



Exceptional cancer care,
close to home.



Presence®

United Samaritans Medical Center

National Quality Performance Measures



The Presence United Samaritans Medical Center Cancer Program is accredited by the American College of Surgeons (ACoS) Commission on Cancer (CoC). The CoC partners with the National Quality Forum, American Society for Clinical Oncology, and the National Comprehensive Cancer Network to provide accredited cancer programs with performance measures and comparison data on an annual basis as a method to assess quality of care. These evidence-based quality measures will be used in national accountability programs dedicated to improving the quality of cancer care and have maximal beneficial impact on cancer outcomes in the population. Accountability measures for breast cancer include adjuvant hormone therapy for hormone receptor positive tumors, chemotherapy for hormone negative cancer, radiation after mastectomy if four or more positive lymph nodes, and radiation following lumpectomy. The accountability measure for colon cancer includes adjuvant chemotherapy for Stage III colon cancer. The quality improvement measure for breast cancer includes a needle or palpation-guided biopsy for diagnosis. The quality improvement measure for colon and gastric cancers includes removal and examination of at least 12

regional lymph nodes for colon and 15 lymph nodes for gastric. Quality improvement measures for lung cancer include surgery not being the first course of treatment for certain lung cancers and chemotherapy for pathologic lymph node positive lung cancer. The quality improvement measure for rectal cancer is preoperative or postoperative chemotherapy and radiation for certain staged rectal cancers.

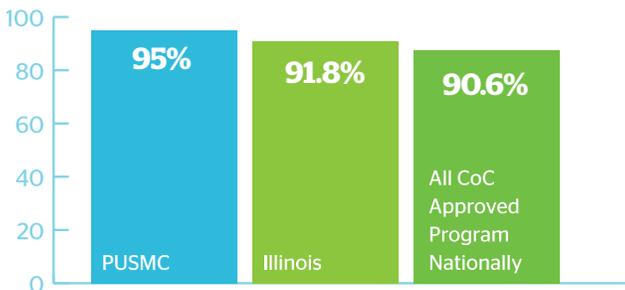
The following are the most current estimated performance rates reported in 2017 for cancer cases diagnosed in 2015 based on the CoC Cancer Program Practice Profile Report (C3PR). The estimated performance rates shown below indicate the proportion of breast, colon, lung, and rectal patients treated according to recognized standards of care by diagnosis year. The data in the graphs reflect the most current data provided by the CoC for 2015.

Data compares Presence United Samaritans Medical Center (PUSMC on the chart) to other hospitals in Illinois and all ACoS CoC-approved cancer programs. The charts show that the Presence United Samaritans Medical Center Cancer Program excels in many of the performance measures.

Breast Needle Biopsy (nBx) to Establish Diagnosis Prior to Surgical Intervention for Breast Cancer

nBx Measure: Image or palpation-guided needle biopsy (core or FNA of the primary site) is performed to establish diagnosis of breast cancer

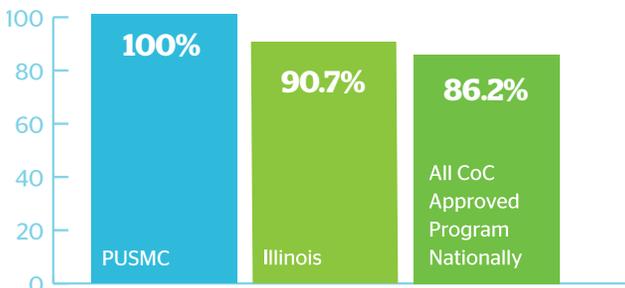
PUSMC outcomes: PUSMC performance rate at 95% is superior to the state (91.8%) and national (90.6%) performance rates when compared with other CoC accredited cancer programs.



Radiation Therapy Following Mastectomy (MAST/RT)

MAST/RT Measure: Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes

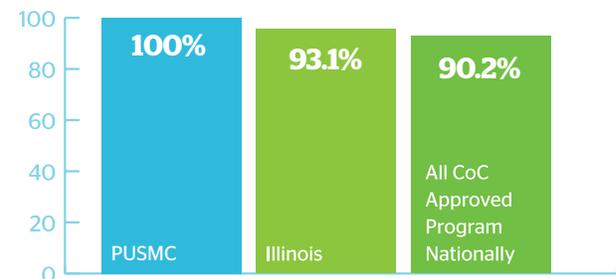
PUSMC outcomes: PUSMC performance rate at 100% is superior to the state (90.7%) and national (86.2%) performance rates when compared with other CoC accredited cancer programs.



