

# Sanford Fargo Cancer Program Practice Profile Reports (CP<sup>3</sup>R)

Sanford's Roger Maris Cancer Center annually receives Cancer Program Practice Profile (CP<sup>3</sup>R) Reports from the Commission on Cancer (CoC), based on the most recent cancer registry data submission to the National Cancer Database (NCDB). These web-based reports offer providers comparative information to assess adherence to and consideration of standard of care treatments for ten cancer types. Currently, the CoC has developed twenty-three measures, comprised of three different measure types. There are evidence-based or accountability measures that demonstrate provider accountability, where there is high levels of evidence supporting these measures. Quality improvement measures monitor the need for quality improvement within the organization. Surveillance measures are used to monitor patterns or trends of care and are mainly used for informative purposes to accredited programs. Nine of the twenty-three measures have an expected performance rate that has been set by the CoC. The program's estimated performance rate (EPR) is expected to meet or exceed the CoC's specified EPR. Alternatively, the upper confidence interval should cross the specified EPR.

Most recently, the CoC released CP<sup>3</sup>R data for the year 2016. The table shows data from 2014 - 2016, from each of the nine Accountability and Quality Improvement measures with expected EPRs.

Estimated Performance Rates (%)				
MEASURE	EXPECTED EPR	2014	2015	2016
<b>BREAST</b>				
<b>BCSRT</b> (NQF #219) Radiation therapy is administered within 1 year (365 days) days of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. (Accountability)	90%	98.80%	96.90%	100%
<b>HT</b> (NQF #0220) Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or IB - III hormone receptor-positive breast cancer. (Accountability)	90%	98%	97.60%	99.20%
<b>MASTRT</b> Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with $\geq 4$ positive regional lymph nodes. (Accountability)	90%	100%	100%	100%
<b>nBx</b> Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer. (Quality Improvement)	80%	99.50%	100%	96.40%
<b>COLON</b>				
<b>12RL</b> (NQF #0225) At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. (Quality Improvement)	85%	85.70%	92.60%	94%

MEASURE	EXPECTED EPR	2014	2015	2016
<b>GASTRIC</b>				
<b>G15RLN</b> At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer. (Quality Improvement)	80%	50%	50%	25%
<b>NON-SMALL CELL LUNG</b>				
<b>LCT</b> 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)	85%	100%	100%	100%
<b>LNoSurg</b> Surgery is not the first course of treatment for cN2, MO lung cases. (Quality Improvement)	85%	100%	100%	100%
<b>RECTUM</b>				
<b>RECRTCT</b> 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)	85%	100%	91.30%	87.50%