

## Bon Secours St. Francis Medical Center

### Standard 4.6 – 2017 Pretreatment evaluation and first treatment consistent with nationally recognized guidelines

We have evaluated all cases of small cell lung cancer diagnosed in 2017 at our institution. A total of 9 patients were diagnosed with small cell lung cancer in 2017. Eight were found to have extensive stage and 1 had limited stage disease.

#### Extensive stage small cell lung cancer

##### -Pretreatment evaluation in adherence to nationally recognized guidelines

The NCCN guidelines recommend that the initial evaluation of patients with extensive stage small cell lung cancer include imaging of the brain to evaluate for brain metastasis. MRI is the preferred imaging.

Eight patients were documented with extensive stage small cell lung cancer and 2 elected hospice and thus appropriately did not necessarily complete all recommended staging w/u. Of the remaining six patients, all had pretreatment MRIs of the brain. Thus there was 100% compliance with the NCCN guidelines

##### -Treatment in adherence to nationally recognized guidelines

The NCCN guidelines recommend that patients with extensive stage small cell lung cancer without brain metastasis and good performance status who have complete or partial response to palliative chemotherapy **be considered** for PCI and consolidative radiation to the thorax. Chart review of the 8 extensive stage patients was done to confirm that both PCI and chest radiation was discussed with the patients who had a complete or partial response to palliative chemotherapy.

Two of the 8 patients declined palliative chemotherapy and elected immediate enrollment in hospice. 3 of the remaining 6 had brain metastasis at presentation and are excluded. Of the three remaining patients, all had at least a partial response to palliative chemotherapy and should be considered for PCI and consolidative chest radiation. One of 3 patients was offered and elected to pursue both PCI and chest consolidative radiation. The other 2 patients were offered PCI only with no documentation that chest radiation was discussed or offered with documentation of why chest radiation was not offered (such as severe COPD, etc.).

It is not clear if this low compliance rate is secondary to a lack of knowledge of the available literature regarding the improved survival associated with consolidative chest radiation or the need for better documentation in the medical chart by the radiation doctors stating the reason the patient was not a good candidate for chest radiation.

## **Limited stage small cell lung cancer**

### **-Pretreatment evaluation in adherence to nationally recognized guidelines**

NCCN guidelines recommend that any small cell lung cancer patient that appears to have limited disease on initial evaluation have a PET/CT to complete staging. Unfortunately only 1 of the 9 small cell lung cancer patients had limited stage disease. She was evaluated with PET/CT for 100% compliance rate.

### **-Treatment in adherence to nationally recognized guidelines**

The NCCN guidelines note that BID chest radiation is the preferred radiation dosing regimen in medically fit patients. We evaluated the limited stage patients to see if they were offered BID rather than daily chest radiation. Unfortunately only 1 of the small cell lung cancer patients had limited stage disease. She was treated with the recommended BID chest radiation thus with a 100% compliance rate.