

TEXAS HEALTH HARRIS METHODIST HOSPITAL FORT WORTH

OUTCOMES REPORT

2022

Patient-Centered Care





At Texas Health
Harris Methodist Hospital
Fort Worth, we are
committed to improving
the care of cancer patients
in the communities
we serve.



In 2006, Texas Health Fort Worth was the first hospital in Tarrant County to be accredited by the American College of Surgeons Commission on Cancer (CoC). Since then, the Cancer Program has undergone a re-accreditation on-site review every three years. The Cancer Program's most recent survey for re-accreditation by the CoC was in November 2022. The results were a three-year accreditation as a Community Hospital Comprehensive Cancer Program with no areas of deficiency noted. Maintaining this accreditation demonstrates the high-quality care provided to Texas Health Fort Worth patients from diagnosis through the treatment period, and beyond.

The primary goal of the Cancer Program is to provide safe, timely and effective care to our oncology patients. Diagnosing and treating oncology patients can be challenging under any circumstances. However, the COVID-19 pandemic, which began in late 2019, presented a new set of conditions for the program to address and overcome to provide optimal oncology patient care. In 2020, the Cancer Program saw a 21 percent decrease in the number of new cancer cases diagnosed. While not yet fully recovered to its pre-pandemic rates, 2,866 new cases were diagnosed and/or treated in 2022 by a team of physicians on the medical staff at Texas Health Fort Worth.

The members of the hospital's Cancer Committee, with representatives from each department, dedicated themselves to emphasizing the importance of a multidisciplinary approach for care of cancer patients.



Some of the 2022 Cancer Program achievements for Texas Health Fort Worth include:

- Successful recertification of the Kupferle Breast Program from the National Accreditation Program for Breast Centers (NAPBC).
- Successful recertification of the Brain and Spinal Tumor Programs by The Joint Commission (TJC).
- Implementation of evidence-based bundles to reduce surgical site infections (SSI) in neuro and colorectal patients.
- Improved nursing knowledge and skills for newly hired staff on Harris 7 through the Oncology Specialty Development Program.
- A decreased number of 'no show' patient visits in the Lung Nodule Clinic.
- Increased utilization of electronic chemotherapy order-sets with the addition of a Board-Certified Oncology Pharmacist (BCOP).
- Initiation of synoptic operative reporting for breast, colon and primary cutaneous melanoma cases.
- Opening of the Jane and John Justin Surgical Tower, which added 144 patient beds, 15 advanced surgical suites, and new preoperative and post-operative units to the hospital campus.
- Implementation of Schwartz Rounds as a forum for staff to discuss challenging emotional and social issues in providing compassionate care for patients.
- Improved time from diagnosis to first medical oncology appointment for lung cancer patients seen in the Lung Nodule Clinic.

Our aging population assures that cancer will remain a significant health concern. The Cancer Program at Texas Health Fort Worth is committed to providing compassionate, quality services throughout cancer care.

Respectfully submitted,

Frank Vuitch, M.D. | Chair, Cancer Committee

A handwritten signature in black ink that reads "Frank Vuitch, M.D." The signature is written in a cursive, flowing style.

Klabzuba Cancer Center... *you are not alone!*

A TOTAL OF 2,866 NEW CASES OF CANCER WERE ACCESSIONED AT TEXAS HEALTH FORT WORTH IN 2022, BRINGING THE TOTAL NUMBER OF CASES IN THE REGISTRY TO OVER 47,000.

Cancer Committee

In 2022, the Cancer Committee met quarterly on the third Friday in January, April, July and October. The committee monitored the goals and objectives for endeavors relating to cancer care in clinical areas, community outreach, programmatic endeavors and quality improvement. Systems were initiated to monitor key elements of these areas to continually improve the services provided to cancer patients and their families at Texas Health Fort Worth. Specific members were appointed to coordinate important aspects of the Cancer Program. These members are to be recognized for their time and efforts to the program in 2022 and include:

Frank Vuitch, M.D.

Cancer Committee Chair

Rohan Gupta, D.O.

Cancer Conference Coordinator

Lori Gordon, M.D.

Cancer Liaison Physician
Quality Improvement Coordinator

Rachel Theriault, M.D.

Clinical Research Coordinator

James Earl, LBSW, MPA

Survivorship Program Coordinator

Mary Binder, LMSW

Psychosocial Services Coordinator

Dianna Miller, RHIT, CTR

Cancer Registry Quality Coordinator

Cancer Registry

The cancer registry at Texas Health Fort Worth is a vital component of the Cancer Program. The registry is a data management service designed to comply with mandatory state cancer reporting regulations. It provides the medical staff and administration with data necessary to plan, research and monitor patient outcomes. The cancer registry at Texas Health Fort Worth is one of the largest reporting registries among non-academic hospitals in the state of Texas and is staffed with five Certified Tumor Registrars (CTRs) and one administrative assistant. The mission of the registry is to contribute to the knowledge of cancer prevention, diagnosis and treatment and cancer patient management through the collection of complete, accurate and timely cancer data.

Data is collected according to the current standards of the CoC. Each record entered into the database contains information on the diagnosis, extent of disease, treatment received, recurrence of disease and lifetime follow-up for each patient.

A total of 2,866 new cases of cancer were accessioned at Texas Health Fort Worth in 2022, bringing the total number of cases in the registry to over 47,000. Timely and accurate follow-up is essential for outcome comparison with regional, state and national statistics. Throughout 2022, the cancer registry maintained a follow-up rate of 90 percent or more on applicable cancer patients diagnosed within the last five years, and a follow-up rate of 80 percent or more for all patients diagnosed in the last 15 years.

Data collected by the registry is aggregated and shared through reports, studies and cancer statistics for the Cancer Program. The Rapid Quality Reporting System (RCRS) and the annual Call for Data submissions to the National Cancer Database (NCDB) serve as vital reporting and quality improvement tools that provide both real-time and long-term assessment of hospital-level adherence to quality of cancer care measures. In addition, these reports enable the Cancer Program to compare treatment and outcomes with regional, state and national patterns. Texas Health Fort Worth's data submissions to the RCRS are done monthly, and the annual NCDB Call for Data submissions have been without errors and with no rejected cases. Throughout the year, the Cancer Liaison Physician, Dr. Lori Gordon, provided regular RCRS and NCDB performance reports to the Cancer Committee.

Cancer Registry Abstracting Data Quality Review | Data Year: 2022

To effectively evaluate cancer care outcomes, the cancer registry data must be complete, timely and accurate. The cancer registrars at Texas Health Fort Worth take great pride in the quality of its data. Quality control procedures are strictly followed to identify and address data quality issues early to ensure data validity. Each month, cases are randomly selected for review. Case reviews are performed by physicians, APRNs and CTRs. A CTR may not review their own case. Core abstract codes are compared to information documented in the medical record. A quality checklist is completed for each case reviewed, and an accuracy rate of 90 percent or better is required. Errors or updates are resolved immediately upon identification and educational in-services are provided when trends are identified. Data points reviewed include but are not limited to:

- Abstracting timeliness (three months from date of first contact)
- ICD-O cancer site code, including laterality when applicable
- ICD-O histology/behavior code
- Tumor grade/differentiation code
- Class of case code
- Tumor size
- Number of lymph nodes positive/ number of lymph nodes examined
- American Joint Commission on Cancer (AJCC) stage: clinical, pathologic and neoadjuvant as appropriate, and any site-specific disease indicators
- First course of treatment codes
- Follow-up information (date of first recurrence, type of first recurrence, cancer status, date of last cancer status)

206/2016 (10.2%) ANALYTIC CASES REVIEWED - DIAGNOSED JAN - DEC, 2022

Is the class of case accurately documented?	97%
Is the ICD-O site documented accurately?	99%
Is the histology/behavior documented accurately?	99%
Is the tumor grade/differentiation documented accurately?	98%
Is the tumor size coded correctly?	99%
Is the number of lymph nodes positive coded correctly?	99%
Is the number of lymph nodes examined coded correctly?	99%
Is the Clinical AJCC T, N, M and stage group coded correctly?	96%
Is the Pathologic AJCC T, N, M and stage group coded correctly?	98%
Are the Site-Specific Indicators coded correctly?	93%
Is the first course of treatment accurately documented (Diagnostic)?	99%
Is the first course of treatment accurately documented (Surgery)?	97%
Is the first course of treatment accurately documented (Radiation)?	99%
Is the first course of treatment accurately documented (Chemo)?	99%
Is the first course of treatment accurately documented (Hormone/Immuno)?	99%
Is the date case completed within 3 months from date of first contact?	89%

Registry data quality is also assured through audit reports from the Texas Cancer Registry. The Texas Cancer Registry conducts data linkages with the Department of State Health Services Death Certificate File and Texas Inpatient and Outpatient Discharge Data to identify potentially missed cancer cases. These patients have not been reported by any other facility. A list of 233 potentially missed cases with admit dates at Texas Health Fort Worth in 2020 was provided for audit. Of the 233 cases, four were deemed missed, making our case finding accuracy rate 98 percent.

