

Opportunities for Assessment and Improvement in the Quality of Cancer Care in the US

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Disclosures

- None

ACS Cancer Programs

Cancer
PROGRAMS

AMERICAN COLLEGE OF SURGEONS

- Commission on Cancer
- NAPBC
- NAPRC
- NCDB
- AJCC
- ACS-CRP



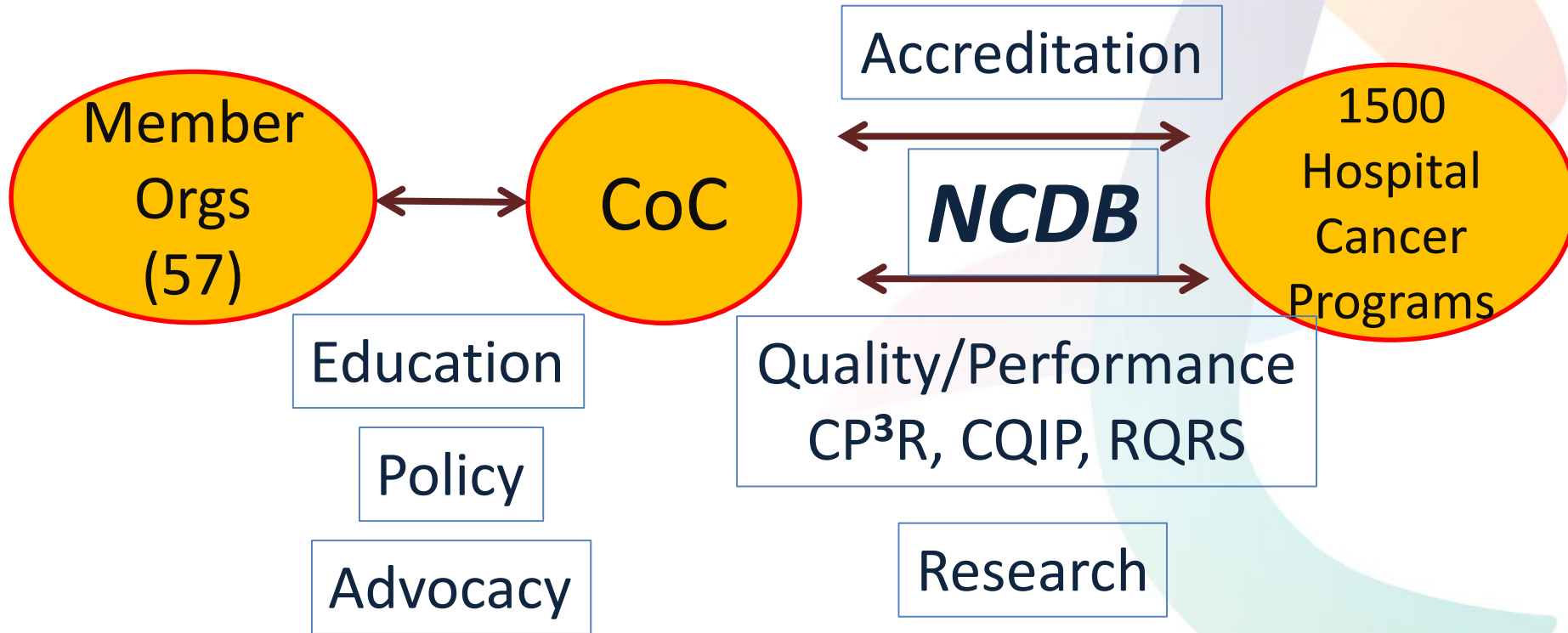
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Inspiring Quality
Highest Standards, Better Outcomes

100+ years

Commission on Cancer – Mission

The Commission on Cancer (CoC) is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care.

Commission on Cancer



Accreditation Standards Revision Principles

1. Results in the improvement of patient care – benefits cancer patients
2. Evidence based
3. Current
4. Clearly interpretable
5. Objectively verifiable by experienced site visit reviewers

Logistics of Revision Project

Five workgroups:

- Program Management
- Clinical Services
- Data and Registry
- Outcomes, Quality Improvement, and Outreach
- Operative Standards

Workgroups' composition have broad representation and include multidisciplinary participation

Revised Standards

- Drafts early 2019
- Public Comment in May 2019
- 2488 comments – 750 pages of comments
- Approved in July 2019
- Posted Oct 2019
- Effective January 2020

Covid-19 Pandemic

CoC Accreditation – Covid-19

- Care and usual operations disrupted in March 2020
- Programs variably affected – appropriately focused on cancer care delivery in context of pandemic – staff reductions
- Accreditation site visits suspended in Spring 2020
- Pilots to assess feasibility of virtual site visits
- Guidance on how do manage accreditation standards in context of pandemic

Data.....Data.....Data

- Medicine has been slow to measure what we do
- Without data you have no idea how you are really doing
- Without data you have less of an idea where the opportunities are for improvement
- Without data it is very hard to get people to change what they do (especially MDs)

“Facts are stubborn things, and whatever may be our wishes, our inclinations, or the dictums of our passions, they cannot alter the state of facts and evidence.”

