

2020

# Annual Report

# Texas Tech Physicians Breast Care Center

NAPBC

National Accreditation Program for Breast Care Centers



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## **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 2019.

A total of 197 breast primaries were evaluated and treated in both institutions during 2019. 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.

During 2020, our facility experienced dramatic changes in the way we operated due to the COVID-19 pandemic restrictions. Through it all, the Breast Care Center strived to continue to provide the best care to our patients through this trying time.

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.

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 2020, there were 20 Breast Cancer Conferences held with a total of 134 patients being presented. During the 2020 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 100%, 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 8362 patient visits in 2020. 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 2020, there was a total accrual of 25 breast cancer patients into clinical trials. Due to COVID-19 and pandemic restrictions, there was a decrease in total enrollment for all clinical trials.

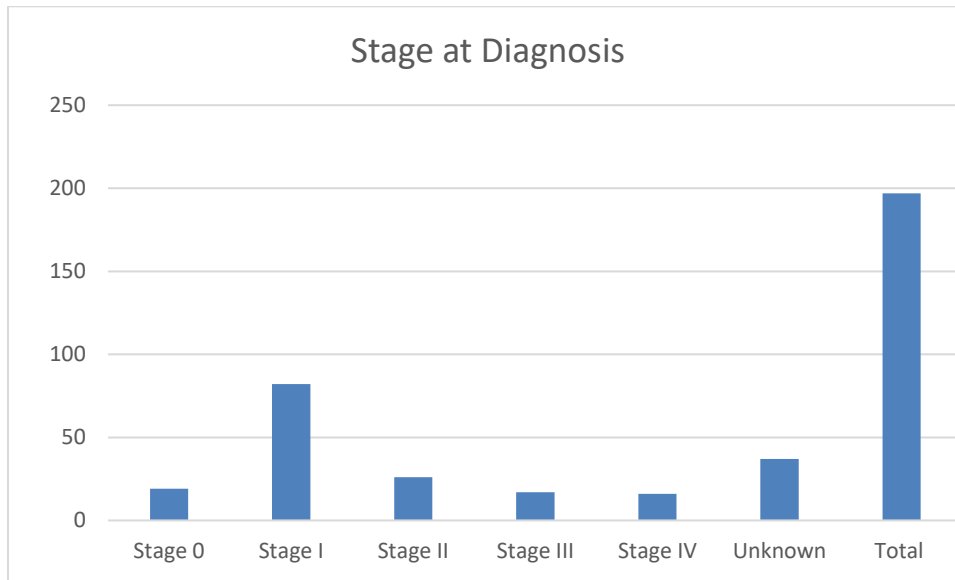
**2020 Cancer Related Clinical Trials Approved for Conduct at  
University Medical Center of El Paso**

<b>Study Title</b>	<b>Institution</b>	<b>Department</b>	<b>IRB #</b>	<b>Date Originally Approved by UMC EP</b>	<b>Funding Source</b>	<b>Study Status</b>	<b>2020 CASES</b>
Serratus Anterior Nerve Block in Conjunction with Mastectomy and the Need for Post-Operative Narcotics: A Prospective Control Trial	TTUHSC	Surgery	E19159	23-Oct-19	departmental	OPEN	24
A phase III, randomized, double-blind, placebo-controlled study evaluating the efficacy and safety of GDC-0077 plus Palbociclib and Fluvestrant versus placebo plus Palbociclib and Fluvestrant in patients with PIK3CA-mutant, hormone receptor-positive, HER2-negative locally advanced or metastatic breast cancer (WO41554)	TTUHSC	Internal Medicine	E20040	6-Mar-20	F Hoffmann La Roche Ltd	OPEN	1
							<b>25</b>



