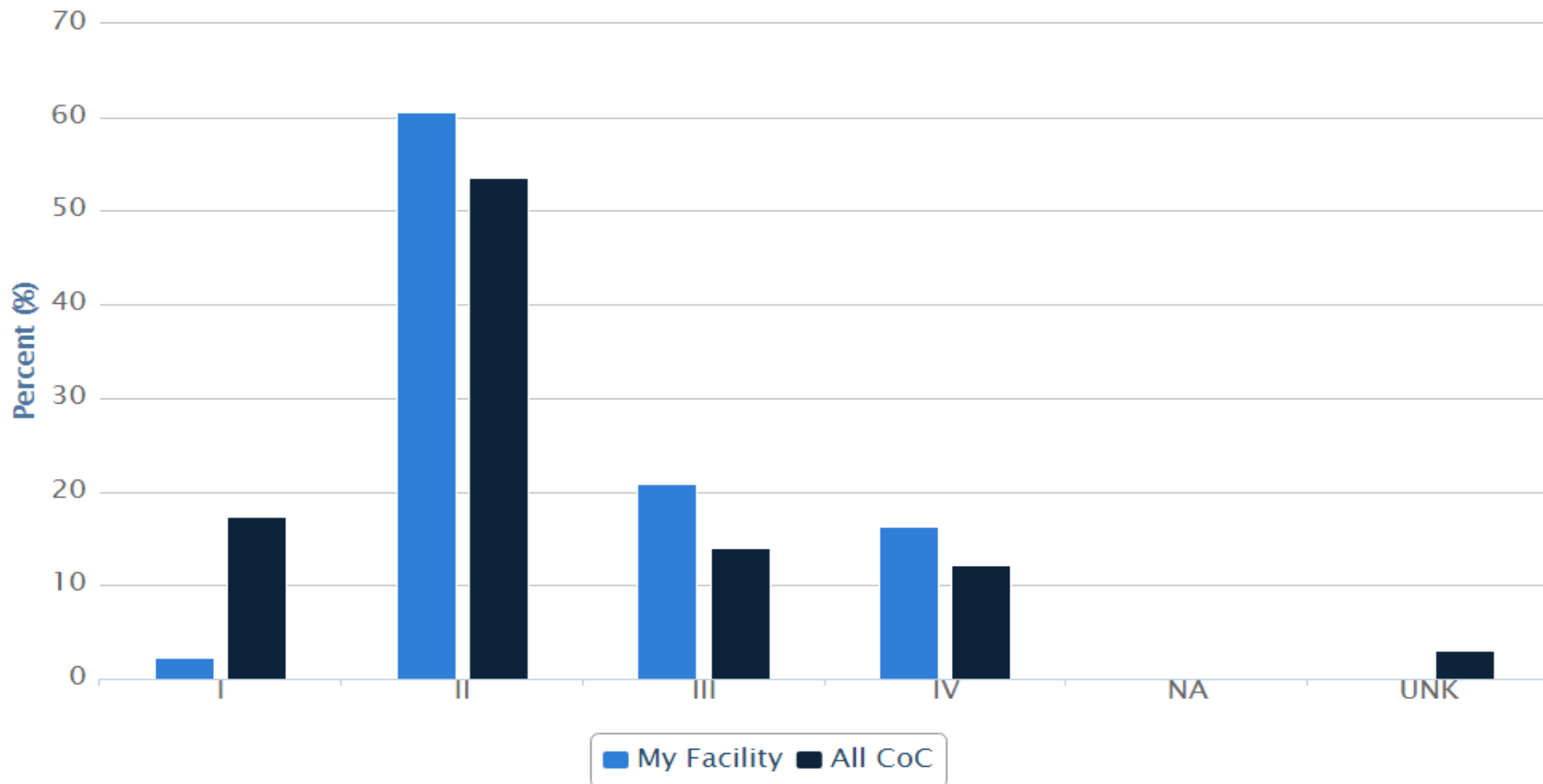
Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Stage Distribution - Prostate Cancer Diagnosed in 2016

## My Facility vs. All CoC



|             | I                | II               | III            | IV               | NA         | UNK          |
|-------------|------------------|------------------|----------------|------------------|------------|--------------|
| My Facility | 2.3 % (n=1)      | 60.5 % (n=26)    | 20.9 % (n=9)   | 16.3 % (n=7)     | 0 % (n=0)  | 0 % (n=0)    |
| All CoC     | 17.4 % (n=18520) | 53.5 % (n=57112) | 14 % (n=14897) | 12.1 % (n=12858) | 0 % (n=47) | 3 % (n=3227) |



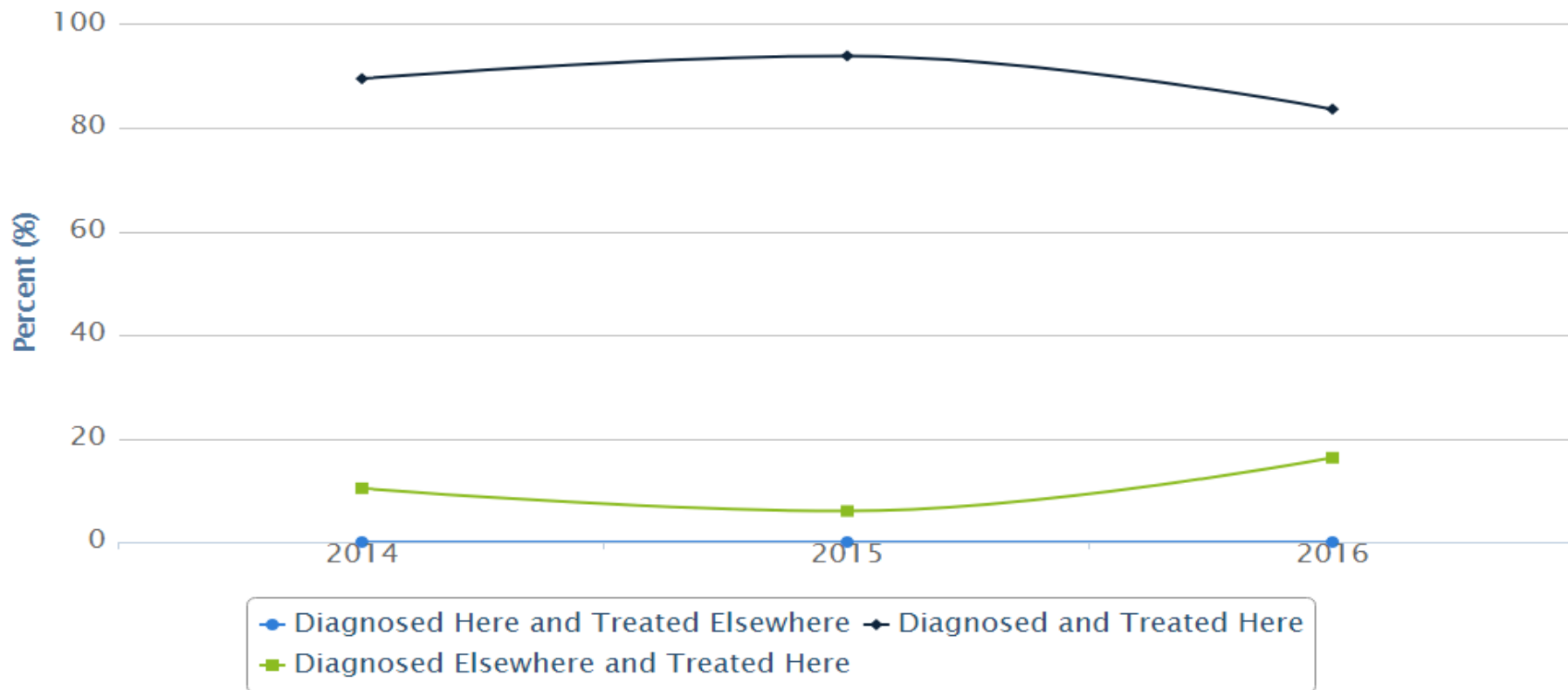
AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

CQIP  
Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

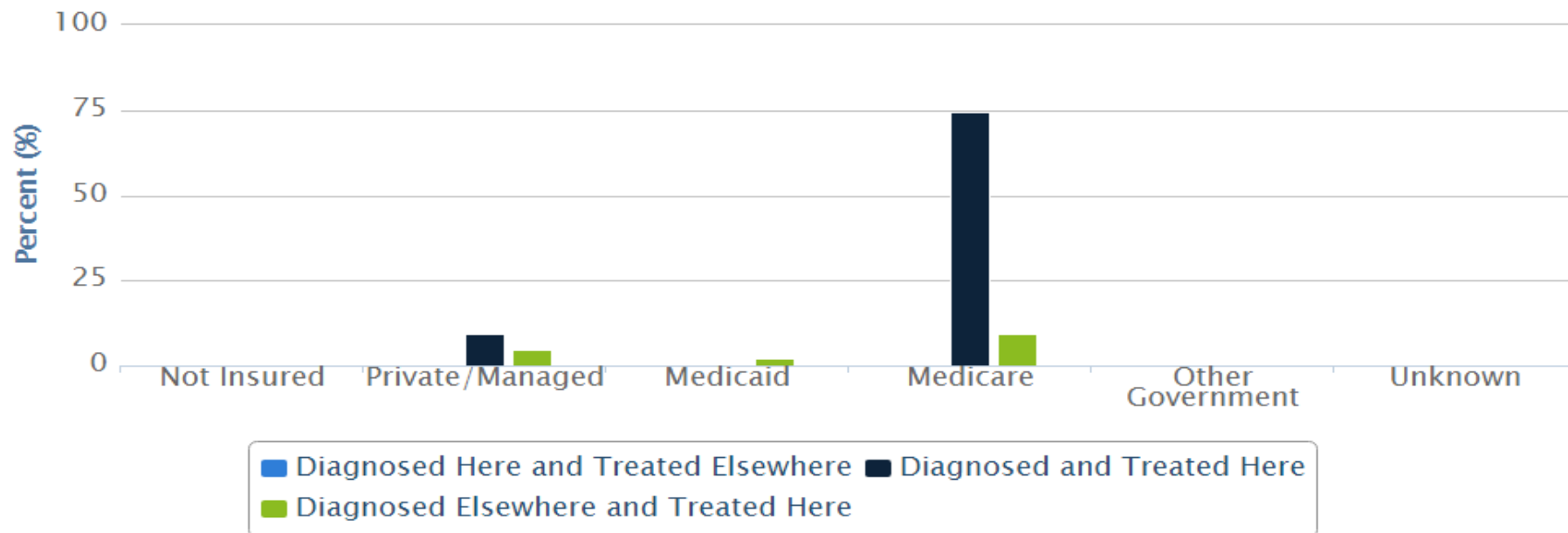
# In/Out Migration Prostate Cancer, 2014 - 2016 - My Facility



