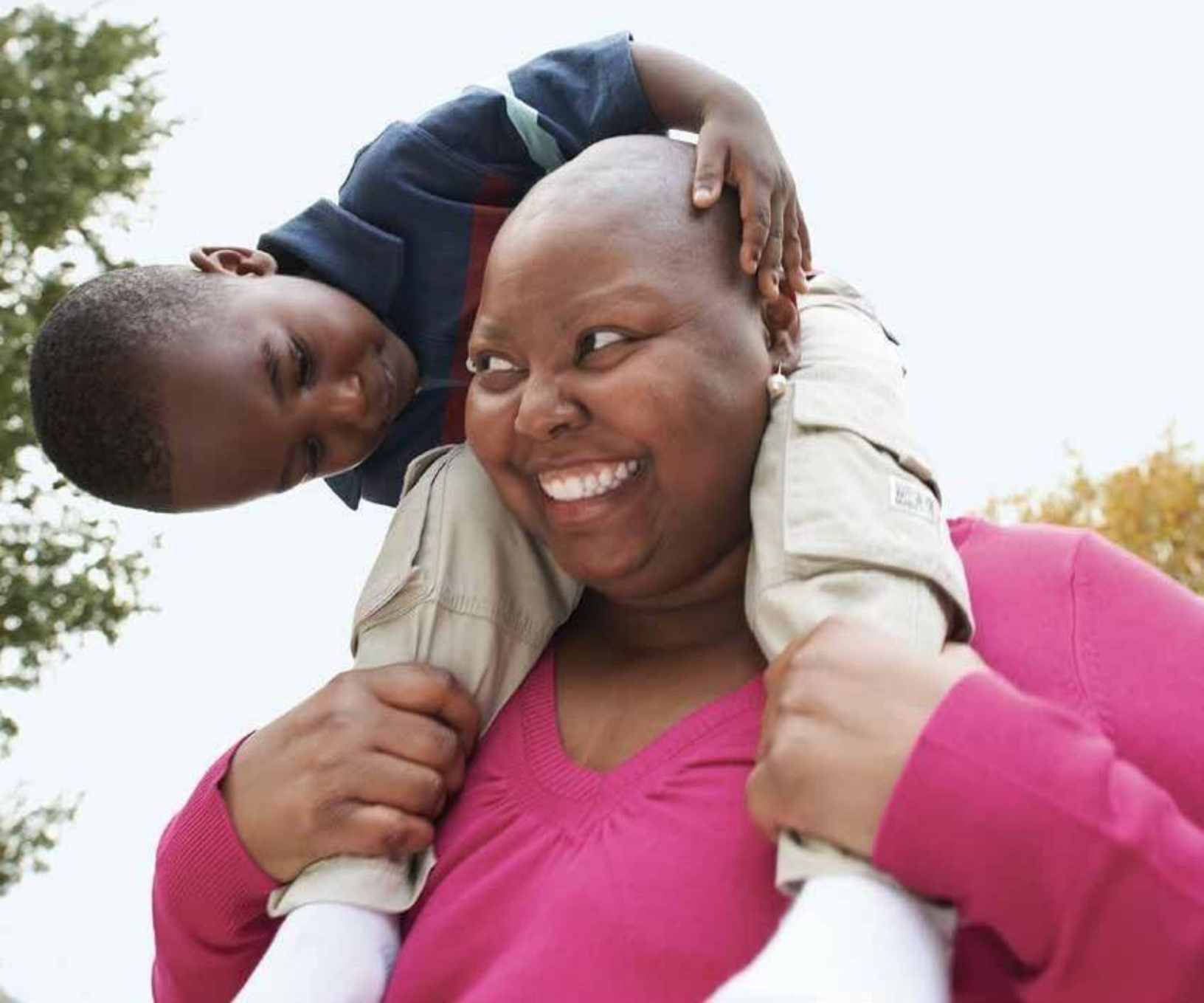


2016 Annual Report (2015 Data)

Oncology Services



Chairman's Report

At the end of 2015, Texas Health Resources entered into a partnership with UT Southwestern Medical Center (UTSW) to create an integrated regional health network, Southwestern Health Resources. This new network leverages the strength of our two systems to provide increased access to primary care and specialized care for the communities we serve in North Texas. Throughout 2016, Texas Health Presbyterian Hospital of Dallas has worked with UTSW, a National Cancer Institute designated program, to find ways to partner together to grow and enhance the oncology care both organizations provide. Most notably, THD has partnered with UTSW to bring their renowned genetic counseling program here to our cancer center.

The Texas Health Dallas Cancer Center is an advanced facility that is the “bricks and mortar” manifestation of our unified approach to cancer services. The center houses clinicians, nurse navigators, genetic counseling services through our Cancer Risk and Prevention program, medical oncology, radiation oncology, imaging services, spiritual support services, a women’s health boutique, and community support and survivorship services. The comprehensive nature of this facility mirrors our approach to cancer care and calls to mind our commitment to care for the whole patient – mind, body and spirit.

Texas Health Dallas’ commitment to providing quality cancer care is demonstrated by the fact that the oncology program is a **four-time recipient** of the American College of Surgeons’ Commission on Cancer Outstanding Achievement Award, the highest level of approval from the Commission on Cancer. Texas Health Dallas is one of only a handful of programs in the country to receive this distinction four consecutive times. Additionally, Texas Health Dallas is accredited by the National Accreditation Program for Breast Centers.

Providers of oncology services at Texas Health Dallas continue to reach out to the community in the form of risk assessments, education about prevention and early detection, screenings, and when indicated, support fundraisers for oncology-focused organizations. Our dedication to caring for oncology patients and their families throughout their care continuum is demonstrated by our strong affiliation with Cancer Support Community North Texas, which provides comprehensive cancer support at no charge to their members. The Texas Health Dallas Cancer Center is the first in Texas to integrate a Cancer Support Community within a cancer center. The dedication and involvement of our care providers makes the difference at Texas Health Dallas.

