

Melanoma Quality Reporting

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MELANOMA QUALITY REPORTING

DEMOGRAPHICS & TREATMENT

DEMOGRAPHICS

TABLE 1

AGE	PATIENTS (N=182)
Mean Age (years)	61.4
Range (years)	18-91

GENDER	PATIENTS (N=182)
Male	92 (50.5 %)
Female	90 (49.5 %)

DIAGNOSIS TYPE

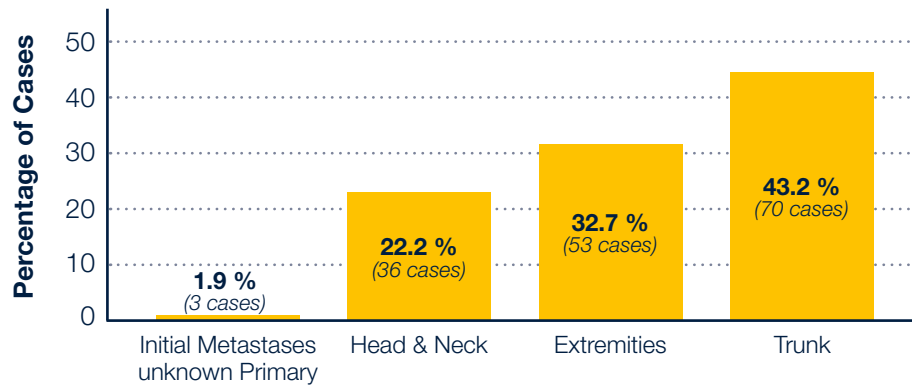
TABLE 2

DIAGNOSIS	PATIENTS
Initial Diagnosis	162 (89 %)
Recurrent Diagnosis	20 (11 %)