|                                      | 2014          | 2015        | 2016          |
|--------------------------------------|---------------|-------------|---------------|
| Diagnosed Here and Treated Elsewhere | 0 % (n=0)     | 0 % (n=0)   | 0 % (n=0)     |
| Diagnosed and Treated Here           | 89.6 % (n=69) | 94 % (n=63) | 83.7 % (n=36) |
| Diagnosed Elsewhere and Treated Here | 10.4 % (n=8)  | 6 % (n=4)   | 16.3 % (n=7)  |

# In/Out Migration by Insurance Status Prostate Cancer, 2016

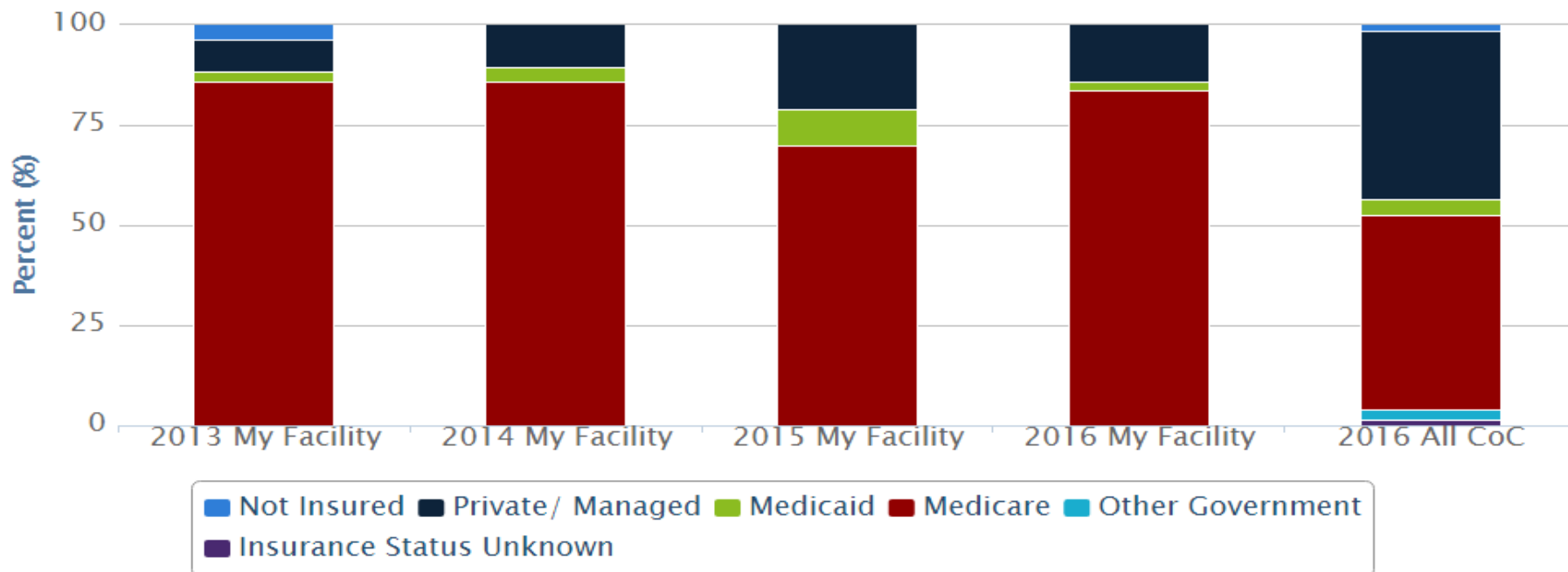
## My Facility



|                                      | Not Insured | Private/Managed | Medicaid    | Medicare      | Other Government | Unknown   |
|--------------------------------------|-------------|-----------------|-------------|---------------|------------------|-----------|
| Diagnosed Here and Treated Elsewhere | 0 % (n=0)   | 0 % (n=0)       | 0 % (n=0)   | 0 % (n=0)     | 0 % (n=0)        | 0 % (n=0) |
| Diagnosed and Treated Here           | 0 % (n=0)   | 9.3 % (n=4)     | 0 % (n=0)   | 74.4 % (n=32) | 0 % (n=0)        | 0 % (n=0) |
| Diagnosed Elsewhere and Treated Here | 0 % (n=0)   | 4.7 % (n=2)     | 2.3 % (n=1) | 9.3 % (n=4)   | 0 % (n=0)        | 0 % (n=0) |

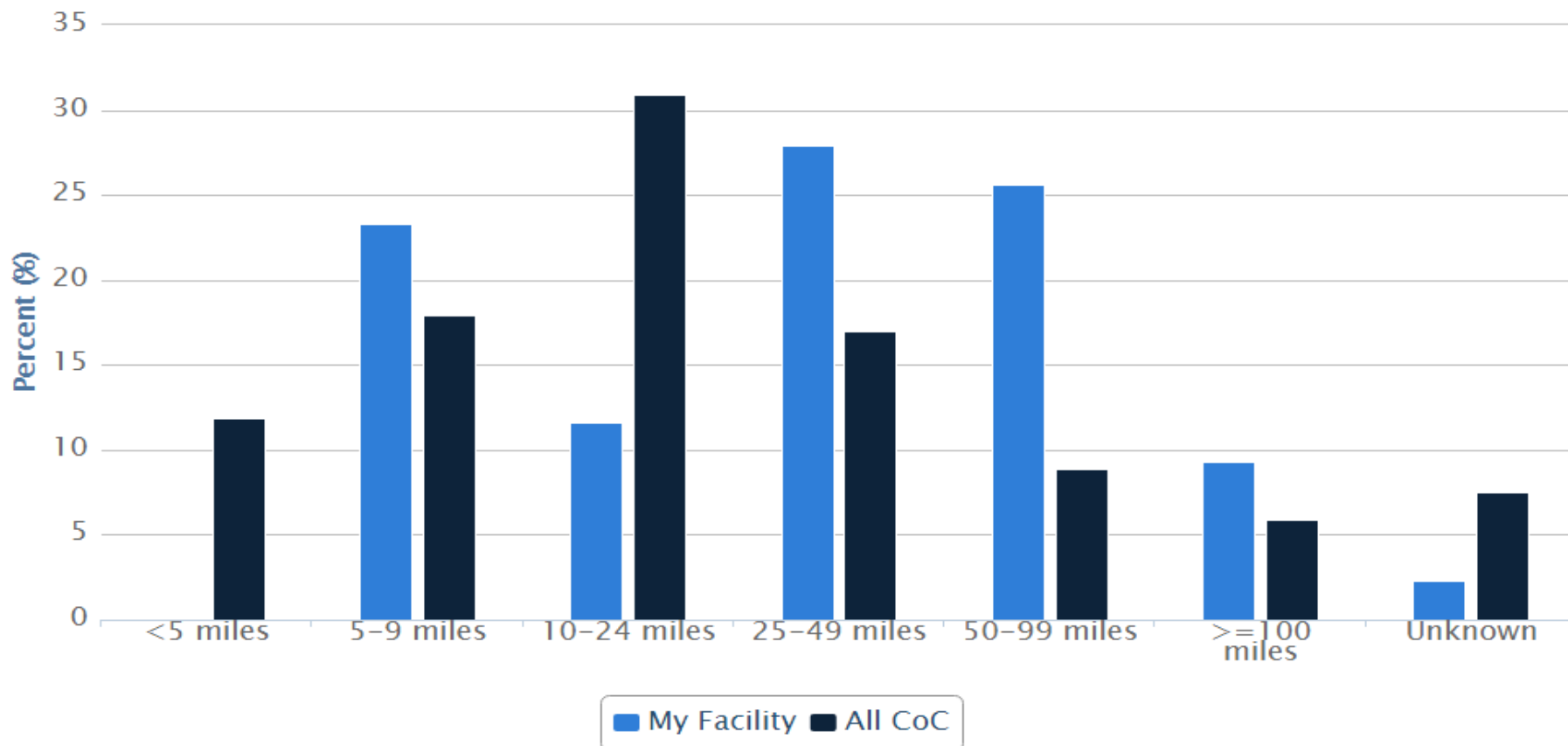
# Insurance Status - Prostate Cancer, 2013 - 2016