.....John Adams

W. Edwards Deming

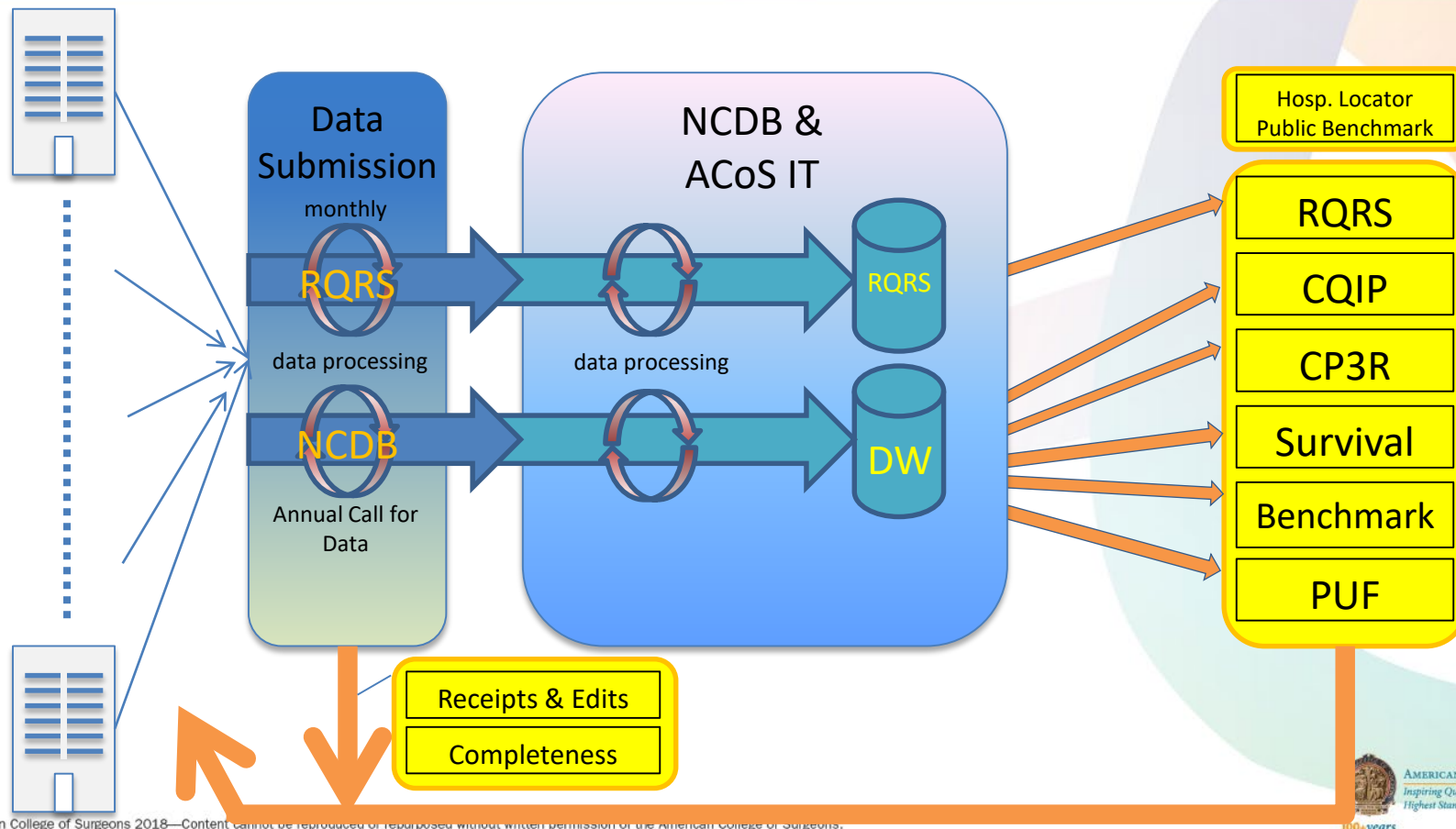
- If you don't know how to ask the right questions, you discover nothing
- Without data you are just another person with an opinion

'Data are not taken for museum purposes; they are taken as a basis for doing something. If nothing is to be done with the data, then there is no use in collecting any. The ultimate purpose of taking data is to provide a basis for action or a recommendation for action.'

