TEXAS HEALTH HARRIS METHODIST HOSPITAL FORT WORTH

OUTCOMES REPORT **2023**

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.

Texas Health
Harris Methodist Hospital®
FORT WORTH

From the Chair

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. The COVID-19 pandemic caused significant health care disruptions, leading to delays and reductions in cancer screening and diagnosis. In 2020, the Cancer Program saw a 21 percent decrease in the number of new cancer cases diagnosed. The disruption of health services resulted in missed or postponed appointments for cancer screening, as well as follow-up of abnormal results and symptoms. Additionally, patients who were already diagnosed experienced treatment delays and/or modifications. In 2023, the number of cases diagnosed and/or seen at Texas Health Fort Worth exceeded its pre-pandemic rates. With 3,154 cases, this surge may be partially due to delayed screenings and/or treatment but may also be attributed to the overall population growth in North Texas. According to the U.S. Census, The Dallas-Fort Worth metroplex region experienced the largest population growth of any metropolitan area in the country in 2023.

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 2023 Cancer Program achievements for Texas Health Fort Worth include:

- Implementation of Breast PreHab program to build strength and endurance and to assist with recovery.
- Hiring Palliative Care Program Coordinator.
- Purchase and implementation of mTuitive synoptic reporting software for improved compliance with College of American Pathology (CAP) Cancer Checklist reporting.
- Expansion of Lung Clinic space and physician coverage.
- Initiation of telemedicine Lung Clinic visits to allow patients more flexibility with consultations and/or results reviews.
- Addition of Medical Assistant to the Lung Clinic staff.
- Implementation of LungSEQ Panel testing for the molecular genotyping of tumors from patients with Non-Small-Cell Lung Cancer (NSCLC).
- Updated molecular testing per cancer site and National Comprehensive Cancer Network (NCCN) guidelines to help guide treatment decision making and to improve timeliness of care.
- Addition of Oncology Social Worker to the hospital staff for the Oncology Program.
- Development and implementation of Breast Tumor Board Note in Epic to help facilitate provider communication and coordination of care.
- Addition of an Advanced Practice Provider to build a High-Risk Breast and Survivorship Clinic for the Breast Program.
- Development of Oncology Social Work Scorecard to help identify social determinants needs in the oncology patient population and to address opportunities for improvement.

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

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Service Area Reports

A TOTAL OF 3,154 NEW CASES OF CANCER WERE ACCESSIONED AT TEXAS HEALTH FORT WORTH IN 2023, BRINGING THE TOTAL NUMBER OF CASES IN THE REGISTRY TO OVER 54,000.

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 Oncology Data Specialists (ODS-C) 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 3,154 new cases of cancer were accessioned at Texas Health Fort Worth in 2023, bringing the total number of cases in the registry to over 54,000. Timely and accurate follow-up is essential for outcome comparison with regional, state and national statistics. Throughout 2023, 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. DeEtte Vasques, provided regular RCRS and NCDB performance reports to the Cancer Committee.

Cancer Committee

In 2023, 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 2023 and include:

Frank Vuitch, M.D.
Cancer Committee Chair

Bethany Malone, M.D.
Cancer Conference Coordinator

DeEtte Vasques, D.O.
Cancer Liaison Physician
Quality Improvement Coordinator

Kimberly Washington, M.D.
Clinical Research Coordinator

Jordan Dudley, DNP, APRN, ANCP-BC
Survivorship Program Coordinator

Mary Binder, LMSW
Psychosocial Services Coordinator

Dianna Miller, RHIT, CTR
Cancer Registry Quality Coordinator

Cancer Registry *continued*

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 ODS-Cs. An ODS-C 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)

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. A list of 255 potentially missed cases with admit dates at Texas Health Fort Worth in 2021 was provided for audit. Of the 255 cases, four were deemed missed, making our case finding accuracy rate 98.5 percent.

Cancer Conferences

Cancer conferences are meetings where specialists from various disciplines come together to discuss preselected cancer cases. Using video conferencing technology, the virtual conferences bring the care team together to coordinate the best care for a patient with cancer.

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 surgery, pathology, medical oncology, radiation oncology, diagnostic radiology and other areas.

There were 188 conferences held in 2023. Of these, 48 were general conferences, 32 were rectal conferences, 40 were breast conferences and 46 were hepatobiliary conferences. In addition, 22 lung nodule patient care conferences were held. There were 651 cases presented throughout the year representing approximately 32 percent of the newly diagnosed cancer cases seen at Texas Health Fort Worth in 2023. 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, oncology social worker and other health care professionals.

The Mobile Health Wellness for Life™

IN 2023, 3,262 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 community outreach by community health workers and are enhanced by the availability of several mobile health coaches. 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 3,023 screening mammograms performed in 2023. Digital screening mammograms were provided to 2,301 uninsured women with funding support from the Texas Health Foundation. Diagnostic follow-up procedures were performed for 179 women and 13 were diagnosed with breast cancer.

