

VA



**U.S. Department
of Veterans Affairs**

Veterans Health
Administration

Southern Arizona VA Health Care System (SAVAHCS)

Cancer Program

2017 Annual Report

Table of Contents

Cancer Committee Members	Page 3
Cancer Committee Report	Page 4
Cancer Conference Report	Page 5
Health Promotion and Disease Prevention	Page 6
Cancer Registry Report	Page 9
Studies of Quality	Page 11

Cancer Committee Members

Required Committee Membership:

- (1) Dr. Felipe A. Maegawa , Surgeon, Surgical Care Line; Chairperson
- (2) Dr. Margaret A. Rennels, Pathologist, Pathology and Laboratory Medicine Services; Vice Chairperson
- (3) Dr. Maria C. Bishop, Medical Oncologist, Medicine Care Line
- (4) Maureen Price, RN, JD , Risk Manager; Cancer Program Administrator
- (5) Joyce L. McDaniels-Higgs, RN, Oncology Nurse
- (6) Stephanie Malone, RN, Palliative Care Professional, Rehabilitation & Transitional Care Line
- (7) Martha Bernardis, Certified Tumor Registrar (CTR),
- (8) Carolyn Bernheim, RN, Clinical Surveillance Unit Coordinator
- (9) Veteran Health Education Coordinator, Office of the Chief of Staff
- (10) Elleen N. Martin, CCRP, Program Specialist, Research Service Line
- (11) Dr. Nadine Cole, Ph.D., Mental Health Care Line

AD Hoc Members:

- (1) Elizabeth A. Wiseley, MS, RD, CDE, Clinical Care Support Service Line
- (2) Megan E. Banaszynski, PharmD, Oncology Pharmacist
- (3) Dr. Kristofer Pun, MD, Diagnostic Radiologist, Radiology Service Line
- (4) Dr. Margaret Kowalski, MD, Pathologist
- (5) Stephanie Palmer, RN, Clinical Surveillance Unit

Non-SAVAHCS Members

- (1) Dr. Shona Dougherty, MD, Radiation Oncologist, Banner University Medical Center
- (2) Nora McDonald, American Cancer Society Representative

Cancer Committee Report

The Southern Arizona Veteran's Administration Health Care System (SAVHCS) Annual Cancer Committee Report is a product of the facility Cancer Committee which is a multidisciplinary committee consisting of members of the active medical staff representing Hematology/Oncology, Pathology, Radiation Oncology, Radiology, and Surgery. Non-physician members include representatives from Dietary and Nutritional Services, Nursing, Palliative Care, Quality Improvement, the Cancer Registry Patient Education and the local American Cancer Society. The role of the committee is to plan, initiate, monitor and improve the quality of cancer care at SAVAHCS. The committee is chaired by Dr. Felipe Maegawa who is a general surgeon.

The committee met on a bimonthly basis throughout the year. The overriding goal for the committee continues to be obtaining accreditation from Commission on Cancer (CoC) which is a nationally recognized by organizations such as The Joint Commission, American Cancer Society, Centers for Medicare & Medicaid Services, National Quality Forum, and National Cancer Institute for having established performance measures for the provision of high-quality cancer care to patients. Accreditation by the CoC is re-evaluated every 3 years in order for the cancer program to maintain the accreditation. This continuous evaluation reaffirms the commitment of the cancer program to provide high-quality cancer care.

Goals of the Cancer Committee for 2017 included one clinical and one program goal.

Clinical Goal: Develop and implement a tracking system for monitoring imaging studies coded with a malignancy code to be sure that all patients have a follow-up plan of care.

