

2012 Public Outcome Report

BREAST CANCER CARE OUTCOMES

COC AND NAPBC PERFORMANCE MEASURES

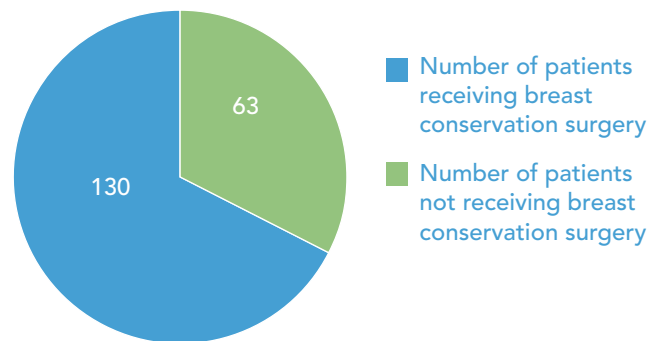
The American College of Surgeons Commission on Cancer (CoC) and National Accreditation Program for Breast Centers (NAPBC) requires annual performance rates be reported for six quality measures identified by the NAPBC. Performance and outcomes for these measures are evaluated annually by United Hospital's Cancer Committee and Breast Program leadership. Breast cancer data evaluated for this report is from 2011.

MEASURE 1:

Breast conservation surgery rates for women with American Joint Committee on Cancer (AJCC) stage 0, I, or II breast cancer

- 130 of 193 (67 percent) patients received breast conservation surgery with a breast cancer diagnosis consistent with the above staging criteria outlined in Measure 1.
 - 26 of 63 patients elected to have a mastectomy after all options of care were presented
 - 26 of 63 patients were recommended for a mastectomy per physician standards due to the extent of disease, multiple tumors, a new cancer diagnosis, disease in both breasts, or a history of lymphoma treated with Radiation Therapy to the chest area
 - 11 of 63 patients had breast conservation surgery with positive margins and elected or were recommended for subsequent mastectomy

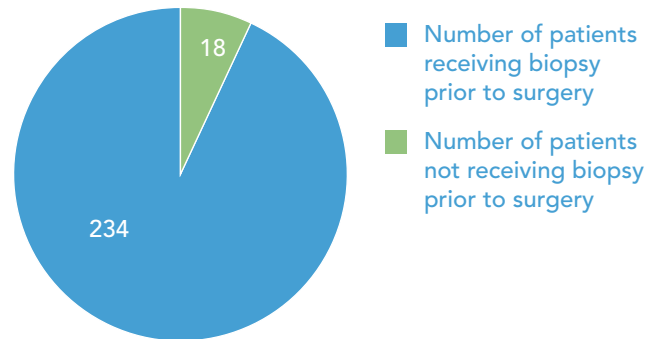
BREAST CONSERVATION SURGERY RATES



MEASURE 2:

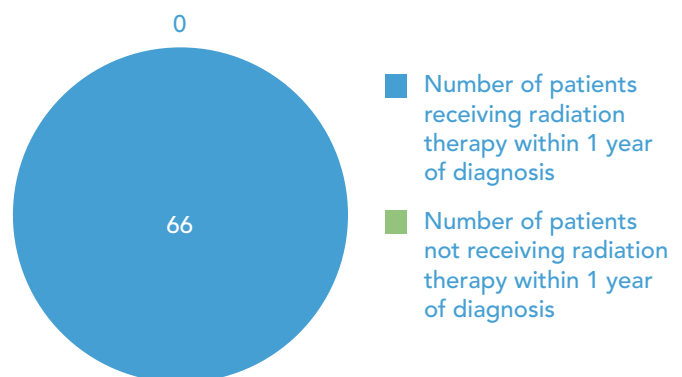
Needle core or fine needle aspiration (FNA) biopsy is performed prior to surgical treatment of breast cancer

- 234 of 252 (93 percent) patients received a needle core or FNA biopsy prior to breast surgery.

NEEDLE CORE OR FINE NEEDLE ASPIRATION BIOPSY RATES**MEASURE 3:**

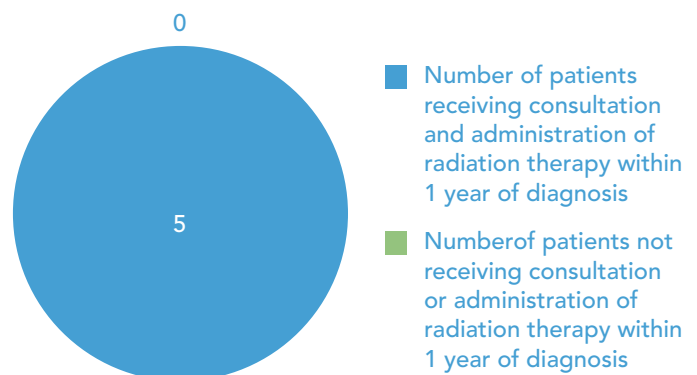
Radiation Therapy is administered within one year of diagnosis for women younger than 70, receiving breast conserving surgery

- 66 of 66 (100 percent) patients younger than 70 received radiation therapy within one year of their breast cancer diagnosis.

RADIATION THERAPY RATES**MEASURE 4:**

Radiation therapy is considered or administered within one year of diagnosis for women with AJCC Stage I, II or III breast cancer undergoing mastectomy with greater than or equal to four positive regional lymph nodes

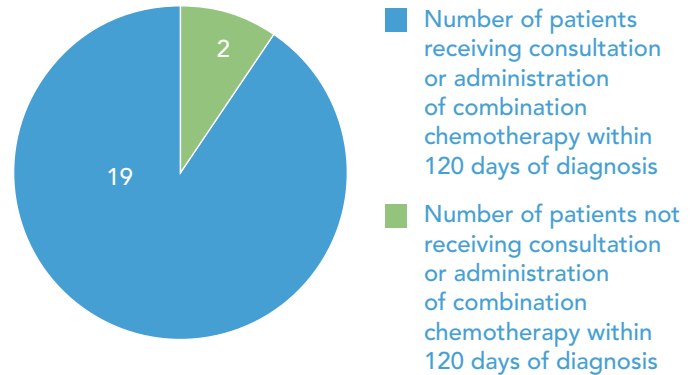
- 5 of 5 (100 percent) patients were consulted and/or received radiation therapy within one year with a breast cancer diagnosis consistent with the above staging criteria outlined in Measure 4.

RADIATION THERAPY CONSULTS AND ADMINISTRATION WITHIN ONE YEAR OF DIAGNOSIS

MEASURE 5:

Combination chemotherapy is considered or administered within four months (120 days) of diagnosis for women younger than 70 with AJCC T1cN0M0, or Stage II or III hormone receptor negative breast cancer

- 19 of 21 (90 percent) patients were consulted and/or received combination chemotherapy within 120 days with a breast cancer diagnosis consistent with the above staging criteria outlined in Measure 5.

COMBINATION CHEMOTHERAPY RATES**MEASURE 6:**

Tamoxifen or a third generation aromatase inhibitor is considered or administered within one year of diagnosis for women with AJCC T1cN0M0, or Stage II or III hormone receptor positive breast cancer

- 135 of 138 (98 percent) patients were consulted and/or received Tamoxifen or a third generation aromatase inhibitor within one year with a breast cancer diagnosis consistent with the above staging criteria outlined in Measure 6.

TAMOXIFEN/AROMATASE INHIBITOR CHEMOTHERAPY RATES