

# 2014 Outcomes Report

OHSU Cancer Committee



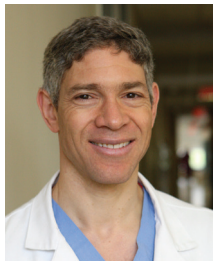
**KNIGHT  
CANCER INSTITUTE**  
*Oregon Health & Science University*



# **OHSU Cancer Committee** 2014 Outcomes Report

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Dear Colleagues and Friends,

As chairman of the OHSU Cancer Committee I am proud to present this year's annual report. We have continued to focus on colorectal cancer, the second-leading cancer killer of both men and women in the U.S., following lung cancer. According to the Centers for Disease Control and Prevention (CDC), approximately one in three adults between 50 and 75 years old are not getting tested for colorectal cancer as recommended, even though 90 percent of patients with colorectal malignancies live five or more years if their cancer is detected early. Evidence such as this is why developing innovative programs — such as OHSU's Sunday Colonoscopy Screenings — to increase screening rates is critical and remains a major focus for OHSU, the Oregon Health Authority and the American Cancer Society.

In addition to increasing screening rates, we have highlighted the Commission on Cancer's Cancer Program Practice Profile Report (CP3R), a web-based reporting tool that offers providers information on adherence and consideration of selected standard of care therapies for breast and colorectal cancers. The CP3R reporting tool aims to promote improvement of the quality of patient care at the local level and also allows hospitals to compare their care to that of other providers. Our cancer liaison, Liana Tsikitis, M.D., along with Cancer Committee members review every case for every CP3R measure that falls below 100 percent to ensure no quality of care issues have occurred.

It's been proven that the strongest outcomes result from established communication channels and close collaboration with both patient and provider. We remain committed to working with you to provide timely, compassionate, innovative cancer care for your patients. Our goal is to work with you in partnership to provide the best cancer care to our community and beyond.

Sincerely,

A handwritten signature in black ink that reads "Kevin G. Billingsley". The signature is fluid and cursive, with a long, sweeping underline.

*Kevin Billingsley, M.D.*

*Chairman, OHSU Cancer Committee*

*Hedinger Professor of Surgery and Chief of the Division of Surgical Oncology*

*OHSU Knight Cancer Institute*

# Prevention and screening

The focus in 2014 remained on the colonoscopy program as increasing colon screening is a major focus for Oregon Health & Science University (OHSU) as well as both the Oregon Health Authority and the American Cancer Society (locally and nationally). There is great need in this area as demonstrated by our needs assessment; the work that was done this year was a notable follow on from the pilot our organizations supported in previous years for the Commission on Cancer (CoC).

## SUNDAY OPTION IMPROVES COLORECTAL SCREENING RATE

In March, OHSU's first Colorectal Cancer Awareness Month campaign in eight years sought to challenge behavior. Only 59 percent of Oregonians over the age of 50 are screened for colorectal cancer each year, compared with 80.5 percent for breast cancer and 81.7 percent for cervical cancer.

To help remove obstacles associated with lower screening rates for colorectal cancers, OHSU Digestive Health partnered with the OHSU Knight Cancer Institute and the Oregon Health Authority to try a new approach: Scheduling colonoscopy appointments on Sundays. With a full weekend to prepare, patients could schedule screenings without missing any work or other weekday obligations. And with fewer distractions and interruptions, physicians could screen more patients than would have otherwise been possible on a weekday.

Over the course of five Sundays in March, OHSU physicians saw 49 patients, and found one cancer — which was later removed — and 11 pre-cancerous polyps.

In response to the high turnout rates, starting in July 2014, the OHSU Digestive Health Center began offering appointments for colonoscopy screenings on the second Sunday of the month.

"It was extraordinary to hear from patients who wouldn't have otherwise gotten screened," said Atif Zaman, M.D., a gastroenterologist at the OHSU Knight Cancer Institute. "They appreciated that we were available when it was most convenient for them."

