### INTRODUCTION

- Multidisciplinary teams (MDTs) could help optimize quality of care by enhancing patient involvement in decision-making, timely care delivery, accurate staging, and appropriate treatment planning.
- Evolving treatment modalities for stage III and IV non-small cell lung cancer (NSCLC) warrants multidisciplinary collaborations.
  - Thoracic surgeons (TSs), radiation oncologists (ROs), and medical oncologists (MOs) as part of MDTs could play major roles in defining unresectability, diagnosis and treatment planning, and management of patients with inoperable stage III and stage IV NSCLC.
- A national survey of multidisciplinary specialists, including TSs, ROs, and MOs, was conducted to obtain insights into care of patients with advanced NSCLC across 160 U.S. community cancer programs.

### METHODS

- A double-blind, web-based survey was conducted between January and April 2019.
- Of the 168 questions, 70 were customized for TSs, ROs, and MOs.
- Parameters assessed included:
  - Extent of participation in shared decision-making (SDM)
  - Definition and management of unresectable tumors
  - Adoption of clinical pathways (CPs)
  - Management of immune-related adverse events (irAEs)
  - Perceived barriers to advanced NSCLC care
  - Pearson’s chi-square cross tabulations and Fisher’s exact test were used to analyze the responses.

### RESULTS

- **Patient disposition and demographic characteristics**
  - Overall, 639 respondents (TS, 11.3% [72/639]; ROs, 17.8% [114/639]; MOs, 17.8% [114/639]) associated with 158 unique cancer programs across 44 U.S. states completed the survey.
  - TSs, ROs, and MOs were largely associated with the Academic Comprehensive Cancer Program, National Cancer Institute-Designated Comprehensive Cancer Center Program (NCI), and Community Cancer Program (CCP), respectively (Figure 1).
- **Extent of participation in SDM**
  - Mean engagement score ranged from 3.2 to 4.7, indicating that these disciplines “occasionally” or “frequently” engaged in SDM (Figure 2).
- **Staging and treatment planning**
  - TSs and MOs from CCP were significantly more likely (75.0% vs 25.0%; P = 0.012), while TSs and MOs from INCP were significantly less likely (22.2% vs 77.8%; P = 0.013) to define patients with unresectable stage III NSCLC.
  - Patients with unresectable stage III NSCLC who could be given chemoradiotherapy were given radiation alone, whereas about 49% of ROs and 47% of MOs indicated that <10% of the same population who could be given chemoradiotherapy were given chemotherapy alone.
  - Additional, significantly higher proportion of ROs (79.7%) vs MOs (24.5%) (P = 0.039) indicated that <5% of their patients with stage III NSCLC refused initial treatment; however, no significant association was observed in patients with stage IV NSCLC.
  - TS, ROs, and MOs largely practiced in urban regions (58%; 174/300), and 70.2%, 43.9%, and 70.2% of TSs, ROs, and MOs, respectively, treated >50 patients with NSCLC annually.
- **Multidisciplinary practice**
  - Programs with multidisciplinary clinics (MDCs) were more likely to use specific protocols to define unresectable tumors compared with programs without MDCs (79.6% vs 20.4%; P = 0.034).
  - About 44% of ROs and 42% of MOs indicated that <10% of patients with unresectable stage III NSCLC could be given chemoradiotherapy were given radiation alone, whereas about 49% of ROs and 47% of MOs indicated that <10% of the same population who could be given chemoradiotherapy were given chemotherapy alone.
- **Association with MDCs**
  - Presence of MDCs improved the use of CPs (P = 0.035).
  - Improper communication of test results and biopsy tissue handling, storage, and transport were the most frequently cited reasons for SDM limitation.

### CONCLUSIONS

- The survey provides an overview of the perceptions and differences in management protocols followed by TSs, ROs, and MOs across various U.S. cancer programs.
- Engagement of TSs, ROs, and MOs in MDCs and SDM could standardize patient management and enhance quality of care.
- The survey highlights multiple opportunities to improve quality of care and management of patients with advanced NSCLC.

### REFERENCES AND ADDITIONAL INFORMATION


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