

# CANCER REGISTRY Annual Report 2017

Cancer Treatment Centers of America®  
at Eastern Regional Medical Center

Philadelphia, Pennsylvania ●

Chicago, Illinois ○

Atlanta, Georgia ○

Tulsa, Oklahoma ○

Phoenix, Arizona ○



## 2016 CANCER COMMITTEE

# Chairman's Report



**Fernando U. Garcia, MD**  
Pathologist  
Medical Director of Pathology  
and Laboratory Medicine  
Chairman, Cancer Committee

The Cancer Committee at Cancer Treatment Centers of America® (CTCA) at Eastern Regional Medical Center (Eastern) was established in 2006. It is a multidisciplinary committee comprised of physicians from the diagnostic and treatment specialties as well as non-physicians from administrative and supportive services. The Cancer Committee meets regularly throughout the year and is responsible for ensuring the standards of the Commission on Cancer (CoC), a program of the American College of Surgeons, are met and exceeded. Individual members of the committee are appointed to coordinate important aspects of the cancer program. The Cancer Committee has the authority to make recommendations to improve the overall quality of patient-centered cancer care.

The Cancer Committee's responsibilities include, but are not limited to:

- Reviewing and evaluating Cancer Registry activity
- Reviewing and evaluating clinical and programmatic goals
- Reviewing and evaluating community outreach
- Reviewing and evaluating clinical research and genetics

In 2011, Eastern was initially surveyed by the CoC. The survey evaluated Eastern for compliance with national standards for cancer care. The facility was awarded a three-year certification with commendations in all standards, earning the Outstanding Achievement Award, which is given to facilities that exceed standards in all areas of the cancer program that are eligible for commendations.

In 2014, Eastern was re-surveyed by the CoC. The CoC found Eastern in compliance with all standards at the time of survey along with eight standard commendations, awarding Eastern the Three-Year with Commendation Gold Award, their highest award level. In addition, the CoC again recognized Eastern with the Outstanding Achievement Award.

In 2017, Eastern was re-surveyed by CoC. The CoC found Eastern in compliance with most standards at the time of survey along with eight standard commendations. Although one deficiency was found at the time of survey, Eastern has since remedied the non-compliant issues.

The Cancer Committee also has authority over the Breast Committee and monitors the National Accreditation Program for Breast Centers

(NAPBC) standards. In 2012, Eastern was awarded initial certification from the NAPBC and was re-surveyed by the NAPBC on April 1, 2015, at which time Eastern was awarded a full three-year recertification. The Cancer Committee continues to monitor the NAPBC standards that will be reviewed at our next NAPBC survey in 2018.

Eastern was invited by the Pennsylvania Health Care Quality Alliance (PHCQA) to share the facility's Cancer Program Practice Profile Reporting (CP3R) results on the PHCQA website. Eastern now makes these outcome results available. The public may review Eastern's outcomes and compare them to other facilities in Pennsylvania in order to make the best-informed decision in choosing a facility for cancer care.

The Cancer Committee continues to monitor and review cancer data shared with the Cancer Program Practice Profile Reports (CP3R) and the Rapid Quality Reporting System (RQRS). The Cancer Committee also reviews data for appropriate cancer treatment based on National Comprehensive Cancer Network (NCCN) guidelines and makes recommendations on ways to exceed the standard of care.

In 2016, Eastern launched the Genomic Tumor Board, a specialized monthly tumor board that serves as a platform to discuss patients' next generation sequencing results in order to determine which targeted therapies may be most effective.

Throughout the year, the Cancer Committee at Eastern engaged in community outreach by supporting multiple cancer support groups that provide cancer education and awareness. By providing expert speakers for educational conferences, CTCA® supports the educational and awareness efforts of these support groups in several states, reaching youth, adults and minorities.

The Cancer Committee at Eastern is proud to offer integrative cancer care, which encompasses both state-of-the-art medical treatment and supportive care therapies, ensuring that patients receive excellent care for their body, mind and spirit.

Sincerely,



Fernando U. Garcia, MD  
Cancer Committee Chairman

## CONTENTS ●

- 4 **Accreditations and Certifications**
- 5 **Awards**
- 6 **Cancer Committee**
- 8 **Primary Sites**
- 10 **Patients by State**

The information presented throughout the 2017 Cancer Registry Annual Report reflects the data collected from January 1 to December 31, 2016, unless otherwise noted.

