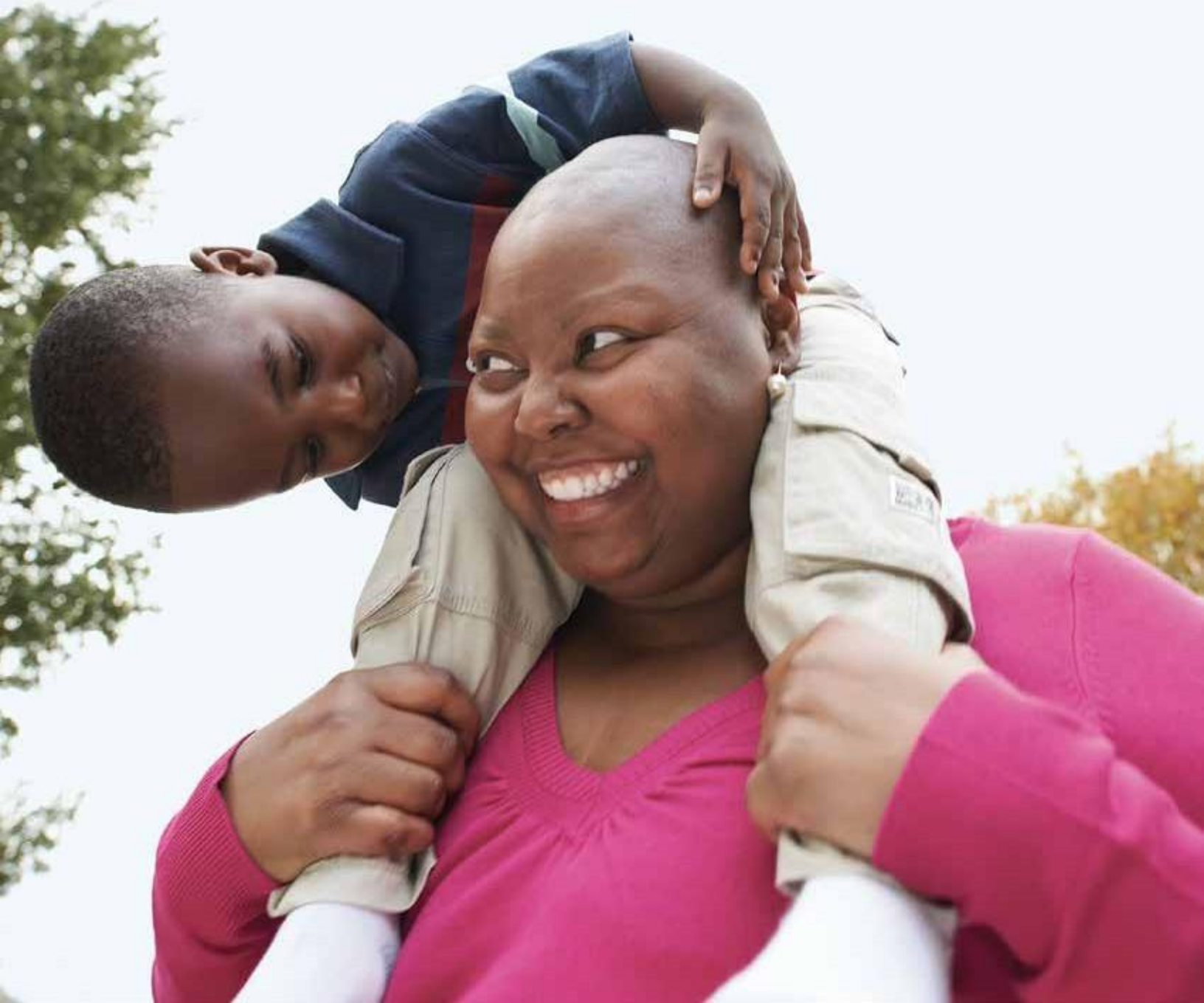


2015 Annual Report (2014 Data)

Oncology Services



Chairman's Report

In December 2014, Texas Health Presbyterian Hospital Dallas opened a new cancer center. The Texas Health Presbyterian Hospital Dallas Cancer Center is an advanced facility that is the “bricks and mortar” manifestation of our unified approach to cancer services. The center houses clinicians, nurse navigators, genetic counseling services through our cancer risk and prevention program, medical oncology, radiation oncology, imaging services, spiritual support services, a women’s health boutique, and community support and survivorship services. The comprehensive nature of this facility mirrors our approach to cancer care and calls to mind our commitment to care for the whole patient – mind, body and spirit.

