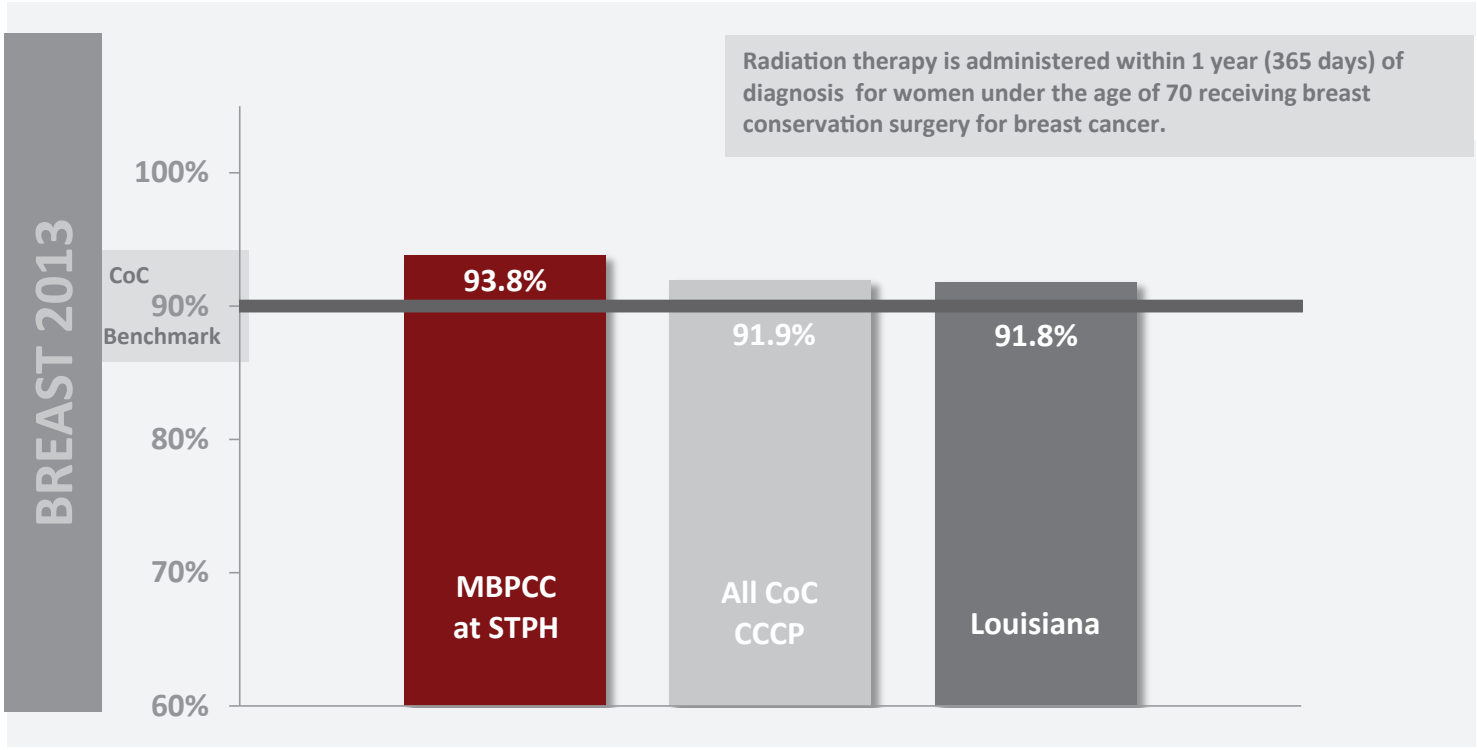
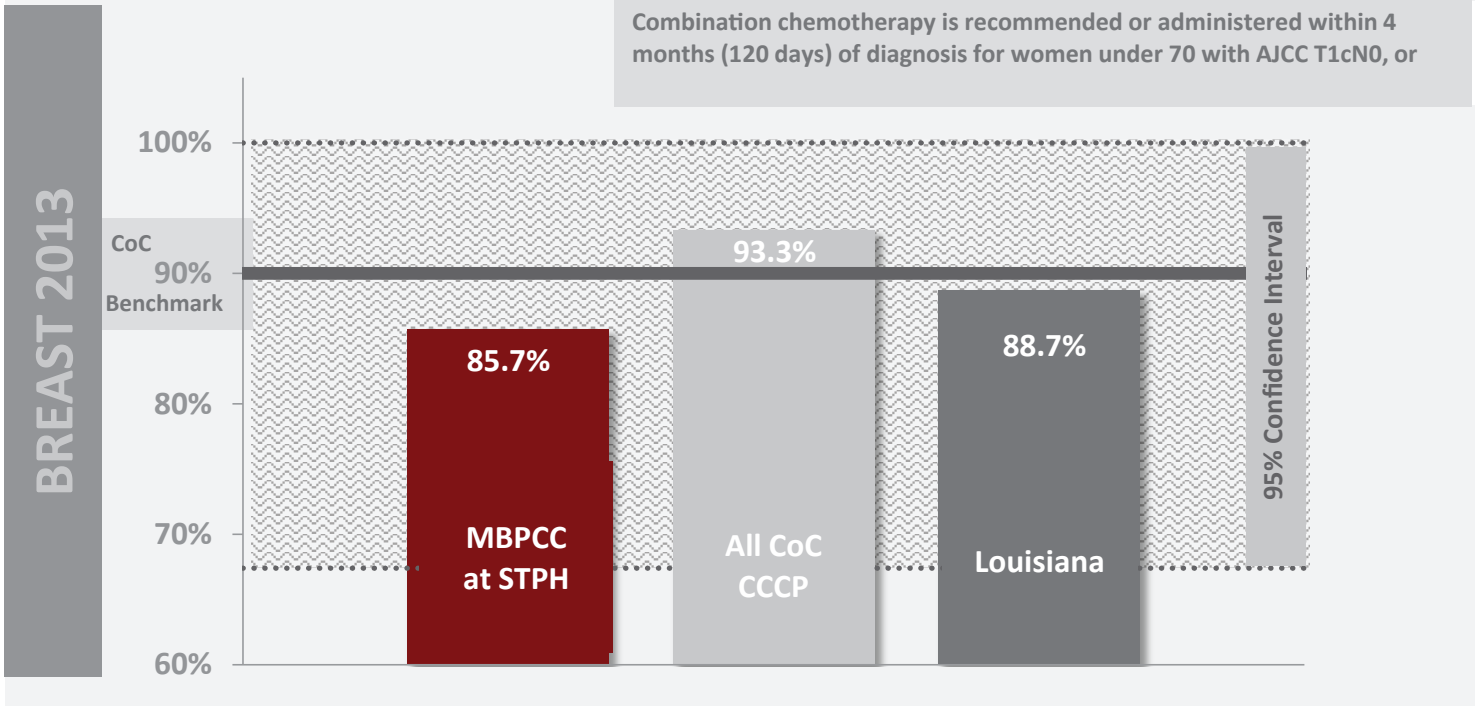
The Cancer Program Practice Profile Reports (CP3R) allow Mary Bird Perkins Cancer Center at St. Tammany Parish Hospital to assess compliance and compare our performance with other cancer programs approved through the American College of Surgeons Commission on Cancer (CoC) Comprehensive Community Cancer Programs (CCCP). Compliance is demonstrated by the estimated performance rate being at or above the CoC benchmark, or by falling within the 95% Confidence Interval (CI). The Cancer Center met or exceeded all CoC benchmarks for all measures for the current reporting period.

