Goal: evaluate the outcomes of cancer care, practice patterns and adherence to evidence-based guidelines

Participants: 6 of the 21 NCCN centers

**INTRODUCTION**

**PATIENTS**

- Recurrence after curative treatment
- Prognostic quality measures, low concordance rates were demonstrated among centers
- Multivariate model in clinical stage II rectal cancer within 9 months of diagnosis
- We report on analysis of various socio-demographic and clinical variables from the Cancer outcomes Database
- To predict the use of ACTA following standard NCT and surgery

**METHODS**

- Between September 2005 and February 2010, 1,441 pts with stage II-III rectal cancer were enrolled. Of these, 131 pts (9%) did not receive nCRT and were included in the analysis. Of these, 159 pts (20%) did not receive any aCTX. For those seen by a medical oncologist, 1109 pts (74%) received nCRT and were included in the analysis. Of these, 159 pts (20%) did not receive any aCTX. For those seen by an oncologist, 875 pts (69%) received nCRT.

**RESULTS**

- Treatment strategies for stage II/III rectal cancer patients
- Most frequent reason chemotherapy was not received even though it was recommended or discussed was due to patient refusal (73%).

**PATTERNS OF CARE**

- 20% of patient cohort did not receive aCTX
- Patients who received aCTX were more likely to be younger, have a higher ECOG, and have a shorter distance from the third and final component of curative intent treatment are necessary.

**CONCLUSIONS**

- Risk factors for receiving adjuvant therapy
- Conclusion

**DISCUSSION**

- The reasons patients did not receive aCTX for locally advanced rectal cancer include:
- Patients who died before treatment administration (12 patients)
- Declined treatment (38 patients)
- Other (4 patients)
- The reason for patient refusal is not recorded in NCCN outcomes data.

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