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.
Primary aim: Review the rate of post-treatment PET in patients with stage II - IV cervical cancer.

Criteria: Patients diagnosed and treated from January 1, 2015 through December 31, 2017 at Community Medical Center


Date of Study: August 2018
Physician Member: Dr. Michelle Proper
Cervical Cancer

- Retrospective chart review
- Excluded:
  - Patients diagnosed prior to 2015

Results
- 24 patients
  - 7 patients included in this study
  - 17 patients excluded:
    • 15 had surgery
    • 1 patient had no treatment
    • 1 patient was stage IVB and did not have definitive RT
Review the rate of post-treatment PET imaging in stage II-IV cervical cancer patients.

PRIMARY AIM
PET scan

• NCCN recommends the following:

  • Stage II–IV
    ◦ Whole body PET/CT (preferred) or chest/abdomen/pelvic CT with contrast within 3–6 months of completion of therapy.
    ◦ Consider pelvic MRI with contrast at 3–6 months post completion of therapy.
    ◦ Other imaging should be based on symptomatology and clinical concern for recurrent/metastatic disease.  

  From day one.
Post-tx PET

• 4 out of 7 patients had a PET within 3-6 months of finishing RT.
  – 2 patients without PET were initially treated at another hospital and only received brachytherapy here.
  – 1 patient was 89 years old and was followed clinically.
Recommendations

• Primary Aim: Post-treatment PET 3-6 months after definitive radiation for cervical cancer
  – Excellent rate of post-treatment PET on patients who received all of their care here at CMC
  – The 1 patient elderly pt was not felt to be a candidate for further treatment if she did have a recurrence