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Adoption and Practice Patterns of TG263 Standardized Nomenclature in a Statewide Quality Consortium

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Purpose/Objective(s): In a survey of AAPM, AAMD, and ASTRO members, 61% of respondents indicated that they use TG263. This is much lower than the reported 80%+ from a multi-institution statewide quality initiative that uses minimum TG263 compliance goals as part of their incentive program. This work aims to assess TG263 compliance over time with implementation patterns gathered from target volume naming across a statewide consortium and determine if incentive-driven minimum compliance rates influence adoption.

Materials/Methods: A retrospective analysis was conducted for 17,459 patients receiving breast, lung, or bone metastasis (mets) treatment between 2018-2024. The overall rate of TG263 compliance averaged over 29 participating clinics in the consortium was calculated by year. The rate of compliance by individual clinics, and further divided into academic vs. non-academic institutions, was also calculated by year and body site. A mixed-effects logistic regression model was developed to assess differences between collaborative-wide compliance rates by year.

Results: TG263 data collection (and overall baseline compliance rates) started in 2018 for breast (77.3%), lung (76.5%), and mets (56.5%). Breast had incentives associated with TG263 compliance in 2019-2020, and lung in 2019-2023. Mets did not have an incentive associated with compliance. This resulted in TG263 compliance rates of 89.3%, 96.7%, and 79.4% for breast, lung, and mets, respectively, in 2024. The clinic with the lowest compliance had rates of 66.3% for breast, 78.7% for lung, and 40% for mets. The clinic with the highest compliance had rates of 97.4% for breast, 100% for lung, and 100% for mets. The compliance rate was found to be higher for academic institutions in breast (89.1 vs. 87.9%, P-value = 0.001), lung (96.3 vs. 92.6%, P-value = 0.008), and mets (82.6 vs. 74.3%, P-value = 0.008).

Conclusion: The percentage of TG263 compliant names improved significantly during the evaluation period and maintained above the target threshold for breast and lung even after naming metrics were no longer included in the incentive program. While TG263 naming compliance significantly increased over time for bone mets, the percentage of compliant names remains less than sites with an associated incentive program, indicating that while adoption improved, the rate of improvement may be positively influenced by incentives. Inclusion of incentives, through quality consortium or accreditation programs, may improve the rate of adoption of standards such as TG263.

Abstract 3600 – Table 1

Body Site and TG263 Name	Rate of 2018: Year of Initiation (95% CI)	Rate of 2024 (95% CI)	P-value
Breast			
PTVsb	86.5% (83.2%, 90%)	91% (89.7%, 92.2%)	<0.0001
PTV_Breast		97% (96.1%, 97.7%)	<0.0001

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Body Site and TG263 Name	Rate of 2018: Year of Initiation (95% CI)	Rate of 2024 (95% CI)	P-value
	85.3% (81.8%, 88.7%)		
Both	77.3% (73.1%, 81.4%)	89.3% (88%, 90.6%)	<0.0001
Lung			
PTV	76.5% (68.4%, 83.3%)	96.7% (95.4%, 98.1%)	<0.0001
Bone Mets			
PTV	56.5% (42.2%, 70.9%)	79.4% (75.3%, 83.5%)	0.0005

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The Role of Multicancer Early Detection tests (MCED) in National Cancer Institute Designated Cancer Centers and National Comprehensive Cancer Network Cancer Centers: A Review of Public-Facing Data and Implications for Clinical Practice

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Purpose/Objective(s): Multicancer Early Detection (MCED) tests analyze circulating DNA or proteins to detect cancer earlier than current methods, potentially reducing morbidity and mortality. Despite significant research interest, it is unclear how extensively MCED tests are being implemented clinically at National Cancer Institute (NCI) and National Comprehensive Cancer Network (NCCN) Cancer Centers. This study hypothesizes that while MCED tests are gaining traction in research, clinical adoption remains limited.

Materials/Methods: The public-facing websites of all NCI and NCCN Cancer Centers were systematically reviewed in June 2024 to identify information on MCED tests and their clinical use. Search terms included "MCED," "Multi Cancer Early Detection," "Galleri," "cfDNA," and "Multi Cancer Detection." Data were collected on mentions of benefits, cautions, specific test types, and the existence of dedicated MCED clinics. Results were analyzed to assess patterns of clinical adoption and public communication.