

Breast Cancer Program Resource Grid

This grid outlines Oncology Roundtable guidance on the resources required to develop a basic, intermediate, and advanced breast 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"> Formal program leadership (administrative or clinical) 	<ul style="list-style-type: none"> Administrative program coordinator Medical director 	<ul style="list-style-type: none"> Program steering committee
4 Care Coordination	<ul style="list-style-type: none"> Access to nurse navigator Retrospective tumor board Consultations and diagnostics not coordinated 	<ul style="list-style-type: none"> Dedicated breast nurse navigator Portion of cases presented at treatment planning conference Coordinated consultations and diagnostics 	<ul style="list-style-type: none"> Multidisciplinary clinics in which patient evaluation is completed in one visit, or virtually in 2-3 days Formal method for determining case inclusion in prospective treatment planning conferences or 100% of cases presented
3 Treatment Approach	<ul style="list-style-type: none"> Adherence to nationally recognized guidelines 	<ul style="list-style-type: none"> Active discussion of, and adherence to, 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 materials Education classes (e.g. chemotherapy orientation) Point of contact available to answer patient questions 	<ul style="list-style-type: none"> Standardized approach to shared decision making Caregiver engagement and support Access to robust in-person and online educational resources Patient 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 Educational information available to patients 24/7 via online portals
3 Clinical Expertise	<ul style="list-style-type: none"> General surgeons perform breast surgeries Dedicated mammographers 	<ul style="list-style-type: none"> Fellowship-trained breast surgeons Dedicated clinical breast radiologists Plastic surgeons available to program on a part-time basis 	<ul style="list-style-type: none"> Fellowship-trained breast surgeons Subspecialized medical oncologists and radiation oncologists Dedicated pathologists Breast reconstruction surgeons Oncoplastic surgeons
2 Diagnostic Technology	<ul style="list-style-type: none"> Analog mammography 2D breast ultrasound Digital mammography (CR or FFDM) 	<ul style="list-style-type: none"> Breast MRI Digital breast tomosynthesis 	<ul style="list-style-type: none"> Breast-specific gamma imaging Positron emission mammography¹ Elastography¹ Automated breast ultrasound Contrast-enhanced spectral mammography¹
2 Treatment Technology	<ul style="list-style-type: none"> 3D-CRT IMRT Tumor marker testing (e.g., HER2, estrogen receptor) 	<ul style="list-style-type: none"> APBI/HDR brachytherapy SBRT IGRT AccuBoost Signature assays (e.g. Oncotype DX) 	<ul style="list-style-type: none"> Cryoablation IORT MRgFUS¹ Hypofractionation Comprehensive genomic profiling
2 Research	<ul style="list-style-type: none"> No breast cancer-specific clinical trials 	<ul style="list-style-type: none"> Few breast cancer-specific clinical trials at institution Access to clinical trial network Data management support on a limited basis 	<ul style="list-style-type: none"> Active breast cancer-specific clinical research at institution Collaboration with other entities (e.g. NCI) Dedicated data management support Dedicated clinical research nurses
