Help along the way

Cancer Care Center | Annual Report 2014

Cayuga
MEDICAL CENTER

A Member of Cayuga Health System
I have been a year of growth at the Cayuga Cancer Center as we offer an even more comprehensive program of patient-care services. With new physician specialists on staff and other additional staffing resources, we will be better able to implement the standards from the Commission on Cancer (CoC). Elsewhere in this annual report, advances in radiation therapy are also highlighted.

This fall Cayuga Medical Center welcomed interventional radiologist Dr. Roman Politi, who enhances our ability to perform certain types of biopsies and therapies. He also enables us to offer localized cancer therapies leading to ablation of small tumors. Two new pulmonologists, Dr. Lavanya Kodali and Dr. John Suen, joined our medical staff, as well, expanding our capabilities to diagnose and treat lung cancers and in the future to perform types of lung biopsies that we could not provide in the past.

We are pleased to have Jennifer Fuller, RN, take on the role of oncology nurse manager. She has worked with us for several years, doing a superb job, and she has proven herself to be an energetic, talented leader of our nursing team. Oncology nurse Deborah Danko, RN, has joined Betty McEvers, RN, to take on new responsibilities in nurse navigation and survivorship. At the fall meeting of the Commission on Cancer Liaison Physicians for Upstate New York, Deborah presented the survivorship care plan we implemented at the Cayuga Cancer Center. Her work was so impressive that we have been asked by other hospitals if they could look into using our care plan. In addition, I am happy to report that Kristina Gambitta, RN, is doing excellent work as our interim director of oncology services.

We have also committed resources to have a medical social worker be part of the oncology service line on a “go-to” basis. Debra Traunstein, LMSW, follows our hospital inpatients and sees patients in our outpatient chemotherapy clinic and in radiation oncology. She brings in-depth experience to our team in palliative care and is also involved with our psychosocial distress screening. Utilization of palliative care services continues to grow. Our relationship with Hospicare and Palliative Care Services is enriched as Jane Schantz, FNP, from Hospicare works closely with our Liaison Physicians for Upstate New York, Deborah presented the survivorship care plan we implemented at the Cayuga Cancer Center. Her work was so impressive that we have been asked by other hospitals if they could look into using our care plan. In addition, I am happy to report that Kristina Gambitta, RN, is doing excellent work as our interim director of oncology services.

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Antoinette Di Ciaccio, 49, has many interests. She became curious about wine after moving to Schuyler County in 1987 and living among lush hillsides covered with grapevines.

For five-and-a-half years, she was the wine club manager at Sheldrake Point Winery on Cayuga Lake, where she discovered that serving wine made from grapes grown by folks she knows is a very satisfying experience. She’s also interested in old houses. Her circa 1918 red brick house in Monteau Falls speaks volumes about the artistry of its owners. Lovingly refurbished over the years by Di Ciaccio and her husband, Wayne Perrecaux, it is the perfect expression of their shared passion for beautiful surroundings and gracious hospitality. The lovely gardens around the house express one more of her pursuits that evolved into genuine talent.

However, for the past couple of summers Di Ciaccio did not have quite enough energy to tend those lovely gardens, as she turned her attention to other matters. Right before Thanksgiving 2012, she felt a pea-sized lump during a breast self-exam. In early January 2013, she saw her doctor, who referred Di Ciaccio for a diagnostic mammogram and an ultrasound. She has dense breast tissue, so while the lump did not show up clearly on a mammogram, it did appear on the ultrasound.

Di Ciaccio was referred for a biopsy, which was performed by Cayuga Medical Center radiologist Dr. Anthony Massi in the Women’s Imaging Center at the Convenient Care Center. “I had such a great experience with Dr. Massi, and the nurses who were with him were wonderful, too,” Di Ciaccio recalls. “One of the nurses lives here in Schuyler County and I think about her often.

She was so comforting and she used touch gently to give me something to focus on.”

The biopsy was positive for cancer. The morning after she learned this news, Di Ciaccio received a phone call from an oncology nurse navigator at the Cayuga Cancer Center. “She set things up for me and sat through several different appointments with me and my husband,” says Di Ciaccio. “Nurse navigation was really key; I felt there was always someone there for me.”

