Patient-Centered Care

*Using 2015 data
At Texas Health Harris Methodist Hospital HEB, we are committed to improving the care of cancer patients in the communities we serve.
Dear Members of the Community

Another year has passed and the cancer program at Texas Health Harris Methodist Hospital HEB continues its efforts to provide state of the art cancer care for its patients and their families. Several noteworthy areas of development and progress have taken place over the past year. A palliative care program under the leadership of Dr. Melissa Johnson opened up in July and has already started to provide high quality palliative care to our patients. The interventional radiology department plays an integral role in both diagnosis and treatment of cancer. In September a new interventional radiology suite opened up which helps ensure continued access to this critical service. Last but not least, a newly refurbished intensive care unit opened its doors in August and helps ensure continued intensive care support for our patient population.

The cancer program was surveyed by the Commission on Cancer in April and received six commendations in the areas of cancer registrar education, public reporting of outcomes, adherence to pathology reporting protocols, oncology nursing care, PQRS reporting participation and data submission accuracy.

The Tumor Registrars continue their relentless efforts to update and maintain the cancer registry database. In addition they also help orchestrate several community outreach events targeted at cancer prevention and early detection. The awarded cancer program commendations are to a large extent the result of their enduring work, and deserves to be fully recognized.

I am truly honored to be part of this outstanding program and look forward to serving you in 2017.

Sincerely,

Henrik Illum, M.D.
The Cancer Committee, under the leadership of Dr. Henrik Illum and following guidelines set by the Commission on Cancer (CoC) has developed a more streamlined documentation process for reporting annual activities. At the suggestion of our surveyor, more robust documentation is now available in our minutes. Effectiveness of activities is being analyzed and documented along with a more detailed explanation of activities.

The committee worked diligently on the development of a cancer-specific Community Health Needs Assessment. The sub-committee included representatives from the Cancer Registry, Administration, Social Services, Patient Navigation from both the inpatient and the outpatient areas, and the Practice Administrator from Texas Oncology. The completed assessment was presented to the Cancer Committee on June 15. Barriers to care were addressed.

The Cancer Committee’s focus and goals for 2016 were:

- Clinical Goal – Development of a Family Room on the Oncology Unit
- Programmatic Goal – Construction and opening of a dedicated Interventional Radiology Suite
- Her 2Neu testing for advanced Distal Esophagus, GE Junction, and Gastric cancers
- Palliative Care Program which began in July
- Educational conference on staging gynecological cancers was held for physicians and staff
- Ethics conference on Palliative Care given to Medical staff

Studies done for 2016 using 2015 data

<table>
<thead>
<tr>
<th>Study</th>
<th>Accreditation Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian Hypo Fractionation vs. Standard Dosing in Breast Irradiation</td>
<td>For NAPBC Accreditation</td>
</tr>
<tr>
<td>Oncotype Dx for DCIS</td>
<td>For NAPBC Accreditation</td>
</tr>
<tr>
<td>Malnutrition in patients undergoing chemotherapy</td>
<td>For CoC Accreditation</td>
</tr>
<tr>
<td>Antiviral prophylaxis for inpatient administration of Velcade based chemotherapy regimen</td>
<td>For CoC Accreditation</td>
</tr>
</tbody>
</table>
The Cancer Program at Texas Health HEB sponsors and promotes education and screening programs targeting patients across the spectrum including the American Cancer Society Great American Smokeout, National Council on Skin Cancer Prevention No Fry Day, and mobile & low cost mammography and cervical cancer screenings for women. Based on the needs of the community for education on smoking cessation as evidenced by the increasing number of patients diagnosed with lung cancer through our Emergency Department THHEB continues to provide awareness during the annual Great American Smokeout. Thirty seven percent of breast cancers diagnosed at Texas Health HEB are Stage 2 or higher making this a necessity to continue with mobile mammography screenings.

Review from the Commission on Cancer Program Standards:
Each calendar year, the program fulfills all of the following compliance criteria:

1. The cancer committee monitors the effectiveness of the prevention, screening, and outreach activities on an annual basis.
2. The activities and monitoring results are documented in an annual community outreach activity summary.
3. The annual community outreach activity summary is shared with the cancer committee.
4. The review of the annual community outreach activity summary is documented in the cancer committee minutes.