## ADDITIONAL PREVENTION ACTIVITIES INCLUDED:

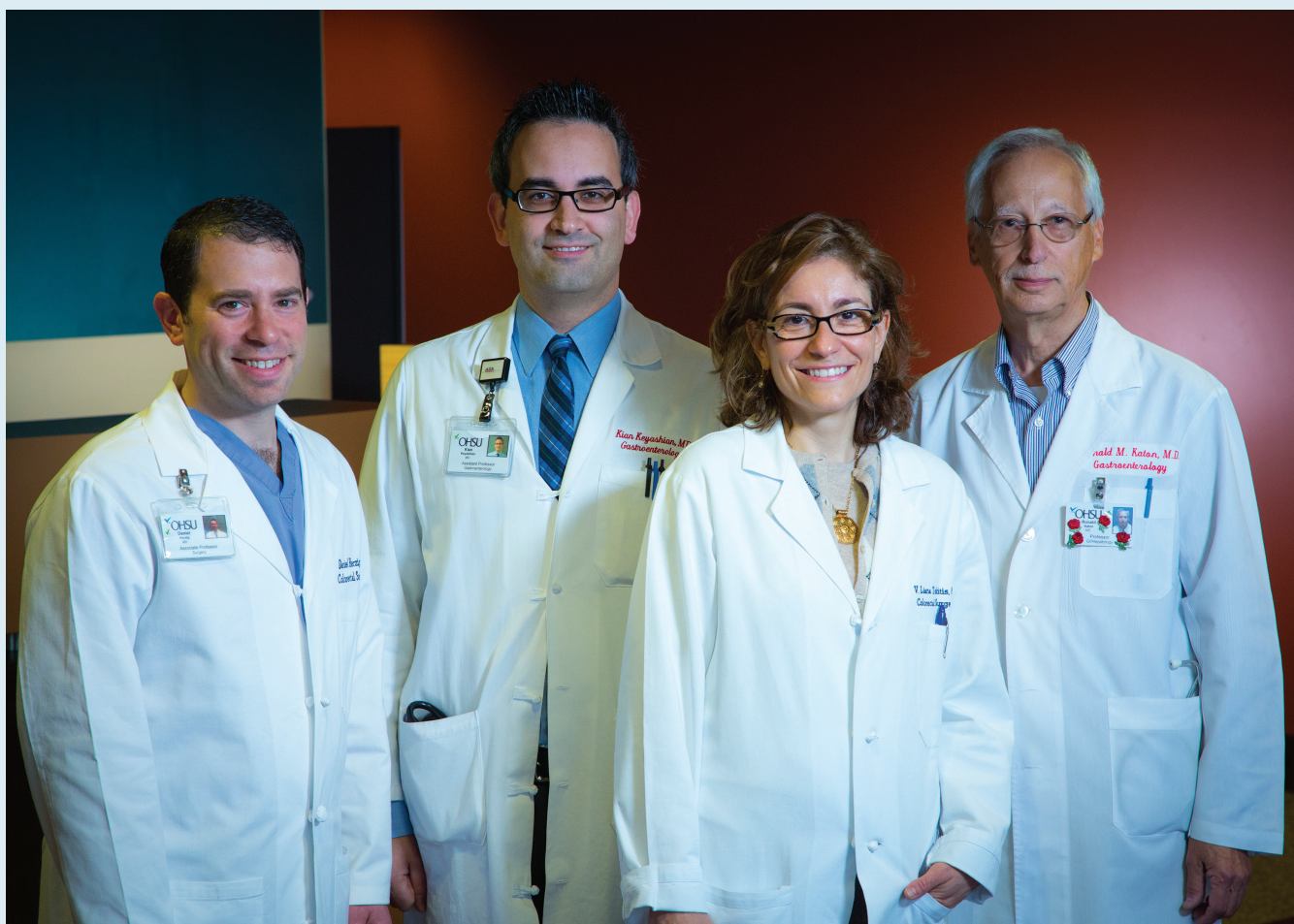
- Head and Neck Cancer Awareness Day and Screening
- AIM at Melanoma Walk and Health Expo
- Skin cancer education program (delivered at five community health events in the Portland Metro region including several low income areas)



- Collaboration pilot with Camp Fire Columbia to bring the Environmental Protection Agency's Sunwise program to youth facing health disparities
- Hosted an intern to research best practices for training high school and college students to use Sunwise teach younger children about sun safety
- Multiple cancer prevention topics including good nutrition, exercise and establishing a relationship with a primary care provider covered in OHSU publications and public lectures throughout the year

## SCREENING ACTIVITIES INCLUDED:

- Head and Neck Cancer Awareness Day and Screening
- AIM at Melanoma Walk and Health Expo
- Access to Colonoscopies program
- Colon screening improvement program in our primary care clinics
- Mammography education publication from the Center for Women's Health
- Melanoma screening community discussion
- New lung cancer screening program



## Cancer Program Practice Profile Report (CP3R)

The Commission on Cancer's Cancer Program Practice Profile Report (CP3R) is a Web-based reporting tool that offers providers information on adherence and consideration of selected standard of care therapies for breast and colorectal cancers. The CP3R reporting tool aims to promote improvement of the quality of patient care at the local level and also allows hospitals to compare their care to that of other providers.

Annually, the Commission on Cancer requires their accredited facilities to review performance levels for selected accountability and quality improvement measures. Oregon Health & Science University appoints a cancer liaison physician (CLP) to their Cancer Committee who is responsible for analyzing and presenting this data to the committee each year. The OHSU Cancer Committee CLP for 2014 is Liana Tsikitis, M.D.

