STS Measure – Recording Performance Status prior to Lung Cancer Resection

Title	Recording Performance Status prior to Lung Cancer Resection
Description	Percentage of surgical patients undergoing resection for lung cancer who had their performance status recorded within two weeks prior to the surgery date
Denominator	Number of all surgical patients undergoing resection for lung cancer
Denominator Time Window	12 Months
Numerator	Number of all surgical patients undergoing resection for lung cancer who had their performance status recorded within two weeks prior to the surgery date
Exclusions	None
Rationale	Functional status is a patient factor that may explain differences in outcomes
Evidence	**Performance Status - Benchmarks (STS Spring 2017 report)** Normal Activity, no symptoms – 44.5% Symptoms but fully ambulatory – 50.8% Symptoms, in bed < 50% of the time – 3.4% Symptoms, in bed > 50% but < 100% - 0.9% Bedridden – 0.3% Moribund – 0.1% Supporting evidence (excerpts from 2007 NQF submission form) Performance status (Zubrod, Karnofsky, WHO, ECOG performance status) has been found to be an independent predictor of postoperative morbidity following lung cancer resection or esophageal cancer resection. NCCN Non-Small Cell Lung Cancer Practice Guidelines in Oncology – v.1.2007 There is wide consensus, supported by the source documentation, that preoperative assessment (within two weeks of surgery) of performance status in lung and esophageal cancer resection is a necessary step in evaluating and appropriately selecting patients for surgical therapy. For lung and esophageal cancer, the patient's functional status or performance status (PS) is a key determinant of not only the patient's ability to undergo therapy, but also the patient's prognosis. PS is a general measure of a patient's physiologic status, taking into account the cancer and its associated effects along with other concurrent medical problems, such as cardiac or pulmonary disease. Preoperative assessment of performance status provides a standardized measure to compare patient and treatment outcomes in order to provide continuing quality improvement. The data elements required for the measure can be easily captured and the measure can be performed by the physician. Review of the current STS General Thoracic Database identified a 10% gap for performance data in patients undergoing major pulmonary resection for cancer. Remediation of this gap should decrease the morbidity and mortality rates for these

procedures by reducing the number of high-risk patients inappropriately selected to undergo surgery.

Bernard A, Ferrand L, Hagry O et al. Identification of prognostic factors determining risk groups for lung resection. Ann Thorac Surg 2000:70:1161-7.
Ferguson MK, Durkin AE. Preoperative prediction of the risk of pulmonary complications after esophagectomy for cancer. J Thorac Cardiovasc Surg 2002;123:661-9.

STS General Thoracic Database Report 2006