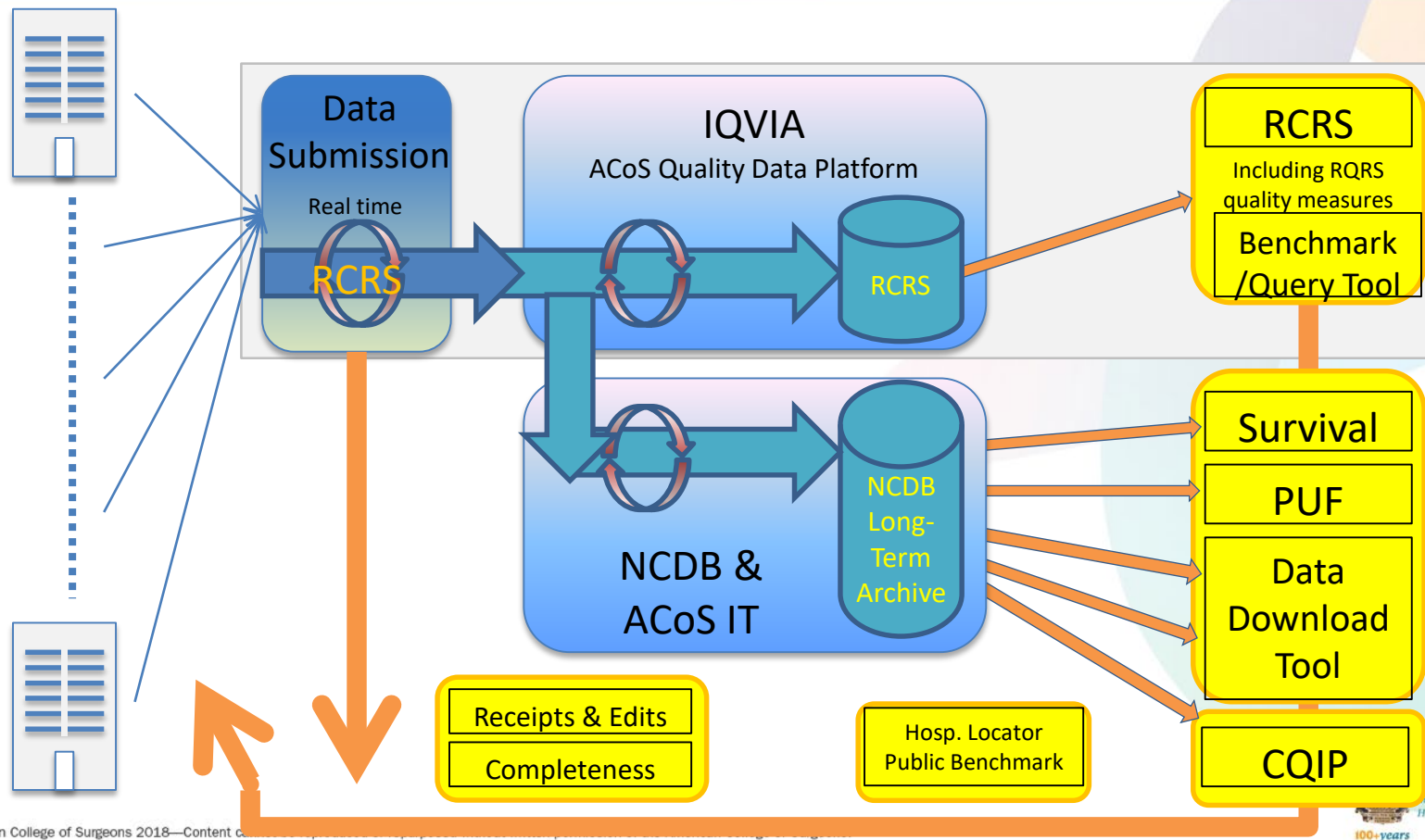
National Cancer Data Base – Mission

The NCDB, jointly sponsored by the American College of Surgeons and the American Cancer Society, is the preeminent multidisciplinary national clinical cancer registry system dedicated to **continuous quality improvement** for the evaluation, management and surveillance of cancer patients in the U.S. This mission is accomplished through our unique interface with providers at the **point of cancer care** at the **local community level**.