Dr. Tsikitis and the Cancer Committee members review every case for every CP3R measure that falls below 100 percent to ensure no quality of care issues have occurred.

When viable reasons are identified, the OHSU Cancer Committee will note this and continue to monitor any patients who fall into a CP3R performance measure category and that do not meet standard of care treatment.

For patients who have no viable reason to not have been treated in accordance to CP3R performance therapies, our first step is for the CLP to contact the managing physician and provide the standard of care information and inform them of their patients who were not treated according to guidelines. Further action varies depending on the circumstances of each case. Specific action plans per measure and year are noted below with our 2010, 2011 and 2012 results.

**CP3R MEASURES FOCUSED ON IN 2014:**

AdjRT — Radiation therapy is considered or administered within six months (180 days) of diagnosis for patients under the age of 80 with clinical or pathologic AJCC T4N0M0 or stage III and who are receiving surgical resection for rectal cancer.

ACT — Adjuvant chemotherapy is considered or administered within four months (120 days) of diagnosis for patients under the age of 80 with AJCC stage III (lymph node positive) colon cancer.

12RLN — At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.

HT — Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1cN0M0 or stage II or III hormone receptor-positive breast cancer.

MAC — Combination chemotherapy is considered or administered within four months (120 days) of diagnosis for women under age 70 with AJCC T1cN0M0 or stage II or III hormone receptor-negative breast cancer.

BCS/RT — Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.

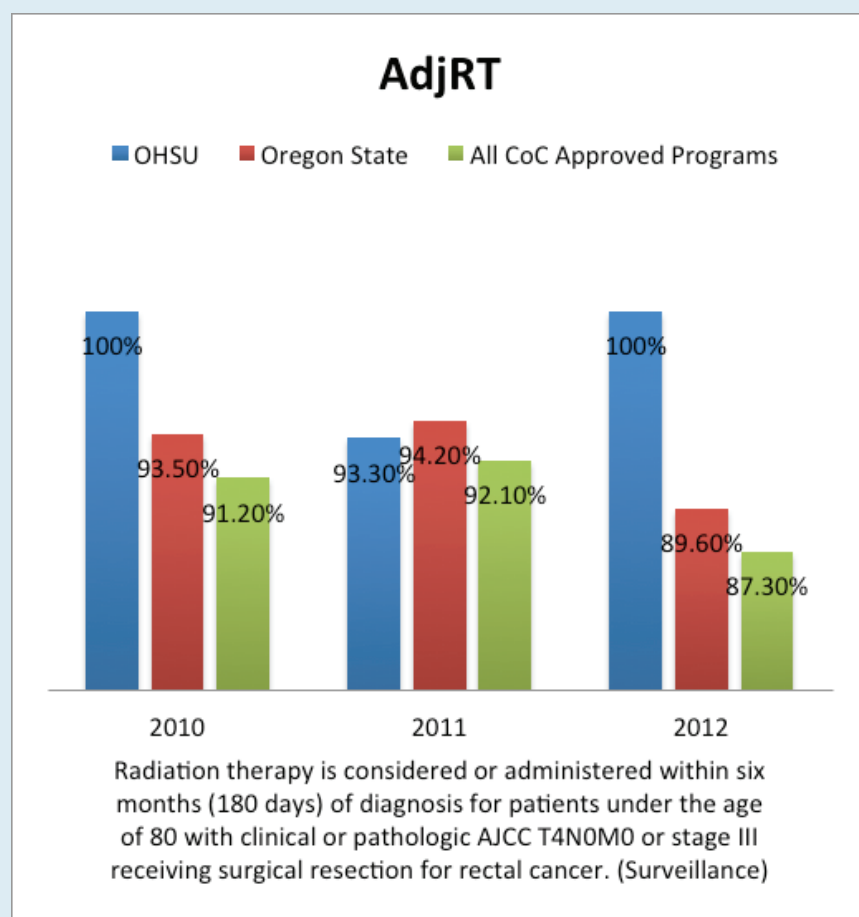


## RECTAL MEASURE 1

AdjRT — Radiation therapy is considered or administered within six months (180 days) of diagnosis for patients under the age of 80 with clinical or pathologic AJCC T4N0M0 or stage III receiving surgical resection for rectal cancer. (Surveillance)

	2010			2011			2012		
	OHSU	Oregon State	All CoC Approved Programs	OHSU	Oregon State	All CoC Approved Programs	OHSU	Oregon State	All CoC Approved Programs
AdjRT	100%	93.5%	91.2%	93.3%	94.2%	92.1%	100%	89.6%	87.3%

\*No CoC expected performance rate has been set.



