CQIP

Cancer Quality Improvement Program

Mercy Medical Center Redding

6932520

Redding, CA

NCDB CQIP

Annual Report 2018

Updated March 2019

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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

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Cancer Quality Improvement Program (CQIP)

- A data-driven, process and outcomes-based cancer quality improvement initiative
- Confidentially reports to 1,500 individual CoC-accredited hospitals their data as entered in NCDB (including comparisons with national data from all CoC-accredited programs)
- PDF download provides information to support the reports, technical details, report creation, and scientific justification and references for quality measures
- 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

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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.

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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.

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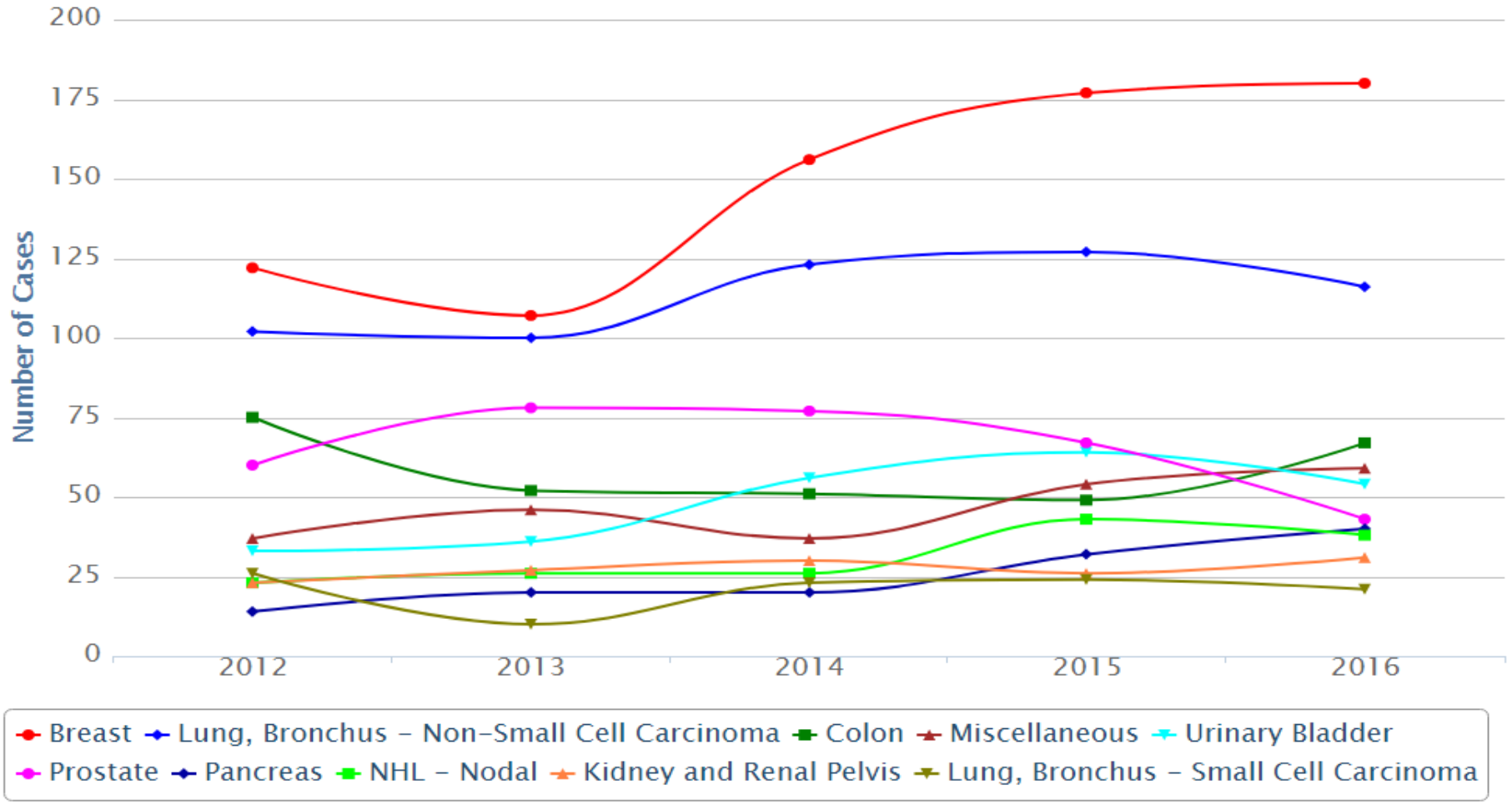
Cancer Program Total Case Volume, 2012 - 2016 My Facility



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

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Cancer Program Total Case Volume, 2012 - 2016 My Facility

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

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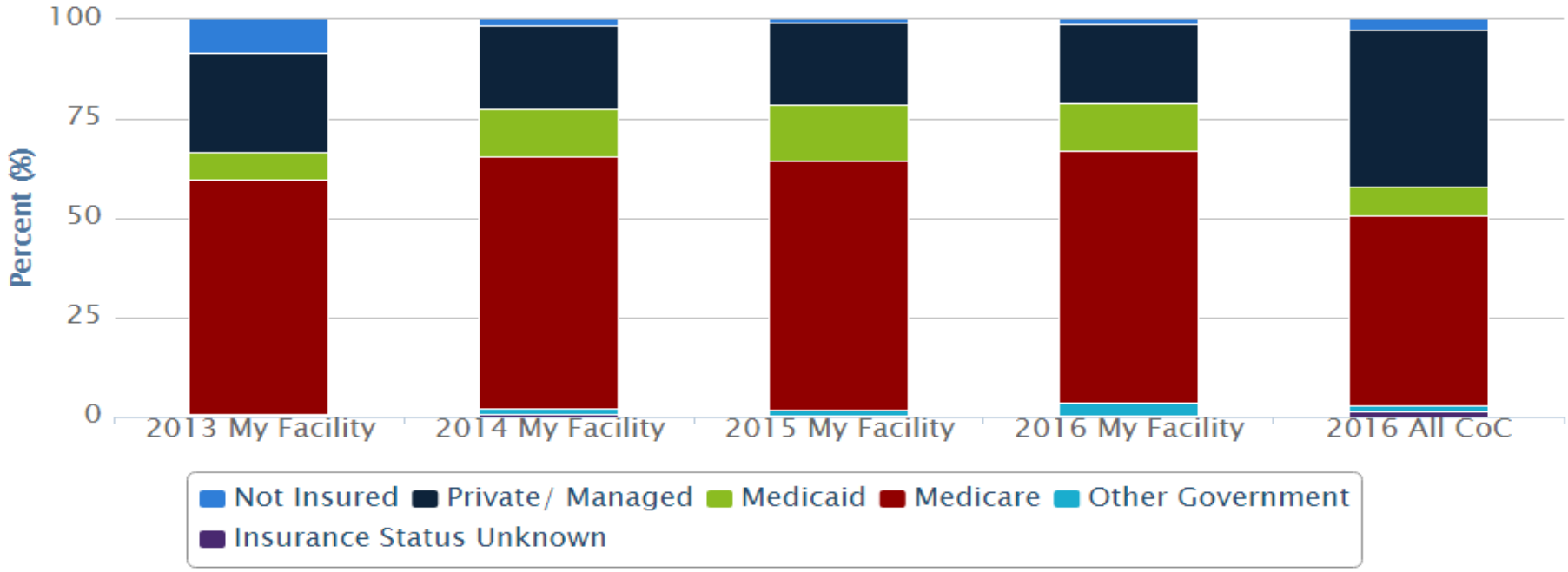
Insurance Status, 2013 - 2016 - My Facility vs. All CoC



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

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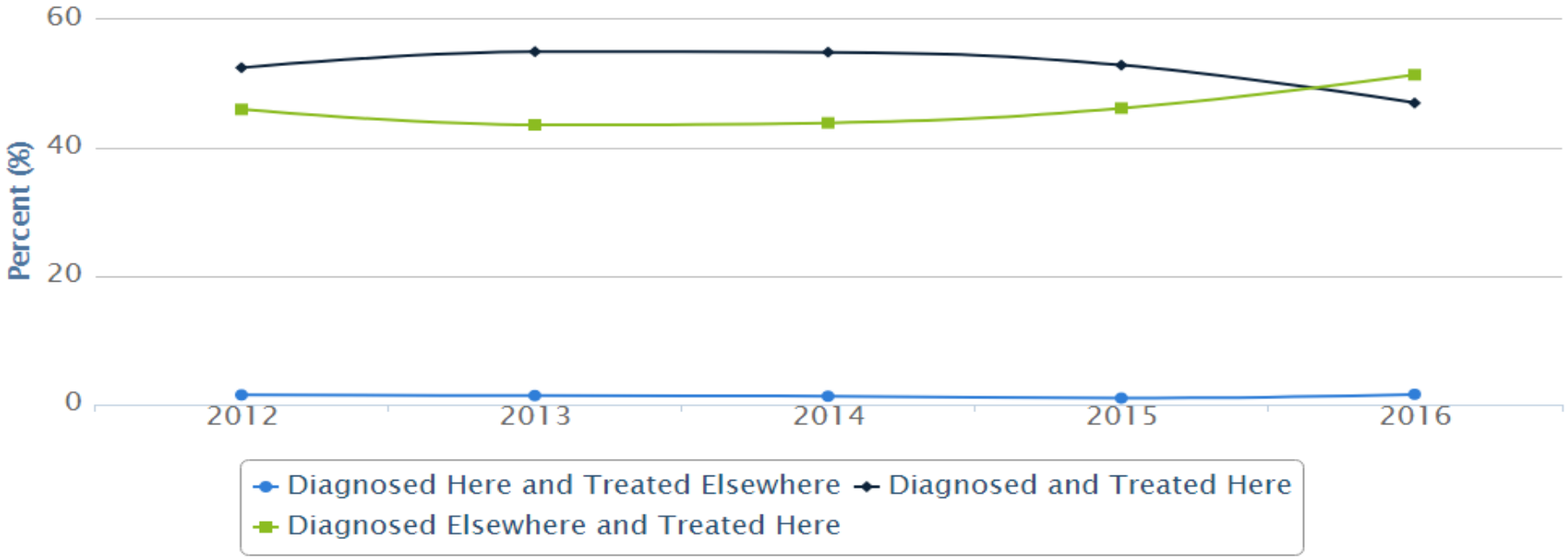
Total In/Out Migration, 2012 - 2016 - My Facility



	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)

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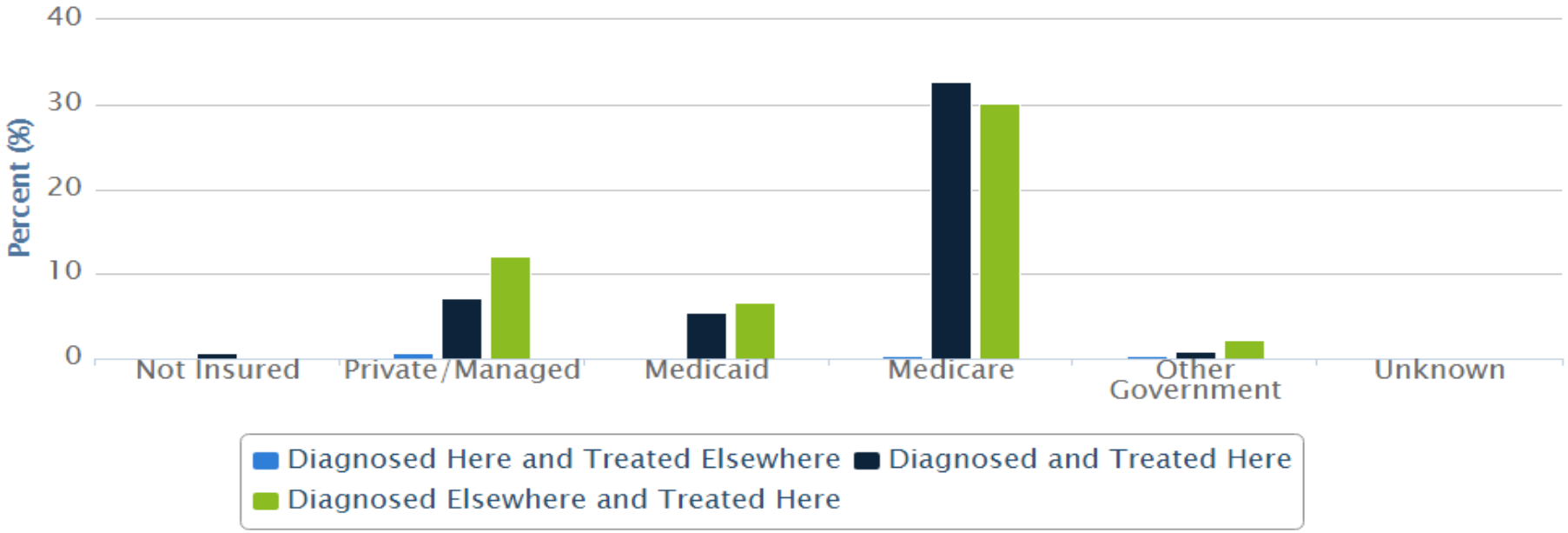
In/Out Migration by Insurance Status, 2016 - My Facility



	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)

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Quality Measure Reports

Accountability Measure

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

Quality Improvement Measure (QI)

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

Surveillance Measure

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

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Cancer Program Practice Profile (CP^{3}R) Estimated Performance Rates

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

Extensive assessment and validation of the measures were performed using cancer registry data reported to the National Cancer 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.

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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)

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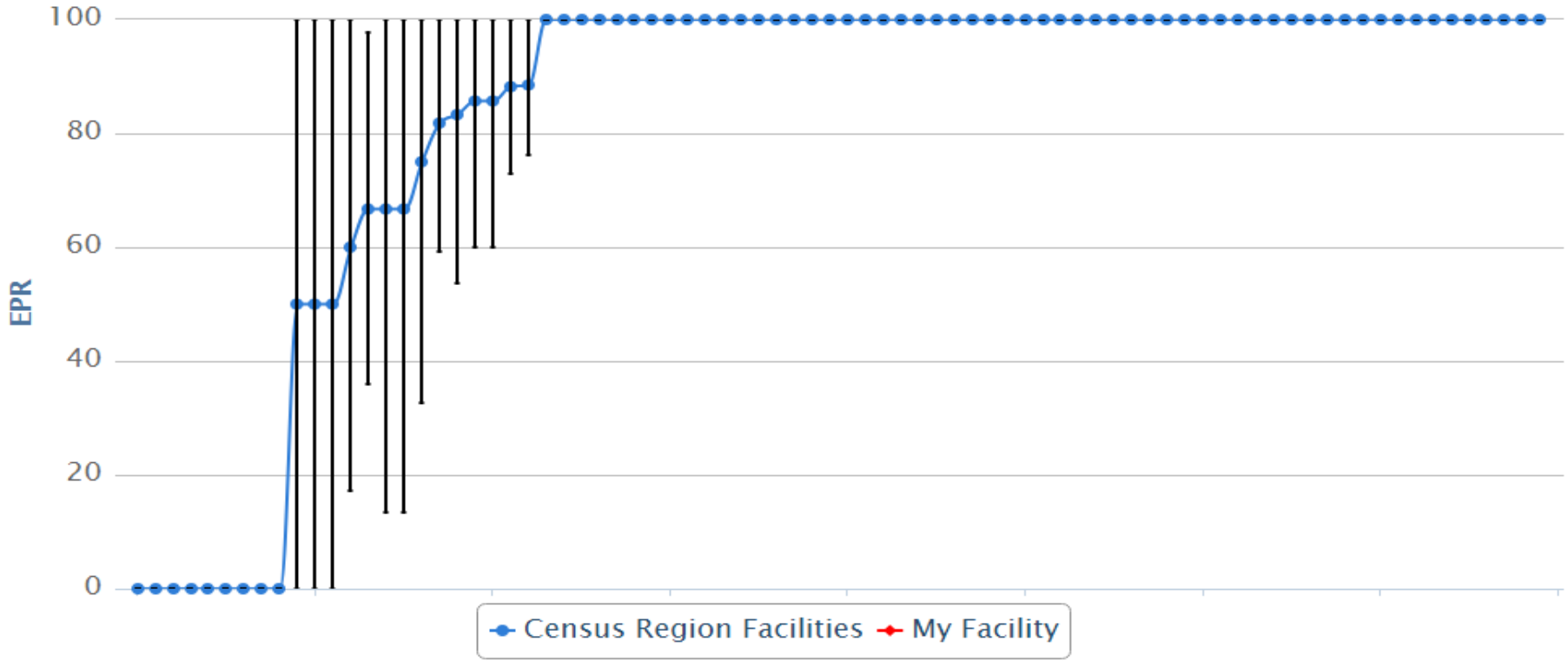
Bladder, 2016, BL2RLN: At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy (Surveillance)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	NA	91.3 %	90.3 %	90.2 %	88.7 %	93.1 %
Denominator	NA	126	237	246	567	2187
95 % CI	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)

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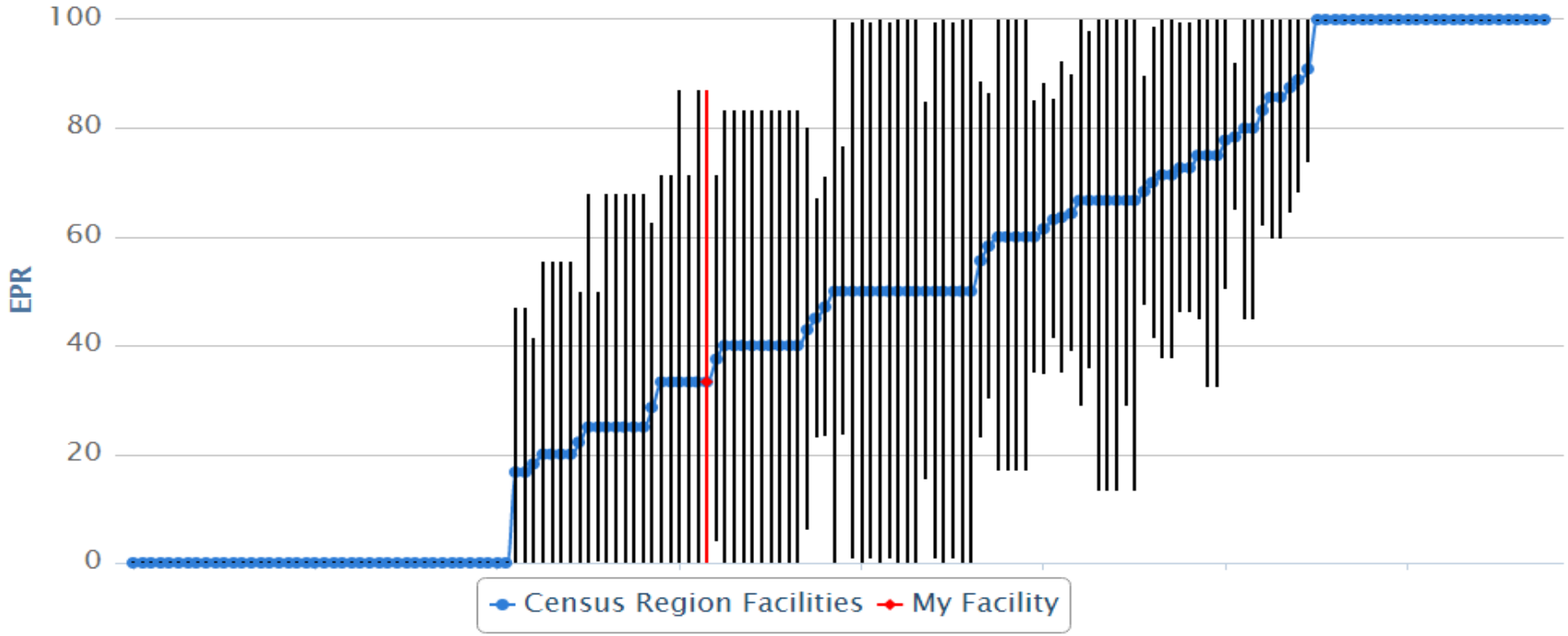
Bladder, 2016, BLCSTRI: Radical or partial cystectomy; or Tri-modality therapy for clinical T234N0M0 patients, first treatment within 90 days of diagnosis (Surveillance)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	33.3 %	45.6 %	51.6 %	51.1 %	51.7 %	55.3 %
Denominator	3	344	568	593	1761	4817
95 % CI	(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)

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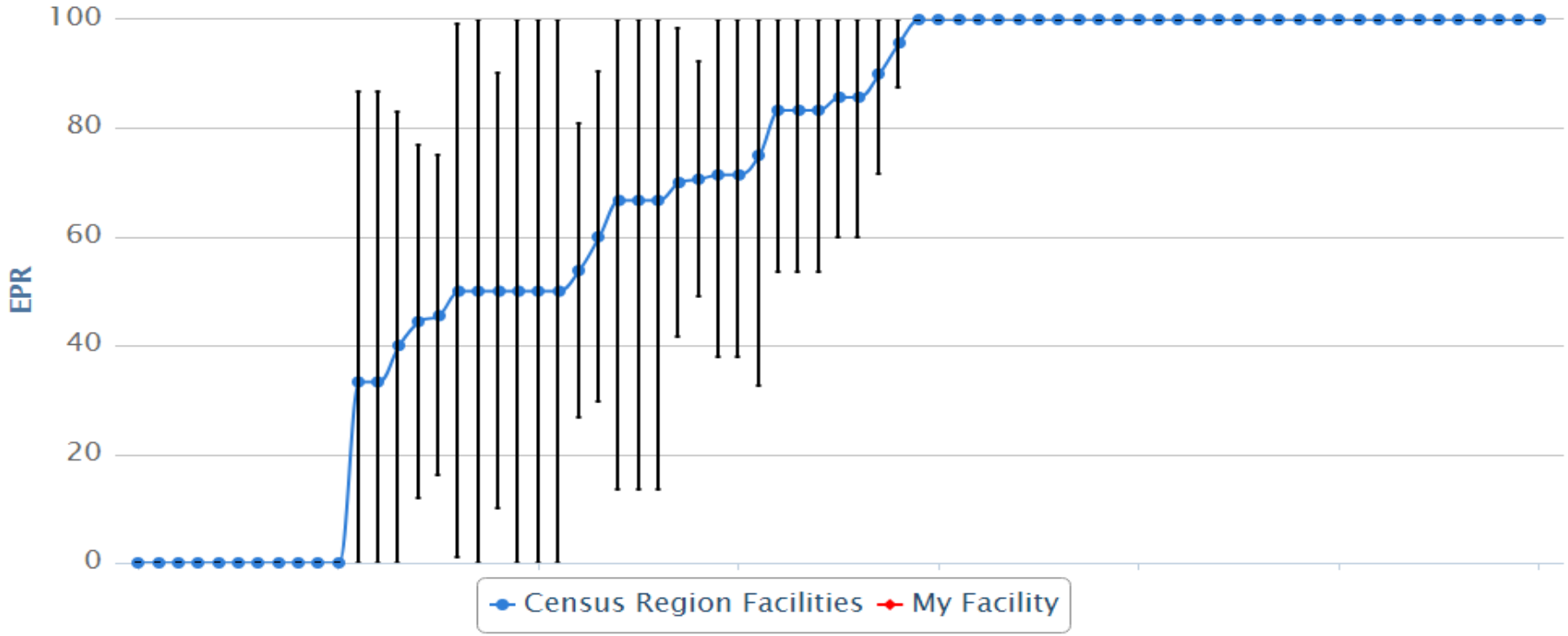
Bladder, 2016, BLCT: Neo-adjuvant or adjuvant chemotherapy offered or administered for patients with muscle invasive cancer undergoing radical cystectomy (Surveillance)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	NA	70.3 %	73.3 %	73.7 %	70.2 %	68.7 %
Denominator	NA	101	202	209	506	2004
95 % CI	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)

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Quality Measure Reports – Breast

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

NQF = National Quality Forum Endorsed Measure

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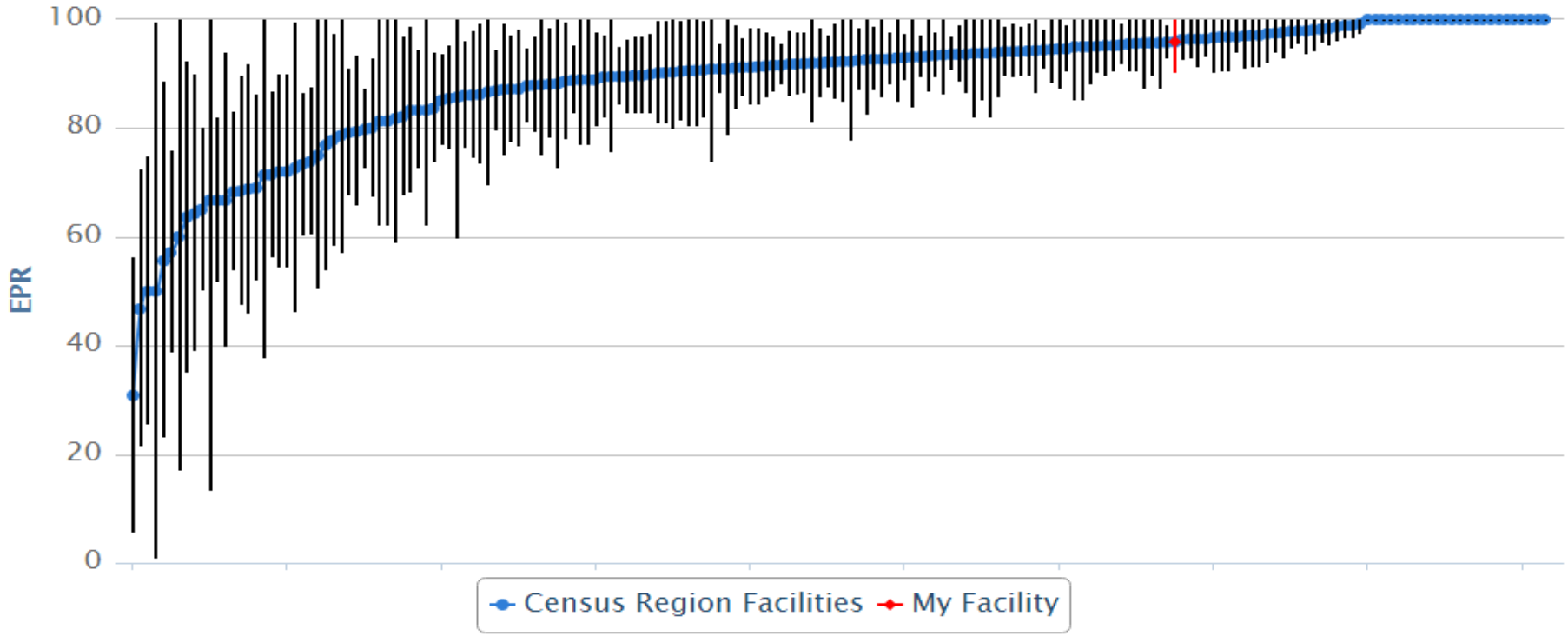
BREAST, 2016, BCSRT: Breast radiation after breast conserving surgery (NQF 0219 - Accountability)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	95.9 %	89.7 %	90.9 %	90.8 %	92 %	91.8 %
Denominator	49	4793	7711	7955	25754	59705
95 % CI	(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)

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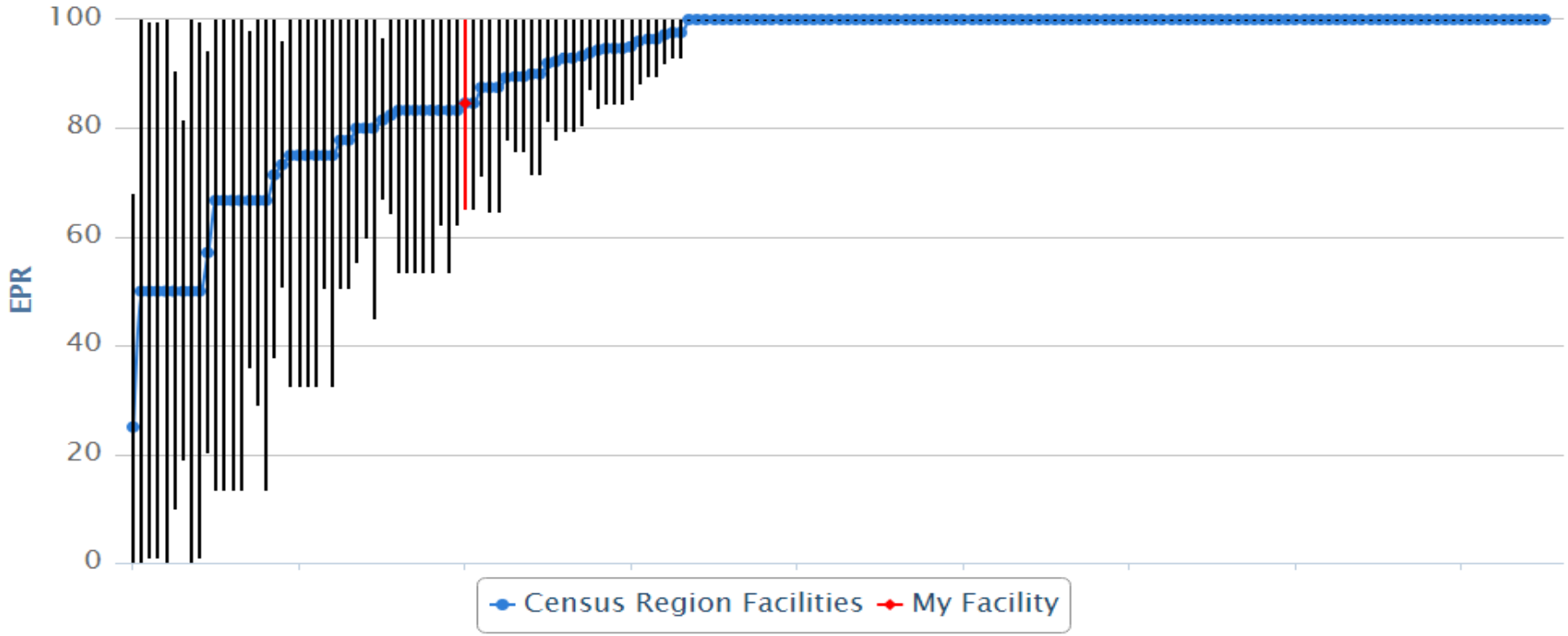
BREAST, 2016, MAC: Combination chemotherapy for hormone receptor negative breast cancer (NQF 0559 - Accountability)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	84.6 %	90.3 %	92.5 %	92.6 %	93.3 %	93.2 %
Denominator	13	780	1242	1292	5039	12245
95 % CI	(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)

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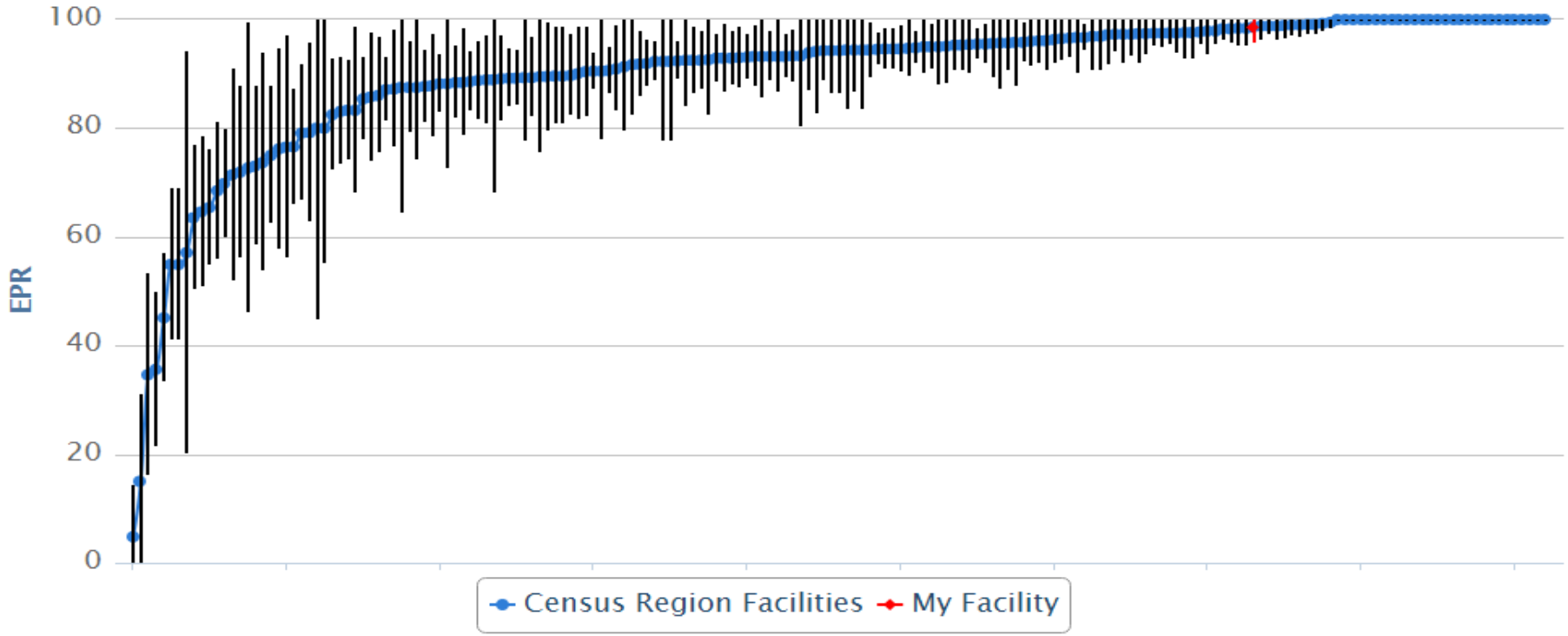
BREAST, 2016, HT: Adjuvant hormonal therapy for hormone receptor positive breast cancer (NQF 0220 - Accountability)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	98.6 %	90.9 %	92.3 %	92.5 %	93.1 %	93 %
Denominator	70	6915	10768	11098	35097	78878
95 % CI	(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)

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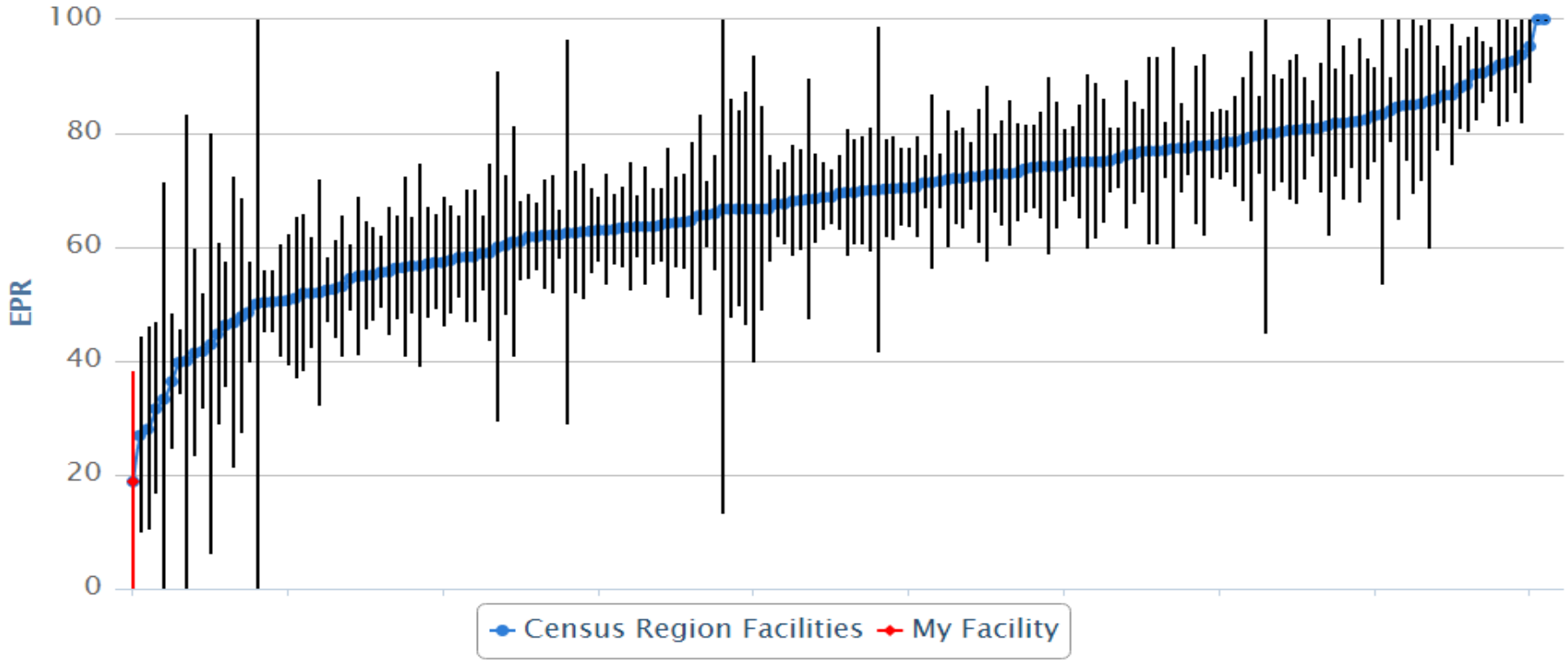
BREAST, 2016, BCS: Breast conserving surgery rate (Surveillance)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	18.8 %	66 %	67 %	67.1 %	67.3 %	67.1 %
Denominator	16	10434	16353	16874	57660	127495
95 % CI	(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)

