

TEXAS HEALTH HARRIS METHODIST HOSPITAL FORT WORTH

# OUTCOMES REPORT

2021

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 2018. The results were a three-year accreditation as a Community Hospital Comprehensive Cancer Program with no areas of deficiency noted and commendations in every possible category. The Cancer Program also received the Outstanding Achievement Award for excellence in the key areas of patient care. Since our initial survey in 2006, Texas Health Fort Worth has received the Outstanding Achievement Award for each survey cycle for which it was available, demonstrating 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, 2,525 new cases were diagnosed and/or treated in 2021 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 2021 Cancer Program achievements for Texas Health Fort Worth include:**

- Addition of site-specific multidisciplinary cancer conference for hepatopancreatobiliary cancers.
- Implementation of a multidisciplinary rectal care team to provide leadership and guidance while preparing to seek accreditation with the Commission on Cancer's National Accreditation Program for Rectal Cancer.
- Hiring of a nurse practitioner to coordinate and oversee the rectal cancer program.
- Improvement in utilization of the National Comprehensive Cancer Network® Psychosocial Distress Screening tool.
- Provision of emergent inpatient radiation therapy on-site through office space leasing and provider contractual agreement.
- Implementation of a Laser Interstitial Thermal Therapy (LITT) Program to treat deep brain tumors, seizures and necrosis.
- Implementation of a Gleolan® Program, making it easier for surgeons to see brain tumor cells and to improve complete resection rates.
- Addition of a second nurse practitioner to the Lung Nodule Clinic to accommodate increased patient volumes.
- Hiring of a nurse practitioner to coordinate and oversee the Hepatopancreaticobiliary Program.

Our aging population assures that cancer will remain a significant health concern. In addition, there is still much research to be done to examine the impact of COVID-19 in our oncology patient population. The Cancer Program at Texas Health Fort Worth is committed to providing compassionate, quality services throughout cancer care.

Respectfully submitted,

**Frank Vuitch, M.D.** | Chairman, Cancer Committee





A TOTAL OF 2,525 NEW CASES OF CANCER WERE ACCESSIONED AT TEXAS HEALTH FORT WORTH IN 2021, BRINGING THE TOTAL NUMBER OF CASES IN THE REGISTRY TO OVER 45,000.

## Cancer Committee

In 2021, 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 2021 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 four Certified Tumor Registrars (CTRs), one Tumor Registrar in training 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 2,525 new cases of cancer were accessioned at Texas Health Fort Worth in 2021, bringing the total number of cases in the registry to over 45,000. Timely and accurate follow-up is essential for outcome comparison with regional, state and national statistics. Throughout 2021, the cancer registry maintained a follow-up rate of 91 percent on applicable cancer patients diagnosed within the last five years, and a follow-up rate of 82 percent for all patients diagnosed since the registry reference date of 2005.

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.

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)

**Results from the 2021 case reviews are listed in the table below:**

Texas Health Harris Methodist Hospital Fort Worth  
Cancer Registry Abstracting Data Quality Review | Data Year: 2021

177/1754 (10.1%) ANALYTIC CASES REVIEWED - DIAGNOSED JAN - DEC, 2021	
Is the class of case accurately documented?	99%
Is the ICD-O site documented accurately?	99%
Is the histology/behavior documented accurately?	100%
Is the tumor grade/differentiation documented accurately?	96%
Is the tumor size coded correctly?	97%
Is the number of lymph nodes positive coded correctly?	99%
Is the Number of lymph nodes examined coded correctly?	98%
Is the Clinical AJCC T, N, M and stage group coded correctly?	97%
Is the Pathologic AJCC T, N, M and stage group coded correctly?	98%
Are the Site-Specific Indicators coded correctly?	95%
Is the first course of treatment accurately documented (Diagnostic)?	98%
Is the first course of treatment accurately documented (Surgery)?	94%
Is the first course of treatment accurately documented (Radiation)?	99%
Is the first course of treatment accurately documented (Chemo)?	100%
Is the first course of treatment accurately documented (Hormone/Immuno)?	100%
Is the date case completed within 3 months from date of first contact?	87%

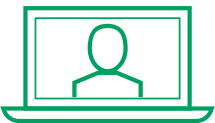
Registry data quality is also assured through audit reports from the Texas Cancer Registry. The Texas Cancer Registry conducts data linkages with the Department of State Health Services Death Certificate File and Texas Inpatient and Outpatient Discharge Data to identify potentially missed cancer cases. These patients have not been reported by any other facility. A list of 247 potentially missed cases with admit dates at Texas Health Fort Worth in 2019 was provided for audit. Of the 247 cases, three were deemed missed, making our case finding accuracy rate 99 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.



Due to the COVID-19 pandemic and in-person meeting restrictions, the conferences were moved in 2020 to a virtual meeting format. In addition to 39 general conferences, 33 rectal conferences, 36 breast conferences and 19 hepatobiliary conferences were held throughout the year for a total of 150 cancer conferences. There were 572 cases presented throughout the year representing 33 percent of the newly diagnosed cancer cases seen at Texas Health Fort Worth in 2021. Ninety-nine percent of the cases presented were a prospective presentation, meaning that discussions were centered on issues that directly impact patient care and treatment management.

Holding conferences virtually resulted in an increase in physician attendance. 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 include nurses, genetic counselors, cancer registrars, radiation technologists, physical therapists and other health care professionals.

## Outpatient Medical Services

In 2021, the Outpatient Medical Services (OPMS) department completed 2,573 patient visits. Patient treatments provided throughout the year included intravenous medications such as chemotherapy, biotherapy, immunotherapy, antibiotics, hydration and electrolyte replacement. Transfusion of blood products were also provided. Other services 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 2,850 doses of FDA emergency authorize use (EAU) monoclonal antibodies to COVID-positive patients in 2021.

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

## Cancer Resource Center

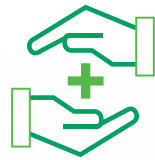
The services within the Cancer Resource Center (CRC) include consumer health resources and a collection of cancer related books. The CRC also has space for a boutique with wigs, camisoles and other items intended to make cancer treatment a little easier for the patient. The CRC continues to be a centralized 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 2021, the CRC had 211 visitors and 229 phone inquiries from individuals seeking general cancer information. The boutique provided 49 wigs and 106 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.



