

● ● ● NATIONAL
● ● ● CANCER
● ● ● DATABASE

Tools, Reports, and Resources



What the **National Cancer Database** (NCDB) does for CoC-Accredited Programs



By using the NCDB, CoC-accredited programs can proactively improve delivery and quality of care for cancer patients through the comparison and evaluation of their data.

The National Cancer Database (NCDB), a joint program of the Commission on Cancer (CoC) of the American College of Surgeons and the American Cancer Society, is a nationwide database containing approximately 34 million records from hospital cancer registries.

Annually, all CoC-accredited programs are required to submit data to the NCDB. The data include, but are not limited to, patient characteristics, cancer staging and tumor histological characteristics, type of first-course treatment administered, and outcomes information. The data provided give CoC-accredited programs access to Web-based tools that enable the programs to:

- Evaluate and compare the cancer care delivered to patients diagnosed and/or treated at their facility with that provided at state, regional, and national cancer facilities
- Identify areas for quality improvement to ensure that patients receive the right treatment at the right time
- Compare quality-related performance measures with aggregated CoC-accredited programs, including accountable, quality improvement, and surveillance measures
- Assess performance with 23 quality measures across 10 disease sites, as the CoC is committed to adding new quality measures to demonstrate best practice
- Run benchmark reports to drive quality improvement and quality assurance activities
- Track and analyze data on all types of cancer to:
 - explore trends in cancer care
 - review regional and state benchmarks for CoC-accredited hospitals
 - serve as the basis for quality improvement
- Determine patients lost from or referred to their programs



Accredited programs utilize the data for:



Community Assessment

- Identify potential areas of outreach and areas for population screening for cancers by site, age group, and race/ethnicity groups
- Develop treatment practices to meet community needs
- Develop cancer prevention programs based on the community needs
- Provide information to address Cancer State Plan requests

Quality Improvement

- Identify survival rates by stage and disease site for a program
- Assess past performance rates on quality measures
- Enhance coordination of care and completeness of data through the use of actionable alerts of anticipated adjuvant therapies
- Demonstrate accountable, evidence-based care at the local level
- Identify areas to focus quality improvement efforts

Cancer Program Administration

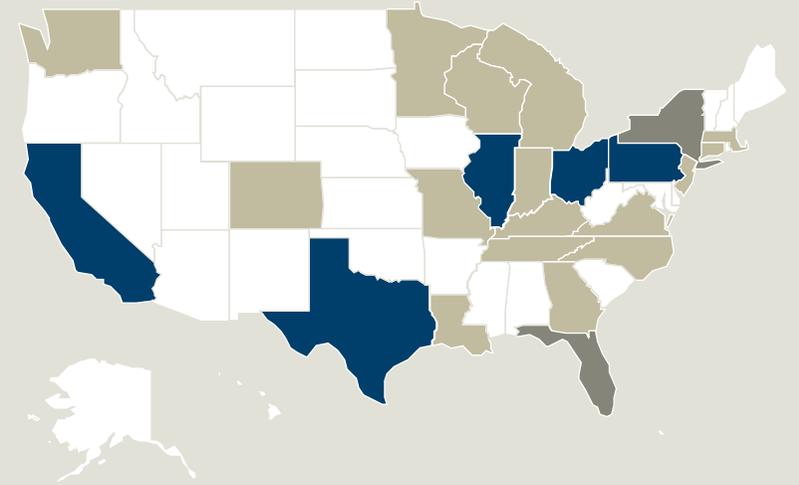
- Use data to negotiate favorable reimbursement
- Identify areas to market programs through demographic variables that define gender, race/ethnicity, age group, and education level



Ensuring the highest-quality,
multidisciplinary, patient-centered
cancer care

Accredited
Programs
by State

- <25
- 25-49
- 50-74
- 75+



1,500+
Accredited
Programs

70%

**newly diagnosed
cancer cases
included annually**

National Cancer
Database
established

1989

34 million records

2016

Hospital Comparison Benchmark Reports

Provide authorized users with the ability to run personalized reports.

