**BACKGROUND**

Quality improvement (QI) in cancer care delivery requires understanding the setting, clearly defining problem(s), and identifying targeted solutions. The Association of Community Cancer Centers (ACCC) conducted a national project to identify and provide guidance on key issues in care for patients with stage III/IV non-small cell lung cancer (NSCLC). We report the problems and solutions identified after a mixed-methods baseline data evaluation.

**METHODS**

The multi-phase ACCC QI initiative was guided by an expert steering committee. A request for applications was advertised to all ACCC programs, with committee members ranking each site in pre-specified categories (e.g., replicability, practice champion engagement). After selection of sites, baseline data assessment, programs' patient populations, current care delivery practices, processes of care, and biomarker testing rates. A full-day workshop was conducted with multidisciplinary team members and expert faculty to review baseline data, refine problem statements, and identify site-specific QI solutions.

**RESULTS**

The six participating US sites were regionally diverse with a rural/urban mix. In baseline data, median patient ages were 65–72 years and patients treated were 50% stage III/50% stage IV. Biomarker testing practices, use of multidisciplinary tumor board, and clinical care pathways varies across sites.

**FEATURED CANCER CENTERS**

FirstHealth Moore Regional Hospital; Pinehurst, North Carolina  
O’Neal Comprehensive Cancer Center at UAB; Birmingham, Alabama  
Saint Francis Cancer Center; Tulsa, Oklahoma  
Southern Ohio Medical Center; Portsmouth, Ohio  
Sutter Health, Sutter Medical Center; Sacramento, California  
Tennessee Oncology; Nashville, Tennessee

**CONCLUSION**

- Challenges in lung cancer care delivery can be identified and addressed using an intentional QI approach.

- Clearly defining the problem and identifying potential solution(s) are critical steps and should occur before implementation.

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**RESULTS (CONTINUED)**

Five key QI areas were identified:  
1. Management of immune related adverse events (irAE)  
2. Biomarker testing  
3. Emergency visit management (EVM)  
4. Access to clinical trials  
5. Smoking cessation

Two sites identified problems with irAE management during immunotherapy (IT). The first identified needs for proactive symptom identification, assessment, and management.  
**Solutions:**  
1. A patient questionnaire to identify early signs of irAEs  
2. Pilot testing a nurse-administered questionnaire

A second site identified that front-line clinicians may not be properly identifying possible irAEs.  
**Solutions:**  
1. Forming an IT toxicity working group  
2. Educating front-line clinicians about irAEs

Two sites focused on biomarker testing. The first problem identified was inefficient tracking of testing results.  
**Solutions:**  
1. Assigning a nurse navigator to track, enter, and communicate test results  
2. Proactively coordinating appointments for patients with positive test results

The second site identified delayed care when inadequate tissue was obtained.  
**Solutions:**  
1. Pathology-driven reflex testing  
2. Liquid biopsy order at diagnosis

Similar problems/solutions were developed for EVM, clinical trial access, and smoking cessation.