2018 Richard L. Roudebush VAMC Cancer Program Annual Report

A Summary of 2018 Activities & 2017 Cancer Data
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Introduction
The Richard L. Roudebush VA Medical Center (RLR VAMC) Cancer Program has been accredited by the American College of Surgeons Commission on Cancer (CoC) as an approved Veterans Affairs Cancer Program since 1995. The facility provides quality care to our Veterans through primary care and specialty clinics in conjunction with guidelines from national cancer organizations that set quality standards. As a tertiary care facility, Veterans are referred from the Fort Wayne and Marion VAMCs, along with Community Based Outpatient Clinics (CBOC). The facility has recently merged into Region 10 which encompasses Michigan, Ohio and Indiana. The facility continues to receive consults from the Danville (Illinois) VAMC.

Multidisciplinary cancer conferences are held regularly as part of our quality cancer program. Cases are reviewed in an interdisciplinary forum from which diagnostic options, treatment options and treatment outcomes are discussed including the planning of end-of-life care when appropriate. To ensure the quality of care available, expertise is drawn from both this VA Medical Center and our affiliate, Indiana University Medical Center (IUMC). Although most treatment modalities are provided within our facility, veterans may be referred to IUMC for specialized procedures or treatment when appropriate.

2018 Cancer Committee Activities

The Cancer Committee is composed of representatives from each of the Medical Center specialties that participate in the care of cancer patients including the allied health departments such as nutrition and pharmacy. Emphasis is given to improving the availability of screening programs, cancer prevention, early diagnosis and prompt treatment of Veterans with cancer, both from the Indianapolis primary service area and from our referral medical centers. The committee oversees various activities involving the prevention and screening of cancers, the diagnosis and treatment of cancers, the psychosocial and nutritional needs through survivorship and palliative care of Veterans with cancer.

Cancer Committee Membership

The Cancer Committee met quarterly in 2018 to review and discuss goals and quality standards set in place by our facility, its various departments and the CoC. As always, our mission is to meet and exceed these benchmarks thus providing outstanding care to
our Veterans and maintain our coveted CoC accreditation. The 2018 Cancer Committee team members are listed below with their CoC role included:

Helen Fosmire, MD, Radiation Oncology /Cancer Committee Chairperson/Cancer Conference Coordinator
Joseph Braun, MD, General Surgery/ Cancer Liaison Physician
David Matthews, MD, General Surgery/Alternate Cancer Liaison Physician
Thomas Birdas, MD, Thoracic Surgery/Cancer Registry Quality Coordinator
Ronald Shapiro, MD, Radiation Oncology/Quality Improvement Coordinator
Jordan Schmitt, MD, Oncology/Clinical Research
Erin Newton, MD, Palliative Care
Jason McClara, CNS, Palliative Care
Jane Murphy, MSN, RN, Cancer Program Standards Coordinator/Community Outreach
Chris Wade, MD, Chief of Pathology and Laboratory
Brett Pieper, MD, Radiology
Amy Newberry, RN, Cancer Care Center Unit Manager
Chad Galer, MD, ENT
Kimberly Lambert, CTR, Tumor Registry
Amber Reguli, CTR, Tumor Registry
Kristen Strachman, LCSW, Social Worker
Cynthia Gilmour, RN, Gastroenterology
Amber Hotz, RD, Clinical Dietitian
Susan Bullington, Pharmacy
Anne Sawrey, RN, Oncology, Nursing representative
Shanna Armstrong, RN, Radiology Case Manager
Harriett Ann Frame, RN, Performance Improvement
Clark Barco, DDS, Dental Service

Cancer Committee Activity
With the oversight of the Cancer Committee, many accomplishments and improvements occurred in 2018 including:

• The Medical Oncology service has combined the two infusion areas into one location avoiding confusion on where veterans are to report to for treatment
• The Medical Oncology service has added the option of obtaining blood draws in their clinic prior to the veteran’s appointment instead of waiting in phlebotomy and possibly delaying the start of treatment
• With the implementation of the new American Joint Committee on Cancer (AJCC) 8th Edition staging process, obtaining MRI’s for the staging of rectal
cancers is now acceptable. The Radiology department has begun to utilize a reporting process which indicates the correct stage based on the imaging. The process eliminates the need for most endoscopic ultrasounds of the rectum. This modification will assist the providers by offering an accurate stage to determine the correct therapy for the veteran.

