

Quality Improvement

ACoS Standard 4.6 Monitoring compliance with evidence-based treatment guidelines

Each year, a physician member of the cancer committee performs a study to assess 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, recurrent and stage IV, was selected by the cancer committee for the 2015 study. There was a total of 21 new stage IV or newly recurrent cases for 2014 in the registry data base. These cases were evaluated using a tool created using elements of the NCCN guidelines. The tool was approved by the cancer committee on 5/13/15. Dr. Schaffer reviewed the data, and cases.

Review: Twenty of twenty one cases were reviewed. One case lacked sufficient information for review. Cases were evaluated for conformity with NCCN guidelines for evaluation and treatment.

Concordance with NCCN pre-treatment evaluation guidelines:

Two cases were excluded for measures of pre-treatment evaluation because not enough information was available. Nineteen cases were evaluable. Pre-treatment evaluation includes ER, PR, and HER 2 status on metastatic site if recurrent. This was done in all cases when indicated (one patient was only recurrent DCIS, one 97 year old went directly to hospice). NCCN guidelines recommend CT of chest, MRI or CT of abdomen, and bone scan or PET for evaluation. Evaluations were completed in all cases except for one (93%), if the patient went on to receive treatment. Bone scan or CT was not completed on four patients who went directly to hospice care.

Concordance with treatment guidelines:

Nineteen cases were evaluable. Of the 19 evaluable cases 18 (95%) were concordant with NCCN guidelines or had less treatment due to refusal, or referral to hospice. The only case that did not conform was a 93 year old initially diagnosed with ER +, T2/NO disease. She was not referred to medical oncology, or treated with an AI, and presented with bone metastasis 8 months post diagnosis.

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