



Hunterdon Healthcare
Hunterdon Regional Cancer Center
A Fox Chase Cancer Center Partner

2016 Cancer Program Annual Report



Hunterdon Healthcare bid a fond goodbye to long-time medical oncologist Brian Quinn, MD who retired after 35 years of practice at Hunterdon Medical Center. Dr. Quinn left his practice in good hands, with veteran physicians Kenneth Blankstein, MD, Myron Bednar, MD and Waqas Rehman, MD. The practice expanded significantly in 2016 with the addition of Swee Ngeow, MD and Megha Shah, MD.

Dr. Ngeow received her medical degree from the University of Calgary in Alberta, Canada and completed her residency in Internal Medicine at Montefiore Medical Center in the Bronx, New York. She completed her Hematology and Oncology fellowship at Montefiore Medical Center, as well. She is a member of the American Society of Clinical Oncology and is a board certified Hematologist/Oncologist. Dr. Ngeow received recognition as NJ Top Doctor for Medical Oncology.

Dr. Shah is a graduate of the University of Pittsburgh Medical School. She completed her internship and residency in Internal Medicine at New York University in New York City and is a graduate of the Hematology and Medical Oncology fellowship program at Fox Chase Cancer Center-Temple University in Philadelphia. Dr. Shah was actively involved in research while at Fox Chase Cancer Center. Her clinical interests include breast and gynecologic malignancies. Her interests also include cancer survivorship and end-of-life issues. She is a member of the American Society of Hematology and the American Society of Clinical Oncology.

2016 was a busy year for the Hunterdon Regional Breast Care Program. In September, Jennifer Montes, MD joined the Hunterdon Breast Surgery Center. Dr. Montes is a general surgeon board certified by the American Board of Surgery specializing in diseases of the breast. Dr. Montes is an active member of the American Society of Breast Surgeons. She received her undergraduate degree from Cornell University and her Masters in Public Health from the Columbia University Mailman School of Public Health. She earned her Medical Doctorate degree from Temple University School of Medicine in Philadelphia, and went on to complete her surgical training at Lenox Hill Hospital. During this time, she also completed externships at Memorial Sloan Kettering, Columbia University and St. Luke's Roosevelt hospitals. After completing her residency, Dr. Montes was selected for the breast surgery fellowship at New York University Langone Medical Center.

In November 2016, the breast program completed another successful accreditation visit from the National Accreditation Program for Breast Centers (NAPBC), receiving full three year accreditation, with recognition for best practice in survivorship and cancer conference management. Accreditation from nationally recognized organizations like the NAPBC validates the efforts of everyone in the cancer program who strive to provide outstanding clinical care to our patients every day.

We're proud to say the cancer program staff are not only recognized for their excellent clinical care, but also for providing an excellent patient experience. Hunterdon Regional Cancer Center was presented the Press Ganey National Best Practice Award for three quarters in a row in 2016, and 3 West, the inpatient oncology unit, won the Quality Award from Press Ganey, an award not often bestowed on a medical unit. Our cancer program has one main objective – to provide the highest quality care to the community we serve. Through the efforts of the entire interdisciplinary team, we're working to meet and exceed that goal every day.

Kenneth Blankstein, MD
Medical Director

Barbara Tofani, MSN, RN, NEA-BC
Administrative Director

Program Affiliation

Hunterdon Regional Cancer Center is accredited by the American College of Surgeons Commission on Cancer (CoC) and the National Accreditation Program for Breast Centers (NAPBC). Hunterdon Regional Cancer Center is a partner of Fox Chase Cancer Center, a National Cancer Institute-designated facility dedicated to caring for patients with cancer. Through our partnership with the Fox Chase Cancer Center in Philadelphia, Hunterdon Regional Cancer Center offers leading edge services for the prevention, early detection and successful treatment of many cancers.