Result: The Malignancy Surveillance Program (MSP) is part of the Clinical Surveillance Unit (CSU). An Access data base was developed to track patients with radiology imaging studies coded with a malignancy code. Active tracking began January 23, 2017. The CSU staff ensures that patients who have an imaging study coded as possible malignancy have orders for the next step of care. In addition, the CSU follows patients being tracked to ensure the next step of care is completed. Coordination occurs with ordering providers, Veteran's Choice program staff, radiology staff, radiology scheduling staff and patients. From the inception of the MSP in January 2017 to December 31, 2017, the CSU has evaluated 1308 images and has 72 patients in active tracking. There were 102 near misses caught by CSU. A near miss is counted anytime the CSU staff has to intervene to ensure the next step of care is ordered and appointments for the next step of care are made and/or completed by the patient.

Program Goal: Develop at least one SAVAHCS based support group for cancer patients.

Result: The Oncology Nurse Coordinator worked with the Veteran's Health Education Coordinator to develop a needs assessment for input from cancer patients on their desire to have support groups available. Input was collected from over 30 patients. The data was used to determine what types and how many support groups SAVAHCS patients might be interested in. The results indicate that even though patients could go to Banner UMC for groups, they would rather come here. Dr. Kowalski has volunteered to facilitate a support group. Coordination is

ongoing to find an appropriate room and time for the support group. The plan is for the group to start meeting sometime after January 1, 2018.

Cancer Conference Report

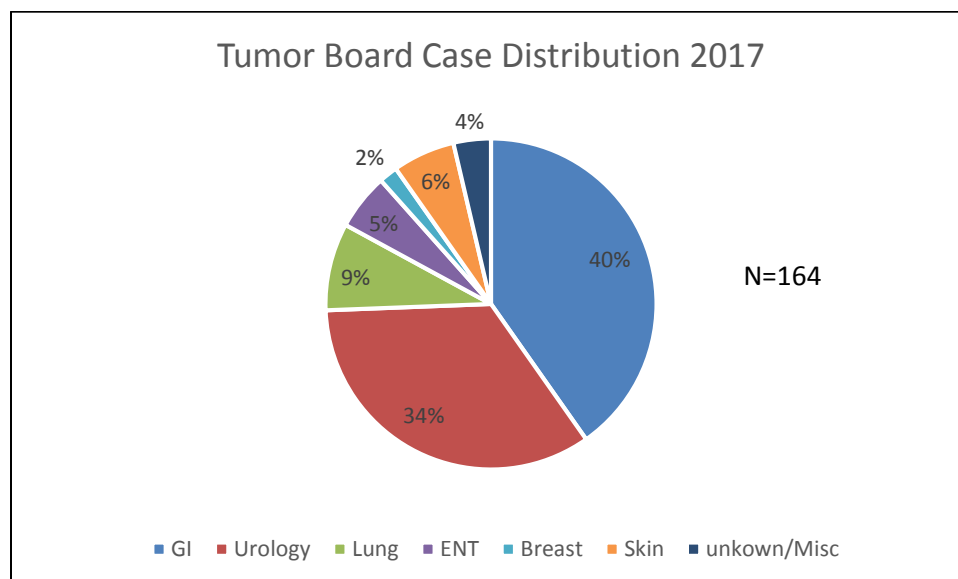
Cancer Conferences are held every Thursday afternoon as follows:

