2013 QUALITY REPORTS

It is the tradition of the Cancer Committee, in a spirit of transparency, to make available the quality reports created during the year which document the quality of the Cancer Program. The ACOS only requires one report for this past year.

Traditionally we have reported on quality of services reported by Pathology and Radiology. We have also reported on NCCN compliance with guidelines for 1-3 selected cancers, but instead, this year we have chosen to report on compliance with the ASCO Choosing Wisely campaign. We have, in the past, also reported on studies generated by a question raised at Tumor Board, but the study generated this year is not completed, and will be reported next year. There were no “Holding the Gain?” studies this year.

DEPARTMENT REPORTS

RADIOLOGY
The report confirms the ongoing quality of the mammography program, with more screening mammograms in 2012 compared to previous years with a “call back rate” better than national standards. There has been an improvement in tagging suspicious chest CTs for Chest Conference which will improve time to diagnosis. Also, an effort to develop a Lung Cancer Screening program is active. View the radiology report.

PATHOLOGY
Consistent with previous years, there is a 100% compliance with CAP protocols in reporting cancer pathology diagnoses. National standards hope to have a frozen section concordance better than 5%. For the past 4 years, the concordance rate is 1.19%. Outside review of PeaceHealth St. Joseph Medical Center pathology by a “referral center” laboratory is hoped to have a concordance of under 2%, with a 4 year concordance rate of 0.27%. Finally, “second reads” on Prostate Cancer and Sentinel Lymph Nodes reveal excellent concordance rates of 100% and 98.8% respectively.

HEAD AND NECK NAVIGATION
This report provides the detailed demographics of Head and Neck Cancers in our community, with an increasing numbers of patients being diagnosed. Detailed times from diagnosis to treatment are reported, and compared to published data are superior. View the head and neck navigation report.

LUNG CANCER NAVIGATION
This report details the new Lung Cancer Navigation Program. The major goal of the program was to reduce the time from diagnosis to treatment. The report charts the time interval for different periods of time. There has been a noticeable reduction in the time from diagnosis to treatment since the program’s inception. View the lung cancer navigation report.
CHOOSING WISELY COMPLIANCE STUDIES

PROSTATE CANCER STAGING
The ASCO’s Choosing Wisely campaign recommends that patients diagnosed with low grade and stage Prostate Cancer not have CTs and Bone Scans. If one uses the criteria of Stage T1c T2 + G1 6 or less + PSA less than 10, there was 100% compliance with the Choosing Wisely recommendations. View the prostate cancer staging report.

BREAST CANCER STAGING
The ASCO’s Choosing Wisely campaign recommends that patients with early stage Breast CA not have tumor marker studies and not have CTs on asymptomatic patients. This showed that some patients were getting these markers drawn during the study period or were having a CT ordered, with a compliance rate of 100% down to only 31%. Fortunately, there was a correlation for compliance and stage of disease, with the prime area of needed attention being for Stage 2 patients. View the breast cancer staging report.

DIAGNOSIS AND TREATMENT OF PROSTATE CANCER
Although not a “Choosing Wisely” campaign issue, there has been a call by many national organizations to scale back or eliminate PSA screening, and to also emphasize “Expectant Observation” instead of definitive treatment. There has been a decrease in the number of newly diagnosed Prostate CA in the community over the past few years, with an associated increase in Stage 4 disease. Since most cases of early Prostate CA are diagnosed by PSA screening, this implies that PSA screening has been reduced in this community. However, there has been no change in the percentage of patients who were treated with “expectant observation”, meaning that when a patient is diagnosed there has been no decrease in definitive therapy interventions. View the diagnosis and treatment of prostate cancer report.