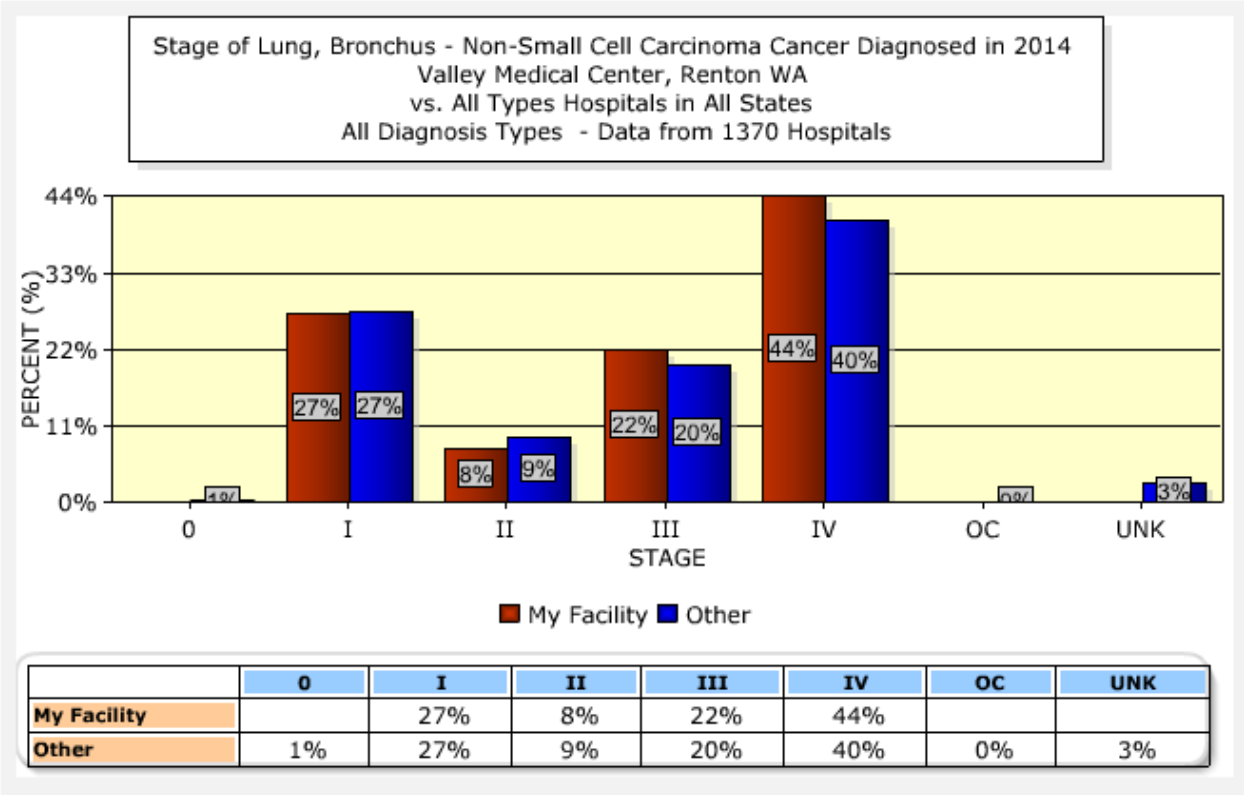
As part of Valley Medical Center's (VMC) commitment to excellence, VMC has maintained accreditation by the Commission on Cancer (CoC) since 1978. The CoC monitors how VMC patients are treated for cancers of the breast, colon, rectum, lung, endometrium, ovary, stomach, and melanoma. The Cancer Program Practice Profile Reports (CP3R) monitoring these cancers are released in November each year. Because these are retrospective, the most recent release of information covers VMC performance in 2014. In previous reports we have reviewed our excellent treatment of women with breast cancer. This year we have elected to report on our performance in treating lung cancer, our second most frequent cancer.

To place this in context, in 2014, 107 patients were diagnosed at VMC with the 3 types of lung cancer: non-small cell, small cell, and other types of lung cancer. Patients who present with early stage disease- i.e. Stage 1 (limited and surgically resectable), Stage 2 and 3 (more extensive locally or involving lymph nodes), and Stage 4 (spread to other organs) occur in our population at rates statistically similar to the rest of Washington State and the nation as a whole. Fig 1.



