

2017 Annual Report (2016 Data)

ONCOLOGY SERVICES



Texas Health
Presbyterian Hospital®
DALLAS

2017 Chairman's Report

The Oncology Program at Texas Health Presbyterian Hospital Dallas incorporates a comprehensive, holistic approach to the treatment of cancer. Our commitment to providing quality cancer care is demonstrated by the fact that the oncology program is a five-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 Presbyterian Hospital Dallas is one of only five hospitals in the country, and the only hospital in Texas to receive this distinction in 2017. Additionally, our program is accredited by the National Accreditation Program for Breast Centers.

Texas Health Presbyterian Hospital Dallas is also aligned with the University of Texas Southwestern Medical Center (UTSW) through an integrated network. This network leverages the strength of our two systems to provide increased access to primary care and specialized care for the communities we serve in North Texas. Throughout the year, Texas Health Presbyterian Hospital Dallas has worked with UTSW, an NCI designated cancer program, to find ways to partner together to grow and enhance the oncology care both organizations provide. Most notably, THD has partnered with UTSW to bring their renowned genetic counseling program here to our cancer center.

The Texas Health 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.

The providers and clinicians at Texas Health Presbyterian Hospital Dallas continue to reach out to the community in the form of risk assessments, education about prevention and early detection, screenings, and when indicated, 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 North Texas, 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.

The dedication and involvement of our care providers makes the difference at Texas Health Presbyterian Hospital Dallas. The members of the multidisciplinary healthcare team routinely engage in case conferences and ongoing continuing education to ensure that they are equipped with the latest knowledge and advances in cancer treatment. 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 standard of care for our oncology patients.

Texas Health Presbyterian Hospital 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

Surgical Treatment of Pancreatic Cancer in 2016 at Texas Health Presbyterian Hospital Dallas

By Bijal Modi, M.D.

OVERVIEW

The publication of national guidelines for the management of pancreatic cancer and the adherence to these guidelines serve as a measurement of quality of care. This study addresses the treatment and management of pancreatic cancer in accordance with the National Comprehensive Cancer Network (NCCN) guidelines at Texas Health Presbyterian at Dallas (THD).

In 2016, there were 74 new pancreatic cancers diagnosed and or treated at THD. A retrospective medical record and cancer registry review was performed on all pancreatic cancer patients who had surgical treatment at THD from January 1, 2016 through December 31, 2016. A total of 16 cases were included.

DATA

Stage I-III Pancreatic Cancer

Of the 14 stage I-III pancreas cancers, 2 were stage I, 12 were stage II, and 0 were stage III. 100% of evaluable stage I pancreatic cancers underwent preoperative abdominal and chest imaging, preoperative liver function tests and ca 19-9 (Table 1). In the setting of stage II disease, 100% underwent preoperative abdominal imaging, 83% underwent preoperative chest imaging and 58% underwent preoperative ca 19-9 (Table 2).

100 % of stage I-III patients underwent surgery. 0/2 of the stage I patients received post-surgical chemotherapy:

- Patient 1 was an acinar cell carcinoma for which chemotherapy was not recommended.
- Patient 2 was an adenocarcinoma; however, chemotherapy was not recommended due to another illness.

75% (9/12) stage II patients received post-surgical chemotherapy.

- Patient 1 was referred to hospice
- Patient 2 was referred to a long term care facility
- Patient 3 was given chemotherapy prior to surgery

Stage IV Pancreatic Cancer

Of the 2 stage IV pancreatic cancers 2/2 underwent abdominal imaging, 1/2 underwent chest imaging (Table 3).

Regarding treatment both patient received chemotherapy for treatment.

- The one patient who did not receive chest imaging received chemotherapy at another institution so it is unclear if pretreatment chest imaging was completed.

SUMMARY

The majority of patients undergoing treatment for pancreatic cancer at THD are meeting national guidelines. Certainly there is room for improvement identified in the context of this study. One of the major deficiencies identified is the absence of preoperative CA 19-9 reporting in stage I-III disease. This is confounded by patients referred from outside institutions where this testing may have been completed but not documented in the THD system. Programs to improve communication between referring institutions and independent physician practices with the cancer registry would allow more complete data collection. The NCCN guidelines clearly recommend adjuvant chemotherapy for adenocarcinoma of the pancreas; however, each individual patient requires a clear discussion regarding the risks and benefits of adjuvant chemotherapy. Adherence to the guidelines will be affected by the evaluation of these ratios and should more clearly be defined within the NCCN and American College of Surgeon guidelines.

Table 1. Stage I Treatment

Pre-operative Abdominal Imaging	2/2	100%
Liver Function Test	2/2	100%
Pre-operative Chest CT or X-ray	2/2	100%
Pre-operative CA 19-9	2/2	100%

Table 2. Stage II Treatment

Pre-operative Abdominal Imaging	12/12	100%
Liver Function Test	12/12	100%
Pre-operative Chest CT or X-ray	10/12	83%
Pre-operative CA 19-9	7/12	58%

Table 3. Stage IV Treatment

Pre-operative Abdominal Imaging	2/2	100%
Pre-operative Chest CT or X-ray	1/2	50%

National Comprehensive Cancer Network
Guidelines Colon Cancer