COLON CANCER SCREENING

Colon cancer screening kits, cancer risk assessment and health education were provided to 248 individuals in 2023. Of these, 142 individuals returned the kits for processing, a response rate of 57 percent. Six individuals had positive findings.

CERVICAL CANCER SCREENING

Cervical cancer screening, clinical breast examination and health education was provided to 607 women in 2023. Of the total number of women screened for cervical cancer, 17 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 HAVE 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.

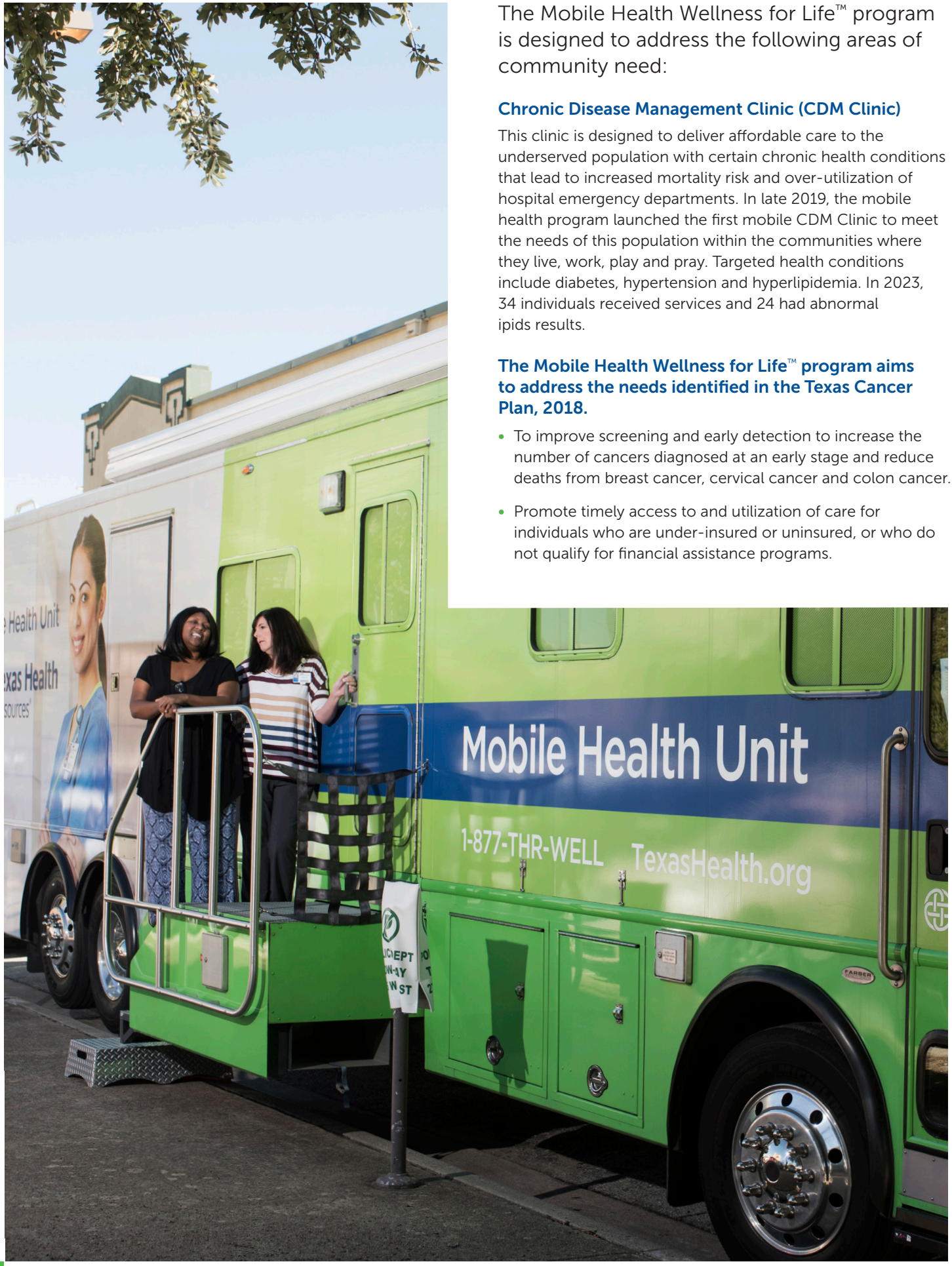
The Mobile Health Wellness for Life™ program is designed to address the following areas of community need:

Chronic Disease Management Clinic (CDM Clinic)

This clinic 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 2023, 34 individuals received services and 24 had abnormal ipids 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.



The Kupferle Breast Center

In 1990, the Doris Kupferle Breast Center opened in memory of Doris Kupferle, a beloved elementary school teacher who lived as a breast cancer survivor for 15 years. The Breast Center features quality state-of-the-art imaging and diagnostic equipment and is recognized as a Breast Imaging Center of Excellence by the American College of Radiology.

