

CANCER PROGRAM ANNUAL REPORT

2013

***IRWIN ARMY COMMUNITY HOSPITAL
FORT RILEY KANSAS 66442-5037***

*A November 2013 publication, reviewing the 2012 cancer statistics.
S1.12 Public Reporting of Outcomes*



“There are currently more than 1,500 CoC-accredited cancer program, representing 30 percent of all the hospitals that provide cancer care in the United States and Puerto Rico; however, these programs diagnose and treat 70 percent of the annual incident cases. This statistic emphasizes the level of commitment in resources, priority, and support that Commission-approved programs have made to the care of patients with cancer.”

*American College of Surgeons
Commission on Cancer*

CANCER COMMITTEE MEMBERSHIP

Dr. David Cancelada, MD FACS, General Surgery
Chairman, Cancer Committee

MAJ Jennifer Glidewell, MC, Chief, Department Primary Care Community Medicine
Liaison to the Commission on Cancer

MAJ Scott Schmidt, MC Chief, Department of Surgery
Cancer Program Administrator

Ms. Toni Murphy, RN Supervisory Nurse, DOS
Cancer Conference (Tumor Board) Coordinator

LTC Charlotte Shell, MC Chief, Quality Management Branch
Quality Improvement Coordinator

Ms. Marie Jordan, CTR Tumor Registry
Cancer Registry Quality Coordinator

MAJ Catharina Lindsey, AN Chief, Public Health Nursing
Community Outreach Coordinator

Ms. Melissa Darroch, RN Disease Management/Patient Navigation
Clinical Research Coordinator

LCDR Elizabeth Davis, MC Behavioral Health
Psychosocial Services Coordinator

CPT Joseph Chiara, MC Chief, Otorhinolaryngology Service

MAJ James Hsu, MC Chief, Department of Radiology

Dr. Martin Vacanti, MC Chief, Department of Pathology

CPT Atif Ahmed, MC Chief, Dermatology Service

MAJ Kevin Clive, MC, OIC General Surgery

TUMOR BOARD MEMBERSHIP

Dr. David Cancelada, MD FACS, General Surgery
Chairman, Cancer Conference/Tumor Board

MAJ Kevin Clive, MC, OIC General Surgery

Dr. Martin Vacanti, MC, Chief, Department of Pathology

MAJ James Hsu, MC, Chief, Department of Radiology

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CPT Joseph Chiara, MC Chief, Otorhinolaryngology Service

MAJ Susannah Cooper, MC Medical Oncologist Consultant – BAMC

COL Michael Dullea, MD Radiation Oncologist Consultant - BAMC

Ms. Marie Jordan, CTR Tumor Registrar

INTRODUCTION

The Cancer Program at Irwin Army Community Hospital is dedicated to promoting the early detection of cancer and to ensuring our patients have access to the most current cancer treatment. If adequate treatment is not available at our facility, patients are referred to either local civilian medical centers or one of the Department of Defense Medical Centers.

There are four major components of our hospital Cancer Program:

*1) **Cancer Committee** - a committee of multidisciplinary membership, meeting every other month, to examine the overall cancer program, cancer patient management, registry database and continuing education of health care providers.*

*2) **Tumor Board**- monthly conference which ensures consultation among physicians dealing with the care of cancer patients at our facility, provides informal professional peer review of cancer management, provides continuing medical education for physicians and physician assistants by the discussion of individual cases in terms of diagnosis and management through reference to personal experience and knowledge of current literature.*

*3) **Patient Care Evaluation** - in addition to in-house performance improvement activities, our hospital submits data to the National Cancer Database, the Kansas Cancer Data Service (central cancer registry) and the Department of Defense Automated Central Tumor Registry (ACTUR) for participation in their national, state and Department of Defense-wide patient care evaluation studies.*

*4) **Tumor Registry** - the database for the cancer program, designed to collect and maintain data for all cancer patients diagnosed and/or treated at our hospital. Registry data includes demographic information, medical history, diagnostic findings, initial therapy, recurrence and subsequent therapy, quality and length of survival, and cause of death.*

The Cancer Program at Irwin Army Community Hospital continues to support the national effort to control cancer through prevention, early detection, multimodality treatment and outcome monitoring.

