

Melanoma Quality Reporting

September 1, 2013 – December 31, 2019

Metro Health Skin Cancer Center

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MELANOMA QUALITY REPORTING

DEMOGRAPHICS & TREATMENT

DEMOGRAPHICS

TABLE 1

AGE	CASES (N=546)
Mean Age (years)	63
Range (years)	18-96

GENDER	CASES (N=546)
Male	315 (57.7 %)
Female	231 (42.3 %)

DIAGNOSIS TYPE

TABLE 2

DIAGNOSIS	CASES (N=546)
Initial Diagnosis	492 (90.1 %)
Recurrent Diagnosis	54 (9.9 %)
Local/Regional	12 (22.2 %)
Nodal	12 (22.2 %)
Distant	30 (55.6 %)

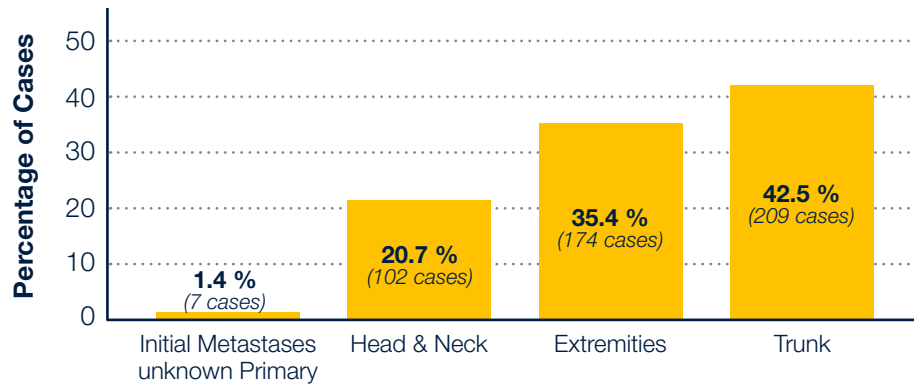
MELANOMA QUALITY REPORTING

DEMOGRAPHICS & TREATMENT *continued*

INITIAL DIAGNOSIS: ANATOMIC LOCATION OF PRIMARY MELANOMA

492 Total Cases

TABLE 3



INITIAL DIAGNOSIS: PATHOLOGIC STAGE

TABLE 4

Stage 0 (Tis)	55
Stage IA	136
Stage IB	128
Stage IIA	25
Stage IIB	21
Stage IIC	13
Stage IIIA	21
Stage IIIB	12
Stage IIIC	25
Stage IIID	2
Stage IV	2
Total Cases	440