The Kupferle Breast Center is designed to make the patient experience comfortable and less anxious. There are three mammography rooms equipped with Hologic 3Dimensions SmartCurve mammography units, including synthesized 2D mammography, to improve exam speed and reduce radiation dose. The SmartCurve Breast Stabilization System has been clinically proven to deliver a more comfortable mammogram. Two new mammography rooms are planned to be implemented soon.

There are two dedicated Breast Ultrasound rooms staffed by ARDMS-certified sonographers. Approximately 40 percent of women have dense breasts, which is one of the strongest common risk factors for developing breast cancer. ABUS, or Automated Breast Ultrasound, is available in the Breast Center as a supplementary technique to help clinicians in the evaluation of patients with dense glandular breasts.

Breast MRI is also available to be used with mammography and breast ultrasound as a diagnostic tool, especially for women at high risk for breast cancer.

The Breast Center's Biopsy suite is equipped with the Hologic Affirm Upright Stereotactic and Tomosynthesis Biopsy Unit. This system allows more flexibility to access challenging lesion locations. Assisting surgeons with breast conserving surgery, the Breast Center offers presurgical tumor localization with the SaviScout radar system. The wireless reflector is about the size of a grain of rice and can be placed at the patient's convenience since there are no restrictions on how long the reflector can stay in the breast, allowing more flexibility in surgery scheduling. In addition, while in the operating suite, surgeons can place BioZorb, a 3D implantable marker that is designed to provide permanent identification of surgical sites and enable image-based tracking of the surgical cavity for radiation treatment planning and future imaging follow-up. This allows some patients who qualify to complete accelerated partial breast irradiation, which is a 5-day localized course of radiation therapy that specifically treats the area of the breast from which a tumor was removed.

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 10 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 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. Seven 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.

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.

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.

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
- **2** Clinical Excellence Award
- **4** Promise Cup Awards
- **1** Living the Promise Award

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], Instrumentals Activities of Daily Living [IADL], coordination, cognition, vision)
- **Speech-Language Pathology** (speech, swallowing, cognition)
- **PreHab** - One time visit to provide education and home exercises prior to surgery, or a short course of therapy to improve surgical optimization

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 2023, $22,063.53 of grant funding was utilized to assist 46 patients with lymphedema therapy services.

Supportive and Palliative Care

Supportive and palliative care is holistic care provided by an interdisciplinary group of professionals. The focus is to assist patients and families in addressing difficult issues that arise from chronic, 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 hospital's medical staff, nurse practitioners, nurses, social workers and chaplains. Other key team members include 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 2024. The service has remained committed to quality patient care with guidance from the Palliative Care Steering Committee, which includes representation from oncology services.

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, FACS

Since 2014, the Breast Program at Texas Health Fort Worth has been accredited by the National Accreditation Program for Breast Centers. The standards developed by the NAPBCcover 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 456 breast cancer cases were seen at Texas Health Fort Worth in 2023. This accounts for approximately 14 percent of all cancer cases seen during the year. Of these, 336 were newly diagnosed cases and 281 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 2023 ranged from 28 to 91 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 cancers is found in a man. Most breast cancers diagnosed in 2023 at Texas Health Fort Worth were in females. However, there were two male breast cancer patients diagnosed.

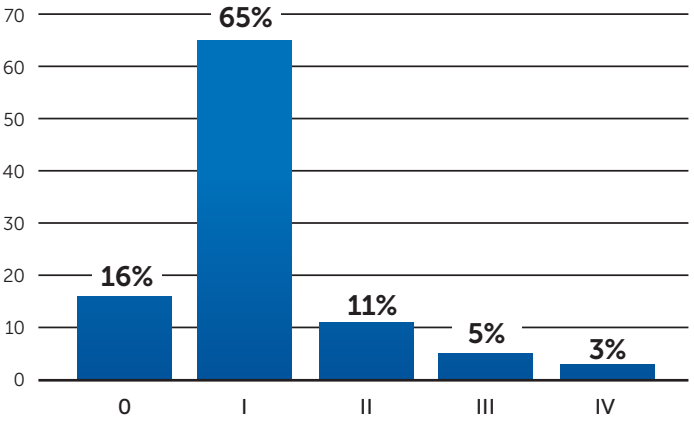
Nearly 70 percent of the breast cancer patients lived in Tarrant County at the time of their diagnosis. Patients living in several other surrounding counties, such as Parker, Johnson and Denton, were treated as well.