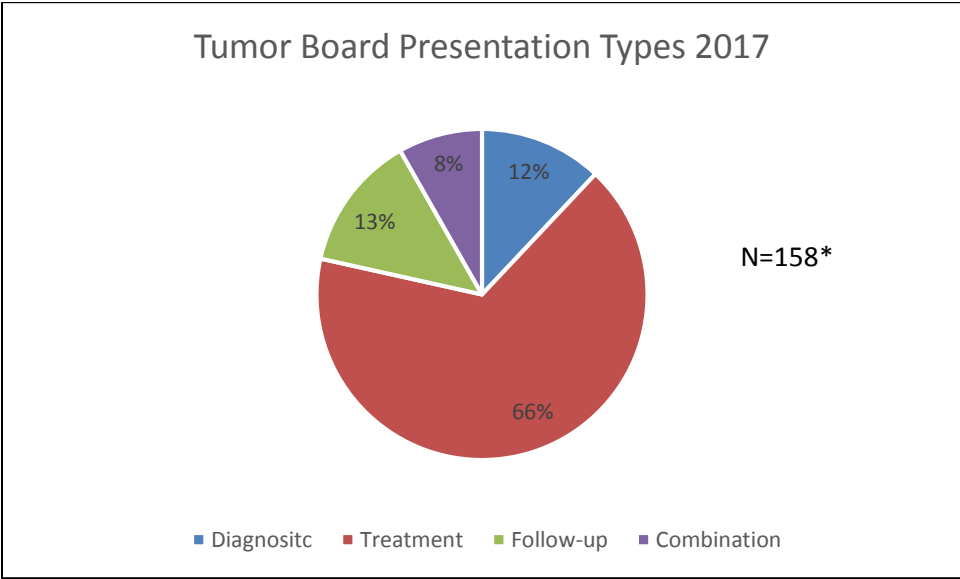
- 1st Thursday – Neurology and Ear, Nose, and Throat
- 2nd Thursday –Urology
- 3rd Thursday – Pulmonary
- 4th Thursday – General Surgery/Gastrointestinal

Attendees include physicians from surgery, pulmonary, radiation oncology, hematology/oncology, radiology, and pathology as appropriate to the cases being discussed. At every conference, pathology, imaging, treatment options according to National Comprehensive Cancer Network (NCCN) guidelines and prognostic factors are reviewed for new or challenging cases. A de-identified agenda with the patient initials, age, diagnosis, working American Joint Committee on Cancer (AJCC) stage, and the presenting physician is distributed before the conference.

According to the Commission on Cancer Standards for approved cancer programs, 15% of the analytic case load (cases identified and treated at SAVAHCS) must be presented prospectively at the cancer conferences. In 2015, 13.9 % of the total analytic cases identified in 2015 were presented at cancer conference. In 2016, total of 119 cases were presented at the conferences. This represents 22 % of the total analytic cases identified in 2016. In 2017, 164 cases were presented at Tumor Board. This is a 28% increase in the number of cases discussed.

The following charts demonstrate the distribution of cases presented at Tumor Board during 2017 by cancer type and presentation type:





- 6 cases had no discussion type entered

Health Promotion and Disease Prevention

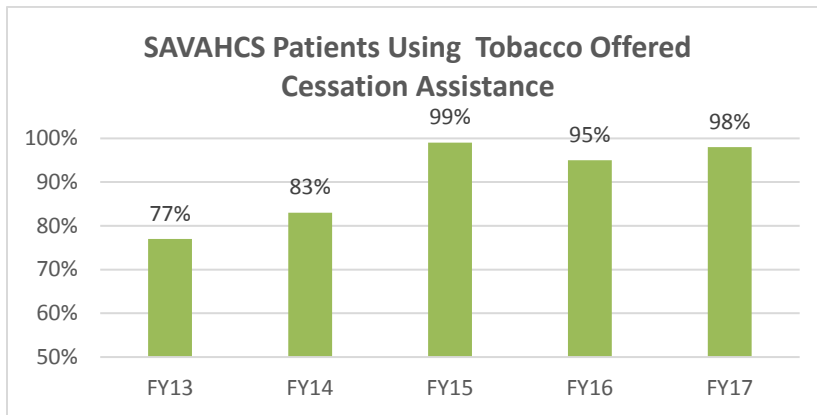
Veteran’s Health Affairs (VHA) policy requires that each VA facility must have a program to educate veterans with respect to health promotion and disease prevention and to provide veterans with preventative medical care that includes screening, education, counseling, and other clinical services. In accordance with this policy, the SAVAHCS has clearly stated clinical guidelines for many aspects of care. Performance monitors have been developed to assess compliance with these guidelines. Providers are given regular feedback on their performance on selected clinical indicators in comparison to other providers.