Cases diagnosed between 2003 and 2013 are available to users, and the reports that can be run include data for all types of cancer (categorized into 73 different analytic types). Users can generate three different types of reports showing:

- Data reported to the NCDB from their own cancer registry
- Aggregated data by hospital system, state, region, or at the national level
- Comparisons of the cases submitted to the NCDB by the user's cancer program and all the other programs identified by the user in the comparative group

Survival Reports

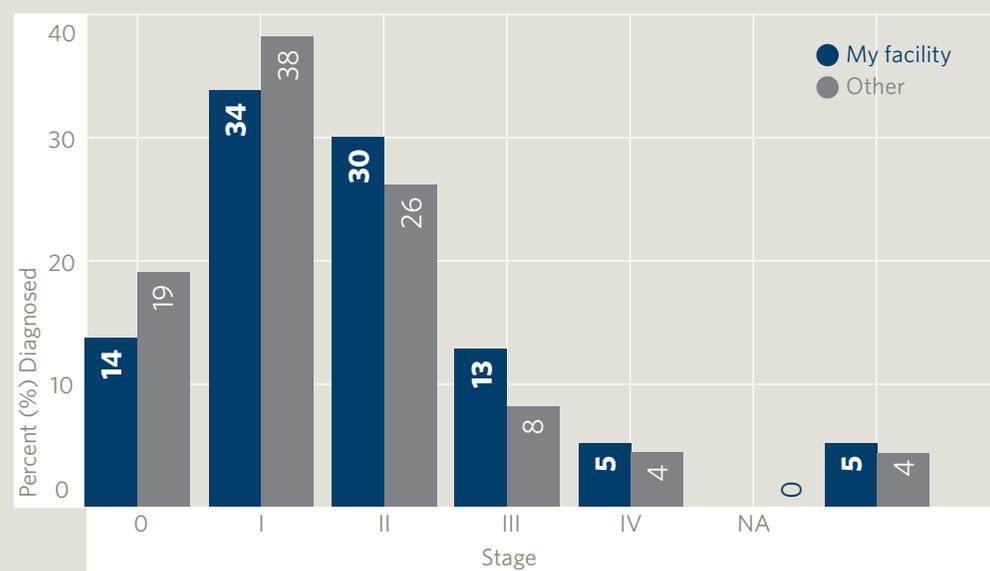
Allow programs access to unadjusted American Joint Committee on Cancer (AJCC) stage-stratified, five-year observed survival rates for all cancer sites.

Users generate program-specific survival reports filtered by the primary site of the cancer and diagnosis period. Display shows overall and AJCC stage-stratified rates, including 95 percent confidence intervals. In addition, users can stratify by stage and sex, age group, or comorbidity score.

PLEASE NOTE: The Commission on Cancer policy does NOT permit public reporting of survival data.¹

Comparison of Stage of Breast Disease (Sample).

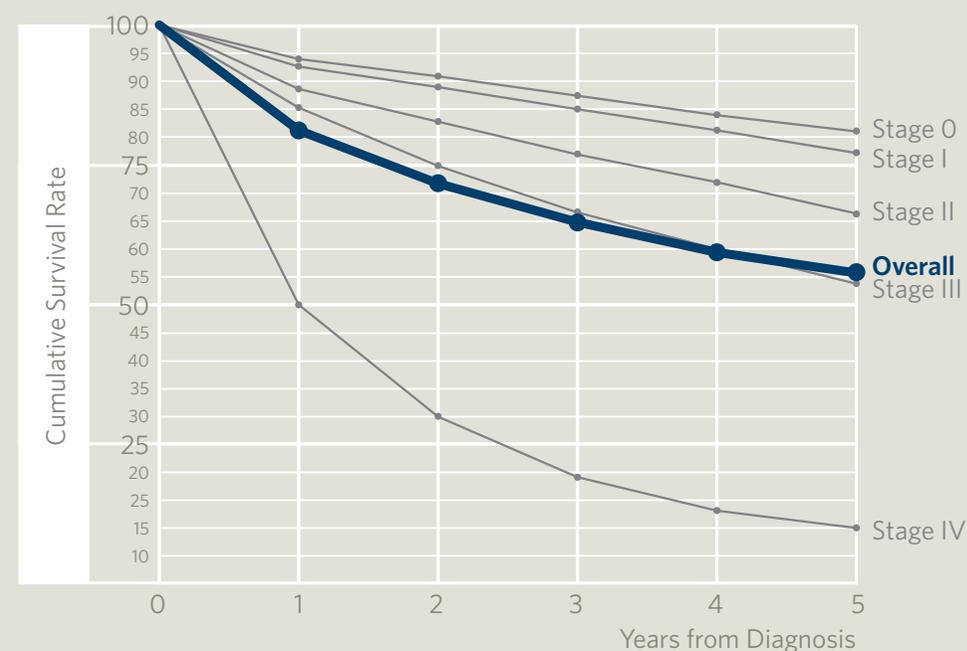
Stage of Breast Cancer Diagnosed in 2003 to 2013. NCDB Hospital vs. All Types Hospitals in All States. All Diagnosed Cases. Data from 1,549 Hospitals.