Prevention and Screening Programs

Cancer Committee activities for 2012 included:

- *Melissa Darroch Cancer Nurse Case Manager published an article in the 1st Infantry Division Post on 25 January encouraging eligible patients to get their yearly mammogram through self-request appointments.*
- *Meeting was scheduled held with the American Cancer Society representative Deb Parsons for 29 Feb to discuss the needs of the community.*
- *Ft Riley Elementary School kicked off its Leukemia and Lymphoma Society fundraiser 10 February, they raised \$1,500 by March.*
- *Dr. Daniel Sessions, Chief, Obstetrics/Gynecology published an article "Cervical Cancer" in the 1st Infantry Division Post on 5 March encouraging women to get their yearly pap screening.*
- *Dr. John Langley, General Surgery published an article "Colorectal Cancer Awareness" in the 1st Infantry Division Post in March encouraging colorectal screenings.*
- *Dr. Joseph Chiara, Chief, Otolaryngology, Head and Neck Surgery, presented Oral Head and Neck Cancer Awareness brief to the post commander on 5 April.*
- *Dr. Joseph Chiara, Chief, Otolaryngology, Head and Neck Surgery, published an article "Oral Head and Neck Cancer Awareness" in the 1st Infantry Division Post in April.*
- *Safety Day in April with the promotion of cancer early detection and prevention information.*
- *Geary County Relay for Life in May at the Junction City High School raised \$25,925.*
- *Nursing Grand Rounds CNE presentation was offered by the Registrar to all IACH staff in June.*
- *Participation in Apple Days in September with the promotion of cancer early detection and prevention information to be distributed by Melissa Darroch.*
- *A Remembrance Tree was erected in the lobby of the facility for the entire month of October in support of National Breast Cancer Awareness Month. Patients and staff were encouraged to write the name of a friend or family member and hang it on the tree. Additionally, a display with cancer promotional items for early detection and prevention information were provided. Over 100 individuals put ribbons on the tree and over 150 women pledged to do their self breast exams monthly. The scheduling of Mammograms at the facility increased in the months of October and November as a result of the reminder.*
- *CME "Thyroid Nodules" in October presented by Dr. Joseph Chiara, Chief, Otolaryngology, Head and Neck Surgery, Irwin Army Community Hospital*
- *Participation at the Fort Riley Retiree Appreciation Day in October with the promotion of cancer early detection and prevention information to be distributed by Marie Jordan.*
- *Making Strides Against Breast Cancer 5k fundraising Walk in October in Topeka Kansas*

Accountability and Quality Improvement Measures

- A QI measure is one that demonstrates good practice. Quarterly the committee monitored and reported the Cancer Program Practice Profile Report (CP3R) for Breast, Colon and Rectal Cancers. Performance levels were met for each of the specified quality improvement measures as defined by the Commission on Cancer for 2004-2011 @ 100%.

Assessment of Evaluation and Treatment Planning

All analytical cases for 2012 were stage prior to Tumor Board on the presentation note. All cases were presented prospectively. NCCN guidelines were discussed in relationship to staging on all cases presented.

Patient Care Evaluation Study of Breast Cancer At Irwin Army Community Hospital

CPT Ryan Rusnok, MC, General Surgery

TOPIC: Assessment of diagnostic evaluation and treatment planning of breast cancer patients at Irwin Army Community Hospital from 2009-2011.

BACKGROUND: Breast cancer accounts for more than 10% of cancer diagnoses worldwide and has a 100 times higher prevalence in females than males. The diagnostic evaluation of the patients as well as the treatment guidelines have not changed drastically over the period reviewed. Survival rates remain the same stage for stage regardless of gender.

METHODS: The Tumor Registry was reviewed for all breast cancer cases at Irwin Army Community Hospital from 2009 to 2011. The diagnostic evaluations and treatment plans were compared with the Respective NCCN guidelines corresponding to that year.

