



# Cancer Program 2016 Annual Report

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## Cancer Committee Members

<b>Physicians</b>	<b>Non-Physicians</b>	
<i>Pathology</i> James M. Pond, MD Chairman	<i>Program Administrator</i> Joseph Johnston, MBA, CMPE	<i>Nursing</i> Kelly Duma, RN, BSN
<i>Medical Oncology</i> Julianne W. Childs, DO Robert M. Goldberg, MD	<i>American Cancer Society</i> Jason Plaia	<i>Palliative Care</i> Maureen Deely, RN, APN
<i>Radiation Oncology</i> Hemangini Shah, DO	<i>Cancer Program</i> Anne Marie Taggart, RN, OCN	<i>Pharmacy</i> Timothy Guse, PharmD
<i>Diagnostic Imaging</i> Ilene Burrach, MD	<i>Cancer Registry</i> Michelle Bob, RHIT, CTR	<i>Quality Improvement</i> Valerie DeJoseph, MS, RDMS Kimberly Kaczmariski, ROCC Margaret O'Brien, RN, BSN
<i>Surgery</i> Desiree D'Angelo-Donovan, DO David May, MD	<i>Cancer Education/Early Detection</i> Angela Bailey, LSW	<i>Radiation Oncology</i> Robin Royer, RT(R)(T)
<i>Advanced Pulmonary Diagnostic Center</i> Bennett Ojserkis, MD	<i>Clinical Research</i> Marguerite Corcoran, RN, OCN	<i>Social Services</i> Iraida Melendez, MSW
	<i>Diagnostic Imaging</i> Mei Gavrell, RT(R)	

## A Message from James M. Pond, MD, Cancer Committee Chairman

The Cancer Program at Shore Medical Center focused its efforts in 2016 on improving our program, clinical approaches to care, effectiveness of community outreach, and monitoring of quality. The major accomplishments in each of these areas are as follows:

*Programmatic accomplishments:* The Cancer Committee started 2016 by preparing for this year's survey by the American College of Surgeons Commission on Cancer (COC) using their 2012 Cancer Program Standards. The survey was held on May 20, 2016. The program was recognized for outstanding performance in the following areas: Public Reporting of Outcomes, College of American Pathologists Protocols, Oncology Nursing Care, and Data Submission; Accuracy of Data by the Cancer Registrar.

The CoC requires all accredited programs to report on the status of completed survivorship care plans received by patients beginning in 2015. For the first year of this standard, 10% of patients who are considered curative must receive a survivorship care plan. That percentage increases annually until all eligible patients receive a survivorship care plan in 2019. In 2016, our 2015 accrual was reported as follows: 145 of the 178 eligible patients received a survivorship care plan which is 94% versus the 10% that was required

Our physicians recognized the need for palliative care in the outpatient setting. As a result of this finding, processes were developed to ensure that patients with a diagnosis of stage IV cancer received palliative care.

During 2016, the Multidisciplinary Breast Cancer Diagnosis and Treatment Conference that were held on February 18, April 21, and October 6, 2016. The following objectives were covered:

- AJCC Staging or other appropriate staging discussed
- Prognostic indicators discussed
- National treatment guidelines discussed

The attendance for all three educational sessions totaled 36 physicians, 15 nurses, and 5 allied health professionals. All physicians that attended received 2.0 category one CMEs from the Perelman School of Medicine at the University of Pennsylvania.

The Cancer Center is currently conducting two clinical trials. One trial is conducted in Radiation Oncology and is a quality of life study. The focus of the trial is to measure the effectiveness of a tool to help minimize stress during radiation treatments. The other available trial is a collaboration with the Hospital of the University of Pennsylvania. It is a Telegenetics clinical study. If eligible, patients receive genetic counseling from a certified genetic counselor from the Hospital of the University of Pennsylvania.

*Clinical accomplishments:* General cancer conferences and conferences that are dedicated to breast and lung cancer cases were held throughout the year in 2016. These conferences were attended by surgeons, medical oncologists, radiation oncologists, pathologists, radiologists, a reconstructive surgeon, oncology nurses, radiation therapists, social workers, and a physical therapist trained in lymphedema management. Patients benefitted in the multidisciplinary approach afforded by the conferences in developing an evidence-based plan of care.

