

Outcomes Report: Accountability Measures and Quality Improvements

The FH Flagler's Cancer Committee ensures that patients with cancer are treated according to the nationally accepted measures. Because we are an accredited cancer program through the Commission on Cancer of the American College of Surgeons, we have the opportunity to participate in the quality reporting systems called Cancer Program Practice Profile Report (CP3R) and Rapid Quality Reporting System (RQRS). These quality measures are standards of care based on evidence-based clinical trials

ACCOUNTABILITY MEASURE: 201	15 BREAST
Radiation is administered within 1 year of diagnosis for wom receiving breast conservation surgery for breast cancer	en under the age of 70
	% Cases
FH FLAGLER	95.7%
State of Florida	86.0%
Similar COC Accredited Program	89.5%
ALL COC Accredited Programs	91.4%
ACCOUNTABILITY MEASURE: 201	15 BREAST
Tamoxifen or third generation aromatase inhibitor is recommen within 1 years of diagnosis for women with AJCC T1c or Stareceptor positive breast cancer	
	% Cases
FH FLAGLER	100.0%
State of Florida	84.8%
Similar COC Accredited Program	90.5%
ALL COC Accredited Programs	91.9%
ACCOUNTABILITY MEASURE: 201	15 BREAST
Combination chemotherapy is recommended or administere days) of diagnosis for women under 70 with AJCC T1c N0 or receptor negative breast cancer	
	% Cases
FH FLAGLER	100.0%
State of Florida	88.1%
Similar COC Accredited Program	93.0%
ALL COC Accredited Programs	92.9%
ACCOUNTABILITY MEASURE: 20	15 COLON
Adjuvant chemo is recommended, or administered within 4 i	months (120 days) of
diagnosis for patients under the age of 80 with AJCC stage	III (LN positive) colon
	% Cases
FH FLAGLER	100.0%
State of Florida	80.3%
Similar COC Accredited Program	87.7%

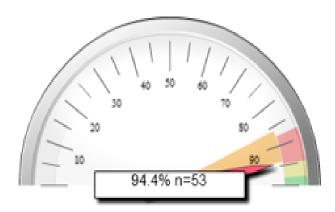
87.9%

ALL COC Accredited Programs

QUALITY IMPROVEMENT MEASURE: 2015 CO	OLON					
Fewer than 12 LNS are removed and pathologically examined for resected colon						
	% Cases					
FH FLAGLER	87.5%					
State of Florida	90.7%					
Similar COC Accredited Program	89.3%					
ALL COC Accredited Programs	92.0%					
QUALITY IMPROVEMENT MEASURE: 2015 L	UNG					
Surgery is not the first course of treatment for cN2 M0 lung cases						
	% Cases					
FH FLAGLER	83.3%					
State of Florida	86.0%					
Similar COC Accredited Program	83.8%					
ALL COC Accredited Programs	92.2%					
QUALITY IMPROVEMENT MEASURE: 2015 L	UNG					
Systemic chemotherapy is administered within 4 months to day preopera	atively or day					
of surgery to 6 months postoperatively or it is recommended for surgical	lly resected					
cases with pathologic lymph node positive (pN1 and PN2) NSCLC						
	% Cases					
FH FLAGLER	100.0%					
State of Florida	87.6%					
Similar COC Accredited Program	88.0%					
ALL COC Accredited Programs	90.2%					

The Rapid Quality Reporting System (RQRS) is a quality reporting tool that outlines our current measures of standards within 3 months of diagnosis. Here are some examples of our quality measures.

BREAST



Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB - III hormone receptor positive breast cancer.



Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or stage IB - III hormone receptor negative breast cancer.



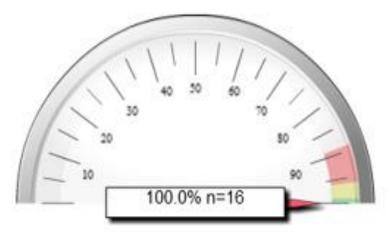
Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.



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

COLON MEASURES

Expected Performance >85%



At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.

Expected Performance >90%

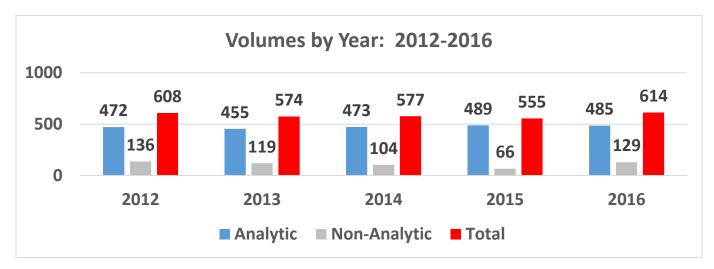


Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer.