## ADJRT SUMMARY

In 2010 and 2012 all patients who qualified under the AdjRT surveillance measure were treated in concordance to the CoC recommendations.

In 2011, one patient received radiation more than 180 days of diagnosis. This patient opted to receive treatment closer to home and was referred to a non-OHSU facility. It is unknown what caused the delay in treatment.

## ACTION PLAN

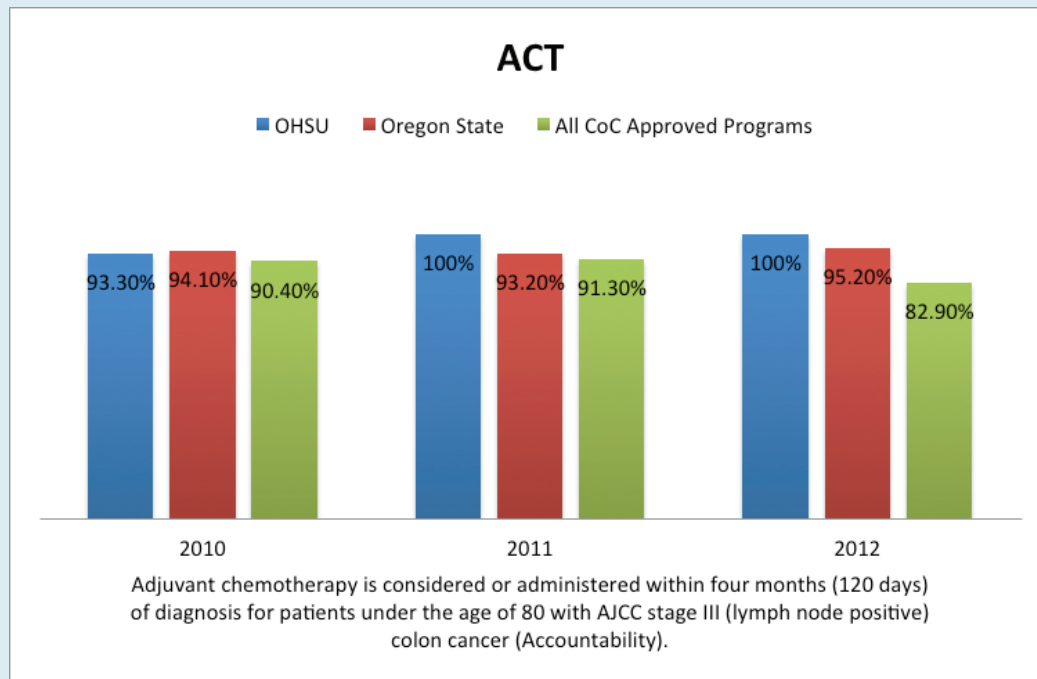
Moving forward, OHSU is working on improving the referral process which will aim to provide the patient with a smooth transition and ample time to receive treatment within the recommended timeframe.

## COLON MEASURE 2

ACT — Adjuvant chemotherapy is considered or administered within four months (120 days) of diagnosis for patients under the age of 80 with AJCC stage III (lymph node positive) colon cancer. (Accountability)

	2010			2011			2012		
	OHSU	Oregon State	All CoC Approved Programs	OHSU	Oregon State	All CoC Approved Programs	OHSU	Oregon State	All CoC Approved Programs
AdjRT	93.3%	94.1%	90.4%	100%	93.2%	91.3%	100%	95.2%	82.9%

\*CoC expected performance rate is 90 percent for this measure and we have exceeded in all years.



### ACT SUMMARY

In 2010, one patient did not meet the recommendation to have chemotherapy with 120 days of diagnosis. Upon review, we found there was no explanation as to why chemotherapy started later than expected other than the patient scheduling preference.

In 2011 and 2012, 100 percent of qualifying patients received chemotherapy within the recommended timeframe.

