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R. Lawrence White

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The Patterns of Care Study in Radiation Oncology

by R. Lawrence White, M.D., F.A.C.R.

The Patterns of Care Study in Radiation Oncology (PCS) has a 20-year history of helping to improve the quality and accessibility of radiation therapy in the United States. The study has examined patient care in all types of radiation therapy facilities and has identified patterns of differences in the care that cancer patients receive.

The PCS conducts facility surveys on validity, treatment machines, personnel, number of new patients, and types of procedures. The survey provides a current census of radiation oncology resources for the entire population of facilities in the United States. Analysis of the data has shown the trends in the resources available, such as the increase in freestanding facilities, the decline in part-time radiation oncologists, and the shift in treatment machines from cobalt machines to linear accelerators.

The PCS has developed guidelines for patients treated with radiation therapy for cancer in 10 different disease sites. They include carcinoma of the prostate, breast, testes, cervix, uterus, nasopharynx, larynx, bladder, and tongue, as well as Hodgkin's disease. The criteria for selection of a disease site by the PCS are 1) the cancer involves a large number of patients, 2) radiation therapy plays a major role in treatment, and 3) scientific questions about workup or treatment exist.

The PCS is guided by a panel of experts who review the literature, develop the guidelines, and plan a survey to test the guidelines. The panel includes physicians and physicists, as appropriate for the particular disease. The physicians represent academic treatment centers, private practice, and different medical

R. Lawrence White, M.D., F.A.C.R., is director of medical education, Radiation Oncology Program, Washington Hospital Center, Washington, D.C.

specialties, such as radiation oncology, medical oncology, and surgical oncology. All are experts in treating patients with the disease under study.

The panel:

- defines and reviews the problem
- develops the working draft of the decision tree
- develops the working draft of the recommended treatment systems
- plans for a survey of compliance with guidelines.

After discussions, the panel might, for example, choose to limit the eligible patient population for a particular type of cancer to patients treated with curative intent, patients with the more frequently encountered cell types, or patients without distant metastases. The panel sets the time period for the consensus, usually the current year or another recent year.

The PCS uses a decision tree as a framework to depict the division of patients into treatment groups. Decision trees have been developed for the workup and treatment of the 10 cancer sites. The decision tree presents the series of decisions that should be made with each patient to determine the stage of the disease in order to optimize treatment. The decision points include determination of eligibility for the study and classification of the extent and type of the disease. Details of workup may include diagnostic procedures necessary to classify patients into treatment groups.

The panel seeks a consensus on the acceptable treatments appropriate for each patient group or stage identified in the decision tree. Details of the consensus include modality, type of equipment, dose ranges, treatment areas, and adjuvant therapies.

After the guidelines are developed and documented, the panel designs a survey to test compliance. The survey questionnaire is based on the elements of workup and treatment that the panel finds to be

critical in its consensus guidelines. Included are questions on eligibility, diagnostic procedures to determine patient stage or treatment category, type of treatment, and treatment details.

Because the PCS has studied patients with cancer in various disease sites, the outcomes of interest have reflected the potentially fatal consequences of the disease. The outcomes in the PCSs have been survival, recurrence, and complications. Analysis of outcome data includes actuarial analysis of survival, recurrence, and complications with tables and graphs displaying results. These surveys have provided data on outcomes for many disease sites treated by radiation therapy. The data are unusual in that they provide outcome information for patients treated outside a clinical trial setting and in multiple institutions.¹

The PCS offers a major application for medical and surgical oncology, as well as for radiation oncology: It lays a foundation for third-party payers to structure reimbursement and utilization of precious medical resources. As managed care plans require physician care givers to do more with less, physicians and hospitals need a firm foundation to guarantee a minimal level of care and treatment for such an important and frequently diagnosed disease as cancer. Because physicians and hospitals are rewarded for less care and treatment under a capitated system, we need to have standards of care for patients with cancer to help negotiate reimbursement and keep a level of quality of which we as oncologists can be proud.

Reference

- ¹Owen J. and G. Hanks. The Patterns of Care Study: A Model for Clinical Quality Assessment. In: U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research. Clinical Practice Guideline Development: Methodology Perspectives, AHCPR Pub. No. 95-0009, November 1994.