

## **CVMC Cancer Committee 2011 Report**

### Cancer Committee

The Central Vermont Medical Center (CVMC) Cancer Committee, with its multidisciplinary membership, provides leadership to the medical center's cancer program. The committee, which was formed in early 2010, has been working towards achieving Commission on Cancer (CoC) accreditation as a Community Hospital Cancer Program. The medical center received positive feedback and a number of commendations resulting from a CoC pre-survey consultation that was performed in October 2011 to assess readiness for CoC survey. Pending completion of 2011 initiatives, the committee plans to request CoC survey by the end of this year in hopes of arranging the accreditation survey in early 2012.

CVMC offers a full range of comprehensive services to our community, supporting cancer prevention, screening, diagnosis, treatment, rehabilitation and end of life care. CVMC practices a multidisciplinary, team approach to patient care, to ensure the availability of a full scope of services to our patients and the families of those living with cancer. Our twice monthly cancer conference/tumor board provides an essential forum for multidisciplinary cancer consultative services to our cancer patients.

Our commitment to a multidisciplinary, team approach to patient care was enhanced by the addition of radiation therapy services through the National Life Cancer Treatment Center and by the addition of Central Vermont Oncology at Mountainview Medical to our medical group practices in 2009. Our skilled and dedicated oncology team works closely with surgeons and support staff to ensure comprehensive, patient-centered care.

The medical center maintains a cancer registry, which is a computerized information system used as a resource for the investigation of cancer and its causes. The registry collects information regarding cancers diagnosed or treated at CVMC. Registry data is used within the medical center for planning, evaluating cancer trends, performing studies of quality and enhancing education and prevention. By law, data is also reported to the State of Vermont Cancer Registry to assist the state in its effort to determine incidence and mortality trends, as well as to assist with their prevention, control and treatment programs.

CVMC offers access to National Cancer Institute sponsored clinical trials through our affiliation with the Vermont Cancer Center, giving our patients the opportunity to participate in the advancement of evidence-based medicine.

The Cancer Committee ensures adequate resources and support services are available to our patients to help address the emotional, physical, and financial needs of each patient. Cancer support services are provided by CVMC's Patient Navigator, clinical social worker, dietitians and rehabilitation therapists, who are trained to promote healing and to enhance quality of life.

CVMC offers a wide range of community outreach programs and support services to the community. Healthier Living Workshops and Tobacco Cessation classes are held regularly to promote healthy lifestyles and cancer prevention. Ongoing support services include reiki, massage therapy, acupuncture, and a patient fund to meet emergency needs. The opening of our Cancer Resource Room in 2011 furthers our goal to provide patient-centered support services to our community. Through our partnership with the American Cancer Society, Look Good . . . Feel Better, and Man-to-Man programs are held at CVMC, and two ACS Cancer Resource Volunteers provide services to our patients. In 2011, there were three community education programs that addressed understanding cancer and cancer treatments and understanding blood counts. We conducted skin cancer prevention outreach at local schools and municipal summer camp programs.

The medical center offers annual prostate cancer screening clinics. The most recent screening was held September 10, 2011, during Prostate Cancer Awareness Month. The clinic was staffed by three urology providers and support staff. Thirty-six men were screened, with five referred for further evaluation as a result of the screening.

Since 2010 the medical center has initiated a number of improvements to our breast care processes for greater continuity and to enhance patient care. These process improvements include:

- Streamlining breast imaging appointments
- Creation and distribution of breast cancer educational materials
- Facilitating breast biopsy patient contact with the Patient Navigator
- Stereotactic breast biopsy equipment upgrade to the Eviva system
- Expanding the stereotactic biopsy schedule to five days a week with training of additional nursing back-up

Additionally, with funding from the Susan G. Komen Race for the Cure, in 2010 and 2011 twelve free Women’s Health Clinics were offered by CVMC in partnership with our local clinic for the uninsured. Free Mammogram Days were held at CVMC in February, May and October 2011. Mammogram Outreach Days took place in October and November 2011 at two local supermarkets with outreach to 238 individuals. The Komen grant is also used to pay for screening and diagnostic breast imagining for women in the CVMC service area who are uninsured or underinsured.

As part of our goal to obtain American College of Surgeons, Commission on Cancer accreditation as a Community Hospital Cancer Program, the Cancer Committee supports a number of initiatives to monitor and improve multidisciplinary cancer care processes. Through meaningful analyses of our clinical practices and services we are able to measure quality and identify opportunities for enhancements. Our analysis for 2011 will focus on the care of breast cancer at CVMC, with comparison to nationally recognized evidence based treatment practices.

Breast Cancer at CVMC

Invasive breast cancer was the most commonly diagnosed cancer in women as reported by the State of Vermont for the period January 1, 2004 through December 31, 2008. As shown on Table 1, an average of 494 cases of invasive breast cancer (non-invasive excluded) were diagnosed in women in the state of Vermont per year for the five year period, accounting for a five year average of 29% of the cancers diagnosed in women in Vermont during this period. Likewise, invasive breast cancer was the most commonly diagnosed cancer in women at CVMC, whose average number of invasive cases per year was forty-six for the same five year period, accounting for 31% of the cancers diagnosed in women at CVMC, also seen on Table 1.