Like all patients facing cancer, Di Ciaccio felt overwhelmed by the many decisions she had to make. The first of those revolved around surgery. She says her surgeon, Dr. Cara Foster at Surgical Associates of Ithaca, clearly presented all of the treatment options. “Dr. Foster didn’t try to push me in any one direction but she gave me all of the information and she gave me her perspective. I loved having her as my doctor; she’s really on top of things and she was very helpful to me,” says Di Ciaccio. Foster referred Di Ciaccio to medical oncologist Dr. Timothy Bael of Cayuga Hematology Oncology Associates (CHOA) for a consultation the next day.

In meeting with Dr. Foster following surgery, Di Ciaccio learned that the sentinel node (which is the lymph node into which a tumor drains) contained cancer cells. As a result, Foster explained that she had removed about a third of the lymph nodes closest to the tumor and had taken enough breast tissue around the tumor to get a clean, cancer-free margin. Foster also told her that her case would be discussed at the Cayuga Cancer Center’s Tumor Board, held each week at Cayuga Medical Center.

Di Ciaccio met again with Dr. Bael following her recovery. “Dr. Bael following her lumpectomy. “Dr. Bael was amazing and will be forever in my heart,” says Di Ciaccio. Among the recommendations for treatment of her cancer was the removal of the remaining lymph nodes under her arm. However, due to a family history of edema, which is swelling caused by the accumulation of fluid in certain parts of the body, Di Ciaccio was afraid of chronic lymphedema if she had the surgery.

She talked with Bael about wanting to get a second opinion. Before I went out of town for that appointment, Dr. Bael called me and told me that whatever I decided to do he would support me 100 percent. It was so wonderful that he called; it felt so good to have his support.”

Di Ciaccio chose not to have additional lymph nodes removed but she did go on to have the recommended chemotherapy and radiation therapy at the Cayuga Cancer Center. “Chemotherapy was difficult but I expected it to be worse than it was,” says Di Ciaccio. Dr. Bael and Di Ciaccio agreed upon a course of eight treatments over a period of sixteen weeks. “There are no words to describe my chemotherapy nurses [at CHOA],” says tear running down her cheek. “I feel like I was part of a family there, they were so fun and lovely. I looked forward to seeing Kate, Hannah, Jodesia, Jillian, Amy, and Jen; they did hospitality well and they are very caring. This is clearly not just a job for them.”

Once she finished chemotherapy, Di Ciaccio began radiation therapy with radiation oncologist Dr. John Powell. “Dr. Powell has a very special presence, one that I have never experienced with any other doctor in my entire life,” she says. “When I met with him I was feeling like, here I go again, and dreadfully. He looked me in the eye and put me right at ease.”

Di Ciaccio had reservations about her radiation therapy and once again considered getting a second opinion. “Dr. Powell took the initiative, contacted the doctor I had seen at Sloan Kettering and then shared their e-mails with me, which I thought was very unusual. But he wanted me to have all of the data he was looking at, which I really appreciated.”

Volunteers from the Cancer Resource Center of the Finger Lakes help to cover the Cancer Center’s patient resource room right across the hall from the CHOA chemotherapy suite. Volunteers are also available in the reception area of the Radiation Oncology Department. “Having staff and volunteers right there was extremely helpful to me when I was making my decisions,” says Di Ciaccio. “When I left my chemotherapy and radiation treatments it was refreshing to have that personal connection; to see those smiling faces was really special.”

In appreciation for their care and support, Di Ciaccio raised $4,000 for the Cancer Resource Center’s Walkathon and 5K in 2013.

A year after completing her treatment for breast cancer Di Ciaccio is cancer-free and her prognosis is good. But she says the experience of having cancer has changed her. “I’ve learned that just because I am done with treatment, I’m not necessarily done with the experience of cancer. I’m figuring out what comes next and where I go from here,” she explains. “To help her on that part of her journey, she will be participating in the new Survivorship Program offered through the Cayuga Cancer Center.

“I’m grateful for my life and for my wonderful husband,” says Di Ciaccio, “but those quiet hours alone, knowing you have cancer can be very frightening. Once I got into my cancer care, I was able to build a whole different kind of family to lean on during my treatment. They were a really good team.”
Roswell Park Cancer Institute Affiliation Brings Advances in Radiation Therapy

Radiation oncologist Dr. John Powell, medical staff member of Roswell Park Cancer Institute and Cayuga Medical Center, introduced two significant developments in radiation therapy that expanded our patient-care capabilities at the Cayuga Cancer Center. Stereotactic body radiation therapy (SBRT) makes it possible to administer pinpoint radiation throughout a patient’s body with exquisite precision and has given our Department of Radiation Therapy a whole new set of treatment options. In certain cases we can administer very strong individual doses, which enables us to reduce what was traditionally a long course of radiation therapy down to between one and five treatments. Radiation oncologists are currently in the process of evaluating how SBRT can be applied to different types of cancer. SBRT is noninvasive and well tolerated by patients and we have treated a number of patients with early-stage lung cancer, with very positive results.