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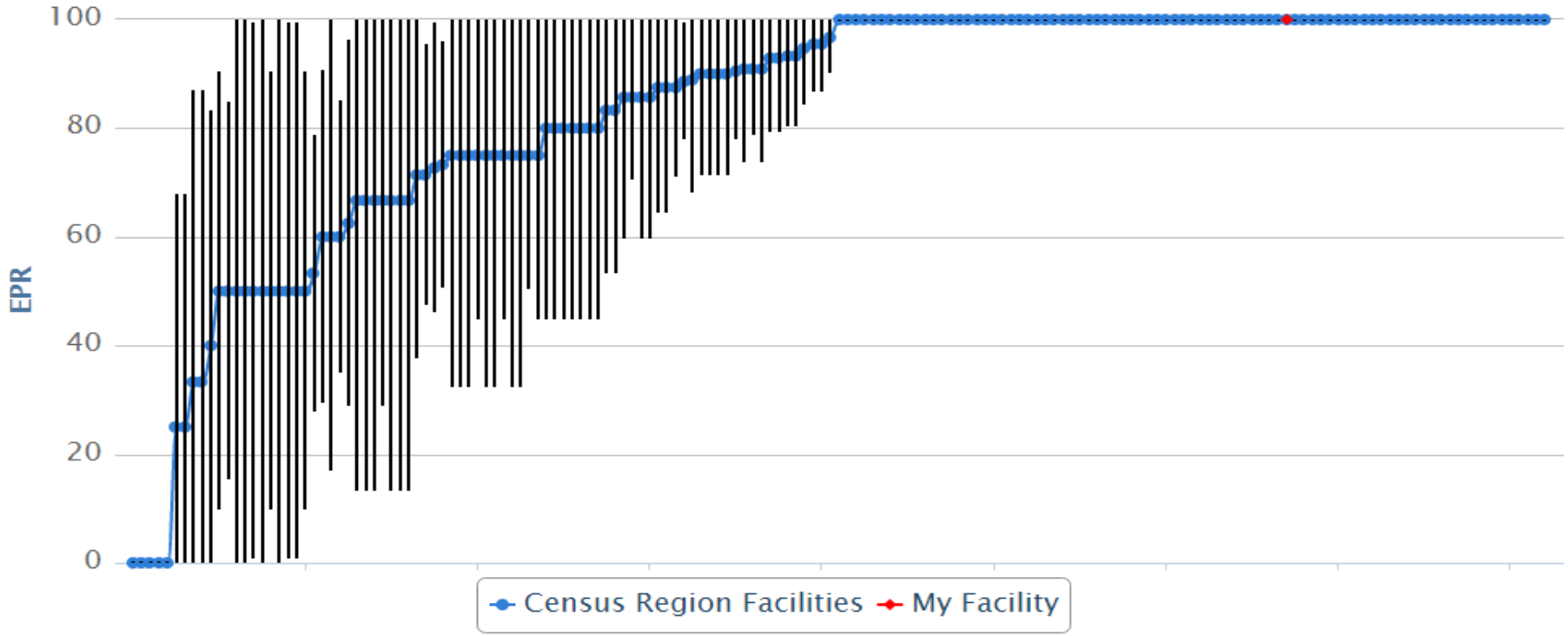
BREAST, 2016, MASRT: Post-mastectomy radiation for women with 4 or more positive regional lymph nodes (Accountability)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	100 %	82.8 %	86.2 %	86.4 %	87.5 %	88.5 %
Denominator	10	571	831	856	2657	6246
95 % CI	(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 >= 4 positive regional lymph nodes. (CP3R data as of 02/14/2019)

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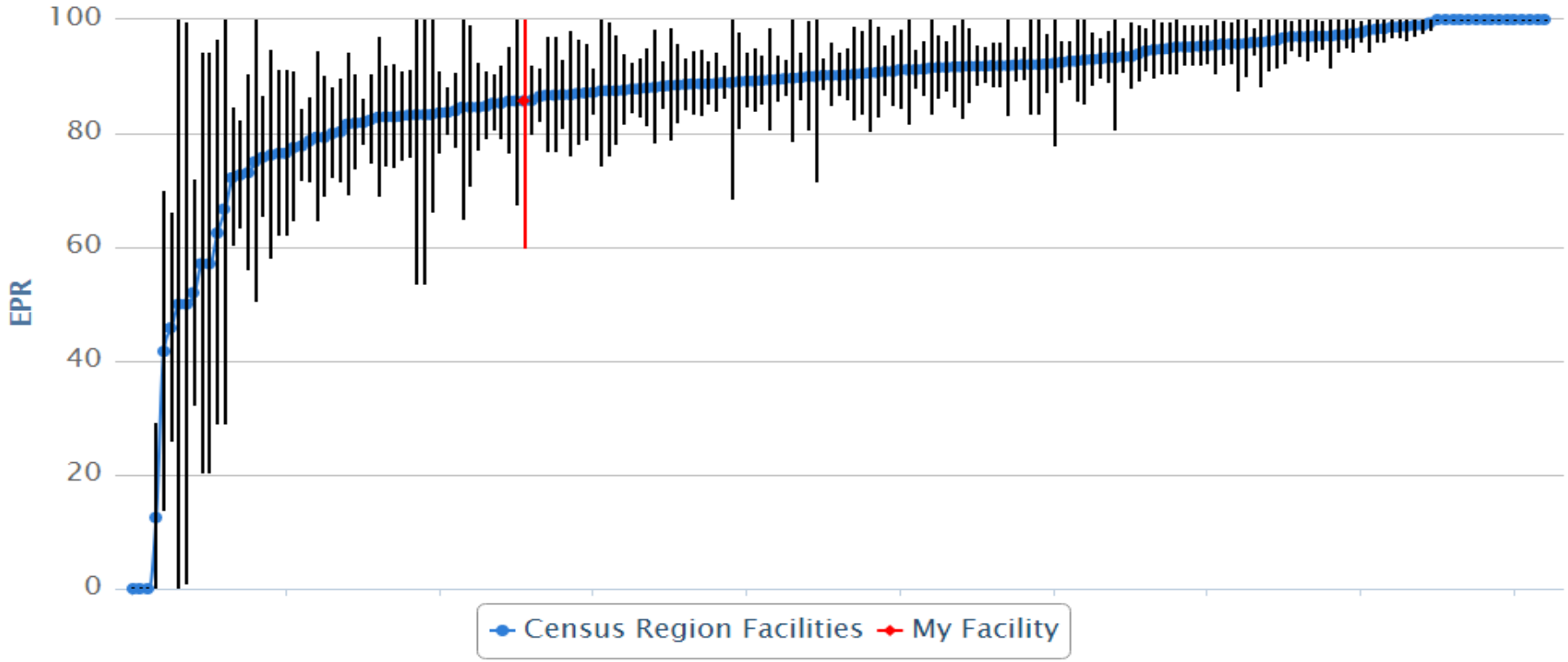
BREAST, 2016, nBx: Image or palpation-guided needle biopsy (core or FNA) is performed for the diagnosis of breast cancer (Quality Improvement)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	85.7 %	90.2 %	90.4 %	90.4 %	90.5 %	90.1 %
Denominator	7	10399	17010	17492	63437	133004
95 % CI	(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)

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Quality Measure Reports - Cervix

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

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

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

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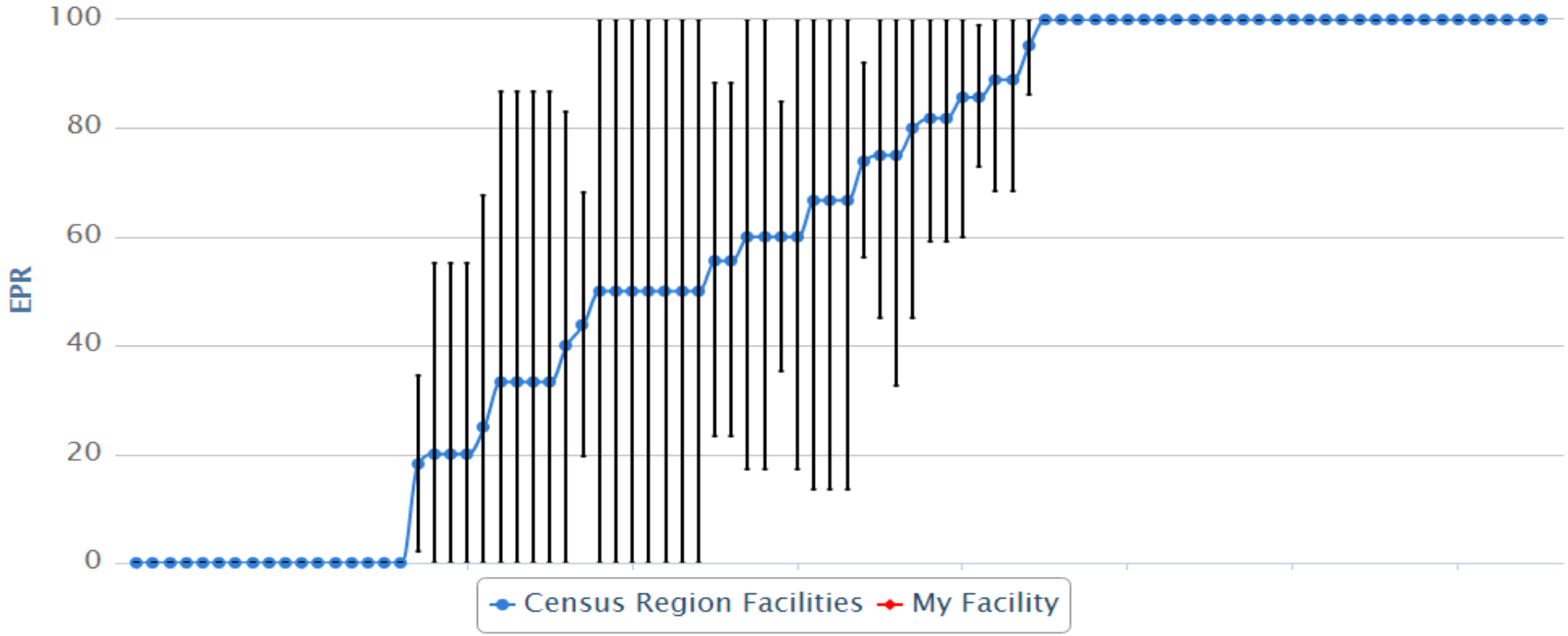
CERVIX, 2016, CBRRT: Brachytherapy in cervical cancer patients treated with primary radiation (Surveillance)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	NA	66.9 %	67.4 %	67.2 %	69 %	74.1 %
Denominator	NA	248	319	323	924	2969
95 % CI	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)

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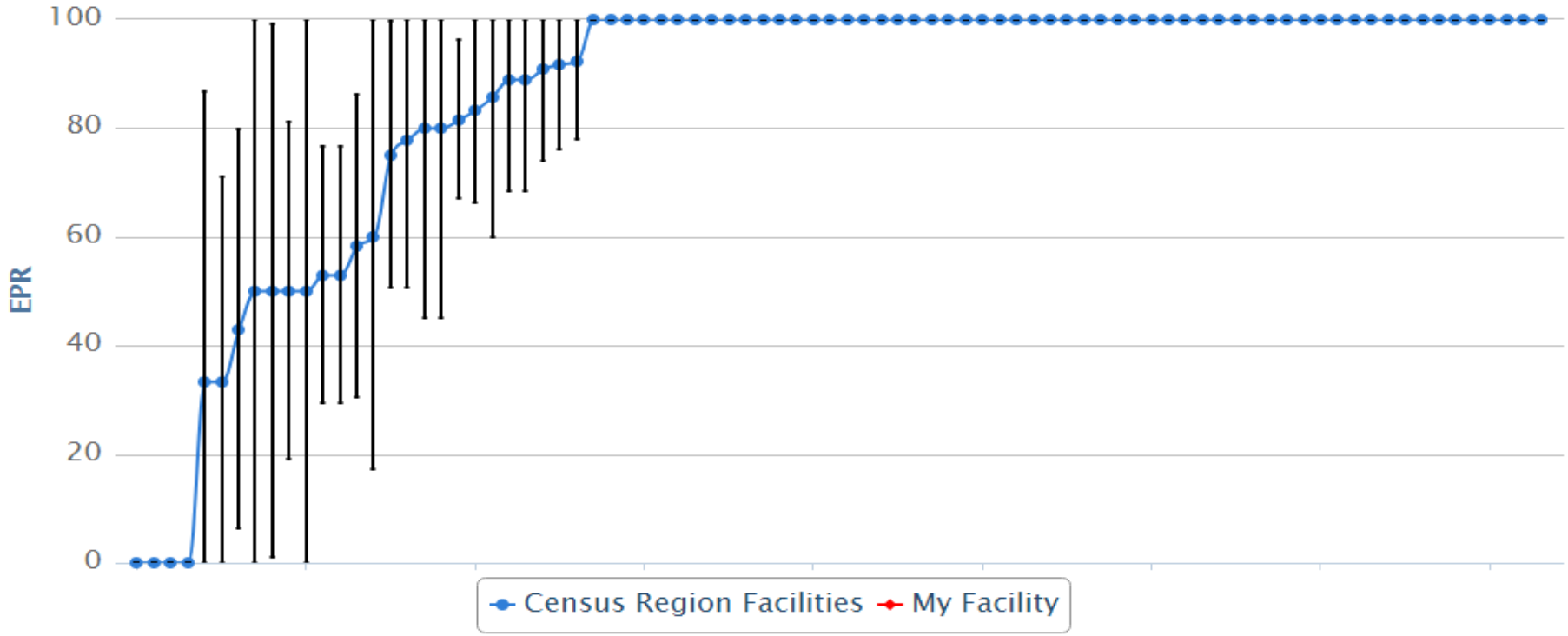
CERVIX, 2016, CERRT: Radiation therapy completed within 60 days among women diagnosed with cervical cancer (Surveillance)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	NA	81.5 %	81.4 %	81.6 %	77.8 %	81.1 %
Denominator	NA	254	328	332	976	2864
95 % CI	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)

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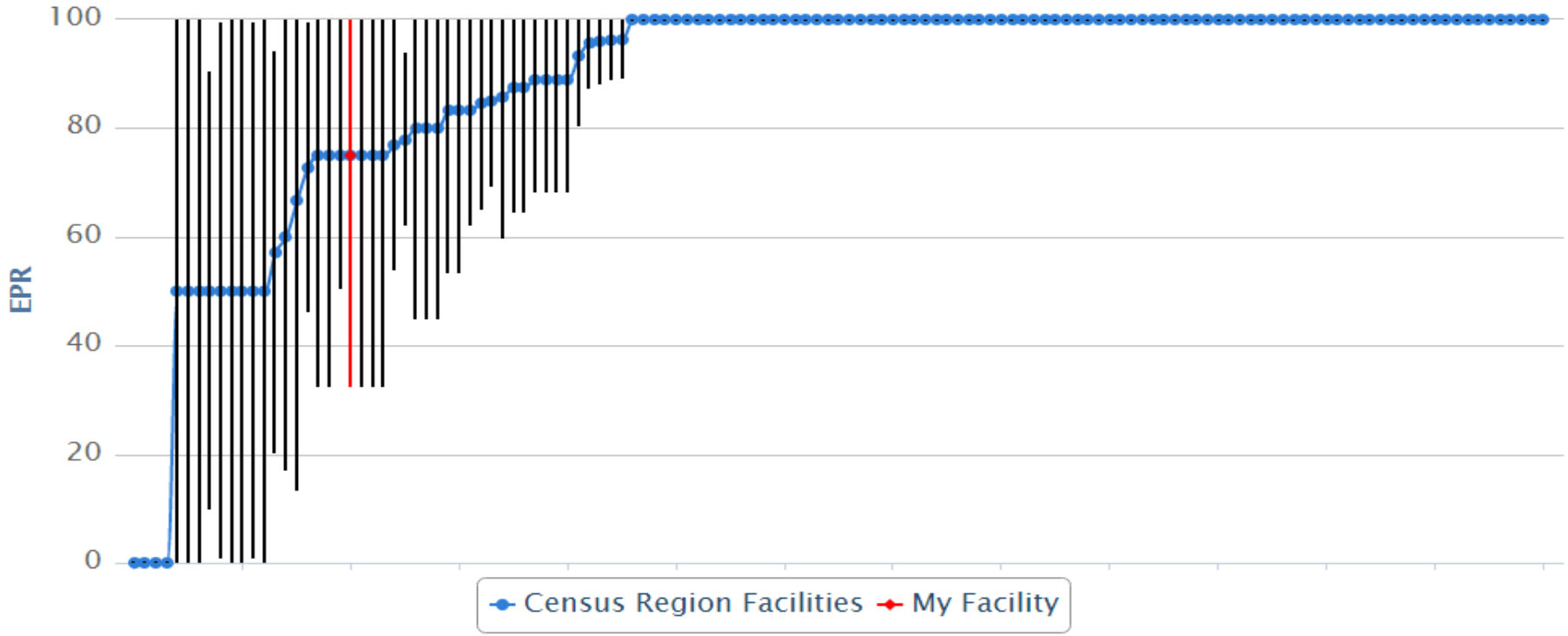
CERVIX, 2016, CERCT: Chemotherapy for cervical cancer patients who received radiation (Surveillance)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	75 %	88.5 %	89.7 %	89.8 %	88.9 %	89.7 %
Denominator	4	364	477	491	1318	3875
95 % CI	(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)

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Quality Measure Reports - Colon

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

- **12RLN:** At least 12 lymph nodes are removed and examined as part of primary colon cancer resection (NQF 0225 – Quality Improvement)

NQF = National Quality Forum Endorsed Measure

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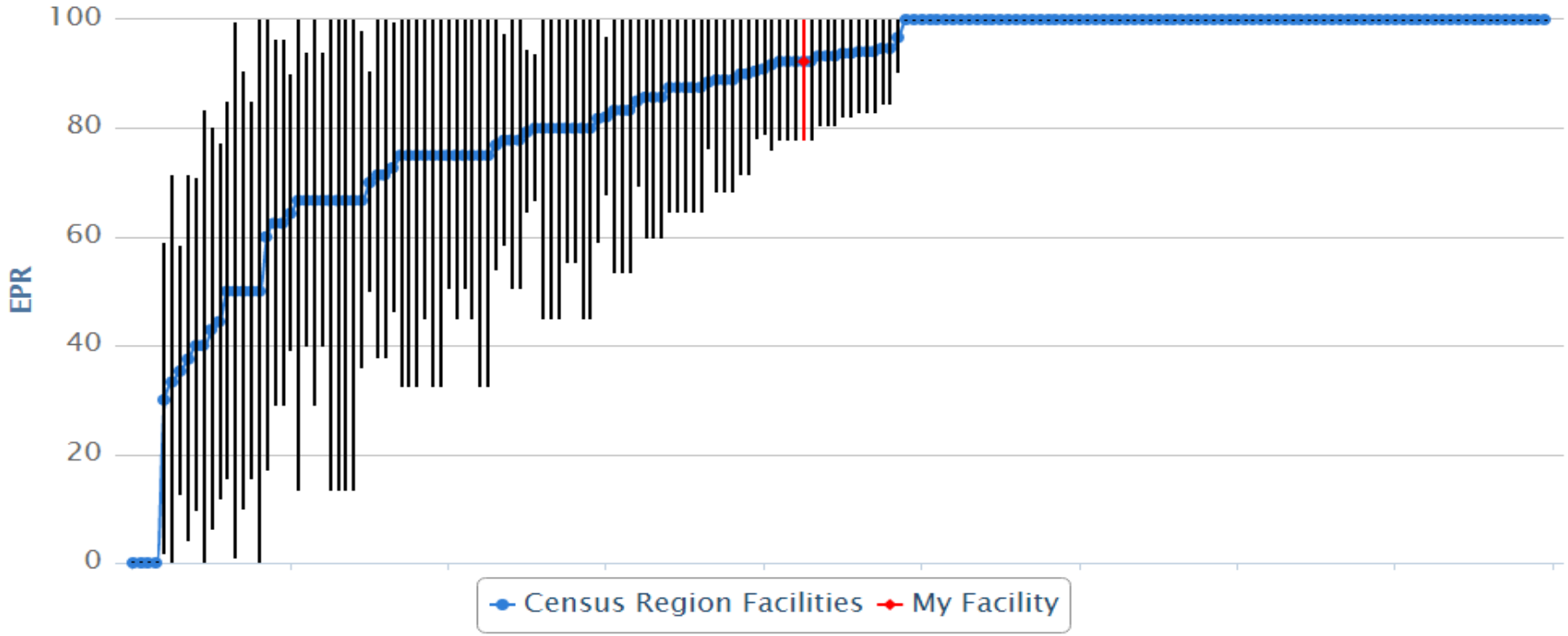
COLON, 2016, ACT: Adjuvant chemotherapy for lymph node positive colon cancer (NQF 0223 - Accountability)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	92.3 %	81.5 %	85.3 %	84.9 %	89.2 %	88.9 %
Denominator	13	789	1216	1264	4590	10103
95 % CI	(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)

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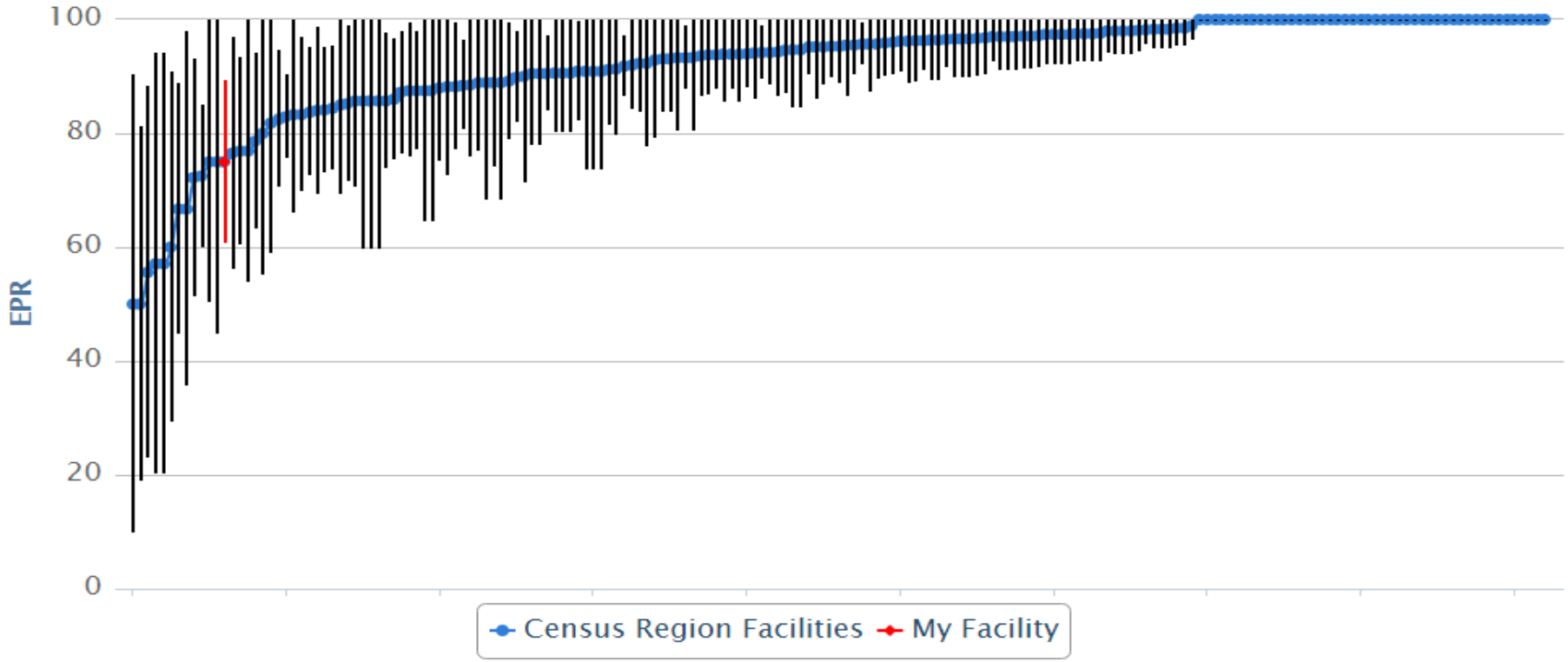
COLON, 2016, 12RL: At least 12 regional lymph nodes removed and pathologically examined for resected colon cancer (NQF 0225 - Quality Improvement)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	75 %	93 %	93.4 %	93.5 %	92.4 %	92.8 %
Denominator	36	3286	4979	5145	19251	40417
95 % CI	(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)

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Quality Measure Reports - Endometrium

- **ENDCTRT:** Chemotherapy and/or radiation administered to patients with Stage IIIC or IV Endometrial cancer (Surveillance)

- **ENDRLC:** Endoscopic, laparoscopic, or robotic surgery performed for all Endometrial cancer (Surveillance)

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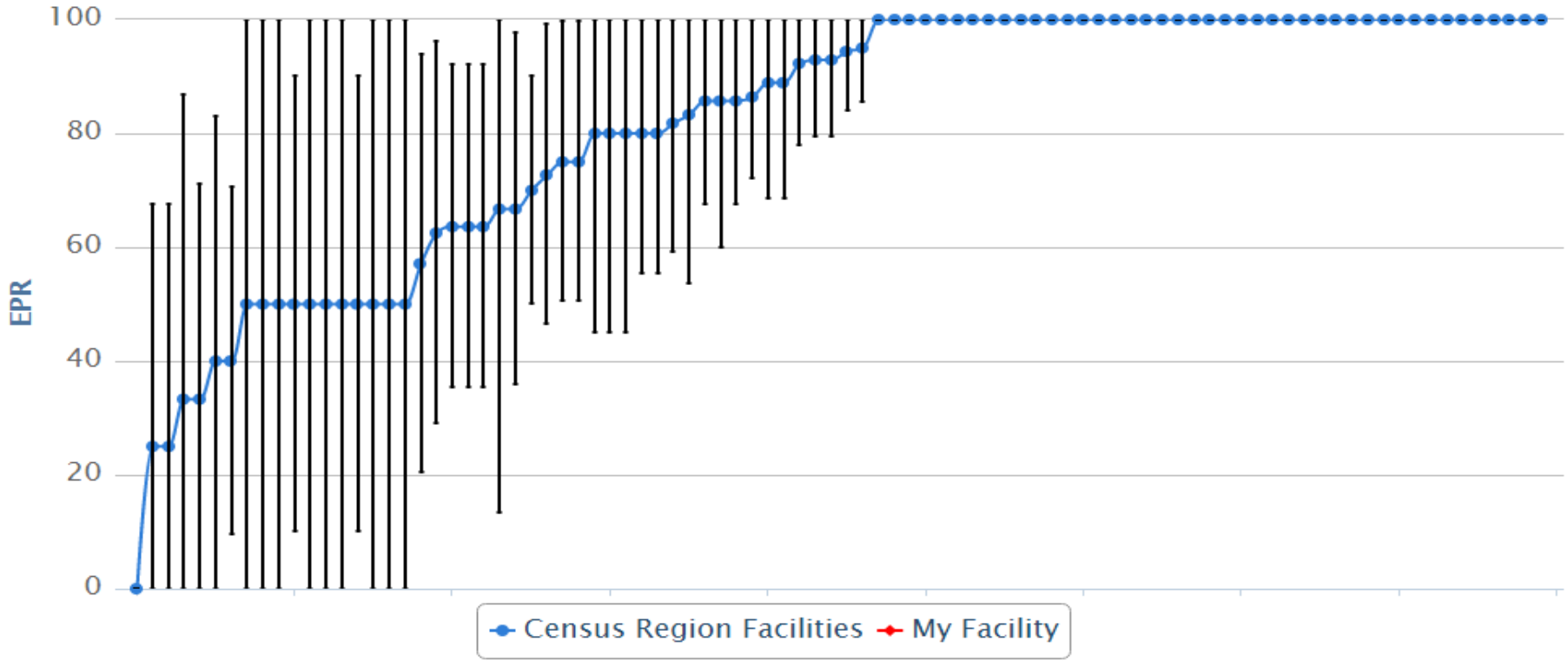
ENDOMETRIUM, 2016, ENDCTRT: Chemotherapy and/or radiation administered to patients with Stage IIIC or IV Endometrial cancer (Surveillance)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	NA	76.5 %	80.5 %	79.7 %	80.7 %	84.2 %
Denominator	NA	268	399	409	1034	2927
95 % CI	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)

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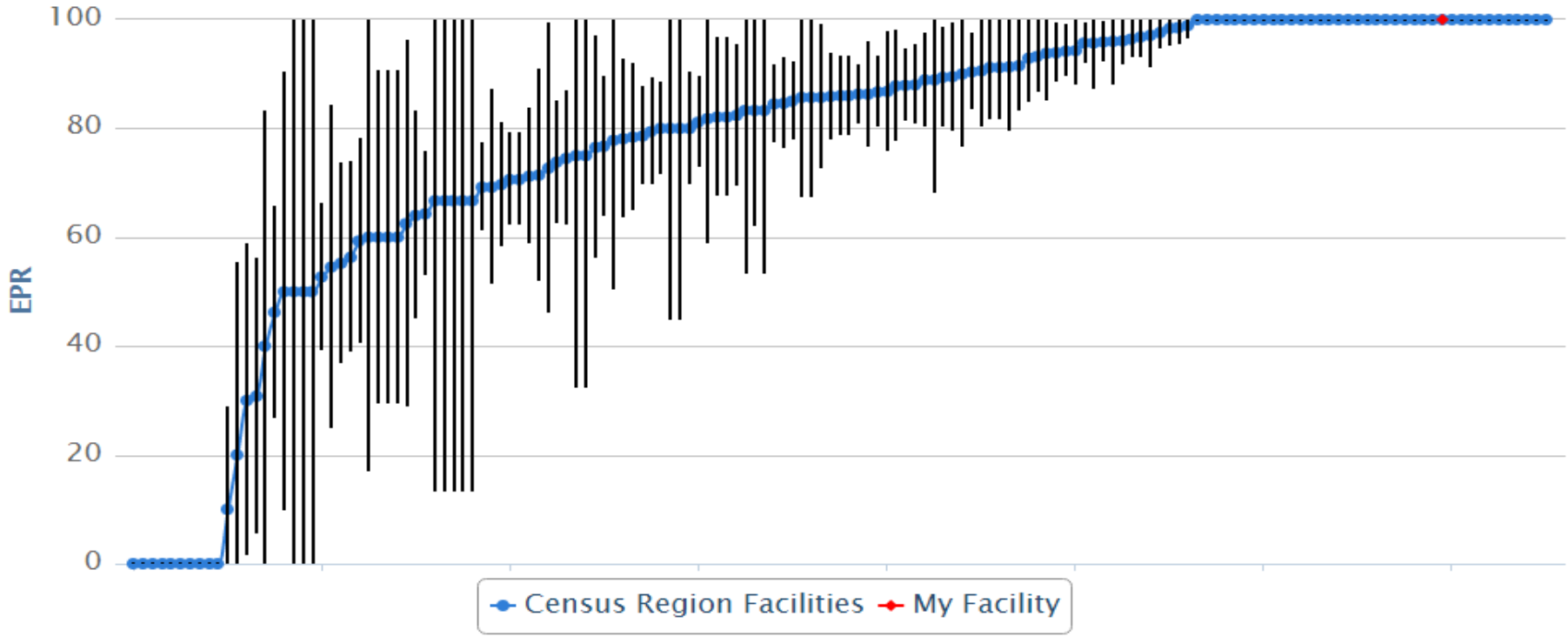
ENDOMETRIUM, 2016, ENDLRC: Endoscopic, laparoscopic, or robotic surgery performed for all Endometrial cancer (Surveillance)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	100 %	81.2 %	83.7 %	83.5 %	82.9 %	81 %
Denominator	2	2481	3912	4036	11123	29475
95 % CI	(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)

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Quality Measure Reports - Gastric

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

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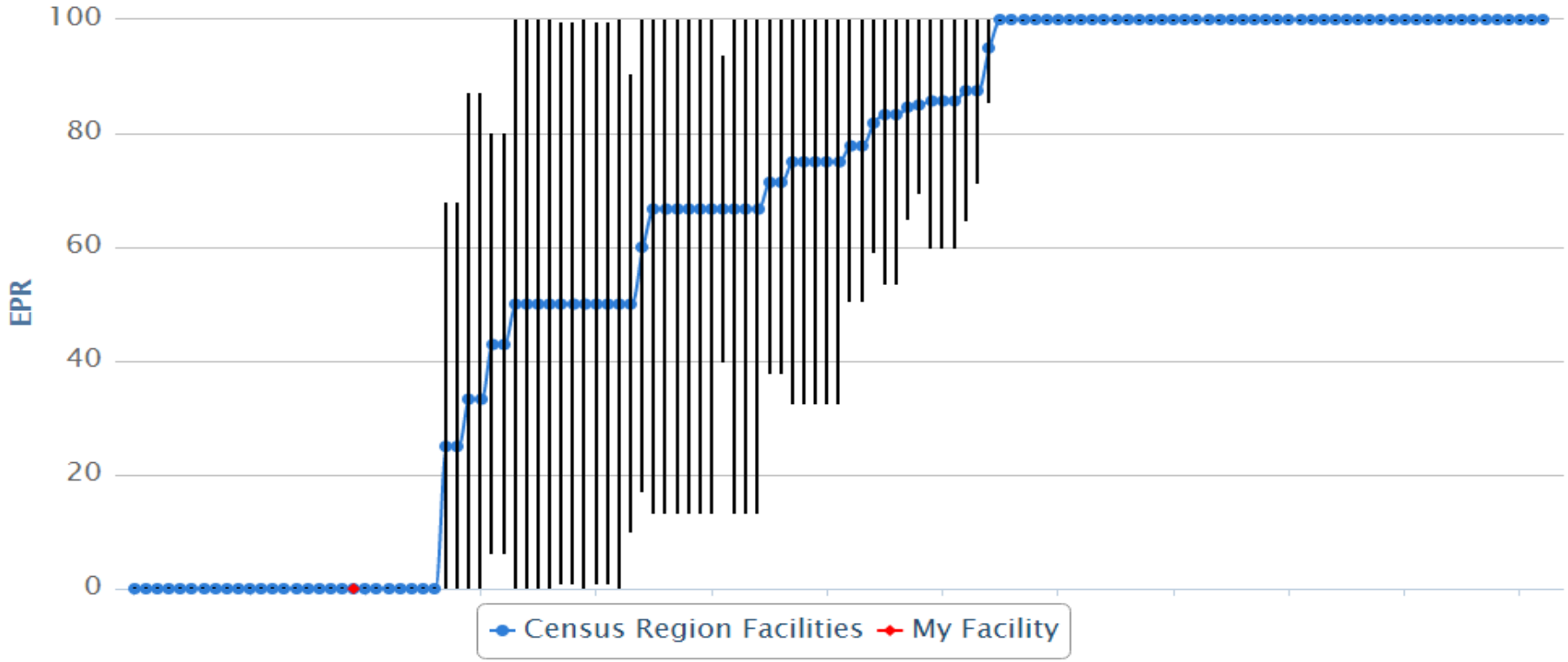
GASTRIC, 2016, G15RLN: At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	0 %	73.2 %	74 %	72.7 %	58.1 %	65.2 %
Denominator	2	291	392	403	866	2505
95 % CI	(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)

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Quality Measure Reports - Kidney

