Practice #7: Guideline Follow-Up Template

Nebraska Methodist Integrates Guidelines into Daily Practice

A further advancement of guidelines is to make them usable during the actual course of treatment. At Nebraska Methodist Cancer Center, clinicians have developed tools that map the patient’s care in accordance with NCCN guidelines for non-small cell lung cancer (NSCLC). The system also dramatically streamlines data capture. Shown below are the three key elements of the practice: 1) patient demographics front sheet; 2) treatment algorithm scan form directly modeled after the NCCN guidelines; 3) dedicated NSCLC database used to measure adherence to guidelines.

Real-Time NSCLC Data Tracking

- Patient Demographics front sheet
  - Nurse coordinator for each NSCLC patient records history, diagnosis, stage, and initial treatment decision
  - Front sheet scanned, data imported to NSCLC database

- Treatment Algorithm Scan
  - Coordinator records entire patient pathway once post-surgical treatment decisions are made
  - Algorithm modeled on NCCN NSCLC treatment guideline
  - Template scanned, data imported to NSCLC database

- Dedicated NSCLC Database
  - Administrators query database to measure concordance with guidelines
  - Variations from guidelines analyzed
  - Database allows greater “real-time” analysis

Source: Oncology Roundtable interviews.
**Element #1: Patient Demographics Front Sheet**

Shown below is the patient demographics front sheet. At Nebraska Methodist, each lung cancer patient is assigned a nurse, who follows the patient through the entire treatment. Upon the patient’s admission to the cancer center, the nurse completes the demographics front sheet, which includes data elements such as diagnosis, stage, and initial treatment decision. This sheet remains with the patient’s chart, and the nurse scans the form into a lung cancer database each time new data are entered.

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**Nebraska Methodist Front Sheet**

- **Gender:**
  - Male
  - Female

- **Race:**
  - African-American
  - Asian
  - Hispanic
  - Caucasian
  - Other

- **Zubrod status:**
  - 0
  - 1
  - 2
  - 3
  - 4

- **Patient classification:**
  - NSCLC
  - Other malignancy
  - Met to lung
  - Patient declined full diagnostic work-up
  - Patient sought treatment elsewhere
  - Patient expired before diagnostic work-up complete

- **Risk Factors:**
  - Current smoker
  - Former smoker
  - Lifetime non-smoker
  - Family history of lung cancer
  - 2nd hand exposure
  - COPD
  - Asbestos exposure
  - Random exposure
  - Previous history of cancer
  - Alcohol use

- **Pack year history:**
  - Pipe
  - Cigar
  - Marijuana
  - Chew

- **Clinical Stage on Admission to LCC:**
  - IA (T1N0M0)
  - IB (T2N0M0)
  - IIA (T1N1M0)
  - IIB (T2N1M0)
  - IIA (T3N0M0)
  - IIB (T3N1M0)
  - IIIA (T1N2M0)
  - IIIB (T2N2M0)
  - IIIA (T2N2M0)
  - IIIB (T3N2M0)
  - IV (Any T, Any N, M1)

- **Lung Histology:**
  - Adenocarcinoma
  - Squamous cell
  - Large cell
  - Bronchoalveolar carcinoma (BAC)
  - Non-classified NSCLC

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Source: Methodist Cancer Center at Nebraska Methodist Health System, Omaha, Neb.
Element #2: Treatment Algorithm Scan

Across the next two pages is the heart of the practice: the treatment algorithm scan. Nebraska Methodist nurses use forms such as these after the patient has undergone surgery and any post-surgical treatment decisions have been made.

Working left to right, the nurse fills in the bubbles on the form corresponding to the means of initial evaluation and clinical staging. Once information about the patient’s stage has been obtained, the nurse turns to the appropriate second page of the treatment algorithm. In this example, the right side pullout page corresponds to patients with primarily early stage lung cancers. Again left to right, the nurse completes the bubbles for clinical assessment and method of pretreatment evaluation, treatment, and stage at surgery, as well as any adjuvant therapy. Nurses record these data once the patient has completed surgery when, at that point, it will be clear what type of post-surgical care the patient will receive.
**NSCLC Algorithm**

**Initial Evaluation**
- Path review
- H&P (include performance status and weight loss)
- Chest x-ray
- CT chest and upper abdomen including adrenals
- CBC, platelets
- Chemistry profile including LDH
- Smoking cessation counseling

**Clinical Stage**
- Stages IA, IB peripheral T1-2, N0 Mediastinal CT negative (lymph nodes <1 cm)
- Stages IA, IB central T1-2, N0 Mediastinal CT negative (lymph nodes <1 cm)
- Stages IIA, IIB T1-2, N1 Mediastinal CT negative (lymph nodes <1 cm)
- Stage IIB T3, N0 by CT or bronchoscopy
- Stage IIIA T3, N1 by CT or bronchoscopy
- Stage IIIA T1-3, N2 Mediastinal CT positive Ipsilateral (lymph nodes greater than/equal to 1 cm)
- Stage IIIB T4, N0-1 (possibly resectable)
- Stage IIIB T1-3, N3 mediastinal CT positive Contralateral (lymph nodes greater than/equal to 1 cm) or Palpable supraclavicular lymph nodes
- Stage IIIB T4, N2-3 on CT
- Stage IIIB T4 pleural effusion
- Stage IV, M1 solitary metastasis
- Stage IV, M1 disseminated metastases
- Occult TX, N0, M0
- Second lung primary

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