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Premesse

- ASCO ha da tempo iniziato un programma di verifica di indicatori denominato “Quality and Value”
- ASCO ha identificato in IASLC il partner per definire gli indicatori per neoplasie toraciche
- Da circa un anno IASLC ha una task-force
- Volontà di ASCO di estendere l’attività di quality and Value anche in Europa (l’esplorazione in Spagna è già iniziata –tre centri hanno aderito)
- Possibilità di partnership con ASCO big data IT initiative CancerLinQ → grossa opportunità (solo 3% dei pazienti in studi clinici, possibilità di avere un quadro real world)

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Gruppo di Lavoro Polmone

- Alessandro Morabito
- Andrea Ardizzoni
- Rita Chiari
- Sara Ramella
- Domenico Galetta
- Silvia Novello
- Mazzoni (per Di Costanzo)
- Francesco Grossi
- Emilio Bria
- Hector Soto Parra Puma
- Giulia Pasello, Sara Pilotto
- Giorgio Scagliotti

Altre professionalità coinvolte
Ugo Pastorino; Francesco Puma
Antonio Marchetti, Mauro Papotti

Programma di lavoro

1. Teleconferenza di allineamento – settembre 2017
2. Meeting Face to face all'AIOM 2017

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Area Chirurgica

Ninety day mortality after lung resection	
Description	
Numerator	number of patients not alive 90 days after resection
Denominator	total number of patients undergoing surgery for lung cancer resection
Exclusions/Exceptions	None
Clinical Recommendation	
Data Source	
Existing Measures	

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Area Chirurgica

Negative margins following attempted curative resection	
Description	
Numerator	number of patients reported as R0 (R-Zero) indicating negative bronchial, vascular and parenchyma margins
Denominator	total number of patients undergoing surgery for lung cancer resection
Exclusions/Exceptions	To be tested in selected centres
Clinical Recommendation	
Data Source	
Existing Measures	

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Area Chirurgica

Preoperative PET-CT Documented before surgery	
Description	
Numerator	Number of patients having a T2 or greater and/or N1 or greater receiving PET imaging within 60 days before resection
Denominator	total number of patients undergoing surgery for lung cancer resection with a T2 or greater and/or N1 or greater
Exclusions/Exceptions	Clinical Stage IA T1N0 patients
Clinical Recommendation	
Data Source	
Existing Measures	

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Area Chirurgica

Nodal assessment during surgery	
Description	
Numerator	Number of patients having 4 or more nodal regions sampled or dissected at time of surgery
Denominator	total number of patients undergoing surgery for lung cancer resection
Exclusions/Exceptions	
Clinical Recommendation	
Data Source	
Existing Measures	

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Area Chirurgica

Referral for consideration to a MDTB after surgery	
Description	
Numerator	Number of patients with Stage IIA or greater who are referred to a MDTB within maximum of 60 days after surgery
Denominator	total number of patients undergoing surgery for lung cancer resection with Stage IIA or greater on final pathology
Exclusions/Exceptions	
Clinical Recommendation	
Data Source	
Existing Measures	

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Area Chirurgica

Rate of Pneumonectomy	
Description	
Numerator	Number of patients who receive pneumonectomy
Denominator	total number of patients undergoing surgery for lung cancer resection
Exclusions/Exceptions	
Clinical Recommendation	
Data Source	
Existing Measures	

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Area Chirurgica

Referral for consideration to a MDTB after surgery	
Description	
Numerator	Number of patients with Stage IIA or greater who are referred to a MDTB within maximum of 60 days after surgery
Denominator	total number of patients undergoing surgery for lung cancer resection with Stage IIA or greater on final pathology
Exclusions/Exceptions	
Clinical Recommendation	
Data Source	
Existing Measures	

Advanced disease

MOLECULAR TESTING FOR PATIENTS WITH STAGE IV LUNG ADENOCARCINOMA	
Description	Proportion of patients newly diagnosed with advanced stage lung adenocarcinoma who received molecular testing
Numerator	Patients who received at least one molecular testing useful for treatment with targeted therapies
Denominator	Patients with a diagnosis of stage IV (metastatic or recurrent) lung adenocarcinoma
Exclusions/Exceptions	None
Clinical Recommendation	1.
Data Source	Clinical record
Existing Measures	