Cancer Conferences

Cancer conferences are meetings where specialists from various disciplines come together to discuss preselected cancer cases.

As cancer conference coordinator, Dr. Rohan Gupta provided regular conference activity reports to the cancer committee. Discussion points for each case include, but are not limited to, input regarding diagnostic work-up, prognostic factors, AJCC staging for treatment planning, national treatment guidelines, current available clinical trials and patient follow-up options. Radiographic imaging and pathology slides are reviewed for each case presented. Physician representation includes but is not limited to surgery, pathology, medical oncology, radiation oncology and diagnostic radiology.



The conferences were transitioned from in-person to virtual meeting formats with benefits such as expanded access and increased participation noted.

There were 176 conferences held in 2022. Of these, 42 were general conferences, 36 were rectal conferences, 34 were breast conferences and 42 were hepatobiliary conferences. In addition, 22 lung nodule patient care conferences were held. There were 621 cases presented throughout the year representing approximately 35 percent of the newly diagnosed cancer cases seen at Texas Health Fort Worth in 2022. Nearly all (99 percent) of the cases presented were a prospective presentation, meaning that discussions were centered on issues that directly impact patient care and treatment management.

All required physician specialties attended at or above the committee's established requirements for each conference, as outlined in the cancer conference policy. Other conference attendees included nurses, genetic counselors, cancer registrars, radiation technologists, physical therapists and other health care professionals.

Outpatient Medical Services

In 2022, the Outpatient Medical Services (OPMS) department completed 2,755 patient visits. Patient treatments provided throughout the year included intravenous medications such as chemotherapy, biotherapy, immunotherapy, antibiotics, hydration and electrolyte replacement. Over 539 blood products were transfused. Other services provided in the OPMS department included therapeutic apheresis, bone marrow biopsies, subcutaneous and IM injection, therapeutic phlebotomy, implantable port care and placement of peripherally inserted central catheters (PICC). In addition to regular infusion visits, the OPMS department administered 727 doses of FDA emergency authorize use (EAU) monoclonal antibodies to COVID-positive patients in 2022.

Typical clinical diagnoses treated in the department include cancer, hematological and immunosuppressive disorders, renal and post-kidney transplant, and pulmonary disorders.

Cancer Resource Center

The services within the Cancer Resource Center (CRC) include consumer health resources and a collection of cancer related books. The CRC also has space for a boutique with wigs, camisoles and other items intended to make cancer treatment a little easier for the patient. The CRC continues to be a centralized source for educational materials for the Cancer Program staff and community, offering resources for health fairs and other educational events. Several educational items are provided in Spanish, Vietnamese and Burmese. Educational resources are frequently evaluated to assure they are culturally appropriate to the patient needs in the communities we serve. In 2022, the CRC had 476 visitors and 286 phone inquiries from individuals seeking general cancer information. The boutique provided 75 wigs and 160 turbans or hats to patients who faced hair loss from chemotherapy or radiation treatments. The combination of printed resources, boutique items, computer access, and just having a space for survivors or family members to come and chat fulfills our mission of improving the health of the people in the communities we serve.



The Kupferle Comprehensive Breast Center



In 2022, the Kupferle Breast Center focused on solidifying internal operations in a post-COVID world and systematically improving the quality of care provided to patients. The breast center chose to participate in two separate national quality improvement studies. The first project was conducted by the ACR Learning network and focused on improving mammographic positioning. The breast center was one of six facilities selected to participate in the ACR Mammography Positioning Improvement Collaborative out of over 100 applicants. This collaborative allowed the breast center to utilize standard performance improvement techniques to improve the quality of mammographic positioning, which in turn, improves the quality of the exam itself. Poor mammography positioning is the primary cause of technically inadequate mammograms and may contribute to undetected breast cancer.

The second project was conducted by the NAPBC to examine the timeliness from screening to diagnosis and first treatment of breast patients at NAPBC-accredited breast centers. This study, called PROMPT: Patient Reported Observations for Medical Procedure Timeliness for Breast Patients, required the center to submit timeliness data for comparison with other participating centers. Approximately 280 other breast centers participated in this study in 2022. The data benchmarking from the 2022 PROMPT study will be used in 2023 for additional performance improvement activities.

In late 2021, the center resumed its MRI-guided breast biopsy program after a hiatus of several years and in 2022 performed an average of three MRI-guided breast biopsies per month. Additionally, as part of our commitment to providing comprehensive breast services, the Kupferle Breast Center partnered with our sister facility at Texas Health Willow Park to provide remote diagnostic mammogram services at Texas Health Willow Park. The technological advancements that became standard practice during the COVID pandemic allowed for the implementation and acceptance of remote diagnostic mammography. Patients who need additional follow up after their diagnostic mammogram at Texas Health Willow Park are navigated to Kupferle for that care.

- 3,272** screening mammograms
- 1,242** diagnostic mammograms
- 4,260** 3D mammograms
- 700** breast ultrasounds
- 469** breast biopsies & procedures
- 2,097** mobile mammograms
- 161** breast MRI
- 30** breast MRI biopsies

IN 2022, 2,242 INDIVIDUALS RECEIVED CANCER PREVENTION AND HEALTH MAINTENANCE SERVICES THROUGH WELLNESS FOR LIFE™.



The Mobile Health - Wellness for Life™ is a program in the Community Health Improvement Division of Texas Health Resources. The scope of services includes screening (early detection); prevention services; chronic disease management of diabetes, hypertension and high cholesterol; and education and support resources. Services are delivered in high-needs communities through outreach by community health workers and are enhanced by the availability of several mobile health coaches. Health care is provided by teams of health care professionals, including family nurse practitioners and mammography technologists. Four mobile health vehicles are equipped for comprehensive physical examinations. Three of these vehicles are equipped to perform screening mammography that meet American College of Radiology Accreditation.

The COVID-19 pandemic has profoundly impacted Wellness for Life™ services. The mobile health program suspended operation in March 2020 and resumed services on a limited basis in July of that year. Careful planning for the resumption of services provides for environmental safety of staff and consumers. Specialized sanitation of interiors of all mobile health service delivery coaches, appropriate personal protective equipment and spaced appointment times have allowed mobile health services to continue and have resulted in safe resumption of services with reduced patient volumes.

Wellness for Life™ has incrementally resumed to full capacity for health promotion, early detection and chronic disease management services.

MAMMOGRAPHY SCREENING

The Kupferle Breast Center provides screening mammography services in conjunction with Wellness for Life™ throughout Tarrant, Dallas and surrounding counties. There were 2,099 screening mammograms performed in 2022. Digital screening mammograms were provided to 1,557 uninsured women with funding support from the Texas Health Foundation. Diagnostic follow-up procedures were performed for 166 women and seven were diagnosed with breast cancer.

COLON CANCER SCREENING

Colon cancer screening kits, cancer risk assessment and health education were provided to 171 individuals in 2022. Of these, 76 individuals returned the kits for processing, a response rate of 44.4 percent. Two individuals had positive findings.

CERVICAL CANCER SCREENING

Cervical cancer screening, clinical breast examination and health education were provided to 478 women in 2022. Of the total number of women screened for cervical cancer, 11 had a potential pre-cancerous result and were referred for follow-up treatment. No individuals had positive findings.

Patients identified with an abnormal screening are contacted by the nurse practitioner to ensure appropriate follow-up care. Barriers to follow-up care in the mobile health program are due to the patient's location in a rural area, lack of transportation resources and lack of insurance. To address these barriers, the mobile health program has partnerships with a variety of community organizations, including Cornerstone Health Network and North Texas Area Community Health Centers.

MOBILE HEALTH SERVICES PLAYED A VITAL ROLE IN TEXAS HEALTH'S COMMUNITY COVID VACCINE DISTRIBUTION PLANS. THE EFFORT IN 2022 RESULTED IN THE ADMINISTRATION OF 1,217 COVID-19 VACCINE DOSES AMONG 1,162 UNIQUE INDIVIDUALS AT 84 COMMUNITY POP-UP CLINICS.