## My Facility vs. All CoC



|                          | 2013 My Facility | 2014 My Facility | 2015 My Facility | 2016 My Facility | 2016 All CoC     |
|--------------------------|------------------|------------------|------------------|------------------|------------------|
| Not Insured              | 3.8 % (n=3)      | 0 % (n=0)        | 0 % (n=0)        | 0 % (n=0)        | 1.4 % (n=1515)   |
| Private/ Managed         | 7.7 % (n=6)      | 10.4 % (n=8)     | 20.9 % (n=14)    | 14 % (n=6)       | 42.1 % (n=44907) |
| Medicaid                 | 2.6 % (n=2)      | 3.9 % (n=3)      | 9 % (n=6)        | 2.3 % (n=1)      | 3.9 % (n=4126)   |
| Medicare                 | 85.9 % (n=67)    | 85.7 % (n=66)    | 70.1 % (n=47)    | 83.7 % (n=36)    | 48.7 % (n=51975) |
| Other Government         | 0 % (n=0)        | 0 % (n=0)        | 0 % (n=0)        | 0 % (n=0)        | 2.5 % (n=2684)   |
| Insurance Status Unknown | 0 % (n=0)        | 0 % (n=0)        | 0 % (n=0)        | 0 % (n=0)        | 1.4 % (n=1454)   |

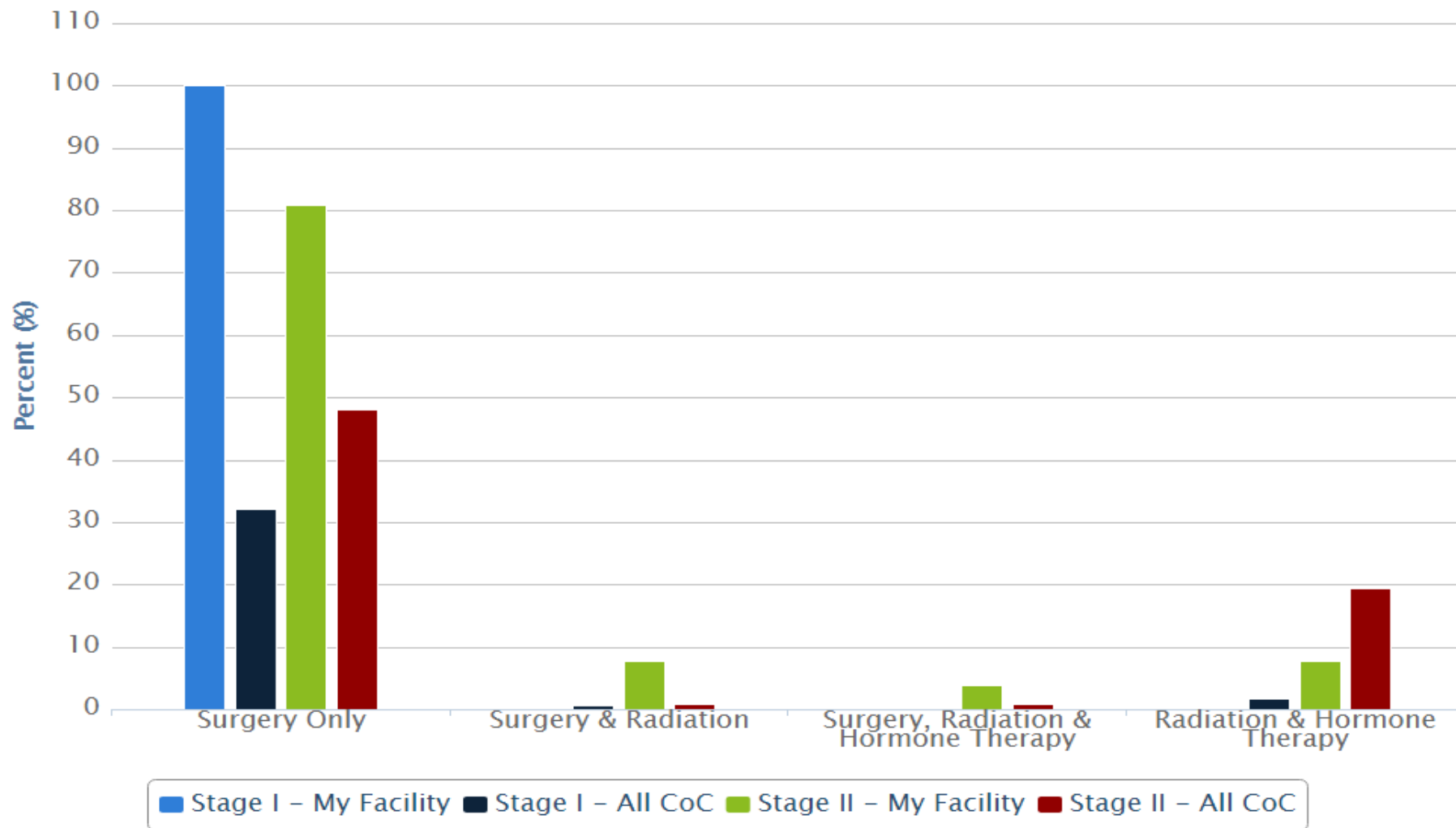
# Distance Traveled - Prostate Cancer, 2016 - My Facility



|             | <5 miles         | 5-9 miles        | 10-24 miles      | 25-49 miles    | 50-99 miles    | >=100 miles    | Unknown        |
|-------------|------------------|------------------|------------------|----------------|----------------|----------------|----------------|
| My Facility | 0 % (n=0)        | 23.3 % (n=10)    | 11.6 % (n=5)     | 27.9 % (n=12)  | 25.6 % (n=11)  | 9.3 % (n=4)    | 2.3 % (n=1)    |
| All CoC     | 11.9 % (n=12666) | 17.9 % (n=19067) | 30.9 % (n=32965) | 17 % (n=18164) | 8.9 % (n=9504) | 5.9 % (n=6326) | 7.5 % (n=7969) |

# First Course Treatment Stage I & II Prostate Cancer, 2016

## My Facility vs. All CoC Graph



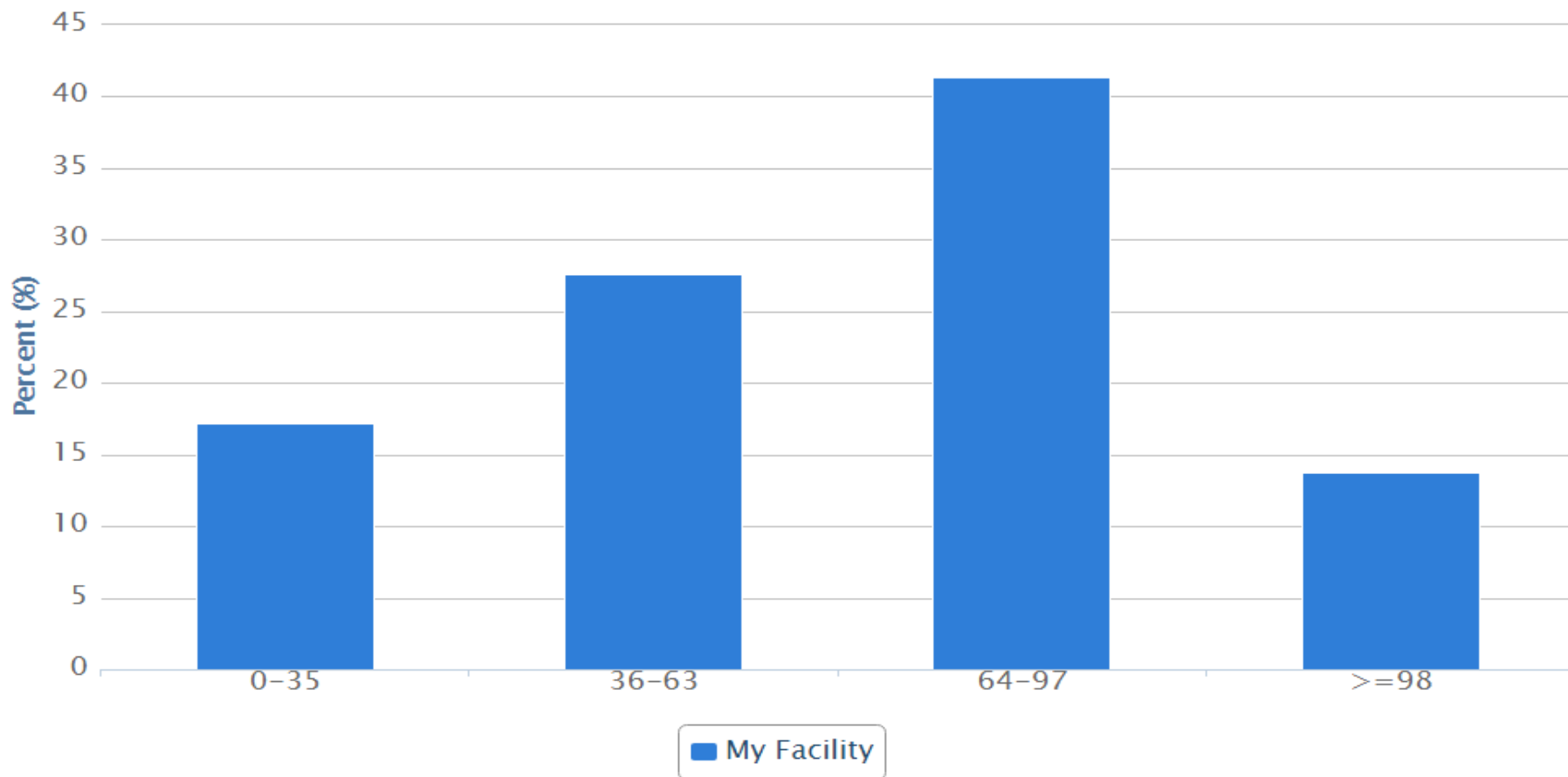
# First Course Treatment Stage I & II Prostate Cancer, 2016