The capabilities of the hospital's CT scanner meets our clinical goal of offering the Radiation Oncology patients to now have their CT simulation for treatment planning completed on an ultra low-dose CT scanner. The Toshiba Aquillion Prime is an 80 slice CT scanner with 160 unique images reconstructed per rotation with metal artifact reduction. This scanner consistently achieves superior image quality with an industry leading low contrast resolution of 2mm at .3% and high contrast resolution of .35mm.

*Community outreach:* In order to ensure that the cancer-related outreach programs are meeting the needs of the community, a community health needs assessment was conducted in 2016. The three major barriers for accessing healthcare were identified as language, poverty, and lack of insurance. The Cancer Center's Cancer Community Outreach Department has had a history of proactively addressing these barriers and meeting the health care needs of the community through the grant-funded NJ Cancer Education and Early Detection Program in Atlantic County, the grant-funded Atlantic County Healthy Living Coalition based on the NJ Comprehensive Cancer Control Plan, and the hospital-funded Tobacco Prevention and Treatment Program. Colorectal prevention and oral cancer screening were the 2016 prevention and screening programs approved by Cancer Committee.

*Quality improvement:* The Cancer Committee conducted in-depth reviews on three cancer sites and presented the findings for analysis at the Robert J. Beach, MD Oncology Practice Guidelines Conferences using the guidelines of the National Comprehensive Cancer Network as the criteria for best practice. When compared to external quality measures documented in the Cancer Program Practice Profile Report (CP<sup>3</sup>R) for cancer cases diagnosed in 2013, Shore Cancer Program exceeded the performance rates of all of the Commission on Cancer (CoC)-approved cancer programs in the State of NJ.

**A message from:**

**David May, MD**

**American College of Surgeons Cancer Liaison Physician**

Shore Cancer Program was notified that my 3-year appointment as the Cancer Liaison Physician was approved by the Commission on Cancer (CoC) effective February 1, 2014. In this role, my responsibilities include monitoring and interpreting the cancer program's performance using the National Cancer Data Base (NCDB) data; reporting on CoC activities and initiatives to the Cancer Committee, and serving as the liaison for the cancer program with the American Cancer Society. In preparation for this role, I completed a CoC orientation through their on-line educational portal.

**A message from:**

**Joseph Johnston, MBA  
Administrative Director, Oncology Services**

The Shore Cancer Center celebrated many achievements in 2016:

The Cancer Program was successfully re-accredited by the American College of Surgeon's Commission on Cancer. The Commission on Cancer (CoC), a three-year accreditation, recognizes cancer care programs for their commitment to providing comprehensive, high-quality, and multidisciplinary patient centered care. The CoC is dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care. Through the CoC, our cancer program has access to reporting tools to aid in benchmarking and improving outcomes at our facility as well as educational and training opportunities, development resources, and advocacy.

The Radiation Oncology department was successfully re-accredited by the American College of Radiology (ACR). The Radiation Oncology Practice Accreditation (ROPA), a three-year accreditation, provides radiation oncologists with third-party, impartial peer review and evaluation of patient care. The facility's personnel, equipment, treatment-planning and treatment records as well as patient-safety policies and quality control/quality assessment activities were assessed.

In tandem with Shore's Radiology department, our Advanced Pulmonary Diagnostics and Tobacco Dependency programs implemented a Lung Cancer Screening Program. In compliance with the Centers for Medicare and Medicaid Services (CMS) our Lung Cancer Screening Program offers screening utilizing Low Dose Computed Tomography (LDCT). Through participation in the American College of Radiology Lung Cancer Screening Registry, our facility compares its lung cancer screening performance to other facilities nationwide. We use this comparison to improve patient care and ensure patients receive safe, quality imaging.

These achievements along with many others were made possible through the dedication and hard-work of many. I would like to thank my colleagues including our Cancer Committee members, Physicians and Caregivers for their commitment to providing high-quality, patient-centered care. And thank you to our patients, it is your courage and spirit that moves all of us and is the essence of our work.

## **Radiation Oncology**

The radiation oncology department contains a Varian 21EX Linear Accelerator which can deliver standard and conformal external beam radiation therapy as well as intensity modulated radiation therapy (IMRT) and Stereotactic Body Radiation Therapy (SBRT). Image-Guided Radiation Therapy (IGRT) is performed through the linear accelerator's on-board imager (OBI) utilizing cone-beam CT and KV imaging.