### ACTION PLAN

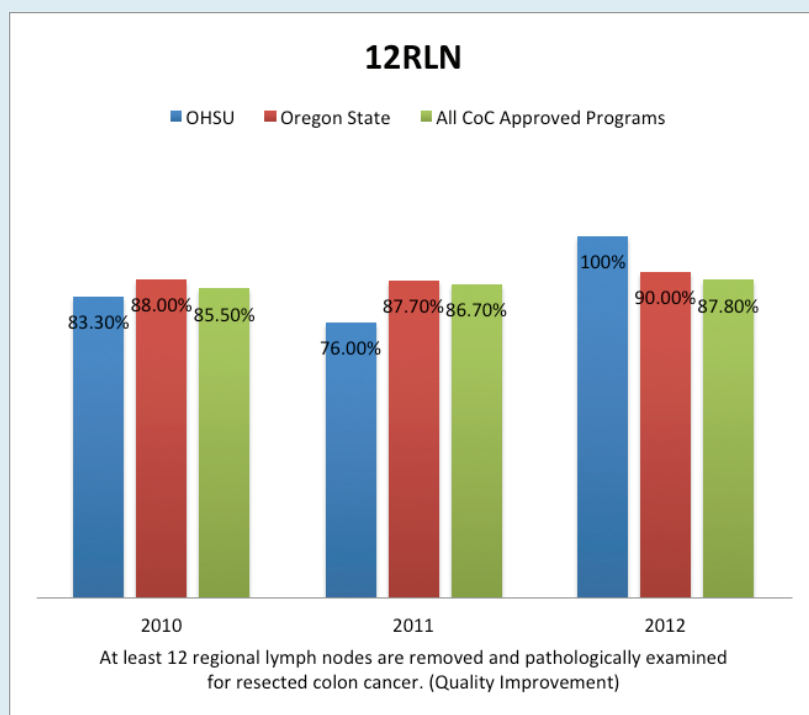
Moving forward, OHSU plans to educate patients and staff on the importance of keeping their scheduled appointments so as not to delay treatment.

### COLON MEASURE 3

12RLN — At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.  
(Quality Improvement)

	2010			2011			2012		
	OHSU	Oregon State	All CoC Approved Programs	OHSU	Oregon State	All CoC Approved Programs	OHSU	Oregon State	All CoC Approved Programs
AdjRT	83.3%	88%	85.5%	76%	87.7%	86.7%	100%	90%	87.8%

\*CoC expected performance rate is 80 percent for this measure and we have exceeded in all years except for 2011; however, by having an action plan for this measure, we meet our standard.



### 12RLN SUMMARY

In 2010, three patients in this category had less than 12 lymph nodes removed. A review of these patients found that one patient was diagnosed with three separate primary cancers and therefore, had to undergo three separate surgeries. A less-extensive surgery was done for the colon primary to allow a quicker heal time so that the patient would be ready for two additional surgeries. A second patient was diagnosed with two primary cancers and had surgeries concurrently. Again, because of the extent of surgery, the minimal was done to allow the patient to heal appropriately. The third patient presented to our hospital with a poor performance status and multiple comorbidities. Minimal surgery was done for relief of symptoms.

In 2011, the cases increased to six patients who had less than 12 lymph nodes removed. Upon review, we found that two of these patients had no viable reasoning as to why fewer than 12 lymph nodes were removed. One patient with comorbidities documented by the physician had minimal exploration done. The remaining three patients were referred to our hospital due to their poor performance status and multiple comorbidities. All patients were terminal. Minimal surgeries were performed on these three patients.

In 2012, all patients were in concordance with this treatment guideline.

### ACTION PLAN

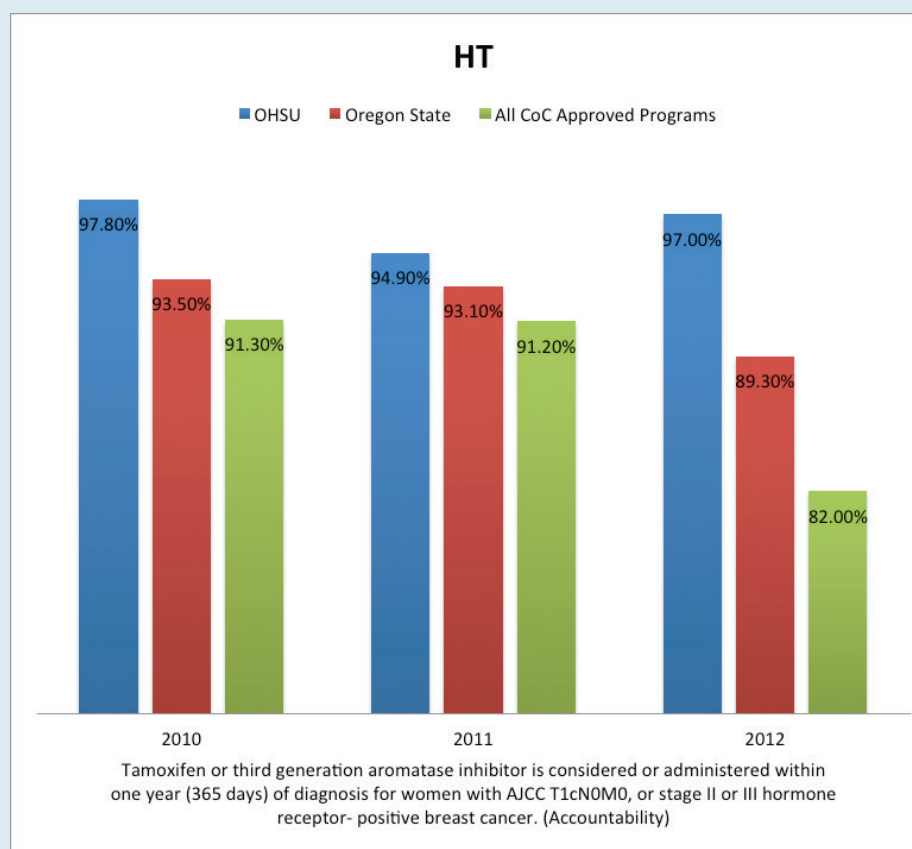
To address both 2010 and 2011 performance measures, the Cancer Committee CLP spoke with the colorectal surgeons to reiterate the importance of removing more than 12 lymph nodes. The Cancer Committee has closely monitored these cases and will continue for all cases that do meet performance measures and tend to quality of care issues as they arise.