CANCER PROGRAM PRACTICE PROFILE REPORTS (CP3R)

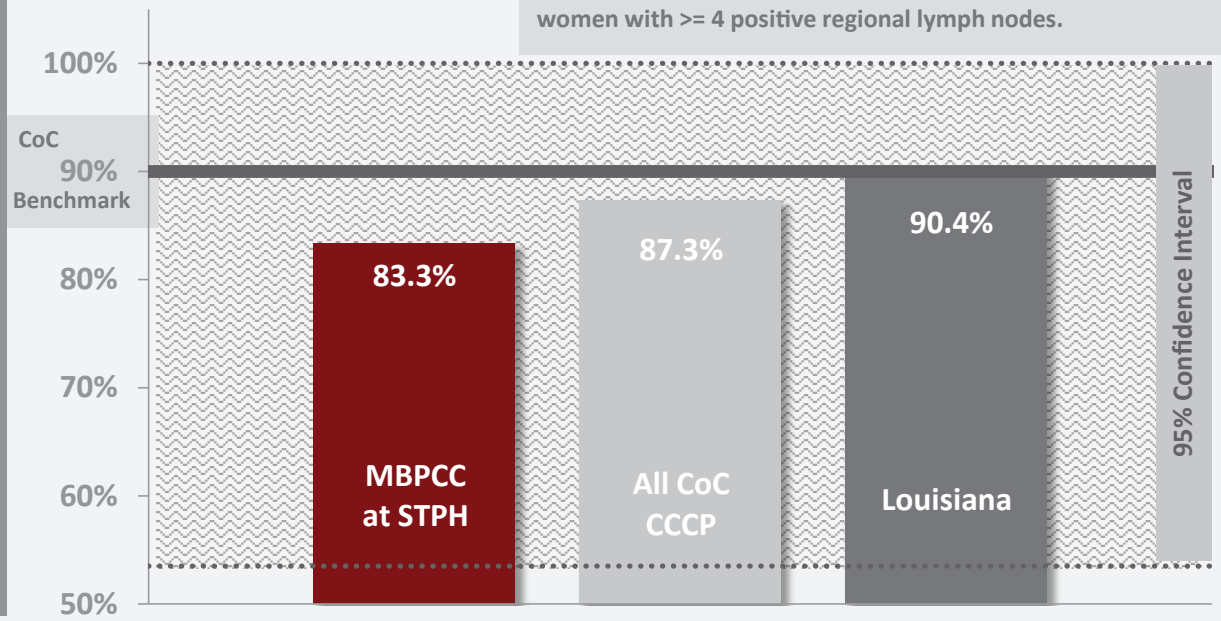
For Cancers Diagnosed in 2012





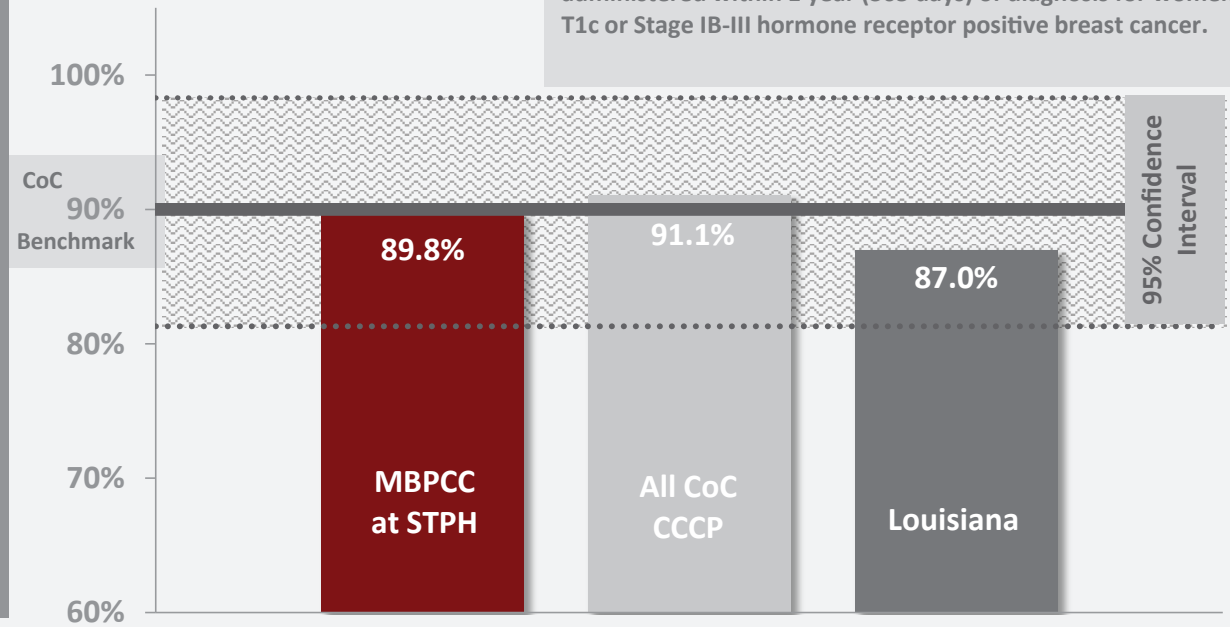
BREAST 2013

Radiation therapy is recommended or administerd following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes.