456 | **Total number of breast cancer cases seen at Texas Health Fort Worth in 2023.**

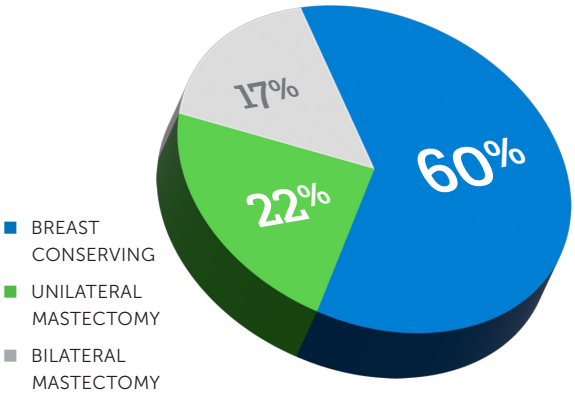
NATIONALLY, APPROXIMATELY 66 PERCENT OF BREAST CANCER CASES ARE DIAGNOSED AT A LOCALIZED STAGE, BEFORE CANCER HAS SPREAD OUTSIDE OF THE BREAST, WHEN IT IS EASIEST TO TREAT.

THE NUMBER OF EARLY-STAGE BREAST CANCERS AT TEXAS HEALTH FORT WORTH (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.

AJCC Stage at Diagnosis



Breast Cancer Surgery - All Stages



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 202 eligible early-stage breast cancer patients, 60 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.

Also included in the informed decision-making process, patients undergoing mastectomy are also included in the informed decision-making process and 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 2023, there were 75 mastectomy patients eligible for preoperative reconstructive/plastic surgeon consult. Of these, 95 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 2022, since these patients should have all their recommended cancer treatments either already initiated and/or completed.

Breast Quality Measure	THFW Performance Rate	National Benchmark
Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer	**67%**	**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	**81%**	**Not applicable**
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 T1cN0M0, or Stage IB-III hormone receptor negative breast cancer	**100%**	**Not applicable**
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 receptor positive breast cancer	**96%**	**90%**
Image or palpation guided biopsy to the primary site is used to establish a diagnosis of breast cancer	**94%**	**80%**

Screening to Diagnostic Days

In 2022, the NAPBC offered a quality improvement project that examined timeliness from screening to diagnosis and first treatment of breast patients at NAPBC-accredited breast centers. The Patient-Reported Observations on Medical Procedure Timeliness for Breast Patients (PROMPT) study examined the patient perspective on timeliness of care through qualitative interviews to understand how to make the diagnostic process more patient centered. In 2023, Texas Health Fort Worth utilized aggregated data provided from NAPBC, to focus on improving timeliness from screening mammogram to diagnostic mammogram. Screening to diagnostic days for 2019, 2020 and 2021 at Texas Health Fort Worth were as follows:

2019

THFW	**8.46**
Rank	**92/281**
Median	**11**

2020

THFW	**6.86**
Rank	**55/282**
Median	**11**

2021

THFW	**6.50**
Rank	**44/284**
Median	**12**

A multidisciplinary quality improvement team led by the breast center manager, was formed and a root cause analysis was performed to uncover causes prohibiting timely diagnostic evaluations. The main issue identified with the timeliness of screening to diagnostic mammogram was related to the turnaround time for imaging performed within the mobile program. When imaging is performed at the Breast Center, the mammography tech can mark "study ready to read" for the radiologist as soon as the imaging process has been completed. The radiologist can then read the study, and if abnormal, a diagnostic study can be immediately ordered. The turnaround time from screening to diagnostic for images performed in the Breast Center averages 1-2 days.

However, when imaging is performed on the mobile unit, a different process takes place whereby the tech must manually enter information into two different systems. Because there are two different manual entry processes with this group of patients, it can take an additional 4-5 business days before the radiologist has access to read the screening image, thus delaying the scheduling for a diagnostic exam, if needed.

To improve the turnaround time for patients seen within the mobile program, a request was made to the IT department to eliminate the manual tech process and to mirror the Breast Center process. Approval was granted and the necessary equipment updates are pending. Once the equipment updates have been completed, the manual process will be eliminated and will improve the timeliness of scheduling diagnostic exams.

In 2023, the breast program also performed an in-depth evaluation of high-risk breast cancer patients to ensure diagnostic and treatment of individual patients is concordant with recognized evidence-based national guidelines. Based on the results from that review, it was recommended the program consider implementation of a high-risk breast and survivorship program. In October 2023, a breast care nurse specialist was hired to help develop a personalized risk management plan for high-risk breast patients to include screening, chemo prevention, surgery, and other oncology needs. Breast cancer patients may also be seen for survivorship needs after the end of their primary treatment for cancer. The program became fully operational in early 2024. Through the survivorship program, patients receive expertise, education and support to help manage issues related to surviving cancer. This includes managing the risk of recurrence of a second cancer; understanding long-term effects from treatments received; and addressing social, psychological and physical needs.