4 Quality Improvement	<ul style="list-style-type: none"> Retrospective data analyses from tumor registry data Data analyses leveraged for individual initiatives Participation in national benchmarking initiatives (e.g. CP3R) 	<ul style="list-style-type: none"> Internal benchmarking Actionable breast cancer-specific dashboards Data analyses sometimes leveraged to inform program (re)design 	<ul style="list-style-type: none"> Dedicated breast tumor registrar Real-time data updates Part-time data/analytic support Dedicated breast cancer data mart Data analyses actively inform program (re)design
3 Support Services ²	<ul style="list-style-type: none"> Social work and clinical psychology available Basic nutrition education Access to support groups Access to palliative care services 	<ul style="list-style-type: none"> Standardized nutrition referrals Lymphedema specialists Physical therapy available Financial counseling available Sexual health support available 	<ul style="list-style-type: none"> Comprehensive nutrition program Access to complementary and alternative medicine After-hours symptom management
3 Survivorship	<ul style="list-style-type: none"> Survivorship care plans 	<ul style="list-style-type: none"> Survivorship support services 	<ul style="list-style-type: none"> Dedicated survivorship clinic
4 Screening	<ul style="list-style-type: none"> Independently operated radiology and pathology Time from first screening appointment to surgery more than two months Access to nurse navigator 	<ul style="list-style-type: none"> Agreement with radiology for turnaround time under 48 hours for all screening mammography exams Same-day turnaround for all diagnostic mammography exams Time from first screening appointment to surgery of two months or less Dedicated nurse navigator 	<ul style="list-style-type: none"> Same-day turnaround for all screening and diagnostic mammography exams Time from screening to surgery of less than one month
3 Screening Technology	<ul style="list-style-type: none"> Analog mammography 2D breast ultrasound Digital mammography (CR or FFDM) 	<ul style="list-style-type: none"> Breast MRI Digital breast tomosynthesis 	<ul style="list-style-type: none"> Automated breast ultrasound Breast-specific gamma imaging¹ Dedicated breast CT¹ Molecular breast imaging Positron emission mammography¹ Single-shot spectral mammography¹
2 Outreach	<ul style="list-style-type: none"> Information on breast cancer program available on-site Participation in off-site information expos 	<ul style="list-style-type: none"> Community educational sessions Hospital-sponsored outreach events Dissemination of breast cancer program information to all referring physicians and current patients with appropriate risk factors 	<ul style="list-style-type: none"> Mobile mammography
3 Prevention/Risk Assessment	<ul style="list-style-type: none"> Imaging services Access to genetic testing, counseling 	<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 breast cancer patients but are not necessarily dedicated exclusively to them.

