

Stronger Together



CANCER PROGRAM
ANNUAL REPORT 2020



Holyoke Medical Center



CONTENTS

2	A Year in Review
4	Cancer Registrar's Report
5	Cancer Committee Members
6	Cancer Treatment at HMC
8	Cancer Frequency & Studies
12	Accreditations and References

Holyoke Medical Center is committed to providing high quality, personalized healthcare in the prevention, diagnosis and treatment of cancer. This annual report highlights the work, progress and achievements of our Cancer Program in 2020, and our impact on care and the community.

CANCER PROGRAM ANNUAL REPORT 2020

Prepared by Lynn M. Downey, MPH, RHIT, CTR
Cancer Registrar/Clinical Trials Coordinator



A Year in Review

The Cancer Committee is responsible for developing and implementing programs that evaluate cancer care at Holyoke Medical Center with respect to quality improvement and patient care. The committee organizes cancer screening sessions for various cancer sites, such as breast, colon and prostate. The committee institutes programs to meet the standards of the American College of Surgeons Commission on Cancer.

This year, Holyoke Medical Center's cancer program experienced its greatest challenge in history due to the Covid-19 pandemic. Many departments that provide services were shut down for elective procedures and many patients had to speak to their doctors through telemedicine for a few months during 2020. Services such as screening mammograms and colonoscopies had to be delayed. Outpatient rehabilitation areas of the hospital were shut down. Many of these employees were utilized to assist veterans from a nearby chronic facility (Holyoke Soldier's Home) because of an outbreak of the virus.

The hospital had to furlough non-essential employees for as long as five months. Many aspects of the cancer program were put on hold due to Covid-19 such as cancer committee and conference meetings, cancer screening and educational events, genetic testing, hiring of a patient navigator, clinical research accrual and quality improvement review of medical records.

Some treatment decisions had to be tailored to fit the pandemic. Radiation services at our neighboring facilities were closed so other options were needed, such as starting hormonal therapy in breast cancer patients earlier, rather than waiting for radiation to be done first.

The medical oncology department at Holyoke Medical Center remained open and patients were able to get their chemotherapy. Follow up patients participated in telemedicine. The cancer registrar worked through the pandemic and submitted cancer data to the Dept. of Public Health, along with data on Covid-19 test results for cancer patients. Delays in treatment or change in modality sequence were also noted to DPH.

Although screening mammograms were affected by Covid-19, The Women's Center remained opened and continued to perform diagnostic breast imaging and breast biopsies without delay or interruption.

The Operating Room essentially was closed to elective procedures and many staff were spread to other areas of the hospital, to assist with pandemic precautions, such as screening the entrances to the hospital and taking temperatures and providing care to patients moved to Covid-19 areas.

Hospice and visiting nurses still continued to visit terminally ill patients in their homes and at nursing homes.

Many staff were given new jobs to deal with Covid-19 such as the marketing team manning the command center or others setting up a hospital laundry to provide in-house services for Covid-19 scrubs and isolation garb. Many efforts were needed to obtain personal protective equipment.

During 2020, the hospital implemented a facility wide new electronic medical record, Meditech Expanse. This will bring together all departments, including hospital-owned physician offices to better communicate the patient's medical record. This involved intensive training and participation of all departments core team leaders and super users, even during the pandemic utilizing Zoom meetings.

In 2020, the cancer committee was able to meet six times. The goal for the cancer committee to achieve was using the SMART (Specific, Measurable, Achievable, Realistic, Timely) technique to update 52 oncology department policies and procedures. New research material was gathered and policies were reviewed prior to approval by the hospital safety and policy committees. This goal had to be delayed due to the pandemic, but was achieved by year's end for almost all policies.

Dr. Francis Martinez has been appointed liaison to the American College of Surgeons for a three year term. To meet the standards set forth by the Commission on Cancer, the hospital must review data submitted to the National Cancer Database and use benchmark reports.

During 2020, the liaison reported on this data three times.

In 2020, quality improvement studies were done on:

1. Increased number of DVT/PEs in oncology patients with ports
2. Pancreatic cancer study monitoring concordance with NCCN evidence-based guidelines
3. Lowering the no show rate in the oncology clinic by using telemedicine and other strategies

Dr. Mateen did a study on pancreatic cancer diagnoses, treatment and staging for cases diagnosed between 2015 and 2019. NCCN guidelines were being followed with chemotherapy alone as the primary treatment for 57% of cases which corresponds with guidelines for Stage IV disease. Most cases presented at a late stage, which is typical of the disease.

Lung cancer screening by low dose CT scan continues in 2020. Lung conferences were begun to provide a multidisciplinary review of cases weekly.

The breast center participates in breast cancer clinical trials in cooperation with the University of Nebraska Medical Center's Breast Cancer Collaborative Registry (BCCR) which uses DNA in the hopes of the discovery of a breast cancer vaccine. This has been an ongoing effort for nine years. This year, patients were also entered into clinical trials at Dana Farber and Baystate Medical Center.

