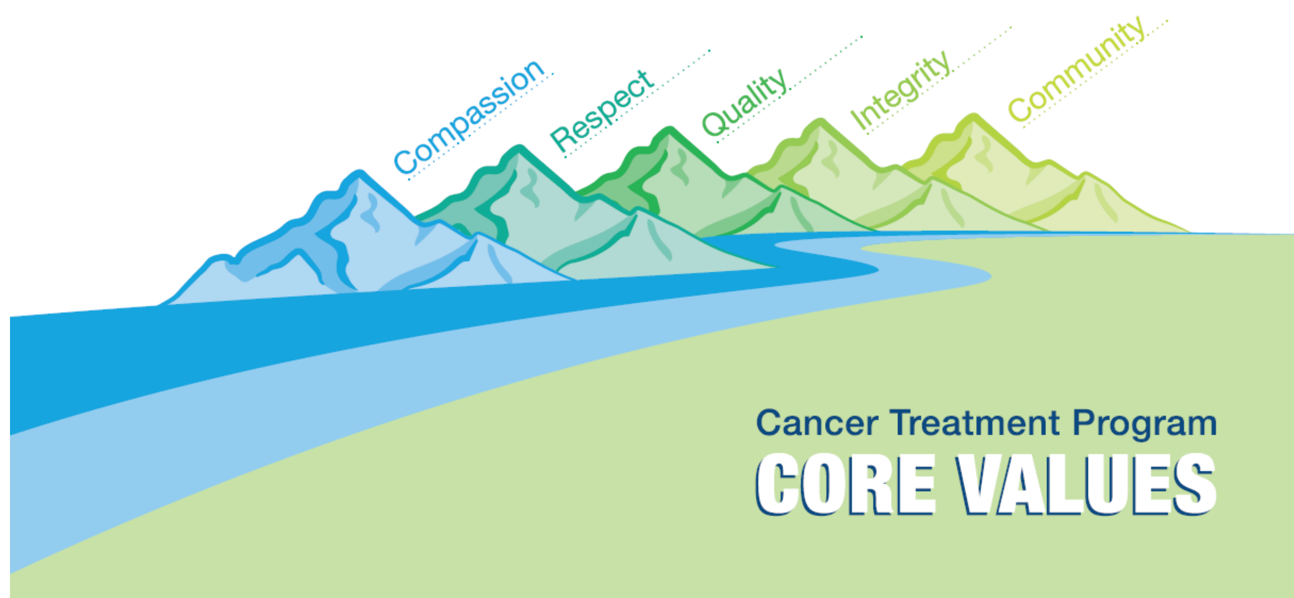
2018 Cancer Service Line | *Annual Report*

Core Values



Cancer Committee Members

Julie C. Smith, MD
Chair Cancer Committee,
Medical Director Oncology Service Line

Mary Gunkel, RN
Co-Chair Cancer Committee,
Director Oncology Service Line,
Cancer Program Administrator,
Tumor Registry Quality Coordinator

Jeanine Allen, RN
SVP Specialty Care

Cici Asplund, MD
Primary Care

Susie Ball, MS, GC
Genetic Counselor

Rachelle Boyd
Tumor Registry

Vaishali Bhide, RN
Practice Manager
Medical Oncology and Infusion

Jane Budden
Quality Improvement Coordinator

Thomas Carlson, MD
Radiation Oncology

Diane Davis
Oncology Research,
Clinical Research Coordinator

Ed DePersio, MD
Radiation Oncology

Carl Kjobech, MD
Wellness Place

Sharmen Dye, CTR
Tumor Registry,
Cancer Conference Coordinator

Keta Evans
Practice Manager Radiation Oncology,
Community Outreach Coordinator

Samantha Belanger, RD
Nutrition/Dietician

Anna Hansen, MD
Radiology, Women's Imaging

Ginny Heintz, RN
Palliative Care

Eric Liedtke, DO
General Surgery,
Cancer Liaison Physician

Jessie Sanders
American Cancer Society

Jennifer Jorgensen, MD
Gastroenterology

Barbara Kane, RN
Hospice

Katie Kemble, DNP
Medical Oncology,
Survivorship Program

Daniel Kerr, MD
Pathology

Jennifer Mason, RN
Inpatient Oncology

Thomas Tucker, MD
Medical Oncology

Mary Vargas, MSW
Oncology Social Work,
Psychosocial Services Coordinator

Kim Hinson, RN
Oncology Nurse Navigation

Celeste Van Houten, MA-C
Breast Care Coordinator

Accreditation

The Confluence Health Cancer Program has accreditation by the American College of Surgeons Commission on Cancer as a Comprehensive Community Cancer Program with several areas of commendation. The areas of commendation are:

- **Clinical Trial Accrual**
- **Nursing Care**
- **Adherence** to the College of American Pathologist Protocols
- **Accuracy** of our data
- **Education** of Cancer Registry Staff
- **Participation** in Rapid Quality Reporting System

Our Approach

The Cancer Program at Confluence Health offers a full range of medical services along with a multidisciplinary team approach to patient care. Our program and treatment center is affiliated with the Seattle Cancer Care Alliance, and accredited by the Commission on Cancer, which sets stringent guidelines to improve patient outcomes and promotes consultation among surgeons, medical and radiation oncologists, pathologists, and other cancer specialists.

We provide state of the art pretreatment evaluation, staging, treatment and clinical follow-up for many hundreds of patients each year.

We recognize that cancer is a complex group of diseases and that each diagnosis is a life-changing event for every patient. This is why we firmly believe in setting quality goals, monitoring activity and continually evaluating our service and the needs of the communities we serve. These are critical components to improve our patient care.