The reports allow the user to assess the need for screening in their community by comparing stage at presentation of disease for your program with other CoC-accredited cancer programs.

Stage-Stratified, Five-Year Survival for Major Cancer Sites (Sample).

Observed Survival for Colon. Cases Diagnosed in 2003–2008. Data from 1,485 Programs (National).



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Cancer Program Practice Profile Reports (CP³R)

Provide comparative information to assess adherence to and consideration of standard of care therapies for major cancers.

Types of cancer include bladder, breast, cervix, colon, endometrial, gastric, lung, melanoma, ovary, and rectal. This information promotes continuous practice improvement to improve quality of patient care and enables cancer programs to compare the care provided for these patients with other providers at the national level.

Rapid Quality Reporting System (RQRS)

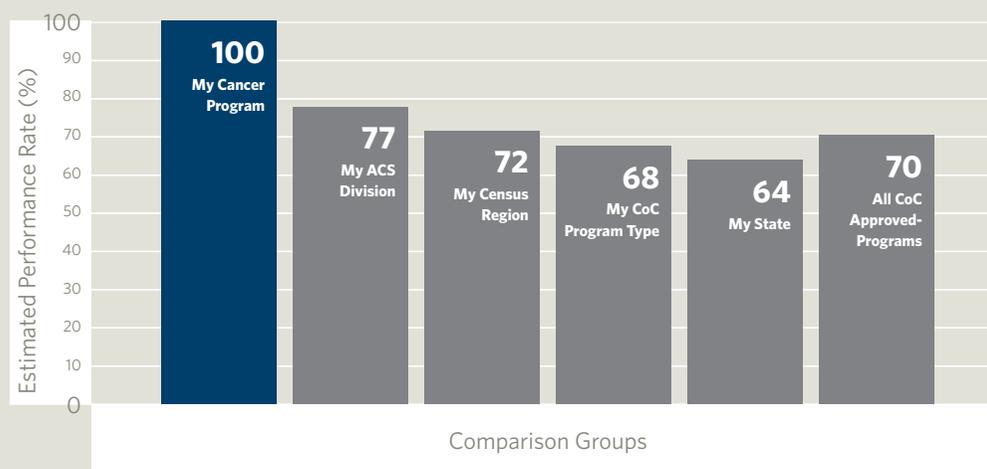
Advance evidence-based treatment using real, clinical-time data.

This Web-based reporting system offers a prospective alert system based on real clinical time for anticipated care, which supports care coordination required for breast and colon cancer patients.

Compliance Rates to CoC-Approved Measures (2010–2013) (Sample).

Measure	CoC Std / %	Estimated Performance Rates (%)			
		2010	2011	2012	2013
ACT ¹	4.4 / 90%	92.00	100.00	100.00	94.70
12RLN ²	4.5 / 85%	80.00	86.90	84.00	87.30

Comparison of Compliance—Your Program with Other CoC-Accredited Programs



¹ ACT: Accountability; (National Quality Forum (NQF) #0223) Adjuvant chemotherapy is considered or administered within four months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node-positive) colon cancer.

² 12RL: Quality Improvement; (NQF #0225) At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.

RQRS Dashboard year-to-date compliance. Colon measures. (Sample).

