

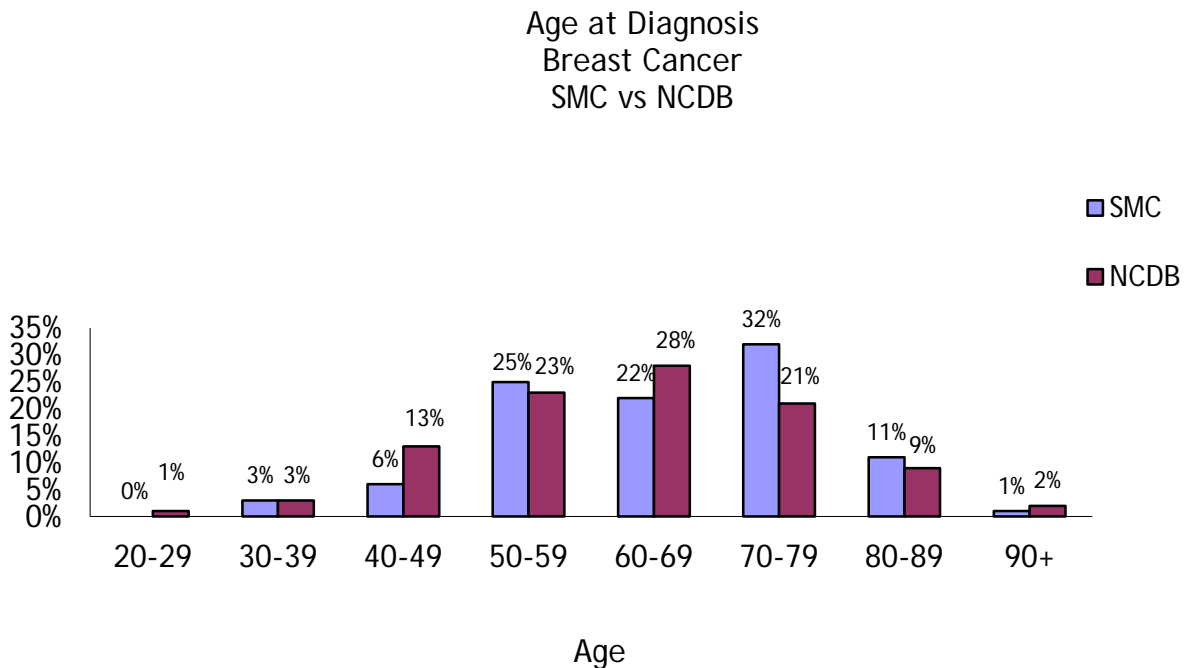
## Site-Specific Study: Breast Cancer 2015

The following report is based on data from 2014 and is the result of a collaborative effort of four physician members of the Cancer Committee: James Pond, MD, Pathologist, Julianne Childs, DO, Medical Oncologist, David May, MD, General Surgeon, and Hemangini Shah, MD, Radiation Oncologist, with Cancer Registry data provided by Michelle Bob, RHIT, CTR.

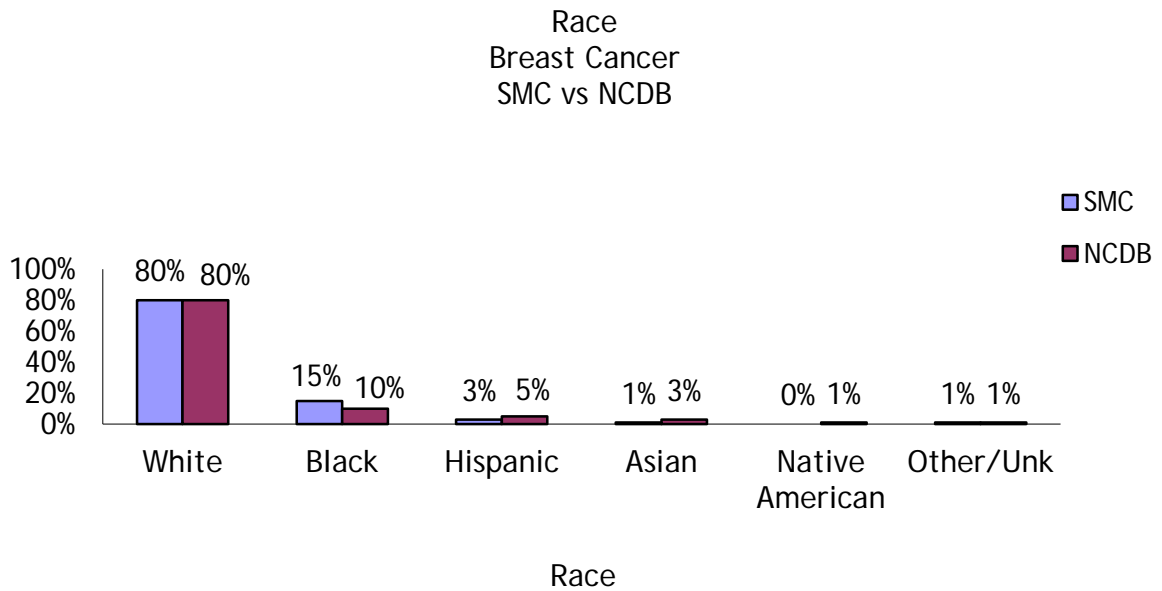
Although the raw data has not been subjected to statistical analysis, the following data is being presented per the recommendations of the Commission on Cancer.

