NEWTON-WELLESLEY HOSPITAL

Standard 4.6: Assessment and Evaluation of Treatment Planning – Rectal Cancer

Each year a physician member of the cancer committee conducts a study to ensure that diagnostic evaluation and treatment provided to patients is compliant with evidence based national treatment guidelines and is appropriate for AJCC stage including prognostic indicators.

Review:

Review of 2011 Rectal Cancers to determine that the diagnostic evaluation is adequate and the treatment plan is concordant with NCCN quidelines

Work-up guidelines:

Each case assessed for colonoscopy, chest/abdominal/pelvic CT, pre-op CEA, Endorectal ultrasound (EUS) or pelvic MRI. Report of cancer related family history referral to genetic counseling when appropriate.

Work-up assessment:

2/14 cases did not meet work-up guidelines.

One 75 year old - Stage 1 (pT1 cN0M0) had no CT Chest/Abd/Pelvis and no pre-op CEA.

One 94 year old - Stage 3B (pT3N1cM0) did not get pre-op CEA, endoscopic ultrasound, and had no up-front oncology consult. Patient's cancer recurred and then patient received palliative chemo.

12/14 met work-up assessment.

Treatment Assessment:

2/14 cases did not meet treatment guidelines.

One 94 year old – Stage 2A (cT3N0M0) refused surgery and agreed only to palliative chemotherapy.

Another 94 year old – Stage 3B (pT3N1M0) refused adjuvant chemo and radiation and agreed only to surgery.

12/14 were concordant with NCCN Clinical Practice Guidelines in Oncology.

<u>Additional assessment</u>: Cases were also reviewed for presentation at multidisciplinary GI conference, nutritional assessment, and consultation with Patient Navigator and medical oncology consultation.

All patients except the insitu case and one 94 year old had an oncology consult.

13/14 patients were presented at Multidisciplinary GI Conference.

9/14 patients had nutritional assessments.

6/14 patients had a consult with the Patient Navigator.

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<u>Criteria for genetic counseling in Rectal Cancer cases defined as follows:</u>

Young patients (<50) regardless of any family history
Patients older than (>50) who have 3 relatives (1st, 2nd or 3rd degree) with family history of colorectal cancer
Patients with history of multiple polyps

Summary:

- Overall we are doing well with pre-op staging and evaluation
- Continue to encourage the multidisciplinary approach to rectal cancer
- Need to increase nutritional assessments
- Recommend rectal cancer patients to see Patient Navigator
- Continue to reinforce the need to follow NCCN guidelines
- Advanced age and comorbidities need to be considered when following guidelines
- Present evaluation at an upcoming GI cancer conference to reinforce guidelines

Cancer Program Newton-Wellesley Hospital

Physician Review - CoC Standard 4.6

Rectal Cancer 2011 – 14 Cases - (Class of Case: 00 – 22, diagnosed and/or treated @NWH)

DIAGNOSTIC EVALUATION PER NCCN GUIDELINES

Case	Patient Age at Diagnosis	Class Of Case	Colonoscopy Performed	CT Chest Abd/Pelvis w/contrast	Preop CEA	EUS or Pelvic MRI	Fam hx Genetic Counseling	1 st Course Treatment	Treatment Concordant w/NCCN guidelines	Staging
1	Age: 61	14 GI CONF	10/22/10 (benign polyp)	no	no	no	FH Neg	Polypectomy	YES	In situ
2	Age: 75	14 Oncology Consult GI CONF	5/17/11	no	no	5/25/11 EUS	FH Neg Nutrition Screening	Polypectomy & re-exc (neg)	YES	pT1 cN0M0 Stage 1
3	Age: 50	14 Oncology Consult GI CONF	8/10/11	8/17/11	Yes - neg	8/18/11 EUS	Mat Grf Colon CA in his 80's No Genetic counseling	Low ant resection	YES	pT2N0M0 Stage 1 0/14 lns
4	Age: 81	14 Oncology Consult GI CONF	8/24/11	8/28/11	Yes - neg	Colorectal PET	FH Neg	Transanal resection	YES	pT1 cN0M0 Stage 1
5	Age: 94	00 Oncology Consult GI CONF	2/1/11	2/2/11	Yes-elev	2/9/11 EUS Colorectal PET	FH Neg Nutrition Screening	Chemo only PT refused surgery	NO Pt refused surgery	cT3N0M0 Stage 2A