Source: Oncology Roundtable research and analysis.

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.

Gynecologic Cancer Program Resource Grid

This grid outlines Oncology Roundtable guidance on the resources required to develop a basic, intermediate, and advanced gynecologic 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
2 Leadership Infrastructure	<ul style="list-style-type: none"> Formal program leadership (administrative or clinical) 	<ul style="list-style-type: none"> Administrative program coordinator Medical director 	<ul style="list-style-type: none"> Program steering committee
2 Care Coordination	<ul style="list-style-type: none"> Access to nurse navigator Retrospective tumor board Consultations and diagnostics not coordinated 	<ul style="list-style-type: none"> Portion of cases presented at treatment planning conference Coordinated consultations and diagnostics 	<ul style="list-style-type: none"> Dedicated gynecologic oncology nurse navigator Multidisciplinary clinics in which patient evaluation is completed in one visit, or virtually in 2-3 days Formal method for determining case inclusion in prospective treatment conferences 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 adherence to 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 Education classes (e.g., chemotherapy orientation) Access to education materials 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 Patients 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 Educational information available to patients 24/7 via online portals
4 Clinical Expertise	<ul style="list-style-type: none"> Access to gynecologic oncologist 	<ul style="list-style-type: none"> Full-time gynecologic oncologist 	<ul style="list-style-type: none"> Subspecialized medical oncologists and radiation oncologists Semi-dedicated pathologist
2 Diagnostic Technology	<ul style="list-style-type: none"> Ultrasound Transvaginal ultrasound Colposcopy MRI PET CT PET/CT CA-125 blood testing Hysteroscopy Loop electrosurgical procedure (LEEP, LLETZ) Cold knife cone biopsy 	<ul style="list-style-type: none"> Same as basic 	<ul style="list-style-type: none"> Interventional radiology techniques Advanced endoscopic technology
4 Treatment Technology	<ul style="list-style-type: none"> 3D CRT IMRT IGRT External beam radiation therapy 	<ul style="list-style-type: none"> Brachytherapy Robotic surgery (e.g., da Vinci) Laparoscopic surgery Hormone therapy 	<ul style="list-style-type: none"> Ablation techniques IORT SBRT HIPEC Tumor marker testing (e.g., HER2, PTEN)¹
2 Research	<ul style="list-style-type: none"> No gynecologic cancer-specific clinical trials 	<ul style="list-style-type: none"> Few gynecologic cancer-specific clinical trials at institution Access to clinical trial networks Data management support on a limited basis 	<ul style="list-style-type: none"> Active gynecologic cancer-specific clinical research at institution Collaboration with other entities (e.g., NCI) Dedicated data management support
2 Quality Improvement	<ul style="list-style-type: none"> Retrospective data analyses from tumor registry data Data analyses leveraged for individual initiatives Participation in national benchmarking initiatives (e.g., CP3R) 	<ul style="list-style-type: none"> Internal benchmarking Actionable gynecologic cancer-specific dashboards Data analyses sometimes leveraged to inform program (re)design 	<ul style="list-style-type: none"> Dedicated gynecologic tumor registrar Real-time data updates Dedicated gynecologic 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"> Social work and clinical psychology available Basic nutrition education Support groups Palliative care available 	<ul style="list-style-type: none"> Standardized nutrition referrals Lymphedema specialists Financial counseling available Sexual health counseling and services available Fertility counseling and services available 	<ul style="list-style-type: none"> Pelvic floor rehabilitation services Comprehensive nutrition program Access to complementary and alternative medicine After-hours symptom management
3 Survivorship	<ul style="list-style-type: none"> Survivorship care plans 	<ul style="list-style-type: none"> Survivorship support services 	<ul style="list-style-type: none"> Dedicated survivorship clinic
1 Outreach	<ul style="list-style-type: none"> Information on gynecologic oncology program available on-site Participation in off-site information expos, which may or may not be hospital-sponsored 	<ul style="list-style-type: none"> Community educational sessions Hospital-sponsored outreach events Dissemination of gynecologic oncology program information to all referring physicians and current patients with appropriate risk factors 	<ul style="list-style-type: none"> Community outreach and education on HPV vaccine Provide gynecologic oncologist expertise for community cancer programs (e.g., telehealth, leasing agreements)
3 Prevention/Risk Assessment	<ul style="list-style-type: none"> Imaging services (e.g., transvaginal ultrasound) Access to genetic testing, counseling Cervical cancer screening 	<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 gynecologic cancer patients but are not necessarily dedicated exclusively to them.