Colorectal

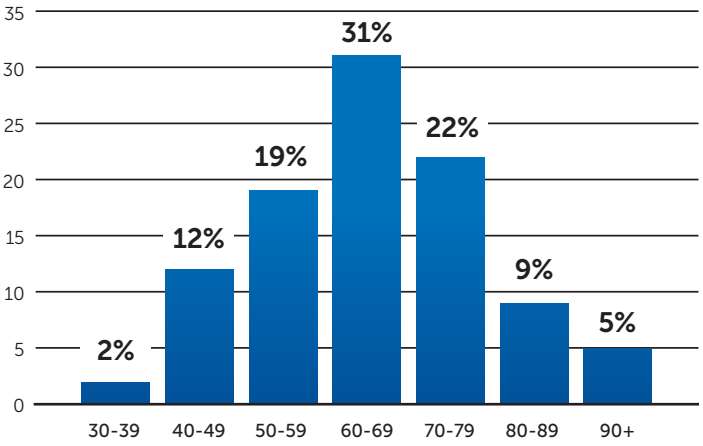
BETHANY MALONE, M.D., FACS

The American Cancer Society estimates there will be **106,970** new cases of colon cancer and **46,050** new cases of rectal cancer in the United States in 2023. 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.

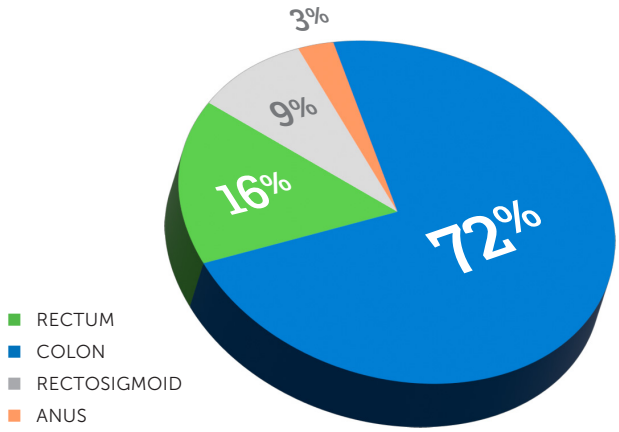
With a total of 282 colorectal cases in 2023, colorectal cancers account for approximately 9 percent of all cancers seen at Texas Health Fort Worth. Of the total cases, 56 percent were males and 44 percent were females. Of these, 223 were newly diagnosed patients, of which 195 (87 percent) received some or all of first course treatment at Texas Health Fort Worth.

Age at diagnosis in the newly diagnosed patients ranged from 32 years to 96 years. The median age at diagnosis was 66 years. Fourteen percent of the 195 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



Colorectal Primary Cancer Site



COLORECTAL

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 2022, 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.	89%	85%
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.	95%	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
Total mesorectal excision (TME) is performed for patients undergoing radical surgical resection of mid and low-rectal cancers.	100%	70%

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 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. In 2023, a total of 32 rectal cancer care conferences were held with 41 rectal cancer patient presentations. All cases presented had prospective discussions directly impacting patient care and treatment management.

In 2023, **Jordan Dudley, DNP, APRN, ANCP-BC**, Colorectal Oncology Coordinator, led a quality improvement initiative to improve surgical site infections (SSI) following colon surgeries. Malnutrition is a strong predictor of post-operative complications. These SSIs significantly impact patient mortality, length of stay and hospital costs.

Because significant research supports implementation of Enhanced Recovery After Surgery (ERAS) immunonutrition before and after surgery, the colorectal team developed protocols for immunonutrition intervention.

The nutrition protocol includes:

- 2 cartons of IM daily for 7 days prior to surgery in addition to normal food intake
- 2 carbohydrate-rich drinks the day prior to surgery
- 2 additional carbohydrate-rich drinks on the morning of surgery
- 2 cartons micronutrition daily for 5 days post op
- Patient is continued on clear liquids until 2 hours prior to surgery

While the colorectal team continues to improve the workflow for immunonutrition supplement distribution, the colon SSI rates are noted to have improved. The team hopes to eventually implement the ERAS immunonutrition supplement protocol across the system. Efforts 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.

Hepatopancreaticobiliary (HPB)

ZEESHAN RAMZAN, M.D.

Liver, pancreas, gallbladder and bile duct malignancies represent some of the most intricate and demanding challenges in the field of surgical oncology. These cancers are frequently detected at advanced stages, where the disease has already spread, significantly limiting the potential for curative interventions. Recognizing the need for a collaborative approach, we launched our multidisciplinary HPB cancer conferences in April 2021. These sessions have since become an integral part of our program, allowing specialists from various disciplines to come together and explore the latest in diagnostic tools and treatment strategies. Through these conferences, we have been able to craft personalized, evidence-based, multimodal treatment plans that incorporate cutting-edge surgical techniques, radiation therapies, and comprehensive palliative care. In 2023 alone, we convened 46 HPB cancer care conferences, discussing 186 cases, with the majority of these discussions leading to impactful decisions that directly enhanced patient care and treatment outcomes.

Tanya Kidandi, AGPCNP-BC, CPH, continues to serve as the Hepatopancreatobiliary Program Coordinator. She oversees the development of guidelines, protocols, pathways and other performance improvement activities related to HPB patient care. Kidandi is also leading our efforts as we seek accreditation from the National Pancreas Foundation (NPF) as a Center of Excellence, which will further demonstrate our commitment to providing the highest level of care to pancreatic cancer patients in our community.

