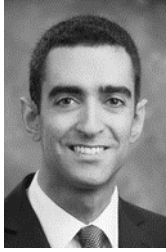


# **2017 Cotton O'Neil Cancer Committee Program Outcomes**





## **2017 Chairman's Report**

Camille Adeimy, MD

On behalf of the multidisciplinary Cancer Committee of Stormont Vail Health, we are pleased to present our 2017 program outcomes. This report reflects work of the committee for the 2017 calendar year. Our cancer program provides a network of oncology services specializing in the prevention, diagnosis, treatment and management of patients with cancer and hematological disorders. Stormont Vail Health voluntarily undergoes a rigorous three-year accreditation survey by the American College of Surgeons Commission on Cancer (CoC). Due to our commitment to provide quality cancer care our cancer center is recognized as a CoC approved Comprehensive Community Cancer program since 2009.

The cancer program is governed by a multidisciplinary Cancer Committee. This committee meets every two months to plan, assess and implement all cancer-related programs and activities. The Committee strives to continually improve patient survival and outcomes to enhance the quality of life for all cancer patients. This is accomplished by an emphasis on wellness, education, prevention, survivorship and monitoring quality cancer care.

This report would not be complete without thanking the members of the Cancer Committee and the Cancer Registry for their help throughout the year.

Camille Adeimy MD  
Cancer Committee Chair  
Medical Oncology



## Adult and Pediatric Care



### Stormont-Vail Cancer Center, Topeka, Kansas

The physicians who practice at the Stormont-Vail Cancer Center include medical oncologists/hematologists serving adults and pediatric patients, and radiation oncologists. All have offices within the cancer center. The medical oncologists are Cotton-O'Neil physicians dedicated to the evaluation and treatment of adult and pediatric patients with known or suspected hematology and oncology disorders. The radiation oncologists are with Radiology and Nuclear Medicine and on the Stormont-Vail HealthCare medical staff.

#### Adult Medical Oncologists

##### Camille Adeimy, M.D.

**Medical Degree:** American University of Beirut, Faculty of Medicine, Beirut, Lebanon

**Residency:** Internal Medicine, St. Louis University, School of Medicine; VA St. Louis Health Care System, St. Louis, Mo., **Fellowship:** Hematology and Oncology, Loyola University, School of Medicine, Maywood, Ill., Edward Hines, Jr. VA Hospital, Hines, Ill.

**Board Certifications:** Internal Medicine Dr. Adeimy has been a Cotton-O'Neil physician since 2015.



##### Karissa W. Boyd, D.O.

**Medical Degree:** University of Health Sciences College of Osteopathic Medicine, Kansas City, Mo.

**Residency:** Internal Medicine, University of Mississippi Medical Center, Jackson, Miss.

**Fellowship:** Hematology and Oncology, University of Mississippi Medical Center, Jackson, Miss.

**Board Certifications:** Internal Medicine

**Clinical Interests:** General oncology and hematology, with special interest in breast cancer.

Dr. Boyd has been a Cotton-O'Neil physician since 2009.



##### David E. Einspahr, M.D.

**Medical Degree:** University of Nebraska School of Medicine, Omaha

**Residency:** University of Kansas Medical Center, Kansas City

**Fellowship:** Medical Oncology and Hematology; University of Kansas Medical Center, Kansas City

**Board Certifications:** Internal Medicine, Medical Oncology and Hematology

**Clinical Interests:** Clinical trials in medical oncology and inherited cancer syndromes

Dr. Einspahr has been a Cotton-O'Neil physician since 1991.



##### Mehmood Hashmi, M.D.

**Medical Degree:** Dow Medical College, Karachi, Pakistan.

**Residency:** Internal Medicine, University of Oklahoma Health Sciences Center, Oklahoma City, Okla.

**Fellowship:** Hematology/Oncology, University of Kansas Medical Center, Kansas City

**Clinical Interests:** Diagnosis and treatment of cancer related to the prostate, breast, lung, kidneys, bladder, testes, head and neck, as well as myeloma and lymphoma

Dr. Hashmi has been a Cotton-O'Neil physician since 2012.



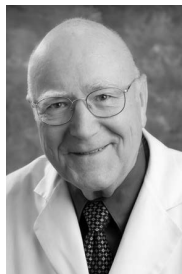
**Edwin L. Petrik, M.D.**

**Medical Degree:** University of Kansas School of Medicine  
Internship at Wesley Medical Center, Wichita

**Residency:** University of Kansas Medical Center

Clinical Associate Professor in the Department of Medicine Oncology at the University Of Kansas School Of Medicine

**Clinical Interests:** All forms of solid tumors and general internal medicine  
Dr. Petrik has been a Cotton-O'Neil physician since 1988.



