



## 2017 PUBLIC REPORTING OF OUTCOMES – COLON CANCER

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### BACKGROUND

If skin cancer is excluded, colorectal cancer is the third most common cancer diagnosed in both men and women in the United States. In 2017, an estimated 97,000 new diagnoses were made in the United States alone. Colon cancer is also the third most common cause of cancer-related deaths. It is expected to be responsible for over 50,000 deaths in 2018. Overall, the lifetime risk of developing colorectal cancer is approximately 4.5% for men and 4.1% for women.

Fortunately, advances in diagnosis, screening and treatment have led to steadily improving survival rates. Regular screenings are recommended at the age of 50. Screening will start earlier for high-risk patients—those with symptoms, family history of colorectal cancer, or other genetic predisposition to colon cancer.

### JFK DATA

Surgical intervention, with very few exceptions, is an integral part of any colon cancer treatment regimen. Therefore, sound surgical technique and principles are paramount to successful treatment. At JFK we have monitored our lymph node retrieval during colon cancer surgery from 2012 through 2015. Our institution has demonstrated proficiency in yielding at least 12 regional lymph nodes for pathological examination. It has been determined that at least 12 regional lymph nodes are necessary to accurately stage a patient's colon cancer and determine whether they are a candidate for adjuvant chemotherapy. The percentage of cases yielding at least 12 lymph nodes has increased from 89.5% in 2012 to 100% in 2015. In 2015, this achievement was well above the New Jersey state average of 91.6%, encompassing 43 facilities reporting.

Of equal importance, our program has shown that when a patient's surgery has provided a stage III diagnosis, chemotherapy is being recommended/administered within 4 months. From 2012 through 2015, our program successfully achieved this 92-100% of the time.

### CONCLUSION

It is obviously the combination of appropriate surgical intervention along with the timely use of adjuvant chemotherapy that has contributed to the steady decline in U.S. colon cancer deaths over the past decades. It is our hope at JFK, that our continued striving to meet ACS standards on lymph node yield and timely adjuvant therapy will translate into a local-regional decline in colon cancer deaths as well.

Respectfully submitted,

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Cancer Program Practice Profile Reports (CP<sup>3</sup>R)

Bladder, Breast, Cervix, Colon, Endometrium, Gastric, Kidney, Lung, Ovary, and Rectum Cancers Diagnosed 2012 - 2015

**Attention!**

2015 CP3R data released on October 23, 2017

**JFK Medical Center, Edison, NJ**

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	
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)	12RLN	4.5 / 85%	89.50	94.10	96.30	100.00	
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 (Accountability)	ACT	Not Applicable	94.40	100.00	92.30	100.00	



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Cancer Program Practice Profile Reports (CP<sup>3</sup>R)  
 12RLN Measure for Colon Cancers Diagnosed 2012 - 2015

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[Facility Selection](#)   [Facility EPR](#)

**Interpreting This Report:** The estimated performance rates (EPR) provides your cancer program with an indication of the proportion of patients meeting measure specifications. On this page you may compare your EPR to other CoC accredited cancer programs by geography or program type. When comparing EPRs use the 95% confidence intervals to determine if there is a difference in reported compliance rates.

**12RLN - At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)**

<span>2012</span> <span>2013</span> <span>2014</span> <span>2015</span>				
Comparison To:	Diagnosis			
	EPR (%)	95% CI	# Cases	# Facilities
My Cancer Program	100	[100 - 100]	34	1
My ACS Division ( Eastern )	93.3	[92.5 - 94.1]	3728	101
My Census Region ( Middle Atlantic )	93	[92.3 - 93.7]	5747	168
My CoC Program Type ( CCCP )	91.9	[91.5 - 92.3]	18971	535
My State ( NJ )	92	[90.6 - 93.4]	1367	42
All CoC Approved Programs	92.2	[91.9 - 92.5]	39196	1330



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 ACT Measure for Colon Cancers Diagnosed 2012 - 2015



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[Facility Selection](#)   [Facility EPR](#)

**Interpreting This Report:** The estimated performance rates (EPR) provides your cancer program with an indication of the proportion of patients meeting measure specifications. On this page you may compare your EPR to other CoC accredited cancer programs by geography or program type. When comparing EPRs use the 95% confidence intervals to determine if there is a difference in reported compliance rates.

**ACT - 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 (Accountability)**

<span>2012</span> <span>2013</span> <span>2014</span> <span>2015</span>				
Comparison To:	Diagnosis			
	EPR (%)	95% CI	# Cases	# Facilities
My Cancer Program	100	[100 - 100]	8	1
My ACS Division ( Eastern )	85.6	[83.3 - 87.9]	887	101
My Census Region ( Middle Atlantic )	87.3	[85.5 - 89.1]	1356	168
My CoC Program Type ( CCCP )	88.8	[87.9 - 89.7]	4442	535
My State ( NJ )	88	[84.3 - 91.7]	299	42
All CoC Approved Programs	88.6	[88 - 89.2]	9795	1330