## My Facility vs. All CoC Data Table

|                               | <b>Surgery Only</b> | <b>Surgery &amp; Radiation</b> | <b>Surgery, Radiation &amp; Hormone Therapy</b> | <b>Radiation &amp; Hormone Therapy</b> |
|-------------------------------|---------------------|--------------------------------|---|--|
| <b>Stage I - My Facility</b>  | 100 % (n=1)         | 0 % (n=0)                      | 0 % (n=0)                                       | 0 % (n=0)                              |
| <b>Stage I - All CoC</b>      | 32.1 % (n=5948)     | 0.6 % (n=102)                  | 0.1 % (n=23)                                    | 1.7 % (n=313)                          |
| <b>Stage II - My Facility</b> | 80.8 % (n=21)       | 7.7 % (n=2)                    | 3.8 % (n=1)                                     | 7.7 % (n=2)                            |
| <b>Stage II - All CoC</b>     | 48 % (n=27401)      | 0.9 % (n=501)                  | 0.9 % (n=503)                                   | 19.5 % (n=11154)                       |



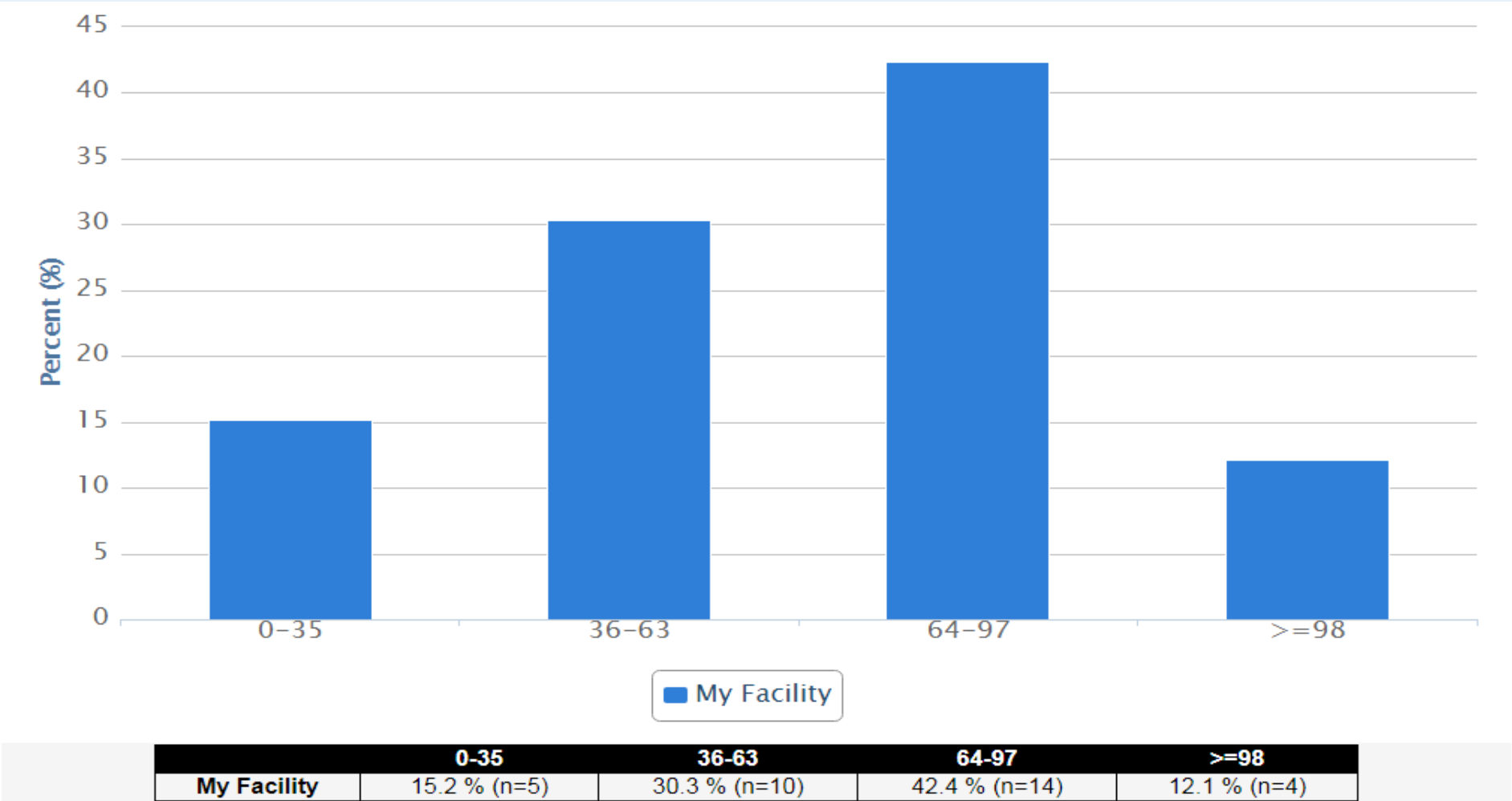
# Days to First Treatment Quartiles Prostate Cancer: Cases Diagnosed and Treated at My Facility, 2016



|             | 0-35         | 36-63        | 64-97         | >=98         |
|-------------|--------------|--------------|---------------|--------------|
| My Facility | 17.2 % (n=5) | 27.6 % (n=8) | 41.4 % (n=12) | 13.8 % (n=4) |

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.

# Days to First Treatment Quartiles Prostate Cancer: Cases Diagnosed at My Facility or Elsewhere; Treated at My Facility, 2016



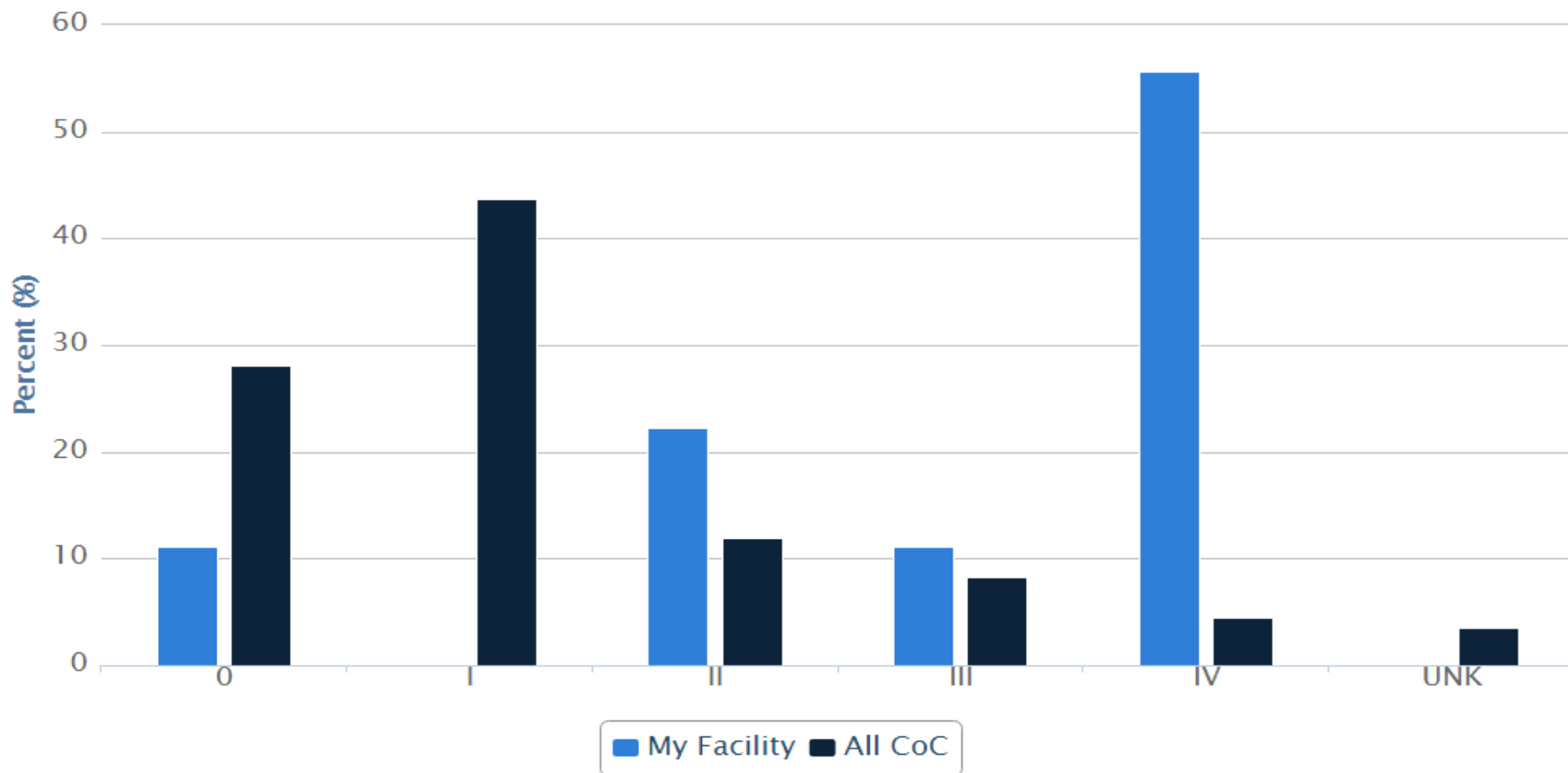
Percent for my facility represents what percent of our patients were treated within the number of days in this table. The "national" benchmarks for CoC-accredited programs are represented by the Quartiles represented in the column.

