Commission on Cancer®

A QUALITY PROGRAM of the AMERICAN COLLEGE OF SURGEONS

NATIONAL CANCER DATABASE

CoC Quality Measures

The Commission on Cancer (CoC) and the CoC's Quality Integration Committee approve quality measures to be reported in the National Cancer Data Base (NCDB) Quality Reporting Tools. These measures use cancer registry data elements to track measure compliance allowing CoC-accredited cancer programs to benchmark their performance with other CoC-accredited programs. This document provides definitions of the three types of measures and a brief description of the measures currently found in the NCDB Quality Reporting Tools.

There are several types of measures and it is important to understand the function of each. Evidence-based measures or **accountability** measures promote improvements in care delivery and are the highest standard for measurement. These measures demonstrate provider accountability, influence payment for services and promote transparency. The **quality improvement** measure function is to monitor the need for quality improvement or remediation. Generally, these measures are for individual program use. **Surveillance** measures are used to identify the status quo, generate information for decision-making, and/or to monitor patterns and trends of care.

The following Table summarizes the purposes and use of these measures:

Measure Type	Measure Purpose and Use
Accountability	High level of evidence supports the measure, including multiple randomized control trials. These measures can be used for such purposes as public reporting, payment incentive programs, and the selection of providers by consumers, health plans, or purchasers.
Quality Improvement	Evidence from experimental studies, not randomized control trials supports the measure. These are intended for internal monitoring of performance within an organization.
Surveillance	Limited evidence exist that supports the measure or the measure is used for informative purposes to accredited programs. These measures can be used for to identify the status quo as well as monitor patterns and trends of care in order to guide decision-making and resource allocation.

Measure Description	Measure Type	Initial CP3R Release
Bladder		
BL2RLN At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy	Surveillance	Spring 2016
Breast		
BCSRT (NQF #219) Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.	Accountability	Fall 2008
MAC (NQF #0559) Combination chemotherapy is recommended 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.	Accountability	Fall 2008
HT (NQF #0220) Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB - III hormone receptor positive breast cancer.	Accountability	Fall 2008
MASTRT 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.	Accountability	Spring 2014
nBx Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer.	Quality Improvement	Spring 2014
BCS Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer.	Surveillance	Spring 2014
Cervix		
CBRRT Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer	Surveillance	Spring 2015
CERRT Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer	Surveillance	Spring 2015
CERRT Chemotherapy administered to cervical cancer patients who received radiation for stages IB2-IV cancer (Group 1) or with positive pelvic nodes, positive surgical margin, and/or positive parametrium (Group 2)	Surveillance	Fall 2015
Colon		
ACT (NQF #0223) Adjuvant chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer.	Accountability	Fall 2008
12RLN (NQF #0225) At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.	Quality Improvement	Fall 2008
Endometrium		

ENDCTRT Chemotherapy and/or radiation administered to patients with Stage IIIC or IV Endometrial cancer	Surveillance	Fall 2015
ENDLRC Endoscopic, laparoscopic, or robotic surgery performed for all Endometrial cancer (excluding sarcoma and lymphoma), for all stages except stage IV	Surveillance	Fall 2015
Gastric		
G15RLN At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer.	Quality Improvement	Fall 2014
Melanoma of the Skin		
M05IgLN At least 5 regional lymph nodes are removed and examined in Inguinal lymph node dissection	Surveillance	Spring 2016
M10AxLN At least 10 regional lymph nodes are removed and examined in Axillary lymph node dissection	Surveillance	Spring 2016
MCLND Completion Lymph Node Dissection use after positive Sentinel Lymph Nodes Biopsy	Surveillance	Spring 2016
Non-Small Cell Lung		
10RLN At least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IA, IB, IIA, and IIB resected NSCLC	Surveillance	Fall 2014
LCT 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.	Quality Improvement	Fall 2014
LNoSurg Surgery is not the first course of treatment for cN2, M0 lung cases	Quality Improvement	Spring 2015

Ovary		
OVSAL Salpingo-oophorectomy with omentectomy, debulking; cytoreductive surgery, or pelvic exenteration in Stages I-IIIC Ovarian cancer	Surveillance	Fall 2015
Rectum		
RECRTCT 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.	Quality Improvement	Spring 20