

Quality of Cancer Care

As an American College of Surgeons Commission on Cancer (CoC) accredited program, the University of Vermont Medical Center submits data on compliance with key metrics related to the standard of care therapies for breast, colon, rectum, lung and gastric cancers.

These data are compiled annually into Cancer Program Practice Profile Reports (CP3R) which offer patients and providers meaningful information that helps us improve quality of patient care.

We are pleased to report that based on this data, the UVM Medical Center and its care teams are providing excellent quality of care.



The University of Vermont Medical Center, Burlington, VT (2016 diagnosis year)

Select Measures - Breast	Commission on Cancer Standard	University of Vermont Medical Center 2016	All Commission on Cancer Approved Programs 2016
Image or palpation-guided needle biopsy (core or FNA) of the primary site is performed to establish diagnosis of breast cancer	80%	100.00%	90.90%
Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer	90%	98.30%	92.00%
Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes	90%	100.00%	86.50%
Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer	90%	96.30%	91.20%



Select Measures - Colon	Commission on Cancer Standard	University of Vermont Medical Center 2016	All Commission on Cancer Approved Programs 2016
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer	85%	97.90%	92.70%
Select Measures - Rectum	Commission on Cancer Standard	University of Vermont Medical Center 2016	All Commission on Cancer Approved Programs 2016
Preoperative chemo and radiation administered for clinical AJCC T3N0, T4N0 or Stage III; or postoperative chemo and radiation 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	85%	85.70%	87.30%
Select Measures - Lung	Commission on Cancer Standard	University of Vermont Medical Center 2016	All Commission on Cancer Approved Programs 2016
Systemic chemotherapy 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) non-small cell lung cancer	85%	100.00%	90.20%
Surgery is not the first course of treatment for cN2 M0 lung cases	85%	100.00%	92.90%

Select Measures - Gastric	Commission on Cancer Standard	University of Vermont Medical Center 2016	All Commission on Cancer Approved Programs 2016
At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer	80%	100.00%	64.70%