

# Comprehensive Quality Care for Patients with Small Cell Lung Cancer

## Effective Practice: Whole-Person Care

### Insights from White Plains Hospital Cancer Program, White Plains, NY

“Our infusion center is not just a place for the delivery of treatment. It is an opportunity for us to try and make our patients’ day a little easier by providing whole-person care during that time.”

— **Victoria Assumma, LCSW-R, ACSW, OSW-C,**  
Oncology Social Worker



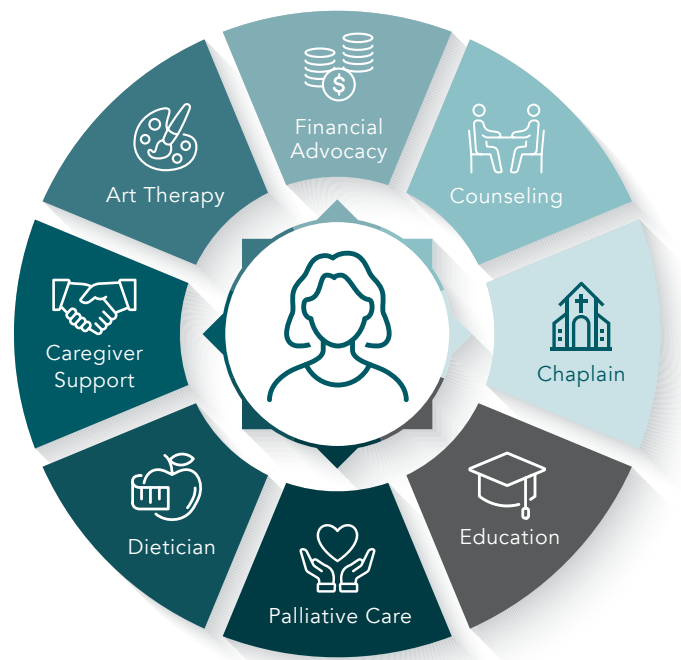
### The Team

White Plains Hospital Cancer Program serves patients in New York’s Hudson Valley and surrounding areas. For patients diagnosed with any type of lung cancer, there is a team of medical oncologists, thoracic surgeons, pathologists, nurses, nurse practitioners, physician assistants, and several supportive care team members at their ready.

Patients with suspected lung cancer are typically seen by their primary care physician and/or a pulmonologist first. Next, is a referral to the thoracic surgeon— usually within 24 to 48 hours after the initial visit.

All patients receiving lung cancer care at White Plains are presented at the multidisciplinary thoracic tumor board, which meets 2 to 3 times a month. A diagnosis of small cell lung cancer may be made during tumor board or during the evaluation of tissue by the thoracic surgeon. Patients are also quickly connected to a medical oncologist and the multidisciplinary team works to meet patients’ needs beyond the disease itself across the care continuum.

### A Whole-Person Care Approach



**Clinicians and supportive care staff offer numerous services in the infusion center**

The White Plains team knows any cancer diagnosis and its treatment can significantly impact patients' quality of life. Therefore, the team has taken a whole-person approach to the structure of the infusion center. The infusion center is nursing-led; nurse practitioners round regularly and follow their patients to ensure continuity of care and early intervention.

One example of whole-person care is the dietician has a goal of meeting with all new patients on their first day of treatment and provides an overview of nutritional services offered. Patients are regularly screened for risk of malnutrition. A complementary screening tool is also incorporated into the electronic medical record (EMR) to automatically highlight individuals who have significant loss of weight and muscle for additional evaluation.

Cheryl Leslie, RD, CSO, CDN, registered dietician, notes, "It is important to identify weight loss or someone who is on the cusp of being underweight early, and intervene, because as we know it impacts quality of life, treatment, and can lead to poorer outcomes. For patients with small cell lung cancer, they are typically identified through the screening as needing additional assessment and follow up, but I will also get calls from the infusion nurses asking me to come see a patient."

Patients are also regularly screened for distress following the National Comprehensive Cancer Network (NCCN) guidelines. The social worker receives most referrals through screening, but staff will also make individual

referrals as well. Clinical counseling for patients and families can take place in the infusion center or separate office visits. For patients who need added mental health support, the White Plains Cancer Program has a strong relationship with a local behavioral health clinic. Finally, the art therapist, chaplain, and caregiver support social worker regularly round at the infusion center to ensure services are accessible and available.

### **Align Treatment to Care**

While the whole-person care approach is meaningful and impactful for the team and patients, there is also recognition for the need of more treatment options for small cell lung cancer. The Cancer Program has small cell lung cancer trials available, but Baljit Singh, MD, director of pathology, states, "We need frontline studies for both limited stage and extensive stage small cell lung cancer. For extensive stage, we unfortunately know that most patients will succumb to the disease. For limited stage, we know well over half of patients will have recurrences and potentially succumb to the disease. It is clear there is a necessity for more clinical research to improve outcomes."

## **Next Steps**

The team remains committed to their approach, while also identifying new opportunities, such as expanding its partnership with the American Lung Association, piloting a new palliative care model, and offering increased transportation services to reduce barriers to care.



A publication from the ACCC education program, "Comprehensive Quality Care for Patients with Small Cell Lung Cancer." Learn more at [acc-cancer.org/comprehensive-sclc-care](https://acc-cancer.org/comprehensive-sclc-care).

The Association of Community Cancer Centers (ACCC) provides education and advocacy for the cancer care community. For more information, visit [acc-cancer.org](https://acc-cancer.org).

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