

MWMC CANCER PROGRAM ANNUAL REPORT

HEAD AND NECK CANCERS



2018

METROWEST MEDICAL CENTER, CANCER CENTER & PROGRAM - TENET

115 Lincoln Street Framingham, MA 01701

September 2018, MWMC began its 125th Year Celebration (est. 1890) of service & dedication to generations of families.

Head and Neck Cancer The **strength** to face it, the **hope** to fight it.



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

Aesthetic / Cosmetic Plastic Surgery, Breast Reconstruction Surgery

MWMC Cancer Program Chairwoman



2018 has been a terrific year for the Comprehensive Cancer Program at MetroWest Medical Center (MWMC). This report highlights our cancer services and the impact we make in the communities we serve. We began this year with the news of our 2017 site visit from the American College of Surgeons' Commission on Cancer. MWMC was awarded a Three-Year Re-Accreditation with Silver Level Commendation. The Commission on Cancer has more than 1500 participating hospitals and represents health care institutions that provide care for more than 70% of all new cancer patients.

Newest Additions to Cancer Program

We have welcomed several new staff to our cancer care team, including Dr. Rob Najarian in pathology, Dr. Lillian Xiong and Dr. Vika Bandari in radiology, and Dr. Brigid O'Connor in radiation oncology. Carla DuPont, PA, has joined our medical oncology unit, and Amanda Falcone, PT, has joined our lymphedema team as well.

2018 Achievements and Goals

We have set clinical and programmatic goals for the year and are well on our way to meeting them. We have purchased and installed two 3-D mammogram machines this year.

We have instituted Electronic Medical Records (EMR) throughout the Cancer Center. This will streamline patient care, enhance provider to provider communication, and optimize patient safety.

Our Radiation Oncology unit is working towards certification from the American College of Radiology. We also have a new TrueBeam radiotherapy system. It is an advanced medical linear accelerator—fully-integrated for image-guided radiotherapy and radiosurgery. Designed to treat targets with enhanced speed and accuracy.

Oncology Clinical Research and Collaboration

We continue to be on the forefront of research, with 43% accrual rate of our patients participating in clinical trials, far exceeding the requirement for commendation (6%). We hold four Cancer Case Conferences every month. Each patient is presented in detail to our multidisciplinary committee to support the delivery of high quality, evidence-based care; via the newly released 8th edition AJCC Staging System and NCCN Guidelines.

Community Outreach, Prevention, and Screening

We have expanded our community outreach efforts, holding a skin cancer screening at the Framingham Public Library with myself, Dr. Katherine Hein and a Prostate Cancer Prevention and Education presentation with Dr. Xiaolong Liu at the MetroWest YMCA. In October, to honor Breast Cancer Awareness Month, MWMC Radiology offered “Walk-Ins Welcome” for mammograms and breast cancer screenings at all three locations. As well as, a Women’s Breast Awareness Event at the Crowne Plaza in Natick, MA. In 2019, we hope to expand our free cancer screening offerings to other specialties, as we see severe need within our community.

TeamCORK

Another theme for MetroWest Cancer Care this year is incorporating alternative therapies such as acupuncture, mindfulness, Qi Gong, massage, reiki, and yoga into our program. **TeamCORK** is a group of therapists who offer their services at the MetroWest Wellness Center. With hospital and volunteer support, **TeamCORK** now offers monthly appointments free of charge for patients and their caregivers who seek these alternative therapies.

The Daisy Grant

A community grant allowed us to complete a study on restorative yoga for caregivers. Participants noticed a positive change in their mood and found participation to be beneficial. Many wished we had more yoga classes for patients, staff, and caregivers. To that end, one of our nurses has offered to teach restorative yoga on a regular basis at the cancer center for anyone who wishes to participate.

In sum, Cancer Care at MetroWest Medical Center in 2018 continues to embody our philosophy of treating the whole patient with compassionate, cutting edge care. As we prepare for the future while serving today’s patients, our dedication to meeting the complex care needs of our cancer patients and their families remains stronger than ever. It’s a pleasure to serve as Chair of the Committee on Cancer, whose many members work passionately every day to guide patients and families on their cancer journeys.

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

Aesthetic / Cosmetic Plastic Surgery, Breast Reconstruction Surgery

MWMC Cancer Program Chairwoman



HAPPY 125th BIRTHDAY CELEBRATION Video:

<https://www.youtube.com/watch?v=eHXF3LsOknQ&feature=youtu.be>

Justin Hilson, M.D., FCAP

Pathologist - anatomic pathology & clinical pathology

MWMC Cancer Liaison Physician



It is my pleasure to help present the MetroWest Medical Center 2018 Cancer Program Annual Report. This report is the culmination of hard work performed by the various members of our Cancer Committee as well as their colleagues throughout MetroWest Medical Center. Their efforts are greatly appreciated and I am constantly amazed by their dedication and enthusiasm for providing care to the cancer patients at MetroWest

Medical Center. I would also like to thank Katherine Hein, M.D. and Sharon Meehan-Guay for their tireless efforts in leading our Cancer Committee.

Head and Neck cancers are a varied group of cancers involving the oral cavity, oropharynx, larynx, salivary glands, nose, paranasal sinuses and the nasopharynx as well as cancers first presenting as cervical lymph node metastases. This long list of anatomic regions gives some idea as to the challenge of treating such a diverse group of cancers in such a diverse range of anatomy. However, squamous cell carcinoma is the most common cancer in the Head and Neck and the bulk of our patient experience with Head and Neck cancers is with squamous cell carcinoma. Therefore, we are particularly excited to present our experience with Head and Neck cancers given the recent release of guidelines by the College of American Pathologists for the testing of Human papillomavirus (HPV) in Head and Neck squamous cell carcinomas.