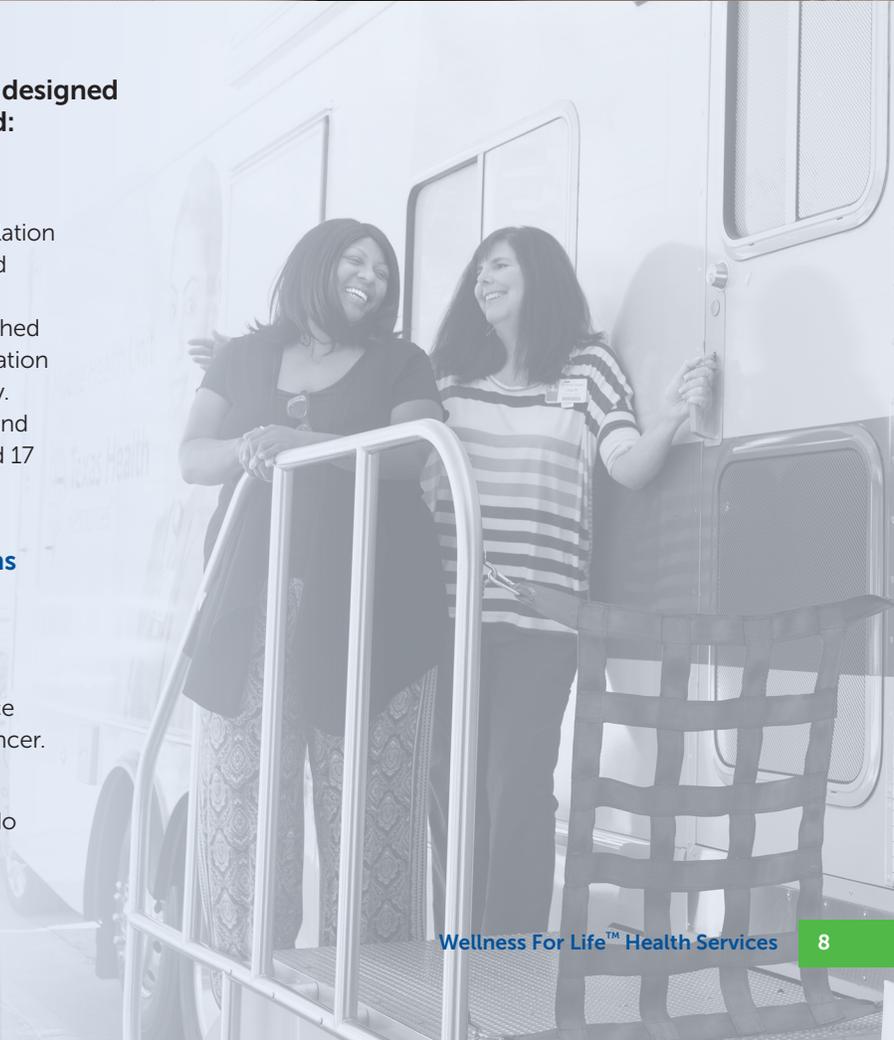
The Mobile Health - Wellness for Life™ program is designed to address the following areas of community need:

Chronic Disease Management Clinic (CDM Clinic)

This clinic delivers affordable care to the underserved population with certain chronic health conditions that lead to increased mortality risk and over-utilization of hospital emergency departments. In late 2019, the mobile health program launched the first mobile CDM Clinic to meet the needs of this population within the communities where they live, work, play and pray. Targeted health conditions include diabetes, hypertension and hyperlipidemia. In 2022, 24 individuals received services and 17 had abnormal lipids results.

The Mobile Health - Wellness for Life™ program aims to address the needs identified in the Texas Cancer Plan, 2018.

- To improve screening and early detection to increase the number of cancers diagnosed at an early stage and reduce deaths from breast cancer, cervical cancer and colon cancer.
- Promote timely access to and utilization of care for individuals who are under-insured or uninsured, or who do not qualify for financial assistance programs.



Oncology Unit



The oncology unit at Texas Health Fort Worth is located on the 7th floor of the Harris Tower and has 35 inpatient beds for care. The unit is staffed with both oncology trained nurses and 11 Oncology Certified Nurses (OCNs). Nurses who care for patients on the oncology unit complete the ONS Chemotherapy and Biotherapy course. New employees are enrolled in a Texas Health Fort Worth Specialty Development Course after they complete their orientation/probationary period, followed by the ONS course. They are required to demonstrate competency within 15 months of hire. Chemotherapy policies are reviewed and updated regularly to reflect current evidence-based practice. The Nursing Career Advancement Program (NCAP) encourages direct care nurses to become expert clinicians. Ten nurses who care for patients on the oncology unit are currently active in the NCAP program and participate in various research and evidence-based projects.

Answering the call to be more than just a caregiver, several of the current Texas Health Fort Worth oncology nurses have been recognized for their extraordinary skills and compassionate care. These honors include:

- 7 Great 100 Nurses
- 3 Daisy Award winners
- 4 Healing Hands, Caring Hearts Award winners
- 10 Wiggins Award winners
- 8 Clinical Nurse Leader Award winners
- 3 OCN Nurse-of-the-Year winners
- 2 Texas Health Fort Worth Hall of Fame winners
- 2 Texas Health Fort Worth Employee of the Year winners
- 1 Culture Champion Award winner
- 1 Nursing Excellence Award winner
- 1 Clinical Excellence Award
- 4 Promise Cup Awards
- 1 Living the Promise Award

The services provided on the inpatient oncology unit continue to include but are not limited to antineoplastic chemotherapy administration, immunotherapy, biotherapy, blood product infusions, IV medication infusions, bone marrow biopsy, thoracentesis, paracentesis, intrathecal chemotherapy, symptom management, end-of-life care, supportive care and telemetry monitoring. Using a multidisciplinary approach incorporating care from transition management, PT, OT, dietary, respiratory, palliative care services, chaplain, pain management and other ancillary services, the nurses on the oncology unit develop and provide individual treatment plans for each patient with the primary goal of improving treatment efficiency and patient care.

Supportive and Palliative Care



Supportive and palliative care is holistic care provided by an interdisciplinary group of professionals who help patients and families address difficult issues that arise from life-limiting or life-threatening conditions. While the focus is on alleviating suffering and promoting quality of life, patient and family goals and desires are expressed in developing the plan of care.

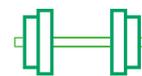
The Supportive and Palliative Care Program consists of an inpatient adult consult service, a 16-bed inpatient palliative care unit and neonatal palliative care. Alvin Mathe, D.O., FACP, FACOI, a physician on the Texas Health Fort Worth medical staff, serves as the medical director for the Supportive and Palliative Care service. Dr. Mathe is board-certified in internal medicine and hospice and palliative medicine. The core interdisciplinary team is comprised of physicians on the medical staff at Texas Health Fort Worth, nurse practitioners, nurses, social workers and chaplains. Other key team members include but are not limited to child life specialists, respiratory therapists, pharmacists, functional therapists and nutritionists.

Texas Health Fort Worth's Palliative Care Program received initial accreditation for advanced palliative care through TJC in 2012 and was recertified in 2021. The service has remained committed to quality patient care with guidance from the Palliative Care Steering Committee, which includes representation from oncology services.





Rehabilitation Services



The Oncology Rehabilitation Program at Texas Health Fort Worth aims to help patients dealing with the effects of cancer or cancer treatment rebuild strength and endurance and improve their ability to perform functional tasks. Functional assessments are conducted as part of the initial evaluation for every patient seen at Texas Health Fort Worth. Evaluations are conducted by one of the many certified rehabilitation professionals and may include but are not limited to:

- Pre-injury/illness functional status
- Physical therapy (mobility, strength, endurance, range of motion, skin integrity, lymphedema)
- Occupational therapy (Activities of Daily Living [ADL], Instrumental Activities of Daily Living [IADL], coordination, cognition, vision)
- Speech-language pathology (speech, swallowing, cognition)

The focus of the oncology rehab specialty program is to treat the whole person. In addition to the certified rehabilitation professionals, other health care workers assist cancer patients. These include but are not limited to:

CASE MANAGER

Facilitates seamless communication between the patient, the rehab team and physicians

REHABILITATION NURSE

Assists with medication and medical management and provides health and wellness education

REHABILITATION COUNSELOR

Helps patients and/or family members cope and adjust

The Lymphedema Program at Texas Health Fort Worth is unique in that it is the only program in the North Texas area that has ownership of a grant from the Texas Health Resources Foundation. Qualifying patients who develop lymphedema for any cancer diagnosis are provided with needed supplies for the treatment and maintenance phase. This includes bandages and one set of compression garments. In 2022, \$29,579 of grant funding was utilized to assist 35 patients with lymphedema therapy services.

Oncology Nutrition



Nutrition is an important part of cancer treatment. Texas Health Fort Worth has several Registered Dietitian Nutritionists (RDN) and diet technicians available to address patient nutrition and hydration needs throughout the continuum of cancer care. Patients are initially screened for nutrition needs within 24 hours of admission. Nutrition consults are sent to the RDNs or diet technicians for any reason deemed appropriate by medical professionals. All patients deemed high-risk are referred to an RDN. The nutrition team collaborates between inpatient and outpatient nutrition services to assure pre- and post-treatment interventions are achieved within the acute care setting.



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Cancer Program Disease Site Teams

TO HELP ACCOMPLISH THE GOALS OF THE CANCER PROGRAM AND TO ADDRESS THE UNIQUE NEEDS OF CERTAIN CANCER TYPES, THE CANCER COMMITTEE IMPLEMENTED SITE-SPECIFIC DISEASE TEAMS.

