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NCCN is sharing these recommendations free-of-charge to allow cancer programs everywhere to be more efficient and focused with their resources while tracking quality improvements.

National Comprehensive Cancer Network Releases Recommendations for Standardizing Quality Measurements in Oncology

NCCN has published a curated list of high-impact measures for assessing quality improvements in cancer care. The recommendations reflect a landscape analysis from leading oncology experts; they evaluate measures that, if implemented, will move the needle on cancer care standards in America, with potential implications for policy and coverage. The article, “Quality Measurement in Cancer Care: A Review and Endorsement of High-Impact Measures and Concepts,” is available via open access in the March 2020 issue of *JNCCN*.

The NCCN Quality and Outcomes Committee was first founded in 2016 in order to develop quality and outcome measures in oncology that are:

- more standardized
- contemporary
- clinically relevant
- easily implemented, and
- broadly applicable.

The committee reviewed 528 existing oncology quality measures and new measure concepts that could be appropriate for development. This list was narrowed down into 22 recommendations—based on importance, supporting evidence, opportunity for improvement, and ease of measurement—including endorsement of 15 existing measures and 7 new concepts proposed for development.

“The key question underlining all of our efforts is: how can we use quality measurements to improve the experience and outcomes for people with cancer?” said Thomas A. D’Amico, MD, Duke Cancer Institute, Chair of the NCCN Quality and Outcomes Committee. “We reached out to a large number of people, including expert clinicians, patient advocates, payers, and health information technology specialists, to determine which quality and outcomes measurements would be the most meaningful across the cancer care ecosystem. We paid particular attention to cross-cutting measures that would signify better delivery of care for all different cancer types, while also drilling down into specifics for the highest incidence cancers that affect the most people. These 22 measures represent a feasible standard for documenting quality improvement in cancer care.”

“These recommendations from NCCN differ from certification programs—we are sharing them free-of-charge to allow cancer programs everywhere to be more efficient and focused with their resources while tracking quality improvements,” explained Robert W. Carlson, MD, Chief Executive Officer, NCCN. “There’s a concerted effort toward value-based care; we want to ensure that these payment models reduce costs without reducing quality, and in fact improve outcomes. The current landscape for quality measurements is broad, and it’s difficult to know how to prioritize for quality improvements. This framework from NCCN aligns processes for measuring attainable cancer care improvements that will translate into better outcomes for patients.”

The selected measures are as follows (*italics indicate new opportunities for development*):

- Across Cancer Types:
 - Evidence-Based Concordance Measure: Proportion admitted to the intensive care unit in the last 30 days of life

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Cont. on page xxx.

Cont. from page xxviii.

- Evidence-Based Concordance Measure: Performance status documented prior to initiating chemotherapy regimen
- Patient Experience Measure: Patients are offered smoking cessation counseling if current smoker
- Treatment Team: Proportion receiving chemotherapy in the last 14 days of life
- Treatment Team: Chemotherapy given within 30 days of end of life
- Treatment Team: Cancer stage documented
- Treatment Team: Proportion dying from cancer in an acute care setting
- Breast Cancer:
 - Evidence-Based Concordance Measure: Patients with M0 disease and ≥ 4 involved axillary lymph nodes receive breast/chest wall plus regional lymph irradiation as part of their treatment
 - Evidence-Based Concordance Measure: Tumor markers are not performed during the period of follow-up surveillance for those who have completed breast cancer treatment with curative intent
 - *Evidence-Based Concordance Measure: Cardiac function is assessed before starting and at least every 4 months during trastuzumab therapy*
- Colorectal Cancer:
 - Evidence-Based Concordance Measure: For patients with resected pathologic stage II and III colorectal cancer in surveillance, CEA monitoring is performed at least every 6 months for 5 years
 - Evidence-Based Concordance Measure: Patients with rectal cancer are staged with a CT scan of chest, abdomen, and pelvis and pelvic MRI with contrast or endorectal ultrasound before surgery
 - *Evidence-Based Concordance Measure: Adjuvant chemotherapy is not administered for patients with pathologic stage I colorectal cancer*
 - *Evidence-Based Concordance Measure: PET scan is not performed for patients with locoregional colorectal cancer*
 - *Evidence-Based Concordance Measure: Patients with colon cancer are staged with CT scan of chest, abdomen, and pelvis before surgery*
- Lung Cancer:
 - Evidence-Based Concordance Measure: Palliative care consult is offered to patients with metastatic NSCLC within 8 weeks of diagnosis
- Prostate Cancer:
 - Evidence-Based Concordance Measure: Patients in the high- or very-high-risk prostate cancer groups, who receive radiation therapy, receive androgen deprivation therapy
 - Patient Experience Measure: All patients treated with surgery or radiation for localized prostate cancer should be assessed for urinary incontinence and erectile dysfunction with tools such as the UCLA Prostate Cancer Index questions and the Sexual Health Inventory for Men (SHIM)
 - Treatment Team: Prostate-specific antigen has been measured in the last 12 months for patients with prostate cancer to monitor disease
 - Evidence-Based Concordance Measure: Patients with newly diagnosed prostate cancer have a risk group assigned
 - Evidence-Based Concordance Measure: Patients in the very low-risk and low-risk prostate cancer groups do not receive androgen deprivation therapy

