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Thoracic Multidisciplinary Clinic (TMDC) and the Treatment of Stage III Non-Small Cell Lung Cancer

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Background

- Current treatment of Stage III NSCLC remains controversial
- Treatment of Stage III NSCLC may include medical oncology, radiation oncology and thoracic surgery
- Coordinated treatment plan with input from all three specialties may provide optimal outcome
- Multidisciplinary clinic provides coordinated approach to therapy

Methods

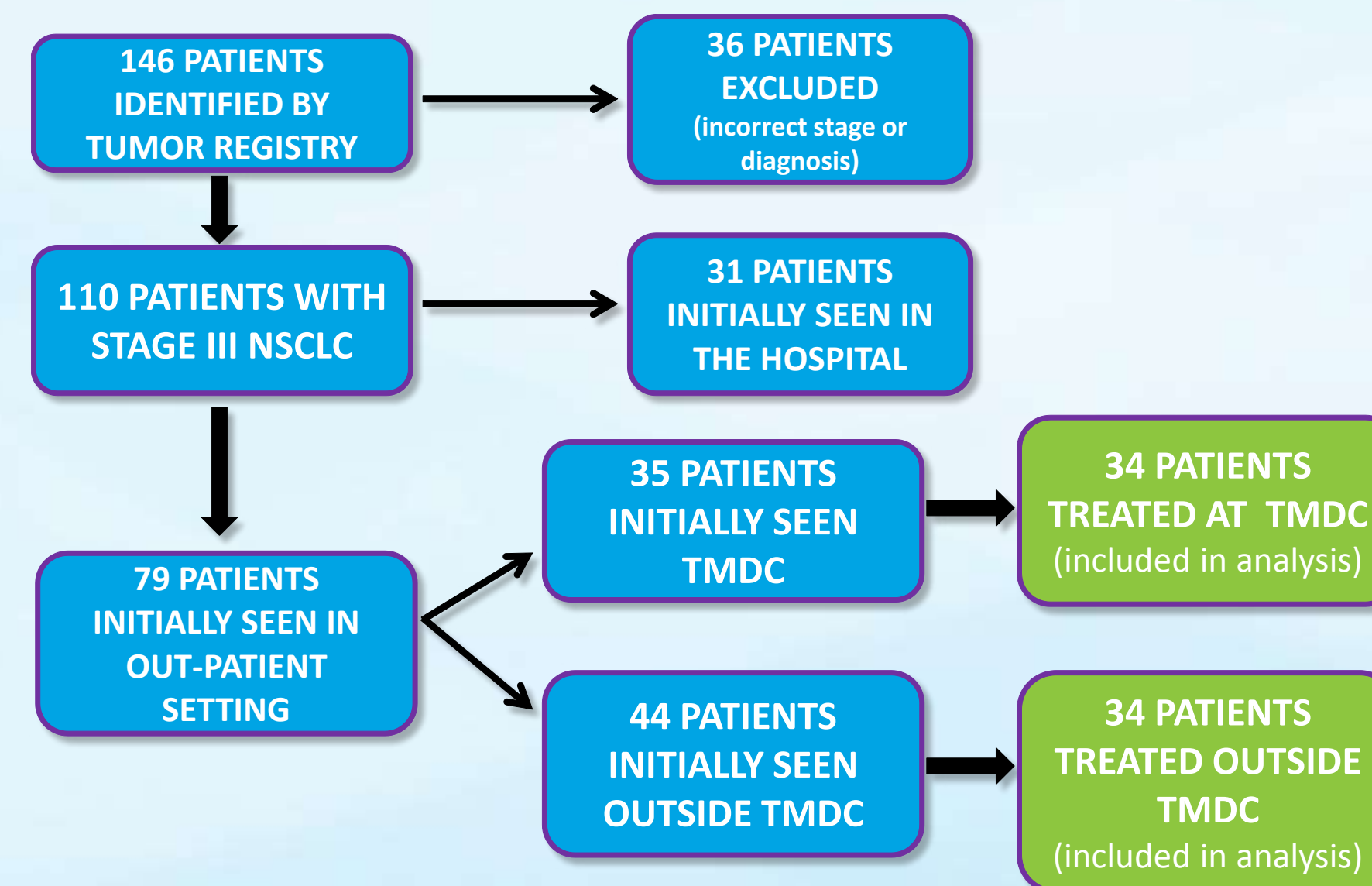
- Identified patients with Stage III NSCLC from March 2010 to March 2012 (tumor registry)
- Identified first contact with treating physician
 - In-patient admission to hospital
 - Thoracic Multidisciplinary Clinic (TMDC)
 - Non-TMDC out-patient visit
- TMDC and non-TMDC comparisons
 - Use of EBUS or mediastinoscopy to stage patients
 - Adherence to LVHN clinical pathway
 - Seen by more than one specialty prior to treatment
 - Time elapsed from initial physician contact to start of treatment

