MedStar Health Cancer Network

2017 Year in Review

Knowledge and Compassion
Focused on You
Introduction

MedStar Health Cancer Network has long been committed to ensuring that patients throughout the Baltimore region have access to the highest quality cancer care. Here, every patient benefits from our collaborative approach to care, which culminates in a customized, comprehensive treatment plan unique to each individual. And patients have a full range of sophisticated, proven, and promising diagnostic treatment options, support programs, rehabilitation, and follow-up services available to help them on their journey.

As evidence of our commitment to quality, MedStar Health Cancer Network empowers a multidisciplinary Cancer Committee, which oversees our efforts to meet the rigorous standards required to earn recognition from some of the nation’s most highly regarded accrediting bodies. This includes Accreditation with Commendation from the American College of Surgeons Commission on Cancer, the highest level of approval, for more than 20 years; Certification from the American Society of Clinical Oncology’s Quality Oncology Practice Initiative program; Full Accreditation from the National Accreditation Program for Breast Centers; and Accreditation from the American College of Radiology in CT, MRI, and ultrasound.

Plus, the Breast Center at MedStar Franklin Square Medical Center is one of only a handful of centers in the state of Maryland to receive the Women’s Choice Award from the National Accreditation Program for Breast Centers as one of the nation’s best centers.

While we are proud of these achievements, our highest priority is, and always will be, making sure that we are effectively meeting the needs of our cancer patients. We are continually evaluating our programs and enhancing them to best meet the needs of the community and that was no different in 2017.

We augmented our services during the year with the establishment of a new Division of Urologic Oncology. Headed by Geoffrey Sklar, MD, a urologic oncologist recognized across the Baltimore region as an innovator in urology care, the new division is part of the Harry and Jeanette Weinberg Cancer Institute at MedStar Franklin Square. With the addition of Dr. Sklar to our team, who also serves as associate director of the Harry and Jeanette Weinberg Cancer Institute, we enhance our ability to offer patients with genitourinary cancers the most leading-age therapies for treating their disease.

Another new initiative in 2017 was the launch of a High-Risk Assessment and Cancer Prevention Program early in the year, which is designed to provide information, resources, guidance, genetic testing, and proactive treatment options to individuals who have an increased risk for developing cancer.

The program, which focuses on the assessment, prevention, and survival of cancer, looks first at genetic, environmental, and lifestyle factors that impact and increase risk factors for developing the disease. Those who carry mutations most closely linked to cancer are then able to consider medication and surgical interventions that could significantly reduce those risk factors or establish a schedule for increased surveillance to detect and treat cancers at the earliest possible stages. This program’s goal is to reduce the number of patients—both men and women—who are diagnosed with cancers that have the strongest genetic links: breast, ovarian, colon, uterine and prostate.

We also expanded the services available at the MedStar Health Cancer Center at Bel Air, adding more specialists to the team of providers seeing patients there. Located on the MedStar Health Bel Air Medical Campus, our team now includes experts from the Angelos Center for Lung Diseases, one of the nation’s premier lung cancer prevention and treatment centers, and the Maryland Melanoma Center, renowned regionally and nationally for outstanding results in the fight against melanoma. Both Centers of Excellence are part of the Harry and Jeanette Weinberg Cancer Institute at MedStar.
Franklin Square and having physicians from these centers onsite in Bel Air enhances our ability to provide specialized care to patients where they live and work.

In addition, work has been underway on the construction of a newly renovated cancer center on the campus of MedStar Good Samaritan Hospital, scheduled to open in early 2018. Called the MedStar Franklin Square Cancer Center at Loch Raven Campus, the new center will house the oncology programs from MedStar Union Memorial Hospital and MedStar Good Samaritan, which will become part of an integrated cancer program under the MedStar Franklin Square program—MedStar Health’s Center for Excellence in oncology in the Baltimore region.

This new 7,800-square-foot cancer center, nearly twice the size of the existing facility, will offer an Infusion Center with 22 treatment chairs providing IV therapy of all types including, but not limited to, chemotherapy, immunotherapy, and iron infusion; an onsite pharmacy; radiation therapy; a clinical trials program; screening services, and much more. We are also in the planning stages to move and redesign the breast center on the campus and upgrade the radiation oncology facility and equipment with the latest state-of-the-art options available.

Of course, our commitment to caring for the community extends far beyond the walls of our facilities.

In this region, one of the greatest barriers to care for many patients is transportation. Patients cannot access the services they need when they can’t get to them. To address this, the Cancer Philanthropy Council at MedStar Franklin Square launched a complimentary patient transportation program for our cancer patients in need in 2016. Funded entirely through private philanthropic investments, the patient transportation program provided more than 45 cancer patients with more than 600 rides to treatment appointments in 2017.