Joseph Lattanzi, MD, Medical Director, Hemangini Shah, DO, and Rajesh Iyer, MD provide exceptional evidence-based care to all patients at Shore's Cancer Center.

The department is accredited by the American College of Radiology.

## **Medical Oncology**

The medical oncology department has an infusion suite with eight chairs, an on-site pharmacy and three exam rooms. All nurses are oncology certified nurses (OCN) and chemo certified. The medical oncologists at Shore's Cancer Center: Julianne Childs, DO, Medical Director, Hemang Dave, MD, and Kaleem Ahmad, MD provide quality patient centered care.

## **Advanced Pulmonary Diagnostic Center**

Shore Cancer Center enhanced its provision of healthcare services with providing the first Advanced Pulmonary Diagnostic Center in Southern New Jersey in 2012. The goal of the department is to properly address the growing number of patients being diagnosed with tiny lesions, or nodules, in their lungs via CT scans. Recognizing the fact that more the 90% of these lung nodules are benign, this service provides patients with appropriate consultation to determine the best plan for monitoring and evaluating these nodules while minimizing the use of unnecessary invasive medical and surgical procedures.

Dr. Bennett Ojserkis is the Medical Director of the Advanced Pulmonary Diagnostic Center. Dr. Ojserkis is one of the few pulmonologists with specialized training in the use of Electromagnetic Navigation Bronchoscopy (ENB), Endobronchial Ultrasound (EBUS), and transesophageal ultrasound (EUS) which are minimally invasive procedures that are used to diagnosis lung nodules and pulmonary lymph nodes. ENB utilizes electromagnetic technology and virtual, three-dimensional bronchial mapping. EBUS utilizes ultrasound display providing real-time imaging of the surfaces of the lungs and lymph nodes. EUS utilizes ultrasound display by providing real time imaging to visualize the lymph nodes outside of the lungs.

## **Patient Navigation**

Patient navigation in cancer care at Shore offers individualized guidance and support to people faced with a suspicious finding or a diagnosis of cancer. The patient navigation service is engineered to meet the needs of both patients and their family members. Every patient participating in the program receives personalized patient-centered care.

One-on-one sessions with a trained nurse navigator provides information to guide the patient through the treatment process, helping them understand the surgery, procedure, and/or treatment that may be performed and addressing any questions or concerns.

## **Cancer Conferences**

Shore Medical Center's Cancer Program's Henry Seidel, MD Cancer Conferences, Prospective Breast Cancer Conference, and Lung Cancer Conference are essential forums for prospective review of cancer cases and multidisciplinary involvement in the patient management process. During these conferences, the cases presented included the hospital's five major sites, cases with unusual sites and histology, and difficult management issues.

American Joint Committee on Cancer (AJCC) Stage and National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology were referenced for 100% of the cases during these conferences. Discussion of the availability of clinical trials for each case presented was initiated in February 2012 and is discussed at every conference. Each conference in 2016 was designated for a maximum of 1 AMA PRA Category I CME by the Perelman School of Medicine at the University of Pennsylvania.

## **Cancer Registry**

The Cancer Registry is an important component of the Cancer Care Program and is responsible for collecting, reporting, following, and maintaining the data of all patients diagnosed and/or treated with cancer at Shore Medical Center.

The data collected in the Registry is reported to the New Jersey State Cancer Registry, as required by law, and to the National Cancer Data Base (NCDB), as required for American College of Surgeons (AcoS) Commission on Cancer (CoC) accreditation. All data is private and confidential and the Registry staff strictly adheres to hospital-wide confidentiality policies.

Physicians and staff at SMC routinely utilize aggregate data for retrospective quality improvement review and initiatives, as well as outcomes analysis. Data collected in the Registry database is regularly reviewed for accuracy by physician members of the Cancer Committee to assure quality data is being collected and maintained at all times.

In 2016, the Registry continued to maintain compliance with CoC standards, including timely abstracting of cases, as well as maintaining lifetime annual follow-up rates within the required standards.

The Cancer Registry at SMC is managed by *Precyse* and is staffed by a Cancer Data Coordinator, who is a Certified Tumor Registrar (CTR). Registry staff routinely receives national continuing education in oncology data management and maintains membership in the National Cancer Registrar's Association (NCRA) organization.