Conclusions

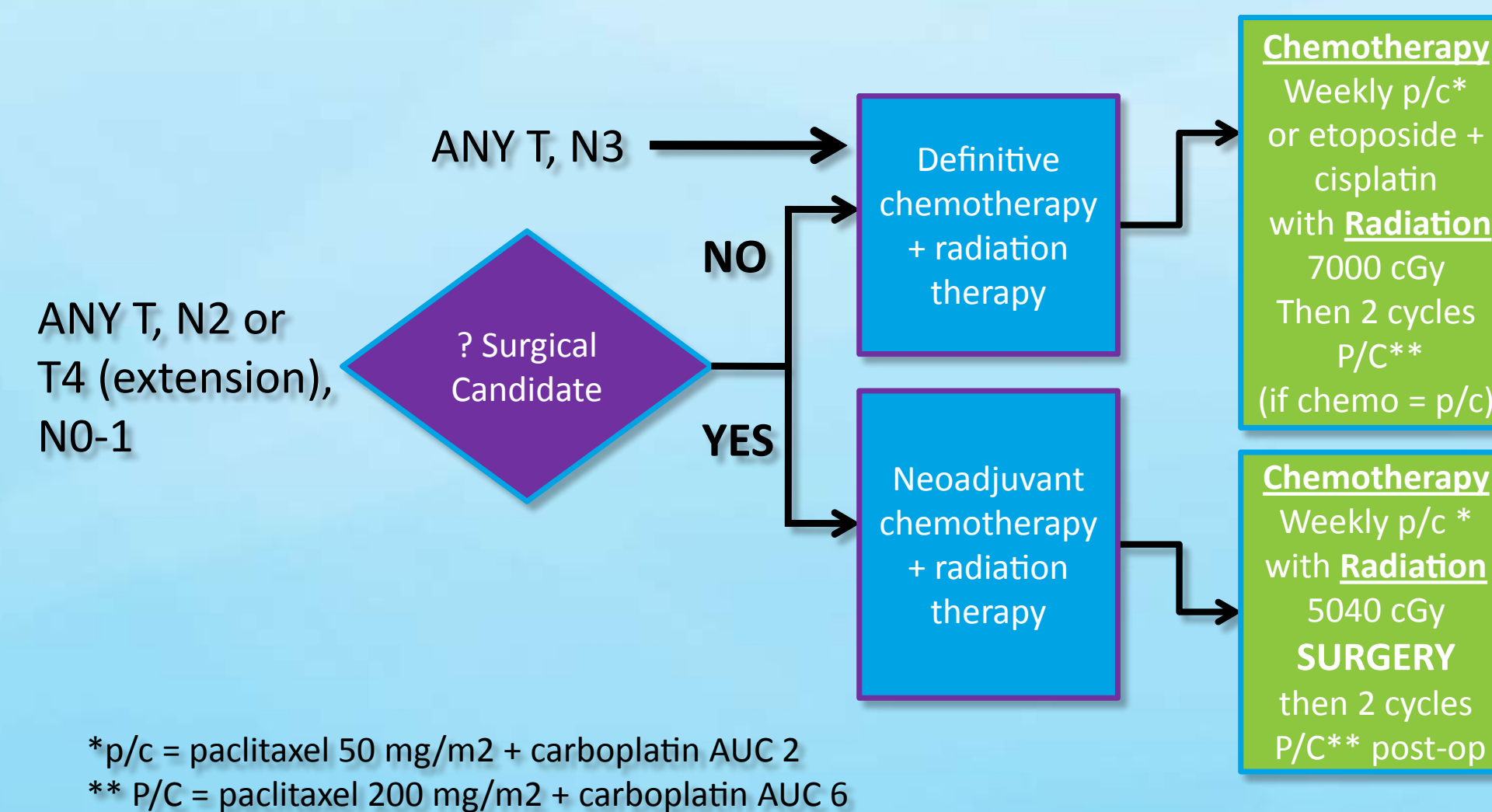
Patients with Stage III NSCLC seen in the Thoracic Multidisciplinary Clinic are:

