

INTRODUCTION

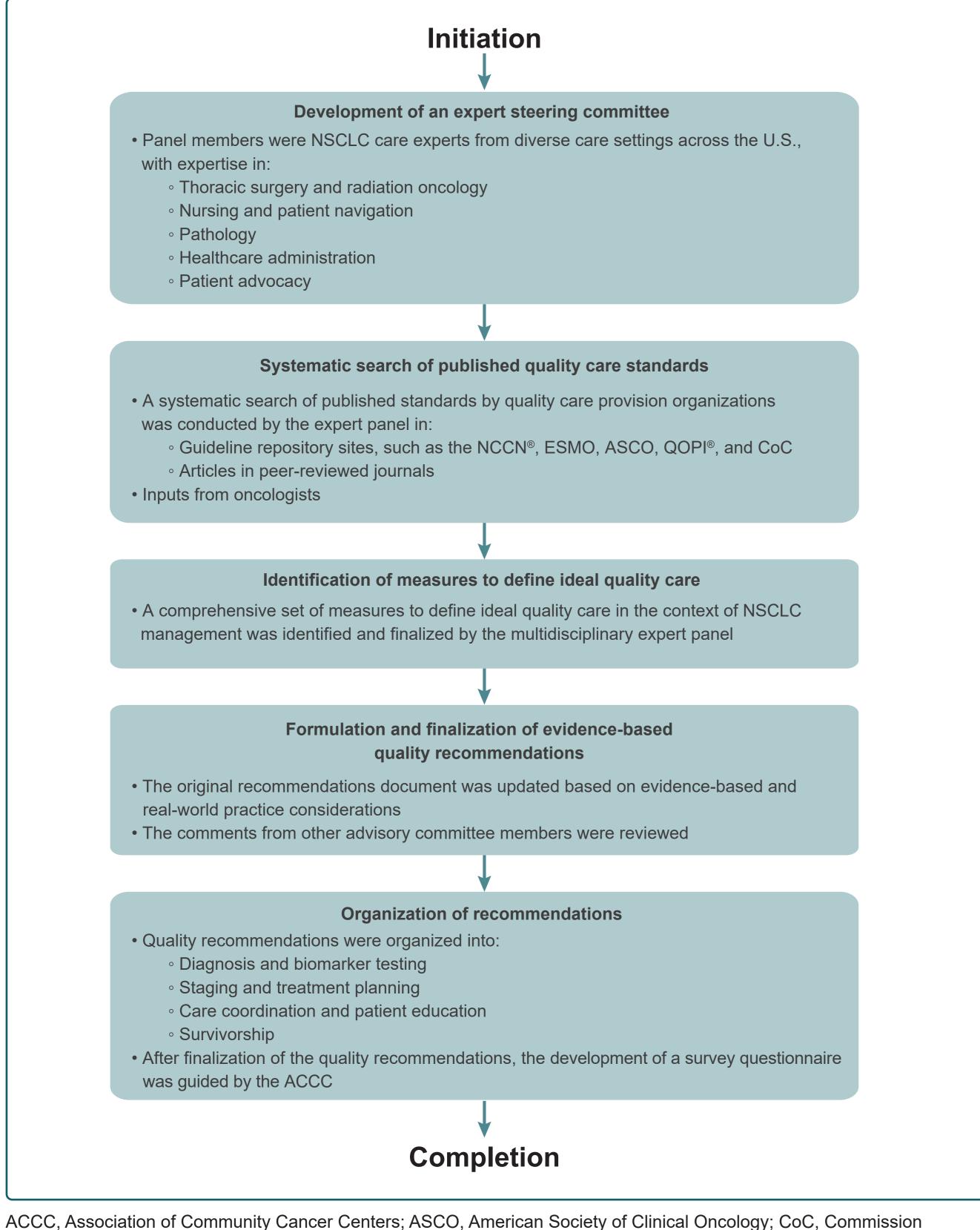
- The rapidly evolving staging system, diagnostic procedures, and treatment options have added complexity to existing treatment algorithms for non-small cell lung cancer (NSCLC).¹ Furthermore, fragmentation of the U.S. healthcare system impedes consistent access to equitable care
- Although multiple aspects of NSCLC management are addressed by existing guidelines,^{2,3} several critical features, including patient education on all aspects of NSCLC (e.g., diagnosis, staging, and treatment), and access to a multidisciplinary team (MDT) care navigator for information on financial aspects of the treatment remain unaddressed
- Consequently, guidance spanning the complete care pathway is lacking

