

2019

Annual Report

# Texas Tech Physicians Breast Care Center

NAPBC

National Accreditation Program for Breast Care Centers



**TABLE OF CONTENTS**

Table of Contents.....1

Breast Cancer Program Introduction.....2

Members of 2019 Steering Committee.....3

Cancer Conferences.....4

Cancer Registry Activity Report.....4

Oncology Support Services.....5

Clinical Trials/Research .....6

Statistical Review 2018.....9

605 Efficacy of adjuvant versus neoadjuvant chemotherapy in Hispanic/Latino women with early stage, triple negative breast cancer. (TNBC).....11

DCIS and Margin Re-excision .....12

Glossary.....13

## **Texas Tech Physicians of El Paso Breast Care Center**

This annual report details the clinical cancer activities Breast Care Center (BCC), Texas Tech University Health Sciences Center, for the year 2018.

A total of 198 breast primaries were evaluated and treated in both institutions during 2018. This information is from the last complete year as reported to the National Cancer Database.

We have implemented numerous strategies to improve breast cancer care and the quality of life and outcome of breast cancer patients in El Paso, TX. We have a Breast Care Program and work along with our affiliate University Medical Center to provide comprehensive breast care to those in our community including a lymphedema program through outpatient services.

Also, by improving patient's education and adherence to strict national guidelines, we have reduced rates of mastectomies and improved breast conserving surgeries in patients with early stage breast cancer. Disproportionately high rates of unnecessary mastectomies are common in underserved and non-affluent communities and among Hispanics nationwide.

By increasing awareness about the importance of cancer research, and the representation of Hispanics and dissipating myths and stigma about participating in clinical trials, we continue to actively enroll cancer patients in various local regional and national cancer clinical trials since 2012. A website has been created along with quarterly newsletters widely distributed in the community to promote cancer education and awareness, with a focus on breast cancer.

Our plan for The Texas Tech Physicians of El Paso Breast Care Center is to continue to strive for optimal cancer patient care. University Medical Center will strive to meet the standards set by the American College of Surgeons, National Accreditation Program for Breast Centers for continuance of our approved cancer program. The goal of patient therapy is to meet the National Comprehensive Cancer Network (NCCN) guidelines, while ensuring patients have the best quality of life possible.

Karinn Chambers, M.D, ACNP-BC  
Breast Program Leadership

## MEMBERS OF THE 2019 STEERING COMMITTEE

Karinn Chambers, MD,  
Breast Program Leadership  
Breast Surgery

Anoop Ayyappan, MD  
Diagnostic Radiology

Sumit Gaur, MD  
Medical Oncologist

Sandra Alderete, RN  
Patient Navigator

Stephanie Nemir, MD  
Plastic Surgery

Mary Licon, MD  
Social Worker

Martha Armendariz, CTR  
Tumor Registrar

Alonso Andrade, MD  
Surgery

Roberto Gamez, MD  
Pathology

Anuradha Gupta, MD  
Radiation Oncology

Alexander Philipovski, MD  
Medical Oncology

Rosalinda Heydarian, Hem/Onc, NP  
Genetics Professional/Counselor

Dianne Ramirez, RHIT, CTR  
Tumor Registrar

Melissa Valencia-Gonzalez, RHIT, CTR  
Tumor Registrar

## **CANCER RELATED CONFERENCES**

Staff physicians, resident physicians, and allied health professionals who work closely with hospital clinicians and patients attend the Breast Cancer Conferences. The Breast Cancer Conference meets bi-monthly. Attendees include Medical Oncology, Surgery, Radiology, Pathology, Internal Medicine and Radiation Oncology.

During 2019, there were 23 Breast Cancer Conferences held with a total of 191 patients being presented. During the 2019 Tumor Conferences, 100% of cases were prospective case presentations. Multidisciplinary attendance by department for tumor conference shows an average attendance by Medical Oncology at 100%, Radiation Oncology at 96%, Surgery 100%, Radiology at 100%, and Pathology 100%. Presentations at Cancer Conferences include history and physical findings, surgical findings, staging and review of radiology and pathology studies, type of treatment received, and review of pertinent medical literature. Treatment recommendations are discussed. The majority of cancer cases are presented at Cancer Conferences. Topics of discussion typically focus on treatment guidelines for similar cases that may occur at some future date.