In addition to Drs. D'Amico and Carlson, the NCCN Quality and Outcomes Committee includes:

- Alan Balch, PhD, The National Patient Advocate Foundation
- Lindsey A.M. Bandini, MPH, National Comprehensive Cancer Network
- Al B. Benson III, MD, Robert H. Lurie Comprehensive Cancer Center of Northwestern University
- Stephen B. Edge, MD, Roswell Park Comprehensive Cancer Center
- C. Lyn Fitzgerald, MD, National Comprehensive Cancer Network
- Robert J. Green, MD, Flatiron Health
- Wui-Jin Koh, MD, National Comprehensive Cancer Network
- Michael Kolodziej, MD, ADVI
- Shaji Kumar, MD, Mayo Clinic Cancer Center
- Neal J. Meropol, MD, Flatiron Health
- James L. Mohler, MD, Roswell Park Comprehensive Cancer Center
- David Pfister, MD, Memorial Sloan Kettering Cancer Center
- Ronald S. Walters, MD, MBA, MHA, MS, The University of Texas MD Anderson Cancer Center

Full descriptions of the 22 recommendations, including an explanation of how they each represent important diagnostic and treatment decisions across the continuum of care, can be found at [JNCCN.org](https://www.jnccn.org).

NCCN and AstraZeneca Announce Projects to Explore Quality Improvements in Lung Cancer

NCCN Oncology Research Program (ORP) recently announced 3 research projects selected to receive funding to improve healthcare provider performance and/or healthcare quality, focusing on enhancing patient care and outcomes for people with advanced non-small cell lung cancer (NSCLC). The designated projects will be funded through a collaboration with AstraZeneca, a global, science-led biopharmaceutical company.

"Lung cancer is still the number one cause of cancer death in the United States," said Wui-Jin Koh, MD, Chief Medical Officer, NCCN. "We've seen rapid and robust progress in treating this cancer recently, and it's having a significant impact on reducing mortality. Now we want to make it easier for medical practices to implement these innovations and make sure they're reaching every patient who could benefit from them. These projects will hopefully serve as sustainable models for promoting system efficiency and enhancing patient outcomes and satisfaction."

The selected projects are:

- Developing a PREcision meDICine Thoracic (PREDICT) Service in a Large Practice Network: Focus on Implementation, Physician and Patient Impact
 - *Debora Bruno, MD, MS, and Navid Sadri, MD, PhD, University Hospitals – Seidman Cancer Center*
- Randomized Trial of a Supportive Care Mobile Application (App) to Improve Symptoms, Coping, and Quality of Life in Patients With Advanced Non-Small Cell Lung Cancer (NSCLC)
 - *Joseph Greer, PhD, and Jennifer Temel, MD, Massachusetts General Hospital Cancer Center*

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These projects will hopefully serve as sustainable models for promoting system efficiency and enhancing patient outcomes and satisfaction.

Cont. on page xxxvi.

Cont. from page xxxi.

