

**Saint Peter's University Hospital
2018 Report on Cancer Quality Measure Outcomes (CP3R)**

As an accredited cancer program of the Commission on Cancer (CoC), Saint Peter's University Hospital routinely evaluates our adherence to national quality improvement and accountability measures. This promotes continuous practice improvement in order to improve quality of patient care. As part of this process Saint Peter's participates in a reporting tool called Cancer Program Practice Profile Report (CP3R). This tool not only measures compliance with standard of care practices for major cancers, but provides comparative data with the aim to identify problems in practice and delivery and to evaluate how processes can be improved to promote evidence-based practice.

Below is 2016 data released by the Commission on Cancer in November 2018. Saint Peter's University Hospital meets and in many instances exceeds the national average for compliance set by the Commission on Cancer. Highlighted percentages indicate rates higher than the national average.

| Cancer Site | CP3R Measure | CoC Required Performance Rate | 2016 Outcome: SPUH |
|--------------------|--|--------------------------------------|---------------------------|
| Breast | Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer. | 90% | 94.4% |
| | Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer. | 80% | 100% |
| Colon | At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. | 85% | 95.5% |
| 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 | 85% | 100% |
| | Surgery is not the first course of treatment for cN2, M0 lung cases | 85% | 100% |
| Rectum | Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or stage III; or postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer | 85% | 100% |