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Physician Review – CoC Standard 4.6

Case	Patient Age at Diagnosis	Class Of Case	Colonoscopy Performed	CT Chest Abd/Pelvis w/contrast	Preop CEA	EUS or Pelvic MRI	Fam hx Genetic Counseling	1 st Course Treatment	Treatment Concordant w/NCCN guidelines	Staging
6	Age: 56	13 Oncology Consult GI CONF	3/11/11	3/22/11	Yes - pos	3/11/11 EUS	FH Neg Nutrition screening Pt Navigator	Lap Colectomy Chemo & xrt	YES	pT3N0cM0 Stage 2A 0/13 Ins
7	Age: 46	13 Oncology Consult GI CONF	3/16/11	3/18/11	Yes - neg	3/17/11 EUS	FH Neg Nutrition scr. Genetic coun Social work Pt Navigator	Pre-op & post-op chemo, xrt & Lap AP resection	YES	pT3N0cM0 Stage 2A 0/14 Ins
8	Age: 71	13 Oncology Consult GI CONF	7/1/11	7/14/11	Yes - pos	7/7/11 EUS 7/21/11 PET	Mother Colon CA Nutrition scr No Genetic consult Pt Navigator	Pre-op & Post-op chemo, xrt , resection	YES	cT3N0M0 Stage 2A ypT2N0 0/31 Ins
9	Age: 85	13 Oncology Consult GI CONF	9/1/11	8/23/11	Yes - neg	9/1/11 EUS 9/15/11 PET	FH Neg Nutrition scr Pt Navigator	Pre-op & post-op chemo, xrt AP resec.	YES	cT4bN0M0 Stage 2C ypT3N0 0/16 Ins
10	Age: 71	13 Oncology Consult GI CONF	9/22/11	12/15/11	Yes - neg	10/11/11 EUS	FH Neg Pt Navigator	Low ant resection Chemo & xrt	YES	cT2N0M0 pT2N1b – Stage 3A 2/13 lns

Cancer Program Newton-Wellesley Hospital Physician Review – CoC Standard 4.6

Case	Patient Age at Diagnosis	Class Of Case	Colonoscopy Performed	CT Chest Abd/Pelvis w/contrast	Preop CEA	US or Pelvic MRI	Fam hx Genetic Counseling	1 st Course Treatment	Treatment Concordant w/NCCN guidelines	Staging
11	Age: 53	00 Oncology Consult GI CONF	3/28/11	3/29/11	Yes-neg	3/28/11 EUS MRI Abd	FH Neg Nutrition Pt Navigator	Pre & post- Op chemo, pre-op xrt, Lap Procte	YES	cT3ypN1M0 Stage 3B 1/17 Ins
12 Recurrence 8/13/12 Tx Chemo	Age: 94	14 No Oncology Consult GI CONF	3/29/11	4/11/11	No preop	no	FH Neg	Colectomy Pt refused adj chemo & xrt	N0 Pt refused chemo & xrt	pT3N1M0- stage 3B 1/13 lns
13	Age: 66	13 Oncology Consult GI CONF	6/3/11	7/5/11	Yes - neg	6/21/11 EUS 7/5/11: PET	Mother Rectal CA Nutrition sc Genetic counseling	Pre & post- op chemo, xrt and colectomy	YES	cT3N1M0 – stage 3B yp T0N0 0/16 lns
14	Age: 66	00 Oncology Consult NO GI CONF	7/14/11	7/29/11	Yes-pos	7/22/11 EUS PET	FH paternal Cousin Nutrition screening	Chemo only	YES	cT3N0M1 Stage 4A

Physician Reviewer: J. Wisch, MD, Chairman Cancer Care Committee

Date Reviewed: 10/18/12

Date Reported to Cancer Committee: 11/15/12