

Cancer Program
Practice Profiles (CP³R)
Stage III Colon Cancer

Improving the Quality of
Cancer Care at CoC-Approved
Cancer Programs



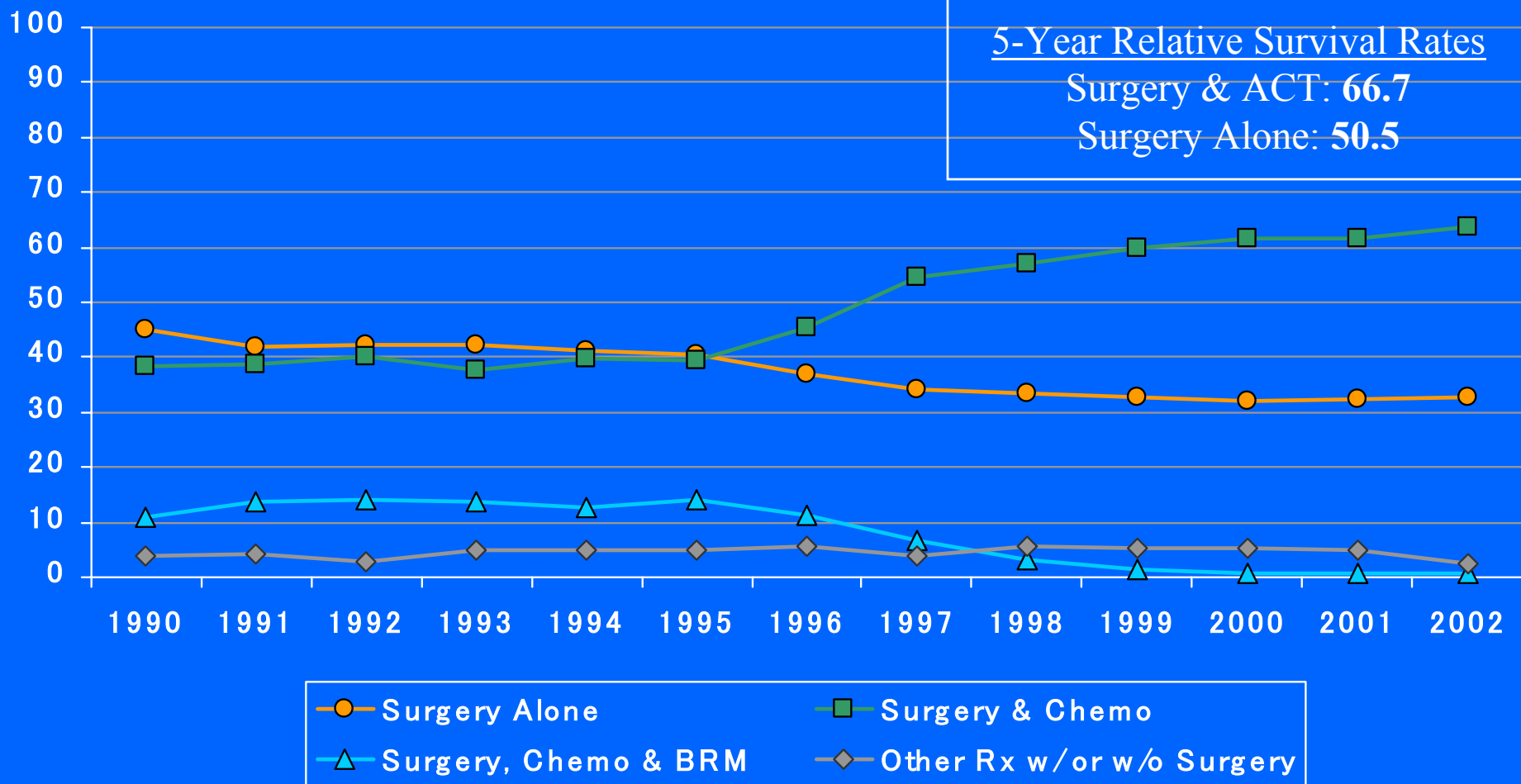
Registries as Tools To Assess the Quality of Cancer Care