- Tobacco Counseling** – Patient using tobacco are offered counseling, medications or referrals to cessation groups.
- Alcohol Counseling:** Veterans screened for alcohol misuse using AUDIT-C with a score of 5 or greater with brief alcohol counseling documented within 14 days of positive screen.
- Alcohol Misuse Screening:** All patients are screened annually for alcohol misuse
- Colorectal Cancer Screening** – Screening is done with 3 guaiac fecal occult blood testing during past year or fecal immunochemical-based FOBT (FIT) test in past year per manufacture’s guidelines.
- Breast Cancer Screening** – Mammograms are considered to be due annually for women over age 50.
- Cervical Cancer Screening** – Women age 21-29 who are screened for cervical cancer in the past three years with a Pap test and women 30-64 who are screened for cervical cancer in the past 3 years with a Pap test or in the past 5 years with a Pap test AND a cervical HPV test.

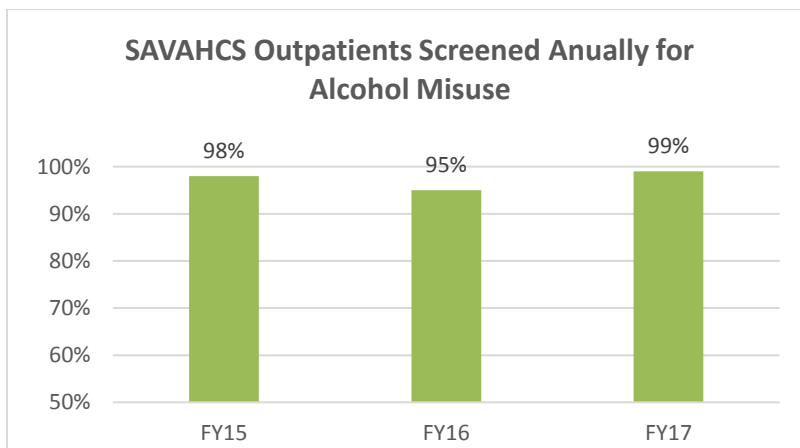
These algorithms are built into the reminder system to alert providers that screening is due. The following are data on performance indicators related to cancer prevention for patients assigned to primary care.

Cancer Related Health Screening Report 2017

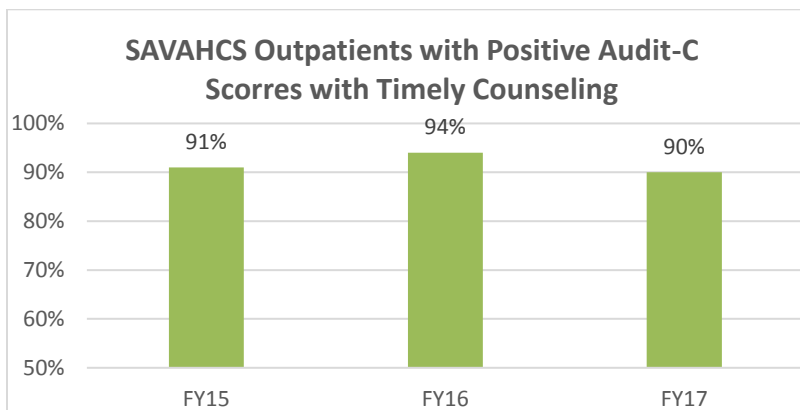
Data is from the Healthcare Effectiveness Data and Information Set (HEDIS) report which is a nationally recognized performance measures. Comparison data provided is VA national data for these measures.