Cancer Committee 2018 Quality Dashboard

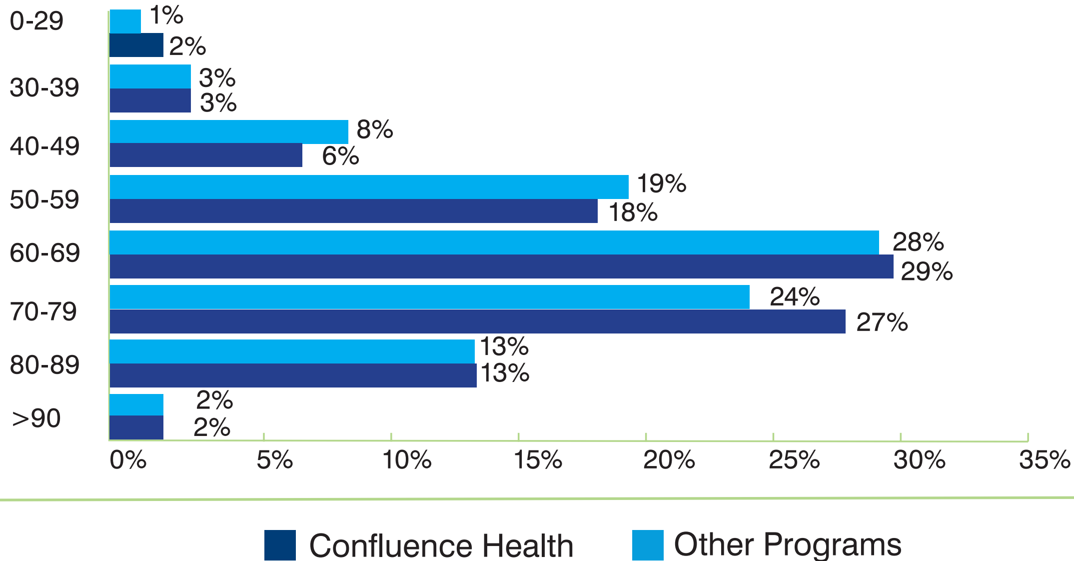
WVH&C Cancer Care Quality Measures Dashboard 2008 - 2018 Data

Surgery	ROTC	ROTC *(New)*	Oncology	Oncology	Oncology	
>12 Regional Ln's removed and pathologically examined for resected Colon Cancer - CWH surgery	XRT administered within 1 year of diagnosis for women <70 receiving breast conserving surgery for Breast Cancer	XRT considered or administered following mastectomy w/I 1 year of diagnosis for women w/ >4 positive regional LNs	Percentage of time combination chemotherapy is considered or administered with 4 months of diagnosis for women <70, stage 1C - Stage III Hormone Receptor **Negative** Breast Cancer	Percentage of time Tamoxifen or third generation AI considered or administered within 1 year of diagnosis for women with Stage 1C- Stage III hormone receptor **Positive** Breast Cancer	Percentage of time adjunctive chemotherapy is considered or administered within 4 months of diagnosis for patients age <80 with stage III node positive Colon Cancer	
89%	**98%**	**100%**	**98%**	**97%**	**100%**	**Q1 2018**
95%	**95%**	**100%**	**98%**	**97%**	**100%**	**Q2 2018**
97%	**89%**	**100%**	**98%**	**97%**	**100%**	**Q3 2018**
100%	**91%**	**100%**	**98%**	**100%**	**100%**	**Q4 2018**

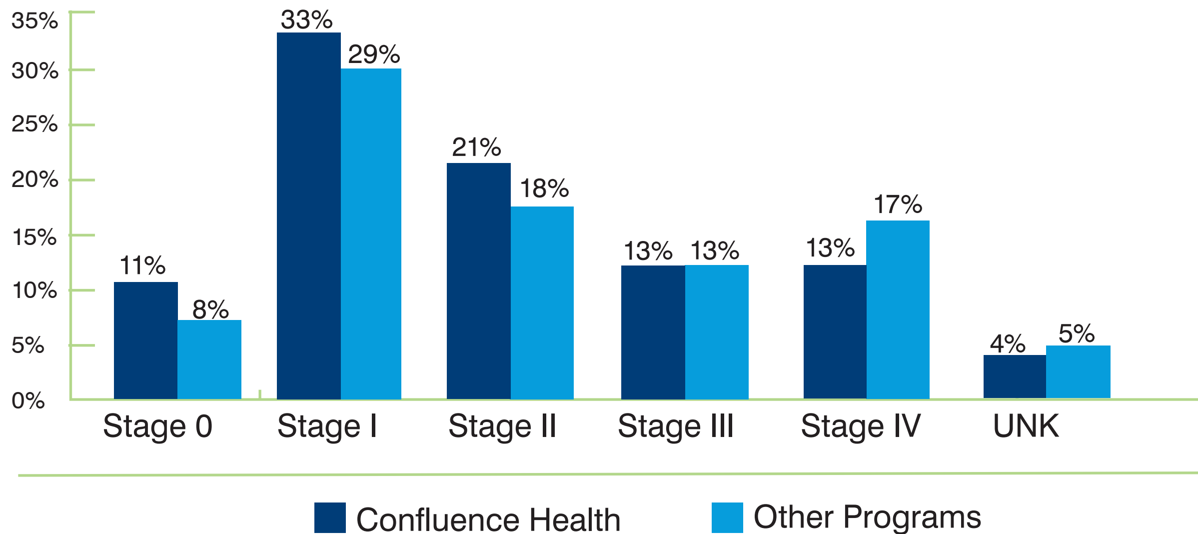
National Comparison Data

Our cancer statistics, in comparison to national data, as published by American College of Surgeons Commission on Cancer are shown here. Our Cancer program has an active tumor registry, with local data, case by case abstracting, staging, treatments, and outcomes reported to the Commission on Cancer. Shown below are comparison tables of age of cancer, stage of cancer, and distance traveled by patients to receive care in North Central Washington.