Texas Health Dallas is committed to providing quality cancer care. This commitment is demonstrated by the fact that the oncology program is a four-time recipient of the American College of Surgeons’ Commission on Cancer Outstanding Achievement Award, the highest level of approval from the Commission on Cancer. Texas Health Dallas is one of only six hospitals in the country, and the only hospital in Texas, to receive this distinction in 2015. Additionally, Texas Health Dallas is accredited by the National Accreditation Program for Breast Centers.

Providers of oncology services at Texas Health Dallas continue to reach out to the community in the form of risk assessments and screenings, when indicated, as well as support fundraisers for oncology-focused organizations. Our dedication to caring for oncology patients and their families throughout their care continuum is demonstrated by our strong affiliation with Cancer Support Community, which provides comprehensive cancer support at no charge to their members. The Texas Health Dallas Cancer Center is the first in Texas to integrate a Cancer Support Community within a cancer center. Our cancer support groups are among the largest and most active in the Dallas-Fort Worth area. The dedication and involvement of our care providers make the difference at Texas Health Dallas.

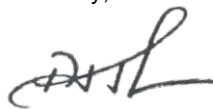
The Cancer Committee conducts quality improvement studies each year. The data from these studies are used to identify opportunities for improvements in services, and as a result, best practices are implemented as the standard of care for our oncology patients.

Texas Health Dallas is committed to providing our patients access to the latest clinical trials.

This year, Texas Health Dallas launched a comprehensive lung cancer program that aims to identify patients who are at an increased risk for lung cancer. This program is led by a multi-specialty team of physicians, including oncologists, radiation oncologists, radiologists, thoracic surgeons, pathologists, and pulmonologists. This program is just one of several that are focused on comprehensive care for each tumor site.

The Texas Health Dallas comprehensive cancer program continues to evolve to meet the needs of the cancer patients in the communities we serve. We are enthusiastic about our cancer program and the comprehensive, individualized and patient-centered oncology care we provide.

Sincerely,



Pat Fulgham, M.D.
Medical Director of Surgical Oncology Services
Chairman, Cancer Committee



Ovarian Cancer Study 2014

By Samuel Liftshitz, M.D.

Texas Health Presbyterian Hospital Dallas (THD) conducted a retrospective review of the treatment of ovarian cancer cases diagnosed in 2014. A review of medical records and cancer registry data was conducted. The purpose of the study was to ensure that all THD patients diagnosed and/or treated for ovarian cancer received complete and appropriate care in compliance with the guidelines published by the National Comprehensive Cancer Network (NCCN). In 2014, there were 41 patients treated for ovarian cancer at THD. All of the patients underwent imaging studies in accordance with NCCN guidelines, which included chest imaging and either abdominal ultrasound, abdominal/pelvic CT scan or MRI. Family history was recorded in 100% of the patients, with 24 having a documented family history of some type of cancer. CA-125 was documented in the EMR as being performed in 34 of 41 patients (85%). 32 were positive or elevated. Two were negative, with one having a score of 8.7 and the other having a score within the normal range.

Stage of disease by the FIGO classification was assigned to 85% of the patients (**Table 1**). Those not assigned a stage were patients operated on at other institutions and referred to Texas Health Presbyterian Hospital Dallas for postoperative management.

All treatment complied with NCCN guidelines. 37 out of 41 patients (90.2%) had surgery. Three of the patients expired before surgery could be performed and one had a surgery on a location other than the primary site. 40 out of 41 patients (97.5%) received chemotherapy. Chemotherapy was not recommended for one patient who had low stage disease (**Table 2**).

Genetic testing is also recommended according to the NCCN guidelines. Ovarian cancer can be present in a family with Lynch syndrome in addition to hereditary breast and/or ovarian cancer syndrome. The THD Cancer Risk & Prevention department now has two genetic counselors, which allows for easier and timely access for patients to receive genetic testing and counseling.

It was noted that obtaining the data for this study was a challenge. Some data had to be obtained from physician office records. Physicians are encouraged to improve their documentation in the hospital electronic health record, especially with the results and dates of CA-125 testing, imaging studies, biopsy procedures and history of chemotherapy. A complete history in the hospital's electronic health record would improve the efficiency of the tumor registrars in the abstraction process and result in more complete data.

Table 1. FIGO Stage

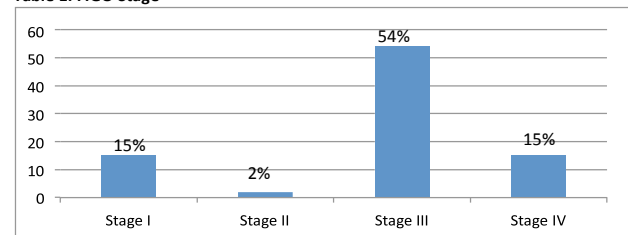


Table 2. Treatment Guidelines

Surgery	Met Guidelines	37/41	90.20%
Chemotherapy	Met Guidelines	40/41	97.50%

References

1 National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology, Version 2.2015, Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer. https://www.nccn.org/store/login/login.aspx?ReturnURL=http://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf

Lung Cancer Screening Program Summary

The American Cancer Society estimates for lung cancer in the United States for 2015 are:

- About 221,200 new cases of lung cancer (115,610 in men and 105,590 in women)
- An estimated 158,040 deaths from lung cancer (86,380 in men and 71,660 among women)

Additionally, they state that lung cancer accounts for about 27% of all cancer deaths and is by far the leading cause of cancer death among men and women; this fact is also echoed by the CDC and American Lung Association. Another statistic shows that each year, more people die of lung cancer than of colon, breast, and prostate cancers combined. Health North Texas reports from the National Cancer Institute show that for Dallas County (2008-2012 measurement period) there are 58.6 lung cancer cases per 100,000 population, and as of 2012, 16.2% of Dallas County residents are smokers. According to the Advisory Board, screening provides the best opportunity for improving patient outcomes through early detection. The average cost of treatment for lung cancer is also much less if detected at an early stage.

Given the current state of lung cancer in the United States and Dallas, it was clear that there was need for Texas Health Presbyterian Hospital Dallas to implement a lung cancer screening program. The program aims to positively identify patients who are at an increased risk for lung cancer. The lung cancer screening program is accredited by the American College of Radiology (ACR) as a designated lung cancer screening center.

Texas Health Dallas formally launched its lung cancer screening program in August of 2015. By December 2015, 40 patients had been seen through the lung cancer screening program. Four patients returned back with abnormal results. These patients were followed up on per the ACR's Lung-RADS version 1.0 guidelines. The goal for the program is to screen at least 10 patients a month through the program. The program volume will continue to grow as previously screened patients are followed up on.

The screening program provides, by referral, a low-dose CT scan to patients who are asymptomatic, aged 55-80 (the upper age for CMS is 77) with a 30 pack year or more history of smoking, currently smoke or have quit smoking within the past 15 years (see Appendix A for order form). After the referring provider participates in a shared decision-making visit, the patients are seen by a coordinator who provides education about the screening and information about smoking cessation before the scan. The patient then undergoes the scan. The scans are then reviewed by a multi-specialty team of physicians, including medical oncologists, radiation oncologists, radiologists, thoracic surgeons, pathologists, and pulmonologists who make recommendations as clinically applicable. As mentioned above, follow-up is per the ACR's Lung-RADS version 1.0 guidelines.

In addition to the screening program, Texas Health Dallas has also implemented a smoking cessation group and a lung cancer support group. The ultimate goal of the lung cancer screening program is to be able to promote early detection of lung cancer in order to decrease mortality rates, as well as decrease the cost of care for lung cancer patients. Through the creation of a comprehensive program that incorporates education for both the referring physician and the patients, multi-specialty review of the scans, and supportive services provided through Cancer Support Community and our support groups, Texas Health Dallas strives to provide a full continuum of care for all our lung cancer patients.



Prescription for Low-Dose CT Lung Cancer Screening Order

Patient Name: _____ Date: _____

Patient Date of Birth: _____ Phone Number: _____

Perform Lung Cancer Screening CT Scan at Texas Health Dallas Presbyterian Hospital Radiology
Billing Codes:

CPT _____ - CT lung screening

ICD10 Z12.2. – Encounter for screening for malignant neoplasm of respiratory organs

ICD10 Z87.891 – Personal history of nicotine dependence ICD 10 Z72.0 – Tobacco use

Screening Criteria: (Patient must meet all criteria)

55-77 years old

Current Smoker

Former Smoker (< 15 yrs. quit) – quit date: _____

≥30 Pack Year Smoking History

Actual pack year smoking history: _____ Packs/day x _____ years smoked = _____ Pack years

Asymptomatic (no signs or symptoms of lung cancer)

Shared decision-making visit to discuss benefits and risks of procedure must be performed and documented by referring provider.

A shared decision-making visit includes:

- Discussion of benefits and potential risks of CT lung screening, follow-up diagnostic testing, over-diagnosis, false positive rate, total radiation exposure; counseling on the importance of adherence to annual lung cancer LDCT screening, impact of comorbidities and ability or willingness to undergo diagnosis and treatment, counseling on the importance of maintaining cigarette smoking abstinence if former smoker; or the importance of smoking cessation if current smoker and, if appropriate, furnishing of information about tobacco cessation interventions.

Printed physician name: _____

Physician signature: _____

Physician NPI #: _____

Physician phone: _____

Physician fax: _____

To schedule Lung Cancer Screening CT Scan:

Fax completed prescription, shared decision-making progress note, and patient face sheet to:

Ben Garcia, BSN, RN at 214 345-4219

Or patient can call 214-345-8955 to complete screening intake and schedule appointment