At the same time, our commitment to preventing cancer and educating the public about the disease remained strong. Through partnerships with organizations such as American Cancer Society, the Susan G. Komen Foundation, Hopewell Cancer Support, the Ulman Cancer Fund for Young Adults, and the Red Devils, to name a few, we have been able to reach far more individuals than we could on our own. Thanks to the generosity of the Ulman Cancer Fund, we now have an onsite navigator to support the needs of young adults and their loved ones as they face cancer.

You’ll read more about our 2017 accomplishments in the pages that follow. Looking ahead, we will continue to evolve to satisfy the needs of our patients. While some things may change, our commitment to providing the highest quality care will always remain the same.

Sincerely,

Albert Aboulafia, MD  
Medical Director  
MedStar Health Cancer Network

Linda Rogers, RN, MBA, CPA  
Vice President  
MedStar Health Cancer Network
Highlights of 2017

The MedStar Health Cancer Network had a great year of growth and achievement. Following are some highlights.

COMMUNITY OUTREACH

The MedStar Cancer Network is committed to improving the health of our communities by providing comprehensive prevention, screening, and outreach activities. These activities are monitored and documented in an annual community outreach activity summary that is presented to the Cancer Committee at the end of each calendar year.

In 2017, our cancer outreach focused on four areas of cancer screening education; colorectal, skin, breast, and lung. Overall, 615 people were provided education about these types of cancers and a total of 236 people were screened. These activities occurred in Baltimore City, Baltimore County, and Harford County, Maryland.

During the year, we also participated in 180 community and business partner events throughout Baltimore City, Baltimore County, and Harford County.

Prevention—Smoking Cessation

Due to high incidences of smoking and lung cancer in Baltimore City, Baltimore County, and Harford County, smoking cessation continued to be a focal point of our cancer prevention outreach. In 2017, we held a total of 16 smoking cessation classes throughout Baltimore County, Baltimore City, and Harford County. Our average quit rate at the class completion was 49 percent.

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<th>MedStar Franklin Square Medical Center</th>
<th>MedStar Good Samaritan Hospital</th>
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<td>QUIT RATE (END OF PROGRAM)</td>
<td>30%</td>
<td>100%</td>
<td>16%</td>
<td>100%</td>
<td>77%</td>
<td>49%</td>
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We also earned a 2017 Maryland Cancer Collaborative award for Innovative Systems Change based on our success in developing and implementing improvements to the program after the completion of a performance study in 2016.
Colorectal Cancer Screening

The Colon Cancer Screening Program at MedStar Health is a grant program funded by the Maryland Department of Health and Mental Hygiene and the Cigarette Restitution Fund. The grant, in the amount of $1,212,000, provides no cost colonoscopies, fecal immunochemical tests, and diagnostic, and treatment services to low income, uninsured and underinsured men and women residing in Baltimore City and Anne Arundel County. The colonoscopies are provided at three MedStar Hospitals—MedStar Good Samaritan Hospital, MedStar Harbor Hospital, and MedStar Union Memorial Hospital.

In 2017, the program resulted in 237 colonoscopies being performed. During these procedures, 82 adenoma polyps and two high-grade adenoma polyps were removed, one cancer was diagnosed, and a diagnostic was performed to rule out another cancer. In addition, 13 fecal immunochemical tests were done for patients who were unable to complete their colonoscopies. Of these, all of the results were negative except two positives that required colonoscopies to complete the screening.

The program provides extensive education and outreach activities in the area by participating in health fairs and developing partnerships with local physicians serving low income residents. It has also been highlighted on Fox45 Morning News with one of the broadcasts reaching a patient who was screened through the program and found to have early stage colon cancer; which was successfully treated. The patient is now cancer free and returned with the staff in 2017 for an appearance on Fox45 to stress the importance of being screened for colon cancer.

Breast and Cervical Center Screening

The Baltimore City Breast and Cervical Cancer Program (BCCP) has been going strong since 2002, providing more than 17,863 breast exams, 19,054 mammograms, and 9,037 Pap tests to women in need. To date, 11 individuals have been diagnosed with cervical cancer and 176 individuals have been diagnosed with breast cancer.

In 2017, $800,082 in contract funds from the Maryland Department of Health and Mental Hygiene helped make it possible for MedStar Health Cancer Network’s BCCP to perform 771 mammograms and 278 Pap tests. During the year, four cases of breast cancer and no cervical cancers were diagnosed.