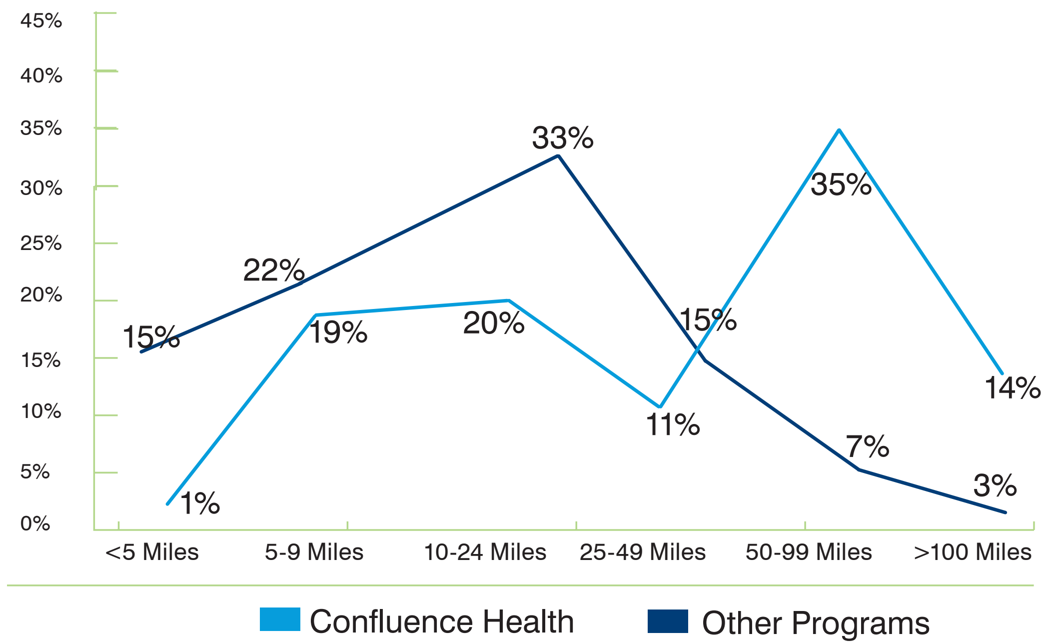
Age at Diagnosis - 2016



Stage at Diagnosis - 2016



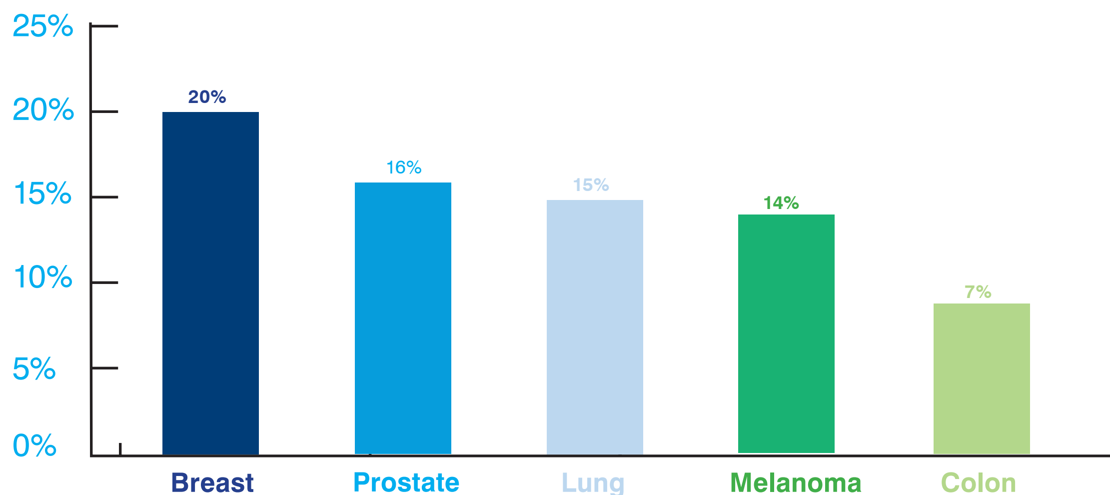
Distance Traveled for Care - 2016



Top sites of cancer diagnosed at Confluence Health

Similar to other Comprehensive Community Cancer programs within the United States, our top five sites of cancer diagnosis include: Breast Cancer (20% of cases), Prostate Cancer (16% of cases), Lung Cancer (15% of cases), Melanoma (14 % of cases), and Colon Cancer (7% of cases).

Top 5 Primary Cancer Sites - 2018



Site Specific Study

Prostate Cancer

Focus on Prevention, Evaluation, Staging and Treatment

Julie Smith, MD
Medical Oncology
Wenatchee

Thomas Carlson, MD
Radiation Oncology
Wenatchee

Prostate Cancer is the most common cancer diagnosed in men worldwide. By SEER database statistics, from 2018, it is expected that 10-11% of men will be diagnosed with Prostate Cancer during their lifetime, with the incidence rising with age. Despite the prevalence of Prostate Cancer, the 5-year survival rate remains high, at over 98%.

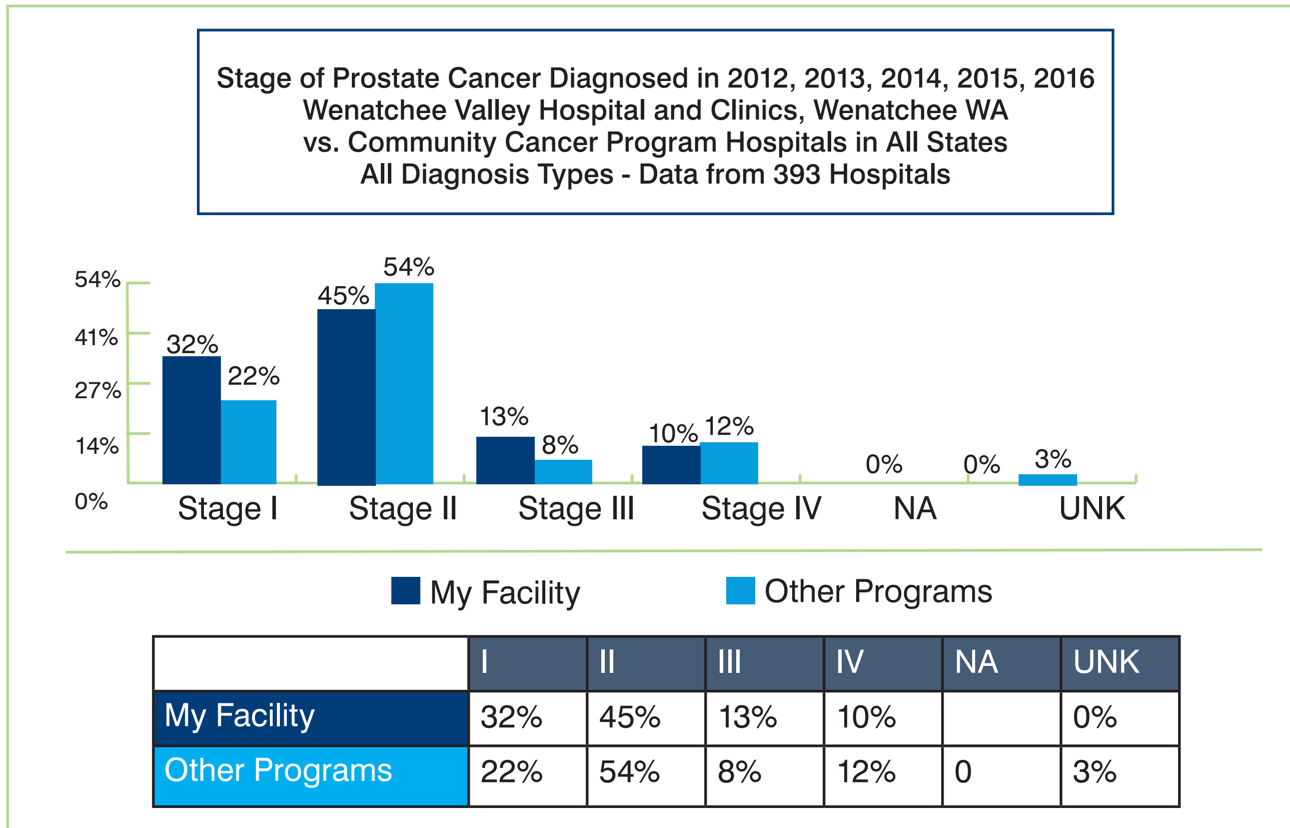
The long-term survival of men with Prostate Cancer has to do with many features, as this is a heterogeneous disease process, with varied presentation, symptoms, and treatment modalities. Most men are diagnosed with Prostate Cancer which is without symptoms, and localized stage (stage 1-3). Only 6% of men have metastatic, or distant disease at the time of their diagnosis.