ANATOMIC LOCATION OF PRIMARY MELANOMA

162 Total Cases

TABLE 3



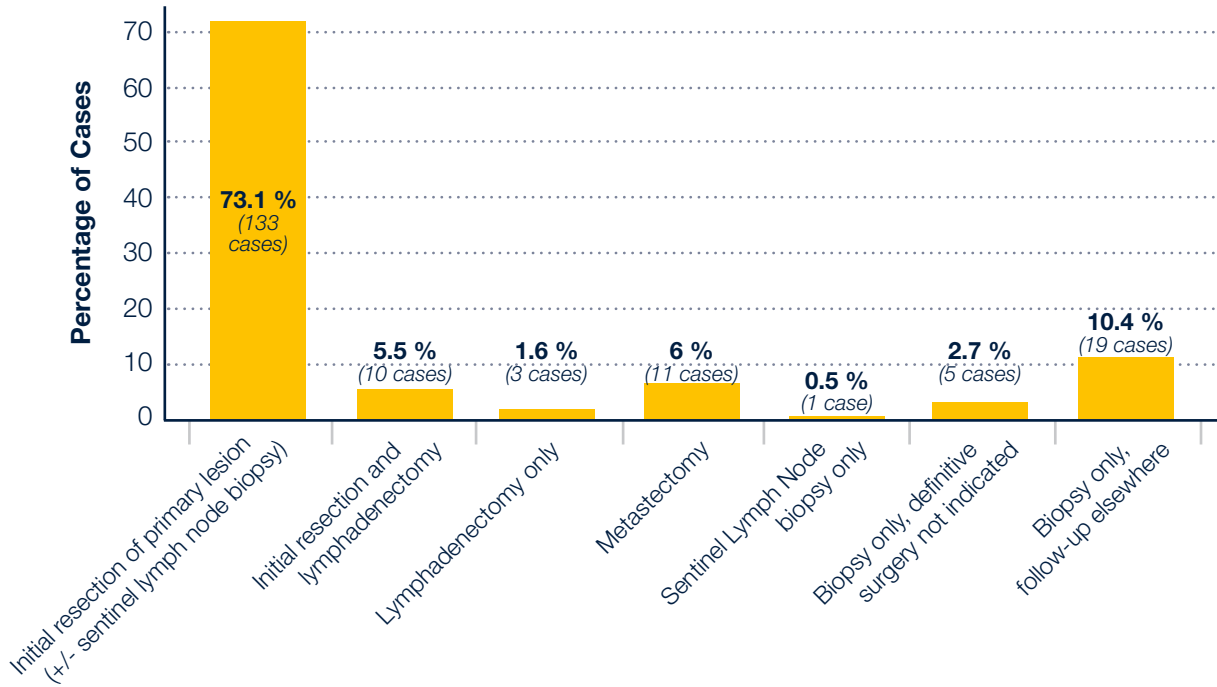
MELANOMA QUALITY REPORTING

DEMOGRAPHICS & TREATMENT *continued*

TREATMENT PROVIDED

182 Total Patients

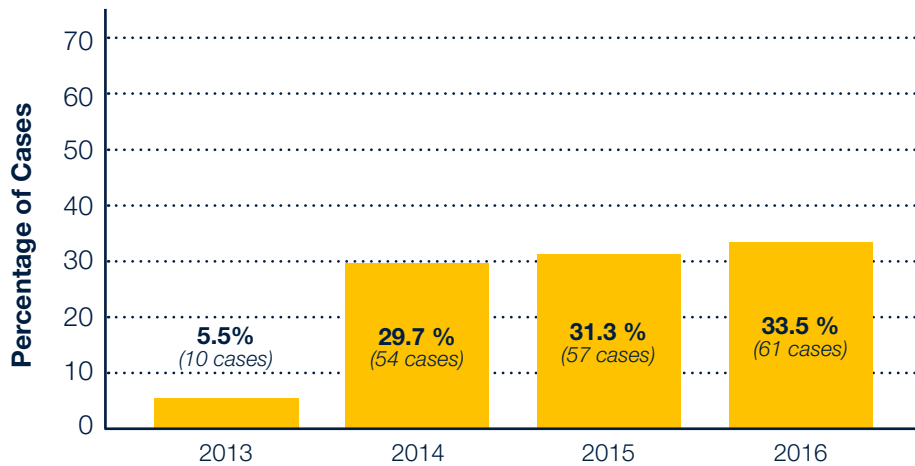
TABLE 4



TOTAL PATIENTS BY YEAR

182 Total Patients

TABLE 5



MELANOMA QUALITY REPORTING

PHYSICIAN CERTIFICATION

SURGEON CERTIFICATION

Surgical Structure

TABLE 6

Surgeon performing sentinel lymph node biopsy (SLNB) OR lymph node dissection (LND) for melanoma is certified by the American Board of Surgery or equivalent association (Quality Measure #1)	Cases N=101	Percent
Surgeon meets certification criteria	101	100 %

STAGING DOCUMENTATION

CLINICAL STAGING

Surgical Process

TABLE 7

Prior to surgical resection, clinical stage (TNM staging) should be documented by surgeon (Quality Measure #26)	Cases N=143	Percent
Clinical stage documented	143	100 %

MARGINS

SURGICAL EXCISION MARGINS DOCUMENTED

Surgical Process

TABLE 8

Documentation of measured surgical margins in operative report (Quality Measure #3)	Cases N=143	Percent
Margins documented in operative report	143	100 %

MELANOMA QUALITY REPORTING

MARGINS *continued*

SURGICAL EXCISION MARGINS ADEQUATE

Surgical Technique

TABLE 9

Number of patients who underwent surgical excision and received requisite surgical margins (Quality Measure #2, 5, 6, 7)	Cases	Percent
Melanoma in situ: surgical margins \geq 5 mm (N=14)	14	100 %
Melanoma \leq 1 mm thick: surgical margins \geq 1 cm (N=69)	69	100 %
Melanoma 1-2 mm thick: surgical margins 1-2 cm (N=40)	40	100 %
Melanoma \geq 2 mm thick: surgical margins 2-3 cm (N=16)	15	94 %
Digit Melanoma: Proximal joint (N=4)	4	100 %
All Cases (N=143)	142	99.3 %

PATHOLOGY SURGICAL EXCISION MARGINS

Pathology Process

TABLE 10

Documentation of histologic margins following final excision (Quality Measure #4)	Cases N=154	Percent
Clear histologic margin documented following final excision	145	94.2 %

SENTINEL LYMPH NODE BIOPSY PERFORMANCE

SENTINEL LYMPH NODE BIOPSY DISCUSSION

Surgical Process

TABLE 11

Sentinel Lymph Node Biopsy (SLNB) pre-operative discussion documented for Clinical Stage IB or II (Quality Measure #11)	Cases N=85	Percent
SLNB discussed	85	100 %