## **CANCER REGISTRY ACTIVITY REPORT**

The Texas Tech Physicians of El Paso Breast Care Center was the first accredited NAPBC Breast Center in the region.

As an active part of the cancer team, the Cancer Registry at University Medical Center of El Paso collects, prepares, and presents data for conferences, committee meetings and studies. The registry's network of sources and the ability to collect comprehensive data and information assists in the daily practice and refining of special studies. The Registry has continued to offer these and other services since 1975. The Registry is responsible for the collection, maintenance, and analysis of this data.

The University Medical Center of El Paso Registry is currently maintaining the 80% follow up rate for all eligible analytic cases from the cancer registry reference date and is maintaining a 90% follow up rate for all eligible analytic patients diagnosed within the last five years meeting the 90% required by the Commission on Cancer.

The goal of the Cancer Registry is to provide the medical staff with data that will enable them to see the end results of their diagnosis and therapeutic efforts. The data is also sent to National Cancer Data Base and the Texas Cancer Registry.

A major objective of the cancer registry is to produce accurate and useful data. Well-documented quality control is essential if this objective is to be met and is required for approval status. To ensure accuracy and consistency, a 10% random physician review of cases is completed annually, and this includes review of class of case, primary site, histology, stage of disease, and first course treatment and College of American Pathologists (CAP) Protocols.

## **ONCOLOGY SUPPORT SERVICES**

### **STAFF EDUCATION:**

Orientation of registered nurses (RNs) with primary responsibility for oncology patients includes attendance of a two day Chemotherapy Competency Course, forty hours of one-to-one training at the Oncology Infusion Center, and review and development of relevant oncology policies and procedures. All registered nurses working with oncology patients are also evaluated utilizing an oncology competency-based program.

RN's are encouraged to obtain certification by taking the Oncology Nursing Society Certification exam given by the Oncology Nursing Certification Corporation. University Medical Center of El Paso presently has three Oncology Certified nurses (OCN).

### **ONCOLOGY NURSING SERVICES:**

The Medical Unit provides in-patient services to those patients who require hospitalization. This can include symptom management, treatment of infections, pain control or complications associated with their treatment. There are seven dedicated beds for In-patient Oncology patients, three of which are private rooms. The Medical Unit also provides services for the Infusion Center after hours and on the weekend to ensure continuity of care. The nurses are qualified to administer chemotherapy and educate the patients regarding the necessary precautions and the associated side effects. The Medical Unit maintains education materials for patients and staff to include topics dealing with specific cancers, chemotherapy, nutrition, treatment modalities, venous access devices, and other issues related to cancer in both Spanish and English.

### **INFUSION CENTER SERVICES:**

The Oncology Infusion Center is a beautiful state of the art facility with 16 infusion bays. Under the direction of Dr. Javier Corral, and two additional full time Oncologists, the staff at the Infusion Center administered outpatient services to 8052 patient visits in 2019. The Infusion Center is also supported by a full time Social Worker who assists patients with their financial needs as well as available community resources. Social Work staff is assigned to both the in-patient as well as the outpatient setting. The social worker has been instrumental in obtaining grant money to assist with the individual needs of the patients who are in need of additional support. A full range of services is provided to include chemotherapy, preventive IV therapy, Care of the Central Lines, comprehensive patient education, and necessary clinical procedures. In addition, University Medical Center is a member of the Cancer Care Network.

### **GENETIC COUNSELING:**

Genetic risk assessment is provided to breast cancer patients seen at Texas Tech Breast Care Center that meet criteria for testing as per NCCN (National Comprehensive Cancer Network) guidelines. The patients are referred by the oncologists to the nurse practitioner who participated in Intensive Course of Genetic Risk Assessment through the City of Hope in Duarte, CA. Most of the patients

meet criteria for testing. Following a formal genetic assessment, the patients are tested. Results are provided to the patients by the NP or the oncologist when the patient is seen at time of follow up. Recommendations for each patient are made by the oncologist at the time of follow up.

