MEDVAMC Cancer Center 2017 Annual Report

U.S. Department of Veterans Affairs
Veterans Health Administration
Michael E. DeBakey VA Medical Center

Contents

Commission on Cancer® ACCREDITED PROGRAM

A QUALITY PROGRAM OF THE AMERICAN COLLEGE OF SURGEONS

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Cancer Committee Chairman's Report

The Michael E. DeBakey VA Medical Center (VAMC) is pleased to present the Cancer Program Annual Report for 2017. Every year, the committee sets a programmatic and clinical goal to improve the care that we provide at our hospital; in 2017, we accomplished both of these goals.

The report highlights the progress and success of the Cancer Program.

- We are proud to announce that the MEDVAMC has received 3-year full re-accreditation by the American College of Surgeons Commission on Cancer (ACOS, CoC), The National American College of Radiation Oncology and The National American College of Radiology.
- The Cancer Center welcomed Dr. Anita Sabichi, as the new Chief for the Hematology/Oncology department. Dr. Sabichi is an Associate Professor with Baylor College of Medicine who specialized in lung, head and neck cancers.
- We were also able to recruit additional Infusion Nurses and Advanced Care Providers. These additions were a huge accomplishment and vital to the expansion of services and level of comprehensive care we wish to provide to our veterans.
- Housing our Outpatient Palliative Care & Symptom Management providers in the Cancer Center proved to be much-needed benefit as we are now equipped with the ability to provide comprehensive psychosocial distress screenings for patients who need on the spot support from our Social Service Providers.
- We are proud to announce that we successfully created the foundation for our new Patient Navigation program, which will assist veterans and their families in moving through the treatment process smoothly.
- The implementation of our Virtual Telemedicine clinics (V-TEL) has made the referral process to bone marrow transplant centers faster and more assessible.
- With the support of our Social Work and Psychology providers we have been able to add two support groups (breast and genitourinary) to our Cancer Center which has made a significant impact of the emotional well-being of our veterans.
- The Pulmonary Service was awarded a rural health grant for screening navigation; a formal screening program which reduces the time from initial abnormal imaging to first consult for early stage Non-Small Cell Lung Cancer (NSCLC).
- Our Virtual Tumor Board (VTB) program was highlighted during the visit from VHA Chief of Staff and ***Acting Under Secretary of Health and has allowed our program to provide virtual tumor board services to VA hospitals nationwide.***

Overall, our multidisciplinary team has made significant achievements that have enabled our Cancer Program to provide first-class care to our veterans. We are looking forward to future accomplishments as we strive for superiority in every field of cancer care.

Nader Massarweh, MD
Cancer Committee Chair

Sarvari Yellapragada, MD
Cancer Committee Chair

Cancer Committee Leadership

The success of the Cancer Program depends on an effective, multidisciplinary cancer committee. The Michael E. DeBakey VA Medical Center of Houston (MEDVAMC) Cancer Committee is composed of various physician representatives from diagnostic and treatment specialties, as well as non-physicians from supportive services. We all work collaboratively to ensure comprehensive care is provided to all our patients.

Member

Sarvari Yellapragada, MD
Committee Chair, Medical Hematology/Oncology

Nader Massarweh, MD
Committee Chair, Surgical Oncology

Hop TranCao, MD
Cancer Liaison Physician, Surgical Oncology

Jorge Gago-Pinero, MD
Chief, Radiology

Bhuvaneswari Krishnan, MD
Pathology

Jennifer Taylor, MD
Surgery

Anita Sabichi, MD
Chief, Hematology/Oncology Section

Leanne Jackson, MD
Palliative, Care

Hsin Lu, MD
Chief Radiation Oncology

Brittainy Noel, SHSS,
Cancer Program Administrator

Vivian Shelvin
Cancer Conference Coordinator

Alka Mulchandani, CTR
Cancer Registry Data Quality Coordinator

Elizabeth Conti, PhD
Behavioral Health Program,
Psychosocial Services Coordinator