Symptoms of Prostate Cancer range from no symptoms, to localized symptoms such as pelvic discomfort, hematuria, urinary frequency, nocturia, urinary retention symptoms, or even incontinence. Symptoms of metastatic, or stage 4 disease may be bone pain due to bony metastases, fatigue, or constitutional symptoms such as fatigue and weight loss.

The suspicion of Prostate Cancer is based on symptoms, or PSA measurements (either an elevated PSA, or rise within the normal range), which would prompt a Urologic evaluation to determine if biopsy and further work up is indicated. The decision and discussion of PSA screening and biopsy is a shared-decision making discussion which should occur between the patient and their medical provider. It is recommended that men between the ages of 50-74 discuss the pros and cons of Prostate Cancer screening with their doctor.

Once a diagnosis of Prostate Cancer is made, additional clinical staging modalities are performed as indicated including physical exam, laboratory evaluation, pathologic evaluation, and in some cases imaging modalities such as CT scans, bone scans, MRI scans may be recommended. These are performed based on predictive value of more advanced disease, based on features of each case, including PSA, symptoms, laboratory findings, and exam. Bone Scans, CT scans, or other imaging studies looking for metastatic disease are generally not indicated in men with a Gleason score less than 7 and PSA less than 10 ng/ml.

In looking at the men diagnosed with Prostate Cancer at Confluence health between then years of 2012 and 2016, 32% (307 cases) were Stage 1, 45% (525 cases) were stage 2, 13% (127 cases) were stage 3, and 10% (90 cases) were stage 4 at the time of their diagnosis. When comparing our stage of Prostate Cancer at diagnosis with other Community Cancer Programs and Hospitals within the United States for the same years, we tend to diagnosis more men at stage 1 compared to national trends and have slightly less men with stage 4 at diagnosis. See table below.



	I	II	III	IV	NA	UNK
My Facility	32%	45%	13%	10%		0%
Other Programs	22%	54%	8%	12%	0	3%

When comparing the age at diagnosis of cases diagnosis within Confluence Health in the years 2012-2016 compared to national trends, we find a similar distribution of age at the time of diagnosis. See table below. (Source: National Cancer Data Base, American College of Surgeons, and Confluence Health Tumor Registry Data)

Age at Diagnosis Combined Years 2012 - 2016

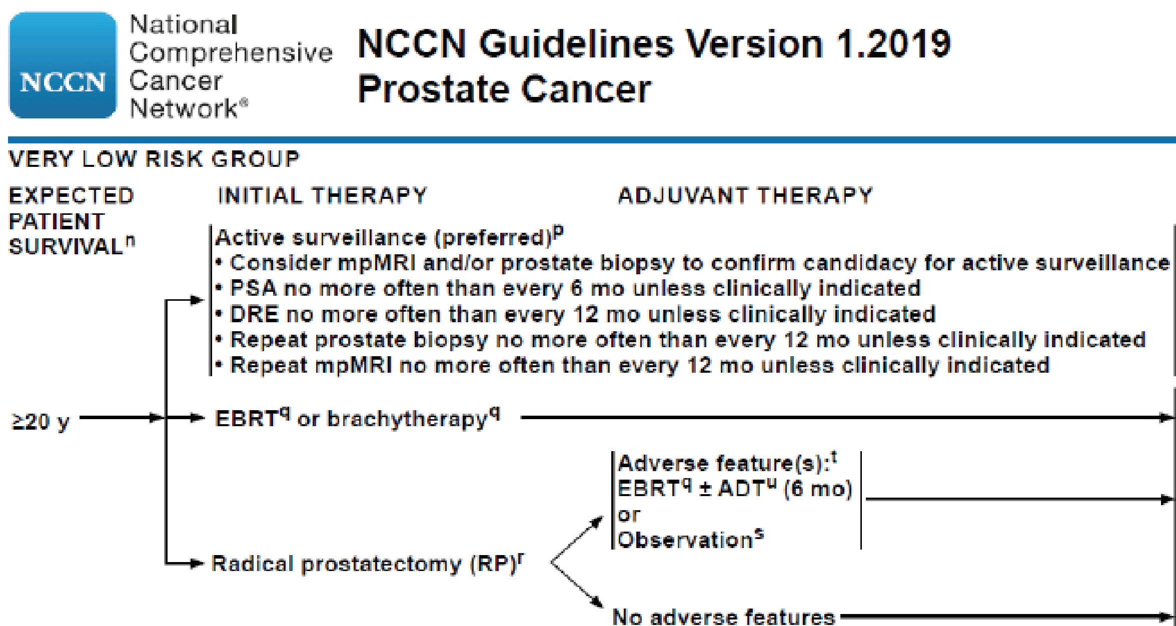
	0-29	30-39	40-49	50-59	60-69	70-79	80-89	>90
Confluence Health	0%	0%	2%	15%	42%	30%	10%	1%
Other Programs	0%	0%	2%	16%	43%	29%	9%	1%

One of the unique features of cancer care within North Central Washington is the rural locations in which our patients live, with 28% of our patients traveling 50-99 miles for treatment, and 14% traveling over 100 miles one way for treatment. This is in comparison to other Community Cancer Centers in the country, with only 6% and 2% traveling nationally 50-99 and >100 miles respectively for treatment.