RESULTS: During the time frame of 2009 to 2011, fifteen patients were diagnosed and treated for various stages of breast cancer. There were four patients with stage 1, five with stage 1A, one with stage 2A, three with stage 3A, and two who were clinically unstageable. The guidelines for the respective years of patient evaluation and treatment were reviewed and compared to treatment received. On two occasions there was refusal of proper care plan or unknown compliance with care plan for the respective patients in 2011. These two would have received correct care based on the plan described in the history. Reviewing all other cases, the NCCN diagnostic evaluation and treatment guidelines were followed with respect to the year of diagnosis and surgery.

CONCLUSIONS: This survey demonstrates compliance with protocols set forth by NCCN each year and takes into account patient compliance with therapy from both a surgical and oncologic standpoint.

Studies of Quality

PATIENT CARE EVALUATION STUDY **BREAST CANCER AND POST-TREATMENT MAMMOGRAMS AT IACH**

- LTC Charlotte Shell, Quality Improvement Coordinator -
- MAJ Amber Ritenour, Cancer Committee Chairperson -

OBJECTIVES: To compare demographics of breast cancer patients at Irwin Army Community Hospital (IACH) with patients entered into National Cancer Data Base (NCDB). To evaluate IACH breast cancer patient compliance with National Comprehensive Cancer Network recommendations for mammogram one year after treatment for breast cancer.

BACKGROUND: The American Cancer Society estimated that approximately 288,130 women would be diagnosed with breast cancer in 2011. Approximately 39,520 of those women were expected to die from breast cancer. Early recognition, appropriate treatment and follow up care are critical to optimizing disease-free survival.

METHODS: The IACH tumor registry was reviewed for cases of breast cancer from 2005 to 2009. Age at diagnosis and stage of cancer were extracted. Results were compared with NCDB data collected from over 460 hospitals across the United States. Additionally, IACH outpatient electronic medical records were reviewed to determine if patients our hospital had received a mammogram within one year of breast cancer treatment.

RESULTS: From 2005 to 2009, forty-three patients at IACH were diagnosed with breast cancer. Three patients had incomplete medical records due to departure from the military medical treatment system. These patients were excluded from the study. During the same five year period 110,361 patients nation-wide were diagnosed with breast cancer and entered into the NCDB. Of these, 6682 (6%) were unable to be staged and were excluded. Our study compared the forty IACH patients to the 103,679 NCDB with complete records. The IACH patients ranged from age 32 to 78. The average age at diagnosis was 49 years old. NCDB patients ranged from less than 20 years old to over ninety. Average age was not available. All studied patients were completely staged, ranging from stage 0 (in situ) to IV. The Stage 0 group comprised 10% of IACH breast cancer patients compared with 19.8% in the NCDB. Stage I was 37.5% IACH vs. 39.6% NCDB. Stage II was 27.5% IACH vs. 26.3% NCDB. Stage III was 17.5% IACH vs. 9.7% NCDB. Stage IV was 7.5% IACH vs. 4.6% NCDB. According to review of our electronic medical records, all IACH patients diagnosed with breast cancer during the study period underwent the recommended annual mammogram following treatment.

CONCLUSIONS: Stage of breast cancer at IACH is similar to the pattern seen nation-wide. The most common stages at our hospital, and nationally, are Stages I and II. Our small study population precludes further statistical analysis of these data. Most significantly, our chart review demonstrated that all IACH breast cancer patients diagnosed and treated during the five year study period received their annual mammogram after treatment in accordance with national guidelines.

Retrospective Evaluation Study of IACH Surgical Pathology Reports for Synoptic Reporting of Cancer Cases by
AJCC/CAP Protocol for the years 2009, 2010, and 2011

Dr. Martin P. Vacanti, Chief
Department of Pathology
Irwin Army Community Hospital

Background: The College of American Pathologist in cooperation with the American Joint Commission on Cancer has developed an initiative to incorporate a synopsis of cancer pathology staging, prognostic, and predictive parameters using scientifically validated data elements.