Source: Oncology Roundtable research and analysis.

Head & Neck Cancer Program Resource Grid

This grid outlines Oncology Roundtable guidance on the resources required to develop a basic, intermediate, and advanced head & neck 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	• No formalized leadership	• Physician leader	• Medical director
4 Care Coordination	• Access to nurse navigator • Consultations and diagnostics not coordinated	• Dedicated nurse navigator • Coordinated consultations and diagnostics	• Comprehensive patient tracking process • Multidisciplinary clinics in which patient evaluation is completed in one visit, or virtually in 2-3 days
3 Treatment Approach	• Adherence to nationally recognized guidelines	• Active discussion of, and adherence to, nationally recognized guidelines	• Complete integration of nationally recognized guidelines or clinical pathways
3 Patient Engagement	• Ad hoc shared decision making • Access to decision aids • Education classes (e.g. chemotherapy orientation) • Access to educational materials • Point of contact available to answer patient questions	• Standardized approach to shared decision making • Caregiver engagement and support • Access to robust in-person and online educational resources • Patients provided guidance about conducting effective online research	• Regular use of decision aids • Patient education priorities assessed periodically throughout treatment • Educational information available to patients 24/7 via online portals
4 Clinical Expertise	• Head & neck surgeon • Patients see personal dentist	• Head & neck subspecialized medical and radiation oncologists • Oral surgeon/dentist • Partnerships between dentists with oncology experience and expertise	• Dental oncologist • Oral surgeon • Reconstructive surgeon • Plastic surgeon • Head & neck pathologist • Palliative care physician
2 Diagnostic Technology	• Ultrasound • Endoscopy • CT • PET/CT	• Same as basic	• Interventional radiology techniques • Advanced endoscopic technology • Genetic testing
4 Treatment Technology	• IMRT • LDR and HDR brachytherapy	• SRS • VMAT • Helical IMRT	• Robotic surgery • Microsurgery • Immunotherapy • Proton beam therapy
2 Research	• No head & neck cancer-specific clinical trials	• Few head & neck cancer-specific clinical trials at institution • Access to clinical trial networks • Data management support on a limited basis	• Active head & neck cancer-specific clinical research at institution • Collaboration with other entities (e.g. NCI) • Dedicated data management support
1 Quality Improvement	• Little operational interest in gathering and using data • Tumor registry main source of data	• Internal benchmarking • Actionable head & neck cancer-specific dashboards • Data analyses sometimes leveraged to inform program (re)design	• Dedicated head & neck tumor registrar • Real-time data updates • Dedicated head & neck cancer data mart • Data analyses actively inform program (re)design • Part-time data/analytic support
3 Support Services ¹	• Social work, clinical psychology available • Dietician and speech pathologist as needed	• Dedicated dietician and speech pathologist • Access to physical and occupational therapy • Access to behavioral health specialist	• Integrated palliative care
3 Survivorship	• Survivorship care plans	• Survivorship support services	• Dedicated survivorship clinic
1 Outreach	• Information on head & neck oncology program available on-site • Participation in off-site information expos, which may or may not be hospital-sponsored	• Community educational sessions • Hospital-sponsored outreach events • Partnerships between dentist with oncology experience and expertise	• Engage referring physicians in tumor conferences
3 Prevention/Risk Assessment	• Assessment of risk based on family and smoking history, alcohol use	• Comprehensive smoking cessation program • Substance-misuse program	• Alcohol abuse counseling program

