



AMERICAN COLLEGE OF SURGEONS

Inspiring Quality:

Highest Standards, Better Outcomes

100+years

CQIP

Cancer Quality Improvement Program



Commission
on Cancer®

CQIP

Cancer Quality Improvement Program

Newton-Wellesley Hospital

6141530

Newton, MA

NCDB

CQIP



Annual Report 2016

Updated February 2017

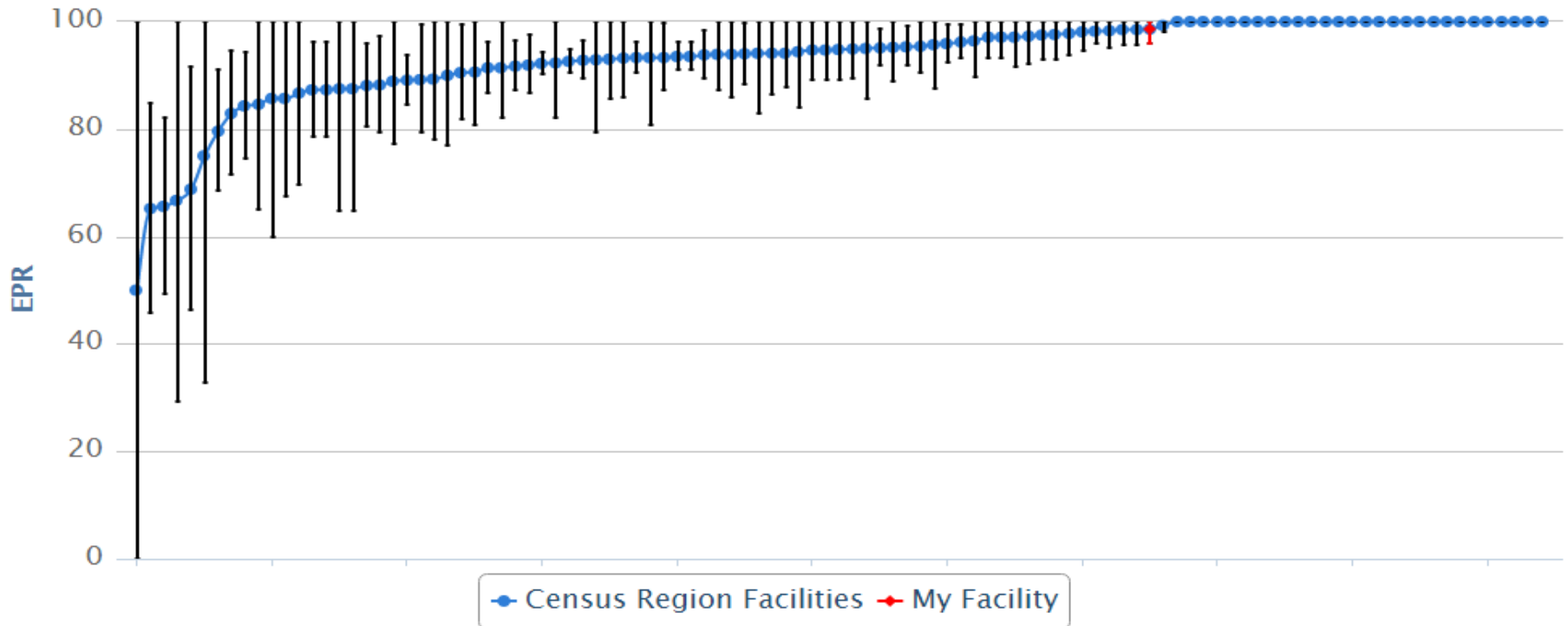
Quality Measure Reports – Breast

- **BCSRT:** Breast radiation after breast conserving surgery (NQF 0219 – Accountability)
- **HT:** Adjuvant hormonal therapy for hormone receptor positive breast cancer (NQF 0220 – Accountability)
- **BCS:** Breast conserving surgery rate (Surveillance)
- **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