## **CLINICAL TRIALS**

University Medical Center, in collaboration with Texas Tech University Health Sciences Center, conducts clinical trial and clinical research activities to ensure that patient care approaches the highest possible level of quality.

Participation in cancer-related clinical research demonstrates that an independent peer-review mechanism consistent with national standards is in place and used. Research projects involving participation with human subjects must be approved by an internal or external institutional review board (IRB). Patients that participate in clinical trials provide informed written consent.

Patients eligible for clinical trials and clinical research activities are seen at our program for:

- Diagnosis and/or treatment and placed in a cancer-related clinical trial through the program;
- Diagnosis and/or treatment and placed in a cancer-related clinical trial through the office of a staff physician;
- Diagnosis and/or treatment and placed in cancer-related clinical trial through another program (referral); or
- Any reason and placed in a cancer prevention or cancer control clinical trial.

A data manager/clinical research professional is available at University Medical Center and at Texas Tech University HSC to assist with enrolling patients, ensuring that patients meet eligibility criteria, monitoring patient accrual, and identifying and providing information and education about new cancer-related clinical trials. Patient accrual is monitored and reported to the cancer committee by the clinical research representative. In 2019, 19 prospective and 542 retrospective breast cancer patients were enrolled in clinical trials.

**2019 Cancer Related Clinical Trials Approved for Conduct at  
University Medical Center of El Paso**

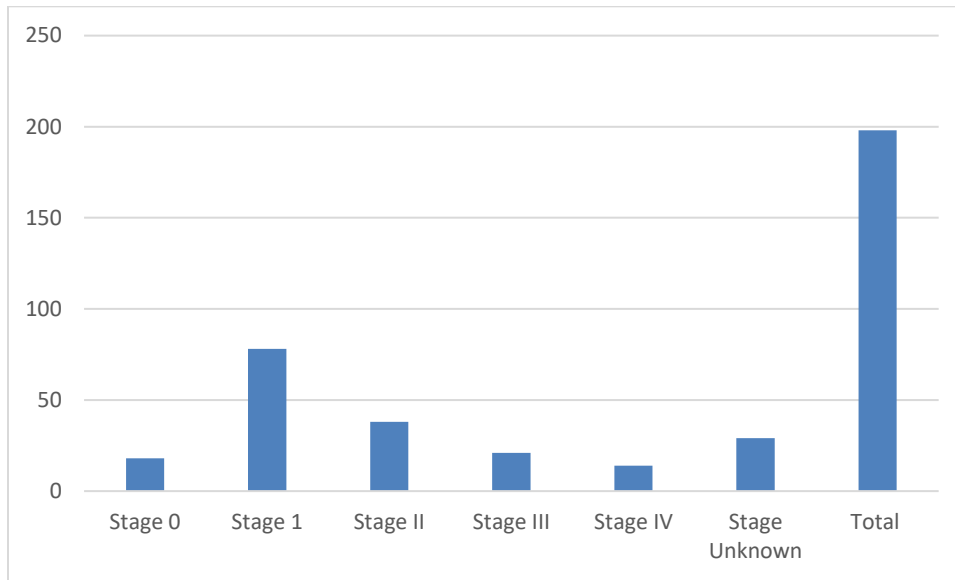
<b>PROSPECTIVE</b>				
<b>Name of Clinical Research Trial</b>	<b>Sponsor</b>	<b>IRB Approval #</b>	<b>Principal Investigator</b>	<b>Patients Enrolled in 2019</b>
A phase III, randomized clinical trial of standard adjuvant endocrine therapy +/- chemotherapy in patients with 1-3 positive nodes, hormone receptor-positive and HER-2 negative breast cancer with recurrence score (RS) of 25 or less (S 1007 El Paso)	Southwest Oncology Group (SWOG)	E13068	Alexander Philipovskiy, M.D.	6
Phase III trial of continuous schedule AC + G vs. Q2 week schedule AC, followed by Paclitaxel given either every 2 weeks or weekly for 12 weeks as post-operative adjuvant therapy in node positive or high-risk node negative breast cancer (S0221)	SWOG/Amgen	E13086	Alexander Philipovskiy, M.D.	3
S1207, Phase III randomized, placebo-controlled clinical trial evaluating the use of adjuvant endocrine therapy +/- one year of everolimus in patients with high-risk, hormone receptor-positive and HER2/neuNegative breast cancer, e3 breast cancer study-evaluating everolimus with endocrine therapy (S1207)	SWOG	E14041	Alexander Philipovskiy, M.D.	1
Alternate approaches for clinical stage II or III Estrogen Receptor positive breast cancer Neoadjuvant Treatment (ALTERNATE) in postmenopausal women: A phase III study (A011106)	NCI	E16128	Alexander Philipovskiy, M.D.	1
Serratus Anterior Nerve Block in Conjunction with Mastectomy and the Need for Post-Operative Narcotics: A Prospective Control Trial	Departmental	E19159	Karinn Chambers, M.D.	8
			<b>TOTAL</b>	<b>19</b>