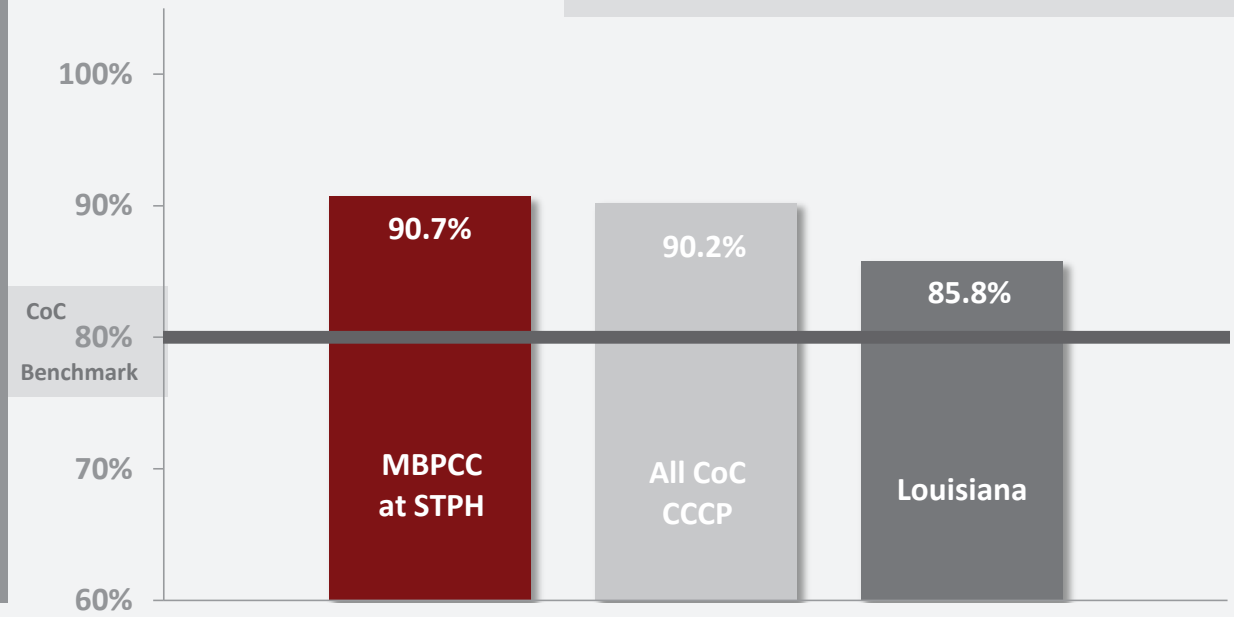
BREAST 2013

Tamoxifen or third generation aromotase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or Stage IB-III hormone receptor positive breast cancer.