Head and neck squamous cell carcinoma is traditionally associated with drinking and smoking behaviors. However, the role of Human Papillomavirus (HPV) has become increasingly appreciated as a driver of squamous cell carcinoma development in this anatomic region. Apart from epidemiologic and preventative implications, valuable prognostic information may be associated with HPV status in these cancers. For example, it is now thought that HPV positivity in squamous cell carcinomas of the oropharynx imparts a better prognosis than HPV negative tumors regardless of tumor grade. We look forward to using the new guidelines for HPV testing to help our physicians, clinical staff, and patients come to optimal treatment decisions quickly and cost effectively. We also hope that future research will lead to insights regarding HPV status in other regions of the Head and Neck squamous cell carcinomas beyond the oropharynx.

Once again, a warm thanks to all who have participated in this report and especially to our patients and their families whose courage and perseverance are an inspiration.

Justin Hilson, M.D., Pathologist

MWMC Cancer Program Cancer Liaison Physician

[Nominated for the 2018 C.o.C. Cancer Liaison Physician of the Year](#)

Jeff Liebman, CEO announces the
ACoS / CoC Cancer Program Re-Accreditation Survey
SEPTEMBER 2017

SURVEYOR: Peter Hopewood, M.D.

Visited MWMC for a 1 daylong survey in September 2017, resulting in



**THREE YEAR
CERTIFICATION OF
ACCREDITATION
SILVER LEVEL**

COMPREHENSIVE COMMUNITY CANCER PROGRAM

AT

METROWEST MEDICAL CENTER

2018 MWMC Cancer Committee Members

R	NAME	DEPARTMENT
R	Katherine Hein, M.D.	Cancer Committee Chair
R	Justin Hilson, MD	Cancer Liaison Physician, to Cancer Committee , Pathologist
R	Linda Belleville, RN	Administration
R	Kala Seetharaman, MD	Medical Oncologist, Genetics Counselor
R	Teresa Van Buren, MD	Radiation Oncologist
R	Steven Yood, MD	General Surgeon
R	Kent Min, MD	Diagnostic Radiologist
R	Andrea Griffin, RN, BSN, MGR	Inpatient Nursing 4 th & 5 th floors
R	Karen Mott, RN, OCN	Medical Oncology Nursing- clinical Coordinator
R	Bonnie Gouveia, RN	Radiation Oncology Nursing Community Outreach/Relations
R	Rebecca Elstad, N.P.	Palliative Care
R	Joelle Connors, LICSW	Social Services
R	Mary Oster	Quality, IRB Director
R	Sharon Meehan	Cancer Registrar
R	Eric Wojcik	Cancer Registrar
R	Brianne Greeley	Oncology Clinical Research
R	Lori Moser, RN,MSN,OCN, CBCN	Nurse Navigator
S	Melissa Basmaji, RT	Lymphedema Specialist
S	Christy Earle	Registered Dietician
S	Tiffany Arpino	Registered Pharmacist
S	Melissa Basmaji	Lymphedema & Occupational Therapy MNGR
S	Brianne Lardier	EHR Analyst for Cancer Care
S	Francisca Turkson	American Cancer Society
S	Beth Gardner, RTT	Chief Tech - Radiation Oncology



OUR Comprehensive Cancer Services

Support Services	Medical Oncology & Hematology	Radiation Oncology	Surgical	Community Outreach
Wellness Center	Board-Certified Physicians	Board-Certified Physicians	Breast	Massachusetts Cancer Control Plan
Lymphedema Management Therapy	Personalized Care LICSW Nutrition	Personalized Care LICSW Nutrition	General Surgery	Community Cancer Screening; Prostate, Breast, Lung, Skin & Oral Cancers
Oncology Certified Nurses	Multidisciplinary Care	Multidisciplinary Care	Thoracic	Community Oncology Education
TeamCORK	Nationally Lymphedema Certified	Prostate Brachytherapy	Gastro/Colorectal	Translators
New3D Digital Breast Tomography	Interventional Radiology	Respiratory Gating	Gynecological	Framingham YMCA
Psychosocial Support	Patient Navigation	CT Simulator	Head & Neck	Framingham DOH
Oncology Support Groups	PalliativeCare, Essential to personalized cancer treatment	TrueBeam-Linear Accelerator	Urological	Palliative Care: Ensuring quality of life through P.C.>
Survivorship Care Plan & Annual Celebration	In-house Cancer Registry & Cancer Case Conferences	BIDMC affiliation/Harvard School Medicine, close to home	DaVinci Surgical System	



MetroWest Medical Center making \$12M in capital investments ~

By Jim Haddadin Daily News Staff

FRAMINGHAM — MetroWest Medical Center will make \$12 million in capital investments in its Framingham and Natick hospitals this year, adding robotic surgery tools, a new pharmacy and new imaging equipment.

MetroWest Medical CEO Jeffrey H. Liebman said the upgrades are aimed at improving care for patients and attracting new physicians to the hospital system, which is in a period of growth.