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

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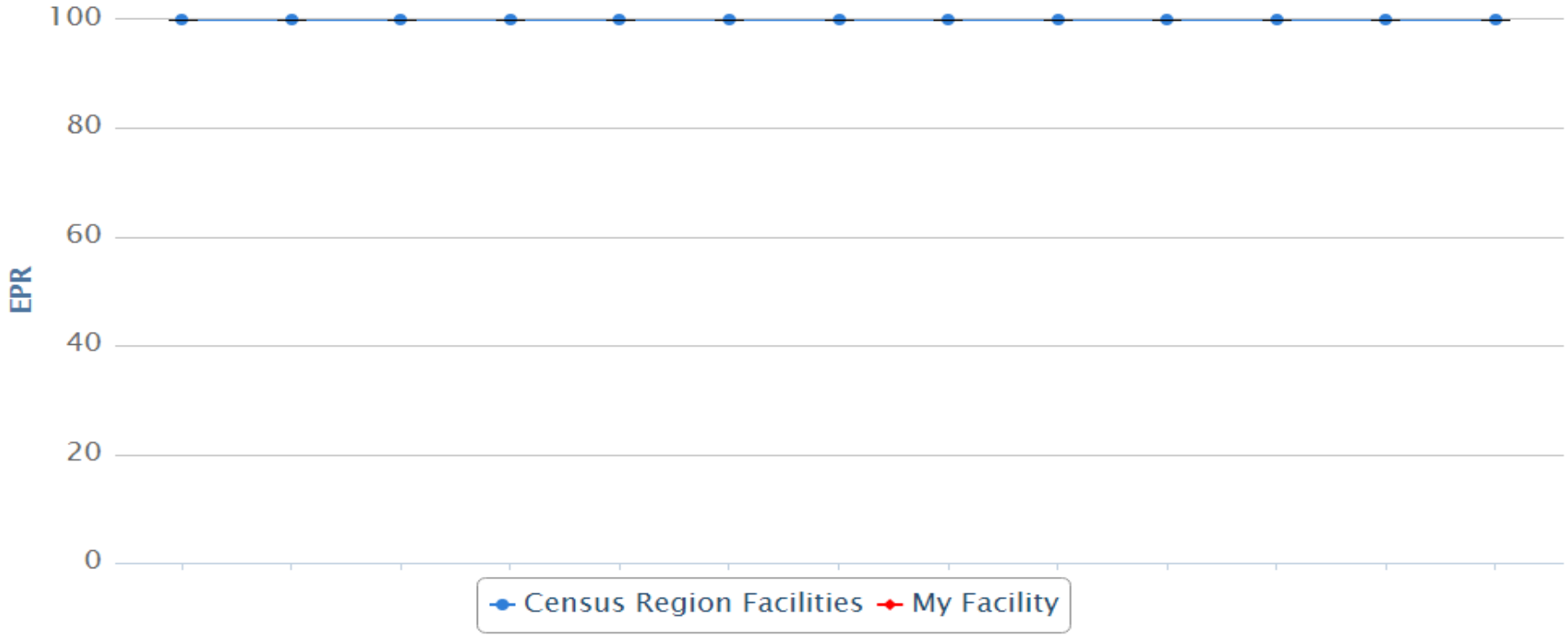
KIDNEY, 2016, Pediatric Measure: PD1RLN: At least 1 regional lymph node is removed and pathologically examined for primarily resected unilateral nephroblastoma (Surveillance)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	NA	100 %	100 %	100 %	95.8 %	90.6 %
Denominator	NA	10	24	29	24	149
95 % CI	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)

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Quality Measure Reports - Non-Small Cell Lung

- **10RLN:** At least 10 regional lymph nodes removed and pathologically examined for AJCC stage IA, IB, IIA, and IIB resected NSCLC (Surveillance)

- **LCT:** Systemic chemotherapy is administered or recommended within 4 months prior to surgery or within 6 months postoperatively for surgically resected cases with pathologic, lymph node-positive (pN1) and (pN2) NSCLC (Quality Improvement)

- **LNoSurg:** Surgery is not the first course of treatment for cN2, M0 cases (Quality Improvement)

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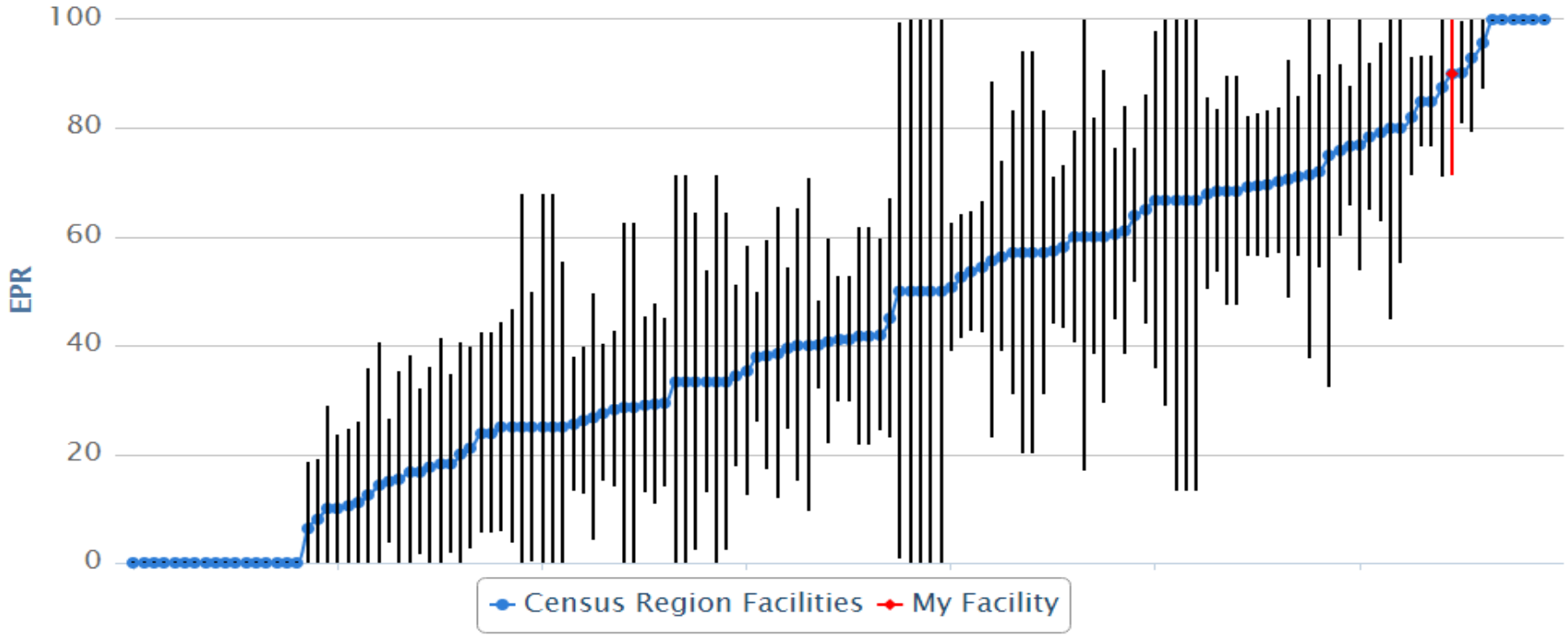
NSCLC, 2016, 10RLN: At least 10 regional lymph nodes removed and pathologically examined for resected NSCLC (Surveillance)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	90 %	43 %	49.6 %	48.8 %	47.4 %	49.2 %
Denominator	10	1429	2417	2500	9334	23110
95 % CI	(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)

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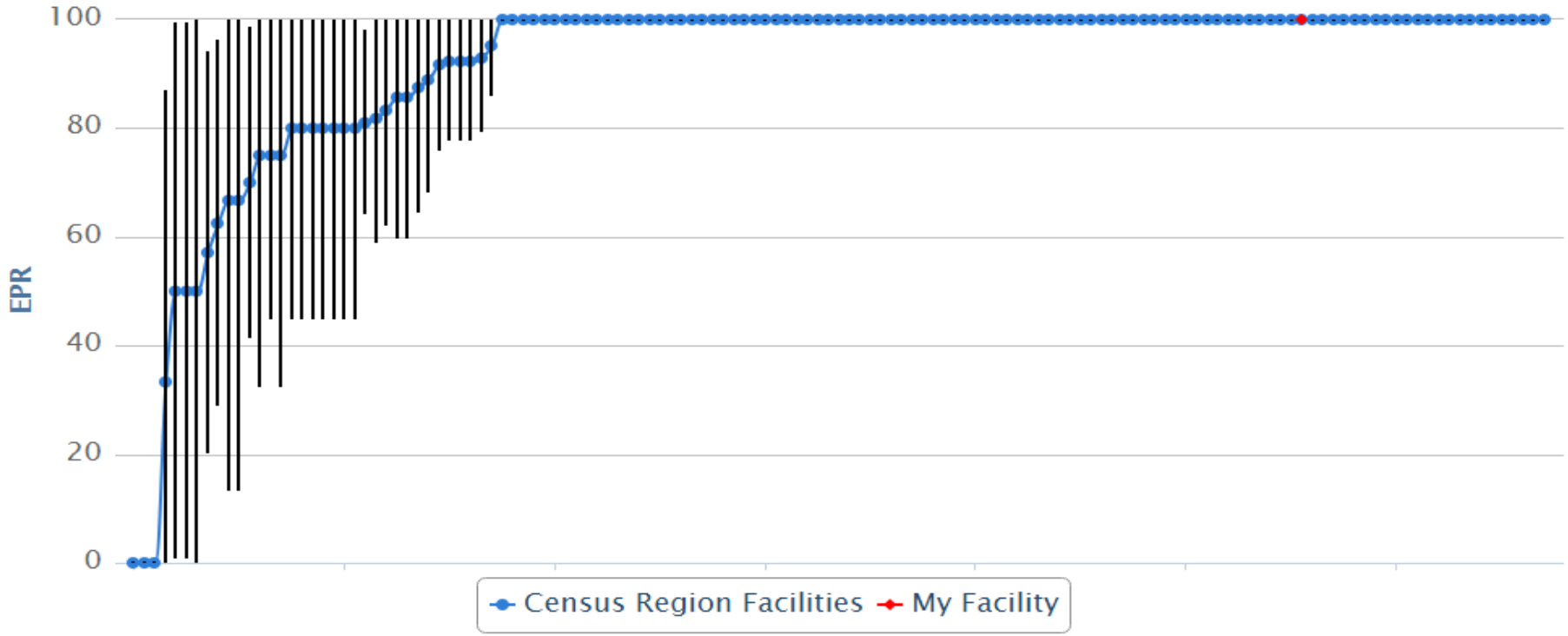
NSCLC, 2016, LCT: Systemic chemotherapy administered or recommended for pre or postoperatively resected NSCLC (Quality Improvement)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	100 %	87.8 %	89.8 %	89 %	91.5 %	91.7 %
Denominator	3	255	443	455	1714	4280
95 % CI	(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)

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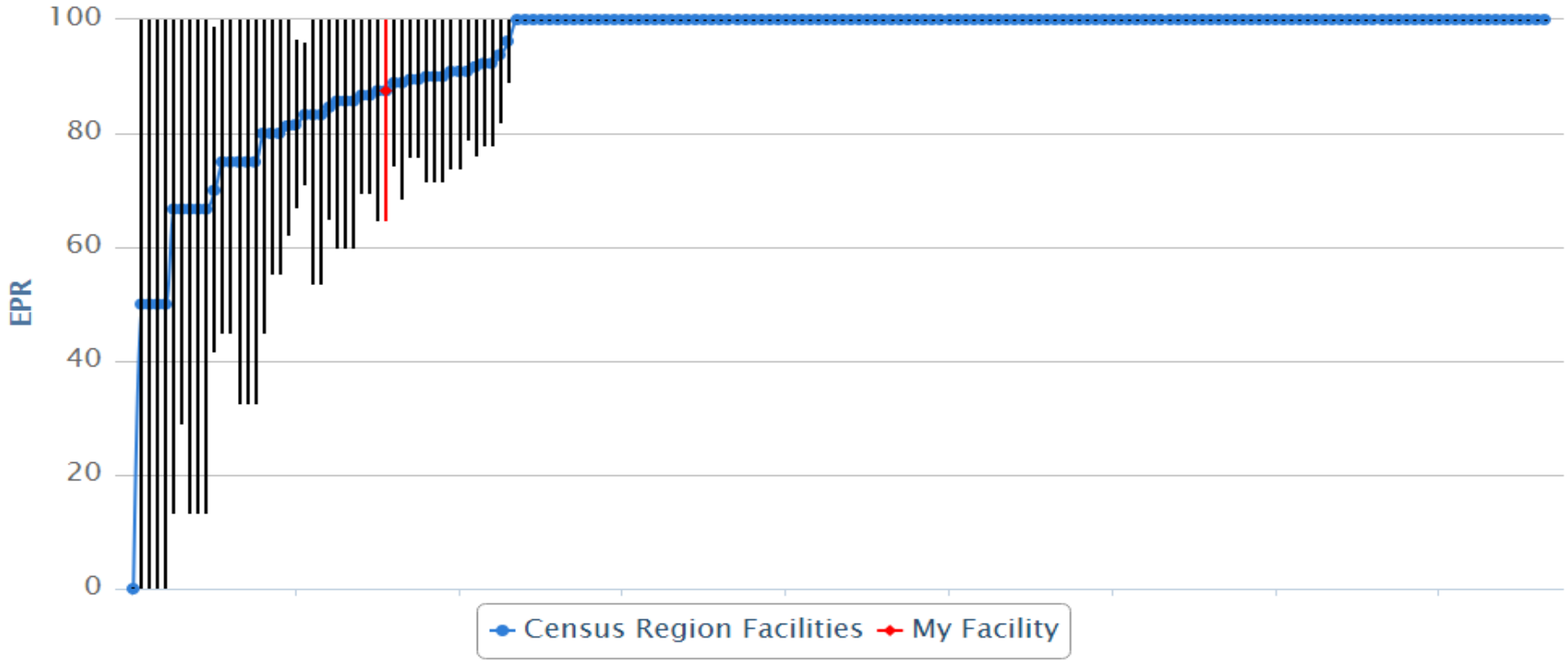
NSCLC, 2016, LNoSurg: Surgery is not the first course of treatment for NSCLC (Quality Improvement)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	87.5 %	93.5 %	93.3 %	93.5 %	93.7 %	93.3 %
Denominator	8	527	846	873	3993	9079
95 % CI	(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)

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Quality Measure Reports - Ovary

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

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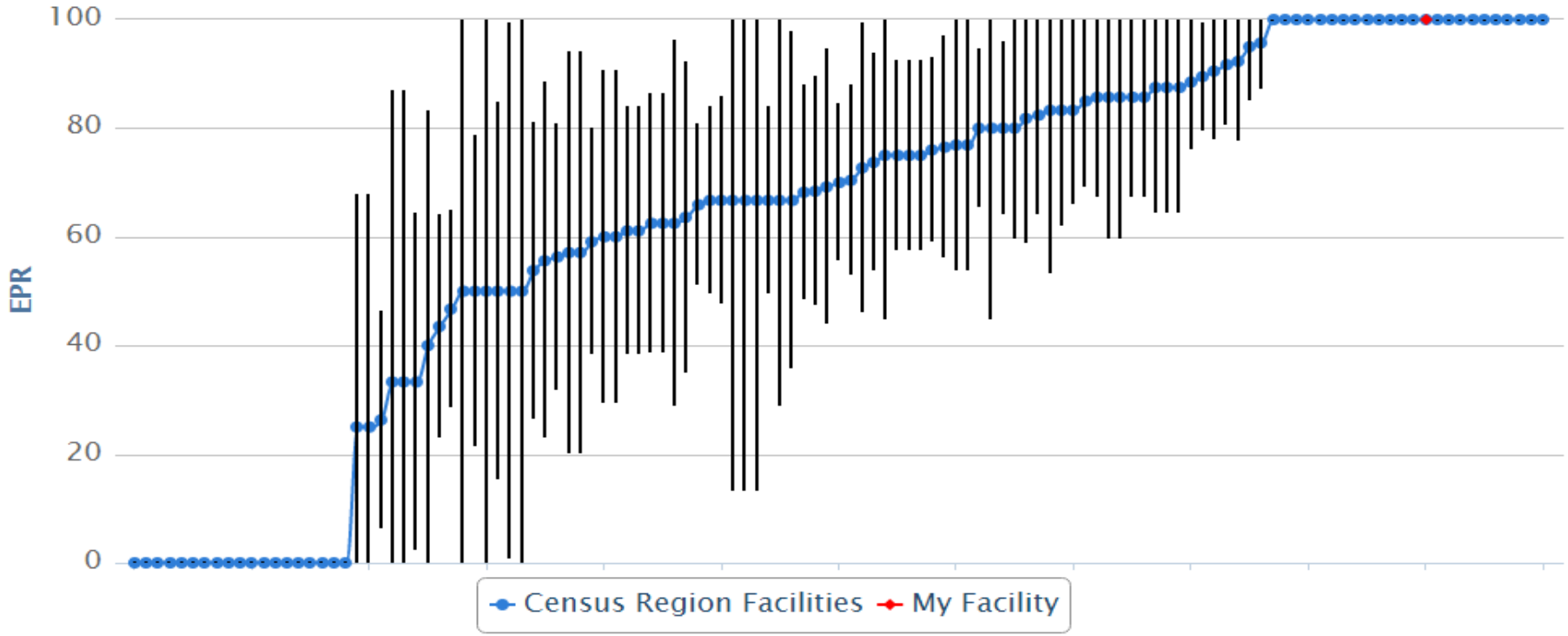
OVARY, 2016, OVSAL: Salpingo-oophorectomy with omentectomy, debulking; cytoreductive surgery, or pelvic exenteration for Ovarian cancers (Surveillance)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	100 %	73.1 %	72.1 %	72.2 %	70.4 %	69.8 %
Denominator	2	720	1034	1070	2496	6951
95 % CI	(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)

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Quality Measure Reports - Rectum

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

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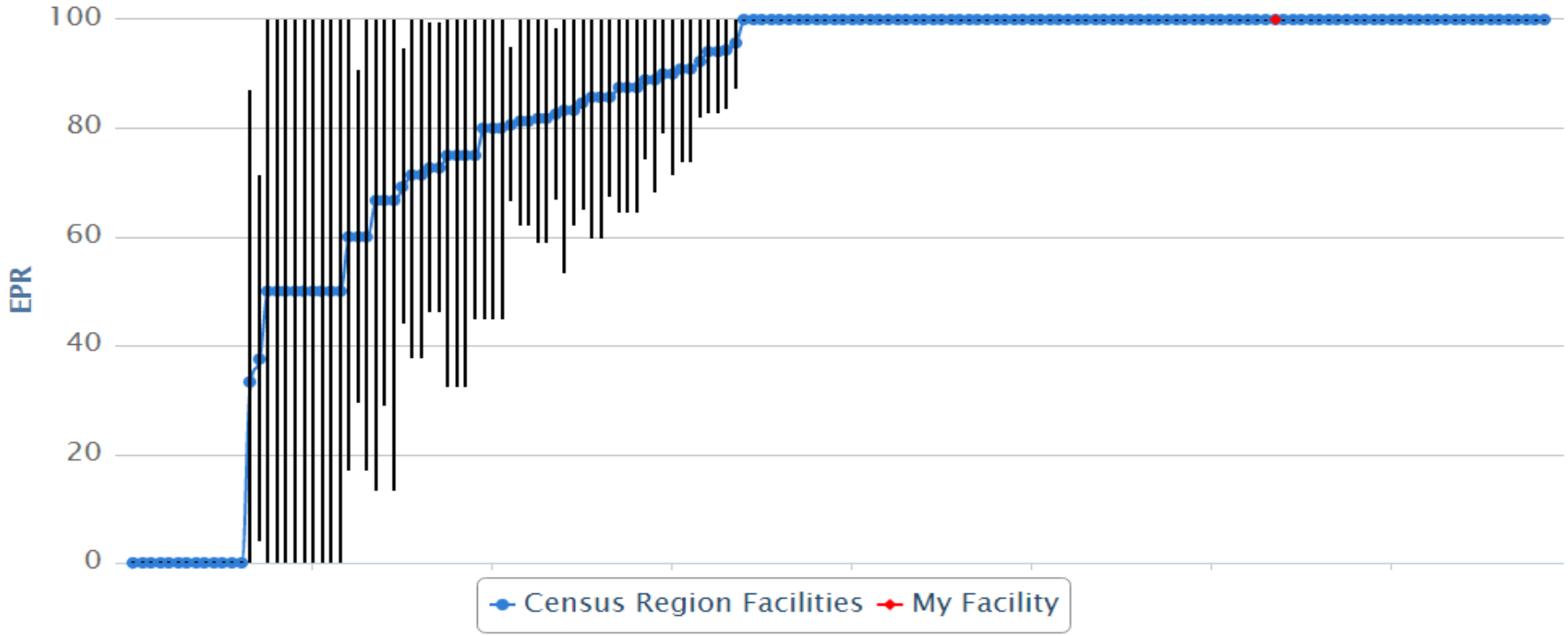
RECTUM, 2016, RECRTCT: Chemo and Radiation therapy is administered or recommended for resected rectal cancers (Quality Improvement)



	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	100 %	84.1 %	87.7 %	87.7 %	89.9 %	88.3 %
Denominator	1	421	692	713	2473	5974
95 % CI	(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)

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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

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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.

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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.

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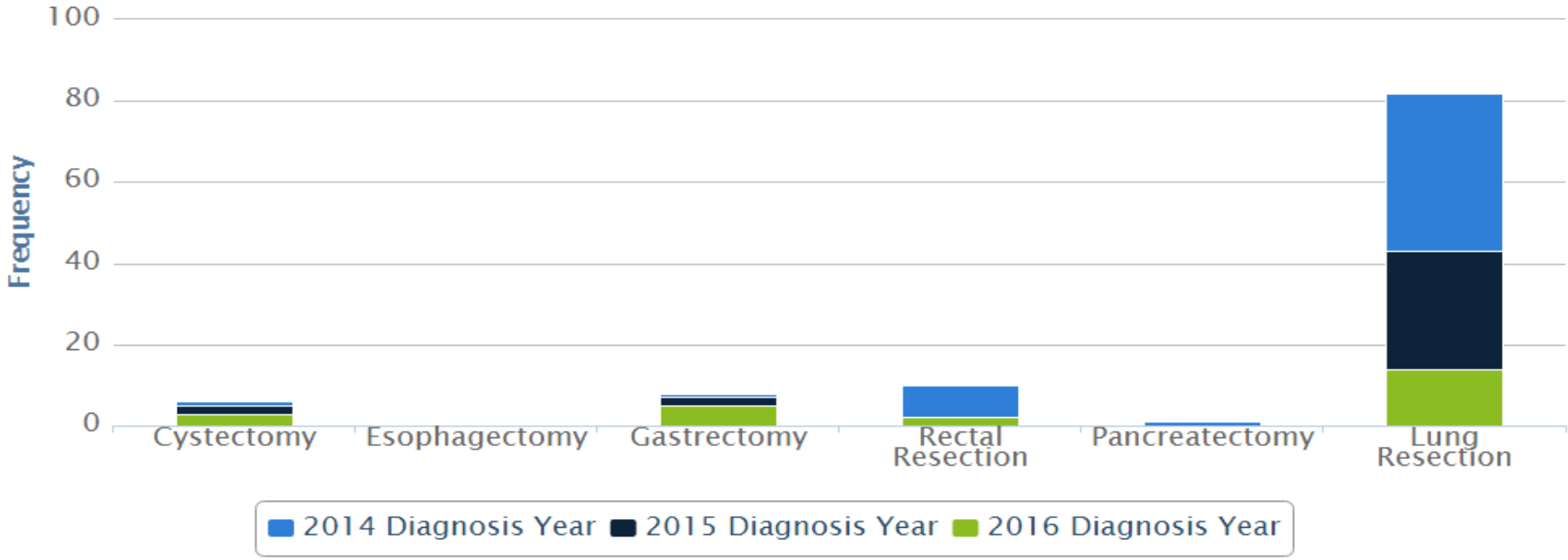
Number of Major Surgical Resections for Selected Cancers, 2014 - 2016 - My Facility



	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

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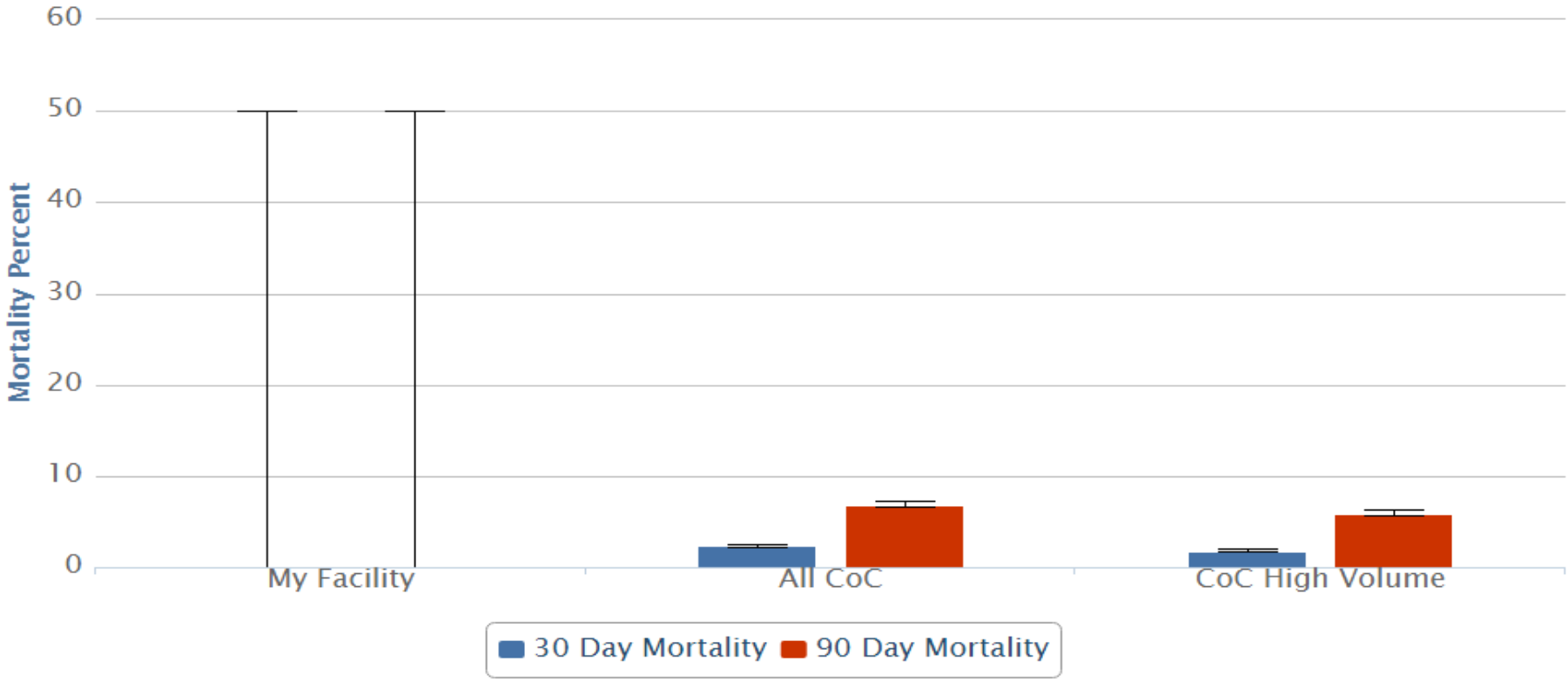
Cystectomies, Unadjusted 30, 90 Day Mortality, 95% CI, 2014 - 2016 My Facility vs. All CoC and CoC High Volume



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

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

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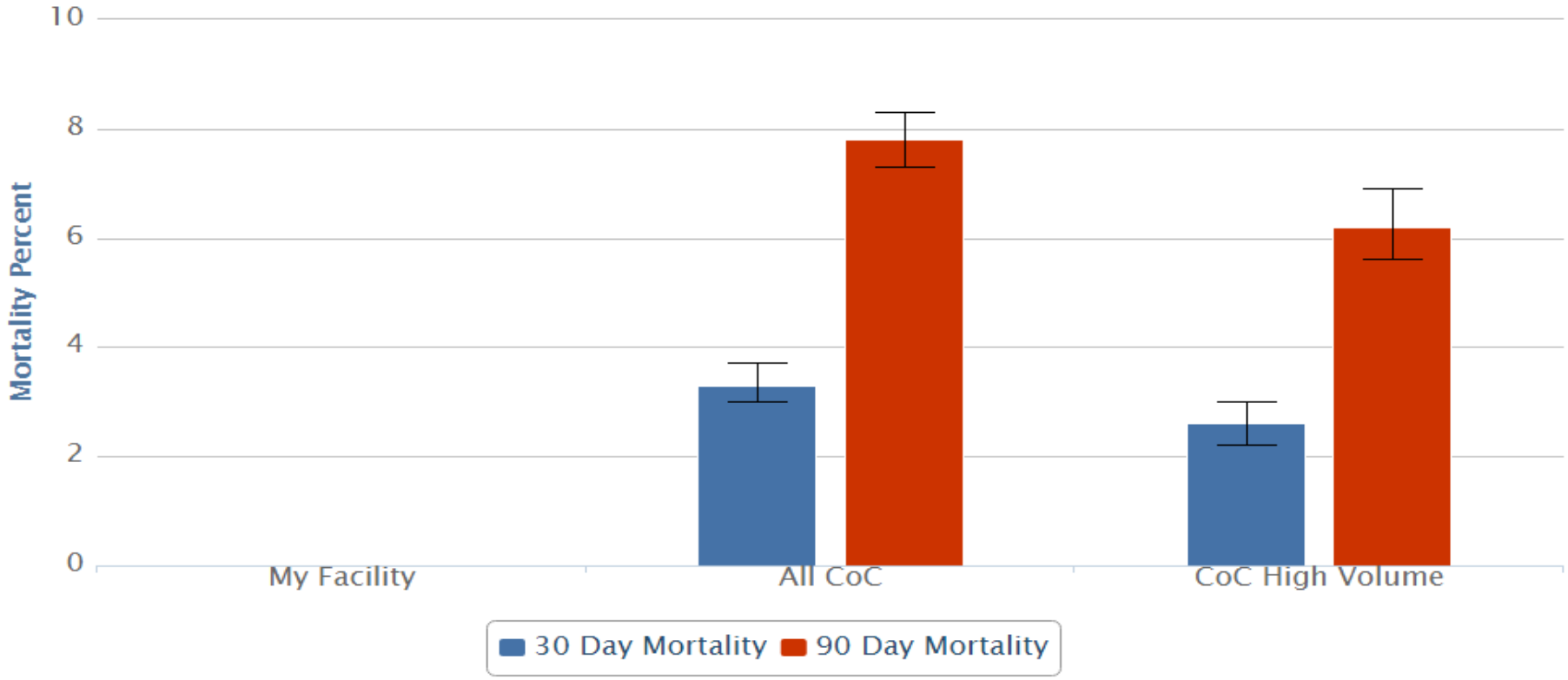
Esophagectomies, Unadjusted 30, 90 Day Mortality, 95% CI, 2014 - 2016 My Facility vs. All CoC and CoC High Volume



	My Facility		All CoC		CoC High Volume	
	30 Day	90 Day	30 Day	90 Day	30 Day	90 Day
Mortality Percent	*NA	*NA	3.3%	7.8%	2.6%	6.2%
95 % CI	*NA	*NA	(3.0,3.7)	(7.3,8.3)	(2.2,3.0)	(5.6,6.9)
Deaths	*NA	*NA	265	588	113	253
Resections	*NA	*NA	7,994	7,544	4,340	4,090

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

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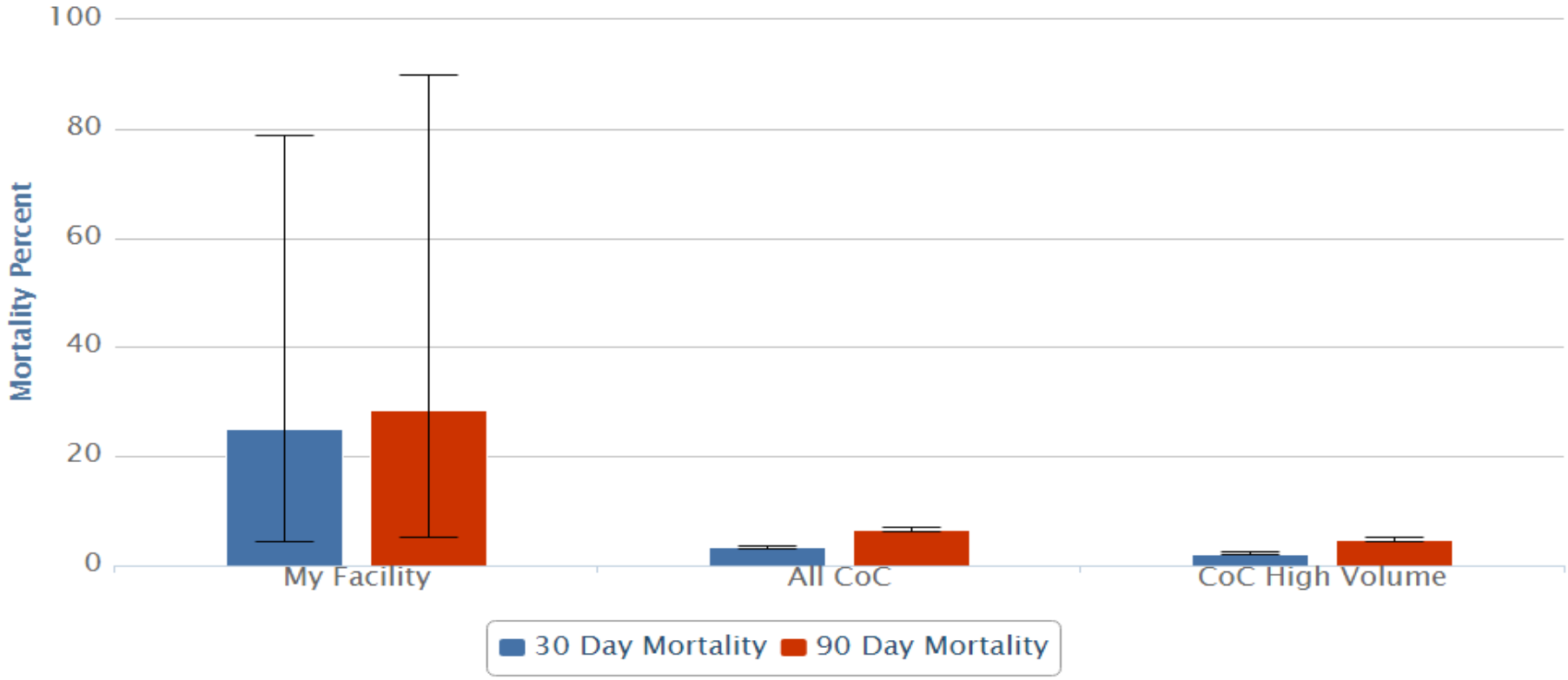
Gastrectomies, Unadjusted 30, 90 Day Mortality, 95% CI, 2014 - 2016 My Facility vs. All CoC and CoC High Volume



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

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

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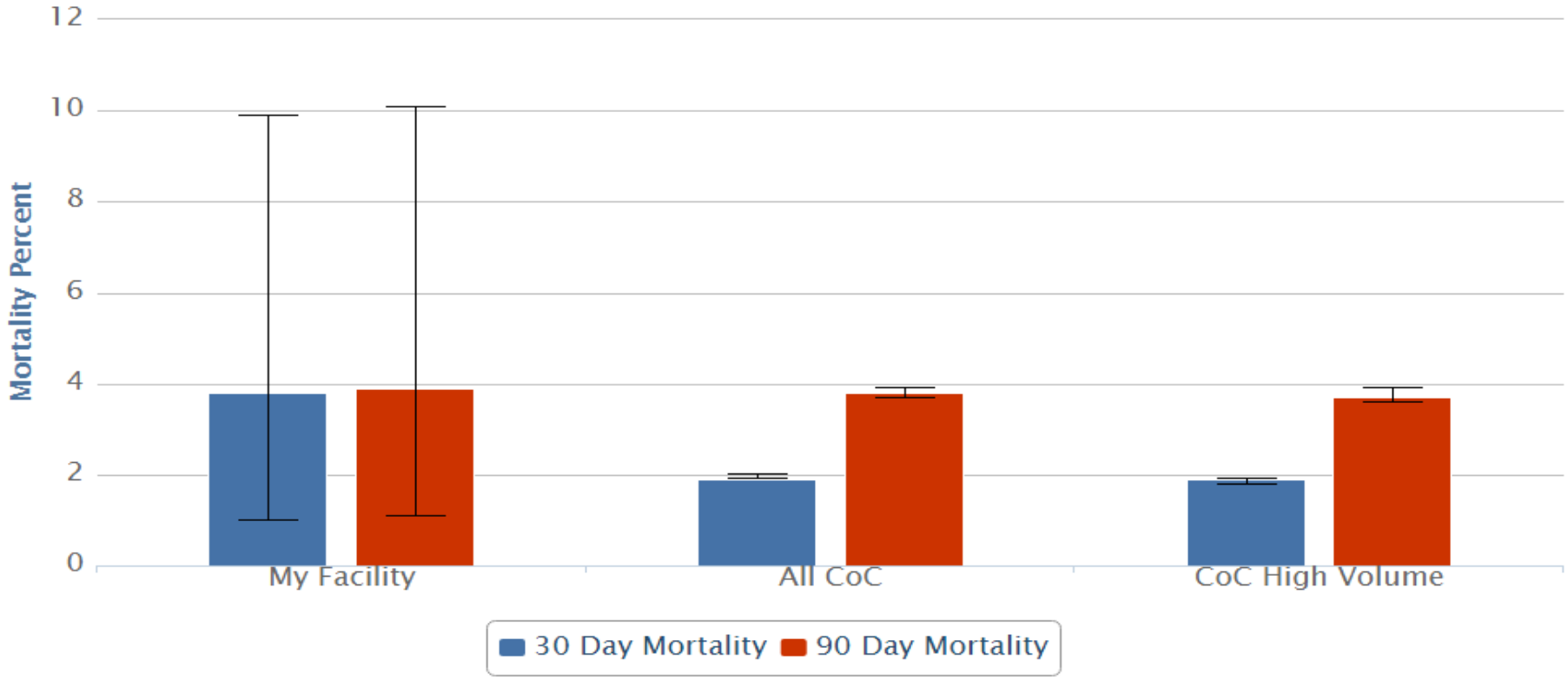
NSCLC Resections, Unadjusted 30, 90 Day Mortality, 95% CI, 2014 - 2016 My Facility vs. All CoC and CoC High Volume