Texas Health HEB 2016 Community Outreach Events

<table>
<thead>
<tr>
<th>Event</th>
<th>Category</th>
<th>Topic</th>
<th>Target Audience</th>
<th>Location</th>
<th>Date</th>
<th>Participants (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Sigma Theta Sorority Community Health Fair</td>
<td>Prevention</td>
<td>Sun Safety &amp; Skin Cancer Education</td>
<td>People of color</td>
<td>Brookside Community Center, Hurst</td>
<td>4/23/2016</td>
<td>67</td>
</tr>
<tr>
<td>Cathedral of Faith Community Health Fair (pg 5, 6)</td>
<td>Prevention</td>
<td>Sun Safety &amp; Skin Cancer Education</td>
<td>People of color</td>
<td>Cathedral of Faith Church, Euless</td>
<td>8/6/2016</td>
<td>145</td>
</tr>
<tr>
<td>Texas Health Mobile Mammography &amp; Well Woman Event</td>
<td>Screening</td>
<td>Breast &amp; Cervical Cancer Screening</td>
<td>Women over 40 and underserved</td>
<td>Texas Health HEB, Bedford</td>
<td>9/29/2016</td>
<td>16</td>
</tr>
<tr>
<td>Great American Smokeout</td>
<td>Prevention</td>
<td>Smoking prevention, cessation and resources</td>
<td>Tobacco and smokeless</td>
<td>Texas Health HEB, Bedford</td>
<td>11/17/2016</td>
<td>43</td>
</tr>
</tbody>
</table>
Our prevention outreach event, *Sun, Safety and Skin Cancer Education* had 145 participants. Attending staff included Mildred Jordan, CTR; Kimberly Willis, CTR and Sharon Overath, OCN Nurse Navigator. This activity had more participants than the previous activity due to advertising. Although this was the first time our program attended, this event has taken place for a number of years and has outgrown the previous indoor site. The prevention event in April was the inaugural event for the organizer — Delta Sigma Theta Sorority. More children’s activities were provided, multiple healthcare providers were present and free screenings were provided on site or by voucher.

**How was this program designed to reduce the incidence of a specific cancer type or decrease the number of patients with late-stage diseases?**

This event was designed to meet the needs of people of color in our community who are often unaware of the need for sun safety and the importance of monitoring their skin for malignancies that may be unrelated to sun exposure. People of color are also more likely to present with advanced disease when a skin cancer is present.

Represented in the charts (right), the primary cause of squamous cell carcinoma (SCC) in darker-skinned persons of African descent is not sun exposure. Skin conditions that result in scarring or chronic inflammation are the primary cause, along with radiation therapy and trauma. Unlike SCC in Caucasians, those occurring in people of African descent are more aggressive, and have a higher rate of metastasis and mortality. Late detection and treatment are a causal factor.

“**I had no idea medications could make me more likely to burn.**”

**Participants received**

1. Sun safety and skin cancer education and prevention materials in Spanish and English (as appropriate) including:
   - American Cancer Society skin cancer prevention materials
   - Understanding the EPA’s UV Index including information on accessing and using this web-based information
   - Photosensitive drugs list
   - Children’s education and activities on sun safety with crayons and treats
   - Questionnaire to assess effectiveness

2. Liquid sunscreen in clip on containers and lip balm

3. Bottled water and ice — The temperature was 100 degrees during activity with a heat index of 109 degrees.

“**My mom and I are from New Orleans and did not realize we could get sunburned until we moved to Texas.**”

<table>
<thead>
<tr>
<th>Type of Cancer</th>
<th>Primary Predisposing Factor</th>
<th>Most Common Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basal Cell Carcinoma</td>
<td>sunlight</td>
<td></td>
</tr>
<tr>
<td>Malignant Melanoma (African Americans, Asians, Hawaiians, Native Americans, Darker-skinned Hispanics)</td>
<td>unknown</td>
<td></td>
</tr>
<tr>
<td>Malignant Melanoma (Lighter-skinned Hispanics)</td>
<td>unknown</td>
<td></td>
</tr>
<tr>
<td>Squamous Cell Carcinoma (SCC)</td>
<td>chronic, non-healing wounds/ulcers, scars and chronic inflammatory skin conditions (e.g. discoid lupus, lichen sclerosis, lichen planus)</td>
<td></td>
</tr>
</tbody>
</table>