## BREAST MEASURE 4

HT — Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage II or III hormone receptor-positive breast cancer. (Accountability)

	2010			2011			2012		
	OHSU	Oregon State	All CoC Approved Programs	OHSU	Oregon State	All CoC Approved Programs	OHSU	Oregon State	All CoC Approved Programs
AdjRT	97.8%	93.5%	91.3%	94.9%	93.1%	91.2%	97%	89.3%	82%

\*CoC expected performance rate is 90 percent for this measure and we have exceeded in all years.



### HT SUMMARY

In 2010, three patients fitting this category did not receive hormone treatment within one year of diagnosis. Review found that two patients started hormones more than 365 days of diagnosis with no valid reason. However, treatment was initiated only a few days after the guideline recommendation. One patient was from Alaska and was referred to her local oncologist for hormones. We have been unsuccessful in locating the patient to find out if she underwent hormone treatment.

In 2011, six patients were nonconcordant with this measure. Three of these patients were found that the risk was greater than the benefit of hormone treatment and

therefore, were not recommended to pursue this therapy. The remaining three patients received hormone treatment after one year of diagnosis with no valid reason; however, as with 2010, patients were started on hormones just a few days after the guideline recommendation.

In 2012, we have found three patients that as in 2010 and 2011, started treatment just a few days late.

### ACTION PLAN

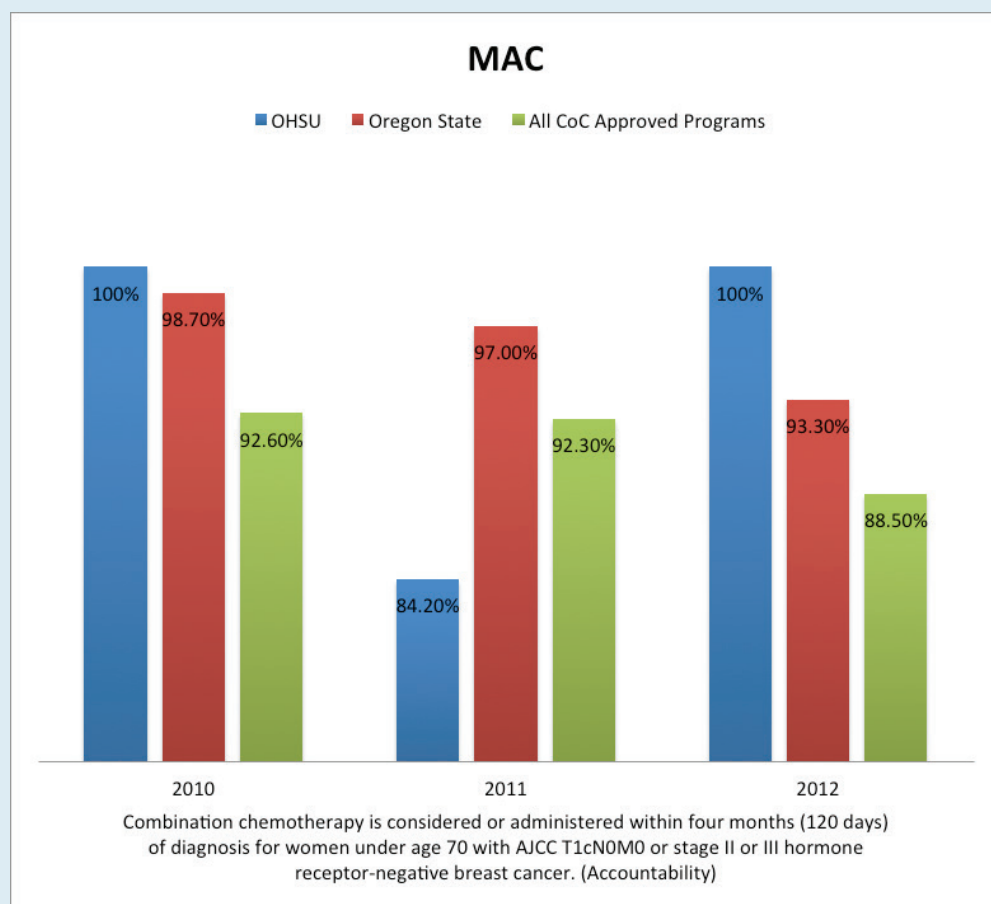
There is a noticeable pattern with patients starting treatment a few days later than recommended. This problem has been presented to the breast oncologists and OHSU is participating in the Rapid Quality Reporting System (RQRS) and using this tool to identify patients before their treatment lapses. The Tumor Registry monitors this very closely and alerts the physician when a patient should be starting hormone treatment.