# Barriers to Care and Cancer Care Coordination

## THE SELECTED BARRIER TO CARE FOR 2021 WAS ACCESS TO CARE DUE TO A FRAGMENTED MEDICAL SYSTEM.

**Anyone whose life has been touched by cancer knows that the road to recovery can be a long one. Coordinating doctors, appointments and treatments can be time-consuming, confusing, and stressful for patients and family members. Texas Health Fort Worth is one of the first hospitals in Fort Worth to hire nurse navigators to work with patients.**



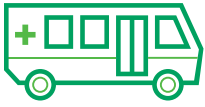
Oncology nurse navigators are available to provide education and resources to any patient facing a new cancer diagnosis. In addition to the navigators, a cancer care coordinator and an oncology clinical nurse specialist are available to assist patients and physicians in providing efficient, high-quality cancer care.

Each year, with the help of the navigators, the Cancer Committee reviews various sources to identify and discuss strengths and barriers within the Cancer Program. The committee then identifies at least one barrier to cancer care to focus on for the upcoming year. At the end of the year, the committee evaluates resources and processes adopted to address the selected barrier and identifies areas of enhancements and opportunities still in need of improvement.

The selected barrier to care for 2021 was access to care due to a fragmented medical system. A gap in providing emergent radiation therapy to inpatients in need was identified when the on-site leased space became vacant. Patients were still able to receive emergent treatments but had to be transported to a nearby off-site radiation treatment center. A subcommittee was formed which included representation from the Legal department and practice administrators. A contract with a local radiation oncologist was established at the end of 2021 and an on-site leased space agreement was put into place. Radiation therapy for inpatients requiring emergent services is once again available on the Texas Health Fort Worth campus.



IN 2021, 1,867 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; education and support resources. Services are delivered in high-needs communities through community 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. Additionally, mobile health services have played a vital role in Texas Health's community COVID vaccine distribution plans. This effort resulted in the administration of 10,882 COVID-19 vaccine doses among 6,013 unique individuals at 210 community pop-up clinics.

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

The Kupferle Breast Center provides screening mammography services in conjunction with Wellness for Life™ throughout Tarrant, Dallas and surrounding counties. There were 1,772 screening mammograms performed in 2021. Digital screening mammograms were provided to 1,229 uninsured women with funding support from the Texas Health Foundation. Diagnostic follow-up procedures were performed for 72 women and five were diagnosed with breast cancer.

Colon cancer screening kits, cancer risk assessment and health education were provided to 68 individuals in 2021. Of these, 31 individuals returned the kits for processing, a response rate of 46 percent. No individuals had positive findings.

Cervical cancer screening, clinical breast examination and health education was provided to 177 women in 2021. Of the total number of women screened for cervical cancer, six 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.

**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 is designed to deliver 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 2021, 32 individuals received services and 20 were diagnosed with hyperlipidemia.

### **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.





Mobile Health Unit  
Texas Health  
Resources

Mobile Health

1-877-THR-WELL Texas

ACCEPT  
ONE-WAY  
TRAFFIC

## The Kupferle Comprehensive Breast Center



3,681	screening mammograms
988	diagnostic mammograms
4,382	3D mammograms
696	breast ultrasounds
354	breast procedures and biopsies

2021 was a tumultuous year for the Kupferle Breast Center, with ongoing operational effects of the COVID-19 pandemic combined with a return to more normal operations. The Breast Center remained open for business as usual, however many patients continued to delay care due to the pandemic. It remains to be seen what long-term effects COVID-19 will have on breast cancer detection rates. However, Kupferle Breast Center participated in a national quality improvement project and clinical study with the CoC, American Cancer Society (ACS) and National Accreditation Program for Breast Centers (NAPBC) about the Return to Cancer Screening with the hope that our data will help shine light on some of the effects of the pandemic. There were 748 programs that participated in the Return to Screening study, with over 800 quality improvement projects initiated to address various barriers to cancer screening.

There was a return to limited accreditation and certification activities in 2021, as well. The Kupferle Breast Center did not have an in-person Mammography Quality Standards Act (MQSA) inspection in 2021, however, the facility's Texas Department of Health (TDOH) Certification was successfully renewed for another three years.



## 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) who have 564 years of combined nursing experience. Nurses who care for patients on the oncology unit complete the ONS Chemotherapy and Biotherapy course. New employees are enrolled in a THFW 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

3 Healing Hands, Caring Hearts Award winners

10 Wiggins Award winners

8 Clinical Nurse Leader Award winners

2 OCN Nurse-of-the-Year winners

1 THFW Hall of Fame winner

1 THFW Employee of the Year

1 Culture Champion Award winner

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 The Joint Commission (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 is designed 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
- Therapeutic Recreation Specialist – addresses community re-entry and leisure

Limited physical and diversional activities can place patients at risk for decreased muscle strength, cognitive decline, weakness and decreased functional ability. A Therapeutic Recreation Program was initiated in 2021 for extended stay leukemic patients. Using nationally accepted FITT (Frequency, Intensity, Time and Type) Recommendations for Individuals with Cancer, the following activities were initiated:

- Guided imagery
- Seated exercises for oncology patients
- Enhanced walking
- Chair yoga video
- Process for Certified Recreation Therapist consult

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 2021, \$52,000 of grant funding was utilized to assist 62 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.

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

# 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

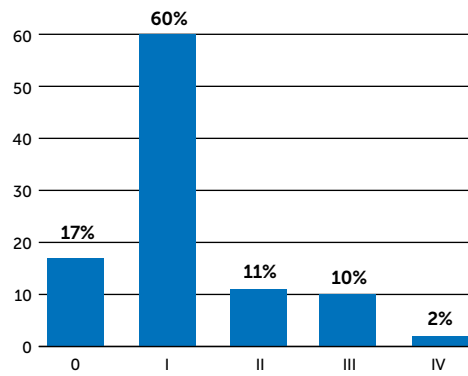
Each year, the Breast Program Leadership Committee (BPLC) holds quarterly meetings and monitors activities in each of the six breast care areas.