Breast Conserving Surgery/Radiation Therapy For Breast Cancer

BCS/RT Measure: Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery (lumpectomy) for invasive breast cancer. One year is identified as a measure to allow for medical intervention following surgery. Most often radiation therapy is delivered within one to six months of surgery. Radiation treatment should start as soon as medically feasible.

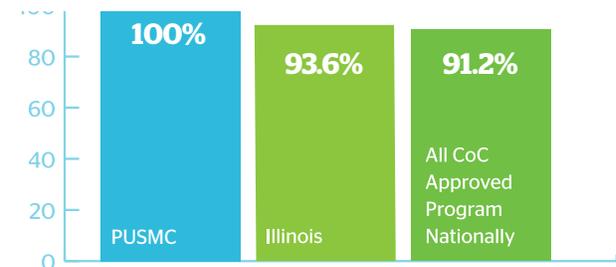
PUSMC outcomes: PUSMC performance rate at 100% is superior to the state (93.1%) and national (90.2%) performance rates when compared with other CoC accredited cancer programs.



Hormone Therapy (Ht) For Hormone Receptor Positive Breast Cancer

HT Measure: Hormone therapy is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or Stage II or III hormone receptor positive breast cancer.

PUSMC outcomes: PUSMC performance rate at 100% is superior to the state (93.6%) and national (91.2%) performance rates when compared with other CoC accredited cancer programs.

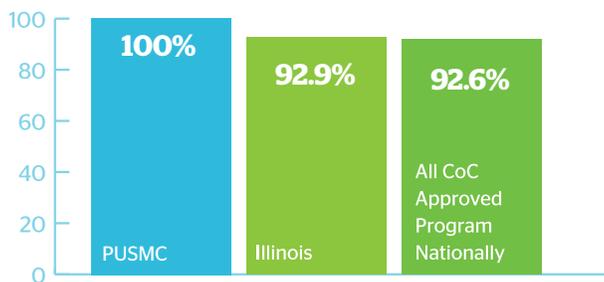


National Quality Performance Measures

Multi-Agent Chemotherapy (MAC) Treatment For Hormone Receptor Negative Breast Cancer

MAC Measure: Multi-agent chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage II or III hormone receptor negative breast cancer.

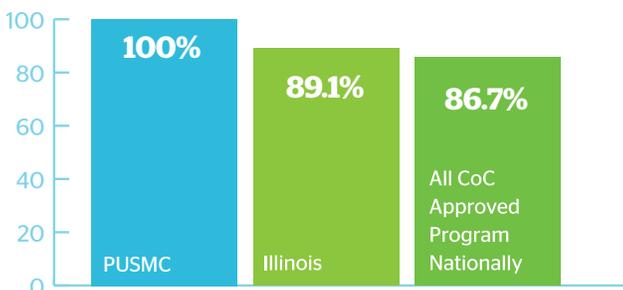
PUSMC outcomes: PUSMC performance rate at 100% is superior to the state (92.9%) and national (92.6%) performance rates when compared with other CoC accredited cancer programs.



Pre-op or post-op chemotherapy for certain rectal cancers

REC RTCT Measure: Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or postoperative chemo and radiation are administered within 180 of diagnosis for clinical AJCC T1-T2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer.

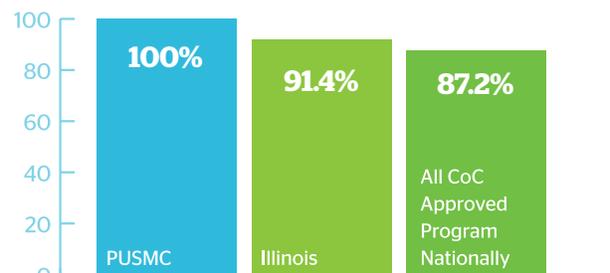
PUSMC Outcomes: PUSMC performance rate at 100% is superior to the state (89.1%) and national (86.7%) performance rates when compared with other CoC accredited cancer programs.



Adjuvant Chemotherapy Treatment For Lymph Node Positive Colon Cancer

ACT Measure: 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

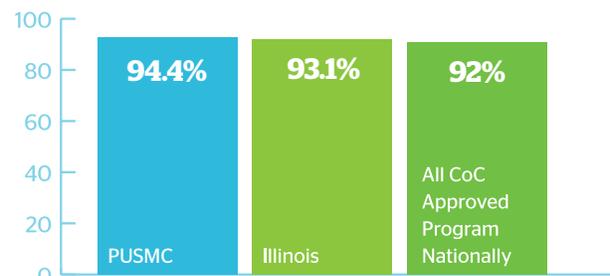
PUSMC outcomes: PUSMC performance rate at 100% is superior to the state (91.4%) and national (87.2%) performance rates when compared with other CoC accredited cancer programs.



