CANCER LIAISON PHYSICIAN

CLP Report Using the Following Components:

- Standard 4.3 CLP Report for (date of meeting)
- NCDB reporting tool utilized:
- Topic of study:
- Purpose of study:
- Data:
- Analysis:
- Recommendation:

Standard 4.3 CLP Report for cancer committee meeting April 28, 2016

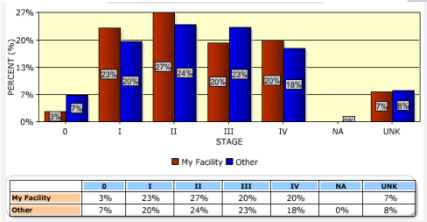
Reporting tool: NCDB Benchmark reports

Topic of Study: Stage of colon cancer treated at General Hospital, Anywhere, USA compared to national aggregate data.

Purpose: Following a recent cancer conference several surgeons thought that there is more stage 3 colon cancer treated here. The study will evaluate stage of disease and will also evaluate the effects of several variables on the stage of disease such as age group, insurance status, distance traveled.

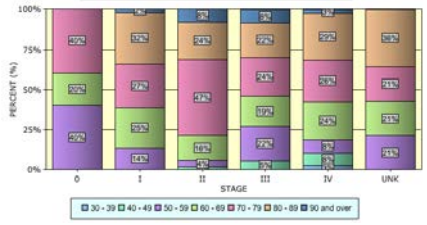
Data:

The stage comparison is listed below:



	0	I	II	III	IV	NA	UNK
My Facility	3%	23%	27%	20%	20%		7%
Other	7%	20%	24%	23%	18%	0%	8%

The effect of age group on stage of disease:



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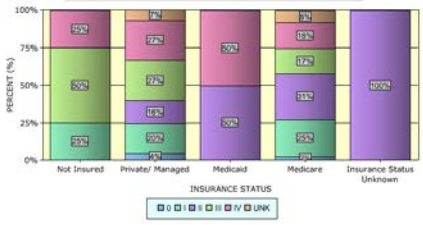
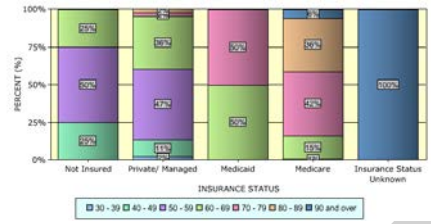
Age Group by Stage of Colon Cancer Diagnosed in 2003 to 2013
All Diagnosis Types

Age Group	Stage 0	I	II	III	IV	UNK	Totals N	%
1. 30 - 39	.	.	.	.	1	.	1	0.53%
	.	.	.	.	100%	.	100%	
2. 40 - 49	.	.	1	2	3	.	6	3.17%
	.	.	16.7%	33.3%	50%	.	100%	
3. 50 - 59	2	6	2	8	3	3	24	12.7%
	8.3%	25%	8.3%	33.3%	12.5%	12.5%	100%	
4. 60 - 69	1	11	8	7	9	3	39	20.63%
	2.6%	28.2%	20.5%	17.9%	23.1%	7.7%	100%	
5. 70 - 79	2	12	24	9	10	3	60	31.75%
	3.3%	20%	40%	15%	16.7%	5%	100%	

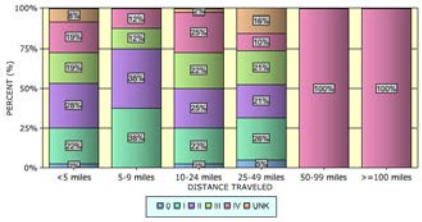
The effect of insurance status on stage of disease:



Insurance status of the age groups:



Effect of distance traveled on stage of disease:



Analysis:
The stage profile does not differ very much from the national aggregate data. However when evaluating by a number of variables, the age group has the greatest effect on number with stage 3 disease. At this facility, 47% of patients with stage 3 disease are less than 70 years of age. Also 16/30 (53.3%) patients under the age of 60 presented with stage 3 and 4 disease.

The insurance status indicates that those with private insurance are younger and have more late stage disease. The distance traveled did not have an effect on stage of disease. There were only 2 patients with very late stage who traveled over 50 miles.

In conclusion, stage 3 colon cancer occurs more frequently in patients less than 70 y/o treated through this facility.

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Recommendation to cancer committee:
It is generally recognized that younger age groups presenting with colon can have a higher percentage with an inherited factor as part of their disease process. This information would be important in treatment planning for this group of patients and also important for their family to know.

The NCCN guidelines recommend that all patients with colon cancer less than 70y/o have their specimens evaluated for either microsatellite instability (MSI) or mismatch repair gene defects (MMR).

One important question arises from this study. How often is this recommended testing of resected colorectal specimens being done at our facility?

It is recommended that a retrospective study be done of the colorectal cancer cases for the last 5 years to determine whether the pathology reports for colorectal cancer cases are being tested according to the NCCN guidelines.

How can we drive the CLP to be thinking about developing program goals or QI projects based on their analysis of the data?

In this example of a CLP study using NCDB benchmark reports, the next step would be for the CLP to lead a cancer committee discussion in which a standard 4.7 quality study is planned to determine how well colorectal specimen processing and testing adheres to the NCCN guideline in their facility and if it does not adhere well, then a 4.8 quality improvement would need to be done to improve the rate of testing.