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

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

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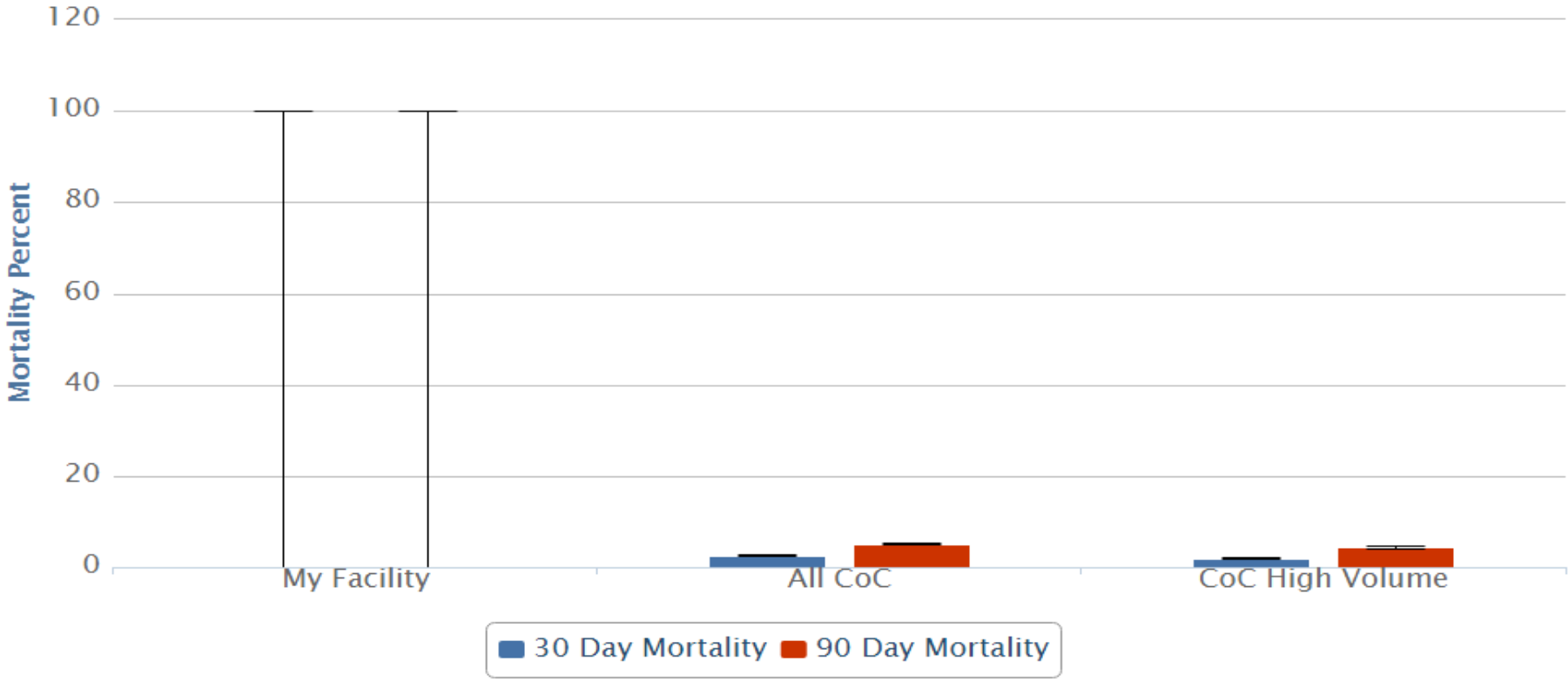
Pancreatectomies, Unadjusted 30, 90 Day Mortality, 95% CI, 2014 - 2016 My Facility vs. All CoC and CoC High Volume



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

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

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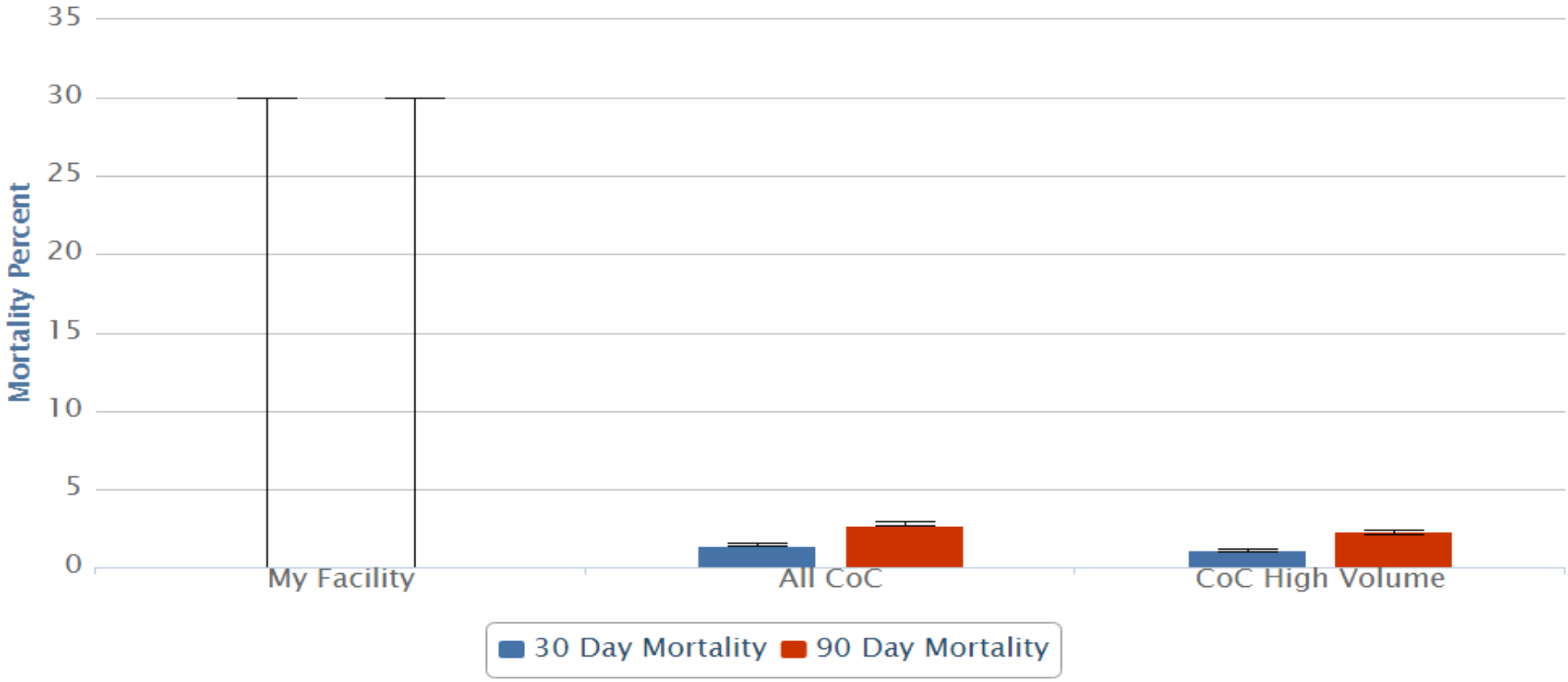
Rectal Resections, Unadjusted 30, 90 Day Mortality, 95% CI, 2014 - 2016 My Facility vs. All CoC and CoC High Volume



	My Facility		All CoC		CoC High Volume	
	30 Day	90 Day	30 Day	90 Day	30 Day	90 Day
Mortality Percent	0.0%	0.0%	1.4%	2.7%	1.1%	2.3%
95 % CI	(0.0,30.0)	(0.0,30.0)	(1.3,1.5)	(2.6,2.9)	(1.0,1.2)	(2.1,2.4)
Deaths	0	0	490	898	297	558
Resections	10	10	35,264	33,252	26,302	24,751

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

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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

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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

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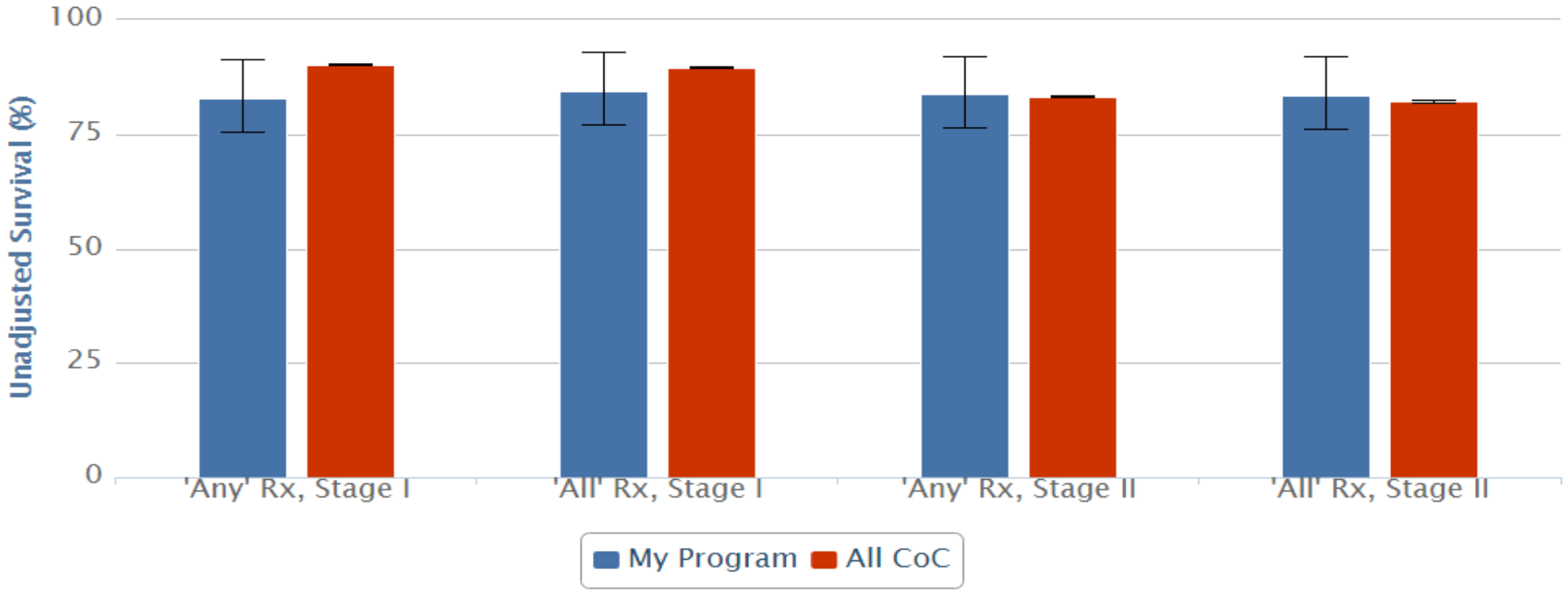
Unadjusted 5 Year Survival Rates 2009 - 2011: Breast Cancer Stages I, II



	'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).

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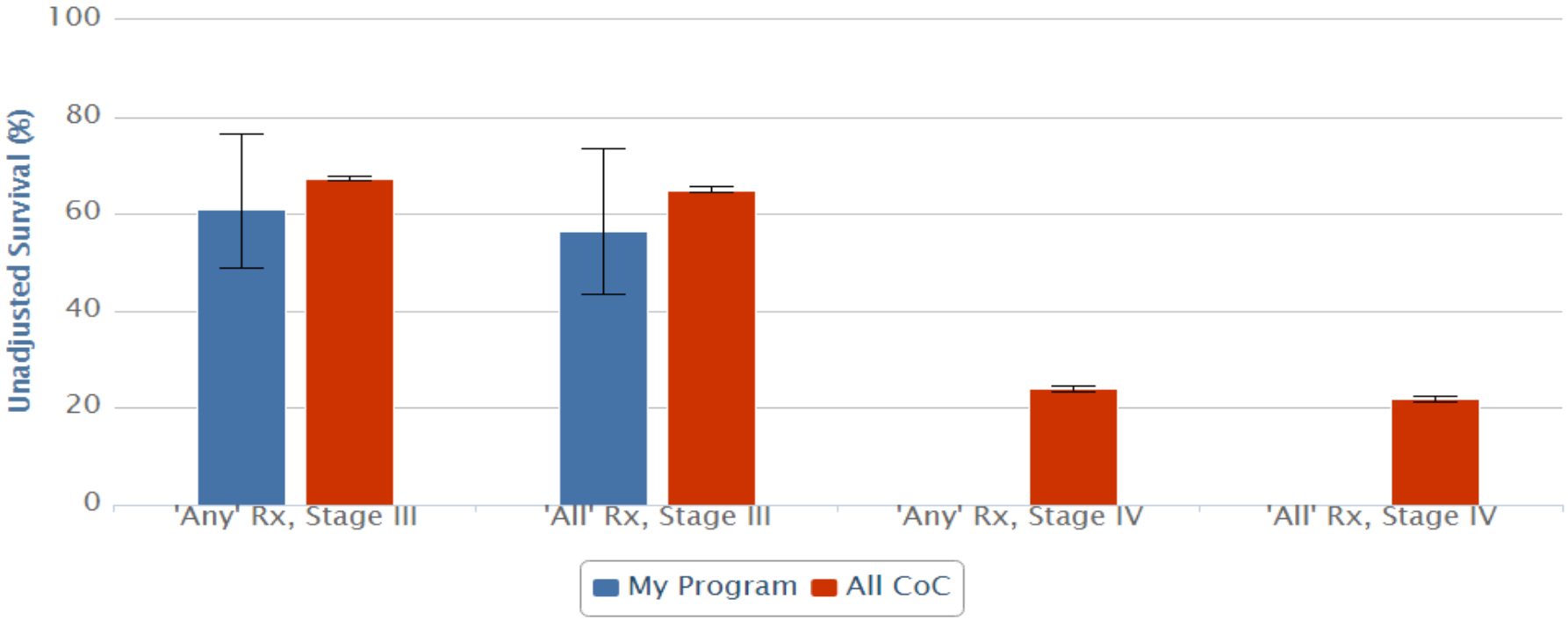
Unadjusted 5 Year Survival Rates 2009 - 2011: Breast Cancer Stages III, IV



	'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
Unadjusted Survival	61.0%	67.2%	56.5%	65.0%	*NA	23.9%	*NA	21.9%
95 % CI	(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)
Deaths	19	15,588	19	12,871	16	16,149	16	14,406
Total Cases	59	51,620	54	40,406	21	22,239	20	19,364

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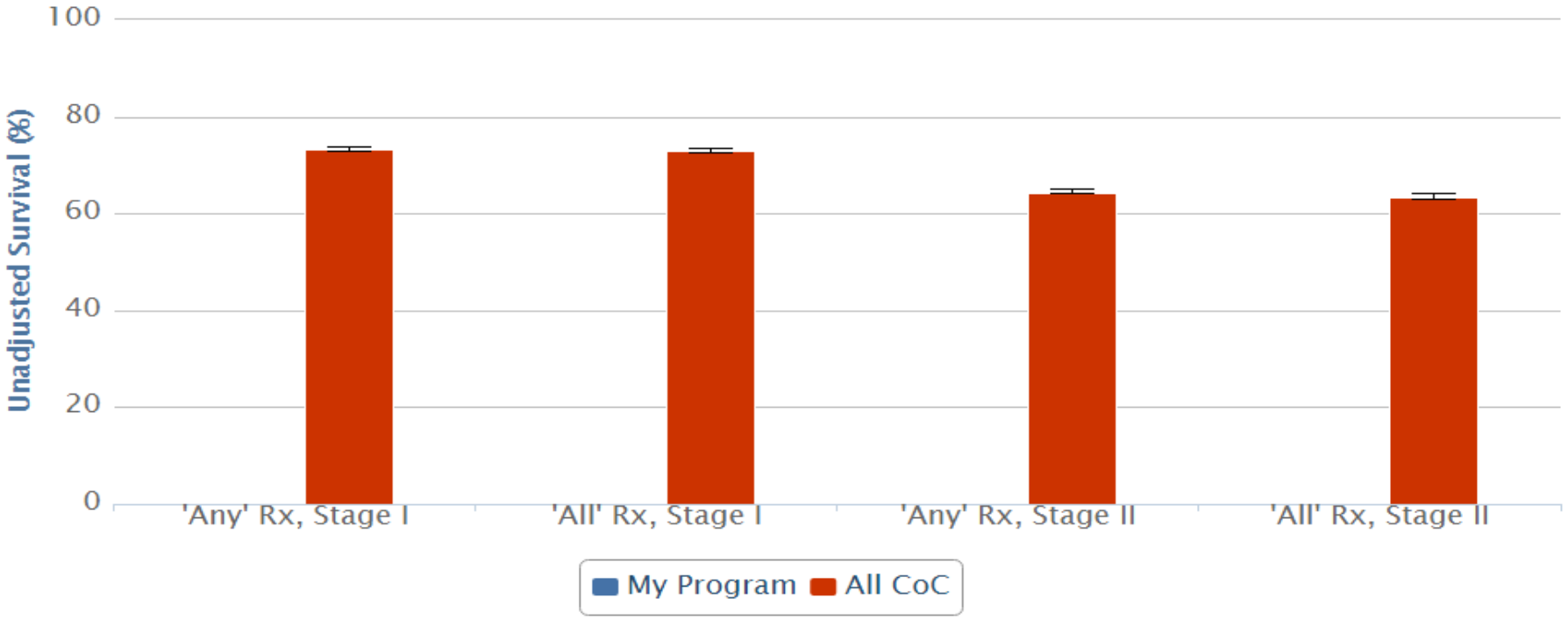
Unadjusted 5 Year Survival Rates 2009 - 2011: Colon Cancer Stages I, II



	'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
Unadjusted Survival	*NA	73.3%	*NA	73.0%	*NA	64.4%	*NA	63.5%
95 % CI	*NA	(72.8,73.7)	*NA	(72.5,73.5)	*NA	(64.0,64.9)	*NA	(63.0,64.0)
Deaths	9	9,422	8	8,684	7	15,737	6	14,602
Total Cases	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).

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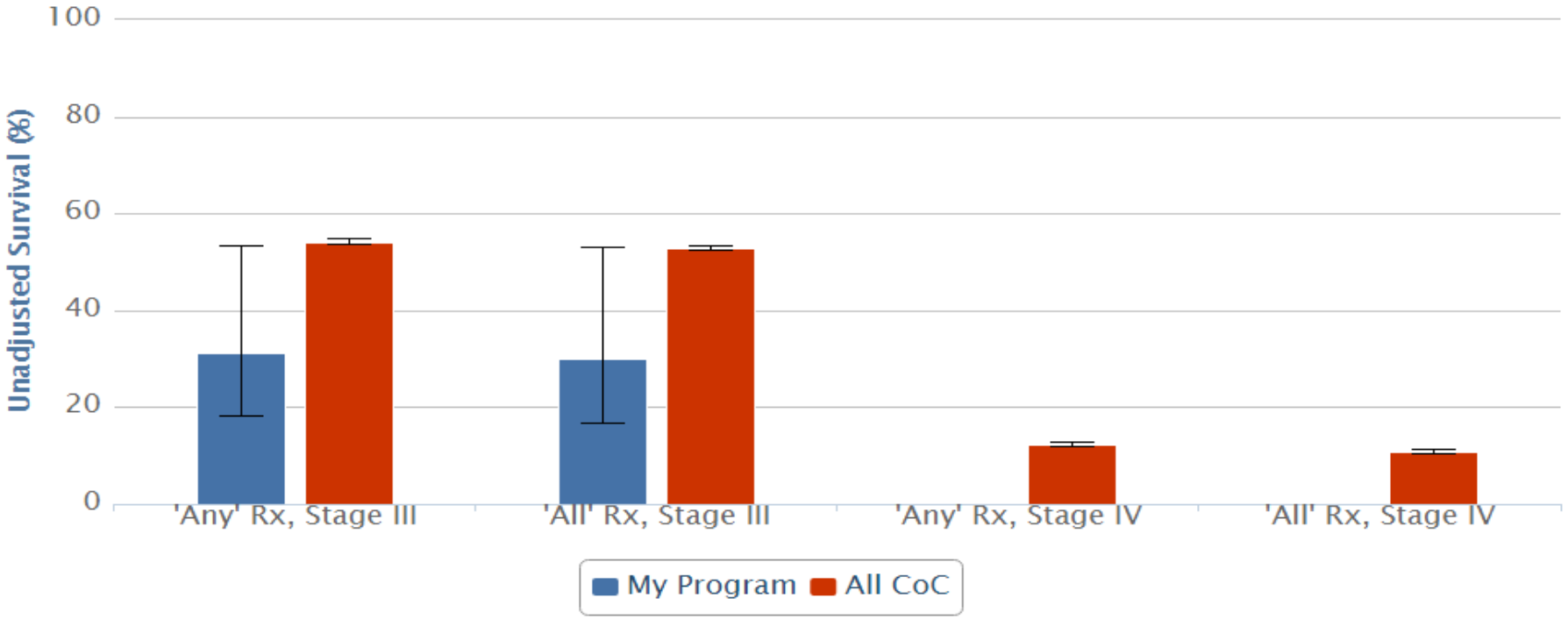
Unadjusted 5 Year Survival Rates 2009 - 2011: Colon Cancer Stages III, IV



	'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
Unadjusted Survival	31.2%	54.2%	29.9%	52.9%	*NA	12.3%	*NA	10.8%
95 % CI	(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)
Deaths	21	20,443	20	18,803	24	31,331	24	28,781
Total Cases	38	48,019	36	43,099	26	36,696	26	33,185

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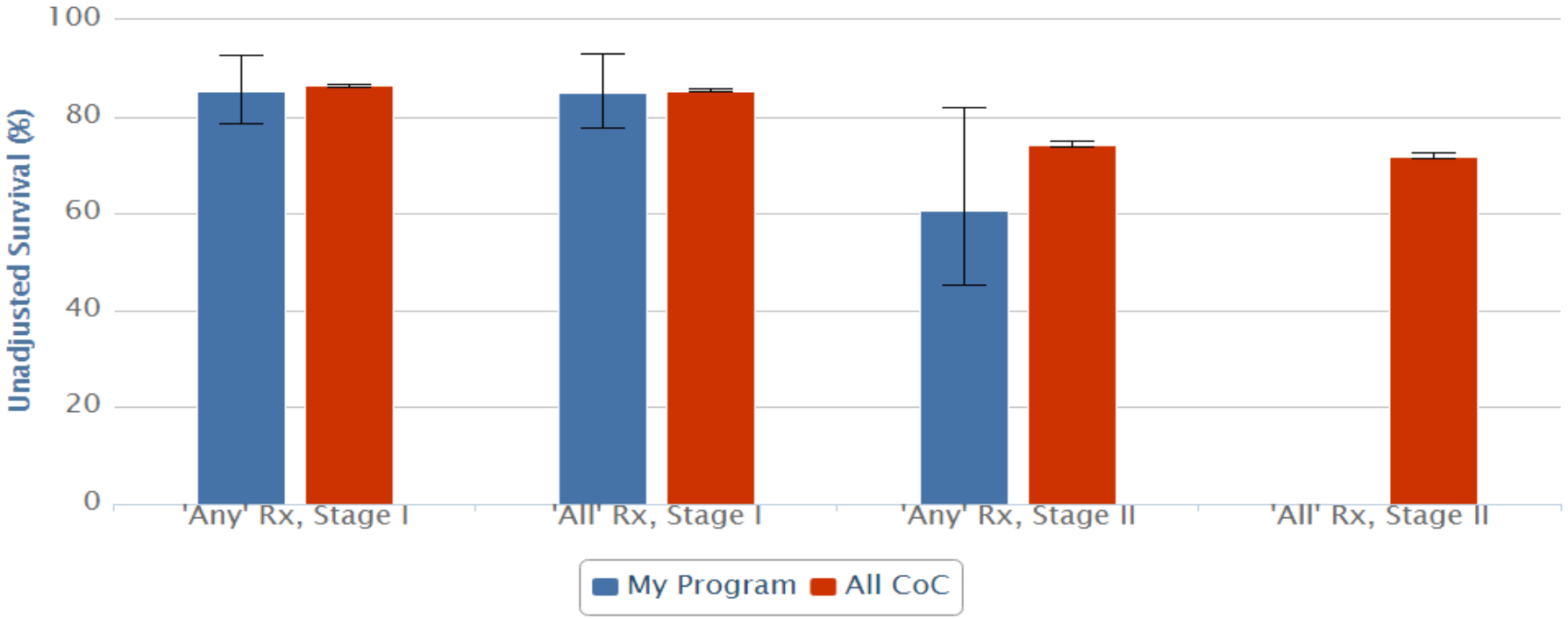
Unadjusted 1 Year Survival Rates 2009 - 2011: NSCLC Stages I, II



	'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
Unadjusted Survival	85.3%	86.4%	84.9%	85.3%	60.7%	74.3%	*NA	71.8%
95 % CI	(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)
Deaths	51	39,173	48	32,709	23	17,201	22	14,403
Total Cases	105	84,356	96	69,351	30	27,739	29	22,405

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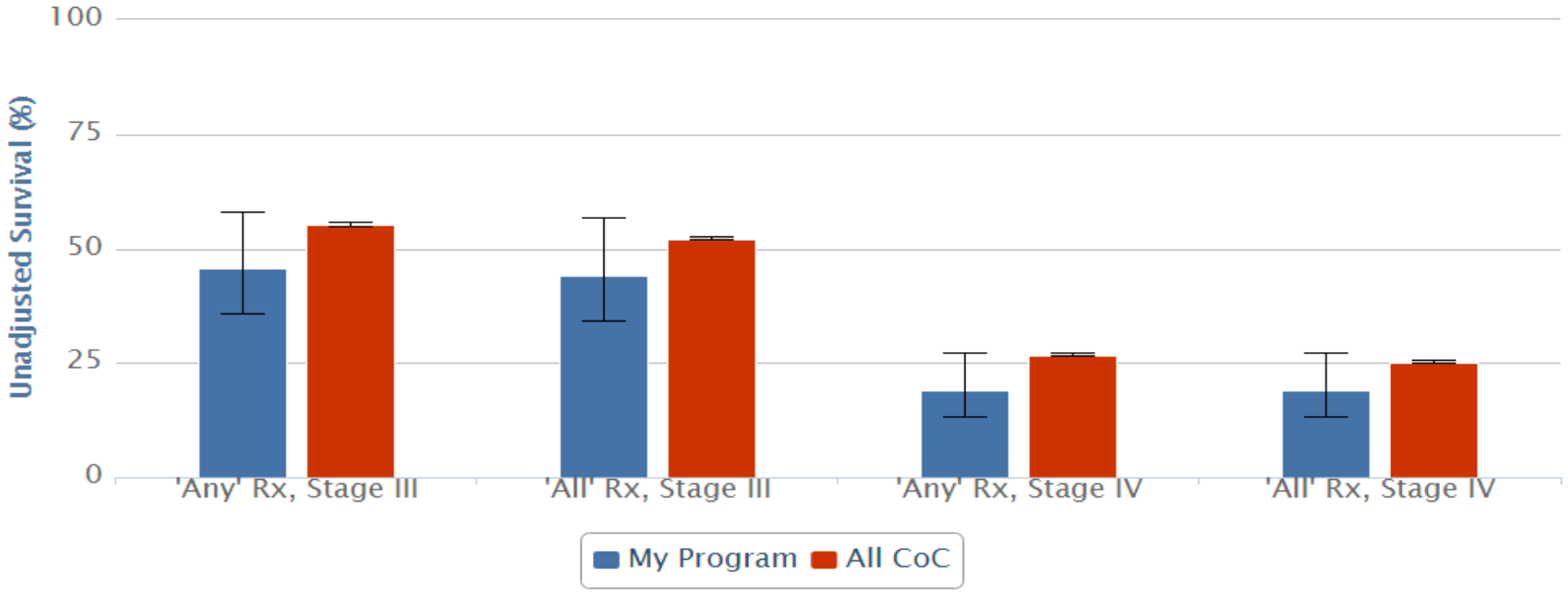
Unadjusted 1 Year Survival Rates 2009 - 2011: NSCLC Stages III, IV



	'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
Unadjusted Survival	45.6%	55.2%	44.0%	52.2%	18.9%	26.7%	18.9%	25.2%
95 % CI	(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)
Deaths	70	53,818	69	46,298	124	115,662	124	103,638
Total Cases	80	65,659	76	55,102	128	121,861	128	108,720

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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

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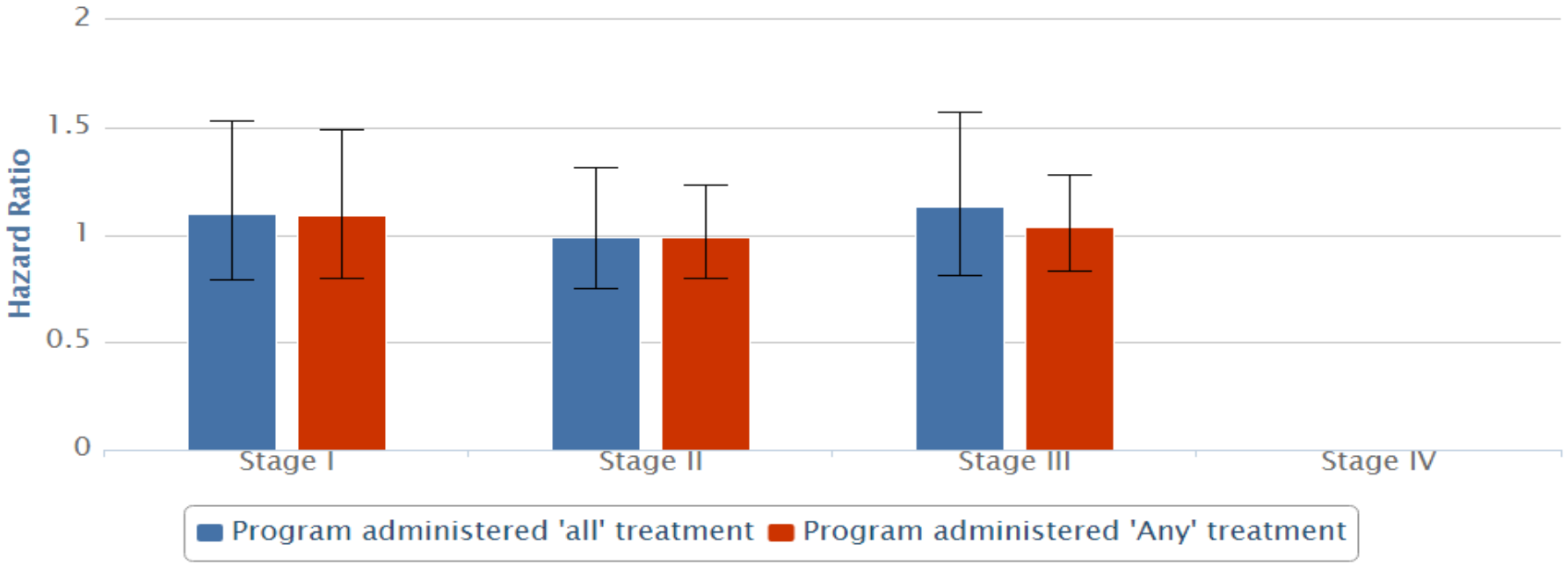
Risk-Adjusted Survival Breast Cancer Stage Stratified Hazard Ratios 2009 - 2011



	Stage I - All	Stage I - Any	Stage II - All	Stage II - Any	Stage III - All	Stage III - Any	Stage IV - All	Stage IV - Any
Hazard Ratio	1.1	1.09	0.99	0.99	1.13	1.04	*NA	*NA
95 % CI	(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
Deaths	13	15	14	15	19	19	16	16
Total Cases	116	121	122	132	54	59	20	21
Significance	**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

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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%

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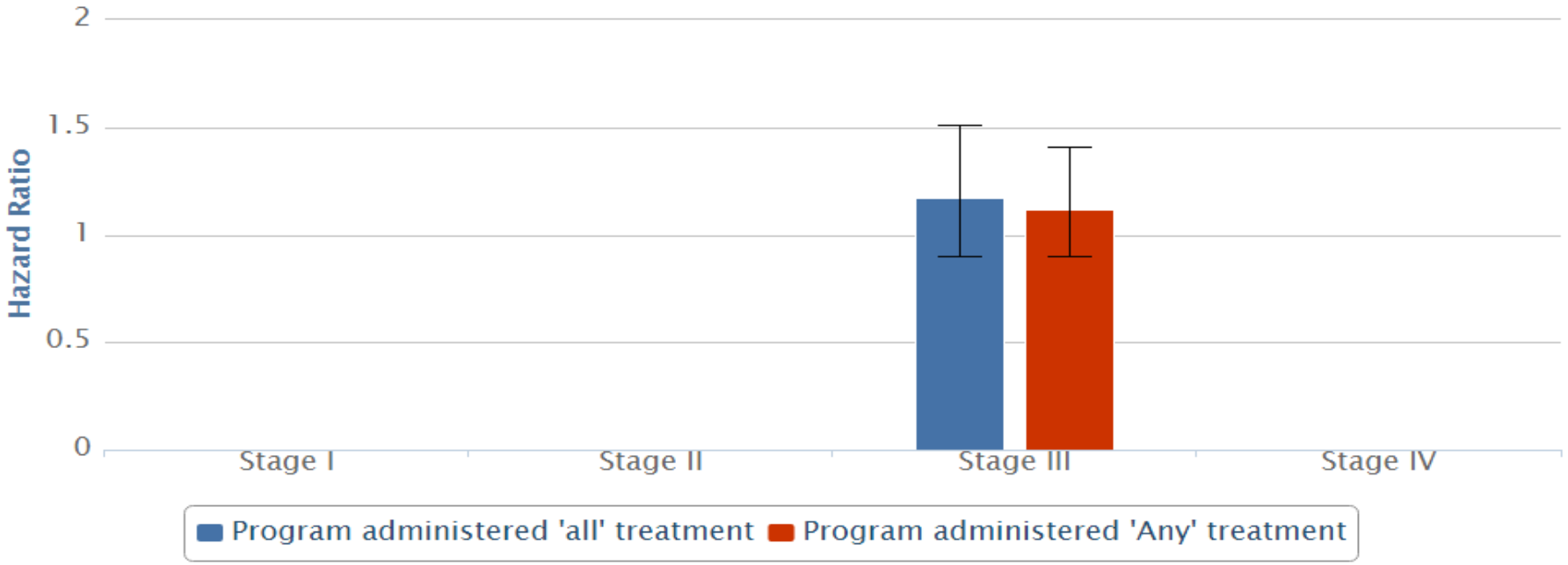
Risk-Adjusted Survival Colon Cancer Stage Stratified Hazard Ratios 2009 - 2011



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

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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.

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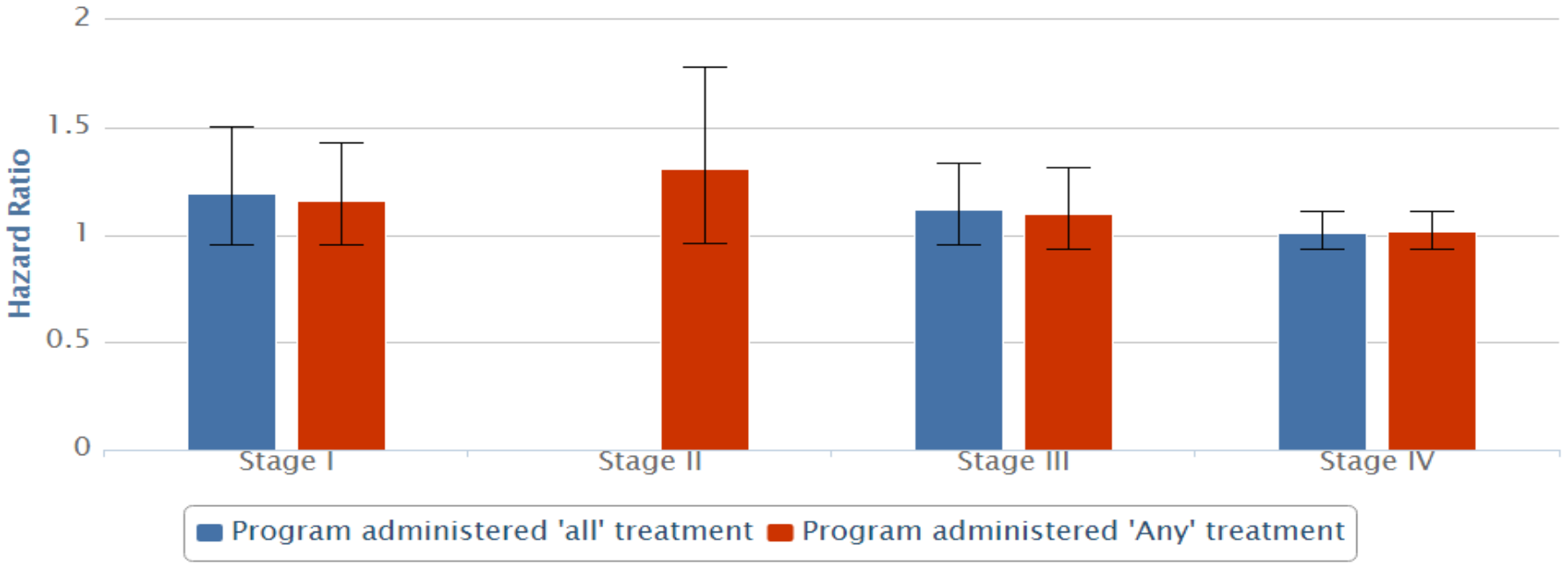
Risk-Adjusted Survival NSCLC Cancer Stage Stratified Hazard Ratios 2009 - 2011



	Stage I - All	Stage I - Any	Stage II - All	Stage II - Any	Stage III - All	Stage III - Any	Stage IV - All	Stage IV - Any
Hazard Ratio	1.19	1.16	*NA	1.31	1.12	1.1	1.01	1.02
95 % CI	(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)
Deaths	48	51	22	23	69	70	124	124
Total Cases	96	105	29	30	76	80	128	128
Significance	**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

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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.

