

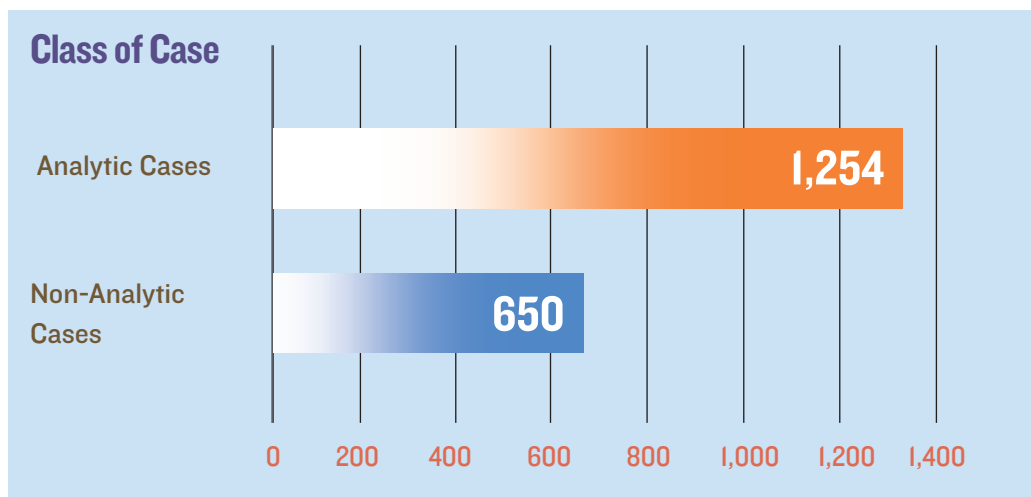
CANCER REGISTRY ACTIVITY

2017 Statistical Summary of Registry Data

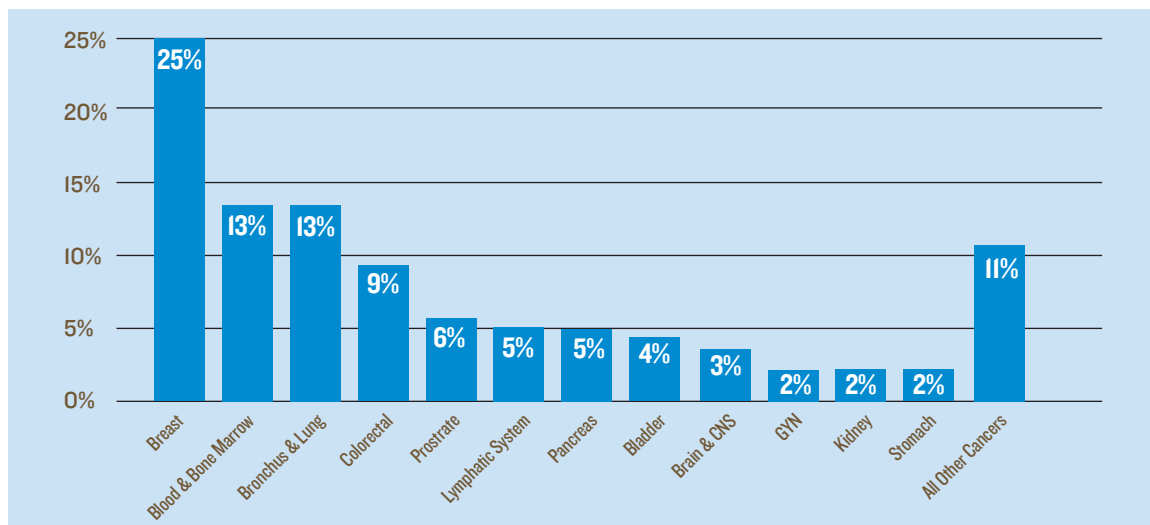
The Cancer Registry at St. Francis Hospital is an integral part of the cancer program. The Registry's computerized information system is designed for the collection, management and analysis of data for all cancer patients. The data collected includes information on primary site, stage of disease, treatment modalities, current patient status and basic demographic information. In order to maintain our 90% successful follow-up rate, patient data is tracked on a yearly basis through the review of the EPIC Electronic Medical Record and letters to physicians. This follow-up system obtains critical information for end-results on disease status, treatment and survival.

Analytic Cases: Cases diagnosed and/or treated at St. Francis Hospital for their 1st course of treatment.

Non-Analytic Cases: Cases diagnosed & treated elsewhere for 1st course of treatment and seen at St. Francis for subsequent treatment.



2017 SFH Cancer Cases



St. Francis Hospital,
The Heart Center®
 Catholic Health Services
 At the heart of health

2018 Cancer Program Quality of Care Performance Rates

Commission on Cancer (CoC) Standards 4.4 and 4.5: Accountability and Quality Improvement Measures/CP3R*

Primary Site: Breast	Measure Description	2016 Results (Released on 11/27/18-Cancers Diagnosed 2013-1016)
Breast Conservation Surgery with Radiation BCSRT**	Radiation therapy is administered within 1 year (365 days) of dx for women under age 70 receiving breast conserving surgery for breast cancer. (COC benchmark - 90% compliance)	n=93 (92/93) 99% Compliance
Multi-Agent Chemotherapy MAC**	Combination chemotherapy is considered or administered within 4 months (120 days) of dx for women under 70 with AJCC T1cN0M0, or Stage II or III hormone receptor negative breast cancer.	n=15 (14/15) 93% Compliance
Hormone Therapy HT**	Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365) of dx for women with AJCC T1cN0M0, or Stage II or III hormone receptor positive breast cancer. (COC benchmark - 90% compliance)	n=115 (110/115) 96% Compliance
Mastectomy Radiation Therapy MASTRT**	Radiation therapy is considered or administered following any mastectomy with 1 year (365) of dx of breast cancer for women with >4 positive regional LN's. (COC benchmark - 90% compliance)	n=14 (14/14) 100% Compliance
Need Biopsy nBx***	Image or palpation-guided needle biopsy (core or FNA) is performed to established diagnosis of breast cancer. (COC benchmark - 90% compliance)	n=22 (22/22) 100% Compliance

*CP3R - Cancer Program Practice Profile Reports **CP3R Accountability Measure *** CP3R Quality Improvement Measure

2018 Cancer Program Quality of Care Performance Rates

Commission on Cancer (CoC) Standards 4.4 and 4.5: Accountability and Quality Improvement Measures/CP3R*

Primary Site: Colon or Rectum	Measure Description	2016 Results (Released on 11/27/18-Cancers Diagnosed 2013-1016)
Colon ACT**	Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (LN positive) colon cancer.	n=14 patients (14/14) 100% Compliance
Colon 12RLN***	At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. (COC benchmark - 90% compliance)	n=81 resections(77/81) 95% Compliance
Rectum RECRCT***	Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 and with clinical or pathologic AJCC T4N0M0 or Stage III receiving surgical resection for rectal cancer. (COC benchmark - 85% compliance)	n=81 resections(77/81) 95% Compliance

Primary Site: Non-Small Cell Lung	Measure Description	2016 Results (Released on 11/27/18-Cancers Diagnosed 2013-1016)
Lung LCT***	Systematic 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. (COC benchmark - 85% compliance)	n=3 (3/3) 100% Compliance
Lung LNoSurg***	Surgery is not the first course treatment for cN2, M0 lung cases. (COC benchmark - 85% compliance)	n=4 (4/4) 100% Compliance

*CP3R - Cancer Program Practice Profile Reports **CP3R Accountability Measure *** CP3R Quality Improvement Measure