

Community Cancer Care

Commission On Cancer

Standard 4.6: Monitoring Compliance with Evidence-Based Guidelines

Each year, a physician member of the cancer committee performs a study to assess whether patients within the program are evaluated and treated according to evidence-based national treatment guidelines. Study results are presented to the cancer committee and documented in cancer committee minutes.



From day one.

Compliance 2017

Primary aim: Review the rate of bone marrow biopsy for newly diagnosed patients with Diffuse Large B-cell Lymphoma (DLBCL)
Secondary aim: Review laboratory work-up of newly diagnosed DLBCL patients

Criteria: Patients diagnosed and treated from January 1, 2015 through December 31, 2016 at Community Medical Center and Community Cancer Care and Prevention

Evidence-Based National Guidelines: National Cancer Comprehensive Network, *B-Cell Lymphoma*, version 5. 2017

Date of Study: September 2017

Physician Member: Dr. Michelle Proper



DLBCL

- Retrospective chart review
- Excluded:
 - Patients diagnosed prior to 2015
 - Patients initially diagnosed at another facility

Results

- 18 patients
 - 12 patients included in this study
 - 6 patients excluded:
 - 1 initial diagnosis and workup elsewhere
 - 5 patients were seen for follow-up, diagnosed earlier

Review the rate of bone marrow biopsy for newly diagnosed patients with Diffuse Large B-cell Lymphoma

PRIMARY AIM



From day one.

Bone Marrow Biopsy

- NCCN recommends the following reported:
 - Adequate bone marrow biopsy +/- aspiration

BM Bx Rate

- 10 out 12 patients had a bone marrow biopsy (BM Bx)
 - Both patients without BM Bx were unable to tolerate full chemotherapy regimen
 - 83 year old female with stage III disease treated with R-mini-CHOP and BM Bx was not felt to influence treatment decisions
 - 72 year old female with stage IV with immobility treated with radiation followed by Rituximab followed by R-CVP as her performance status improved



From day one.

Review laboratory work-up of newly diagnosed DLBCL patients

SECONDARY AIM



From day one.

Laboratory work-up for DLBCL

- NCCN recommends the following reported:
 - CBC, CMP, LDH, uric acid and testing for hepatitis B

Laboratory Work up for DLBCL

- All patient had CBC, CMP and LDH
- 3/12 patients had uric acid completed
 - It is unclear in the guidelines if the is only necessary if concern about tumor lysis syndrome
- All patients had hepatitis B testing

Recommendations

- Primary Aim: Bone Marrow Biopsy of all newly diagnosed DLBCL patients
 - Excellent rate of BM Bx
 - The 2 patients were elderly and result would not have influenced treatment. In 1 patient, she was already stage IV and would not change prognosis.

Recommendations

- Secondary Aim: Laboratory work-up of DLBCL patients
 - Excellent with the exception of uric acid levels
 - It is unclear if this is necessary if there is no concern about tumor lysis syndrome