Each site-specific team is comprised of multidisciplinary physicians and non-physician members from the medical staff. All are under the direction of a physician who serves on the Cancer Committee.

The Disease Site Teams help guide program development and site-specific protocols using the most current evidence-based guidelines for patients with brain, breast, colorectal, hepatopancreaticobiliary and thoracic cancers.

When appropriate, the teams utilize various reporting tools from the NCDB to compare and identify problems in practice and delivery and implement best practices to diminish disparities in care. ▶

Breast Disease

AMELIA TOWER, D.O., FACOS

Since 2014, the Breast Program at Texas Health Fort Worth has been accredited by the National Accreditation Program for Breast Centers. The standards which the NAPBC developed cover six areas of breast care and include:

- Breast center leadership
- Clinical management
- Research
- Community outreach
- Professional education
- Quality improvement

Each year, the Breast Program Leadership Committee (BPLC) holds quarterly meetings and monitors activities in each of the six breast care areas.

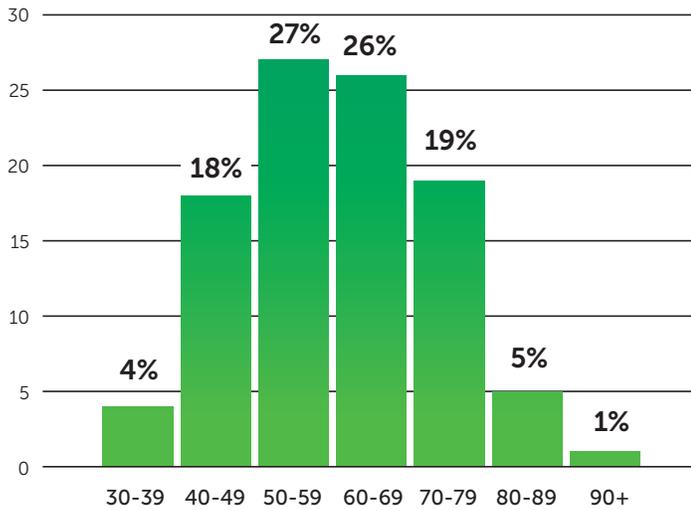
A total of 407 breast cancer cases were seen at Texas Health Fort Worth in 2022. This accounts for approximately 14 percent of all cancer cases seen during the year. Of these, 285 were newly diagnosed cases and 242 of these cases received all or part of their first course therapy at Texas Health Fort Worth. The age at diagnosis for breast cancer patients treated at Texas Health Fort Worth in 2022 ranged from 31 to 93 years. The median age at diagnosis was 60. Breast cancer is most often found in females, but males can get breast cancer too. Nationally, about 1 in every 100 breast cancer is found in a man. Most breast cancers diagnosed in 2022 at Texas Health Fort Worth were in females. However, there were two male breast cancer patients diagnosed.

The number of early-stage breast cancers (AJCC stage 0, I, II) compares relatively equal to that of national experience and demonstrates the importance and strength of the Breast Cancer Screening Program at Texas Health Fort Worth.

Over 60 percent of the breast cancer patients lived in Tarrant County at the time of their diagnosis. Patients living in several other surrounding counties, such as Parker, Johnson and Denton, were treated as well.

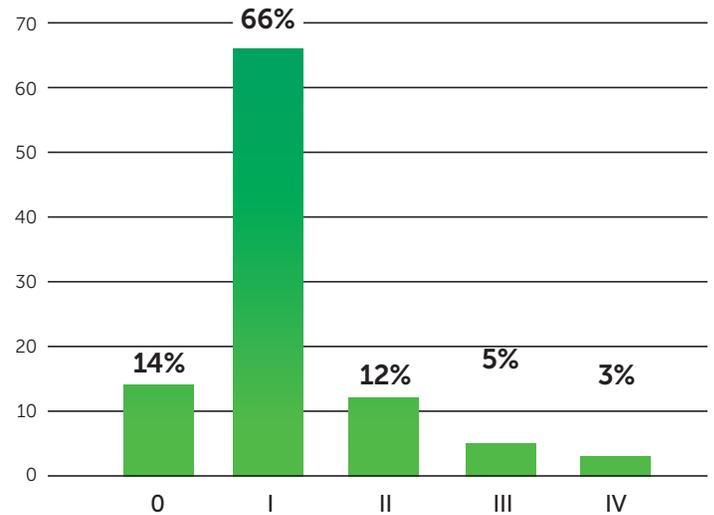


Age at Diagnosis



Breast conserving surgery for patients with early-stage breast cancer is a nationally accepted standard of care in appropriately selected patients. Each year, the Breast Team evaluates breast conservation surgery rates for women with AJCC stage 0, I, or II breast cancer. The NAPBC target rate is 50 percent. Of 213 eligible early-stage breast cancer patients, 66 percent had breast conserving surgery performed. When discussing surgical treatment options, factors such as age, quality of reconstruction surgery, multifocal disease status, family history, genetics and patient preference are considered as part of shared decision making.

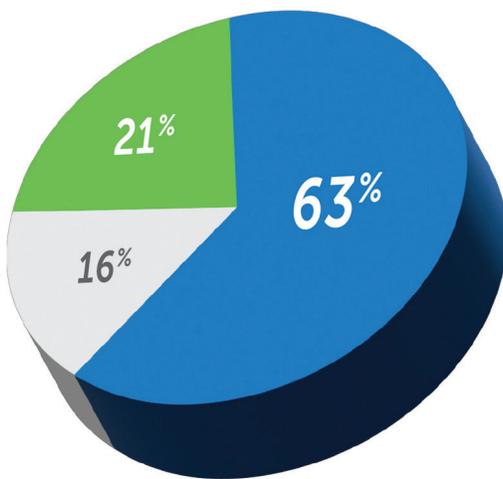
AJCC Stage at Diagnosis



Patients undergoing mastectomy are also included in the informed decision-making process and are offered a preoperative discussion with a board-certified reconstructive/plastic surgeon. The BPLC annually monitors the referral offer compliance rate for all appropriate candidates. In 2022, there were 71 mastectomy patients eligible for preoperative reconstructive/plastic surgeon consult. Of these, 97 percent were known to have been referred for consultation.

Breast cancer care is complex and often involves different treatment modalities. Care coordination with each medical specialty requires good communication and collaboration. The BPLC frequently evaluates timeliness of care to identify potential gaps in services. To do this, the committee reviews the NCDB's breast-specific accountability and quality improvement measures to evaluate for deviation in standard treatment patterns. While patients may meet established criteria for the quality measure being evaluated, circumstances such as co-morbidities and patient preferences may affect treatment choices. The table below demonstrates Texas Health Fort Worth's adherence to accountability and quality improvement measures for breast patients diagnosed in 2021, since these patients should have all their recommended cancer treatments either already initiated and/or completed.

Breast Cancer Surgery



- BREAST CONSERVING
- UNILATERAL MASTECTOMY
- BILATERAL MASTECTOMY

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Breast Quality Measure	THFW Performance Rate	National Benchmark
Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer	55.2%	50%
First therapeutic breast surgery in a non-neoadjuvant setting is performed within 60 days of diagnosis for patients with AJCC clinical stage I-III breast cancer	87.1%	Not applicable
Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer	93.0%	90%
Combination chemotherapy or chemo-immunotherapy (if HER2 positive) is recommended or administered within 4 months (120 days) of diagnosis for women under age 70 with AJCC T1xN0M0, or Stage IB-III hormone receptor negative breast cancer	90.5%	Not applicable
Tamoxifen or third-generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1xN0M0, or Stage IB-III hormone receptor positive breast cancer	95.8%	90%
Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with four or more positive regional lymph nodes	100%	90%
Image or palpation guided biopsy to the primary site is used to establish a diagnosis of breast cancer	96.4%	80%



Several quality improvement initiatives were undertaken by the breast program in 2022. Mammography appointments were noted to average approximately 23 minutes. The staff wanted to improve the perception of timeliness of care and the accuracy of mammography patient history and reduce duplicate questioning. An action plan was put into place which changed how a patient's mammography history was obtained. Instead of having patients fill out their mammography history in the waiting room, the technologist reviewed the history in the exam room directly with the patient. As a result of this change of process, the average mammography appointment times from door to door improved to approximately 14 minutes. Furthermore, patients are commenting more on their surveys about the ease and timeliness of their appointments.

The Breast Program participated in the NAPBC's PROMPT Study. This national study examines timeliness from screening to diagnosis and first treatment of breast patients seen at NAPBC-accredited breast centers. Timeliness metrics data from our center was submitted. Each participating center will receive aggregated data so they can design their own internal quality improvement project around timeliness. These projects will be performed in 2023.

Funded with a grant from the Gordon and Betty Moore Foundation, the ACR Learning Network sought to harness a learning health system approach to improve diagnostic imaging in cancer diagnosis. The goal of the collaborative's first cohort is to establish the foundational work for subsequent cohorts working on the same problem for lung, prostate MRI and breast mammography. Collaborative results will be published nationally.