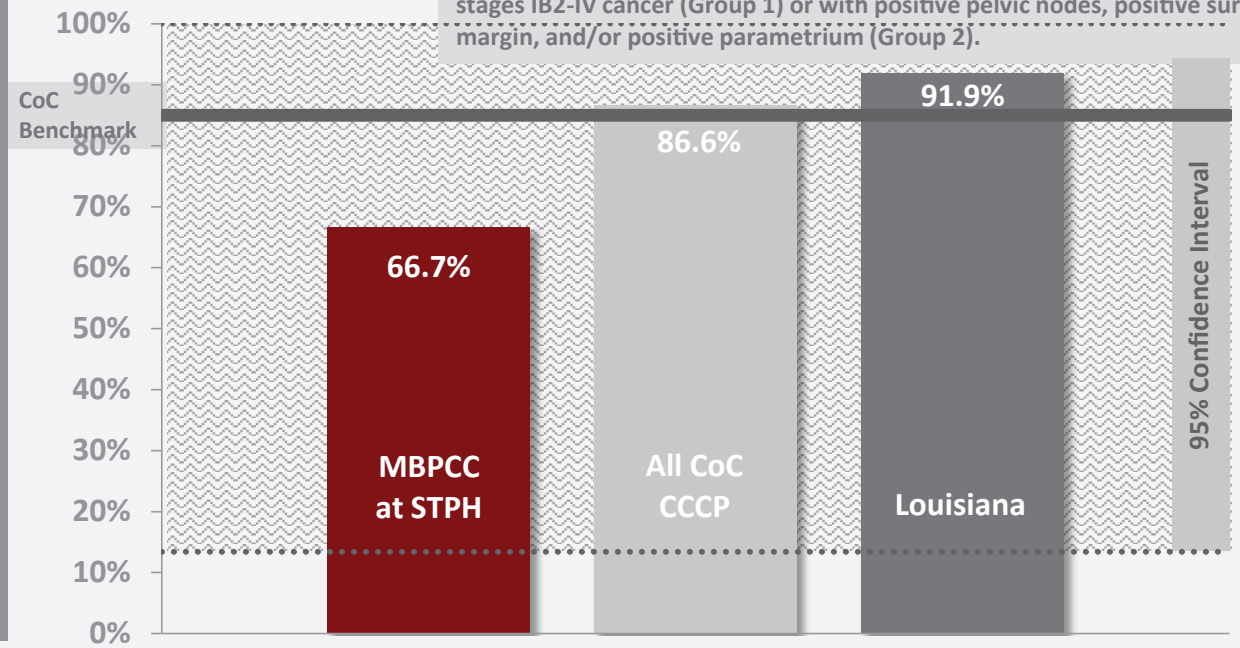
BREAST 2013

Image or palpation-guided needle biopsy (core or FNA) of the primary site is performed to establish diagnosis of breast cancer.



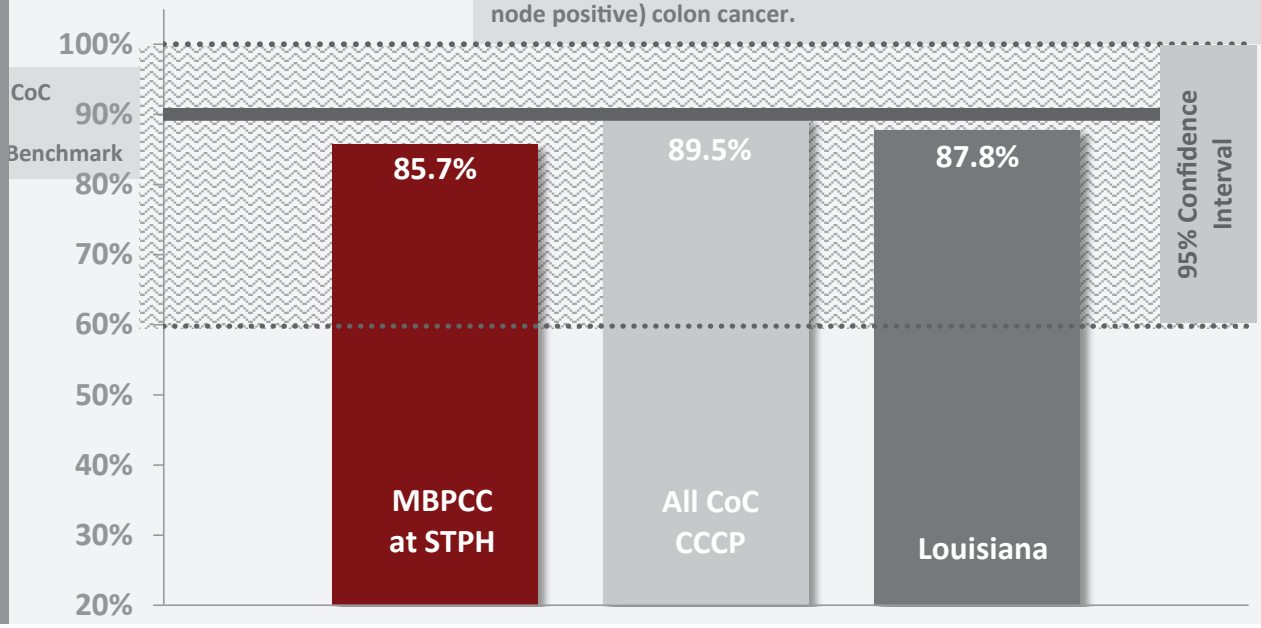
CERVIX 2013

Chemotherapy administered to cervical cancer patients who received radiation for stages IB2-IV cancer (Group 1) or with positive pelvic nodes, positive surgical margin, and/or positive parametrium (Group 2).



