

UM SJMC CANCER INSTITUTE

2017 PHYSICIAN LIAISON REPORT



For the past several years, University of Maryland St. Joseph Medical Center (UM SJMC) has taken part in the Commission on Cancer's (CoC) Rapid Quality Reporting System (RQRS).

RQRS advances evidenced-based treatment through a prospective alert system for anticipated care, which supports the care coordination required for breast and colorectal cancer patients.

The system uses data compiled by UM SJMC Certified Tumor Registrars (CTR) to generate real-time assessments of six measures of cancer care from two of the most commonly diagnosed malignancies- breast and colorectal.

Stephen Ronson, MD
Cancer Liaison
Physician (CLP)

The dials below can be interpreted as follows, indicating UM SJMC's Performance Rate in adherence with the CoC's recommended quality of cancer care measures.

- 1- Radiation therapy was administered within one year of diagnosis to 91.5% of women under age 70 receiving breast-conserving surgery for breast cancer.
- 2- Tamoxifen was considered or administered within one year of diagnosis to 93.8% of women with AJCC T1cNOMO, or Stage 1B-III hormone receptor positive breast cancer.
- 3- Combination chemotherapy was considered or administered within four months of diagnosis to 100% of women under 70 with AJCC T1cNOMO, or Stage IB-III hormone receptor negative breast cancer.
- 4- Radiation therapy was recommended or administered following any mastectomy within one year of diagnosis of breast cancer to 75% of women who had ≥ 4 positive regional lymph nodes.
- 5- In 100% of patients who had resections due to colon cancer, at least 12 regional lymph nodes were removed and pathologically examined.
- 6- Adjuvant chemotherapy was considered or administered within 4 months of diagnosis to 100% of patients under age 80 with AJCC Stage III (lymph node positive) colon cancer.

UM SJMC'S CANCER INSTITUTE'S PERFORMANCE RATE IN QUALITY OF CANCER CARE TREATMENT MEASURES

Treatment Measure

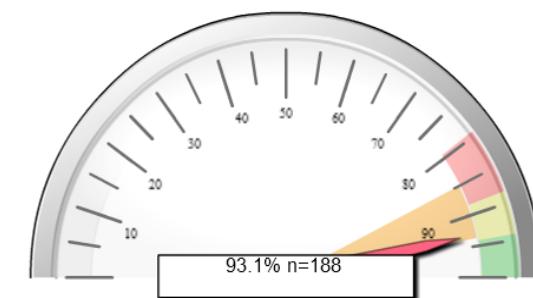
For Breast Cancer

1- Radiation therapy -

is administered within one year of diagnosis for women under age 70 receiving breast-conserving surgery for breast cancer.

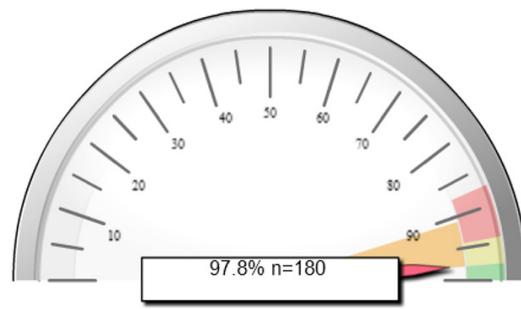
UM SJMC Performance Rate*

as measured against CoC Quartile Rankings



2- A Hormone therapy -

called Tamoxifen, or third generation aromatase inhibitor is considered or administered within one year of diagnosis for women with AJCC T1c N0MO, or Stage 1B-III hormone receptor positive breast cancer.



UM SJMC CANCER INSTITUTE

Treatment Measure

For Breast Cancer (Continued)

3- Combination chemotherapy -
is considered or administered within four months of diagnosis to women under age 70 with AJCC T1cN0M0, or Stage IB-III hormone receptor negative breast cancer.*

* Four patients received chemotherapy after four months due to their medical condition.

