

Lymph node counts from colon cancer resections

Presented: Cancer Committee Meeting on 3/7/2007

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Data Source: Twenty-one (21) serial cases after hiring dedicated pathologist assistant compared to twelve (12) randomly selected cases prior to assistant's arrival.

Reason for Study: The literature indicates that if the number of lymph nodes found at the time of colo-rectal surgery is less than 12 nodes, a result may be a decrease in survival as well as less than adequate prognostic indicators.

Findings: Changes were made within the Pathology Department regarding evaluation of colectomy specimens for lymph nodes. A dedicated pathologist's assistant was hired to do all of the gross examinations. Twenty-one serial cases were reviewed with regard to lymph node count. From these cases, five cases were identified where less than 12 lymph nodes were identified. Of these only two had no positive lymph nodes and both cases identified 11 lymph nodes. An average of the total number of nodes identified over these cases is 16.7 lymph nodes. Although sample number was small, no trends were identified with regard to surgeon or procedure.

This is an improvement over the average lymph node count before the addition of the specialized pathology assistant, which was estimated at 8.5 lymph nodes per resection for colon cancer. This number is derived from twelve randomly selected cases before the PA's arrival.

Conclusion: It is felt that with the new process improvement the patient's are being well staged for colon cancer. We currently strive for to the accepted CAP cancer committee guidelines of retrieving 12 lymph nodes per case. If 12 lymph nodes are not identified at the time of initial inspection, the specimen will be revisited after fixation in an attempt to identify further nodes. After which, if the minimum number of lymph nodes is not identified, additional techniques may be considered including fat dissolving mediums. The e-QuIP study below shows that locally we only achieved 33.8% compliance in lymph node removal. We are now able to document that 12 lymph nodes are being found. **Of note**, we achieved 100% compliance for stage IIB or III rectal cancer obtaining radiation therapy or consults.



electronic Quality Improvement Packet *e-QUIP* for Colorectal Cancers

Estimated Performance Rates for Selected Colorectal Cancer Measures Diagnosis Years 2003 & 2004

Interpreting this table: The estimated performance rate shown below provides your cancer program with an indication of the proportion of patients treated according to recognized standards of care. These proportions are computed based on data directly reported from your registry to the NCDB. This *e-QUIP* application provides cancer programs with the opportunity to examine data to determine if these performance rates are representative of the care provided at the institution. Cancer programs have the ability to review and modify cases using this application. Displayed performance rates are immediately updated as modifications via this *e-QUIP* are completed by cancer program staff. Note: Any modifications made online should be reflected at the local cancer registry. Cancer programs are encouraged to resubmit data to the NCDB.

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Measure	Estimated Performance Rate	Number of Cases by Diagnosis Year		
		2003	2004	Total
12RLN - Resected colon specimen should have at least 12 regional lymph nodes pathologically examined.	33.8% (24/71)	<u>40</u>	<u>31</u>	71
RECRT - Radiation therapy administered or considered for surgically resected Stage IIb or III rectal cancer.	100.0% (8/8)	<u>3</u>	<u>5</u>	8
Incomplete - Colon cases not assessable due to incomplete node dissection information		<u>0</u>	<u>0</u>	0
Incomplete - Rectal cases not assessable due to incomplete tumor characteristic information		<u>0</u>	<u>0</u>	0
N/A - Cases not applicable for measurement by definition		<u>43</u>	<u>46</u>	89
Grand Total - Total number of cases as submitted to the NCDB.		<u>86</u>	<u>82</u>	168

Background: The National Quality Forum has brought public and private payers together with consumers, researchers, and clinicians to broaden consensus on performance measures for Colorectal and colorectal cancer. The Commission on Cancer has been actively engaged in this process, and in anticipation of the release of NQF endorsed measures for Colorectal cancer care, the CoC has instituted a facility feedback mechanism through this reporting venue, the electronic Quality Improvement Packet (*e-QUIP*). To promote pre-emptive awareness to the importance of charting and coding accuracy, and in light of the national movement towards Pay for Performance (P4P), these reports provide CoC-Approved programs with a preliminary examination of program-specific Colorectal cancer care practices. We stress that these are only preliminary, as the measure specifications are subject to change in advance of their final endorsement.