MWMC Surgical Department

Knowing what to expect from your surgery or procedure can help make the experience less intimidating. At MetroWest Medical Center, our surgeons bring extensive experience and in-depth expertise to your care. Whether your surgery is simple or complex, inpatient or outpatient, you're in good hands at MetroWest Medical Center.

Our board-certified surgeons use state-of-the-art technology and practice minimally invasive techniques when appropriate to ensure excellent outcomes and quick recovery time. Our surgeons collaborate with specialists from other areas, including advanced imaging, oncology, and other specialties, to provide you with seamless, multidisciplinary care.

We offer a wide range of surgical procedures at our hospitals in Framingham and Natick including complex abdominal hernia, inguinal hernia, gastrointestinal, breast, thyroid, and parathyroid procedures.

April 2018 MWMC Introduced our new daVinci Si Surgical System – this Robot is for minimally invasive surgeries in the area of gynecology, urology, general surgery, and other specialties.

MWMC Pathology Department

The Department of Pathology is involved with the diagnosis of cancer and other major medical conditions through the gross and microscopic examination of tissue samples obtained from surgical procedures (Anatomic Pathology).

MWMC Medical Oncology Department

One of the first doctors that you'll see when you start exploring cancer treatment options at MetroWest Medical Center is a medical oncologist. Board-certified physicians will work with you to diagnose, evaluate and provide treatment strategies for your cancer, as well as disorders of the blood or bone marrow. Your doctor will also help to coordinate your care with other specialists and make sure you receive supportive care throughout your treatment.

You will receive comprehensive, personalized care in a recently renovated, bright, tranquil, and modern environment. Our goal is to provide you with high quality, advanced cancer care and see you through from diagnosis to survivorship.

At MetroWest Medical Center's Cancer Center, we strive to deliver compassionate comprehensive cancer care, close to home.

MWMC Radiation Oncology Department

Our radiation oncology department provides advanced treatment using state-of-the-art technology in a warm, caring environment. As part of our clinical affiliation with Beth Israel Deaconess Medical Center, all of the radiation oncology physicians are from Beth Israel Deaconess Medical Center in Boston, so you do not have to travel into Boston.

Our radiation oncology department includes new, state-of-the-art technology, including the Varian True Beam Linear Accelerator, designed to treat a broad range of cancers with exceptional accuracy while protecting surrounding tissue and organs. The machine delivers treatments in as little as half the time of traditional machines, so you or your loved one can spend less time in treatment and more time doing the things you enjoy.

Your radiation oncologist will work with you on a customized radiation therapy plan to help achieve optimal results.

MWMC Oncological Rehabilitation Department

Physical, Speech, & Occupational Therapy

Comprehensive Rehabilitation Services

Oncological Therapy

Getting back on the move after an injury is sometimes easier said than done. Full recovery from an injury often requires comprehensive rehabilitation treatment. At MetroWest Medical Center, we offer one on one, individual sessions with a licensed therapist for the full range of specialty rehabilitation treatment, including sports injury recovery and orthopedic rehabilitation. Our individualized plans are developed by expert rehabilitation staff, which include specialists in neurologic and musculoskeletal disorders.

Our rehabilitation staff works with your surgeon or doctor to help reduce your pain and bring you back to full strength, motion and flexibility. We specialize in the treatment of neurologic and musculoskeletal disorders including pre- and postoperative care programs.

We work with you to develop an individualized treatment plan right for your needs.

Our services include:

Aquatic therapy	Living Well Program (for those with cancer)	Lymphedema care –* Nationally Lymphedema Certified *
Improving balance/fall prevention	Pelvic floor dysfunction and incontinence treatment	Occupational therapy
Hand therapy	Physical therapy	Pulmonary treatment
Speech therapy	Lots of support & encouragement	Care for vestibular disorders





Team Cork invites you to join us to introduce our Cancer Care Wellness Program

Complementary Therapies and Support for Cancer Patients and Their Caregivers

Hosted by MetroWest Medical Center

Saturday May 12, 2018

10am-1pm

At

The Wellness Center 2nd Floor

761 Worcester Road

Framingham, MA

Refreshments will be served

Come and meet our volunteer licensed practitioners and hear about how we are going to offer support to cancer patients and their families at no charge.

Services include:

Massage	CranioSacral touch therapy
Mindful meditation	Reiki
Restorative yoga	Reflexology
Acupressure	Qi-gong, breath work
Social and Emotional Support	

[The Cancer Registry](#)

Hospital-based cancer registries serve as the nation’s primary source of oncology statistics. This comprehensive collection of patient data facilitates comparisons between individual facilities and the state, or the nation as a whole. As with all cancer registries, the role of the Oncology Data Office at MWMC continues to grow and evolve.

With advances in cancer related research, technology and treatments, the registry collects more detailed information than ever before. Information collected and analyzed includes demographic, personal and family histories, risk factors, diagnostic procedures, site and histology, tumor markers, prognostic indicators, staging, treatment, follow-up and survival data for each case.

MWMC Cancer Case Conference

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 or yet to be delivered.

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.

MWMC 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.



2016 MWMC Cancer Registry Data Statistics

Cancer Data Management Activity	MWMC 2016 Calendar Year
Total Cases	603
Analytic Cases	510
Follow-Up Rates -5 year (target 90%)	95 %
Follow-Up Rates-Reference Year 2006 (target 80%)	90%
Clinical Trials Accrual	43%
Complete Database-Reference Year 2006	✓

For the last year of completed abstraction, 2016, the cancer registry abstracted and reported 603 cases. 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 9,583 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 2006 is 90%. Our follow up rate for analytic patients diagnosed within the last 5 years in 93%.