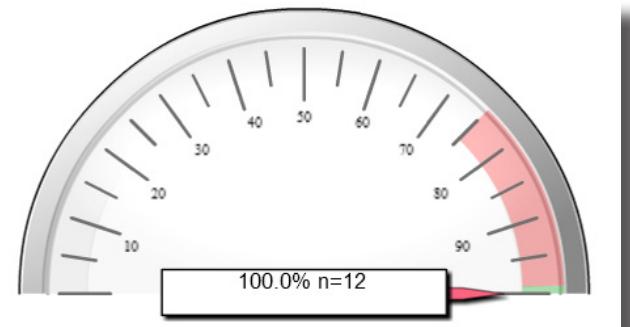
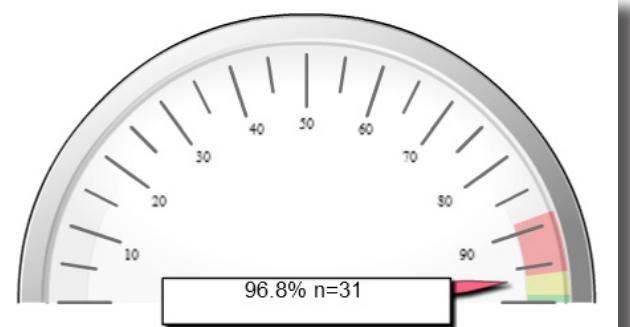
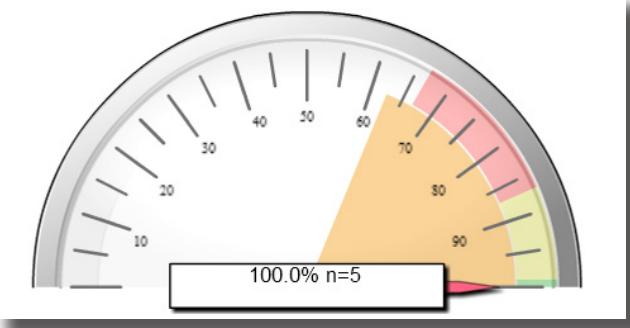
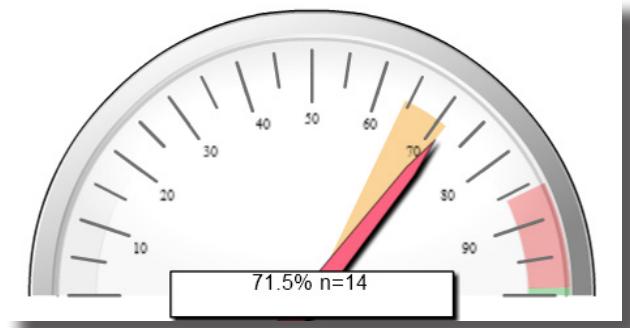
4- Radiation therapy -
is recommended or administered following any mastectomy within one year of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes.

For Colon Cancer

5- The removal and pathological examination of 12 regional lymph nodes examined for resected colon cancer.

6- Adjuvant chemotherapy -
considered or administered within four months of diagnosis for patients under age 80 with AJCC Stage III (lymph node positive) colon cancer.

UM SJMC Performance Rate*
as measured against CoC Quartile Rankings



PHYSICIAN LIAISON REPORT - 2017

New CoC Quality Metrics

The Commission on Cancer has introduced the following new cancer quality metrics:

- Systemic chemotherapy is considered or administered within four months pre-operatively or six months post-operatively for surgically resected cases with pathologic lymph node positive (pN1/pN2) non-small cell lung cancer.
- Surgery is not the initial treatment for patients with AJCC clinical N2 non-small cell lung cancer.
- Ten or more lymph nodes are pathologically examined for resected Stage I - II non-small cell lung cancer. Chemotherapy is considered or administered within four months pre-operatively or three months post-operatively for AJCC Stage IB – IV-M0 gastric cancer.
- Fifteen or more lymph nodes are pathologically examined for resected gastric cancer.
- Neo-adjuvant chemotherapy and radiation is considered or administered within 4 months pre-operatively for AJCC clinical Stage T3-T4 N0 M0 or T1-T4 N1 M0 esophageal cancer.

UM SJMC Safety Net Program Identifies At-Risk Patients for Proactive CoC Program Participation

Over the past five years UM SJMC Cancer Institute piloted a safety net program designed to maintain the highest cancer care as measured by the CoC reporting standards.

As part of this program, our Cancer Tumor registrars (CoCs) report directly to the responsible physician if a patient is within 60 days of becoming non-concordant with one of the RQRS standards. If a patient is within 30 days of becoming non-concordant, the UM SJMC Cancer Liaison is personally notified.

If necessary, treating physicians and their staff are personally notified by the Cancer Liaison to discuss the CoC RQRS standards and the time frame in which treatment should take place.

As a result of this safety net, UM SJMC's Cancer Institute has seen its concordance level with the RQRS standards rise to their highest level since being introduced.

* Performance rates reflect a point in time and were taken on January 17, 2018.

Shaded areas on dials represent quartile rankings. If the red arrow is pointing in the:
- Red shaded area, UM SJMC ranked between the 25th and 50th percentile
- Yellow shaded area, UM SJMC ranked between the 50th and 75th percentile
- Green shaded area, UM SJMC ranked in the 75th and 100th percentile.