Standard 4.6 Study on Stage 1-3A Non-Small Cell Lung Cancer 2017-2018

Introduction:

Standard 4.6 (Monitoring Compliance with Evidence-Based Guidelines) is an in-depth analysis to assess and verify that cancer program patients are evaluated and treated according to evidence-based national treatment guidelines. Due to lack of a dedicated thoracic surgeon at the John B. Amos Cancer Center (JBACC) for most of 2017-2018, we elected to perform the standard 4.6 study for lung cancer patients to ascertain that appropriate lung cancer care was rendered during that period.

Method:

We reviewed cases of non-small cell lung cancer that were seen at JBACC from the beginning of May 2017 through the end of July 2018. This time period reflected the absence of a dedicated thoracic surgeon at JBACC. We selected AJCC stage 1-3A cases consistent with NCCN guidelines for multimodality therapy, including surgery. We excluded some histologic types, specifically large cell neuroendocrine, as these are generally treated non-surgically.

Results:

Ninety six cases meeting the above criteria were reviewed. Patients were often seen and treated at multiple institutions including JBACC, Mid-town Medical Center, St. Francis hospital and Emory University Medical Center.

Perioperative work up for surgical patients was consistent with national guidelines (NCCN). All surgical patients underwent recommended surgical procedures and protocols except for one case where mediastinal lymph node dissection or sampling was not done.

During the early part of the study, fewer cases underwent pathologic mediastinal lymph node assessment. This improved in the later part of the study and is likely attributed to the recruitment of a pulmonologist with EBUS skills.

Conclusion:

Surgical resection is the standard of care for early stage lung cancer and the literature has shown its benefit in the multimodality treatment of locally advanced disease. Except for the decrease in pathologic mediastinal lymph node assessment during the early part of the study, the absence of a dedicated thoracic surgeon at JBACC did not significantly impact appropriate care of stage 1-3A lung cancer patients.

Limitations: This is a retrospective chart review.

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