Cancer Outreach

Prevention

Hunterdon Regional Cancer Center partners with the state of New Jersey and the CDC to provide residents of our community with cancer education, prevention and early detection services, regardless of one's ability to pay. In 2016, the cancer center outreach staff provided over 60 community and professional education programs, reaching close to 1,500 Hunterdon County residents. Nurses and public health experts provided information on the following topics:

- Healthy lifestyles
- Breast cancer
- Lung cancer, including the newest information on lung cancer screening
- Cervical cancer
- Ovarian cancer
- Prostate cancer
- Colorectal cancer
- Smoking cessation
- Merchant age of sale for tobacco
- HPV education
- Sun Safety

The Hunterdon and Mercer County Regional Chronic Disease Coalition are engaged in additional cancer prevention initiatives, including:

- Targeting municipalities to adopt smoke-free ordinances
 - The cities of Trenton and Ewing adopted smoke-free park and recreation ordinances
- Educating school nurses about the importance of HPV vaccines
- Engaging local schools to participate in the Centers for Disease Control and Prevention's (CDC) School Health Index to determine needs to create a healthy school environment
 - Frenchtown School completed the School Health Index and are evaluating next steps
- Collaborating with county and state organizations to promote healthy eating and physical activity among children and adolescents.

If anyone is interested in having the community outreach staff provide an education at their group or organization meeting, call 908-237-2328.

Screening

Colorectal Cancer

Colorectal cancer is a cancer of the colon or rectum. This type of cancer usually begins as a polyp (or bump) in the lining of either the colon or rectum. Some polyps are benign and never become

cancerous. However, other polyps slowly become cancerous as they grow through the many layers of the colon/rectum and into surrounding tissue.

No one knows why certain people get colorectal cancer. However, many studies have identified behavioral and environmental factors that increase or decrease an individual's risk of developing colorectal cancer. These factors include:

- Age – as an individual ages, the risk of developing colorectal cancer increases.
- Family History – an individual whose close relative (brother, mother, etc.) has had colorectal cancer is at an increased risk of developing the disease.
- Personal History – an individual who has already had a colorectal cancer is at an increased risk of getting the disease again.
- Personal Health – individuals who have a history of large or numerous polyps have an increased risk of developing colorectal cancer. Also, individuals with diabetes, and individuals with certain bowel conditions such as Crohn's Disease or ulcerative colitis have an increased risk of having colorectal cancer.
- Poor Diet – studies suggest that a diet high in fiber and in fresh fruits and vegetables protects an individual from developing colorectal cancer.
- Physical Activity – studies suggest that maintaining a healthy weight, especially in adulthood, lowers an individual's risk of having colorectal cancer.

There are frequently no or few symptoms of colorectal cancer. Some of the possible symptoms include:

- A change in bowel habits – increased diarrhea, constipation, or a feeling of being unable to empty the bowels.
- Bright or dark red blood in stool.
- Abdominal discomfort – bloating, cramping, and gas pain.
- Unintended weight loss.
- Unexplained fatigue.
- Nausea and vomiting.

Ways to reduce the chance of a colorectal cancer diagnosis:

- Maintain a healthy body weight through diet and exercise.
- Increase consumption of fresh fruits and vegetables and reduce fat and alcohol consumption.
- Stop using tobacco products like cigarettes, cigars and chew.
- Discuss colorectal cancer screening methods with your family physician.

There are many ways to screen an individual for colorectal cancer. Regular screening is important because it can detect disease in a person who may not have any symptoms and may have an earlier stage disease. Individuals with early-stage disease tend to have a better prognosis than those with later-stage disease. Certain types of screenings find polyps before and after they have become cancerous. Other types of screenings only find cancer in individuals.

Flexible sigmoidoscopy, colonoscopy, virtual colonoscopy, and double contrast barium enema are all types of screenings that detect cancerous and non-cancerous polyps. Fecal Occult Blood Tests (FOBT) and Fecal Immunochemical Tests (FIT) are types of non-invasive tests that detect blood in

fecal matter, a possible indicator of colorectal cancer. These blood tests do not detect the presence of polyps and individuals with non-cancerous bowel conditions may test positive. Individuals who test positive for blood in the feces may be sent for a screening colonoscopy. Many people prefer this type of screening because they can do the test in private, at home, and it is non-invasive.

- In 2015, the Cancer Education and Early Detection (CEED) grant provided funding for un- and under-insured residents of Hunterdon County to receive colorectal cancer screening.
 - 52 men and women were screened for colorectal cancer
- In addition, six Hunterdon Healthcare-owned family practice offices are using motivational interviewing to increase compliance rates for colorectal cancer screening.
 - 668 patients were educated about colorectal screening
 - 50 patients were scheduled for screening

Skin Cancer

The annual skin cancer screening was offered in 2016.

