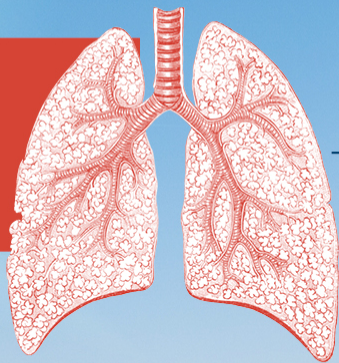


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**News Briefing: Highlights from the 2019  
Multidisciplinary Thoracic Cancers Symposium**

# The Impact of Structured, Prospective Exposure to the NCCN Guidelines when Making Treatment Decisions: Improved Metrics of Guideline-Concordant Care for Patients with Non-Small Cell Lung Cancer

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# Disclosure for Dr. Wu

- Employer: University California, San Francisco



# Background

- For patients newly diagnosed with cancer, discussions regarding treatment modalities and side effects are complex
- NCCN guidelines are readily available to physicians
- For patients, clear guidelines are not easily accessible
- Decision support tools improve patient knowledge and satisfaction
- These tools may help patients better understand the nuances of various treatment options, and become more active participants in the decision making process



# Purpose

- To assess the feasibility and impact of an evidence-based decision aid for patients with non-small cell lung cancer



# Primary Objective

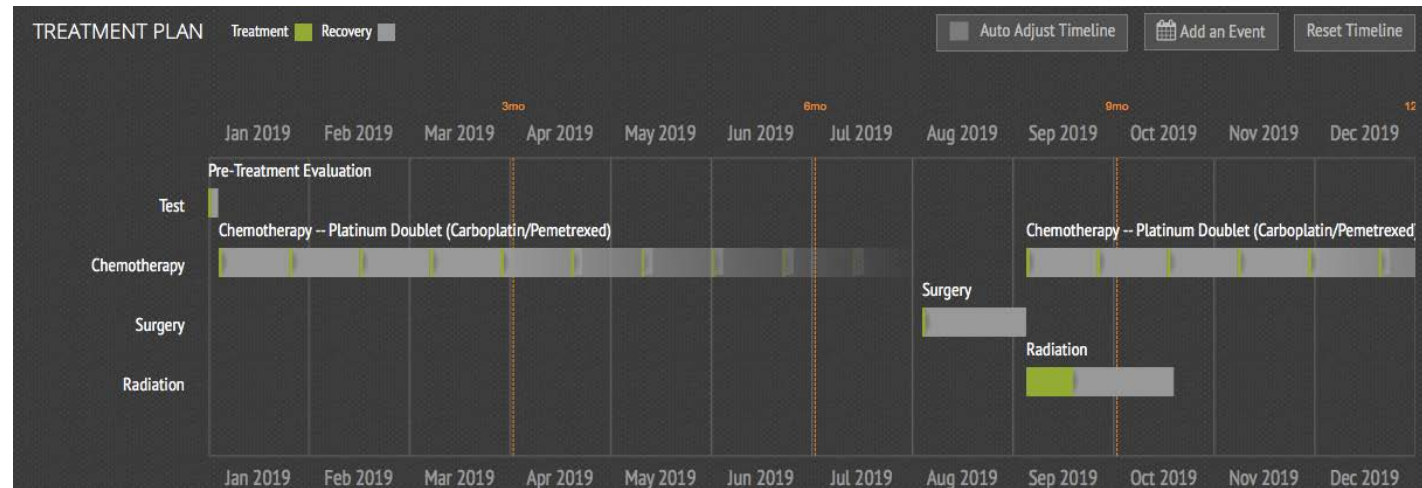
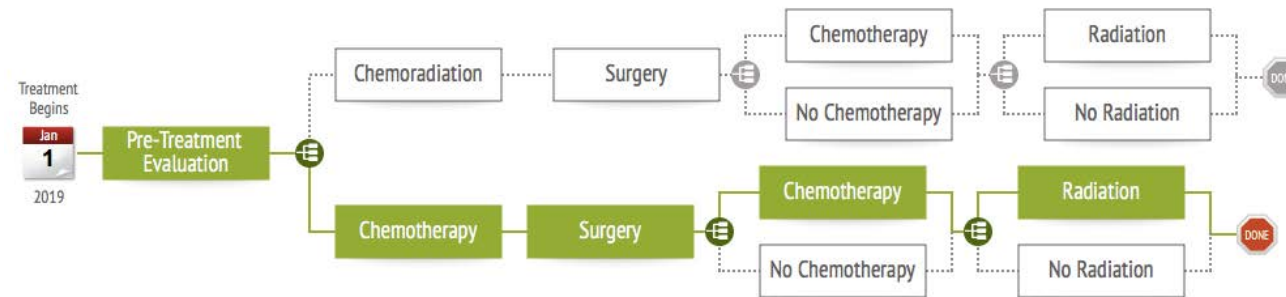
Does structured exposure to NCCN guidelines impact any of the following six practice patterns?