**DID YOU KNOW** that everyone, regardless of skin color, can sunburn? In fact, a survey conducted by the Centers for Disease Control and Prevention revealed the following sunburn rates in each of the listed ethnic groups:

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Male respondents reporting at least one sunburn in the preceding year</th>
<th>Female respondents reporting at least one sunburn in the preceding year</th>
<th>Respondents reporting &gt;4 sunburns in the preceding year</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaskan Natives</td>
<td>30.4%</td>
<td>21.5%</td>
<td>19.6%</td>
</tr>
<tr>
<td>Asian Pacific Islander</td>
<td>16.2%</td>
<td>16.1%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Hispanics (dark-skinned)</td>
<td>12.4%</td>
<td>9.5%</td>
<td>19.1% (light-skinned)</td>
</tr>
<tr>
<td>African Americans</td>
<td>5.8%</td>
<td>5.8%</td>
<td>12.3%</td>
</tr>
</tbody>
</table>
National guidelines and/or evidence-based interventions this prevention program used:
- American Academy of Dermatology
- Skin Cancer Foundation
- American Cancer Society
- University of Colorado Cancer Center
- U.S. Food and Drug Administration Guidelines
- Mayo Clinic Patient Care & Health Information
- U.S. Environmental Protection Agency Guidelines and Educational Materials

“I didn’t know you could get cancer on your nail beds.”
“I will definitely use sunscreen after this.”


Recommendation for next year could include information on lung cancer screening, particularly if we are able to develop a screening program at HEB - the American Lung Association was providing educational materials.

This was an effective program and recommendation is made that we continue with annual participation. Baylor Healthcare, UTSW and Moncrief Cancer Center have been multiyear participants in this event.

Community Health Needs Assessment and Patient Navigation

Community health needs assessments (CHNA) and implementation strategies are required of all hospitals designated as not-for-profit by the Patient Protection and Affordable Care Act (ACA) and are a requirement of our Commission on Cancer Accreditation. These assessments and strategies provide an opportunity to improve coordination of hospital community benefits with other efforts to improve the health of our community. Although Texas Health HEB performs a CHNA every three years (with our most recent scheduled for publication in 2016) it was determined that a more focused one was required to specifically address the needs of the cancer community.

These assessments ensure that we have the information we need to best meet the needs of our unique population.

An ad hoc committee of the Cancer Committee including Alice Landers, Sharon Overath, Adam Davis-Jarrett, Steve Whisman and Kimberly Willis met to help identify our specific patient needs and determine strategies to meet those needs. Defining the community we serve at Texas Health HEB is an important step in determining those needs.

Outreach Event

Definition of the Community

Tarrant County Community Zip Codes
76001 Bedford
76012 Colleyville
76019 Euless
76020 Hurst
76023 Euless
76030 Hurst
76031 Haltom City
76037 Fort Worth
76039 Euless
76040 Hurst

Data Source: Texas Health Resources Strategy and Business Planning Department

Cancer Program Patient Demographic Profiles

The next step was to determine who we are serving in the HEB community and what factors may affect their care- including socioeconomic and insurance status- a primary focus of many public health initiatives and recognized as an important factor in patient outcomes.

ASSESSMENT

Based on the results of analysis/monitoring, do we need to make any changes to this outreach program?

Staff recommended to organizer that a spring or fall date might make activities easier to attend for families with small children and the elderly, who made up a significant proportion of attendees. Hats intended for display were given to several elderly participants who appeared to be particularly affected by the heat as well as at the request of a participant. Sharon Overath, Nurse Navigator, came to the event with the intent of providing breast education and the decision was made on site to forego this portion of the program. UTSW was providing mammography and breast education of which we were previously unaware. Staff co-located with UTSW, Moncrief Cancer Center (providing colorectal cancer education and options for free and low-cost cancer treatment including colorectal cancer screening vouchers) and the American Lung Association (providing smoking cessation education).

Recommendation for next year could include information on lung cancer screening, particularly if we are able to develop a screening program at HEB - the American Lung Association was providing educational materials.

This was an effective program and recommendation is made that we continue with annual participation. Baylor Healthcare, UTSW and Moncrief Cancer Center have been multiyear participants in this event.
Community Health Needs Assessment and Patient Navigation cont.

