

2018 Outcomes Report:

Accountability Measures and Quality Improvements

The FH Memorial Medical Center'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:	2016 BREAST
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Radiation is administered within 1 year of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer (Expected performance >90%)

FH MEMORIAL MEDICAL CENTER	89.7
State of Florida	84.7
Similar COC Approved Program	89.1
All COC Approved Programs	91.4

ACCOUNTABILITY MEASURE: 2016 BREAST

Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 years of diagnosis for women with AJCC T1c or Stage IB-III hormone receptor positive breast cancer (Expected performance >90%)

FH MEMORIAL MEDICAL CENTER	93.3
State of Florida	85
Similar COC Approved Program	92.5
All COC Approved Programs	92

ACCOUNTABILITY MEASURE: 2016 BREAST

Combination chemotherapy is recommended or administered within 45 months (120 days) of diagnosis for women under 70 with AJCC T1c N0 or stage 1B-3 hormone receptor negative breast cancer (Expected performance >90%)

FH MEMORIAL MEDICAL CENTER	100
State of Florida	88.5
Similar COC Approved Program	93.4
All COC Approved Programs	93

QUALITY IMPROVEMENT MEASURE: 2016 BREAST

Image-or palpation-guided needle biopsy to the primary site is performed to establishFH MEMORIAL MEDICAL CENTER91.5State of Florida85.8Similar COC Approved Program90.9All COC Approved Programs91.3

SURVEILLANCE MEASURE: 2016 BREAST

Breast Conservation Surgery Rate for women with AJCC clinical stage 0, I or II breast cancer

FH MEMORIAL MEDICAL CENTER	74.6
State of Florida	66.2
Similar COC Approved Program	67.4
All COC Approved Programs	67.3

Adjuvant chemotherapy is recommended or administered within 4 months of diagnosis for patients under age 80 with stage III (lymph node positive) colon cancer (Expected performance >90%) FH MEMORIAL MEDICAL CENTER 87.5 State of Florida 78.5 Similar COC Approved Program 88.2 All COC Approved Programs 88.7 QUALITY IMPROVEMENT MEASURE: 2016 COLON Fewer than 12 nodes pathologically examined (Expected performance >85%) FH MEMORIAL MEDICAL CENTER 87.1 State of Florida 91 Similar COC Approved Program 92.4 All COC Approved Program 92.4 All COC Approved Programs 92.8 QUALITY IMPROVEMENT MEASURE: LUNG Surgery is not the first course of treatment for cN2 M0 lung cases (Expected performance >85%) FH MEMORIAL MEDICAL CENTER 80 State of Florida 90.3 Similar COC Approved Program 92.8 All COC Approved Program 92.8 All COC Approved Programs 92.8 All COC Approved Programs 92.5 QUALITY IMPROVEMENT MEASURE: 2016 LUNG Systemic 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. (Expected FH MEMORIAL MEDICAL CENTER 100 State of Florida 87.9 Similar COC Approved Program 90.4	ACCOUNTABILITY MEASURE: 2016 COLON								
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All COC Approved Programs 90.5	All COC Approved Programs	90.5							
SURVEILLANCE MEASURE: 2016 LUNG									
At least 10 regional lymph nodes are removed and pathologically examined for AJCC									
Stage IA, IB, IIA and IIB resected NSCLC (Surveillance)									
FH MEMORIAL MEDICAL CENTER 84.6		84.6							
State of Florida 60.2	State of Florida	60.2							
Similar COC Approved Program 69.2	Similar COC Approved Program	69.2							
All COC Approved Programs 67.7	All COC Approved Programs	67.7							

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. Expected performance should be $\geq 90\%$, unless otherwise noted.

BREAST CANCER MEASURES: 2018



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

BCSRT

HT



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

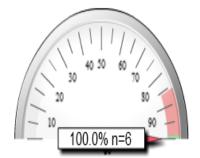
MASTRT





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.

2

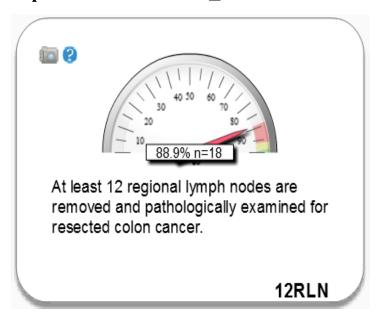


Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or stage IB - III hormone receptor negative breast cancer.