A total of 344 breast cancer cases were seen at Texas Health Fort Worth in 2021. This accounts for approximately 14 percent of all cancer cases seen during the year. Of these, 252 were newly diagnosed cases and 212 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 2021 ranged from 30 to 95 years. The median age at diagnosis was 62. 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 2021 at Texas Health Fort Worth were in females. However, there was one male breast cancer patient 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.

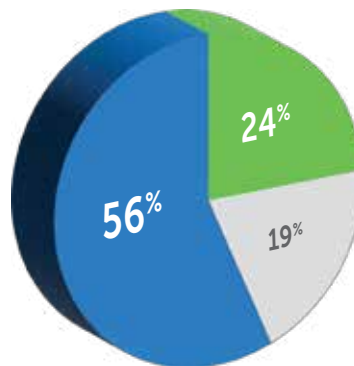
AJCC Stage at Diagnosis



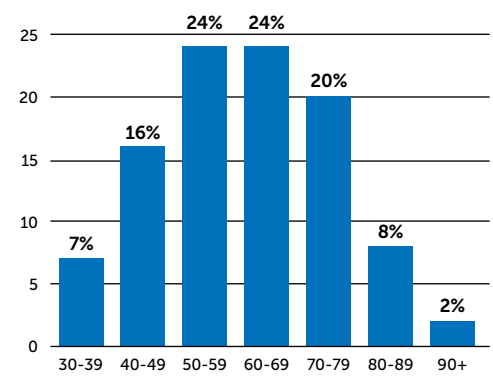
Breast conserving surgery for patients with early-stage breast cancer is a nationally accepted standard of care in appropriately selected patients. Each year, the Breast Team evaluates breast conservation surgery rates for women with AJCC stage 0, I, or II breast cancer. The NAPBC target rate is 50 percent. Of 135 eligible early-stage breast cancer patients, 56.2 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.

## Breast Cancer Surgery

- BREAST CONSERVING
- UNILATERAL MASTECTOMY
- BILATERAL MASTECTOMY



Age at Diagnosis



Also included in the informed decision-making process, patients undergoing mastectomy 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 2021, there were 53 mastectomy patients eligible for preoperative reconstructive/plastic surgeon consult. Of these, 96 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 comorbidities 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 2020, since these patients should have all their recommended cancer treatments either already initiated and/or completed.



Breast Quality Measure	NCDB Benchmark	Texas Health Fort Worth
Radiation therapy is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conserving surgery for breast cancer.	90%	90%
Tamoxifen or third-generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB-III hormone receptive positive breast cancer.	90%	92%
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.	90%	100%
Image or palpation-guided biopsy to the primary site is used to establish a diagnosis of breast cancer.	80%	100%



The Breast Program at Texas Health Fort Worth was one of 748 cancer programs to participate in the national Return to Screening quality

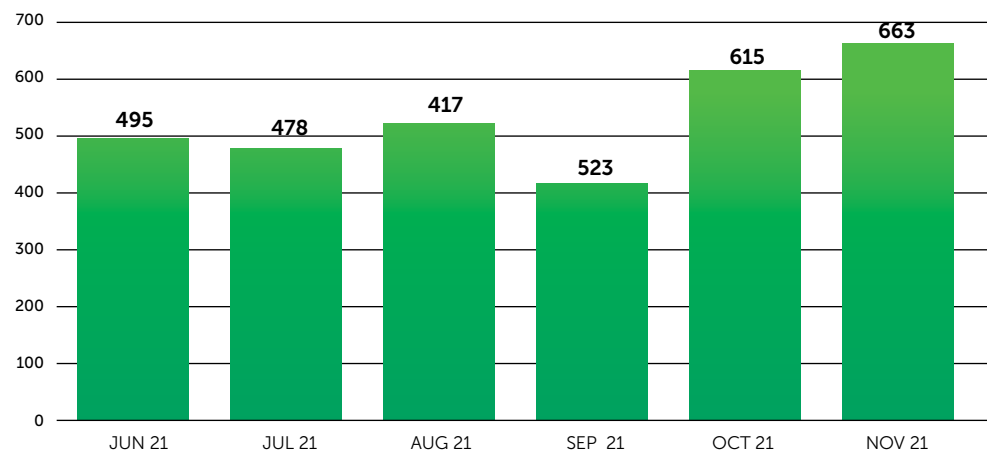
improvement initiative sponsored in part by the Commission on Cancer, the National Accreditation Program for Breast Centers and the American Cancer Society. Over 800 quality improvement projects, including those of Texas Health Fort Worth, were initiated nationwide to help with local screening deficits brought on by the COVID-19 pandemic. Pre-pandemic and pandemic monthly screening test volumes were compared by taking the averages of the number of breast screening tests performed in September 2019 and January 2020, and September 2020 and January 2021, respectively. A screening deficit was defined as any negative change in monthly screening during the pandemic period compared with the pre-pandemic period. During the intervention period (June through November 2021), participants were to attempt to restore their monthly screening test volumes to the pre-pandemic level or to increase by a minimum of 10 percent.

Prior to the pandemic, Texas Health Fort Worth’s Breast Center performed an average of 682 screening mammograms each month. Rates dropped during the pandemic to an average of 456. A monthly target goal of 501 was established. To improve and achieve that goal, the following interventions were initiated in June 2021:

- Personal phone calls were made to patients who were overdue for screening mammograms.
- The Breast Center Facebook post campaign was initiated in October 2021 to coincide with National Breast Cancer Awareness Month.
- A letter to referring providers containing Breast Cancer Screening Guidelines was sent in October 2021 to coincide with National Breast Cancer Awareness Month.

