WHEN THERE IS LIFE, THERE IS HOPE…

HOPE CHANGES EVERYTHING

CHOOSE HOPE

2017 MWMC PROSTATE CANCER ANNUAL REPORT

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Proper Nutrition and Exercise are vitally important for good health

Our Mission Statement

Advanced Medicine. Personalized Care. Right Here.

Our Vision

MetroWest Medical Center will be the healthcare provider of choice for the region by placing the patient at the center of all decision making. MetroWest Medical Center will offer exceptional service to patients, comprehensive and high quality clinical programs, a supportive work environment for employees, and an outstanding medical staff that represents a full range of specialties and is distinguished for clinical excellence.

Cancer Care Program at MetroWest Medical Center

Welcome to the Cancer Care Program at MetroWest Medical Center. It is our goal to provide comprehensive cancer care in the community while carrying out the mission and vision of the Medical Center. We support oncology patients and their families throughout their diagnosis, treatment, and post-treatment phases. We offer clinical research here and access to more advanced clinical trials through our referral partners. We are accredited as an Academic Comprehensive Cancer Care Program by the American College of Surgeons. To achieve that distinction, we must meet the highest national standards for high quality, comprehensive, and coordinated clinical care.

Our team includes clinicians from oncology, internal medicine, radiology, radiation oncology, pathology, general surgery, pain, critical care, and all the surgical subspecialties. Our clinicians work closely with other team members from social work, pharmacy, nursing, mental health, and nutrition to support our patients through the treatment and healing process.

In addition to our commitment to our patients, we are committed to the MetroWest community. We offer support groups for patients and families, free cancer screening, education, and participation in local health fairs.

This report provides an overview of our Cancer Care Program with a focus this year on Prostate Cancer. Thank you for taking the time to read this report. Please feel free to contact any of the members of the Cancer Care Committee or me if you have any questions or would like more information about our program.

Sincerely,

Katherine D. Hein, MD, MBA, FACS, CPE

Cancer Committee

Eight elements are vital to the success of an accredited cancer program:

- Clinical services to provide state-of-the-art pretreatment evaluation
- staging
- treatment
- clinical follow-up for cancer patients
- A Cancer Committee to lead the cancer program
- Cancer Conferences to provide a forum for patients consultation and contribution to physician/allied staff education
- Quality improvement program to evaluate and improve patient outcomes
- Cancer Registry and database to monitor the quality of care

The success of the cancer program depends on the Cancer Committee to lead the program through setting goals, monitoring program activity, evaluating patient outcomes, and improving patient care. The committee membership includes multidisciplinary physician members from the diagnostic and therapeutic specialties, as well as allied health

2017 Cancer Committee

	NAME	DEPARTMENT
R	Katherine Hein, M.D.	Cancer Committee Chair
R	Justin Hilson, MD	Cancer Liaison Physician to Cancer Committee
	Saint George AuFranc, MD	Designee of record
	Bruce Davidson, MD	Designee of record
R	Linda Belleville, RN	Administration
	Denise Schepici, COO, RN	Designee of record
R	Kala Seetharaman, MD	Med. Oncologist, Genetics Counselor
	Zach Spigelman, MD	Designee of record
R	Teresa Van Buren, MD	Radiation Oncologist
	Joanne Jang, MD	Designee of record
R	Steven Yood, MD	General Surgeon
	Katherine Hein, M.D.	Designee of record
R	Kent Min, MD	Diagnostic Radiologist
	Michelle Swire, MD	designee of record
R	Stuart Washer, RN, BSN, MGR	Inpatient Nursing
	Brittany Ross, RN, MGR	Designee of record
R	Susan Granato, RN, BSN, OCN, Clinical Coordinator	Medical Oncology Nursing
	Carrie Demmons, Mngr.	Designee of record
R	Bonnie Gouveia, RN	Radiation Oncology Nursing Community Outreach/Relations
	Jill Watts, RN, OCN	Designee of record
R	Wanda Strickland, RN	Palliative Care Team Director
	Heidi Brown	Designee of record
R	Mellissa Rearick, MSWLICSW, OSW-C	Social Services
	Patti Lin, LICSW	Designee of record
R	Mary Oster	Quality, IRB Director
	Cindy Reilly, RN	Designee of record
R	Sharon Meehan-Guay	Cancer Registrar
	Natalie Farinacci	Designee of record
R	Natalie Farinacci	Cancer Registrar

professionals involved in the care of cancer patients.