## BREAST MEASURE 5

MAC — Combination chemotherapy is considered or administered within four months (120 days) of diagnosis for women under age 70 with AJCC T1cN0M0 or stage II or III hormone receptor-negative breast cancer. (Accountability)

	2010			2011			2012		
	OHSU	Oregon State	All CoC Approved Programs	OHSU	Oregon State	All CoC Approved Programs	OHSU	Oregon State	All CoC Approved Programs
AdjRT	100%	98.7%	92.6%	84.2%	97%	92.3%	100%	93.3%	88.5%

\*CoC expected performance rate is 90 percent for this measure and we have exceeded in all years except for 2011; however by having an action plan in place for this standard, we meet our standard.



## MAC SUMMARY

In 2010 and 2012, 100 percent of our patients who fell into this category were treated according to this recommendation.

In 2011, three patients did not receive therapy in time. In review, we found two patients that were treated with chemotherapy outside of OHSU. The third patient received chemotherapy only a few days past the deadline.

## ACTION PLAN

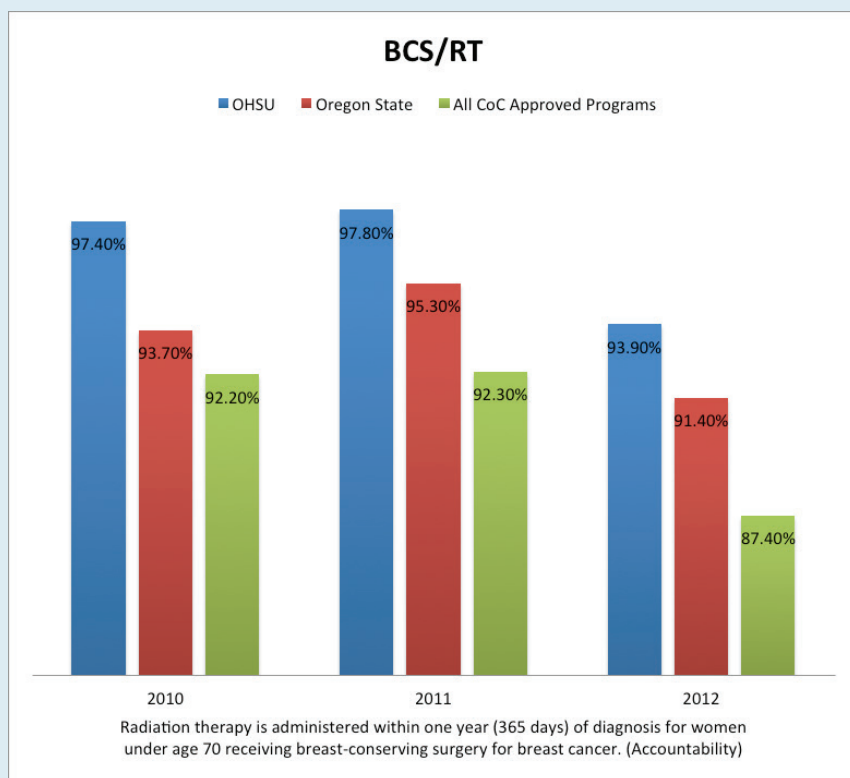
This case was presented to the oncologist. Moving forward, review of MAC is taking place via RQRS whereas all cases are being monitored very closely for quality.

**BREAST MEASURE 6**

BCS/RT – Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast-conserving surgery for breast cancer. (Accountability)

	<b>2010</b>			<b>2011</b>			<b>2012</b>		
	OHSU	Oregon State	All CoC Approved Programs	OHSU	Oregon State	All CoC Approved Programs	OHSU	Oregon State	All CoC Approved Programs
AdjRT	97.4%	93.7%	92.2%	97.8%	95.3%	92.3%	93.9%	91.4%	87.4%

\*CoC expected performance rate is 90 percent for this measure and we have exceeded in all years.

**BCS/RT SUMMARY**

In 2010, two patients were nonconcordant with the BCS/RT measure. Upon review, we found that one patient was referred to an outside hospital closer to the patient's home where the patient later refused radiation. The second patient developed metastatic disease prior to initiation of radiation therapy; the treatment plan was changed for this patient.

