

CANCER PROGRAM ANNUAL REPORT

2014

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

*A November 2014 publication, reviewing the 2013 cancer statistics.
S1.12 Public Reporting of Outcomes*



The American College of Surgeons Cancer Programs aim to improve cancer patient care, their nationally recognized programs—the Commission on Cancer, the National Accreditation Program for Breast Centers, the National Cancer Data Base, the American Joint Committee on Cancer—all work toward helping our program provide high-quality cancer care.

There are currently more than 1,500 CoC-accredited cancer programs, 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.

CANCER COMMITTEE MEMBERSHIP

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

CPT Jae Shim, MC, 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

Mr. John Jones Quality Management Branch
Quality Improvement Coordinator

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

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

LCDR Elizabeth Davis, MC Behavioral Health
Psychosocial Services Coordinator

CPT Christopher England, 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

CPT Ryan Rusnok, MC, General Surgery

TUMOR BOARD MEMBERSHIP

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Chairman, Cancer Conference/Tumor Board

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

MAJ James Hsu, MC, Chief, Department of Radiology

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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 and continuing medical education for physicians and physician's assistants by the discussion of individual cases in terms of diagnosis and management through reference to personal experience and knowledge of the 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.

College of American Pathology

The CoC requires that 90% of eligible pathology reports that include a cancer diagnosis will contain the scientifically validated data elements outlined on the surgical case summary checklist of the College of American Pathologists (CAP) Site Specific Cancer Protocol Guidelines.

The CAP protocols apply to pathology reports created by the facility from resected specimens with an invasive histology.

Surgical Pathology Cancer Case Summary	# Reports eligible/CAP #Documented	Compliance
Endocrine-Thyroid Gland	5/5	100%
Breast-Invasive Carcinoma and DCIS of the Breast	7/7	100%
Skin-Melanoma	8/8	100%
Cervix Uteri	1/1	100%
Skin – DFSP	1/1	100%
Rectum	1/1	
COMPLIANCE TOTAL	23/23	100%

From January through December 2013 there were twenty five analytic cancers identified; 4 thyroid, 7 breasts, 7 melanoma, 1 cervix, 1 DFSP, 2 ovary, 1 hematopoietic (blood), 1 rectum and 1 colon. Thirteen were definitively treated at this facility and 23 pathology reports were eligible. Other malignancies were identified, however, due to their definitive diagnosis being made at another treatment facility, in-situ histology or treatment elsewhere, completed pathological criteria was not applicable and subsequent analysis was not possible.

S2.1 CAP Protocol 2013

Prevention and Screening Programs

Cancer Committee activities for 2013 included:

- Numerous events were sponsored by the American Cancer Society and coordinated through one of our own staff member Linda Johnson; 2013 King and Queen Contest 1 Dec 12 through 31 May 13, Rollin' for Life 5 Jan, Eatin' Out For Life 19 Jan, Sweatin' For Life, Spring For Life 18 Mar, Fleain For Life 13 Apr, Gamblin' For Life 13 Apr, Bark For Life 27 Apr, Scramblin' For Life 11 May, Feedin' For Hope 18 May, Clownin' For Hope 31 May, Clowin' For Life 31 May 2013.

*- Dr. Daniel Sessions, Chief, Obstetrics/Gynecology published an article "Cervical Cancer" in the 1st Infantry Division Post in January encouraging women to get their yearly pap screening.

- Newcomers Orientation presentations began in January with the hospital registrar educating all new staff about the cancer program at the facility.

- General Surgery Clinic nurse Peggy Johnson and Tumor Registrar Marie Jordan completed online training activities with the Nurse Oncology Education Program in February to better assist in the diagnosis, treatment, and care of cancer patients.

*- *Dr. Ryan Rusnok, General Surgery published an article “Colorectal Cancer Awareness” in the 1st Infantry Division Post in March encouraging colorectal screenings.*

- *The American Cancer Society representative Ed Johnson attended the March cancer committee meeting to learn more about our hospital, who we serve and what assistance the ACS could offer our patients. He also briefed the members on the roles and responsibilities of the ACS.*

*- *We were invited to the Ft Riley Middle School Wellness Fair in April. Dr. Atif Ahmed Chief, Dermatology and his staff manned a booth, distributed informational brochures and taught the children about cancer prevention and sun safety. Well over 650 children attended the event.*

- *CPT Paul Rolston volunteered to teach Tar Wars, a smoking prevention program, to 5th graders at our Ft Riley Elementary School in April.*

- *Safety Day was in April focused promotion on early detection and the prevention of cancer information.*

- *Geary County Relay for Life in May took place at the Junction City High School. The event raised \$25,925 towards the fight against cancer.*

