

## Advanced Colorectal Cancer

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### Development of, and Initial Data from, a Clinical Pathway for the Treatment of Colon Cancer in the US Oncology Network

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**Background:** US Oncology, a network of community-based research sites across 41 states, formed a Pathways Task Force (PTF) early in 2005. The mission for the PTF and the resulting pathways is: To deliver the highest quality and highest value cancer care to our patients through a physician-driven, network-supported program utilizing evidence-based medicine.

**Methods:** The PTF followed three principles that were established by that group. Using scientific evidence of safety and efficacy, the PTF examined/reviewed the clinical literature. An 80/20 rule was established so that therapies would be recommended that were known to work in the majority of patients. Lastly, a “balance point” was found that equalized maximum patient benefit and accountability for healthcare expenditures. Implementation of the pathways began in spring 2005. ON-Pathway was defined as the number of regimens ordered that were consistent with Pathways ÷ the total number of evaluable regimens. OFF-Pathway was defined as the number of regimens ordered that were NOT consistent with Pathways ÷ the total number of evaluable regimens. Regimens with conflicting and/or missing data were excluded from the set of evaluable regimens.

**Results:** Compliance reports were started in April 2006. Limitations of the reporting were based on accuracy of the users' data entry skills and report programming. Data for the current report were pulled from the iKnowMed (an electronic medical records system) compliance report on July 28, 2008. For the entire US Oncology network, 8,316 regimens have been prescribed; 5,533 are evaluable regimens. ON-Pathway regimens account for 4,027 (73%), while 1,506 (27%) are OFF-Pathway. No pathway was defined in 49 cases, 711 had missing data, and 2,023 had conflicting data.

**Conclusion:** As of July 2008, 73% of colon cancer cases are following the established Pathways. The goal for compliance is 80%. Efforts are under way to increase the accuracy of compliance reporting by the reduction of conflicting and/or missing data. User feedback is provided through utilization/quality reviews. Clinical application tools are being improved for providers: electronic medical record/Pathways interface is being increased to alert providers when an error in data entry has occurred, standard Pathways Ordersets have been created to ensure accuracy and safety of medication ordering, and Compliance Reports have been revised to be more user-friendly and accessible. Pathways developments are being communicated throughout the USO Network on a continual basis and the clinical evidence base undergoes constant review with updates made to the Pathways at least every 6 months (Figure 1), or more frequently if needed. In the future, it is hoped that possible health outcomes may be correlated to the use of the colon cancer Pathways.

**Figure 1:**

