

Evaluation of Delaware Cancer Registry (DCR) Data According to the American College of Surgeons (ACoS) Commission on Cancer's (CoC) Cancer Program Practice Profiles Reports (CP3R) Quality of Care Measures

The Delaware Cancer Registry Advisory Committee (DCRAC) provides guidance to the DCR on improving registry operations, data quality and completeness, and best usages of DCR data for research and cancer control initiatives. To assess quality of cancer care in the State, the DCR is evaluating Delaware's cancer registry data for the DCRAC using the American College of Surgeons Commission on Cancer's CP3R standard of care measures.

Diagnosis year 2015 and 2016 cases were selected from the DCR database according to CP3R measure specifications. Research was conducted in the Delaware Health Information Network (DHIN) for cases that were missing complete treatment information, and data were added to the DCR database when found in the DHIN to accurately record each patient's care. Percentages of DCR cases meeting selected CoC quality of care measures and the CoC's clinical rationale for each measure¹ are provided in the table below.

Site	Select Measures	CoC Standard/ %	DCR 2015 Cases Meeting CoC Standard	DCR 2016 Cases Meeting CoC Standard
Breast	BCSRT - Radiation administered within 1 year of diagnosis for women under age 70 receiving conservative surgery for breast cancer	4.4 / 90%	94.1%	95.8%
Clinical Rationale: There is extensive evidence from randomized clinical trials demonstrating the impact of radiation with breast conservation surgery. It reduces the risk of local recurrence in the breast and may have a small impact on survival.				
Breast	MASRT - Radiation therapy recommended or administered following any mastectomy within 1 year of diagnosis of breast cancer for women \geq 4 positive lymph nodes	4.4 / 90%	92.3%	100%
Clinical Rationale: There is consensus that post-mastectomy radiation should be recommended for women with breast cancer and with \geq 4 positive regional lymph nodes. Numerous studies have shown a significant reduction in locoregional recurrence rates, disease-free survival rates, and even overall survival with this adjuvant therapy.				
Colon	12RLN - At least 12 regional lymph nodes are removed and	4.5 / 85%	95.7%	92.0%

¹ American College of Surgeons CoC Quality of Care Measures, Revised January 30, 2018.
<https://www.facs.org/quality-programs/cancer/ncdb/qualitymeasures>

Site	Select Measures	CoC Standard/ %	DCR 2015 Cases Meeting CoC Standard	DCR 2016 Cases Meeting CoC Standard
	pathologically examined for resected colon cancer			
<p>Clinical Rationale: The American College of Pathologist (1999) recommended that a minimum of 12 lymph nodes be examined to accurately identify AJCC stage III colon c cancer. The AJCC (5th edition) indicated that it was desirable to obtain at least 12 lymph nodes in radical colon resections (1997). In its 6th edition, the AJCC modified this recommendation to obtain at least 7 to 14 lymph nodes but included rectal resections among the procedures associated with this numeric recommendation. By its 7th edition, citing data from NCI/SEER, the AJCC clearly noted the positive relationship between the number of nodes pathologically examined and patient survival.</p>				
Gastric	G15RLN - At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer	4.5 / 80%	76.9%*	82.3%
<p>Clinical Rationale: Evidence of improved overall survival outcomes with improved lymphadenectomy.</p> <p>*Delaware's cases did not meet the G15RLN standard of care measure for 2015 diagnosis year data. There are many factors that affect the ability to meet this measure, including extent of pathologic dissection of lymph nodes.</p>				
Lung	LCT - Chemotherapy administered within 4 months to day preop or day of surgery to 6 months postop, or it is recommended for surgically resected cases with pathologically lymph node positive (pN1) and (pN2) nonsmall cell lung cancer (NSCLC)	4.5 / 85%	100%	100%
<p>Clinical Rationale not provided in CoC measure specifications.</p>				

The DCRAC will evaluate DCR data annually according to CP3R measures using the most current information, and an updated report will be posted on the DCR webpage. Trends in percentage of DCR cases meeting standard of care measures will be presented. The DCRAC will collaborate with Delaware hospital cancer programs to maintain adherence to quality of care standards.

This analysis was supported by the cooperative agreement number DP17-1701 from the U.S. Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.