Facilities Serving the Texas Health HEB Community
Since Texas Health HEB is committed to being the provider of choice in the communities we serve, the committee then looked at other facilities in our service area including:

- Baylor Scott & White Medical Center at Grapevine
- John Peter Smith Hospital | JPS Health Network
- Moncrief Cancer Institute
- North Hills Hospital

Identified Health Needs
Attendees provided lists of needs they had identified in their interaction with patients and during the administrative process at Texas Health HEB. The following items were identified as the most pressing in our cancer patient community. Attendees then developed strategies for addressing these needs which have been included.

Financial Needs
Financial issues top the list of identified needs. Adam noted that some patients who have a need will not fill out the required paperwork for fear of losing assets they currently possess.
• No Insurance - Alice provided data that currently 9% of all HEB patients are uninsured with a range from 9-15% depending on time of year and other factors. Steve receives a daily census that provides information on self-pay patients that allows social work to identify potential need and address it. He also noted that we are seeing fewer JPS patients via the ED, possibly because nursing and social work are working together to provide patients with information on Medicaid and facilitating rapid acceptance at JPS. We now have an in house JPS facilitator who can assist patients in a fast track admission that now takes a few weeks. This process formerly took several months - time many patients do not have. A new JPS clinic is scheduled to open in Bedford as well allowing more patients to receive care locally.
• No providers accepting Medicaid Programs from the Healthcare Exchange
• THHEB Charity Care - patients can receive assistance from THR and flexible payment plans are available
• Cannot afford copay
  - Texas Oncology indigent and low income programs
• Medication costs
  - Pharmaceutical company copay cards
  - Patient assistance programs for uninsured patients
• Unable to meet basic needs, e.g. food, gas for travel
  - Sharon provided information on two resources to which she refers patients:
    - First United Methodist Church - trucks are available in their parking lot and attendees are provided with a shopping bag and they can choose items they would like
    - Catholic Charities

Transportation
Patients are unable to make appointments and complete needed therapy due to issues with transportation. The suggestion was made that we have a community van that can provide local residents with a ride to treatment. Concerns were raised as to potential conflict of interest as defined by CMS. Kimberly provided contact information to committee members on transportation resources in our area including:
• Catholic Charities Tarrant Riders Network (TRN): Low cost (a few dollars) transportation; contact info- (817) 534-0814; infocatholiccharities@ccdofw.org
• Mid Cities Care Corps: Transportation, Helping Hands assistance with wheelchair ramps, minor repairs and yard work & Social Outreach programs; contact info- (817) 282-0531; http://midcitiescarecorps.org/services/
• Distance to facility:
  - Can transfer to closer facilities be expedited? Adam will investigate
  - Are there potential liability issues for our physicians and facilities? Alice is working with Corporate Compliance on this question.
  - New TOPA Facility in our Community- Adam provided the group with information that Texas Oncology will be opening a new facility in Keller that can provide patients with chemotherapy services in that rapidly growing area.

Support Groups
We need more local support groups so patients do not have to drive. We previously had “Dialogue” and “I Can Cope” but they reached a point where they were no longer therapeutic and were discontinued. Steve noted that the availability of online information is undercutting support groups. Alice suggested we add more info to our THR page with resources for patients. Current referrals include:
• Michelle Grodi, RN, OCN, Breast Patient Navigator coordinates several groups at Texas Oncology including:
  - N.E.A.T. Program® (Nutrition, Exercise and Attitudes for Tomorrow)- exercise and nutrition classes
  - On-site support group that meets monthly and offers partner group meetings for patient spouses
  - Patient Emotional Care Program providing support from a licensed Ph.D. social worker for emotional issues arising from cancer diagnosis
• Moncrief Cancer Institute: contact info https://www.moncrief.com/content/support-groups
• Cancer Support Community (Formerly Gilda’s Club) at Tarrant County Clubhouse Alliance contact info: http://cancersupporttexas.org/locations/tarrant-county-clubhouse/
• Texas Health’s Faith Community Nursing Program - The goal of the program is the intentional integration of the practice of faith with the practice of nursing to care for the whole person — body, mind and spirit — and to improve the health of the communities we serve.
Hospice placement
Ongoing issue with the availability of beds for hospice placement in our community.