## **Cancer Education, Prevention, and Early Detection**

The Cancer Committee monitors the provision of community-based cancer education, prevention and early detection programs. These programs are provided and coordinated by the Cancer Community Outreach Department. Each year two projects are chosen by the committee as the focus of prevention (standard 4.1) and screening (standard 4.2). In 2016, colorectal cancer and oral cancer were the projects chosen by the Cancer Committee.

Shore Medical Center has been the lead agency for the New Jersey Cancer Education and Early Detection Program (NJCEED) in Atlantic County since July of 1997. This program, which is supported by federal and state grant funds, provides screening and diagnostic procedures for breast, cervical, colorectal and prostate cancers for the underserved. Shore Medical Center managed over 800 cancer screenings in 2016. All NJCEED patients are followed by a social work case manager and are navigated appropriately to diagnosis and/or treatment services. In addition, Shore Medical Center is in 100% compliance with the Centers for Disease Control and Prevention (CDC) and NJCEED's performance requirements.

To further enhance cancer prevention, Shore Medical Center is the lead agency for the enhanced implementation of the New Jersey Office of Cancer Control and Prevention grant. The purpose is to develop and maintain an active regional coalition to focus on cancer prevention, early detection and policy. System and environmental change initiatives are also a focus. The Cape Atlantic Coalition for Health represents over 30 healthcare agencies, civic groups, and community organizations that come together to work on various initiatives such as screening events, workshops, media campaigns, etc. An example of these efforts is the state-wide skin cancer screenings called "Choose Your Cover". This year six events were held in Atlantic and Cape May County in which 269 people were screened and educated on sun safety. Nineteen percent of the participants were recommended to have further follow up and follow up reminders were sent accordingly. Social workers were available to help anyone needing additional navigation for care.

A variety of additional workshops are offered throughout the year through the community outreach department. Some common topics are cancer prevention, palliative care and tobacco cessation. During 2016, more than 16 cancer-related programs and events were held in various locations in our community. Over 700 members of our community were provided with information about cancer prevention and early detection at these programs with a special emphasis on the underserved community.

Shore Medical Center values the services offered through the Shore Medical Center's Tobacco Prevention and Treatment Program. The Cancer Center has continued to offer individual smoking cessation counseling with cancer patients, NJ CEED patients and community members.

## **Commission on Cancer Standard 4.1 2016 Prevention Program**

The 2016 prevention project was a campaign focused on the prevention of colorectal cancer. Several awareness events occurred in March to recognize colorectal cancer awareness month. In addition social media articles and education about colorectal cancer and nutrition were highlighted. The campaign was followed up with a fall luncheon on colorectal cancer prevention in October. This educational workshop was attended by 86 people and was proven effective by a 41% increase in knowledge. Future work will focus on continuing the momentum and bringing workshops to convenient locations where people routinely attend.

## **Commission on Cancer Standard 4.2 2016 Screening Program**

The 2016 screening project featured several oral cancer events which offered screening and education on oral cancer. This was the first time for this type of cancer. A pre/post test design was conducted along with education and screening. Participants had a 64% increase in knowledge and 68% stated they would ask their dentist for an oral cancer screening in the future. This was a good first effort in which more events will be offered in the future.

None of the participants had abnormal findings. In the event of a positive finding, a letter would be sent to the participant to remind them of the importance of following with their doctor. The Shore Cancer Center social workers would also be available to help navigate patients through the system.

## **Quality Improvement**

The Robert J. Beach Oncology Practice Guidelines was held three times in 2016. A multi-disciplinary team utilized the National Comprehensive Cancer Network (NCCN) Practice Guidelines in Oncology and the National Cancer Data Base (NCDB) Hospital Comparison Reports to measure quality and patient outcomes on the following cancer sites in 2016:

- Breast Cancer
- Lung Cancer
- Colorectal Cancer

Dr. David May, Cancer Liaison Physician for Shore Medical Center's Cancer Committee utilized the Commission on Cancer's Cancer Program Practice Profile Report (CP3R) to measure quality and patient outcomes. Dr. May reported to the Cancer Committee on a quarterly basis covering the following cancer sites during 2016:

- Breast Cancer
- Lung Cancer
- Colon Cancer
- Rectal Cancer
- Cervical Cancer

**Cancer Liaison Physician Report:  
Commission on Cancer Standard 4.4:  
Accountability Measures**

Evidence-based measures or accountability measures promote improvements in care delivery and are the highest standard for measurement. A high level of evidence supports accountability measures including multiple randomized control trials. The following table demonstrates Shore Medical Center’s estimated performance rate (EPR):

