

Cancer Program Practice Profiles (CP3R) Outcome Report (2017 reporting of 2015 data)

The CoC (Commission on Cancer) requires accredited cancer programs to treat cancer patients according to nationally accepted accountability and quality improvement measures indicated by the CoC quality reporting tool, Cancer Program Practice Profile Reports (CP3R).

Accountability measures promote improvements in care delivery and are the highest standard for measurement. The function of a quality improvement measure is to monitor the need for quality improvement or remediation of treatment provided. Quality improvement measures are intended for internal monitoring of performance within a cancer program.

There are a total of nine primary sites. Bladder was new in 2016. Not all are assigned CoC EPR (Estimated Performance Rate) measures. MRMC is reporting measures that contain a CoC expected EPR rate. The data for these measures is obtained via The Annual Call for Data to the National Cancer Data Base required submittal for all CoC approved facilities. These percentages can be compared to all CoC and State CoC approved facilities. **Milford Regional Medical Center continues to meet or exceed the measures. We are proud to report our 2015 CP3R outcomes.**

2015 Performance Measures with Comparison to all CoC programs and Massachusetts rates.

Breast Cancer Measures

- Image or palpation-guided needle biopsy (core or FNA) of the primary site is performed to establish diagnosis of breast cancer (quality improvement) (CoC standard is 80%)

MRMC = 98% National = 93% MA = 93%

- Radiation therapy is administered within 1 yr. (365 days) of diagnosis for women under age 70 receiving breast conserving surgery. (accountability) (CoC standard is 90%)

MRMC = 98% National = 92% MA = 94%

- Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1, or Stage IB or III hormone receptor positive breast cancer(accountability) (CoC standard is 90%).

MRMC = 98% National = 93% MA = 96%

- Radiation recommended or administered following any mastectomy within 1 year (365 days)of diagnosis of breast cancer for women with >=4 positive regional lymph nodes(accountability) (CoC standard is 90%)

MRMC = 100% National = 90% MA = 96%

Colon Cancer Measures

- At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. (quality improvement) (CoC standard is 85%)

MRMC = 92% (12/13 pt's) National = 92% MA = 95%

Rectal Cancer Measures

- 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 pathological AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving surgical resection for rectal cancer (quality improvement) (CoC standard is 85%)

MRMC = 100% National = 89% MA = 84%

Lung Cancer Measures

- Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgical resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC. (quality improvement) (CoC standard is 85%)

MRMC = 100% National = 92% MA = 96%

- Surgery is not the first course of treatment for cN2, M0 lung cases. (quality improvement) (CoC standard is 85%)

MRMC = 100% National = 93% MA = 95%

Gastric Cancer Measure

- At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (quality improvement) (CoC standard is 80%)

MRMC = no eligible cases National = 61% MA = 72 %

Bladder, Cervix, Endometrium and Ovary do not have required CoC Standards to meet. These are currently for our facility to monitor and review for quality purposes.

We continue to succeed in treating our cancer patients according to nationally accepted accountability and quality improvement measures.