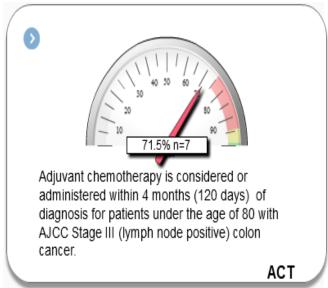
MAC

COLON CANCER MEASURES 2018:

Expected Performance ≥ 85%



Expected Performance \geq 90%



PRIMARY SITE REVIEW

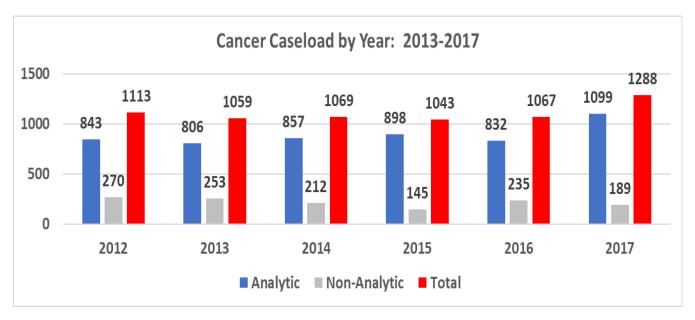
PRIMARY SITE				GENDER			Α	JCC STA	GE			
	TOTAL	Analytic	Non-Analytic	М	F	0	I	II	III	IV	UNK	N/A
ALL SITES	1288	1099	189	496	603	70	281	132	127	253	105	131
Lung: ALL	298	278	20	144	134	0	76	22	54	121	4	1
Non-Small Cell	250	234	16	123	111	0	67	21	47	95	4	0
Small Cell	30	27	3	12	15	0	4	0	4	19	0	0
Other	17	17	0	9	8	0	5	1	3	7	0	1
Breast	233	213	20	0	213	36	94	49	12	8	14	0
Colon	83	73	10	38	35	7	13	17	11	15	10	0
Head & Neck	72	56	16	49	7	1	6	8	9	21	10	1
Prostate	56	33	23	33	0	0	9	7	4	9	4	0
Non-Hodgkin's	51	39	12	20	19	0	15	4	8	8	3	1
Melanoma	49	41	8	28	13	14	11	4	4	4	4	0
Leukemia	41	24	17	16	8	0	0	0	0	0	0	24
Pancreas	40	38	2	18	20	0	10	6	3	18	1	0
Liver	35	25	10	19	6	0	4	0	2	6	5	8
Rectum	33	29	4	12	17	5	4	3	6	5	6	0
Kidney/Renal Pelvis	31	21	10	15	6	0	3	0	2	10	6	0
Bladder	27	15	12	12	3	1	0	3	0	8	3	0
Brain (Benign)	26	24	2	5	19	0	0	0	0	0	0	24
Thyroid	23	22	1	4	18	0	12	1	1	3	5	0
Brain (Malignant)	23	22	1	13	9	0	0	0	0	0	0	22
Corpus Uteri	21	19	2	0	19	0	11	0	2	2	4	0
Multiple Myeloma	20	18	2	11	7	0	0	0	0	0	0	18
Biliary / Other Digestive	18	17	1	13	4	1	2	1	5	1	6	1
Esophagus	12	10	2	9	1	0	2	2	2	3	1	0
Stomach	11	9	2	5	4	1	2	0	1	3	2	0
OTHER SITES	86	73	13	32	41	4	7	5	1	8	17	31

During 2017, we provided cancer care for 1288 new cancer patients. Analytic cases represent patients we provide diagnosis and/or treatment for their cancer. In 2017, we treated 1099 analytic patients. Non-analytic cases represent patients who were diagnosed and treated elsewhere for their cancer and we provided care for their progression or recurrence. There were nearly 10% more females represented in our 2017 cases than males. Lung was divided by non-small cell and small cell cancer types for this analysis. Head and Neck is now in our top 5 cancer sites.

Annual Case Volumes: 2013-2017

Year	Analytic	Non-Analytic	Total
2013	806	253	1059
2014	857	212	1069
2015	898	145	1043
2016	832	235	1067
2017	1099	189	1288

Analytic cases represent patients we provide diagnosis and/or treatment for their cancer. Non-analytic cases represent patients who were diagnosed and treated elsewhere for their cancer and we provided care for their progression or recurrence.