Of over 200 applicants, Texas Health Fort Worth's breast program was one of six facilities chosen by ACR to participate in the Mammography Positioning Study. Our wide range of diverse work settings allow for study of the traditional breast center, the mobile program and two satellite facilities (Texas Health Burleson and Texas Health Willow Park).

Proper mammographic positioning is critical to the radiologist's ability to identify potential lesions. Poor breast positioning has been shown to contribute to undetected cancer in several studies. Suboptimal images can create stress for the radiologist and can delay clinical decision making. Folds can result in either missing a lesion or lead to a false positive, resulting in a patient call back. The call backs create anxiety for the patient, add expense and add radiation exposure.

The quality improvement initiative team members included:

Lesley Kibel, MHA, CRA, CN-BM | Manager, Kupferle Breast Center

Kelly C. Starkey, M.D. | Physician Leader, Lead Interpreting Physician

Rebecca Wallace, RT (R)(M) | Team Leader, Supervisor, Kupferle Breast Center

Cincy Stepp-Gann, MS, CCC | QI Coach, Director, Quality Management

Kerry Hogue, RT (R)(M) | Team Member, Mammographer

Kaye-Lani Mariani-Hall, RT (R)(M) | Team Member, Mammographer

The ACR Positioning Guidelines were reviewed. An audit of 167 random studies from April 3, 2022, through May 21, 2022, was done and showed only 33 percent of images were meeting the ACR criteria for proper mammographic positioning. The overall goal of the project was to improve mammographic image quality scores from 33 percent to 85 percent by November 1, 2022.

Using the Cause-and-Effect Diagram and Pareto Chart, the team studied factors contributing to inconsistent image quality. Issues were categorized into four groups and included:

Patient 57%

- Reduced range of motion
- Inability to stand without assistance
- Non-compliance with instructions

Environment 17%

- Patient is late for appointment
- Patient is added to schedule without enough time

Communication 19%

- ESL
- Cognitive Issue

Miscellaneous 8%

- Body habitus
- Implants
- Reduction
- Patient is taller than tech

Key drivers and several interventions were implemented. To begin, everyone had to agree on the definition of quality. To accomplish this, team huddles were held and quality standards were provided and explained to the mammography technicians. Each technician sat with the radiologist to evaluate images and gain consensus. Quality guidelines and positioning references were posted in the exam room.

A standard process for positioning was created and shared with technicians and a floor guide aid was implemented to help with patient positioning.

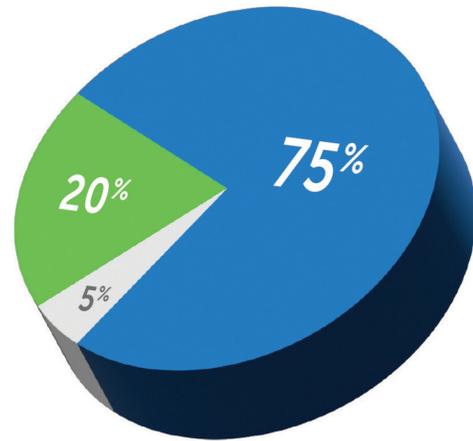
Data measuring and reporting was implemented with weekly audits. Results were provided to the techs. A positioning coach was designated who provided monthly positioning education. Gemba Walks were performed. The mammographic image quality target rate of 85 percent was achieved in July and has continued to improve to a current rate of 97 percent.

Colorectal

BETHANY MALONE, M.D., FACS

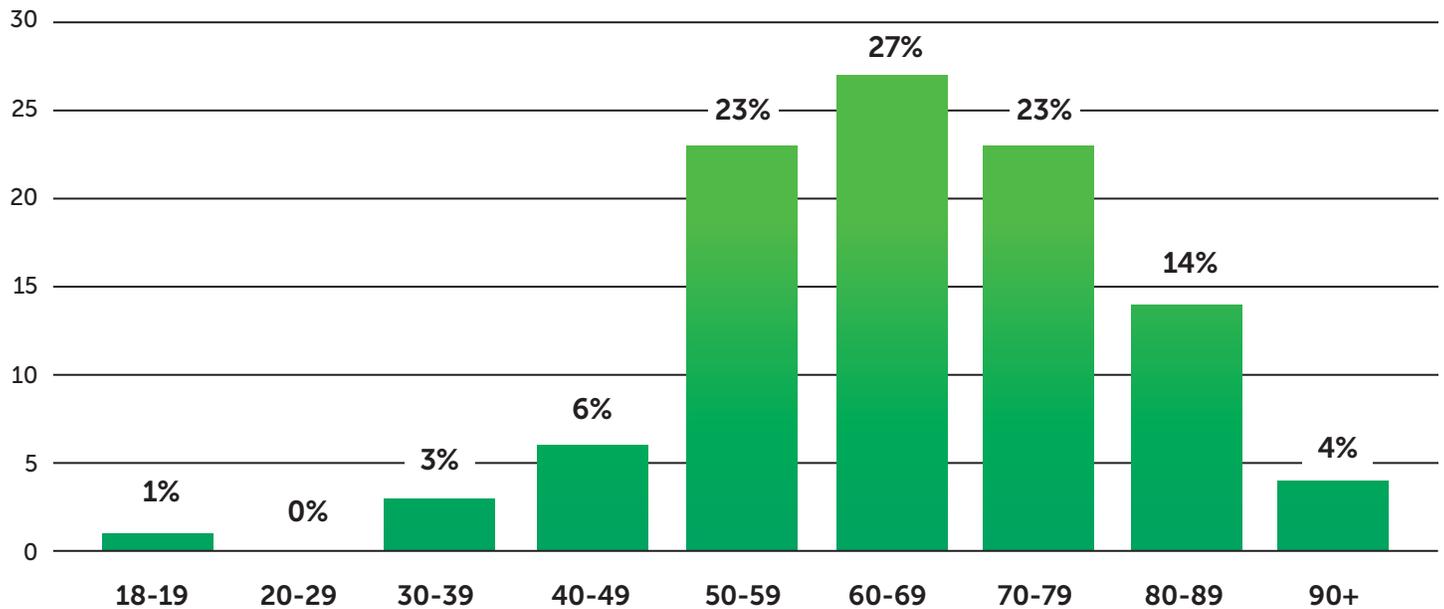
The American Cancer Society estimates there will be 106,180 new cases of colon cancer and 44,850 new cases of rectal cancer in the United States in 2022. Colorectal cancer is the third most diagnosed cancer in the U.S. and is the second leading cause of cancer death in men and women. With a total of 287 colorectal cases in 2022, colorectal cancers account for approximately 10 percent of all cancers seen at Texas Health Fort Worth. Of the total cases, 54 percent were males and 46 percent were females. Of these, 221 were newly diagnosed patients, of which 191 (86 percent) received some or all of first course treatment at Texas Health Fort Worth.

Colorectal Primary Cancer Site



- RECTUM
- COLON
- RECTOSIGMOID JUNCTION

Colorectal Age at Diagnosis



Age at diagnosis in the newly diagnosed patients ranged from 18 years to 102 years. The median age at diagnosis was 66 years. Nineteen (10 percent) of the 191 newly diagnosed patients were under the age of 50. According to the American Cancer Society, the incidence of colorectal cancer is rising by about 2 percent annually in young people. It is estimated by researchers that colorectal cancer will be the leading cause of cancer deaths in people ages 20-49 by 2030. Young-onset rectal cancer incidence has increased at nearly twice the rate of young-onset colon cancer. An increase in sedentary lifestyles and a higher prevalence of obesity and an unfavorable diet are thought to be reasons for the rise in cases within this group.

The NCDB has several colorectal cancer quality improvement measures for internal monitoring of performance within the hospital. While patients may meet established criteria for the quality measure being evaluated, circumstances such as co-morbidities and patient preferences may affect treatment choices. The table below demonstrates Texas Health Fort Worth's adherence for colorectal patients diagnosed in 2021, since these patients should have all their recommended cancer treatments either already initiated and/or completed.

Colorectal Quality Measures	NCDB Benchmark	Texas Health Fort Worth
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer	94.0%	85.0%
Adjuvant chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer	100%	Not applicable
Circumferential margin is greater than 1 mm from the tumor to the inked, non-serosalized resection margin for rectal resections	100%	Not applicable
Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended for patients under the age of 80 receiving resection for rectal cancer	84.6%	85.0%

Recognizing the complexity of treating rectal cancer and the importance of multidisciplinary treatment strategies for this disease, rectal cancer conferences were held at least twice monthly throughout the year. Complete and accurate pre-treatment AJCC clinical staging of a rectal cancer patient forms the essential basis for the individualized treatment planning discussion that occurs at these cancer conferences. MRI of the pelvis is the preferred imaging modality for accurate local staging and Computerized Tomography (CT) or Positron Emission Tomography-Computed Tomography (PET/CT) scan of the chest, abdomen and pelvis are used to evaluate for systemic staging. Once a clinical stage has been established, the RC-MDT collaborates to determine the best treatment options and sequencing of various treatment modalities.