# Accreditations AND CERTIFICATIONS



## Joint Commission

Eastern holds the Joint Commission's Gold Seal of Approval™ for Hospital Accreditation. This accreditation decision is awarded to a health care organization that demonstrates satisfactory compliance with applicable Joint Commission standards in all performance areas.



## American College of Surgeons Commission on Cancer (CoC)

Eastern is accredited by the Commission on Cancer (CoC), a quality program of the American College of Surgeons (ACS), and received the Outstanding Achievement Award in 2015.



## Quality Oncology Practice Initiative (QOPI) Certification

In 2014, Eastern was recognized as meeting the highest standards for quality cancer care by the Quality Oncology Practice Initiative (QOPI®) Certification Program, an affiliate of the American Society of Clinical Oncology (ASCO). The QOPI Certification Program provides a three-year certification for outpatient hematology oncology practices. The QCP seal designates those practices that not only score high on the key QOPI quality measures, but also meet rigorous chemotherapy safety standards established by ASCO and the Oncology Nursing Society (ONS).



## Foundation for the Accreditation of Cellular Therapy

In 2017, Eastern was recognized by the Foundation for the Accreditation of Cellular Therapy (FACT) at the University of Nebraska Medical Center for demonstrating compliance with the FACT-JACIE International Standards for Cellular Therapy Product Collection, Processing and Administration.

## Eastern is also accredited or certified by the following health care organizations:

- College of American Pathologists
- National Accreditation Program for Breast Centers (NAPBC)
- American College of Radiology

# Awards

## AND RECOGNITIONS

### **I Am Patient Safety Award**

Pennsylvania Patient Safety Authority, 2016,  
Trisha Patel, PharmD, BCPS, BCCCP, Critical Care  
and Infectious Disease Pharmacist

### **Best Places to Work in Philadelphia**

*Philadelphia Business Journal*, 2012, 2013, 2014, 2015, 2017

### **BAYADA Award**

for Technological Innovation in Health Care Education  
and Practice, Bayada Home Health Care, 2017

### **Optimal Operations Award**

Hospital Association of Pennsylvania, 2017

### **In Safe Hands Award**

Hospital Association of Pennsylvania, 2017

### **Philadelphia Magazine Top Docs™**

*Philadelphia Magazine*, 2017, Anthony Perre, MD  
(Internal Medicine); Steven Standiford, MD, FACS  
(Surgery); Steven Wagner, MD (Interventional  
Radiology)





# Cancer Committee

## CANCER PROGRAM PRACTICE PROFILE REPORTS (CP3R)

The Cancer Committee ensures and monitors that patients treated at Eastern receive care according to nationally accepted measures. One of the standards monitored by the Cancer Committee addresses processes that work and evaluates how processes can be improved to promote evidence-informed practice. Accountability measures such as the Cancer Program Practice Profile Reports (CP3R) shown on the following page, promote improvements in care delivery and are the highest standard for measurement. This summary of the CP3R performance grid reports cases treated at Eastern. We are proud that our program is exceeding all of the required performance expectations of the CoC.

**Interpreting These Reports** The performance rates shown on the following page provide 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.



## CANCER PROGRAM PRACTICE PROFILE REPORTS (CP3R)

### Breast

SELECT MEASURES	Measure	2011	2012	2013	2014
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)	BCSRT	94.70%	91.40%	97.40%	97.20%
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 (Accountability)	HT	92.00%	90.90%	97.80%	97.20%

### Colon

SELECT MEASURES	Measure	2011	2012	2013	2014
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)	BCSRT	94.70%	91.40%	97.40%	97.20%

### Lung

SELECT MEASURES	Measure	2011	2012	2013	2014
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	100.00%	100.00%	100.00%	no data*

\*Lung cancer cases seen during this time did not meet CP3R requirements for reporting

### Rectum

SELECT MEASURES	Measure	2011	2012	2013	2014
Preoperative chemotherapy 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 resection for rectal cancer (Quality Improvement)	RECRTCT	no data*	75.00%	100.00%	100.00%

\*Rectum cancer cases seen during this time did not meet CP3R requirements for reporting

# Primary Sites

## Summary by Body System, Sex, Class and Best CS/AJCC Stage Report

Primary Site	Total (%)	Sex		Class of Case		Stage Distribution - Analytic Cases Only						
		M	F	Analy <sup>1</sup>	NA <sup>1</sup>	Stg 0	Stg I	Stg II	Stg III	Stg IV	88 <sup>2</sup>	Unk <sup>3</sup>
<b>ORAL CAVITY &amp; PHARYNX</b>	10 (1.1%)	6	4	5	5	0	0	0	2	2	0	1
Tongue	4 (0.4%)	2	2	2	2	0	0	0	0	1	0	1
Salivary Glands	1 (0.1%)	1	0	0	2	0	0	0	0	0	0	0
Gum & Other Mouth	3 (0.3%)	1	2	2	1	0	0	0	2	0	0	0
Tonsil	2 (0.2%)	2	0	1	1	0	0	0	0	1	0	0
<b>DIGESTIVE SYSTEM</b>	253 (27.9%)	119	134	135	118	1	1	10	23	78	8	3
Esophagus	8 (0.9%)	7	1	2	6	0	0	1	0	1	0	0
Stomach	26 (2.9%)	17	9	16	10	0	0	1	2	9	2	1
Small Intestine	12 (1.3%)	8	4	4	8	0	0	0	1	2	0	0
Colon Excluding Rectum	61 (6.7%)	23	38	25	36	1	1	2	6	12	0	0
Cecum	10	5	5	4	6	1	1	0	1	2	0	0
Appendix	4	0	4	1	3	0	0	0	0	1	0	0
Ascending Colon	17	3	14	5	12	0	0	1	0	4	0	0
Hepatic Flexure	3	2	1	1	2	0	0	0	1	0	0	0
Transverse Colon	4	4	0	3	1	0	0	1	1	0	0	0
Splenic Flexure	2	1	1	0	2	0	0	0	0	0	0	0
Descending Colon	4	2	2	0	4	0	0	0	0	0	0	0
Sigmoid Colon	15	5	10	9	6	0	0	0	2	4	0	0
Large Intestine, NOS	2	1	1	2	0	0	0	0	1	1	0	0
Rectum & Rectosigmoid	30 (3.3%)	13	17	13	17	0	0	1	3	6	0	0
Rectosigmoid Junction	11	5	6	4	7	0	0	0	1	3	0	0
Rectum	19	8	11	9	10	0	0	1	2	3	0	0
Anus, Anal Canal & Anorectum	6 (0.7%)	2	4	4	2	0	0	0	4	0	0	0
Liver & Intrahepatic Bile Duct	28 (3.1%)	15	13	18	10	0	0	0	5	11	0	1
Liver	18	12	6	13	5	0	0	0	5	7	0	1
Intrahepatic Bile Duct	10	3	7	5	5	0	0	0	0	4	0	0
Gallbladder	5 (0.6%)	1	4	4	1	0	0	0	0	3	0	1
Other Biliary	4 (0.4%)	1	3	4	0	0	0	0	1	2	0	0
Pancreas	69 (7.6%)	30	39	42	27	0	0	5	1	32	3	0
Retroperitoneum	1 (0.1%)	1	0	1	0	0	0	0	0	0	1	0
Peritoneum, Omentum & Mesentery	1 (0.1%)	0	1	0	1	0	0	0	0	0	0	0
Other Digestive Organs	2 (0.2%)	1	1	2	0	0	0	0	0	0	2	0
<b>RESPIRATORY SYSTEM</b>	120 (13.2%)	54	66	85	35	1	1	1	12	53	2	1
Larynx	4 (0.4%)	4	0	2	2	0	0	0	1	1	0	0
Lung & Bronchus	116 (12.8%)	50	66	83	33	1	1	1	11	52	2	1
<b>BONES &amp; JOINTS</b>	2 (0.2%)	1	1	2	0	0	0	0	0	2	0	0
<b>SOFT TISSUE (Including heart)</b>	11 (1.2%)	6	5	4	7	0	0	2	0	2	0	0



Primary Site	Total (%)	Sex		Class of Case		Stage Distribution - Analytic Cases Only						
		M	F	Analy <sup>1</sup>	NA <sup>1</sup>	Stg 0	Stg I	Stg II	Stg III	Stg IV	88 <sup>2</sup>	Unk <sup>3</sup>
MELANOMA	12 (1.3%)	8	4	7	5	1	2	0	3	1	0	0
BREAST	225 (24.8%)	2	223	128	97	13	41	36	18	19	0	1
FEMALE GENITAL SYSTEM	79 (8.7%)	0	79	31	48	0	13	0	9	5	2	2
Cervix Uteri	13 (1.4%)	0	13	7	6	0	4	0	1	2	0	0
Corpus & Uterus, NOS	26 (2.9%)	0	26	11	15	0	5	0	4	1	1	0
Corpus Uteri	23	0	23	10	13	0	5	0	4	1	0	0
Uterus, NOS	3	0	3	1	2	0	0	0	0	0	1	0
Ovary	30 (3.3%)	0	30	11	19	0	4	0	4	1	1	1
Vagina	1 (0.1%)	0	1	0	1	0	0	0	0	0	0	0
Vulva	3 (0.3%)	0	3	0	3	0	0	0	0	0	0	0
Other Female Genital Organs	6 (0.7%)	0	6	2	4	0	0	0	0	1	0	1
MALE GENITAL SYSTEM	74 (8.2%)	74	0	38	36	1	4	16	7	9	0	1
Prostate	69 (7.6%)	69	0	35	34	0	4	15	7	9	0	0
Testis	4 (0.4%)	4	0	2	2	0	0	1	0	0	0	1
Penis	1 (0.1%)	1	0	1	0	1	0	0	0	0	0	0
URINARY SYSTEM	46 (5.1%)	37	9	30	16	3	12	6	4	5	0	0
Urinary Bladder	23 (2.5%)	19	4	14	9	2	3	5	1	3	0	0
Kidney & Renal Pelvis	21 (2.3%)	17	4	14	7	0	9	1	2	2	0	0
Ureter	2 (0.2%)	1	1	2	0	1	0	0	1	0	0	0
BRAIN & OTHER NERVOUS SYSTEM	7 (0.8%)	4	3	4	3	0	0	0	0	0	4	0
ENDOCRINE SYSTEM	19 (2.1%)	3	16	8	11	0	7	0	0	0	1	0
Thyroid	14 (1.5%)	2	12	7	7	0	7	0	0	0	0	0
Other Endocrine including Thymus	5 (0.6%)	1	4	1	4	0	0	0	0	0	1	0
LYMPHOMA	20 (2.2%)	10	10	14	6	0	2	1	5	6	0	0
Hodgkin Lymphoma	1 (0.1%)	0	1	1	0	0	0	0	1	0	0	0
Non-Hodgkin Lymphoma	19 (2.1%)	10	9	13	6	0	2	1	4	6	0	0
NHL - Nodal	12	6	6	8	4	0	0	0	4	4	0	0
NHL - Extranodal	7	4	3	5	2	0	2	1	0	2	0	0
MYELOMA	10 (1.1%)	5	5	8	2	0	0	0	0	0	8	0
LEUKEMIA	8 (0.9%)	2	6	5	3	0	0	0	0	0	5	0
Lymphocytic Leukemia	1 (0.1%)	0	1	0	1	0	0	0	0	0	0	0
Myeloid & Monocytic Leukemia	7 (0.8%)	2	5	5	2	0	0	0	0	0	5	0
Acute Myeloid Leukemia	4	1	3	4	0	0	0	0	0	0	4	0
Chronic Myeloid Leukemia	3	1	2	1	2	0	0	0	0	0	1	0
MESOTHELIOMA	1	0	1	0	1	0	0	0	0	0	0	0
MISCELLANEOUS	9 (1.0%)	3	6	7	2	0	0	0	0	0	7	0
Total	906	334	572	511	395	20	108	72	83	182	37	9