Careful monitoring was done and showed the following post-intervention screening rates:

Post Intervention Breast Screening Rates



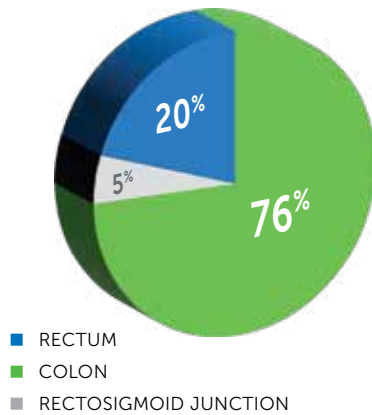
The Texas Health Resources Foundation provides funding for women to receive no-cost screening and diagnostic procedures, along with important follow-up support. Annual fundraising events, such as Puttin’ on the Pink, a Fashion Luncheon and North Texas Giving Day, benefit our breast program and the underserved women in Fort Worth and surrounding communities. Last year, the Foundation was the third highest in dollars raised on North Texas Giving Day. Monies raised supported essential health care programs, including over 1,200 mammograms for women in underserved communities and the enrollment of 44 homeless individuals in the Medical Respite program. Although the Breast Center has not fully returned to its pre-pandemic monthly screening rates, with the interventions implemented and continued support from the Foundation, our screening rates are likely to continue to improve.

# Colorectal

BETHANY MALONE, M.D., FACS

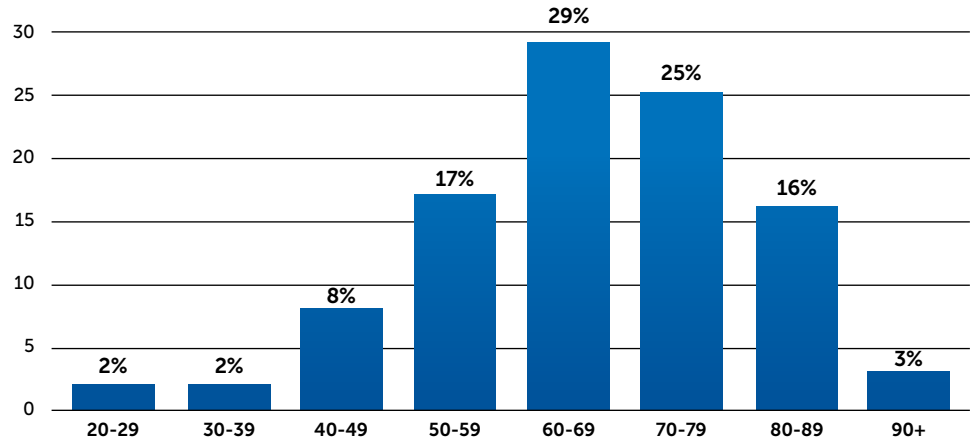
The American Cancer Society estimates there will be 104,270 new cases of colon cancer and 45,230 new cases of rectal cancer in the United States in 2021. Colorectal cancer is the third most diagnosed cancer in the U.S. and is the second leading cause of cancer death in men and women. With a total of 236 colorectal cases in 2021, colorectal cancers account for approximately 9 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, 185 were newly diagnosed patients, of which 163 (88 percent) received some or all of first course treatment at Texas Health Fort Worth.

## Colorectal Primary Cancer Site



Age at diagnosis in the newly diagnosed patients ranged from 24 years to 94 years. The median age at diagnosis was 67 years. Twenty-one (11 percent) of the 185 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 of 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.

## Colorectal Age at Diagnosis



The NCDB has two 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 2020, 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.	85%	91%
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 T3N), T4N0, or Stage III; or treatment is recommended for patients under the age of 80 receiving resection for rectal cancer.	85%	87%

In 2017, the Cancer Program performed a study to evaluate adherence to national guidelines for diagnosing and treating rectal cancer patients. As with similar studies performed worldwide, the results showed variability in physician documentation, treatment decision making and multidisciplinary patient care. Recognizing the complexity of treating rectal cancer and the importance of multidisciplinary treatment strategies for this disease, the Colorectal Disease Site Team initiated several endeavors in 2021 to improve patient care outcomes in our rectal cancer patient population.

**Jordan Dudley, DNP, APRN, ACNP-BC**, was hired as Colorectal Oncology Coordinator to provide comprehensive administrative support to the Rectal Cancer Multidisciplinary Team (RC-MDT) and to help facilitate management of accurate and timely information to enable clinical decision making. Rectal cancer conferences were held at least twice each month to ensure rectal patients were presented for multidisciplinary treatment planning. Complete and accurate pretreatment 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.



Rectal Cancer First Course Treatment by Stage	AJCC Stage				Summary	
	I 37.0%	II 18.5%	III 29.6%	IV 14.8%	N	%
Surgery Only	10	2	—	—	12	44.4
Chemotherapy Only	—	1	—	1	2	7.4
Surgery & Chemotherapy	—	—	2	—	2	7.4
Surgery, Radiation & Chemotherapy	—	2	5	—	7	25.9
Radiation, Chemotherapy, Immunotherapy	—	—	—	1	1	3.7
Hospice Care/Palliative Care Only	—	—	1	2	3	11.1
<b>Total</b>	<b>10</b>	<b>5</b>	<b>8</b>	<b>4</b>	<b>27</b>	<b>100.0</b>

Looking forward to 2022, the Cancer Program is excited to announce the goal of obtaining the TJC Center of Excellence accreditation for rectal cancer. A pilot quality improvement project is also planned to help prevent post-surgical infection. This project will focus on improving surgical patient's nutrition and preventing unnecessary fasting time for rectal cancer patients prior to surgery. The Cancer Program will also implement a watchful waiting protocol to help patients who have had complete remission safely avoid surgery and be monitored over time for possible recurrent disease. Finally, the program hopes to improve screening rates for colorectal cancer in the community and to help connect positive screenings to diagnosis and treatment here at Texas Health Fort Worth.

colorectal cancers account for **9%** approx. of all cancers seen at Texas Health Fort Worth