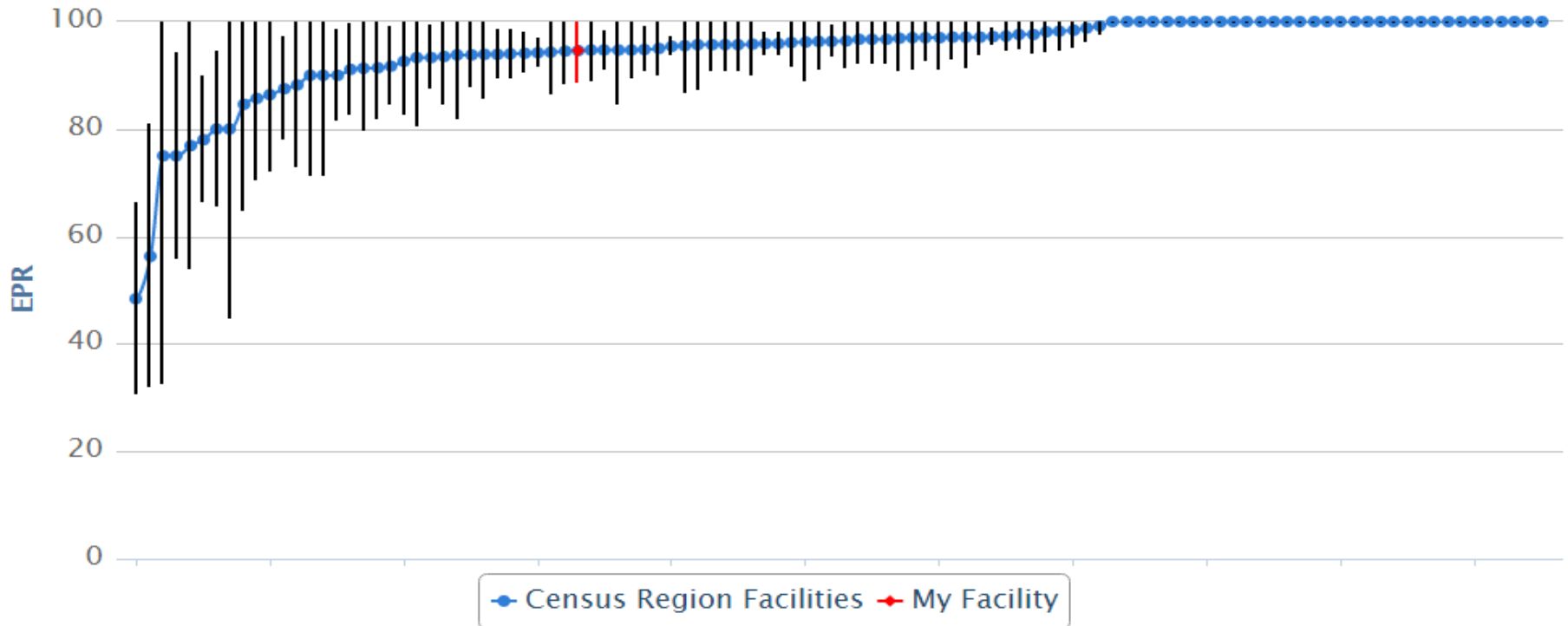
BREAST, 2014, BCSRT: Breast radiation after breast conserving surgery (NQF 0219 - Accountability)



	My Program	My State (MA)	My Census Region (New England)	My ACS Division (New England)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	98.6 %	93.2 %	93.6 %	93.6 %	92.1 %	92.2 %
Denominator	72	1819	4115	4115	25239	55551
95 % CI	(95.9,100.0)	(92.0,94.4)	(92.9,94.3)	(92.9,94.3)	(91.8,92.4)	(92.0,92.4)

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 1/13/2017)