- System-wide Integration of Plasma-Based Next Generation Sequencing Into Clinical Pathways for Detection of NCCN Recommended Biomarkers to Improve the Management of Patients With Metastatic Nonsquamous NSCLC

- Charu Aggarwal, MD, Hospital of the University of Pennsylvania

“AstraZeneca is committed to eliminating cancer as a cause of death,” said Adrian Kilcoyne, MD, VP, US Medical Affairs, AstraZeneca. “We cannot do this through innovative medicines alone, we must also be active partners in improving the quality of cancer care for patients. We are pleased to partner with NCCN in support of this important work.”

The research projects will begin in the third quarter of 2020 and continue for 2 years. The results from the funded projects will be disseminated upon completion to improve delivery of cancer care in other practices.

The NCCN ORP fosters innovation and knowledge discovery that improves the lives of people with cancer and supports preclinical, translational, clinical research and quality improvement projects in oncology at NCCN Member Institutions. In an effort to improve collaboration in cancer research, the NCCN ORP also maintains a shared resources website and an informed consent database. For more information, visit NCCN.org/orp.

NCCN Announces Projects to Improve Ovarian Cancer Care, With AstraZeneca

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These projects will explore opportunities to leverage technology in order to improve patient outcomes and quality of life through supportive services, shared decision-making, and innovative methods of care delivery.

NCCN Oncology Research Program (ORP) announced 4 projects selected to receive support directed towards improving the quality of care for patients with advanced ovarian cancer. The chosen projects are intended to be reproducible, scalable, and rapidly implementable while providing quantifiable outcome measures. The projects will begin in the third quarter of 2020 and continue for 2 years. The projects are being funded through a collaboration with AstraZeneca, a global, science-led biopharmaceutical company, which is also currently funding a similar program for patients with advanced non-small cell lung cancer.

“Advanced and recurrent ovarian cancer is currently the deadliest gynecologic cancer,” said Wui-Jin Koh, MD, Chief Medical Officer, NCCN. “It requires a multidisciplinary approach for management, which can provide challenges for optimal coordination. These projects will explore opportunities to leverage technology in order to improve patient outcomes and quality of life through supportive services, shared decision-making, and innovative methods of care delivery. They also focus on approaches which will hopefully help reduce disparities within current health delivery systems.”

The selected projects are:

- CommunityRx-Cancer: An IT-Enhanced Patient Navigation Program for Social Determinants of Health in Advanced Ovarian Cancer
 - Cary Gross, MD, Yale Cancer Outcomes, Public Policy, and Effectiveness Research (COPPER) Center and Smilow Cancer Hospital
- Feasibility and Impact of a Comprehensive Telehealth Program on Reducing Geographic Barriers to Treatment and Improving Symptom Management in Rural Patients With Advanced Ovarian Cancer
 - Haller J. Smith, MD, University of Alabama at Birmingham

Cont. on page xxxviii.

Cont. from page xxxvi.

- Patient-Centered Education and Support for Women With Advanced Ovarian Cancer
 - *Barbara Goff, MD, and Donna L. Berry, PhD, RN, AOCN*, Fred Hutchinson Cancer Research Center, Seattle Cancer Care Alliance
- REVITALIZE: A Telehealth Intervention for Women With Advanced Ovarian Cancer and PARP Inhibitor-Related Fatigue
 - *Alexi A. Wright, MD, MPH and Hanneke Poort, PhD (MPI)*, Dana-Farber Cancer Institute.

"Approximately 22,000 women in the United States are diagnosed with ovarian cancer each year, making it the fifth leading cause of cancer deaths among women," said Adrian Kilcoyne, MD, VP, US Medical Affairs, AstraZeneca. "We are pleased to partner with NCCN in support of this important work in ovarian cancer. AstraZeneca's commitment to eliminating cancer as a cause of death must extend beyond innovative medicines and include partnerships that seek to improve the quality of cancer care for patients."

The NCCN ORP fosters innovation and knowledge discovery that improves the lives of people with cancer and supports preclinical, translational, clinical research and quality improvement projects in oncology at NCCN Member Institutions. In an effort to improve collaboration in cancer research, the NCCN ORP also maintains a shared resources website and an informed consent database. For more information, visit [NCCN.org/orp](https://www.nccn.org/orp).