1) Support services are made available to head & neck cancer patients but are not necessarily dedicated exclusively to them.

Source: Oncology Roundtable research and analysis.

Lung Cancer Program Resource Grid

This grid outlines Oncology Roundtable guidance on the resources required to develop a basic, intermediate, and advanced lung 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.

1	Least important
2	Moderately important
3	Very important
4	Most important

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 Retrospective tumor board Consultations and diagnostics not coordinated 	<ul style="list-style-type: none"> Dedicated lung nurse navigator Portion of cases presented at prospective treatment planning conference Lung nodule clinic 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 a prospective treatment planning conference or 100% of cases presented
3 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 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, 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 Counselor meets with all patients Patient education priorities assessed periodically throughout treatment
3 Clinical Expertise	<ul style="list-style-type: none"> General surgeons Pulmonologists Radiologists 	<ul style="list-style-type: none"> Cardiothoracic surgeons Interventional pulmonologists Interventional radiologists Palliative care specialists 	<ul style="list-style-type: none"> Dedicated thoracic surgeons Interventional pulmonologists dedicated to oncology Subspecialized medical oncologists and radiation oncologists Semi-dedicated pathologists
4 Diagnostic Technology	<ul style="list-style-type: none"> Bronchoscopy Mediastinoscopy Core needle biopsy Multidetector PET/CT 	<ul style="list-style-type: none"> Transbronchial needle aspiration Endobronchial ultrasound Endobronchial ultrasound-guided transbronchial needle aspiration (EBUG) 	<ul style="list-style-type: none"> Electromagnetic navigation bronchoscopy (ENB)
2 Treatment Technology	<ul style="list-style-type: none"> 3DCRT IMRT IGRT Multidetector PET/CT Tumor marker testing (e.g. EGFR, ALK) 	<ul style="list-style-type: none"> HDR brachytherapy SBRT 4D CT simulation Respiratory gating 	<ul style="list-style-type: none"> Radiofrequency ablation Interventional oncology (e.g., cryoablation) Proton beam therapy¹ Video-assisted thoracic surgery Next generation sequencing¹
3 Research	<ul style="list-style-type: none"> No lung cancer-specific clinical trials 	<ul style="list-style-type: none"> Few lung cancer-specific clinical trials Access to clinical trial networks Data management support on a limited basis 	<ul style="list-style-type: none"> Active lung cancer-specific clinical research Collaboration with other entities (e.g., NCI) Dedicated data management support
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 lung cancer-specific dashboards Data analyses sometimes leveraged to inform program (re)design 	<ul style="list-style-type: none"> Dedicated lung tumor registrar Real-time data updates Dedicated lung cancer data mart Data analyses actively inform program (re)design Part-time data/analytic support
4 Support Services ²	<ul style="list-style-type: none"> Basic nutrition education Access to support groups Palliative care provided as needed 	<ul style="list-style-type: none"> Standardized nutrition referrals Lung cancer-specific distress screening during treatment Pulmonary prehabilitation and rehabilitation Palliative care clinicians attend multidisciplinary treatment planning conferences Automated palliative care referral triggers Financial counseling 	<ul style="list-style-type: none"> Comprehensive nutrition program After-hours symptom management Complementary and alternative medicine or services Palliative care provided for all patients, beginning at diagnosis Advance care plans created for all patients
2 Survivorship	<ul style="list-style-type: none"> Survivorship care plan 	<ul style="list-style-type: none"> Survivorship support services 	<ul style="list-style-type: none"> Dedicated survivorship clinic
4 Screening ³	<ul style="list-style-type: none"> Low-dose multidetector CT Access to nurse navigator Counseling and education on shared decision making provided Data reporting via CMS-approved registry Standardized nodule identification and classification system 	<ul style="list-style-type: none"> Dedicated nurse navigator Dissemination of screening information to all referring physicians and current patients with appropriate risk factors Active management of incidental findings Decision aid used with patients 	<ul style="list-style-type: none"> Comprehensive screening management program Comprehensive program to manage incidental findings throughout system Partnerships with local employers offering education or smoking cessation counseling Dedicated program dashboard, includes financial (screening and downstream), operational, and clinical quality data
3 Outreach	<ul style="list-style-type: none"> Information on lung cancer risk, treatment, and screenings available on-site 	<ul style="list-style-type: none"> Dissemination of lung 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"> Education on post-treatment survivorship care for community providers
2 Prevention/Risk Assessment	<ul style="list-style-type: none"> Assessment of risk based on family and smoking history Smoking cessation counseling available 	<ul style="list-style-type: none"> Patients provided access to genetic counseling Comprehensive smoking cessation counseling 	<ul style="list-style-type: none"> Dedicated high-risk clinic for prostate patients

1) Still in research and development.
 2) Support services are made available to lung cancer patients but are not necessarily dedicated exclusively to them.
 3) For more information on screening, see our Lung Cancer Screening Program Resource Grid.

Source: Oncology Roundtable interviews and analysis.