Of those who participated in the program in 2017, 93 percent were uninsured. The seven percent who were insured were provided client navigation services to help eliminate the barriers to screening many of them face.

Because 63 percent of program clients are Hispanic, MedStar Health Cancer Network has established and maintained a very robust program designed to support them through the screening process, as many are illiterate in both Spanish and English.

This support includes having two full-time BCCP outreach reps on staff and bringing in an additional three translators three times per month for “Amiga’s Day,” when 20 or more Spanish-speaking women come in for breast and cervical cancer screening services on the same day. Translation services are provided for them in the doctor’s office, hospital registration, and mammogram department and they are escorted from one department to another.
BREAST RECONSTRUCTION

In late 2016, MedStar Franklin Square began offering DIEP Flap Reconstruction to patients after mastectomy. A DIEP flap is a type of breast reconstruction in which blood vessels called deep inferior epigastric perforators (DIEP), as well as the skin and fat connected to them, are removed from the lower abdomen and transferred to the chest to reconstruct a breast after mastectomy without the sacrifice of any of the abdominal muscles. This is an option that was not previously offered in our area.

In 2017, we performed a total of 27 DIEP flaps. Based on the positive response to this, we will launch the MedStar Plastic and Reconstruction Surgery in 2018 to provide patients needing reconstruction personal consultations to address their individual needs.

CLINICAL TRIALS

The clinical trials program at MedStar Health Cancer Network is one of the largest in the state. The reputation of our network, doctors, and the greater availability of new treatments through MedStar Health Research Institute attract patients from a tristate area. Our physicians conduct a variety of trials, ranging from treatment of cancer using surgery, chemotherapy, immunotherapy, and/or radiation therapy, to supportive care and symptom-management studies.

Currently, MedStar Health Cancer Network has more than 35 active clinical trials. Most trials are open at many MedStar Health oncology sites. Our physicians, working closely with our clinical research nurses, provide excellent care for patients undergoing treatment and registry trials.

Our target for Commission on Cancer Integrated Network accreditation was to enroll six percent of analytic cases for a goal of 124 patients. Our expected accrual for calendar year 2017 is 240 patients or 11.5 percent based on the 2,069 analytic cases for 2016. This will reflect commendation status for this standard.

Other highlights for 2017:

• First site in the world to be activated for MK3475-654—a clinical trial for patients with stage IV lung cancer who are PDL1+.
• New ovarian cancer trial looking at the addition of immunotherapy—YO39523 (GOG-3015): A Phase III multicenter, randomized study of atezolizumab versus placebo administered in combination with paclitaxel, carboplatin, and bavacizumab to patients with newly diagnosed Stage III or Stage IV ovarian, fallopian tube, or primary peritoneal cancer.
• Enrolled 94 patients in the XOFT study for IORT treatment in early stage breast cancer.
• Opened the COMET study—looking at surgery vs. no surgery for low risk DCIS.
• Enrolled six patients to the PALLAS study looking at the addition of palbociclib to anti-hormone therapy as adjuvant treatment for breast cancer.

All oncology clinical trials can be found on MedStarCancer.org/Trials.
Performance Improvement

PROBLEM: With the opening of a MedStar Ambulatory site in Bel Air that includes cancer and radiology services all under the same roof, we wanted to see if it was possible to increase throughput.

Goal statement

We set several goals to accomplish this. They included:

• Offering patients seeking breast surgical services in the Bel Air location an appointment within one week of contacting us.
• Scheduling surgery, if needed, within 30 days.
• Reducing the time between biopsies orders by the breast surgeon and surgery to 14 days at the maximum.

Project scope

Between June 1, 2017, and Sept. 30, 2017, we documented the experiences of all patients diagnosed with breast cancer in the Breast Center in Bel Air.

Results

• N=9 patients
• One patient was stage IV—not a surgical candidate.
• One patient never returned after initial consult—documented calls and certified letters sent.
• The breast surgeon ordered biopsies for two of the nine patients.

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<thead>
<tr>
<th>Measure</th>
<th>Goal</th>
<th>Result</th>
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<tbody>
<tr>
<td>Average days from intake call to consult</td>
<td>Within 1 week</td>
<td>6 days</td>
</tr>
<tr>
<td>Average days from consult to surgery</td>
<td>30 days</td>
<td>30.3 days</td>
</tr>
<tr>
<td>Average days from biopsy to surgery</td>
<td>14 days</td>
<td>36.7 days</td>
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Improvement/Modifications

We identified numerous factors that affected throughput. Some we could control and some we could not.

