

Improving care for patients with stage III/IV NSCLC: Learnings for multidisciplinary teams from the ACCC national quality survey.

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Background:

Refinement of the multidisciplinary team (MDT) approach continues to offer significant potential for improving the quality of non-small cell lung cancer (NSCLC) care and adherence to guideline-recommended protocols. This opportunity arises, in part, from insufficient characterization of MDT practice patterns and barriers to optimal care provision within U.S. cancer programs. The Association of Community Cancer Centers (ACCC), therefore, conducted a national survey to improve understanding on how patients with stage III/IV NSCLC were diagnosed and managed across different practice settings, with the aim of informing the design and execution of process-improvement plans to address identified barriers.

Methods:

ACCC convened an expert steering committee of multidisciplinary specialists, including oncologists, thoracic surgeons, pathologists, pulmonologists, and representation from patient advocacy, for a comprehensive, double-blind, web-based survey (January–April 2019), to obtain insights on cancer patient care in a diverse set of U.S. community cancer programs.

Results:

Of 1211 questionnaires, 639 responses affiliated to 160 unique cancer programs across 44 U.S. states were suitable for analysis. In total, 41% (n = 261) of respondents indicated that their cancer program did

not have a thoracic multidisciplinary clinic. The average time to first therapeutic intervention in newly diagnosed patients was 4 weeks (range = 1–10 weeks; n = 298). A significant negative correlation between frequency of tumor board meetings and time to complete disease staging ($r = -0.13$, $P = 0.03$) was observed. Nurse navigators ($P = 0.03$) and radiation oncologists ($P = 0.04$) were significantly more likely to engage in shared decision-making practices than other disciplines. The most challenging barriers to delivering high-quality NSCLC care are listed (Table).

Conclusions:

Multiple opportunities exist to improve the delivery and quality of care for patients with stage III/IV NSCLC, including lowering barriers to effective screening, diagnosis, and care coordination and adhering to evolving standards of care.

Key barriers to delivering quality NSCLC care.

Screening	Diagnosis	Care Coordination
Lack of community awareness	Limited access to diagnostic procedures	Lack of patient adherence to appointment schedule
Lack of patient interest	Patient refusals to undergo biopsy	Misinterpretation of biomarker results
Transportation	Poor handling of biopsy samples	Lack of communication amongst the MDT

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