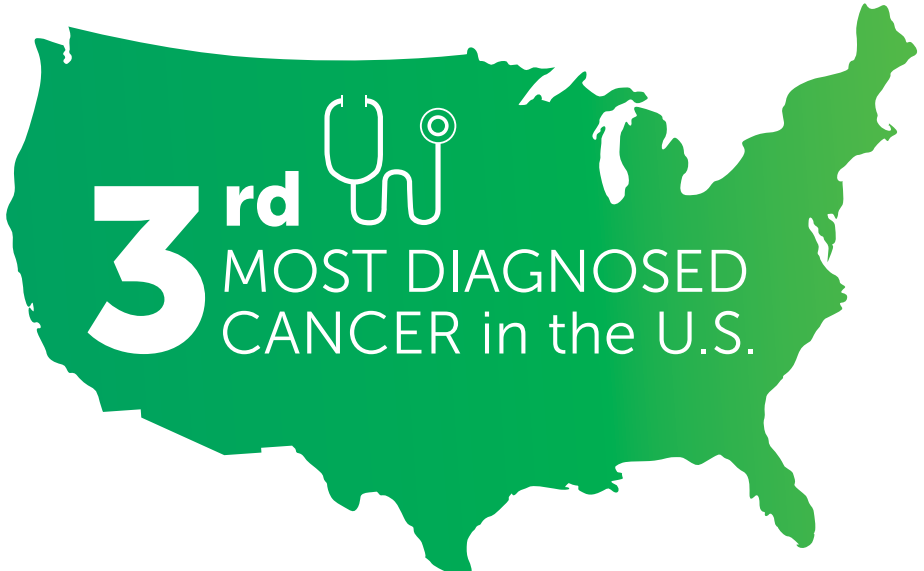


WITH A TOTAL OF **236 cases** in 2021 **88%** received some or all of first course treatment at Texas Health Fort Worth

**54%** **46%**

**second** leading cause of cancer death in men and women



**3<sup>rd</sup>** MOST DIAGNOSED CANCER in the U.S.



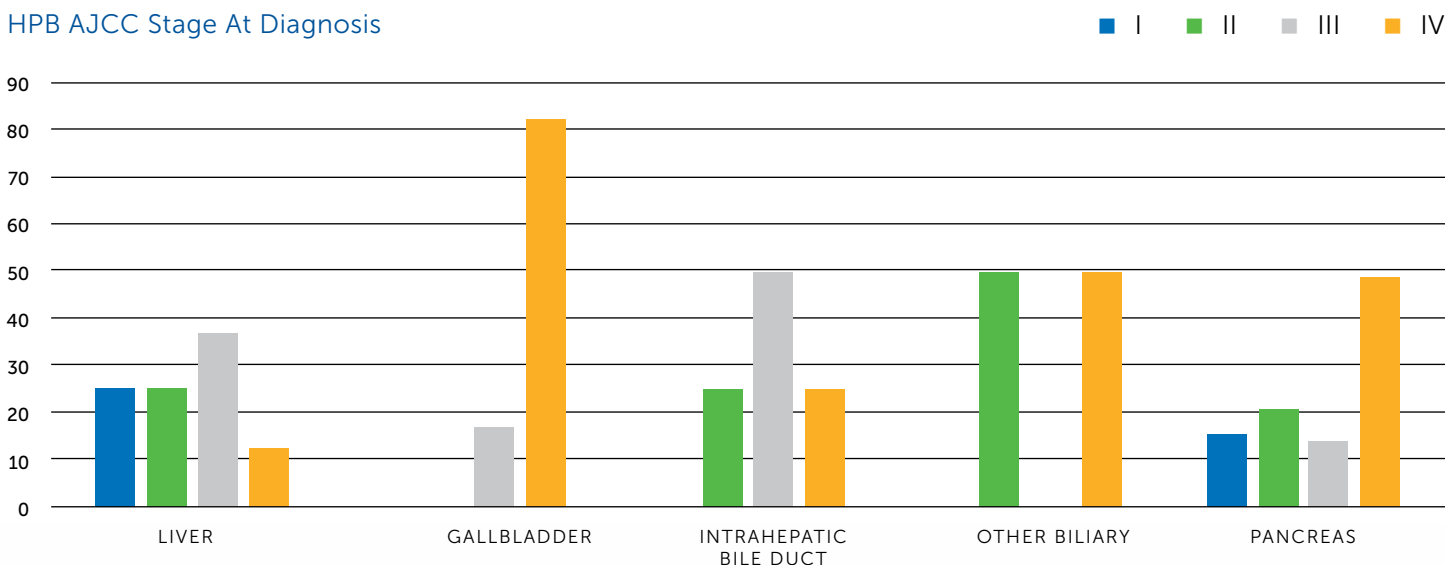
# Hepatopancreaticobiliary

ZEESHAN RAMZAN, M.D.

The Hepatopancreaticobiliary (HPB) Team is the newest Disease Site Team to be initiated at Texas Health Fort Worth. 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 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.

**Tanya Kidandi, AGPCNP-BC, CPH**, joined the HPB team in late 2021 as the new Hepatopancreaticobiliary Program Coordinator. Kidandi 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 account for 64 percent of the HPB cases seen at Texas Health Fort Worth in 2021. 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.

HPB AJCC Stage At Diagnosis



# Brain Tumor

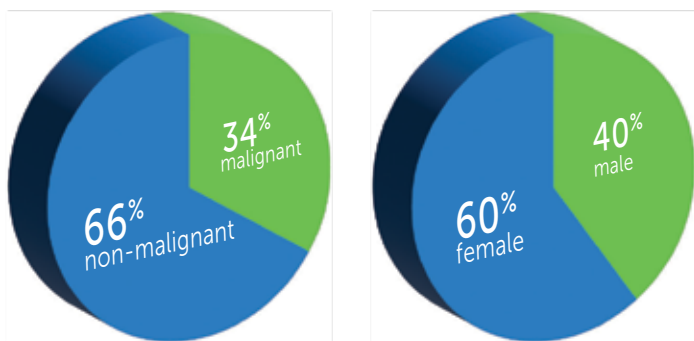
ADRIAN HARVEY, D.O.

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.

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

**137** new brain/central nervous system tumors were diagnosed and/or treated at Texas Health Fort Worth in 2021



**64%** received all or part of first course treatment at Texas Health Fort Worth

In 2021, Texas Health Fort Worth performed 11 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 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, with a total of nine procedures performed throughout the year.