# 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

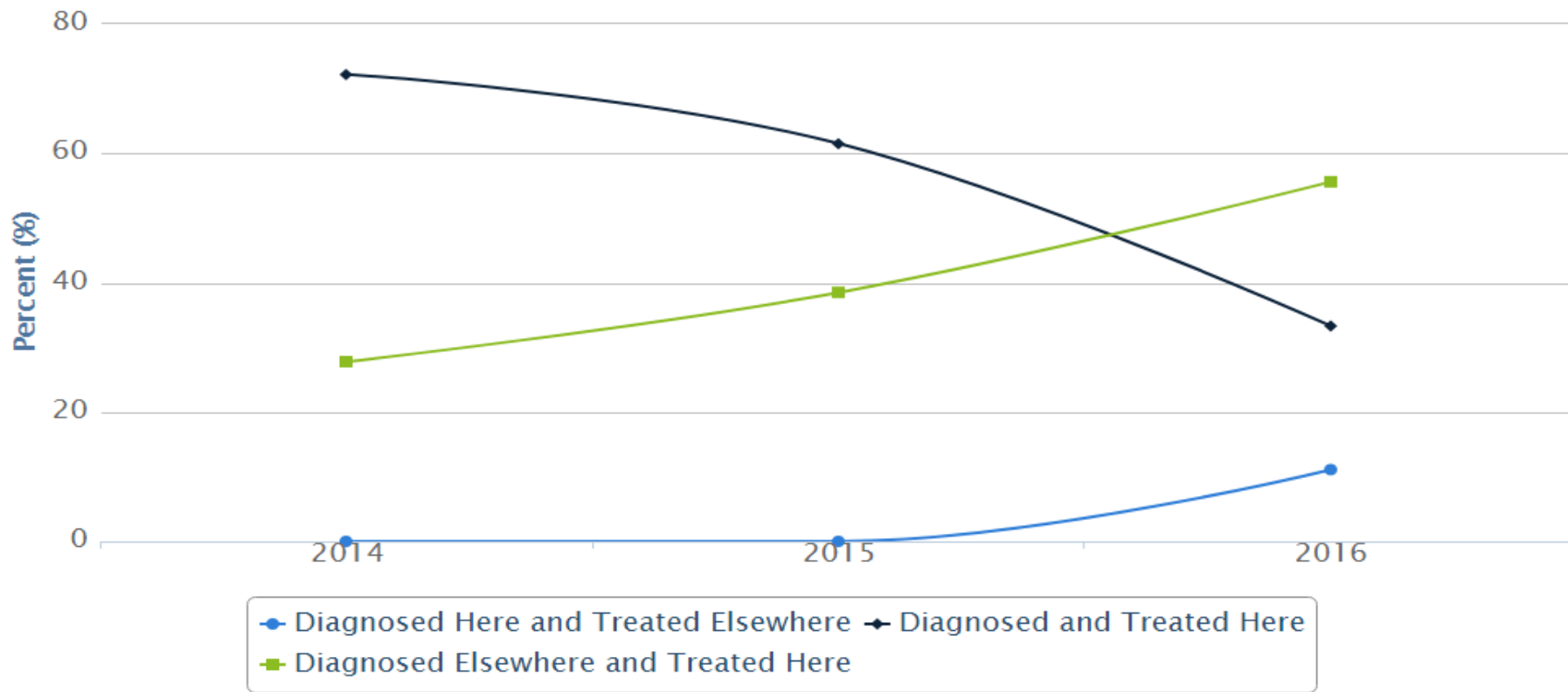
# Stage Distribution - Melanoma Cancer Diagnosed in 2016

## My Facility vs. All CoC



|                    | 0                | I                | II            | III            | IV             | UNK            |
|--------------------|------------------|------------------|---------------|----------------|----------------|----------------|
| <b>My Facility</b> | 11.1 % (n=1)     | 0 % (n=0)        | 22.2 % (n=2)  | 11.1 % (n=1)   | 55.6 % (n=5)   | 0 % (n=0)      |
| <b>All CoC</b>     | 28.1 % (n=15844) | 43.7 % (n=24640) | 12 % (n=6764) | 8.3 % (n=4668) | 4.5 % (n=2548) | 3.5 % (n=1952) |

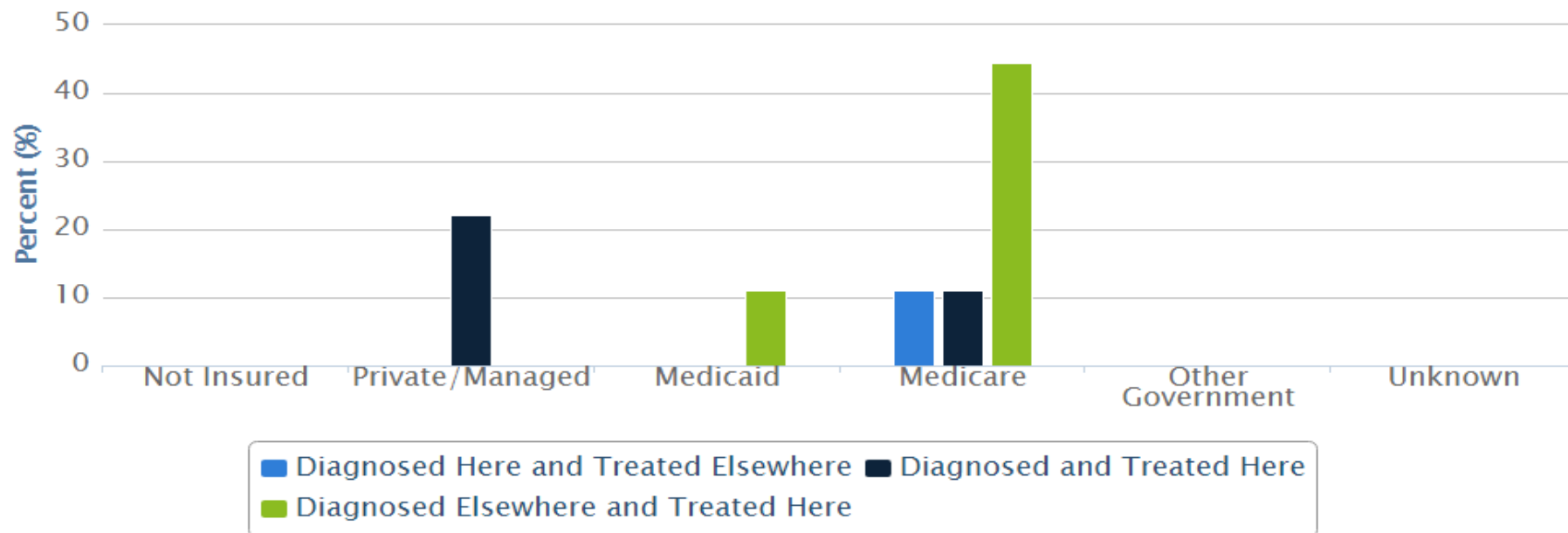
# In/Out Migration Melanoma Cancer, 2014 - 2016 - My Facility



|                                      | 2014          | 2015         | 2016         |
|--------------------------------------|---------------|--------------|--------------|
| Diagnosed Here and Treated Elsewhere | 0 % (n=0)     | 0 % (n=0)    | 11.1 % (n=1) |
| Diagnosed and Treated Here           | 72.2 % (n=13) | 61.5 % (n=8) | 33.3 % (n=3) |
| Diagnosed Elsewhere and Treated Here | 27.8 % (n=5)  | 38.5 % (n=5) | 55.6 % (n=5) |

