NCCN Guidelines Summary Study 2017 SMALL CELL LUNG CANCER

Evaluation by: Donald L. Sweet, MD, FACS Chairman, Cancer Committee

TOPIC OF STUDY: 2017 AMITA Health Adventist Medical Centers Hinsdale/La Grange

STUDY DATA: 30 cases were reviewed to insure initial evaluation of NCCN Guidelines for Small Cell Lung Cancer were being carried out for cases based on AJCC 7th Edition Staging (limited and extensive stage).

IN DEPTH ANALYSIS included:
- Sex of patient
- Age at diagnosis
- If current smoker, smoking cessation offered
- CT CXR, CT ABD, PETCT, MRI Brain, Bone Scan
- AJCC Staging
- Chemotherapy administered
- Medical Oncology / Radiation Oncology performed

METHODOLOGIES used: Data secured from EHR’s (hospital, MOSIAQ, Athena) compared with NCCN (National Comprehensive Cancer Network) Guidelines for compliance.

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NCCN Guidelines Version 1.2019
Small Cell Lung Cancer

<table>
<thead>
<tr>
<th>DIAGNOSIS</th>
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<tbody>
<tr>
<td>Small cell or combined small cell/non-small cell lung cancer on biopsy or cytology of primary or metastatic site</td>
</tr>
<tr>
<td>INITIAL EVALUATION</td>
</tr>
</tbody>
</table>
| - H&P
  - Pathology review
  - CBC
  - Electrolytes, liver function tests (LFTs), BUN, creatinine
  - Chest/abdomen CT with contrast
  - Brain MRI (preferred) or CT with contrast
  - PET/CT scan (skull base to mid-thigh), (if limited stage is suspected) |
  - Smoking cessation counseling and intervention. See the NCCN Guidelines for Smoking Cessation |

<table>
<thead>
<tr>
<th>STAGE</th>
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<tbody>
<tr>
<td>Limited stage (See ST-1 for TNM Classification)</td>
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</table>
  - See Additional Workup (SCL-2) |
| Extensive stage (See ST-1 for TNM Classification) |
  - See Initial Treatment (SCL-6) |

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a If extensive stage is established, further staging evaluation is optional. However, brain imaging, MRI (preferred), or CT with contrast should be obtained in all patients.
b See Signs and Symptoms of Small Cell Lung Cancer (SCL-A).
c See Principles of Pathologic Review (SCL-B).
d Brain MRI is more sensitive than CT for identifying brain metastases and is preferred over CT.
e If PET/CT is not available, bone scan may be used to identify metastases. Pathologic confirmation is recommended for lesions detected by PET/CT that alters stage.
MD ANALYSIS / RESULTS OF REVIEW

SCLC is the most aggressive form of lung cancer. It usually starts in the breathing tubes (bronchi) in the center of the chest. These tumors often spread rapidly metastasizing to other parts of the body, including the brain, liver, and bone. Per the American Cancer Society Lung Cancer mainly occurs in older people. Most people diagnosed with lung cancer are 65 or older, while a very small number of people diagnosed are younger than 45. The average age at the time of diagnosis is about 70.

STUDY: Number of Small Cell Lung Cancer Cases= 30 received appropriate clinical workup

With the opening of the ACI (AMITA Cancer Institute) February 8, 2016:

- 12 of the 25 Hinsdale Hospital cases were shared cases with La Grange Hospital
- 13 cases were Hinsdale only and
- 5 cases were La Grange cases only

Smoker: All 30 patients either formally smoked or are still currently smoking. Those still smoking were offered smoking cessation options/resources

CTCXR: All 30 patients had a CT scan of the chest

Medical Oncology Consult: All 30 patients saw a hematologist/oncologist

22 patients received recommended chemotherapy
8 patients did NOT receive recommended chemotherapy (1 stage 3A, 7 stage 4)
- 4 expired before chemo could commence
- 3 refused recommended treatment
- 1 chose hospice referral

25 patients had a radiation oncology consult
5 did NOT see a radiation oncologist
- 4 expired
- 1 refused

MD ANALYSIS: 1st course of RX was planned while using the right step/order at the right time.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age range at DX</th>
<th>Site</th>
<th>Smoker</th>
<th>CT Cxr</th>
<th>CT Abd</th>
<th>PET CT</th>
<th>MRI Brain</th>
<th>Bone Scan</th>
<th>AJC Stg</th>
<th>chem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>40 - 49 = 2</td>
<td>13 = RT</td>
<td>9 former</td>
<td>30-yes</td>
<td>25-yes</td>
<td>12-yes</td>
<td>27-yes</td>
<td>12-yes</td>
<td>2A - 1</td>
<td>22-yes</td>
</tr>
<tr>
<td>Female</td>
<td>50 - 59 = 4</td>
<td>17 = LT</td>
<td>21 current</td>
<td>4 - no</td>
<td>1 - no</td>
<td>1?</td>
<td>1?</td>
<td>1?</td>
<td>3A - 1</td>
<td></td>
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<tr>
<td></td>
<td>60 - 69 = 7</td>
<td></td>
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<tr>
<td></td>
<td>70 - 79 = 11</td>
<td>8 = main stem</td>
<td></td>
<td>11 = upper lobe</td>
<td>1?</td>
<td>1?</td>
<td>1?</td>
<td>1?</td>
<td>3B - 4</td>
<td>4 - 22</td>
</tr>
<tr>
<td></td>
<td>80 - 89 = 6</td>
<td>1 = middle lobe</td>
<td></td>
<td>8 = lower lobe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>90% extensive stage</td>
<td></td>
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<tr>
<td></td>
<td>80% age 60 and &gt;</td>
<td>2 = lung NOS</td>
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1 patient was diagnosed and went to RUSH for all 1st course workup and treatment

MD CONCLUSION: Based on the 30-charts review this study of Small Cell Lung Cancer was compliant with the NCCN Guidelines. No further action required.