RWJUH Hamilton 2018 Patient Outcomes Goals of the Oncology Program

• To decrease the morbidity and mortality of patients with cancer.

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- To improve the quality of patient care.
- To continue cancer control efforts.
- To enhance prevention and education.

Cancer Committee Members

Name
Dr. Michael McKenna
Dr. Firas Eladoumikdachi
Dr. Gurvan Blackman
Dr. Rakesh Abbi
Dr. Maqsood Amjad
Dr. Rachana Singh

Role Name

Cancer Program Administrator Tonya Davis, AVP Cancer Program

OP Oncology Nurse Amy German, RN, OCN
IP Oncology Nurse Lisa Nevius, RN, OCN
Certified Tumor Registrar Stacy Yates, CTR
Social Worker Roberta Weiner, MSW

Registered Dietician Tina Makker, Asst. Director Patient Services

Clinical Research Representative Lynn Glenn, RN, OCN
Genetic Professional Sandra D'Elia, GCG
Palliative Care Team Member Lauren Kusznir, RN
Pharmacist Melikte Yohannes

Rehabilitation Ketki Vyas

Pastoral Care Chaplain Ted Taylor
American Cancer Society Maureen Kuhn
Radiation Oncology Debbie Bagherian

Breast Patient Navigator Patty Hutman-Parker, RN
Lung Patient Navigator Vivian Owusu-Mensah, APN

Tumor Registry Data Support Joan Case

Quality Improvement Coordinator Anna Lissa Lopez

Quality Control Coordinator Stacy Yates / Dr. Rachana Singh

Community Outreach Coordinator Joanie Mitchell, RN / Dr. Imran Fayyaz

Cancer Conference Coordinator Dr. Michael McKenna

Cancer Program

The Cancer Program at Robert Wood Johnson University Hospital Hamilton (RWJUHH) is dedicated to providing a full spectrum of cancer care services for the community. This commitment starts with the understanding that prevention and early detection is the key in our ongoing battle against cancer. Following the American Cancer Society (ACS) guidelines and the needs of our community based on the Mercer County Community Health Assessment; RWJUHH offered the following free Cancer Screenings Programs to the community in 2017:

- 5 Colorectal Screening
- 3 Oral Cavity Screening
- 3 Prostate Screening
- 4 Lung Health Screening

In addition, cancer related Prevention and Educational Programs held for the community in 2017 included such topics as:

- 3 Breast Health Prevention
- 10 Ask About Lung Health Prevention
- 8 Quit Smoking Prevention
- Stanford Alumni Support Group Education
- Ladies Night Out- Painting Party Education
- Advancements in Cancer Care Education

Our cancer patients have convenient and easy access to:

- Diagnosis, treatment and follow-up that can only be found at an NCI designated treatment facility
- Clinical research and experimental treatments for advanced cancers
- Expertise and insight of oncologist from a renowned facility
- Support personnel with expertise in the care and treatment of cancer patients
- Oncology Certified Nursing Staff
- Dedicated Clinical Research Nurse

Clinical Trials

A primary objective for Rutgers CINJ Hamilton is to participate in clinical research trials that are conducted for the purpose of improving patient care and ultimate survival. Year to date 11/1/2018, 194 patients were accrued to a clinical trial. RWJUH Hamilton met and exceeded the minimum Commission on Cancer (CoC) required accrual percentage of four percent for Comprehensive Community Cancer Program (CCCP).

Cancer Prevention Program

RWJUHH cancer committee offered a Breast Cancer prevention program on 3/29/18 at the RWJ Fitness and Wellness Center to the surrounding community. The program discussed "What you should know about Breast Cancer." The program objectives were to discuss the workup, diagnosis, treatment in accordance with national evidence-based guidelines, clinical trials and survivorship. She noted that there were twelve community attendees. She noted that the attendees completed a short program evaluation. She noted that 100% of the attendees felt that program was of value for their time. She noted that 100% felt that there was a definite increase in

their knowledge about breast cancer. One hundred percent felt they would refer someone to RWJUHH for breast care.

Cancer Screening Program

The cancer committee offered a Colorectal Screening program on 4/19/2018 at the RWJ Fitness and Wellness Center to the surrounding community. The program objectives were to discuss the workup, diagnosis, treatment in accordance with national evidence-based guidelines, clinical trials and survivorship to decrease late stage colorectal cancer. She noted that there were seven community attendees. She noted the age range for individuals should begin obtaining the recommended screening. She noted that the event did not have any positive stool tests. She notes that if there had been a positive stool at the time of screening the patient would be referred to a Gastroenterologist. She noted that the attendees completed a short program evaluation. She noted that 100% of the attendees felt that program was of value for their time. She noted that 100% felt that there was a definite increase in their knowledge about colorectal cancer. Eighty-five percent felt they would refer someone to RWJUHH for colorectal care.