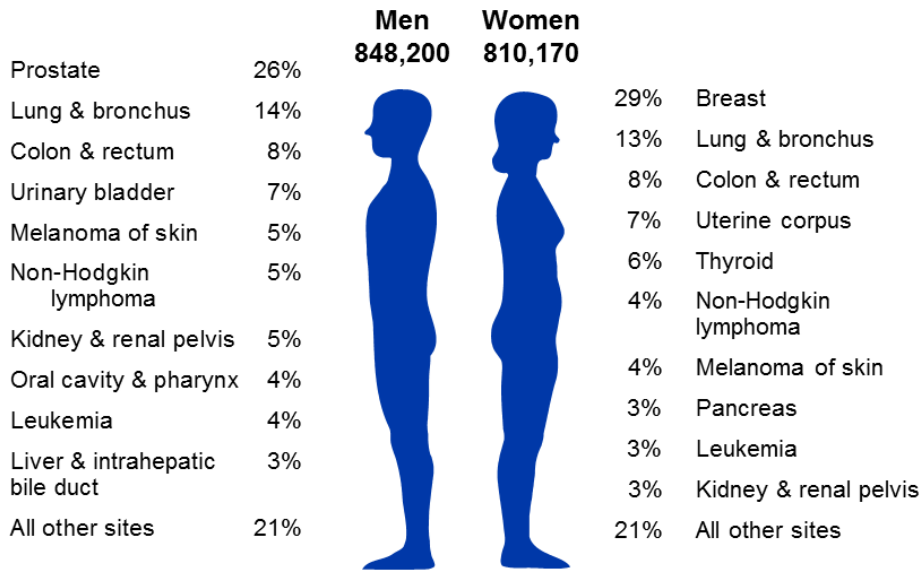
- One hundred sixteen (116) Hunterdon County residents participated in this year's skin cancer screening.
 - 38 Male
 - 78 Female
 - 41 (35%) were recommended for follow up
 - 17 (15%) were recommended for biopsy
- To date, 2 were diagnosed with cancer
 - Basal cell – 1
 - Melanoma - 1

Site Study – Kidney Cancer

In kidney cancer, the cells of the kidney grow out of control, forming tumors in the kidney. There are several types of kidney cancer, but the most common is renal cell cancer (American Cancer Society, 2016). Kidney cancers are slightly more common in men than women, with kidney cancer representing approximately 5% of the newly diagnosed cancers in men, and 3% in women.

Because kidney cancer is a less commonly diagnosed cancer, the cancer committee felt it imperative to assess the organization's performance regarding management of the disease compared to national guidelines. Dr. Blankstein reviewed all of the kidney cases (14) for 2015. Twelve of the 14 were compliant with the National Comprehensive Cancer Network (NCCN) treatment guidelines. Of the 2 outstanding cases, one patient sought treatment elsewhere, and the second patient had not yet had surgery. The treatment plan for this patient, however, was consistent with the NCCN guidelines. Based on his chart review, cancer committee affirmed patients diagnosed and treated for kidney cancer at Hunterdon Healthcare received care consistent with national guidelines in the management of kidney cancer.

