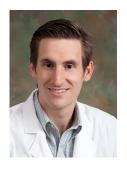
CARILION CLINIC CANCER CENTER

Standard 4.6 Monitoring Compliance with Evidence-Based Guidelines

Each calendar year, a physician member of the cancer committee completes an in-depth analysis to assess and verify that Carilion Clinic Cancer Center patients are evaluated and treated according to evidence-based national treatment guidelines.

REVIEW OF OROPHARYNGEAL AND SUPRAGLOTTIC LARYNGEAL CANCERS WITH SQUAMOUS CELL HISTOLOGY CASES WITH A CLINICAL STAGE III-IVB (AJCC 7TH EDITION)



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STUDY DESIGN:

A review of all node positive oropharyngeal and supraglottic laryngeal cancers with squamous cell histology cases with a clinical stage III-IVb (AJCC 7th edition) was completed. The cases were identified in the cancer registry database for patients diagnosed or treated at Carilion Roanoke Memorial Hospital. We attempted to review at least 50 cases from the beginning of the reporting period and assessing retrospectively from there. This correlated to patients with a diagnosis from the date range of 8/12/2015 to 10/2/2017.

The patients' treatments were reviewed for compliance with NCCN treatment guidelines.

STUDY RESULTS:

60 patients were identified from the Cancer Registry database in the time period above.

- * 10 were censored for reasons including the following: Initial definitive treatment was surgery, patient expired prior to beginning definitive treatment, patient refused treatment, oral cavity or hypopharyngeal primary site.
- * All patient were T3-T4N1-3M0

COMPLIANCE WITH GUIDELINES:

* 50/50 of the patients who were candidates for definitive treatment patients were treated in compliance with NCCN practice guidelines. All 50 patients reviewed received concurrent systemic therapy with definitive radiation to the head and neck to 70-70.4 Gy.



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COMPLIANCE WITH GUIDELINES:

(CONTINUED)

* 45/50 patients were treated with concurrent chemotherapy that included cisplatin. This was initially intended to be prescribed as 3 cycles at 100mg/m2 given at weeks 1,4, and 7. If any significant complications arose the chemotherapy was stopped or switched to a different form of chemotherapy including weekly cisplatin or Cetuximab.

*5/50 patients were initially started on Cetuximab as the planned form of systemic therapy.

SUMMARY:

All patients with all node positive oropharyngeal and supraglottic laryngeal cancers with squamous cell histology cases with a clinical stage III-IVb treated at CRMH were treated according to NCCN guidelines if deemed candidates for systemic treatment up front.

Carilion Clinic has a robust head and neck oncology program with a high incidence of node positive cancers. The head and neck tumor board prospectively evaluates candidates for definitive treatment and meets two times per month to meet the needs of the physicians and patients, demonstrating the commitment to quality patient care from the Cancer program.