# In/Out Migration by Insurance Status Melanoma Cancer, 2016

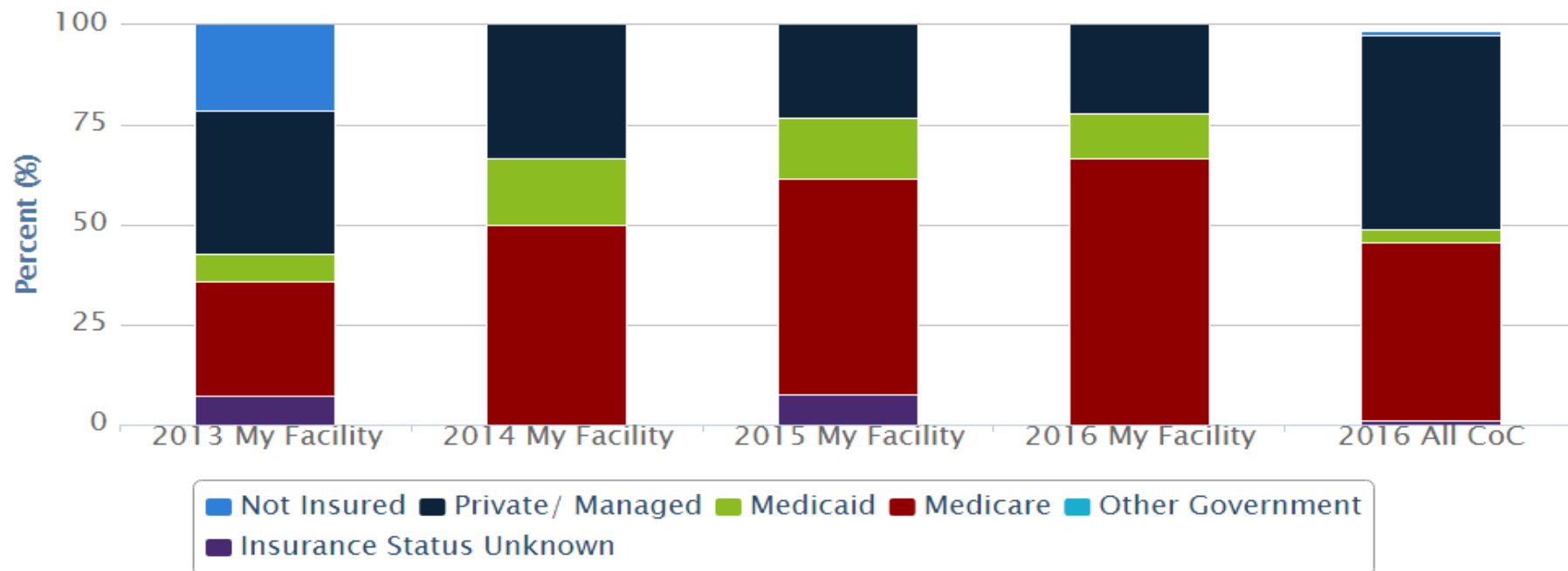
## My Facility



|                                      | Not Insured | Private/Managed | Medicaid     | Medicare     | Other Government | Unknown   |
|--------------------------------------|-------------|-----------------|--------------|--------------|------------------|-----------|
| Diagnosed Here and Treated Elsewhere | 0 % (n=0)   | 0 % (n=0)       | 0 % (n=0)    | 11.1 % (n=1) | 0 % (n=0)        | 0 % (n=0) |
| Diagnosed and Treated Here           | 0 % (n=0)   | 22.2 % (n=2)    | 0 % (n=0)    | 11.1 % (n=1) | 0 % (n=0)        | 0 % (n=0) |
| Diagnosed Elsewhere and Treated Here | 0 % (n=0)   | 0 % (n=0)       | 11.1 % (n=1) | 44.4 % (n=4) | 0 % (n=0)        | 0 % (n=0) |

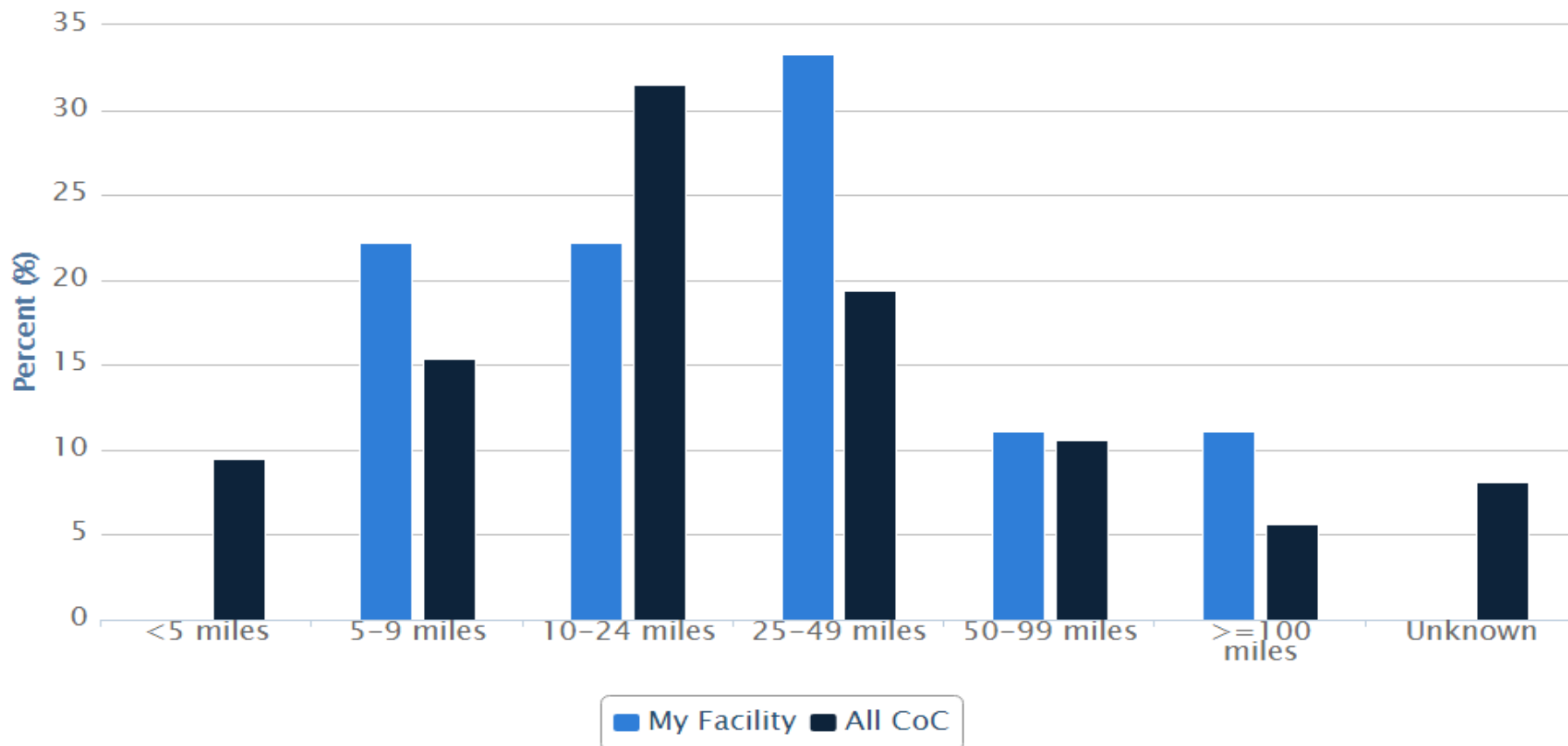
# Insurance Status - Melanoma Cancer, 2013 - 2016

## My Facility vs. All CoC



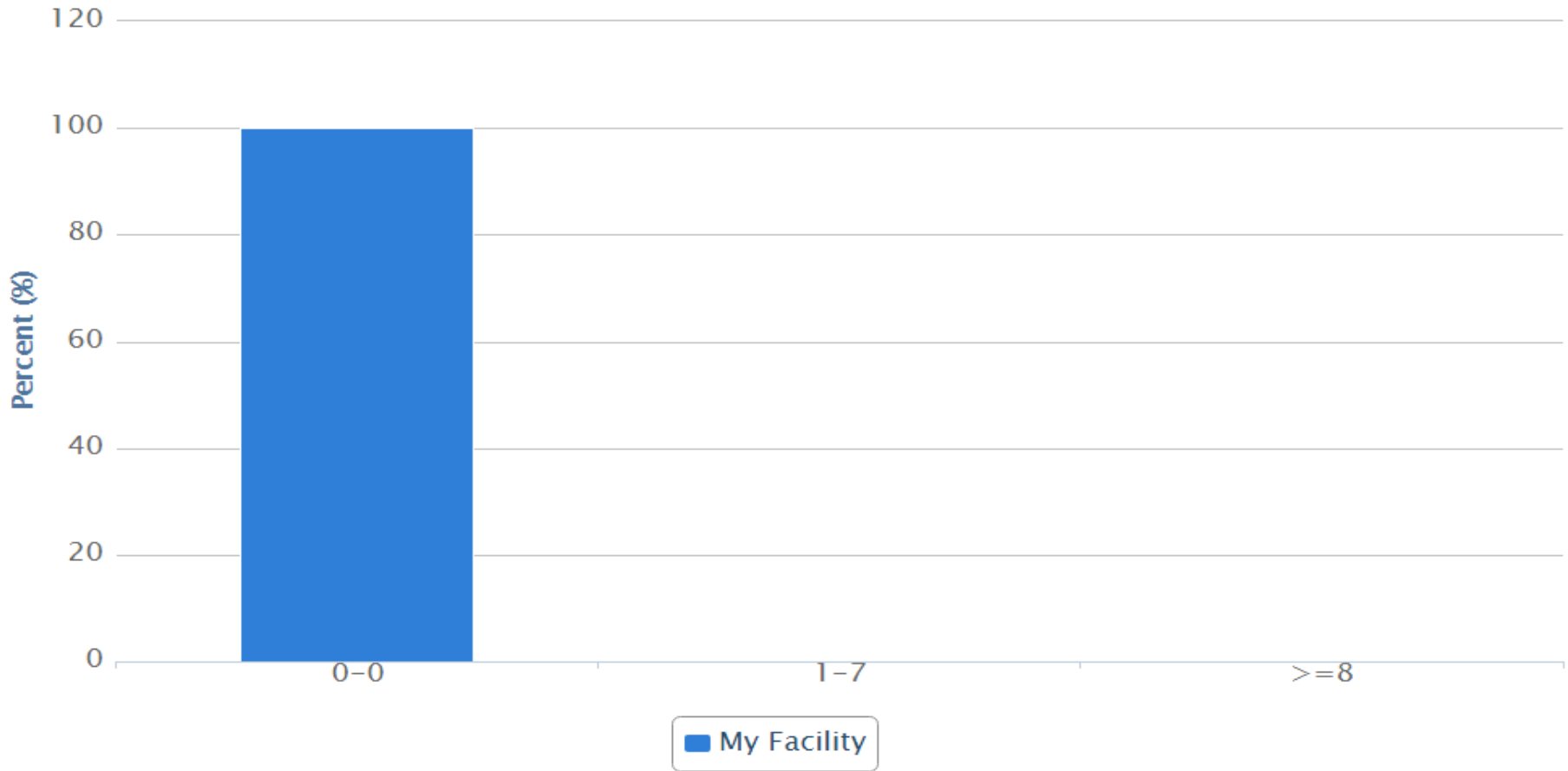
|                                 | 2013 My Facility | 2014 My Facility | 2015 My Facility | 2016 My Facility | 2016 All CoC     |
|---------------------------------|------------------|------------------|------------------|------------------|------------------|
| <b>Not Insured</b>              | 21.4 % (n=3)     | 0 % (n=0)        | 0 % (n=0)        | 0 % (n=0)        | 1.3 % (n=718)    |
| <b>Private/ Managed</b>         | 35.7 % (n=5)     | 33.3 % (n=6)     | 23.1 % (n=3)     | 22.2 % (n=2)     | 48.5 % (n=27339) |
| <b>Medicaid</b>                 | 7.1 % (n=1)      | 16.7 % (n=3)     | 15.4 % (n=2)     | 11.1 % (n=1)     | 3.1 % (n=1775)   |
| <b>Medicare</b>                 | 28.6 % (n=4)     | 50 % (n=9)       | 53.8 % (n=7)     | 66.7 % (n=6)     | 44.6 % (n=25155) |
| <b>Other Government</b>         | 0 % (n=0)        | 0 % (n=0)        | 0 % (n=0)        | 0 % (n=0)        | 0 % (n=0)        |
| <b>Insurance Status Unknown</b> | 7.1 % (n=1)      | 0 % (n=0)        | 7.7 % (n=1)      | 0 % (n=0)        | 1.2 % (n=701)    |

