2015 Public reporting of outcomes
2015 PUBLIC REPORTING OF OUTCOMES

Standard 1.12:

Good Samaritan Hospital’s Cancer Program is an American College of Surgeon’s Commission on Cancer (COC) accredited program. This accreditation is given to hospitals that meet the challenges presented to enhance the care provided to their patients by providing patient-centered care measured against national standards. The Cancer Committee at Good Samaritan Hospital is a multidisciplinary committee that has the responsibility to monitor the care provided to patients to ensure that the care meets the standards set forth by the American College of Surgeons.

Moez Khorsandi, DO, Cancer Committee Chairperson and David Huang, MD, Cancer Liaison Physician provide oversight for the Good Samaritan Cancer Program.

Standard 4.4 and 4.5: Accountability and Quality Improvement Measures:

Cancer Program Practice Profile Reports (CP3R): For Breast Cancers:

2004-2010 Diagnosed at Good Samaritan Hospital.

The estimated performance rates show below are provided by the Commission on Cancer (COC) and gives the cancer program an indication of the number/proportion of patients with breast cancer treated according to recognized standards of care by diagnosis year.

These numbers/proportions are computed based on the data directly reported from the Good Samaritan Cancer Registry to the National Cancer Data Base (NCDB). Cancer Programs are provided the opportunity to review and update data, if needed. Modifications and comparison rates are updated nightly.
Breast Measures:

- **BCS** – Breast conservation surgery rate for women with AJCC clinical stage 0, I or II breast cancer (Surveillance)
- **nBX** – Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer (Quality Improvement)
- **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 (Surveillance)
- **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 (Accountability)
- **MAC** – Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0, or stage 1B-III hormone receptor negative breast cancer (Accountability)
- **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 IB-III hormone receptor positive breast cancer (Accountability)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Expected Performance Rate</th>
<th>2011 Calculated Performance Rate</th>
<th>2012 Calculated Performance Rate</th>
<th>2013 Calculated Performance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCS</td>
<td>N/A</td>
<td>50%</td>
<td>57.1%</td>
<td>54.2%</td>
</tr>
<tr>
<td>nBX</td>
<td>80%</td>
<td>87.5%</td>
<td>89.7%</td>
<td>84.0%</td>
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<tr>
<td>MASTRT</td>
<td>90%</td>
<td>40.0%</td>
<td>No Data</td>
<td>100.0%</td>
</tr>
<tr>
<td>BCSRT</td>
<td>90%</td>
<td>81.8%</td>
<td>76.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td>MAC</td>
<td>N/A</td>
<td>100%</td>
<td>66.7%</td>
<td>No Data</td>
</tr>
<tr>
<td>HT</td>
<td>90%</td>
<td>75.0%</td>
<td>66.7%</td>
<td>95.8%</td>
</tr>
</tbody>
</table>
2015: Summary Public Outcomes

**Hormonal Treatment:** Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage 1B-III hormone receptor positive breast cancer.

The continuous monitoring of this measure by the Cancer Committee resulted in a performance rate of 95.8% in 2013. This measure will continue to be monitored.

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**MAC:** Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0, or stage 1B-III hormone receptor negative breast cancer.

GSH’s performance rate for this measure was 100% in 2013, in spite of the low numbers.

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**BCSRT:** Radiation administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer.

GSH’s performance rate for this measure was 100% in 2013.

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**nBX:** Image or palpation-guided needle biopsy (core or FNA) is performed to establish a diagnosis of breast cancer.

GSH’s performance rate for this measure was 84% in 2013.

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**MASTR:** Radiation is considered or administered following any mastectomy within 1 year (365 days) of diagnosis for women with ≥ 4 positive regional lymph nodes.

GSH’s performance rate for this measure was 100% in 2013.

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**BCS:** Breast Conservation surgery rate for women with AJCC clinical stage 0.I, or II breast cancer.

The breast conservation surgery rate decreased to 54.2% in 2013 due to patients decisions.