The treatment of Prostate Cancer is personalized to each individual case, and involves many factors including underlying health, life expectancy, stage of cancer, symptoms of cancer, etc. Once a diagnosis of Prostate Cancer is made, a shared decision-making discussion is recommended to discuss the pros and cons of active surveillance, versus other treatment modalities such as Radiation Therapy, Prostatectomy (removal of the Prostate gland), Hormonal therapy, Chemotherapy, or forms of Immunotherapy. At Confluence Health, we do offer a variety of treatment options for men with Prostate Cancer, including Radiation Treatments, Surgery, Hormonal Treatments (Androgen Deprivation therapy), Chemotherapy, and Clinical Trials.

National societal guidelines exist to aid with the treatment options for patients with Prostate Cancer. We follow these guidelines, and regularly evaluate our adherence to these guidelines, considering the variation that can be seen in individual cases, and also the decisions and values that patients bring to the discussion table regarding their healthcare. NCCN (National Comprehensive Cancer Network) is nationally recognized source of up to date guidelines.

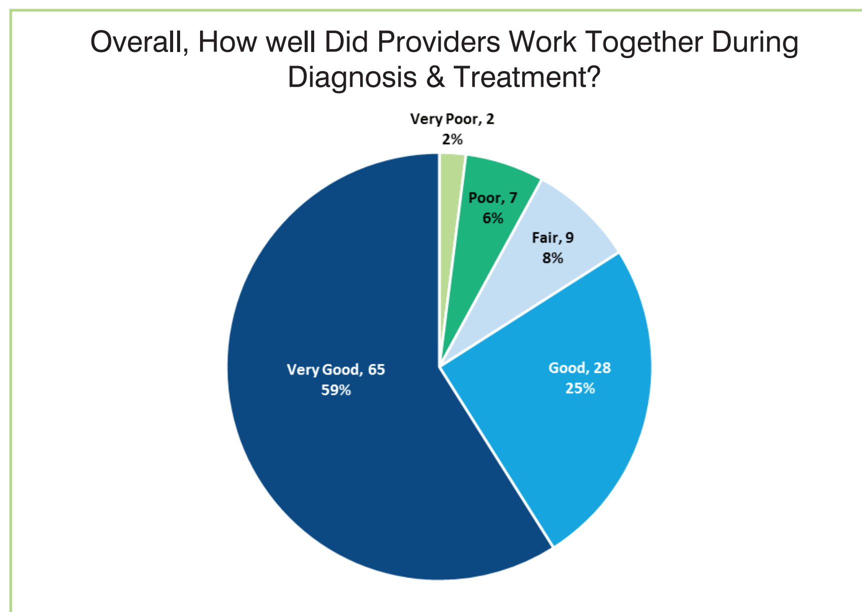
We recently evaluated our adherence to these national guidelines in low risk (defined by NCCN as patient with no palpable tumor in the prostate glade, or limited disease in only one lobe of the prostate gland, PSA less than or equal to 10, and Gleason Score by pathology of <=6) patients with newly diagnosed Prostate Cancer. 70% of our patients falling into this low risk category have been placed in the active surveillance category, with 15% receiving Radiation Therapy, and 15% receiving Surgical resection. When looking at data specific to patients receiving active surveillance for all newly diagnosed patients with Prostate Cancer within our cancer program in the years 2012-2018, 15-18% of patients received active surveillance. These data show our adherence to the national guidelines. The NCCN Guidelines (version 1.2019) are shown below for this patient demographic:



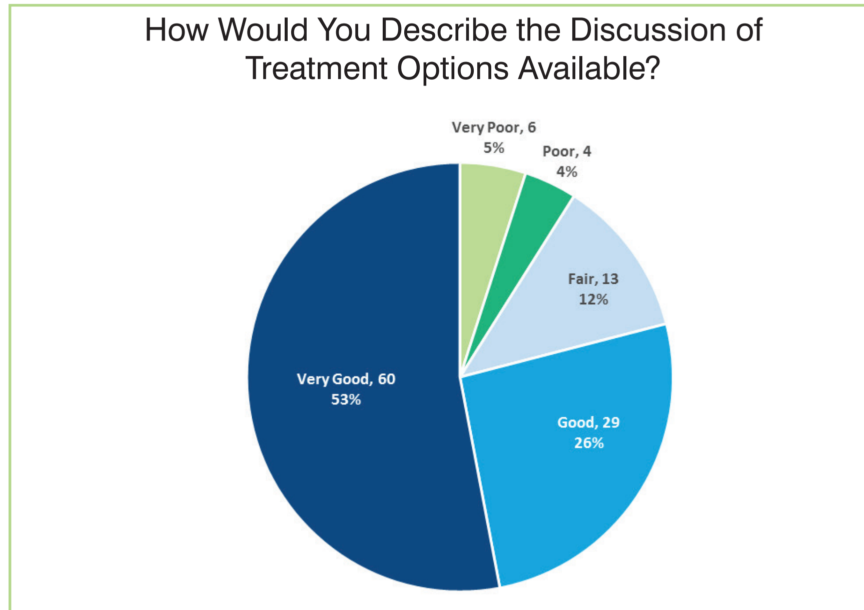
Treatment for many cancers continues to evolve over time. We believe in a multi-disciplinary approach to the treatment of cancer, and have formed a Prostate Cancer Taskforce, with representation from Urology (Dr. McLaren), Radiation Oncology (Dr. Carlson, Dr. Kummer), and Medical Oncology (Dr. Smith) with goals of improving patient care, ensuring national guidelines for the diagnosis and treatment of Prostate Cancer are followed, fostering collaboration between multiple specialties, and including the patient's voice in the process of treatment discussions and shared decision making. We have developed patient-centric metrics to study and have queried and sent surveys to all new Prostate Cancer patients diagnosed between the calendar years of 2017 through 2018. We are interested in several areas of physical symptoms, including side effects from treatments, such as urinary symptoms, bowel symptoms, sexual function following treatment, and symptoms including hot flashes, overall energy, body weight, breast tenderness, depression, and quality of life. Other feedback we have asked for from this group of patients specifically include the patient's perceptions of how well their treatment teams and providers worked together during their treatment, how they described the discussion of treatment options, and their involvement in the treatment decision made. We are also specifically interested in whether the patient's personal goals of care were met, and if there has been discussion regarding their side effects, symptoms, and quality of life with their physician following their treatment. Thus far we have received feedback from 114 unique patients.

We will devote further attention to these areas. We are specifically curious that only 58% of patients report they have discussed their quality of life following treatment with their physicians. We believe this can be improved.