The second important development involves a new technology called “rapid arc” or volumetric modulated arc therapy (VMAT). This technology is used to administer intensity modulated radiation therapy (IMRT), which is an advanced approach to radiation therapy that delivers precise, conformal doses of radiation. The advantage of VMAT is that the treatment machine rotates in an arc as it delivers IMRT, increasing our ability to focus the radiation on the target and avoid healthy tissue, while reducing the radiation treatment time by more than half. VMAT is being used very successfully in treating prostate cancer.

Patient-Focused Care

The Commission on Cancer (CoC) surveys accredited cancer programs every three years to confirm that caregivers are meeting the latest standards of cancer care. These standards are revised every year leading to more effective approaches to patient care. Cayuga Medical Center will be surveyed in 2015, and all of the new standards are successfully in place.

- **Expanded Navigation Services:** In order to provide quality nurse navigation services a second navigator has been added to the oncology service line to help newly diagnosed cancer patients. Our onco-navigators are liaisons between cancer patients and their care providers, serving as patient advocates, interpreters, and educators for cancer patients and their families.

- **Screening for Psychosocial Distress:** A patient screening tool to evaluate psychosocial distress, and to provide distressed patients with helpful resources. Screening for distress and psychosocial health needs is a critical first step to providing high-quality cancer care. At Cayuga Cancer Center, this program includes the services of an oncology social worker.

- **Survivorship Plan of Care:** A plan to help patients who have completed therapy, with guidelines for monitoring and maintaining their health and improving their quality of life following cancer treatment. Because survivorship services are quite labor intensive, the CoC is requiring that 10 percent of patients in approved cancer programs have access to survivorship care plans in 2015; however, our goal for 2015 is to get as close to 100 percent participation as we possibly can.

Community Education and Outreach

As area residents become more knowledgeable about prevention and screening, they are more likely to seek earlier treatment for cancer, which in turn leads to better survival rates and a higher quality of life. Therefore, the Cayuga Cancer Center sponsored ten different community education events focusing on melanoma for people of all ages at different venues in Tompkins, Schuyler, and Cortland counties. In November we participated in a national event called Shine a Light on Lung Cancer, in collaboration with the American Cancer Society and the Cancer Resource Center of the Finger Lakes. The program featured talks by radiologist Dr. Walter Silbert and oncologist Dr. Timothy Bael. Forty people attended, traveling through the first snow of the season to get to the event.

We are also reaching out to the offices of primary-care physicians to educate providers in the community about our patient navigators, social work services, palliative care program, and survivorship. Our message to physicians is that we are here to help them help their patients, with comprehensive services from diagnosis through survivorship.

Prevention and Screening

In September pathologist Dr. Elizabeth Plocharczyk provided a lecture on melanoma prevention, diagnosis, and staging. In October CMC and the Cancer Services Program of Cortland and Tompkins County worked collaboratively to offer a free breast cancer screening to uninsured and underinsured women 40 and older. The goal was to promote screening and early detection for women in under served areas.

2013 Analytic Case Site Distribution

A large number of prostate cases were diagnosed through our medical staff that did not require treatment in the hospital; therefore they were not included in these numbers.

<table>
<thead>
<tr>
<th>Site</th>
<th>2013 Total</th>
<th>Males</th>
<th>Females</th>
<th>CMC</th>
<th>NCDB 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>75</td>
<td>5</td>
<td>70</td>
<td>18%</td>
<td>19%</td>
</tr>
<tr>
<td>Lung</td>
<td>59</td>
<td>26</td>
<td>33</td>
<td>14%</td>
<td>11%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>40</td>
<td>15</td>
<td>25</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>Melanoma</td>
<td>33</td>
<td>18</td>
<td>15</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>Bladder</td>
<td>29</td>
<td>21</td>
<td>8</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>All other sites</td>
<td>194</td>
<td>104</td>
<td>90</td>
<td>45%</td>
<td>54%</td>
</tr>
<tr>
<td>Total all sites</td>
<td>430</td>
<td>184</td>
<td>246</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Analytic: Patients diagnosed and/or received any of their first course of treatment at CMC. NCDB: National Cancer Data Base (2012 is the most recent NCDB data available).