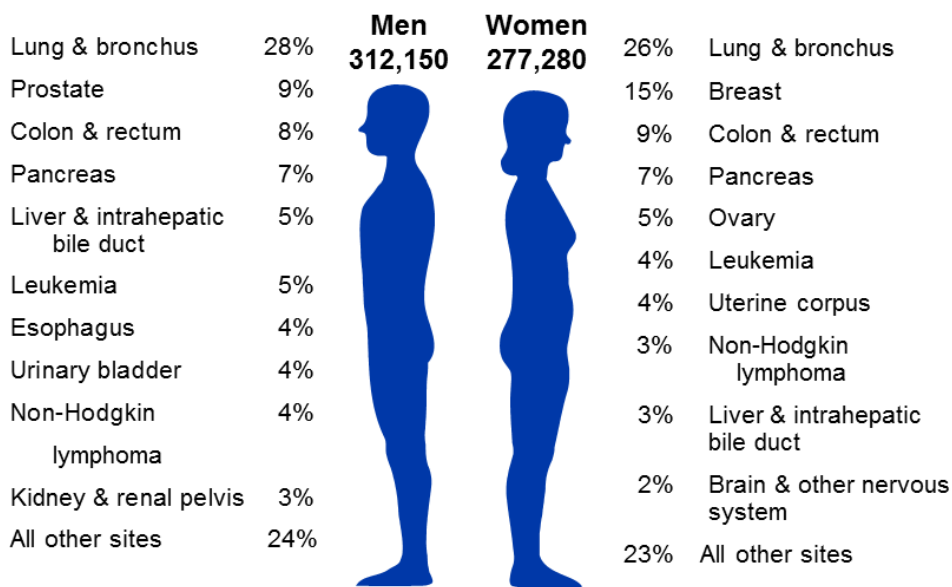
Estimated New Cancer Cases* in the US in 2015



*Excludes basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder.

American Cancer Society, 2015

Estimated Cancer Deaths in the US in 2015



American Cancer Society, 2015

Quality

Each year, the Cancer Committee evaluates the care provided to patients, and looks for opportunities to improve. Studies of quality are intended to assess compliance with national standards and benchmarks. Quality improvement studies focus on ways to adjust new and existing services to ensure they meet the highest standards of excellence. In 2015 & 2016, the Cancer Committee conducted the following quality studies to assess, enhance and improve the care provided to cancer patients at Hunterdon Healthcare.

Quality Studies

Ongoing monitoring of Catheter-Associated Blood Stream Infections (CLABSI) and Catheter-Associated Urinary Tract Infections (CAUTI)

- CLABSI rates continue to be below the CDC's National Healthcare Safety Network's national benchmark for cancer patients on the inpatient oncology unit.
 - 16 months without a CLABSI
- CAUTI rates continue to be below the CDC's National Healthcare Safety Network's national benchmark for cancer patients on the inpatient oncology unit.
 - 16 months without a CAUTI

Monitor sepsis rates for cancer patients on the inpatient oncology unit using the sepsis diagnostic criteria.

- Oncology patients are vulnerable to developing sepsis.
- The inpatient oncology unit is piloting a tool that screens patients three (3) times a day with specific sepsis assessment criteria. If a patient scores positive for a designated percentage of the metrics indicating sepsis, resources are mobilized as per the sepsis protocol.
- The unit is monitoring sepsis rates and reporting to cancer committee on a quarterly basis.

Assessment of effectiveness of palliative radiation therapy for pain management

- A 2015 site study evaluating compliance with national guidelines for the use of radiation therapy for palliation of pain showed compliance with the guidelines, discrepancies between physician and RN documentation of pain levels.
- Clarification was provided regarding RN and physician documentation, with RNs documenting overall pain levels, and physicians documenting site-specific pain levels.
- Review of the charts demonstrate 70% of patients treated with palliative radiation therapy for pain have an acceptable level of pain post treatment. These results are consistent with the literature.

Oncology Rehabilitation

Metrics were reviewed to assess quality of services. Significant improvement in patient-reported scores in all areas.

- Cancer-related fatigue
 - Using a treatment protocol of twice/weekly cardio, strengthening, and a home exercise program, assessed patient perception of fatigue based on the Brief Fatigue Inventory
 - Reports of "Fatigue interferes with general activity" and "enjoyment of life"
 - Improving, with score decreasing from 9/10 to 3/10
- Chemotherapy-induced peripheral neuropathy
 - Using mentol with joint mobilization, TNS, and vibration
 - 6 of 10 patients report significant improvement

- Pain rating decreased from 7-9/10 to 0/10
- Some patients with complaints of CIPN since 1998
- Shoulder pain after breast surgery
 - Soft tissue stretching
 - One case from 2007 mastectomy pt
 - ROM increased significantly, and pain decreased from 4/10 to 0/10

Quality Improvement

Surgical wait times for patients with a Birads 4 mammogram

Goal:

Decrease wait times for women with a Birads 4 mammogram who need a surgical consult to under 2 weeks.