The 2016 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, colon/rectum and uterine corpus were the most frequent cancer sites.



Fig A:

Total Cancer Registry Cases 2006-2017

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Analytic	924	895	900	899	648	591	576	572	526	506	511	457
Non-analytic	32	73	122	87	135	155	179	53	73	83	91	69
Total	956	968	1,022	986	783	746	755	625	599	589	603	526

Fig B:

Sample of Analytic Cases by Primary Cancer Site 2006-2017

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Breast	266	241	239	219	154	167	150	179	161	155	158	140
Lung	112	88	99	107	93	77	78	71	65	60	73	66
Colorectal	98	92	91	97	61	63	64	57	61	46	46	34
Gynecologic	34	48	28	38	25	23	26	27	23	28	26	16
Prostate	145	116	97	91	64	62	34	31	30	33	25	40
Urologic	48	64	61	57	42	37	42	36	34	37	37	34
Head & Neck	27	26	28	17	23	15	22	13	11	11	12	15
Lymphoma/Myeloma & Leukemia	49	52	68	79	40	39	32	42	25	33	48	32

Fig C:

Diagram below- data for top 5 male & female cancer sites 2012 – 2017

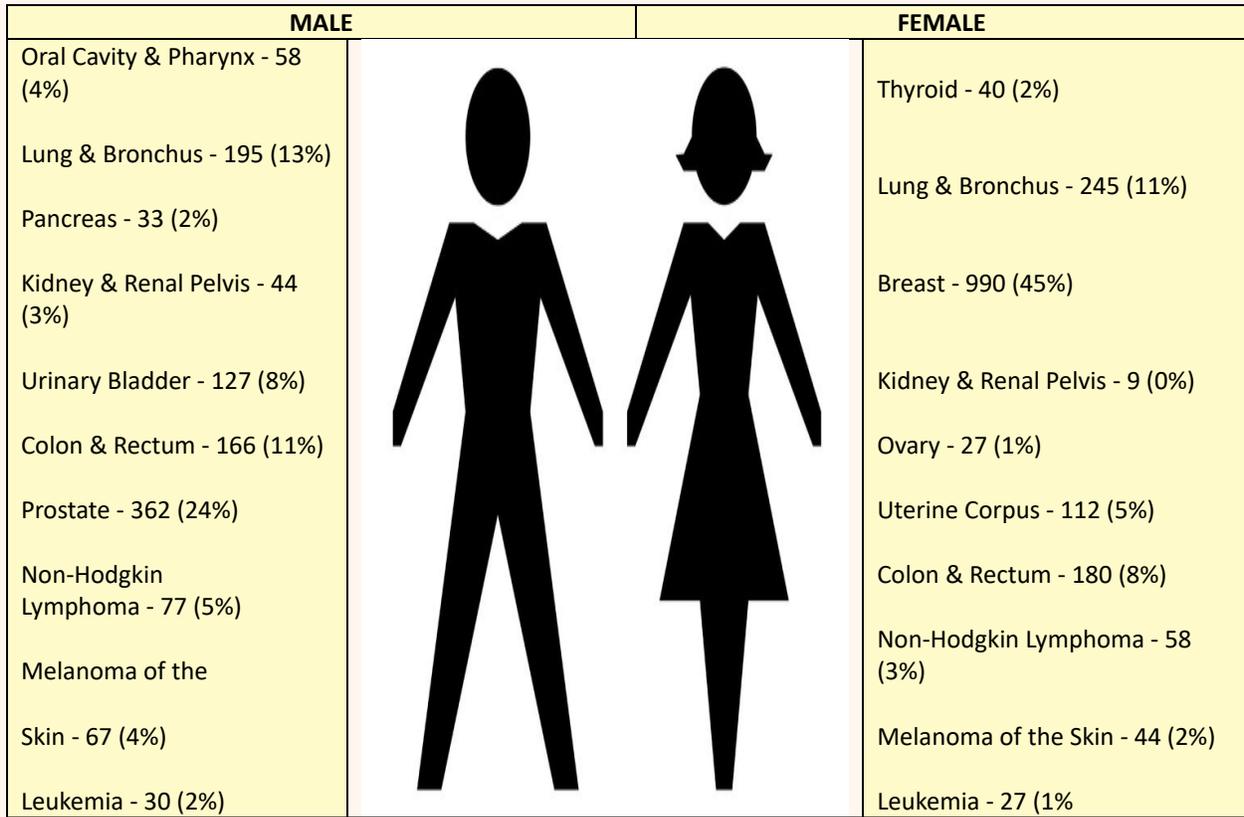


Fig D:

