

CBE ID

0221

Title

Needle biopsy to establish diagnosis of cancer precedes surgical excision/resection

Project

Cancer

Endorsement Status

Endorsement Removed

Is Under Review

No

Previous Endorsement Cycle

Full Year 2015

Removal Date

Sun, 02/07/2016 - 19:00

Initial Endorsement

Wed, 02/28/2007 - 19:00

Steward

American College of Surgeons

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

Percentage of patients presenting with AJCC Stage Group 0, I, II, or III disease, who undergo a needle biopsy to establish diagnosis of breast cancer.

1.7 Measure Type

Process

1.8 Level of Analysis

Facility

1.9 Care Setting

Inpatient/Hospital

1.14 Numerator

Patients who receive image or palpation-guided needle biopsy (core or FNA) for the diagnosis of breast cancer.

1.15 Denominator

Women with AJCC Stage 0, I, II, or III breast cancer undergoing surgery: • Women • Age ≥ 18 at time of diagnosis • Primary tumors of the breast • Epithelial invasive malignancy only • Diagnosis and all or part of first course of treatment performed at the reporting facility

1.20 Types of Data Sources

Paper Patient Medical Records, Registry data

6.1.2 Current or Planned Use(s)

Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Exclusions

Exclusions:

Men; not a first or only cancer diagnosis; non-epithelial tumors; metastatic disease (AJCC Stage IV); phyllodes tumor histology (9020);

Patient refused biopsy,

Patient medically unable to hold position for image guided biopsy,

Patient requires sub-areolar excision for nipple discharge,

Lesion too superficial,

Breast too small,

Lesion inaccessible by needle biopsy,

Cancer found in prophylactic mastectomy,

Benign high risk lesion diagnosed by needle biopsy, requiring excisional biopsy

Discordant biopsy results compared to suspicious imaging

Planned Use

Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Risk Adjustment

No risk adjustment or risk stratification

Target Population

Elderly

Steward Organization

American College of Surgeons

Steward POC email

bpalis@facs.org