Daniel DeBrule, MD
Community Outreach Coordinator

Tiffany Perry
Research Coordinator

Maria Velez, MD
Medical Care Line,
Quality Improvement Coordinator

Erica Thomas, CTR
Certified Cancer Registrar,

Evangeline Jimenez, RN
Oncology Nurse Manager

Maria Lozano-Vasquez, LMSW

Shweta Dhar, MD
Genetic Specialist

Additional members strongly recommended, but not required:

Sherlock Brown
Chaplain

Alice Neycheril, NP
Rehabilitation

Lucia Hisse, Dietician
Nutrition & Food

Donald Lazarus, MD,
Pulmonary

Hassan Al-Balas, MD
Interventional Radiology

Our Cancer Care Team

Multidisciplinary Cancer Committee physicians and care team members are dedicated to the highest level of patient centered care.

Services provided at the Cancer Center at MEVAMC:

Clinical Pharmacist: The Oncology Pharmacists play a vital role in the delivery of comprehensive cancer care.

Infusion Clinic: The outpatient infusion clinic is conveniently housed inside the Cancer Center and provides treatment to Hematology & Oncology patients.

Clinical Trials: Our research department partners with Baylor College of Medicine to provide new innovative treatment options.

Hematology Clinic: Hematologist diagnose and treat blood disorders and malignant Hematology cases.

Nurse Practitioners: Provide much needed clinical support to our physicians and patients.

Physician Assistants: PA's in oncology are multipurpose, competent and empathetic members of cancer treatment teams.

Registered Nurses: Registered Nurses Provides their nursing expertise to both clinical & management role.

Nutrition: All patients have access to an in-house Nutritionist to assist in managing a well-balanced diet.

Palliative Care Team: Provides holistic care to patients with chronic pain and advanced illnesses.

Patient Navigation: Provides support and resources to cancer patients from diagnosis to survivorship.

Psychosocial Distress Screening: Distress screenings are offered to all patients in hopes to prevent emotional crisis.

Social Worker: Clinical Social Workers assist patients and their families cope with cancer by hosting multiple groups and individual sessions as well

GI Surgical Oncology: Collaboration between outpatient & surgical physicians is vital in delivering outstand care to our patients.

Pulmonary: Multidisciplinary care in the outpatient oncology setting also including thoracic services.

MEDVAMC services provided outside the Cancer Center:

Liver Transplant: MEDVAMC is officially designated as a liver transplant center.

Interventional Pulmonology: An innovative technology which focuses on using minimally invasive endoscopic procedures to diagnose & treat respiratory conditions.

Interventional Radiologist: A radiologic procedure used to find & treat health conditions in the body.

Pathologist: A diagnostic study that identifies & classifies different types of cancer by studying cells under a microscope.

Genetic Counselor: On-Site counselors that pprovides facts and support to people who are at risk for a genetic disorder.

Anesthesiologist: ***Administers medicines that blocks sensation or awareness during surgical procedures***.

Clergy: Provides prayer & spiritual counseling to patients that are in need of support, courage & hope.

Our Cancer Registry

The Cancer Registry at Michael E. DeBakey VA Medical Center (MEDVAMC) is dedicated to compiling uniform data of each patient diagnosed with and/or treated since our reference date. The Cancer Registry is successfully managed by Certified Cancer Registrars.

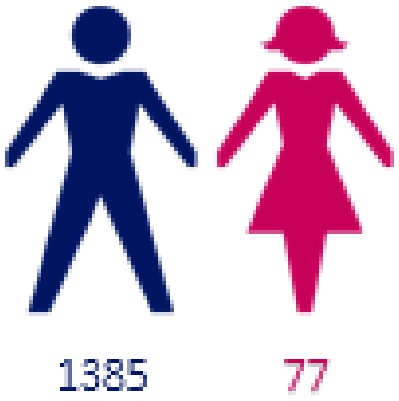
The Cancer Registry database includes 28,793 cases. In 2017, 1,462 cases were added to the database.

Each patient in the cancer registry is followed for a life-time and it fulfills Commission on Cancer (CoC) requirements.