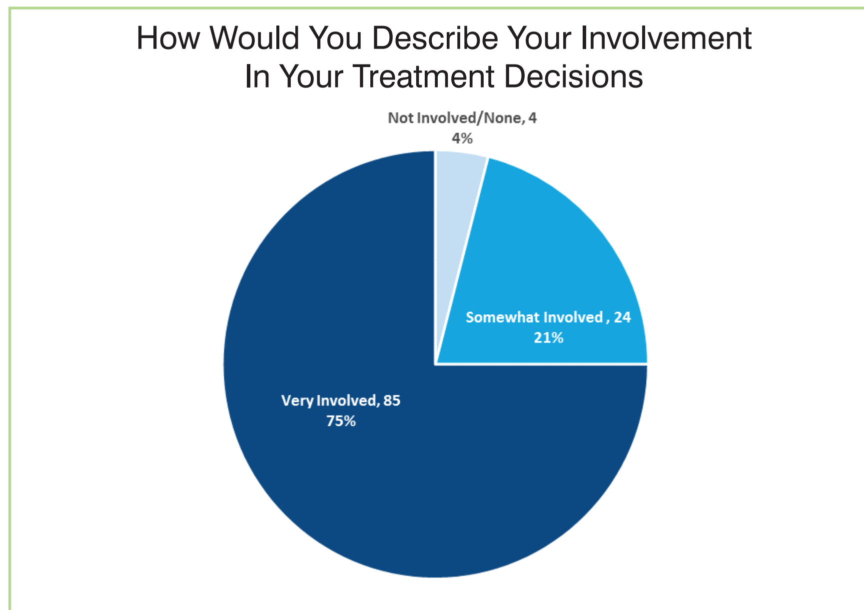
Some of the responses from our patient-centered metrics from this survey are shown below.



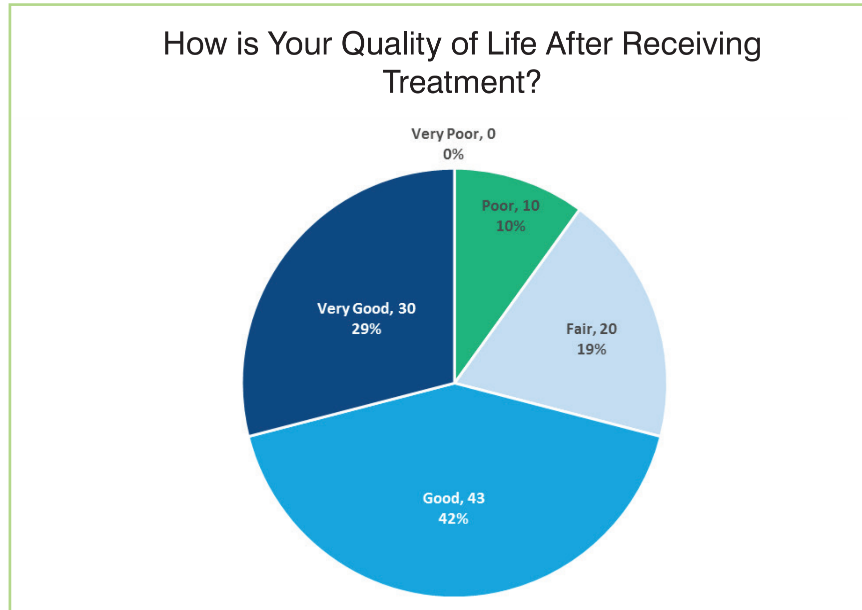
The above pie chart shows how patients with early stage Prostate Cancer felt the medical providers involved in their care worked together. Eighty-four % indicated their providers worked good or very good together during their diagnosis and treatment.



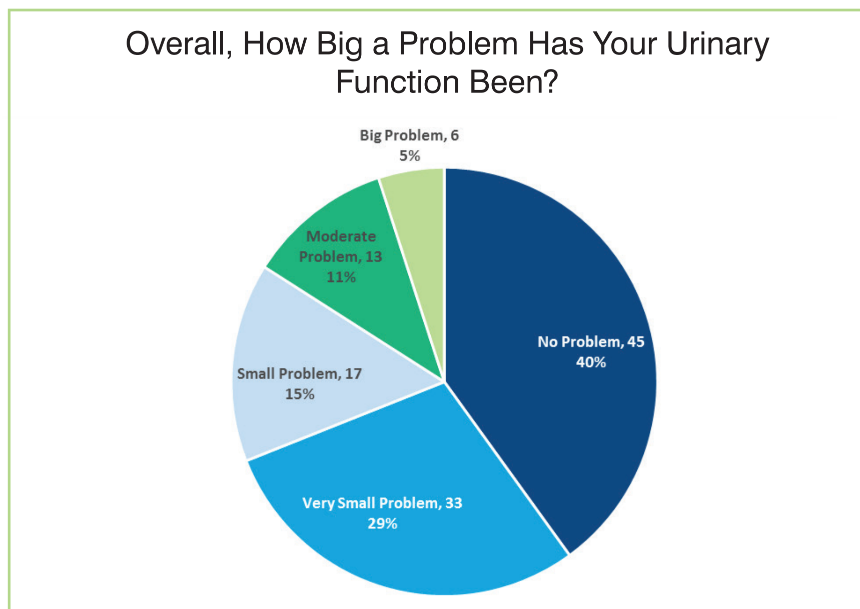
The above pie chart shows how patients describe the discussion of treatment options given to them at the time of their diagnosis and treatment, showing that 85% of patients felt their discussion was good to very good.



