

ProvenCare[®] Lung Cancer Evidence Elements

All Patients Considered for Resection With Proven or Suspected Lung Cancer

Pre-Admission Elements

Treatment options will be discussed and patient preferences determined

Beta-blockade for all patients on beta-blockers will be maintained through the perioperative period

Determine & document pre-operative use of aspirin/clopidogrel

Withhold warfarin for 5 days prior to surgery

Spirometry performed within 180 days prior to surgery and surgeon documents awareness of result

EKG performed within 180 days prior to surgery (if age \geq age 50 years) and surgeon documents awareness of result

Documentation of smoking history:

- Yes / No
- If yes, then pack-years
- If yes, then smoking cessation counseling initiated

Chest CT imaging performed within 60 days prior to surgery and surgeon documents awareness of result

PET scan imaging performed within 60 days prior to surgery and surgeon documents awareness of result

Brain MRI obtained for any patients Clinical Stage III-A or greater and surgeon documents awareness of result

Multidisciplinary evaluation performed for any patients Stage III-A or greater and surgeon documents awareness of result

If any prior biopsy has been performed, then a copy of the pathology report is available in the medical record and has been reviewed by the surgeon

Clinical performance status will be measured (Zubrod & ASA¹ systems)

Clinical disease stage is established, discussed with the patient, and documented in the medical record

Patient activation (signed contract – based upon previous ProvenCare[™] projects)

Source: Katlic MR, "Best Practice Management of Lung Cancer: ProvenCare[®]," AATS Annual Meeting 2013, http://webcast.aats.org/2013/files/Saturday/20130504_audm2_0800_10.55%20Mark%20R.%20Katlic.pdf; Katlic MR, et al, "ProvenCare Lung Cancer: A Multi-Institutional Improvement Collaborative," *CA: a cancer journal for clinicians*, 61, no. 6 (2011): 382-396; Oncology Roundtable interviews and analysis.

1) American Society of Anesthesiology.

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Inpatient Operative Elements

Warfarin will be withheld 5 days pre-op (if applicable)

Pre-op antibiotics will be given within 60 minutes prior to incision (120 for vanco)

The appropriate antibiotic will be selected:

- 1st choice: 1st generation cephalosporin
- 2nd choice (allergy): Vancomycin or clindamycin

A cervical mediastinoscopy will be performed in all patients with Clinical Stage I-B or greater unless the mediastinal lymph nodes have been previously pathologic evaluated

At least 3 mediastinal lymph node stations will be sampled or dissected during resection

DVT¹ prophylaxis will be accomplished pre-operatively and maintained during the perioperative period using mechanical, pharmacologic, or both methods

Documentation of hair removal method, if done (clip, not shave)

A universal protocol, as defined by the Joint Commission (including surgical time out) will be performed in the operating room prior to the procedure

Bronchoscopy must have been performed prior to procedure

For Stage T1b or greater, pulmonary resection will be accomplished in an anatomic fashion

If a pneumonectomy is performed, surgeon documents consideration of sleeve resection

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1) Deep vein thrombosis.

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Inpatient Postoperative Elements

Although an R0 is the goal of every resection, if a pathology report reveals a positive margin then the limitations shall be documented and implications and alternatives for further care will be reviewed.

Antibiotics will be discontinued 24 hrs after of surgery end time (institution SCIP definition).

Smoking cessation counseling will be reinforced

A structured post-resection pulmonary toilet regimen will be used

Pain assessment protocol, including reassessment for recurrent pain above threshold will be followed

A CXR¹ will be performed within 4 hours of leaving the operating room and notation of its review made in the chart

Justification for indwelling bladder catheters will documented in the chart every 24 hrs

Plan for follow-up after discharge will be documented and reviewed with patient

Post-Discharge Elements

Documentation of smoking status at follow-up and smoking cessation counseling will be reinforced

Pathologic Stage will documented using synoptic data

Written oncology care plan (including disease name, type, treatment rendered, and further treatment and/or surveillance recommendations) will be established and reviewed with patient and their referring physician

Medical oncology referral will be offered to all patients Pathologic Stage II or greater

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1) Chest X-ray.