Actions:

- The breast navigator at Hunterdon Women's Imaging Center is working closely with the surgeon's offices to facilitate timely consult appointments.
- Dr. Gleason, the breast surgeon, expanded office hours to include weekends and evenings to accommodate patients.
- A second breast surgeon and a surgical PA dedicated to the breast program were hired in September.

Results:

- Wait time is down to 11 days.

Accountability Measures

Accountability measures are nationally accepted standards that promote the highest level of cancer care based on the evidence. Hunterdon Healthcare's cancer committee reviews the cancer program's performance against these measures at least annually. Performance against the standards was acceptable, with physicians using the evidence to guide shared-decision making discussions with patients.

- Breast conservation surgery rate for women with AJCC clinical stage 0, I or II – 74%
 - Benchmark 50%
- Image or palpation-guided needed biopsy performed to establish diagnosis of breast cancer – 90%
 - Benchmark – 80%
- Radiation therapy is considered or administered following mastectomy within 1 year of diagnosis of breast cancer for women with greater than 4 positive regional lymph nodes – no data
- Radiation is administered within 1 year of diagnosis for women under age 70 receiving breast conservation surgery for breast cancer – 96%
 - Benchmark 90%
- Combination chemotherapy is considered or administered within 4 months of diagnosis for women under 70 with AJCC T1cN0 or stage IB-III hormone receptor negative breast cancer – 100%
 - Benchmark – 90%
- Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer – 89%
 - Benchmark – 90%

- At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer – 96%
 - Benchmark – Minimum 12 lymph nodes
- Adjuvant chemotherapy is recommended or administered within 4 months of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer – 100%
 - Benchmark – 90%
- Preoperative chemotherapy and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III rectal cancer: or postoperative chemotherapy and radiation therapy are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AHCC T3N0, T4N0, or stage III; or treatment is recommended for patients under the age of 80 receiving resection for rectal cancer – 100%
 - Benchmark – 90%

Research

2016 was a busy year for the research program, with ongoing audits to ensure the integrity of the program, and new clinical trials opening to meet the needs of our patient population, including the prestigious NCI-MATCH trial, a precision medicine trial that explores treatment of cancer patients based on the molecular profile of their tumor rather than the disease site.

Psychosocial Oncology

Services that address the psychosocial, emotional, financial, and spiritual needs are offered by the interdisciplinary cancer care team, led by an oncology licensed certified social worker. In 2016, the following programs/services were provided to patients:

- One-on-one assessment and counseling for needs related to the diagnosis and treatment of cancer
- Peer support for cancer patients and caregivers through the Partners in Healing Program
- Bi-monthly Breast Cancer Support Group
- Introduction to Integrative Medicine
 - On-site Yoga for Cancer Patients class offered weekly
- Cancer Survivorship Series (offered twice in 2014-2015), with topics including:
 - Medical Management After Active Treatment
 - Managing Emotional Well-Being
 - Cancer Genetics and Risk Assessment
 - Integrative Medicine
 - Physical Therapy and Exercise
 - Nutrition
 - Life after Cancer

Cancer Registry

Hunterdon Healthcare’s Cancer Registry is an information system used for the collection, management and analysis of data relating to patients diagnosed with cancer and treated at Hunterdon Healthcare. The information is reported to the New Jersey State Cancer Registry and to the National Cancer Data Base. The data is used by these agencies to evaluate cancer trends as well as in analytic

research at the state and national level. Only aggregate information is analyzed and published. Patient confidentiality is strictly maintained.

Hunterdon Healthcare’s Cancer Registry was recognized by the state for exceeding the highest benchmark scores for the quality and completeness of data reporting in all categories.

Quarterly Quality & Completeness Report
 Hunterdon Medical Center
 For data submitted to NJSCR for the Accession Year 2015 (as of 7/1/2016)