# Distance Traveled - Melanoma Cancer, 2016 - My Facility



|             | <5 miles       | 5-9 miles       | 10-24 miles      | 25-49 miles      | 50-99 miles     | >=100 miles    | Unknown        |
|-------------|----------------|-----------------|------------------|------------------|-----------------|----------------|----------------|
| My Facility | 0 % (n=0)      | 22.2 % (n=2)    | 22.2 % (n=2)     | 33.3 % (n=3)     | 11.1 % (n=1)    | 11.1 % (n=1)   | 0 % (n=0)      |
| All CoC     | 9.5 % (n=5357) | 15.4 % (n=8664) | 31.5 % (n=17773) | 19.4 % (n=10943) | 10.6 % (n=6001) | 5.6 % (n=3135) | 8.1 % (n=4543) |

# Days to First Treatment Tertile Melanoma Cancer: Cases Diagnosed and Treated at My Facility, 2016



|             | 0-0         | 1-7       | >=8       |
|-------------|-------------|-----------|-----------|
| My Facility | 100 % (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 Tertiles in the column.



100+ years

AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

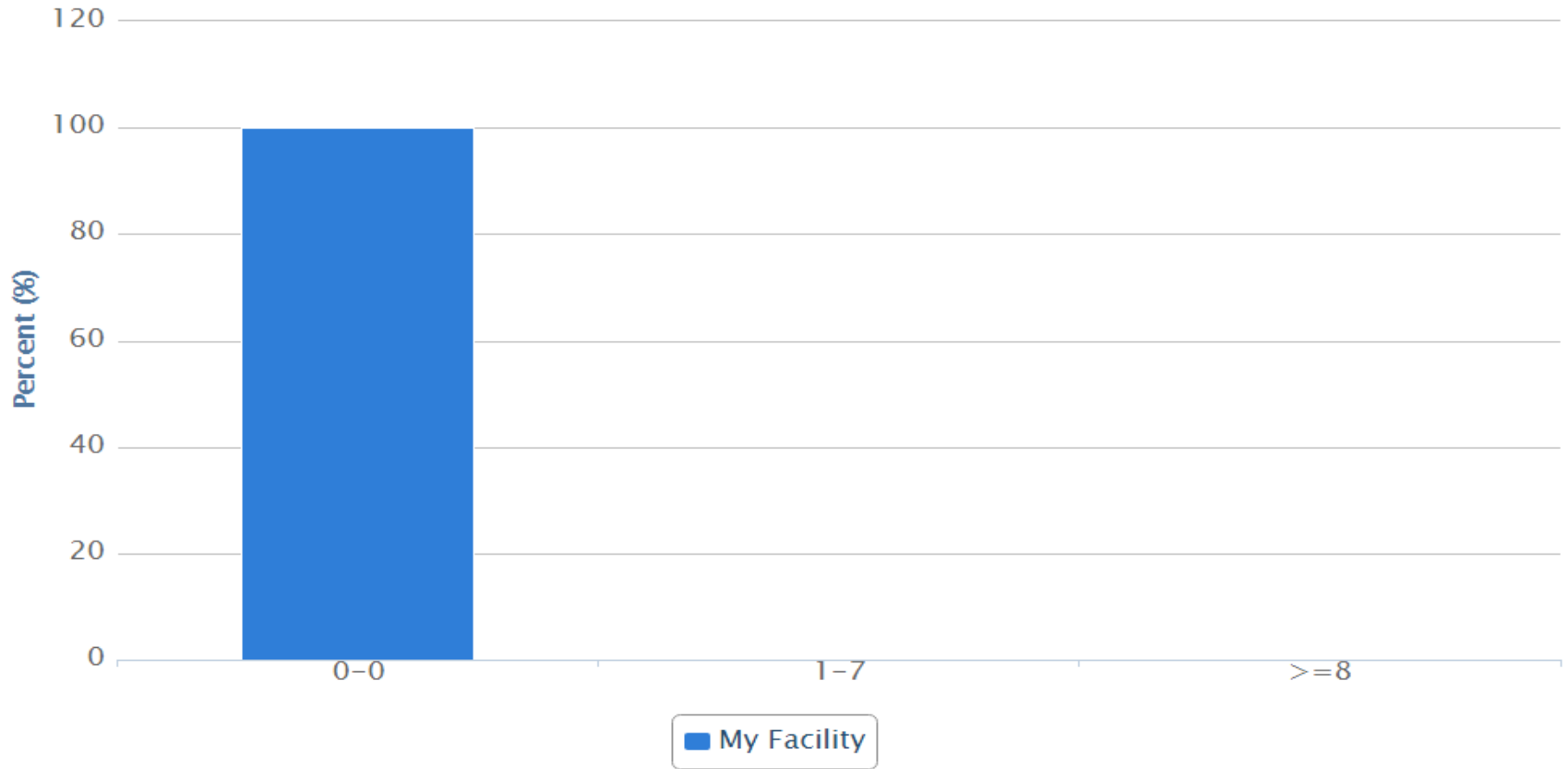
CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Days to First Treatment Tertile Melanoma Cancer: Cases Diagnosed at My Facility or Elsewhere; Treated at My Facility, 2016



|             | 0-0         | 1-7       | >=8       |
|-------------|-------------|-----------|-----------|
| My Facility | 100 % (n=4) | 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 Tertiles in the column.



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

100+ years

CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# 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 Database** 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



100+ years

AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality:  
Highest Standards, Better Outcomes

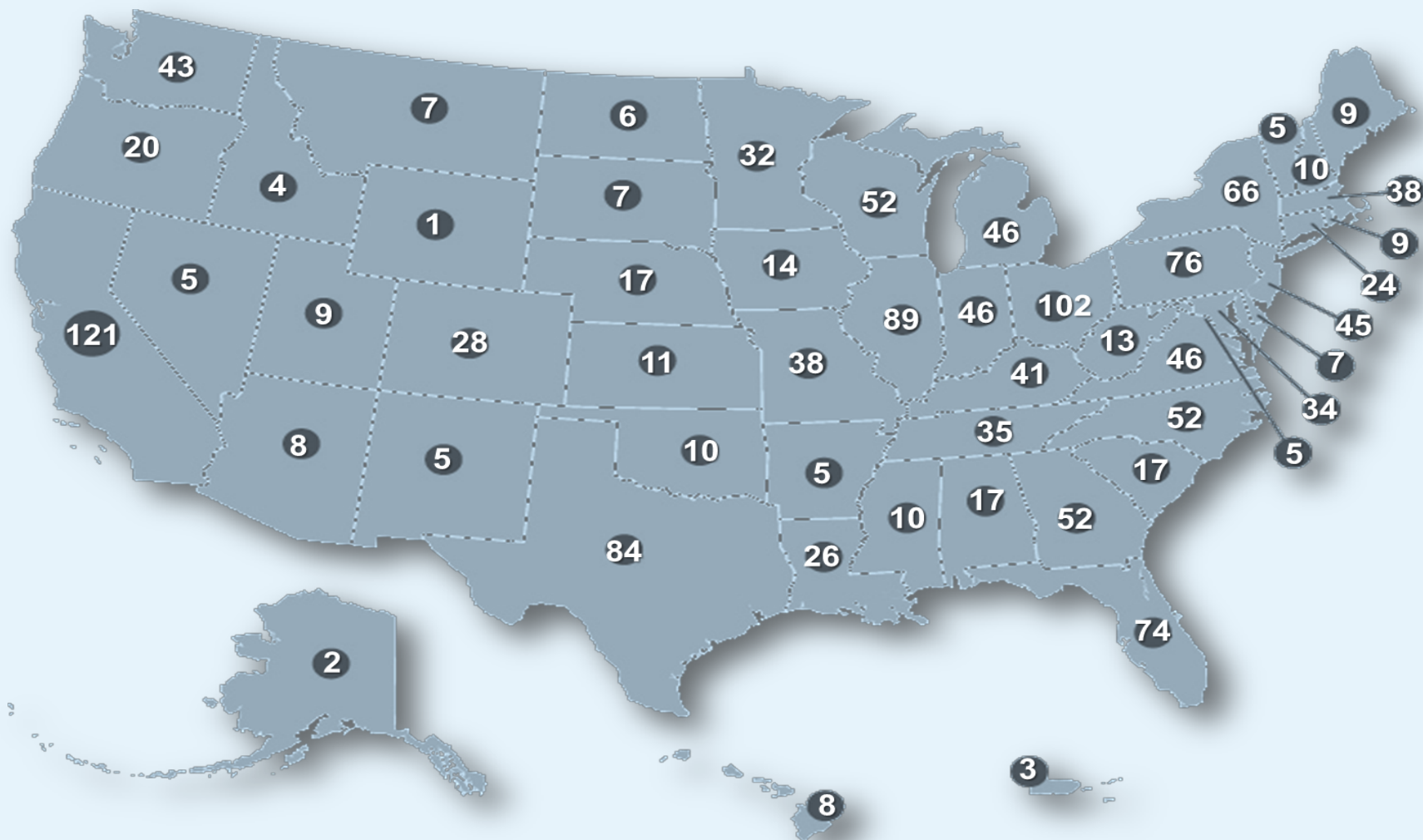
CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Commission on Cancer - Accredited Programs By State