In 2022, a total of 36 rectal cancer care conferences were held with 57 rectal cancer patient presentations. Of these, 98 percent had prospective discussions directly impacting patient care and treatment management.

In 2022, the Colorectal Steering Committee established a goal to achieve accreditation by TJC as a Colorectal Center of Excellence. Unfortunately, TJC discontinued this disease-specific accreditation before the goal could be obtained. Efforts will continue to make Texas Health Fort Worth known as a Colorectal Center of Excellence where patients receive a high level of care from an extraordinary interdisciplinary team while providing necessary resources needed for the best possible outcomes.



Klabzuba Cancer Center... you are not alone!

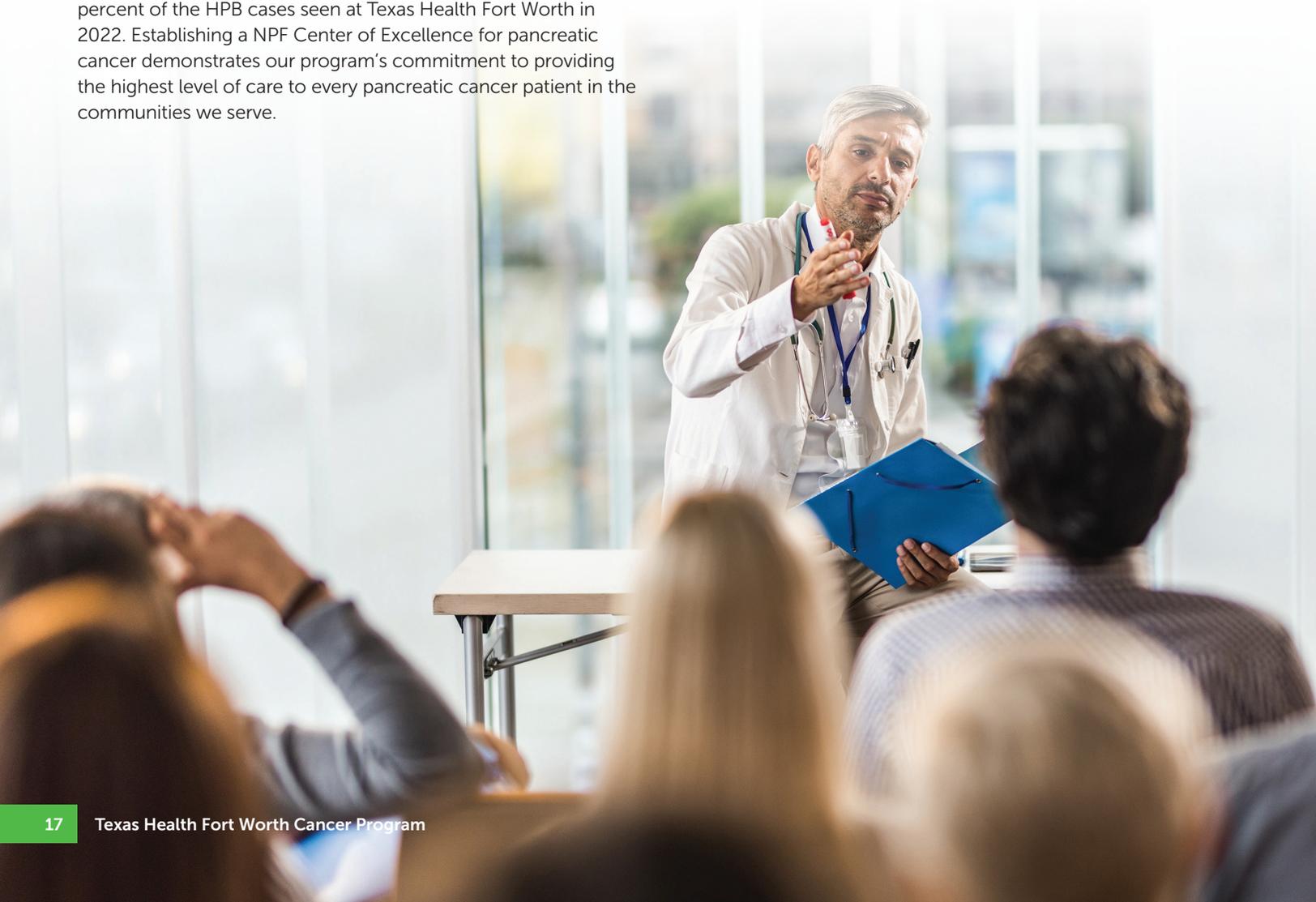
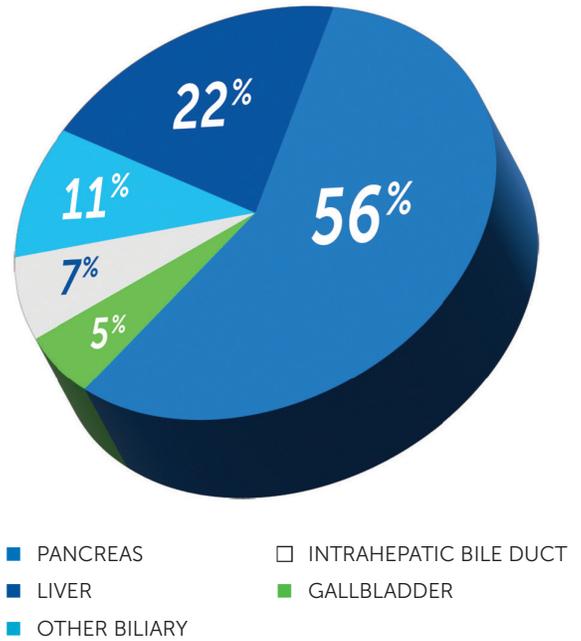
Hepatopancreaticobiliary

ZEESHAN RAMZAN, M.D.

Malignant diseases in the liver, pancreas, gallbladder and bile duct are among the most challenging and complex surgical cases and require a high degree of expertise and skill. Often, these cases are diagnosed at a late stage, after the primary tumor has spread to adjacent or distant organs, precluding curative therapy. With this in mind, multidisciplinary hepatopancreaticobiliary (HPB) cancer conferences were initiated in April, 2021. These conferences allow participants to discuss the latest advancements in diagnosis and treatment while planning individualized multimodality therapy, including new surgical techniques, neoadjuvant, adjuvant, radiation therapy and palliative care. In 2022, there were 42 HPB cancer care conferences where 140 cases were presented. Of these, 98 percent had discussions directly impacting patient care and treatment management.

Tanya Kidandi, AGPCNP-BC, CPH, continues to serve as the Hepatopancreaticobiliary Program Coordinator and oversees the development of guidelines, protocols, pathways and other performance improvement activities as they relate to HPB patient care. Kidandi will also be leading efforts as the hospital seeks accreditation from the National Pancreas Foundation (NPF) as a Center of Excellence. Pancreatic cancers accounted for 56 percent of the HPB cases seen at Texas Health Fort Worth in 2022. Establishing a NPF Center of Excellence for pancreatic cancer demonstrates our program's commitment to providing the highest level of care to every pancreatic cancer patient in the communities we serve.

2022 Newly Diagnosed HPB Cases



Brain Tumor

ADRIAN HARVEY, D.O.

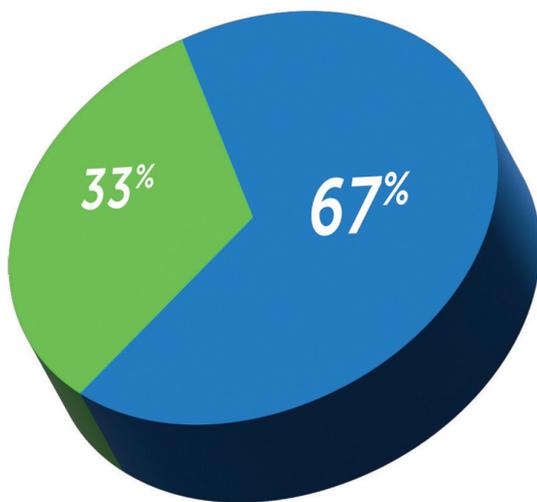
In 2015, the Cancer Committee established a programmatic goal to obtain The Joint Commission Disease-Specific Care Certification for Brain Tumors. This accreditation is a symbol of quality that reflects an organization's commitment to providing safe and effective patient care. In 2016, **Shannon Carey, DNP, ACNP-BC, CNRN**, the Neurosurgery service line nurse practitioner, and the Brain Tumor Team were recognized for leading Texas Health Fort Worth as the second health care facility in the U.S. to receive The Joint Commission Disease Specific-Care Certification for Brain Tumor, earning a Gold Seal of Approval. Texas Health Fort Worth is still one of only five hospitals nation-wide with this recognition.