Cancer Center Renovations

The 2016 was a successful renovation year for MWMC Cancer Center. 2017, has allowed the cancer program/center to move forward with a True Beam Varian Accelerator and the latest in quality of care offered to our patients.

Also, a complete renovation was done to both Radiation Oncology and Medical Oncology Units along with the integration of electronic medical records that marry into Meditech.

	Sharon Meehan-Guay	Designee of record
R	Dana Silva, RN, Mgr.	Oncology Clinical Research
	Virginia White	Designee of record
S	Lori Moser, MSN,BSN, RN, CBCN	Certified Breast Navigator
S	Prasanna Navarasam	Registered Dietician
S	Kristina Mangan, Pharm D	Registered Pharmacist
S	Nikki Kardouni	Occupational Therapist
S	Melissa Basmaji	Occupational Therapy MNGR
S	Carole Butler, Chaplin	Chaplain, Pastoral Care
S	Francisca Turkson	American Cancer Society
S	Jason Konter, MD	Pulmonologist
S	Karen Horowitz	Community Advocate
S	Beth Gardner, RTT	Chief Tech in Rad Onc
S	Jeanne Henson	Media Specialist

Cancer Conferences

Cancer Conferences improve the care of patients with cancer by providing multidisciplinary treatment planning and contributing to physician and allied medical staff education. MWMC holds 4 cancer case conferences monthly; 3 at FUH and 1 at LMH. Therefore we hold two breast conferences, 1 lung and 1 general surgical conference monthly. The team reviews each patient's history and physical examination, diagnostic procedures performed, radiology images, pathology slides, and treatment given.	Physicians from Pathology, Radiology, Medical Oncology, Radiation Oncology and Surgery attend as well as other physician and allied health specialties. All physician attending Cancer Conferences at MWMC receive one hour of Category 1 Continuing Medical Education (CME) credit for each hour of cancer case conference that they attend. Information about upcoming Cancer Conferences is emailed as well as, included monthly within the Medical Staff Education Bulletin.

Cancer Registry Report

The Cancer Registry monitors all types of reportable neoplasms diagnosed and / or treated at MWMC. This is a critical element in the evaluation of oncology care. Registry data collected include patient demographics, diagnosis, staging, treatment, and disease outcome. Data management contributes to each patient's treatment planning, staging, and continuity of care.	Complete and accurate cancer registry data enables the facility cancer program and administration to plan and allocate hospital resources and is a valuable resource for research activities. The Cancer Registry reports to the Director of the Cancer Program.

2015 Cancer Registry Data Statistics

For accession year 2015 the cancer registry abstracted and reported 574. Total patients 567, & Total Primaries 574. Analytic cases are cases that are accessioned because the patient was diagnosed at MWMC and/or the patient received all or part of the first course of treatment at MWMC. Since 1989 the cancer registry has abstracted 8,980 Analytic cases into our database (class of case 10-14, 20-22). Of those, we are currently following 6,340. Our current follow up rate since our cancer registry reference date 2005 is 85% our follow up rate for analytic patients diagnosed within the last 5 years in 92%.	The 2015 analytic cases consist of 3,695 males and 4,767 females, with an age at diagnosis in years being a range/mean is 65 years of age. Breast, bronchus/lung and colon/rectum were the most common sites of cancer for all cancer patients combined. Bronchus/lung, colon/rectum and prostate were the most frequent cancer sites for men. For females, breast, bronchus lung and colon/rectum were the most frequent cancer sites.