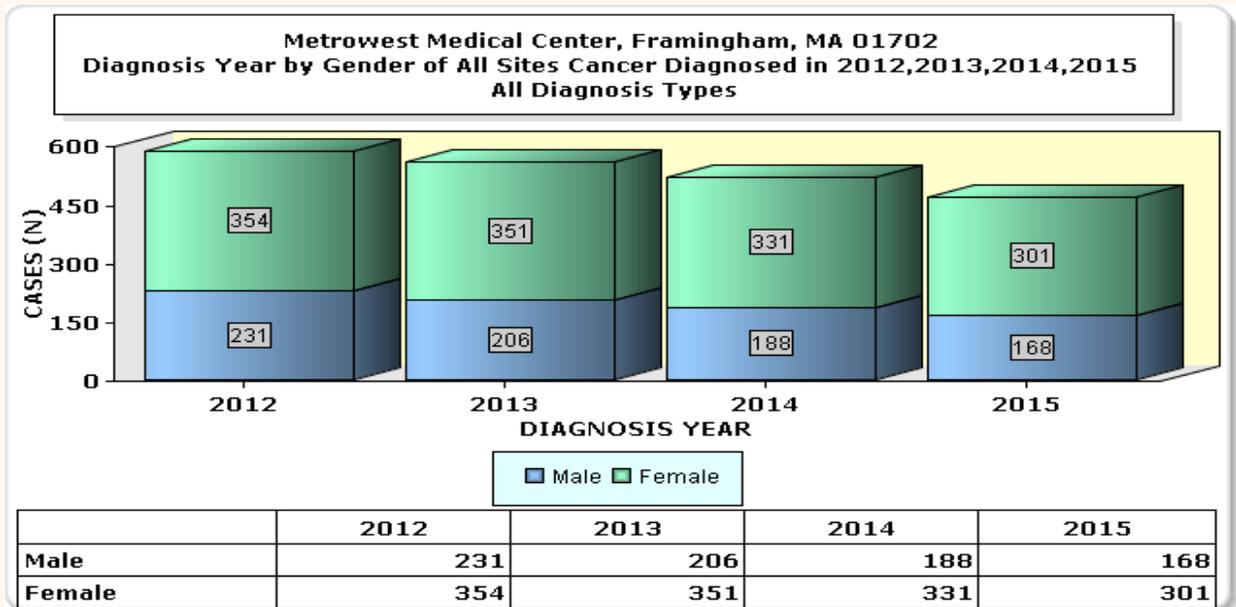


Fig E:

Cancer Program Practice Profile Annual Report (CP3R)

CP3R RESULTS FOR 2015 Data				
SITE	Standard	Measure	EPR	2015
BLADDER				
2 RLN removed under 80	NA	Surveillance	NA	No data
Rad/Part cystectomy...	NA	Surveillance	NA	0.00
Neo-Adj or Adj chemo...	NA	Surveillance	NA	No data
BREAST				
Breast Conservation Surgery	NA	Surveillance	NA	88.00
Needle BX	Std 4.5	Quality Improvement	80%	95.30
Tamoxifen- HT	Std 4.4	Accountability	NA	100.00
Combo Chemo/4 months	Std 4.4	Accountability	NA	100.00
Rad adm w/in 1 year	Std 4.4	Accountability	90%	100.00
Rad therapy /mastectomy	Std 4.4	Accountability	90%	100.00
CERVIX				
Rad completed w/in 60	NA	Surveillance	NA	100.00
Chemo admin	NA	Surveillance	NA	100.00
Brachytherapy	NA	Surveillance	NA	0.00
COLON				
Adjuvant Chemo	Std 4.4	Accountability	NA	100.00
12 LN	Std 4.5	Quality Improvement	85%	100.00
ENDOMETRIUM				
Endoscopic, laparoscopic or robotic	NA	Surveillance	NA	75.00
Chemo and or Rad	NA	Surveillance	NA	100.00
GASTRIC				
G 15 RLN removed	Std 4.5	Quality Improvement	80%	No data
KIDNEY				
At least 1 RLN removed...	NA	Surveillance	NA	No data
LUNG				
10 RLN removed	NA	Quality Improvement	NA	0.00
Surgery NOT 1 st course	Std 4.5	Quality Improvement	85%	100.00
Systemic Chemo - LCT	Std 4.5	Surveillance	85%	100.00
OVARY				
Salpingo-oophorectomy	NA	Surveillance	NA	0.00
RECTUM				
Rec RT	Std 4.5	Quality Improvement	85%	100.00

- Rearrange shows an institution their track-record and where improvement is needed, if any.

Primary Site	Total	%	Male	%	Female	%
ORAL CAVITY & PHARYNX	200	2.2%	129	3.3%	71	1.4%
Lip	1	0.0%	1	0.0%	0	0.0%
Tongue	73	0.8%	46	1.2%	27	0.5%
Salivary Glands	19	0.2%	13	0.3%	6	0.1%
Floor of Mouth	8	0.1%	6	0.2%	2	0.0%
Gum & Other Mouth	27	0.3%	14	0.4%	13	0.2%
Nasopharynx	7	0.1%	5	0.1%	2	0.0%
Tonsil	28	0.3%	20	0.5%	8	0.2%
Oropharynx	14	0.2%	8	0.2%	6	0.1%
Hypopharynx	20	0.2%	14	0.4%	6	0.1%
	3	0.0%		0.1%		



Oral Cavity and Pharynx - Cancer Facts & Figures 2018 via the ACS

New cases: An estimated **51,540 new cases of cancer** of the oral cavity and pharynx (throat) will be diagnosed in the US in 2018. Incidence rates are more than twice as high in men as in women.

Incidence trends: From 2005 to 2014, incidence rates decreased by more than 2% per year among blacks, but increased by about 1% per year among whites, largely driven by rising rates for a subset of cancers associated with human papillomavirus (HPV) infection that arise in the oropharynx (part of the throat behind the oral cavity, including the back one-third of the tongue, soft palate, and tonsils).

Deaths: An estimated 10,030 deaths from cancers of the oral cavity and pharynx will occur in 2018.