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes.

CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# 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 Database (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



100+ years

AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality.  
Highest Standards. Better Outcomes

CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Commission on Cancer Member Organizations

## Administrative

Association of Cancer Executives (ACE)  
Association of Community Cancer Centers (ACCC)  
American Hospital Association (AHA)  
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

American Academy of Hospice and Palliative Medicine (AAHPM)  
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 Pediatrics (AAP)  
American Association of Endocrine Surgeons (AAES)  
American Association of Pathologists' Assistants (AAPA)  
American College of Obstetricians and Gynecologists (ACOG)  
American College of Medical Genetics and Genomics (ACMG)  
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 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 for Radiation Oncology (ASTRO)  
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 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)  
Young Fellows Association American College of Surgeons (YFAACS)



AMERICAN COLLEGE OF SURGEONS  
*Inspiring Quality.  
Highest Standards. Better Outcomes*

CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# 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

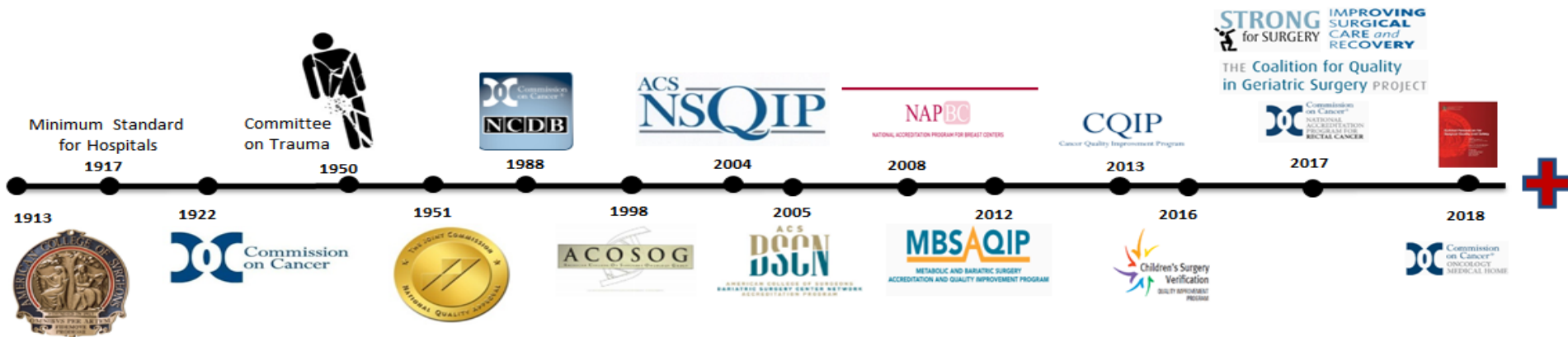
Alliance Clinical Research Program (ALLIANCE)  
American Association for Cancer Education (AACE)  
American Joint Committee on Cancer (AJCC)  
Association of American Cancer Institutes (AACI)  
National Accreditation Program for Breast Centers (NAPBC)  
National Comprehensive Cancer Network (NCCN)  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

# National Cancer Database (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 39 million records from hospital cancer registries across the U.S.



# American College of Surgeons: 100+ Years of Quality Improvement



100+ years

AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality:  
Highest Standards, Better Outcomes

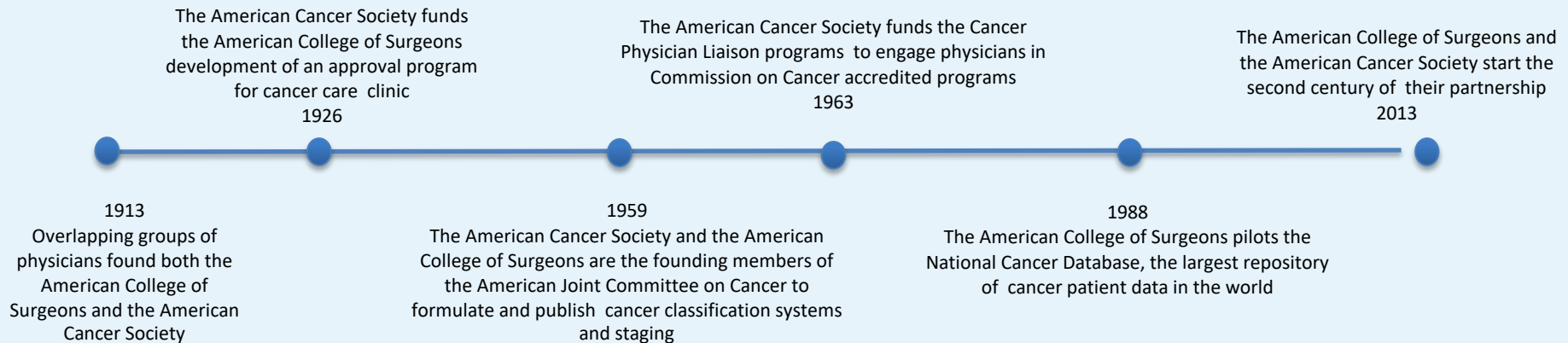
CQIP  
Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# The American College of Surgeons and The American Cancer Society

*Partners to Improve the Lives of Cancer Patients*



The Commission on Cancer acknowledges the support of the American Cancer Society  
for their support of the National Cancer Database and  
the Cancer Liaison Physician Program



AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality:  
Highest Standards, Better Outcomes

CQIP  
Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

# Acknowledgements

## **American College of Surgeons**

### **Commission on Cancer**

Lawrence N. Shulman, MD, FACP, Chair  
Heidi Nelson, MD, FACS, Medical Director, Cancer Programs  
Connie Bura, Administrative Director, Cancer Programs

### **Commission on Cancer**

### **Committee Leadership**

#### **Accreditation**

James B. Harris, MD, FACS, Chair  
M. Kathleen Christian, MD, FACS, Vice-Chair

#### **Advocacy**

Alan G. Thorson, MD, FACS, Chair  
Leslie J. Kohman, MD, FACS, Vice-Chair

#### **Cancer Liaison**

Peter S. Hopewood, MD, FACS, Chair  
Timothy W. Mullett, MD, FACS, Vice-Chair

#### **Education**

Laurie J. Kirstein, MD, FACS, Chair  
Bruce Brenner, MD, FACS, Vice-Chair

### **Member Organizations**

Peter T. Hetzler, MD, FACS, Chair  
Susan Hedlund, MSW, LCSW, OSW-C, Vice-Chair

### **Nominating Committee**

Daniel P. McKellar, MD, FACS, Chair

### **Quality Integration**

Matthew Facktor, MD, FACS, Chair  
Daniel J. Boffa, MD, FACS, Vice-Chair

## **CQIP**

Matthew Facktor, MD, FACS, CQIP Project Director  
Kenneth Pristas, CQIP Project Manager, MSHI, PMP

## **CQIP/NCDB Staff**

Ryan McCabe Ph.D

Amanda Browner, MS  
Natalie Goodwin, MS  
Katherine Mallin, Ph.D  
Bryan Palis, MA  
Kenneth Pristas, MSHI, PMP

## **Further Assistance**

Kenneth Pristas, MSHI, PMP  
IT Manager, NCDB  
Phone: 312-202-5451  
Email: [kpristas@facs.org](mailto:kpristas@facs.org)

## **CQIP Email**

[ncdbcqip@facs.org](mailto:ncdbcqip@facs.org)



100+ years

AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality:  
Highest Standards, Better Outcomes

CQIP

Cancer Quality Improvement Program



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.



AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:  
Highest Standards, Better Outcomes*

CQIP

Cancer Quality Improvement Program



Commission  
on Cancer®

# CQIP

## Cancer Quality Improvement Program

**Commission on Cancer**

**[www.facs.org/quality-programs/cancer/coc](http://www.facs.org/quality-programs/cancer/coc)**

**312-202-5085**

**CQIP**

**[www.facs.org/quality-programs/cancer/ncdb/qualitytools/cqip](http://www.facs.org/quality-programs/cancer/ncdb/qualitytools/cqip)**