Fig A Diagrams below show data for Top 5 Male & Female cancer sites from 2005 -2015 (Registry Database)

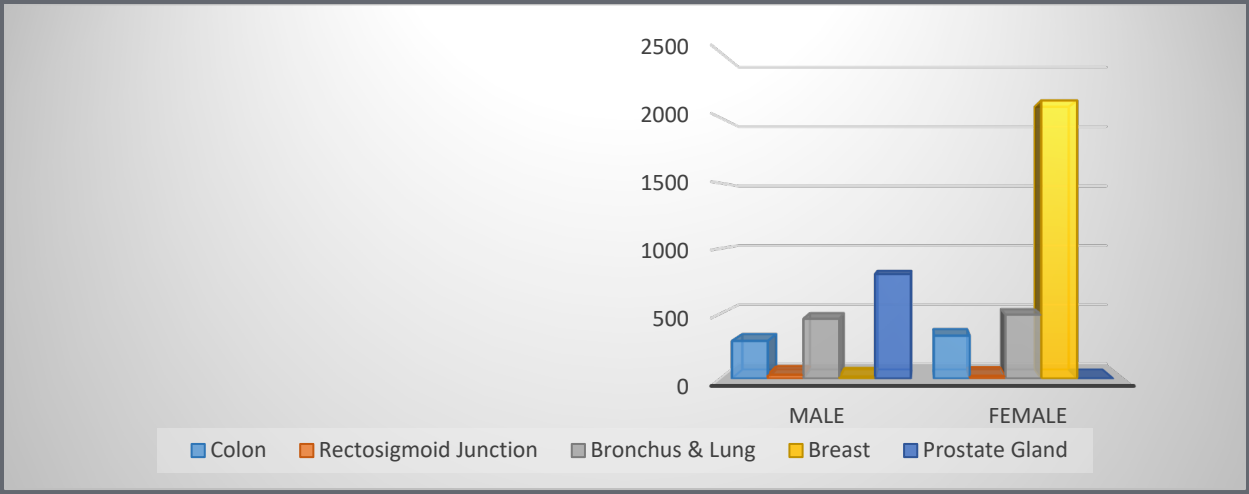


Fig B

MWMC DATABASE Top cancer site for Males is the Prostate ~ Top cancer site for Females is the Breast

MALE	COLON	REC/SIG	BRON/LUNG	BREAST	PROSTATE	TOTAL
	307	30	505	15	1,063	1,920
	15.99	1.56	26.30	0.78	55.36	
	46.44	57.69	48.14	0.65	100.00	
FEMALE	354	22	544	2,289	0	3,209
	11.03	0.69	16.95	71.33	0.00	
	53.56	42.31	51.86	99.35	0.00	
TOTAL	661	52	1,049	2,304	1,063	5,129

Clinical Research

Clinical trials are research studies that involve people & test new ways to prevent, detect, diagnose, or treat cancer and other diseases. National and international regulations and policies have been developed to protect the rights, safety, and well-being of people who take part in clinical trials and to ensure that the trials are conducted according to strict scientific and ethical principles. Informed consent is a process through which people learn the important facts about a clinical trial to help them decide whether or not to take part in the study, or whether to continue participating in it.

Clinical Trial.Gov (*https://clinicaltrials.gov/*) and Clinical Trial Matching Service (https://www.cancer.org/treatment/treatments-and-side-effects/clinical-trials/clinical-trials-matching-service-find-trial.html)

The Oncology program has been in effect at MWMC, since 1989 and the clinical research department has been in operation for the last 12 years. The Department of Research have been conducting clinical trials in collaboration with pharmaceutical and biotechnology companies as well as clinical research organizations. Our program is focused mainly on Phase I, Phase II, III and IV industrial sponsored clinical trials. MWMC is a full service 296 bed community teaching hospital system composed of Framingham Union Hospital and the Wellness Center in Framingham and the Leonard Morse Hospital in Natick. Just 20 miles from Boston, MWMC serves 400,000 people in 22 towns.

Our principal investigators have extensive clinical trial experience and have conducted more than 60 clinical trials across multiple clinical disciplines including; Hematology/Oncology, Infectious Disease Control, Internal Medicine, Cardiology, Endocrinology & Nephrology.

Meet Our Team

PHYSICIAN INVESTIGATORS AT METROWEST MEDICAL CENTER	RESEARCH STAFF	RESEARCH PHARMACISTS
Thomas Treadwell MD- Infectious Disease	Danuzia Silva, RN, BSN, MPH, Clinical Research Manager,	Kristina Mangan, Pharm.D, R. Ph.
Nikolaos Mavrogiorgos, MD - Infectious Disease	Ginnie White, Compliance MNGR	Colleen Grocer, B.S., R.Ph., BCOP
Kala Seetharaman MD- Hematology/Oncology	Brianne Greeley, Research Assistant	
Teresa Van Buren MD-Radiation Oncology		
Steven Spiegel MD-Nephrology		

George P. Kinzfogl III MD-Cardiology		
Eric Davidson MD- Cardiology		
Christopher Gange- MD Cardiology		
James Alderman MD- Cardiology		
John Paul Lock MD - Endocrinology		

2016 YEAR OF ENROLLMENT		
Type of Research Study	**# of Subjects Consented & Enrolled**	**Onsite or Referred**
Clinical Research	7	Referred
Diagnostic Trials		
Genetic Studies	1	Referred
Prevention & Control Research Studies		
Quality of Life & Economics of Care Studies	26	Onsite
Bio-Repository/Bio-Bank Studies	2	Referred
Patient Registry Studies		
Other Specified:		
TOTAL NUMBER: 36		
Annual 2015 Analytic Caseload		**574 analytic cases 2015**
Percent Accrued		**6.27%**

GENETIC TESTING FOR HIGH RISK PATIENTS:

Purpose of Genetic counseling

- The medical diagnosis and its implications in terms of prognosis and possible treatment
- The mode of inheritance of the disorder and the risk of developing and/or transmitting it
- The choices or options available for dealing with risks

Quality Improvement:

CoC Standard 4.7 - Documentation **of Code Status in Outpatient Oncology Office for Patients with Acute Myelogenous Leukemia: A Retrospective Study.**

Background:
There is a growing body of evidence that suggest that early end of life discussions and advanced care planning are associated with positive end of life outcomes (Mori, M. et al. 2012: Temel, J. et al. 2010; Wright 2008). The American Society of Clinical Oncologist, National Cancer Comprehensive Network, and the Institute of Medicine recommend that the oncology care team have discussions about end of life goals, for patients with advanced cancer diagnoses, early in the disease process (Peppercorn, J. M. et al 2011; NCCN 2016; IOM 2014). Unfortunately the timing of many end of life discussions are often hours or days prior to death, (Odejide, O.O. et al. 2015). Late end of life discussions are associated with patient and family distress as well as lower quality of end of life care.

Purpose:
To assess the percentage of documented code status in the outpatient medical record for patients with acute myelogenous leukemia.

Objective: To assess the percentage of documented code status in the outpatient medical record for patients with acute myelogenous leukemia.

Results: Initially twelve patient charts where identified by drug and/or by diagnosis registry. Detailed chart review verified nine patients with pathological confirmation of AML. Four of the nine patients were female and five were male. Code status was documented in the outpatient medical record of three of the nine patients (33 percent). Two of these were Do Not Resuscitate/Do Not Intubate (DNR/DNI) and one was DNI. Of the nine patients two are still alive and the time from diagnosis to death for the remaining seven ranged from 2 to 17 months with an average of 10.43 and a median of 12 months. The number of clinic visits for all nine ranged from 9 to 167 visits with an average of 123 and a median of 102 visits.

MWMC Cancer Screening Programs:

- Lung Cancer Screening – LDCT
- Walk-In Mammograms
- Skin Cancer Screening
- Head & Neck Cancer Screening
- Prostate Cancer Screening

CoC Standard 4.2 - Prostate Cancer Screening-

Each year, the cancer committee provides at least one cancer screening program that is targeted to decreasing the number of patients with late-stage disease. The screening program is based on community needs and is consistent with evidence-based national guidelines and evidence-based interventions. A process is developed to follow up on all positive findings
Purpose: To decrease the numbers of patients with late-stage Prostate Cancer

Prostate Cancer is the most frequently diagnosed cancer in men. It is the second most leading cause of death in men. Early stage cancer does not usually have symptoms.

National Guideline: Clinicians with access to high-volume, high quality prostate cancer screening and treatment centers should initiate a discussion about prostate cancer screening with apparently healthy patients. A **PSA test** can find prostate cancer earlier than no screening at all. However, the PSA test may have *false positive* or *false negative* results. This can mean that men *without* cancer may have abnormal results and get tests that are not necessary. It could also mean that the test could miss cancer in men who may need to be treated. **Digital Rectal Exams** are very important to palpate the prostate and surrounding area.

Abnormal results can cause anxiety. The test that comes after an abnormal result on a PSA test is a *biopsy* (a minor surgery to get small samples of prostate cells or tissues), which can cause pain, infection, bleeding, and may even miss cancer that needs to be treated.

Testicular Self-Exam

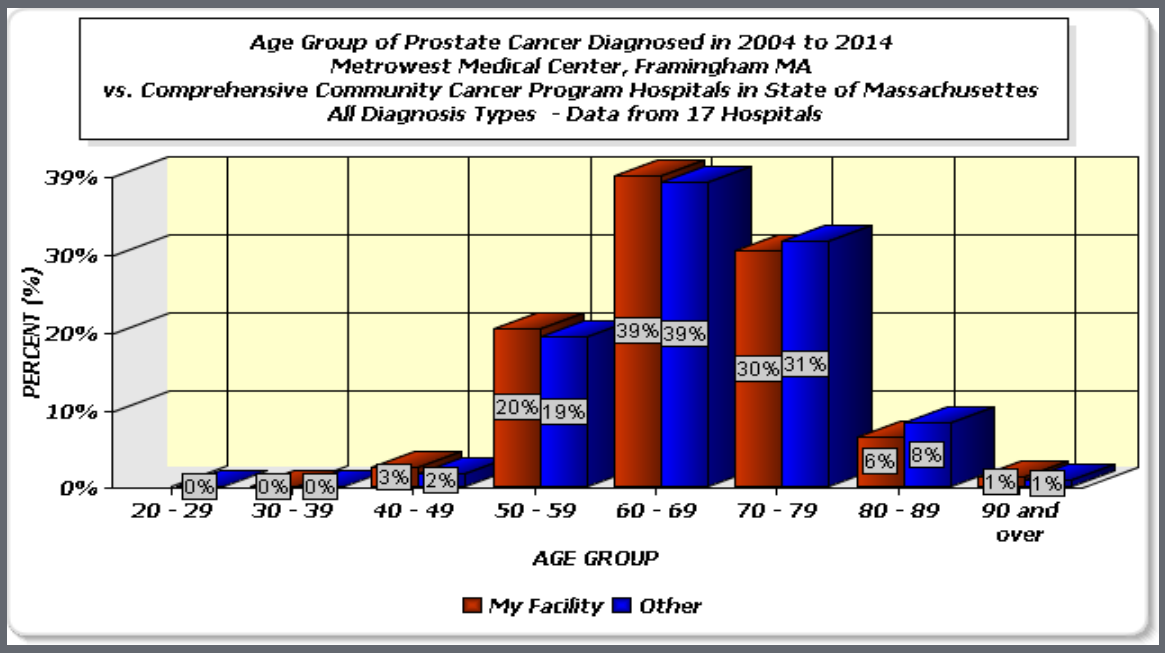
Signs & Symptoms

- Weak or interrupted urine flow
- Inability to urinate or difficulty starting or stopping urine flow.
- Need to urinate frequently, especially at night.
- Blood in the urine
- Pain or burning with urination

Prevention

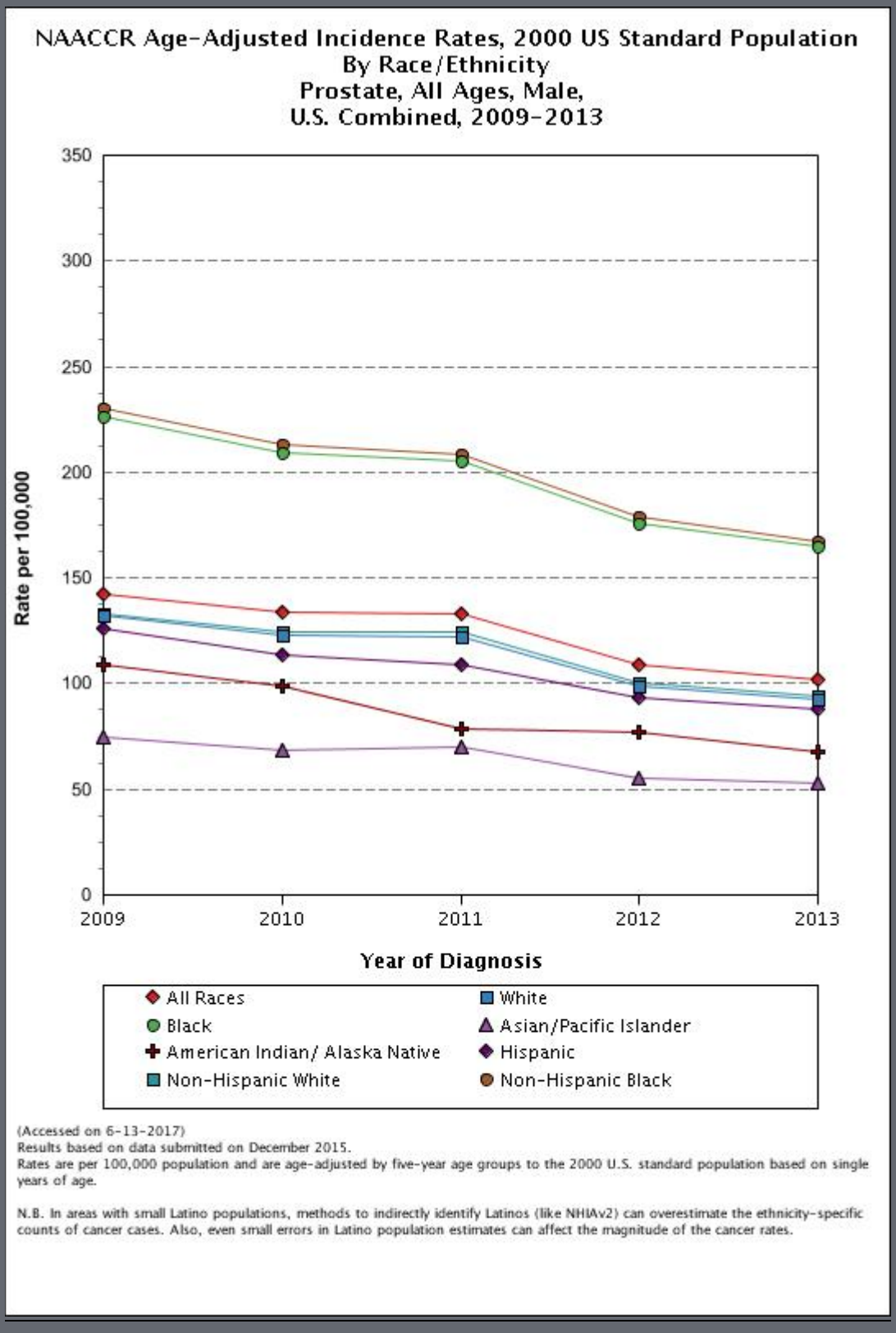
- Maintain a healthy weight
- Eat a variety of fruits and vegetables
- Eat foods low in fat The 5-year survival rate for early stage prostate cancers is about 100%, and 5-year survival rate for all stages combined is almost 99%. Screening can aid in the detection of the cancer at an earlier stage when it is more treatable.

North American Association of Central Registries: *NAACCR*



Above:

MetroWest Medical Center vs. all other Comprehensive Community Cancer Programs in Massachusetts.



Above: National Measure 2009 - 2013

2016 Community Outreach Report

- Community Needs Assessed: Mental Health, Obesity, Cancer Care , Smoking Cessation

Date	Activity Title/ Brief Description
April 27	Free Seminar by MWMC "Do you have knee pain?" @ MetroWest YMCA
May 19	MWMC FREE Seminar Series on Heart Health continued for a few weeks in Perini Auditorium & Screenings
May 25 & 26	Brown Bag Lunch Series Talk "Identification & management of patients with high risk Breast cancer" on Both Campuses
June/July/August	Series/Free Seminar to learn about surgical options for weight loss
June 25	METROFEST
September 10	Habitat for Humanity's MetroWest Playhouse Buid-a-thon!
September 28	Perini Auditorium, "Be the match Bone Marrow Registry",
October 20	The Crowne Plaza Hotel – "MWMC Women's Health Night"
October 26 & 27	At both campuses – "Breast Health"-
December 1	"Comorbidities and Complications Associated With Multiple Myeloma"- Local Restaurant
2016	Breast Cancer Support Group
2016	"Look Good Feel Better" – every other month (6)/yrly
2016	Living with Cancer
2016	"Road to Recovery"
2016	"Reach to Recovery"
February 5	Go Red Day!
May 21	Relay For Life
April 9	Walk Away Homeless Walkathon
October 28	Breast Cancer Awareness
April 13	Head & Neck Cancer Screening
June	MetroFest Community Bone Screenings
2016	Walk In Mammogram Screenings @ 2 locations; Wellness & FUH
September 19	Prostate Cancer Screening @ Greater Framingham Community Church Site & time chosen to address the 2016 CAN barriers to care for transportation, access to care and after hour's needs. To address language barrier needs flyers were distributed in English, Spanish, & Portuguese and an interpreter was present on site.
Various dates in 2016	MWMC Community Health Fairs: 1.) Town of Natick employee benefits & health Fair- Chol & Glucose screenings done2.) Natick Labs Health Fair- Glucose and Chol. Screenings, nutrition education, sleep lab #. 3.) Natick Senior Health Fair- Chol and Glucose screenings 4.) Town of Millis Health Fair- BP Screenings 5.) Town of Framingham Health Fair- - Glucose and Chol Screenings 6) December1, 2016 MWMC Men's Night held at the Greater Framingham Community Church. Multiple educational opportunities as well as Glucose and Chol Screenings; 14 screenings
March 2	"Read Across Stapleton Day"
April 1	Grand Opening of Geriatric Psychiatry Unit
April 11	Walk Away Homelessness
June 7	MWMC Celebration of Life Survivorship
June	Healthy Over Hungry Cereal Drive
October	Walk In Mammograms
October 21	"Wear Pink Day",
November 18 – December 19	Holiday Food Drives – to benefit "A Place to Turn" in Natick and United Ways "Pearl Street Cupboard Café" in Framingham.
December	Project Just Because – donated hundreds of toys games books and blankets for our patients.

December 2016	Med Onc & Rad Onc Staff donated Christmas Gifts to local Voices Against Violence families- each department gifted an entire family.