<b>RETROSPECTIVE</b> <b>Name of Clinical Research Trial</b>	<b>Sponsor</b>	<b>IRB Approval #</b>	<b>Principal Investigator</b>	<b>Patients Enrolled in 2019</b>
Macrocytosis and hepatic steatosis as surrogates for adequate chemotherapy exposure in patients with colorectal cancer (sg-5)	Departmental	E16119	Sumit Gaur, M.D.	59
Echocardiographic changes during adjuvant therapy in Hispanic women with HER-2 neu expressing breast cancer (sg-6)	Departmental	E17080	Sumit Gaur, M.D.	60
Clinical and pathological features of Epstein-Barr virus associated gastric carcinoma at the US-Mexico border: A single institution study (SG-10)	Departmental	E18049	Sumit Gaur, M.D.	20
Intra-operative radiographic margin evaluation: A single institution retrospective analysis of the radiographic and pathologic concordance of intra-operative margin re-excision specimens (Radiographic margin)	Departmental	E16111	Karinn Chambers, M.D.	107
Breast cancer in the young patient: A single institution retrospective database of all patients diagnosed with breast cancer between the ages of 20-50 at the predominantly Hispanic border city of El Paso, Texas (Breast Cancer in the Young Patient)	Departmental	E18037	Karinn Chambers, M.D.	196
What does bringing a dedicated breast surgeon do for you? Identification of high-risk patients, increased high-risk screening, and cancer identification in a high-risk population a retrospective study from 2012-2017 (Identification of high-Risk Patients)	Departmental	E18053	Karinn Chambers, M.D.	100
			<b>TOTAL</b>	<b>542</b>