THE HEPATOPANCREATOBILIARY PROGRAM AT TEXAS HEALTH FORT WORTH HAS ACHIEVED SIGNIFICANT MILESTONES OVER THE PAST YEAR, AND WE ARE PROUD OF OUR TEAM'S DEDICATION TO ADVANCING THE CARE OF PATIENTS WITH HPB MALIGNANCIES.

Looking forward, our program is focused on several key areas:

PATIENT EXPERIENCE

We plan to develop new opportunities for improving the overall patient experience. This includes refining our communication strategies, enhancing patient education, and ensuring that patients and their families feel supported throughout their treatment journey.

ADVANCED SURGICAL TECHNIQUES

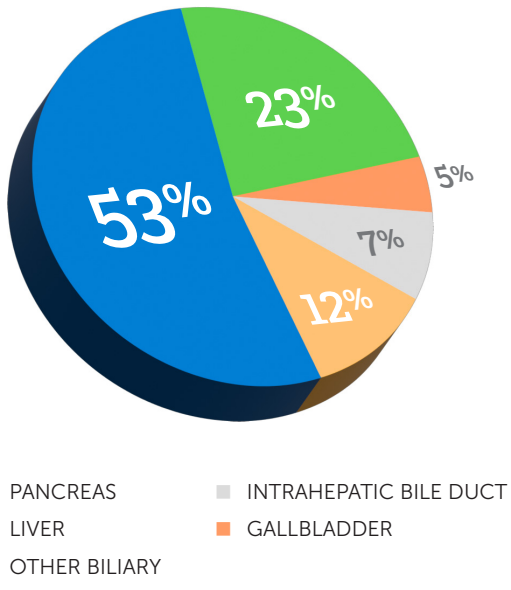
Our team is committed to refining and perfecting advanced surgical techniques, particularly in minimally invasive and robotic-assisted surgeries. These efforts are aimed at improving surgical outcomes and reducing recovery times for our patients.

CLINICAL TRIAL ENROLLMENT

We are expanding our efforts to provide patients with access to clinical trials, offering them the opportunity to participate in cutting-edge research and potentially benefit from the latest treatment options.

53% **Percentage of pancreatic cancers accounted for in the HPB cases seen at Texas Health Fort Worth in 2023.**

2024 Newly Diagnosed HPB Cases



AS WE CONTINUE TO BUILD ON OUR SUCCESSES, WE REMAIN COMMITTED TO IMPROVING PATIENT OUTCOMES AND PROVIDING THE HIGHEST LEVEL OF CARE. OUR FUTURE GOALS REFLECT OUR ONGOING EFFORTS TO ENHANCE THE QUALITY OF CARE, SUPPORT OUR PATIENTS, AND LEAD IN THE FIELD OF HPB SURGERY.

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 remains 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

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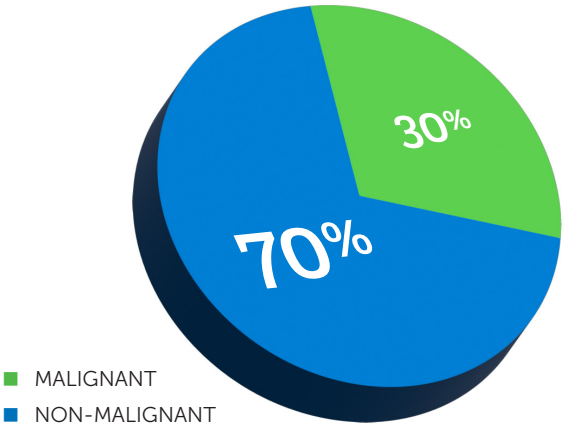
New brain/central nervous system tumors diagnosed and/or treated at Texas Health Fort Worth in 2023. Thirty percent of these tumors were malignant.



In 2023, Texas Health Fort Worth performed three 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 six procedures were performed in 2023.

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 2023.

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, one GammaTile procedure was performed.

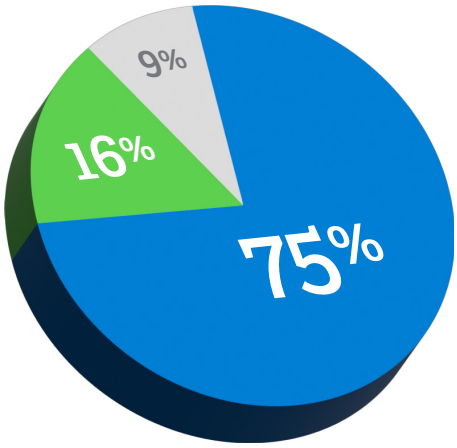
The Brain Tumor Team offers patients an exclusive pre-surgical brain tumor education program. Included in this program is a binder with resources — at the hospital and within the community — for patients and caregivers that guides patients through their care and provides education about their diagnosis and treatment recommendations. To help improve quality of life and to help prevent hospital readmissions, the team carefully determines the kind of care a patient needs after leaving the hospital. Working in partnership, physicians, nurses, care transitional managers (CTMs), and oncology social workers ensure a patient's transition from the hospital to another medical facility or to their home is as safe and smooth as possible.

