I’m Getting Better at This!

In a couple of days, I will be settled in at a retreat in a redwood enclave to discuss quality improvement in the care of patients with pancreatic cancer. All my career, I thought about nothing else but new treatments, better treatments, for these patients. I was immersed in clinical and translational research, and I loved it. A couple of years ago, however, I learned about the Canopy Cancer Collective, a network of institutions focused on sharing and implementing best practices for the care of patients with pancreatic cancer (https://canopycancer.org/). I jumped in, and my eyes opened to a whole new world.

I confess, I never thought it was my job to ensure that the process of care for patients went smoothly. I thought that was what health system administrators did. But the Collective encouraged us as “physician champions” to dig into the pain points and come up with solutions to improve the patient experience as well as the provider experience. So, my team and I started digging. And soon we had a long list of pain points that was, well, painful.

When you find something wrong, you need to fix it. And in quality improvement, you need to determine metrics so that, when you implement a solution, you can repeat the metrics to see if there is objective improvement. Here’s an example: We have a clinical trial for patients with metastatic pancreatic cancer that requires a research pretreatment biopsy. The patient can’t be scheduled for the biopsy until after screening, and that takes a couple of days. The biopsy schedule is packed, so it takes another 7 to 10 days to complete the biopsy. At best, treatment can start in 2 weeks. But we found that the average time to start treatment was 3 weeks. That is a very long time to wait to start treatment in this very aggressive disease. We don’t have this problem fixed yet, but it illustrates the kind of problem we are trying to correct.

Another problem we’re addressing relates to clinical studies. At any given time, we might have 4 first-line clinical trials and at least 6 nontherapeutic clinical studies. Most of these have a different clinical research coordinator, who is eager to meet and enroll every eligible patient they can identify. In the past, our patients, who were already overwhelmed with a devastating diagnosis, were also being asked to participate in a variety of other studies, many of which required similar procedures, such as having blood drawn. So confusing for them! I think we fixed this, or at least we have a pilot in place. Now we just ask each patient if they want to hear about our menu of studies, and if they do, a single research coordinator meets with them and lays out their options. And if they decide to enroll in 2 studies that require a blood sample, we draw one sample and split it. Simple.

This experience has taught me that we physicians can’t stand back and let others solve the problems we and our patients face. The rest of you probably knew this all along. But I am on board now. This is hard but rewarding work, and it makes a difference. So I say, “Bring it on!”

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Margaret Tempero, MD, is a Professor of Medicine and Director of the UCSF Pancreas Center and editor-in-chief of JNCCN. Her research career has focused on pancreatic ductal adenocarcinoma, especially in the area of investigational therapeutics. Dr. Tempero has served on the ASCO Board of Directors and as ASCO President. She currently serves on the ASCO Conquer Cancer Foundation Board. She codirected the AACR/ASCO Methods in Clinical Cancer Research and taught this course and similar courses in Europe and Australia. She was founding Chair of the NCI Clinical Oncology Study Section and served as a member and Chair of the NCI Board of Scientific Counselors Subcommittee A. She is a member of the Scientific Steering Committee and Chair of the Clinical and Translational Study Section for the Cancer Prevention & Research Institute of Texas. She is or has been on the Scientific Advisory Boards of the Lustgarten Foundation, the Pancreatic Cancer Action Network, the V Foundation, The Alberta Canada Cancer Board, and the EORTC. She served as a member of the Oncology Drug Advisory Committee for the FDA. She has served as Deputy Director and Interim Director for the UNMC Eppley Cancer Center. She is Chief Emeritus of the Division of Medical Oncology at UCSF. She served as the founding Deputy Director and was later Director of Research Programs at the UCSF Helen Diller Family Comprehensive Cancer Center.

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