OBJECTIVE

• To provide a quality benchmark for cancer programs by defining ideal care in different aspects of NSCLC management, with emphasis on MDT management

METHODS

Figure 1: Stepwise development of recommendations for the multidisciplinary team and selected clinical criteria for ideal NSCLC care



on Cancer; ESMO, European Society for Medical Oncology; NCCN[®], National Comprehensive Cancer Network[®]; NSCLC, non-small cell lung cancer; QOPI[®], Quality Oncology Practice Initiative[®].

Defining High-Quality NSCLC Care at U.S. Cancer Centers

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<u>CONCLUSIONS</u>

• The full set of recommendations defines ideal NSCLC care, serves as a valuable guide for quality improvement initiatives, and could encourage multidisciplinary community cancer care programs to not only improve their care but also develop metrics to measure care improvement

• The quality measures described herein can be used to supplement existing guidelines in guiding clinical practice

• Importantly, recommendations on quality improvements are applicable across diverse patient groups to provide equal access to quality NSCLC care

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DISCLOSURES

Authors report no conflicts of interest with respect to the development of this poster.

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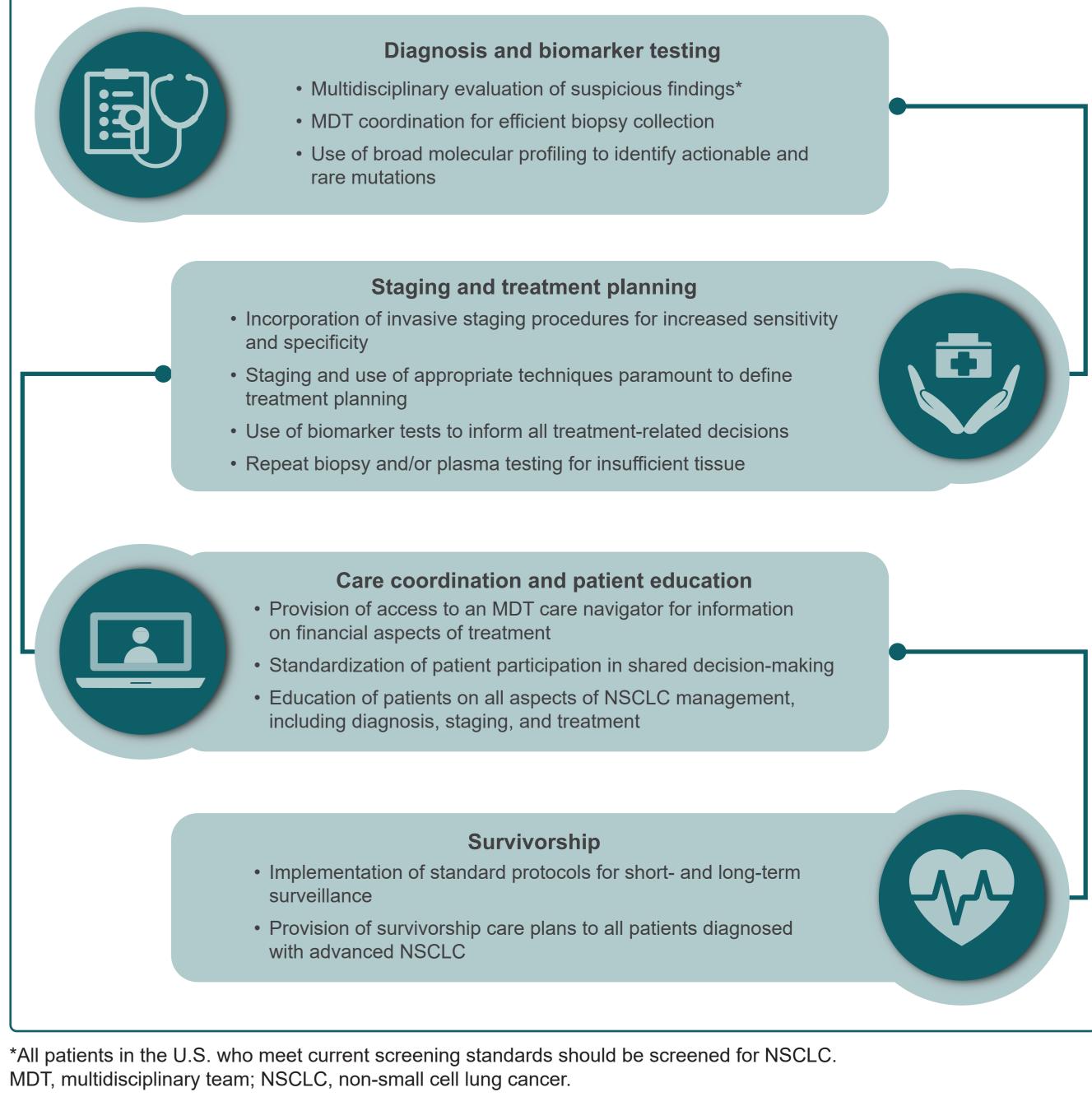
- The multiphase initiative, "Fostering Excellence in Care and Outcomes in Patients with Stage III and IV NSCLC," involved the following partner organizations: the American College of Chest Physicians (CHEST), the International Association for the Study of Lung Cancer (IASLC), and the LUNGevity Foundation
- Steering committee: David Spigel, Jennifer Aversano, David Feller-Kopman, Percy Lee, Nicholas Robert, Ravi Salgia, S Michelle Shiller, Mark Socinski, Alex Spira, Brendon Stiles, Karen Van De Steeg, and Howard (Jack) West Patient advocacy partners: Andrea Ferris (LUNGevity Foundation) and Nikki Martin (LUNGevity Foundation) Survey methodology experts: Matthew Smeltzer (University of Memphis) and Joe Kim (Xaf Solutions)