Cancer registry statistics: The CoC requires in-depth review for the five major cancer sites (colorectal, hematopoietic, lung, liver and prostate) each calendar year. The data is used to ensure that patients are diagnosed and treated in compliance with national benchmarks and approved standards of care. It is also considered in the planning of new services for patient population.

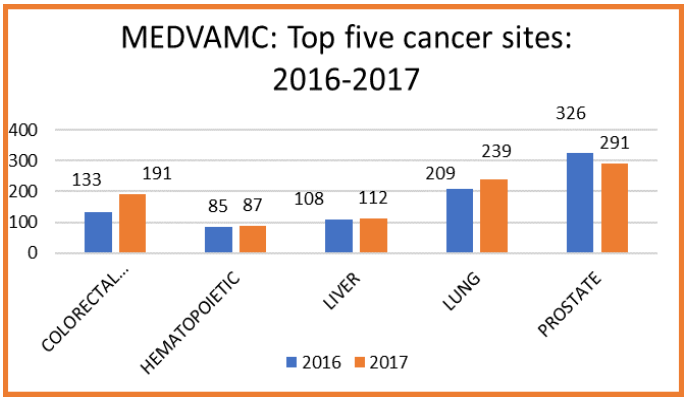
National Cancer Data Base (NCDB) uses hospital cancer registry data to analyze and track patients' outcomes.

Cancer registry data represents more than 70% of newly diagnosed cancer cases nationwide from all the accredited cancer program facilities. The report compares MEDVAMC program performance rate measures with other COC approved VHA facilities. When reviewing the performance measures, MEDVAMC Cancer Program rates are higher compared with other VHA approved programs.



1462 Total Patients

Demographically, 65% patients are Caucasian, while 34% were African-American and <1% patients were classified as "other" The distribution based on gender showed that 95% males and 5% females were diagnosed & treated. (1462 Total Patients)



Above 2017 graph illustrates the top five cancer sites compared with 2016.

2017 Goals:

The goals of the Cancer Registry are to provide accurate and timely data to healthcare providers and administration. This data has been used to benefit research efforts, monitor patient outcomes, pioneer new cancer programs, and evaluate patient treatment and survival outcomes. Our efforts are consistently in compliance with State, VHA, CoC and MEDVAMC reporting standards.

2017 Accomplishments:

Educational Sessions:

- The Cancer Registrars maintain their credentials by participating in local & national educational sessions. The Cancer Program proudly received the CoC commendation for this standard.
- The MEDVAMC Cancer Registry participates in monthly education sessions to ensure that they are up to date with all the latest news and trends for their field.

Cancer Registry Accomplishments:

- Initiated teleworking for all Cancer Registrars
- Collaborated with multidisciplinary clinical subspecialties, Education, public affairs, and Medical Media to host a successful Symposium on Breast Cancer Awareness and Treatment
- Attended the Komen Breast cancer advisory conference
- Virtually attended the 2017 National Cancer Registrar Conference
- Attends Monthly NAACCR & NCRA Webinars
- Instrumental in creating Standard Operating Procedures for the Virtual Tumor Board Conferences using our new V-TEL system

- Cancer Registry Staff Members:
  - Beverly Bryant, CTR
  - Vivian Shelvin
  - Erica Thomas, CTR
  - Diana Rosas, CTR
  - Alka Mulchandani, CTR, Lead Cancer Registrar

