

# Improving Uniformity of Care for Colorectal Cancers Through National Quality Forum Quality Indicators at a Commission on Cancer–accredited Community Based Teaching Hospital

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## KEYWORDS

• Colon cancer • Rectal cancer • Preoperative radiation • Nodes

Winthrop-University Hospital is a 591 bed community based teaching hospital affiliated with the State University of New York at Stony Brook (SUNY-SB). The hospital provides clinical clerkships and fourth year electives for students from SUNY-SB and will soon become a clinical campus of the medical school with full responsibility for the final 2 years of education for a cohort of these students. The hospital offers independent residencies in internal medicine, obstetrics-gynecology, pathology, pediatrics, and radiology, and has integrated residencies with SUNY-SB in general surgery and orthopedics. Fellowships are available in many medical and pediatric subspecialties, as well as in colorectal surgery and vascular surgery.

Most faculty members, particularly in surgery, are community physicians. In General Surgery, there are 40 practicing surgeons, of whom 9 are full time. Eight of the general

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surgeons have also been fellowship trained in colorectal surgery and all of these are community surgeons. Most of the colorectal surgeons work for 1 of 2 groups, but there are solo practitioners as well, which leads to a diversity of practice settings and styles for those surgeons engaged in the resection of colorectal cancers.

Winthrop has had a cancer program accredited by the Commission on Cancer (COC) since 1966. The COC began to provide information to its accredited programs in 2005 on the degree to which these programs were adhering to standards of care associated with best outcomes. Initially this program, called the Cancer Program Practice Profiles Reports (CP3R), focused on the use of adjuvant chemotherapy after resection of node positive (stage III) colon cancer. Data from the National Cancer Data Base (NCDB) on the use of chemotherapy after resection of node positive colon cancer was reported back to each accredited center with a ranking of its performance as concordant if the center was in the top 25% of centers in the use of chemotherapy, or nonconcordant if it was in the bottom 75%. If they were nonconcordant, centers were provided with registry accession numbers for the patients who did not receive the recommended therapy to enable them to review and update their records. Winthrop's data, at the time of initial reporting, was concordant for this measure, (Tables 1 and 2) so there was little incentive to change treatment patterns.

Beginning in 2008, the COC expanded its CP3R measures to 6, 4 of which were endorsed by the National Quality Forum (NQF). The new measures focused on 3 parameters in the treatment of breast cancer and 3 parameters in the treatment of colorectal cancer. For colorectal cancer, the measures continued the assessment of chemotherapy use for stage III colon cancers and added an assessment of the number of lymph nodes removed during resection of colon cancers and the use of radiation in the treatment of rectal cancer. These added measures provided an opportunity to study the quality of care provided by surgeons caring for colorectal cancer at our institution and form the basis for this report.

## MATERIALS AND METHODS

Data on the use of radiation for rectal cancer and the numbers of lymph nodes removed during colon resection for treatment of colon cancer for the years 2004 to 2007 were obtained from the CP3R information provided online to Winthrop by the NCDB (Fig. 1). Review of the NCDB CP3R data on the use of radiation for patients less than 80 years of age with T4N0M0 or stage III rectal cancer showed that all 12

**Table 1**  
Winthrop-University Hospital cancer program practice profile reports (CP3R) for rectum cancers diagnosed 2004 to 2007

	Performance Rates and Reported Cases				
	2004	2005	2006	2007	All
Radiation therapy is considered or administered within 6 mo (180 d) of diagnosis for patients <80 y with clinical or pathologic AJCC T4N0M0 or stage III receiving surgical resection for rectal cancer:					
Estimated performance rates (%)	100	100	100	100	100
Performance rate (numerator/denominator)	4/4	1/1	4/4	3/3	12/12
Total number of rectum cancer cases reported to NCDB	25	27	31	19	102

Abbreviation: AJCC, American Joint Commission for Cancer.

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