

Bon Secours MRM

Standard 4.6 Quality Improvements

CoC Standard 4.6 Monitoring compliance with evidence-based treatment guidelines

Each year, a Physician member of the cancer committee performs a study to access whether patients within the program are evaluated and treated according to evidence-based national treatment guidelines. Study results are presented to the cancer committee and documented in the minutes. [Cancer Program Standards 2012](#)

Breast Cancer was selected by the cancer committee for the 2014 study. Of the 166 cases 22 charts were selected based on stage IIB Breast cancers that were operable.

All 22 cases were reviewed. Cases were evaluated for conformity with current NCCN guidelines for evaluation and treatment.

Concordance with NCCN pre-treatment evaluation guidelines:

22 cases were evaluated. All cases were stage IIB breast cancers. 21 of the 22 patients were diagnosed by needle core biopsies. 1 was diagnosed by excisional biopsy. All 22 biopsies were evaluated for ER/PR and HER 2 status. Treatment options were discussed and documented for 17 of the 22 cases. The remaining 5 patients sought treatment outside of the facility after initial diagnosis and thus documentation was not available.

Concordance with treatment guidelines:

Initial treatment for 7 of 22 patients was surgical with 2 lumpectomies and 5 mastectomies. Chemotherapy was the initial treatment for 11 patients and 3 who sought treatment outside of this facility. Initial treatment after diagnosis for all patients treated at this facility occurred within 12 weeks of the cancer diagnosis. 100% of the cases underwent a multidisciplinary evaluation including surgeons, breast radiologist, pathologist, and medical oncologist to discuss the cancer diagnosis and optimal diagnostic, treatment, or follow-up strategy. Medical care for all 22 evaluable cases was consistent with NCCN guidelines.

All patients were also offered Cancer Survivorship Care. This includes a follow up care plan, schedule of clinical visits to the medical Oncologist every 3 to 6 months for the first 3 years, every 6 to 12 months for years 4 and 5, and annually thereafter. Radiation and Surgical physician visits are to rotate with Medical Oncologist. Cancer surveillance to include scheduled mammograms, and bone density testing.

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