Melanoma Cancer Program Resource Grid

This grid outlines Oncology Roundtable guidance on the resources required to develop a basic, intermediate, and advanced melanoma 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
4 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
3 Care Coordination	<ul style="list-style-type: none"> Melanoma cases reviewed at retrospective tumor board Consultations and diagnostics not coordinated 	<ul style="list-style-type: none"> Access to nurse navigator Prospective treatment planning conference for some melanoma patients Portion of cases presented at prospective treatment planning conference Coordinated consultations and diagnostics 	<ul style="list-style-type: none"> Dedicated melanoma nurse navigator All advanced and complex cases presented at prospective treatment planning conference Treatment plan for all advanced melanoma patients created by multidisciplinary team in one day
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 Education classes (e.g. radiation therapy 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, Navigator available to patients Caregiver engagement, support Patients are provided guidance about conducting effective online research 	<ul style="list-style-type: none"> Regular use of decision aids Counselor meets with all patients Patient education priorities assessed periodically throughout treatment
4 Clinical Expertise	<ul style="list-style-type: none"> At least one melanoma-focused medical oncologist, radiation oncologist, surgical oncologist, or dermatologist 	<ul style="list-style-type: none"> Multiple physicians with melanoma focus At least one targeted therapy expert 	<ul style="list-style-type: none"> Multiple physicians with majority-melanoma caseload Dermatopathologist Multiple targeted therapy experts
2 Diagnostic Technology	<ul style="list-style-type: none"> Dermoscopy Chest X-ray CT MRI PET 	<ul style="list-style-type: none"> Same as basic 	<ul style="list-style-type: none"> Investigative diagnostic procedures available Total body photography
4 Treatment Technology	<ul style="list-style-type: none"> Treatment only for early-stage and non-complex cases Surgical excision Adjuvant radiation or chemotherapy Standard of care treatments available 	<ul style="list-style-type: none"> Treats melanoma patients at all stages, limited array of treatment options Targeted therapies available Multiple investigational therapies available through clinical trials 	<ul style="list-style-type: none"> Treatment of patients at all stages and with a multiplicity of options Access to next-generation-sequencing capabilities for some patients
4 Research	<ul style="list-style-type: none"> No melanoma-specific clinical trials Access to a clinical trials network 	<ul style="list-style-type: none"> Melanoma clinical trials available for limited number of disease stages or types Data management support on a limited basis 	<ul style="list-style-type: none"> Active melanoma-specific clinical research at institution for all stages of progression Dedicated data management support
2 Quality Improvement	<ul style="list-style-type: none"> Data analysis leveraged from individual initiatives Measures a limited number of melanoma quality metrics 	<ul style="list-style-type: none"> Internal benchmarking Actionable melanoma-specific dashboards Data analyses sometimes leveraged to inform program (re)design Retrospective data analysis from tumor registry data 	<ul style="list-style-type: none"> Real-time data updates Data analyses actively inform program (re)design Part-time data/analytic support
3 Support Services ¹	<ul style="list-style-type: none"> Access to support groups Palliative care provided as needed 	<ul style="list-style-type: none"> After-hours symptom management Palliative care clinicians attend multidisciplinary prospective treatment planning conferences Automated palliative care referral triggers Financial counseling 	<ul style="list-style-type: none"> Dedicated melanoma support group Complementary and alternative medicine and 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"> Patient provided education about follow-up care Some patients receive survivorship care plan 	<ul style="list-style-type: none"> Program monitors patients' skin through archived photographs Patients provided copies of skin photographs to aid in self-examinations Most patients receive survivorship care plan 	<ul style="list-style-type: none"> Dedicated melanoma follow-up clinic Patient monitoring through archived total body photography from standalone unit All patients receive survivorship care plan Melanoma-specific survivorship support services
3 Screening and Outreach	<ul style="list-style-type: none"> Occasional screening and educational events in the community setting Community provided educational materials about melanoma and sun safety 	<ul style="list-style-type: none"> Dissemination of melanoma information to all referring physicians and current patients with appropriate risk factors 	<ul style="list-style-type: none"> Regular screenings and community educational events provided Education on post-treatment survivorship care for community providers
1 Prevention/Risk Assessment	<ul style="list-style-type: none"> Asses risk on ad hoc basis based on family history, lifestyle 	<ul style="list-style-type: none"> Patients provided access to genetic counseling 	<ul style="list-style-type: none"> Dedicated high-risk clinic for melanoma patients

1) Support services are made available to melanoma patients but are not necessarily dedicated exclusively to them.

Source: Oncology Roundtable interviews and analysis.