MEASURE	CANCER TYPE	CoC STANDARD'S EPR	PROGRAM'S 2013 EPR	MY CoC PROGRAM TYPE (CCP)	ALL CoC APPROVED PROGRAMS	COMPLIANT
BCSRT	BREAST	90.0%	100%	91.9%	92.9%	YES
HT	BREAST	90.0%	100%	92.8%	93.0%	YES
MASTRT	BREAST	90.0%	100%	90.4%	91.1%	YES
MAC	BREAST	NA	100%	92.2%	93.0%	YES
ACT	COLON	NA	100%	92.3%	90.6%	YES

Shore Medical Center rated at **100%** for the most recent data the Commission on Cancer has for the five Accountability Measures

**Cancer Liaison Physician Report  
Commission on Cancer Standard 4.5:  
Quality Improvement Measures**

The quality improvement measures set by the Commission on Cancer (CoC) are used to monitor the need for quality improvement or remediation. Generally, these measures are for individual program use. The following is a table of Shore Medical Center’s performance which shows that the programs estimated performance rate (EPR) is consistently above the Commission on Cancer’s EPR:

MEASURE	CANCER TYPE	CoC STANDARD'S EPR	PROGRAM'S 2013 EPR	MY CoC PROGRAM TYPE (CCP)	ALL CoC APPROVED PROGRAMS	COMPLIANT
nBx	BREAST	80%	89.7%	89.5%	91.5%	YES
12LRN	COLON	85%	89.3%	86.3%	90.2%	YES
RECRTCT	RECTUM	85%	100%	86.2%	88.1%	YES
G15RLN	GASTRIC	80%	NO DATA	42.2%	55.4%	NA
LCT	LUNG	85%	100%	93.4%	92.6%	YES
LNoSurg	LUNG	85%	100%	92.6%	92.7%	YES

The Commission on Cancer also puts in place surveillance measures. Surveillance measures are used to identify the status quo, generate information for decision-making, and/or to monitor patterns and trends of care. The below table is Shore Medical Center's most current standing available for surveillance measures:

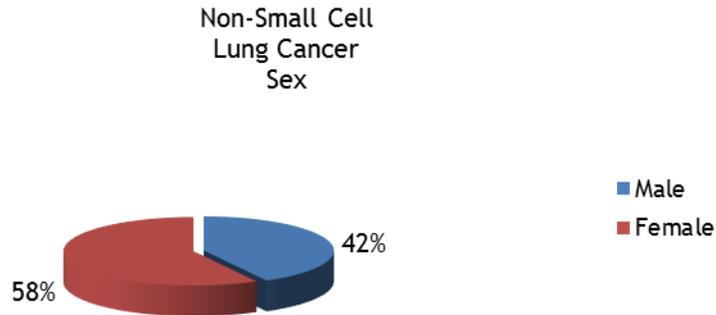
MEASURE	CANCER TYPE	CoC STANDARD'S EPR	PROGRAM'S 2013 EPR	MY CoC PROGRAM TYPE (CCP)	ALL CoC APPROVED PROGRAMS	COMPLIANT
BL2RLN	BLADDER	NA	NO DATA	77.1%	91.1%	NA
BCSRT	BREAST	NA	66.7%	65.9%	62.7%	YES
CBRRT	CERVIX	NA	NO DATA	60.3%	74.6%	NA
CERCT	CERVIX	NA	100%	90.5%	89%	YES
CERRT	CERVIX	NA	100%	79%	80.4%	YES
ENDCTRT	ENDOMETRIUM	NA	NO DATA	75.0%	81.4%	NA
ENDLRC	ENDOMETRIUM	NA	NO DATA	57%	73.0%	NA
OVSAL	OVARY	NA	NO DATA	77.1%	91%	NA
10RLN	LUNG	NA	NO DATA	29.1%	41.0%	NA
M05lgLN	MELANOMA	NA	NO DATA	NA	66.0%	NA
M10AxLN	MELANOMA	NA	NO DATA	NA	70.7%	NA
MCLND	MELANOMA	NA	NO DATA	NA	62.3%	NA

**Site-Specific Study: Non-small Cell Lung Cancer  
Commission on Cancer Standard 4.6  
Monitoring Compliance with Evidence-Based Guidelines**