**Muhammad A. Salamat, M.D.**

Medical Degree: Rawalpindi Medical College, University of Punjab, Pakistan

Residency: (Internal Medicine): Vanguard West Suburban Medical Center and Rush Oak Park Hospital, Chicago, Ill.

Fellowship: Hematology/Oncology, Saint Louis University School of Medicine, St. Louis, Mo.

Dr. Salamat has been a Cotton-O'Neil physician since 2013.



**Pediatric Medical Oncologists/Hematologists**

**Younna Othman, M.D.**

**Medical Degree:** American University of Beirut, Beirut, Lebanon

**Internship/Residency Pediatric:** Women and Children's Hospital of Buffalo, Buffalo, N.Y.

**Fellowship Pediatric Hematology/ Oncology:**

University Hospitals, Case Medical Center/Rainbow Babies and Children's Hospital, Cleveland, Ohio

**Clinical Interests:** Pediatric blood disorders including hemophilia and thrombosis; sickle

cell disease; pediatric oncology specifically leukemia

Dr. Othman has been a Cotton-O'Neil physician since 2013.



**Jakica Tancabelic, M.D.**

**Medical Degree:** University of Rijeka Medical School, Rijeka, Croatia

**Internship:** Ogulin General Hospital, Ogulin, Croatia

**Pediatrics Residency:** University of Wisconsin, Marshfield, Wis.

**Pediatric Hematology/Oncology**

**Fellowship:** Columbia University, New York City

**Board Certification:** Pediatrics; Pediatric Hematology Oncology

**Clinical Interests:** Pediatric blood disorders including hemophilia and thrombosis, sickle cell disease; pediatric oncology

Dr. Tancabelic has been a Cotton-O'Neil physician since 2010.



**Radiation Oncologists**

**Ajay Tejwani, M.D., MPH**

**Medical Degree and Internship:** Tulane University School of Medicine, New Orleans, LA

Internship Transitional Year Intern, Lemuel Shattuck Hospital, Jamaica Plains, MA

**Residency:** Radiation Oncology, New York Methodist Hospital, Weill Cornell Medical College, Brooklyn, NY

Dr. Tejwani joined Stormont Vail Health in 2017.



## **About the Cotton O'Neil Cancer Center – Serving Pediatric and Adult Patients**

The Cotton O'Neil Cancer Center is a specialty medical clinic within the Stormont Vail Health network, providing outpatient services to children, adolescents and adults who have a diagnosis of cancer or blood disorder. The 31,500-square-foot facility is located at 1414 S.W. Eighth Ave., just northeast of the main Stormont-Vail campus.

The center, opened in December 2006, consolidates all outpatient cancer services of Stormont-Vail and Cotton-O'Neil. The center has a Trilogy Image-Guided Radiotherapy linear accelerator systems and a PET/CT. It houses pediatric and adult medical oncology practices, an infusion center and a clinical research center. There are also ancillary services for patients offered such as genetic screening, nutritional counseling, social work, behavioral health therapy, pastoral care, and an outpatient palliative care program. Nurse navigators provide assistance to patients and families as they move from diagnosis through treatment.

The Cotton O'Neil Cancer Center received accreditation as a comprehensive cancer program by The Commission on Cancer in 2009. The center also achieved accreditation for its Radiation Therapy services through the American College of Radiology (ACR) since 2011.

## **Standard 1.2: Cancer Committee Membership**

The membership of the cancer committee is multidisciplinary, representing physicians from the diagnostic and treatment specialties and non-physicians from administrative and supportive services. Coordinators who are responsible for specific areas of program activity are designated from the membership.

President/CEO - Randy Peterson

Cancer Center Director - Vicky McGrath, MBA, BSN, RN, OCN

Cancer Committee Chair/Medical Oncologist – Camille Adeimy, M.D.

Cancer Liaison Physician – Jimi Obembe M.D.

Diagnostic Radiologist – Jimi Obembe, M.D. General

Surgeon – Wael Khreiss, M.D.

Pathologist – Rachel Albrecht, M.D.

Radiation Oncologist – Ajay Tejwani, M.D.