Factors within our control:

• Documenting if the patient declined the first available appointment.
• Sending biopsies ordered by the physician to MedStar Franklin Square Medical Center’s Pathology department.
• Setting block time every week.

Factors outside of our control:

• Patient was unavailable for first available appointment.
• The biopsy was ordered by the primary care physician.
• Surgery was conducted outside of block time (i.e. reconstruction).
• The patient’s decision regarding treatment or lack of treatment.

The consult to surgery time was very close to the goal. But we saw that more adjustments and modifications were needed to decrease the number of days from intake to consult and from biopsy to surgery. These changes, effective Oct. 16, included offering any patient with a cancer diagnosis contacting our offices via Care Connections an appointment within 48 hours and seeing any patient directly referred by a physician the same day or within 48 hours.
Because most patients’ biopsies were ordered by their primary care physician, this resulted in additional variables outside of our control such as the pathology lab used and scheduling factors. Theoretically, those patients that have their biopsy ordered by the breast surgeon should have a shorter throughput time.

Plus, while the surgical poster works diligently to fill the established block time with cases, those that require coordination between the breast surgeon and the reconstructive plastic surgeon are more complex to schedule and require agreement on dates, sharing of posting sheets, and dual authorization.

Future considerations
- Offer patients in office core needle biopsies when appropriate.
- Work with the local primary care physicians to copy the breast surgeon on breast biopsies.
- Continue to monitor and evaluate the breast services’ call center protocols to ensure timely access.
- Monitor and evaluate block time utilization.
- Develop workflow to enhance the coordination between the breast surgeon and the reconstructive/plastic surgeon.

Quality Improvement

QUALITY IMPROVEMENT STUDY #1
PROBLEM: Registered nurses are trained to assess patients, educate them, and deliver excellent patient care. It was determined that our medical oncology staff nurses were receiving so many calls from patients that it was resulting in delays in call backs to those with medical concerns. This was impacting patient and physician satisfaction scores as noted in our FY17 National Research Corp./Picker survey results.

Goal statement
To address this, we set out to:
- Make it easier for medical oncology staff nurses to receive and return appropriate calls within a 24-hour period.
- Empower oncology staff to triage phone calls and channel the calls to the appropriate person.
- Improve patient satisfaction scores for FY18.

Project scope
In order to better understand the problem, our staff kept a log of all calls that originated on the medical oncology phone line for a two-week period—from Sept. 9-27, 2017.

Results
During that time, medical oncology took 1,108 calls—543 of them for a consult appointment, 43 for an infusion appointment in our Ambulatory Oncology Center, 142 were nursing-related calls, 15 calls for test results, and 365 calls categorized as other. The other category was noted to be wrong numbers, additional diagnostic codes needed for ABN verification, inpatient consults, orders for radiology, etc.

Improvement/Modifications
Based on this analysis, we implemented a continuing education initiative for medical oncology staff to help improve the triaging of phone calls and ensure that calls given to nurses are appropriate. This education included role playing, targeted discussions, real-time feedback, and staff development. We continue to monitor calls.
QUALITY IMPROVEMENT STUDY #2

PROBLEM: Chemotherapy is a time sensitive procedure. In order to get the chemotherapy treatment started quickly, it is ideal for patients to have a port-a-cath inserted prior to the first infusion. Delays in treatment cause physician and patient dissatisfaction, which can be measured by trending National Research Corp scores along with patient and physician feedback. Therefore, we wanted to evaluate if we had enough surgeons available to perform the insertion of a port-a-cath in a timely fashion based on demand at the time of the study.

Goal Statement
The goal established for this study was to ensure that a port-a-cath was placed within two weeks of a physician order if the patient was clinically able to undergo the surgical procedure.

Project Scope
Data was collected from Sept. 1–30, 2017, from all patients who had obtained an order to have a port-a-cath placed. Data was pulled from the electronic medical records.

Results
A total of 24 patients were ordered to have port-a-cath placed during that time. Of these patients, 16 obtained their port-a-cath within seven days from the order date, five received their port-a-cath between eight to 15 days, one patient received it in 25 days, another patient never had their port placed and the data for one patient was unavailable as there was no order in the electronic medical record to place a port-a-cath.

The patients that waited more than eight days had the following issues:

• Posting staff were unable to reach patient by phone.
• Patient was unable to schedule earlier date.
• Surgeon only had one day of block time for surgery posting.
• Additional testing was needed before a port could be placed.

