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Timing is Key: Expediting Radiation Therapy after Definitive Surgery for Head and Neck Cancer

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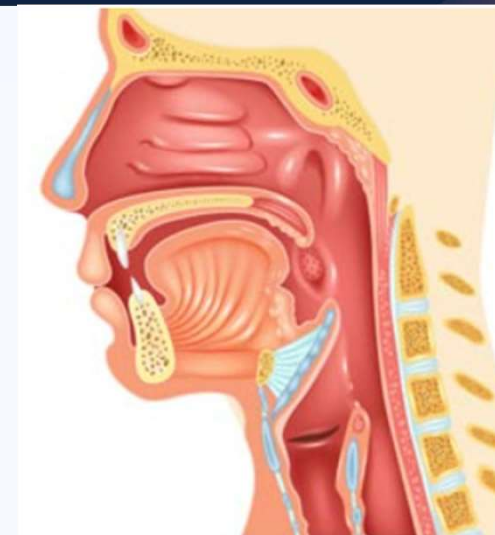
Disclosures

- **No Financial Disclosures**
- **Board of Directors, Head and Neck Cancer Alliance**

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Background: Head and Neck Cancer

- Seventh most common cancer in the world
- Squamous cell carcinoma (SCC) is most common pathology
- Advanced stage disease requires multimodal treatment
- Delays in treatment lead to poorer survival outcomes
- ACS CoC released HadjRT quality metric related to head and neck cancer January 2022, added to RCRS accreditation standard 7.1



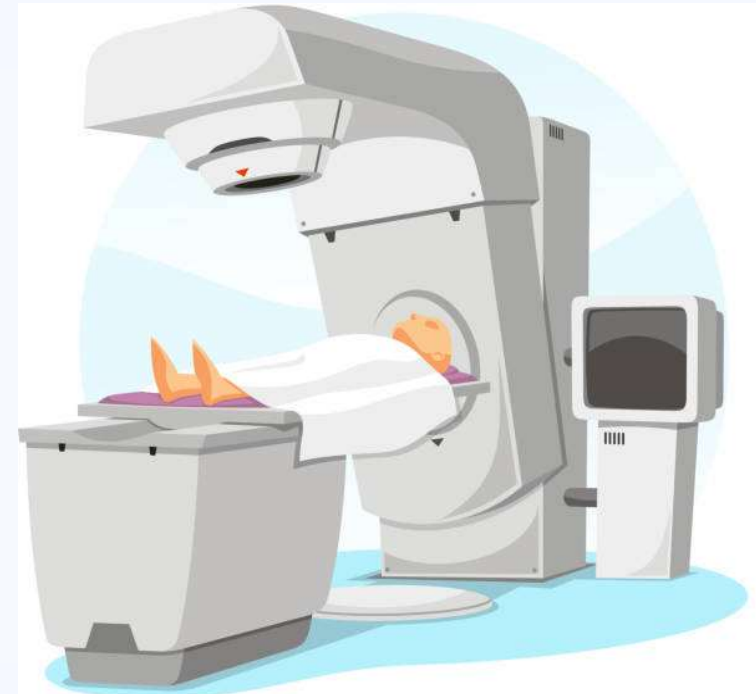
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Purpose



Definitive surgical resection

6 weeks
(≤ 42 days)



Post-Operative Radiation Therapy
(PORT)

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Methods

UC Davis
Health



Head and Neck
Cancer



Definitive
Surgery



Referrals to Radiation Oncology



Start of Adjuvant PORT



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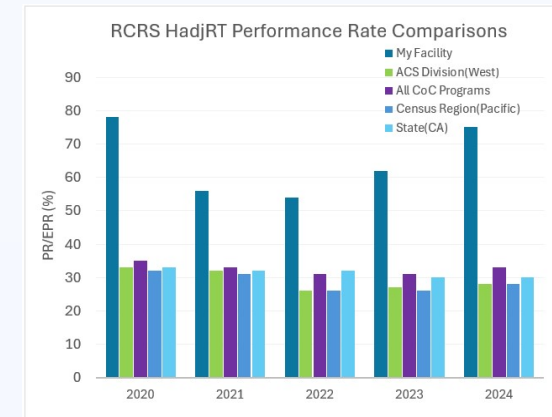
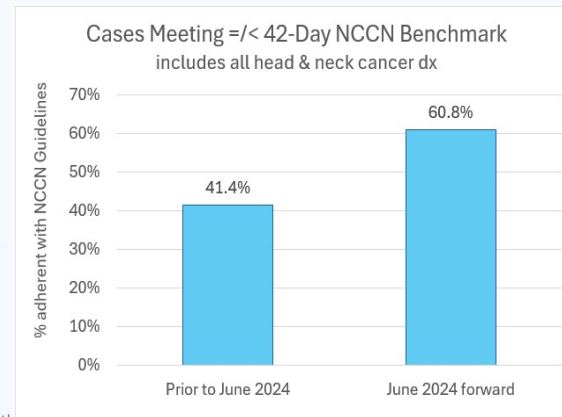
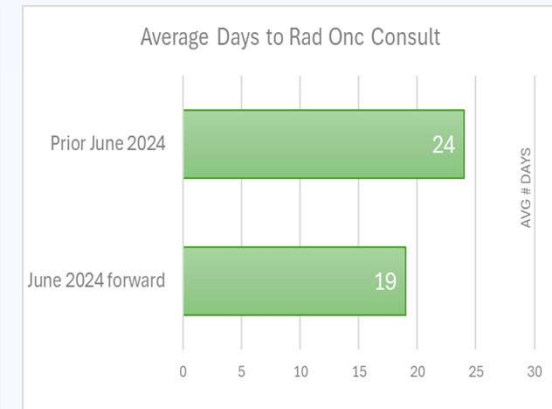
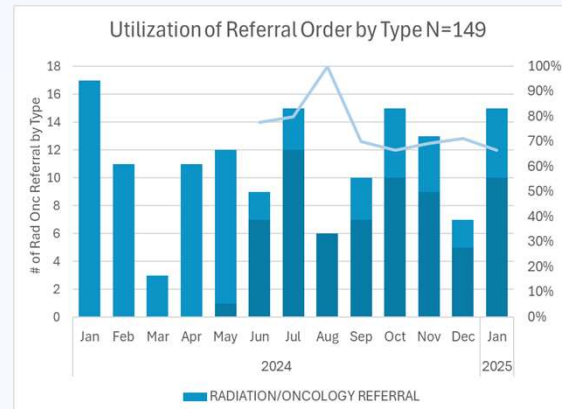
Implementation