- Chemotherapy in hospital-based registries is under-reported (Wingo et al, 2001)
- Cancer registries provide the infrastructure for collecting data on the quality of care (Malin et al, 2002)
- Enhanced data on ACT in population based registries could become a valuable source for monitoring the quality of care (Ayanian et al, 2003)
- Enhanced registry data could be a valuable component of population based data systems for assessing quality of care (Cress et al, 2003)

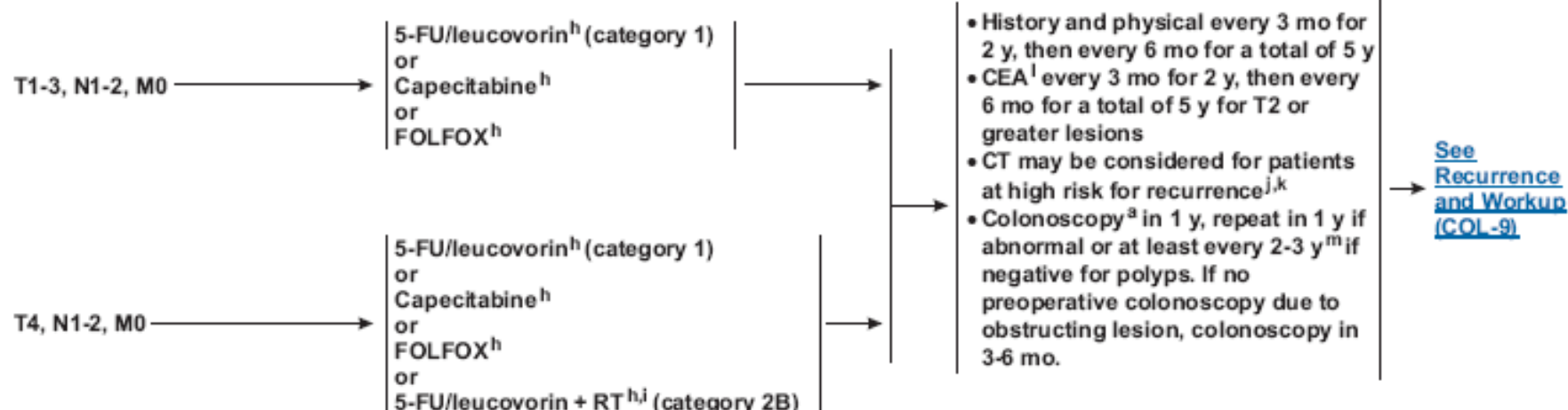
Criteria for Selecting Quality Care Measure

- Evidence based
- Commonly occurs in approved programs
- Logical to providers and programs
- Aspect of care that can be improved by providers and programs
- Evaluation from existing sources

Treatment Modality Reported for Stage III Colon Cancers: 1990 - 2002



PATHOLOGIC STAGE

ADJUVANT THERAPY^fSURVEILLANCE^{j,k}

FOLFOX - Infusional 5-FU/leucovorin/oxaliplatin

^aAll patients with colon cancer should be counseled for family history. Patients with suspected hereditary non-polyposis colon cancer (HNPCC), familial adenomatous polyposis (FAP) and attenuated FAP see the [NCCN Colorectal Screening Guidelines](#).

^fThere are insufficient data to recommend the use of molecular markers to determine adjuvant therapy.

^hSee [Principles of Adjuvant Therapy \(COL-D\)](#).

ⁱSee [Principles of Radiation Therapy \(COL-E\)](#).

^jPfister DG, Benson AB & Somerfield MR. Surveillance strategies after curative treatment of colorectal cancer. N Engl J Med 2004;350:2375-82.

^kCT scan may be useful for patients at high risk for recurrence (eg, perineural or venous invasion of tumor or poorly differentiated tumors).

^lIf patient a potential candidate for further intervention.

^mThe incidence of second primary colorectal cancers was found to be higher than the general population in patients with a history of adenomatous polyps. Green RJ, Mellay JP, Probert K, et al. Surveillance for second primary colorectal cancer after adjuvant chemotherapy: an analysis of intergroup 0089. Ann Intern Med 2002;136:261-269.