Primary Sites

PRIMARY SITE	CLASS OF CASE			RACE/SEX						STATING							
SITE:	TOT#	ANAL	NON	W-M	W-F	B-M	B-F	O-M	O-F	0	I	II	III	IV	U	NA	INC
Lip/Oral Cavity/Pharynx																	
LIP	3	3	0	3	0	0	0	0	0	0	2	1	0	0	0	0	0
TONGUE, BASE	11	11	0	10	0	0	0	1	0	0	1		2	8	0	0	0
TONGUE, OTHER/NOS	5	5	0	3	1	1	0	0	0	1	0	1	1	2	0	0	0
GUM	1	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0
FLOOR OF MOUTH	2	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
PALATE	5	5	0	3	0	1	1	0	0	0	0	0	0	5	0	0	0
OTHER/NOS MOUTH PART	5	5	0	4	0	1	0	0	0	0	1	2	0	2	0	0	0
PAROTID GLAND	1	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0
TONSIL	10	10	0	8	0	1	0	1	0	0	2	0	2	6	0	0	0
OROPHARYNX	4	4	0	4	0	0	0	0	0	0	0	0	0	4	0	0	0
PYRIFORM SINUS	3	3	0	2	0	1	0	0	0	0	0	0	1	2	0	0	0
HYPOPHARYNX	3	3	0	2	0	1	0	0	0	0	0	0	0	3	0	0	0
SUBTOTAL	53	53	0	43	1	6	1	2	0	1	7	5	6	34	0	0	0
Digestive Organs																	
ESOPHAGUS	43	37	6	35	1	7	0	0	0	3	7	10	9	11	2	0	0
STOMACH	30	26	4	12	1	17	0	0	0	0	10	5	2	9	4	0	0
SMALL INTESTINE	10	9	1	6	0	4	0	0	0	0	3	3	1	3	0	0	0
COLON	136	112	24	84	6	43	3	0	0	75	23	13	12	10	3	0	0
RECTOSIGMOID JUNCTIO	10	9	1	8	1	1	0	0	0	4	2	1	0	2	1	0	0
RECTUM	45	35	10	24	2	18	1	0	0	21	7	7	3	5	2	0	0
ANUS/ANAL CANAL	8	8	0	6	1	1	0	0	0	1	0	1	5	1	0	0	0
LIVER/INTRAHEPATIC B	113	94	19	77	0	34	1	1	0	0	60	25	16	10	0	2	1
GALLBLADDER	2	2	0	1	0	1	0	0	0	0	0	0	0	1	0	1	0
BILARY TRACT - OTHER	4	4	0	2	0	2	0	0	0	0	1	0		3	0	0	0
PANCREAS	30	28	2	16	0	12	1	1	0	0	9	7	3	11	0	0	0
OTHER-DIGESTIVE ORGA	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
SUBTOTAL	432	365	67	272	12	140	6	2	0	104	122	72	51	66	12	4	1
RESPIRATORY SYSTEM/INTRATHORCIC ORGANS																	
NASAL CAV,MIDDLE EAR	2	2	0	1	0	1	0	0	0	0	0	0	0	1	0	1	0
ACCESS SINUSES	2	2	0	2	0	0	0	0	0	0	1	0	0	0	0	1	0
LARYNX	33	31	2	21	0	12	0	0	0	1	15	3	3	11	0	0	0
LUNG/BRONCHUS	239	225	14	152	8	73	6	0	0	1	76	22	39	98	3	0	0
THYMUS	4	4	0	2	0	2	0	0	0	0	0	0	0	0	0	4	0
HEART/MEDIASTINUM/PL	3	2	1	3	0	0	0	0	0	0	0	0	0	2	1	0	0
SUBTOTAL	283	266	17	181	8	88	6	0	0	2	92	25	42	112	4	6	0
HEMATOPOIETIC/RETICU																	
HEMATOPOIETIC/RETICU	87	67	20	60	5	17	2	2	1	0	0	0	0	0	0	84	3
SUBTOTAL	87	67	20	60	5	17	2	2	1	0	0	0	0	0	0	84	3

