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

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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,2-6 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 32 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

- Development of an expert steering committee
  - Panel members were NSCLC care experts from diverse care settings across the U.S., with expertise in:
    - Thoracic surgery and radiation oncology
    - Nursing and patient navigation
    - Pathology
    - Healthcare administration
    - Patient advocacy

- Systematic search of published quality care standards
  - A systematic search of published quality care provision organizations was conducted by the expert panel in:
    - Guidelines repository sites, such as the NCCN, ESMO, ASCO, QOP®, and CoC
    - Articulate in peer-reviewed journals
    - Inputs from oncologists

- Identification of measures to define ideal quality care
  - A comprehensive set of measures to define ideal quality care in the context of NSCLC management was identified and finalized by the multidisciplinary expert panel

- Formulation and finalization of evidence-based quality recommendations
  - The original recommendations document was updated based on evidence-based and best clinical practices
  - The comments from other advisory committee members were reviewed

- Organization of recommendations
  - Quality recommendations were organized into:
    - Diagnosis and biomarker testing
    - Staging and treatment planning
    - Care coordination and patient education
    - Follow-up
  - After finalization of the quality recommendations, the development of a survey questionnaire was guided by the ACCO.

CONCLUSIONS

- 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 diversity are applicable across diverse patient groups to provide equal access to quality NSCLC care.

REFERENCES


DISCLOSURES

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

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RESULTS

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, and patient education on NSCLC management
  - Use of a broader range of molecular tests and multidisciplinary evaluation of suspicious findings, MDT coordination for efficient biopsy collection, repeat biopsies/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

- 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 peer-reviewed journals (Figure 1)

Supplementary video: Summary of 32 quality recommendations

Please access the video using the following link:
https://www.youtube.com/watch?v=Q1234567890

ACCO: Association of Community Cancer Centers ASCO: American Society of Clinical Oncology, Goz: Commission on Cancer; ESMO: European Society for Medical Oncology; NCCN®: National Comprehensive Cancer Network®, NSCLC, non-small-cell lung cancer; QOP®, Quality Oncology Practice Initiative®.

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