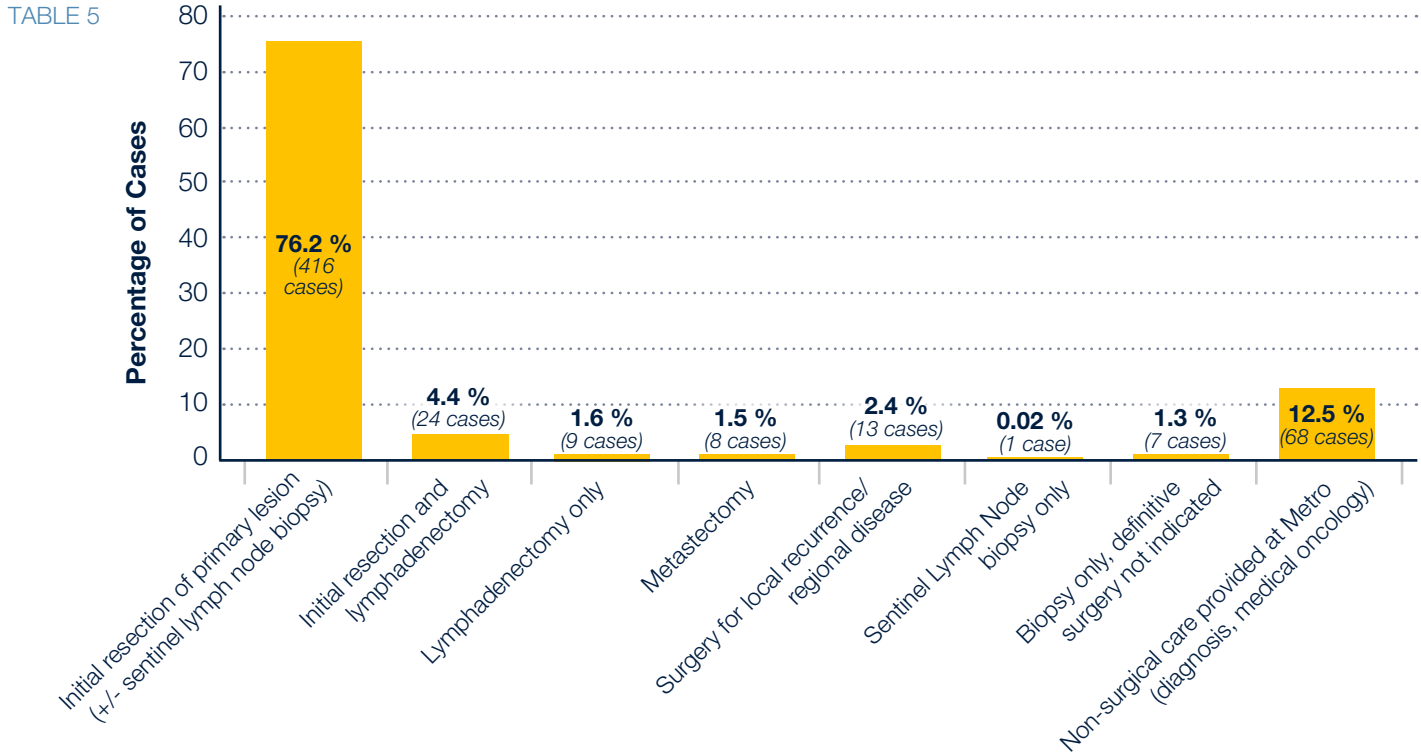
**Includes patients with initial melanoma diagnosis who completed initial resection, +/- sentinel node biopsy or lymph node dissection performed at Metro.*

MELANOMA QUALITY REPORTING

DEMOGRAPHICS & TREATMENT *continued*

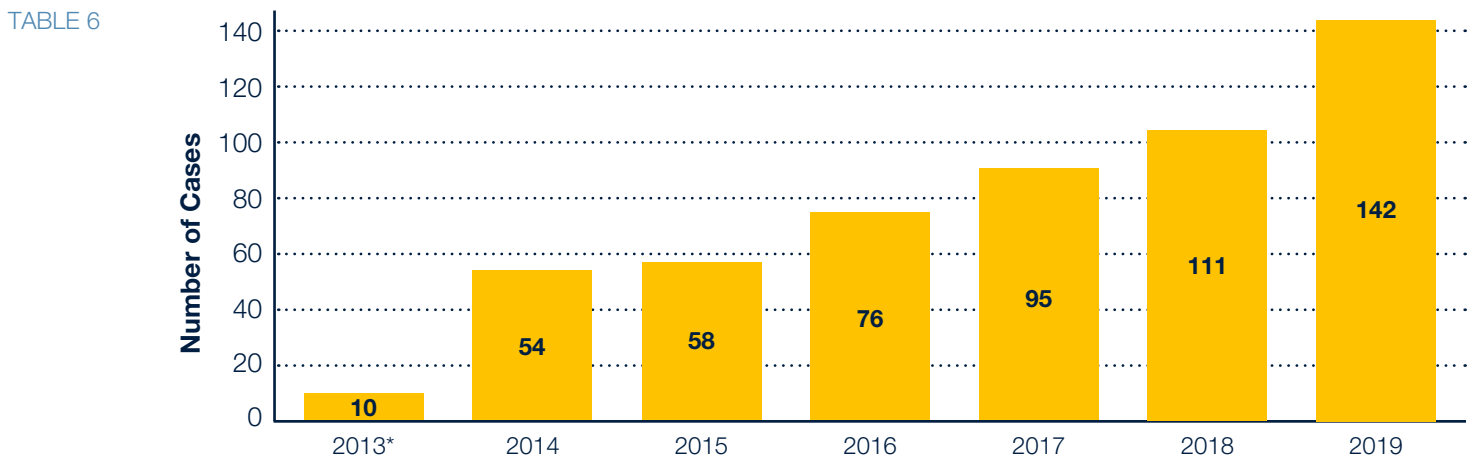
TREATMENT PROVIDED

546 Total Cases



TOTAL CASES BY YEAR

546 Total Cases



* September 1 - December 1, 2013

MELANOMA QUALITY REPORTING

PHYSICIAN CERTIFICATION

SURGEON CERTIFICATION

Surgical Structure

TABLE 7

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=299	Percent
Surgeon meets certification criteria	299	100 %