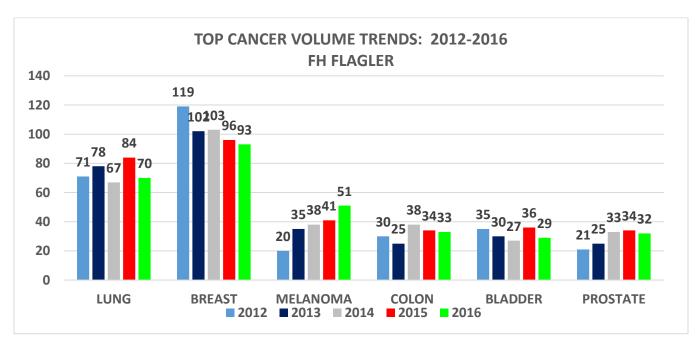
PRIMARY SITE		CLASS	OF CASE	GENDER			AJCC STAGE						
	TOTAL	Analytic	Non-Analytic	М	F	0	ı	II	III	IV	UNK	N/A	
All Sites	614	485	129	225	260	63	98	68	62	84	79	31	
Breast	104	93	11	1	92	15	40	19	10	6	3	0	
Lung - All Types	98	80	18	38	42	1	14	16	24	30	5	0	
Lung: Non Small Cell	86	70	16	33	37	1	13	5	19	28	4	0	
Lung: Small Cell	12	10	2	5	5	0	1	1	5	2	1	0	
Melanoma	56	51	5	31	20	25	8	4	0	3	11	0	
Colon	37	33	4	16	17	3	4	8	8	7	3	0	
Prostate	61	32	29	32	0	0	9	16	3	2	2	0	
Bladder	40	29	11	21	8	14	6	3	0	3	3	0	
Kidney/Renal	18	16	2	10	6	0	3	1	1	1	10	0	
Pancreas	17	15	2	8	7	0	2	2	1	9	1	0	
Other/ Biliary Tract	16	15	1	5	10	1	2	1	2	3	1	5	
Head & Neck	17	14	3	11	3	1	1	2	2	6	2	0	
Rectum	14	14	0	5	9	1	1	1	2	3	6	0	
Non-Hodgkin's	15	14	1	11	3	0	2	0	3	0	9	0	
Unknown Primary	14	12	2	7	5	0	0	0	1	0	0	11	
Liver	11	8	3	5	3	0	0	1	1	2	2	2	
Ovary	10	8	2	0	8	0	1	0	2	3	2	0	
Thyroid	7	7	0	3	4	0	2	1	0	1	3	0	
Esophagus	6	5	1	5	0	0	1	0	0	0	4	0	
Other/ Skin	6	5	1	4	1	0	0	0	0	0	3	2	
Anus/Anal Canal	4	4	0	0	4	1	1	0	1	0	1	0	
OTHER SITES	63	30	33	12	18	1	1	3	1	5	8	11	

The table above represents top cancers diagnosed /treated at FH Flagler during 2016. Breast cancer is the most prevalent cancer, 93 analytic cases. Lung was the second most common cancer with 80 analytic cases. The next 3 most common cancers were colon, melanoma and prostate. During 2016, there were a total of 614 cases reported. There were 485 analytic cases, which represent patients we diagnosed and/or treated for their cancer. There were 129 non-analytic cases, representing patients diagnosed and treated elsewhere and seen at FH Flagler for recurrence or progression of cancer.

CANCER CASE VOLUMES: 2012-2016



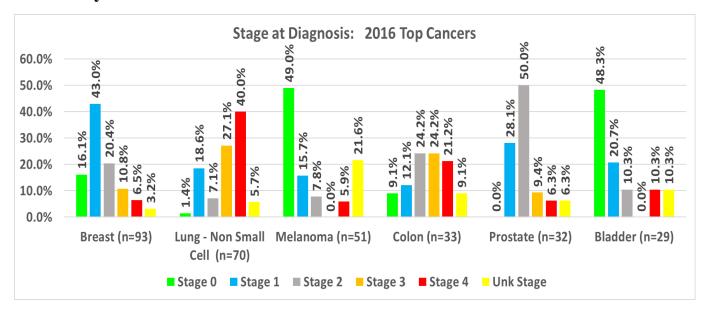
There was a significant increase, 32%, in cancer case volume from 2015 to 2016. Some of this is due to case identification procedures and improvement in reporting. There was significant increase in analytic cases. There was a significant increase in breast cancers in 2016.



The above graph represents our top 5 cancer sites and volume trends for the past 2 completed years of data. There was a significant increase in lung, breast and kidney.

Stage at Diagnosis Top 5 Cancer Sites

2016 Analytic Cases



The above table represents the Stage at Diagnosis of our top sites of our analytic cases. About 60% of our breast cancer patients are diagnosed at very early stages (Stage 0-1). We had 80% of our breast cancer patients diagnosed at early stages (Stage 0-2). In contrast, 67% of our lung cancer (non-small cell lung cancer) were diagnosed at advanced stages (Stages 3-4) compared to 56% of national data. Nearly 50% of our cases of melanoma were found at Stage 0.

Cancer Incidence with Comparative Data

2016 Cases Analytic Ca	ses		2016 Cases Analytic Cas	ses	
FH Flagler Incidence % (n=225)	MALE: CANCER TYPE	ACS * Incidence % (n=841,390)	FH Flagler Incidence % (n=260)	FEMALE: CANCER TYPE	ACS * Incidence % (n=843,820)
14%	Prostate	21%	35%	Breast	29%
15%	Lung	14%	14%	Lung	13%
9%	Colon & Rectum	8%	10%	Colon & Rectum	8%
9%	Bladder	7%	1%	Uterine Corpus	7%
14%	Melanoma - Skin	6%	2%	Thyroid	6%
4%	Kidney & Renal Pelvis	5%	1%	Non-Hodgkin Lymphoma	4%
5%	Non-Hodgkin Lymphoma	5%	8%	Melanoma - Skin	3%
5%	Oral Cavity& Pharynx	4%	2%	Kidney & Renal Pelvis	3%
1%	Leukemia	4%	3%	Pancreas	3%
4%	Liver & Intrahepatic bile duct	3%	0%	Leukemia	3%

^{*} ACS: American Cancer Society's Cancer Facts and Figures - 2016

The above table illustrates the cancer incidence by gender compared to national data of the American Cancer Society. For our male population, we see a much lower incidence of prostate due to that being treated in the community setting and not at the hospital. We see a much higher incidence of melanoma and slightly higher incidence of Lung, Colon and Head and Neck cancers. For our female populations, we have a higher incidence of breast, lung, colon and melanoma cancers. We have a lower incidence of uterine, thyroid, lymphoma and kidney.