

Morton Hospital

A STEWARD FAMILY HOSPITAL



Morton Hospital Cancer Committee 2017 Lung Cancer Site Review

*Presented to the Morton Hospital Cancer Committee on May 11, 2017
Review, Report and Conclusion submitted by Nathaniel Cook, MD*

The Morton Hospital Cancer Committee chose to perform an in-depth site review of **Non-Small Cell Lung Cancer** cases. Dr. Nathaniel Cook conducted the study and the site review. All Non-Small Cell Lung Cancer analytic cases diagnosed in 2016 were included in the study. The primary purpose of the study is to assess the quality of care provided to patients at Morton Hospital diagnosed with Non-Small Cell Lung Cancer for comparison to NCCN Guidelines and to allow Morton Hospital to evaluate and identify performance improvements related to the diagnosis and treatment of Non-Small Cell Lung Cancer.

There were a total of 44 analytic lung cancer cases diagnosed in 2016 at Morton Hospital. Of the 44 lung cases diagnosed, 8 cases were diagnosed with Small Cell Lung Cancers (SCLC) and **31 cases** were diagnosed with Non-Small Cell Lung Cancer (NSCLC). The histology for the remainder 5 cases were: (2 cases) Carcinoid/Neuroendocrine, (2 cases) Carcinoma, NOS and (1 case) Pseudosarcomatous Carcinoma. The following NSCLC data is a breakdown of the age, stage of disease and gender of patients at diagnosis.

	40-49	50-59	60-69	70-79	80-89	TOTAL
2016 NSCLC	1	4	13	10	3	31

	AJCC 1	AJCC 2	AJCC 3	AJCC 4	TOTAL
Under 60 years of age	1		1	3	5

Over 60 years of age	12		6	8	26
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	AJCC 1	AJCC 2	AJCC 3	AJCC 4	TOTAL
Male	5		5	7	17
Female	8		2	4	14

According to the American Cancer Society, about 2 out of 3 people diagnosed with lung cancer are 65 or older, while less than 2% are younger than 45. The average age at time of diagnosis is about 70. Overall, the chance that a man will develop lung cancer in his lifetime is about 1 in 14; for a woman, the risk is about 1 in 17. These numbers include both smokers and non-smokers. For smokers, the risk is much higher, while for non-smokers the risk is lower.

The majority of the patients diagnosed at Morton Hospital were between the ages of 60-69 and presenting with Stage I or Stage IV disease. It is also important to note the smoking history of the cases reviewed which revealed a total of 11 patients presently smoking at diagnosis, 14 patients with past history of smoking and 5 cases with an unknown smoking history. Morton Hospital data mirrors the ACS statistics.

Treatment analysis is a vital component of any study done on registry data. The following is a breakdown of first course treatment for patients diagnosed at Morton Hospital and supports the findings that first course treatment at Morton Hospital is concordant with evidence-based NCCN treatment guidelines. It was determined that 23 patients were offered treatment options which included a total of 4 patients declining any treatment. A total of 4 patients requested treatment or consults at other facilities. Treatment letter requests from the cancer registry to those facilities were not returned. The remainder 4 patients expired prior to treatment.

	AJCC 1	AJCC 2	AJCC 3	AJCC 4	Total
Chemo/radiation			3	2	5
Radiation	3		1	1	5
Chemo				3	3

Chemo/Surgery					0
Chemo/Radiation Surgery	2				2
Surgery	4				4
Total Treatment	9		4	6	19
	AJCC 1	AJCC 2	AJCC 3	AJCC 4	Total
Pt declines treatment	2		2		4
Expired prior to Treatment				4	4
Pt to other facilities/tx info not returned	2		1	1	4
Total no/unk treatment					12
Total Lung Cases					31

From a data quality standpoint, it is important to note that all 31 cases had accurate and complete clinical staging (and pathological staging when available) documentation in all patient records. Please note that due to surgical treatment that is performed at various outside facilities, the pathological staging is documented in the patient record *only* when the pathology result and/or staging information stated by a physician is available to the cancer registry for documentation.

Conclusion and Recommendations:

After review of the 2016 NSCLC cases, it was determined that all cases were concordant with NCCN guidelines. Review of cases determined that all cases did have the appropriate pre-treatment evaluations and testing; that all patients were staged appropriately; that all clinical staging was complete, accurate and documented in the patient record; that all pathological staging, when available, was complete, accurate and documented in the patient record; and that all treatment, or lack of treatment, was appropriate. The study determined that diagnostic evaluations were adequate and the treatment plans were concordant with NCCN guidelines; no recommendations were made.

Cancer Program Planning and Improvements:

Review of the data highlighted that smoking continues to be a substantial health risk behavior linked to lung cancer. Although Morton Hospital is providing quality care that is concordant to national guidelines for patients diagnosed with lung cancer, there is a great need for increased efforts to detect and treat lung cancer in the early stages of the disease. Morton Hospital has recently established a Low-Dose Lung Screening Program. The Morton Hospital Cancer Committee has established a 2017 Programmatic Goal that focuses on increasing the number of patients participating in this newly established program by educating both our physicians and our community members about the availability of the screening for those patients that meet the criteria for participation in this screening.

In addition, Morton Hospital remains committed to promoting lung cancer prevention and education programs that includes a smoking cessation program offered in cooperation with the American Cancer Society.

Nathaniel Cook, MD
Chairman, Morton Hospital Cancer Committee

References:
NCCN Guidelines Version 3.2016-www.nccn.org
American Cancer Society-www.cancer.org/acs