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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

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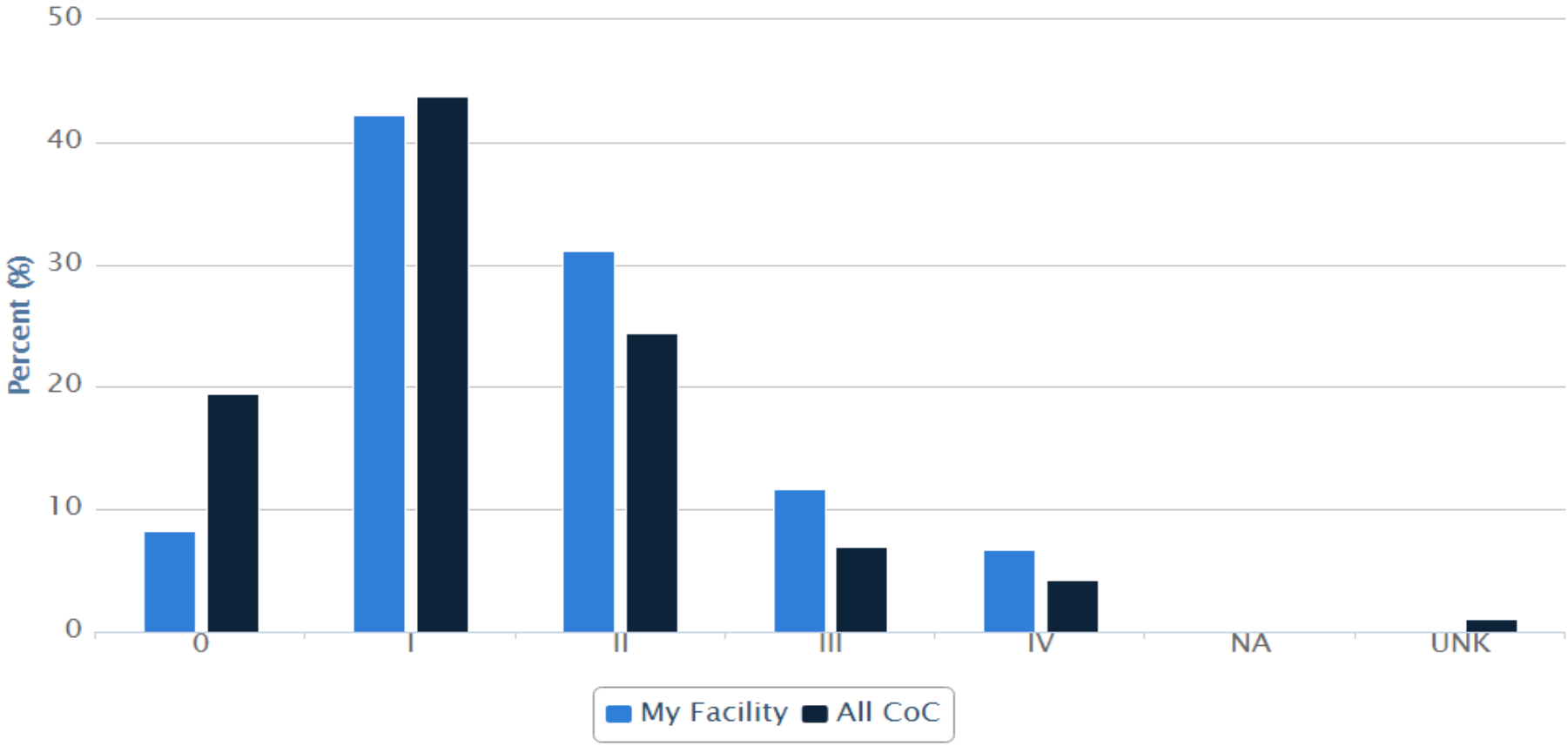
Stage Distribution - Breast Cancer Diagnosed in 2016, My Facility vs. All CoC



	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)

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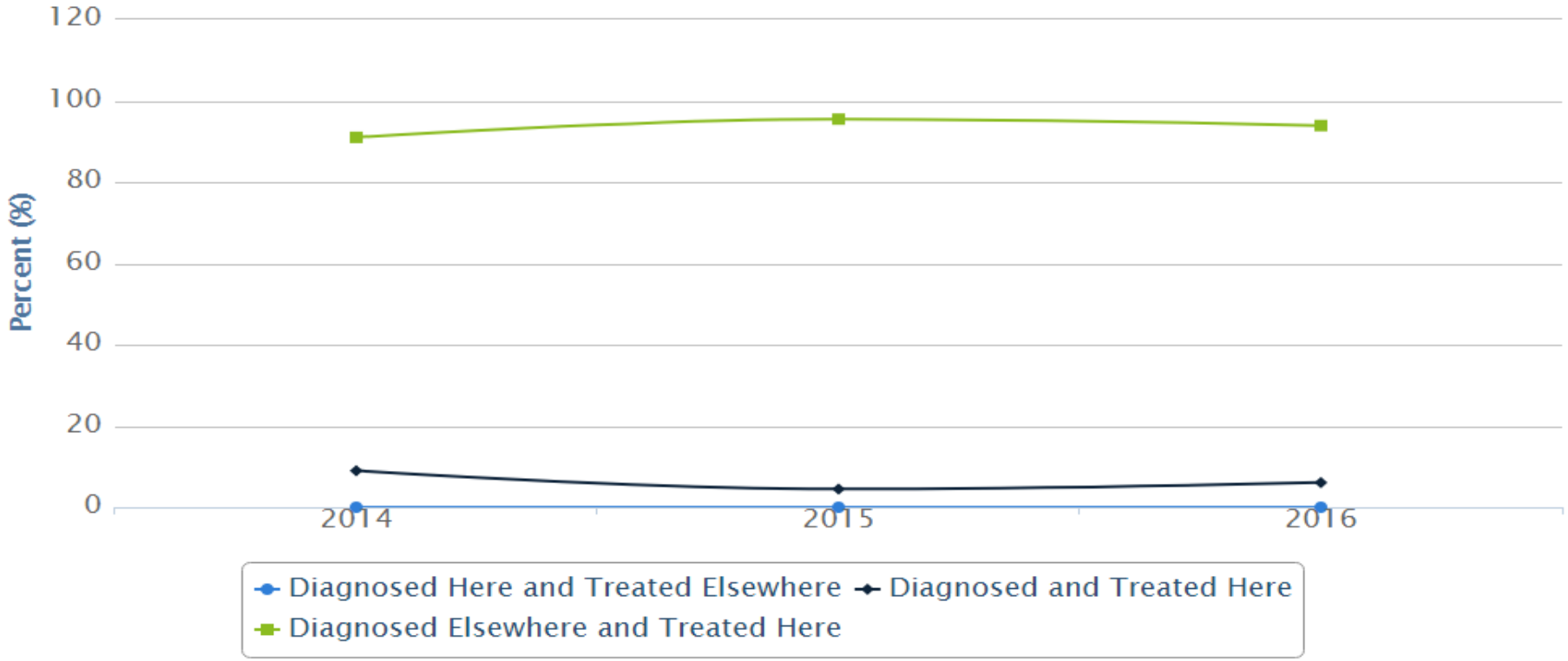
In/Out Migration Breast Cancer, 2014 - 2016 - My Facility



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

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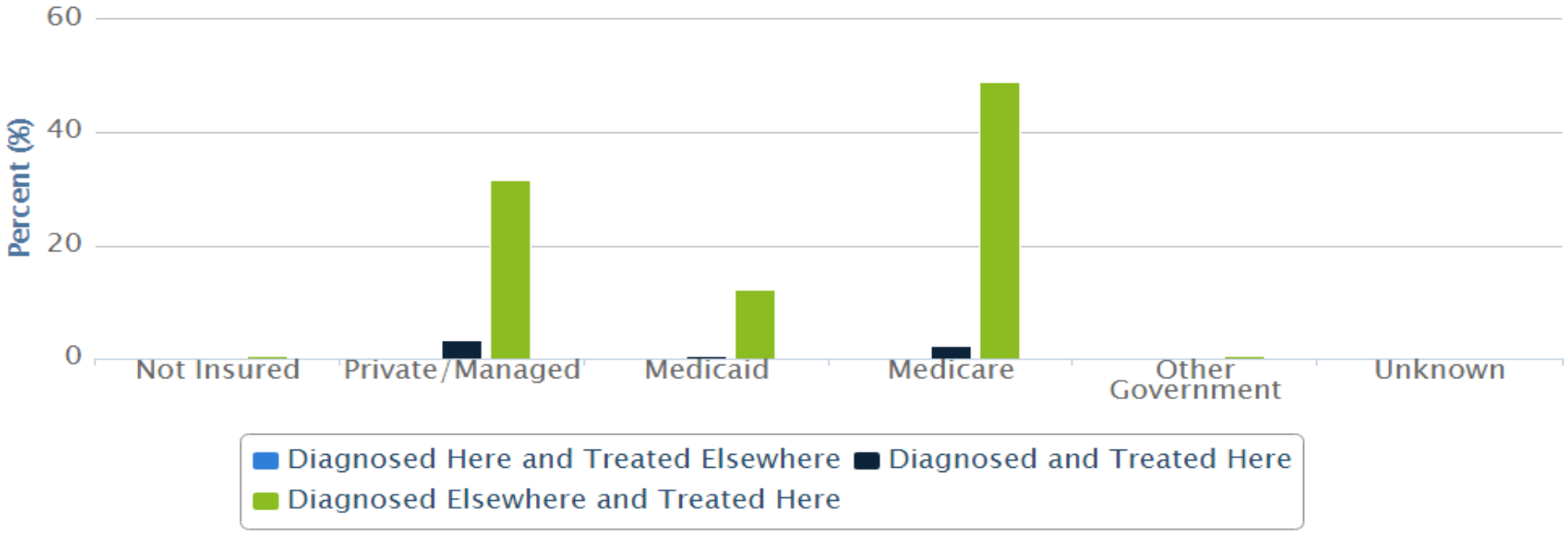
In/Out Migration by Insurance Status Breast Cancer, 2016
My Facility



	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)

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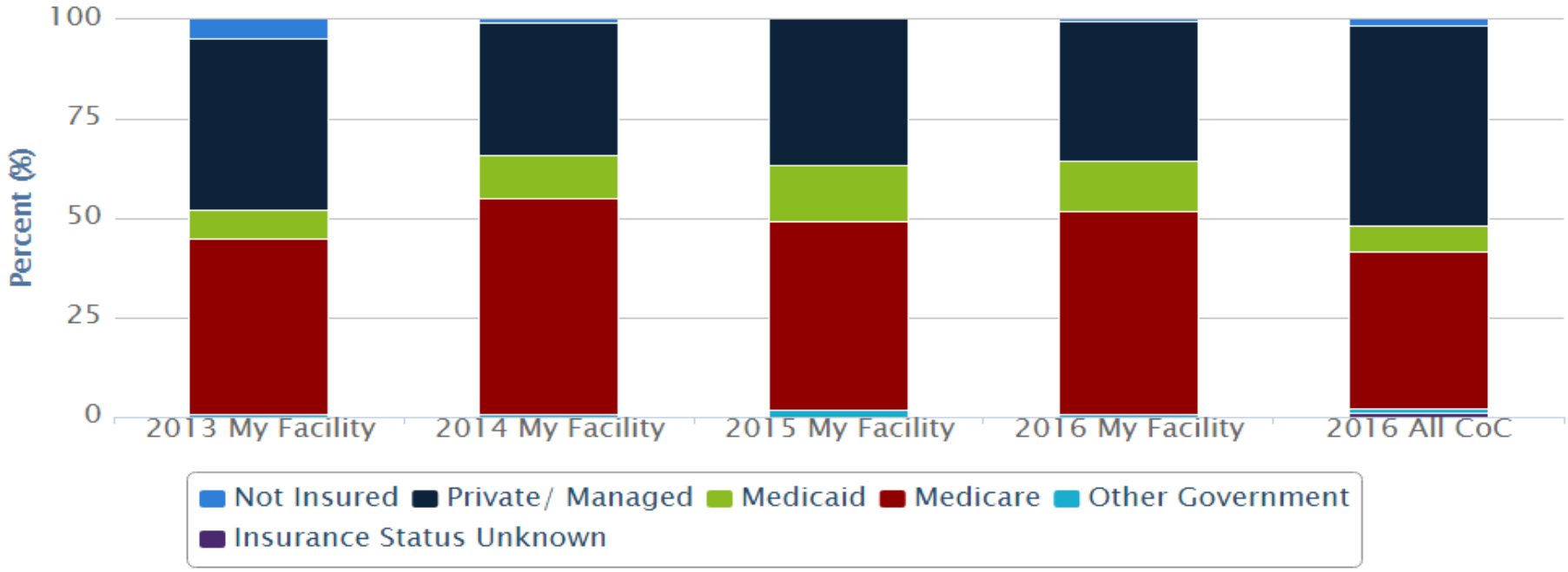
Insurance Status - Breast Cancer, 2013 - 2016
My Facility vs. All CoC



	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)

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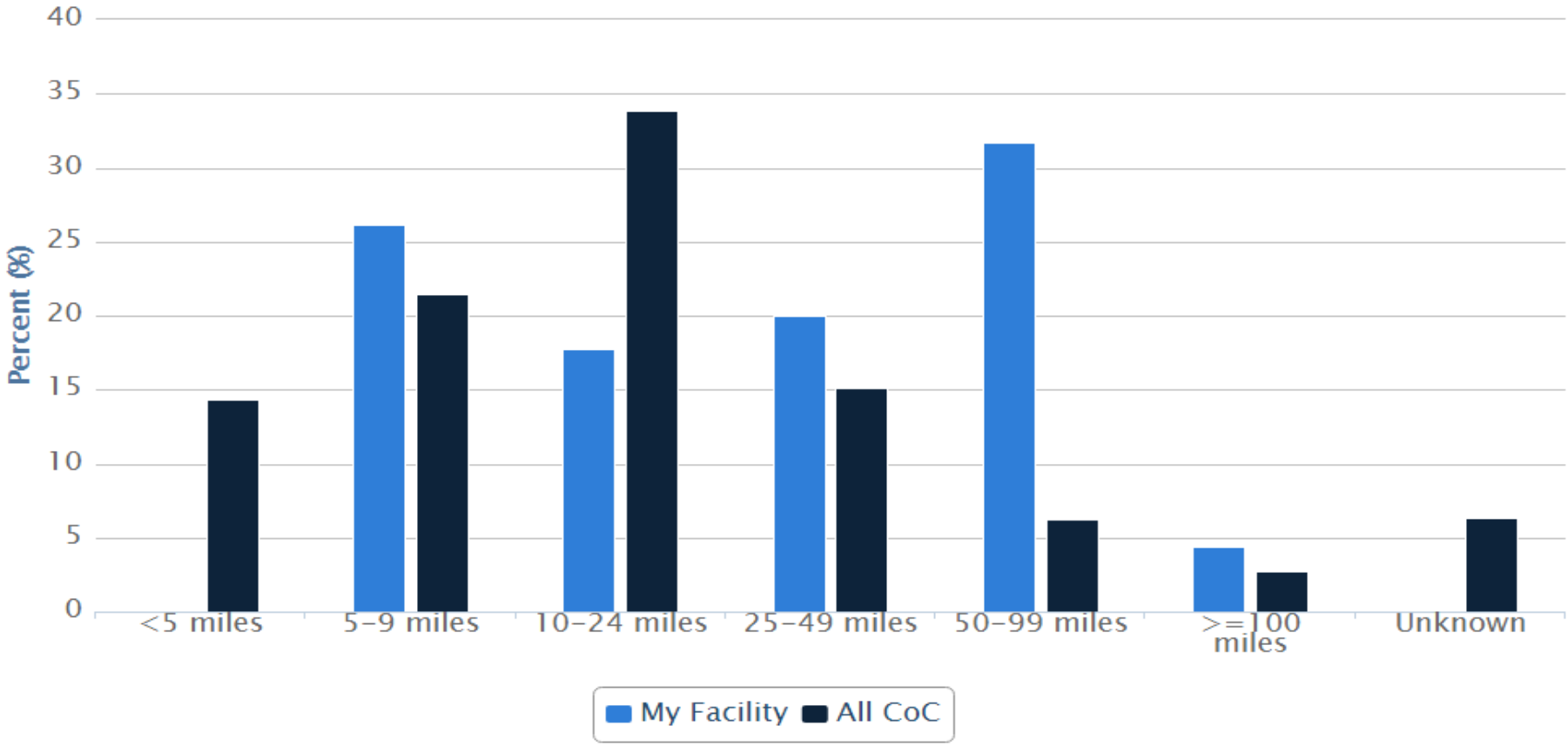
Distance Traveled - Breast Cancer, 2016 - My Facility



	<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)

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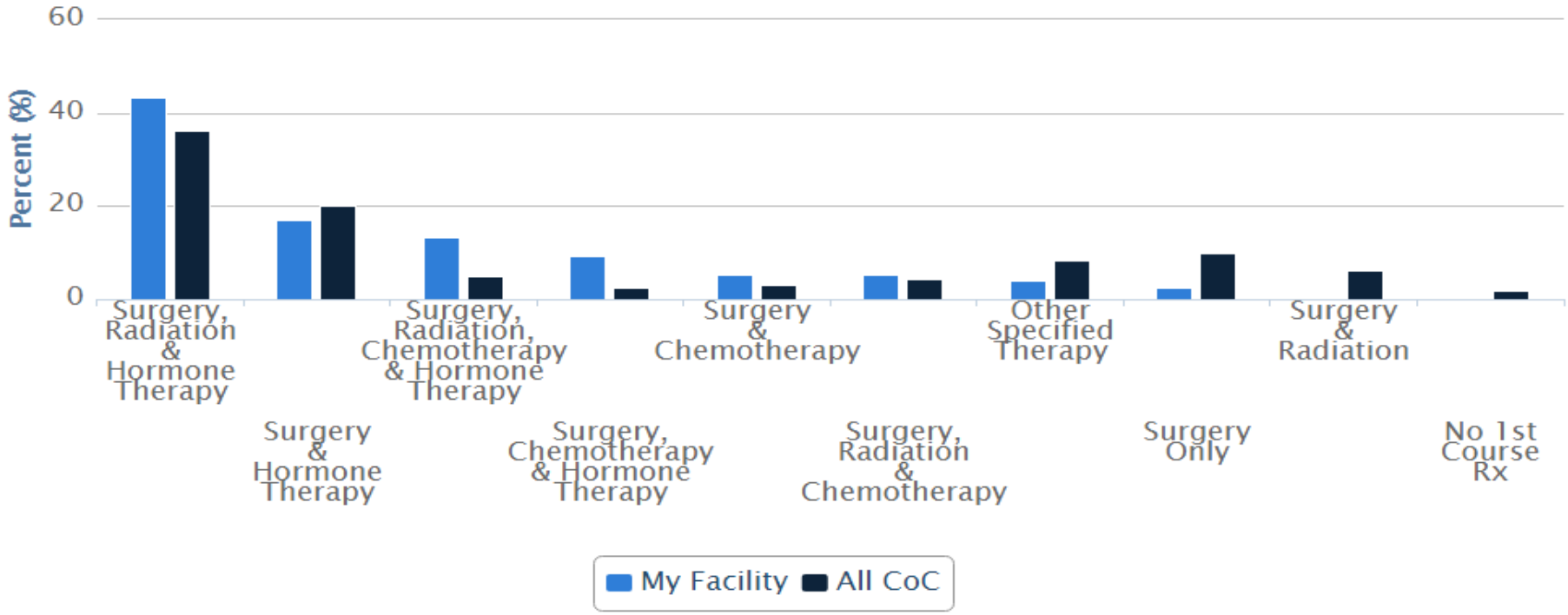
First Course Treatment Stage I Breast Cancer, 2016
My Facility vs. All CoC



	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 % (n=33)	17.1 % (n=13)	13.2 % (n=10)	9.2 % (n=7)	5.3 % (n=4)	5.3 % (n=4)	3.9 % (n=3)	2.6 % (n=2)	0 % (n=0)	0 % (n=0)
All CoC	36.3 % (n=36493)	20.1 % (n=20195)	4.8 % (n=4864)	2.5 % (n=2481)	3.1 % (n=3069)	4.2 % (n=4197)	8.2 % (n=8219)	9.9 % (n=9980)	6.3 % (n=6319)	2 % (n=2015)

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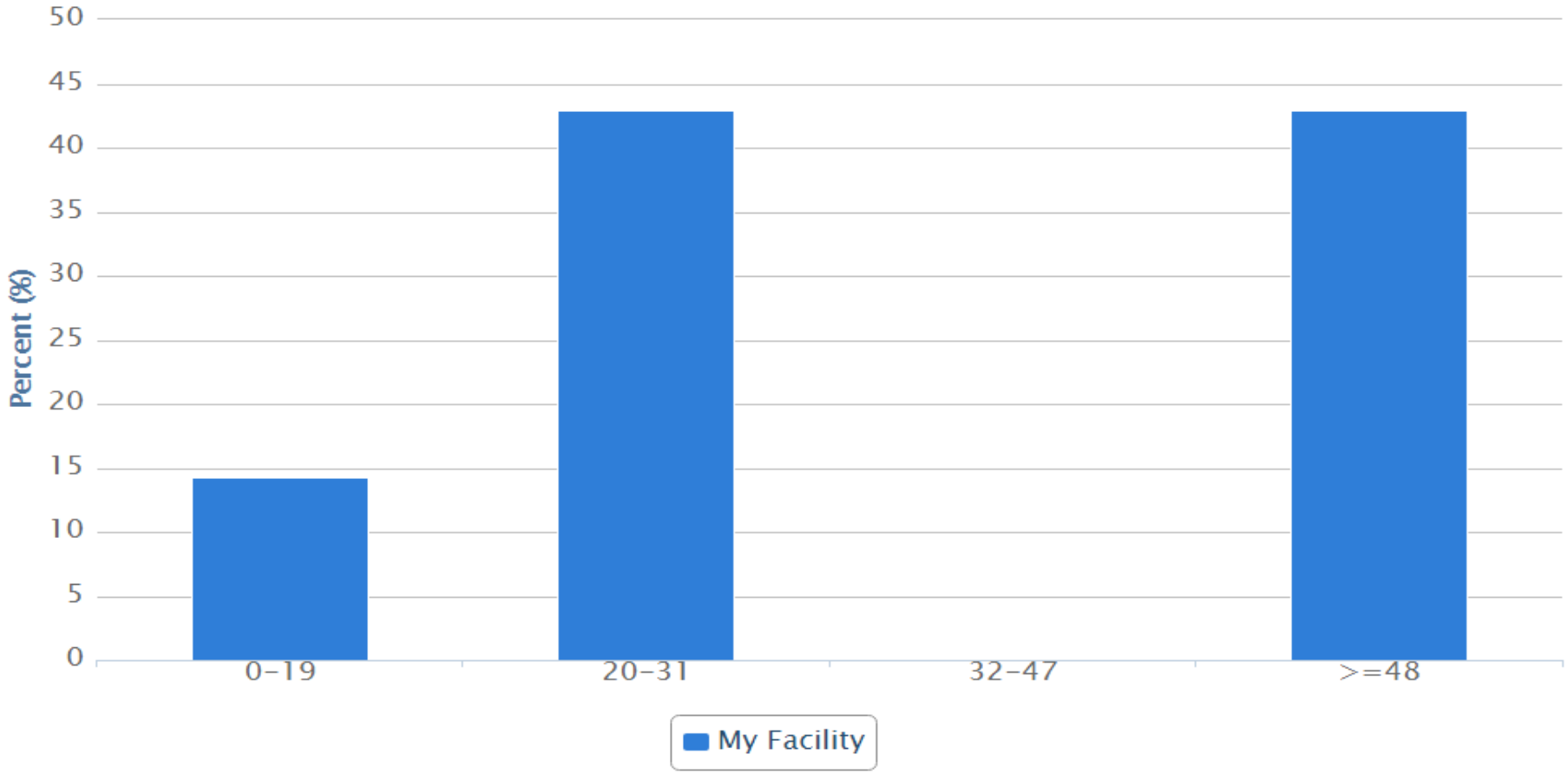
Days to First Treatment Quartiles Breast Cancer: Cases Diagnosed and Treated at My Facility, 2016



	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.

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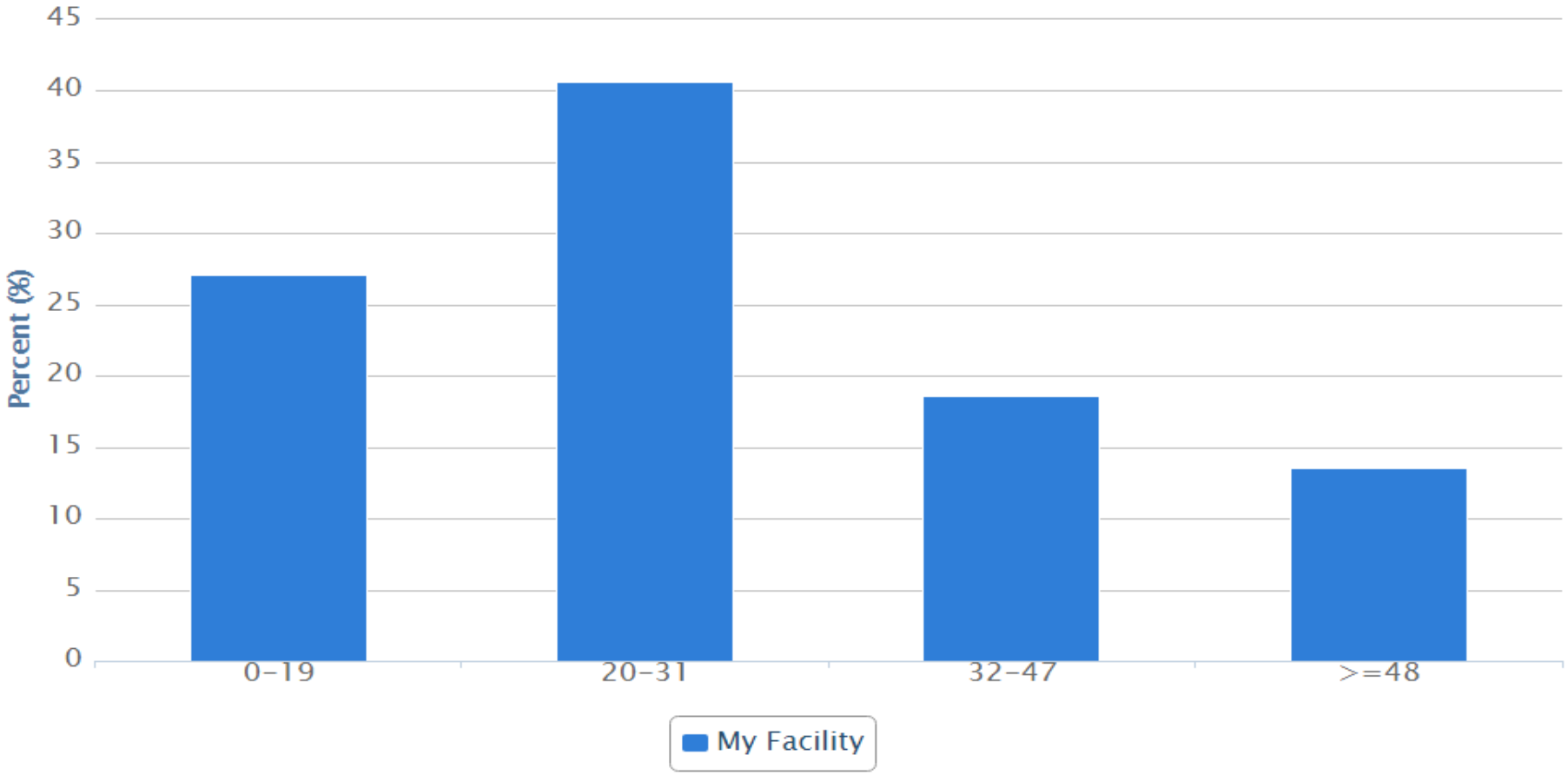
Days to First Treatment Quartiles Breast Cancer: Cases Diagnosed at My Facility or Elsewhere; Treated at My Facility, 2016



	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.

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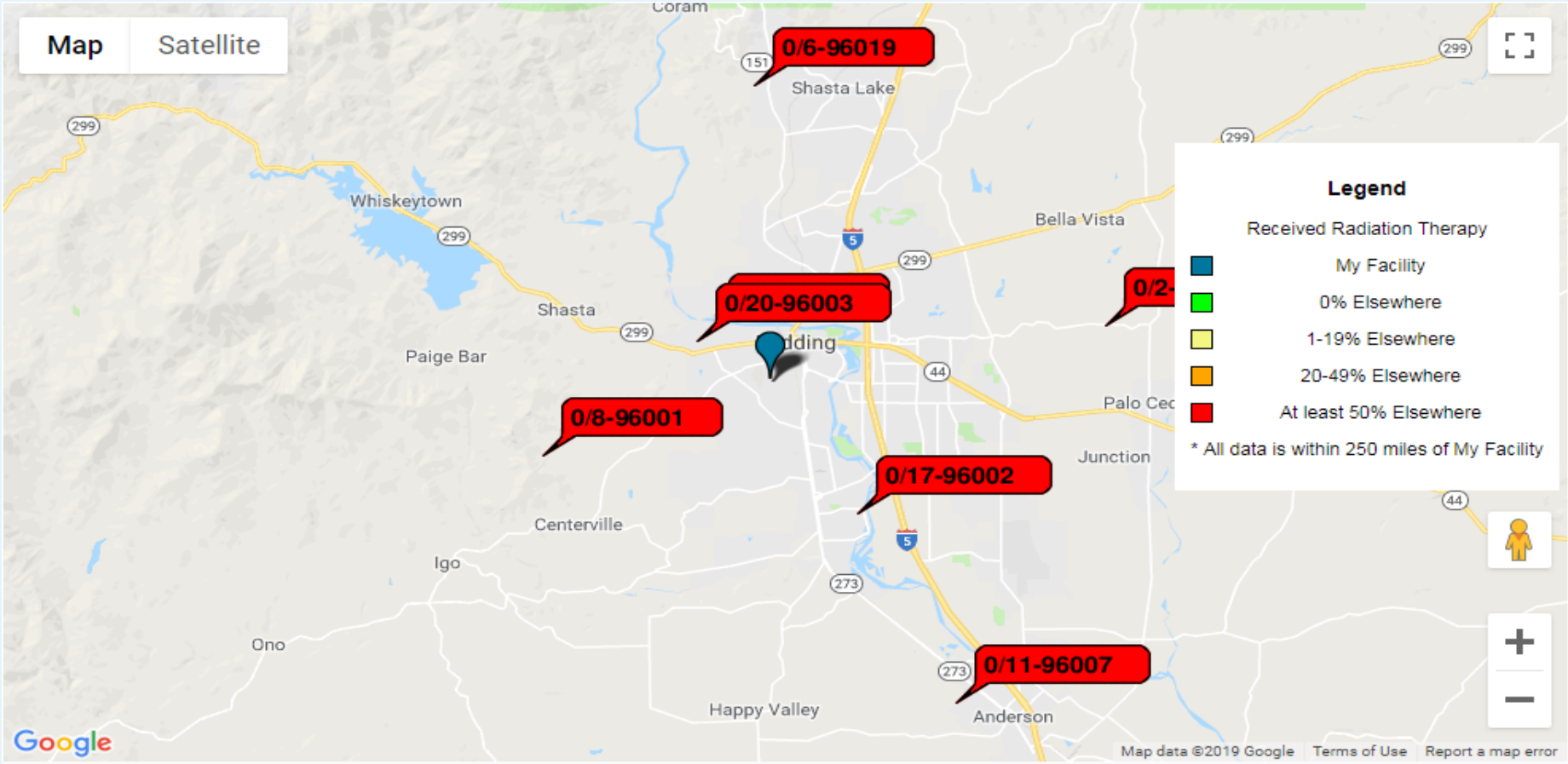
Radiation Treatment After Breast Cancer Surgery Out Migration Heat Map By Zip Code, 2016 - My Facility



	At My Facility	Elsewhere	Total	Average Distance for All Pts
Patients Radiated	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

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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

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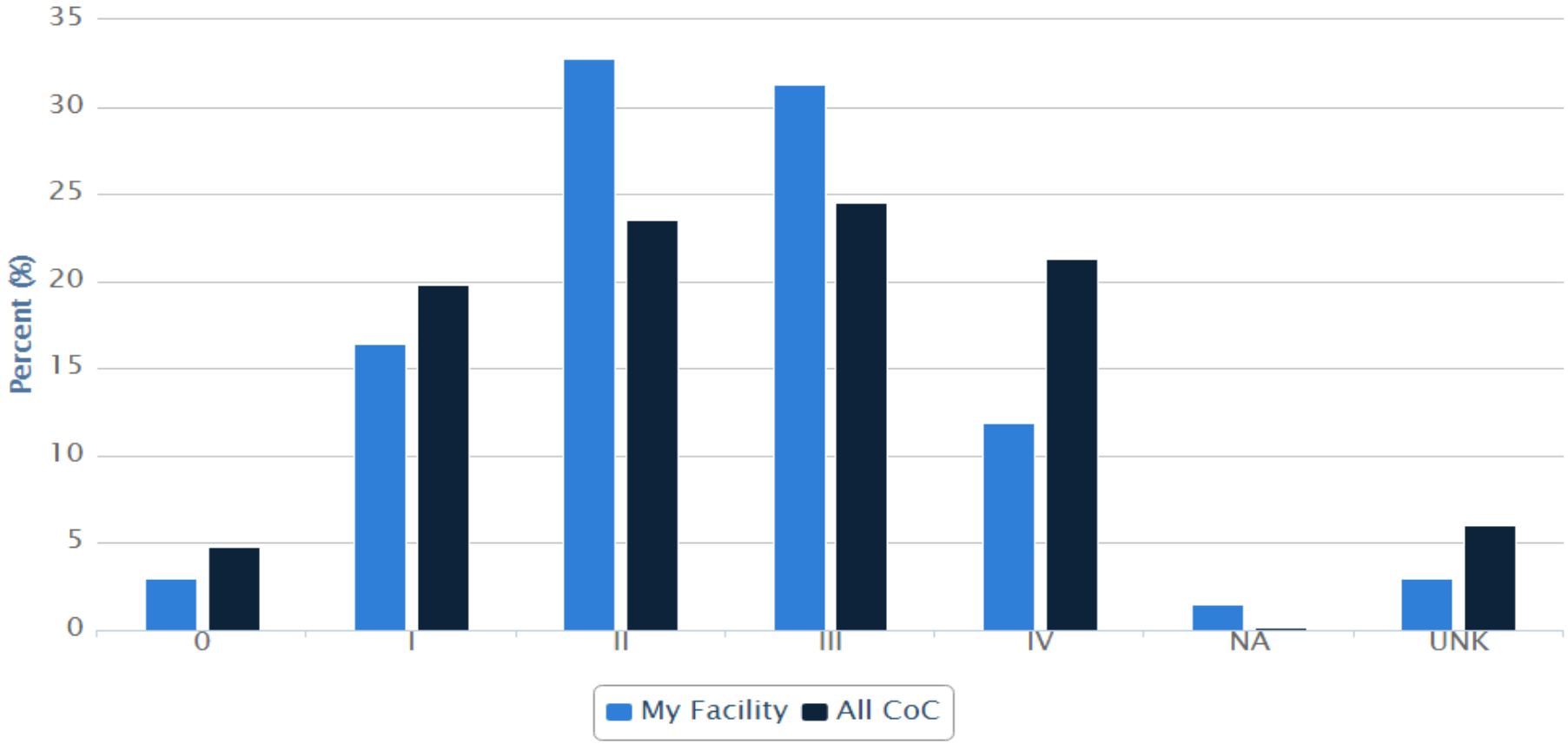
Stage Distribution - Colon Cancer Diagnosed in 2016, My Facility vs. All CoC