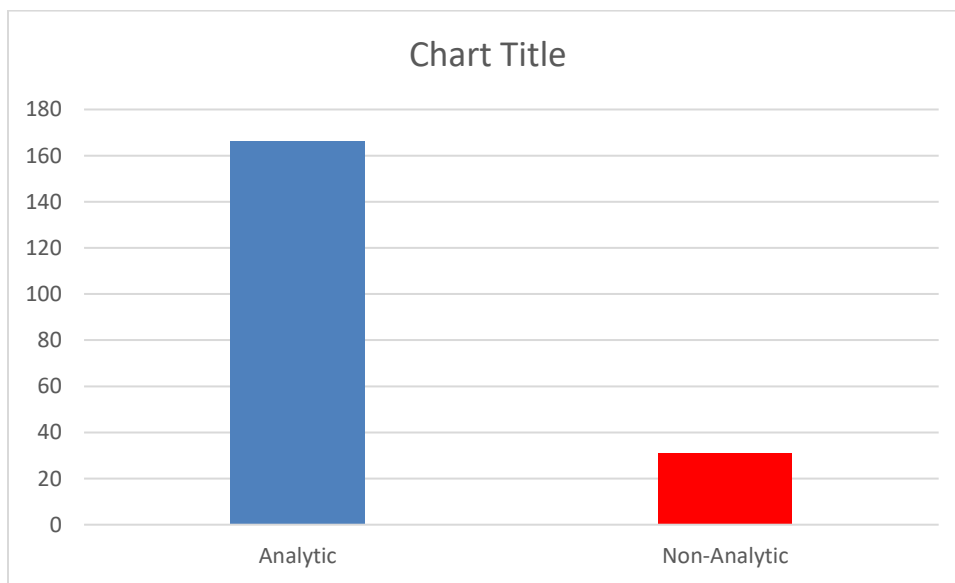
# Statistical Review 2019 Data

## Stage at Diagnosis



Stage 0	Stage I	Stage II	Stage III	Stage IV	Unknown	Total
19	82	26	17	16	37	197

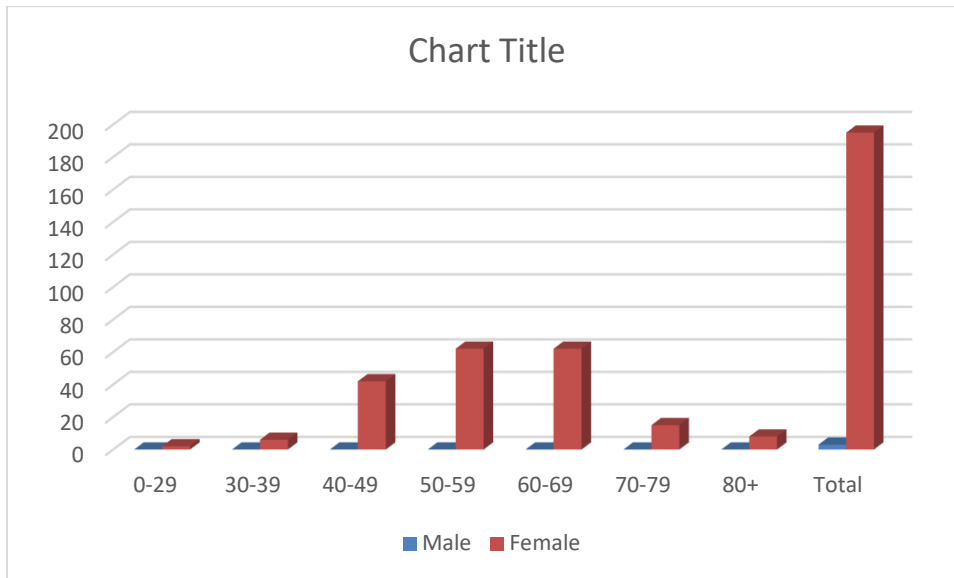
## Total Breast Cancer Caseload 2019



Analytic	Non-Analytic	Total
166	31	197

# Age at Initial Diagnosis

## 2019 Data



Age	Male	Female	Total
0-29	0	2	2
30-39	0	6	6
40-49	0	42	42
50-59	0	62	62
60-69	0	62	62
70-79	0	15	15
80+	0	8	8
Total	0	197	197