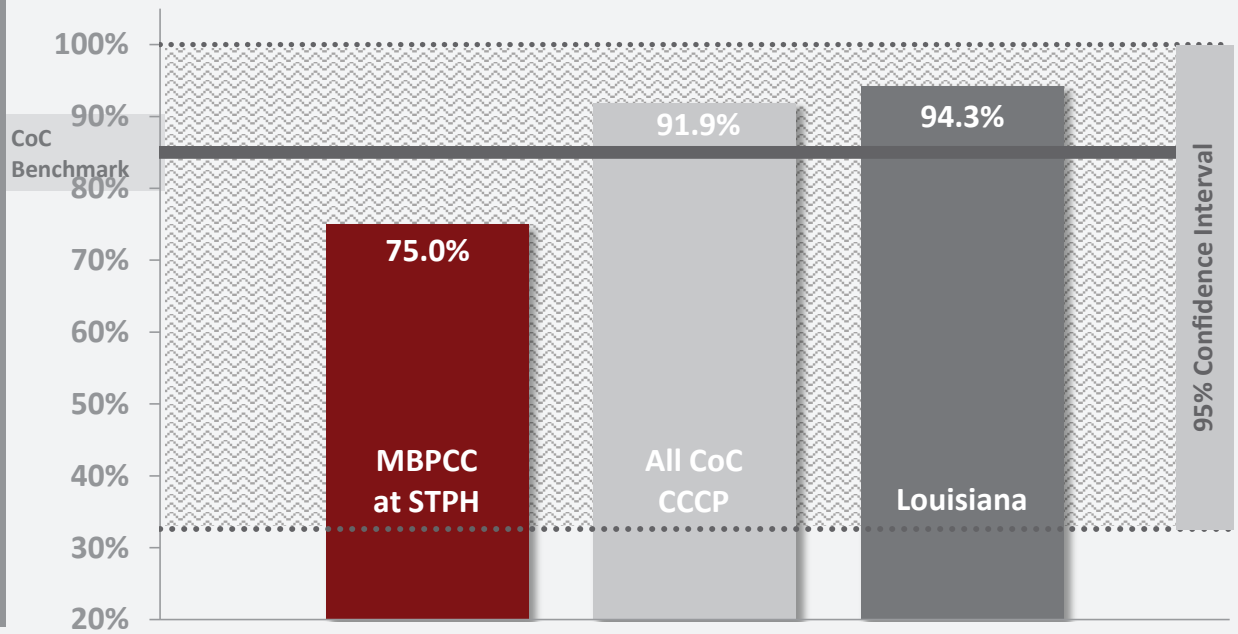
COLON 2013

Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer.