The Brain Tumor Program at Texas Health Fort Worth is comprehensive and provides evidence-based clinical care. The focus is on the patient. Treatment options are carefully considered for each individual patient and may include:

- Radiation therapy
- Chemotherapy
- Stereotactic radiosurgery
- Image-guided neurosurgery
- Cranial-based surgical procedures

162

Number of brain/central nervous system tumors diagnosed and/or treated at Texas Health Fort Worth in 2022.



■ MALIGNANT

■ NON-MALIGNANT



In 2022, Texas Health Fort Worth performed six awake craniotomies. This approach is used for tumors in eloquent areas of the brain to facilitate maximal safe resection while preserving function. A Speech Language Pathologist (SLP) is consulted for language functions preoperatively, intraoperatively and postoperatively. In addition, Anesthesia facilitates intraoperative awakening (asleep – awake – asleep) and pain control.

Texas Health Fort Worth is one of only a few centers in the Dallas-Fort Worth area to offer laser interstitial thermal therapy (LITT). This is a minimally invasive procedure used to treat deep tumors, seizures and necrosis from radiation therapy. The first case was performed in February 2021, and four procedures were performed in 2022.

An optical imaging agent called Gleolan (aminolevulinic acid hydrochloride) is a tool used in surgical resection of gliomas. Treating gliomas can be challenging, since these tumors often have "finger-like" projections that may extend into different parts of the brain. Taken orally by the patient a few hours prior to surgery, Gleolan turns the glioma tumor cells bright pink or magenta, increasing their visibility to the surgeon, who uses a special blue light for detection. There was one Gleolan case performed in 2022.

Recurrent brain tumors usually occur within 1 cm of the tumor bed and can be very difficult to visualize. GammaTile Therapy is a Surgically Targeted Radiation Therapy (STaRT) that provides immediate, dose-intense radiation treatment at the completion of surgical resection. A bioresorbable, flexible collagen tile is placed within the brain and begins targeting residual tumor cells before they can replicate or grow back. This results in an extended local recurrence free survival rate and minimizes complications. In 2023, Texas Health Fort Worth will begin offering this treatment.

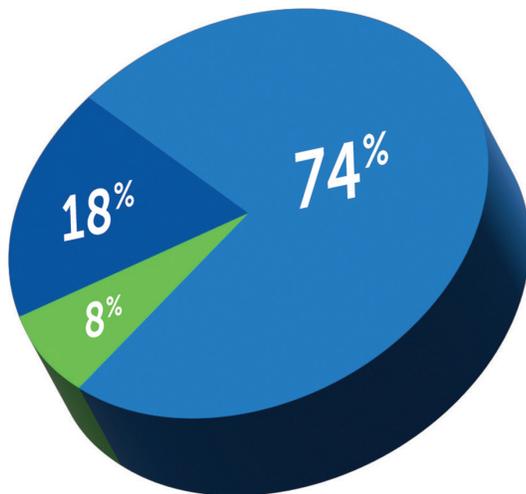
To help provide the comprehensive tools needed for recovery, the Brain Tumor Program offers patients an exclusive pre-surgical brain tumor education program. Included in this program is a binder with resources – at the hospital and within the community – for patients and caregivers. The nursing staff help guide patients through their care and provide education about their diagnosis and treatment recommendations.



JOHN BURK, M.D. | RICHARD VIGNESS, M.D.

Lung cancer is the most common cancer diagnosed at Texas Health Fort Worth. Nationally, it is the second most common cancer in both men and women, behind prostate cancer and breast cancer, respectively. According to the American Society of Clinical Oncology (ASCO), the five-year survival rate for people with all stages of lung cancer is 19 percent. More than half of people with lung cancer die within one year of being diagnosed, according to the American Lung Association. With 464 cases seen in 2022, lung and bronchus cancers accounted for approximately 16 percent of all cancer cases seen at Texas Health Fort Worth. Of these, 308 were newly diagnosed cases and 170 of these cases received all or part of their first course therapy at Texas Health Fort Worth. Forty-seven percent of the cases were male, while 53 percent were female. Age at diagnosis ranged from 27 to 96 years. The median age at diagnosis was 71.

Newly Diagnosed Cases



- NON-SMALL CELL CARCINOMAS (NSCLC)
- SMALL CELL CARCINOMAS (SCC)
- OTHER HISTOLOGIES

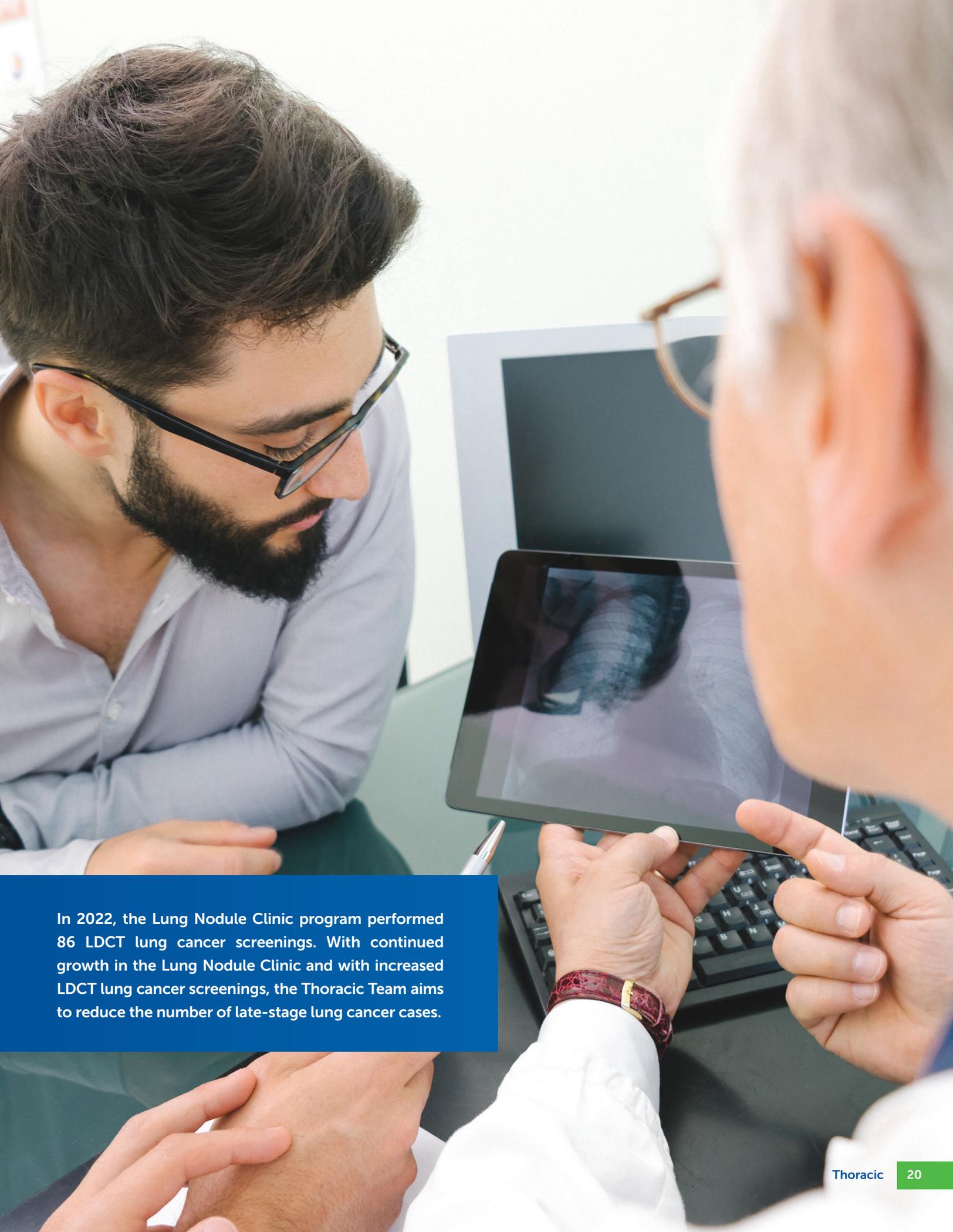
The Thoracic Disease Site Team physicians and non-physician members met several times throughout the year with the primary goal of continued expansion of the on-site Lung Nodule Clinic. This clinic was established in 2020 and is designed to help diagnose, monitor and treat patients with previously identified or suspected lung nodules. When lung cancer is found at an earlier stage, while it is small and before it has spread, it is more likely to be treated successfully.