MELANOMA QUALITY REPORTING

SENTINEL LYMPH NODE BIOPSY PERFORMANCE *continued*

SENTINEL LYMPH NODE BIOPSY (SLNB) PERFORMANCE

Surgical Process & Technique
(Quality Measure #30)

TABLE 12

Clinical Stage	Total Cases	SLNB Clinically Recommended	SLNB Performed	SLN Identified	SLN +
IA	40	14	14 (100 %)	13 (92.9 %)	0 (0 %)
IB	68	64	64 (100 %)	62 (96.9 %)	6 (9.7 %)
II	17	17	17 (100 %)	15 (88.2 %)	2 (13.3 %)
Other*	20	2	2 (100 %)	2 (100 %)	1 (50 %)
Total	145	97	97 (100 %)	92 (94.8 %)	9 (9.8 %)

*Other: Clinical Stage 0, III, not documented or recurrent melanoma.

SENTINEL LYMPH NODE IDENTIFICATION & BIOPSY

Radiology & Surgical Technique

TABLE 13

Sentinel Lymph Node Biopsy: Number of nodes identified and examined (Quality Measure #30)	Cases (N=97)	Percent
1 Node	33	35.9 %
2 Nodes	35	38 %
3 Nodes	14	15.2 %
4 Nodes	5	5.4 %
5 Nodes	4	4.3 %
> 5 Nodes	1	1.1 %
Any Sentinel Lymph Node identified	92	94.8 %

Average number of sentinel lymph nodes examined: 2.09

MELANOMA QUALITY REPORTING

SENTINEL LYMPH NODE BIOPSY PERFORMANCE *continued*

SENTINEL LYMPH NODE BIOPSY PERFORMANCE

Surgical Process

TABLE 14

Currently recommended surgical methods for SLNB performance (Quality Measures #8, 9)	Cases	Percent
Lymphoscintigraphy performed to identify draining nodal basin(s) (N=97)	96	99 %
SLNs sent for permanent sectioning (no frozen sectioning) (N=92)	91	99 %

SENTINEL LYMPH NODE BIOPSY & SERIAL SECTIONING

Pathology Process

TABLE 15

Serial Sectioning on Pathologic Evaluation of SLNB (Quality Measure #10)	Cases N=92	Percent
Serial Sectioning completed	90	97.8 %

COMPLETION LYMPH NODE DISSECTION ELIGIBILITY

Surgical Process

TABLE 16

Positive Sentinel Lymph Node Biopsy (SLNB) or clinical adenopathy, Non-Stage IV with Completion Lymph Node Dissection (CLND) performance (Quality Measures #22, 23, 24)	Cases
Positive Sentinel Lymph Node	9
Clinical adenopathy (SLN biopsy not completed)	6
Total Potential CLND	15
Imaging documenting distant metastases	1
CLND not indicated (age, comorbidities, declined)	1
CLND eligible	13
CLND performed at Metro Health	13
CLND eligible, referred out-of-network	0

MELANOMA QUALITY REPORTING

SENTINEL LYMPH NODE BIOPSY PERFORMANCE *continued*

HISTOLOGIC CONFIRMATION OF CLINICALLY PALPABLE NODAL DISEASE

Surgical Process

TABLE 17

Histologic diagnosis obtained prior to Lymph Node Dissection (LND) for clinically apparent/palpable nodal disease (Quality Measure #12)	Cases N=6	Percent
Histologic diagnosis obtained prior to LND	6	100 %

LYMPH NODE DISSECTION (LND)

Surgical Technique and Pathology

TABLE 18

LND Completed: Number of lymph nodes examined in LND (Quality Measures #13, 14, 15)	Minimum recommended number of lymph nodes examined in LND ¹	Cases meeting recommendation	Percentage of cases meeting recommendation
Cervical Lymph Node Dissection (N=3)	15	3	100 %
Axillary Lymph Node Dissection (N=7)	10	6	85.7 %
Inguinal Lymph Node Dissection (N=3)	5	3	100 %