- A Melanoma Prevention and Screening activity was performed with the combined efforts of Plastics, Dermatology and Tumor Registry. Over ten veterans were screened during the event and sunscreen samples and educational materials were distributed to 150 veterans and family members.
- Access to Palliative Care was addressed in a multidisciplinary activity to improve the outpatient consult attendance.
- A study was done reviewing the incidence of obtaining a baseline DEXA scan screening for patients on hormone deprivation therapy and the incidence of patients with documented bone metastases who were prescribed a bone modifying agent. The study also looked at the number of veterans who obtained a dental exam prior to starting the bone modifying agents. This study resulted in improvement activities that will be finalized in FY2019.
- The Women’s Clinic and Primary Care have started evaluating female veterans who may be at high risk for breast cancer due to their family history. Those Veterans with high risk features are referred to Medical Oncology and forwarded to genetic counselors when appropriate.
- Medical Oncology and Radiation Oncology are expanding direct scheduling in 2019.

**Cancer Conference Activity**

The facility holds weekly, biweekly and monthly conferences aimed at providing a multidisciplinary review of complicated cases or cases that may be diagnosed without invasive procedures such as hepatocellular (liver) cancer. The General Tumor and Chest Conferences are held weekly on Thursday with the Hepatobiliary Conferences on the second and fourth Wednesday. A fourth conference is related to Breast and Gynecologic cases which are usually treated in some fashion outside of this facility thus requiring frequent reviews to ensure that the Veteran is continuing to receive excellent clinical care. The conferences have excellent participation with each required service attending over 85% of the presentations. Over 400 cases were presented in 2018. These
conferences are also open to ancillary and support personnel to provide a more comprehensive review of patient care issues that may affect the Veterans’ cancer care.

**Clinical Trials**
The cancer program is also very active in recruiting Veterans for clinical trial participation. Three main clinical trial efforts at this facility include:

- **ALCHEMIST** (Adjuvant Lung Cancer Enrichment Marker Identification and Sequencing Trials) trial which is aimed at the continued treatment of lung cancer through targeted and immunotherapy
- **VALOR** (Veterans Affairs Lung Cancer Or Stereotactic Radiotherapy) trial which is comparing the treatment of stereotactic body radiation therapy (SBRT) versus surgery for Stage I non-small cell lung cancer
- Participation in the RePOP (VA Precision Oncology Program) which looks at mutations in the tumors to direct targeted therapy

**Commission on Cancer (CoC) Quality of Care**
The CoC has standards that relate to specific quality indicators which the facility is evaluated on and compared with other CoC accredited facilities. The metrics have been identified by the CoC to evaluate if a facility is providing high quality care for various primary sites and include specific treatment or surgical recommendations. As seen in Table 1, the facility met all the benchmarks in 2015.
Rapid Quality Reporting System (RQRS)

Promoting evidence-based cancer care is of key importance to improving the quality of care and patient outcomes. The Commission on Cancer (CoC) has developed the RQRS to facilitate real time quality improvement activities by encouraging evidence-based care in CoC-accredited programs for select quality measures. The RLR VAMC began participating in RQRS in November of 2013.

### Table 1

<table>
<thead>
<tr>
<th>Lung</th>
<th>Select Measures</th>
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<tbody>
<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 (Quality Improvement)</td>
<td>85%</td>
<td>100.00</td>
<td>100.00</td>
<td>87.50</td>
<td>100.00</td>
</tr>
<tr>
<td></td>
<td>Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement)</td>
<td>85%</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>77.80*</td>
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* within confidence interval

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<th>Colon</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)</td>
<td>85%</td>
<td>93.10</td>
<td>87.50</td>
<td>100.00</td>
<td>96.80</td>
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<th>2015</th>
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<tbody>
<tr>
<td></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 (Quality Improvement)</td>
<td>85%</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>71.40*</td>
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*Adjuvant chemo was contraindicated for both cases

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<th>Gastric</th>
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<th>2015</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement)</td>
<td>80%</td>
<td>0.00</td>
<td>60.00</td>
<td>100.00</td>
<td>100.00</td>
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The CoC continued to focus on specific colorectal and breast cancer measures in 2018 and our facility submits cases monthly to be included in the quality measures. The facility then received notification if any case is at risk for falling out of compliance with the selected national treatment guidelines. The certified tumor registrars (CTR) are extremely diligent on submitting cases monthly within two months of diagnosis. Currently, the facility is meeting all the criteria required as national treatment guideline recommendations.

**Cancer Prevention & Screening Programs**

The Veterans Health Administration, as well as the CoC, places a high priority on cancer prevention and screening programs targeted to the Veteran population as well as addressing the promotion of healthy habits. Primary care addresses many prevention and screening activities required nationally such as colon, breast, and cervical screening as well as supporting veterans with smoking cessation tools.

