NCDB
Hospital
Comparisons

DELAYS IN TREATMENT?

The Hospital Comparison Benchmark Reports contain more than 11 million cases diagnosed between 2000 and 2010. This reporting tool includes data for all types of cancers. Three different types of reports can be created:

- Data reported from your own cancer registry;
- Aggregated data by hospital system, state, or region or at the national level;
- Comparisons between your cancer program and all the other programs you choose to include in a comparison group.

You can filter your case selection by diagnosis year and by whether or not patients were diagnosed only, diagnosed and treated, or only treated at the centers included in your report.

Data elements included in this reporting tool are:

- Patient demographics
- Socioeconomic characteristics
- Comorbid disease burden
- Patient travel distance
- Histo-pathologic characteristics
- AJCC Stage
- Treatment: Surgery, radiation, medical oncology
- Timeliness of treatment

TIME TO TREATMENT

The Hospital Comparison Benchmark Reports provide a measure of elapsed time, in days, between a patient's diagnosis and the date on which first treatment was reported to have started.

Disease-site specific distributions of the elapsed time between diagnosis and treatment were evaluated to establish decile ranges. A cut point, using an aggregate analysis of data from the NCDB, was identified to group patients in the last, or most time-delayed, decile.

How to interpret this item:

The elapsed-time cut-point used in this data element separates patients into two groups: The time within which 90 percent of patients across all CoC-accredited programs started therapy and the time after which the last 10 percent of patients initiated therapy.

For example, across all CoC-accredited programs, 90 percent of prostate cancer patients started therapy within 123 days of diagnosis, and 10 percent of patients waited at least 124 days before their treatment was started.

Programs can assess the "timeliness" of their care by assessing the proportional variation of the time to treatment of patients treated at their program, compared with the CoC "norm."

If your program has more than 10 percent of its cases in this last decile category, this may signal that patients at your center are experiencing delays in their treatment compared with aggregate national data.

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RUNNING THE REPORT

The timeliness of care at your cancer program can be reviewed by making the following selections:

- Report Type: My Hospital Only
- Case Selection: Select a diagnosis year and a cancer site.
- Analysis Variables: Select "Days to First Rx (Decile)."
- Note: When either the decile or quartile "Days to First Rx" analysis variable is selected, the Case Type will be automatically limited to cases that were either diagnosed at your program or referred to your program, but had some or all of their therapy at your program; this removes any cases that may have been diagnosed at your program and referred elsewhere for their treatment.

In this example, we are generating a report showing the elapsed time to treatment of prostate cancer patients diagnosed in 2010 that received some or all of their therapy at "My Hospital."

Once the query is executed, click the % radio button in the green bar above the generated figure. This allows the columns in the figure to display the proportion of cases in each category along the x-axis.

INTERPRETING THE REPORT

In this example, 83.3 percent of prostate cancer patients begin treatment within 123 days of their cancer diagnosis, and 16.7 percent wait at least 124 days before starting therapy.

In comparison with the national norm, as measured using data from CoC accredited programs, this report suggests that a disproportionate number of prostate cancer patients wait more than four months before starting therapy.
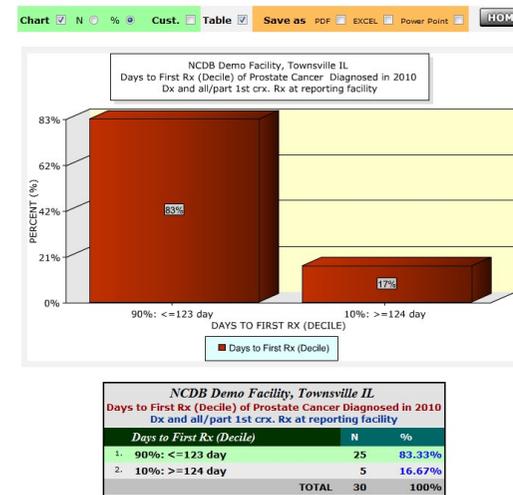
NEXT STEPS

Additional review of the hospital's patient case-mix showed a disproportionate representation of elderly minority patients among those experiencing "delayed" treatments.

- Does this point to potential opportunities to expand community outreach programs, coordinate transportation services, or establish a patient navigator program for these patients?

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