Clinic Oncology Nurse - Kristina Gurera, RN

Palliative Care – Brand Ficek, M.D. Hospital

Oncology Nurse – Jenny Smith, BSN, RN, OCN

Performance Improvement – Vicky McGrath MBA,  
BSN, RN, OCN

Community Outreach Coordinator – Michele Guerrero

Cancer Conference Coordinator - Barb Whitehead

Quality Control Registry Data - Kate Bure, RHIT, CTR

Clinical Research - Mary Martell

Genetics - Ginger Reaves APRN

Clinic Social Work - Kim Olson, LMSW

Dietitian - Karla Wessling

Pharmacy - Tyler Dieker

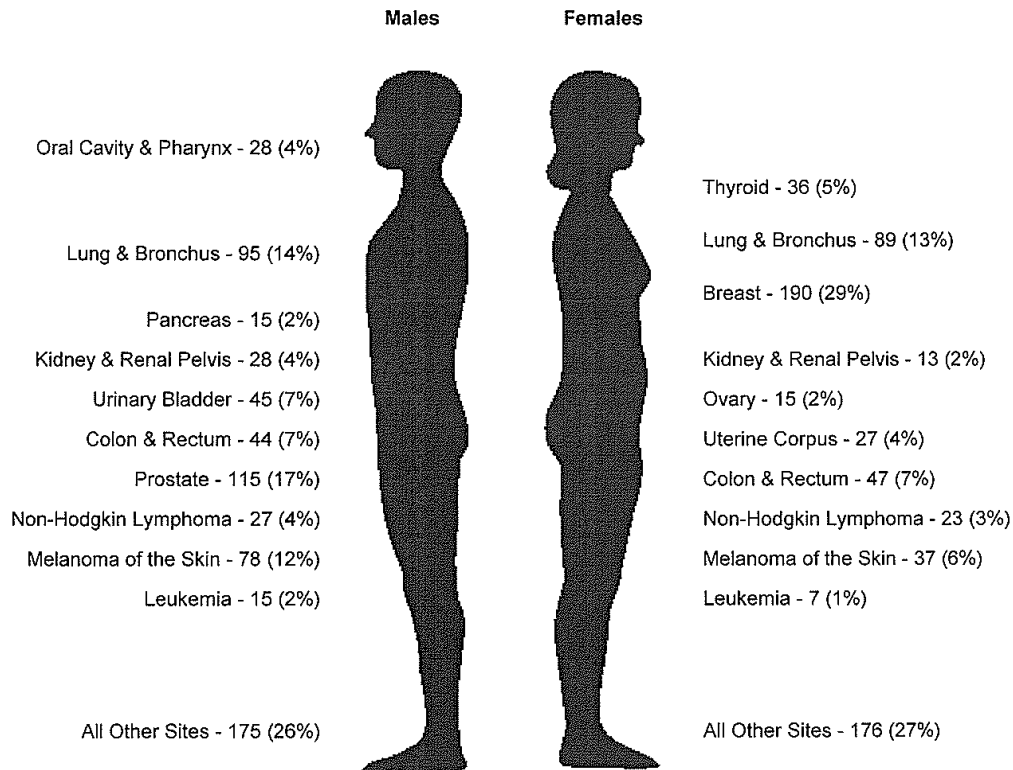
Rehabilitative Services - Toby Thompson

American Cancer Society - Ed Johnson

## 2017 Annual Cases

Cotton O'Neil Cancer Center had 1167 analytic cases for the year 2017. Analytic caseload represented in table with percentages for each category as reported to the National Cancer Database (NCDB).

### Summary by Body System and Sex Report



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## Standard 4.1 Prevention Programs

### Skin Screening

Our annual skin screening event was held on April 8<sup>th</sup> 2017 with 121 participants. This is a community event and is supported through collaborative efforts with local dermatologist. This is our 21<sup>st</sup> year holding this annual event. This year's event 48 participants were referred to a local dermatologist for suspicious findings. Twenty-eight participants have or had a scheduled follow-up with a local dermatologist. Only 6 participants were unable to be contacted. Of those participants who had completed a follow-up, 2 were found to have melanoma.

### Smoking Cessation Class Offering

Smoking continues to be prevalent in Shawnee County with 2017 rates at 18.1%. Through an affiliation with the Midwest Cancer Alliance patients within the cancer center were able to participate in a smoking cessation class that was facilitated by a smoking cessation counselor through video conferencing technology. Classes were offered over 7 weeks with materials provided by Mayo's.

## Standard 4.2 Screening Programs

Barretts Esophagus (BE) is a risk factor for development of esophageal cancer. Obesity rates in Kansas are 31.2% and obesity is one risk factor for BE. The American College of Gastroenterology guidance for best practice continues to endorse screening for high-risk patients for BE. Those considered high risk are men with chronic and/or frequent symptoms of gastroesophageal reflux and two or more of the following risk factors:

- Age > 50
- Caucasian race
- Presence of central obesity
- Current or past history of smoking
- Confirmed family history of BE or esophageal cancer

Patients within Stormont Vail Health that are referred for a colonoscopy are screened for high risk. Patients that meet criteria as high risk are offered an EGD.