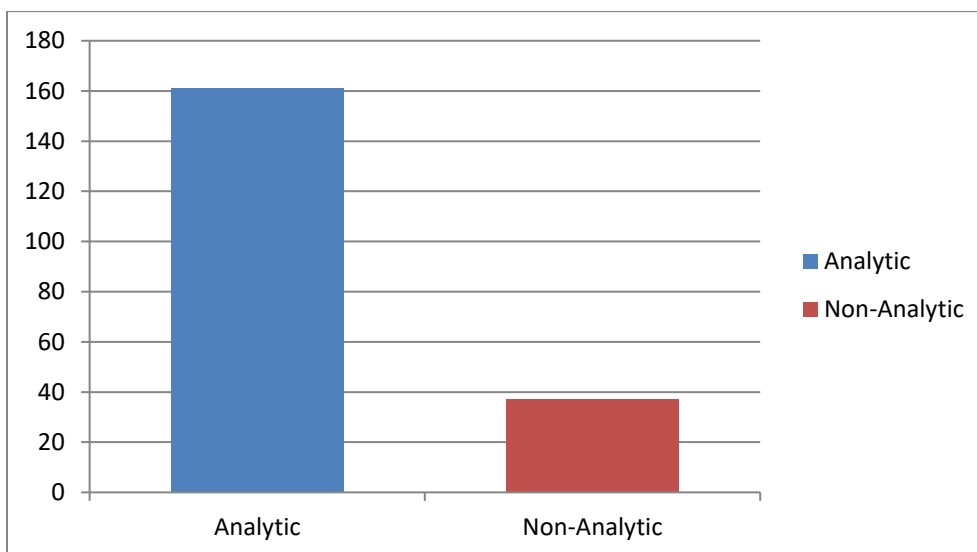
# Statistical Review 2018 Data

## Stage at Diagnosis



Stage 0	Stage I	Stage II	Stage III	Stage IV	Unknown	Total
18	78	38	21	14	29	198

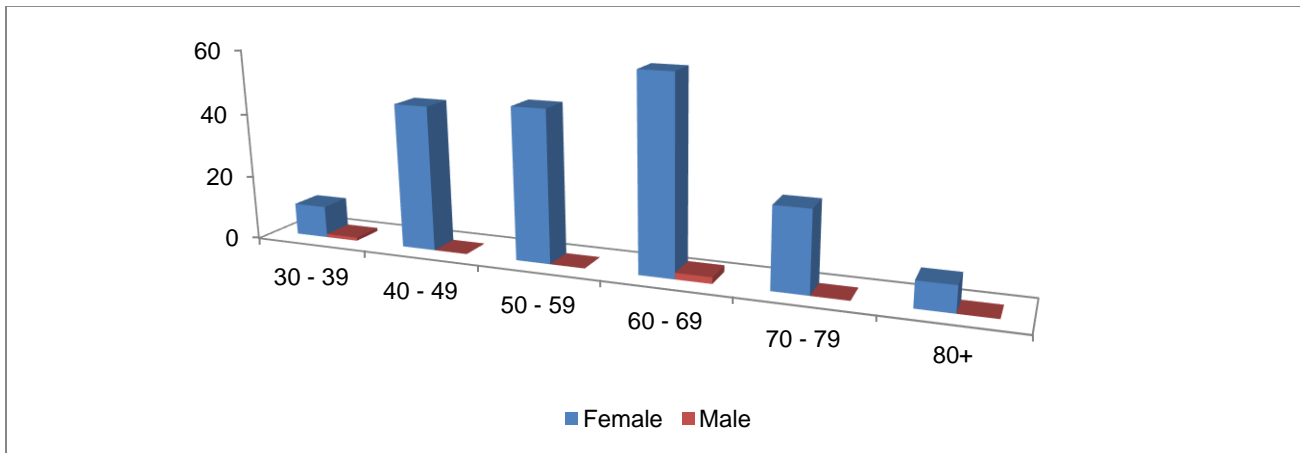
## Total Breast Cancer Caseload 2018



Analytic	Non-Analytic	Total
161	37	198

# Age at Initial Diagnosis

## 2018 Data



Age	Male	Female	Total
30-39	1	10	11
40-49	0	45	37
50-59	0	47	49
60-69	2	60	56
70-79	0	25	16
80+	0	8	6
Total	3	195	198

## **605 Efficacy of adjuvant versus neoadjuvant chemotherapy in Hispanic/Latino women with early stage, triple negative breast cancer. (TNBC)**

Alexander Philipovski, MD, Javier Corral, MD, Rosalinda Heydarian, NP, Sumit Gaur, MD

**Background:** The aim of this study was to investigate the efficacy of adjuvant chemotherapy versus neoadjuvant chemotherapy in Hispanic/Latino women diagnosed with an early stage TNBC.

**Methods:** We retrospectively reviewed 115 charts of women diagnosed with TNBC stages I–III, that were treated at Texas Tech University Health Science Breast Cancer Center from 2006 to 2016. We divided all treated patients into two groups: those that received adjuvant chemotherapy (ACT) versus those treated with neoadjuvant chemotherapy (NACT). For statistical analysis, we used unadjusted and adjusted COX proportional hazards model. Kaplan–Meier survival curves were generated.