Note: All recommendations are category 2A unless otherwise indicated.

Clinical Trials: NCCN believes that the best management of any cancer patient is in a clinical trial. Participation in clinical trials is especially encouraged.

Design: Identifying Reported Stage III Colon Cancers

- Diagnosis Years: 1998 – 2002
- Number of eligible cases = 57,258
- Mean # cases per diagnosis year \approx 11,900
- Number of CoC-Approved programs = 1,353
Mean # of cases per program \approx 10

Patients <70 years of age at diagnosis: 46.8%

Male patients: 47.4%

Mean age of patients: 67.2 (m), 70.3 (f)

Design: Registry Codes Indicating Concordance

FORDS Code	Definition
01	Chemotherapy administered as first course therapy, but the type and number of agents is not documented in patient record.
02	Single-agent chemotherapy administered as first course therapy.
03	Multi-agent chemotherapy administered as first course therapy.
82	Chemotherapy was not recommended/administered because it was contraindicated due to patient risk factors (ie, comorbid conditions, advanced age).
85	Chemotherapy was not administered because the patient died prior to planned or recommended therapy.
86	Chemotherapy was not administered. It was recommended by the patient's physician, but was not administered as part of the first course of therapy. No reason was stated in patient record.
87	Chemotherapy was not administered. It was recommended by the patient's physician, but this treatment was refused by the patient, a patient's family member, or the patient's guardian. The refusal was noted in patient record.
88	Chemotherapy was recommended, but it is unknown if it was administered.

Project Hypotheses

- H_0 : Cancer registry treatment data are complete
- H_0 : Surveyors reviewing the study at survey will not impact reporting and measurement
- H_0 : No variation between CoC programs in regard to standards of care for cancer patients

Surveyor/Intervention Preparation

- Establish their role as a facilitator
- Complete evaluation of “intervention” within 2 weeks
- CDROM:
 - Copies of Background Presentations
 - PowerPoint Presentations
 - Surveyor Guidelines for Interacting with Cancer Programs
- One-on-One Primers with NCDB staff:
 - Every surveyor prior to their first presentation of the *CP³R*.



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American College of Surgeons



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- [Members Only](#)
- [Table of Contents](#)
- [Search This Site](#)
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NCDB Data Transmission

- [Submit/Resubmit Patient Level Data to the NCDB](#)
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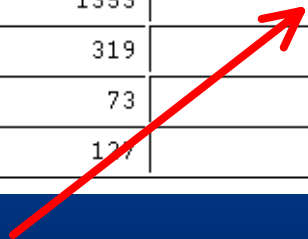
NCDB Statistics

- [Diagnosis and Treatment Comparisons](#)
- [Cancer Program Practice Profile Reports: Stage III Colon Cancer](#)