Monitoring Compliance with Evidence-Based Guidelines

Each calendar year, the cancer committee designates a physician member to complete an indepth analysis to assess and verify that cancer program patients are evaluated and treated according to evidence-based national treatment guidelines. Dr. McKenna performed a retrospective chart review of clinical stage T3, any N or clinical T1-2, N1-2 colorectal cancer received neoadjuvant chemoradiation in accordance with National Comprehensive Cancer Network (NCCN) guidelines. He reviewed analytic cases for 2015-2017 class of case from 10-22. There were 13 cases that met the criteria. Ten of 13 (88.2%) charts reviewed met NCCN Guidelines. In conclusion, he noted that one patient refused recommended neoadjuvant therapy. Patient proceeded to have total abdomen colectomy. One patient synchronous prostate cancer. Prostate work-up was still underway and radiation treatment was felt to be needed for prostate. One patient had an incidental find and refused recommended intervention and treatment.

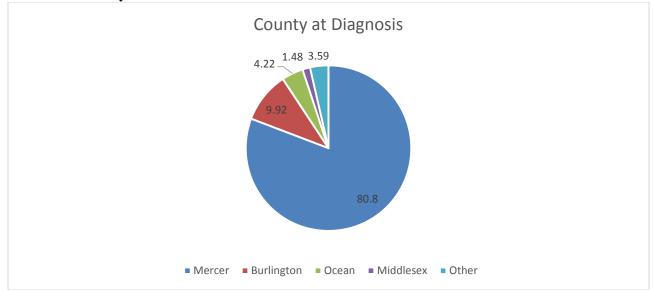
Tumor Board Conferences

Multidisciplinary General Tumor Board conferences are held the first Thursday and the third Wednesday of the month and Breast Tumor Boards are held the second, third and fourth Thursday of each month at 12 noon for physicians, nurses, allied health professionals, and clinical staff involved in the management of cancer patients. Case presentations include a review of the patient's history, physical findings, clinical course of disease, radiographic studies and pathology slides. Each case is staged using American Joint Committee on Cancer (AJCC) staging, and members present discuss prospective treatment and management options based on NCCN guidelines. During 2017, a total of 132 prospective cases were discussed at the RWJUHH Tumor Board Conferences.

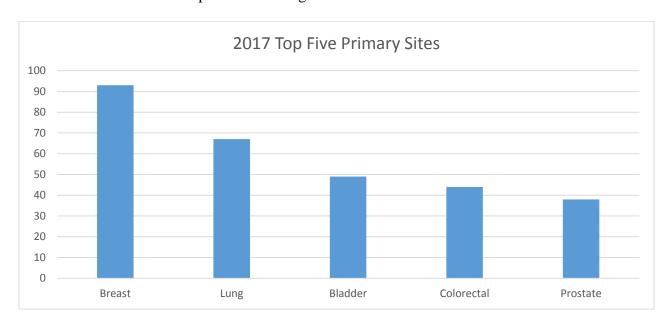
Tumor Registry Report

Central to the oncology program at RWJUHH is the tumor registry. The cancer specific registry is designed to track the diagnosis, treatment and survival of each cancer patient. A complete database is maintained using METRIQ software for those diagnosed and/or treated for cancer with details on survival information for all cases. Since January 1, 1995, the registry has

accessioned 16,130 cases which includes all newly diagnosed cancer cases, previously diagnosed cancer cases, and patients with a history of cancer. In 2017, the registry accessioned 611 new cases and 474 analytic cases. 80.80% of the 474 analytic cases accessioned in 2017 were Mercer County residents, 9.92% were from Burlington County, 4.22% from Ocean County, 1.48% from Middlesex County and 3.59% from other counties.



The top five analytic sites at RWJUHH include breast, lung, bladder, colorectal and prostate. Our data is electronically reported monthly to the New Jersey Department of Health and Senior Services State Cancer Registry (NJSCR). Each case includes data on demographics, social, family, and medical history, histology, therapeutic information, treatment, TNM staging, and SEER Summary Staging. The status of patients are checked annually to assure continued medical surveillance and to provide meaningful end results data.



Date presented at Cancer Committee: September 12, 2018