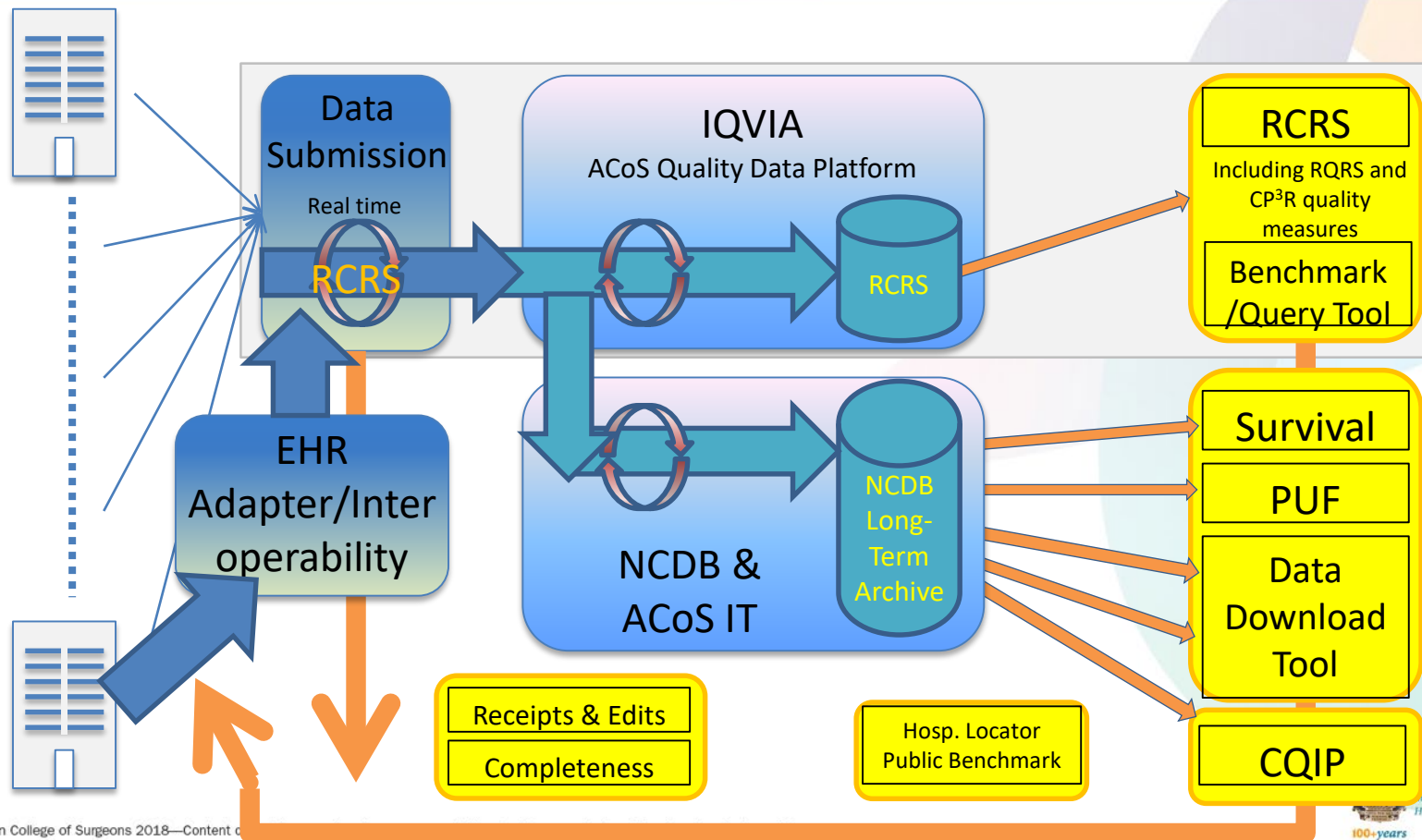
Current NCDB Infrastructure



RCRS Phase I – 2020



RCRS Phase II



Some thoughts about registry data.....

- STORES attempts to update data fields
- Need for additional data
 - Disease-free recurrence, cause of death
 - Systemic therapies
- Initiatives
 - Further reduction in required data elements
 - Can we add data fields “on the fly” – Covid
 - AJCC rolling updates