Thoracic

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 475 cases seen in 2023, lung and bronchus cancers accounted for approximately 15 percent of all cancer cases seen at Texas Health Fort Worth. Of these, 346 were newly diagnosed cases and 190 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 34 to 96 years. The median age at diagnosis was 72.

Newly Diagnosed Cases



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, and **Lydia Hernandez, NRCMA**, Medical Assistant, Faught and Brown, meet one-on-one with patients to gather patient history and risk factors.

15% **Percentage of lung and brochus cancers accounted for in the 475 cancer cases seen at Texas Health Fort Worth in 2023.**

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 2023, the Lung Nodule Clinic had 970 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 896 completed patient visits, a significant increase when compared to the previous year's 714 visits. From these visits, 229 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 CT chest scan within the past 12 months

IN 2023, THE LUNG NODULE CLINIC PROGRAM PERFORMED 73 NEW LDCT LUNG CANCER SCREENINGS AND 36 FOLLOW-UP 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 | **2023**

		CLASS		SEX		AJCC STAGE GROUP*						
Primary Site	TOTAL	Analytic	Non Analytic	Male	Female	0	I	II	III	IV	N/A	Unk
ORAL CAVITY AND PHARYNX	**91**	**55**	**36**	**73**	**18**	**0**	**0**	**0**	**1**	**4**	**4**	**5**
Lip	1	0	1	1	0	0	0	0	0	0	0	0
Tongue	38	22	16	34	4	0	0	0	1	0	0	0
Salivary Gland	16	12	4	9	7	0	0	0	0	3	1	1
Floor of Mouth	4	2	2	2	2	0	0	0	0	0	0	1
Gum and Other Mouth	2	1	1	2	0	0	0	0	0	0	0	0
Tonsil	12	7	5	12	0	0	0	0	0	0	1	2
Nasopharynx	5	3	2	4	1	0	0	0	0	0	0	0
Oropharynx	7	3	4	6	1	0	0	0	0	1	0	1
Hypopharynx	2	1	1	1	1	0	0	0	0	0	0	0
Other Oral Cavity Pharynx	4	4	0	2	2	0	0	0	0	0	2	0
DIGESTIVE SYSTEM	**613**	**441**	**172**	**340**	**273**	**8**	**66**	**70**	**71**	**67**	**16**	**29**
Esophagus	34	17	17	24	10	0	1	1	0	3	1	0
Stomach	44	30	14	27	17	0	8	2	3	2	2	3
Small Intestine	23	21	2	14	9	0	4	1	6	2	1	5
Colon, Rectum, Anus	282	223	59	158	124	8	41	52	46	28	1	19
Colon	188	160	28	104	84	6	30	44	31	22	1	16
Rectosigmoid Junction	21	19	2	12	9	0	2	5	6	3	0	0
Rectum	51	36	15	34	17	2	8	2	8	3	0	3
Anus	22	8	14	8	14	0	1	1	1	0	0	0
Liver, Gallbladder, Intrahepatic Bile Duct	101	65	36	60	41	0	5	6	5	15	5	1
Liver	50	32	18	34	16	0	4	4	2	4	1	0
Gallbladder	12	7	5	4	8	0	1	0	0	4	1	0
Intrahepatic Bile Duct	18	10	8	11	7	0	0	0	2	4	1	0
Other Biliary	21	16	5	11	10	0	0	2	1	3	2	1
Pancreas	113	73	40	53	60	0	7	8	8	15	1	0
Retroperitoneum	2	2	0	1	1	0	0	0	1	0	0	0
Peritoneum, Omentum and Mesentery	6	4	2	0	6	0	0	0	2	2	0	0
Other Digestive Organs	8	6	2	3	5	0	0	0	0	0	5	1
RESPIRATORY SYSTEM	**494**	**359**	**135**	**259**	**235**	**1**	**58**	**20**	**24**	**82**	**7**	**4**
Nose, Nasal Cavity, Middle Ear	2	1	1	1	1	0	0	0	0	0	0	0
Larynx	15	10	5	11	4	1	0	0	0	2	0	1
Lung and Bronchus	475	346	129	246	229	0	58	20	24	80	5	3
Non-small cell	374	271	103	197	177	0	53	19	17	47	5	1
Small cell	70	51	19	34	36	0	2	1	5	21	0	2
Other lung	31	24	7	15	16	0	3	0	2	12	0	0
Trachea	1	1	0	0	1	0	0	0	0	0	1	0
Mediastinum, Other Respiratory	1	1	0	1	0	0	0	0	0	0	1	0
BONES AND JOINTS	**4**	**4**	**0**	**1**	**3**	**0**	**0**	**0**	**0**	**0**	**2**	**1**
SOFT TISSUE	**21**	**11**	**10**	**12**	**9**	**0**	**2**	**1**	**0**	**1**	**1**	**1**