Primary Site

PRIMARY SITE	CLASS OF CASE			RACE/SEX						STATING							
SITE:	TOT#	ANAL	NON	W-M	W-F	B-M	B-F	O-M	O-F	0	I	II	III	IV	U	NA	INC
SKIN																	
SKIN	69	60	9	63	3	2	0	1	0	18	33	4	6	5	3	0	1
SUBTOTAL	69	60	9	63	2	3	0	1	0	18	33	4	6	5	3	0	1
RETROPERITONEUM & PERITONEUM																	
RETROPERITONEUM & PE	2	2	0	2	0	0	0	0	0	0	1	0	0	0	0	1	0
SUBTOTAL	2	2	0	2	0	0	0	0	0	0	1	0	0	0	0	1	0
BREAST																	
BREAST	24	22	2	2	13	0	9	0	0	5	12	5	0	2	0	0	0
SUBTOTAL	24	22	2	2	13	0	9	0	0	5	12	5	0	2	0	0	0
FEMALE GENITAL ORGANS																	
CERVIX UTERI	6	3	3	0	3	0	1	0	2	3	2	1	0	0	0	0	0
CORPUS UTERI	1	1			1										1		
SUBTOTAL	7	4	3	0	4	0	1	0	2	3	2	1	0	0	1	0	0
MALE GENITALIA, OTHER ORGANS																	
PENIS	5	5	0	3	0	2	0	0	0	2	0	3	0	0	0	0	0
PROSTATE GLAND	291	234	57	135	0	154	0	2	0	0	49	141	25	30	28	16	2
TESTIS	3	3	0	2	0	1	0	0	0	0	1	0	2	0	0	0	0
MALE GENITALIA, OTHE	3	3	0	2	0	1	0	0	0	1	1	1	0	0	0	0	0
SUBTOTAL	302	245	57	142	0	158	0	2	0	3	51	145	27	30	28	16	2
URNIARY TRACT																	
KIDNEY	55	52	3	33	2	19	1	0	0	0	37	4	6	8	0	0	
RENAL PELVIS	4	4	0	3	0	1	0	0	0	1	1	0	0	2	0	0	0
URETER	5	5	0	5	0	0	0	0	0	3	1	0	0	0	1	0	0
BLADDER	51	47	4	34	0	17	0	0	0	25	13	6	0	5	2	0	0
SUBTOTAL	115	108	7	75	2	37	1	0	0	29	52	10	6	15	3	0	0
EYE/BRAIN/CNS/MENINGES																	
EYE/ADNEXA	5	5	0	4	0	1	0	0	0	0	0	0	0	1	0	4	0
MENINGES	4	3	1	3	0	1	0	0	0	0	0	0	0	0	0	4	0
BRAIN	13	8	5	10	1	2	0	0	0	0	0	0	0	0	0	13	0
SUBTOTAL	22	16	6	17	1	4	0	0	0	0	0	0	0	1	0	21	0
THYROID/ENDO/ADRENAL																	
THYROID GLAND	10	9	1	7	0	3	0	0	0	0	1	1	3	4	1	0	0
ADRENAL GLAND	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0
OTHER ENDOCRINE GLAN	2	1	1	2	0	0	0	0	0	0	0	0	0	0	0	2	0
SUBTOTAL	13	11	2	10	0	3	0	0	0	0	1	1	3	4	1	3	0
LYMPH NODES																	
LYMPH NODES	19	16	3	15	0	4	0	0	0	0	1	2	3	7	5	0	1
SUBTOTAL	19	16	3	15	0	4	0	0	0	0	1	2	3	7	7	0	1
UNKNOWN PRIMARY SITE																	
UNKNOWN PRIMARY SITE	32	31	1	2	0	13	0	0	0	0	0	0	0	0	0	34	0
SUBTOTAL	32	31	1	21	0	13	0	0	0	0	0	0	0	0	0	34	0
TOTAL	1462	1268	194	903	48	473	26	9	3	164	376	269	144	276	57	169	7

Multidisciplinary Cancer Care Conferences

2017 Multidisciplinary Cancer Conferences (MCCs) is a weekly multidisciplinary team of physicians who meet in the Cancer Center to discuss the treatment planning for difficult or unusual cancer cases.

