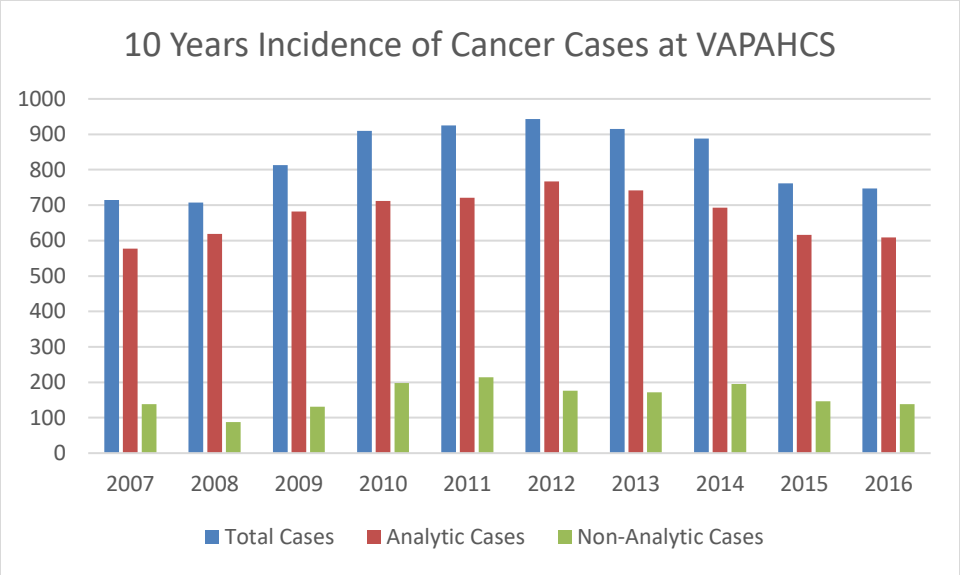
VA Palo Alto Health Care System

MULTIDISPLINARY CANCER PROGRAM

Public Reporting of Outcome

2017



10 Years Incidence of Cancer Cases Accessioned at VAPAHCS

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Total Cases	715	707	813	910	925	943	915	888	762	730
Analytic	577	619	682	712	721	767	742	693	616	597
Non Analytic	138	88	131	198	214	176	172	195	146	133

Comparing frequency data of five most common cancer sites at VAPAHCS, Prostate and Lung cancers were consistently the highest over the period shown.

	2011	2012	2013	2014	2015	2016
Prostate	193	157	174	143	127	138
Lung	139	148	133	124	101	96
Melanoma/Skin	98	102	108	101	87	70
Colorectal	48	51	52	51	47	43
Bladder	40	62	58	57	41	55

Cancer Program Practice Profile Reports (CP3R)

The Cancer Care Committee ensures and monitors that patients treated at VA Palo Alto Health Care System receive care according to nationally accepted measures. The Commission on Cancer measures compliance with current CoC quality reporting tools—the Cancer Program Practice Profile Reports. Below is the summary CP3R performance grid that reports 2015 cases treated at VA Palo Alto Health Care System. We are proud that our program is exceeding and meeting all of the Estimated Performance Rate (EPR) of the Commission on Cancer (CoC).

Standard 4. 4 and 4.5

ACoS-CoC NCDB Cancer Program Practice Profile Report (CP3R) 2015		
Measures	**VA Palo Alto HCS 's Performance Rate**	**CoC Expected Performance Rate(EPR)**
BCSRT: Breast radiation after breast conserving surgery	100%	90%
HT: Adjuvant hormonal therapy for hormone receptor positive breast cancer	100%	90%
NbX: Image or palpation-guided needle biopsy (core or FNA) is performed for the diagnosis of breast cancer	100%	80%
12RLN: At least 12 lymph nodes are removed and examined as part of primary colon cancer resection	94.70%	85%
LCT: Systemic chemotherapy is administered or recommended within 4 months prior to surgery or within 6 months postoperatively for surgically resected cases with pathologic, lymph node positive (pN1) and (pN2) NSCLC	100%	85%
LNoSurg: Surgery is not the first course of treatment for cN2, M0 cases	100%	85%
RECRTCT: Chemo and Radiation therapy is administered or recommended for resected rectal cancers	100%	85%

Standard 4.8- Quality Improvement

Improve coordination of care for veterans with pending Head &Neck cancer surgery (new and recurrent) by initial a Head & Neck Tumor Board conference

Background:
Root cause analysis from the study indicated that lack of coordination and involvement with the multidisciplinary treatment team and lack of Head and Neck Tumor Board Conference with participants from other disciplines involved with ENT patients who require cancer surgery are the main reasons that pending Head and Neck cancer surgeries were not notified timely and delay in pre-op work -up such as Dental, Nutrition/Diet, Psychology, Psychiatry evaluation.
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Purpose:
- Reduce treatment delays by early notification of pending cases
- Improve the utilization of social work/dieticians/speech & swallow/psychiatry/smoking cessation programs etc.
- Share knowledge about our respective fields
- Improve interdepartmental communication

