



CoC Standards 4.4 and 4.5 for 2016 Surveys

The Accreditation Committee has released the expected Estimated Performance Rates (EPR) for accountability and quality improvement measures assessed for the Commission on Cancer (CoC) Standards 4.4 and 4.5 for programs being surveyed in 2016. These standards require performance rates be met annually according to the specified accountability and quality improvement measures defined by the CoC.

Evaluation Criteria of Measures

To be compliant with Standards 4.4 and 4.5, cancer programs must:

- 1) Meet the above performance rates either with their EPR listed in CP³R or the upper bound of the 95% confidence interval; or
- 2) If the performance rates are below the EPR, cancer programs must establish, document, and implement a corrective action plan that reviews and addresses improving performance.

Expected Performance Rates

Expected EPRs have been established based on a review of current performance by CoC accredited cancer programs for these measures. Each of the measures listed below will be assessed and rated for 2016 surveys. Programs must be in compliance with the expected EPRs for each of the years listed below. EPRs remain the same as previously released for cases diagnosed in 2011-2012.

To be cognizant of the increasing number of quality measures assessed in Standards 4.4 and 4.5, rating of the breast and colon chemotherapy accountability measures has been discontinued starting with 2016 surveys. However, CoC-accredited cancer programs are expected to continue internal monitoring of these measures and correcting any identified issues. In the future the CoC may reinstate assessment of these quality measures for this standard.

Table 1: 2016 CoC Survey's Assessed Quality Measures and Expected EPRs

Measure	Expected EPR		
	2011	2012	2013
Standard 4.4 Accountability Measures			
BCSRT - Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer	90%		
HT - Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage II or stage III hormone receptor positive breast cancer.	90%		
MASTRT - Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes.	NA	90%	90%
Standard 4.5 Quality Improvement			
nBx - Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer.	NA	80%	80%
G15RLN -At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer.	NA	NA	80%
12RLN - At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.	80%	85%	85%
LCT - Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is considered for surgically resected cases with pathologic, lymph node-positive (pN1) and (pN2) NSCLC.	NA	NA	85%
LNoSurg - Surgery is not the first course of treatment for cN2, M0 lung cases	NA	NA	85%
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 considered; for patients under the age of 80 receiving resection for rectal cancer	NA	NA	85%

Note: Expected EPRs include the EPR and the upper limit of the confidence interval for the EPR.

How to Interpret Confidence Intervals

The following tables provide examples on how to interpret the 95% Confidence Intervals for compliance with Standards 4.4 and 4.5.

Example 1 – Compliance with Standard 4.4 based on the upper limit of the confidence interval

Survey Year	CP3R Diagnosis Year	Measure	EPR	Calculated Performance Rate (95% CI)	Rating
2016	2013	BCS/RT	90%	94.6 (90-99.2)	1
		HT	90%	86.4 (72.1-100)	
		MASTRT	90%	85.7 (59.8-100)	

In the table above, the program's actual performance rate for the HT measure is 86.4%, and the upper bound of the 95% CI is 100%, which is above the 90% expected EPR. The program will be assessed as meeting the performance criteria for the HT measure as the CI indicates that the rate is not significantly different from the EPR. In Example 1, all of the accountability measures meet the evaluation criteria.

Example 2 – Non-compliance with expected EPR based on the upper limit of the confidence interval

Survey Year	CP3R Diagnosis Year	Measure	EPR	Calculated Performance Rate (95% CI)	Rating
2015	2012	BCS/RT	90%	80.2 (75-85)	5* (if no action plan in place)
		HT	90%	86.4 (72.1-100)	
		MASTRT	90%	79.6 (73.3-85.9)	

In the table above the program's calculated performance rate for BCS/RT is 80.2% and the MASTRT is 79.6%. These performance rates do not meet the 90% EPR; neither do the upper bound of the CI (85% and 85.9% respectively) meet or exceed the 90% EPR. In order to be compliant with Standard 4.4 this program would need to develop an action plan for these measures.

Programs should apply this assessment for each diagnosis year and quality measure being assessed.