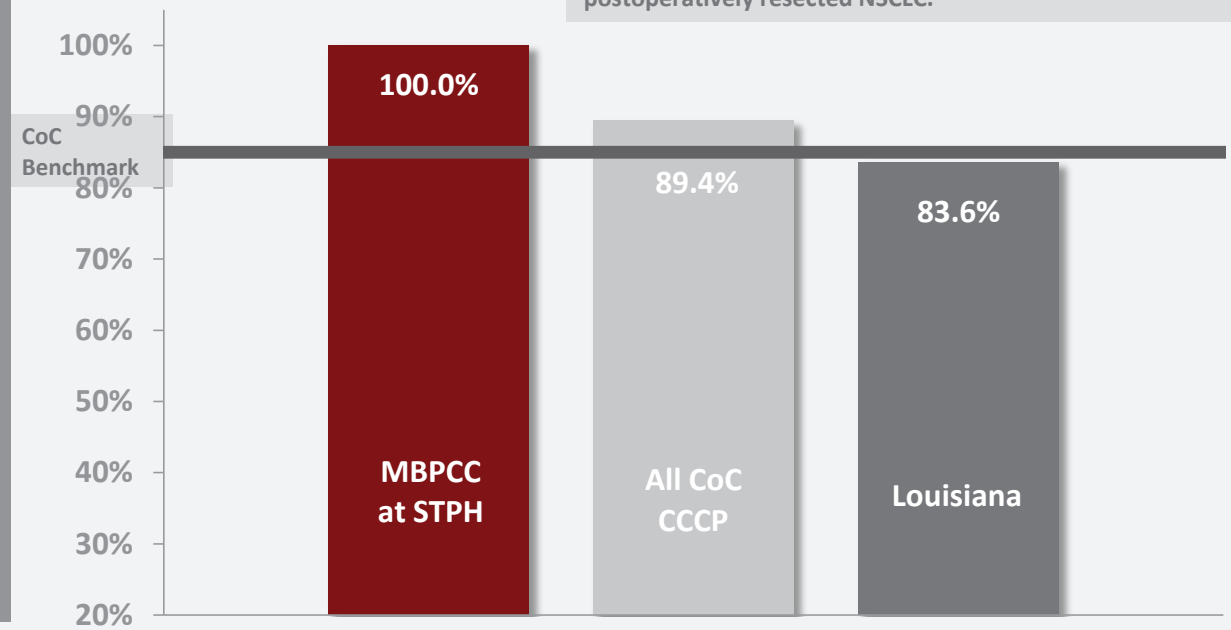
LUNG 2013

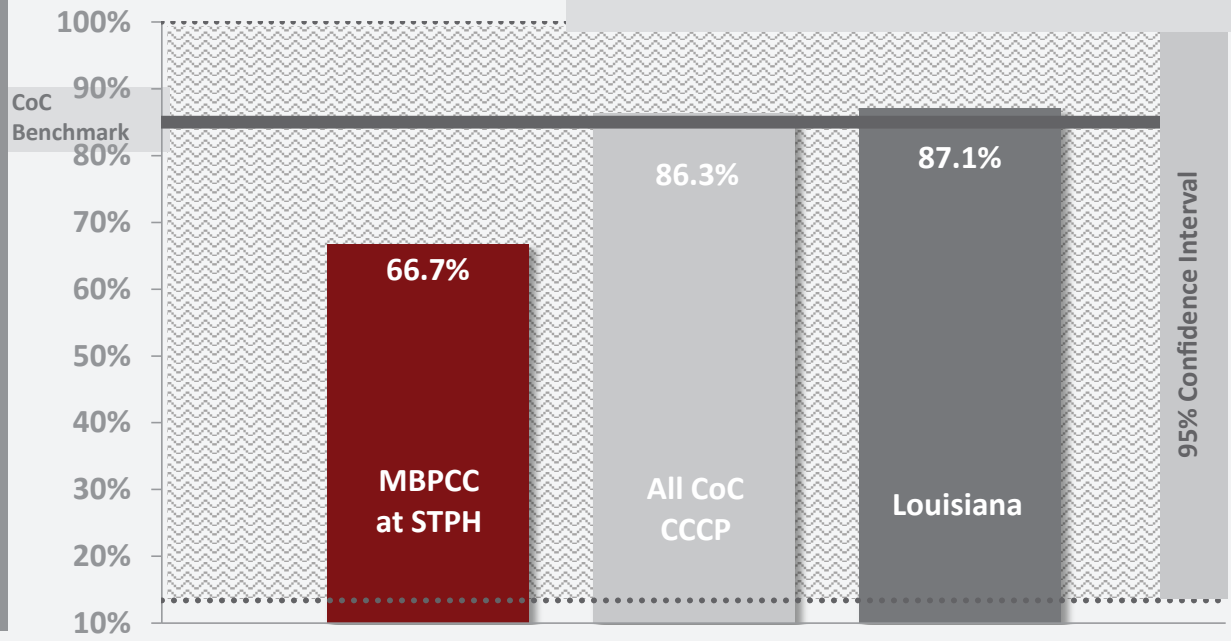
Surgery is not the first course of treatment for NSCLC.



LUNG 2013

Systemic chemotherapy administered or recommended for pre or postoperatively resected NSCLC.



RECTAL 2013

Systemic chemotherapy administered or recommended for resected