For the year 2014, 59 invasive breast cancer cases, and 20 non-invasive breast cancer cases were diagnosed and/or treated at Shore Medical Center (SMC).

The age at the time of diagnosis ranged from 34 to 100 years, with the peak incidence being in the seventh decade of life. While that number is slightly higher than national average, the overall findings are fairly consistent with figures supplied by the National Cancer Data Base (NCDB), as illustrated below.

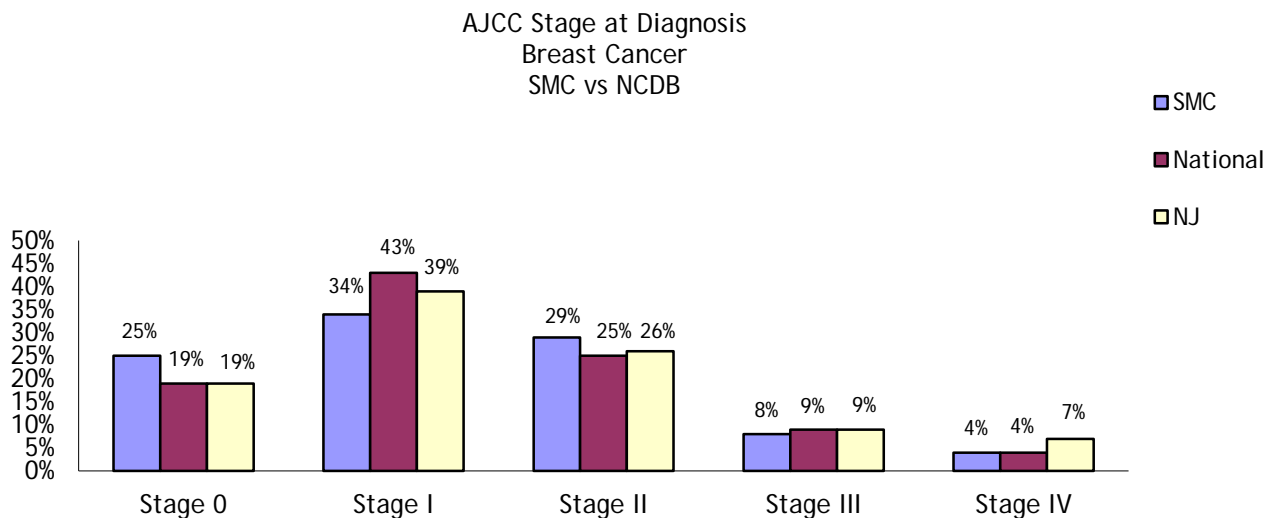


The population diagnosed and treated at SMC was predominantly Caucasian, followed by African American, and Hispanic. The chart below illustrates how data at SMC compares with that of the NCDB.