Ranking Table

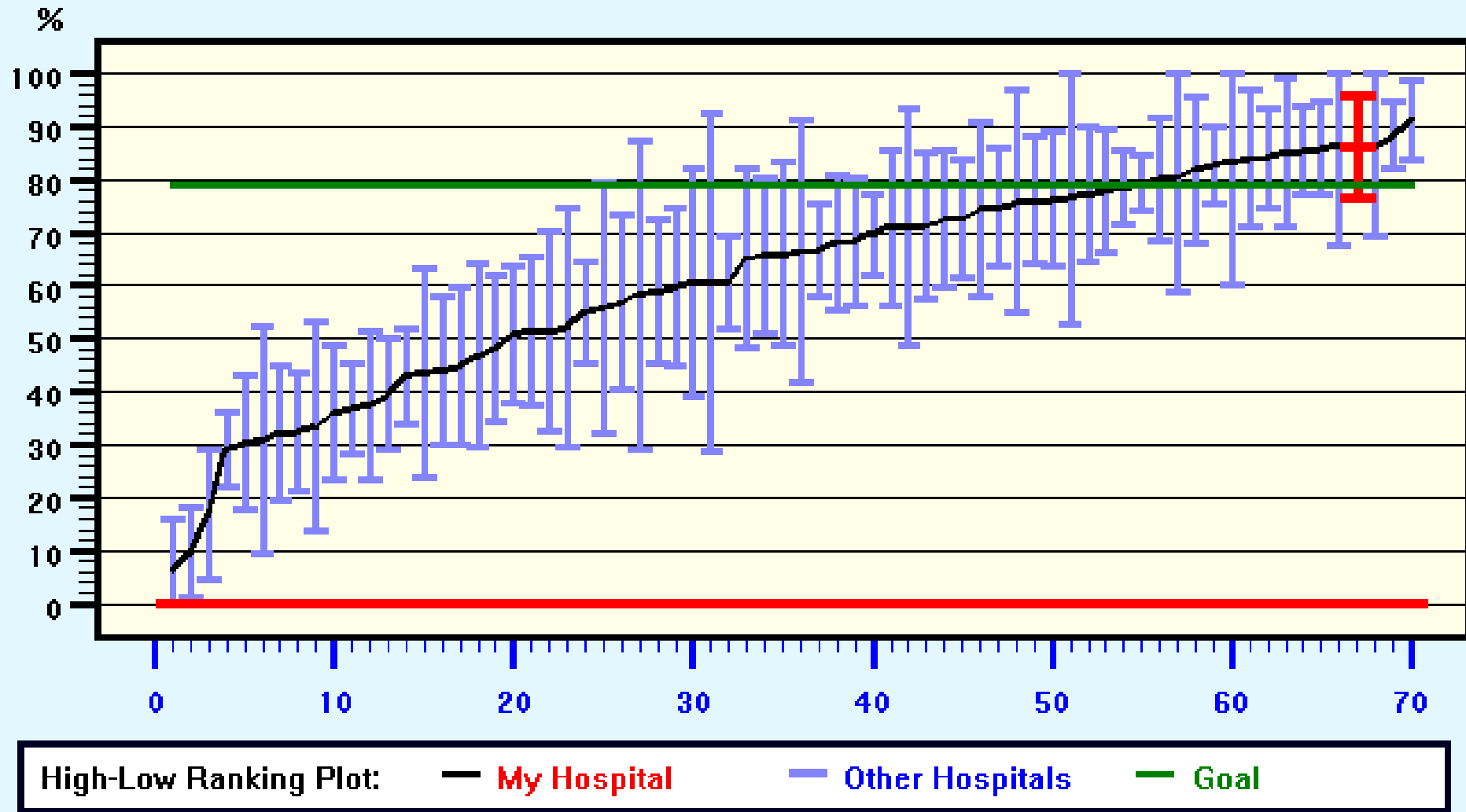
Stage III Colon Cancers by First Course Therapy
 NCDB Demo Facility - CA, Los Angeles, CA - 20000021

COMPARISON GROUP	HOSPITALS IN GROUP	QUARTILE RANK			ORDINAL RANK		
		Surgery & ACT	Surgery Alone	Other Specified Rx	Surgery & ACT	Surgery Alone	Other Specified Rx
US	1353	1	4	2	155	1180	510
Category	319	1	4	2	39	273	107
State	73	1	4	2	4	71	19
ACS Division	127	1	4	2	12	119	36



Surgery & ACT Treatment Ranking at State Level

Weighted Average of Stage III Colon Cancers Receiving Surgery & ACT
NCDB Demo Facility - CA, Los Angeles, CA - 20000021