Neuro-Oncology Program Resource Grid

This grid outlines Oncology Roundtable guidance on the resources required to develop a basic, intermediate, and advanced neuro-oncology 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 	<ul style="list-style-type: none"> Physician leader Administrative program coordinator 	<ul style="list-style-type: none"> Medical director Multidisciplinary program steering committee
4 Care Coordination	<ul style="list-style-type: none"> Access to nurse navigator No dedicated support for coordinating consults and diagnostics 	<ul style="list-style-type: none"> Dedicated nurse navigator Coordinated consultations and diagnostics Participation in Neurosurgery's National Outcomes Database Retrospective tumor board 	<ul style="list-style-type: none"> Comprehensive patient tracking process Multidisciplinary clinics in which patient evaluation is completed in one visit, or virtually in 2-3 days Nurse practitioners for navigation and care support Prospective tumor board
3 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 Access to novel treatment therapies currently in clinical trials
3 Patient Engagement	<ul style="list-style-type: none"> Ad hoc shared decision making Access to decision aids Education classes (e.g. chemotherapy orientation) Access to education materials 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, support Access to robust in-person and online educational resources Patient 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 Educational information available to patients 24/7 via online portals
4 Clinical Expertise	<ul style="list-style-type: none"> Neurologists and neurosurgeons 	<ul style="list-style-type: none"> Neuro-oncology subspecialized medical and radiation oncologists Dedicated fellowship-trained neuro-oncologist and CNS-specialized radiation oncologists Access to neuropathologists and neuroradiologists 	<ul style="list-style-type: none"> Dedicated fellowship-trained brain tumor and cranial neurosurgeons Neuropsychologists Neuropathologists Neuroradiologists Pediatric neurosurgeons and neuro-oncologists Rehabilitation specialists
3 Diagnostic Technology	<ul style="list-style-type: none"> Ultrasound CT PET PET/CT 3T MRI 	<ul style="list-style-type: none"> Same as basic 	<ul style="list-style-type: none"> Intraoperative technology (e.g. MRI and MR spectroscopy) Interventional radiology techniques Advanced endoscopic technology Advanced MRI (perfusion) with standard protocols
3 Treatment Technology	<ul style="list-style-type: none"> IMRT Advanced molecular pathology testing 	<ul style="list-style-type: none"> Cyberknife or Gamma Knife Stereotactic radiosurgery Immunotherapy 	<ul style="list-style-type: none"> Robotic surgery Tumor Treating Fields (TTF) device for glioblastoma multiform Microsurgery Endoscopic cranial base surgery Proton beam therapy Brain mapping software used for surgery
3 Research	<ul style="list-style-type: none"> No neuro-specific clinical trials 	<ul style="list-style-type: none"> Few neuro-specific clinical trials at institution Access to clinical trial networks Data management support on a limited basis Clinical trial coordinator support on a limited basis 	<ul style="list-style-type: none"> Active neuro-specific clinical research at institution Collaboration with other entities (e.g. NCI, WHO) Dedicated data management support
3 Quality Improvement	<ul style="list-style-type: none"> Little operational interest in gathering and using data Tumor registry main source of data 	<ul style="list-style-type: none"> Internal benchmarking Actionable neurological cancer-specific dashboards Data analyses sometimes leveraged to inform program (re)design 	<ul style="list-style-type: none"> Dedicated neurological tumor registrar Real-time data updates Dedicated neuro-oncology data mart Data analyses actively inform program (re)design Part-time data/analytic support
3 Support Services ¹	<ul style="list-style-type: none"> Social work and clinical psychology available Access to oncology support groups 	<ul style="list-style-type: none"> Palliative care team and spiritual counseling Dedicated dietician for cancer nutrition 	<ul style="list-style-type: none"> Integrated palliative care Neuro-oncology social workers Neuro-oncology support group Caregiver support and advising program Complementary and integrative medicine
2 Survivorship	<ul style="list-style-type: none"> Survivorship care plans 	<ul style="list-style-type: none"> Survivorship support services 	<ul style="list-style-type: none"> Dedicated survivorship clinic
1 Outreach	<ul style="list-style-type: none"> Information on neuro-oncology program available on-site Participation in off-site information expos, which may or may not be hospital-sponsored 	<ul style="list-style-type: none"> Community educational sessions Hospital-sponsored outreach events 	<ul style="list-style-type: none"> Engage referring physicians in tumor conferences Telemedicine integration
2 Prevention/Risk Assessment	<ul style="list-style-type: none"> Family history screening 	<ul style="list-style-type: none"> Comprehensive high-risk clinic (e.g. dedicated space, systematic patient follow-up) 	<ul style="list-style-type: none"> Comprehensive high-risk clinic (e.g. dedicated space, systematic patient follow-up)

1) Support services are made available to neuro-oncology patients but are not necessarily dedicated exclusively to them.

