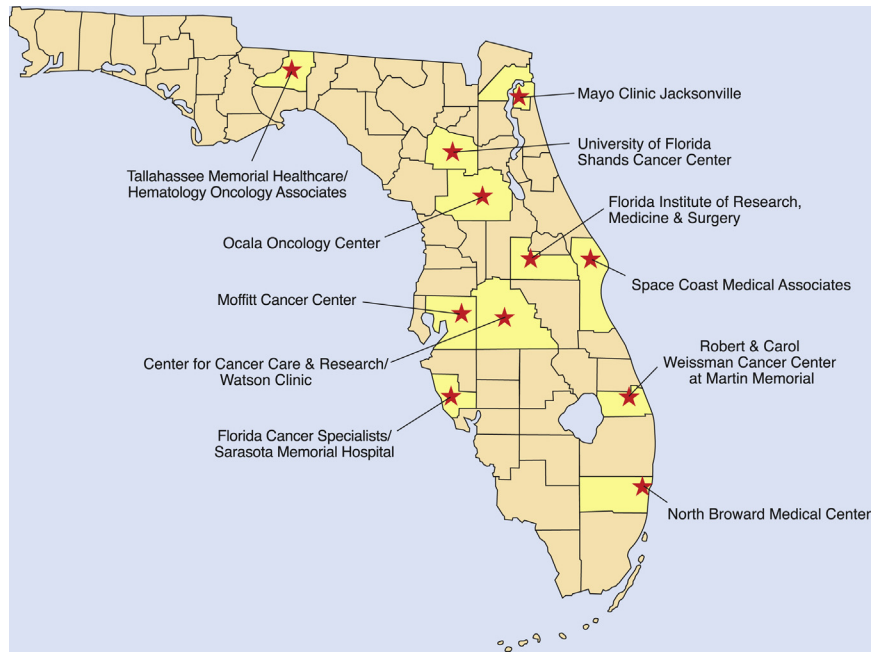


## APPENDIX



**Online Figure 1.** The Florida Initiative for Quality Cancer Care is a consortium of 11 medical oncology practices across the state of Florida. (From Malafa MP, Corman MM, Shibata D, et al. The Florida Initiative for Quality Cancer Care: a regional project to measure and improve cancer care. *Cancer Control* 2009;16:318–327, with permission.)

**Online Table 1.** Quality of Care Indicators for Colorectal Cancer Patients

	<b>Complete quality of care indicator</b>	<b>Abbreviated QCI</b>	<b>Clinical domain</b>	<b>Component of care</b>	<b>Source</b>
1	Was "colorectal cancer detected by screening?"	CRC detection by screening			US Prevention Taskforce
2	Was "there an explicit statement of the patient's staging according to the AJCC or Dukes systems?" Or, for patients who do not have an explicit statement of staging in their chart, is "the tumor size, lymph node status, and metastatic status documented in the medical chart?"	Documentation of staging	Diagnostic	Documentation	
3	For patients who had surgical resection, was "a barium enema or colonoscopy performed within 6 months before or 6 months after surgery?"	Barium enema or colonoscopy within 6 months	Diagnostic	Testing	NCCN <sup>17-19</sup>
4	For patients with nonmetastatic colon or rectal disease, was "there a copy of the surgical pathology report confirming malignancy in the medical oncology office chart?"	Copy of pathology report in chart		Documentation	ACS/CAP <sup>21</sup> QOPI <sup>9</sup>
5	For patients with nonmetastatic colon or rectal disease, did "the surgical pathology report state the depth of invasion of the tumor?"	Depth of invasion (T level)	Diagnostic	Pathology	ACS/CAP <sup>21</sup> NICCQ <sup>4</sup>
6	For patients with nonmetastatic colon or rectal disease, did "the surgical pathology report state the presence or absence of lymphovascular invasion?"	Lymphovascular invasion	Diagnostic	Pathology	ACS/CAP <sup>21</sup> NICCQ <sup>4</sup>
7	For patients with nonmetastatic colon or rectal disease, did "the surgical pathology report state the presence or absence of perineural invasion?"	Perineural invasion	Diagnostic	Pathology	ACS/CAP <sup>21</sup>
8	For patients with nonmetastatic colon or rectal disease, did "the surgical pathology report state the differentiation of the tumor as well, moderate, or poor?"	Tumor differentiation (grade)	Diagnostic	Pathology	ACS/CAP <sup>21</sup>
9	For patients with nonmetastatic rectal disease, did "the surgical pathology report document that the radial margin of the surgical specimen is free of tumor?"	Radial margin for rectal cancer	Surgery-related pathology	Pathology; quality of treatment	ACS/CAP <sup>21</sup> NICCQ <sup>4</sup>
10	For patients with nonmetastatic colon or rectal disease, did "the surgical pathology report comment on the presence or absence of microscopic tumor cells at the resection margin?"	Distal and proximal margin status	Surgery-related pathology	Pathology; quality of treatment	ACS/CAP <sup>21</sup> NICCQ <sup>4</sup>
11	For patients with nonmetastatic colon or rectal disease, did "the surgical pathology report indicate that the patient had the lymph nodes removed?"	Removal of LNs	Surgery-related pathology	Pathology	ACS/CAP <sup>21</sup> NICCQ <sup>4</sup>
12	For patients with nonmetastatic colon or rectal disease who had their lymph nodes removed, did "the surgical pathology report state whether or not the lymph nodes were examined?"	Examination of LNs	Surgery-related pathology	Pathology; quality of treatment	ACS/CAP <sup>21</sup>
13	For patients with nonmetastatic colon or rectal disease whose path report stated whether or not the lymph nodes were examined, did "the surgical pathology report state the number of lymph nodes examined?"	Number of LNs examined	Surgery-related pathology	Pathology; quality of treatment	ACS/CAP <sup>21</sup>