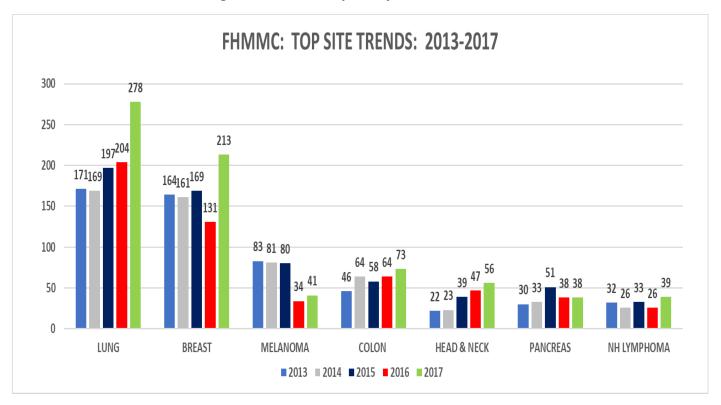


Our analytic cases have fluctuated over the past 5 years ranging as low as 806 to as high as 1099. However, there was a significant increase in our analytic caseload during 2017. This represented are year of highest reported volume.

Top 5 Cancer Site Trends: 2013-2017

YEAR	LUNG	BREAST	MELANOMA	COLON	HEAD & NECK	KIDNEY	PANCREAS	NH LYMPHOMA
2013	171	164	83	46	22	26	30	32
2014	169	161	81	64	23	41	33	26
2015	197	169	80	58	39	26	51	33
2016	204	131	34	64	47	21	38	26
2017	278	213	41	73	56	21	38	39

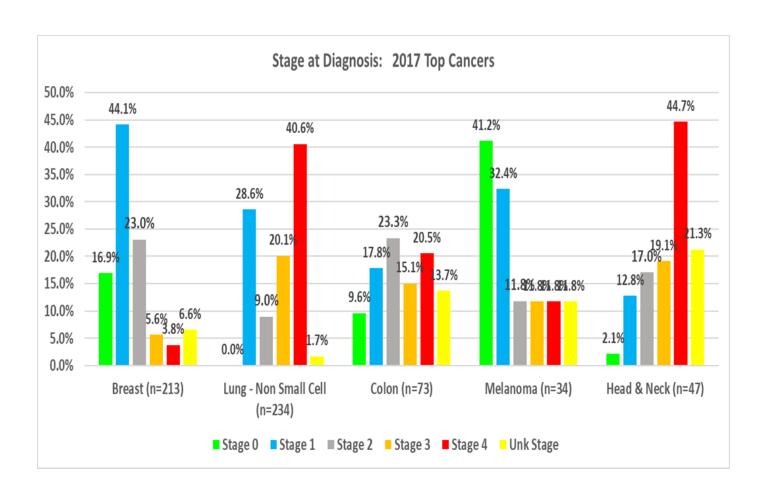
In 2017 Non-Small Cell Lung Cancer, Breast, Colon, Head & Neck, and Melanoma represent the new top 5 sites. Pancreas and NH Lymphoma are the other two cancers with high volumes. For this review, all lung cancer types were counted in one group. Over the past 2 years, we have seen an increase in lung cancer and breast cancer. In 2016, we saw a significant decrease in the number of melanoma cases we were treating. Colon cancer has increased a slight bit in over the past 2 years.



Stage at Diagnosis: Top Sites 2017

SITE	Stage 0	Stage 1	Stage 2	Stage 3	Stage 4	Unk Stage
Breast (n=213)	16.9%	44.1%	23.0%	5.6%	3.8%	6.6%
Lung - Non Small Cell (n=234)	0.0%	28.6%	9.0%	20.1%	40.6%	1.7%
Colon (n=73)	9.6%	17.8%	23.3%	15.1%	20.5%	13.7%
Melanoma (n=34)	41.2%	32.4%	11.8%	11.8%	11.8%	11.8%
Head & Neck (n=47)	2.1%	12.8%	17.0%	19.1%	44.7%	21.3%
Pancreas (n=38)	0.0%	34.2%	10.5%	5.3%	36.8%	13.2%

During 2017, 61.0% of our breast cancer patients were diagnosed at very early stage (Stages 0-1). Over 84% of our breast cancer patients were diagnosed in early stages 0-2. For our lung patients, nearly 29% were diagnosed as stage 1, however, over 40.6% were diagnosed as stage 4. We have a significant number of colon cancer patient (20.5%) found with metastatic disease at diagnosis. Head and Neck cancer is now in our top sites. Nearly 45% of those patients were diagnosed at Stage 4.