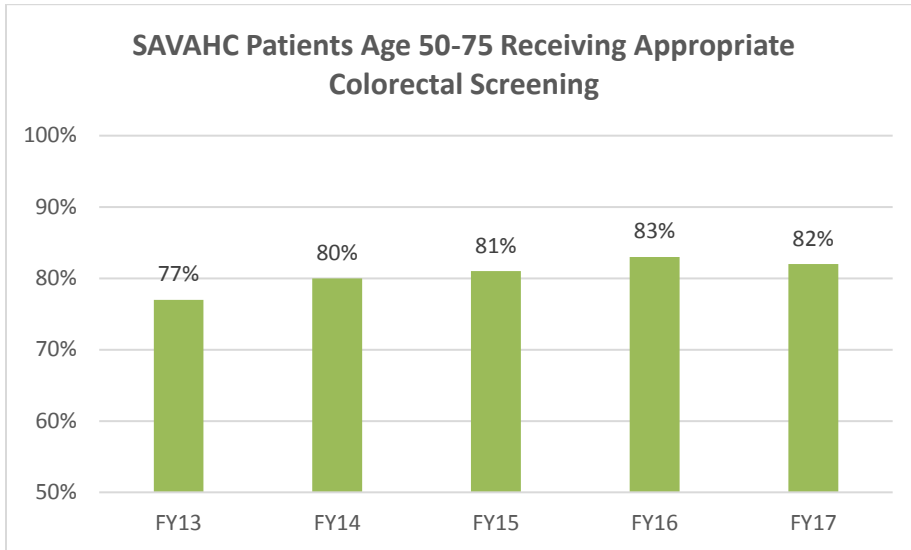
FY17 National Average – 93%



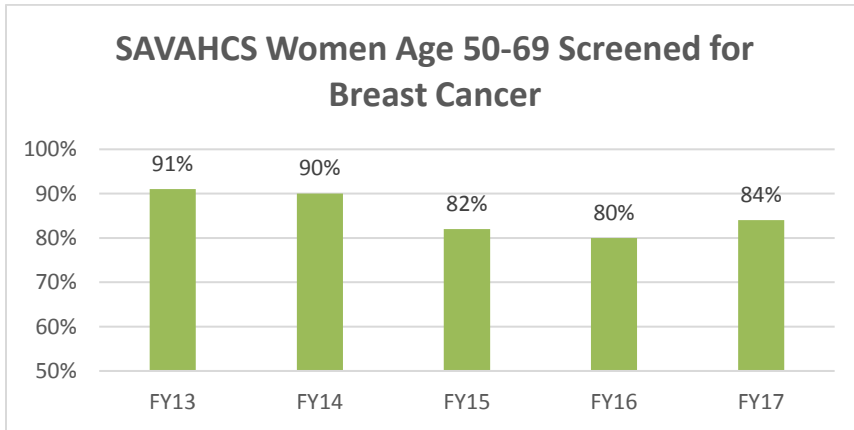
FY17 National Average – 96%



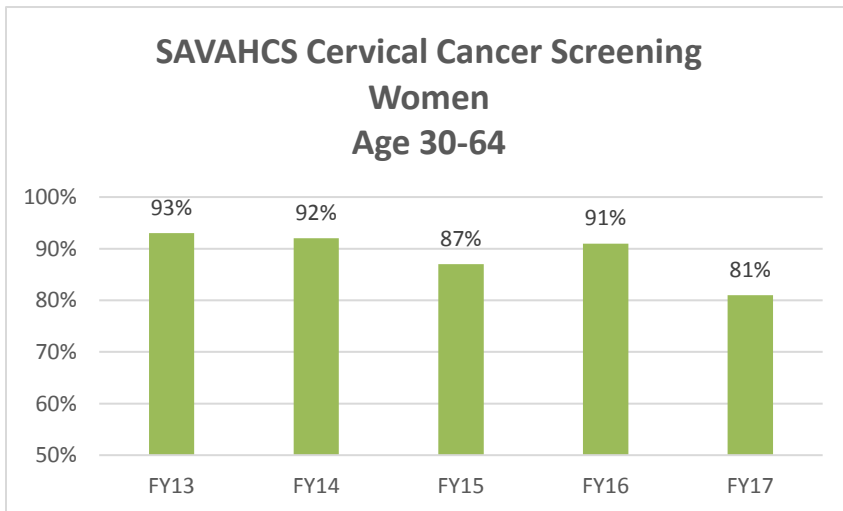
FY17 National Average – 80%



FY17 National Average – 83%



FY17 National Average – 83%



FY17 National Average – 83%

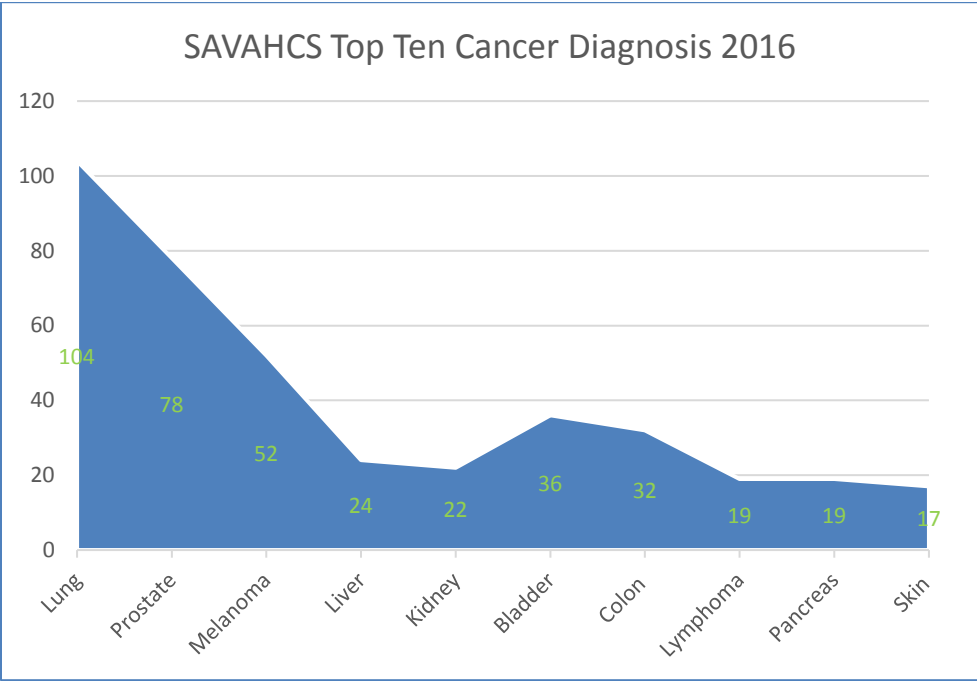
Patients at SAVHCS are offered a variety of health promotion classes to assist in achieving and maintaining wellness. Classes include Meditation, Qi Gong classes, smoking cessation, and Distress Tolerance. The Health Promotion Disease Prevention Program offers Gateway to Healthy Living which puts Veterans in contact with support groups/resources to assist them in meeting their health goals. Veterans are also educated about support groups offered through the American Cancer Society and the University of Arizona Cancer Center.

