

1. Login to CoC Datalinks.
2. From the National Cancer Data Base Reporting Tools menu select *NCDB: Cancer Program Practice Profile Reports (CP<sup>3</sup>R) (v3)*

**Important hint:** This site provides helpful tools and tips that are found when clicking on the blue bar on the left side of the page.
3. Double click on your program name. This will open a page that contains **Facilities Measures** and **Measures Comparison** tabs.
4. The **Facilities Measures** tab contains tabs for each of the cancer sites that have quality measures assigned.
5. To study an individual measure performance and conduct a case review, select one of the tabs to display the measures for that cancer site.
  - To study performance rates for a particular measure click on the review icon at the far right end of the row.
  - On this page the performance rate is listed for each year along with the numbers of cases eligible, concordant and non-concordant, and cases that could not be considered because of incomplete tumor characteristics.
  - To complete an individual case study for that measure, click on the blue numbers on this page.
  - In cases eligible for the measure, click on the blue number of non-concordant for a list of cases for review.
  - If there any cases not considered due to incomplete tumor characteristics, click on that blue number, to identify them.
6. To do a comparison study click on the **Measures Comparison** tab and a summary of comparison for all measures is presented.
  - To do a comparison study for a particular measure, click on the review icon at the far right end of the row.
  - This step opens a screen that provides the estimated performance rate and the confidence intervals (CI) with comparisons for your program, the accredited programs in your American Cancer Society division, census region, state and for all CoC accredited programs.

Note: The CI is very important because it helps provide a fair comparison for programs with low volumes. A program is compliant if the performance rate for a particular measure is above the set rate or the upper limit of the CI is above the set rate.

Note: tabs with performance rate comparisons for current and past years are available.

- Click on the Estimated Performance Rates (Facility EPR) link on the upper left which will return you to the comparison summary page to select another measure for that site or select a new site.

7. Create a CLP report for cancer committee.

- a) Complete an analysis in the **Measures Comparison** tab of a measure in which the performance rate is not compliant or could be improved.
- b) Complete an analysis in the **Facilities Measures** tab:
  1. Study cases in the numerator that are non-concordant to determine cause and recommend a process improvement that would improve results.
  2. Study cases that could not be considered because of incomplete tumor characteristics (I). These are cases could be counted but information is missing from pathology reports. A review of these cases may result in a recommended process improvement for pathology reports.

8. Prepare a power point presentation.

- a) Use the **Print Screen** function or the Save to Excel function to create slides for your cancer committee reports.
- b) Always add a slide at the end of the presentation to explain your findings and list your recommendations.

**IMPORTANT:** While it may be necessary to collaborate with the tumor registrar and the quality management coordinator in your program to complete these studies, it is the responsibility of the CLP to monitor the CP3R quality and accountability measures for any problem areas, initiate the study, perform an analysis of the results and present them with recommendations to cancer committee.

Note: If an analysis is completed and no problem areas are found, a report should be made to the cancer committee and the results celebrated.

Submitted by  
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