Kim Faught, MSN, APRN, FNP-C, and Hayley Brown, MSN, APRN, ACNP-BC, ACHPN, serve as the clinic's thoracic nurse practitioners. With help from **Debbie Bradford**, Cancer Care Coordinator, Faught and Brown meet one-on-one with patients to gather patient history and risk factors. Radiographic imaging is closely reviewed by physician members of the team, and shared decision-making is done to determine the best approach for diagnostic tissue sampling or to determine if nodule surveillance may be more appropriate. Cases recommended for continued surveillance are closely followed by Faught and Brown. If needed, the patient is re-presented to the medical team for further evaluation for ongoing care.

In 2022, the Lung Nodule Clinic had 1,162 referrals. Reasons for referrals included but were not limited to identification of lung nodule during an Emergency Department (ED) visit, lung cancer screening, consideration for biopsy, and follow-up monitoring visit. There were 714 completed patient visits, a significant increase when compared to the previous year's 522 visits. From these visits, 222 ION lung biopsies were recommended and performed. The ION uses an ultra-thin articulating robotic catheter that can move 180 degrees in all directions, allowing a flexible biopsy needle to pass through very tight bends. This results in more precise collection of tissues. During the procedure, the robotic catheter is passed through the endotracheal tube into the lung of the patient who is under general anesthesia. A camera inside the catheter provides a view inside the lung to a computer monitor. Once the nodule to be biopsied is reached, the physician uses the catheter to obtain the biopsy that is given to a pathologist who provides a preliminary pathology report at the time of the procedure. A full report is given to the patient in three days or less. The entire outpatient procedure lasts about two hours.

Looking ahead, the Thoracic Program plans to put forth extra efforts to improve lung cancer screenings within the communities we serve. Low dose computed tomography (LDCT) is recommended for individuals who:

- Are between 50 and 80 years old
- Have no signs or symptoms of lung cancer
- Have a tobacco smoking history of at least 20 pack years
- Are a current smoker or one who has quit smoking within the last 15 years
- Have not had a chest CT within the past 12 months



In 2022, the Lung Nodule Clinic program performed 86 LDCT lung cancer screenings. With continued growth in the Lung Nodule Clinic and with increased LDCT lung cancer screenings, the Thoracic Team aims to reduce the number of late-stage lung cancer cases.

Primary Site Table 2022

Primary Site	CLASS			SEX		AJCC STAGE GROUP*						
	TOTAL	Analytic	Non Analytic	Male	Female	0	I	II	III	IV	N/A	Unk
ORAL CAVITY AND PHARYNX	68	15	25	33	7	0	0	0	0	0	1	1
Tongue	15	8	7	12	3	0	0	0	0	0	0	0
Salivary Gland	3	1	2	3	0	0	0	0	0	0	0	0
Gum and Other Mouth	1	0	1	0	1	0	0	0	0	0	0	0
Tonsil	12	3	9	10	2	0	0	0	0	0	0	0
Nasopharynx	1	0	1	1	0	0	0	0	0	0	0	0
Oropharynx	5	3	2	4	1	0	0	0	0	0	1	0
Hypopharynx	1	0	1	1	0	0	0	0	0	0	0	0
Other Oral Cavity Pharynx	2	0	2	2	0	0	0	0	0	0	0	0
DIGESTIVE SYSTEM	599	437	162	321	278	9	62	61	74	72	14	26
Esophagus	45	28	17	32	13	0	3	1	2	4	1	2
Stomach	35	28	7	20	15	0	7	0	0	6	0	4
Small Intestine	30	28	2	11	19	0	2	3	8	4	4	3
Colon, Rectum, Anus	295	223	73	160	136	9	39	42	51	38	0	14
Colon	201	166	35	110	91	8	29	37	36	29	0	12
Rectosigmoid Junction	14	11	3	5	9	0	2	2	4	1	0	1
Rectum	72	44	28	41	31	0	8	3	10	8	0	1
Anus	9	2	7	4	5	1	0	0	1	10	0	0
Liver, Gallbladder, Intrahepatic Bile Duct	92	54	38	50	42	0	3	7	5	6	5	2
Liver	52	27	25	34	18	0	0	2	3	4	1	1
Gallbladder	9	6	3	2	7	0	0	1	2	1	0	1
Intrahepatic Bile Duct	16	8	8	6	10	0	1	0	0	0	2	0
Other Biliary	15	13	2	8	7	0	2	4	0	1	2	0
Pancreas	89	68	21	45	44	0	8	8	7	14	0	0
Peritoneum, Omentum and Mesentery	5	3	2	0	5	0	0	0	1	0	1	1
Other Digestive Organs	7	5	2	3	4	0	0	0	0	0	3	0
RESPIRATORY SYSTEM	484	323	161	232	252	0	51	17	29	69	8	3
Nose, Nasal Cavity, Middle Ear	4	3	1	3	1	0	0	0	0	1	1	0
Larynx	13	9	4	10	3	0	0	0	0	2	0	0
Lung and Bronchus	464	308	156	216	248	0	51	17	29	66	4	3
Non-small cell	353	229	124	160	193	0	47	16	18	32	3	1
Small cell	74	55	19	38	36	0	3	1	7	22	0	1
Other lung	37	24	13	18	19	0	1	0	4	12	1	1
Mediastinum, Other Respiratory	3	3	0	3	0	0	0	0	0	0	3	0
BONES AND JOINTS	5	4	1	4	1	0	1	0	0	0	0	1
SOFT TISSUE	19	13	6	5	14	0	1	1	1	0	4	0

Analytic: First diagnosed and/or all or part of first course therapy at Texas Health Fort Worth
 Non-analytic: First diagnosed and all of first course therapy received prior to admission at Texas Health Fort Worth
 **Tabulations for Stage Distribution include class of case 10-22 only

Primary Site	CLASS			SEX		AJCC STAGE GROUP*						
	TOTAL	Analytic	Non Analytic	Male	Female	0	I	II	III	IV	N/A	Unk
SKIN: MELANOMA	60	51	9	32	28	3	24	11	3	3	0	4
SKIN: OTHER NON-EPITHELIAL	3	2	1	3	0	0	1	0	0	1	0	0
BREAST	407	285	122	4	403	33	153	27	13	7	2	6
FEMALE GENITAL SYSTEM	328	257	71	0	328	0	120	21	38	22	10	21
Cervix Uteri	52	28	24	0	52	0	15	2	1	1	2	3
Corpus and Uterus, NOS	154	139	15	0	154	0	85	11	21	6	1	6
Ovary	74	58	16	0	74	0	12	5	10	15	1	5
Vagina	9	5	4	0	9	0	0	1	1	0	1	1
Vulva	28	18	10	0	28	0	6	1	1	0	4	5
Other Female Genital Organs	11	9	2	0	11	0	2	1	4	0	1	1
MALE GENITAL SYSTEM	184	62	122	184	0	0	5	18	5	7	0	8
Prostate	171	55	116	171	0	0	3	18	4	7	0	4
Testis	13	7	6	13	0	0	2	0	1	0	0	4
URINARY SYSTEM	108	61	47	71	37	10	3	4	4	10	3	1
Urinary Bladder	44	27	17	29	15	10	2	4	3	3	2	1
Kidney	59	33	26	38	21	0	1	0	1	7	1	0
Renal Pelvis	2	1	1	1	1	0	0	0	0	0	0	0
Ureter	3	0	3	3	0	0	0	0	0	0	0	0
BRAIN/OTHER NERVOUS SYSTEM	195	162	33	75	120	0	0	0	0	0	100	0
Brain, Malignant	59	48	11	23	36	0	0	0	0	0	42	0
Cranial Nerves, Other Nervous	5	5	0	1	4	0	0	0	0	0	5	0
Brain-CNS, Benign and Borderline	131	109	22	51	80	0	0	0	0	0	53	0
ENDOCRINE SYSTEM	84	75	9	44	40	0	26	4	0	2	15	7
Thyroid	46	44	2	16	30	0	25	4	0	2	0	4
Thymus	6	5	1	6	0	0	1	0	0	0	0	3
Endocrine: Benign, Borderline	32	26	6	22	10	0	0	0	0	0	15	0
LYMPHOMA	125	89	36	61	64	0	6	5	9	22	5	3
Hodgkin Lymphoma	16	7	9	4	12	0	0	0	0	1	0	0
Non-Hodgkin Lymphoma	109	82	27	57	52	0	6	5	9	21	5	3
MYELOMA	49	33	16	26	23	0	2	1	3	0	13	0
LEUKEMIA	76	61	15	50	26	0	0	0	0	0	46	0
MESOTHELIOMA	3	2	1	0	3	0	0	0	1	0	0	1
MISCELLANEOUS	97	71	26	57	40	0	0	0	0	0	40	0
TOTAL	2866	2003	863	1202	1664	55	455	170	180	215	261	82

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Prevention

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Early Detection

Staging

Treatment Planning

Treatment

SURGERY

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RADIATION

THERAPY

BIOLOGICALS

Rehabilitation

PHYSICAL

PSYCHOSOCIAL

SPIRITUAL

FINANCIAL

Continuing Care/Cure

Home Care

PALLIATIVE CARE

HOSPICE

BEREAVEMENT