Distribution by County

Analytic Cases 2013

<table>
<thead>
<tr>
<th>County</th>
<th>Analytic</th>
<th>Non Analytic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schuyler</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Cortland</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Cayuga</td>
<td>6%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Analytic/Non Analytic by Year

Cases 2009 - 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Analytic</th>
<th>Non Analytic</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>620</td>
<td>663</td>
</tr>
<tr>
<td>2010</td>
<td>619</td>
<td>488</td>
</tr>
<tr>
<td>2011</td>
<td>615</td>
<td>499</td>
</tr>
<tr>
<td>2012</td>
<td>615</td>
<td>488</td>
</tr>
</tbody>
</table>

Analytic: Patients diagnosed and/or received any of their first course of treatment at CMC.

Non Analytic: Patients diagnosed and first course treatment administered elsewhere. Patients with pathology or lab specimens only.
A Study of Breast Cancer at CMC

An estimated 232,670 new cases of invasive breast cancer are expected to be diagnosed among women in the US during 2014. Excluding cancers of the skin, breast cancer is the most frequently diagnosed cancer in women. The dramatic decrease in the breast cancer incidence rate of almost 7% from 2002 to 2003 has been attributed to reductions in the use of menopausal hormone therapy (MHT), previously known as hormone replacement therapy, following the publication of results from the Women’s Health Initiative in 2002. This study found that the use of combined estrogen plus progesterin MHT was associated with an increased risk of breast cancer, as well as coronary heart disease. From 2006 to 2010, the most recent five years for which data are available, breast cancer incidence rates were stable. In addition to invasive breast cancer, 62,570 new cases of in situ breast cancer are expected to occur among women in 2014. Of these, approximately 83% will be ductal carcinoma in situ (DCIS). In situ breast cancer incidence rates were also stable from 2006 to 2010.

In 2014 an estimated 40,000 women will die from breast cancer. Breast cancer ranks second as a cause of cancer death in women (after lung cancer). Death rates for breast cancer have steadily decreased in women since 1989, with larger decreases in younger women; from 2006 to 2010, rates decreased 3.0% per year in women under 50 years and 1.8% per year in women 50 and older. The decrease in breast cancer death rates represents improvements in early detection and treatment, and possibly decreased incidence.

A study of analytic breast cancer cases at Cayuga Medical Center was carried out covering 386 patients. Analytic Cases 2009-2013 of results form the Women’s Health Initiative in 2002. First course of therapy at CMC shows that our patients have been treated according to national guidelines. First Course of Therapy Breast Cancer

Breast Cancer Stage at Diagnosis

Breast Cancer Stage at Diagnosis

Breast Cancer Stage at Diagnosis

CMC 2009-2013

Analytic Cases

Stage I

8%

Stage II

17%

Stage III

24%

Stage IV

8%

Unknown

1%

NCDB 2012

Analytic Cases

Stage I

42%

Stage II

21%

Stage III

8%

Stage IV

6%

Unknown

2%

Cayuga Medical Center’s stage at diagnosis mirrors national statistics.

CMC Breast Cancer Incidence Trend

Analytic Cases 2009-2013

0 10 20 30 40 50 60 70 80 90 100

2009 2010 2011 2012 2013

First course of therapy at CMC shows that our patients have been treated per national guidelines.

2014 Quality Improvement: Increase Provider Referrals to Nurse Navigation

The 2014 quality improvement project is based on analysis of the 2013 Study of Quality, which examined the length of time from diagnosis to nurse navigation referral during the period from January through September 2013. Our analysis of the 2013 data identified a significant problem: only 3.8 percent of all patients utilizing navigation services during the study period were referred by providers, meaning, 62 percent of all patients were proactively contacted by a nurse navigator. In order to address this issue, we undertook a quality improvement project to increase provider referrals to our oncology nurse navigator, thereby improving patient access to navigation services.