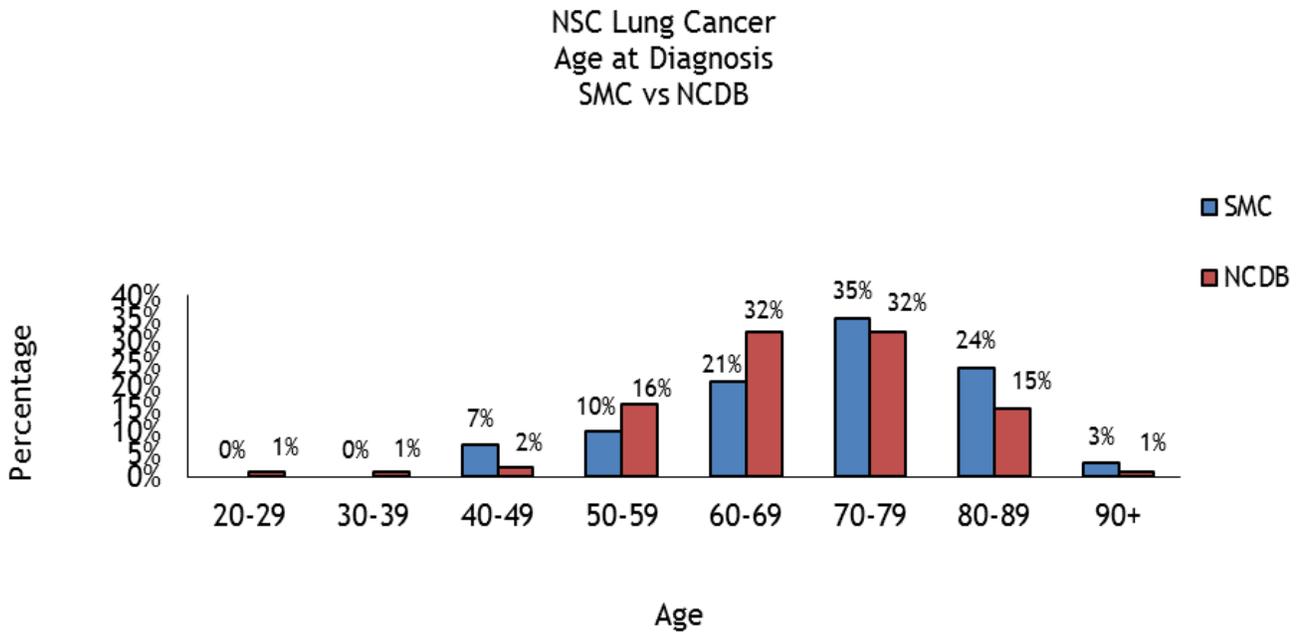
The report on non-small cell lung cancer is the result of a collaborative effort of two physician members of the Cancer Committee: James Pond, MD, Pathologist, and Bennett Ojserkis, MD, Pulmonologist, with Cancer Registry data provided by Michelle Bob, RHIT, CTR.

Although the raw data has not been subjected to statistical analysis, the following data is being presented per the recommendations of the Commission on Cancer.

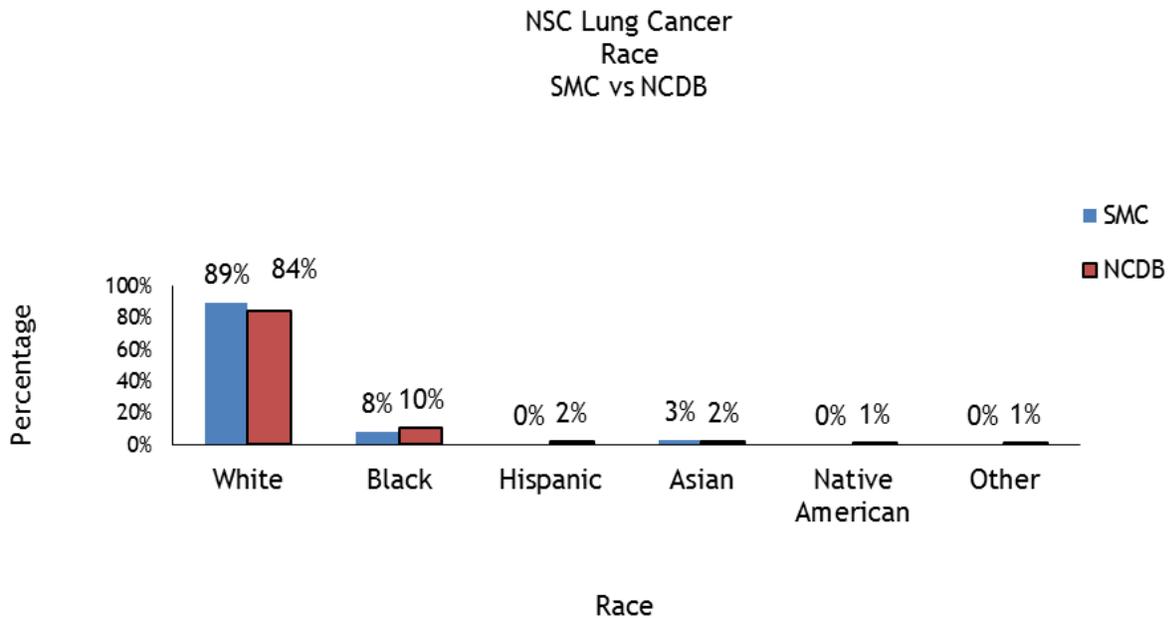
For the year 2015, 62 non-small cell lung cancer cases were diagnosed and/or treated at Shore Medical Center (SMC), with 42% being male, and 58% female.