Cancer Incidence with Comparative Data

2017 Cases Analytic Cases 2017 Cases Analytic Cases						
FH Memorial Incidence % (n=496)	MALE: CANCER TYPE	ACS* Incidence % (n=836,150)		FH Memorial Incidence % (n=603)	FEMALE: CANCER TYPE	ACS * Incidence % (n=852,630)
7%	Prostate	21%		35%	Breast	29%
29%	Lung	14%		22%	Lung	13%
8%	Colon & Rectum	8%		6%	Colon & Rectum	8%
2%	Bladder	7%		3%	Uterine Corpus	7%
6%	Melanoma - Skin	6%		3%	Thyroid	6%
3%	Kidney & Renal Pelvis	5%		3%	Non-Hodgkin Lymphoma	4%
4%	Non-Hodgkin Lymphoma	5%		2%	Melanoma - Skin	3%
10%	Oral Cavity& Pharynx	4%		1%	Kidney & Renal Pelvis	3%
3%	Leukemia	4%		3%	Pancreas	3%
7%	Liver & Intrahepatic bile duct	3%		1%	Leukemia	3%

^{*}ACS: American Cancer Society's Cancer Facts and Figures - 2017

For our male population, we have a significantly lower incidence of prostate cancer at FHMMC compared to the nation, due to those patients being diagnosed and treated elsewhere in the community. Our incidence of lung, Head and Neck and liver cancers in our male population are much higher at FHMMC compared to the national incidence. For our female population, our breast cancer incidence was higher in 2017 compared to national data. Female population at FHMMC has a much higher incidence of lung cancer. However, our incidence is lower for uterus, thyroid, lymphoma, melanoma and leukemia.

Stage at Diagnosis with State and National Comparisons

This comparison data is made available through our reporting to the National Cancer Data Base of the Commission on Cancer. The most recent available comparison data is from 2016. Data from 2015 and 2017 were added for comparison.

BREAST CANCER						
FACILITY/STATE	STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4	UNKNOWN
	%	%	%	%	%	%
FH MEMORIAL - 2017 (n=213)	16.9%	44.1%	23.0%	5.6%	3.8%	6.6%
FH MEMORIAL - 2016 (n=131)	16.8%	42.7%	29.0%	6.9%	0.8%	3.8%
FH MEMORIAL - 2015 (n=156)	18%	51%	19%	6%	4%	1%
COC-NATIONAL DATABASE (Comprehensive						
Community Programs in Florida-46						
hospitals; n=10502 cases)	21%	44%	23%	7%	3%	1%
COC-NATIONAL DATABASE (All types of programs in US- 1304 hospitals; n=230673)	20%	43%	24%	7%	4%	1%

At FHMMC, we had a lower percentage of cases diagnosed with in-situ (Stage 0) breast cancer. Overall our data is similar compared to programs of similar type. We have high percent of cases staged as unknown – which will be reviewed, as it accounts for the variance in stage.

COLON CANCER

FACILITY/STATE	STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4	UNKNOWN
FH MEMORIAL - 2017	9.6%	17.8%	23.3%	15.1%	20.5%	13.7%
FH MEMORIAL - 2016	3.1%	18.8%	25.0%	23.4%	26.6%	3.1%
FH MEMORIAL - 2015 (n=62)	2%	15%	34%	24%	23%	3%
COC-NATIONAL DATABASE (Comprehensive						
Community Programs in Florida; 46						
hospitals; n=3306)	6%	19%	24%	27%	18%	6%
COC-NATIONAL DATABASE (All types of						
programs in US- 1304 hospitals; n=70575)	5%	20%	24%	25%	20%	5%

We have a higher percentage of cases diagnosed with stage 4 disease in 2016 compared to national data. Our percent of cases of Stage 0 was quite low in 2015-2016, however, there was a substantial increase in 2017, higher than national average. We have high percent of cases staged as unknown – which will be reviewed.

Stage at Diagnosis with State and National Comparisons

LUNG CANCER - NON SMALL CELL

FACILITY/STATE	STAGE 1	STAGE 2	STAGE 3	STAGE 4	UNKNOWN
FH MEMORIAL - 2017	28.6%	9.0%	20.1%	40.6%	1.7%
FH MEMORIAL - 2016	34.9%	12.0%	15.7%	31.3%	6.0%
FH MEMORIAL - 2015 (n=170)	39%	9%	16%	35%	2%
COC-NATIONAL DATABASE (Comprehensive					
Community Programs in Florida; n=5755; 46					
facilities)	30%	9%	19%	39%	2%
COC-NATIONAL DATABASE (All types of					
programs in US- 1304 hospitals; n=126027)	29%	9%	19%	41%	2%

This review of lung cancer is limited to the non-small cell cancer type. In 2016, nearly 35% of our cases were diagnosed at Stage 1 compared to 30% in similar programs. During that same year, our stage 4 cases represented only 31% of our cases compared to 39% in similar programs. During 2017, our percent of cases with Stage 1 cases declined to 28% and our Stage 4 cases increased to 40.6%, which is similar to data of national comparisons.