

Oncology Clinical Service Line
 System-wide Consensus Guidelines:
Post Stereotactic Ablative Radiotherapy (SABR) Follow-up

These guidelines apply to clinical interventions that have well-documented outcomes, but whose outcomes are not clearly desirable for all patients

Reference #: SYS-PC-OC SL-CG-002

Origination Date: February 2016
 Next Review Date: July 2022
 Effective Date: July 2019

Approved Date: July 2019
Approval By: Allina Health Quality Council

System-wide Ownership Group: Allina Health Thoracic Oncology Program Committee
System-wide Information Resource: Oncology Program Manager

SCOPE:

Sites, Facilities, Business Units	Departments, Divisions, Operational Areas	People applicable to
Allina Health – All Facilities that either perform or responsible for follow-up post stereotactic ablative radiotherapy (SABR)/ Stereotactic body radiation therapy (SBRT); Abbott Northwestern Hospital, Buffalo Hospital, Cambridge Medical Center, District One Hospital, Mercy Hospital, New Ulm Medical Center, River Falls Area Hospital, Regina Hospital, St. Francis Regional Medical Center, United Hospital, Unity Hospital; MN Oncology and Minneapolis Radiation Oncology	Radiation Oncology Thoracic Surgery Medical Oncology Pulmonology Virginia Piper Cancer Institute, Cancer Centers	Physicians, Advanced Practice Providers, Cancer Care Coordinators

Guidelines are not meant to replace clinical judgment or professional standards of care. Clinical judgment must take into consideration all the facts in each individual and particular case, including individual patient circumstances and patient preferences. They serve to inform clinical judgment, not act as a substitute for it. These guidelines were developed by a Review Organization. These guidelines may be disclosed only for the purposes of the Review Organization according to Minn. Statutes §145.64 and are subject to the limitations described at Minn. Statutes §145.65

PICO(TS) Framework:

Population Lung Cancer patients eligible for SABR-SBRT

Intervention SABR-SBRT

Comparison n/a

Outcomes recurrence Ensure patients are receiving appropriate surveillance after SABR-SBRT

Timing post-SABR-SBRT

Setting Primarily radiation oncology, thoracic surgery, or medical oncology practices

CLINICAL PRACTICE GUIDELINES:

1. Patients status post SABR-SBRT are to have clinical exam and CT scan of the chest every 6 months for 3 years, then yearly.
2. CT-PET scan is to be used for problem solving if CT chest raises concerns for recurrence (see algorithm below).

SUPPORTING EVIDENCE:

The recommendations are based on supporting literature from institutional experiences, as well as expert opinion and NCCN guidelines. See references below.

DEFINITIONS:

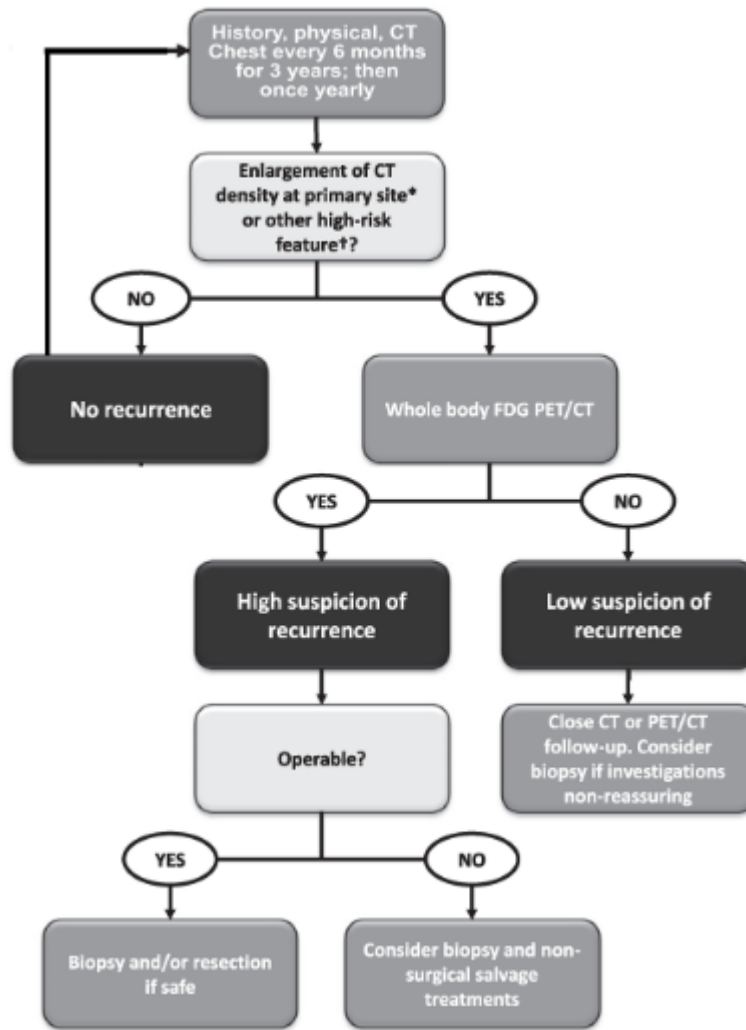
Stereotactic body radiation therapy (SBRT), also called stereotactic ablative radiotherapy (SABR), is a type of radiation therapy in which a few very high doses of radiation are delivered to small, well-defined tumors. The goal is to deliver a radiation dose that is high enough to kill the cancer while minimizing exposure to surrounding healthy organs.

