

#### INTRODUCTION

The nationall recognized National Cancer Database (NCDB). jointl sponsored b the American College of Surgeons and the American Cancer Societ. is a clinical oncolog database sourced from hospital registr data that are collected from approximatel 1,500 Commission on Cancer (CoC)-accredited facilities. NCDB data are used to anal ze and track patients with malignant neoplastic diseases, their treatments, and outcomes. Data represent more than 72 percent of newl diagnosed cancer cases nationwide and more than 42 million historical records.

Online reporting tools are available to provide our facilit with comparative benchmarks for similar facilities aggregated throughout our state, region, and across CoC-accredited facilities as a whole. Additional reporting tools provide qualit related performance measures in comparison with aggregated CoC-accredited facilities. Through comparison and evaluation, ou can use these tools proactivel to improve deliver and qualit of care for cancer patients in our communit and cancer facilit.

### Track and analyze data on all types of cancer to:

- Explore trends in cancer care
- Review benchmarks for CoC-accredited facilities
- Evaluate and compare the cancer care delivered to patients diagnosed and/or treated at our facilit with accredited facilities at the state, regional, and national levels
- Determine patients lost from or referred to our cancer facilit

## **Community Assessment**

- Identif potential areas of outreach and areas for population screening for cancers b site, age group, and race/ethnicit
- Develop treatment practices to meet communit needs
- Develop cancer prevention programs based on the communit needs
- Provide information to address State Cancer Plan requests

### **Quality Improvement**

- Identif survival rates b stage and disease site
- Assess past performance rates on qualit measures
- Enhance coordination of care and completeness of data through the use of actionable alerts of anticipated adjuvant therapies
- Demonstrate accountable, evidence-based care
- Identif areas to focus qualit improvement e orts

### **Cancer Facility Administration**

- Use data to negotiate favorable reimbursement
- Identif areas to market programs through demographic variables that de ne sex, race/ethnicit, age group, and education level

There are seven NCDB tools

NCDB Hospital Comparison Benchmark Reports, NCDB Survival Reports, NCDB Rapid Cancer Reporting S stem, Cancer Qualit Improvement Program, NCDB Completeness Reports, Site b Stage Distribution Reports, and Participant User Files.

### NCDB HOSPITAL COMPARISON BENCHMARK REPORTS (HCBR)

This application provides end-users with descriptive reports for man t pes of cancers diagnosed within the last 10 ears captured in the NCDB. These reports include summaries on patient demographics, treatment, and stage, which can be queried for our facilit as well as all CoC-accredited facilities at the state, regional, or national levels. Stage is based on NCDB's best stage, which represents a combination of American Joint Committee on Cancer (AJCC) pathologic stage over clinical stage. This report ma be accessed from the password-protected CoC Qualit Portal (QPort).

### **How to Run a Report**

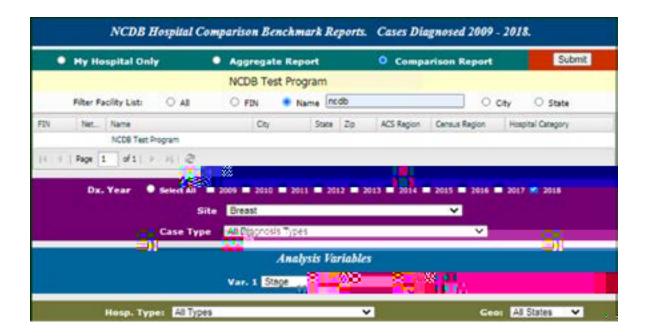
Select from the following options, and then click Submit:

Select view b M Hospital Onl , Aggregate Report, or Comparison Report; for aggregation and comparison view, select b hospital t pe then b state, American Cancer Societ region (West, North, South, North Central, Southeast, Northeast), or national

Restrict to diagnosis ear and primar site of interest

Choose class of case to de ne the patient cohort for diagnosis and treatment

Determine which anal sis variables and select up to three (select onlone for Comparison Report)



