

FOSTERING EXCELLENCE IN CARE AND OUTCOMES IN PATIENTS WITH STAGE III/IV NSCLC

Sutter Cancer Center, Sutter Medical Center Sacramento
Sacramento, California

Introduction

Established in 1983, Sutter Cancer Center Sacramento serves as a regional oncology center for more than 2 million people in northern California. Utilizing a specialty team approach to cancer diagnosis and treatment, patients are cared for by board-certified, specialty teams of diagnostic radiologists, surgeons, medical and radiation oncologists, and support staff whose focus is the comprehensive care of each patient.

Problem Statement #1

Patients with advanced NSCLC who are treated at our facility do not have easy access to phase I clinical trial opportunities.

Improvements

- Establish a partnership with an NCI-designated comprehensive cancer center to refer patients for phase I studies
- Inform staff about open clinical trial opportunities on a regular basis
- Assign a coordinator to facilitate the referral process

Problem Statement #2

There is a need to provide more intensive and effective smoking cessation interventions for patients with NSCLC who are active smokers.

Improvements

- Developed an electronic referral system to a local smoking cessation clinic
- Explored the Memorial Sloan Kettering Tobacco Treatment Specialist Training Program for staff, but the COVID pandemic led to staff reassignments and this idea was placed on hold

At Sutter Sacramento, the cancer care team aimed to make improvements in two areas: 1) improve access to phase I clinical trials for patients with advanced NSCLC; 2) improve the referral process for smoking cessation consultation for patients with lung cancer.

For the first issue, the cancer team at Sutter established a partnership with the UC Davis research group conducting phase I clinical trials. UC Davis, an NCI-designated comprehensive cancer center, had recently launched SCOPE (Sacramento Citywide Oncology Phase I program) to increase patient access to phase I clinical trials. To operationalize the referral process, the team at Sutter Sacramento began by identifying some of the barriers around clinical trial access for their patients. They discovered that many of their oncologists were not aware of which phase I trials were open and available at UC Davis. They also found a need for a coordinator to facilitate referrals to UC Davis and assist with the required paperwork. To address these issues, they worked with a clinical trials coordinator who reviewed all the open studies at UC Davis. This coordinator compiled and presented this information to the Sutter oncologists at monthly meetings. These meetings increased awareness about research opportunities for patients and the coordinator facilitated the logistics when patients were identified and referred for potential studies.

To improve smoking cessation among patients with lung cancer, the Sutter Sacramento team explored ways to train their existing staff and develop their own smoking cessation clinic. Several staff members expressed interest in the Memorial Sloan Kettering Tobacco Treatment Specialist Training Program. The COVID pandemic led the staff to reassign duties and responsibilities, so the staff placed the tobacco training on hold and developed an alternative plan. They developed an electronic referral process to help their patients receive smoking cessation services from a clinic in Roseville, CA. This clinic, led by a thoracic surgeon, employs NPs who offer counseling via telehealth and prescribe therapies for smoking cessation.

Conclusion

Looking to the future, the cancer team at Sutter Sacramento anticipates an increase in liquid biopsy testing as its lung cancer screening program expands and identifies more patients with lung cancer. They are also exploring the role of simultaneous tissue and plasma-based biomarker testing in patients with advanced NSCLC.