- More likely to undergo appropriate mediastinal staging
- More frequently evaluated by two or more physicians before beginning treatment
- More likely to adhere to LVHN clinical pathways
- More likely to begin therapy expediently

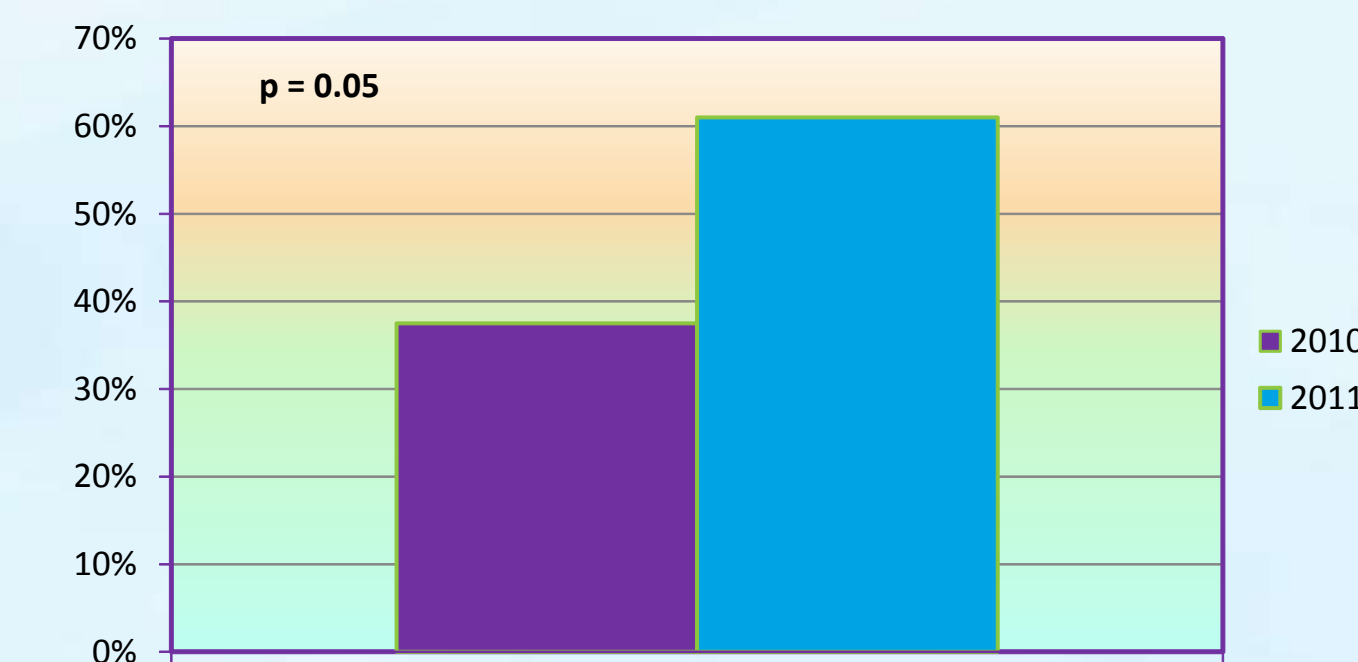
Patient Selection



LVHN Clinical Pathway for Stage III NSCLC