	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)

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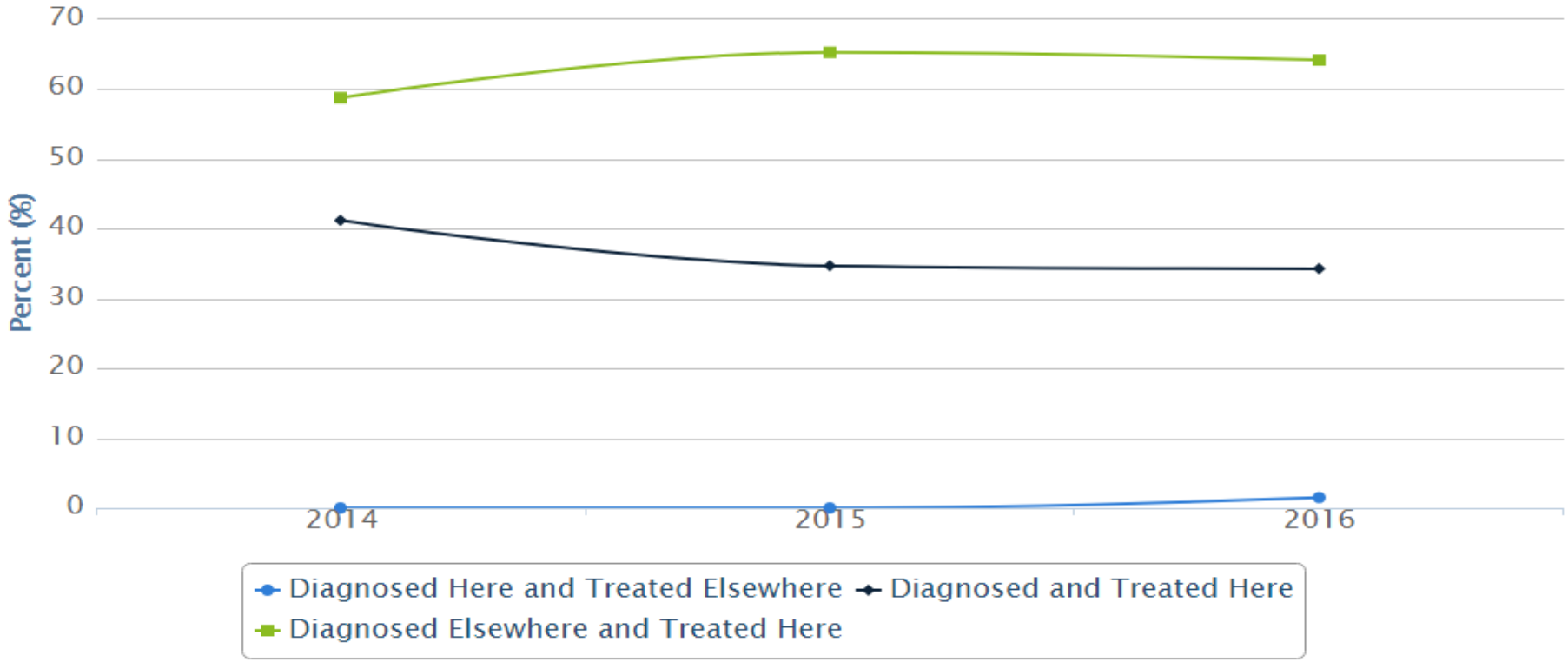
In/Out Migration Colon Cancer, 2014 - 2016 - My Facility



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

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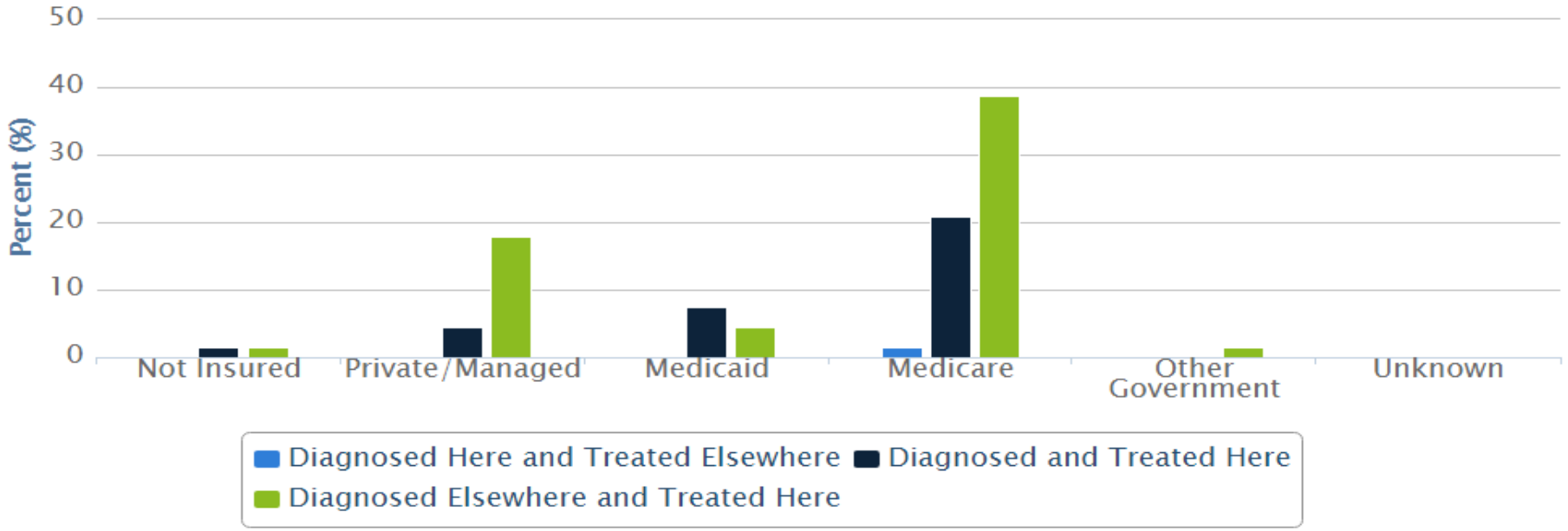
In/Out Migration by Insurance Status - Colon Cancer, 2016
My Facility



	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)

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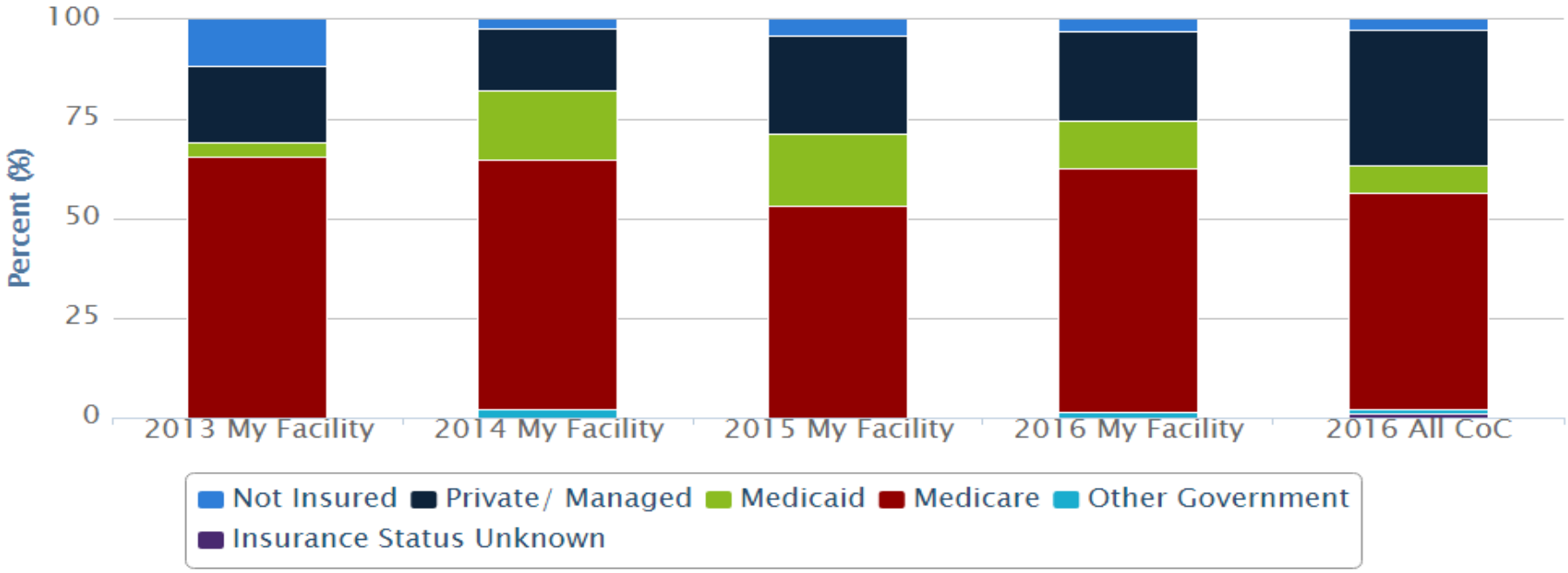
Insurance Status - Colon Cancer, 2013 - 2016
My Facility vs. All CoC



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

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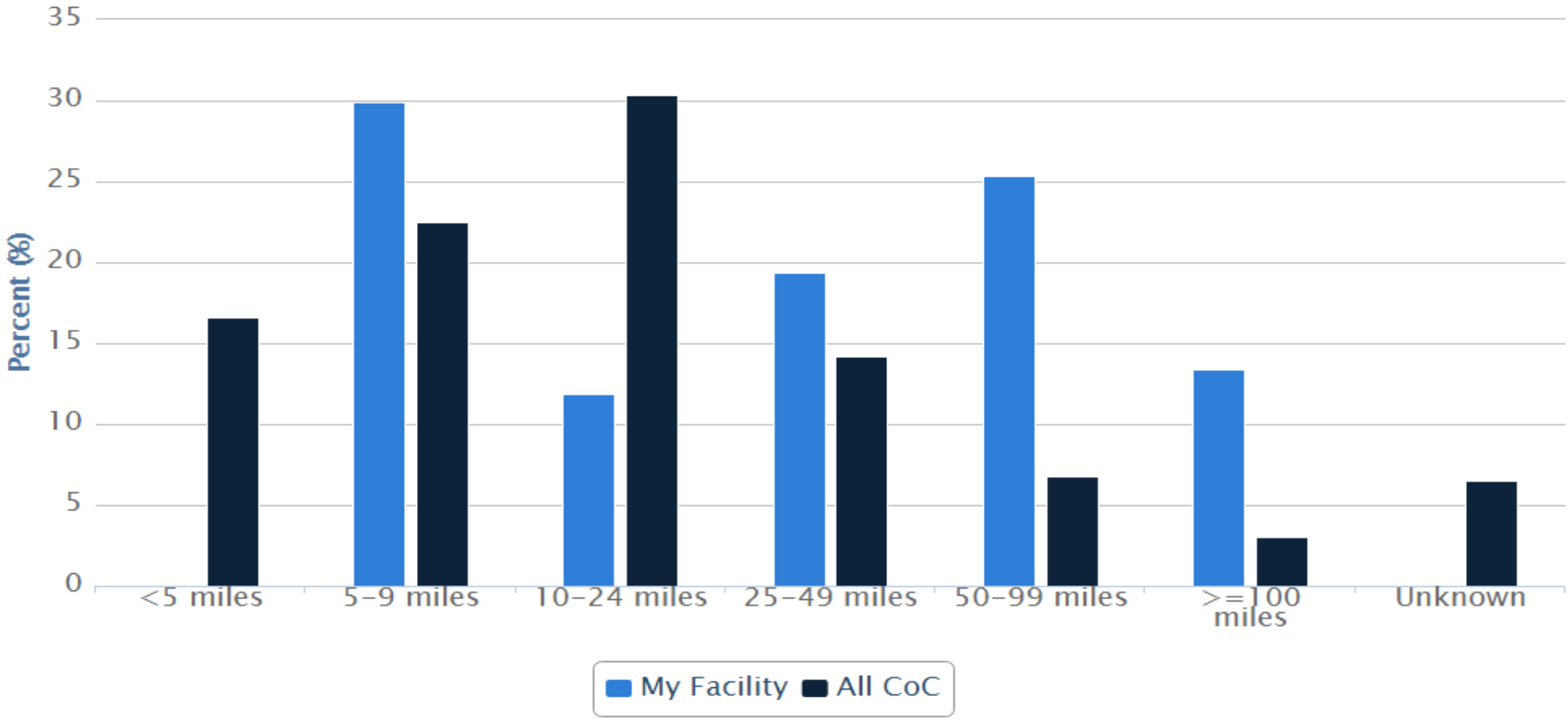
Distance Traveled - Colon Cancer, 2016 - My Facility



	<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)

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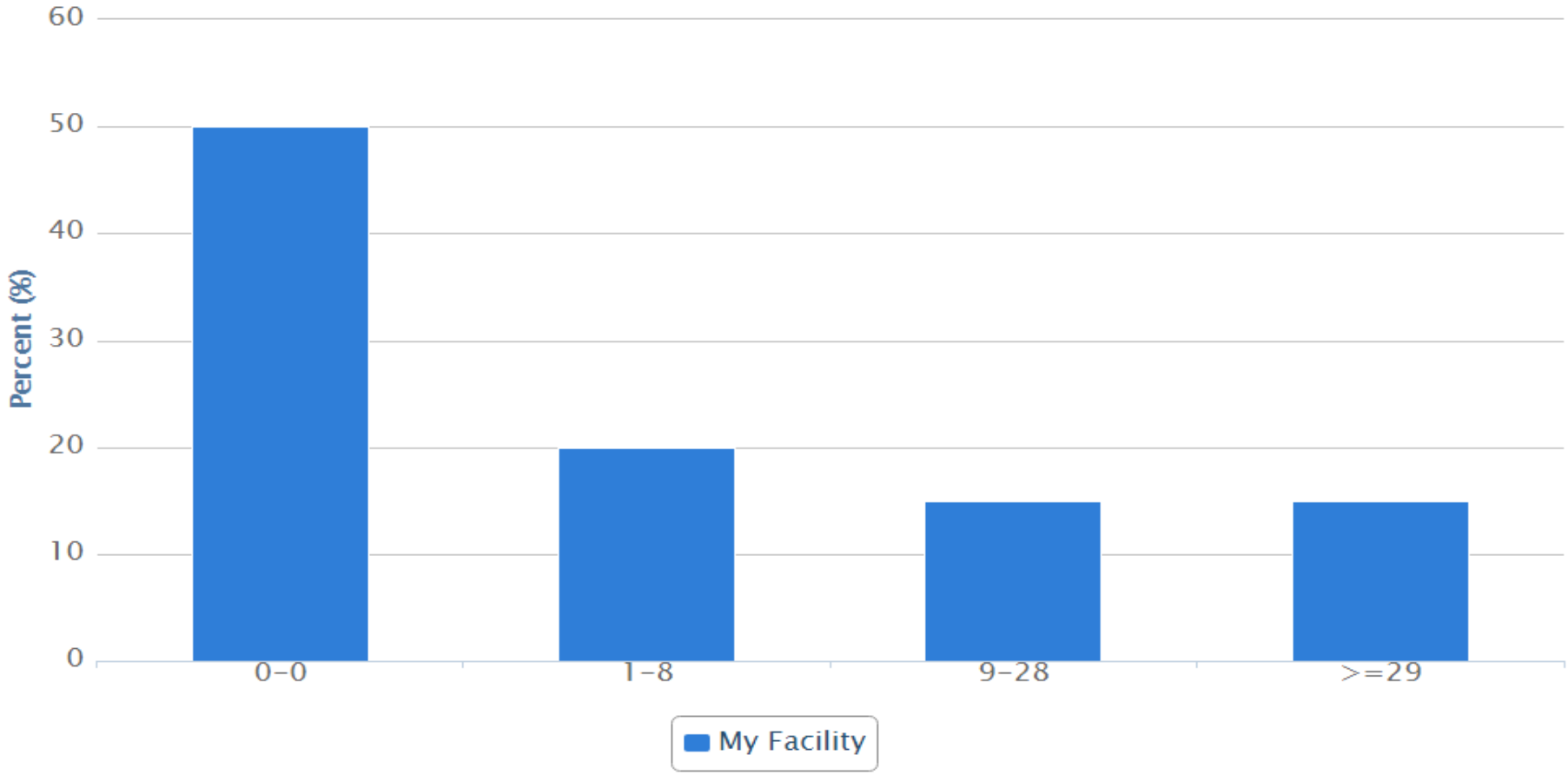
Days to First Treatment Quartiles Colon Cancer: Cases Diagnosed and Treated at My Facility, 2016



	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.

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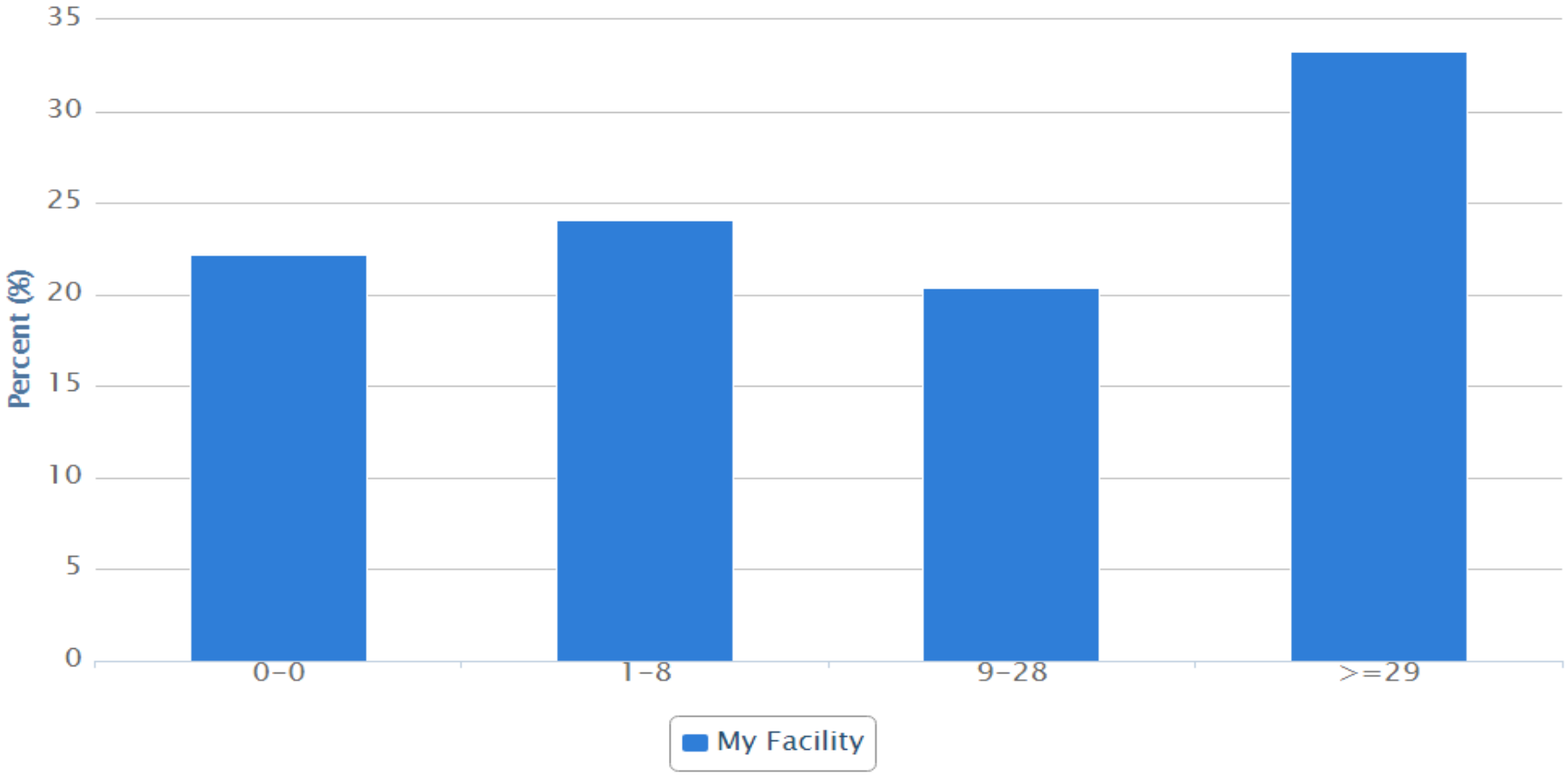
Days to First Treatment Quartiles Colon Cancer: Cases Diagnosed at My Facility or Elsewhere; Treated at My Facility, 2016



	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.

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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

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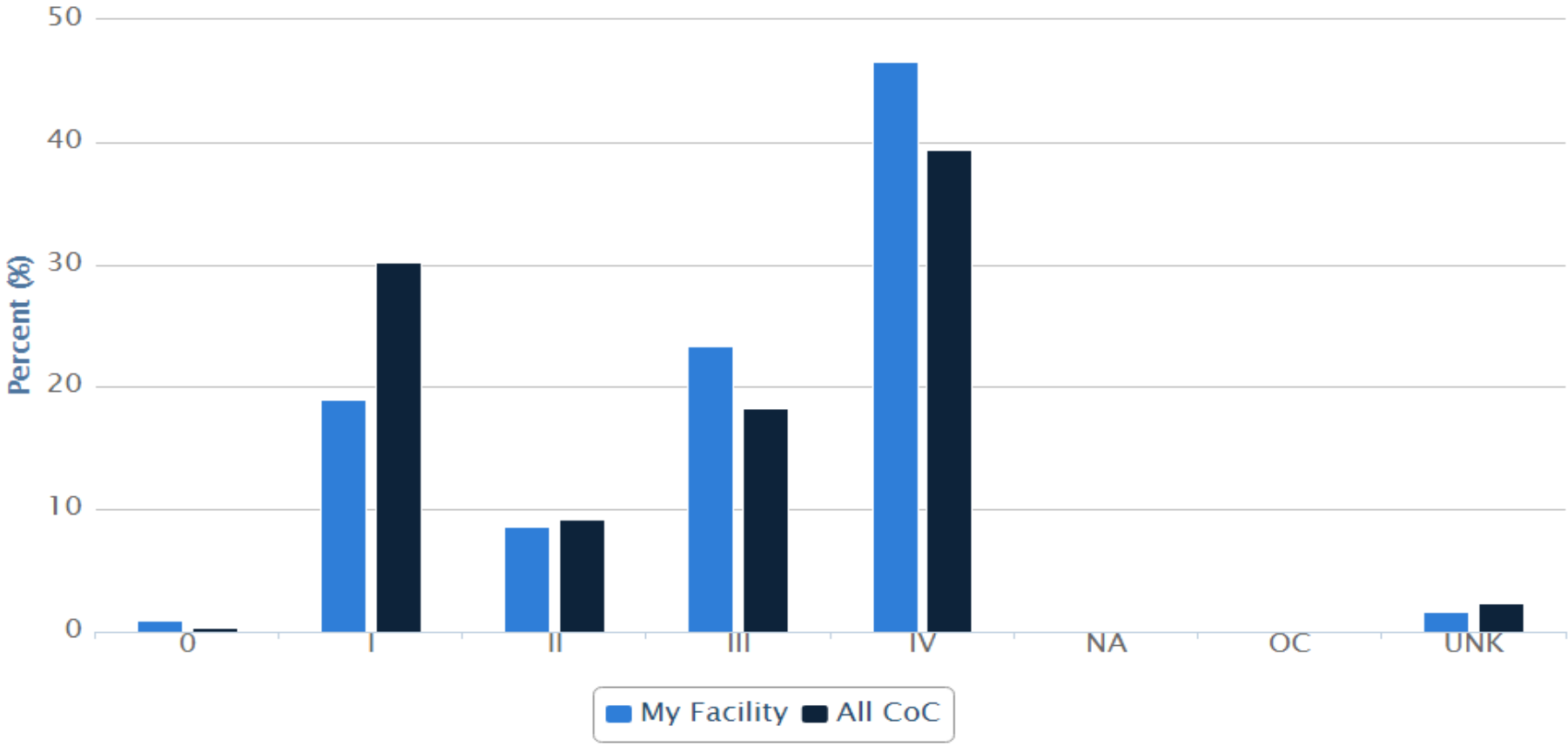
Stage Distribution - Non Small Cell Lung Cancer Diagnosed in 2016, My Facility vs. All CoC



	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)

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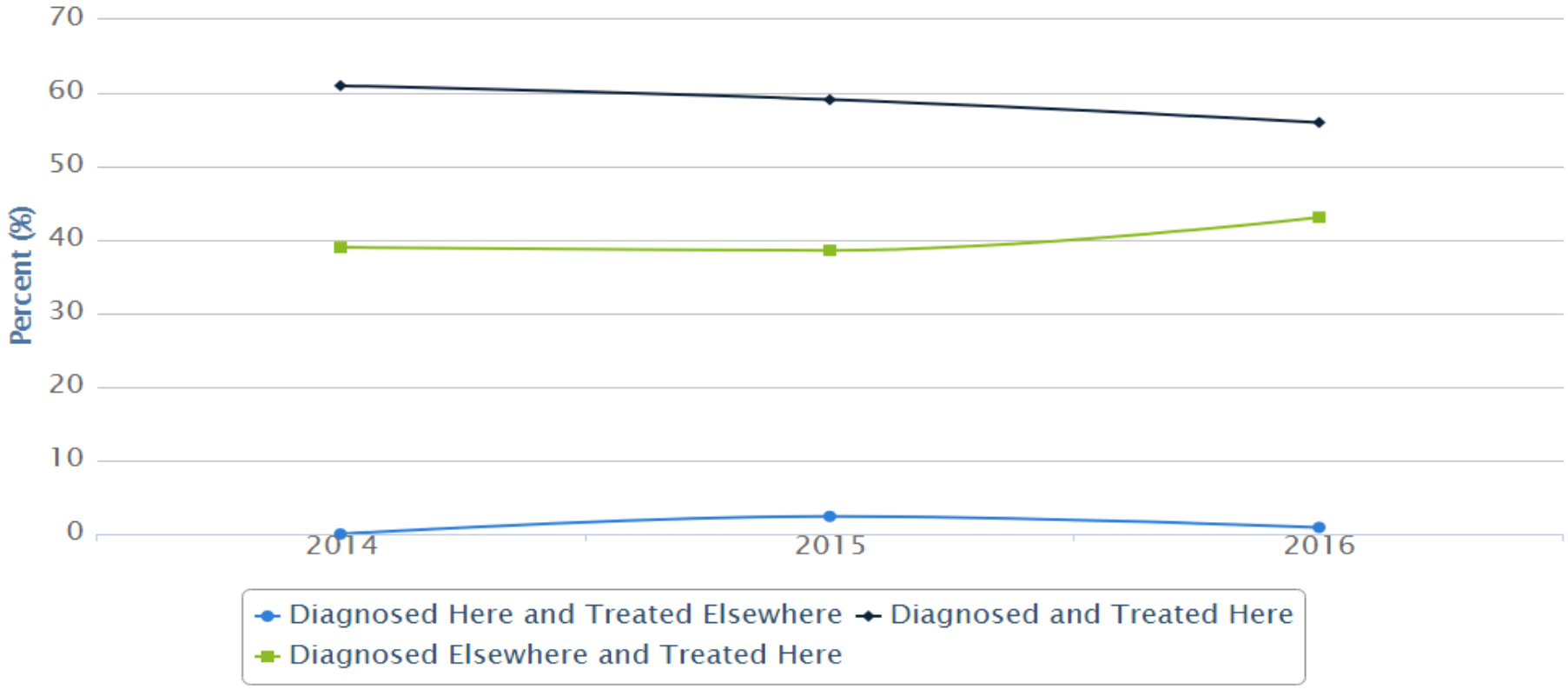
In/Out Migration Non-Small Cell Lung Cancer, 2014 - 2016 - My Facility



	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)

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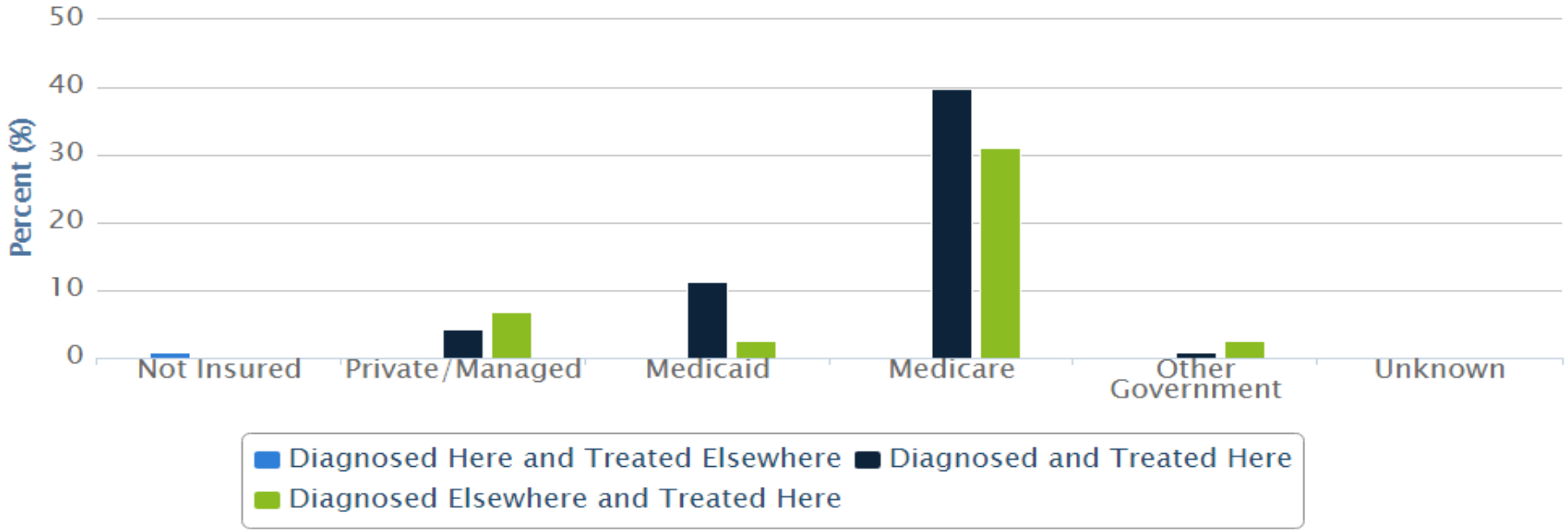
In/Out Migration by Insurance Status Non-Small Cell Lung Cancer, 2016 - My Facility



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

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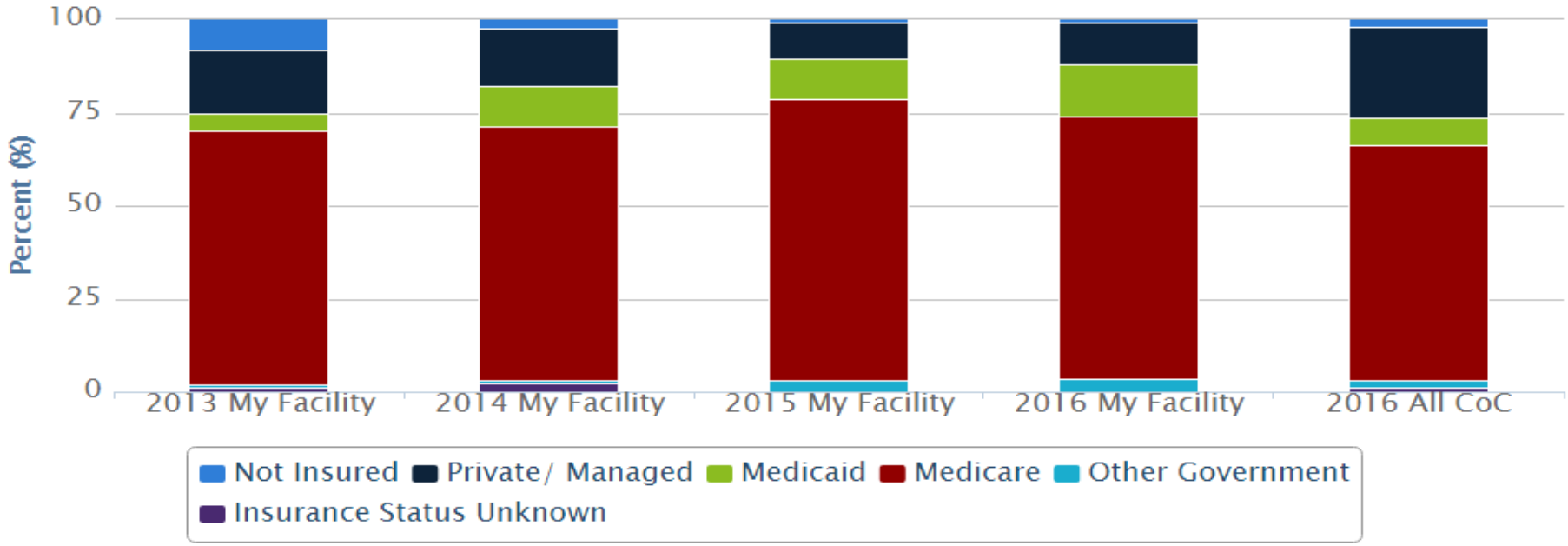
Insurance Status - Non-Small Cell Lung Cancer, 2013 - 2016
My Facility vs. All CoC



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

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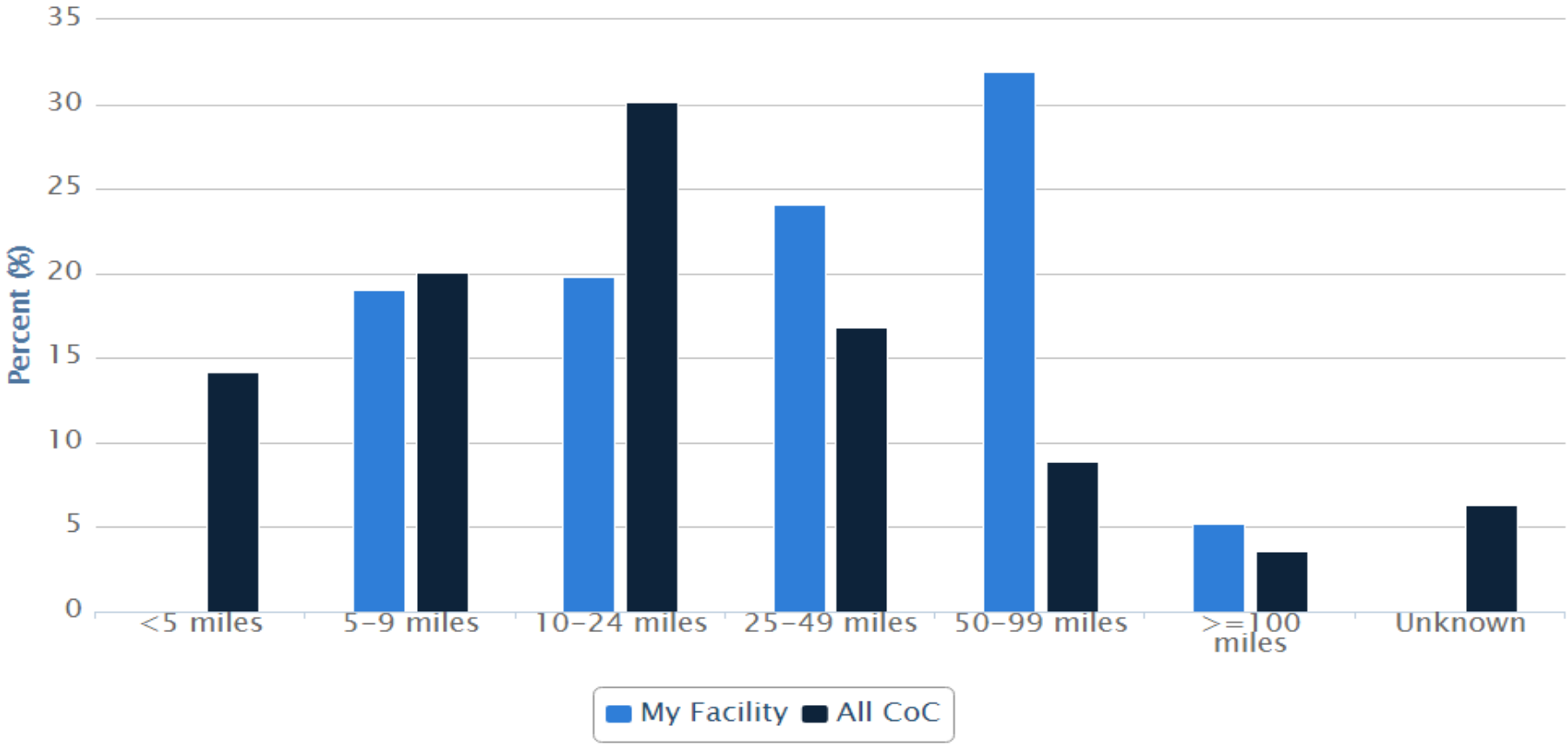
Distance Traveled - Non-Small Cell Lung Cancer, 2016 My Facility