SENTINEL LYMPH NODE BIOPSY AND NODAL DISSECTION PATHOLOGY

Pathology Reporting

TABLE 19

Sentinel Lymph Node Biopsy (SLNB) and Lymph Node Dissection (LND) pathology reporting of Lymph Nodes and metastases examined (Quality Measure #17)	Cases	Percent
SLNB Pathology: Report addresses number of SLNs examined (N=92)	92	100 %
SLNB Pathology: Report addresses number of SLNs with/without metastases (N=92)	92	100 %
Nodal Dissection Pathology: Number of non-SLNs examined reported (N=13)	13	100 %
Nodal Dissection Pathology: Number of non-SLNs with metastases reported (N=13)	13	100 %

MELANOMA QUALITY REPORTING

IMAGING

INITIAL APPROPRIATE RADIOLOGY UTILIZATION

Surgical and Medical Oncology Process

TABLE 20

Patients with Stage 0, I, or IIA Melanoma who did NOT have pre-operative abdominal CT/MRI, pelvic CT/MRI or PET scan without clinical indication (Quality Measure #20)	Cases N=137	Percent
NO Radiology testing performed	137	100 %

RADIOLOGY UTILIZATION

Surgical and Medical Oncology Process

TABLE 21

Patients with clinically palpable nodal disease who have had a CT or PET scan to rule out distant metastases prior to Lymph Node Dissection (Quality Measures #18, 29)	Cases	Percent
PET scan performed for palpable nodal disease (N=6)	6	100 %
Pelvic CT or PET performed for palpable disease of the inguinofemoral nodes (N=2)	2	100 %

ADVANCED DISEASE

ADJUVANT THERAPY DISCUSSION

Surgical and Medical Oncology Process

TABLE 22

Patients with resected primary melanoma metastatic to regional lymph nodes OR resected distant sites or resected recurrences with a documented discussion regarding adjuvant therapy (Quality Measure #19)	Cases N=39	Percent
Discussion documented	38	97.4 %

MELANOMA QUALITY REPORTING

ADVANCED DISEASE

CLINICAL TRIAL DISCUSSION

Medical Oncology Process

TABLE 23

Patients with Stage IV disease at diagnosis OR recurrent distant metastases with a documented discussion regarding availability or possibility of treatment under a clinical trial (Quality Measure #27)	Cases N=25	Percent
Discussion documented	10	40 %

BRAF TESTING

Medical Oncology Process

TABLE 24

Patients with nodal metastases or distant metastases who had BRAF testing performed to evaluate for BRAF mutation (Quality Measures #28)	Cases N=39	Percent
BRAF testing performed	32	82.1 %

SERUM LDH TESTING

Medical Oncology Process

TABLE 25

Patients with newly diagnosed Stage IV or recurrent disease who had serum LDH level obtained (Quality Measure #21)	Cases N=26	Percent
LDH level obtained	18	69.2 %

SKIN SURVEILLANCE DISCUSSION

Surgical & Medical Oncology Process

TABLE 26

Patients treated for melanoma with a documented discussion regarding stage-specific follow-up, including future skin exams (Quality Measures #25)	Cases N=178	Percent
Discussion documented	176	98.9 %

MELANOMA QUALITY REPORTING

PATHOLOGY

MELANOMA PATHOLOGY REPORTING

TABLE 27

Pathology reporting of tumor characteristics for patients with invasive melanoma (non Tis) (Quality Measure #16)	Cases	Percent
Breslow thickness (N=136)	122	89.7 %
Clark level (N=135)	118	87.4 %
Histological ulceration (N=135)	121	89.6 %
Peripheral/ Radial margin status (N=137)	137	100 %
Deep margin status (N=136)	135	99.3 %
Satellitosis (N=134)	118	88.1 %
Anatomic location of lesion (N=157)*	157	100 %
Regression (N=135)	117	86.7 %
Mitotic Rate (N=134)	118	88.1 %

*All pathology reports should state anatomic location of lesion. The remainder of the categories refer to patients with invasive melanoma, non Tis/Stage 0. Re-excision showing no residual melanoma also excluded.

REFERENCES

¹ Billimoria KY, Raval MV, Bentrem DJ, et al. National assessment of melanoma care using formally developed quality indicators. Journal of Clinical Oncology 2009; 27(32): 5445-51.