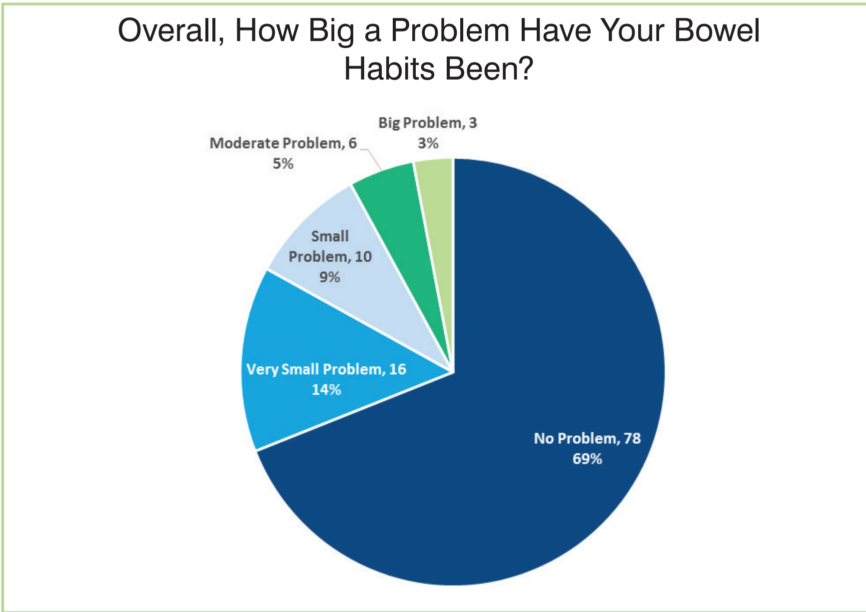
The above pie chart shows that most patients felt very involved in the treatment decisions that were made (75% of patients surveyed), and 21% felt somewhat involved. However, 4% of patients felt they had little or no involvement in those treatment decisions.



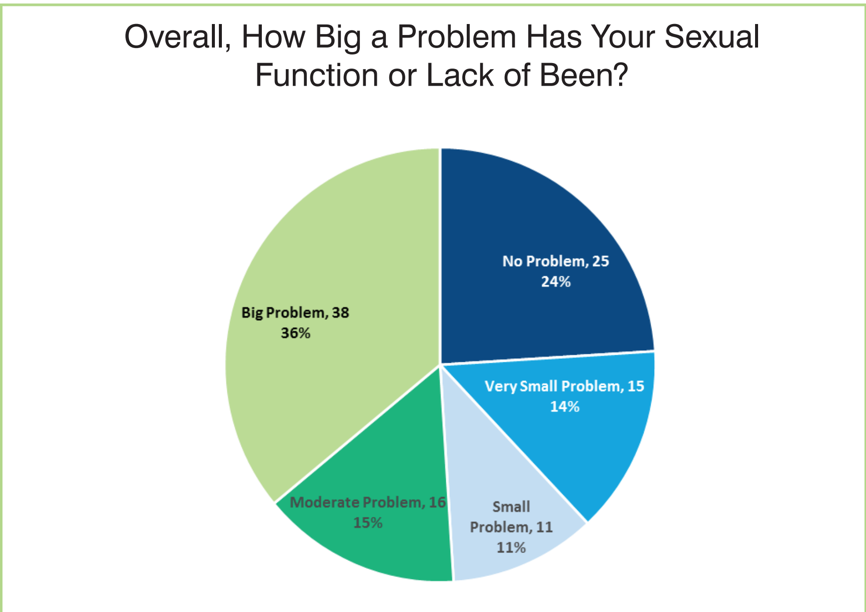
Quality of life can be difficult to measure. We asked our patients after receiving a diagnosis of Prostate Cancer, and after undergoing treatment "how their quality of life is after receiving treatment." 29% reported "very good" quality of life, 42% reported "good" quality of life, 19% reported "fair" quality of life, and 10% reported "poor" quality of life. The patients reporting poor quality of life will have further case review, invitation for personal discussion.



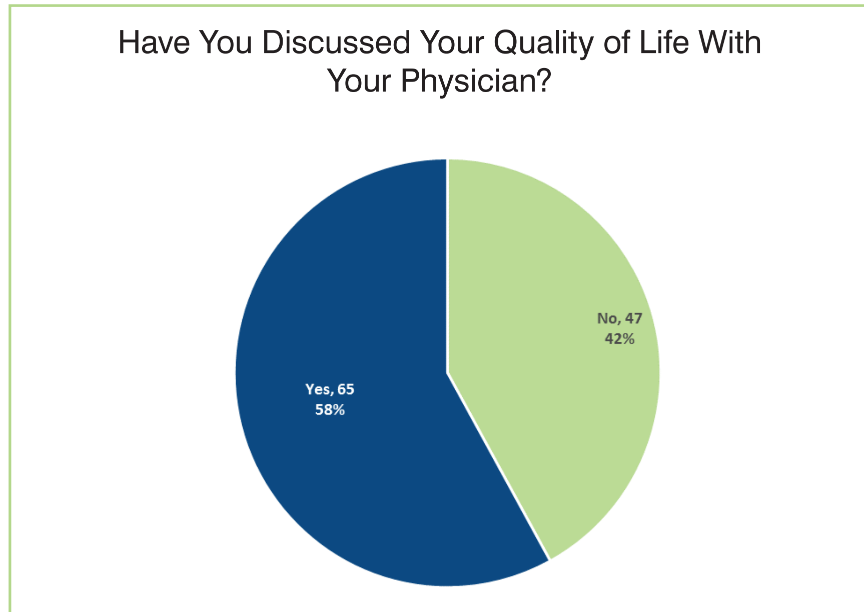
Urinary function has many symptoms that patients may experience, including full urinary continence, dribbling, night-time bladder control, and the ability to completely empty their bladder. The majority of patients reported no to "very small problem" with their urinary function following treatment for Prostate Cancer.



The majority of patients reported no problems with bowel habits following treatment for prostate cancer.



Sexual function is also difficult to measure objectively, measured in the experience of the individual patient. 36% of patients felt they had a "big problem" following Prostate Cancer treatment, with 38% report no problems or "very small problem". This will be addressed thoroughly in Cancer Survivorship Clinic visits.



We were pleased to see that most patients had discussed their quality of life with their physician, however 42% have not, showing an opportunity to further involve patients in discussion about their healthcare, treatments, possible causes, and possible solutions.

Next steps for our institution include: engagement of our Prostate Cancer Taskforce (a multi-disciplinary team), a thorough evaluation and discussion of the patient centered metric data, development of further workflows, and engaging additional resources for patients, including Nurse Navigation and Cancer Survivorship Clinic referrals.

Prostate Cancer Treatment

Radiation Oncology is the practice of using intense beams of energy to treat various cancers or benign (non-cancerous) tumors. More than 50% of all people with cancer will receive radiation as a component of their cancer treatment. Radiation treatments can be delivered in multiple ways and given over days to months.

Here at Confluence Health, we have invested heavily in our Oncology Service Line and this includes having equipment that can perform cutting edge treatments with Radiation. We continually aim to put patients first and we understand the impact that cancer treatment can have on patient's financial stability and the time they have to spend away from their homes, loved ones and the things that are important to them. To that end, we continually strive to provide cutting edge radiation treatments that will maximize cancer control and minimize the impact our treatments have on our patients. We plan our treatments with an eye on minimizing the side effects of Radiation to normal tissue and minimizing treatment duration. This allows our patients to return to their normal life and loved ones faster.