- *ACS Community Event: The It’s About Me Breast Cancer Awareness Association hosted a “Walk A Mile In Her Shoes” 5k walk or run in May at Heritage Park, Junction City KS.*

- *CME “Skeletal Mets of Unknown Origin” in August was presented by Dr. Reid, Orthopedics, and Irwin Army Community Hospital.*

- *Participation at Apple Days in September with the promotion of awareness, cancer early detection and prevention information for thousands.*

*- *Dr. Ryan Rusnok General Surgery published an article “Breast Cancer” in the 1st Infantry Division Post in October encouraging mammographic screenings.*

- *Participation at the Fort Riley Retiree Appreciation Day in October with the promotion of cancer early detection and prevention information.*

- *Making Strides Against Breast Cancer 5k fundraising Walk in October in Topeka Kansas*

*S4.1 Prevention Programs 2013

*S4.2 Screening Programs 2013

Accountability and Quality Improvement Measures

- *A QI measure is one that demonstrates good practice. Quarterly, the committee monitors and reports 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 at 100%.*

Assessment of Evaluation and Treatment Planning

Evaluation Study of Thyroid Carcinoma

At Irwin Army Community Hospital 2007-2012

Joseph A. Chiara MD, MAJ, MC

Otolaryngology, Head and Neck Surgery

TOPIC: Assessment of diagnostic evaluation and treatment planning of thyroid carcinoma patients at Irwin Army Community Hospital from 2007-2012.

BACKGROUND: Thyroid neoplasms represent almost 95% of all endocrine tumors, although they are relatively uncommon, accounting for approximately 2.5% of all malignancies. In 2008, the estimated annual incidence of thyroid cancer in the United States was 37,340 cases, and approximately 1590 patients (4.3%) were expected to die from thyroid cancer. The incidence of thyroid cancer has been steadily increasing over the past 2 decades but mortality rates have remained stable, and evidence suggests that improved detection has primarily contributed to the increased incidence.

METHODS: The Tumor Registry was reviewed for all thyroid carcinoma cases diagnosed at Irwin Army Community Hospital from 2007 to 2012. The diagnostic evaluations and treatment plans were compared with the respective NCCN guidelines.

RESULTS: During the time frame of 2007 to 2012, twenty-one patients could be identified in our tumor registry as having been diagnosed and treated for thyroid carcinoma. All 21 of the patients studied had Stage 1 thyroid carcinoma of a well differentiated variety. Fifteen of the 21 patients were treated through Irwin Army Medical Center and their treatment was completely evaluated while six had their care outside this facility and records were incomplete. The guidelines for the respective years of patient evaluation and treatment were reviewed and compared to treatment received. All fifteen of the patients whose records were completely available received care in accordance with the published NCCN guidelines through the time frame they were still receiving care at this facility. Of the six partial records available for patients who received their care with network providers it appears based on review of assessments and plans in the available notes that they also received care in accordance with published NCCN guidelines.

CONCLUSIONS: This survey demonstrates compliance with protocols set forth by NCCN for treatment of thyroid carcinoma for the dates evaluated.

Patient Care Evaluation Studies

Patient Care Evaluation Study Colorectal Cancer Screenings At Irwin Army Community Hospital (IACH)

LTC Charlotte Shell, AN, Quality Improvement Coordinator

TOPIC: Patients at IACH who meet the criteria for colorectal screening are compliant with initial and follow-up colonoscopies.

BACKGROUND: According to the American Cancer Society, colorectal cancer is the third most common cancer in both men and women. Over the last 20 years, the decrease in incidence of colorectal cancer is largely attributed to the use of colorectal screening tests in adults 50 years of age and older. An estimated 50,830 deaths from colorectal cancer are expected to occur in 2013. Early recognition, appropriate treatment and surveillance are instrumental in patient survival. HEDIS measures are the standards for Army Medicine and have been adopted to guide cancer preventive measures which include colorectal screening methods that consist of either annual hemoccult guiac card evaluations, flexible sigmoidoscopy every 5 years or colonoscopy every 10 years.

METHODS: The number and names of patients within the IACH catchment area who meet the requirements for colorectal screening (age 50 and above) were retrieved from Clin-Ops Division.

RESULTS: The following table shows the monthly data related to the number of beneficiaries who met the criteria of requiring colorectal screening during each month, and the number and percentage of patients compliant in having colorectal screening performed. The HEDIS measurement goal for colorectal screening is 73.7%.