Prostate Cancer Program Resource Grid

This grid outlines Oncology Roundtable guidance on the resources required to develop a basic, intermediate, and advanced prostate 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 Retrospective tumor board Consultations and diagnostics not coordinated 	<ul style="list-style-type: none"> Dedicated prostate 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 100% of cases presented
3 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 Education classes (e.g., radiation therapy 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 Navigator available to patients 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 Counselor meets with all patients Patient education priorities assessed periodically throughout treatment
2 Clinical Expertise	<ul style="list-style-type: none"> Urologists Radiation oncologists Medical oncologists 	<ul style="list-style-type: none"> Interventional radiologists 	<ul style="list-style-type: none"> Dedicated urologic medical oncologists and radiation oncologists
2 Diagnostic Technology	<ul style="list-style-type: none"> MRI Transrectal ultrasonography 	<ul style="list-style-type: none"> Transabdominal ultrasonography 	<ul style="list-style-type: none"> MRI with computer-aided detection MRI fusion-guided biopsy ProstaScint MRI with endorectal coil PET/CT
4 Treatment Technology	<ul style="list-style-type: none"> 3D-CRT IMRT IGRT Brachytherapy (LDR and HDR) Open prostatectomy Laparoscopic prostatectomy Hormone therapy (Xtandi, Zytiga) 	<ul style="list-style-type: none"> Robotic surgery options (e.g., da Vinci) SBRT Cryoablation 	<ul style="list-style-type: none"> 4-D localization (e.g. Calypso) Gene therapy (e.g. Provenge) Other interventional radiology (e.g. radiofrequency ablation) Radium 223 dichloride (Xofigo)
2 Research	<ul style="list-style-type: none"> No prostate cancer-specific clinical trials 	<ul style="list-style-type: none"> Few prostate cancer-specific clinical trials Access to clinical trial networks Data management support on a limited basis 	<ul style="list-style-type: none"> Active prostate cancer-specific clinical research Collaboration with other entities (e.g. NCI) Dedicated data management support
2 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 prostate cancer-specific dashboards Data analyses sometimes leveraged to inform program (re)design 	<ul style="list-style-type: none"> Dedicated prostate tumor registrar Real-time data updates Dedicated prostate cancer data mart Data analyses actively inform program (re)design Part-time data/analytic support
3 Support Services ¹	<ul style="list-style-type: none"> Support groups Palliative care provided as needed Social work and clinical psychology 	<ul style="list-style-type: none"> Financial counseling Prostate cancer-specific distress screening during treatment Rehabilitation therapy Palliative care clinicians attend multidisciplinary treatment planning conferences Automated palliative care referral triggers Sexual health support available 	<ul style="list-style-type: none"> After-hours symptom management Complementary and alternative medicine or services Palliative care provided for all patients, beginning at diagnosis Advance care plans created for all patients Comprehensive nutrition program
2 Survivorship	<ul style="list-style-type: none"> Survivorship care plan 	<ul style="list-style-type: none"> Survivorship support services 	<ul style="list-style-type: none"> Dedicated survivorship clinic
2 Screening	<ul style="list-style-type: none"> Prostate-Specific Antigen (PSA) Test Digital Rectal Exam (DRE) for prostate cancer 	<ul style="list-style-type: none"> Risk assessment and family history performed before administering PSA Education of network providers about importance of shared decision making for screening tests 	<ul style="list-style-type: none"> Established organizational policy for PSA screening Dedicated program dashboard, includes financial (screening and downstream), operational, and clinical quality data
3 Outreach	<ul style="list-style-type: none"> Information on prostate cancer risk, treatment, and screenings available online 	<ul style="list-style-type: none"> Dissemination of prostate 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"> Education on post-treatment survivorship care for community providers
1 Prevention/Risk Assessment	<ul style="list-style-type: none"> Risk is assessed based on age, PSA levels, and Gleason score 	<ul style="list-style-type: none"> Family history assessment Patients provided access to genetic counseling 	<ul style="list-style-type: none"> Dedicated high-risk clinic for prostate patients

1) Support services are made available to prostate cancer patients but are not necessarily dedicated exclusively to them.

Source: Oncology Roundtable interviews and analysis.