Mortality trends: The long-term decline in death rates for cancers of the oral cavity and pharynx has stalled in recent years, with rates stable from 2006 to 2015.

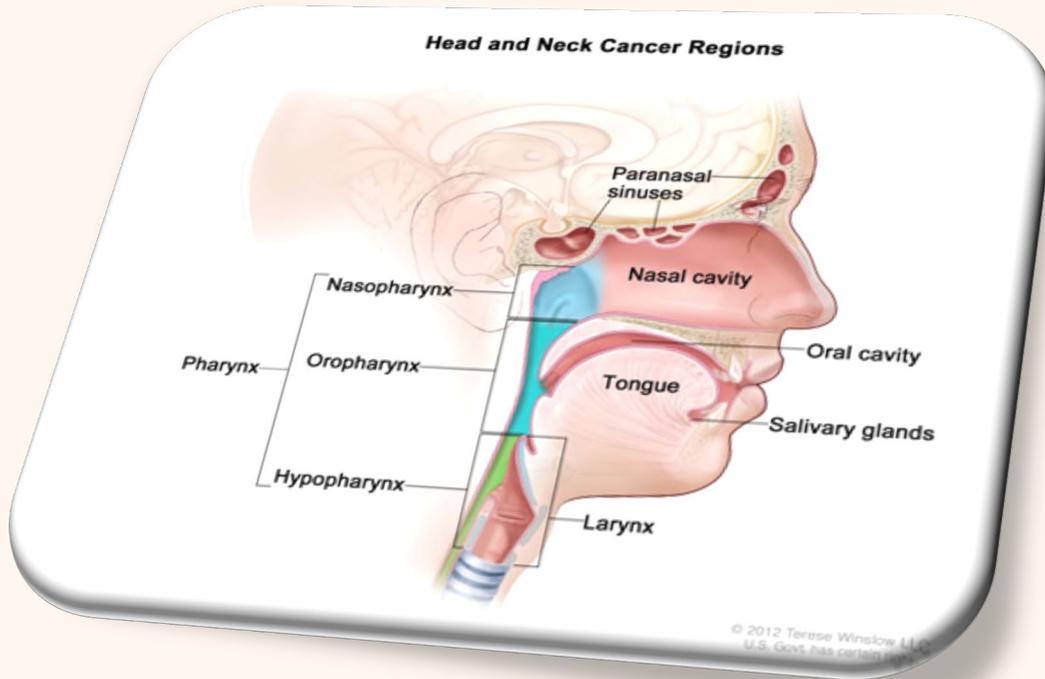
Signs and symptoms: Symptoms may include a lesion in the throat or mouth that bleeds easily and does not heal; a persistent red or white patch, lump, or thickening in the throat or mouth; ear pain; a neck mass; or coughing up blood. Difficulty chewing, swallowing, or moving the tongue or jaws are often late symptoms.

Risk factors: Known risk factors include any form of tobacco use and excessive alcohol consumption, with a synergistic relationship conferring a 30-fold increased risk for individuals who both smoke and drink heavily. HPV infection of the mouth and throat, believed to be transmitted through sexual contact, also increases risk.

Prevention: HPV vaccines have primarily been evaluated against genital diseases, but will likely prevent some HPV-associated oral cancers as well. Unfortunately, immunization rates are much lower than for other disease-preventing vaccines, with only 38% of boys and 50% of girls' ages 13-17 years up to date with the HPV vaccination series in 2016.

How Many People Alive Today Have Ever Had Cancer?

More than **15.5 million Americans** with a history of cancer were alive on January 1, 2016. Some of these individuals were diagnosed recently and are still undergoing treatment, while most were diagnosed many years ago and have no current evidence of cancer.



Head and Neck cancer regions. Illustrates location of paranasal sinuses, nasal cavity, oral cavity, tongue, salivary glands, larynx, and pharynx, (including the nasopharynx, oropharynx, and hypopharynx).

Clinical Trials & Research

WHAT WE DO



Our goal in the Department of Research is to improve the quality of life of our patients. By offering opportunities to participate in local clinical trials patients do not have to travel long distances to major medical centers. We are especially sensitive to the needs of our patients who have come to our community from other parts of the world. We provide culturally specific services, including interpretation, in order to make it possible for patients to participate in clinical trial opportunities.

2018 Annual Physician Study - Head & Neck Oral Cancer STD 4.6

Dr. Brigid O'Connor Radiation Oncologist

NCCN Guidelines

Each year, a physician member of the cancer committee performs a study to assess whether patients within the program are evaluated & treated according to evidence-based national treatment guidelines. The study must determine that the diagnostic evaluation is adequate and the treatment plan is concordant with a recognized guideline.

Source:

MWMC Cancer Registry Data Base. Review of all cases for a specific cancer site: Class of Case 10 – 22, sites taken from the AJCC Staging Manual Chapter 3 (Lip & Oral Cavity) & Chapter 4 (Pharynx), therefore, Cancer Codes 00.0 – 11.0. Please note that this report excludes Lymphoma.

Study Data:

All Lip, Oral Cavity & Pharynx cancer patients diagnosed in 2017 were included in this study. Cases were staged at the time of clinical diagnosis. There were a total of 11 cases. National Comprehensive Cancer Network (NCCN) Guidelines was used in this study to determine if patients were treated according to national treatment guidelines.

Assessment:

Patient diagnostic evaluation and course of treatment were reviewed by Brigid O'Connor M.D., Radiation Oncologist. Each year, a physician member of the cancer center performs a study to assess whether patients within the program are evaluated & treated according to evidence-based national treatment guidelines. The study must determine that the diagnostic evaluation is adequate and the treatment plan is concordant with a recognized guideline.

Conclusions:

In 2017, 11 Head and Neck cancer cases (C 00.00 – C11.0) were evaluated at Metro West Medical Center (MWMC) of which 10 underwent radiation treatment at MWMC with 8 of these also receiving concurrent chemotherapy (6 with Cisplatin and 2 with carboplatin).

The 11 cases included: - 3 HPV positive oropharyngeal cancers, 2 HPV negative oropharyngeal cancers, 3 oral tongue cancers (one of these was not treated at MWMC), 1 floor of mouth cancer, 1 parotid gland cancer and 1 gingival (oral cavity) cancer.

One of the 11 cases was a pathology stage IVA T1 N2b M0 oral tongue cancer (case 4) which was treated at another facility and received adjuvant concurrent radiation and chemotherapy with Cisplatin with treatment starting 46 days after surgery.

Of the 10 cases treated at MWMC three were HPV positive oropharyngeal cancers and are currently alive without evidence of disease as based on PET scan, nasopharyngolaryngoscopy and physical exam. One of these (case 1) was a clinical stage I T1 N1 M0 base of tongue cancer per the 2017

AJCC staging manual (old staging system III). The other two cases (cases 9 and 11) were both clinical stage II T2 N2c M0 tonsillar cancers (old staging system IVA). Concurrent radiation and chemotherapy with Cisplatin was started 38 days after biopsy for case 1, 33 days after biopsy for case 9 and 54 days after biopsy for case 11 – delay due to social issues, dental extractions and PEG tube placement.

There were two cases of HPV negative tonsillar cancers; case 8 (clinical stage IVA T3 N2c M0) and case 10 (a pathology stage I T1 N0 M0). Concurrent radiation and chemotherapy with Cisplatin was started 27 days after biopsy for case 8 and adjuvant radiation alone was started 57 days after surgery for case 10 – delay due to patient postponing treatment and having another opinion.

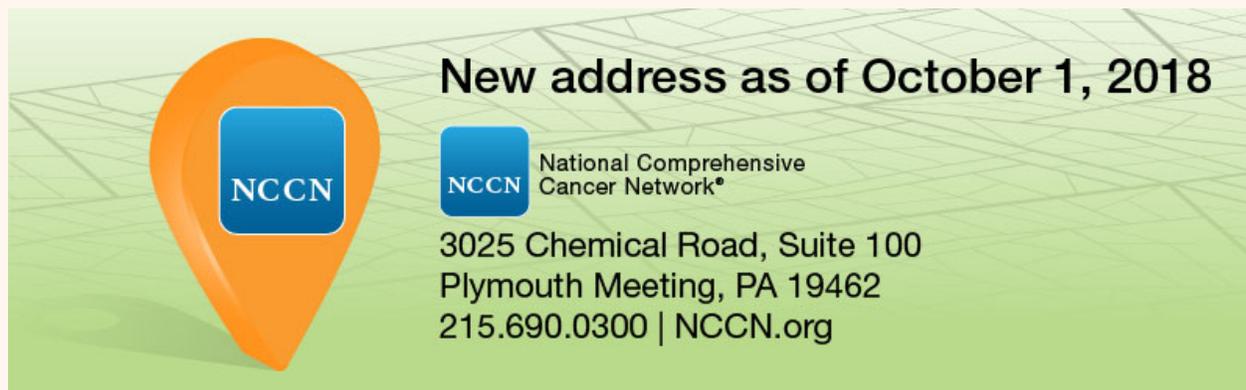
There were two cases of oral tongue cancers treated at MWMC; case 2 (a pathology stage III T1 N1 M0) treated with adjuvant concurrent radiation and chemotherapy with Cisplatin starting 46 days after surgery and case 3 (a pathology stage III T3 N0 M0) treated with adjuvant concurrent radiation and chemotherapy with carboplatin starting 38 days after surgery.

There was a single floor of mouth cancer; case 5 (pathology stage IVA T4a N1 M0) treated with adjuvant concurrent radiation and chemotherapy with Cisplatin starting 118 days after surgery – delay due to delayed healing from reconstructive surgery.

There was a single gingival cancer (oral cavity); case 6 (pathology stage T4a N1 M0) treated with adjuvant concurrent radiation and chemotherapy with carboplatin starting 66 days after surgery – delay due to delayed healing from surgery.

