Optimizing Care Coordination for Patients with Stage III/IV NSCLC: Learnings from the ACCC National Quality Survey for Thoracic Surgeons, Radiation Oncologists and Medical Oncologists

Stiles et al. (2020)

Thoracic surgeons, radiation oncologists, and medical oncologists are critical members of multidisciplinary teams (MDTs) caring for stage III/IV non-small cell lung cancer (NSCLC) patients.

A web-based National Quality Survey to assess the standards for diagnosis, biomarker testing, and treatment planning for and the barriers to optimal care faced by thoracic surgeons, radiation oncologists, and medical oncologist was conducted.

Mean engagement scores in shared decision-making for thoracic surgeons, radiation oncologists, and medical oncologists ranged from 3.29 to 4.73 out of 5.

These scores demonstrate occasional or frequent engagement in shared decision-making by these key specialties, suggesting opportunities for improvement.

This survey highlights discrepancies and gaps in the knowledge of and challenges faced by thoracic surgeons, radiation oncologists, and medical oncologists in the management of patients with advanced NSCLC and shows that the presence of MDTs was associated with improved use of clinical pathways.

As compared to guideline-recommended concurrent chemoradiation for eligible patients...

- 7% Radiation oncologists indicated that patients received radiation alone.
- 7% Medical oncologists indicated that patients received chemotherapy alone.

Barriers for ideal management of care coordination and treatment:

- Poor handling of biopsy tissue
- Patients refusing biopsy or other tests
- Misinterpretation of biomarker results
- Coverage and reimbursement

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