Cancer Program Practice Profile (CP³R) Estimated Performance Rates

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

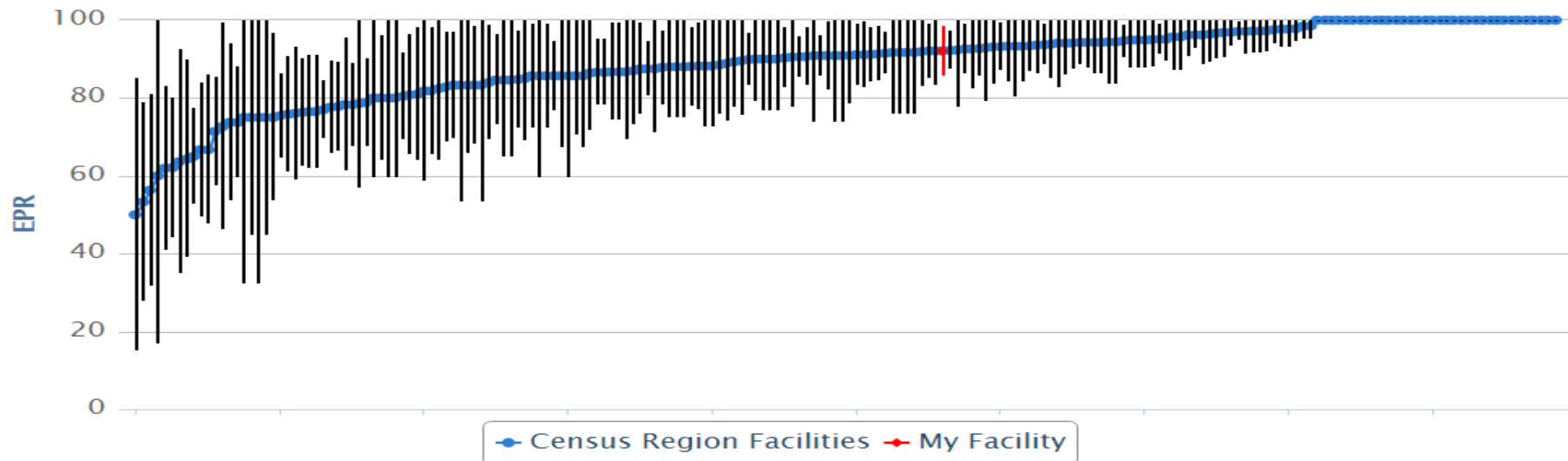
Extensive assessment and validation of the measures were performed using cancer registry data reported to the National Cancer Data Base (NCDB).

Disclaimer: All measures are designed to assess performance at the hospital or systems-level, and are not intended for application to individual physician performance.

Using the NCDB to Assess Quality Trends and Areas to Focus On

- Does compliance with a quality metric track with survival outcomes?
- If so – what does that mean?
- Colon cancer resection – removal and analysis of ≥ 12 regional lymph nodes

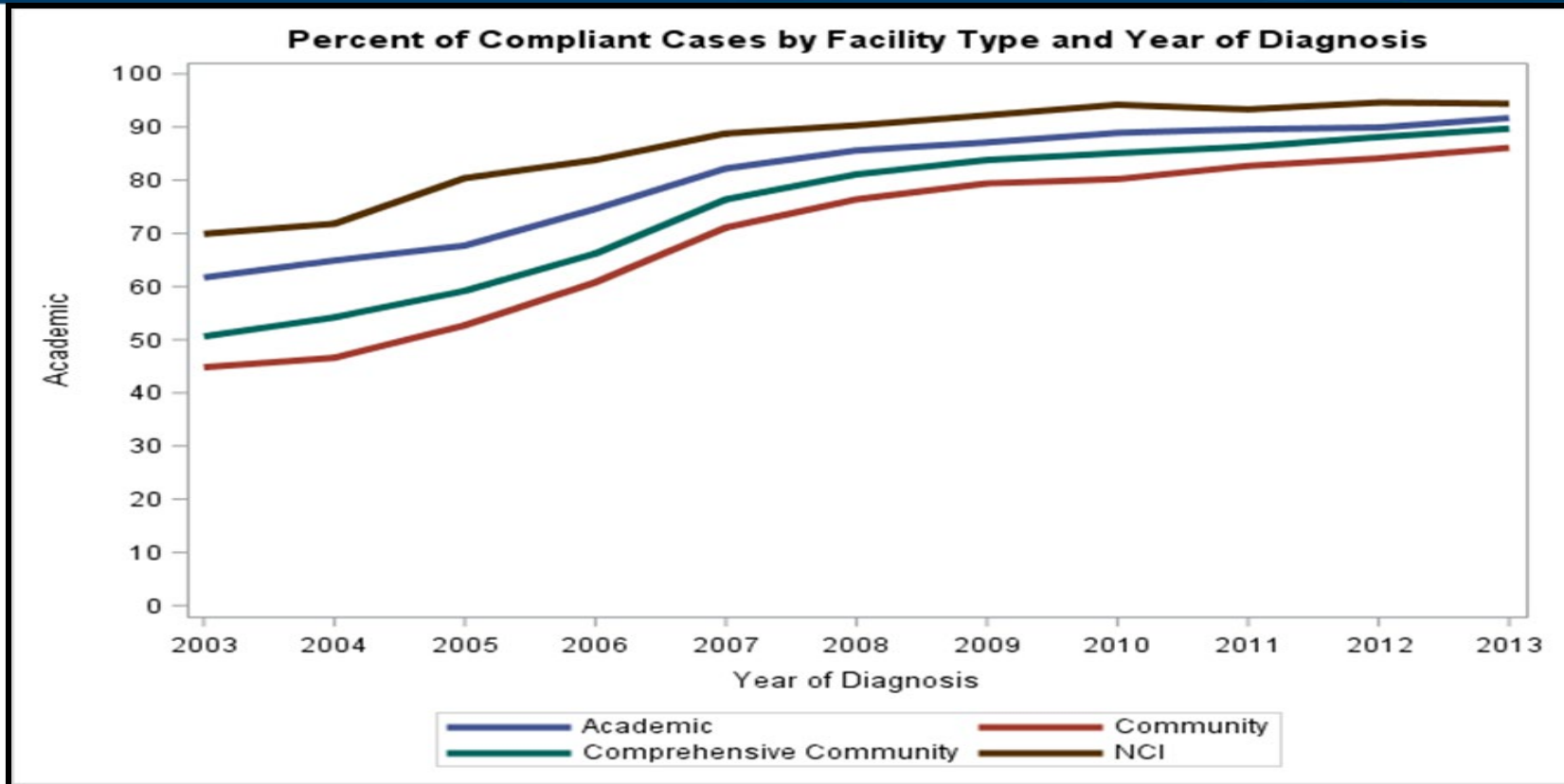
COLON, 2013, 12RL: At least 12 regional lymph nodes removed and pathologically examined for resected colon cancer (NQF 0225)