	<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)

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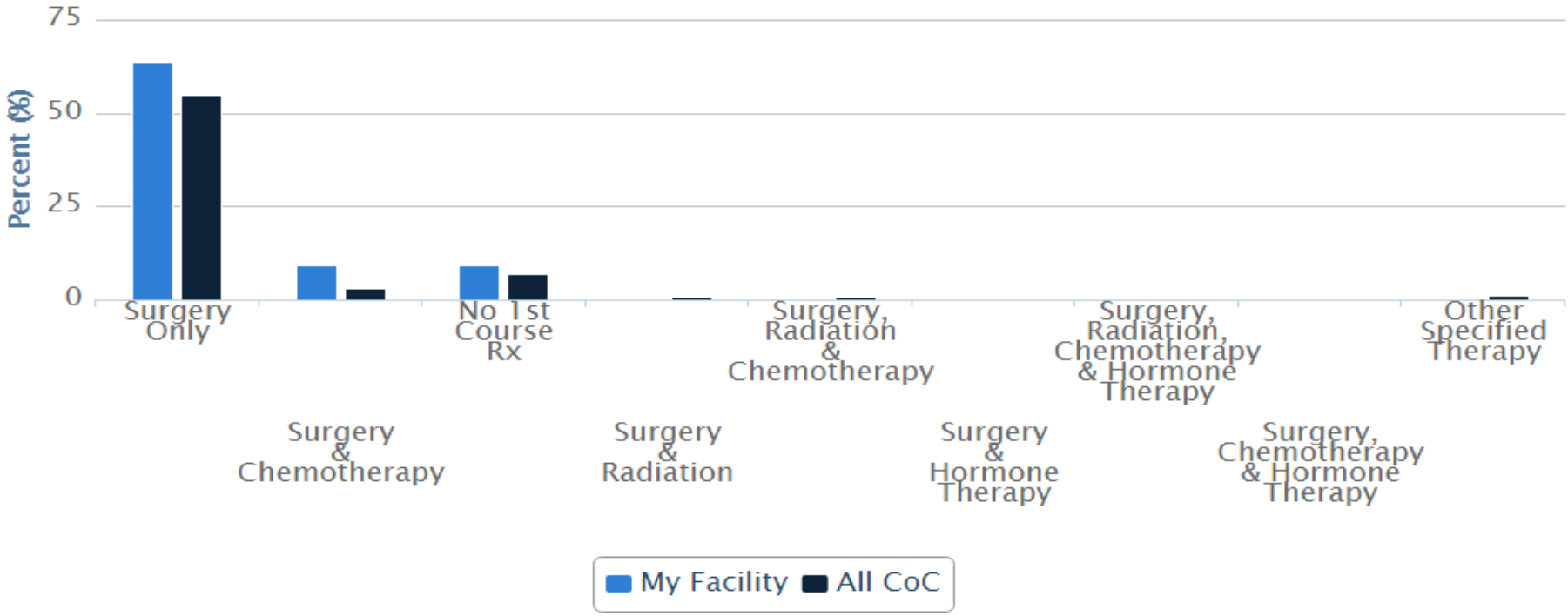
First Course Treatment Stage I Non-Small Cell Lung Cancer, 2016
My Facility vs. All CoC



	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)

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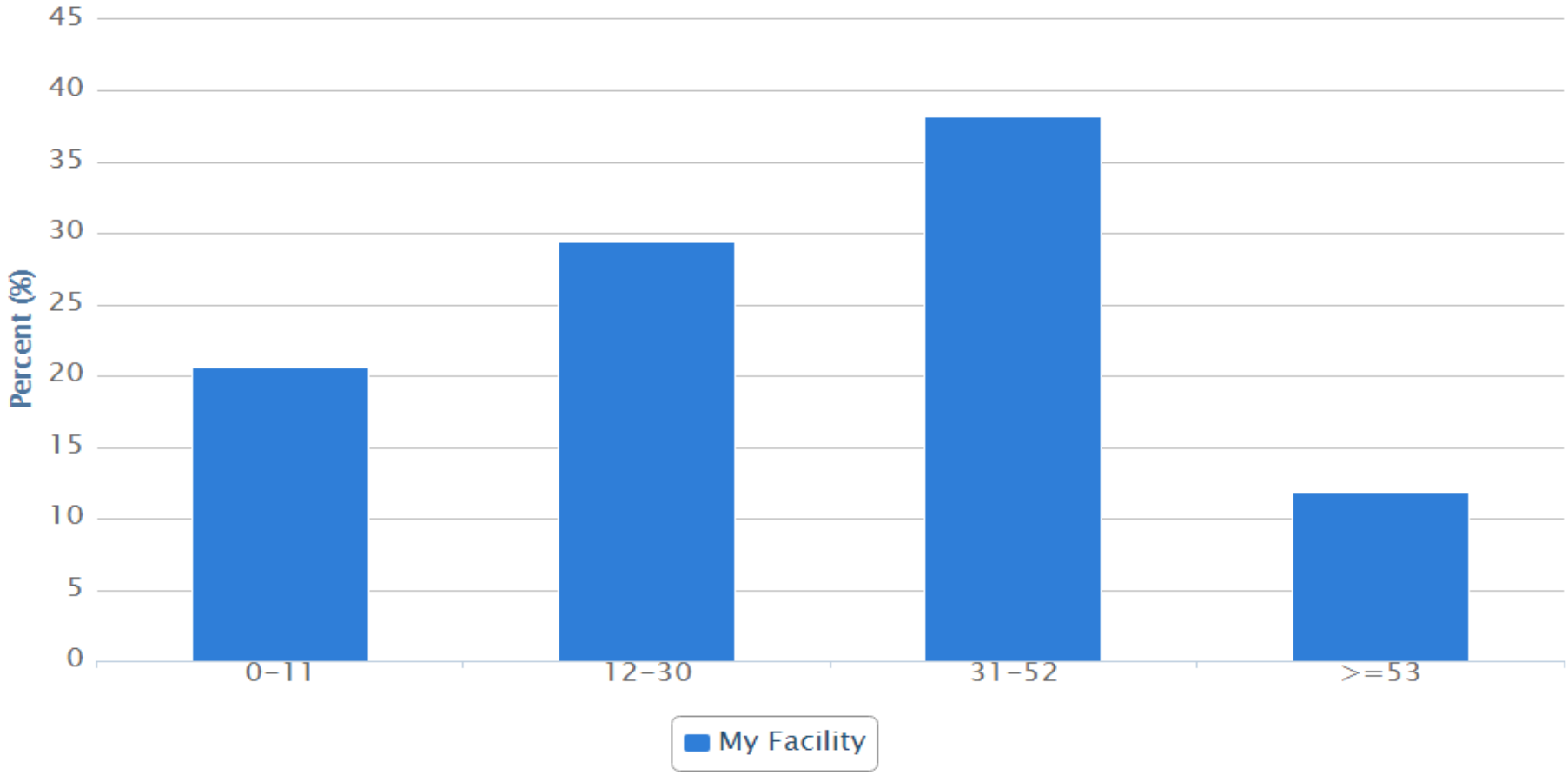
Days to First Treatment Quartiles Non-Small Cell Lung Cancer: Cases Diagnosed and Treated at My Facility, 2016



	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.

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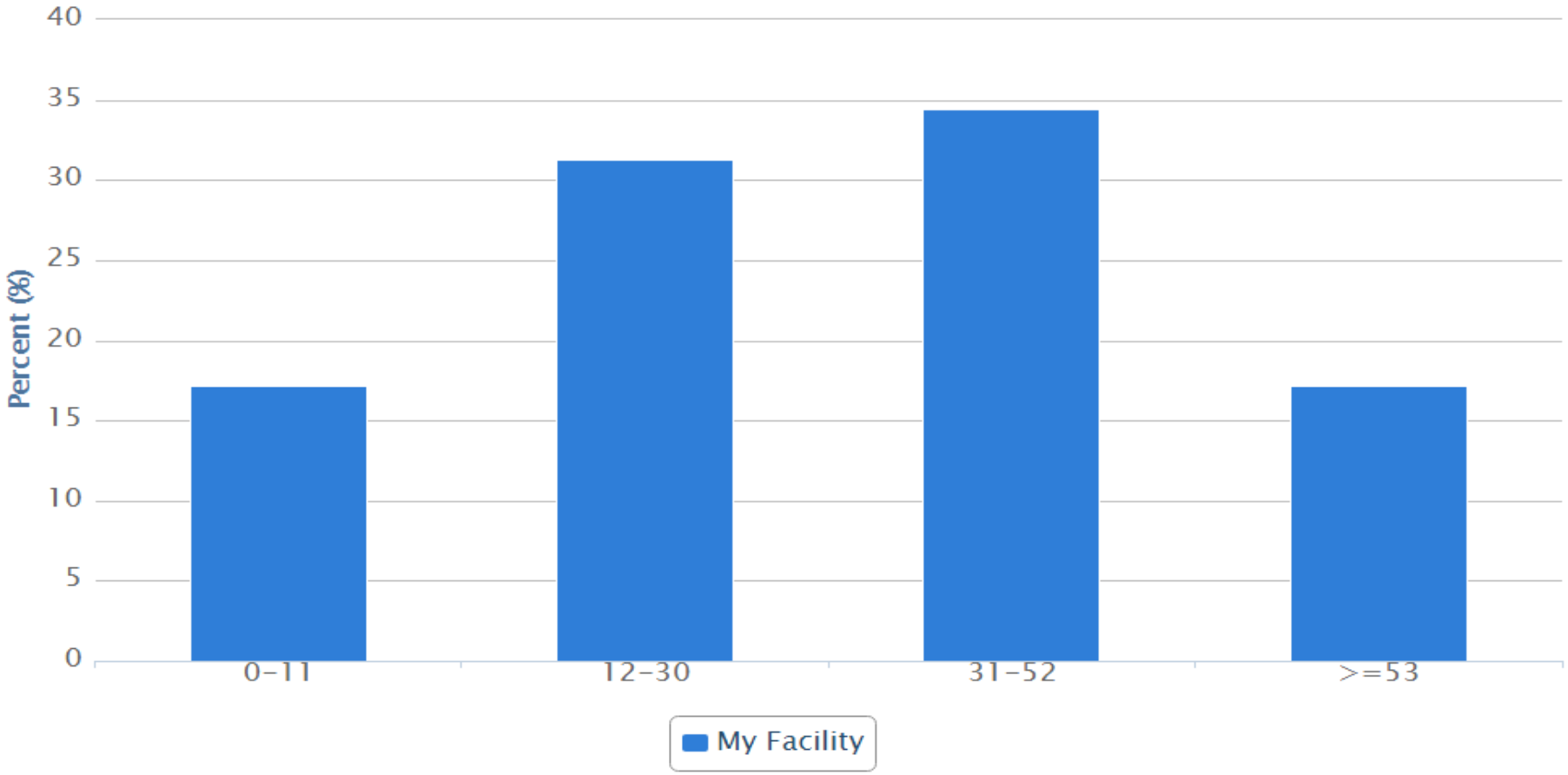
Days to First Treatment Quartiles Non-Small Cell Lung Cancer: Cases Diagnosed at My Facility or Elsewhere; Treated at My Facility, 2016



	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.

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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

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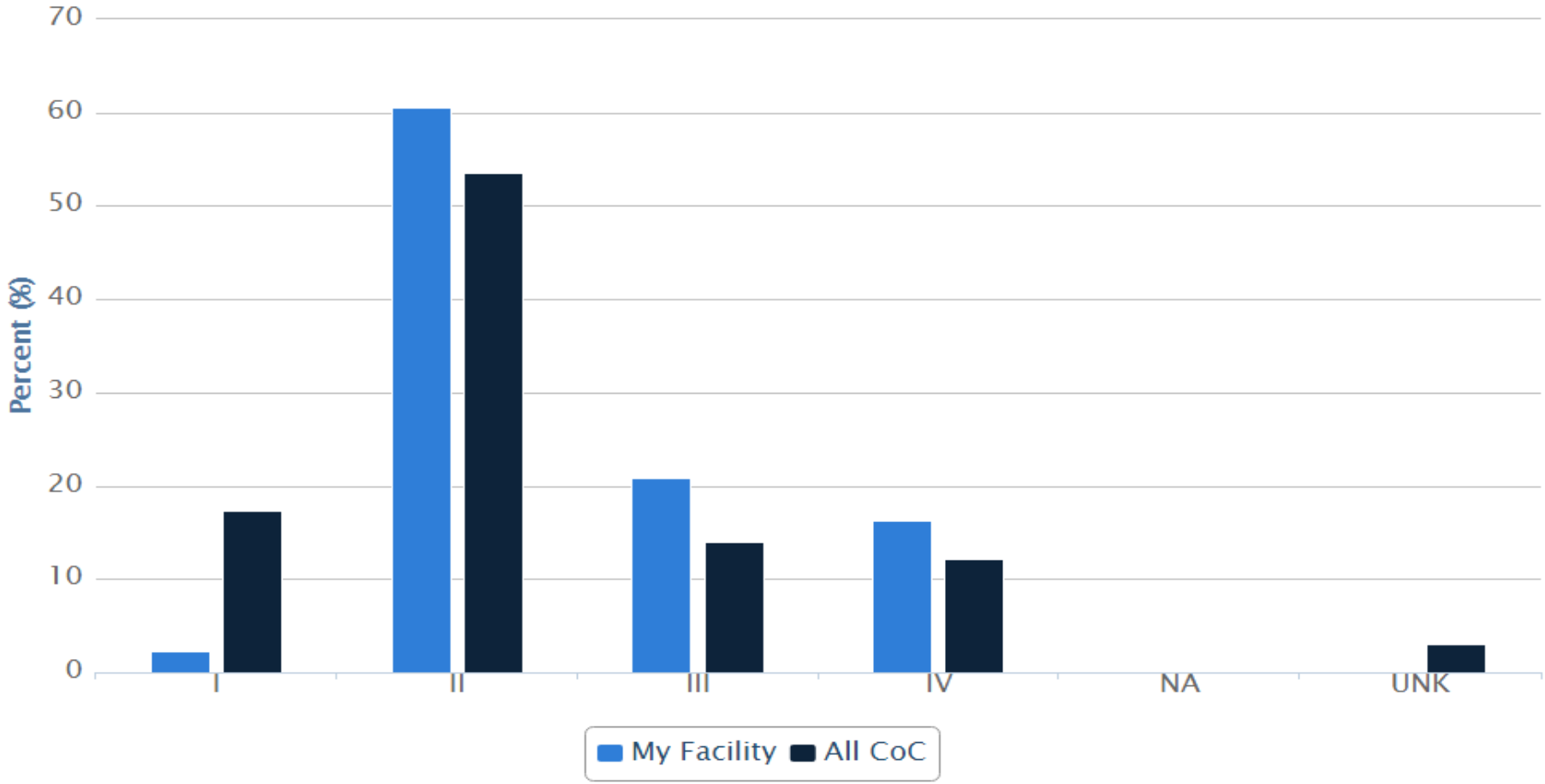
Stage Distribution - Prostate Cancer Diagnosed in 2016
My Facility vs. All CoC



	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)

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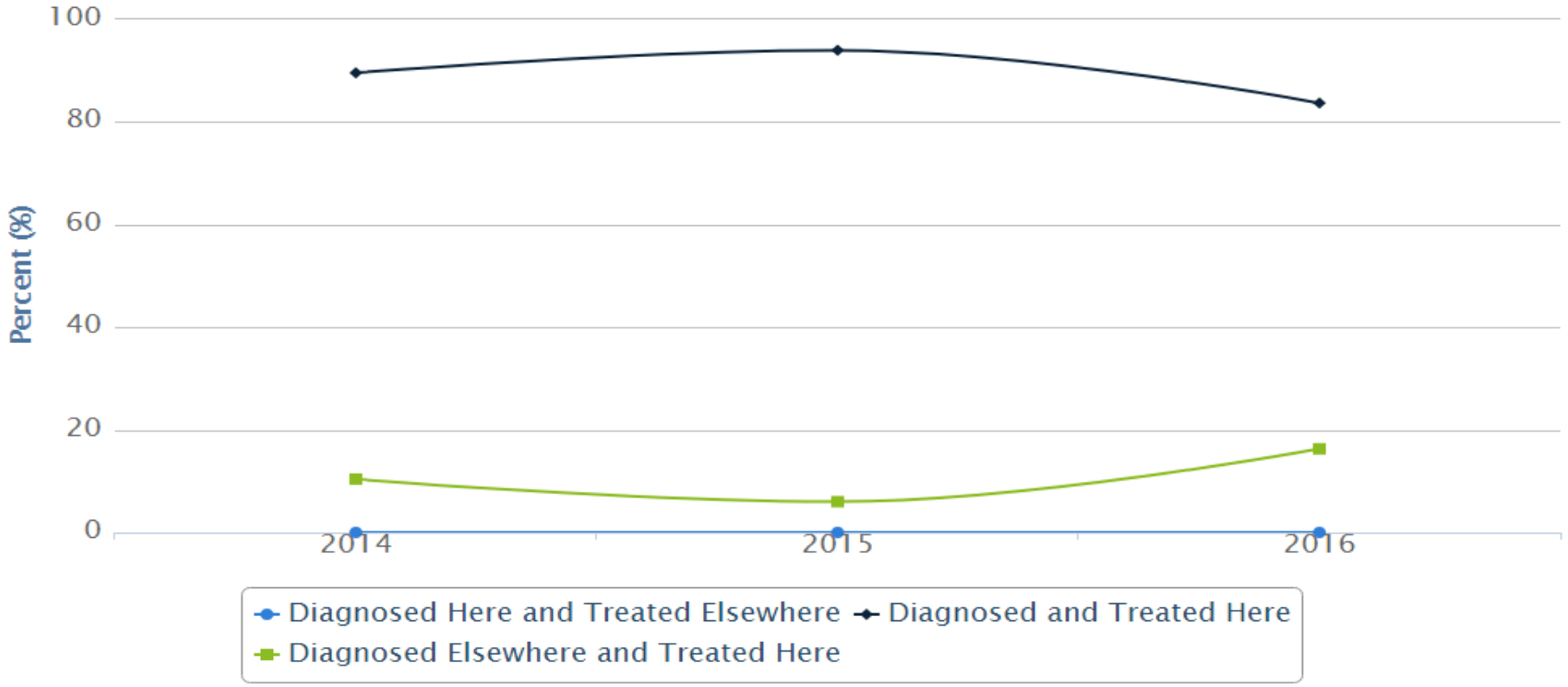
In/Out Migration Prostate Cancer, 2014 - 2016 - My Facility



	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)

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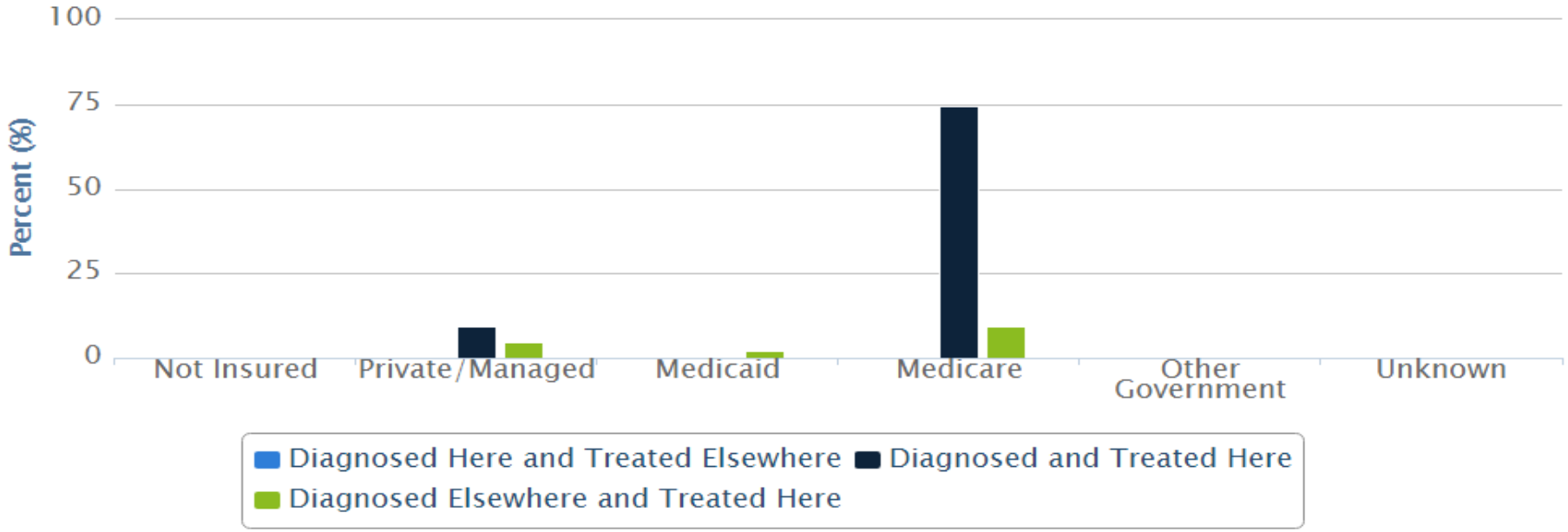
In/Out Migration by Insurance Status Prostate Cancer, 2016
My Facility



	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)

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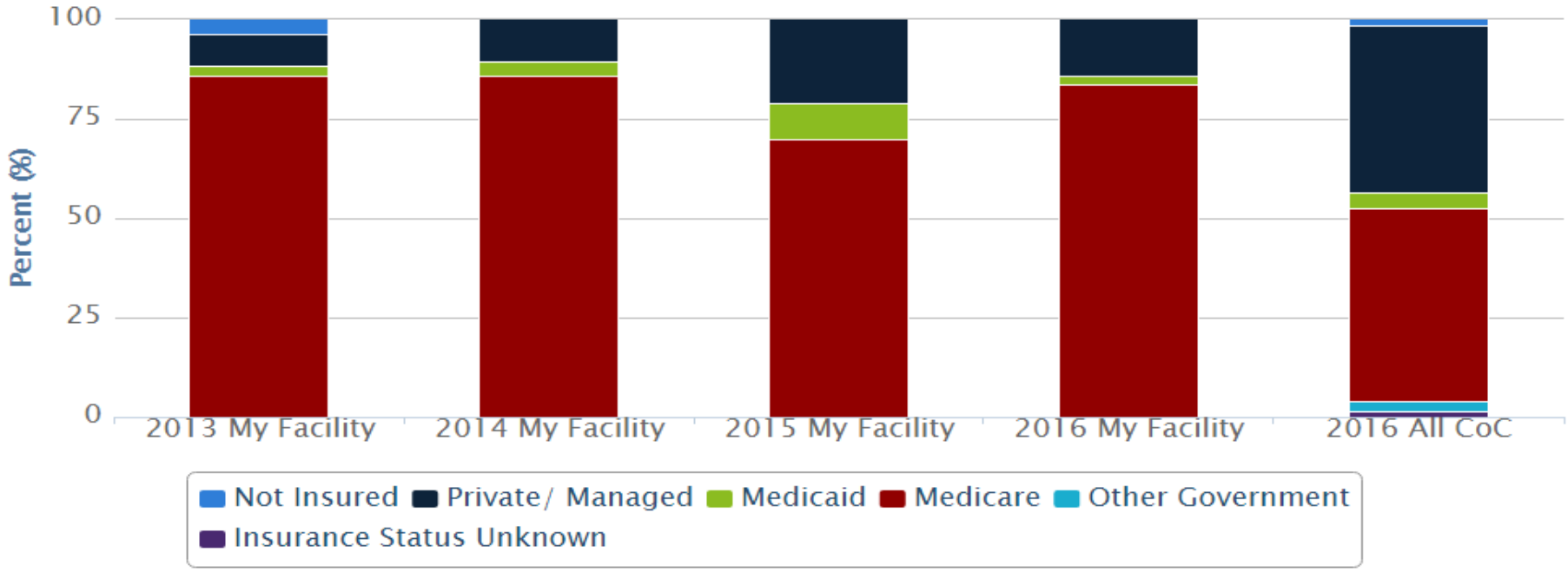
Insurance Status - Prostate Cancer, 2013 - 2016
My Facility vs. All CoC



	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)

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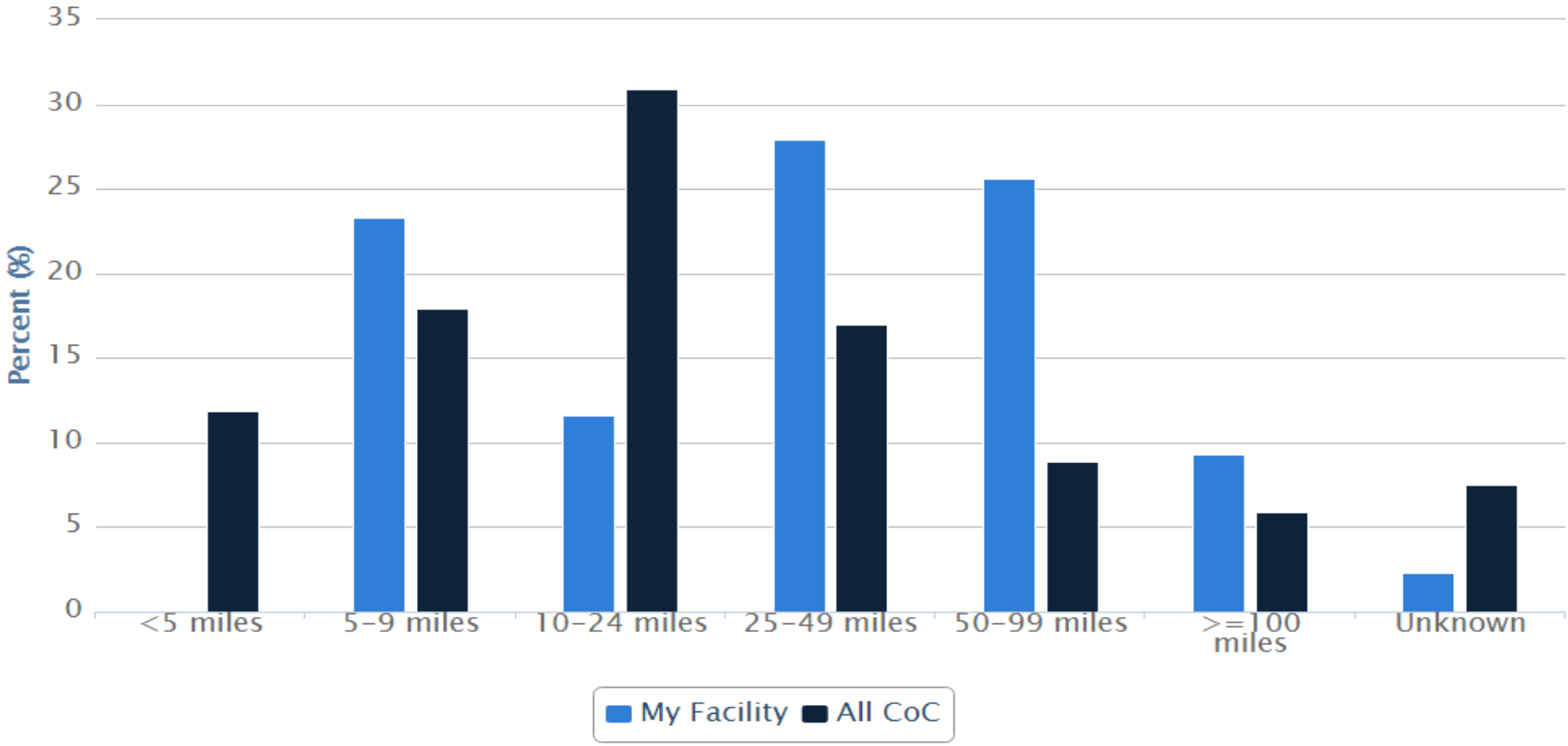
Distance Traveled - Prostate Cancer, 2016 - My Facility



	<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)

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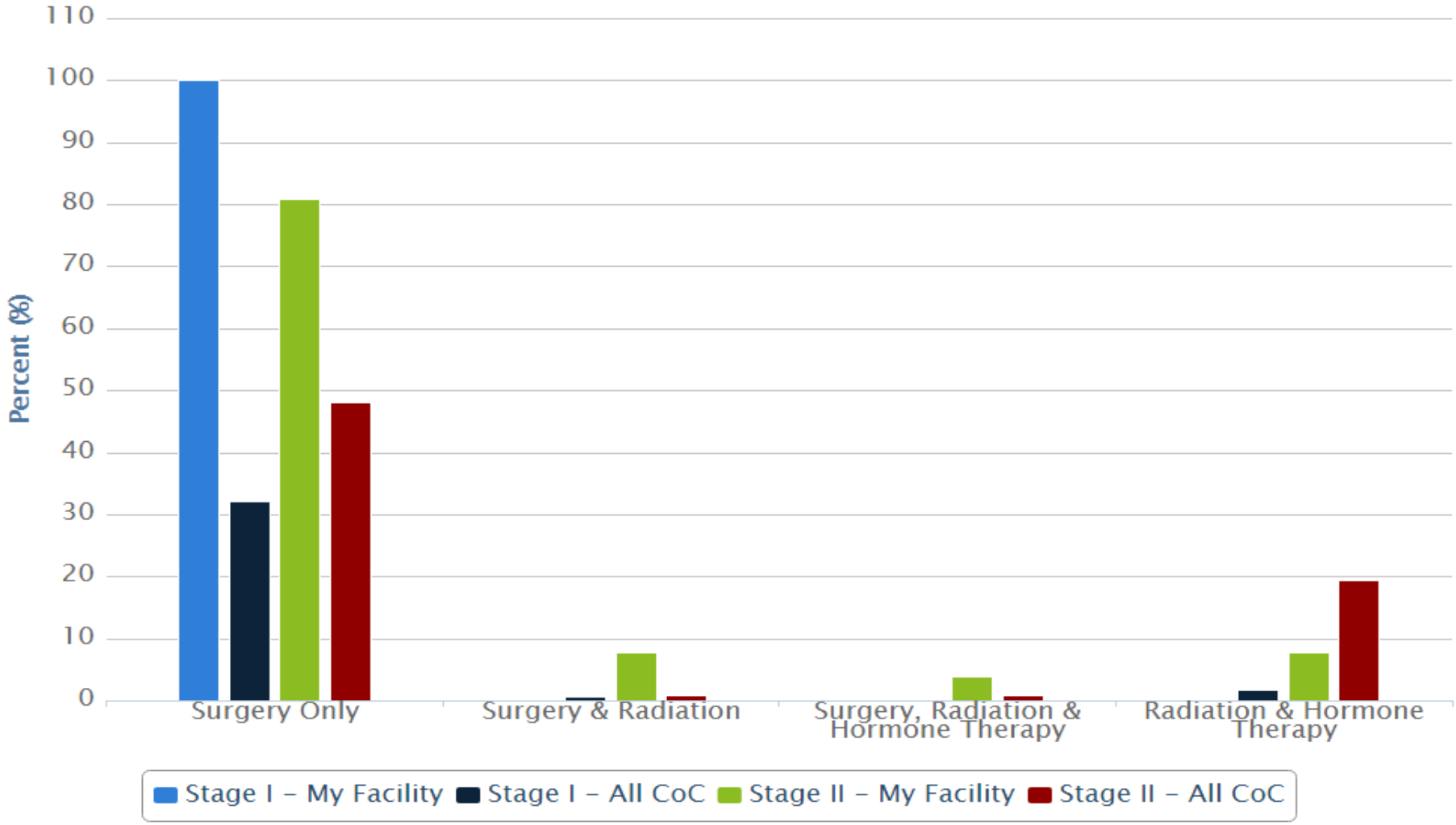
First Course Treatment Stage I & II Prostate Cancer, 2016
My Facility vs. All CoC Graph



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First Course Treatment Stage I & II Prostate Cancer, 2016
My Facility vs. All CoC Data Table

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

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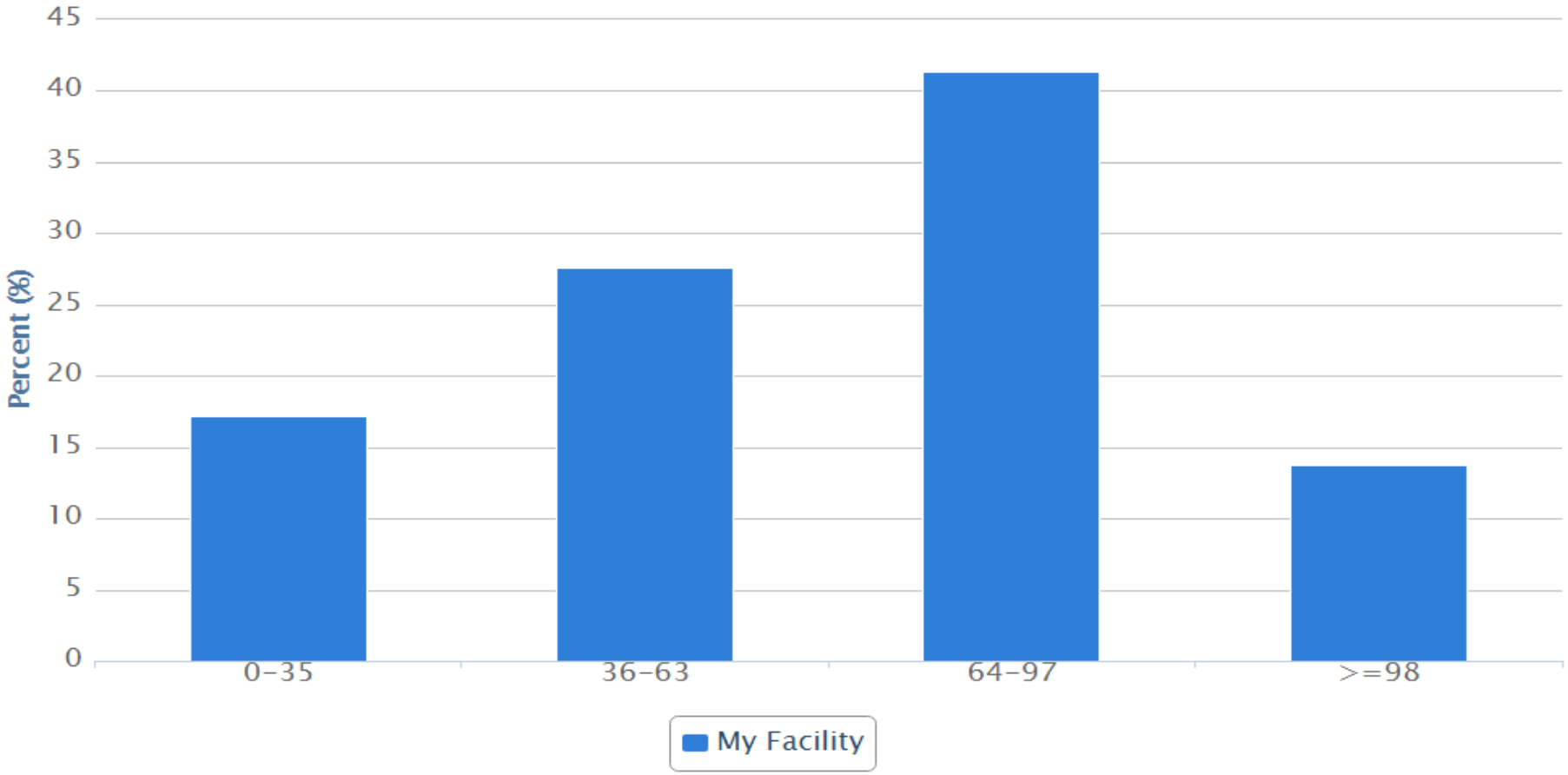
Days to First Treatment Quartiles Prostate Cancer: Cases Diagnosed and Treated at My Facility, 2016



	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.