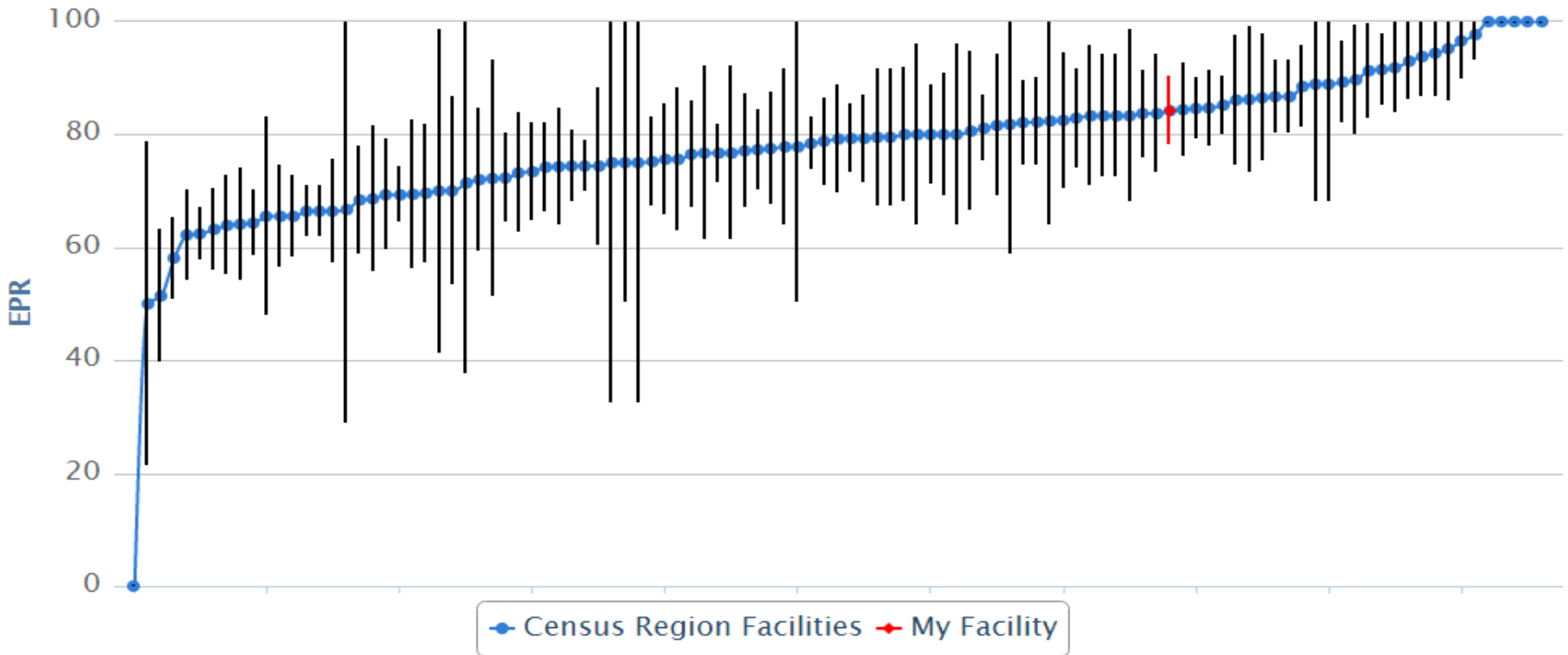
BREAST, 2014, HT: Adjuvant hormonal therapy for hormone receptor positive breast cancer (NQF 0220 - Accountability)



	My Program	My State (MA)	My Census Region (New England)	My ACS Division (New England)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	94.6 %	95 %	95.6 %	95.6 %	92.3 %	92.5 %
Denominator	56	1827	4446	4446	35229	76016
95 % CI	(88.7,100.0)	(94.0,96.0)	(95.0,96.2)	(95.0,96.2)	(92.0,92.6)	(92.3,92.7)

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 1/13/2017)