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. Texas Health Fort Worth is the only hospital in Fort Worth to offer 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. **Gayle Wilkins, MSN, RN, OCN**, Oncology Nurse Navigator, helps guide patients through their care. She provides education about their diagnosis and treatment recommendations. In addition, Wilkins assists as needed to facilitate coordination of subsequent treatment care and follow-up support.

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

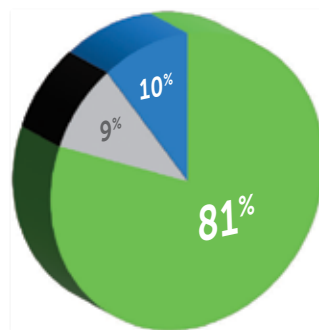


Lung cancer is the most common cancer diagnosed at Texas Health Fort Worth. Nationally, it is the second most common cancer in both men and women, behind prostate cancer and breast cancer, respectively.

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 398 cases seen in 2021, lung and bronchus cancers accounted for approximately 16 percent of all cancer cases seen at Texas Health Fort Worth. Of these, 250 were newly diagnosed cases and 120 of these cases received all or part of their first course therapy at Texas Health Fort Worth. Fifty-two percent of the cases were male, while 48 percent were female. Age at diagnosis ranged from 33 to 96 years. The median age at diagnosis was 70.

## Newly Diagnosed Cases

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



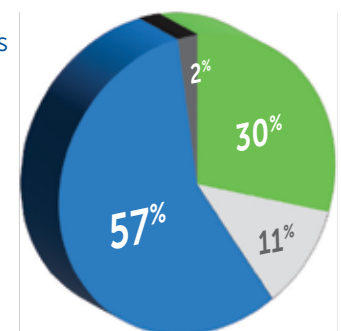
The Thoracic Disease Site Team physicians and non-physician members met several times throughout the year with the primary goal of continued expansion of the on-site Lung Nodule Clinic. This clinic was established in 2020 and is designed to help diagnose, monitor and treat patients with previously identified 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. Because the clinic's case volumes had increased significantly since its opening, **Hayley Brown, MSN, APRN, ACNP-BC, ACHPN**, was added to the clinic's staff as a thoracic nurse practitioner. In addition, **Debbie Bradford**

was transitioned in as Cancer Care Coordinator to help facilitate clinic scheduling. Together, Brown and **Kim Faught, MSN, APRN, FNP-C**, the Thoracic Nurse Practitioner Coordinator, 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 2021, the Lung Nodule Clinic had 522 completed patient visits. From these visits, 128 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. Of the 128 ION procedures performed, 73 (57 percent) were positive for malignancy.

## ION Procedures - 128 Cases

- MALIGNANCY DIAGNOSED
- BENIGN NODULE
- FIDUCIAL PLACEMENT ONLY
- INFECTION



In June 2020, the American College of Surgeons launched the Cancer Surgery Standards Program (CSSP). The program was initiated based on growing evidence that adherence to specific operative techniques leads to longer survival, better surgical outcomes and improved quality of life. The CSSP has set evidence-based standards for the technical conduct of oncologic surgery, which includes pulmonary nodal staging as an operative standard in the CoC accreditation program. The CoC pulmonary resection standard requires at least one named and/or numbered hilar lymph node station and at least three distinct named and/or numbered mediastinal lymph node stations to be evaluated in at least 70 percent of applicable surgical cases. A review of 48 curative lung cancer resections performed in 2021 showed pulmonary lymph node station documentation compliance at 88 percent, an improvement from the previous year's 70.5 percent.



PULMONARY RESECTION LYMPH NODES EXAMINED	2020		2021	
	# CASES	%	# CASES	%
At least 1 hilar named and/or numbered station reviewed	34	100%	46	95.8%
At least 3 distinct named and/or numbered mediastinal stations removed/examined	24	70.5%	41	85.4%
Pulmonary resection rate	24/34	70.5%	42/48	87.5%

The Thoracic Team also reviews the NCDB’s lung 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 for lung patients diagnosed in 2020, since these patients should have all their recommended cancer treatments either already initiated and/or completed.

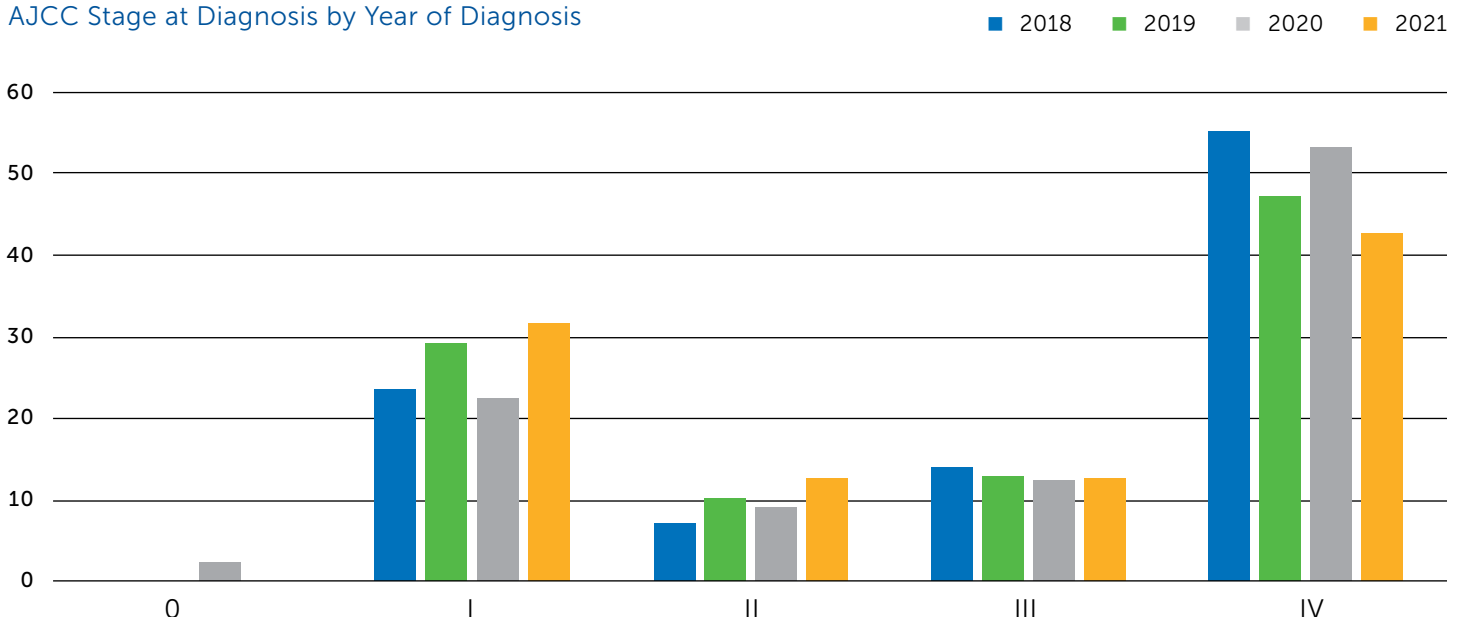
LUNG MEASURE	NCDB Benchmark	Texas Health Fort Worth
Systemic chemotherapy is administered within 4 months preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic, lymph node-positive (pN1) and (pN2) NSCLC.	85%	93%