12 Regional Lymph Nodes Examined For Colon Cancer

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

PUSMC outcomes: PUSMC performance rate at 94.4% is superior to the state (93.1%) and national (92%) performance rates when compared with other CoC accredited cancer programs.



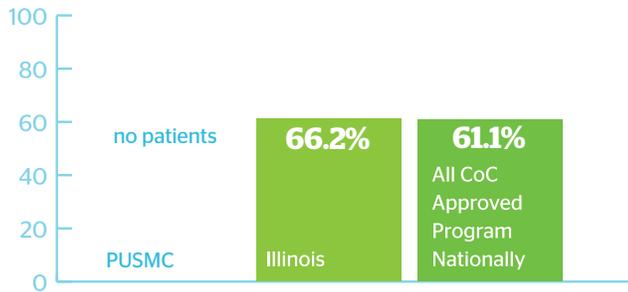
References:

1. Desch CE, McNiff KK, Schneider EC, Schrag D, McClure J, Lepisto E, et al. American Society of Clinical Oncology/National Comprehensive Cancer Network Quality Measures. *J Clin Onc*, 2008; 26(21), 3631-3637
2. American College of Surgeons-Commission on Cancer (ACoS-CoC) National Cancer Data Base (NCDB) Cancer Program Practice Profile Report (CP3R) September 2013

15 Regional Lymph Nodes Examined For Gastric Cancer

15RLN Measure: At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement)

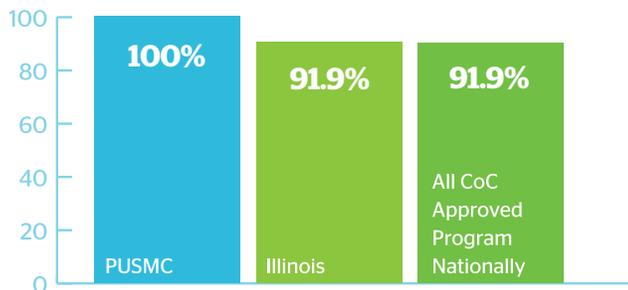
PUSMC outcomes: PUSMC performance rate for 2015 was N/A as no patients fit this criteria for 2015. The state was at 66.2% and the national rate was 61.1%.



LNoSurg - Surgery not first treatment for certain lung cancers

LNoSurg Measure: Surgery is not first treatment course for cN2, MO lung cases

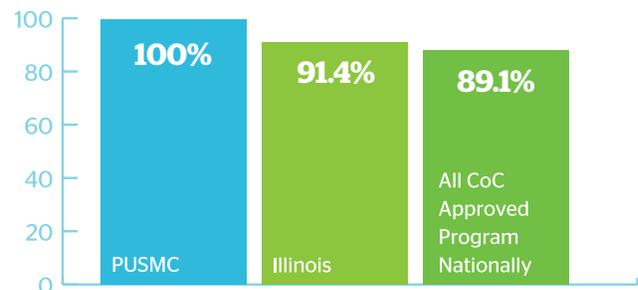
PUSMC outcomes: PUSMC performance rate at 100% is superior to the state (91.9%) and national (91.9%) performance rates when compared with other CoC accredited cancer programs.



Systemic Chemotherapy for certain lung cancers (LCT)

LCT Measure: Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is considered for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC

PUSMC outcomes: PUSMC performance rate at 100% is superior to the state (91.4%) and national (89.1%) performance rates when compared with other CoC accredited cancer programs.



References:

1. Desch CE, McNiff KK, Schneider EC, Schrag D, McClure J, Lepisto E, et al. American Society of Clinical Oncology/National Comprehensive Cancer Network Quality Measures. *J Clin Onc*, 2008; 26(21), 3631-3637
2. American College of Surgeons-Commission on Cancer (ACoS-CoC) National Cancer Data Base (NCDB) Cancer Program Practice Profile Report (CP3R) September 2013



Presence®

United Samaritans Medical Center

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Presence United Samaritans Medical Center provides the following full range of services:

- **Cancer prevention, screening, and early detection services**
- **Advanced technology in diagnostic, interventional, and therapeutic imaging.**
- **Treatment:**
 - Surgery
 - Chemotherapy
 - Immunotherapy
 - Targeted Therapy
 - Radiation Therapy
- **Support services:**
 - Care coordination
 - Patient navigation
 - Financial navigation
 - Nutrition services
 - Pain management
 - Spiritual support
 - Rehabilitation
 - Psychosocial support groups
- **Clinical Trials**
 - On Referral

Rely on our expertise.

If you are interested in learning more about the Presence United Samaritans Medical Center Cancer program, call Judi Miles, Patient Care Manager at 217.431.4290 option #1.

Accreditations



Commission
on Cancer®