**Results:** Of the 115 patients diagnosed with TNBC – 32 (28.5%) received NACT while 83 (71.5%) received ACT. Patients undergoing NACT were found to be younger, with a mean age of 51 (range 22–67) compared with those in the ACT group that had a mean age of 54 (range 32–80) ( $p=0.05$ ). Additionally, the women in the neoadjuvant group had more advanced cancer, stage III (56%) II (29%) in contrast to the adjuvant group, stage III (21%), II (48%). Women in the group that received ACT were found to have progression-free survival (PFS) at 3 and 5 years of 89% and 59%, respectively. Women that received NACT had PFS at 3 and 5 years of 75% and 43%, respectively. There was no statistically significant difference in PFS between the two groups. In our study, we reported pathological complete response (pCR) after NACT at 37.5% which is higher than that reported in the literature (20%–30%). Surprisingly, we found that patients that received ACT were less likely to die from breast cancer during the observation period, as to compare with patients that did receive NACT (overall HR 0.62 (0.399, 0.962) 95% CI).

**Conclusions:** Despite the robust pCR to NACT at 37.5% among Hispanic/Latino women with TNBC, we did not find any statistically significant difference in PFS at 3 and 5 years. However, patients that received adjuvant chemotherapy were less likely to die from breast cancer compared to those treated with neoadjuvant chemotherapy. At this point, we do not have the explanation for these findings, but we believe that a prospective study will elicit more insight into these phenomena.

## DCIS and Margin Re-Excision

Karinn Chambers, MD

Comparison to National Benchmarks or guidelines: American Society of Breast Surgeons. Consensus Guidelines on Breast Cancer Lumpectomy Margins

**Abstract:** During breast Cancer Conferences it was found a sizeable number of DCIS surgical specimens have margins less than 2 mm. Recommendation was made to review and study 2018-2019 DCIS cases to determine if proper treatment guidelines were being met.

**Methods:** According to the American Society of Breast Surgeons, consensus guidelines on Breast Cancer Lumpectomy Margins: Lumpectomy for In-Situ Cancer, with or without a micro-invasive component, with close (<2mm) margins. Re-excision is recommended for DCIS with margin less than 2 mm. Document reason if re-excision is not performed.

**Results:** All patients diagnosed with DCIS for 2018 and 2019. Twenty-one patients with DCIS alone. Fifteen patients underwent appropriate margin re-excision for margin < 2mm as per new standard. Six patients underwent margin with no re-excision for margin < 2 mm. Four patients labeled as not receiving surgery. One patient underwent surgery 10/30/2019, pathology pending.

**Conclusion:** Sixty percent of DCIS underwent appropriate margin-re-excision for margin <2 mm as per treatment guidelines. Twenty-four percent of patients underwent no margin re-excision for margin <2 mm. Reason documented why re-excision was not performed, per treatment guidelines. Sixteen percent of patients labeled as not receiving surgery. Using re-excision lumpectomy rate as a measure of quality is controversial. Re-excision lumpectomy rate ranges from 0-70% by individual surgeon in the United States. It is difficult to use re-excision lumpectomy rates as a quality or benchmark due to lack of evidence defining the minimum or optimal quality threshold for margin re-excision due to concern that unintended adverse consequences may occur if the importance of re-excision is elevated too high by using it as a quality measure. Continue to discuss all DCIS breast cancer diagnosis at breast cancer conferences. Evaluate all DCIS surgical specimens with <2mm margins for appropriate treatment.

## **GLOSSARY OF TERMS**

<b>Class of Case</b>	A determination of the patient's diagnostic and treatment status at first admission to University Medical Center of El Paso.
<b>Analytic</b>	Cases which were first diagnosed and/ or received all or part of their first course of treatment at UMC.
<b>Non-Analytic</b>	Cases diagnosed and received entire first course of treatment prior to admission to UMC, cases diagnosed at autopsy.
<b>First Course</b>	The initial course of tumor-directed treatment, or series of treatments, usually initiated within the first four months after diagnosis.
<b>AJCC</b>	American Joint Committee on Cancer
<b>ACoS</b>	American College of Surgeons
<b>NAPBC</b>	National Accreditation Program for Breast Centers
<b>NCDB</b>	National Comprehensive Cancer Network
<b>CoC</b>	Commission on Cancer
<b>CAP</b>	College of Pathologists