(Continued)

**Online Table 1.** Continued

	<b>Complete quality of care indicator</b>	<b>Abbreviated QCI</b>	<b>Clinical domain</b>	<b>Component of care</b>	<b>Source</b>
14	For patients with nonmetastatic colon disease whose path report stated the number of lymph nodes examined, "how many lymph nodes were examined?" Indicator is examination of $\geq 12$ lymph nodes.	$\geq 12$ LNs examined for nonmetastatic colon cancer		Pathology; quality of treatment	ACS/CAP <sup>21</sup> NQF <sup>20</sup>
15	For patients with nonmetastatic colon or rectal disease who had their lymph nodes removed, did "the surgical pathology report state whether or not the tumor involves lymph nodes?"	Involvement of LNs (N-level)	Surgery-related pathology	Pathology	ACS/CAP <sup>21</sup> NICCQ <sup>4</sup>
16	For patients with nonmetastatic colon or rectal disease whose path report stated whether or not the tumor involves lymph nodes, did "the surgical pathology report state the number of lymph nodes involved?"		Surgery-related pathology	Pathology	ACS/CAP <sup>21</sup>
17	For patients with nonmetastatic colon or rectal cancer, was "there a blood test for CEA at least once prior to surgery or chemotherapy treatment?"	Serum CEA pretreatment for nonmetastatic CRC	Post-treatment surveillance	Testing	NCCN <sup>17-19</sup> ASCO <sup>16</sup>
18	For patients with nonmetastatic colon or rectal cancer, was "there a blood test for CEA at least once within 6 months after the last treatment, either surgery or chemotherapy?"	Serum CEA post-treatment for nonmetastatic CRC	Post-treatment surveillance	Testing	NCCN <sup>17-19</sup> ASCO <sup>16</sup>
19	For patients whom guidelines recommend use of chemotherapy,* did "the physician discuss, recommend, or refer for adjuvant chemotherapy?" Note: for stage III colon cancer patients, this must have occurred within 4 months of diagnosis.	Consideration of adjuvant chemotherapy (all stage)	Chemotherapy	Treatment consideration	NCCN <sup>17-19</sup> NICCQ <sup>4</sup>
20	For patients that guidelines recommend use of chemotherapy,* but who were not referred for adjuvant chemotherapy, was "there an explicit note in the medical chart explaining why the physician did not discuss, recommend, or refer for adjuvant chemotherapy?" Note: for stage III colon cancer patients, this must have occurred within 4 months of diagnosis.	Explanation for not considering for treatment (all stages)	Chemotherapy	Treatment consideration	NCCN <sup>17-19</sup> NICCQ <sup>4</sup>
21	For patients who received chemotherapy, was "there a signed consent for treatment in the chart or a practitioner's note that treatment was discussed and patient consented to treatment?"	Consent for chemotherapy	Chemotherapy	Documentation	QOPI <sup>9</sup>
22	For patients who received chemotherapy, was "there a flow sheet with chemotherapy notes and blood counts?"	Flow sheet for chemotherapy	Chemotherapy	Documentation	QOPI <sup>9</sup>
23	For patients who received chemotherapy, was "the patient's planned dose of chemotherapy documented in the medical oncology note?"	Documented planned adjuvant chemotherapy dose	Chemotherapy	Documentation	NICCQ <sup>4</sup>
24	For nonmetastatic patients who received chemotherapy and whose planned dose was documented did "the patient's planned dose of chemotherapy, dose per cycle and number of cycles, fall within a range that is consistent with published regimens?"	Adherence of planned dose with accepted regimens (nonmetastatic)	Chemotherapy	Quality of treatment	NCCN <sup>17-19</sup> NICCQ <sup>4</sup>