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 CT chest within the past 12 months

In 2021, the program performed 65 LDCT lung cancer screenings. Of these, 4 (6.5 percent) were diagnosed with a lung malignancy. 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.

#### AJCC Stage at Diagnosis by Year of Diagnosis



## Texas Health Fort Worth - Primary Site Table 2021

Primary Site	CLASS			SEX		AJCC STAGE GROUP*						
	TOTAL	Analytic	Non Analytic	Male	Female	0	I	II	III	IV	N/A	Unk
<b>ORAL CAVITY AND PHARYNX</b>	<b>68</b>	<b>31</b>	<b>37</b>	<b>54</b>	<b>14</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>1</b>
Lip	3	2	1	3	0	0	0	0	1	0	0	1
Tongue	20	8	12	17	3	0	1	1	0	1	1	0
Salivary Gland	7	6	1	2	5	0	0	1	0	0	0	0
Floor of Mouth	1	0	1	0	1	0	0	0	0	0	0	0
Gum and Other Mouth	4	4	0	3	1	0	0	0	0	3	0	0
Tonsil	19	6	13	18	1	0	0	0	0	0	0	0
Nasopharynx	2	0	2	2	0	0	0	0	0	0	0	0
Oropharynx	8	4	4	6	2	0	0	0	0	0	0	0
Hypopharynx	2	1	1	1	1	0	0	0	0	0	0	0
Other Oral Cavity Pharynx	2	0	2	2	0	0	0	0	0	0	0	0
<b>DIGESTIVE SYSTEM</b>	<b>517</b>	<b>376</b>	<b>141</b>	<b>289</b>	<b>228</b>	<b>6</b>	<b>45</b>	<b>57</b>	<b>67</b>	<b>68</b>	<b>10</b>	<b>19</b>
Esophagus	35	15	20	28	7	0	1	0	1	1	0	1
Stomach	34	22	12	22	12	0	3	3	0	7	0	3
Small Intestine	14	13	1	7	7	0	0	0	4	4	1	1
Colon, Rectum, Anus	247	189	58	129	118	6	32	41	48	26	0	10
Colon	163	139	24	85	78	5	19	35	38	21	0	6
Rectosigmoid Junction	11	10	1	4	7	0	3	0	3	0	0	3
Rectum	62	36	26	38	24	0	10	5	7	4	0	1
Anus	11	4	7	2	9	1	0	1	0	1	0	0
Liver, Gallbladder, Intrahepatic Bile Duct	67	46	21	43	24	0	2	4	6	8	4	1
Liver	38	23	15	30	8	0	2	2	3	1	2	0
Gallbladder	8	7	1	3	5	0	0	0	1	5	0	0
Intrahepatic Bile Duct	13	10	3	5	8	0	0	1	2	1	1	1
Other Biliary	8	6	2	5	3	0	0	1	0	1	1	0
Pancreas	107	80	27	54	53	0	7	9	6	21	0	2
Peritoneum, Omentum and Mesentery	6	5	1	1	5	0	0	0	2	1	0	1
Other Digestive Organs	7	6	1	5	2	0	0	0	0	0	5	0
<b>RESPIRATORY SYSTEM</b>	<b>407</b>	<b>254</b>	<b>153</b>	<b>213</b>	<b>194</b>	<b>0</b>	<b>36</b>	<b>15</b>	<b>15</b>	<b>52</b>	<b>2</b>	<b>2</b>
Nose, Nasal Cavity, Middle Ear	1	0	1	0	1	0	0	0	0	0	0	0
Larynx	8	4	4	6	2	0	0	0	0	2	0	0
Lung and Bronchus	398	250	148	207	191	0	36	15	15	50	2	2
Non-small cell	313	203	110	163	150	0	34	14	12	34	2	2
Small cell	40	23	17	17	23	0	0	0	1	9	0	0
Other lung	45	24	21	27	18	0	2	1	2	7	0	0
<b>BONES AND JOINTS</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>SOFT TISSUE</b>	<b>19</b>	<b>13</b>	<b>6</b>	<b>8</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>0</b>
<b>SKIN: MELANOMA</b>	<b>36</b>	<b>19</b>	<b>17</b>	<b>22</b>	<b>14</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>5</b>	<b>0</b>	<b>4</b>
<b>BREAST</b>	<b>344</b>	<b>252</b>	<b>92</b>	<b>1</b>	<b>343</b>	<b>34</b>	<b>120</b>	<b>21</b>	<b>19</b>	<b>5</b>	<b>9</b>	<b>4</b>