Hospital Comparison Table

Stage III Colon Cancers by First Course Therapy

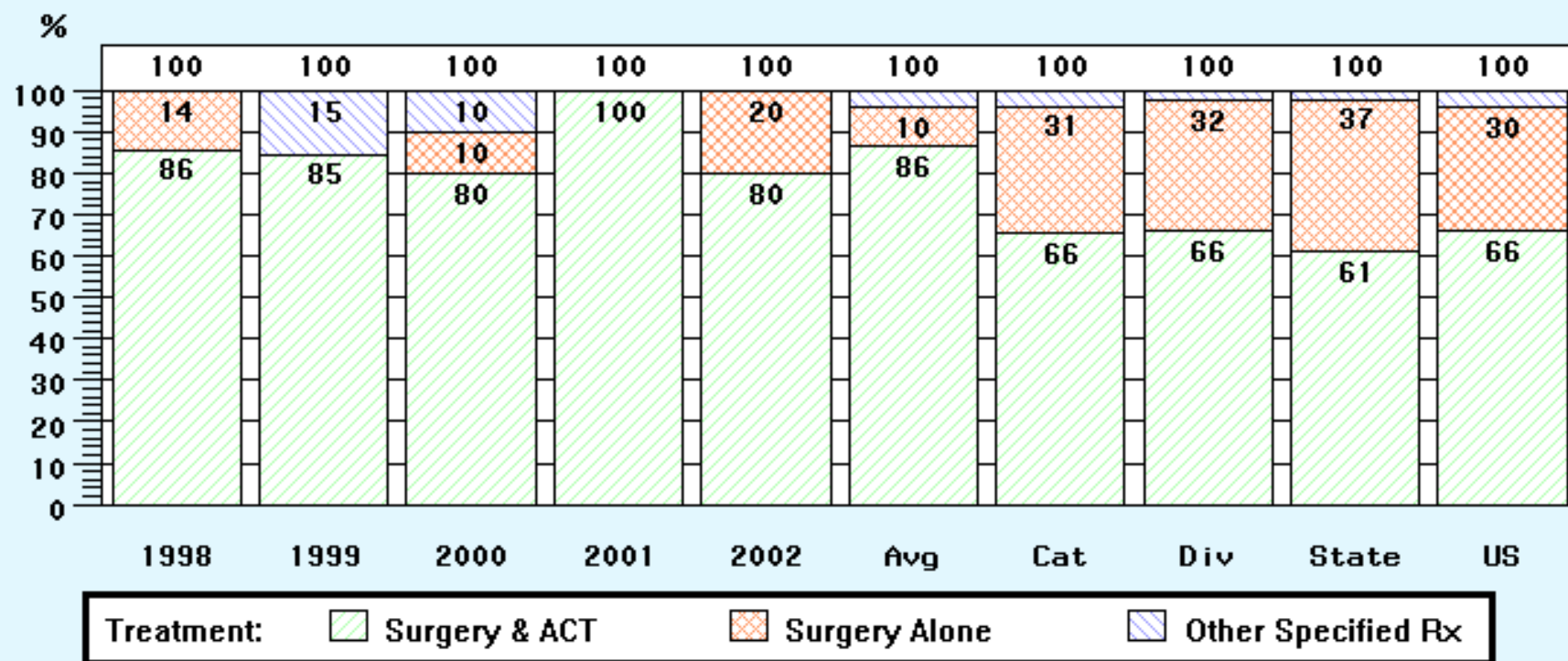
NCDB Demo Facility - CA, Los Angeles, CA - 20000021

	FIRST COURSE THERAPY												TOTAL
	SURGERY & ACT				SURGERY ALONE				OTHER SPECIFIED Rx				
	cases		95% CI		cases		95% CI		cases		95% CI		
	n	wt%	Lower	Upper	n	wt%	Lower	Upper	n	wt%	Lower	Upper	
WHO?													
My Hospital	42	86.33	76.71	95.95	4	9.62	1.36	17.87	3	4.05	0.00	9.57	49
Hosp. in My State	2102	61.12	59.49	62.75	1252	36.69	35.08	38.30	89	2.19	1.70	2.68	3443
Hosp. in My ACS Div.	3982	66.03	64.84	67.22	1913	31.55	30.38	32.72	175	2.42	2.03	2.80	6070
Hosp. in My Category	10880	65.53	64.81	66.25	5204	30.68	29.98	31.37	737	3.79	3.50	4.08	16821
All Hosp. in US	37231	65.91	65.52	66.30	17329	30.06	29.69	30.44	2678	4.03	3.87	4.19	57238

NCDB, CoC, ACoS. / Colon Cancer Reports v1.0 / January 26, 2005

Comparison Chart

Stage III Colon Cancers by First Course Therapy
 NCDB Demo Facility - CA, Los Angeles, CA - 20000021



