

Advances and Challenges in Improving the Quality of Cancer Care - ASCO Guidelines

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ABSTRACT

Quality of care in Oncology, needs to be improved if we have to sustain the competitive countries of the world. India is no longer locking in facilities as far as Oncology is concerned. In order to meet the global challenges we need to update ourselves and follow international guidelines.

Key words: Quality care, american society of clinical oncology

Ensuring that our patients receive the highest quality care possible is a core responsibility of oncology. To know the outcomes and use it effectively these guidelines are an ideal aid.

Four major studies were highlighted at ASCO-2012

1. Study finds that **most preventive double mastectomies occur in women who are at very low risk for contra lateral breast cancer**: Analysis of two new patient surveys found that two thirds of women with early-stage breast cancer who underwent contra lateral prophylactic mastectomy were not at elevated risk for Cancer in the contra lateral breast; researchers found that women who opted for preventive double mastectomy had a high degree of worry about recurrence.

2. **A multidisciplinary team approach to end-of-life care** communications leads to reduced use of intensive care among patients with advanced cancer: Researchers found that consultation from a multidisciplinary team increased the election of palliative care and decreased use of more intensive care measures (e.g., long term ventilation and ICU support) among patients with advanced cancer hospitalized at a comprehensive cancer center over a four year period.

3. **ASCO's quality evaluation program documents significant improvement in adherence to quality**

standards: An analysis of self-reported data from 156 oncology practices participating in ASCO's Quality Oncology Practice Initiative (QOPI®) showed that – over a four year period – adherence to much quality care Standards markedly improved, especially those involving new standard practices (e.g., genetic testing for tumor mutations, use of new anti-nausea drugs, etc.).

4. **A real-time electronic performance tracking system improves adherence to quality care standards for breast and colon cancers**: A large study found that use of a quality reporting system Developed by the American College of Surgeons was associated with improved adherence to certain quality standards at 64 cancer centers over a four-year period. The electronic performance Tracking system evaluated in this study is the first to provide real-time feedback:

The following list was developed by ASCO's Value of Cancer Care Task Force Each recommendation is based on a comprehensive review of current high-level clinical evidence (including published studies and guidelines from ASCO and other organizations), conducted by the Task Force.

1. **Don't give patients starting on a chemotherapy regimen that has a low or moderate risk of causing nausea and vomiting antiemetic drugs intended for use with a regimen that has a high risk for this effect.**

Different chemotherapy treatments produce side effects of variable severity, including nausea and vomiting, and many medications have been developed to help control these side effects. When successful, these medications can help patients avoid hospital visits, improve quality of life, and lead to fewer changes in the chemotherapy regimen. In recent years, new drugs have been introduced to help manage the most severe and persistent cases of nausea and vomiting that result from certain chemotherapy regimens. ASCO recommends the use of these drugs be reserved only for patients taking chemotherapy that has a high potential to produce severe and/or persistent nausea and vomiting, as they are very expensive and not without their own side effects. For patients receiving chemotherapy that is less likely to cause nausea and vomiting, there are other effective anti-emetic drugs available at a lower cost.

2. Don't use combination chemotherapy (multiple drugs) instead of single-drug chemotherapy when treating an individual for metastatic breast cancer unless the patient needs urgent symptom relief. While combination chemotherapy has been shown to slow tumor growth in patients with metastatic breast cancer, it has not been proven to improve survival over single-drug chemotherapy, and it often produces more frequent and severe side effects, worsening a patient's quality of life. As a general rule, therefore, ASCO recommends giving chemotherapy drugs one at a time in sequence, which may improve a patient's quality of life and does not typically compromise overall survival. Combination therapy may, however, be useful and worthwhile in situations where the cancer burden must be reduced quickly because it is causing significant symptoms (e.g., pain and discomfort) or is immediately life threatening.

3. Avoid using advanced imaging technologies -- positron emission tomography (PET), CT and radionuclide bone scans -- to monitor for a cancer recurrence in patients who have finished initial treatment and have no signs or symptoms of cancer.

Evidence shows that using PET or PET-CT to monitor for cancer recurrence in asymptomatic patients who have completed cancer treatment and have no signs of disease does not improve outcomes or survival. These expensive tools can often lead to false positive results, which can cause a patient to have additional unnecessary or invasive procedures or treatments or be exposed to additional radiation.

4. Don't perform PSA testing for prostate cancer screening in men with no symptoms of the disease when they are expected to live less than 10 years. Men with medical conditions or other chronic diseases that may limit their life expectancy to less than 10 years are unlikely

to benefit from PSA screening. Studies have shown that in this population, PSA screening does not reduce the risk of dying from prostate cancer or of any cause. Furthermore, such testing could lead to unnecessary harm, including complications from unnecessary biopsy or treatment for cancers that may be slow-growing and not ultimately life threatening. For men with a life expectancy of greater than 10 years, however, ASCO has previously recommended that physicians discuss with patients whether PSA testing for prostate cancer screening is appropriate.

5. Don't use a targeted therapy intended for use against a specific genetic abnormality unless a patient's tumor cells have a specific biomarker that predicts a favorable response to the targeted therapy. Targeted therapy can significantly benefit people with cancer because it can target specific pathways that cancer cells use to grow and spread, while causing little or no harm to healthy cells. Patients who are most likely to benefit from targeted therapy are those who have a specific biomarker in their tumor cells that indicates the presence or absence of a specific abnormality that makes the tumor cells susceptible to the targeted agent.

Compared to chemotherapy, the cost of targeted therapy is generally higher, as these treatments are newer, more expensive to produce, and under patent protection. In addition, like all anti-cancer therapies, there are risks to using targeted agents when there is no evidence to support their use because of the potential for serious side effects or reduced efficacy compared with other treatment options.

"All medical professionals should be accountable for both their patients' well-being as well as their wise stewardship of health resources. High-value care not only benefits patients, but also reduces societal health care costs which should be a concern for everyone," said Clifford A. Hudis, MD, FACP, and President of ASCO. "At ASCO, we want to ensure that oncology providers have the skills and tools needed to assess the benefits of tests and treatments and to discuss options with their patients. These goals are not in conflict: the best care for patients is the best approach for society."

REFERENCES

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