STAMFORD HOSPITAL LUNG CANCER PERFORMANCE RATES EXCEED LOCAL, REGIONAL & NATIONAL DATA

The Thoracic Oncology Program team at Stamford Hospital participates in multidisciplinary cancer care for patients with lung, esophageal and pleural malignancies. All patients are treated by a board certified team of cancer specialists in accordance with NCCN evidence based guidelines. Stamford Hospital’s accreditation by the American College of Surgeons (ACoS), Commission on Cancer (CoC) requires benchmarking treatment against national quality standards as shown in the tables below.

Note: The quality improvement performance rates are currently set at 85%. The surveillance measure does not presently have a benchmark set however data suggests improved outcomes when at least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IA, IB, IIA and IIB resected Non-Small Cell Lung Cancer (NSCLC).

The ACoS, CoC does not expect, for a variety of reasons (medical contraindications, patient preferences), that compliance will reach 100% however we monitor each patient’s care for appropriateness of treatment compared to national data to monitor performance to ensure the best possible outcomes.

[ See data on pages 2 – 4 ]
10RLN – At least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IA, IB, IIB resected NSCLC (Surveillance)

Comparison To:
- Stamford Hospital
- My ACS Division (New England)
- My Census Region (New England)
- My CoC Program Type (ACAD)
- My State (CT)
- All CoC Approved Programs

Background: The web-based Cancer Program Practice Profile Reports (CP3R) offer local providers comparative information to assess adherence to and consideration of care therapies for major cancers. This reporting tool provides a platform from which to promote continuous practice improvement to improve quality of patient care at the local level and also permits hospitals to compare their patients relative to that of other providers.
2016 CP3R Data Released on November 27, 2018 | Stamford Hospital, Stamford, CT

LNoSurg – Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement)

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Estimated Performance Rate (%)

Comparison Groups

<table>
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<tr>
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<th>Estimated Performance Rate (%)</th>
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<tbody>
<tr>
<td>Stamford Hospital</td>
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<tr>
<td>My ACS Division</td>
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<td>All CoC Approved Programs</td>
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LCT – System chemotherapy is administered within 4 months to day preoperatively, or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph nodes-positive (pn1) and (pn2) NSCLC (Quality Improvement)

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