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P1.305: A Benchmark-Driven Multidisciplinary NSCLC Program in Middle-Income Country Achieves High-Quality Early Outcomes

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INTRODUCTION

- Delivering high-quality non-small cell lung cancer (NSCLC) care in middle-income settings requires
 - Structured multidisciplinary systems
- Measurable standards
- Continuous performance monitoring.
- Real-world data on the implementation and outcomes of such models remain limited.

OBJECTIVE

To report the early performance of a benchmark-driven, JCI-accredited multidisciplinary NSCLC program across key quality domains

METHODS

DESIGN:

- Retrospective single-center
- Tertiary care center
- Bogotá, Colombia
- January 2022 and March 2026
- Adults with NSCLC

CARE PATHWAY:

- Benchmark-driven care pathway integrating thoracic surgery, pulmonology, medical and radiation oncology, pathology, radiology, geriatric oncology, supportive care, mental health, nutrition, rehabilitation, clinical pharmacy, and smoking cessation.
- All patients were reviewed in multidisciplinary tumor board prior to treatment initiation.
- Quality indicators were prospectively defined and benchmarked against national and international standards.

STATISTICAL ANALYSIS:

Descriptive statistics were used to summarize quality indicators and patient characteristics. Overall survival was estimated by the Kaplan-Meier method

DISCUSSION AND CONCLUSION

KEY TAKE AWAY MESSAGES:

- A structured, benchmark-driven, JCI-accredited multidisciplinary NSCLC program was successfully implemented in a middle-income country
- It demonstrated strong early performance across key domains of lung cancer care, meeting or exceeding international standards.
- These findings show that high-quality, coordinated, and data-driven lung cancer care is feasible in resource-constrained settings.

FUTURE DIRECTIONS:

This model represents a scalable framework for improving NSCLC outcomes in similar health systems.

REFERENCES & ACKNOWLEDGEMENTS

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No artificial intelligence tools were used in the development of the scientific content of this poster

REFERENCES:



RESULTS

COHORT CHARACTERISTICS

109
patients with
NSCLC

73 y
Median age
(IQR 68-78)

55%
female

50.5%
stage III–IV

59.6%
Ever-smokers

KEY QUALITY METRICS

19.5 days

Median time from
diagnosis to
treatment initiation

100%

Molecular
biomarker testing in
stage IB- IV (2026)

100%

NGS testing in
stage IV (2026)

100%

R0 resection (2026)

0%

30-day readmission
after surgery (2026)

One-year overall survival was **93.9%** (95% CI: 86.9-97.2), including **97.9%** for stage I-II and **89.6%** for stage III-IV disease

ANNUAL BENCHMARKED INDICATORS

INDICATOR	2024	2025	2026	REFERENCE	REFERENCE SOURCE
Proportion of stage IB-IV patients who underwent molecular biomarker testing	93.7%	100%	100%	100%	NCCN ¹
Proportion of stage IV patients who underwent NGS testing	N/A	100%	100%	75%	NCCN ¹
Timely treatment initiation	N/A	85%	100%	80%	OECD ²
30-day hospital readmission rate after surgery	6.7%	6.3%	0.0%	10%	STS GTSD ³
Proportion of stage I-IIIa patients with PET-CT	100%	100%	100%	90%	NCCN ¹
Proportion of patients with R0 resection	92.9%	93.8%	100%	95%	STS GTSD ³

PATIENT REPORTED OUTCOMES

74.7

Median EORTC QLQ -C30⁴
global health score
(n=63)

1.7%

Clinically significant
anxiety (GAD-7⁵ ≥10)

3.4%

Clinically significant
depression (PHQ-9⁶ ≥10)