QUALITY

4. Data Quality Measures

Measure	Percent	My Facility			All NJ Facilities	Benchmarks**†		
		90% Confidence Interval‡	Numerator	Denominator		Bronze	Silver	Gold
Unknown Social Security Number	1.0%	0.3% - 1.7%	6	606	7.1%	<3%	<2%	<1%
Unknown Year of Diagnosis	0.0%	0.0% - 0.0%	0	606	0.7%	<1.5%	<1%	<0.5%
Unknown/Other Race (99, 98)	0.5%	0.0% - 1.0%	3	606	3.8%	<5%	<4%	<3%
Unknown/Other Hispanic Ethnicity (9, 8)	0.3%	-0.1% - 0.7%	2	606	2.5%	<5%	<4%	<3%
Unknown Class of Case (99)	0.0%	0.0% - 0.0%	0	606	0.1%	<1%	<0.5%	<0.1%
Unknown Gender	0.0%	0.0% - 0.0%	0	606	0.0%	<3%	<2%	<1%
Unknown/ill-defined Primary Site (C76, C80)	2.1%	1.2% - 3.1%	13	606	1.9%	<2.5%	<2%	<1.5%
Unknown Laterality (9, 3)	3.8%	2.0% - 5.5%	12	317	6.1%	<6%	<4%	<2%
Non-Specific Histology (8000, 8001)	1.5%	0.7% - 2.3%	9	595	1.3%	<3%	<2.5%	<2%
Unknown County at Diagnosis	0.2%	-0.1% - 0.4%	1	606	0.4%	<3%	<2%	<1%

*Benchmarks are derived from standards of the North American Association of Central Cancer Registries and the Surveillance, Epidemiology and End Results Program of the National Cancer Institute.

† In order to receive the Award for Excellence in one of the three categories, your facility must achieve that category for all measures listed in the table, in addition to the completeness and timeliness measures listed on the previous page.

‡Credit is given for the highest benchmark included within the 90% Confidence Interval for each measure.

Cancer Conferences

Cancer Conferences are interdisciplinary meetings that provide a forum for communication between the managing physician, specialty physician and support staff concerning diagnostic and treatment decisions relating to Hunterdon Healthcare’s cancer patients. The interdisciplinary team approach to patient management and treatment enables the medical specialists to stay abreast of the most current treatment modalities. National Comprehensive Cancer Network (NCCN) guidelines are reviewed and discussed at tumor boards along with AJCC staging.

The Cancer Registry is responsible for organizing cancer conferences. Cancer Registry data is presented at cancer conferences throughout the year. In 2016 Hunterdon Healthcare held weekly general cancer conferences (tumor boards) and bi-weekly breast cancer conferences, which were attended by medical and radiation oncologists, pathologists, radiologists, surgeons, specialty

physicians from GI, pulmonary, and ENT, nurses, dietitians, care coordinators, social workers, physical/occupational therapists, technicians, genetic counselors and support staff. Although most of the interdisciplinary team attends cancer conference in person, the meetings are also offered via WebEx so specialty and primary care physicians who are unable to be present may participate in case presentations regarding their patients. This use of technology improves communication across disciplines and truly demonstrates a collaborative, integrative approach to care that benefits our patients.

Important Phone Numbers

For more information about the cancer services or programs at Hunterdon Healthcare, please call:

Administrative Director, Hunterdon Regional Cancer Center

Barbara Tofani, RN – (908) 788-6508

Breast Care Program

Jessica Danik, RN – (908) 237-5447

Cancer Registry

Mary Stamets, CTR – (908) 788-6544

Cathy Leach – (908) 788-6630

Care Coordination

Samantha Geiger, RN – (908) 237-7079

Nancy Satnowski, RN – (908) 237-5490

Community Outreach and Education

Amanda Medina – (908) 237-2328 (County Cancer Coalition grant coordinator)

Janet Acosta – (908) 237-7039 (Spanish)

Marge Vellotti – (908) 237-5409 (CEED program coordinator)

Family Risk Assessment Program

Rachel Rando, Genetic Counselor – (908) 788-2566

Mary Vecchio, RN, MSN – (908) 788-2546

Kristen Koprowski, LGC – (908) 237-6048

Medical Oncology

Main number – (908) 788-6514

Kellie Mazingo – (908) 237-2325

Nutrition

Jeanne Gee, RD – (908) 237-5496

Oncology Rehabilitation

Barbara Surhoff, PT – (908) 237-6040

Psychosocial Oncology

Gabby Winther, LCSW – (908) 237-2337

Radiation Oncology

Main number – (908) 788-6547

Jill Pelonero – (908) 237-2323

Research

Kaitlyn Singer – (908) 237-2330, ext. 2