



Cancer Programs Practice Profile Reports (CP3R)

Introduction

The Commission on Cancer’s (CoC) National Cancer Data Base (NCDB) staff has undertaken an effort to improve the transparency with which the measures in the CP3R and RQRS reporting systems are calculated. To this end, for each measure, supporting information, three tables and a flow-diagram are provided:

- The measure type, clinical rationale and references are provided.
• The Measure Item List table provides each cancer registry data item used in the assessment of the indicated measure. This includes the FORDS data item name, the North American Association of Central Cancer Registry (NAACCR) item number and a brief description of each item.
• The Case Eligibility Criteria table itemizes the steps taken to determine whether cases belong in the measure denominator for cases diagnosed 2010 and later. Each condition is described and is accompanied by the data item and code values used in the assesment.
• The Numerator Criteria table illustrates how cases are assessed to determine whether they qualify for the numerator of the measure, in other words are concordant for the standard of care.
• A flow-diagram is provided to illustrate the steps through which cases pass as they are evaluted for the indicated measure. The number appearing in each flow-diagram element corresponds to the assessment criteria appearing in the Case Eligibility Criteria and Numerator Criteria tables.

Note: Newly adopted measures will be integrated into CP3R prior to their release in RQRS.

Measure Definitions

This document provides specifications for the following measures:

Table with 3 columns: Measure, Measure Abbreviation, Measure Type. Row 1: At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer, G15RLN, Quality Improvement

Measure Type

There are several types of measures approved by the CoC. 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 definition 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.



G15RLN - Gastric Measure: At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer

Measure Type: Quality Improvement

Clinical Rationale:

Evidence of improved overall survival outcomes with improved lymphadenectomy

References:

1. Al-Refaie, WB, Gay, G., Virnig, BA, Tseng, JF, Stewart, A, Vickers, SM, Tuttle, TM, and Feig, BW. Variations in Gastric Cancer Care. *Cancer* 2010; 465-475. DOI: 10.1002/cncr.24772
2. Baxter NN, Tuttle TM. Inadequacy of lymph node staging in gastric cancer patients: a population-based study. *Ann Surg Oncol.* 2005;12:981-987.
3. Bilimoria KY, Bentrem DJ, Stewart AK, et al. Lymph node evaluation as a colon cancer quality measure: a national hospital report card. *J Natl Cancer Inst.* 2008;100:1310-1317.

Note: This measure applies to cases diagnosed in 2010 and later.

Measure Item List		
FORDS Data Item	NAACCR #	Description
Primary Site	400	Anatomic Site of origin of the cancer
CS Site Specific Factor 25	2879	CS Site Specific Factor 25 is used along with primary site to identify whether the cancer originated in the stomach or the esophagus
Sex	220	Sex of patient
Age at Diagnosis	230	Age of patient at diagnosis
Sequence Number	560	Sequence of malignant and nonmalignant neoplasms over the lifetime
Histology	522	Microscopic or cellular anatomy of the cancer
Behavior Code	523	Neoplastic behavior of the cancer
Class of Case	610	Indicates the reporting facility's role in managing the cancer
Clinical M	960	AJCC Clinical M
Pathologic M	900	AJCC Pathologic M
Clinical Stage Group	970	AJCC Clinical Stage Group
Pathologic Stage Group	910	AJCC Pathologic Stage Group
Surgical Procedure of the Primary Site at this facility	670	Surgical procedure of the primary site performed at this facility
Regional Lymph Nodes Examined	830	Total number of regional lymph nodes that were removed and examined
Regional Lymph Nodes Positive	820	Total number of regional lymph nodes examined and found to contain metastases

Case Eligibility Criteria			
Diagram Reference	Assessment	FORDS Item	FORDS Codes
1	Primary Site Gastric (excluding GE Junction (160); and excluding Fundus (161) and Body (162) if <=5 cm from Esophagogastric Junction and crossing the esophagogastric junction)	Primary Site	C163, C164, C165, C166, C168, C169 OR C161, C162 and CS Site Specific Factor 25= 000, 030, 981, 999
		CS Site Specific Factor 25	
2	Adult patient over the age of 17 at diagnosis	Age at Diagnosis	018-120
3	Any Sequence of malignant neoplasm	Sequence Number	00 – 59, 99
4	Invasive or in situ tumors	Behavior Code	2, 3
5	All or part of the first course of treatment was performed at the reporting facility	Class of Case	10, 11, 12, 13, 14, 20, 21, or 22
6	Male or female	Sex	1, 2
7	Gastric Adenocarcinoma	Histology	Select adenocarcinomas 8140-8240, 8255-8576 from stageable stomach ranges: 8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990
8	Exclude Stage IV, any M+ (clinical or pathological).	Clinical M	≠(c1,p1)
		Pathologic M	≠(c1,p1)
		Clinical Stage Group	≠4
		Pathologic Stage Group	≠4
9	Gastric Resection Cases at this Facility	Surgical Procedure of the Primary Site at this facility	30 - 80

Numerator Criteria			
Diagram Reference	Assessment	FORDS Item	FORDS Codes
10	At least 15 regional lymph nodes are removed and pathologically examined for gastric resections at this facility.	Regional Lymph Nodes Examined	Regional Lymph Nodes Examined = 15 - 90
		Regional Lymph Nodes Positive	AND Regional Lymph Nodes Examined ≥ Regional Lymph Nodes Positive

Note:

- 1) Sept 2015 CP3R release updates:
 - a. Allow behavior code 2.
- 2) August 2016 updates:
 - a. NAACCRv16, add c or p prefix to TNM.
- 3) June 2017 updates:
 - a. Diagram step 4 correction. Doc only.

G15RLN - Gastric Measure: At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer