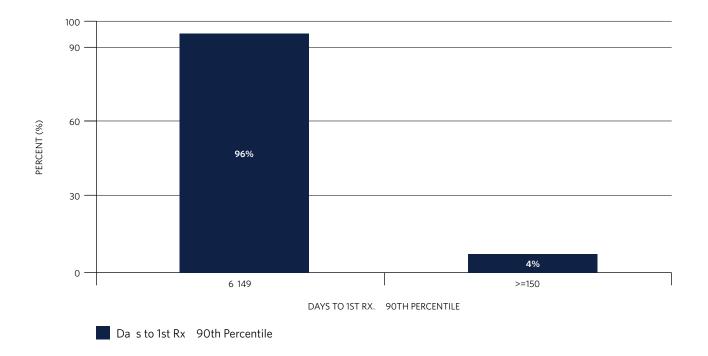
## **Report Tips**

You have the option to show a chart, table, or export into a PDF or PowerPoint to use for a presentation

In this example, 96 percent of prostate cancer patients begin treatment within 149 da s of their cancer diagnosis, and 4 percent wait at least 150 da s before starting treatment.

# **NCDB Test Facility**

Da s to 1st Rx. 90th Percentile of Prostate Cancer Diagnosed in 2018. Dx and all/part 1st crx. Rx at reporting facilit



### For More Information

Help links and data resources for this report are located on the left navigation panel within the report.

### **NCDB SURVIVAL REPORTS**

This application calculates overall and unadjusted observed survival rates straticed bounds stage, sex, age group, or comorbidit score for all cancer sites. Stage is based on NCDB's best stage, which represents a combination of AJCC pathologic stage over clinical stage. It is accessed through the password-protected CoC QPort.

# How to Run a Report

- 1. Check the boxes for disease site(s) of interest; one or multiple sites can be selected.
- 2. Check the box for the stage group(s) of interest.
- 3. Select the Diagnosis Years group; diagnosis ears groups are based on corresponding AJCC edition.
- 4. Select Sequence Number of interest patient's rst and/or onl cancer diagnosis.
- 5. Select Age of interest all adults (18 ears oldion Select); Age 64 airt erfest 64 airt adults (18 III) 1ef < FEFFO III) 1ext < FEFF III

# Report Usage

# NCDB RAPID CANCER REPORTING SYSTEM (RCRS)

This application launched in September 2020 and is the source of both historical and real-time data used to assess qualit measure performance. A case log report and alerts summaries assist registries with data qualit e. orts and treatment follow-up. This report is located within the RCRS platform (acsdataplatform.com/login).

# **How to Run a Report**

Select from the left navigation panel to access the following:

# **Report Usage**

# Videos in the RCRS Library include:

## **General Navigation**

This video will cover the basics of RCRS, such as logging in and signing out and toggling between facilities if ou have access to more than one CoC-accredited facilit, and it provides the location of a quick link for eas access to the CoC QPort platform. Also reviewed in this video is the RCRS navigation panel to the left of the page, which includes a link to the Librar where ou will nd useful documents such as the RCRS User's Guide, the Qualit Measures Speci cations, and the Latest Measure Release Updates, among others. The landing page or the home page for RCRS is the non-interactive Dashboard, which provides a snapshot of various measures and important notic cations.

## **Quality Measure Report**

This video provides a review of the facilit 's qualit measures and explains that this report will initial load blank. For data to populate, Measures under the Summar Panel must be selected. In the table, green indicates that the measure met the CoC benchmark or 95 percent Con dence Interval. Red indicates that the facilit did not meet the CoC benchmark or 95 percent Con dence Interval and that the cancer committee should discuss, formulate an action plan, and monitor for improvement.

## **Comparison Report**

This video provides information regarding dierent qualit measure performance rates, which can be compared by the facilit with other CoC-accredited facilities at the facilitie

### **Access**

For access to the RCRS platform, the user must be listed in a role in CoC QPort under CoC Manage Sta Contacts for each facilit /FIN. Once updates are applicable, an e-mail will be sent from <a href="mailto:ACSTechsupport@iqvia.com">ACSTechsupport@iqvia.com</a> with login and temporar password information.