**Table 1: Most commonly diagnosed cancers in females: CVMC and State of Vermont, average number of cases per year, 2004 – 2008 (five year period average per year)**

CVMC Female Cancer Site	Ave Cases (per year)	Percent (per year)	State of VT Female Cancer Site	Ave. Cases (per year)	Percent (per year)
<b>Breast</b>	<b>46</b>	<b>31%</b>	<b>Breast</b>	<b>494</b>	<b>29%</b>
Lung	18	12%	Lung	240	14%
Colon & Rectum	18	12%	Colon & Rectum	163	9%
Uterus	12	8%	Uterus	122	7%
Melanoma of Skin	7	5%	Melanoma of Skin	95	6%

Source: CVMC Cancer Registry

Source: State of Vermont Cancer Registry

## Breast Care at CVMC

The treatment of breast cancer includes treatment of local disease with surgery, radiation therapy or both modalities and systemic treatment with chemotherapy, hormone therapy or combinations of these treatments. Selection of therapies is based on several factors and there are a number of resources available to assist physicians in the treatment planning process.

One of the benefits of achieving Commission on Cancer accreditation as a Community Hospital Cancer Program is having access to benchmarking tools that will enhance our cancer program and its quality of patient care. These tools include quality measures for treating patients with colon, rectal and breast cancer and are endorsed by the National Quality Forum. The quality measures for the treatment of breast cancer as defined by the Commission on Cancer are shown on Table 2 below.

**Table 2: Commission on Cancer Breast Cancer Quality Measures**

- Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.
- Combination chemotherapy is considered or administered within four months (120 days) of diagnosis for women under age 70 with AJCC T1c, N0, M0 or Stage II or III hormone receptor negative breast cancer.
- Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1c, N0, M0 or Stage II or III hormone receptor positive breast cancer.

Source: American College of Surgeons, Commission on Cancer

During calendar year 2009, CVMC's most recent and complete year of data, sixty-six females were diagnosed and/or treated for invasive breast cancer at the medical center (non-invasive breast cancer excluded). Forty-two of these patients were under the age of 70 and diagnosed with invasive breast cancer. Thirty-five of the forty-two patients were treated with breast conserving surgery for invasive breast cancer. Of the thirty-five patients who met the criteria for administration of radiation therapy after breast conserving surgery for invasive breast cancer, all of the women received radiation therapy within one year of diagnosis, as seen below on Table 3.

**Table 3:  
CVMC Radiation Therapy Administered After Breast Conserving Surgery**

Breast Conserving Surgery Under Age 70	Total	35 Patients
Radiation Therapy Administered		35 Patients (100%)

Source: CVMC Cancer Registry

These findings demonstrate strong adherence to and consideration of standard of care therapies for breast cancer, as radiation therapy was administered for all patients under age seventy who were treated for invasive breast cancer with breast conserving surgery during this period at CVMC.

Hormone receptor status plays an important role in the treatment planning of breast cancer. Hormone therapies prevent cancer cells in hormone receptor positive breast cancer from getting the estrogen they need to grow, reducing the risk of recurrence. Hormone receptor negative breast cancer is not driven by estrogen and these cancers are evaluated for other adjuvant treatment.

At CVMC six patients under age 70 were diagnosed with hormone receptor negative, T1c, N0, M0 or Stage II or III invasive breast cancer during 2009. All six patients were considered for and treated with adjuvant chemotherapy, demonstrating outstanding adherence to the CoC endorsed standard of care shown below on Table 4.

**Table 4: CVMC Combination Chemotherapy Considered or Administered Females, Under Age 70 With T1c, N0, M0, Stage II or III Hormone Receptor Negative Breast Cancer**

Total Patients – T1c, N0, M0, Stage II or III Hormone Negative	6 Patients
Chemotherapy Administered within 4 months	6 Patients (100%)

Source: CVMC Cancer Registry

Tamoxifen has been used for more than 30 years to treat breast cancer in women and men and there are currently three aromatase inhibitors approved by the FDA for treatment of breast cancer. At CVMC during 2009, twenty-eight women were diagnosed with T1c, N0, M0 or Stage II or III hormone receptor positive invasive breast cancer. While two of the patients in this group refused the recommendation for treatment with hormonal therapy, all twenty-eight patients were considered for this treatment and twenty-six patients received treatment with Tamoxifen or an Aromatase Inhibitor (Table 5), demonstrating CVMC’s adherence to this standard of care.

**Table 5: Tamoxifen or Third Generation Aromatase Inhibitor Considered or Administered Within One Year for T1c, N0, M0, Stage II or III Hormone Receptor Positive Breast Cancer**

CVMC Total Patients – T1c, N0, M0, Stage II or III Hormone Positive	28 Patients
Tamoxifen or Aromatase Inhibitor given or considered within 1 year	28 Patients (100%)

Source: CVMC Cancer Registry

In summary, the above analyses of the diagnosis and management of breast cancer at Central Vermont Medical Center exemplifies our commitment to deliver quality care, in accordance with recognized standards of care. Through ongoing assessment of our cancer program initiatives and meaningful analyses of our clinical practices as they relate to recognized evidence-based national treatment practices, we ensure comprehensive, quality care is available to our patients. Our goal to enhance our comprehensive cancer program and the quality of its patient care is consistent with the objectives of the Commission on Cancer for its accredited cancer programs. Our cancer program objectives are also consistent with CVMC’s mission to work collaboratively to meet the needs and improve the health of the residents of central Vermont.

**CVMC Cancer Committee 2011**

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