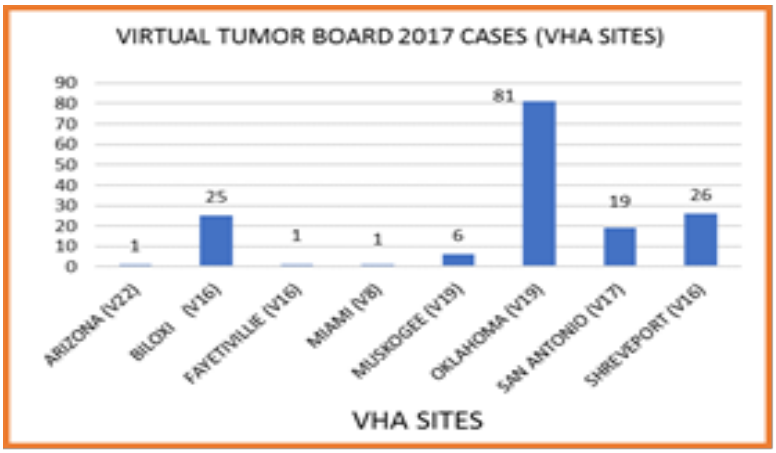
This forum is beneficial to both our patients and physicians. It is vital in determining the extent (stage) of diseases and recommendations of treatment planning. Our physicians abide by treatment guidelines approved by the National Comprehensive Cancer Network (NCCN), and the national guidelines adopted by the Veterans Heath Affairs (VHA) system. NCCN offers many programs that give our clinicians access to tools & knowledge that help guide decision making in the management of complex cancer cases.

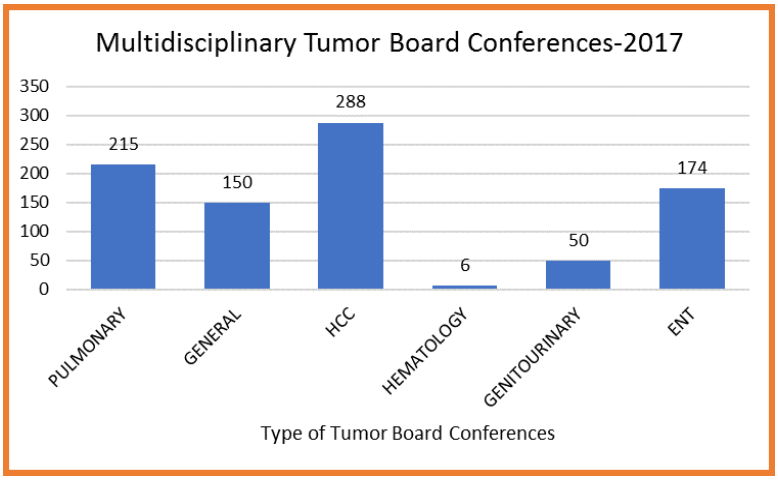
Virtual Tumor Board

Our Cancer Program invested $280,000 to equip our VHA site with advanced Using state-of-the-art broadband telemedicine technology & equipment that projects the presenting physician's image and voice, along with detailed images of a patient's pathology slides or radiological images. The high-definition images and sound run through encrypted Web-based technology, ensuring both maximum security and optimum quality.

Physicians in these Virtual Tumor Boards (VTB) share medical information and agree on treatment options. VTB aims to provide specialty consultation remotely to best care for patients with cancer throughout the nation.

This leads to higher quality of care and provides a teaching tool for newer VHA Cancer Programs. VTB's increase the speed and reliability of treatment planning decisions especially in cases were complex cases require medical experts to provide consultations.





To make a significant impact on cancer prevention, the Cancer Committee decided to address tobacco cessation and crafted an evidenced based prevention program to engage our Veterans.

The "Vets Kick Butts" tobacco cessation program was created and offered to our Veterans to aid in the prevention of Lung Cancer cases. Below are outcomes of the program for the Fiscal Year of FY17, from October 01, 2016 – September 31, 2017.

- Prevention education classes were offered twice a week in our main facility and weekly/monthly in our community clinics.
- Offered individual Sessions with a Psychologist Mental Health clinicians, and Social Workers for counseling
- A hotline 1-855-QUIT-VET was created and promoted on all media outlets to highlight the benefits of the program and to inform veterans of the enrollment process.
- Facebook, Marilyn System, Twitter, and the VA Homepage were media outlets used to spread vital cessation tips and resources related to the Vets Kick Butts program.
- Nicotine replacement options were offered both within the Vets Kick Butts program but also during primary care appointments
- 1,000+ phone calls to veterans were made throughout the year from in an effort to remind veterans about the opportunity to enroll. Volunteers and trainees contacted our patients and provided them with basic information about the program.