The Cancer Committee conducts quality improvement studies each year. The data from these studies are used to identify opportunities for improvements in services, and as a result, best practices are implemented as standard of care for our oncology patients.

The Texas Health Dallas comprehensive cancer program continues to evolve to meet the needs of the cancer patients in the communities we serve. We are enthusiastic about our cancer program and the comprehensive, individualized, and patient-centered oncology care we provide.

Sincerely,



Pat Fulgham, M.D.

Medical Director of Surgical Oncology Services
Chairman, Cancer Committee



Treatment of Stage III and Stage IV Colon Cancer in 2015 at Texas Health Presbyterian Hospital Dallas

By Lalan Wilfong, M.D.

Overview

The publication of national guidelines for the management of colon cancer and the adherence to these guidelines serve as a measurement of the quality of care provided to these patients. This study addresses the management of Stage III & Stage IV colon cancer according to National Comprehensive Cancer Network (NCCN) guidelines¹ at Texas Health Presbyterian Hospital Dallas (THD).

A retrospective medical record and cancer registry abstract review was performed for each Stage III and Stage IV colon cancer cases diagnosed from January 1, 2015 through December 31, 2015 with a class of case 10-22 being evaluated. A total of 47 cases were included in this study; 30 Stage III and 17 Stage IV.

Data

Stage III Colon Cancers

Of the 30 Stage III colon cancers reviewed, 93% of eligible patients had a colonoscopy performed, 93% underwent pre-treatment imaging studies (chest/abdominal/pelvic CT) as clinically indicated, 100% underwent the pre-treatment CBC, Chemistry profile and 80% underwent CEA.

In regards to the two patients that were not shown to have a colonoscopy performed, the findings were as follow:

1. Patient 1- Came through ER with abdominal pain. Workup showed an obstructive mass. The assessment and plan stated "prep and colonoscopy per surgery recommendations but no findings of a colonoscopy done. Patient had an exploratory laparotomy with the ileal hemicolectomy with anastomosis.
2. Patient 2- Was seen at one of THD's outpatient infusion centers. A surgical path clinical note was found that indicated bowel obstruction. No other mention of colonoscopy. The colonoscopy could have been performed, but there is a lack of documentation.

100% of Stage III patients were treated with surgery. All surgical resections had the required parameters reported on the pathology report with the exception of one resection being done outside Texas Health Resources. That pathology report was not available for review (Table 1).

100% of Stage III patients were treated with surgery. 73% were treated with chemotherapy according to national guidelines.

Of those patients not meeting chemotherapy guidelines: two declined, three were contraindicated, two were not appropriate due to age, and one was unknown (Table 2).

Stage IV Colon Cancers

Of the 17 Stage IV colon cancers reviewed, 76% of eligible patients had a colonoscopy performed, 94% underwent pre-treatment imaging studies (chest/abdominal/pelvic CT) as clinically indicated, 100% underwent the pre-treatment CBC, Chemistry profile and 71% underwent CEA. For patients who were potentially surgically curable, 2 underwent a PET scan: 1 did not have surgery, 1 had surgery (Table 3).

76% of eligible Stage IV patients received a needle biopsy, 71% were treated with surgery. 83% were treated with chemotherapy according to national guidelines; of note: three received palliative chemotherapy, four were referred to hospice. Of those patients not meeting needle biopsy guidelines: four were not documented. For those not meeting surgery guidelines: three were referred to hospice, one is currently being treated for breast cancer. For those not meeting chemotherapy guidelines: one was contraindicated and one declined. (Table 4).

Summary

The majority of patients undergoing treatment for colon cancer at THD are meeting national guidelines, but there are opportunities for improvement that have been identified through this study. One of these opportunities would be to discuss with NCCN and the American College of Surgeons needed changes in their guidelines, particularly in regards to chemotherapy, given that patients with Stage III colon cancer are appropriately not given chemotherapy if the risks outweigh the benefits. Additionally, the data gathered remains incomplete and it would benefit THD's oncology program to develop programs to improve data sharing between the tumor registry and independent physician practices. It is also recognized that it is necessary for THD to continue to develop workflows with the multidisciplinary team to improve patient outcomes.

Table 1. Stage III Diagnostic Guidelines

	Met Guidelines	% Adherence
Colonoscopy Performed	28/30	93%
Chest/Abdominal/ Pelvis CT	28/30	93%
CBC, Chemistry	30/30	100%
CEA	24/30	80%
All required parameters on path report	29/30	97%

Table 2. Stage III Treatment Guidelines

	Met Guidelines	% Adherence
Surgery	30/30	100%
Chemotherapy	22/30*	73%

*8 no treatment documented (2-refused, 3-contraindicated, 2-not appropriate for age, 1-unk)

Table 3. Stage IV Diagnostic Guidelines

	Met Guidelines	% Adherence
Colonoscopy Performed	13/17	76%
Chest/Abdominal/ Pelvis CT	16/17	94%
CBC, Chemistry	17/17	100%
CEA	12/17	71%
PET (if potentially curable)	2 (1 no surg, 1 surg)	

Table 4. Stage IV Treatment Guidelines

	Met Guidelines	% Adherence
Needle Biopsy*	13/17	76%
Surgery*	12/17	71%
Chemotherapy*	10/12*	83%

*Needle biopsy: 4 not documented; Surgery: 3 referred to hospice, 1 currently being treated for breast cancer; Chemotherapy: 1 declined, 1 contraindicated

ⁱ National Comprehensive Cancer Network Guidelines Colon Cancer