1. Smoking cessation counseling reinforced with a specific plan
2. Stage IB, IIA, IIB: use of adjuvant chemotherapy after surgery
3. Stage III undergoing surgery, and
4. Stage III not undergoing surgery: pathological staging of the mediastinum prior to initiating treatment
5. Stage III not undergoing surgery: concurrent chemoradiation given up front
6. Stage IV: molecular testing for EGFR and ALK mutations prior to initiation of systemic therapy



# Methods: Tool development

## Phase I: Development of the web-based tool





# Methods: Implementation

- Patients were introduced to the tool by a trained coordinator at the time of initial consultation with one of five thoracic oncologists
- If requested by the patient, the trained coordinator facilitated discussion between the patient and oncologist based on the treatment options
- Patients consented to have their use of the tool (based on number of log-ins) recorded for one year following consultation





# Results: Patient Characteristics

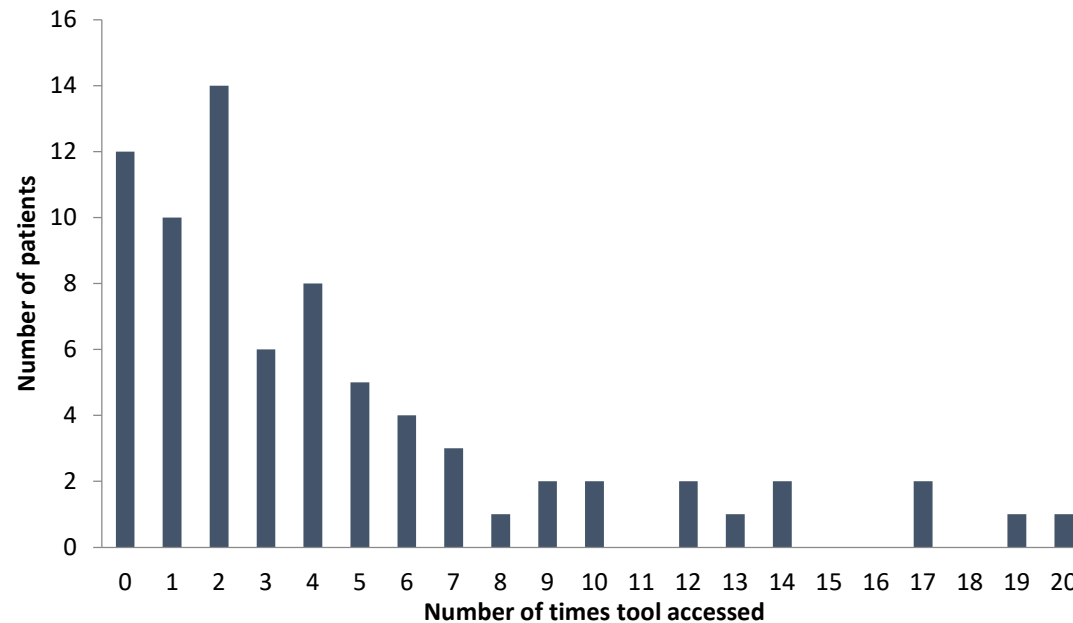
- 76 patients enrolled
- Compared to a retrospective cohort of 159 patients

Characteristic	Prospective Cohort	Comparison Cohort
Median age at study (range)	68 (47-88)	68 (41-88)
Female	32 (42%)	67 (42%)
History of tobacco use	57 (75%)	115 (72%)
Histology		
Adenocarcinoma	59 (78%)	107 (67%)
Squamous cell carcinoma	14 (18%)	28 (18%)
Adenosquamous	2 (3%)	7 (4%)
Other (large cell, NOS)	0 (0%)	16 (10%)
Not biopsied	3 (4%)	1 (1%)
AJCC stage group		
IA	20 (26%)	20 (13%)
IB	8 (11%)	16 (10%)
IIA	5 (7%)	2 (1%)
IIB	3 (4%)	8 (5%)
IIIA	9 (12%)	33 (21%)
IIIB	8 (11%)	14 (9%)
IV	23 (30%)	66 (42%)



# Results: Patient Use

- 66 patients (84%) accessed the tool following consultation
- The tool was accessed a median of 3 times following consultation (range 0-20)



# Results: Significant Findings

## Among patients exposed to the evidence-based guidelines:

Increase in smoking cessation counseling/intervention	80% vs. 40%	p < 0.001
Decrease in adjuvant chemotherapy for patients with stage IB/IIA/IIB disease	0% (0/8) vs. 50% (6/12)	p = 0.02
<i>Driven primarily by patients with stage IB disease, resected with negative margins</i>	0% (0/6) vs. 100% (4/4)	p = 0.04
Increase in molecular testing prior to initiation of systemic therapy in patients with Stage IV disease	96% vs. 68%	p = 0.01

# Results

- No difference in the rate of pathologic mediastinal staging in patients with stage III disease undergoing surgery ( $p = 0.70$ ) or non-operative management ( $p = 0.55$ )
- No difference in up-front use of chemoradiation in stage III patients with non-operative disease ( $p = 0.55$ )



# Conclusions

- Structured exposure to the NCCN guidelines improved guideline concordance with regard to smoking cessation and testing for molecular markers in patients with metastatic disease
- Educational tools may empower patients to be more active partners in decision-making, and in some cases meaningfully impact patient care



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Taylor Dunbar, Rosa Paz, Linsey Curran, William Guthrie



# Interview Requests & Other Questions

[press@astro.org](mailto:press@astro.org)

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Slides and a recording of this briefing will be available online:

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