Utilization:

- Our Vets Kick Butts group sessions provided services to a total of 70 Veterans who engaged in a total of 183 sessions.
- Tobacco Cessation counseling was conducted 658 times in FY17.
- Chantix was prescribed to 236 Veterans in Houston and our surrounding communities.

A consultant team was also established to developed to meet the need of our inpatient admissions. A list was generated daily to determine which veterans would benefit from screening, counseling, and medications to prevent tobacco use.

Outreach:

Our Vets Kick Butts program was represented at many outreach events throughout the greater Houston community. (MEDVAMC, Community Vet Centers, Stand Down Homeless Conference, Mental Health Summit) as well as various neighboring VA community clinics.

Our Focus on Women's Health

The opportunity to introduce more comprehensive cancer screening services to our female veterans was the highlight of our year!

In 2017 we hosted our Annual Community Outreach Mammogram Screening event.
- 2517 Veterans participated and received mammograms and breast ultrasounds
- 50-60 mammograms were performed on males

Outcomes: All positive findings were provided with follow up services
- 33 biopsies: 9 diagnosed breast cancers (7 from screening, 2 from diagnostic)
- 1 Atypical ductal hyperplasia (ADH), 2 Papilloma

Psychosocial Support: In July 2017, The Radiology program started a new curriculum for our breast cancer support group. This has become one of our most popular groups with an average attendance of 15 Veterans each month. Its headed by our Psychologist Dr. Conti and Social Worker Maria Lozano-Vazquez.

Breast Cancer Awareness: The MEVMAC hosted the Komen Medical Advisory Council meeting for the first time on April 26th, 2018, showcasing our breast imaging program as well as the psychosocial programs that are in place to support our survivors.

Performance Measures: Compared to both our VISN and nationally, we are performing a higher percentage of screening mammograms for eligible female veterans.

National Average: 83.92%	District Average: 87.11%	MEDVAMC: 90.76%

Future Direction:
In the next 1.5 - 2 years, It is our goal to add a second Mammography Unit. We want to encourage more screenings through consistent patient and provider education and expand our breast cancer support groups and VA wide educational activities.

Our Focus on Quality Improvements

Michael E. DeBakey VAMC Cancer Program launched a quality improvement project focused on the treatment of Gastroesophageal Junction (GEJ) cancers.

Aims

To determine the Siewert classification on all Gastroesophageal Junction (GEJ) cancers. Physicians wanted to identify if Barrett's is present, historically it has not been determined if Barrett's is related in most Adenocarcinoma cases. They also wanted to understand if there were other pathophysiological mechanisms at play in the stomach Cardia like Intestinal Metaplasia.

Siewert Classification

- **Siewert Type I**: Adenocarcinoma of the lower esophagus (often associated with Barrett's esophagus) with the tumor located within 1-5cm above the anatomic GEJ
- **Siewert Type II**: true Carcinoma of the cardia at the GEJ with the tumor center within 1cm above and 2cm below the GEJ
- **Siewert Type III**: Subcardial Carcinoma with a tumor center between 2-5cm below the GEJ which infiltrates the GEJ and lower esophagus from below.

*Type I and II are considered Esophageal and Type III is considered Gastric.

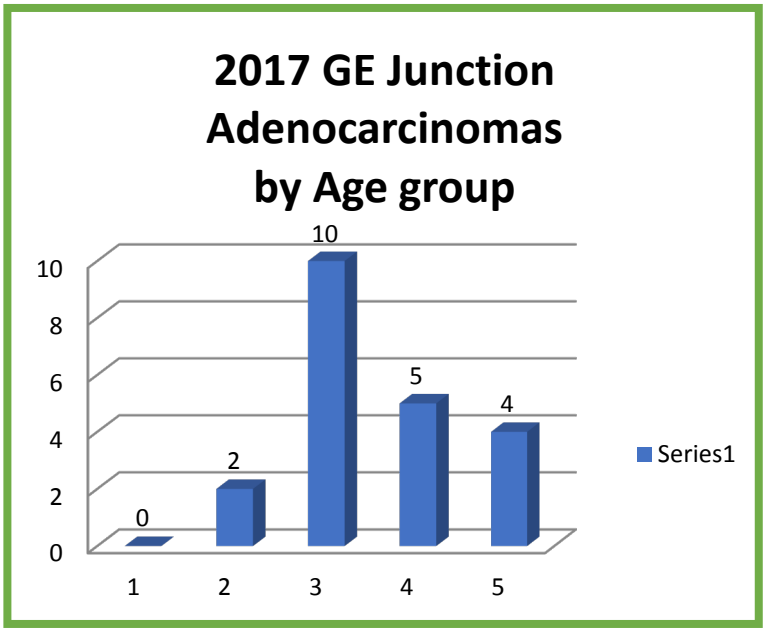
*Siewert Classifications should be assessed