Cancer Registry Report

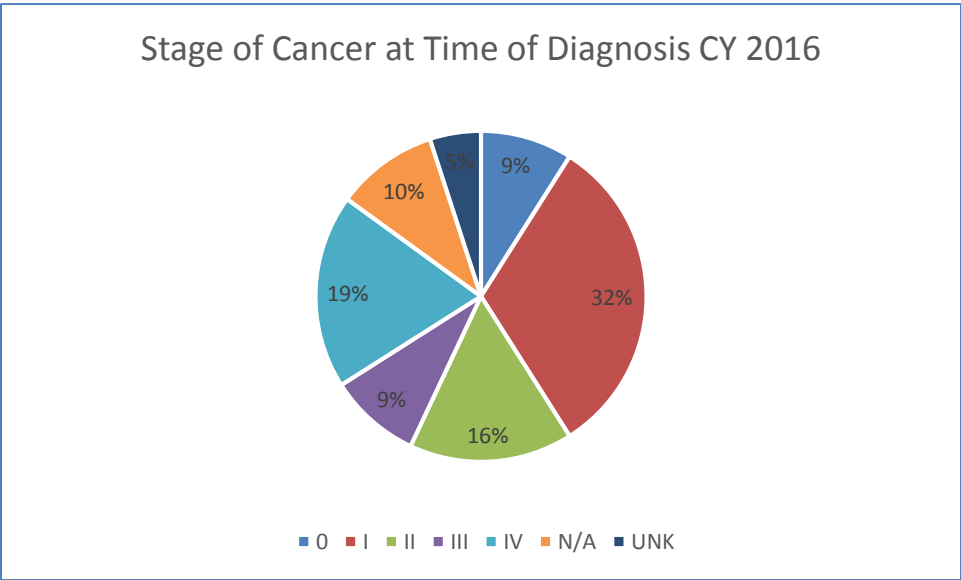
The Cancer Registry is a systematic collection of data about cancer and tumor diseases. This data is collected by Cancer Registrars. They capture a complete summary of the patient history, diagnosis, treatment, and status for every cancer patient in the United States and other countries. The cancer registry at SAVAHCS has a reference date of 1999. The Cancer Registry is an integral part of the Commission on Cancer (CoC) Accredited Cancer Program at SAVAHCS. The Cancer Registry can be utilized by physicians and others for conducting research projects or completing studies of quality. As more physicians recognize the value of the registry data, more requests for data are submitted.

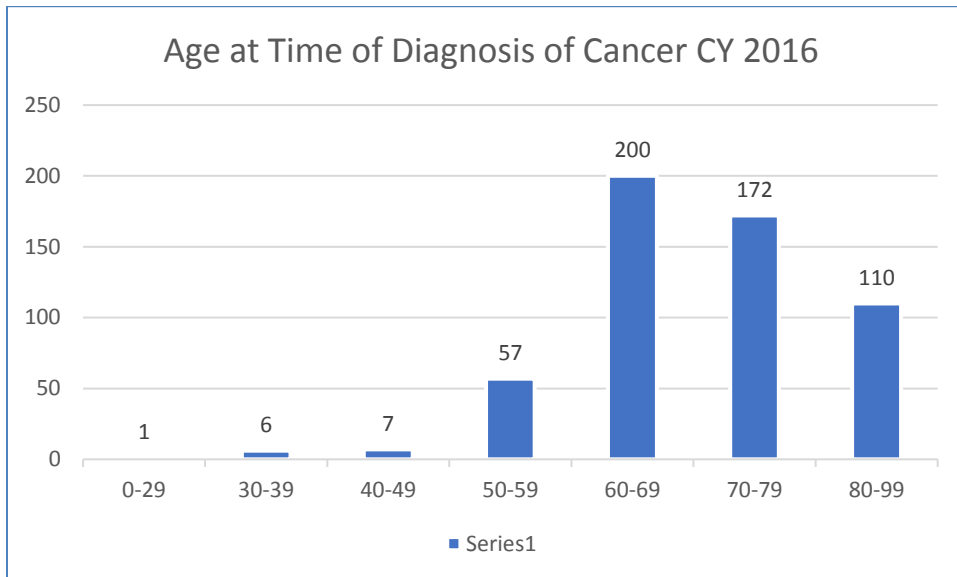
Continuing education for the registry staff is a CoC requirement. All staff must attend a combination of local, regional and national conferences. The SAVAHCS registry staff attended the Arizona State Cancer Central Registry Conference, Tumor Board presentations, as well as the Arizona State funded North American Association of Central Cancer Registries (NAACCR) webinar series. Continuing education standards for the CoC meet the necessary continuing education requirements to maintain Certified Tumor Registry states as well.

Data presented is for calendar year 2016. Data collection for abstracting new cases is always six months behind making 2016 the most current completed year. The Cancer Registry at SAVAHCS added 569 cases to its database in 2016 (664 in 2015). Five hundred and thirty six cases were analytical cases. These cases represent patients who were diagnosed and/or received all of the first course of treatment at SAVAHCS or were diagnosed elsewhere and received all or part of the first course of therapy at SAVAHCS. Additionally there were 33 non-analytic cases, representing patients diagnosed elsewhere and receiving all of the first course of treatment elsewhere and seen at SAVAHCS now with active disease. The top five cancer sites VA wide for cases diagnosed in 2106 are prostate, lung, melanoma, bladder and colon.