Method:
Worked with the Office of Process Improvement in mapping out the process from ENT consult to CXRT start. Projected goal is to decrease time from consult to start of treatment.
Request providers from ENT, Dental, Medical Oncology, Social Workers, Nutrition, Speech Pathology, behavioral med and Neuroradiology for their support and active participation.
Rapid cycle changes: started walking patients over to dental for at least a panorex on the same day, to expedite evaluation and treatment prior to XRT. ENT has been doing this and encourage oncology to start as well.

Results:
The Head &Neck Tumor Board has been very successful implemented on July 24, 2017. We've had regular participation from ENT, Dental, Medical Oncology, Social Workers, Nutrition, Speech Pathology, behavioral med and Neuroradiology and we meet weekly (depending on patient load). Subjectively, there has been an improvement in coordination of care across all services. Better interdepartmental communication, relationships and understanding of mutual processes.

Scheduling changes were implemented so that patients with head and neck cancer received speech pathology services while receiving treatments in the infusion center. This facilitated Speech Pathology's ability to more closely monitor and manage swallowing changes.

Speech Pathology appointed a member to the Head and Neck Tumor Board. Speech Pathology participated and supported the Board's goals of improving coordination of care and support for patients with head and neck cancer throughout the course of their medical and surgical treatments. This resulted in earlier and more effective interventions for patients (e.g., immediate pre-surgical counseling for patients

We have continued to walk patients over to dental at point of care (same day as ENT appt), also the weekly H&N multidisciplinary team meetings have been successful. Improved communication with team that results in streamlined facilitation of care.

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Goals for the future:

- Continue monitor to work on Process improvement project
- On a monthly basis, incorporate an academic topic to share knowledge
- Expediting dental treatment prior to radiation, improve coordination of GT placement and optimizing nutritional status prior to surgery/treatment.

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Radiology Service

At VAPAHCS, the Radiology Service provides a full range of diagnostic and therapeutic imaging-guided examinations and procedures for patients with known malignancies as well as those at risk for developing malignancies. For many patients, top-flight imaging studies are essential for diagnosis, staging, treatment planning, and surveillance of their disease processes. Similarly, thoughtfully planned and carefully executed imaging-guided interventions can play key roles in the management of individuals who are battling cancer.

Radiologists at VAPAHCS are a key part of the cancer care team, providing essential expertise in all subspecialty areas of radiology. Patients are served at the main campus in Palo Alto as well as community-based outpatient clinics (CBOCs). State-of-the-art care is provided in CT, MRI, ultrasound, vascular imaging, interventional radiology, and general radiography, and all of these modalities are combined to deliver optimal support for each cancer patient. The most common types of cancer referred for imaging evaluation at our institution include those related to the

lung, colon and rectum, liver, esophagus, lymph nodes, kidneys, skin (especially melanoma), and prostate.

In the VAPAHCS community, radiology images are acquired using modern digital equipment. This provides substantial benefits in terms of throughput, reduction of radiation exposure and diagnostic quality. Our digital images are rapidly made available for clinicians to review throughout the institution utilizing an electronic "picture archiving and communication" (PACS) system, IntelliSpace. Additionally, it facilitates the presentation and discussion of patients' imaging examinations during the many interdisciplinary tumor boards and clinical conferences in which the Radiology Service participates. We have integrated the PACS system across the regional VA Medical Center, making the sharing of images more straightforward. Highly responsive reporting of imaging findings is made possible with Power Scribe, our digital voice-recognition dictation system.

This coming year will see continued improvement in the comprehensive breast clinic with the inauguration of veteran-centered in-house mammography. This is the first step in the eventual addition of comprehensive breast imaging and intervention offered within the health care system. We will offer screening mammography with tomosynthesis, also known as 3D mammography, and will ultimately offer any combination of screening and diagnostic mammography, ultrasound, MRI and intervention.

We have three top-of-the-line CT scanners, on which are installed specialized hardware to allow us to further decrease radiation dose for diagnostic imaging. These devices provide advanced capabilities for multi-phase imaging and high-resolution diagnosis and provide us with the ability to perform new types of examinations that are not possible with older, less capable devices. In addition to our existing two MRI scanners, we are proud to announce the installation of a new wider bore, top-of-the-line 3 Tesla MRI scanner. In addition to providing cutting edge diagnostic imaging, this scanner can also accommodate larger and claustrophobic patients than our existing units.

Payam Massaband, MD
Chief, Radiology Service