- Creation of EPIC® electronic health record enhanced “Radiation Oncology Referral for ENT” order tool
- Educate providers and staff about enhanced order tool and time to PORT to facilitate compliance in use of the tool
- Implemented 6/1/2024
 - assess compliance of order tool use
 - evaluate intervention goals to improve time to PORT within 6 weeks compared to baseline.

The screenshot displays the "RADIATION ONCOLOGY REFERRAL FOR ENT" form in the EPIC system. The form includes sections for "Reference Links" (with a "Referral Guidelines" link), "Scheduling Instructions" (with a text area containing "Attention referrals/scheduling staff" and "Please ensure consult is scheduled ASAP to assist with timely treatment planning/initiation. NCCN guidelines recommend adjuvant radiation to start within 6 weeks after surgery."), "Class" (with "Internal Referral" and "External Referral" buttons), "Status" (with "Normal", "Standing", and "Future" buttons), "Priority" (with "Urgent", "Routine", and "Urgent" buttons), "Order Class Validated" (with a text field), "Referral Type" (with "Consultation and Visits", "Consultation Only", and "Consultation and Visits" buttons), and "Comments" (with a text area containing "Indication: head and neck cancer", "Surgical date: ***", and "Dental Evaluation Needed: Dental eval needed? -"). A yellow warning message at the bottom states: "The Comments field contains unfilled variables (****) or SmartLists." The form has "Accept" and "Cancel" buttons at the top right and bottom right, and a "Next Required" button at the bottom left.

Results

- **73.3% adoption using the new EPIC[®] Radiation Oncology referral**
- **5-day reduction in average days from referral order date to radiation oncology consult**
- **19.4% improvement meeting NCCN guidelines for all patients with head and neck cancer.**
- **Outcomes with ACS CoC HadjRT quality measure improved 12% based on available RCRS data**

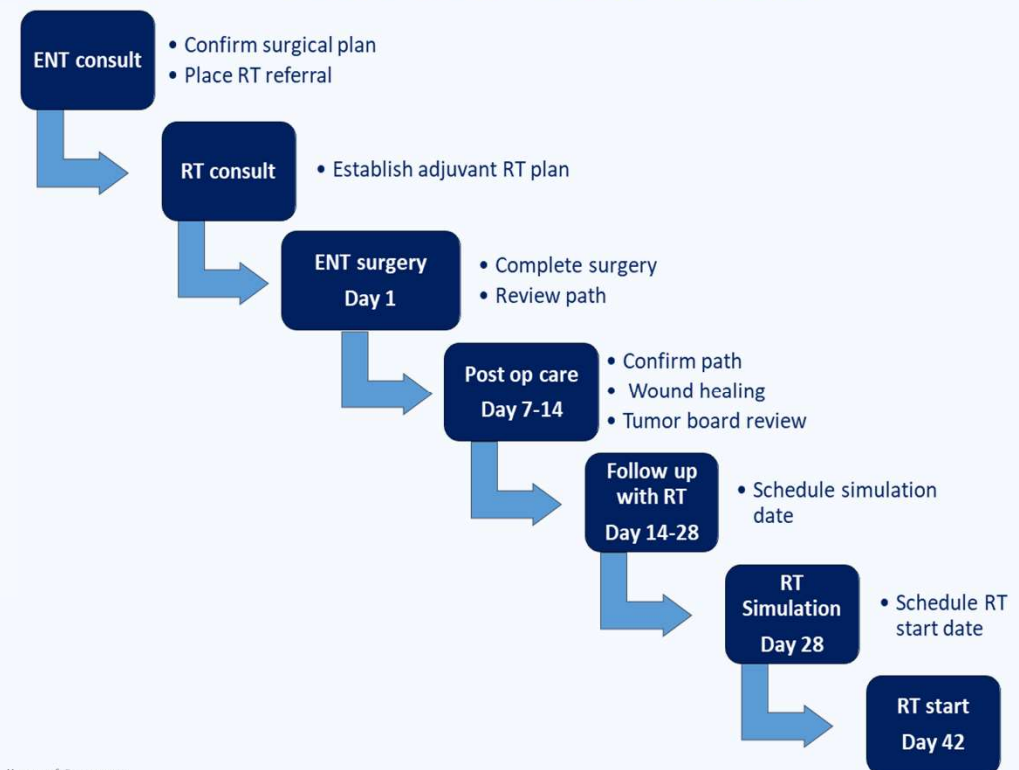


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Conclusion

- Early and efficient referral processes assist in reducing delays in starting PORT
- Utilizing an EPIC® enhanced radiation oncology referral order, combined with education and new referral workflow, improved NCCN guideline adherence for the head and neck cancer population.
- Promising improvement in outcomes with ACS CoC HadjRT quality measure.

Future State Referral Process



References available upon request

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