SPECIAL ENTITIES: NA

FORMS: NA

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ALGORITHM:



ADDENDUM:

Plan for Monitoring and adherence

Who will be measured for guideline adherence?

- Medical oncologists and radiation oncologists

What will be measured?

- % chest CT performed 6 months (± 30 days) post-SABR/SBRT completed or received
- % of SABR/SBRT patients receiving CT-PET by site
- Average number of days between SABR/SBRT and follow-up chest CT

Where the data is located?

- EDW (chest CT) and Tumor registry (SABR/SBRT)
- EPIC procedure code determines when chest CT was ordered
- As-needed and as-available data abstraction

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How will the guideline adherence be monitored?

- It will be monitored through the Lung Program committee and placed on our scorecard. Ease of gathering data will dictate frequency but may want to consider yearly. Once the HIE is in place with radiology, this information will be more readily available.
- Deviation from guideline is defined as an undocumented failure of patient to complete or receive chest CT at 6 months post-SABR/SBRT (30-day window)

When will adherence data be will collected?

- Quarterly

Feedback: How can providers document exceptions to guideline adherence?

- Narrative note or provider-specific

Quality measures that show how the guidelines- once implemented, show improved patient outcomes

- Pending establishment of our baseline; potentially recurrence rates

REFERENCES:

1. National Comprehensive Cancer Network Guidelines Version 7.2015
2. Mednet Radiation Oncology database expert discussions, document dated 4/12/15
3. Kitty Huang, MSc, MDCM,* and David A. Palma, MD, MSc, PhD, FRCPC,*† on Behalf of the IASLC Advanced Radiation Technology Committee – Follow-up of Patients after Stereotactic Radiation for Lung Cancer ; Journal of Thoracic Oncology, Volume 10, Number 3, March 2015
4. Kitty Huang a,b, Max Dahele c, Suresh Senan c, Matthias Guckenberger d, George B. Rodrigues a,b,e, Aaron Ward b, R. Gabriel Boldt a, David A. Palma a,b,†; Radiographic changes after lung stereotactic ablative radiotherapy (SABR) – Can we distinguish recurrence from fibrosis? A systematic review of the literature. ; Radiotherapy and Oncology, 102 (2012) 335-342
5. Shinya Hayashi¹, Hidekazu Tanaka¹ & Hiroaki Hoshi ; Imaging characteristics of local recurrences after stereotactic body radiation therapy for stage I non-small cell lung cancer: Evaluation of mass-like fibrosis. Doi:10.1111/1759-7714.12162
6. Spratt D, et al. Clin Lung Cancer. 2015;doi:10.1016/j.clcc.2015.09.006. Routine CT scans after SBRT effectively detect NSCLC progression ; <http://www.healio.com/pulmonology/lung-cancer/news/online/%7B1b2d05a4-d16a-4e86-9052-3d72de46239a%7D/routine-ct-scans-after-sbirt-effectively-detect-nsclc-progression>

Alternate Search Terms: N/A

Related Guidelines/Documents

Name	Content ID	Business Unit where Originated
Treatment of Stage I Lung Cancer	SYS-PC-OC SL-CG-001	Oncology Clinical Service Line

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