The Psychosocial Distress Screening Tool
Sharon provided information that Deborah Behan and Marla Grant in Research have a study in process on the Psychosocial Distress Screening Tool. The Cancer Committee was also planning a study on the implementation of this tool and it was suggested that we use their study to meet Commission on Cancer requirements to reduce the committee’s workload. Alice contacted Deborah regarding this study and it was determined that no study is currently ongoing. The Psychosocial Distress Screening Tool will continue to be monitored by oncology nursing. It was noted by Sharon that many patients identify family members as the source of a great deal of their stress.

What should we do with the information we gain from screening?
Steve recommended that we have a PhD psychologist available to patients that have a serious need identified at screening. The feasibility of this will be reviewed, including the possibility that staff from Springwood may be a resource for cancer patients. Patients can also be referred to behavioral health.

Pastoral Care
It was suggested that Pastoral Care be alerted when a patient has been identified as having a high stress level. Rick McMinn was recommended as an excellent resource for this process and he disseminated information among the chaplains as needed to meet the needs of our patients.

Disseminating Information on Available Services
An important part of any discussion of needs and resources must include the best means of providing our patients with accurate and timely information on their diagnosis and our available programs. Alice informed the group that the former business area on the 1st floor of Texas Health HEB is slated to become a reference area for patients with computers available for education. Steve added that it would be a good idea to provide note pads and pens so patients and family members can write down information to take with them. Current resources include:

The Resource Room at HEB
Information is available to patients and their families in the oncology ward. Concerns were raised as to the amount of traffic that is appropriate to direct there. This will be reviewed.

The ACS Room at Texas Oncology

The Texas Oncology webpage
Adam suggested we provide information on future events to him and he will request they be posted on their website. He also noted that the Texas Oncology website itself is an excellent resource for patients with links to reliable information from sources like ACS and NCI.

Community Connect

Texas Health Resources has recently launched a new website to help patients find free and reduced-cost social services by zip code. This important resource provides our community with an easy way to locate, identify program eligibility, connect with programs, apply, see their hours of operation, view maps and directions and more including:

Food
Emergency food, food pantries, community gardens, free meals, nutrition education and food delivery

Healthcare
Help with paying for healthcare, addiction & recovery services, mental health, dental health, health education, end-of-life care and drug testing

Housing
Housing advice, temporary shelter, maintenance & repairs, residential housing, help finding housing and assistance paying for housing

Job Training & Education
Help finding schools, skills & training, screening & exams, help paying for school, preschool programs and many more educational resources

Transportation
Locating and help paying for transportation
Legal resources – mediation, advocacy & legal aid, representation and translation & interpretation

Financial Assistance
Government benefits, financial education, tax preparation, insurance and financial assistance

www.TexasHealth.org/CommunityConnect

Texas Health HEB is committed to the communities we serve. Conducting a cancer-specific Community Health Needs Assessment, providing resources to patients, providers and the community and making this information available to the public not only meets our obligations under the Patient Protection and Affordable Care Act, it insures we are addressing the unique needs of our community through investing in community health and partnering with other organizations to address the urgent needs of our population and is an important part of fulfilling the Texas Health Mission: To improve the health of the people in the communities we serve.
Interventional Radiologists are board certified Radiologists who specialize in minimally invasive procedures targeting a wide variety of patients across all specialties. They offer the most in-depth knowledge of the least invasive treatments available coupled with broad clinical and diagnostic experience. They use a host of imaging modalities including fluoroscopy, MRI, CT, and ultrasound to perform these procedures. Interventional Radiologists have pioneered minimally invasive modern medicine over the past several decades.

THHEB’s dedicated Interventional Radiology (IR) suite in conjunction with our ICU expansion project opened in September. Texas Radiology Associates (TRA) Interventional Radiologists come from a host of prestigious training programs across the country. The procedures performed are minimally invasive and are individualized to the patient. From our HEB inpatients to our local community outpatients, the procedures are targeted to the individual patient resulting in better patient care, reduced recovery time, and shorter hospital stays. THHEB’s new IR suite is equipped to handle a wide variety of procedures including catheter directed venous and arterial procedures, image guided biopsies, drainage catheter placements, image guided tumor ablations, and a host of additional procedures that are essential to day-to-day patient management for hospitals and our health systems.

The Cancer Registry under the direction of the Cancer Committee is staffed by two full-time Certified Tumor Registrars (CTR) and one Non-CTR.