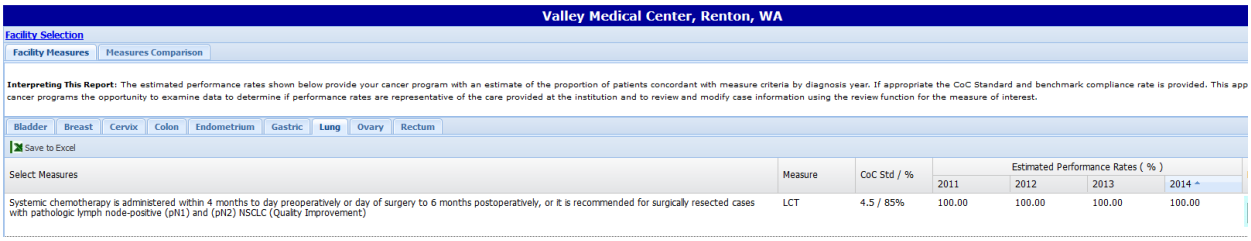

| | 0 | I | II | III | IV | OC | UNK |
|---|---|---|---|---|---|---|---|
| My Facility | | 27% | 8% | 22% | 44% | | |
| Other | 1% | 27% | 9% | 20% | 40% | 0% | 3% |

Fig 1. Although these percentages appear slightly higher for Stage 3 and 4 disease, statistically they are not significantly different from the US as a whole.

The CoC began reporting on VMC's treatment of lung cancer in 2015 (retrospectively on our 2013 patients). In 2016, they updated their report to include our experience for 2014 lung cancer patients. CoC has selected 2 groups of patients for review.

First, they looked at patients 1) who had surgically resected lung cancer who were found at surgery to have cancer which had spread to their lymph nodes did indeed receive recommended chemotherapy (so called adjuvant chemotherapy, and 2) whether these patients who had clinically involved lymph nodes based on scans did NOT undergo surgery.

All VMC patients for whom chemotherapy was recommended received this recommended treatment- 100%. Fig 1.



**Valley Medical Center, Renton, WA**

Facility Selection

Facility Measures | Measures Comparison

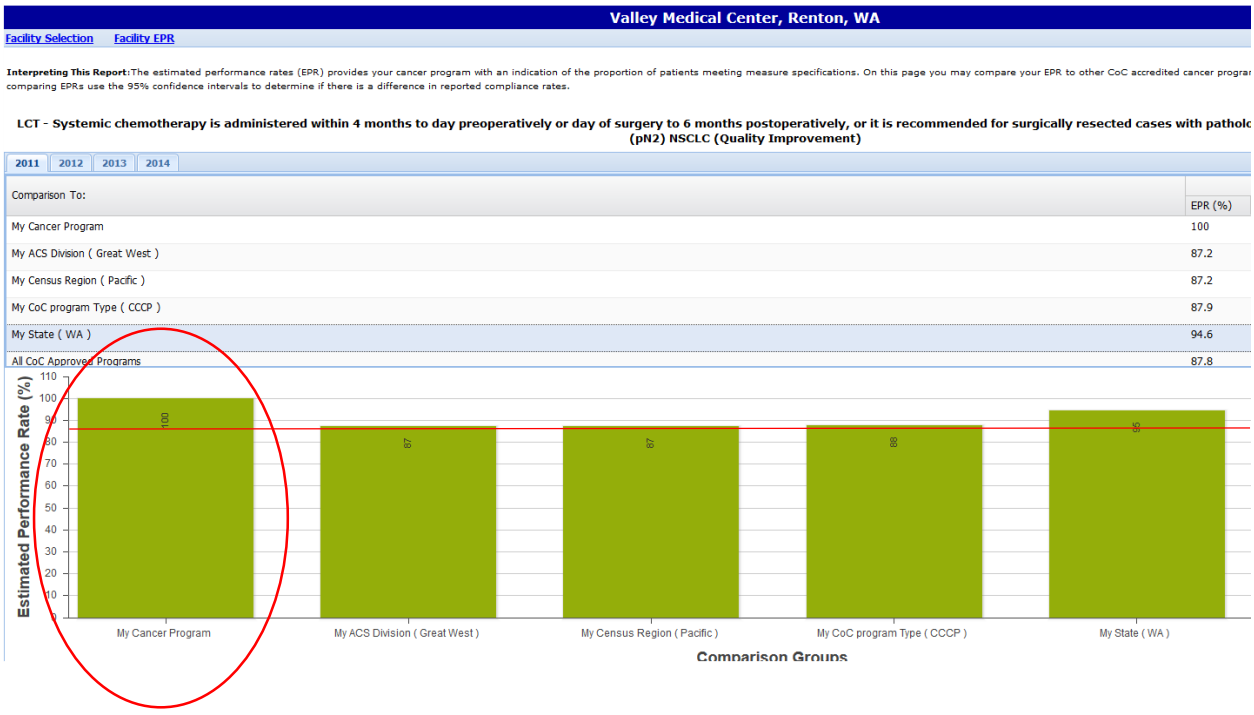
**Interpreting This Report:** The estimated performance rates shown below provide your cancer program with an estimate of the proportion of patients concordant with measure criteria by diagnosis year. If appropriate the CoC Standard and benchmark compliance rate is provided. This app cancer programs 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 | Lung | Ovary | Rectum

Save to Excel

| Select Measures | Measure | CoC Std / % | Estimated Performance Rates ( % ) | | | |
|---|---|---|---|---|---|---|
| | | | 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 | 4.5 / 85% | 100.00 | 100.00 | 100.00 | 100.00 |

This compliance with nationally recommended guidelines for therapy was statistically better than the 85% required for all programs in the country and above the compliance level required of these programs. Fig 2.