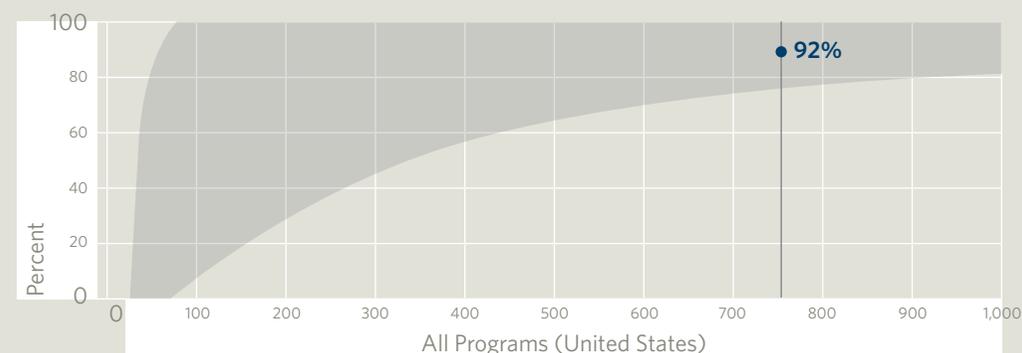


At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.



Adjuvant chemotherapy is considered or administered within four months (120 days) of diagnoses for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer.

Performance Rates 2014 Multi adjuvant Chemotherapy for Breast Centers



Compare compliance in your cancer program with other RQRS-participating programs as the measure matures.

Cancer Quality Improvement Program (CQIP)

Reports annual quality and outcomes data to CoC-accredited programs.

Each accredited program receives a program-specific report that can be used to conduct a retrospective review of the services provided. This information enables programs to develop plans and programs to ensure that their cancer program offers high-quality, patient-centered cancer services to prevent, screen, diagnose, treat, and monitor the population served.

Each CoC-accredited program has access to a confidential and individualized report in PowerPoint format, which includes the following items:

Facility Administration Reports

- Cancer program volume
- Cancer program in/out migration

Quality Measure Estimated Performance Rates Comparisons

- Breast
- Cervix
- Colon
- Endometrium
- Gastric
- Non-small cell lung
- Ovary
- Rectum cancer sites

Surgical Volume and Unadjusted 30-, 90-Day Mortality after Complex Operations

- Cystectomy
- Esophagectomy
- Gastrectomy
- Pancreatectomy
- Rectal resection
- Non-small cell lung cancer resection

Survival Reports (Unadjusted and Adjusted)

