CANCER CONTROL
ANNUAL REPORT

TEACHING HOSPITAL CANCER PROGRAM
Accredited by the American College of Surgeons with Commendation
TEACHING HOSPITAL CANCER PROGRAM
UMC TREATMENT AND DIAGNOSTIC PROGRAMS

The American College of Surgeons has designated University Medical Center as a Teaching Hospital Cancer Center. This designation indicates that the hospital program has met very stringent requirements for the care of cancer patients. UMC Medical Staff Cancer Control Committee supervises the program. The UMC Teaching Hospital Cancer Center offers a full range of diagnostic and treatment capabilities for the patients who have been found to have one of the many forms of cancer.

The staff of the Teaching Hospital Cancer Center includes physicians with special interest, training, and abilities in the care of the cancer patient. Members of the UMC medical staff with special interests in oncology include internal medicine, obstetrics/gynecology, thoracic and cardiovascular surgery, general surgery, colorectal surgery, genitourinary surgery, neurosurgery, pediatrics, plastic surgery, radiology, and pathology.

The specially trained and experienced nursing staff is of vital importance in the management of the patient. The separate oncology nursing unit assures continuity of care for our patients to include rehabilitation, home health care and hospice care.

Treatment may require surgical care, radiation or chemotherapy/biotherapy either as an inpatient on the oncology inpatient unit for adults and pediatrics or as an outpatient in the pediatric outpatient clinic for pediatric patients. Radiation treatment is provided by an affiliation with the 21st Century Radiation Center. The Nevada Cancer Research Foundation – Community Clinical Oncology Program provides cancer patients with participation in clinical trials and supports the physicians in their care of the patient.

The Pharmacy Department plays an active role in the preparation of chemotherapy/biotherapy, pain control and assistance with research protocols. With their expertise, the pharmaceutical services ensure safe and accurate distribution of medications. Pharmacists are responsible for compliance with the American Society of Hospital Pharmacists and OSHA guidelines for chemotherapy/biotherapy preparation, handling, and dispensing of chemotherapeutic and biological agents.

Rehabilitation of patients is done with the assistance of the UMC Rehabilitation Center, the HOPE Chaplains and counseling programs at UMC and the American Cancer Society. University Medical Center partners with the American Cancer Society (ACS) in providing the Look Good Feel Better (LGFB) Program. The LGFB program is free and teaches beauty techniques to women in active treatment to help them with appearance-related side effects of cancer treatment. A general Cancer Survivor Support Group is facilitated onsite at the UMC Family Resource Center.

An enterostomal therapist is available to provide specialized care and treatment for patients with ostomies, skin problems, decubitus ulcers and draining wounds. Patients receive pre-and-post operative counseling, treatment and education.

Registered Dieticians are available to provide adequate nutritional support to patients receiving supplements, such as TPN or tube feedings, and to assist with planning special menus.

The Cancer Control Committee supervises the Teaching Hospital Cancer Center. Their educational programs include the UMC Tumor Board, which reviews cases and furnishes an annual review of cancer diagnosis and therapy. The committee is responsible for supervision of the cancer registry, participation in studies of the American College of Surgeons and the publishing of the Cancer Control Annual Report.
**2011 Cancer Control Committee Members:**

John Ellerton, M.D., C.M., *Medical Oncology/Hematology, Chairperson*

Wydell Williams, M.D., *Surgery, Liaison Physician*

Craig Voss, M.D., *Pathologist*

Daniel Kirgan, M.D., *Oncology Surgeon*

Karen Jacks, M.D, *Medical Oncology*

Laura Bilodeau, M.D., *Pathologist*

Dianne Mazzu, M.D., *Diagnostic Radiologist*

Susan Reisinger, M.D., *Radiation Oncologist*

Harvey Riceberg, PharmD, *Hematology/Oncology*

Jonathan Gerber, PharmD, *Hematology/Oncology*

Vicki Huber, RN, *Chief Nursing Officer*

Kim Voss, RN, *Performance Improvement*

Marivella G. Abad, RN, *Oncology Clinical Manager*

Fina Wardle, RN, BSN, *Director of Medical-Surgical Services*

Doris Cowell, RN, BSN, OCN, *Oncology Program Coordinator and Research Nurse*

Lorraine Noonan, RN, *Nursing Administration*

Jeanette Aguilera, RN, *Pediatrics*

Cheryl Alvarez, RN *PICU*

Karen Sartell, RN, M.A., *Nevada Cancer Research Foundation Program Coordinator*

Shannon Yule, CRA, *Nevada Cancer Research Foundation*

Robyn Simon, CTR, *Cancer Registrar*

Liza Morris, LSW, *Social Services*

Jeri White, MS, LASW, *Director of Social Services, Palliative Services Team Leader*