STAGING DOCUMENTATION

CLINICAL STAGING

Surgical Process

TABLE 8

Prior to surgical resection, clinical stage (TNM staging) should be documented by surgeon (Quality Measure #26)	Cases N=440	Percent
Clinical stage documented	440	100 %

MARGINS

SURGICAL EXCISION MARGINS DOCUMENTED

Surgical Process

TABLE 9

Documentation of measured surgical margins in operative report (Quality Measure #3)	Cases N=440	Percent
Margins documented in operative report	440	100 %

MELANOMA QUALITY REPORTING

MARGINS *continued*

SURGICAL EXCISION MARGINS ADEQUATE

Surgical Technique

TABLE 10

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 ≥ 5 mm (N=53)	53	100 %
Melanoma ≤ 1 mm thick: surgical margins ≥ 1 cm (N=203)	203	100 %
Melanoma 1-2 mm thick: surgical margins 1-2 cm (N=105)	105	100 %
Melanoma ≥ 2 mm thick: surgical margins 2-3 cm (N=73)	73	98.6 %
Digit Melanoma: Proximal joint (N=6)	6	100 %
All Cases (N=440)	439	99.8 %

PATHOLOGY SURGICAL EXCISION MARGINS

Pathology Process

TABLE 11

Documentation of histologic margins following final excision (Quality Measure #4)	Cases N=459*	Percent
Clear histologic margin documented following final excision	449	97.8 %

*Includes patients with initial melanoma diagnosis who completed resection and patients with recurrent melanoma receiving surgery with the intent of attaining a negative margin resection.

SENTINEL LYMPH NODE BIOPSY PERFORMANCE

SENTINEL LYMPH NODE BIOPSY DISCUSSION

Surgical Process

TABLE 12

Sentinel Lymph Node Biopsy (SLNB) pre-operative discussion documented for Clinical Stage IB or II (Quality Measure #11)	Cases N=276	Percent
SLNB discussed	276	100 %

MELANOMA QUALITY REPORTING

SENTINEL LYMPH NODE BIOPSY PERFORMANCE *continued*

SENTINEL LYMPH NODE BIOPSY (SLNB) PERFORMANCE

Surgical Process & Technique
(Quality Measure #30)

TABLE 13

Clinical Stage	Total Cases	SLNB Clinically Recommended	SLNB Performed	SLN Identified	SLN +
IA	101	37	37 (100 %)	37 (100 %)	1 (2.7 %)
IB	196	169	169 (100 %)	163 (96.5 %)	25 (15.3 %)
II	80	75	75 (100 %)	71 (94.7 %)	25 (35.2 %)
Other*	63	6	6 (100 %)	6 (100 %)	2 (33.3 %)
Total	440	287	287 (100 %)	277 (96.5 %)	53 (19.1 %)

*Other: Clinical Stage 0, III, or recurrent melanoma.

SENTINEL LYMPH NODE IDENTIFICATION & BIOPSY

Radiology & Surgical Technique

TABLE 14

Sentinel Lymph Node Biopsy: Number of nodes identified and examined (Quality Measure #30)	Cases (N=287)	Percent
1 Node	109	39.4 %
2 Nodes	106	38.3 %
3 Nodes	40	14.4 %
4 Nodes	13	4.7 %
5 Nodes	7	2.5 %
> 5 Nodes	2	0.7 %
Any Sentinel Lymph Node identified	277	96.5 %

Average number of sentinel lymph nodes examined: 1.95

SENTINEL LYMPH NODE BIOPSY PERFORMANCE *continued*

SENTINEL LYMPH NODE BIOPSY PERFORMANCE

Surgical Process

TABLE 15

Currently recommended surgical methods for SLNB performance (Quality Measures #8, 9)	Cases	Percent
Lymphoscintigraphy performed to identify draining nodal basin(s) (N=287)	287	99.7 %
SLNs sent for permanent sectioning (no frozen sectioning) (N=277)	277	100 %

SENTINEL LYMPH NODE BIOPSY & SERIAL SECTIONING

Pathology Process

TABLE 16

Serial Sectioning on Pathologic Evaluation of SLNB (Quality Measure #10)	Cases N=277	Percent
Serial Sectioning completed	275	99.3 %