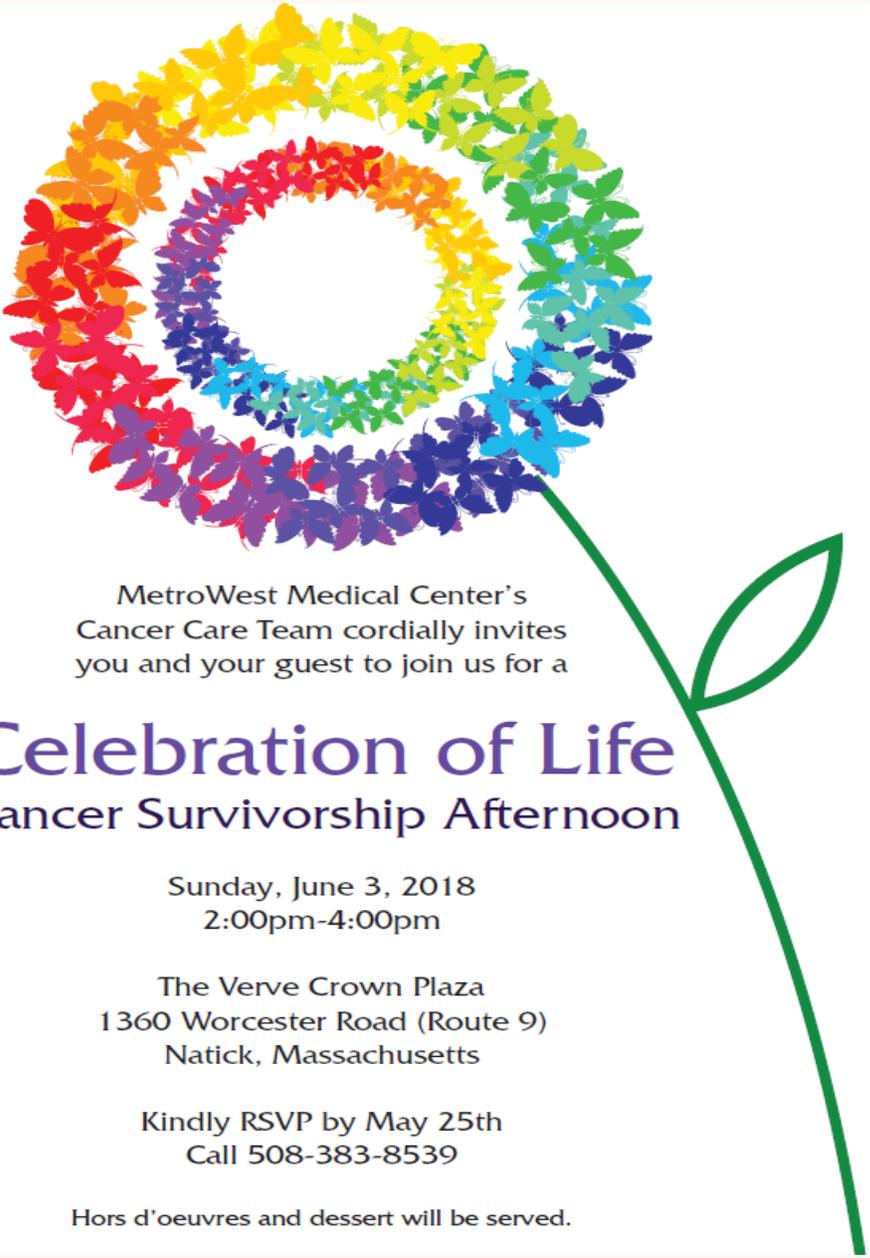
There was a single parotid gland cancer; case 7 (pathology stage I T1 N0 M0) treated with radiation alone starting 60 days after surgery – delay due to further work-up of PET avid nodes which turned out to be negative on biopsy.

All patients were staged and treated per the NCCN guidelines and completed treatment as planned. Three of the 11 patients have died – one from progression of her oral tongue cancer (case 3), another from complications from the late side effects of treatment requiring a trach (case 8) and another from metastatic non-small cell lung cancer (case 10).



2018 MWMC Cancer Survivorship Celebration

170 Attended



MetroWest Medical Center's
Cancer Care Team cordially invites
you and your guest to join us for a

Celebration of Life

Cancer Survivorship Afternoon

Sunday, June 3, 2018
2:00pm-4:00pm

The Verve Crown Plaza
1360 Worcester Road (Route 9)
Natick, Massachusetts

Kindly RSVP by May 25th
Call 508-383-8539

Hors d'oeuvres and dessert will be served.

May 25, 2018 | In News, "National Coalition for Cancer Survivorship"

HEALTH CARE HIGHLIGHTS – Annual Cancer Status Report Released – On Tuesday, the Annual Report to the Nation on the Status of Cancer was released. This report is a collaborative effort of NCI, CDC, ACS, and NAACCR. The report includes mortality data through 2015. It shows that, from 1999 to 2015, overall cancer death rates decreased by 1.8 percent per year among men and by 1.4 percent per year among women.

U.S.A Cancer Incidence and Mortality 2018

1,735,350 new cases

609,640 deaths

National Benchmarks:

- 1.) <https://www.ncbi.nlm.nih.gov/pubmed/25470536>, “A national analysis of the outcome of major head and neck cancer surgery: implications for surgeon-level data publication.”
- 2.) <https://catalyst.nejm.org/cancer-center-rapidly-developed-patient-centered-outcome-measures/>, “How a Cancer Center Rapidly Developed Patient-Centered Outcome Measures”.
- 3.) <https://elischolar.library.yale.edu/cgi/viewcontent.cgi?article=2133&context=ymtdl>, “National and Institutional Outcomes Data in Head and Neck Cancers, And Functional and Patient Reported Outcomes in Patients with Oropharyngeal Cancers”

Resources:

- 1.) American Head & Neck Society, <https://www.ahns.info/>
- 2.) THANC Foundation, www.headandneckcancerguide.org
- 3.) Centers for Disease Control and Prevention, <https://www.cdc.gov/>
- 4.) National Cancer Institute, <https://www.cancer.gov/types/head-and-neck/head-neck-fact-sheet>



***Our program goal is to attain an NAPBC accreditation in our near future**