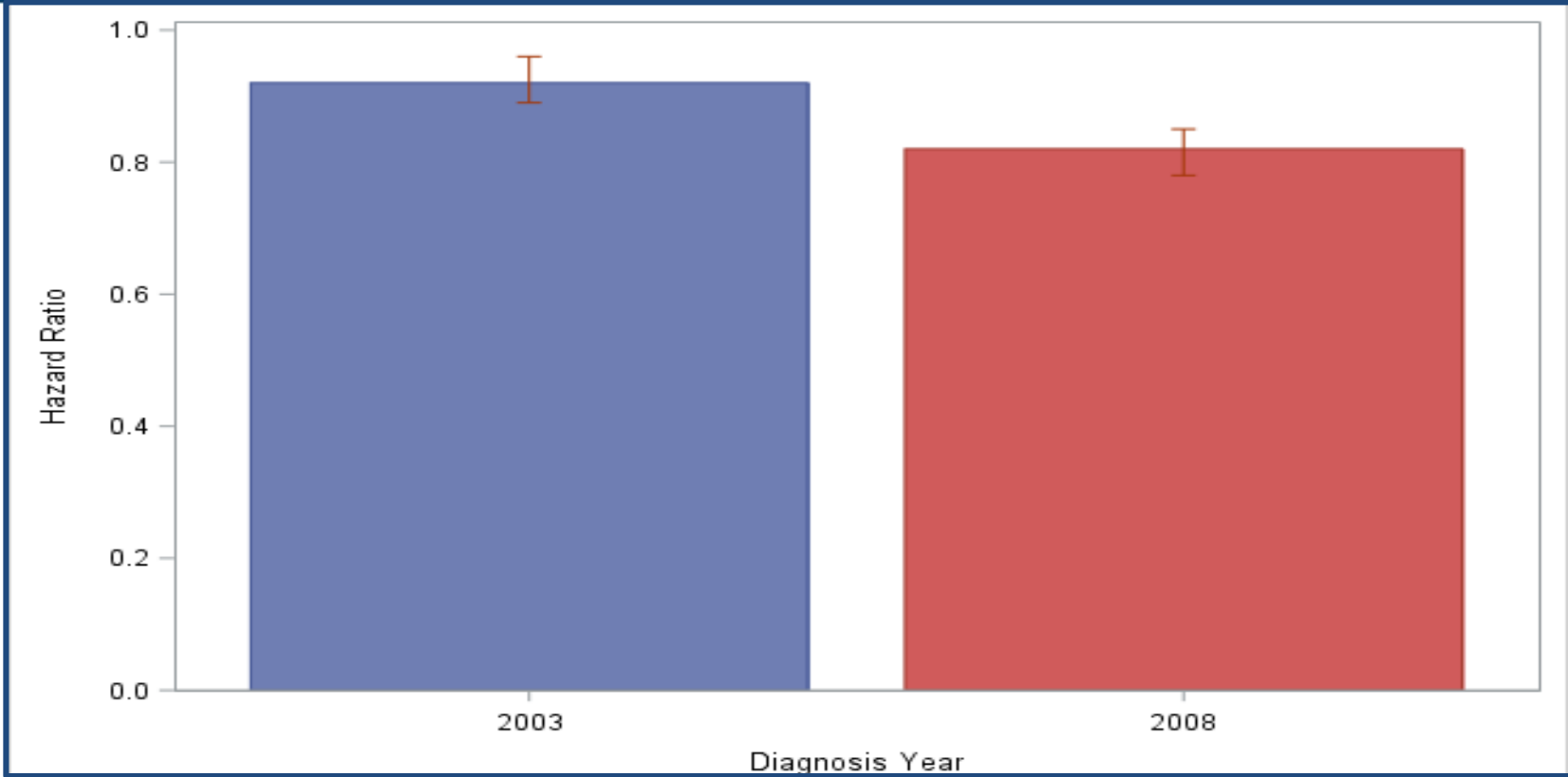
	My Program	My State (PA)	My Census Region (Middle Atlantic)	My ACS Division (East Central)	My CoC Program Type (ACAD)	All CoC Programs
Performance Rate	92.1 %	87.9 %	90 %	88.2 %	92.3 %	89.9 %
Denominator	76	2222	6184	4296	10526	40959
95 % CI	(86.0,98.2)	(86.5,89.3)	(89.3,90.7)	(87.2,89.2)	(91.8,92.8)	(89.6,90.2)

