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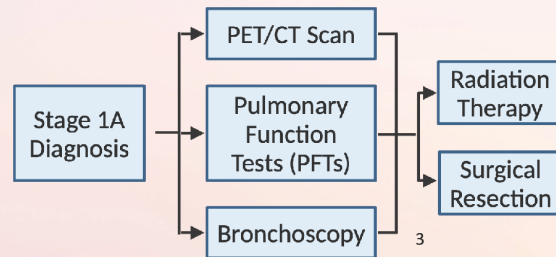
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Background

- Lung cancer is the **leading cancer cause of death** in the United States¹.
- The National Comprehensive Cancer Network (NCCN) has established **peer reviewed pretreatment evaluation guidelines** for lung cancer after a Stage 1A diagnosis².



Methods

- Respective Chart Reviews Patients identified by **Lehigh Valley Health Network's (LVHN) Tumor registry in 2022**:
 - 26 Stage 1A1 Lung Cancer Patients
 - 109 Stage 1A2 Lung Cancer Patients
 - 36 Stage 1A3 Lung Cancer Patients
- EPIC** was used to record the following **factors** from the patients' electronic medical records (EMR)
 - National Guideline Tests (PFTs, Bronchoscopy, PET/CT scan)
 - Tobacco Use History
 - Type of Treatment
- Patients were **removed** from the study due to:
 - Treatment at non LVHN hospitals
 - Death before treatment
- Determined the compliance with the **NCCN guidelines** for non-small cell lung cancer after a Stage 1A.

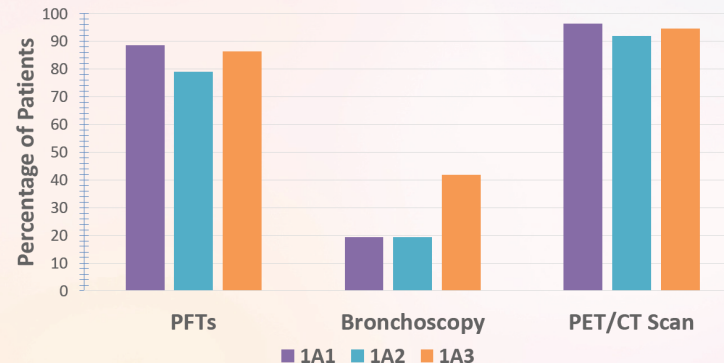
References:

- SEER Cancer Stat Facts: Lung and bronchus cancer. National Cancer Institute, Bethesda, MD. <https://seer.cancer.gov/statfacts/html/lungb.html>. Accessed on Jul 20, 2024.
- Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology for Non-Small Cell Lung Cancer V.5.2024. National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed June 24, 2024.
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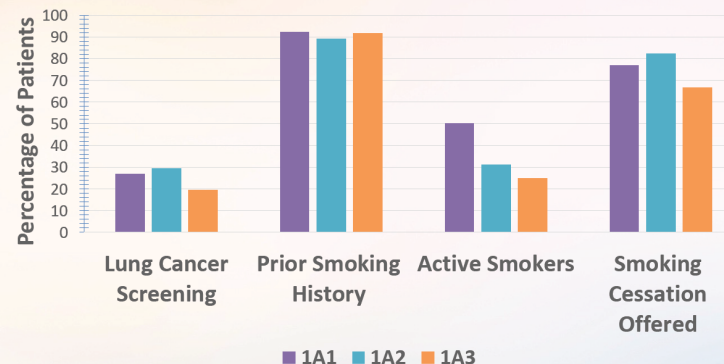
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Results

Guideline Compliance



Tobacco Use in Patients



Conclusions

- NCCN Compliance
 - Percentage of patients who underwent a **Bronchoscopy** were **significantly low**.
 - 26.72%** average among three groups
 - PET/CT scans** offer a **less invasive option** to determine if there are mediastinal lymph nodes present.
 - PFTs (84.43%)** and **PET/CT Scans (94.40%)** did not meet the **100% threshold** but are still high considering the **limitations**.
- Multidisciplinary Clinic (MDC) affect:
 - On average when patients were viewed at the MDC:
 - 1A1 & 1A2**: There was a **decrease** in the treatment duration
 - 1A3**: There was an **increase** in treatment duration.
 - The lack of consistency could be due MDCs happening less often than regular physician appointments.
- Lung Cancer Screening:
 - ~90.99%** of patients had a **prior smoking history**, making them **eligible** for a lung cancer screen
 - However, only **~25.24%** of patients **received a lung cancer screening**.
- Limitations to the study:
 - Insurance** can prevent tests from getting **approved**.
 - Patient's **comorbidities** can **prevent** tests from occurring.

Future direction

- Share results **with lung cancer disease management team**.
- Develop prospective review of bronchoscopy** for better adherence to national guidelines.
 - Creating a procedural algorithm
- Provider/Clinician review** of cases where **bronchoscopy** was not performed.
- Continuous development** of LVHN's lung cancer screening protocol.

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