The Registry maintains a database of all cancers diagnosed and or treated at Texas Health HEB. Information on diagnosis, treatment, follow-up, and survival is recorded. In 2015, the Registry accessioned a total of 1,186 cases. 673 of those were analytic, diagnosed and received all or part of their first course of treatment at our facility.

The Registrars participate annually in many community outreach projects bringing cancer awareness to the community.

CTR’s also attended the statewide training provided by the Texas Cancer Registry. Continued education is necessary to keep up with the many changes, ICD-10, AJCC staging, 8th edition.

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Texas Health Harris Methodist Hospital HEB

Cancer Registry

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Five major sites diagnosed at Texas Health HEB for 2015

<table>
<thead>
<tr>
<th>Site</th>
<th>Texas Health</th>
<th>Texas</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>159</td>
<td>16,510</td>
<td>234,190</td>
</tr>
<tr>
<td>Lung</td>
<td>120</td>
<td>13,650</td>
<td>221,200</td>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>46</td>
<td>2,967</td>
<td>48,960</td>
</tr>
<tr>
<td>Colon</td>
<td>42</td>
<td>3,240</td>
<td>54,870</td>
</tr>
<tr>
<td>Pancreas</td>
<td>38</td>
<td>10,050</td>
<td>93,090</td>
</tr>
</tbody>
</table>

Based on these numbers it is apparent that continued education is necessary in our community to bring awareness for the prevention of Breast, Lung, and Gynecologic cancers. This is done by offering screening programs for Breast and Gyn and also by promoting the American Cancer Society’s Great American Smokeout. In the future, a lung screening program may be available.
Below is a summary of cancer occurrence by site and sex. Total number of cases diagnosed in 2015 was 1,186, of those, 673 were analytic, cases that were diagnosed and received all or part of their first course of treatment at Texas Health HEB.

<table>
<thead>
<tr>
<th>Diagnostic Site</th>
<th>Total</th>
<th>%Total</th>
<th>Male</th>
<th>Female</th>
<th>Ana</th>
<th>NonA</th>
<th>0</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>N/A</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENDER CLASS OF CASE STAGE (Analytic Cases)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td>286</td>
<td>24.11</td>
<td>3</td>
<td>283</td>
<td>159</td>
<td>127</td>
<td>39</td>
<td>60</td>
<td>41</td>
<td>13</td>
<td>2</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Lung/ Respiratory</td>
<td>176</td>
<td>14.84</td>
<td>89</td>
<td>87</td>
<td>120</td>
<td>56</td>
<td>0</td>
<td>38</td>
<td>9</td>
<td>20</td>
<td>52</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Colorectal/ Anus</td>
<td>81</td>
<td>6.83</td>
<td>48</td>
<td>33</td>
<td>52</td>
<td>29</td>
<td>0</td>
<td>14</td>
<td>13</td>
<td>15</td>
<td>8</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Prostate/ Other Male Genital</td>
<td>57</td>
<td>4.81</td>
<td>57</td>
<td>0</td>
<td>12</td>
<td>45</td>
<td>0</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Pancreas</td>
<td>56</td>
<td>4.72</td>
<td>35</td>
<td>21</td>
<td>46</td>
<td>10</td>
<td>0</td>
<td>9</td>
<td>10</td>
<td>2</td>
<td>22</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Lymphoma-Hodgkin &amp; NHL</td>
<td>56</td>
<td>4.72</td>
<td>34</td>
<td>22</td>
<td>32</td>
<td>24</td>
<td>0</td>
<td>9</td>
<td>9</td>
<td>2</td>
<td>12</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>55</td>
<td>4.64</td>
<td>0</td>
<td>55</td>
<td>44</td>
<td>11</td>
<td>0</td>
<td>30</td>
<td>2</td>
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<td>Small Intestine</td>
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<td>0</td>
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<td><strong>TOTALS</strong></td>
<td><strong>1186</strong></td>
<td><strong>100%</strong></td>
<td><strong>471</strong></td>
<td><strong>715</strong></td>
<td><strong>673</strong></td>
<td><strong>513</strong></td>
<td><strong>52</strong></td>
<td><strong>212</strong></td>
<td><strong>100</strong></td>
<td><strong>93</strong></td>
<td><strong>119</strong></td>
<td><strong>70</strong></td>
<td><strong>27</strong></td>
</tr>
</tbody>
</table>