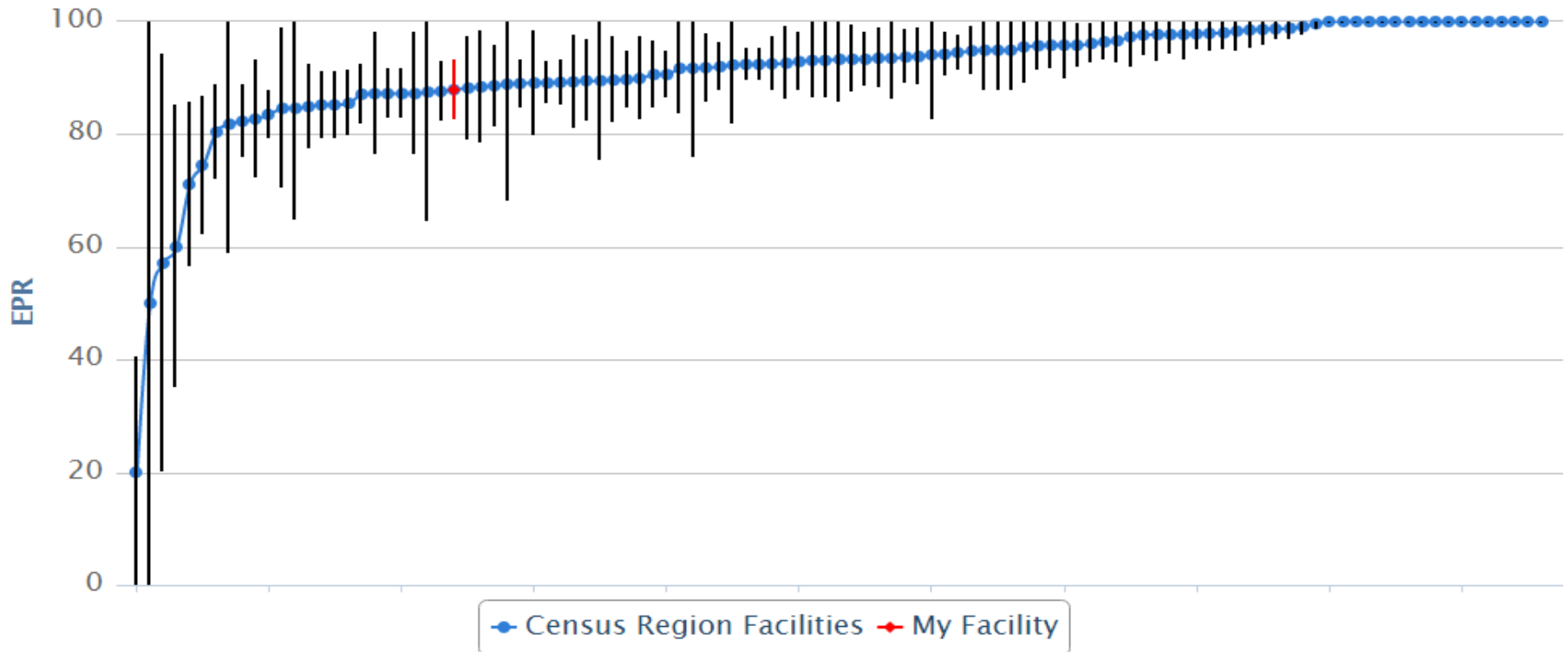
BREAST, 2014, BCS: Breast conserving surgery rate (Surveillance)



	My Program	My State (MA)	My Census Region (New England)	My ACS Division (New England)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	84.2 %	78.5 %	75.1 %	75.1 %	64.8 %	64.6 %
Denominator	146	3053	7450	7450	57801	122171
95 % CI	(78.3,90.1)	(77.0,80.0)	(74.1,76.1)	(74.1,76.1)	(64.4,65.2)	(64.3,64.9)

Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer. (CP3R data as of 1/13/2017)

BREAST, 2014, nBx: Image or palpation-guided needle biopsy (core or FNA) is performed for the diagnosis of breast cancer (Quality Improvement)



	My Program	My State (MA)	My Census Region (New England)	My ACS Division (New England)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	87.9 %	90.1 %	92.6 %	92.6 %	91.5 %	91.9 %
Denominator	157	3525	8679	8679	63692	129100
95 % CI	(82.8,93.0)	(89.1,91.1)	(92.0,93.2)	(92.0,93.2)	(91.3,91.7)	(91.8,92.0)

Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer. (CP3R data as of 1/13/2017)

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 Data Base** 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



Commission on Cancer - Accredited Programs By State



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