Association of Community Cancer Centers

Abstract 348215

Association of Community Cancer Centers Key Quality Recommendations for Stage IB to IIIA Non-small Cell Lung Cancer

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BACKGROUND

Early-stage diagnosis of non-small cell lung cancer (NSCLC) provides patients the best prognosis for long-term survival. There are documented deficiencies, however, in the quality of care many patients receive. Optimal care for patients with early-stage NSCLC requires a well-coordinated, multifaceted approach. The Association of Community Cancer Centers (ACCC) assembled a panel of experts to create a quality care guide that provides recommendations for all stages of care for patients with early-stage NSCLC.

METHODS

ACCC convened an expert panel of lung cancer specialists with expertise in medical oncology, thoracic surgery, radiation oncology, oncology nursing, and epidemiology. The panel developed a document with 30 key quality recommendations for care of patients with stage IB to IIIA NSCLC. Evidence-based recommendations were incorporated from American Society of Clinical Oncology, International Association for the Study of Lung Cancer, American Society of Radiation Oncology, Commission on Cancer, and National Comprehensive Cancer Network guidelines and recommendations. A consensus decision-making model was utilized, and recommendations were compiled in tabular format.

RESULTS

The key areas identified by the panel, spanning four categories and 30 recommendations, focused on care coordination and patient education, diagnosis and biomarker testing, staging and treatment planning, and post-treatment survivorship care.

SUMMARY

Well-coordinated, evidence-based care delivery is paramount to achieving the best outcome for patients with early-stage NSCLC. The ACCC quality care guide is an expert-designed tool encompassing four key areas and 30 evidence-based quality recommendations to improve patient care and ensure excellence throughout the continuum of care.

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RESULTS (Cont.)

Highlights

Care Coordination and Patient Education recommendations included shared decision-making; access to a care navigator; psychosocial support; patient education on NSCLC management; clinical trials; smoking cessation and tobacco dependence interventions; and community resources.

Diagnosis and Biomarker Testing recommendations included multidisciplinary evaluation and care coordination; biomarker testing (e.g., EGFR) in patients with stage IB to IIIA NSCLC who may be eligible for targeted therapy; PD-L1 testing in patients with resected stage II to IIIA NSCLC; and discussing post-resection targeted therapy.

Staging and Treatment Planning recommendations included invasive staging; multimodality staging as appropriate; multidisciplinary treatment planning; post-resection initiation of adjuvant therapy within 60 days when given.

Post-Treatment Survivorship Care recommendations included implementation of standard surveillance; survivorship care plans; access to palliative care services; and sustained assessment of distress and referral to psychosocial support services.

CONCLUSION

Utilizing a collaborative, multifaceted approach based on key quality guidelines can improve care delivery for patients with early-stage NSCLC. The ACCC quality care guide combines evidence-based recommendations from multiple sources to help achieve this goal.