<b>Autologous Reconstruction After Mastectomy</b>	
Completed by:	Stephanie Nemir, MD, PhD
Cancer site	Breast
Methodology: what documentation was reviewed for pre-treatment diagnostic evaluation	New Patient and Preoperative visit notes for breast surgical oncology and plastic surgery, operative reports for breast surgical oncology and plastic surgery.
Description of cases reviewed (year, stage, etc.)	All female breast cancer patients diagnosed in 2018 who underwent mastectomy at UMC followed by radiation therapy
Number of cases reviewed	16
Results of pre-treatment initial diagnostic evaluation process review with evidence-based national treatment guidelines (number or percentage of compliance)	Of 16 patients, 7 were referred to a plastic surgeon prior to mastectomy (44%), 1 was referred to a plastic surgeon after completion of radiation therapy (6%), and 8 were not referred to a plastic surgeon (50%). Of 7 patients referred prior to mastectomy, 4 chose to have immediate tissue expander placement (57%), 1 was unable to have immediate reconstruction due to scheduling conflicts (14%), and 2 chose not to pursue immediate reconstruction (29%). After radiation therapy, of 4 patients who had immediate tissue expander placement, 3 completed implant-based reconstruction and one was lost to follow up. Of four patients seen for delayed reconstruction after radiation, one completed implant-based reconstruction, one is pending autologous reconstruction, and two chose not to pursue reconstruction.
Was first course of treatment appropriate for the stage of disease or prognostic indicators and is concordant with evidence-based national treatment guidelines	All patients scheduled to undergo mastectomy should be offered referral to a plastic surgeon to discuss reconstructive options prior to mastectomy. Patients undergoing adjuvant radiation therapy have a higher complication rate after implant-based reconstruction compared to non-radiated patients, and these patients often benefit from autologous or hybrid (autologous + implant) reconstruction. Among the reviewed cohort, only 44% of patients have documentation of a plastic surgery referral prior to mastectomy, with another patient referred after radiation. Among patients referred to plastic surgery for reconstruction, all have documentation of a discussion of their reconstructive options including implant-based, autologous, and hybrid reconstruction. Four (50%) of these patients have completed implant-based reconstruction, one is pending autologous reconstruction, two chose not to pursue reconstruction, and one was lost to follow up.
Analysis of data	50% of patients were not seen by plastic surgery to discuss reconstructive options. Based on available documentation, it is not clear how many of these patients were offered referral for reconstruction and refused vs. were not offered referral. Of those who were referred for reconstruction, half chose to pursue implant based reconstruction and a quarter chose not to pursue reconstruction. Only one patient chose autologous reconstruction and her procedure is currently on hold due to COVID restrictions.

Recommended performance improvement, as appropriate	Patients planned for mastectomy should be offered referral to plastic surgery to discuss reconstructive options prior to their exirpative procedure in the absence of a specific contraindication (such as inflammatory breast cancer). Patients should be counseled on the range of reconstructive options availabe to them, including implant-based, autologous and hybrid options. Currently, most autologous reconstructive options are on-hold due to Covid-19 and anticipated need for post-operative admission. Once Covid-related restrictions are lifted, patients previously not referred to plastic surgery should be offered referral to discuss delayed reconstuctive options if desired.
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<b>Improve Safety and Compliance of Oral Antineoplastic Agents</b>	
<b>Completed by:</b>	Sumit Gaur, MD, Medical Oncologist
<b>Date completed (mm/dd/yy)</b>	08/31/20
<b>Problem statement</b> (including baseline and goal metrics and anticipated timeline)	It is critical for patients, who have been prescribed an oral anti-neoplastic agent, to have a timely lab screening in order for the physician to determine any safety issues in a timely manner. During the months of Nov 2019 and January 2020, the average number of days between the writing of a prescription for and oral antineoplastic agent, at the county hospital's pharmacy, and availability of lab results (per guidelines) was 38 days, this led to delays in toxicity assessments and dose adjustment.
<b>Source of problem identification</b>	Texas Tech EMR and County Hospital pharmacy
<b>QI initiative team members</b>	Debarata Mukerjee, MD Department Chair; Sumit Gaur MD, Project Leader; Rosalinda Heydarian, Nurse Practitioner, Sara Gonzalez, RN Head Nurse; Subrina Iturralde, CMA Clinical Assistant
<b>Performance improvement tool</b>	PDSA
<b>Analysis of data</b>	Measure: Days between prescription written and lab results available. Patient Population: Patients who has a new prescription for an oral antineoplastic filled at county hospital pharmacy (Nov 2019 - Jan 2020) .
<b>Results</b>	72.7 % of patients who had a prescription filled for a new oral antineoplastic agent at the county hospital's pharmacy, did not have timely lab monitoring as per guidelines. This led to delays in toxicity assessments and dose adjustment.
<b>Comparison to national data</b> (if available)	None
<b>Intervention implemented</b>	Institute a policy of weekly contact for patients starting new OAN, develop a template for the call. Generate a quick reference guide summarizing which test should be done and when for the most commonly prescribed drugs and have this available in the clinic area for ready reference. Educate providers to order specific lab monitoring and to specify how many days after starting the drug, labs should be checked.
<b>Results of implemented intervention</b>	The average days between prescription ordered and available lab results fell from 38 days to 21 days (44% decrease)
<b>Planned next steps</b> (as appropriate)	Continued weekly check-ins with patients starting OAN over the phone to sustain gain. Educating and training other clinic RNs to assist with weekly check-ins. Ongoing education of providers and their CNAs to order appropriate labs monitoring at the time of prescribing OAN.

## **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