

Quality Measures Cancer Program Practice Profile Reports (CP3R)

Lynn Cancer Institute (LCI) Cancer Committee ensures that patients at our facility are treated according to the national guidelines set forth by the Commission on Cancer (COC). Compliance to these guidelines are measured by the use of quality reporting tools such as Cancer Program Practice Profile Report (CP3R). LCI meets and often exceeds the requirements set forth by the Commission on Cancer.

LCI will continue to measure compliance by utilizing quality reporting tools to ensure guidelines are met or exceeded in the coming years.

- * Radiation Therapy following Mastectomy (MASTRT) for the Lynn Cancer Institute (LCI) is slightly under the recommended performance rate due to a single patient who received treatment beyond the required 356 days. The delay resulted from a discovery of an additional cancer site that required immediate treatment prior to completing the initial scheduled course of treatment to the primary cancer site.
- ** Postoperative Chemo and radiation therapy (RECRTCT) for the Lynn Cancer Institute(LCI) is below the recommended performance rate due to a single patient who received chemo & radiation prior to surgery as a precautionary measure. Decision made to shrink size of tumor to alleviate obstruction prior to surgery.

The Cancer Committee reviewed both cases and acknowledgment of adhering to the required guidelines was noted.

Timeline 2012-2014

Timeline 2013-2015

CP3R Quality Measures	Measure	CoC Std / %	2012	2013	2014	CP3R Quality Measures	Measure	CoC Std / %	2013	2014	2015
Radiation therapy is recommended or administered following any mastectomy (MASTRT) within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes. BREAST	MASTRT	4.4 / 90%	100.00	85.70*	100.00	Radiation therapy is recommended or administered following any mastectomy (MASTRT) within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes. BREAST	MASTRT	4.4 / 90%	85.70*	100.00	90.00
At least 12 regional lymph nodes (12RLN) are removed and pathologically examined for resected colon cancer. COLON	12RLN	4.5 / 85%	96.40	97.50	96.60	At least 12 regional lymph nodes (12RLN) are removed and pathologically examined for resected colon cancer. COLON	12RLN	4.5 / 85%	97.50	96.60	92.50
Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-1N0 with pathologic AJCC T3N0, T4N0 or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer (Quality Improvement). RECTUM	RECRTCT	4.5 / 85%	100.00	100.00	100.00	Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-1N0 with pathologic AJCC T3N0, T4N0 or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer (Quality Improvement). RECTUM	RECRTCT	4.5 / 85%	100.00	100.00	100.00
Systemic Chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node Positive (pN1) and (pN2) NSCLC (Quality Improvement). LUNG	LCT	4.5 / 85%	100.00	87.50	90.90	Systemic Chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node Positive (pN1) and (pN2) NSCLC (Quality Improvement). LUNG	ьст	4.5 / 85%	87.50	90.90	100.00
Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement). LUNG	LNoSurg	4.5 / 85%	100.00	100.00	95.50	Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement). LUNG	LNoSurg	4.5 / 85%	100.00	95.50	92.30

Timeline 2013-2015

Timeline 2014-2016

CP3R Quality Measures	Measure	CoC Std /%	2013	2014	2015	CP3R Quality Measures	Measure	CoC Std /	2014	2015	2016
Image or palpation-guided needle biopsy (nBx - core or FNA) of the primary site is performed to establish diagnosis of breast cancer. BREAST	nBx	4.5 / 80%	93.00	94.90	94.30	Image or palpation-guided needle biopsy (nBx - core or FNA) of the primary site is performed to establish diagnosis of breast cancer. BREAST	nBx	4.5 / 80%	94.90	94.30	94.30
Tamoxifen (HT- Hormone Therapy) or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer. BREAST	нт	4.4 / 90%	92.30	95.20	90.50	Tamoxifen (HT- Hormone Therapy) or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer. BREAST	нт	4.4 / 90%	95.20	90.50	90.50
Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery (BCSRT) for breast cancer. BREAST	BCSRT	4.4 / 90%	95.30	95.40	90.70	Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery (BCSRT) for breast cancer. BREAST	BCSRT	4.4 / 90%	95.40	90.70	92.20

Timeline 2013-2015

Timeline 2014-2016

CP3R Quality Measures	Measure	CoC Std / %	2013	2014	2015	CP3R Quality Measures	Measure	CoC Std / %	2014	2015	2016
Radiation therapy is recommended or administered following any mastectomy (MASTRT) within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes. BREAST	MASTRT	4.4 / 90%	85.70*	100.00	90.00	Radiation therapy is recommended or administered following any mastectomy (MASTRT) within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes. BREAST	MASTRT	4.4 / 90%	100.00	90.00	90.00
At least 12 regional lymph nodes (12RLN) are removed and pathologically examined for resected colon cancer. COLON	12RLN	4.5 / 85%	97.50	96.60	92.50	At least 12 regional lymph nodes (12RLN) are removed and pathologically examined for resected colon cancer. COLON	12RLN	4.5 / 85%	96.60	92.500	93.50
Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-1N0 with pathologic AJCC T3N0, T4N0 or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer (Quality Improvement). RECTUM	RECRTCT	4.5 / 85%	100.00	100.00	100.00	Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0 or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer (Quality Improvement). RECTUM	RECRTCT	4.5 / 85%	100.00	100.00	75.00**
Systemic Chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node Positive (pN1) and (pN2) NSCLC (Quality Improvement). LUNG	LCT	4.5 / 85%	87.50	90.90	100.00	Systemic Chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node Positive (pN1) and (pN2) NSCLC (Quality Improvement).	LCT	4.5 / 85%	90.90	100.00	100.00
Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement). LUNG	LNoSurg	4.5 / 85%	100.00	95.50	92.30	Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement). LUNG	LNoSurg	4.5 / 85%	95.50	92.30	100.00