Method: Surgical pathology reports generated at Irwin Army Community Hospital with a diagnosis of malignancy were evaluated for the presence or absence of synoptic reporting as defined by the College of American Pathologists/American Joint Commission on cancer for the years 2009, 2010, and 2011.

Results: During the timeframe including the years 2009 through 2011, forty eight diagnoses of cancer were made at Irwin Army Community Hospital with reports generated (16-2009, 17-2010, and 15-2011). All of them contained the required information as defined by the College of American Pathologists and the American Joint Commission on cancer. However, none of the reports were in the synoptic format.

Conclusions: The traditional narrative style of pathology reporting for cancer did include required information as defined by the College of American Pathologists and American Joint Commission on cancer during the years of 2009, 2010, and 2011. Scientifically validated data elements as defined by synoptic reporting will concisely state relevant pathology staging prognostic and predictive parameters. From 2012 on, all surgical pathology reports with malignancy generated from Irwin Army Community Hospital will include synoptic reporting in the surgical pathology report in addition to the traditional narrative style.

S4.7 2012 Studies of Quality

Quality Improvements

Increase Tumor Registry visibility; Increased visibility will instill patients with confidence in our hospital's cancer program and educate patients on our capabilities. Provider education will ensure that patients receive maximum timely benefit from our cancer program (PHM, patient navigation etc.).

- Manhattan Mercury article on accreditation
- News Release to facility through PAO
- WIBW article on accreditation
- CNE presented on Tumor Registry
- Third Thursday Training on Tumor Registry
- Article in the Pulse on accreditation
- Article in Media Dailies on accreditation

The Registry has been presenting at New Comers Orientation since January 2012 over 200 new employees are aware of the cancer program in the hospital.

Improvement based on completed study - Synoptic Format; As a result of the Study of Quality by Dr. Vacanti on IACH Surgical Pathology Reports for Synoptic Reporting of Cancer Cases by AJCC/CAP Protocol for the years 2009, 2010, and 2011, will incorporate synoptic format into all cancer pathology reports originating from IACH to improve inter-provider communication and improve patient care.

Goal - Accreditation Survey 2012; The registry passed the May survey without any cancer program deficiencies.

Statistics

There were 37 cancer cases added to the IACH registry in 2012.

There were 15 analytic cases and 4 non-analytic cases presented to the Tumor Board in 2012:

Breast – 6

Colon – 1

Lung – 1

Lymphoma – 1

Cervix Uteri – 1

Endometrium – 1

Head and Neck - 7

Melanoma of the skin -1

Staff attendance was 25physicians and 14 non-physicians. Oncology consultation is provided by Brooke Army Medical Center by way of video teleconferencing.

- The monitoring of pathology reports for compliance with the College of American Pathologists site-specific cancer reporting checklists overall compliance for 2012 was at 100%.

IACH's cancer program retains accreditation

The Commission on Cancer of the American College of Surgeons granted three-year accreditation with commendation to Irwin Army Community Hospital's cancer program after a thorough review process that ended May 22.

IACH is the smallest medical treatment facility within the Department of Defense to earn the distinction of accreditation by the American College of Surgeons Commission on Cancer.

IACH received the accreditation following an onsite evaluation when the program demonstrated a commendation level of compliance with one or more standards that represent the full scope of the cancer program, including cancer committee leadership, cancer data management, clinical services, research, community outreach and quality improvement. Additionally, IACH received a compliance rating for all other 36 standards.

Applying for and maintaining Commission on Cancer accreditation is a voluntary commitment that ensures patients have access to the full scope of services required to diagnose, treat, rehabilitate and support them.

The American Cancer Society estimates that more than 1.6 million cases of cancer will be diagnosed in 2012.

Accreditation with multiple commendations demonstrates (IACH's) continued commitment to providing high-quality cancer care to the service members and beneficiaries of the Fort Riley community. It also reflects the dedication and hard work of the (IACH) team.