Improvement/Modifications
Results showed that the majority of patients were obtaining their port-a-caths within a medically reasonable timeframe. The patient found to be 25 days out was difficult to reach and staffing followed protocol by calling the patient on a daily basis. We continue to monitor and evaluate surgical block time utilization, our surgeons’ availability, and the surgical posting processes.
Our Centers of Excellence

THE ANGELOS CENTER OF LUNG DISEASE

The Angelos Center for Lung Diseases treats more patients with lung disease than any other community hospital in Maryland. The diverse range of skills and expertise of our multidisciplinary team of specialists enables us to provide patients with seamless, integrated care beginning with the initial visit and throughout the treatment program.

We also offer the newest and most promising technologies for early diagnosis including autofluorescence bronchoscopy and superDimension™. Multimodalities and an outstanding team of thoracic surgeons, radiation oncologists, medical oncologists, interventional pulmonologists, and rehab pulmonologists along with a dedicated thoracic nurse navigator help make us one of the nation’s premier lung cancer prevention and treatment centers.

THE BREAST CENTER

We are dedicated to providing state-of-the-art services and treatments as well as the most individualized care that can be found in Maryland for individuals with breast abnormalities. We offer the full spectrum of diagnostic and treatment options in a multidisciplinary, collaborative environment. Our clinicians, specialists in breast surgery, medical oncology, and radiation oncology, work with breast radiologists, pathologists, nurses, and other support staff to carefully evaluate each patient’s diagnosis and create a personalized treatment plan specially designed to meet that individual’s unique needs. This seamless care is backed by support services that include patient navigation and genetic counseling.

THE CENTER FOR GYNECOLOGIC ONCOLOGY

Our multidisciplinary team of experts offers patients with all types of gynecologic cancers a wide range of comprehensive treatments including minimally invasive surgeries, the most advanced radiation therapies, and access to clinical trials. To achieve the best possible outcomes, surgery may be combined with radiation therapy, chemotherapy, or hormonal therapy. For women who have undergone extensive surgeries to remove cancer, the center offers reconstructive surgery, a surgical specialty not available at all hospitals.

THE CYBERKNIFE® CENTER

CyberKnife® Robotic Radiosurgery is one of the most advanced treatments available for patients with inoperable or surgically challenging tumors. These patients may have tumors of the brain or spine, or tumors that are wrapped around other critical structures. They may also be patients who are elderly or cannot tolerate other treatment options.

Performed on an outpatient basis, CyberKnife is a type of radiation therapy used to treat tumors in the head and brain, neck and spine, lung, liver, kidney, pancreas, and prostate; all without the stress and recovery time needed for surgery. The robotically guided treatment is accurate, painless, and effective for malignant and benign tumors anywhere in the body. For patients with few other treatment options, CyberKnife can be lifesaving.
THE MARYLAND MELANOMA CENTER

Our innovative team of nationally known surgical and medical oncologists, researchers, and oncology practitioners offer patients the best and most current practices in melanoma diagnosis and treatment. We are one of the few facilities in the country with the technology and expertise for vaccine biotherapy and hyperthermic-isolated limb perfusion.

We are also home to a research laboratory where scientists are able to analyze patient tumors, which aids in the development of individualized treatments. Our team includes oncology surgeons, plastic surgeons, medical oncologists, radiation oncologists, experienced oncology nurses, a dedicated nurse navigator clinician, and support staff.

THE NATIONAL CENTER FOR BONE AND SOFT TISSUE TUMORS

Our comprehensive approach to treating adolescents and adults with primary bone and soft tissue tumors as well as metastatic disease incorporates every resource we have to ensure our patients receive the best treatment available. Patients benefit from the latest advances in medical and surgical treatments for these rare tumors. This includes minimally invasive diagnostic biopsies and the revolutionary CyberKnife, to target tumors that were previously inoperable. Limb-sparing surgery using advanced techniques is utilized for most bone and soft tissue cancers.
Baltimore City, Baltimore County, and Harford County residents are only minutes away from quality cancer screening, diagnosis, and care. Regardless of the location you choose, you can be confident that you’ll receive expert care in a compassionate environment, close to home.

**MedStar Franklin Square Medical Center**  
9105 Franklin Square Dr., Baltimore, MD 21237

**MedStar Good Samaritan Hospital**  
5601 Loch Raven Blvd., Baltimore, MD 21239

**MedStar Harbor Hospital**  
3001 South Hanover St., Baltimore, MD 21225

**MedStar Health Bel Air Medical Campus**  
12 MedStar Blvd., Bel Air, MD 21015

**MedStar Union Memorial Hospital**  
3333 N. Calvert St., Baltimore, MD 21218

To contact a physician in MedStar Health Cancer Network or to learn more, visit [MedStarCancer.org](http://MedStarCancer.org) or call 877-715-HOPE (4673).