Actions

1) Develop a Power Point presentation to educate and increase awareness about the services offered by the Cayuga Cancer Center, including oncology nurse navigation, psychosocial services, and survivorship care planning. We used this presentation during educational programs for the Finger Lakes Office Managers Association, Cayuga Medical Associates, and the Trumansburg Family Health Center.

2) Improve communication with primary care physicians and other specialists, in order to expedite the referral process. For example, Surgical Associates of ithaca now uses a new electronic medical record that facilitates timely referrals, which are faxed to our oncology nurse navigators.

Achievements

1) The number of patients referred for nurse navigation between July and December 2013 was only 49 percent of 140 patients. Referrals for nurse navigation increased between January and June 2014 to 60 percent of 155 patients.

2) During the 2014 quality improvement project, the total number of referrals to the nurse navigation program increased by 22 percent. The number of new patients increased by 10 percent during that same time.

3) The goal of the 2014 quality improvement project was to increase nurse navigation referrals, which had been identified as a problem in our 2013 Study of Quality. We have achieved the goal of our QI project, as reflected by a 57 percent increase over the previous year in provider referrals to nurse navigation.

Oncology Nurse Navigation Referrals

Betty McEver, RN, BSN, OCN, CRN
Oncology Nurse Navigator

CMC 2009-2013 NCDB 2012

Stage I

48%

Stage II

24%

Stage III

24%

Stage IV

8%

Unknown

1%
THE COMMUNITY NETWORK

Ties to other community agencies, such as the American Cancer Society, Hospicare and Palliative Care Services, Cancer Resource Center of the Finger Lakes, and the Cancer Services Program of Cortland and Tompkins Counties, strengthen cancer services provided by Cayuga Medical Center.

The American Cancer Society (ACS), in partnership with Cayuga Medical Center's cancer program, provides diagnostic-specific information, referrals to community and ACS resources, and critical peer and professional support to all those facing a cancer diagnosis. ACS offers a number of educational and supportive programs for people living with a cancer diagnosis and their families. Among those programs is Look Good, Feel Better, a hands-on workshop to help patients learn how to camouflage areas of concern and improve their appearance during cancer treatment. (www.cancer.org)

Hospice and Palliative Care Services provides inpatient and outpatient palliation and hospice services in patients' homes, at the hospital, in nursing homes, in other residential settings, and at the Nina K. Miller Center for Hospicare and Palliative Care. (www.hospicare.org)

Cancer Resource Center of the Finger Lakes offers personalized support and information to area residents affected by cancer. Services include one-to-one assistance and many support groups, including the Women's Noon Group, Men's Breakfast Club, Young Adult Group, New to Cancer Group, Pat's Group: Living with Cancer as a Chronic Disease, Colorectal Group, Cancer Research Group, and Tompkins Prostate Support Group.

CRCFL also offers a well-stocked lending library; a boutique with free wigs, hats, and other items; wellness programs such as yoga and water aerobics; resource guides; numerous volunteers who provide assistance to cancer patients and their families at the Cancer Resource Center and at Cayuga Medical Center; and an experienced, caring local staff. (www.crcfl.net)

Cancer Resource Room is located at Cayuga Medical Center on the first floor of the adjacent medical office building. The resource room is operated by Cayuga Medical Center through an affiliation with the Cancer Resource Center of the Finger Lakes, which serves as the lead agency for this service. The room is open daily to provide support, information, and respite to people with cancer and their loved ones.

Cancer Services Program of Cortland and Tompkins Counties helps those with little or no health insurance gain access to services to reduce the risk of breast, cervical, prostate, and colorectal cancers. For more information please call (607) 758-5523.

Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJCC Staging:</td>
<td>American Joint Committee on Cancer (AJCC). Classification of malignant disease to denote how far the cancer has advanced. Malignancy is categorized by (T) Tumor, (N) Nodes, and (M) Metastasis.</td>
</tr>
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<tr>
<td>Non-Analytic:</td>
<td>Patients diagnosed and first course treatment administered elsewhere. Patients with pathology or lab specimens only.</td>
</tr>
<tr>
<td>First Course of Treatment:</td>
<td>Initial cancer-directed treatment or series of treatments planned and usually initiated within four months of diagnosis or as determined by the physician.</td>
</tr>
<tr>
<td>Observed Survival:</td>
<td>Estimate of the probability of surviving all causes of death for a specified time interval calculated from the cohort of cancer cases.</td>
</tr>
</tbody>
</table>

References:
2. National Cancer Data Base (NCDB).