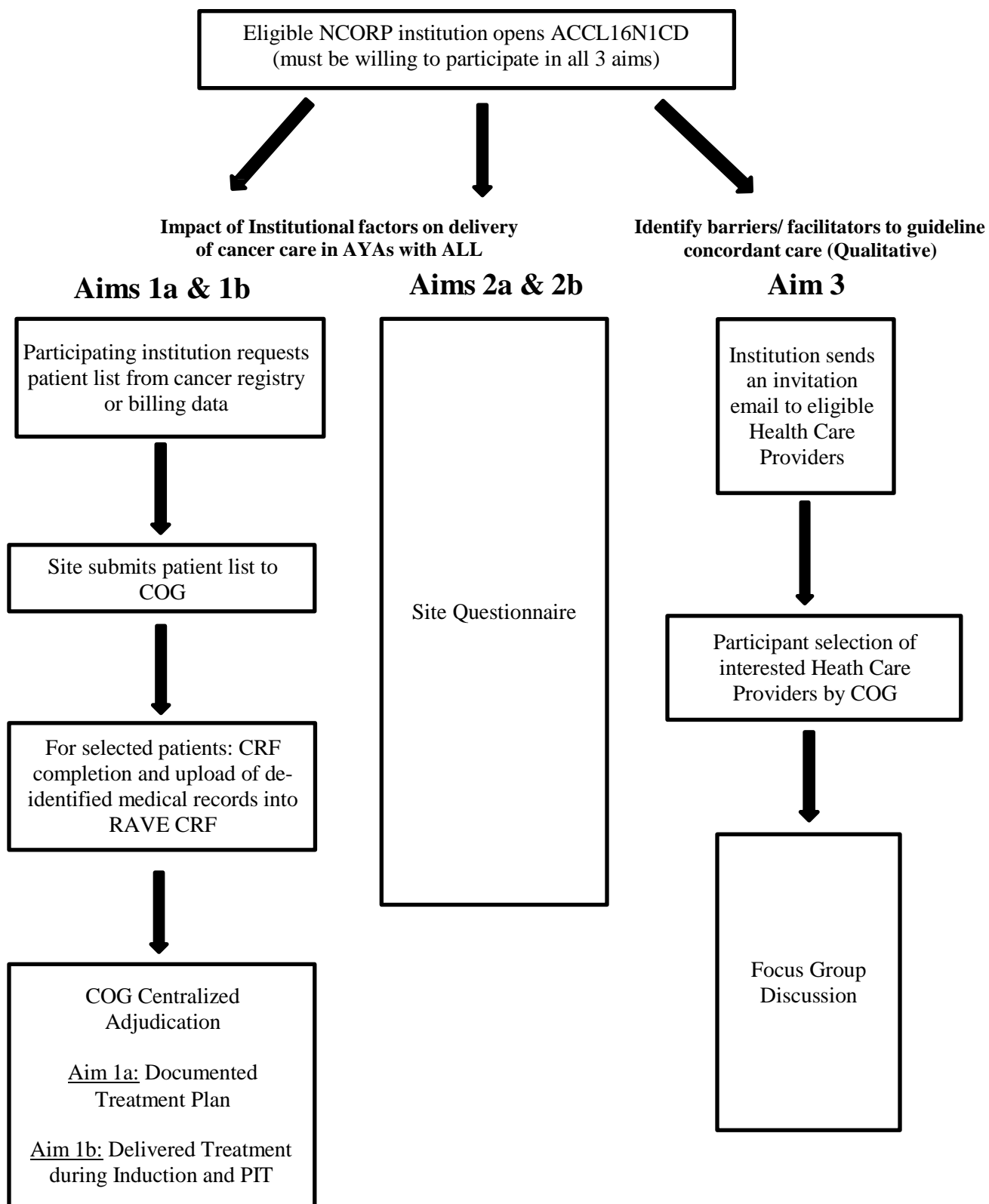


## DETAILED STUDY SCHEMA



## ABSTRACT

For nearly three decades, adolescents and young adults (AYA, 15-39 years old) with cancer demonstrated stagnant survival compared with younger and older patients. For this and other reasons, the National Cancer Institute considers AYAs to be a vulnerable population. One of the most common malignancies in the AYA population is acute lymphoblastic leukemia (ALL), which historically, is associated with poor survival in AYAs when compared with children. AYAs come in contact with the health care system in a larger variety of ways than do children or older adults, and the manner in which care is delivered varies widely. While outcome in AYAs with ALL has been explored in different ways, the delivery of cancer care has not been studied and may represent a crucial step in working to improve survival in AYAs with ALL. ACCL16N1CD was developed to evaluate this possible link between cancer care delivery and AYA ALL outcomes.

Cancer care delivery involves both processes and structures of care. To gather information regarding institutional factors, ACCL16N1CD will survey institutions individually regarding routine cancer care practices among other organizational items. To evaluate delivery of care at the patient level, ACCL16N1CD will assess cancer care delivery concordance to age-specific guidelines for AYA ALL published by the National Comprehensive Cancer Network (NCCN). ACCL16N1CD will then use the patient-level and institutional-level data together to understand the impact of institutional factors on the delivery of cancer care to AYAs with ALL. Lastly, ACCL16N1CD will seek the input of healthcare providers to identify potential facilitators and barriers to increase rates of adherence to NCCN guidelines in AYAs with ALL with the future goal of developing a feasible and effective intervention to improve care for AYA ALL patients.

### 3.4 Aims 1a and 1b: Overview

Aims 1a and 1b are descriptive aims that seek to measure the proportion of AYAs with ALL (1a) that have a documented treatment plan consistent with NCCN guidelines and (1b) whose delivered treatment during Induction and PIT is consistent with NCCN guidelines.

These aims will be achieved via retrospective chart review with centralized adjudication of primary outcomes and exposure variables. **Care delivered from January 1<sup>st</sup>, 2012 to December 31<sup>st</sup>, 2016 will be evaluated.**

#### 3.4.1 Patient Eligibility for Chart Review

##### Inclusion Criteria

1. Newly diagnosed with either Ph- or Ph+ ALL between January 1<sup>st</sup>, 2012 and December 31<sup>st</sup>, 2016
2. Age at diagnosis: 15-39 years, inclusive
3. Both diagnosed and initially treated at the participating NCORP institution during Induction and post-Induction therapy (PIT)\*

##### Exclusion Criteria

1. Diagnosis of secondary ALL
2. Diagnosis of mixed lineage acute leukemia
3. Diagnosis of acute leukemia of ambiguous lineage (ALAL)
4. Diagnosis of Burkitt's leukemia
5. Transfer of care to another institution during Induction or post-Induction therapy (PIT)\*