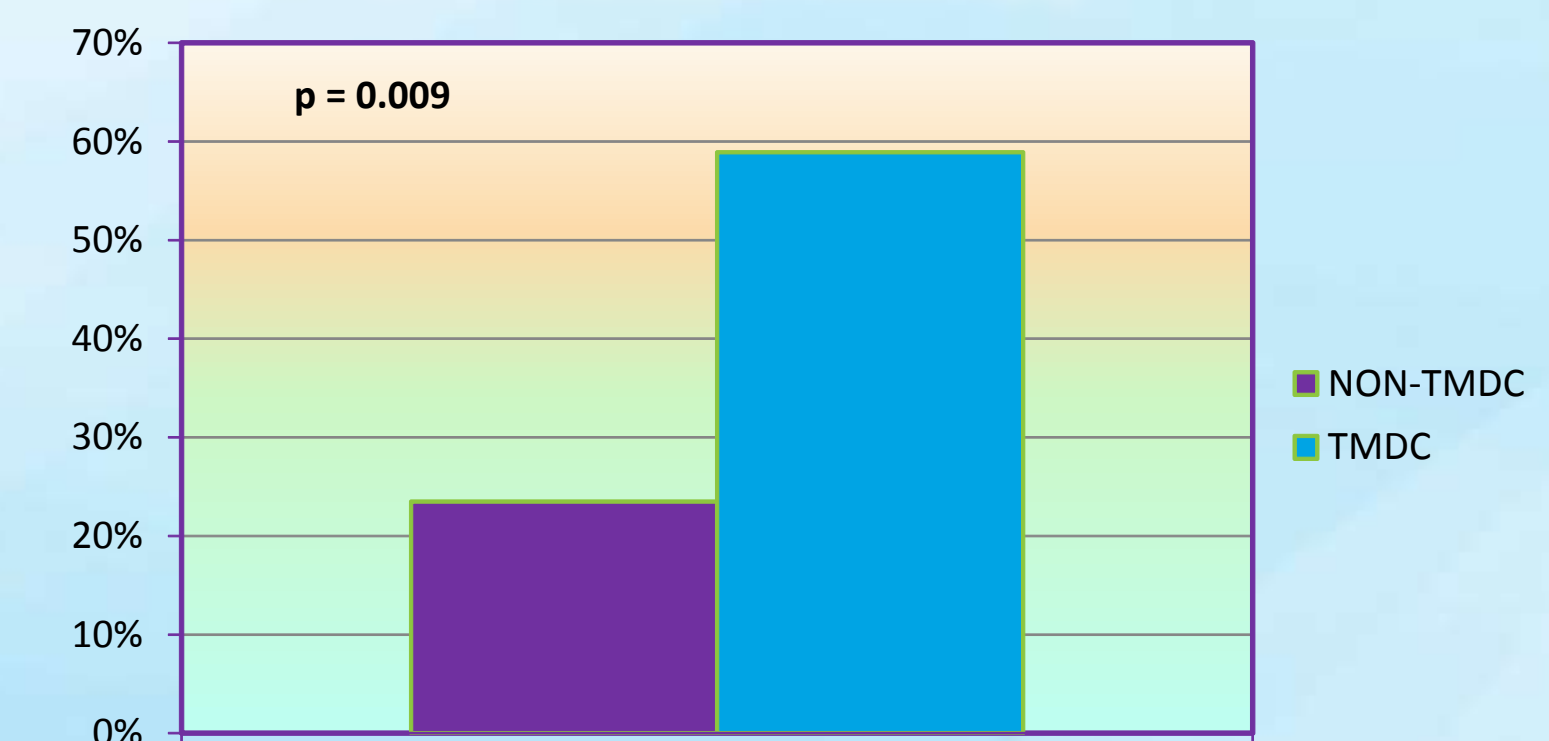
Percentage of Patients Seen in the TMDC



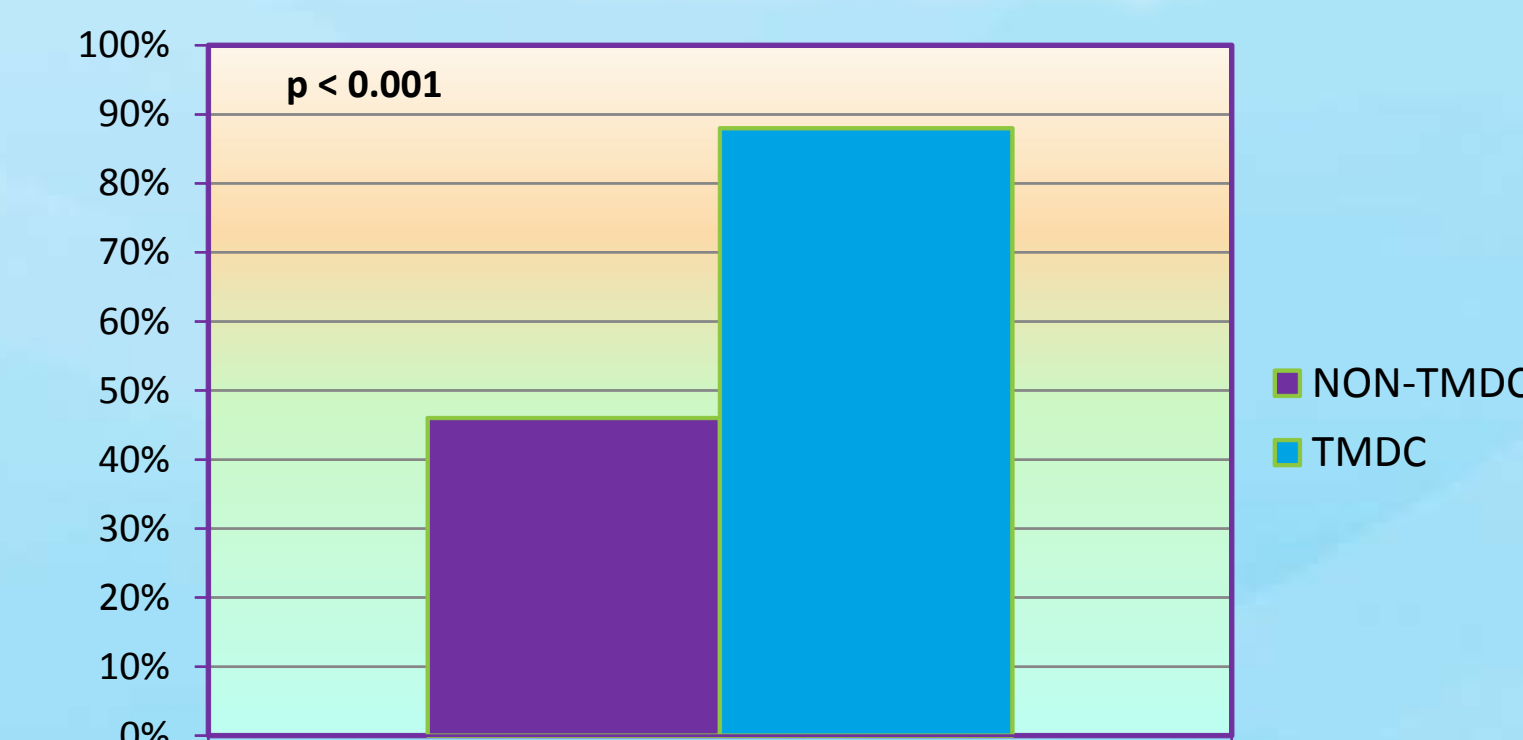
Percentage of Patients Seen by at Least Two Specialties