The chart below indicates the stage of the cancer at the time of diagnosis by the staging guidelines of the American Joint Committee on Cancer (AJCC). Staging ranges from Stage 0 meaning cancer is present but hasn't spread beyond its primary location to Stage IV meaning the cancer has spread beyond the lymph nodes into other parts of the body. The numbers represent a percentage of the total cases for calendar year (CY) 2016.





One of the functions of the registry is to provide lifelong patient follow up to obtain end results on the quality and length of survival. According to the CoC, a 90% follow up rate must be maintained for all eligible analytic cases for patients diagnosed with in the last 5 years. As of the end of CY 2017, the follow-up rate at SAVAHCS was 97%. An 80% follow up rate must be maintained for all eligible analytic patients from the cancer registry reference date (date the facility registry started). At SAVAHCS, the follow up rates is 95% which is well above the required minimums.

Studies of Quality

In 2017, two areas of interest were identified by the committee for studies of quality – Hepatocellular Carcinoma surveillance for patients with cirrhosis and Hepatitis B and Completion of Advanced Directives.

Study 1: Hepatocellular Carcinoma (HCC) Surveillance

Background – A study of hepatocellular carcinoma surveillance was identified as the subject of a quality study for 2017 by the cancer committee. Dr. Maegawa, Carolyn Bernheim and Doug Stoehr (clinical informatics) met to determine parameters for a data pull. It was determined the correct patient pool included patients with any liver cirrhosis diagnosis or a diagnosis of hepatitis B. The standard of care for this group of patients for hepatocellular cancer screening is abdominal imaging (usually ultrasound) and alpha-fetoprotein tumor marker testing every six months.* A patient was considered overdue if the imaging or lab test were never done or the last time done was greater than 6 months old. Any abdominal imaging (CT scan, MRI, ultrasound, etc.) was recognized as meeting the standard.

Findings- The data pull identified 507 patients who met the diagnostic parameters. An initial review was done of the patients whose did not meet the screening standards with the following results:

- 62 patients were not getting care at SAVAHCS (had an outside Gastrointestinal specialist, moved from Tucson or were here for one time specialty care).
- 13 patients were diagnosed within the last 6 months so had no testing history

This left 432 patients for secondary review. Of those:

- 169 patients had the two screening tests per the standard (39%)

- 263 patients did not have one or both of the two screening tests per the standard (61%)
 - 171 patients were enrolled in the GI clinic (65%)
 - 92 were followed in primary care (35%)

Next Steps – In order to ensure that this group of patients receive surveillance for HCC according to evidence based standards, a work group was formed with staff from the Gastrointestinal Clinic, the CSU and Clinical Informatics to look at the feasibility of developing a data base and tracking system for these patients much like the ones developed for lung nodules and malignancies. In addition it was felt that education on HCC surveillance standards as needed for Primary Care providers. Work on the data base is ongoing and Beta testing is expected to begin early in 2018. Education for Primary Care providers was conducted in December 2017.

* American Association for the Study of Liver Diseases (AASLD) Practice Guideline - Management of Hepatocellular Carcinoma: An Update; HEPATOLOGY, Vol. 53, No. 3, 2011

Study 2 - Completion of Advanced Directives

Background: This goal was selected as the oncology service was curious as to what percentage of SAVAHCs patient have advanced directives in their medical records. Advanced directives allow an individual to name a person to make medical decisions for them if they are in a state where they are unable to speak for themselves. They can also be used to specify what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity. This project was done via a grant under the guidance of one of the staff oncologists.

Findings: Data collection was completed however the final report is pending at the time of the writing of the Annual Report.