At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. (CP3R data as of 11/02/2015)

Colon Ca Resection - Compliance with 12+ nodes 2003-2013



Colon Ca Risk-adjusted survival 2003 and 2008 by compliance



Participant User File (PUF) Program

- Researchers from CoC accredited organizations can request data from NCDB to answer a specific question
- Results completely dependent on data submitted from hospital cancer registries
- This has been a phenomenally productive program –
THANK YOU

Using the National Cancer Database for Outcomes Research A Review

Daniel J. Boffa, MD; Joshua E. Rosen, BAsC; Katherine Mallin, PhD; Ashley Loomis, MPH; Greer Gay, PhD;
Bryan Palis, MA; Kathleen Thoburn, BA; Donna Gress, CTR; Daniel P. McKellar, MD; Lawrence N. Shulman, MD;
Matthew A. Facktor, MD; David P. Winchester, MD

Neoadjuvant Therapy Followed by Resection Versus Upfront Resection for Resectable Pancreatic Cancer: A Propensity Score Matched Analysis

Ali A. Mokdad, Rebecca M. Minter, Hong Zhu, Mathew M. Augustine, Matthew R. Porembka, Sam C. Wang, Adam C. Yopp, John C. Mansour, Michael A. Choti, and Patricio M. Polanco

A B S T R A C T

Purpose

To compare overall survival between patients who received neoadjuvant therapy (NAT) followed by resection and those who received upfront resection (UR)—as well as a subgroup of UR patients who also received adjuvant therapy—for early-stage resectable pancreatic adenocarcinoma.

Patients and Methods

Adult patients with resected, clinical stage I or II adenocarcinoma of the head of the pancreas were identified in the National Cancer Database from 2006 to 2012. Patients who underwent NAT fol-

No Survival Difference with Neoadjuvant Chemoradiotherapy Compared with Chemotherapy in Resectable Esophageal and Gastroesophageal Junction Adenocarcinoma: Results from the National Cancer Data Base



Eisar Al-Sukhni, MD, MSc, Emmanuel Gabriel, MD, PhD, Kristopher Attwood, PhD, Moshim Kukar, MD, Steven J Nurkin, MD, MS, FACS, Steven N Hochwald, MD, FACS

Cancer
PROGRAMS

AMERICAN COLLEGE OF SURGEONS

Reliability of the American College of Surgeons Commission on Cancer's Quality of Care Measures for Hospital and Surgeon Profiling



Jason B Liu, MD, Kristopher M Huffman, MS, Bryan E Palis, MA, Lawrence N Shulman, MD, David P Winchester, MD, FACS, Clifford Y Ko, MD, MS, MSHS, FACS, Bruce L Hall, MD, PhD, MBA, FACS

JAMA Oncology | **Original Investigation**

Overall Survival Following Neoadjuvant Chemotherapy vs Primary Cytoreductive Surgery in Women With Epithelial Ovarian Cancer Analysis of the National Cancer Database