In 2011, one patient was also found to be nonconcordant with this measure; notes indicate that the patient refused radiation.

In 2012, two patients did not meet this guideline. Review showed that one patient refused treatment and one patient was referred to an outside hospital for treatment which started approximately five months after the recommended time.

**ACTION PLAN**

More effort from the providers is necessary to encourage patients to undergo this therapy. This dilemma has been discussed with the radiation team. Furthermore, OHSU is working to standardize the referral process in hopes this will assist the patient with a smoother and earlier visit with an outside oncologist.

## 2013 Analytic Cases — Site and Stage Distribution

SITE	MALE	FEMALE	TOTAL	0	I	II	III	IV	UNK	N/A
LIP/ORAL	39	39	78	3	24	17	8	24	2	0
PHARYNX	94	19	113	0	9	12	12	79	1	0
LARYNX	34	6	40	1	15	5	6	13	0	0
NASAL CAVITY/SINUS	12	4	16	1	3	2	2	8	0	0
THYROID	37	122	159	0	83	9	26	37	4	0
ESOPHAGUS	78	16	94	1	22	16	37	14	4	0
STOMACH	12	4	16	0	4	3	2	6	1	0
SMALL INTESTINE	15	17	32	0	2	3	9	17	1	0
COLON/RECTUM	82	63	145	6	14	27	51	42	5	0
ANUS/ANAL CANAL	6	16	22	2	4	10	4	2	0	0
LIVER/BILE DUCT	123	50	173	0	60	49	38	23	3	0
OTHER DIGESTIVE	13	19	32	1	3	7	6	8	3	4
PANCREAS	74	68	142	0	23	52	10	49	8	0
LUNG	189	142	331	3	75	32	91	128	2	0
BONE	20	6	26	0	6	11	0	6	3	0
SOFT TISSUE	69	43	112	0	37	19	35	16	5	0
MELANOMA/SKIN	169	137	306	99	137	37	23	9	1	0
OTHER SKIN	17	8	25	0	10	1	4	0	2	8
BREAST	3	486	489	66	221	139	32	24	5	2
CERVIX UTERI	0	18	18	0	7	0	9	2	0	0
CORPUS UTERI	0	72	72	0	40	4	9	14	5	0
OVARY	0	49	49	0	11	3	25	8	2	0
OTHER FEMALE	0	22	22	3	10	1	4	1	1	2
PROSTATE	232	0	232	0	18	125	44	40	5	0
TESTIS	22	0	22	1	13	2	5	0	1	0
OTHER MALE	4	0	4	1	0	0	1	2	0	0
KIDNEY/RENAL	70	36	106	4	49	5	18	24	6	0
URINARY BLADDER	57	18	75	12	14	12	11	22	4	0
EYE/OCULAR	41	31	72	0	22	27	7	0	1	15
BRAIN/CNS (MALIGNANT)	67	45	112	0	0	0	0	0	0	112
BRAIN/CNS (BENIGN)	86	129	215	0	0	0	0	0	0	215
LYMPHOMA	99	79	178	0	42	26	32	71	2	5
LEUKEMIA	127	78	205	0	0	0	0	0	0	205
MULTIPLE MYELOMA	35	27	62	0	0	0	0	0	0	62
OTHER HEMATOPOIETIC	30	31	61	0	0	0	0	0	0	61
OTHER SITES	50	19	69	0	9	6	5	6	2	41
UNKNOWN PRIMARY	18	10	28	0	0	0	0	0	0	28
<b>TOTAL</b>	<b>2024</b>	<b>1929</b>	<b>3953</b>	<b>204</b>	<b>987</b>	<b>662</b>	<b>566</b>	<b>695</b>	<b>79</b>	<b>760</b>

*Note: Figures above represent patients first seen at OHSU in 2013 and include analytic cases only (diagnosed here and/or received part or all first course here). Basal and squamous cell skin cancer and CIS cervix not collected.*

# OHSU Cancer Committee and Leadership Teams 2014

## OHSU CANCER COMMITTEE

### PROGRAM ACTIVITY COORDINATORS

**Kevin Billingsley, M.D.**

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**Elizabeth Anderson, M.P.H., B.S.N.**

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**Ellen Distefano, R.N., M.N., C.E.N.**

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**Susan Hedlund, M.S.W., L.C.S.W., O.S.W.-C.**

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**Katie Hennis, M.S.**

Community Outreach Coordinator

**Melissa Alvarado, B.S., C.T.R.**

Cancer Registry Quality Coordinator

## OHSU CANCER COMMITTEE

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Oncology Quality

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**Gina Vaccaro, M.D.**

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