Stephanie Seybold, RD, *Registered Dietician*

Waldo Roth, *Rehabilitation Services*

---

**Program Activities**

January 2011 – December 2011

**Professional Education**

ONS Chemotherapy and Biotherapy Course – February 2011

Greater Las Vegas Chapter ONS Oncology Nursing Symposium – March 2011

**Medical Grand Rounds 2011 CME programs:**

- **Emerging Paradigms for Low and High Grade Gliomas** presented by Nader Sanai, M.D. held in Feb., 2011
- **An Update on Childhood Leukemia** presented by Jonathan Bernstein, M.D. held in Feb., 2011
- **The Ethics of Global Pain Management** presented by Warren Wheeler, M.D. held in April 2011
- **Non-Small Cell Lung Cancer: Critical Issues in Optimal Treatment, Emerging Research, and Novel Therapies** presented by Howard L. West, M.D. held in Nov., 2011
- **Non-Hodgkin Lymphoma: Achieving Optimal Patient Outcomes with Best Practices for Disease Assessment, Treatment, and Supportive Care** presented by Frederick B. Hagemeister, M.D. held in Dec., 2011

**Annual Nursing Chemotherapy/Biotherapy Certification Competency** – October 2011

**Pain Management Series of Classes to include:** Pain Assessment, Pain Management – Feb., Mar., April, and May 2011

**CNE Home Studies to include the following:** Labs & Tests Pertinent to Cancer Patients; Oncology Nursing Overview; Oncologic Emergencies; Pain Management in the Cancer Patient

---

**Acronym Glossary**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACS</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>AJCC</td>
<td>American Joint Commission on Cancer</td>
</tr>
<tr>
<td>CCOP</td>
<td>Community Clinical Oncology Program</td>
</tr>
<tr>
<td>CME</td>
<td>Continuing Medical Education</td>
</tr>
<tr>
<td>CNE</td>
<td>Continuing Nursing Education</td>
</tr>
<tr>
<td>ONS</td>
<td>Oncology Nursing Society</td>
</tr>
<tr>
<td>OSHA</td>
<td>Occupational Safety and Health Association</td>
</tr>
<tr>
<td>UMC</td>
<td>University Medical Center</td>
</tr>
</tbody>
</table>
The American Cancer Society estimated that for 2011 there would be 1,596,670 new cases of cancer diagnosed in the USA, of these 774,370 would be in women. Of the new cancer cases 230,480 would be breast cancer in women. It was also estimated that there would be 39,520 deaths from breast cancer. They have also estimated that the state of Nevada would have 1,420 new cases of breast cancer in females.

It seems that the incidence for breast cancer has changed little but there has been a trend of decreasing mortality. Early detection means a better chance at successful treatment. Mammography remains our best tool for this. Although recommendations by various groups differ, most state that a women should receive her first mammogram at age 40. The use of US and MRI maybe used is special case and circumstances as needed.

There are several risk factors for breast cancer: age, race, an individual or family history of breast cancer, history of ovarian cancer, genetic predisposition, estrogen exposure, high risk pathology from previous biopsies, lifestyle and radiation exposure. An individual women's risk of developing breast cancer can be calculated with a risk assessment tool (www.cancer.gov/bcrisktool).

Only a small percentage of breast cancers are inherited, 10-15%. Inherited breast cancers are caused by genetic mutations, with approximately 80% being caused by BRCA1 and BRCA 2. Women who have a BRCA mutation have a 50 - 80% chance of developing breast cancer. If a woman has a strong family history of breast cancer and are consider high risk, genetic counseling should be made available.

The University Medical Center of Southern Nevada (UMC) is the county hospital of Clark County, Las Vegas, NV. UMC serves all residents of the county, but mostly the underserved population of the community being that of the socioeconomic disadvantaged, minorities and financially disadvantage. UMC serves all members of the community and does have a mix of patients and pay sources.

We have also looked at our data for 2011. In 2001 there were 67 cases of breast cancer diagnosed at UMC. There were 11 (16%) cases of stage 0, 15 (22%) cases of stage I, 24 (36%) cases of stage II, 6 (9%) cases of stage III, 8 (12%) cases of stage IV and 3 (5%) unknown stage. When we look at the type of surgery that was performed 49% of the patients had breast conserving surgeries (lumpectomies) with 41% of the patients having mastectomies and 9% not having any surgery. When compared to the 2010 cases there was an increase in cases presenting as stage II and slight decrease in cases presenting as stage I disease. Most patient presenting with breast cancer were over 50 years of age, by definition postmenopausal. There were 3 patients between age 30-39, 14 patients between age 40-49, 19 between 50-59, 21 between age 60-69, and 10 greater than 70 years of age. The tumor size at presentation was mostly 1.1-2.0 cm, (22%). The majority of patients did have pay sources with only 12 (17%) with no pay source. The pay sources include private insurance 23 ( %), Medicare 15 ( %), HMO/ PPO 9 ( %), and Medicaid 8 ( %). UMC serves a diverse ethnic population which is also reflected in its breast cancer patient. The ethnic breakdown was as follows: Caucasian 38 (57%), Black 12 (18%), Hispanic 8 (12%), Filipino 5 (7%) and other 4 (6%).

