

Ridgeview Cancer Service Line 2018
Standard 1.12 Public Reporting of Outcomes

Lung Cancer Treatment/Prevention/Screening

Incidence

According to the American Cancer Society (ACS), in 2018, lung cancer is estimated to be the second most common malignancy in the U.S.* and the leading cause of cancer deaths for both males and females. Estimated incidence this year is approximately 1,735,350 new cancer cases (all types) across the U.S., of which 234,030 will be cancer of the lung and bronchus. Closer to home, in Minnesota, 3,980 people will be diagnosed with cancers of the lung and bronchus. At Ridgeview Medical Center, approximately 60 patients are diagnosed and treated for lung cancer each year. The incidence rate nationally has been declining since the mid-1980s, due to smoking cessation. From 2005 to 2014, lung cancer incidence rates decreased by 2.5% per year in men and 1.2% per year in women.

Survival

The national overall five-year survival rate for all types of lung cancer is approximately 20%, lower than many other leading cancer types (ACS). The exception for lung cancer survival is for lung cancers that are localized within the lung. For those cancers, the five-year survival rate improves to 56%; however, only 16% of cases are diagnosed at an early stage. In fact, more than half the people with lung cancer die within the first year of being diagnosed.

Mortality trends have improved in women and men based on reduction in smoking. For example, From 2011 to 2015, the rate decreased by 3.8% per year in men and by 2.3% per year in women.

Cancer Program at Ridgeview

Ridgeview's cancer program focuses on prevention, screening and treatment of lung cancer. Specific services include smoking cessation classes and education to assist smokers in quitting; low-dose lung CT scans to screen individuals with a history of smoking for early indications of lung cancer (identifying lung cancer early provides improved outcomes). Cancer care at Ridgeview gives patients access to a multidisciplinary care team and the latest diagnostic and treatment technology.

Ridgeview's cancer program is accredited by the Commission on Cancer (CoC), meeting national quality benchmarks. One of the CoC's lung cancer quality standards requires patients to receive systemic chemotherapy during a timeframe providing the most favorable outcomes. Ridgeview treated four non-small cell lung cancer patients with stage IV lung cancer from 2011-2015. The nationally recognized guideline for treatment of stage IV lung cancer states that systemic chemotherapy should be administered within four months to day preoperatively or day of surgery, or six months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node positive (PN1) or (PN2), non-small cell lung cancer. The timely administration is important for obtaining the best results of therapy.

Results from the National Cancer Data Base quality measuring tool indicates that Ridgeview treated all patients 2011-2015 according to standard, achieving 100% compliance (see graph below).



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NCDB
CP3R

Cancer Program Practice Profile Reports (CP³R)
Bladder, Breast, Cervix, Colon, Endometrium, Gastric, Kidney, Lung, Ovary, and Rectum Cancers Diagnosed 2012 - 2015

Attention!
2015 CP3R data released on October 23, 2017

Ridgeview Medical Center, Waconia, MN

Facility Selection

Facility Measures Measures Comparison

Interpreting This Report: The estimated performance rates shown below provide your cancer program with an estimate of the proportion of patients concordant with measure criteria by diagnosis year. If appropriate the CoC Standard and benchmark compliance rate is provided. This application provides cancer programs the opportunity to examine data to determine if performance rates are representative of the care provided at the institution and to review and modify case information using the review function for the measure of interest.

Bladder Breast Cervix Colon Endometrium Gastric Kidney Lung Ovary Rectum

Save to Excel

Select Measures	Measure	CoC Std / %	Estimated Performance Rates (%)				Review
			2012	2013	2014	2015	
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 (Quality Improvement)	LCT	4.5 / 85%	100.00	no data	100.00	100.00	

In addition to providing the quality treatment for lung cancer, Ridgeview is one of 26 hospital or clinic sites selected by the National Cancer Institute (NCI) Community Oncology Research Group (NCORP) to participate in a smoking cessation research study. The purpose of the national study is to determine the best ways to implement smoking cessation services during lung cancer screening.

The study launched in September 2018, and eligible patients are being invited to participate in the research study to test whether or not training lung cancer screening staff improves their ability to help patients quit smoking. Patient eligibility is based on age (55 to 77), and must be a current smoker who meets the CMS (Centers for Medicare & Medicaid Services) eligibility requirements. Ridgeview participants will be provided with smoking cessation services, as well as additional optional resources and support – including periodic follow-up phone calls from NCI NCORP study staff. The NCI NCORP Community Sites with Organized Lung Cancer Screening Program expects to enroll more than 1,100 participants nationwide.

Data obtained through this study will be sent to a coordinating center, organized by the National Cancer Institute, and combined with data from other study sites. No patient names or contact information will be put into the study database, therefore individuals cannot be linked to the study data.

In addition to the NCI, other organizations managing the study are the Institutional Review Board (IRB) and the Wake Forest NCORP Research Base in Wake Forest, North Carolina.

Conclusion

Cancer care at Ridgeview is a nationally recognized, accredited program, providing patients with access to the latest diagnostic and treatment technology. Quality standard outlined by the CoC are strictly followed and regularly audited to maintain accreditation.

Sources:

<https://m.facs.org/cp3r/#measuredetail/6611965/Lung/LCT>

<https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2018/cancer-facts-and-figures-2018.pdf>

Source: Cancer Program Practice Profile Reports (CP3R) – LCT Measure for Lung Cancers Diagnosed 2012 - 2015 (2015 CP3R data released on October 23, 2017)

Submitted: Nov. 8, 2018

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