Using prostate cancer as an example of the multiple ways radiation therapy can be provided, the National Comprehensive Cancer Network (NCCN) feels the following are appropriate external beam radiation regimens for the definitive treatment of Very-Low, Low and Favorable or Good Prognostic Intermediate risk prostate cancers:

Regimen for Definitive Therapy	Very-Low [a]	Low [a]	Favorable or good prognostic intermediate [b]
Beam Therapies			
72 Gu to 80Gy at 2 Gy per fraction	√	√	√
75.6 Gy to 81.0 Gy at 1.8 Gy per fraction	√	√	√
70.2 Gy at 2.7 Gy per fraction	√	√	√
70 Gy at 2.5 Gy per fraction	√	√	√
60 Gy at 3 Gy per fraction	√	√	√
51.6 Gy at 4.3 Gy per fraction	√	√	√
37 Gy at 7.4 Gy per fraction	√	√	√
40 Gy at 8 Gy per fraction	√	√	√
36.25 Gy at 7.25 Gy per fraction	√	√	√
Brachytherapy Monotherapy			
Iodine 125 implant at 145 Gy	√	√	√
Palladium 103 implant at 125 Gy	√	√	√
Cesium implant at 115 Gy	√	√	√
HDR 27 Gy at 13.5 Gy in 2 implants	√	√	√
HDR 38 Gy at 9.5 Gy BID in 2 implants	√	√	√

Options range from 5 days to 9 weeks. Each of these options has data describing equivalent cancer control rates. The data supporting the 5-day course is relatively new and we have been able to adopt this more recently. As mentioned previously, our goal at Confluence Health is to provide high quality, high value care. Given that the above are reasonably equivalent in terms of cancer control and side effect profiles, a shorter duration of treatment would provide higher value to our patients. Over the course of the last three years our radiation treatment regimens have continued to move toward shorter duration.

	9 Weeks	5 Weeks	4 Weeks	SBRT 5 Days
2016	1	16	10	
2017		6	4	10
2018		8	8	14

The investment in technology that Confluence Health has committed to our cancer patients in North Central Washington and the Columbia Basin has allowed us to provide these high value radiation treatment regimens.

Improvements and Accomplishments OSL in 2018

"No matter what accomplishments you make, somebody else helps you." - Althea Gibson

- Medical and Radiation Oncology continued to have high scores in patient satisfaction from the Press Ganey surveys that are sent to patients.

- There were process improvements made so that newly diagnosed Breast Cancer patients can see all three treatment modalities in the same day. This includes General Surgery, Medical Oncology and Radiation Oncology.

- Teamwork and communication between nurse navigators and radiation therapists was improved so they could better meet patient needs.

- We desire to have our patients involved when we improve our processes. We have added patients to our teams. One example is that we had a patient panel as part of our team to improve the patient treatment teach.

- We asked our patients for feedback on their care. A survey was sent out to prostate patients to give our team information on a set of patient-centered metrics. You can see some of those results in our "Focus on Prostate Cancer" in this report.

- Fundraising efforts have begun to build a Radiation Treatment Center in Moses Lake. Providing radiation treatment locally in the Columbia Basin has been part of the vision of our service line for a long time and to have the fundraising begin is a significant achievement.

Screening and Prevention

This year the cancer program focused on reaching the Hispanic population. This population is growing in our community and there is a known language barrier. Our data shows that at Confluence Health the Hispanic population Colon Cancer screening rate is lower at 44% vs overall population which is 62%. In 2018 we had several programs and efforts focused on screening and prevention and on reaching out to our Hispanic population.

SCREENING PROGRAMS:

Colon Cancer Screening: Dr Jen Jorgenson is our physician champion for colon cancer screening. Informational brochures have been developed in both English and Spanish and there has been partnering with other primary care health providers in our region such as Columbia Valley Community Health. There has been continued provider education on FIT vs Colonoscopy vs Hemoccult testing which are all methods of screening. Dr Jorgenson has proposed a process to identify all unscreened patients 50-75 years old and send them FIT kits. This process was approved by cancer committee. Confluence Health has chosen to improve colon cancer screening rates in 2019 as one of their corporate goals.

Skin Cancer Screening Event: There was a free skin cancer screening event in September with two dermatologists and two interpreters. It was held in the South end of town which has a high Hispanic population. There was follow up for those that were found to have precancerous changes.

Saturday Breast Cancer Screening Event: In October there was a Saturday Breast Screening Event to be able to have screening done on a weekend. It can be challenging for those that work to find time to get their screening during the work week. Forty screenings were performed.

BCCHP PROGRAM: BCCHP is our Breast, Cervical and Colon Health Program and Confluence Health is the prime contractor for our four-county region. Their mission is to prevent breast, cervical and colon cancer by providing free cancer screening services to uninsured or underinsured men and women who are age and income eligible. Traditional outreach such as health fairs had not been successful. This year they created a brochure in both English and Spanish promoting these services and sent out 5,000 copies by mail. This was considered successful by the following:

- Breast and Cervical screening increased by 323 people
- Diagnosis of 9 cases of Breast Cancer vs 6 previous year
- Colorectal screenings increase by 186 people.
- Diagnosis of 0 cases of Colorectal vs 1 previous year

PREVENTION AND WELLNESS PROGRAMS:

Journey to Wellness: We held our annual Journey to Wellness which is a cancer survivorship workshop in October that focuses on survivors and caregivers having an improved quality of life and learning how to reduce their risk of cancer recurrence by implementing lifestyle modifications that they learn. It had 50 participants and was a highly successful conference. The participants fill out evaluation forms and stated that objectives were met. There were multiple positive comments. Examples are: “Found it very positive and informative. Gives us and keeps us motivated.” “Well planned and organized and gave me tools and information I can use.”

Moving Beyond Cancer to Wellness: We had a collaboration with Seattle Cancer Alliance, Confluence Health, Icicle Village Resort and EASE Cancer Foundation to have a Moving Beyond Cancer to Wellness in November in Leavenworth. This was a free event. This event had a focus of improving quality of life and wellness after cancer and reducing risk of cancer through lifestyle modifications and changes. It was open to survivors, caregivers, friends, families and healthcare professionals. There were 99 participants and the evaluations rated the event as “excellent”.