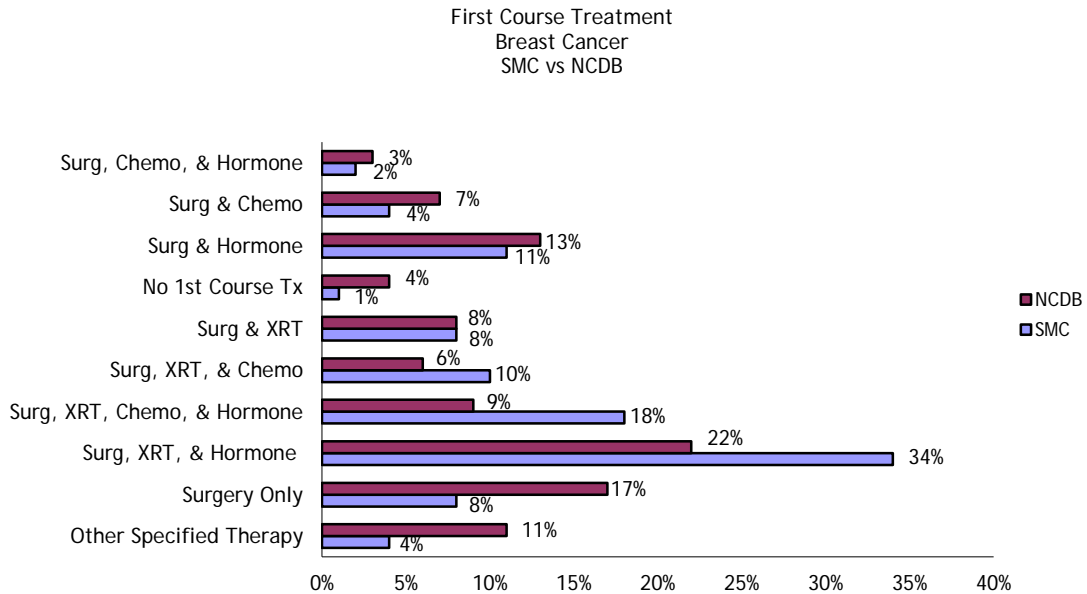
### Staging

The chart below identifies how the stage at the time of diagnosis at SMC compares with national and state figures. The total number of non-invasive stage 0 breast cancer cases are slightly higher at SMC, and stage I cases are slightly lower, but overall the figures are fairly consistent with data supplied by the NCDB.



## Treatment

The following chart shows how breast cancer treatment at SMC compares with national figures.



## Quality Reporting

The Cancer Committee at SMC ensures that all patients diagnosed and/or treated with breast cancer are treated according to nationally accepted QI measures as measured by compliance with the current Commission on Cancer (CoC) Cancer Program Practice Profile Reports (CP3R) quality reporting tool. The most current data available from the CoC CP3R quality reporting tool for year 2013 is listed below.

BCS - Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer (Surveillance)

SMC ~ 2013	66 %
My State (NJ)	65 %
My Census Region (Middle Atlantic)	67 %
My ACS Division (Eastern)	67 %
My CoC Program Type (CCP)	67 %
All CoC Approved Programs	63 %

nBx - Image or palpation-guided needle biopsy (core or FNA) of the primary site is performed to establish diagnosis of breast cancer (Quality Improvement)

SMC ~ 2013	90 %
My State (NJ)	87 %
My Census Region (Middle Atlantic)	88 %
My ACS Division (Eastern)	87 %
My CoC Program Type (CCP)	87 %
All CoC Approved Programs	90 %

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)

SMC ~ 2013	100 %
My State (NJ)	87 %
My Census Region (Middle Atlantic)	90 %
My ACS Division (Eastern)	88 %
My CoC Program Type (CCP)	89 %
All CoC Approved Programs	90 %

MASTRT - Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with  $\geq 4$  positive regional lymph nodes (Accountability)

SMC ~ 2013	100 %
My State (NJ)	80 %
My Census Region (Middle Atlantic)	84 %
My ACS Division (Eastern)	83 %
My CoC Program Type (CCP)	85 %
All CoC Approved Programs	86 %

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)

SMC ~ 2013	100 %
My State (NJ)	88 %
My Census Region (Middle Atlantic)	90 %
My ACS Division (Eastern)	89 %
My CoC Program Type (CCP)	89 %
All CoC Approved Programs	91 %

MAC - Combination chemotherapy is considered 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 (Accountability)

SMC ~ 2013	100 %
My State (NJ)	85 %
My Census Region (Middle Atlantic)	89 %
My ACS Division (Eastern)	88 %
My CoC Program Type (CCP)	90 %
All CoC Approved Programs	92 %

### Conclusions

Forty breast cancer cases diagnosed and/or treated at SMC in 2014 were reviewed at the Robert J Beach, MD Oncology Practice Guidelines Conference in March 2015, and all 40 cases met initial surgery and adjuvant treatment recommendations when compared to the National Comprehensive Cancer Network (NCCN) guidelines.

Several cases reviewed did not meet the clinical workup portion of the guidelines due to not having genetic counseling documented, distress assessment documented, or due to PET scans being performed as part of the initial workup when not clinically indicated.

As a result of these findings, genetic counseling and stress assessment documentation were recognized as quality improvement opportunities, and the Cancer Committee recommended, approved, and took the following actions:

A letter was sent to Medical and Radiation Oncologists asking them to document the status of genetic counseling for their patients. A letter was also sent to the Oncology Social Workers stating the need for documenting the stress assessment in the electronic medical record. Additionally, the Cancer Committee Chairman and the Cancer Liaison Physician provided individual follow-up with physicians regarding the use of PET scans based on the NCCN guideline recommendations.

### References

1. AJCC Cancer Staging Manual, 7<sup>th</sup> edition, American Joint Committee on Cancer, 2002.
2. National Cancer Data Base, American College of Surgeons Commission on Cancer.
3. National Comprehensive Cancer Network (NCCN) Practice Guidelines in Oncology for Breast Cancer, Version 1.2015.