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

## Texas Health Fort Worth - Primary Site Table 2021

Primary Site	CLASS			SEX		AJCC STAGE GROUP*						
	TOTAL	Analytic	Non Analytic	Male	Female	0	I	II	III	IV	N/A	Unk
<b>FEMALE GENITAL SYSTEM</b>	<b>373</b>	<b>300</b>	<b>73</b>	<b>0</b>	<b>373</b>	<b>1</b>	<b>136</b>	<b>20</b>	<b>66</b>	<b>26</b>	<b>10</b>	<b>22</b>
Cervix Uteri	53	22	31	0	53	0	11	1	1	1	0	2
Corpus and Uterus, NOS	186	167	19	0	186	0	100	9	28	15	0	9
Ovary	82	69	13	0	82	0	15	7	29	8	1	5
Vagina	3	2	1	0	3	0	0	0	0	0	1	0
Vulva	38	29	9	0	38	1	7	2	4	0	8	6
Other Female Genital Organs	11	11	0	0	11	0	3	1	4	2	0	0
<b>MALE GENITAL SYSTEM</b>	<b>105</b>	<b>20</b>	<b>85</b>	<b>105</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>1</b>
Prostate	96	18	78	96	0	0	4	3	2	3	0	0
Testis	7	2	5	7	0	0	1	0	0	0	0	1
Penis	2	0	2	2	0	0	0	0	0	0	0	0
<b>URINARY SYSTEM</b>	<b>117</b>	<b>79</b>	<b>38</b>	<b>76</b>	<b>41</b>	<b>12</b>	<b>12</b>	<b>6</b>	<b>3</b>	<b>11</b>	<b>3</b>	<b>1</b>
Urinary Bladder	46	28	18	34	12	12	4	4	1	3	3	0
Kidney	67	47	20	39	28	0	8	2	2	8	0	1
Renal Pelvis	2	2	0	2	0	0	0	0	0	0	0	0
Ureter	2	2	0	1	1	0	0	0	0	0	0	0
<b>EYE, ORBIT: MELANOMA</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>BRAIN/OTHER NERVOUS SYSTEM</b>	<b>172</b>	<b>137</b>	<b>35</b>	<b>73</b>	<b>99</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>81</b>	<b>0</b>
Brain, Malignant	58	46	12	38	20	0	0	0	0	0	41	0
Cranial Nerves, Other Nervous	1	1	0	0	1	0	0	0	0	0	1	0
Brain-CNS, Benign and Borderline	113	90	23	35	78	0	0	0	0	0	39	0
<b>ENDOCRINE SYSTEM</b>	<b>62</b>	<b>58</b>	<b>4</b>	<b>22</b>	<b>40</b>	<b>0</b>	<b>28</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>8</b>	<b>0</b>
Thyroid	43	42	1	14	29	0	27	5	0	0	0	0
Thymus	3	2	1	1	2	0	1	0	0	0	0	0
Adrenal Gland	1	1	0	0	1	0	0	0	1	0	0	0
Endocrine: Benign, Borderline	15	13	2	7	8	0	0	0	0	0	8	0
<b>LYMPHOMA</b>	<b>108</b>	<b>76</b>	<b>32</b>	<b>56</b>	<b>52</b>	<b>0</b>	<b>1</b>	<b>9</b>	<b>6</b>	<b>14</b>	<b>5</b>	<b>3</b>
Hodgkin Lymphoma	21	11	10	9	12	0	0	0	1	1	0	0
Non-Hodgkin Lymphoma	87	65	22	47	40	0	1	9	5	13	5	3
<b>MYELOMA</b>	<b>43</b>	<b>27</b>	<b>16</b>	<b>31</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>0</b>
<b>LEUKEMIA</b>	<b>67</b>	<b>50</b>	<b>17</b>	<b>40</b>	<b>27</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>41</b>	<b>0</b>
<b>MESOTHELIOMA</b>	<b>7</b>	<b>5</b>	<b>2</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>KAPOSI SARCOMA</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>MISCELLANEOUS</b>	<b>73</b>	<b>52</b>	<b>21</b>	<b>44</b>	<b>29</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28</b>	<b>0</b>
<b>TOTAL</b>	<b>2525</b>	<b>1754</b>	<b>771</b>	<b>1044</b>	<b>1481</b>	<b>55</b>	<b>386</b>	<b>143</b>	<b>187</b>	<b>189</b>	<b>213</b>	<b>57</b>

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**MANY THANKS TO THE FOLLOWING INDIVIDUALS WHO ASSISTED THE TEXAS HEALTH HARRIS METHODIST HOSPITAL FORT WORTH CANCER PROGRAM.**

**Frank Vuitch, M.D.**, Chair, Surgical Pathology • **Karen Albritton, M.D.**, Pediatric Hematology-Oncology • **Stuart Aronson, M.D.**, Diagnostic Radiology • **John Burk, M.D.**, Pulmonary • **Stephen Cheng, M.D.**, Hepatopancreaticobiliary Surgery • **Kathleen Crowley, M.D.**, Internal Medicine • **Lori Gordon, M.D.**, Colorectal Surgery • **Navakanth Gorrepati, M.D.**, Gastroenterology • **Adrian Harvey, D.O.**, Neurosurgery • **Joseph Heyne, M.D.**, Breast Surgery • **Tariq Khan, M.D.**, Transplant Surgery • **Bethany Malone, M.D.**, Colorectal Surgery • **Sanjay Oommen, M.D.**, Medical Oncology • **Clinton Park, M.D.**, Radiation Oncology • **Lezlee Pasche, M.D.**, Pathology • **Zeeshan Ramzan, M.D.**, Gastroenterology • **Stephen Richey, M.D.**, Medical Oncology • **Jeremy Ross, M.D.**, Medical Oncology • **Suhail Sharif, M.D.**, Surgical Oncology • **Kelly Starkey, M.D.**, Diagnostic Radiology • **Rachel Theriault, M.D.**, Medical Oncology • **Michael Thornsberry, M.D.**, Chief Medical Officer • **Amelia Tower, D.O.**, Breast Surgery • **DeEtte Vasques, D.O.**, Obstetrics and Gynecology • **Richard Vigness, M.D.**, Thoracic Surgery • **Nabila Waheed, D.O.**, Radiation Oncology

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