

LAC+USC Medical Center

Public Reporting of Outcomes

Treatment of Colorectal Cancer at LAC+USC Medical Center

- For patients with colon cancer, at least 12 lymph nodes should be resected at surgery. (NCCN v2. 2017)
- Between 2011 and 2014, patients with colon cancer who had surgery at USC had at least 12 regional LN resected in over 85% of cases.
- This exceeds the compliance rate of COC hospitals.

Bladder Breast Cervix Colon Endometrium Gastric Lung Ovary Rectum							
Save to Excel							
Select Measures	Measure	CoC Std / %	Estimated Performance Rates (%)				Review
			2011	2012	2013	2014	
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)	12RLN	4.5 / 85%	100.00	93.50	91.50	89.70	

- For patients with stage III rectal cancer preoperative or postoperative chemotherapy and radiation is the standard. (NCCN v2. 2017)
- The coc standard is to administer this treatment before surgery if it is clinically advanced or after surgery within 180 days.
- In 2014, LAC+USC has reached 90 percent compliance compared to the COC standard of 85%.

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Save to Excel							
Select Measures	Measure	CoC Std / %	Estimated Performance Rates (%)				Review
			2011	2012	2013	2014	
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 recommended; for patients under the age of 80 receiving resection for rectal cancer (Quality Improvement)	RECRTC	4.5 / 85%	57.10	94.40	66.70	90.00	