

Appropriate Use of Surgical Procedures for Patients with Cancer

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KEYWORDS

• Cancer • Appropriateness method • Surgery • Overuse • Underuse

KEY POINTS

- The appropriateness method was developed as a way to determine which patients should and should not undergo surgical intervention versus medical therapy.
- This method combines the best available evidence with expert opinion to produce explicit guidance on the risks and benefits of a procedure for specific indications.
- Overuse is generally defined as any instance in which a patient undergoes a procedure for an “inappropriate” indication.
- Underuse is generally defined as a patient with a “necessary” indication who does not receive the procedure.

Patients with cancer need a combination of life-saving and life-prolonging treatments, including systemic therapies, radiation, and surgical interventions. Providing high-quality cancer care means administering the right treatment, or combination of treatments, at the right time and in the correct way. Quality improvement efforts have generally focused on how care is given and on improving patient safety and reducing complications. Much less effort has been focused on ensuring that the correct treatments and procedures are selected for patients. For surgical oncology, this means determining whether or not surgery is indicated, when it should be performed relative to other treatments (such as neoadjuvant therapy), and which surgical procedure should be performed. A safe operation without any complications is not high-quality

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care if a less invasive option is available or if the patient does not stand to benefit from the procedure. With the increasing focus on providing patient-centered care, it is time to ensure that patients with cancer are receiving treatments and surgical procedures that are not only safe and high quality, but also appropriate.

The appropriateness method was developed as a way to determine which patients should and should not undergo surgical intervention versus medical therapy. This method combines the best available evidence in the literature with expert opinion to produce explicit guidance for clinicians on the relative risks and benefits of a procedure for specific clinical indications.^{1,2} Early research with this method focused on procedures, such as coronary artery bypass graft (CABG) surgery and carotid endarterectomy,³ that have high associated morbidity and suspected inappropriate use. Subsequent studies focused on procedures such as colonoscopy,^{3,4} hysterectomy,^{5,6} bariatric surgery,⁷ and cataract surgery,^{8,9} among others.

Few appropriateness studies have focused on surgical oncology, likely because most patients with solid tumors routinely undergo surgery or are clearly not surgical candidates at the time of diagnosis (ie, stage 4). The appropriateness method, however, could also be used to determine the timing of surgical intervention for patients with cancer relative to other therapies and to compare the risks and benefits of surgical procedures with varying degrees of invasiveness. Because the method explicitly ranks the appropriateness of different treatment plans for a wide variety of clinical scenarios, it could help ensure that individual patients receive the best possible oncologic care.

Procedures chosen for study using the appropriateness method are generally those that are commonly performed, have elevated risk of morbidity and mortality, are controversial, and/or that use significant resources. A number of surgical oncology topics fit this description. For example, the appropriateness method could be used to explicitly divide patients with pancreatic cancer into 3 groups: those who would clearly benefit from surgery, those who are not likely to benefit from any surgical procedure, and those for whom the surgery would be equivocal. For the first group, the method could be subsequently used to compare the appropriateness of different procedures. This 2-step appropriateness classification could be conducted for a comprehensive set of patient scenarios covering most people presenting with pancreatic cancer. The scenarios could be designed to account for important factors used in devising a pancreatic cancer treatment plan, such as diagnostic study results, tumor features, presence of comorbidities, and patient preferences.

Another potential oncology topic might be colorectal cancer with hepatic metastases. The appropriateness method could be used to delineate which patients would benefit from surgical resection versus systemic chemotherapy. For those for whom surgery is appropriate, the method could be used to determine which patients would benefit from a simultaneous resection and which should undergo a staged resection. For breast cancer, the appropriateness method could be used to compare both the timing of surgery (ie, before or after neoadjuvant therapy) and the choice of surgical procedure (ie, lumpectomy with radiation therapy vs mastectomy). For women undergoing mastectomy, the method could be further used to determine the appropriateness of immediate versus delayed reconstruction, taking into account factors such as local advancement of the tumor.

Other procedures in surgical oncology would also benefit from application of the appropriateness method. In this article, we describe the method in greater detail and summarize 2 studies that used it to evaluate treatment options for patients with cancer. We conclude by suggesting how the results of the appropriateness method can be applied in real-world clinical settings.

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