Optimizing Provincial Rectal Cancer Care and Treatment

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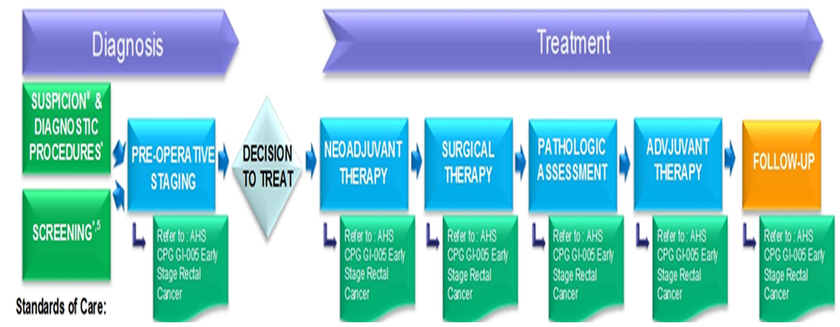
Context and Relevance

Rectal cancer requires multidisciplinary care and treatment from surgeons, radiologists, pathologists, and oncologists. Variations in the care and treatment may result in variations in outcomes. This project aimed to reduce variations in rectal cancer care delivery and improve outcomes through a provincial evidence-based clinical pathway, including pre-operative staging, surgical techniques and pathological grading, neoadjuvant and adjuvant therapies, and reporting.



Methods

1) Standards of care and quality improvement (QI) metrics identified by multidisciplinary physicians with expertise in rectal cancer care;
2) Data collection and analysis based on chart reviews and data extraction from Alberta Cancer Registry;
3) Evidence-based QI knowledge were transferred to physicians through individual and provincial feedback reports; and
4) CancerControl Alberta and Cancer Strategic Clinical Network collaboration.

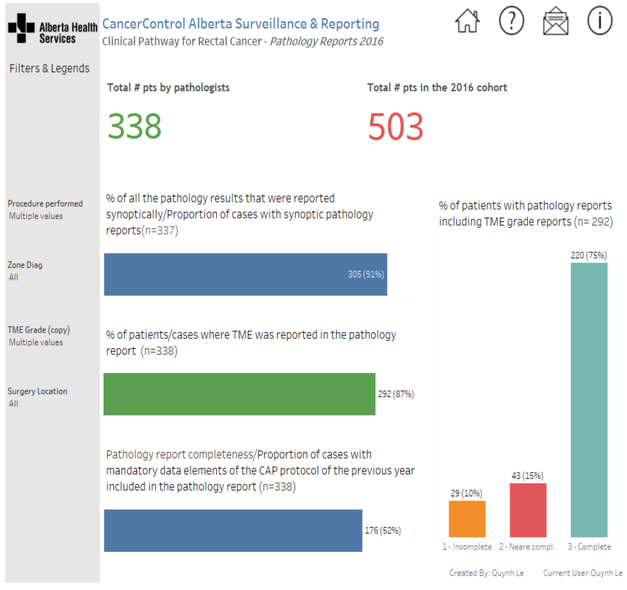
Outcomes

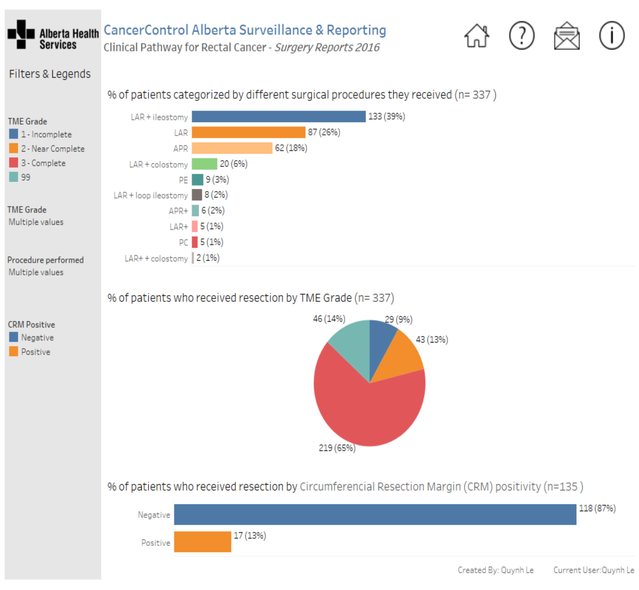
We reviewed a set of QI metrics for individual and provincial feedback reports to rectal cancer physicians:

- 24 key QI metrics for rectal cancer physicians;
- 32 surgeons received individual feedback reports; and
- Reports for other physician groups are being finalized with key opinion leaders.

Key impacts achieved regarding the quality of rectal cancer diagnosis, treatment, and care between 2013 and 2016 include:

- Rectal cancer pre-operative MRIs for resections (+25%);
- Completeness of pre-operative synoptic MRI report (+23%);
- Grade 3 TME of curative resections (+9%); and
- Neoadjuvant therapy in Stage II/III patients (+26%).





Lessons Learned

A system for continuing evidence-based feedback reports will increase uptake of best practice multidisciplinary care, enable the Alberta rectal cancer community to sustain results, and enhance excellence in quality of rectal cancer care. We recommend ongoing annual distribution of the evidence-based feedback reports to the rectal cancer physician community, and consider adaptation of the model for other tumour groups.

Surveillance & Reporting
Research, CancerControl Alberta