The University Medical Center of Southern Nevada (UMC) is the county hospital of Clark County, Las Vegas, NV. UMC serves all residents of the county, but mostly the underserved population of the community being that of the socioeconomic disadvantaged, minorities and financially disadvantage. UMC serves all members of the community and does have a mix of patients and pay sources.

We have also looked at our data for 2011. In 2001 there were 67 cases of breast cancer diagnosed at UMC. There were 11 (16%) cases of stage 0, 15 (22%) cases of stage I, 24 (36%) cases of stage II, 6 (9%) cases of stage III, 8 (12%) cases of stage IV and 3 (5%) unknown stage. When we look at the type of surgery that was performed 49% of the patients had breast conserving surgeries (lumpectomies) with 41% of the patients having mastectomies and 9% not having any surgery. When compared to the 2010 cases there was an increase in cases presenting as stage II and slight decrease in cases presenting as stage I disease. Most patient presenting with breast cancer were over 50 years of age, by definition postmenopausal. There were 3 patients between age 30-39, 14 patients between age 40-49, 19 between 50-59, 21 between age 60-69, and 10 greater than 70 years of age. The tumor size at presentation was mostly 1.1-2.0 cm, (22%). The majority of patients did have pay sources with only 12 (17%) with no pay source. The pay sources include private insurance 23 ( %), Medicare 15 ( %), HMO/ PPO 9 ( %), and Medicaid 8 ( %). UMC serves a diverse ethnic population which is also reflected in its breast cancer patient. The ethnic breakdown was as follows: Caucasian 38 (57%), Black 12 (18%), Hispanic 8 (12%), Filipino 5 (7%) and other 4 (6%).
When looking at survival data from 2007 the trends seem to follow what would be expected, except in the case of survival of stage II breast cancer. At the 4 year mark there is a drop in survival, which at 5 years is more prominent. There were 4 patients that were lost to follow up in this group.

In reviewing our data UMC has provided a valuable resource to the community of Clark County. We see that even though UMC is the community hospital of the county, it is not only a place for patients without a pay source to receive quality care but it also attracts and is supported by patients who do have a pay source. The screening diagnosis and treatment of breast cancer is done through a multidisciplinary. It is through the interaction of multiple departments at UMC, radiology, pathology, surgery, medical oncology, radiation oncology, the outpatient clinics and many others that this care is provided. By continued evaluation of our data we are able to improve and bring quality care to our community. Looking for ways to extend our outreach and improve screening and early detection are goals we will continue to achieve.
The Cancer Registry at UMC is just one of the important parts of an American College of Surgeons approved Teaching Hospital Cancer Program. The registry collects, manages, and analyzes data on patients who are diagnosed with a malignancy or treated for a malignancy at UMC. The Cancer Registry at UMC was established in 1979 and its reference year is 1995. There are approximately 14,000 cases in its database with 873 new cases accessioned into the registry in 2011 and approximately 5,700 patients followed annually. The registry’s primary goal is to assist the hospital in providing optimal care to the cancer patients. To ensure a credible database, the registry performs ongoing quality control checks through IOP (Improving Organizational Performance) improvement procedures on case finding for both pathology and Disease Index List sources of cases and also maintains the quality of registry data with a review of ten percent of analytical cases by Cancer Control Committee Member. These findings are reported to the Cancer Control Committee quarterly.
Nutritional Services in Oncology
Stephanie Seybold, RD Oncology Registered Dietician

Nutrition plays an important role before, during and after the diagnosis of cancer. As an inpatient Oncology Registered Dietitian (RD) I aim to optimize the nutritional status and improve the quality of life for those who have been diagnosed with cancer and may be malnourished or at risk for malnutrition. Cancer causes metabolic changes and can influence appetite and the body’s ability to utilize nutrients. Treatment can lead to many side effects which worsen nutritional status due to inability to maintain adequate intake. As a Registered Dietitian I must determine the needs of at risk patients and provide support to improve and maintain nutritional status.

