

This Presbyterian Cancer Committee summary includes Accreditation Information and Current Performance on CP3R Measures.

**Purpose:** The Presbyterian Cancer Committee is a committee of the Presbyterian Medical Staff. It includes Presbyterian Medical Group (PMG) and independent practitioners from the community who have medical staff privileges at Presbyterian hospitals. The Cancer Committee adheres to the standards of the American College of Surgeons Commission on Cancer.

## ACCREDITATIONS

*Why are accreditations important to patients?* They provide additional confidence in the level of care you are receiving and increased coordination of your care. Accreditations represent a formal process of documenting and proving clinical excellence to external professional surveyors. The Presbyterian Cancer services have the following accreditations:



Presbyterian Cancer Program is accredited by the Commission on Cancer.\*



Presbyterian Breast Care Program is accredited by the National Accreditation Program for Breast Centers.



Presbyterian Medical Group Medical Oncology is accredited by the Quality Oncology Practice Initiative.



Presbyterian MD Anderson Radiation Treatment Center is accredited by the American Society of Radiation Oncology.

\*Established in 2004, the Commission on Cancer (CoC) Outstanding Achievement Award (OAA) is designed to recognize cancer programs that strive for excellence in providing quality care to cancer patients. A facility receives the OAA following an onsite evaluation by a physician surveyor during which the facility demonstrates a commendation level of compliance with seven standards that represent the full scope for the cancer program and receives a compliance rating for the remaining 27 standards. In April, 2014, Presbyterian Healthcare Services was one of 74 accredited cancer programs that represent the Outstanding Achievement Award recipients from cancer program surveys performed during 2013. It was recognized again after a re-accreditation survey in 2016 when it again received the Outstanding Achievement Award. Presbyterian Cancer Program is distinguished as the only Cancer program in New Mexico to attain the Outstanding Achievement Award.

**Commission on Cancer “Cancer Programs Practice Profile Report” (CP3R)**

Cancer Program Practice Profile Reports (CP3R), established by the Commission on Cancer, is based on guidelines for cancer care using cancer registry data. The long-term goal is the use of cancer registry data for real-time interventions to optimize the process of individual patient multidisciplinary care.

Performance Rate for all measures is at the national 95<sup>th</sup> Confidence Interval.

**Presbyterian 2016 Compliance rates compared to all CoC facilities 2016 compliance rates.  
(2016 is most recent data available)**

Accountability Measures			
BREAST	Goal	Presbyterian Compliance Rates for 2016	All CoC Facilities Compliance Rates for 2016
Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer.	90%	90%	91%
Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer.	90%	94%	92%
Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes.	90%	67%	87%
Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0, or stage IB - III hormone receptor negative breast cancer	N/A	93%	88%
COLON			
Adjuvant chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC stage III (lymph node positive) colon cancer .	N/A	100%	87%

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Quality Improvement Measures	Goal	Presbyterian Compliance Rates for 2016	All CoC Facilities Compliance Rates for 2016
<b>BREAST</b>			
Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer.	80%	93%	91%
<b>COLON</b>			
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.	85%	93%	93%
<b>GASTRIC</b>			
At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer.	80%	100%	65%
<b>LUNG</b>			
Systemic 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 node-positive (pN1) and (pN2) NSCLC	85%	100%	90%
Surgery is not the first course of treatment for cN2, M0 lung cases.	85%	100%	93%
<b>RECTUM</b>			
Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended for patients under the age of 80 receiving resection for rectal cancer.	85%	100%	87%

**Questions:** Contact Bernard Agbemadzo, MD, Medical Director, Presbyterian Cancer Care at [bagbemadzo@phs.org](mailto:bagbemadzo@phs.org) or (505) 559-6100.