J. Alejandro Rauh-Hain, MD; Alexander Melamed, MD, MPH; Alexi Wright, MD, MPH; Allison Gockley, MD; Joel T. Clemmer, MA; John O. Schorge, MD; Marcela G. del Carmen, MD, MPH; Nancy L. Keating, MD, MPH



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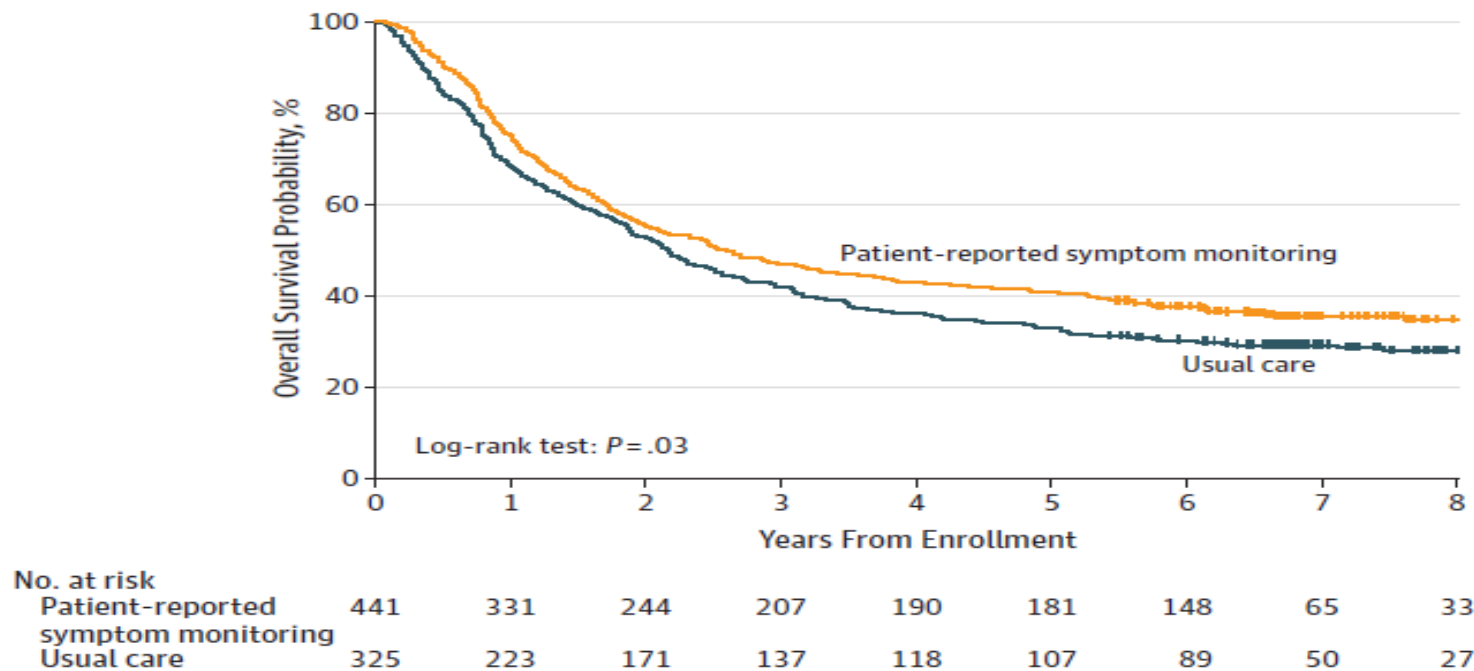
100+ years

Patient Reported Outcomes – Critical Data

- Survival has long been the hallmark of cancer quality outcomes
- But quality of life during the cancer journey is recognized as an essential goal of cancer care
- PROs linked to large databases like the NCDB do not exist
- Can we figure out how to measure PROs on a regular basis, on most or all of our patients, and link it to registry data to populate the NCDB or be linked to the NCDB?

Basch ASCO Plenary 2017, and JAMA 2017

Figure. Overall Survival Among Patients With Metastatic Cancer Assigned to Electronic Patient-Reported Symptom Monitoring During Routine Chemotherapy vs Usual Care



“Value” of Cancer Care

$$\text{Value} = \frac{\text{Benefit (outcomes)}}{\text{Cost (financial and toxicity)}}$$

- Currently we measure outcomes – survival
- We do not capture Quality of Life or toxicities
- We do not capture cost
- Should CoC and NCDB be in this arena?

Thank you!!

- So much to do!!
- But can only move forward with data.