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Advanced Disease

MOLECULAR TESTING TURNAROUND TIME FOR PATIENTS WITH STAGE IV LUNG ADENOCARCINOMA	
Description	Molecular tests ordered for any mutations in patients with stage IV (metastatic or recurrent) lung adenocarcinoma that had results returned to the ordering practice within 10 working days of specimen being sent to the testing laboratory
Numerator	Molecular testing results for EGFR, ALK and ROS1 or K-RAS mutations that were returned to the ordering practice within 10 working days of specimen being sent to the testing laboratory
Denominator	Tests ordered for molecular testing of EGFR, ALK and ROS1 or K-RAS mutations in patients with stage IV lung adenocarcinoma
Exclusions/Exceptions	None
Clinical Recommendation	1.
Data Source	Clinical record/Pathology archives
Existing Measures	None

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Advanced disease - SCLC

OVERTREATMENT OF SCLC PATIENTS WITH PLATINUM BASED CHEMOTHERAPY	
Description	Proportion of patients with a diagnosis of limited stage (LS) or extensive stage (ES) small cell lung cancer (SCLC) who received more than 6 cycles of first line platinum-based chemotherapy **(lower score-better)**
Numerator	Patients who received more than 6 cycles of first line platinum based chemotherapy
Denominator	Patients with a diagnosis of LS-SCLC (includes stage I to III (TX, T0, Tis, T1, T2, N any, M0)) or ES-SCLC (includes stage IV (TX, T0, Tis, T1, T2, T3, T4, N any, M 1a/b))
Exclusions/Exceptions	Clinical trial
Rationale	
Clinical Recommendation	
Data Source	
Existing Measures	None

Advanced disease - SCLC

FOUR TO SIX CYCLES OF CHEMOTHERAPY FOR PATIENTS WITH A DIAGNOSIS OF LS-SCLC OR ES-SCLC	
Description	Proportion of patients with a diagnosis of limited stage (LS) or extensive stage (ES) small cell lung cancer (SCLC) who received four to six cycles of first line platinum-based chemotherapy
Numerator	Patients who received four to six cycles of first line platinum based chemotherapy consisting of cisplatin or carboplatin with etoposide or irinotecan
Denominator	Patients with a diagnosis of LS (includes stage I to III (TX, T0, Tis, T1, T2, N any, M0)) or ES-SCLC (includes stage IV (TX, T0, Tis, T1, T2, T3, T4, N any, M 1a/b))
Exclusions/Exceptions	Clinical trial Medical reason (e.g., pt shows progressive disease, treatment course altered) Intolerance to treatment

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LS-SCLC

EARLY THORACIC RADIOTHERAPY (TRT) FOR PATIENTS WITH A DIAGNOSIS OF LIMITED STAGE SMALL CELL LUNG CANCER	
Description	Proportion of patients with a diagnosis of limited stage (LS) small cell lung cancer (SCLC) who received within the end of the second cycle early thoracic radiotherapy (TRT)
Numerator	Patients who received TRT concurrently with cycle 1 or cycle 2 of chemotherapy
Denominator	Patients with a diagnosis of LS-SCLC (includes stage I to III (TX, T0, Tis, T1, T2, N any, M0))
Exclusions/Exceptions	Clinical trial Performance status 3-4 Medical contraindication

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Locally advanced NSCLC

CONCURRENT CHEMORADIATION FOR PATIENTS WITH A DIAGNOSIS OF STAGE IIIB NON-SMALL CELL LUNG CANCER	
Description	Proportion of patients with a diagnosis of inoperable non-small cell lung (NSCLC) cancer who received concurrent platinum based doublet chemotherapy and radiation treatment
Numerator	Patients who received concurrent platinum based doublet chemotherapy and radiation treatment
Denominator	Patients with a diagnosis of stage IIIB NSCLC
Exclusions/Exceptions	Clinical trial Performance status 3-4 Medical contraindication Superior sulcus cancers
Rationale	Current evidence suggests the use of radiotherapy alone as a curative mode of therapy for stage IIIB disease yields poor survival at 5 years. Therefore, concurrent chemotherapy and radiotherapy are recommended over radiotherapy or chemotherapy alone for patients with a diagnosis of stage IIIB non-small cell lung cancer.