

## **Standard 4.6 Monitoring Compliance with Evidenced-Based Guidelines**

### **2016 Study of Lymphoma**

**by Dr. John Azar**

- Each calendar year, the Cancer Committee designates a physician member to complete an in-depth analysis to assess and verify that cancer program patients are evaluated and treated according to evidence based national treatment guidelines.
- Results are presented to the cancer committee, and documented in cancer committee minutes.
- The analysis must aim to determine if the diagnostic evaluation is adequate and the treatment plan is concordant with the recognized guidelines.
- Any problems identified in the diagnostic evaluation or treatment planning process may serve as a source for performance improvement.

#### **Background for review**

- **New cases:** An estimated 81,080 new cases of lymphoma will be diagnosed in 2016. This cancer begins in certain immune system cells, and is classified as either Hodgkin lymphoma (8,500 cases) or non-Hodgkin lymphoma (NHL, 72,580 cases).
- **Incidence trends:** Incidence rates for Hodgkin lymphoma increased slightly from 2001 to 2007, then declined from 2008 to 2012 by 2.4% per year. Incidence rates for NHL leveled off from 2003 to 2012 after increasing for several decades. (Patterns vary for subtypes.)
- **Deaths:** An estimated 21,270 deaths from lymphoma will occur in 2016, most of which will be due to NHL (20,150).
- **Mortality trends:** Death rates for Hodgkin lymphoma have been decreasing for the past four decades; from 2003 to 2012, rates decreased by 2.5% per year. Death rates for NHL began decreasing in the late 1990s, with a decline of 2.5% per year from 2003 to 2012. Reductions in lymphoma death rates reflect improvements in treatment.
- **STUDY:** This group of patients was identified as a high risk population at Mon General. With the incidence of re-admission probability it was identified a study would be conducted on this group. Dr. Azar will conduct a Study evaluating Mon Health Clinical findings against national evidenced based treatment guidelines. From this review an action plan for improvement will be developed and implemented with findings being reported to the Cancer Committee

#### **Lymphoma Patients 2014-2015 Histology**

- Total cases:29
- High Grade ( e.g. DLBCL):11
- Low Grade (e.g. Follicular ):13
- Hodgkin's Lymphoma : 4
- T Cell Lymphoma : 1

#### **Treatment Plans conducted per NCCN guidelines**

- 19/29 were treated
- 10 eligible for treatment declined or transferred
- Of the High Grade total of 11 patients, 6 received R-CHOP., 5 N/A.
- Of the Low Grade total of 13 patients, 8 received B-R, 5 were N/A.

- Of the Hodgkin's Lymphoma total of 4 patients, all received ABVD.
- One T-Cell Lymphoma, which received CHOP.
- Compliance with Guidelines= 100%

**ACTION:** no action indicated ta this time

**Follow up:** Continue to review the NCCN guidelines annually and prn to assure treatment provided is following evidenced based guidelines

### Lymphoma Diagnosis: Pre diagnosis Evaluation/ Work up

- CT studies- 29/29
- Compliance = 100%
- Bone Marrow studies (stage 1-2) 2/2
- Compliance = 100%
- Beta 2 Microglobulin 4/13
- Compliance = 31%
- Total of patients receiving Rituxan =15
- 5/15 tested for hepatitis
- Compliance = 30%

No Service 9:12 PM National Comprehensive Cancer Network, Inc. 99%

**WORKUP**

**ESSENTIAL:**

- Physical exam: attention to node-bearing areas, including Waldeyer's ring, and to size of liver and spleen
- Performance status
- B symptoms
- CBC, differential, platelets
- LDH
- Beta-2-microglobulin
- Comprehensive metabolic panel
- Hepatitis B testing<sup>h</sup>
- Chest/abdominal/pelvic (C/A/P) CT with contrast of diagnostic quality and/ or whole-body PET/CT scan (PET/CT scan essential if RT for stage I, II disease planned)
- Bone marrow biopsy + aspirate to document clinical stage I-II disease<sup>i</sup>
- Pregnancy testing in women of child-bearing age (if chemotherapy or RT planned)

**USEFUL IN SELECTED CASES:**

- Echocardiogram or MUGA scan if anthracycline or anthracenedione-based regimen is indicated
- Neck CT with contrast
- Uric acid
- Discussion of fertility issues and sperm banking
- SPEP and/or quantitative immunoglobulin levels
- Hepatitis C testing

**Action:**

- Will suggest a 4.8 Quality Improvement Study be conducted in 2018 to evaluate compliance with Beta 2 Microglobulin testing as well as hepatitis testing for those patients receiving Rituxan. The goal will be to improve pre diagnostic evaluation and testing based on evidenced based guidelines.

- Physician education will be provided on essential testing per evidenced based guidelines.
- Preprinted orders reflecting evidenced based testing will be evaluated for inclusion in our EHR

**Follow up:**

- 4.8 study reflecting compliance with essential work up guidelines will be created and monitored for 2018 4.8 QI Study
- The patients will have follow up and continued surveillance of their disease by their Oncologist