Month	# Eligible	# Compliant	% Compliant
February 2013**	2082	1309	62.9%
March 2013	1773	1200	67.7%
April 2013	1776	1233	68.7%
May 2013	1815	1266	69.8%
June 2013	1801	1275	70.8%
July 2013	1789	1284	71.8%

**Baseline Data

CONCLUSIONS: Implement reminder letters, phone calls, and discussions with patients at time of appointments.

DEPARTMENT OF THE ARMY
USA MEDICAL DEPARTMENT ACTIVITY
600 CAISSON HILL ROAD
FORT RILEY, KANSAS 66442-5037



REPLY TO
ATTENTION OF

MCXX-PAT

15 AUG 2013

MEMORANDUM FOR Cancer Committee, Irwin Army Community Hospital, Ft. Riley Ks.

Subject: Frozen Section Study for 2013

Twelve frozen sections performed. The duration of the frozen sections range from 11 minutes to 18 minutes for an average turnaround time of 12 minutes and 30 seconds. No malignancy was identified in all twelve specimens. Twelve out of twelve of the frozen section impressions agreed with the final diagnosis. Of the twelve frozen sections, three were performed on lymph nodes, four were performed on parathyroid glands, three performed on thyroid glands, one performed on the larynx, and one on the spleen.

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

Quality Improvements

Quality Improvement Process Colorectal Cancer Screening At Irwin Army Community Hospital (IACH)

LTC Charlotte Shell, AN, Quality Improvement Coordinator

TOPIC: How to improve compliance for colorectal screening at IACH

BACKGROUND: Our goal in process improvement is to place greater emphasis on patient notification and education which will result in greater compliance in patients submitting to colorectal screening.

METHODS: The names of patients within the IACH catchment area who meet the requirements for colorectal screening (age 50 and above) were retrieved from Clinical-Operations Division. The list was analyzed to reveal how many of these patients were compliant with having an initial colorectal screening and with having a follow-up when appropriate. The list of non-compliant beneficiaries was then further sorted out to determine which of the beneficiaries receive care at IACH versus which receive their care from civilian providers and/or at Veterans Administration (VA) Hospital system in the local area. Our focus will be on those beneficiaries at IACH.

Several actions will be implemented to increase patient compliance, as follows;

1. Letter notification- letters will be sent out to all patients explaining that they are due for a screening.
2. Telephonic notification- phone calls will also be placed to patients reminding them that they are due for their screening.
3. Offering options- Packets will be put together with three occult blood specimen cards and sent to patients 50 years old and greater, who do not wish to have a colonoscopy. These patients will have to submit three cards every year in order to stay off of the colonoscopy due list.

In addition, validation of these efforts will be performed by the Patient Administration staff as follows;

1. Reports of patients due within the next 60 days will be run twice per month. Patients on the report will receive a reminder phone call.
2. Reports of patients who are past due will be run monthly. These patients will also receive reminder phone calls.

As part of patient education, the medical records of patients who have an appointment with their Primary Care provider at IACH will be reviewed prior to the appointment to identify which tests and procedures are required of the patient to meet HEDIS measures. The provider will then discuss these tests and procedures with the patient and puts in orders and consults as appropriate at the time of their appointment.

PROJECTED RESULTS: Increased patient education and notification will result in greater compliance in colorectal screening.

CONCLUSIONS: Colorectal screening is one of the most important preventive measures needed for patient care. Non-compliance can be attributed to ignorance of the need for screening, misperceptions and fear of the procedure. By correcting these deficiencies and misperceptions through education by their primary care provider and improving multiple lines of communication (letter, telephone), compliance can be improved.

Statistics

There were 49 cancer cases added to the IACH registry in 2013

Melanoma and Non Melanoma Skin Cancer – 9

Head and Neck - 9

Colon/Rectum/Abdomen – 8

Breast – 7

Prostate – 5

Blood – 3

Cervix/Ovary – 3

Kidney - 2

Pancreas - 2

Lung – 1

There were 21 analytic cases and 1 non-analytic case presented to the Tumor Board in 2013

Staff attendance was 24 physicians and 12 non-physicians.

Oncology consultation is provided by Brooke Army Medical Center by way of video teleconferencing.

The American Cancer Society annual Cancer Facts & Figures 2013 report provides the estimated numbers of new cancer cases and deaths in 2013 as well as current cancer incidence, mortality, and survival statistics and information on cancer symptoms, risk factors, early detection, and treatment. About 1,660,290 new cancer cases are expected to be diagnosed in 2013, and in 2013 about 580,350 Americans are projected to die of cancer, almost 1,600 people a day. Cancer remains the second most common cause of death in the US, accounting for nearly 1 of every 4 deaths.

IACH's accredited cancer program

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 on 22 May 2012. Our next survey is scheduled for May 2015.

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.

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.