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peer-reviewed journals (Figure 1)

RESULTS

- and patient education on NSCLC management

Figure 2: Key quality recommendations for ideal NSCLC care



Supplementary video: Summary of 32 quality recommendations



Please access the video using the following link: https://www.accc-cancer.org/projects/nsclc-care-delivery/nsclc-presentation-detail/improving-care-for-patients-with-nsclc-learnings-for-multidisciplinary-teams-at-asco-qcs

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• The Association of Community Cancer Centers (ACCC), a nonprofit, collaborative, and diverse cancer care organization, convened an expert steering committee of multidisciplinary specialists and representatives from patient advocacy and professional associations to identify aspects of NSCLC care not addressed in nationally recognized quality measures, define metrics for ideal NSCLC care, and compile evidence-based recommendations via a systematic search of clinical and quality care guidelines and

• A total of 32 quality recommendations were organized within four key care areas of the patient journey: diagnosis and biomarker testing, staging and treatment planning, care coordination and patient education, and survivorship (Supplementary video)

• Key quality recommendations are listed in **Figure 2** and included:

Involvement of an MDT care navigator, patient participation in shared decision-making,

• Use of a broader range of molecular tests and multidisciplinary evaluation of suspicious findings, MDT coordination for efficient biopsy collection, repeat biopsy/plasma testing for insufficient tissue, incorporation of invasive staging procedures, optimal staging, use of biomarker testing to inform clinical decisions, implementation of standardized protocols for short- and long-term surveillance, and provision of survivorship care plans