Each oncology patient presents with different risks and requires an individual nutritional care plan and tailored intervention. As an RD I must assess the patient’s nutritional requirements by reviewing the medical record, interviewing the patient and/or family, and calculating specific macronutrient goals. The RD is called upon to advise on nutritional support via oral diet, enteral and parenteral nutrition. Nutritional advice varies from general advice about healthy eating, to more specific advice about overcoming eating difficulties and the use of dietary supplements. Patients receive ongoing diet education on topics such as neutropenia or chemotherapy side effects. Strategies are discussed to promote safe food consumption, improved intake and diet tolerance. Patients who are unable to consume an oral diet may require nutritional support via enteral or parenteral nutrition. For these patients specific energy and protein goals are calculated by the RD and a care plan is developed to meet these estimated needs. Patients who require nutritional support require close monitoring to assess progress or complications and determine adjustments or changes in the care plan to meet the patients needs. RDs provide ongoing assessment, advise, develop care plans and provide support to oncology patients to improve nutritional status. Without care, up to 80% of patients who have cancer can become malnourished.

Working as part of an interdisciplinary team is another role of an Oncology RD. Communication with Physicians, Registered Nurses, Social Workers, Case Managers, and other departmental disciplines is imperative to providing exceptional patient care. My interactions with other team members helps to combine skills and identify risks and appropriate intervention to promote complete patient care. I am required to work closely with the Social Worker for discharge nutritional needs. Patients requiring enteral or parenteral nutrition require supplies and ongoing monitoring once discharged. As an RD I must communicate these needs and goals with the Physician and Social Worker to continue optimal nutrition once the patient is discharged.

Nutrition plays an important role in the care of those diagnosed with cancer. Each oncology patient deserves the opportunity to have optimal nutrition before, during and after treatment. My role as an Oncology Registered Dietitian is very rewarding in that it provides these patients this opportunity and allows me to be part of their journey towards survivorship.
In 2011, the UMC Cancer Control Committee had set annual goals in prevention, early detection/screening and supportive programs as it relates to cancer. In terms of prevention, the primary focus was on women's health by providing education related to the effects of cigarette smoke and smoking cessation for pregnant women and new mothers through the UMC Family Resource Center. The Baby Steps program provides access to pre-natal care for pregnant women at no cost and includes screening, education and smoking cessation referrals to the Nevada Tobacco Cessation program. There were 1,768 pregnant women who came through the Baby Steps program in 2011 with 5.3% of them as current smokers. One hundred percent of the women were given education and smoking cessation program information.

During Breast Cancer Awareness month in October 2011, a breast health educational program was provided to women during the Senior Celebrations program at UMC. Education included national guidelines for breast cancer screening, risk factors, and community resources related to mammography for low income/uninsured women.

Another Community Outreach goal included providing clinical breast exams and mammogram referrals for the uninsured during Breast Cancer Awareness month. There were five UMC healthcare providers who performed clinical breast exams. Mammogram referrals were given to patients as needed. The Red Rose Program (grant-funded program) and Women’s Health Connection (state-funded program) were onsite as a resource for uninsured/low income women who needed to obtain breast imaging services. Eighty two women participated in the breast cancer screening event. There were 57 women who needed breast imaging services. Despite efforts to provide community resources for follow up care to uninsured/low income participants, there was a 27% follow-up rate. With this in mind, the UMC Community Outreach Cancer Screening Committee will identify challenges to follow-up and discuss ways to make improvements.

Cancer supportive programs such as the onsite cancer survivor support group, provides monthly support group meetings to cancer patients, survivors, and caregivers. The following topics were discussed during the monthly meetings to include, Healing Touch, Updates to Medicare and Medicaid, and Dealing with Loss. Two annual events take place for cancer survivors: the UMC Cancer Survivor Celebration program in the Spring and the UMC Cancer Survivor Holiday Party in December. During the Spring event, Janine McDonough, cancer survivor, spoke on survivorship. Entertainment was provided by Billy Moran, Keyboards and Lynn Ross, local Singer/Performer. Healing Touch education and sessions were provided during the Holiday event along with music, food, and door prizes.

**Screening Activities**

Melanoma at Family Resource Center – Senior Celebrations program – March 2011

UMC Community Outreach Breast Cancer Screening – October 2011

**Community Outreach Activities**

UMC Cancer Survivor Picnic – May 2011

UMC Cancer Survivor Holiday Party – December 2011

**Support Groups**

UMC Cancer Survivor Support Group – First Tuesday Evening of the Month

2011 Breast Cancer Screening

During Breast Cancer Awareness Month

82 women attended this year’s annual breast cancer screening and 56 of them received referrals for imaging services.

**UMC Cancer Survivor Support Group 2011**

Healing Touch, Updates to Medicare and Medicaid, and Dealing with Loss were a few of the topics covered throughout the year for the cancer survivor support group.

**UMC CANCER SURVIVOR Celebration 2011**

Provided entertainment with Billy Moran, Keyboards and Lynn Ross, local Singer/Performer and Janine McDonough, Cancer Survivor spoke on Survivorship.

**UMC CANCER SURVIVOR HOLIDAY PARTY 2011**

Cancer Survivors heard information on Healing Touch (HT) and were provided HT sessions for those who were interested. Billy Moran, Keyboards provided holiday music.