NCDB, CoC, ACoS. / Colon Cancer Reports v1.0 / January 26, 2005

Case Reporting Table

Reported Colon Cancers by Year and First Course Therapy

NCDB Demo Facility - CA, Los Angeles, CA - 20000021

Dx Year	REPORTED COLON CASES	REPORTED STAGE III CASES		FIRST COURSE THERAPY						STAGE III CASES OVER 70 YEARS OF AGE	
				Surgery & ACT		Surgery Alone		Other Specified Rx			
	n	n	%	n	%	n	%	n	%	n	%
1998	29	7	24.14	6	85.71	1	14.29	0	0.00	4	57.14
1999	41	13	31.71	11	84.62	0	0.00	2	15.38	5	38.46
2000	24	10	41.67	8	80.00	1	10.00	1	10.00	3	30.00
2001	32	9	28.13	9	100.00	0	0.00	0	0.00	5	55.56
2002	36	10	27.78	8	80.00	2	20.00	0	0.00	5	50.00

Click a year to modify: [1998](#) [1999](#) [2000](#) [2001](#) [2002](#)

NCDB Demo Facility - CA, Los Angeles, CA

[Edit 2000 Data](#)

List Cases for: [1998](#) [1999](#) [2000](#) [2001](#) [2002](#) | [Return to Report](#) | [Return to CP³R Home Page](#)

Modify Record	Accession Number	Diag. Date	Sex	Birth Date	Surgery Of Primary Site	Chemo-therapy	Immuno-therapy	Hormone Therapy	Radiation Therapy	Other Treatment	Censor This Case?
edit 1	200000007	8/11/2000	M	7/23/1938	30	0	0	0	0	0	0

Move mouse pointer over [codes](#) for coding info.
Click Submit button to replace current value(s).

[codes](#)

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CHEMOTHERAPY:

- 0 None, chemotherapy was not part of the planned first course of therapy; not customary therapy for this cancer.
- 1 Chemotherapy administered as first course therapy, but the type and number of agents is not documented in patient record.
- 2 Single-agent chemotherapy administered as first course therapy.
- 3 Multi-agent chemotherapy administered as first course therapy.
- 82 Chemotherapy was not recommended/administered because it was contraindicated due to patient risk factors (i.e., comorbid conditions, advanced age).
- 85 Chemotherapy was not administered because the patient died prior to planned or recommended therapy.
- 86 Chemotherapy was not administered. It was recommended by the patient's physician, but was not administered as part of the first course of therapy. No reason was stated in patient record.
- 87 Chemotherapy was not administered. It was recommended by the patient's physician, but this treatment was refused by the patient, a patient's family member, or the patient's guardian. The refusal was noted in patient record.
- 88 Chemotherapy was recommended, but it is unknown if it was administered.
- 99 It is unknown whether a chemotherapeutic agent(s) was recommended or administered because it is not stated in patient record. Death certificate only.

edit 2	200000010	5/15/2000	M	10/21/1927	50	2	0	0	20	0	0
edit 3	200000043	5/11/2000	F	6/30/1949	30	2	0	0	0	0	0
edit 4	200000044	7/14/2000	M	11/ 3/1925	40	2	0	0	0	0	0
edit 5	200000046	9/ 7/2000	F	12/13/1930	30	2	0	0	0	0	0
edit 6	200000051	11/ 6/2000	F	11/30/1949	40	2	0	0	0	0	0
edit 7	200000140	5/16/2000	M	8/23/1934	40	87	0	0	0	0	0

Early Assessment of Local Registry Data Reconciliation Activity

■ Chemotherapy:

1324/1721 (77%) cases changed coded values:

“none” or “unknown”

to either:

“administered” or “not administered for medical reasons”

- (42%) Chemotherapy Administered
- (28%) Not Administered: Comorbid Conditions (85% cases >75)
- (11%) Not Administered: Patient Refused (60% cases >75)
- (9%) Not Administered: Patient Died (66% cases followed ≤2 months)

Survey Cycle / Evaluation Design