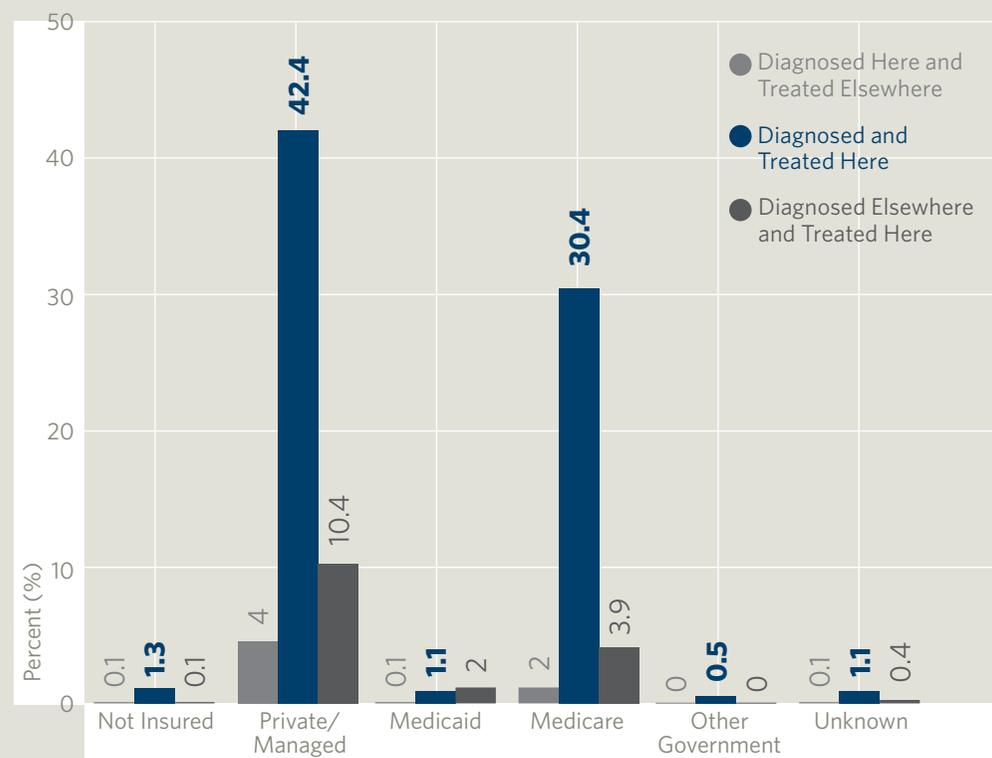
- Breast
- Colon
- Non-small cell lung

Additional Facility-Level Reports

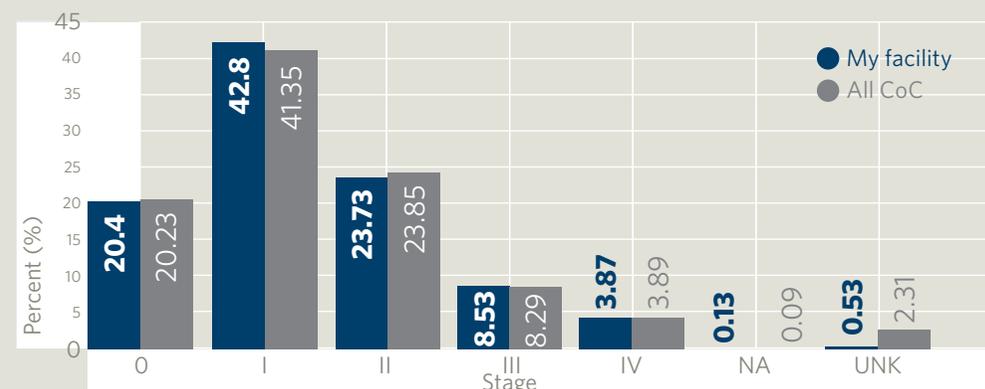
- Breast
- Colon
- Non-small cell lung cancer
- Prostate
- Melanoma of the skin

In/Out Migration by Insurance Status Site Specific. (Sample).

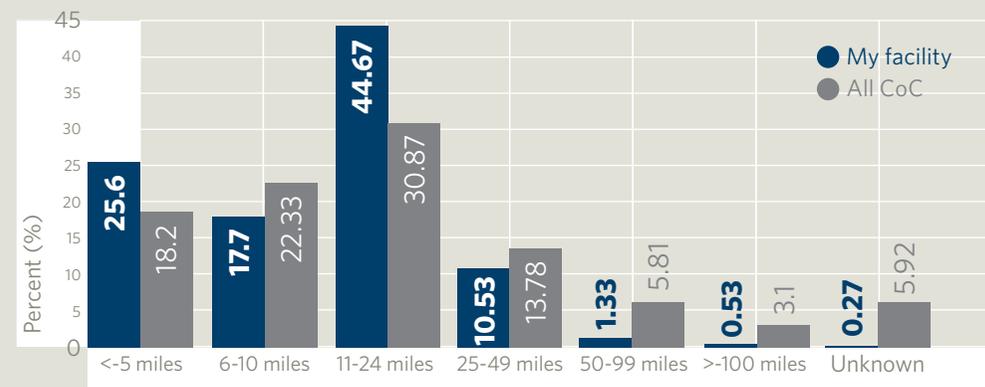
Cancer, 2012. My Facility.



Stage Distribution - Site Specific. Cancer Diagnosed in 2012. My Hospital vs. All CoC.