2016 Community Needs Assessment

We utilize our C. N. A. in three different areas within our cancer program.

- Medical Oncology
- Radiation Oncology
- Diagnostic Radiology

IF YOU HAVE CANCER KNOW THAT YOU HAVE HELP

- Community Needs Assessment
- Patient Navigation Process
- Distress Screening Tools
- Survivorship Care Plans

Our staff monitors and reports to cancer committee 4 x yearly, the current needs & barriers of our patients. Then they utilize the tools in hand to overcome the barriers to deliver that best possible care to our cancer patients.

- **Barriers to care:** Are determined upon **initial visit to the Center** and then the staff focuses on how to **Overcome Barriers,** to ensure that the patient receives and is delivered the best comprehensive quality care that we can deliver.
- MWMC Support Groups available on the website of in the Center or just call 508-383-8510.
- **Patient & Family Resource Center:** Computer access is available in Radiation Oncology with literature and computer access for Patients & their Family Members –will literature is available in the Family Room, in Medical Oncology.

Cancer Case Conferences:

MWMC holds 4 cancer case conference a month. This is a multidisciplinary setting for all disciplines and ancillary staff involved in the patients care, to speak openly in a forum with regard to treatment planning for the patient. Below are areas that are considered in addition to the pathology radiology and surgery of the case. This is assurance that NCCN Guidelines are being followed and that patient-centered care is our focus.

Treatment Plan & Care Options			
ClinicalStage / Stage group	**T**	**N**	**M**
Prognostic Indicators	**Y**	**N**	**N/A**
NCCN Guidelines discussed	**Y**	**N**	**N/A**
Genetic Testing	**Y**	**N**	**N/A**
Eligibility of Clinical Trials Enroll.	**Y**	**N**	**N/A**
Palliative care	**Y**	**N**	**N/A**
Psychosocial care	**Y**	**N**	**N/A**
Rehabilitation services	**Y**	**N**	**N/A**

MetroWest Medical Center and the American Cancer Society share a commitment to improve the quality of cancer care, increase community awareness of the importance of cancer prevention and early detection, and provide supportive services and information to cancer patients and their caregivers.

REDUCE YOUR CANCER RISK AND GET YOUR TESTS DONE TO FIND CANCER EARLY

Glossary of Terms:

Abstract: A summary of pertinent information about the patient, cancer, treatment, and outcome. Components include patient identification, cancer identification, stage of disease at initial diagnosis, first course of treatment, recurrence, treatment for recurrence or progression, and follow-up.

AJCC: American Joint Committee on Cancer (TNM staging).

Analytic case: Any patient diagnosed and/or receiving all or part of the first course of cancer treatment at MWMC.

Non-analytic case: Any patient diagnosed elsewhere and received their entire first course of cancer treatment at another facility, or a patient diagnosed at autopsy.

Class of case: Determination of patient's diagnosis and/or treatment status at first admission or Encounter for cancer at our facility.

First course of therapy: Cancer-directed treatment or series of treatments, which is planned and usually initiated within four months of diagnosis.

TNM staging: Classification given to the extent of disease by the AJCC. The TNM letters correspond to the extent of disease for the tumor, nodal involvement, and distant metastases.

References:

AJCC Cancer Staging Manual Seventh Edition

American Cancer Society Cancer Facts and Figures 2016

American Cancer Society Cancer Prevention & Early Detection Facts & Figures 2016

American College of Surgeons Commission on Cancer National Cancer Data Base Benchmark Reports

Commission on Cancer Facility Oncology Registry Data Standards (FORDS)

Commission on Cancer Program Standards 2016 & NBC News.com

Elekta IMPAC Information Systems

National Comprehensive Cancer Network web site

NCCN Clinical Practice Guidelines in Oncology

NAACCR FAST STATS released 6/13/2017

American College of Surgeons NCDB Benchmark Reports

MWMC 2016 Community Needs Assessment