

**ARKANSAS CLINICAL QUALITY INDICATORS - BREAST CANCER**

<b>Indicator</b>	<b>Definition</b>	<b>Goal</b>
1) Screening mammography compliance	# and % of Eligible Women Screened	>65%
2) Mammogram results for screening and diagnostic mammograms	Percentage of cases placed in MQSA assessment category 4 or 5 4. Suspicious for Malignancy 5. Highly suggestive of Malignancy	<=4%
3) Screening cancer detection rate	Number of Cancers Detected per 1000 screenings.	2-10
4) Sensitivity (if measurable)	The probability of detecting cancer when a cancer is diagnosed within one year of mammogram	>85%
5) Specificity (if measurable)	The probability of interpreting exam as negative when cancer does not exist within one year of mammogram	>90%
6) Screening Mammography Patient Return Rate	% Total Patients Returning Annually for Screening Mammograms	>=65%
7) Screening mammography callback rate	Percentage of patients called back for follow-up studies due to abnormal finding	<=15%
8) Wait time for initial diagnostic mammogram appointment	Time from CBE to diagnostic mammogram appointment date	<= 14 calendar days
9) Follow up for assessment category Incomplete	Results of category 0 receive diagnostic mammogram and/or ultrasound and/or surgical consult and/or biopsy within 3 months	>=95%
10) Time to diagnostic mammogram	Time from reporting of abnormal screening results to diagnostic mammogram	<=14 calendar days
11) Follow up for category 4 and 5 mammograms	Results of categories 4 and 5 receive surgical consult or biopsy within 3 months	>=95%
12) Follow up for suspicious lesion or complex cyst on	Ultrasound demonstrating suspicious lesion receives surgical consult and/or biopsy/aspiration	>=95%

ultrasound	within 3 months	
13) Evaluation for palpable breast lump	A palpable lump receives imaging evaluation consisting of mammogram and ultrasound.	100%
14) Follow up for palpable lump with negative imaging	A palpable lump with negative imaging receives follow up CBE within 3 months or surgical consult.	100%
15) Short term follow up	6 month follow up recommendation on mammogram receives short term follow up mammogram or ultrasound within seven months	$\geq 65\%$
16) Time to needle biopsy	Time from reporting of diagnostic mammogram results to needle biopsy	$\leq 21$ calendar days
17) Needle biopsy rate	Percentage of biopsy patients receiving stereotactic or core needle biopsy as the initial biopsy	$\geq 50\%$
18) Time to surgical biopsy	Time from reporting of diagnostic mammogram results to diagnostic surgical biopsy	$\leq 28$ calendar days
19) Surgical procedures by initial biopsy type not including reconstruction	Average number of surgeries by initial biopsy type	Needle biopsy: $\leq 1.5$ trips to OR Surgical biopsy: $\leq 2.5$ trips to OR
20) Positive predictive value (for recommended biopsies)	Cancers found per biopsies recommended (category 4 and 5)	$\geq 25\%$
21) Types of cancers detected on screening mammograms	DCIS versus invasive	25% DCIS 75% invasive
22) Tumors found - minimal cancers	Minimal cancers detected by screening and diagnostic mammography including invasive CA $\leq 10$ mm and DCIS	$> 30\%$
23) Time to initial cancer treatment	Time from when diagnostic biopsy was performed to initial cancer surgery. Excludes patients receiving neo-adjuvant chemotherapy.	$\leq 30$ calendar days

24) Re-excision rate	Total <u>second</u> procedure for re-excision or mastectomy after initial surgical procedure	<30%
25) Breast conservation surgery rate	Percentage of breast cancer patients receiving lumpectomy versus mastectomy	>=65%
26) Post-lumpectomy radiation	Percentage of breast cancer patients receiving radiation therapy following lumpectomy for patients <= 70 years old	≥Stage I: 100% DCIS: 95%
27) Sentinel node biopsy utilization	Percentage of eligible breast cancer patients undergoing sentinel node biopsy	100%
28) Sentinel node biopsy utilization: DCIS	Percentage of patients with high grade or multi-centric DCIS or DCIS >5cm or with micro-invasion receiving mastectomy who also undergo sentinel node biopsy	100%
29) Lymph Node Positivity Rate	% and # Node Positive Invasive Cancers compared with all axillary surgeries	<25%
30) Tumor Stage at Diagnosis	Total CA Stage at Diagnosis % (Stage I, II, III & IV)	Stage 1 – 30-40% Stage 2 – 30-40% Stage 3 – 10-20% Stage 4 – 3-6%
31) Time from surgery to chemotherapy	If adjuvant chemotherapy is recommended, it will begin within 12 weeks from surgery	100%
32) ER/PR and HER-2/neu measurement	Percentage of invasive breast cancer patients assayed on surgical pathology specimen	100%
33) Treatment for HER 2/neu patients	Women who are HER 2/neu positive will receive Herceptin	>=90%
34) Chemotherapy and/or hormonal therapy	Breast cancer patients with tumors >1cm or node positive will receive systemic therapy	100%
35) Radiation therapy	Women with invasive breast cancer and undergo a mastectomy with positive margins on surgical specimen OR tumor >5cm OR 4 or more positive nodes OR T4 lesion	100%

	should receive radiation therapy.	
36) Treatment options	If a woman with stage I-II cancer undergoes a mastectomy, she must have been informed about the options of breast conserving surgery followed by radiation therapy or mastectomy.	>=90%
37) Breast reconstruction	Prior to a mastectomy, a woman must be informed about the option of breast reconstruction.	>=90%
38) Pathology turnaround time: biopsy and surgery	Time from biopsy/surgery to reporting of pathology results	3 business days
39) Pathology report completeness	Percentage of pathology reports containing data elements specified (see * below)	>90%
40) Specimen Orientation	Specimen orientation performed on cancers	100%
41)) Survival rate	Five-year survival rate by stage at diagnosis	Localized: 97-98% Regional: 80-85% Distant: 25-30%

**\* Pathology reports should contain the following elements:**

**For Invasive Cancers**

- Size of invasive component, greatest dimension (including core needle biopsy)
- Histology type
- Histology grade
- Extent of DCIS
- Pathological staging
- Margins
- Venous or lymphatic invasion
- Micro-calcifications (if reason for biopsy based on mammogram)

**For DCIS**

- Tumor size, greatest dimension (including core needle biopsy)
- Grade
- Presence of necrosis
- Architectural pattern

Margins  
Micro-calcifications (if reason for biopsy based on mammogram)

**For Lymph Nodes**

Number  
Number involved by tumor  
Largest nodal metastasis size

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**Note:**

Data under the **BreastCare** column is available from the ADH Online Data, MMIS and the BreastCare Call Center database.

Data under the **Arkansas** column is available from the Arkansas Cancer Registry.

(+) If an indicator under the Arkansas column displays this sign, that information is not yet available from the Arkansas Cancer Registry.