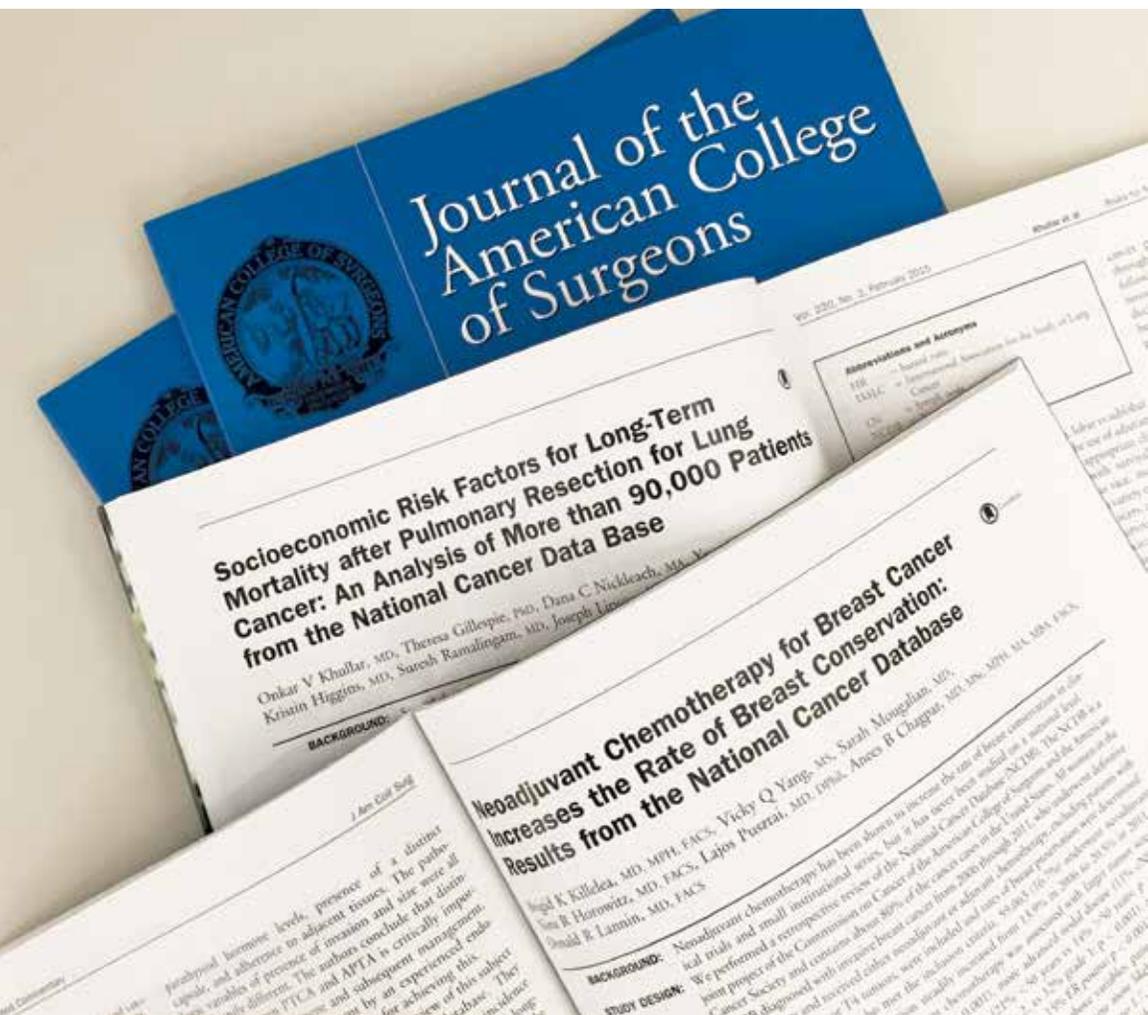
Stage Distribution - Site Specific. Cancer Diagnosed in 2012. My Hospital vs. All CoC.



Participant User Files (PUF)

Review and advance the quality of care delivered to cancer patients through analyses of cases reported to the National Cancer Database.

This Health Insurance Portability and Accountability Act (HIPAA)-compliant data file contains de-identified patient-level data that do not identify hospitals, health care providers, or patients as agreed to in the Business Associate Agreement (BAA) that each CoC-accredited program signs with the American College of Surgeons. The PUFs are designed to provide investigators associated with CoC-accredited cancer programs with a data resource they can use to review and advance the quality of care delivered to cancer patients through analyses of cases reported to the NCDB. Semi-annually, the NCDB extends investigators at CoC-accredited cancer programs an opportunity to apply for a PUF.





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*Inspiring Quality:
Highest Standards, Better Outcomes*

100+years