

Colorectal Cancer Program Resource Grid

This grid outlines Oncology Roundtable guidance on the resources required to develop a basic, intermediate, and advanced colorectal cancer program. It provides a framework for initial discussions on resource investment and program implementation. Data included represent key differentiating factors by program status but are not exhaustive. Leveraging internal clinical expertise prior to using this grid will allow you to enhance and customize it to reflect your institution's priorities and physician feedback.

Ratings are provided for each category indicating the relative importance of that program characteristic to the tumor site in question.



Program Feature	Basic	Intermediate	Advanced
3 Leadership Infrastructure	<ul style="list-style-type: none"> No formalized leadership team 	<ul style="list-style-type: none"> Physician champion Administrative program coordinator 	<ul style="list-style-type: none"> Medical director Program steering committee
4 Care Coordination	<ul style="list-style-type: none"> Access to nurse navigator Opportunity to present cases at general tumor board Consultations and diagnostics not coordinated 	<ul style="list-style-type: none"> Dedicated colorectal nurse navigator Portion of cases presented at prospective treatment planning conference Coordinated consultations and diagnostics 	<ul style="list-style-type: none"> Multidisciplinary clinics in which patient evaluation is completed Formal method for determining case inclusion in prospective treatment planning conferences or colorectal tumor board, or 100% of cases presented
4 Treatment Approach	<ul style="list-style-type: none"> Adherence to nationally recognized guidelines 	<ul style="list-style-type: none"> Active discussion of and concordance with nationally recognized guidelines 	<ul style="list-style-type: none"> Complete integration of nationally recognized guidelines or clinical pathways
3 Patient Engagement	<ul style="list-style-type: none"> Ad hoc shared decision making Access to decision aids Access to education classes (e.g., chemotherapy orientation) Educational information available to patients 24/7 via online portals Point of contact available to answer patient questions 	<ul style="list-style-type: none"> Standardized approach to shared decision making, including discussion of risks, benefits, and patient preferences Caregiver engagement and support Access to robust in person educational resources Patients are provided guidance about conducting effective online research 	<ul style="list-style-type: none"> Regular use of decision aids Patient education priorities assessed periodically throughout treatment
2 Clinical Expertise	<ul style="list-style-type: none"> General surgeons Gastroenterologists 	<ul style="list-style-type: none"> At least one dedicated colorectal surgeon 	<ul style="list-style-type: none"> Dedicated colorectal surgeons
2 Diagnostic Technology	<ul style="list-style-type: none"> Flexible sigmoidoscopy Optical colonoscopy 	<ul style="list-style-type: none"> Capsule video endoscopy Pelvic CT 	<ul style="list-style-type: none"> MR colonography CT colonography
1 Treatment Technology	<ul style="list-style-type: none"> 3DCRT IMRT IGRT Tumor marker testing (e.g. KRAS) 	<ul style="list-style-type: none"> Robotic surgery options (e.g. da Vinci) Brachytherapy 	<ul style="list-style-type: none"> Transanal endoscopic microsurgery IORT Hyperthermic intraperitoneal chemotherapy (HIPEC) Next generation sequencing¹ Signature assays (e.g. Oncotype Dx, ColoPrint)
2 Research	<ul style="list-style-type: none"> No colorectal cancer-specific clinical trials 	<ul style="list-style-type: none"> Few colorectal cancer-specific clinical trials Access to clinical trial networks Data management support on a limited basis 	<ul style="list-style-type: none"> Active colorectal cancer-specific clinical research Collaboration with other entities (e.g., NCI) Dedicated data management support Clinical trials focused on support services
3 Quality Improvement	<ul style="list-style-type: none"> Retrospective data analysis from tumor registry data Data analysis leveraged from individual initiatives Participation in national benchmarking initiatives (e.g., CP3R) 	<ul style="list-style-type: none"> Internal benchmarking Actionable colorectal cancer-specific dashboards Data analyses sometimes leveraged to inform program (re)design 	<ul style="list-style-type: none"> Dedicated colorectal tumor registrar Real-time data updates Dedicated colorectal cancer data mart Data analyses actively inform program (re)design Part-time data/analytic support
3 Support Services ²	<ul style="list-style-type: none"> Basic nutrition education Rehabilitation therapy Access to support groups Palliative care provided as needed 	<ul style="list-style-type: none"> Standardized nutrition referrals Financial counseling Palliative care clinicians attend multidisciplinary treatment planning conferences Automated palliative care referral triggers 	<ul style="list-style-type: none"> Comprehensive nutrition program Ostomy clinic After-hours symptom management Complementary alternative and integrative medicine or services Palliative care provided for all patients, beginning at diagnosis Advance care plans created for all patients
3 Survivorship	<ul style="list-style-type: none"> Long term survivorship support services 	<ul style="list-style-type: none"> Survivorship care planning 	<ul style="list-style-type: none"> Dedicated survivorship clinic
4 Screening	<ul style="list-style-type: none"> Fecal occult blood test (FOBT) Fecal immunochemical testing (FIT) Flexible sigmoidoscopy Optical colonoscopy Double contrast barium enema 	<ul style="list-style-type: none"> Capsule video endoscopy CT colonography MR colonography 	<ul style="list-style-type: none"> Same as intermediate
4 Outreach	<ul style="list-style-type: none"> Online information available for colorectal cancer risk, treatment, and screening 	<ul style="list-style-type: none"> Dissemination of colorectal cancer information to all referring physicians and current patients with appropriate risk factors Community education sessions Hospital-sponsored outreach events 	<ul style="list-style-type: none"> Active engagement in public health campaigns to increase screening Community partnership to provide FIT/FOBT tests
4 Prevention/Risk Assessment	<ul style="list-style-type: none"> Assess risk on ad hoc basis based on family history, diet, lifestyle Access to genetic testing and counseling System for referrals from primary care providers to gastroenterology for colorectal cancer screening using the electronic health record 	<ul style="list-style-type: none"> Dietary and lifestyle programs Basic high-risk clinic (e.g., dedicated staff, resources) 	<ul style="list-style-type: none"> Comprehensive high-risk clinic (e.g., dedicated space, systematic patient follow-up)

1) Still in research and development.
 2) Support services are made available to colorectal cancer patients but are not necessarily dedicated exclusively to them.

Source: Oncology Roundtable interviews and analysis.