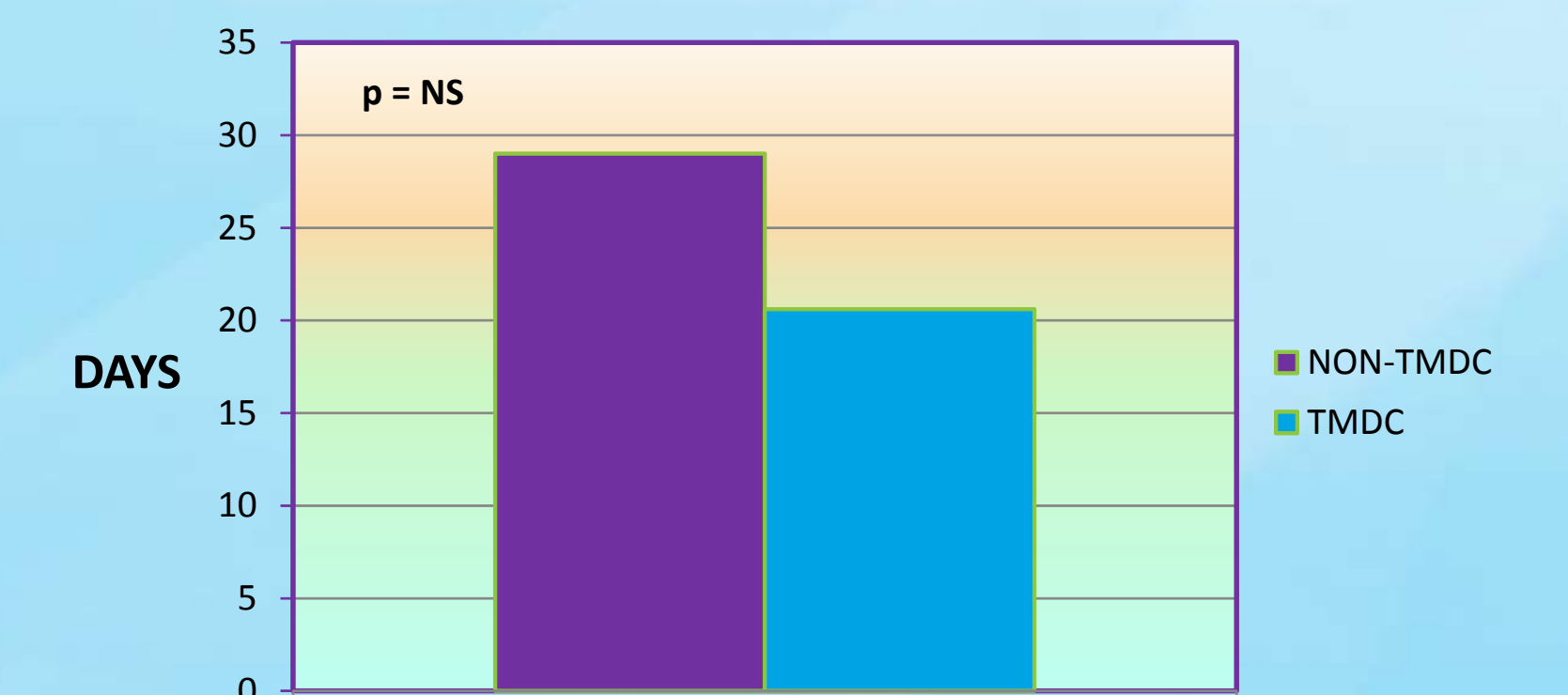
Staging by EBUS or Mediastinoscopy



Percentage of Patients Adhering to LVHN Clinical Pathways



Time From Initial Physician Contact to Initiation of Treatment



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