Analytic: First diagnosed and/or all or part of first course therapy at Texas Health HEB
Non-analytic: First diagnosed and all first course therapy received prior to admission at Texas Health HEB
*Tabulations for Stage Distribution include class of case 10-22 only
The Cancer Committee at Texas Health HEB continuously monitors standards for compliance with CoC required measures. Cancer registry data elements are nationally standardized and considered open source. Each of these measures was developed by the CoC with the expectation that cancer registries would be used to collect the necessary data to assess and monitor concordance with the measures. Extensive assessment and validation of the measures was performed using cancer registry data reported to the National Cancer Database (NCDB). All measures are designed to assess performance at the hospital or systems-level, and are not intended for application to individual physician performance. Below you will find results from the latest submission, 2014 cases.

The Cancer Committee has reviewed and will develop processes to improve any percentages that fall below the required CoC standard.

<table>
<thead>
<tr>
<th>Site</th>
<th>Description</th>
<th>CoC Expected Performance rate</th>
<th>Texas Health Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLADDER</td>
<td>At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy</td>
<td>N/A</td>
<td>No data available</td>
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<tr>
<td>BREAST</td>
<td>Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer</td>
<td>90%</td>
<td>*77.4%</td>
</tr>
<tr>
<td></td>
<td>Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or stage IB - III hormone receptor negative breast cancer.</td>
<td>N/A</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>90%</td>
<td>97.9%</td>
</tr>
<tr>
<td></td>
<td>Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes.</td>
<td>90%</td>
<td>100%</td>
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<tr>
<td></td>
<td>Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer</td>
<td>80%</td>
<td>97.2%</td>
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<tr>
<td></td>
<td>Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer</td>
<td>N/A</td>
<td>79.1%</td>
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<tr>
<td>CERVIX</td>
<td>Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer</td>
<td>N/A</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer</td>
<td>N/A</td>
<td>No data available</td>
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<tr>
<td></td>
<td>Chemotherapy administered to cervical cancer patients who received radiation for stages IB2-IV cancer (Group 1) or with positive pelvic nodes, positive surgical margin, and/or positive parametrium (Group 2)</td>
<td>N/A</td>
<td>100%</td>
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<tr>
<td>COLON</td>
<td>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.</td>
<td>N/A</td>
<td>70%</td>
</tr>
<tr>
<td></td>
<td>At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.</td>
<td>85%</td>
<td>96.3%</td>
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<tr>
<td>ENDO METRIUM</td>
<td>Chemotherapy and/or radiation administered to patients with Stage IIIIC or IV Endometrial cancer</td>
<td>N/A</td>
<td>100%</td>
</tr>
<tr>
<td>GASTRIC</td>
<td>Endoscopic, laparoscopic, or robotic surgery performed for all Endometrial cancer (excluding sarcoma and lymphoma), for all stages except stage IV</td>
<td>N/A</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer</td>
<td>80%</td>
<td>No data available</td>
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<tr>
<td>Non- Small Cell Lung</td>
<td>At least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IA, IB, IIA, and IIB resected NSCLC</td>
<td>N/A</td>
<td>47.1%</td>
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<tr>
<td></td>
<td>Systemic chemotherapy is administered within 4 months to day 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</td>
<td>85%</td>
<td>100%</td>
</tr>
<tr>
<td>OVARY</td>
<td>Salpingo-oophorectomy with omentectomy, debulking; cytoreductive surgery, or pelvic exenteration in Stages I-IIIC Ovarian cancer</td>
<td>N/A</td>
<td>72.7%</td>
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<tr>
<td>RECTUM</td>
<td>Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer</td>
<td>85%</td>
<td>100%</td>
</tr>
</tbody>
</table>

* There are instances where treatment was not done due to contraindications.
The Palliative Care program at THHEB officially began in July of 2016 after many months of planning and preparation under the direction of Dr. Melissa Johnson.

**What is Palliative Care?**

Palliative care is specialized medical care focused on people living with serious illness. It provides relief from the symptoms and stress of a serious illness—whatever the diagnosis. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of doctors, nurses, social workers, chaplains, and others who work together with a patient’s existing healthcare team to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.

