Standard 4.6 Monitoring Compliance with Evidence-Based Guidelines

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Chair, Commission on Cancer

Monitoring Compliance with Evidence-Based Guidelines

S4.6 *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 cancer committee minutes.*

Purpose
Ensure evaluation and treatment conforms to:

– Evidence-based national guidelines
– AJCC stage or other appropriate staging
– Appropriate prognostic indicators

Supports that treatment is planned using

– The right step
– In the right order
– At the right time
Sources for the Study

A site-specific sample:
Involves all cases from that site, to a maximum of 300 cases
Is based on an identified need, concern, or problem; or
Is based on uncommon cases such as cases not generally presented at cancer conferences

Sources for the Study

10% random review of the annual analytic case load:
Maximum review of 300 cases for any facility
Review of a single treatment for a specific cancer site such as neoadjuvant therapy for breast cancer, or radiation therapy for breast conservation

Monitoring Compliance with Evidence-Based Guidelines

Physician leader identified
Design a study
Adequate/appropriate diagnostic evaluation
Treatment provided is concordant with guidelines
Perform review
Analyze results
Address improvement opportunities
Monitoring Compliance with Evidence-Based Guidelines

Study components:
Identify the guidelines used
Confirm the stage and prognostic factors affecting treatment choice
Compare the treatment with the guidelines
Report results to the cancer committee
Document performance
Identify improvements

Guideline Resources
NCCN
ASCO
ASCRS
STS
AHNS

And when you have completely run out of ideas:
www.guideline.gov/

Available Guidelines

NCCN Guidelines®
National Comprehensive Cancer Network
Your Best Resource in the Fight Against Cancer®

NCCN Guidelines®
NCCN Guidelines® and Survivorship Guidelines are powered by the latest update date and version number.

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NCCN Guidelines for Treatment of Cancer by Site
NCCN Guidelines for Detection, Prevention, & Risk Reduction
Monitoring Compliance with Evidence-Based Guidelines

Examples:

Are minimally invasive breast biopsy techniques utilized at your facility?
NCCN Guidelines

Are adequate resection margins performed and documented in excision of SCC of the Head and Neck?
Society of Head and Neck Surgeons

Are appropriate pre-treatment evaluation studies being done for NSCLC cases?
NCCN Guidelines
Monitoring Compliance with Evidence-Based Guidelines

Methods: All 2011 breast cancer patients were reviewed and compared to current breast cancer genetic screening recommendations according to NCCN guidelines to determine if they met criteria for genetic counseling and testing. We then reviewed the charts to see if patients were referred for genetic counseling and testing.

Findings: Unable to assess two patients due to outmigration of care. One patient that would need genetic referral but is a ward of the state and does not have any family. One patient that qualified that the oncologist found and referred for counseling/testing. One patient that qualified but who had already received genetic testing/counseling on a prior breast diagnosis. Found one patient that may still need referral for genetic counseling/testing. Found one patient that is deceased that was appropriate for genetic referral.

Recommendations: Based on the finding that some patients who should have received genetic counseling and testing did not, I recommend that we develop a form based on recommended screening guidelines from NCCN and screen all newly diagnosed breast cancer patients for the need for genetic counseling and testing (see attached form).
**Wayne HealthCare**

**Breast/Invasive Cancer Risk Assessment Tool**

**Patient Name:**

**Related Questions**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Do you have a history of breast cancer diagnosed at age 65 or later?</td>
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</tr>
<tr>
<td>Do you have a history of breast cancer diagnosed after the age of 45 and are of unknown/breast</td>
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<tr>
<td>Do you have a history of breast cancer and you find breast cancer undiagnosed before the age of 30?</td>
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<td>Do you have a history of breast cancer diagnosed at age 65 or later?</td>
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**Family History Questions**

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<thead>
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<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Are you related to a person who has had breast cancer?</td>
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**Were colon cancer patient treated according to NCCN Guidelines?**

<table>
<thead>
<tr>
<th>Accession Number</th>
<th>Stage of first contact</th>
<th>Preop ESR done or a preoperative if emergent (mm/hr)</th>
<th>Preop CA19-9 or CEA within 6 months prior to surgery (ng/ml)</th>
<th>Preop CT Chest/Abd./Pelvis with IV contrast or MRI if IV contrast contraindicated (mm/hr)</th>
<th>Medical oncology referral for stage II, III, IV patients (yes/no)</th>
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</table>

**Why were colon cancer patient treated according to NCCN Guidelines?**

| 1.5 month colonoscopy and caecal wash (yes/no) | All required CAP elements on pathology report (yes/no) | High-risk stage II, III, and stage IV patients considered for neoadjuvant chemotherapy (yes/no) | Chemotherapy administered, matching NCCN protocols (yes/no) | Colonoscopy performed after surgery (yes/no) | SURGERY of stage IV patients (yes/no) | Genetic referral made for patients if shown to have increased risk of familial disease according to NCCN guidelines (yes/no) |
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Documentation
Complete the SAR
Upload
Study results
Cancer committee minutes where results were reported
Performance improvements implemented, when applicable

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RATING

(1) Compliance: Each year, the program fulfills the following criteria:

1. A physician member of the cancer committee conducts a study to ensure that evaluation and treatment provided to patients is compliant with evidence-based national treatment guidelines and is appropriate for AJCC stage or other appropriate staging system, including prognostic indicators.
2. The study results are reported to the cancer committee.
3. The study results are documented in cancer committee minutes.

Frequently Asked Question

Q: Does this study fulfill the requirement for studies of quality (standard 4.7)?

A: No, you cannot use this study to fulfill the requirement for S4.7. However, if a problem is identified with either diagnostic evaluation or treatment planning process it can be a source for a performance improvement (S4.8).