The latest addition to our local arsenal of prevention and screening activities is the implementation of the Veterans Affairs-Partnership to increase Access to Lung cancer Screening (VA-PALS) low-dose CT lung cancer screening. This program is a multidisciplinary effort between primary care, pulmonary, and radiology with the intent to screen veterans at high risk for lung cancer and identify potential lung cancer early to improve survival.

Another initiative started in 2018 in the Women’s Clinic is the screening of female veterans for familial breast cancer risks and to increase surveillance of those most at risk. The intent is to catch potential breast cancer earlier and provide female veterans with awareness to monitor themselves more closely.

**2017 Cancer Data**

**Cancer Volume: Past 10 years**

The number of cancer cases for the past 10 years continues to increase. Figure 1 shows the overall number of cancer cases. The facility reached a new high of 1078 analytic cases in 2017 as compared to 984 in 2016.
Figure 1

2017 Analytic Cases Only

2017 Primary Sites
(excludes sites <10)

- PROSTATE
- LUNG
- MELANOMA
- BLADDER
- COLON
- KIDNEY & OTHER URINARY
- LIVER
- PHARYNX
- LYMPHOMA
- HEMATO/RETICULO, OTHER
- LUNG SMALL CELL
- PANCREAS
- RECTUM
- LEUKEMIA
- ESOPHAGUS
- UNKNOWN
- STOMACH
- ORAL CAVITY
- SKIN
- LARYNX
- SOFT TISSUE
- PLASMA CELL DISORDERS
- NERVOUS SYSTEM, OTHER


Figure 2
The primary sites for 2017 are displayed in Figure 2. The facility’s top five primary sites mirrors the national VA which includes prostate, lung, colorectal (combined nationally), urinary and bladder cancers as well as skin melanomas.

**Top Six Leading Cancer Groups**

A summary of the top six cancer types over the past five years ranked highest to lowest are displayed in Figure 3. The top six groups have remained constant for the past five years.

Urologic cancers continue to represent the highest volume and the majority are prostate and bladder cancers which require surveillance over several years. Lung cancer cases are second followed by gastrointestinal.
Stage at Diagnosis

The highest volume of stage IV cancers include non-small cell lung (59), pharynx (29), prostate (26) and colon (11). The low dose CT screening program is an effort to decrease the high volume of stage IV non-small cell lung cancers by identifying the cancer earlier in their stage thus potentially decreasing costs and improving survival rates.

Cancer Population Distribution
Most of our Veterans with cancer originated from Indiana (Indiana=950 vs 893 in 2016; Illinois=92 vs 106 in 2016) but the distance traveled may vary considerably within Indiana (see Appendix A). Approximately half of the Veterans treated were in Marion and surrounding counties.

Cancer Distress Screening
Oncology social workers are routinely evaluating the needs of the Veterans to reduce the stress and anxiety of having cancer. The Distress Screening Tool (DST) identifies the personal issues or concerns that the Veteran may have after learning they have cancer. The self-administered screening evaluates the Veterans’ emotional, physical, family and practical issues that they may be experiencing.

The majority of the screenings take place prior to chemotherapy or radiation therapy. A goal for 2019 will be to spread the screening to other areas that may benefit from social work presence during treatment. The facility has many options for addressing the needs of the Veterans and their families during the course of treatment and into
survivorship including yoga, art therapy, acupuncture, pastoral care, and pet therapy just to name a few.

The Cancer Care Center which includes Medical Oncology, Radiation Oncology, Medical and Surgical Clinics, Social Work, Nutrition, Radiology and Tumor Registry continues to provide excellent quality care and are deeply committed to providing the best care for our Veterans who are dealing with cancer. The information provided in this report is evidence that the whole facility shares in this commitment as well.
Glossary of Terms:

Analytic Case: cancer patients diagnosed and/or received first course of treatment at RLRVAMC.

CTR (Certified Tumor Registrar): the credentials granted to a person who has passed the cancer registry certification examination by the NCRA, and signifies specialized knowledge and education for accurate collection, recording and analysis of cancer data into registry databases.

CoC (Commission on Cancer): a division of the American College of Surgeons consisting of professional organizations involved in cancer control and improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and monitoring of comprehensive quality care.

First Course of Treatment: cancer directed treatment planned and administered, usually started within four months of diagnosis or as determined by the managing physician.

NCCN (National Comprehensive Cancer Network): a not-for-profit alliance of 26 of the world’s leading cancer centers devoted to patient care, research, and education.

Non-Analytic Case: cancer patients who were both diagnosed and received first course cancer treatment at outside facility, and presented to RLR VAMC either for treatment of cancer recurrences, persistent disease, or surveillance/follow-up.