This s stem requires a dieerent log in from our CoC QPort login

Adding/changing of access in CoC Manage Sta Contacts must be performed at the program level Users are onl allowed one ID in CoC QPort and one e-mail address for all associated FINs/facilities For an issues associated with RCRS login or password (reset), contact <a href="mailto:ACSTechsupport@iqvia.com">ACSTechsupport@iqvia.com</a>

# **CANCER QUALITY IMPROVEMENT PROGRAM (CQIP)**

This PowerPoint report is issued annual and summarizes data from the HCBR, NCDB Survival Reports, and the RCRS. It also includes operative mortalit and risk-adjusted survival reports.

Each CoC-accredited facilit receives a report that can be used to conduct a retrospective review of the services provided. This information enables facilities to develop plans and programs to ensure that their cancer facilit o ers high-qualit, patient-centered cancer services to prevent, screen, diagnose, treat, and monitor the population served. This report ma be accessed from the password-protected CoC QPort.

## **Report Usage**

In this example, there are no statistical signi cant di erences between the 30- and 90-da mortalit after non-small-cell lung resections for this facilit compared with all CoC-accredited facilities.

NSCLS Resections, Unadjusted 30, 90 Day Mortality, 95% CI, 2016-2018

	My Facility		All CoC		CoC High Volume	
	30 Day	90 Day	30 Day	90 Day	30 Day	90 Day
Mortality Percent	0.5%	1.0%	1.7%	3.1%	1.6%	3.0%
95% CI	(0.0,2.3)	(0.2,3.1)	(1.6,1.8)	(3.0,3.2)	(1.6,1.7)	(2.9,3.2)
Deaths	1	2	1,369	2,474	1,244	2,266
Resections	208	203	80,293	78,830	75,754	74,374

<sup>\*</sup>NA No resections, or < 30 or < 90 da s of follow-up for alive patients

### NCDB COMPLETENESS REPORTS

This application provides feedback to CoC-accredited facilities about submission of missing, unknown, or nonspecied information for NCDB-required data items.

The most recent diagnosis ear is included in this report. Long-term follow-up is evaluated for the most recent diagnosis ear minus ve ears. This report ma be accessed from the password-protected CoC QPort.

There are two report topes available. All sites include nine reports (Report and Case IDs, Patient, Diagnostic, Staging, Surger, Radiation, Other Treatment, Short-Term Follow-Up, and Long-Term Follow-Up). These reports can be analized independent or all together depending on the tab viewed. Site-specing reports consist of nine tabs (Breast, Colon, Rectum, Stomach, Esophagus and EGJ, Lung, Cervical, Endometris (8 (eamis)nd E (T)10, Lu8 (e10.1 (GJ)

#### SITE BY STAGE DISTRIBUTION REPORTS

This application enables facilities to obtain an overview of the number of cases b primar site and sub-sites as well primar site b stage. Case-level details are also provided for each primar site and stage. This report ma be accessed from the password-protected CoC QPort portal.

## How to Run a Report

Select the facilit of interest

In the left panel, Cancer Site, select the main grouping of disease site

In the main table, which consists of each sub-primar site b stage, select the cell in which ou want to look for more specied details

# **Report Tips**

At the bottom left of the page is a link for NCDB Primar Site-Histolog Groupings, which de nes the primar site codes and histolog associated with each primar site

Case-level details can onl be viewed within the live application, the cannot be viewed in exports

The primar site and sub-sites counts b stage can be exported as HTML, PDF, or Excel

### **PARTICIPANT USER FILES (PUF)**

The PUF is a source of data that allows for researchers at CoC-accredited facilities to review and improve the qualit of care delivered to cancer patients through anal ses of cases reported to the NCDB.

This Health Insurance Portabilit and Accountabilit Act (HIPAA)-compliant data le contains de-identi ed patient-level data that do not identif facilities, health care providers, or patients as agreed to in the Business Associate Agreement (BAA) that each CoC-accredited facilit signs with the American College of Surgeons. The NCDB extends investigators at CoC-accredited facilities an opportunit to appl for a PUF ear-round.

Researchers interested in utilizing NCDB PUF data should visit and review the contents on the PUF website (facs.org/quality-programs/cancer/ncdb/puf). The PUF website includes all information needed on how to complete an application, access the application, how to download the data and the data dictionar , as well as some additional resources to understand the data and how to use it.

