

What constitutes high-quality NSCLC care? Overarching quality considerations for improving NSCLC care at US cancer centers.

Authors:

Mark A. Socinski, Leigh Boehmer; AdventHealth Cancer Institute, Orlando, FL; Association of Community Cancer Centers, Rockville, MD

Abstract Disclosures**Research Funding:**

AstraZeneca

Background:

While clinical guidelines for non-small cell lung cancer (NSCLC) provide recommendations on specific individual components of care and advocate multidisciplinary collaboration, guidance on multidisciplinary care spanning the complete patient journey is lacking. Quality-focused recommendations for the multidisciplinary team, along with selected clinical criteria for ideal NSCLC care, were compiled, and a new set of metrics encompassing the entire care continuum was proposed. These metrics were used to set a new benchmark for ideal NSCLC care through the Association of Community Cancer Centers' (ACCC) national quality care initiative for patients with advanced (stage III/IV) NSCLC.

Methods:

The ACCC convened an expert steering committee of multidisciplinary specialists and representation from patient advocacy, who identified and compiled evidence-based recommendations via a systematic search of clinical and quality care guidelines and peer-reviewed journals. Ideal quality recommendations were organized within key care areas of the patient journey: care coordination, diagnosis, and treatment.

Results:

A total of 32 recommendations were included. Of these, 9 were key unpublished recommendations on NSCLC care, including diagnosis and biomarker testing, treatment planning, care coordination, and patient education (Table).

Conclusions:

These recommendations define the criteria for ideal NSCLC care and serve as a valuable resource to guide multidisciplinary practice and quality improvement initiatives.

Key unpublished quality recommendations for ideal stage III/IV NSCLC care.

Diagnosis and biomarker testing

Multidisciplinary evaluation of suspicious findings MDT coordination for efficient biopsy collection Use of broad molecular profiling to identify actionable and rare mutations

Treatment planning

Incorporate invasive staging procedures for increased sensitivity and specificity
Biomarker test results to inform all treatment-related decisions
Repeat biopsy and/or plasma testing in the setting of insufficient tissue*

Care coordination

Access to MDT care navigator for information on financial aspects of treatment
Standardize patient participation in shared decision-making

Patient education

Educate patients on all aspects of NSCLC management, including diagnosis (staging) and treatment

*

This is now reflected in the NCCN Guidelines for NSCLC (Version 2.2020). MDT, multidisciplinary team; NCCN, National Comprehensive Cancer Network; NSCLC, non-small cell lung cancer

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