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 Table | **2023**

		CLASS		SEX		AJCC STAGE GROUP*						
Primary Site	TOTAL	Analytic	Non Analytic	Male	Female	0	I	II	III	IV	N/A	Unk
SKIN: MELANOMA	**40**	**27**	**13**	**19**	**21**	**3**	**9**	**2**	**1**	**6**	**0**	**4**
SKIN: OTHER NON-EPITHELIAL	**3**	**3**	**0**	**3**	**0**	**0**	**0**	**0**	**0**	**1**	**1**	**1**
BREAST	**456**	**336**	**120**	**2**	**454**	**42**	**176**	**29**	**14**	**9**	**6**	**5**
FEMALE GENITAL SYSTEM	**318**	**251**	**67**	**0**	**318**	**0**	**111**	**11**	**47**	**27**	**14**	**32**
Cervix Uteri	41	23	18	0	41	0	6	2	5	3	0	4
Corpus and Uterus, NOS	170	147	23	0	170	0	86	4	20	15	3	15
Ovary	67	54	13	0	67	0	14	3	19	8	2	6
Vagina	5	1	4	0	5	0	0	0	0	0	1	0
Vulva	26	18	8	0	26	0	5	1	1	0	6	5
Other Female Genital Organs	9	8	1	0	9	0	0	1	2	1	2	2
MALE GENITAL SYSTEM	**294**	**65**	**229**	**294**	**0**	**1**	**5**	**10**	**6**	**6**	**0**	**7**
Prostate	283	55	228	283	0	0	4	10	2	6	0	3
Testis	11	10	1	11	0	1	1	0	4	0	0	4
URINARY SYSTEM	**131**	**74**	**57**	**88**	**43**	**8**	**18**	**2**	**6**	**5**	**1**	**4**
Urinary Bladder	46	25	21	35	11	8	8	0	2	4	1	1
Kidney	77	47	30	47	30	0	10	2	4	1	0	3
Renal Pelvis	4	0	4	4	0	0	0	0	0	0	0	0
Ureter	2	1	1	1	1	0	0	0	0	0	0	0
Other Urinary Organs	2	1	1	1	1	0	0	0	0	0	0	0
BRAIN/OTHER NERVOUS SYSTEM	**228**	**206**	**22**	**82**	**146**	**0**	**0**	**0**	**0**	**0**	**113**	**0**
Brain, Malignant	68	59	9	34	34	0	0	0	0	0	45	0
Cranial Nerves, Other Nervous	2	2	0	1	1	0	0	0	0	0	2	0
Brain-CNS, Benign and Borderline	158	145	13	47	111	0	0	0	0	0	66	0
ENDOCRINE SYSTEM	**76**	**63**	**13**	**32**	**44**	**0**	**22**	**3**	**0**	**0**	**18**	**2**
Thyroid	40	36	4	13	27	0	20	3	0	0	0	2
Thymus	3	2	1	1	2	0	2	0	0	0	0	0
Other Endocrine	3	3	0	3	0	0	0	0	0	0	2	0
Endocrine: Benign, Borderline	30	22	8	15	15	0	0	0	0	0	16	0
LYMPHOMA	**143**	**108**	**35**	**77**	**66**	**0**	**5**	**7**	**8**	**27**	**10**	**3**
Hodgkin Lymphoma	20	16	4	11	9	0	0	3	1	3	0	0
Non-Hodgkin Lymphoma	123	92	31	66	57	0	5	4	7	24	10	3
MYELOMA	**70**	**43**	**27**	**45**	**25**	**0**	**0**	**4**	**1**	**0**	**16**	**0**
LEUKEMIA	**85**	**68**	**17**	**54**	**31**	**0**	**0**	**0**	**0**	**0**	**57**	**0**
MESOTHELIOMA	**4**	**4**	**0**	**3**	**1**	**0**	**0**	**1**	**0**	**1**	**1**	**0**
KAPOSI SARCOMA	**2**	**1**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**
MISCELLANEOUS	**81**	**58**	**23**	**46**	**35**	**0**	**0**	**0**	**0**	**1**	**31**	**0**
TOTAL	**3154**	**2177**	**977**	**1432**	**1722**	**63**	**472**	**160**	**179**	**237**	**299**	**98**

MB 4315 10/24

Cancer Care Continuum

Prevention

Screening

Early Detection

Staging

Treatment Planning

Treatment

SURGERY

CHEMOTHERAPY

RADIATION

THERAPY

BIOLOGICALS

Rehabilitation

PHYSICAL

PSYCHOSOCIAL

SPIRITUAL

FINANCIAL

Continuing Care/Cure

Home Care

PALLIATIVE CARE

HOSPICE

BEREAVEMENT

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

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RESOURCES:
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