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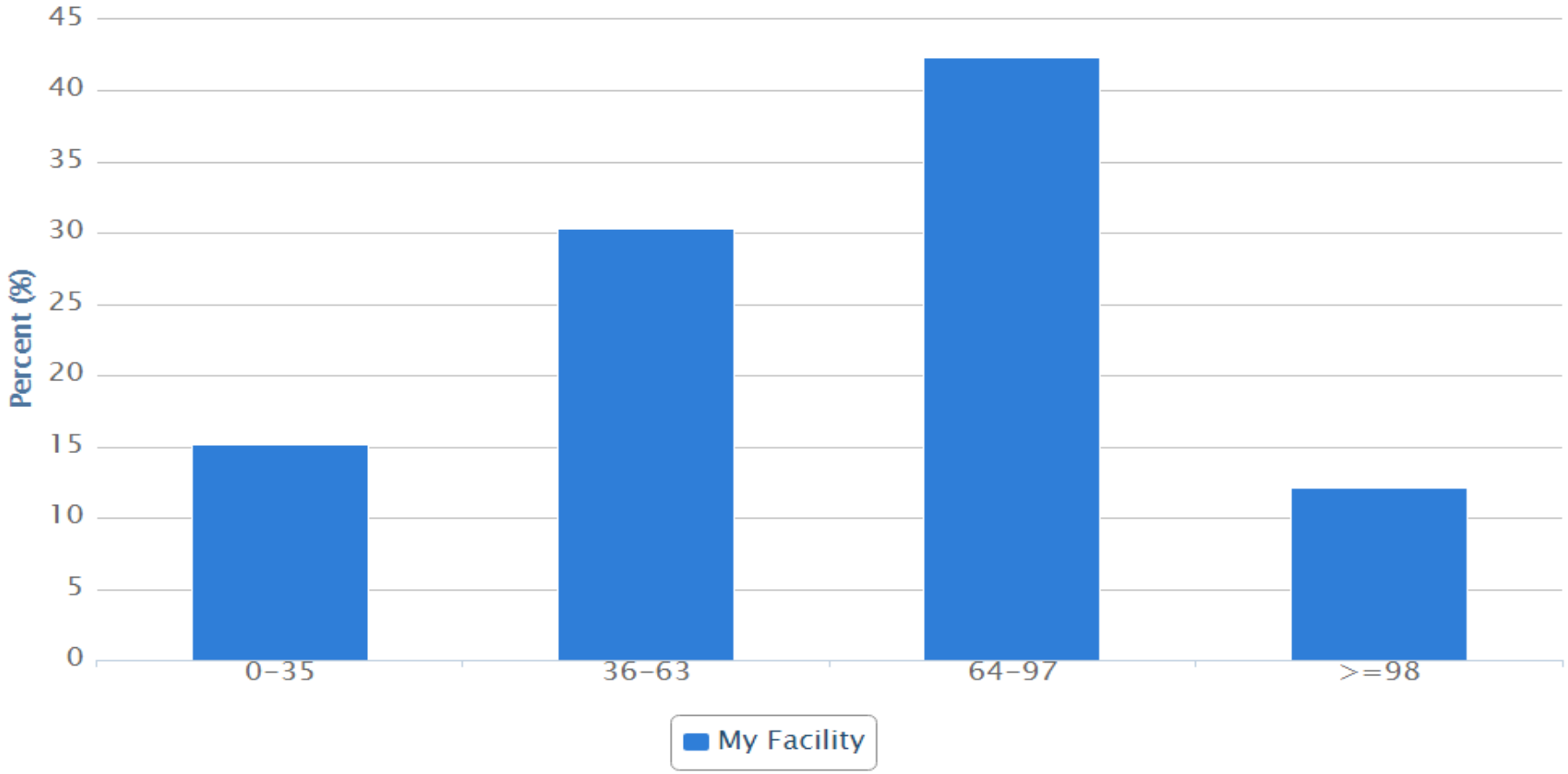
Days to First Treatment Quartiles Prostate Cancer: Cases Diagnosed at My Facility or Elsewhere; Treated at My Facility, 2016



	0-35	36-63	64-97	>=98
My Facility	15.2 % (n=5)	30.3 % (n=10)	42.4 % (n=14)	12.1 % (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.

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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

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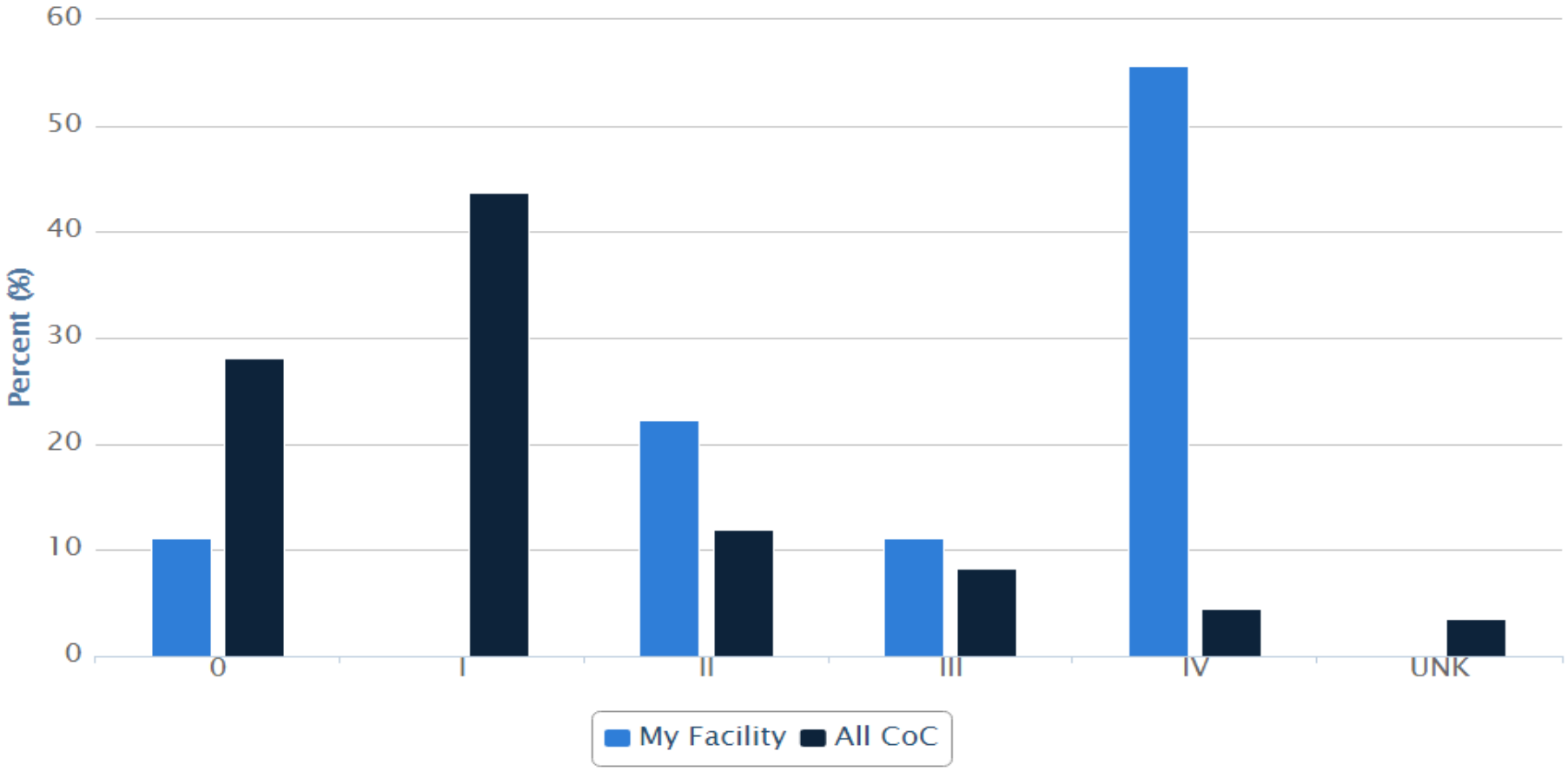
Stage Distribution - Melanoma Cancer Diagnosed in 2016
My Facility vs. All CoC



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

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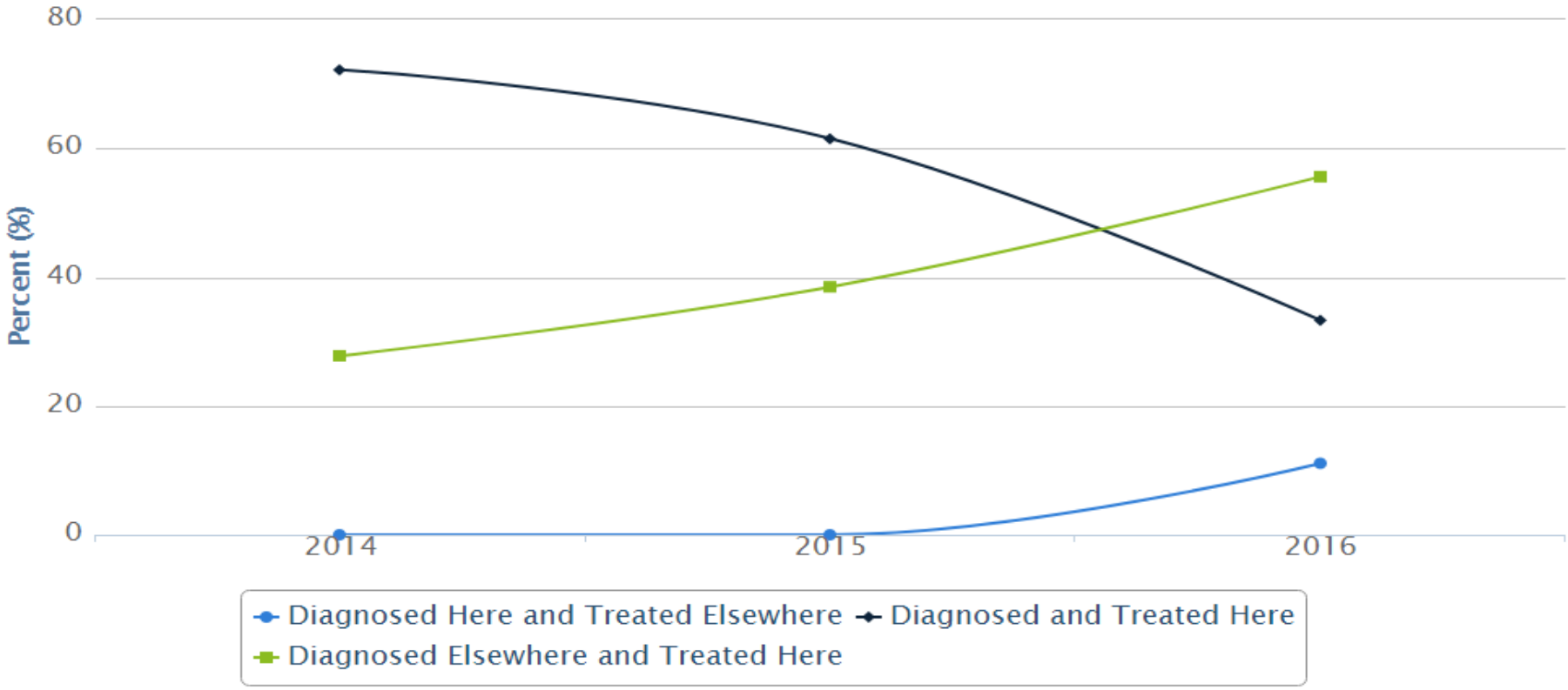
In/Out Migration Melanoma Cancer, 2014 - 2016 - My Facility



	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)

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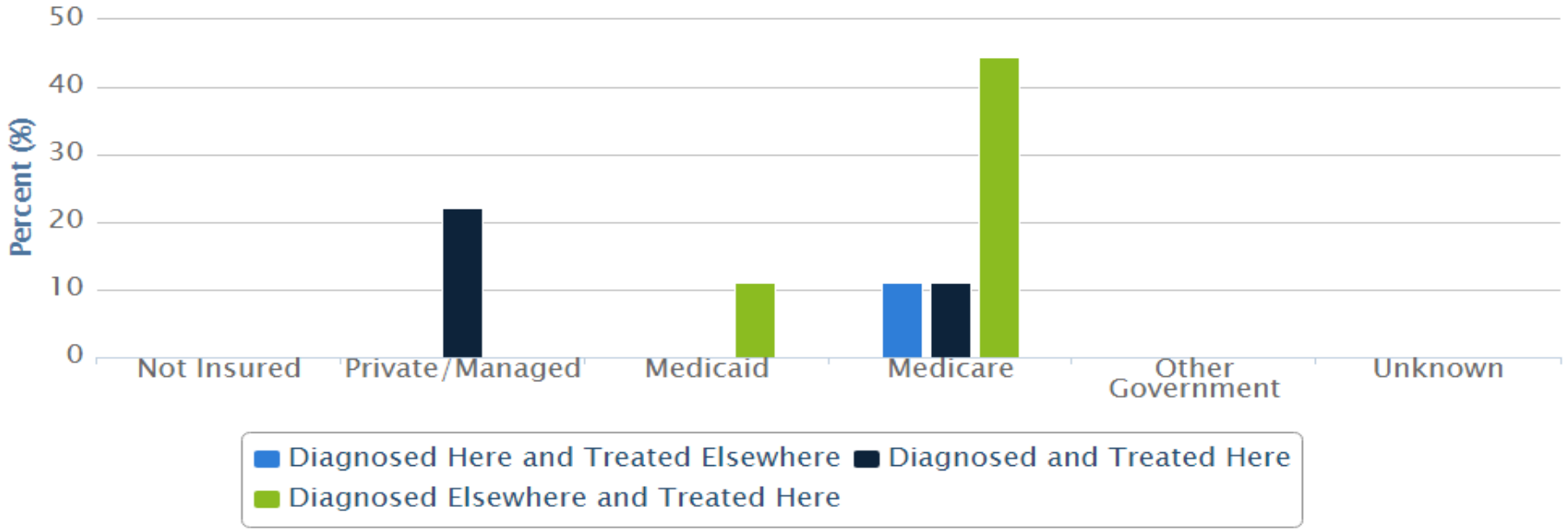
In/Out Migration by Insurance Status Melanoma Cancer, 2016
My Facility



	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)

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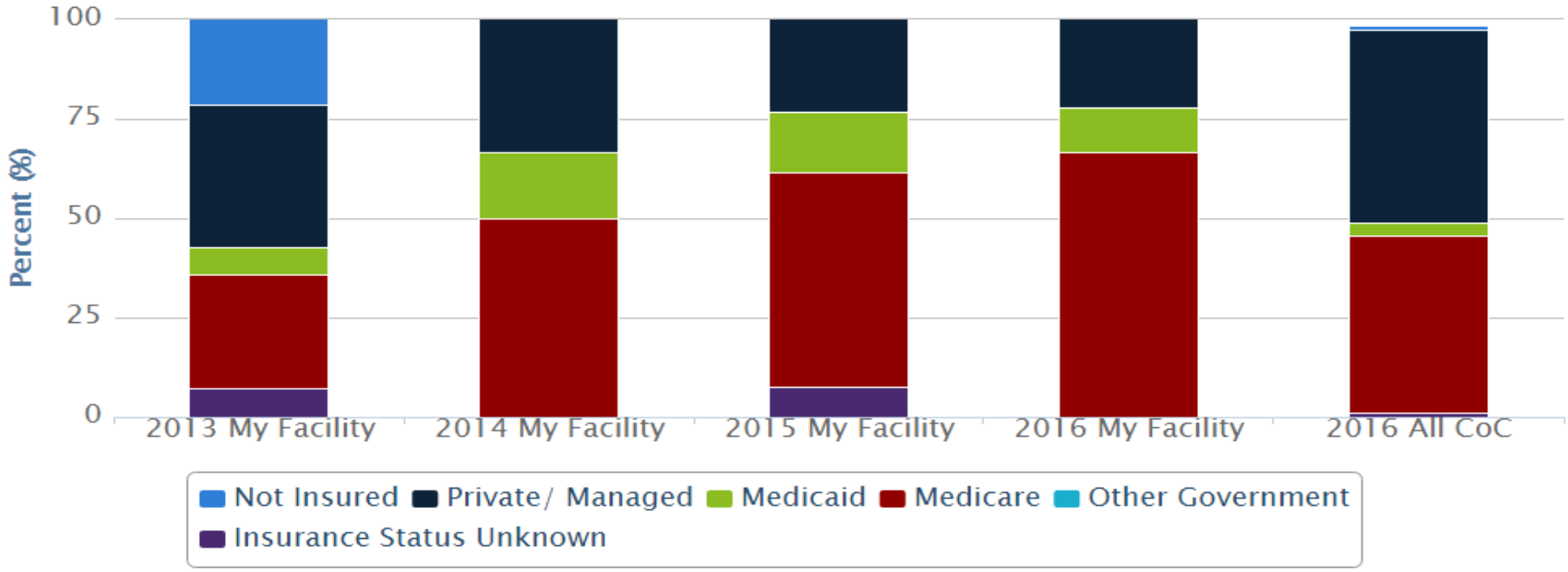
Insurance Status - Melanoma Cancer, 2013 - 2016
My Facility vs. All CoC



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

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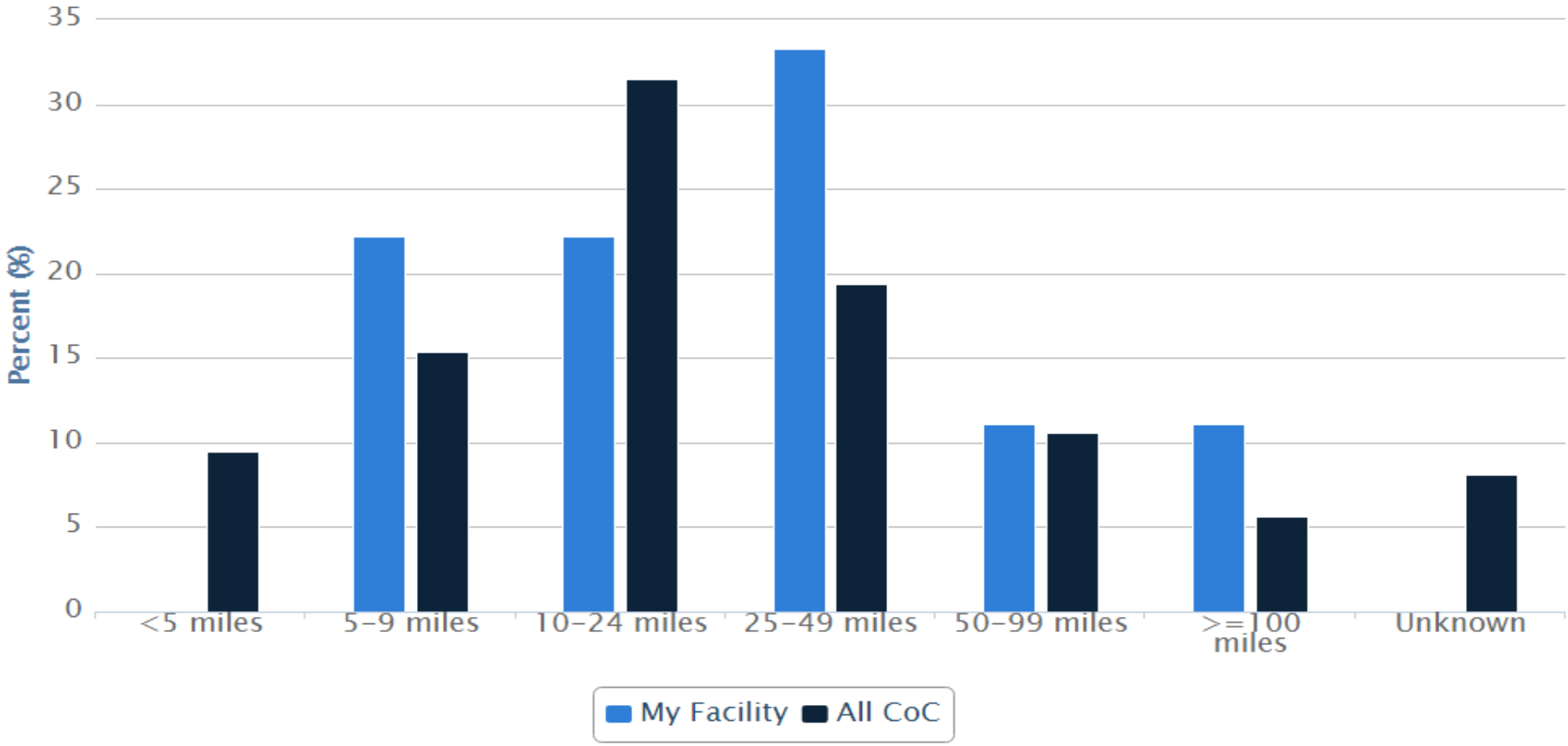
Distance Traveled - Melanoma Cancer, 2016 - My Facility



	<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)

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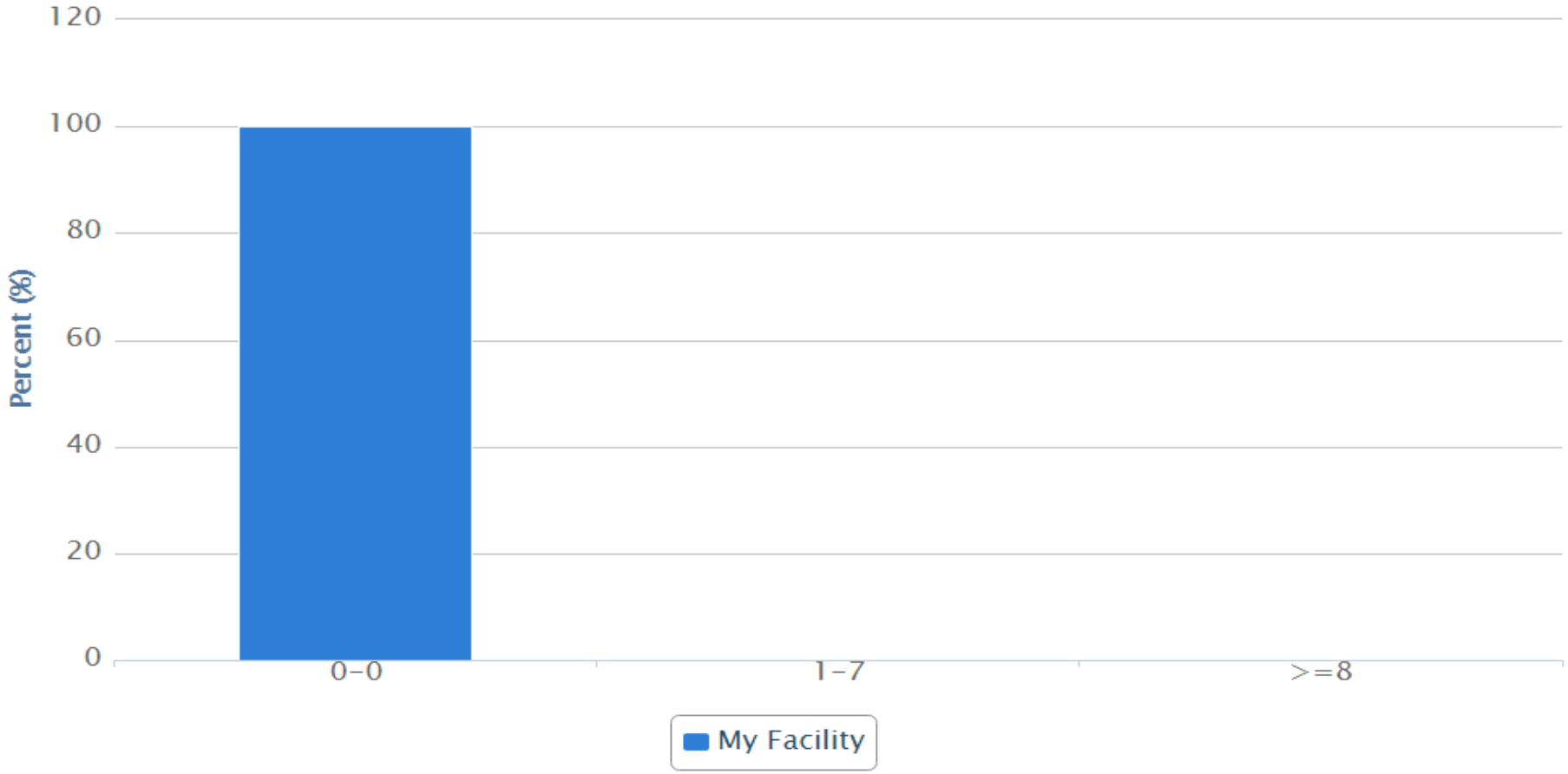
Days to First Treatment Tertile Melanoma Cancer: Cases Diagnosed and Treated at My Facility, 2016



	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.

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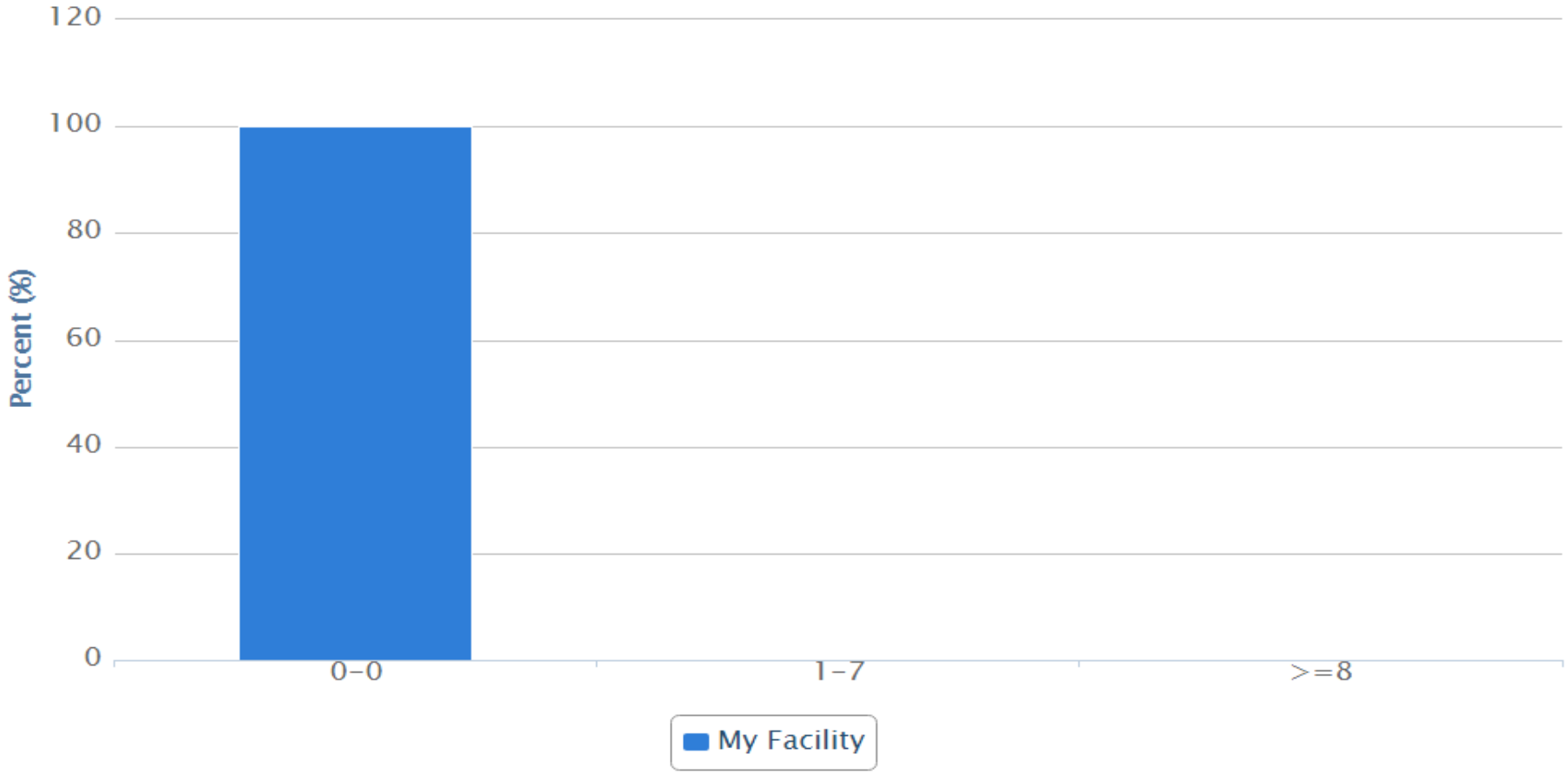
Days to First Treatment Tertile Melanoma Cancer: Cases Diagnosed at My Facility or Elsewhere; Treated at My Facility, 2016



	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.

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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

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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

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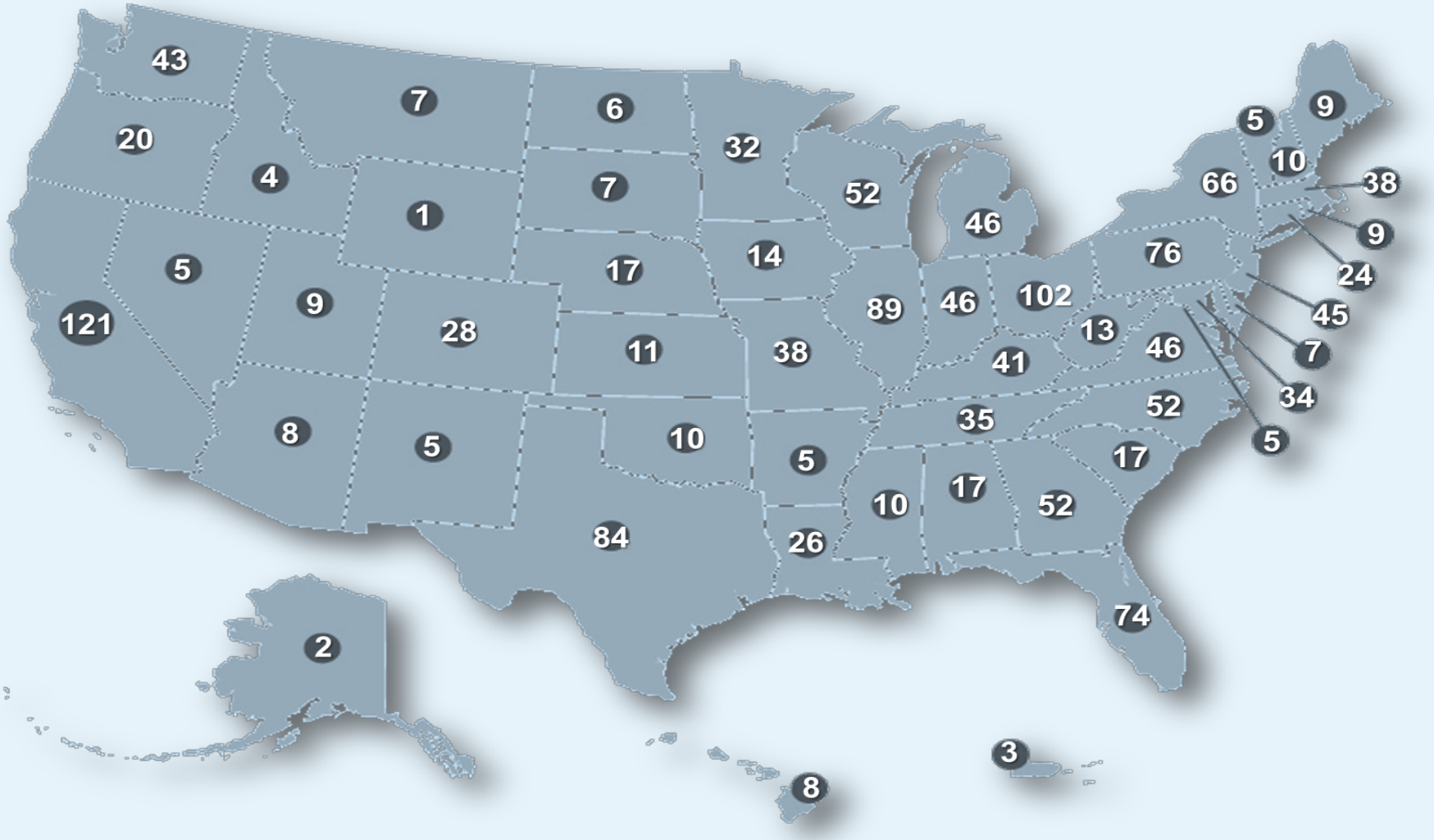
Commission on Cancer - Accredited Programs By State



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Role of the Cancer Liaison Physician (CLP)

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

- Accountability Measures
- Quality Improvement Measures
- Surveillance Measures
- Survival Reports
- Cancer Program Profile Practice Reports (CP3R)
- Cancer Quality Improvement Program (CQIP)
- Hospital Comparison Benchmark Reports (HCBM)
- Rapid Quality Reporting System (RQRS)

Standard 4.3 *Role of the Cancer Liaison Physician - A Cancer Liaison Physician serves in a leadership role within the cancer program, and is responsible for evaluating, interpreting and reporting the program's performance using the National Cancer 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

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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)

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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)

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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.

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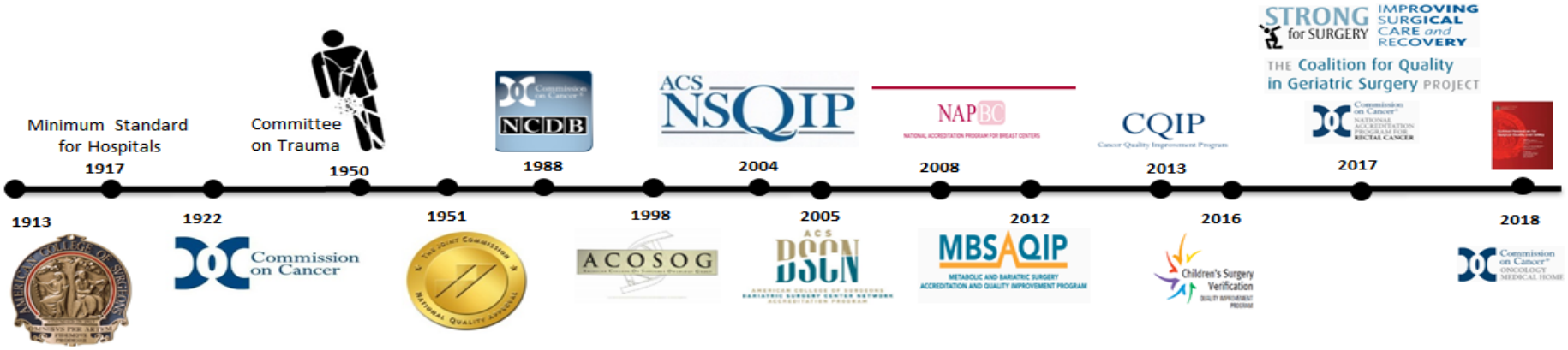
American College of Surgeons: 100+ Years of Quality Improvement



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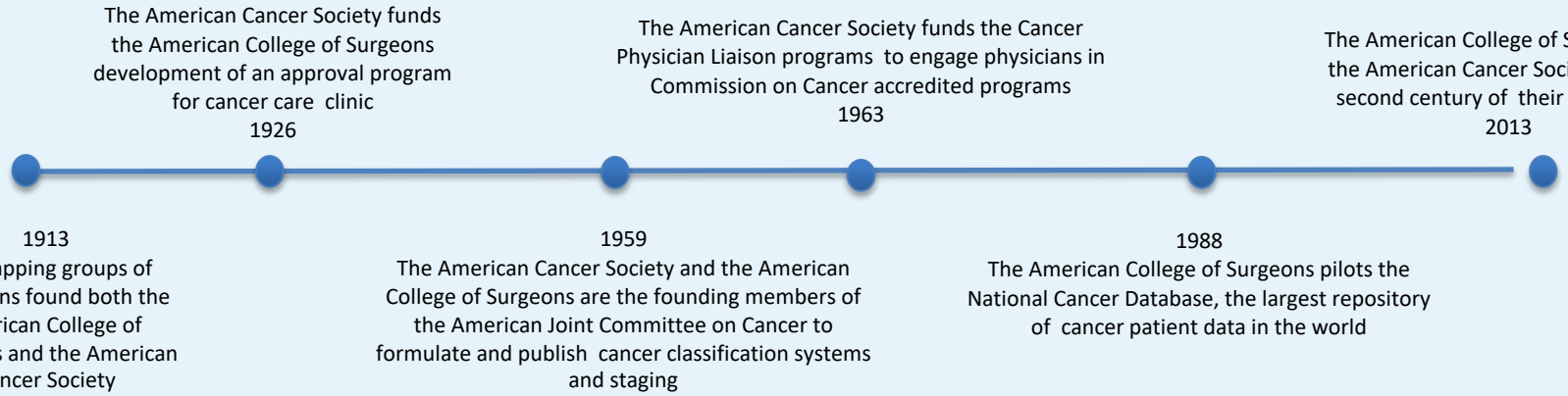
The American College of Surgeons
and
The American Cancer Society

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 Cancer Society®

American College of Surgeons
Inspiring Quality: Highest Standards, Better Outcomes
100+years

CQIP
Cancer Quality Improvement Program

Commission on Cancer®

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Acknowledgements

American College of Surgeons

Commission on Cancer

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Heidi Nelson, MD, FACS, Medical Director, Cancer Programs
Connie Bura, Administrative Director, Cancer Programs

Commission on Cancer

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M. Kathleen Christian, MD, FACS, Vice-Chair

Advocacy

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

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Nominating Committee

Daniel P. McKellar, MD, FACS**, Chair**

Quality Integration

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

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CQIP

Cancer Quality Improvement Program

Commission on Cancer
www.facs.org/quality-programs/cancer/coc
312-202-5085

CQIP
www.facs.org/quality-programs/cancer/ncdb/qualitytools/cqip

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