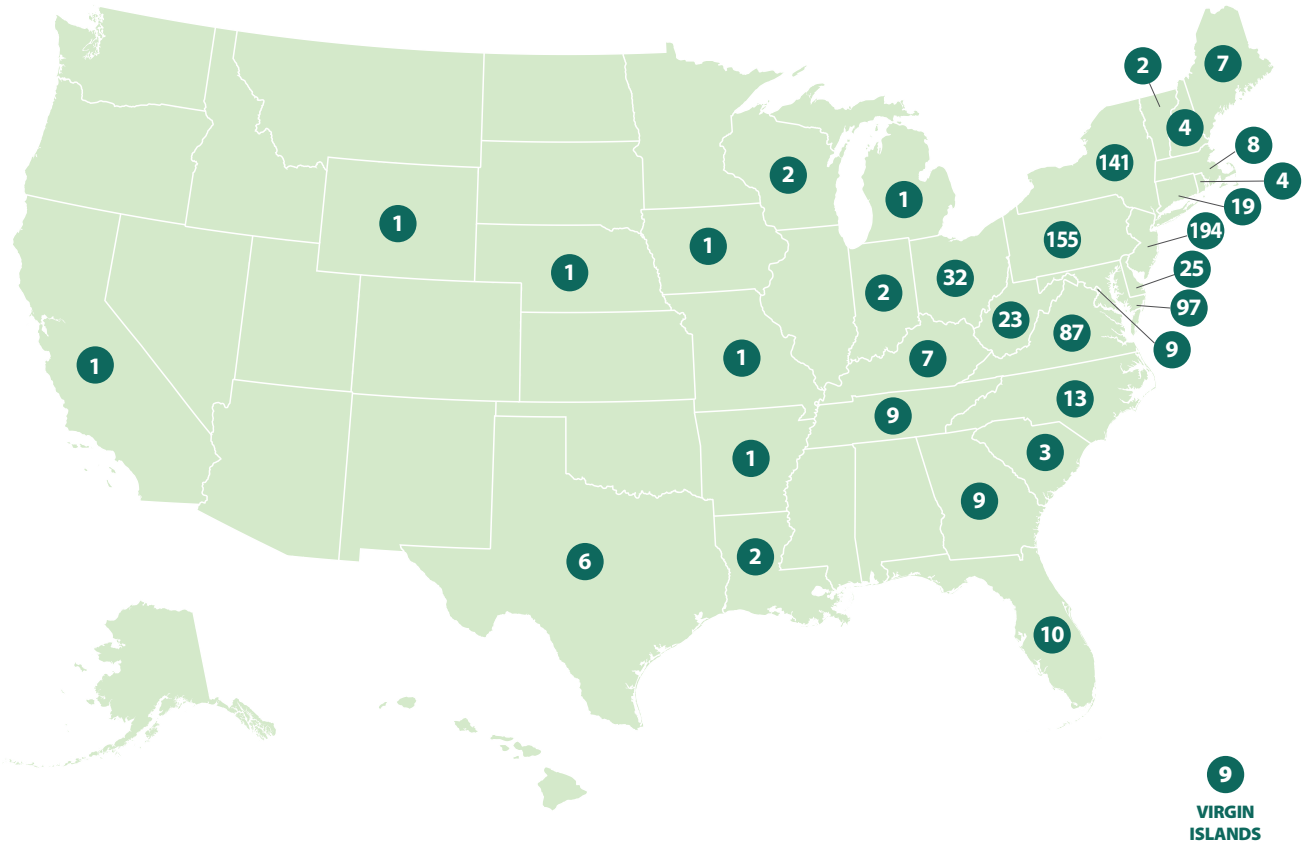
1 Analytic patients are those who are diagnosed and/or receive all or part of their first course of cancer treatment at CTCA. Non-analytic patients are those who receive subsequent cancer treatment at CTCA due to progressive or recurrent disease.

2 No staging scheme available

3 Stage of cancer unknown

# Patients

## BY STATE



Arkansas	1	Missouri	1	Wisconsin	2
California	1	North Carolina	13	West Virginia	23
Connecticut	19	Nebraska	1	Wyoming	1
District of Columbia	9	New Hampshire	4		
Delaware	25	New Jersey	194	<b>INTERNATIONAL</b>	
Florida	10	New York	141	Bermuda	8
Georgia	9	Ohio	32	Saudi Arabia	1
Iowa	1	Pennsylvania	155	Cayman Islands	2
Indiana	2	Rhode Island	4	Bahamas	1
Kentucky	7	South Carolina	3		
Louisiana	2	Tennessee	9		
Massachusetts	8	Texas	6		
Maryland	97	Virginia	87		
Maine	7	Virgin Islands	9		
Michigan	1	Vermont	2		

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Winning the fight against cancer, every day.®