At SMC, the age at the time of diagnosis for non-small cell lung carcinoma ranged from 41 to 90 years, with the peak incidence being in the seventh decade of life. The chart below illustrates how these figures compare with figures supplied by the National Cancer Data Base (NCDB).

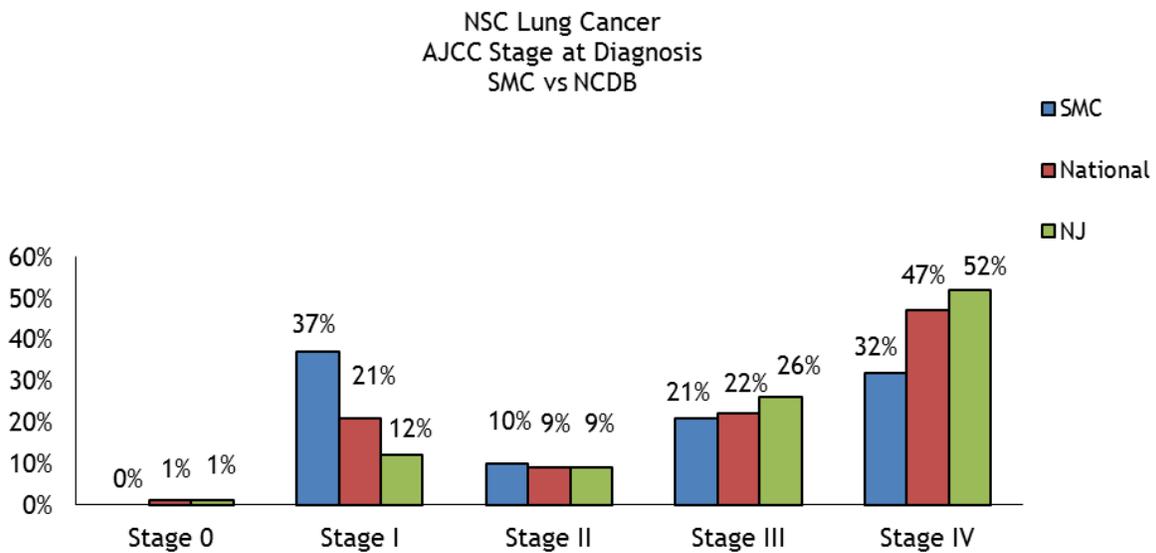


The population diagnosed and/or treated at SMC was predominantly Caucasian, followed by African American, Hispanic, and Asian. The chart below illustrates how data at SMC compares with that of the NCDB.