(Continued)

**Online Table 1.** Continued

	<b>Complete quality of care indicator</b>	<b>Abbreviated QCI</b>	<b>Clinical domain</b>	<b>Component of care</b>	<b>Source</b>
25	For patients who received chemotherapy, was “the patient’s body-surface area (BSA) documented?”	Documentation of BSA	Chemotherapy	Documentation	NICCQ <sup>4</sup>
26	For patients with stage II/ III <sup>†</sup> colon cancer or stage II/III rectal cancer who received chemotherapy, did “the patient receive adjuvant chemotherapy with a regimen listed below?” or was “the patient in a clinical trial of a chemotherapy agent or regimen?”	Accepted regimen of adjuvant chemotherapy (nonmetastatic)	Chemotherapy	Receipt of treatment	NCCN <sup>17-19</sup> NICCQ <sup>4</sup>
27	For patients with stage II/ III <sup>†</sup> colon cancer, or stage II/III rectal cancer who received chemotherapy, did “the patient start adjuvant chemotherapy within 8 weeks after surgical resection?”	Adjuvant chemotherapy within 8 weeks (nonmetastatic)	Chemotherapy	Timing	NICCQ <sup>4</sup>
28	For patients with stage II/III rectal cancer who received chemotherapy before surgical resection, did “the patient receive neoadjuvant chemotherapy with a regimen listed below?”	Accepted regimen of neoadjuvant chemotherapy (nonmetastatic rectal cancer)	Chemotherapy	Receipt of treatment	NCCN <sup>17-19</sup> NICCQ <sup>4</sup>
29	For patients with stage II/III rectal cancer who received neoadjuvant chemotherapy, did “the patient start neoadjuvant chemotherapy within 8 weeks after first positive biopsy?”	Receipt of neoadjuvant chemotherapy within 8 weeks of diagnosis (nonmetastatic rectal cancer)	Chemotherapy	Timing	NICCQ <sup>4</sup>
30	For patients with stage II/III rectal cancer, did “the physician discuss, recommend, or refer for radiation?”	Consideration of radiation therapy	Radiation	Treatment consideration	NICCQ <sup>4</sup>
31	For patients with stage II/III rectal cancer who were not referred for radiation, was “there an explicit note in the medical chart explaining why the physician did not discuss, recommend, or refer for radiation?”		Radiation	Treatment consideration	NICCQ <sup>4</sup>
32	For patients with stage II/III rectal cancer, did “the patient have a consultation with a radiation oncologist?”	Consultation with radiation oncologist	Radiation	Treatment consideration	
33	For patients with stage II/III rectal cancer who received radiation, did “the patient receive a radiation regimen that included at least 45 Gray (Gy) over a period of 5 weeks?” or was “the patient in a clinical trial for radiation therapy?”	Accepted dosage of radiation treatment	Radiation	Receipt of treatment; quality of treatment	NCCN <sup>17-19</sup>
34	For patients with stage II/III rectal cancer who received radiation, did “the patient receive radiation therapy before definitive surgical excision?”	Receipt of neoadjuvant radiation treatment	Radiation	Timing	NICCQ <sup>4</sup>
35	For patients with stage II/III rectal cancer who received radiation, did “the patient receive radiation therapy after definitive surgical excision?”	Receipt of adjuvant radiation treatment	Radiation	Timing	NICCQ <sup>4</sup>

\*Patients with stage II–IV colon cancer and stage II–IV rectal cancer are recommended by NCCN guidelines treatment with chemotherapy.

<sup>†</sup>Restricted to stage II colon cancer with features that increase the risk of recurrence, including obstruction, perforation, T4 lesions, poorly differentiated adenocarcinoma, or lymphovascular invasion.

ACS, American College of Surgeons; AJCC, American Joint Committee on Cancer; ASCO, American Society for Clinical Oncology; CAP, College of American Pathologists; CRC, colorectal cancer; LN, lymph node; NCCN, National Comprehensive Cancer Network; NICCQ, National Initiative for Cancer Care Quality; NQF, National Quality Forum; QCI, quality care indicator; QOPI, Quality Oncology Practice Initiative.