

Improving Care for Patients With Stage III/IV NSCLC: Learnings for Multidisciplinary Teams From the ACCC National Quality Survey

Ravi Salgia1; Leigh M. Boehmer2; Catherine Celestin3; Hong Yu3; David R. Spigel4

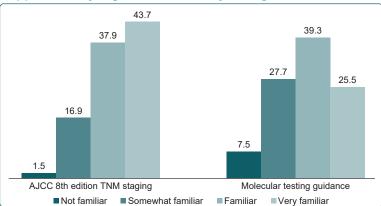
¹Department of Medical Oncology and Therapeutics Research, City of Hope, Comprehensive Cancer Center and National Medical Center, Duarte, CA, USA; ²Editorial Content & Strategy, Association of Community Cancer Centers, Rockville, MD, USA; ³Concology Group, AstraZeneca, Gaithersburg, MD, USA; ⁴Lung Cancer Research Program, Sarah Cannon Research Institute and Tennessee Oncology, Nashville, TN, USA

Supplementary Table 1: Characteristics of the survey respondents

Characteristic	Proportion,
Chianacteristic	n (%)
Role	N = 639
Medical oncologists	114 (17.8)
Thoracic surgeons	72 (11.3)
Radiation oncologists	114 (17.8)
Pulmonologists	57 (8.9)
Pathologists	114 (17.8)
Oncology nurses, nurse navigators, and advanced practice nurses	75 (11.7)
Financial advocates, navigators, and social workers who provide financial counseling and support patient access	33 (5.2)
Pharmacists	34 (5.3)
Cancer program administrators	26 (4.1)
Program type	N = 639
Comprehensive Community Cancer Program	101 (15.8)
Community Cancer Program	119 (18.6)
Integrated Network Cancer Program	30 (4.7)
Academic Comprehensive Cancer Program	95 (14.9)
NCI-Designated Comprehensive Cancer Center Program	93 (14.6)
NCI-Designated Network Cancer Program	15 (2.3)
Veterans Affairs Cancer Program	5 (0.8)
Hospital Associate Cancer Program	62 (9.7)
Free-Standing Cancer Center Program	39 (6.1)
Other	80 (12.5)
Region	N = 639
Urban	367 (57.4)
Suburban	209 (32.7)
Rural	63 (9.9)
Presence of thoracic multidisciplinary clinic	N = 639
Yes	378 (59.2)
No	261 (40.8)
Disciplines present across cancer programs	N = 639
Thoracic surgery	342 (53.6)
Radiation oncology	348 (54.5)
Medical oncology	362 (56.7)
Pathology	298 (46.7)
Pulmonology	279 (43.7)
Pharmacy	80 (12.5)
Oncology nursing	217 (34.0)
Navigation	3 (0.5)
Palliative care	6 (0.9)
Clinical trials	11 (1.7)
Social work	166 (26.0)
Jse of clinical pathway—radiotherapy alone	N = 259
< 10%	114 (44.0)
10%–50%	127 (49.0)
> 50%	18 (6.9)
	N = 257
Use of clinical pathway—chemotherapy alone	
Use of clinical pathway—chemotherapy alone < 10%	125 (48.6)
Use of clinical pathway—chemotherapy alone < 10% 10%–50%	125 (48.6) 98 (38.1)

NCI, National Cancer Institute

Supplementary Figure 1: Familiarity with guidelines*



*All values are percentages

AJCC, American Joint Committee on Cancer; TNM, Tumor, Node, Metastasis

DISCLOSURES

- RS: consulting or advisory role (lovance Biotherapeutics, AbbVie, Octimet, Novartis, ARIAD); and speakers' bureau (AstraZeneca, Merck)
- . LMB: no relationships to disclose
- CC: employment (AstraZeneca); travel, accommodations, expenses (AstraZeneca); and stock and other ownership interests (AstraZeneca)
- HY: employment (AstraZeneca); travel, accommodations, expenses (AstraZeneca); and stock and other ownership interests (AstraZeneca)
- DRS: consulting or advisory role (Genentech/Roche, Novartis, Celgene, Bristol Myers Squibb, AstraZeneca, Pfizer, GlaxoSmithKline, Merck, Nektar, Takeda, TRM Oncology, Evelo Therapeutics, Illumina, PharmaMar, Aptitude Health, Bayer, Dracen, EMD Serono, Iksuda Therapeutics, Molecular Templates, Seattle Genetics, TRIPTYCH Health Partners, Williams and Connolly); leadership (ASCO); travel, accommodations, expenses (AstraZeneca, Celgene, Bristol Myers Squibb, Genentech, Merck, Pfizer, Spectrum Pharmaceuticals, Amgen, Daiichi Sankyo, GlaxoSmithKline, Janssen Oncology, Novartis, Seattle Genetics, Takeda); and research funding (Genentech/Roche, Novartis, Celgene, Bristol Myers Squibb, Lilly, AstraZeneca, University of Texas Southwestern Medical Center Simmons Cancer Center, Merck, G1 Therapeutics, Neon Therapeutics, Takeda, Nektar, Celldex, Clovis Oncology, Daiichi Sankyo, EMD Serono, Astellas Pharma, GRAIL, Transgene, Aeglea Biotherapeutics, Ipsen, BIND Therapeutics, Eisai, ImClone Systems, Immunogen, Janssen Oncology, MedImmune, Molecular Partners)