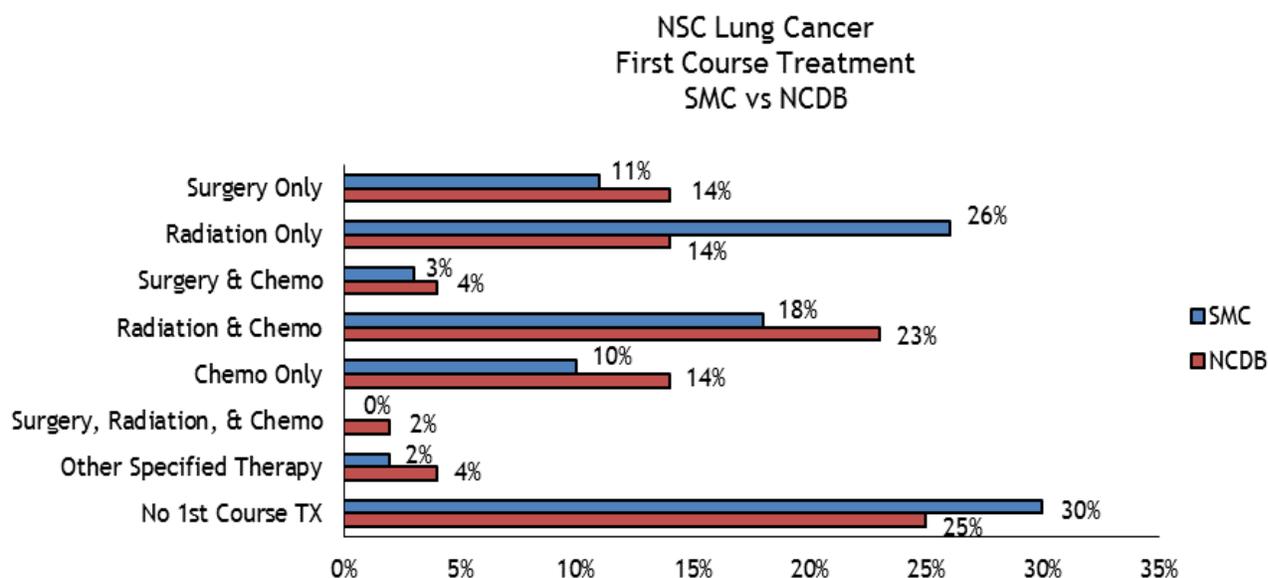
**Staging**

The chart below identifies how the AJCC stage at the time of initial diagnosis for non-small cell carcinoma at SMC compares with both national and New Jersey state figures. While statistically the the number of overall cases is small (62), the number of Stage I cases at SMC is noted to be higher than national or state figures, while the number of stage IV cases is noted to be lower.



## Treatment

The following chart shows how non-small cell lung carcinoma treatment at SMC compares with national figures.



## Quality Reporting

The Cancer Committee at SMC ensures that all patients diagnosed and/or treated with non-small cell lung cancer are treated according to nationally accepted QI measures, as measured by compliance with the current Commission on Cancer (CoC) Cancer Program Practice Profile Reports (CP3R) quality reporting tool. The most current data available from the CoC CP3R quality reporting tool for year 2013 is listed below.

LCT - 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)

SMC ~ 2013	100 %
My State (NJ)	89.5 %
My Census Region (Middle Atlantic)	94.1 %
My ACS Division (Eastern)	91.5 %
My CoC Program Type (CCP)	92.3 %
All CoC Approved Programs	92.1 %

LNoSurg - Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement)

SMC ~ 2013	100 %
My State (NJ)	91.2 %
My Census Region (Middle Atlantic)	92.2 %
My ACS Division (Eastern)	92.4 %
My CoC Program Type (CCP)	92.7 %
All CoC Approved Programs	92.6 %

10RLN - At least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IA, IB, IIA, and IIB resected NSCLC (Surveillance)

SMC ~ 2013	N/A Thoracic surgery not performed at SMC
My State (NJ)	35.1 %
My Census Region (Middle Atlantic)	46.8 %
My ACS Division (Eastern)	42.1 %
My CoC Program Type (CCP)	29.3 %
All CoC Approved Programs	41 %

### **Conclusions**

Thirty non-small cell lung cancer cases diagnosed and/or treated at SMC in 2015 were reviewed at the Robert J Beach, MD Oncology Practice Guidelines Conference in July 2016. All eligible cases met initial evaluation, treatment, and adjuvant treatment recommendations when compared to the National Comprehensive Cancer Network (NCCN) guidelines. No areas for improvement were identified during this review.

### **References**

1. AJCC Cancer Staging Manual, 7<sup>th</sup> edition, American Joint Committee on Cancer, 2002.
2. National Cancer Data Base, American College of Surgeons Commission on Cancer.
3. National Comprehensive Cancer Network (NCCN) Practice Guidelines in Oncology for Non-Small Cell Lung Cancer, Version 4.2016.