Sixty-eight patients screened positive for high risk, of those 68 – 18 scheduled an EGD, 14 completed EGD with 1 positive finding of B.

## Standard 4.4 Accountability Measures & Standard 4.5 Quality Improvement Measures

CANCER PROGRAM PRACTICE PROFILE REPORT (CP3R)	Benchmark	Cancer Center
<b>Breast cancer</b> <u>Accountability</u> Radiation is administered within 1 year of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer	90%	100%
Tamoxifen or third generation aromatase inhibitor is administered within 1 year of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer	90%	94%
Radiation therapy is recommended or administered following any mastectomy within 1 year of diagnosis of breast cancer for women with $\geq 4$ positive regional lymph nodes	90%	94.5%
<u>Quality Improvement</u> Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer	80%	86%
<b>Lung cancer</b> <u>Quality Improvement</u> Systemic chemotherapy is administered within 4 months to day pre-operatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive pN1 and pN2 non-small cell	85%	100%
Surgery is not the first course of treatment for cN2, M0 lung cases	85%	100%



Rectal cancer	85%	100%
<b>Quality Improvement</b> Preoperative chemotherapy and radiation are administered for clinical AJCC T3N0, T4N0, or stage III; or postoperative chemotherapy and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer		

### Standard 4.7 Studies of Quality

Each year the cancer committee identifies two study topics for identified problematic quality-related issues.

#### Study #1:

The recommendation from the American Society of Clinical Oncology is that part of education and informed consent for patients age 15-45 before cancer therapy an oncologist should address the possibility of infertility with patients being treated during the reproductive years and be prepared to discuss possible fertility preservation options or refer appropriate patients to reproductive specialists.

**Problem:** Lack of documentation in patient medical record of fertility risk discussion and options for fertility preservation.

**Study findings:** Thirty-two eligible patients in the 15-45 age range. Ten patients had documentation within medical record of hysterectomy, tubal ligation or vasectomy so were removed from eligible patients. Of the 22 patients medical records that were reviewed only 2 had all the recommended elements documented.

**Action:** Discussion held with oncologist at cancer center and it was determined that a smartphase would be created so that recommended elements would be captured within medical record. It was also decided that researching options for patients and having brochures within cancer center would be important as no one clinician felt they were up to date on this topic. Another opportunity that was discussed was an option for a nurse to apply for an upcoming course ECHO: Enriching communication skills for health professionals in oncofertility which is a web-based education opportunity.

#### Study #2:

The National Comprehensive Cancer Network recommends daily baby aspirin for secondary colon cancer prevention in those with stage II-III colon cancer.

**Problem:** Lack of documentation in patient medical record of baby aspirin in patients with colon cancer.

**Study findings:** Thirty-five patients were identified that met eligibility for stage II-III colon cancer in 2017. Of those patients 18 were on a low dose baby aspirin at the time of this analysis according to the medical record. The remaining 17 patients did not have any documentation of recommendation to take a daily baby aspirin.

**Action:** Discussion held with oncologist, mixed opinions on this recommendation as there is not survival data related to this recommendation. They all agreed that there was no harm in the recommendation and would take it into consideration when speaking with patients after completion of active treatment.

### **Standard 4.8 Quality Improvements**

Each year the cancer committee at least 2 quality improvement affecting cancer patients are implemented each year. One quality improvement project is implemented based on the result of a quality study.

#### **#1 project:**

Plan: Develop smoking cessation referral process for patients.

Behavior Health Therapist within cancer center completed smoking cessation counseling training and has passed certification exam.

Do: Offer group smoking cessation counseling to patients that are ready to stop smoking.

Study: Project was piloted in one office and although patients were identified that were ready to quit no patient wanted to attend a group session. There were 2 patients that were referred individually.

Act: Behavior health therapist and QI coordinator working with oncologist to develop standard work to make referral process more streamlined.

#### **#2 project:**

Plan: Incorporate daily baby aspirin recommendation into survivorship care plans for patients with stage II-III colon cancer.

Do: Navigators will add the recommendation for a daily baby aspirin into the survivorship care plan for patients with stage II-III colon cancer when they are completed with treatment.

Study: Seventeen patients were eligible for completion of a survivorship care plan. Five out of the 17 patients had daily baby aspirin added to their survivorship care plan.

Act: Development of standard work. Working with IT to add language to survivorship template.