COMPLETION LYMPH NODE DISSECTION ELIGIBILITY

Surgical Process

TABLE 17

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
SLN+	53
Clinical adenopathy (SLN biopsy not completed)	16
Potential CLND	69
Imaging documenting distant metastases	4
CLND not performed (age, comorbidities, patient declined, MSLT-II trial results)	31
CLND recommended	34
CLND performed at Metro Health	34

SENTINEL LYMPH NODE BIOPSY PERFORMANCE *continued*

HISTOLOGIC CONFIRMATION OF CLINICALLY PALPABLE NODAL DISEASE

Surgical Process

TABLE 18

Histologic diagnosis obtained prior to Lymph Node Dissection (LND) for clinically apparent/palpable nodal disease (Quality Measure #12)	Cases N=16	Percent
Histologic diagnosis obtained prior to LND	16	100 %

LYMPH NODE DISSECTION (LND)

Surgical Technique and Pathology

TABLE 19

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=6)	15	5	83.3 %
Axillary Lymph Node Dissection (N=20)	10	18	90.0 %
Inguinal Lymph Node Dissection (N=8)	5	8	100 %

SENTINEL LYMPH NODE BIOPSY AND NODAL DISSECTION PATHOLOGY

Pathology Reporting

TABLE 20

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=277)	277	100 %
SLNB Pathology: Report addresses number of SLNs with/without metastases (N=277)	277	100 %
Nodal Dissection Pathology: Number of non-SLNs examined reported (N=34)	34	100 %
Nodal Dissection Pathology: Number of non-SLNs with metastases reported (N=34)	34	100 %

MELANOMA QUALITY REPORTING

IMAGING

INITIAL APPROPRIATE RADIOLOGY UTILIZATION

Surgical and Medical Oncology Process

TABLE 21

Clinical Stage 0, I, or IIA Melanoma patients with no pre-operative abdominal CT/MRI, pelvic CT/MRI or PET scan, without clinical indication (Quality Measure #20)	Cases N=363	Percent
NO Radiology testing performed	363	100 %

RADIOLOGY UTILIZATION

Surgical and Medical Oncology Process

TABLE 22

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=16)	16	100 %
Pelvic CT or PET performed for palpable disease of the inguinofemoral nodes (N=7)	7	100 %

ADVANCED DISEASE

ADJUVANT THERAPY DISCUSSION

Surgical and Medical Oncology Process

TABLE 23

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=135	Percent
Discussion documented	133	98.5 %

MELANOMA QUALITY REPORTING

ADVANCED DISEASE *continued*

BRAF TESTING

Medical Oncology Process

TABLE 24

Patients with nodal metastases, distant metastases or recurrent disease who had BRAF testing performed to evaluate for BRAF mutation (Quality Measures #28)	Cases N=135	Percent
BRAF testing performed	122	90.4 %

SKIN SURVEILLANCE DISCUSSION

Surgical & Medical Oncology Process

TABLE 25

Patients treated for melanoma with a documented discussion regarding stage-specific follow-up, including future skin exams (Quality Measures #25)	Cases N=533	Percent
Discussion documented	531	99.6 %

MELANOMA QUALITY REPORTING

PATHOLOGY

MELANOMA PATHOLOGY REPORTING

TABLE 26

Pathology reporting of tumor characteristics for patients with invasive melanoma (non Tis) (Quality Measure #16)	Cases	Percent
Breslow thickness (N=405)	387	95.6 %
Clark level (N=402)	381	94.8 %
Histological ulceration (N=403)	386	95.8 %
Peripheral/Radial margin status (N=406)	404	99.5 %
Deep margin status (N=403)	398	98.8 %
Satellitosis (N=400)	380	95.0 %
Anatomic location of lesion (N=477)*	477	100 %
Regression (N=403)	381	94.5 %
Mitotic Rate (N=397)	378	95.2 %

*All pathology reports should state anatomic location of lesion. The remainder of the categories refer to patients with invasive melanoma, non Tis/Stage 0.

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.



The Cancer Network of West Michigan, a joint venture between Mercy Health and Metro Health – University of Michigan Health, leverages the combined resources and capabilities of the two award-winning West Michigan health systems and Michigan Medicine, the academic medical center of the University of Michigan. cancernetworkwmi.org