Methods:

1. All Endoscopy staff were familiarized with the Siewert classification system and educated on documentation standards for all Distal Esophageal cancers.
2. Biopsy's of normal Esophageal Mucosa were done to determine the absence or presence of Barrett's.
3. In Siewert III cases, an additional Sydney Protocol biopsy was done.
4. A database was created to collect pertinent information on all GEJ Cancer's.

Measurable outcomes:

1. All 2017 Distal Esophageal cancers will have Siewert classification documented
2. Each case will have digital images of +/- biopsies of the Distal Esophagus above the cancer site to determine the absence or presence of Barret's.
3. All Siewert III cases will also have a Sydney protocol biopsy documented.
4. In FY 2017 detection of esophageal adenocarcinoma has increased but the majority (90%) are in patients 60-79y/old.



Siewert Classifications	Number of Patients Assessed w/Adenoca	# of Patients w/Barrett's Biopsy or Photo performed	# of Patients w/Siewert classifications documented
Siewert I	9	5	8
Siewert II	11	4	6
Siewert III	1	0	1
Total GEJ Adenocarcinoma	21	9 (43%)	15 (72%)

As a result of this study, the documentation of Siewert has significantly improved in all Nomenclature of the GEJ cancer cases and physicians have been able to determine the origin of Adenocarcinoma of the esophagus

Compliance with Evidence-Based Guidelines

The American Society of Clinical Society and National Comprehensive Cancer Network (ASCO/NCCN) Quality Performance Metric for Colon cancer is timeliness of administration recommends that Adjuvant Chemotherapy should be considered or administered within 4 months of diagnosis for patients under the age of 80 with Stage III (Lymph Node Positive) Colon Cancer.

Our medical Oncology team performed a study to evaluate the timeliness of Adjuvant Chemotherapy in Colon Cancer for patients who did not meet the metric according to the Cancer Liaison Physician's report that was presented to the Cancer Committee in 2017. The Report included 2014 analytic cases that included a total of 13 patients.

8 of the 13 (61.5%) patients received adjuvant chemotherapy within 4 months of diagnosis and met the standard.

The Oncology team leading this project reviewed the remaining 5 cases thoroughly to resolve any possible deficiencies. The team later discovered that the 5 patients did not receive treatment due to post-surgical complications, medication interactions and a few patients were lost to follow-up. The results were followed up and presented at the Cancer Committee meeting, the deficiencies were cleared and the standard was met at 100%.

Improving Access to Cancer Care

Providing quality patient care is critical to the mission of the Michael E. DeBakey VA Medical Center Cancer Program. Annually, our Cancer Committee reviews data to identify processes that would benefit from improvement to enhance the quality of care we provided to our patients as well as to remove barriers to timely Cancer Care.

This year the Cancer Committee conducted a quality improvement study to address a delay in the timeframes in which patients were receiving chemotherapy for colon and rectal cancer cases.

The outcome of this study revealed that no improvement measures were needed. The thorough analysis and study of this issue revealed that any delays in treatment was due to a patient request to delay treatment and other comorbidities that affected the ability to begin treatment in a timely fashion. It was also noted that patients who requested to see providers in the community, experienced a delay in treatment due to the time it takes to transfer care.

After all of the cases related to colon and rectal cancer cases were reviewed, it was found that 93% of Veterans received treatment for colorectal cancer within the timeframe outlined by treatment guidelines. This allowed us to meet the COC standards of quality improvement.

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