**Valley Medical Center, Renton, WA**

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 prograr comparing EPRs use the 95% confidence intervals to determine if there is a difference in reported compliance rates.

**LCT - 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 patholc (pN2) NSCLC (Quality Improvement)**

2011 | 2012 | 2013 | 2014

| Comparison To: | EPR (%) |
|---|---|
| My Cancer Program | 100 |
| My ACS Division ( Great West ) | 87.2 |
| My Census Region ( Pacific ) | 87.2 |
| My CoC program Type ( CCCP ) | 87.9 |
| My State ( WA ) | 94.6 |
| All CoC Approved Programs | 87.8 |

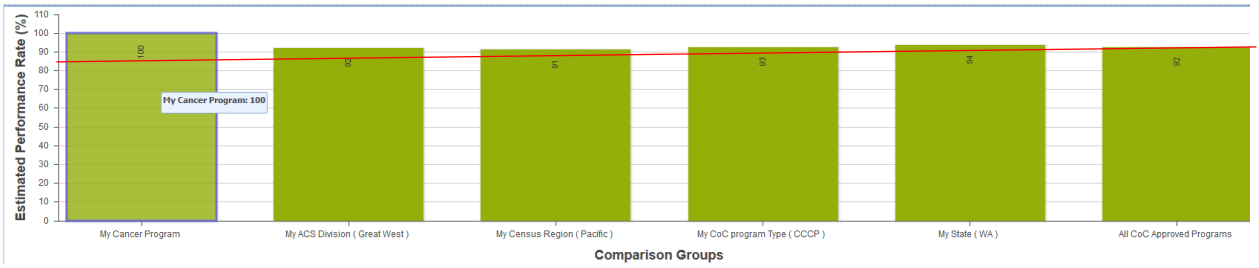


Enlargement of the lymph nodes in the chest as seen by CT scans or PET scans is an indication of regional spread of lung cancer. Patients who present with these findings should not undergo surgery, as surgery would not be curative. Rather, they should undergo chemotherapy. The CoC monitors how patients with clinically positive lymph nodes are treated. No VMC patients were subjected to futile surgical therapy in 2014. This 100% compliance again placed VMC performance in the highest level of compliance with this National Guideline.

**LNoSurg - Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement)**

Standard in the region and in the US.

| | |
|---|---|
| My Cancer Program | 100 |
| My ACS Division ( Great West ) | 92.1 |
| My Census Region ( Pacific ) | 91.3 |
| My CoC program Type ( CCCP ) | 92.6 |
| My State ( WA ) | 93.7 |
| All CoC Approved Programs | 92.4 |




In summary, based on the Commission on Cancer criteria, we can say with certainty that patients diagnosed with lung cancer can feel quite comfortable receiving their treatment here at VMC.

## Standard 4.5 - Quality Improvement Measures

Each calendar year, the expected Estimated Performance Rates (EPR) is met for each quality improvement measure as defined by the Commission on Cancer.

Estimated Performance Rate Benchmark

**2016 CoC Survey Expected Estimated Performance Rates (EPR) QIC Recommendations**

| Measures | Expected EPR | | | VMC |
|---|---|---|---|---|
| New | 2011 | 2012 | 2013 | 2014 |
| **Standard 4.5 Quality Improvement Measures** | | | | |
| * **nBx** - Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer. | NA | 80% | 80% | 88 |
| **12RLN** - At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. | 80% | ↑ 85% | ↑ 85% | 100 |
| * **G15RLN** - At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer. | NA | NA | 80% | 33.3 (0-86.6) |
| * **LCT** - Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is considered for surgically resected cases with pathologic, lymph node-positive (pN1) and (pN2) NSCLC. | NA | NA | 85% | 100 |
| * **LNoSurg** - Surgery is not the first course of treatment for cN2, M0 lung cases. | NA | NA | 85% | 100 |
| * **RECRTCT** - Preoperative chemo 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 considered; for patients under the age of 80 receiving resection for rectal cancer. | NA | NA | 85% | 50 (0-100 |

**Note: Expected EPRs include the EPR and the upper limit of the confidence interval for the EPR.**

*indicates new CP3Rs for compliance.

We are Compliant for all required Quality Improvement CP3R performance rates for 2014.