**Consider a Palliative Care Consult When:**

- The patient, family, or healthcare team need help with complex decisions
- A patient with a serious illness has unacceptable pain or symptom distress > 24-hours
- A patient with a serious illness has been admitted two or more times with the same problem in the past six months
- The patient has a prolonged length-of-stay without evidence of progress
- Decisions regarding tracheostomy, PEG placement, mechanical ventilation, or dialysis are on the horizon
- There is unaddressed spiritual or psychosocial distress
- The patient, family, or staff need assistance with withdrawing life support
- The patient is in the ICU with a documented poor prognosis
- A patient with a serious illness has frequent ED visits for the same diagnosis
- There is a need for advanced care planning or goals of care discussions with the patient and family
- The patient, family or physician needs information regarding hospice appropriateness
- There is a new diagnosis of a life-limiting illness with a need for symptom control or patient/family support.

**How do I order a Palliative Care Consult and what will happen next?**

- Place an order under “Consult Palliative Care” in Care Connect.
- The palliative care physician is available on the Palliative Care hotline at 817-201-5444 24-hours a day, 7-days-a-week to receive the consult.
Distal esophageal, gastroesophageal junction (GE junction) and gastric cancers are a significant clinical problem with increasing incidence and association with substantial morbidity and mortality. In the United States, an estimated 41,500 patients in the United States will be diagnosed with these cancers this year, including an estimated 2,705 Texans.

### Risk Factors
- Tobacco Use
- Alcohol Abuse
- Obesity
- Chronic Acid Reflux
- Barrett’s Esophagus - a condition in which the tissue lining the esophagus is replaced by tissue that is similar to the intestinal lining
- Men are far more likely than women to develop these cancers

### Early Detection
Esophageal and gastric cancers are typically diagnosed after presentation with symptoms like difficulty swallowing, chest pain or heartburn, loss of appetite and unintended weight loss, blood in vomit or stool and hoarseness. People with risk factors, particularly Barrett’s Esophagus, should be screened regularly.

### New Therapies & Molecular Testing
Promising new treatments include targeted therapy designed to boost the body’s natural defenses to fight cancer. Her2 - a gene that has the potential to transform cells or to induce cancer - has been shown to play an important role in the development and progression of certain types of cancer, including advanced metastatic distal esophageal, GE junction and gastric adenocarcinomas. Over-expression of Her2 occurs in about 20-25% of these cancers. The addition of Herceptin® (trastuzumab) - familiar as an important part of our arsenal in breast cancer treatment - to palliative intent chemotherapy in patients with Her2 over-expression provides improvement in both response rates and overall survival and the National Comprehensive Cancer Network® (NCCN) recommends that all patients with metastatic or suspected metastatic adenocarcinoma of these sites have Her2 testing done as part of their initial work up, thus allowing patients a targeted therapeutic option for their cancer.
The Texas Health HEB Cancer Committee developed comprehensive molecular testing protocols in 2014, including adenocarcinomas of the stomach and GE junction, allowing our medical oncologists to create customized plans for treatment, follow up and monitoring of disease.

We therefore set out to investigate if our hospital was compliant with these recommendations. Patients diagnosed with adenocarcinoma of the distal esophagus, GE junction and stomach during 2015 were identified using Texas Health HEB Cancer Registry data. A total of nine patients were found. Seven did not meet the criteria for Her2 testing and it was not recommended. Two patients had stage IV adenocarcinoma of the gastric cardia. Both of these patients had Her2 testing per NCCN guidelines with one demonstrating overexpression of the Her2 oncogene. Combination treatment utilizing chemotherapy and trastuzumab was initiated for this patient.

**Conclusion**

Texas Health HEB patients diagnosed with metastatic distal esophageal, GE junction and gastric adenocarcinomas received the recommended work up per our comprehensive molecular testing protocols and National Comprehensive Cancer Network® guidelines including Her2 testing. The one patient in our study group who tested positive was treated appropriately per these nationally recognized, evidence-based guidelines.

Dr. Henrik Illum  |  Cancer Committee Chair

http://www.cancer.org/cancer/stomachcancer
https://www.nccn.org/professionals/physician_gls/f_guidelines.asp#site
Cancer Care Continuum

Prevention
Screening
Early Detection
Staging
Treatment Planning
Treatment
Surgery
Chemotherapy
Radiation
Therapy
Biologics
Rehabilitation
Physical
Psychosocial
Spiritual
Financial
Continuing Care/Cure
Home Care
Palliative Care
Hospice
Bereavement