

Getting Tissue for Molecular Testing: An NSCLC Strategic Initiative

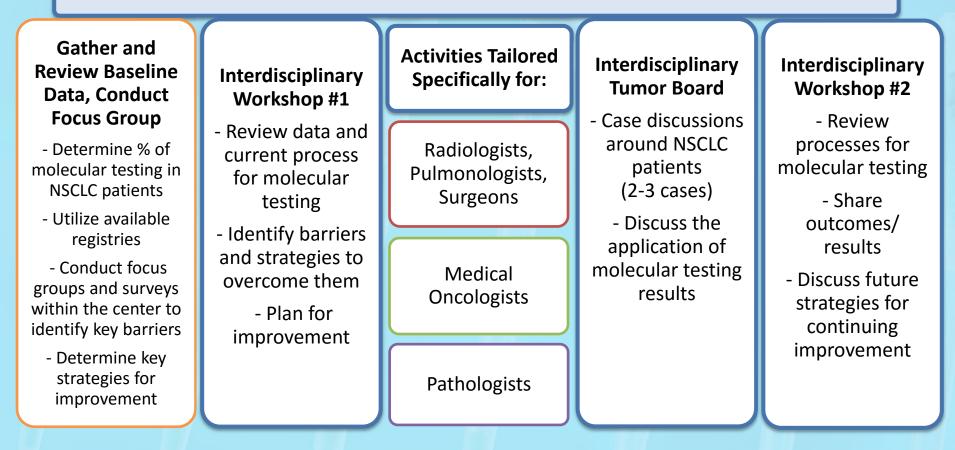
Melinda Somasekhar, Ph.D. Assistant Dean, Temple University School of Medicine Office of CME

Background

- Collaborators
 - Temple University School of Medicine
 - Fox Chase Cancer Center
 - Association of Community Cancer Centers (ACCC)
 - MCM Education
- Commercial supporter: Pfizer

Overview of CME/QI Initiative

Getting Tissue for Molecular Testing: An NSCLC Strategic Initiative



Recruit 5 Cancer Centers



All cancer centers are members of the Association of Community Cancer Centers

Baseline Data & Focus Group

Baseline Data:

•Each cancer center obtained baseline data (12 months) from their cancer registry, electronic health record, and pathology database.

Focus Group:

•Each center identified a clinical champion and primary administrative point of contact.

•We spent time discussing their baseline data and their clinical processes and workflows around molecular testing in lung cancer.

•We identified potential opportunities for QI.

Baseline Data

Cancer Center	# of NSCLC patients treated/yr	# of medical oncologists	# of pathologists	# of radiologists
1	151/yr	17	8	6
2	129/yr	4	8	6
3	79/yr	12	5	7
4	54/yr	3	5	8
5	52/yr	5	2	4

Baseline Data

Cancer Center	# of stage IV adenocarcinoma patients treated/yr	% of stage IV adenocarcinoma that received molecular testing	Lung biopsies mostly performed by
1	68	65%	Radiology
2	84	84%	Radiology
3	19	53%	Radiology
4	37	76%	Pulmonary
5	8	62%	Radiology

Molecular Testing Rates: Pre (Baseline) vs. Post (Follow-Up)

	Fox Chase Cancer Center	Lancaster General Hospital	Harbin Clinic	Skagit Valley Hospital	Holy Cross Hospital	Average
Baseline data time period	Jan 2011- Dec 2012 (24 months)	Jan 2011 – Dec 2012 (24 months)	Jan 2011 – June 2012 (18 months)	Jan – Dec 2012 (12 months)	Jan – Dec 2012 (12 months)	
NSCLC total	259	303	81	52	79	
NSCLC per year	129	151	54	52	79	93
Stage IV lung adenocarcinoma	84	68	37	8	19	43.2
Molecular testing rate (Stage IV lung adenocarcinoma)	84%	65%	76%	62%	53%	68%
Follow-up data time period	Jan 2013 – Oct 2014 (22 months)	Jan 2013 – August 2014 (20 months)	June 2013- June 2014 (13 months)	Nov 2013 – May 2014 (7 months)	Jan 2014 – May 2014 (5 months)	
Stage IV lung adenocarcinoma	117	37	16	11	32	
Molecular testing rate (Stage IV lung adenocarcinoma)	100%	81%	75%	91%	100%	89%

Summary

- Many clinicians in the community are not in the regular habit of planning, developing, and implementing QI strategies.
- We have helped these five centers to develop a culture of continuous QI by using the PDSA cycle:
 - Evaluate their own performance data
 - Reflect on ways to improve
 - Then Plan, Do, Study, and Act