A community health needs assessment was completed by the hospital at the end of 2019. The committee identified the barriers to address through patient navigation in 2020 as transportation. Patient navigation and psychosocial distress monitoring is done in the oncology department to address this and other issues. Referrals are made to the pain management program, social work, hospice, visiting nurses association and to primary care physicians. Much time is spent by staff in addressing insurance issues such as pre-authorization or denials of payments. There are also efforts made to obtain help from pharmaceutical companies if medications are not covered. Patient navigation was delayed due to Covid-19, but the social worker did work through the pandemic to address needs.

The committee reviewed the policies for psychosocial distress, hospice, rehabilitation, nutrition and chemotherapy safety in 2020. The committee reports to the Patient Care Assessment Committee of the

hospital on five indicators, time between abnormal mammogram and biopsy; time between biopsy to surgery in breast cancer, outmigration of breast cancer patients; DVT/PE in patients with ports in oncology and no show rate in oncology. This year, two of those were noted to be increasing, so were explored further, with a new technique developed for ports and newer strategies for no show patients.

Cancer Conferences were held during 2020, to assemble a multidisciplinary group, including medical oncologists, radiologists, surgeons, radiation oncologists, pathologists, primary care physicians, oncology nurses, the cancer registrar and other specialists, to discuss the diagnosis and treatment of patients with malignancies. Over the course of the year, an attempt is made to include a wide variety of anatomic sites and to discuss both the frequent cancer types as well as unusual malignancies.

Cancer Conferences provide an important interdisciplinary forum for arriving at decisions regarding patient diagnosis and treatment and also serve as a source of education for the medical staff and other members of the hospital team.

The hospital was due to be surveyed by the American College of Surgeons in 2020 for accreditation, but this was delayed. The hospital is accredited by the American College of Surgeons for their general cancer program. We are also accredited by the National Accreditation Program for Breast Centers.



Zubeena Mateen, M.D.
*Director, Hematology/Oncology
Chairman, Cancer Committee*

Cancer Registrar's Report

The Holyoke Medical Center Cancer Registry continues to report close to 300 new diagnoses of malignancy each year. Rapid quality reporting continues in 2020 for breast and colorectal cancer cases. In 2020, this was combined with the National Cancer Database in order to facilitate rapid reporting for all cancer sites in the future.

A current follow up rate of 94% is maintained on all cases, with a 92% follow up rate for cases diagnosed within the past five years. Cooperation of physicians and their office staff is of vital importance to the success of cancer follow-up and continuity of care. Their efforts are greatly appreciated.

The Cancer Registry utilizes the Metriq software system to provide a broad range of cancer data, representing patients, diagnoses, treatment methods and outcome. With the advent of the electronic medical record and Webex sessions, learning software updates has been made easier, along with the retrieval of cancer data. The registrar coordinates the breast cancer center program and breast cancer clinical trials in conjunction with the University of Nebraska's Breast Cancer Cooperative Registry (BCCR) which seeks to develop a breast cancer registry to include biological material which may be used in the future for the development of a breast cancer vaccine.

The Registry saw many requests for information in 2020. These requests were from staff physicians, as well as external groups requesting participation in different studies. Registry information was utilized by administration in their efforts to assess patient care for improvements. Physicians and staff are urged to utilize the Registry's information for studies of their own interest at any time.

The cancer registrar participated in the North American Association of Cancer Registrars lecture on Prostate Cancer, Melanoma, CNS Tumors, Esophageal Cancer, Uterine Cancer and ACOS presentations on navigating the SAR, Survivorship Program Standard 4.8 and CAnswer Forum during the year.

A current follow up rate of **94%** is maintained on all cases, with a 92% follow up rate for cases diagnosed within the past five years.



Lynn M. Downey, MPH, RHIT, CTR
*Cancer Registrar/Clinical Trials
Coordinator*

2020 Cancer Committee

The Cancer Committee provides leadership for the Holyoke Medical Center Cancer Program. Individuals committed to the care, education and support of the cancer patient strive to provide optimal cancer care.

- * Lynn Downey, MPH, RHIT, CTR, Cancer Registrar/Clinical Trials Coordinator
- Karen Crevier-Estes, R.N./Frances Fallon, RN, Quality Improvement
- * Phil Candito, VP/Marjorie Spitz, MBA, Administration
- * Nancy Price, R.N., Oncology
- * Francis Martinez, M.D./Deborah Panitch, M.D., General Surgery, ACOS Cancer Liaison
- * Zubeena Mateen, M.D./Renuka Dulala, M.D., Chairman, Medical Oncology
- Rebecca MacGregor, Marketing
- * Ronald Rice, M.D./Thomas Buck, M.D., Pathology
- * Steve Urbanski, M.D./Mrinal Mali, M.D., Radiology
- * Laura O'Connor, L.S.W./Nancy Almeyda, CN-BA, Social Work/Case Management
- * Maureen Groden, R.N./Marie Dietz, R.N., Hospice/VNA

*indicates Breast Cancer Committee members

Additional members of the Breast Cancer Committee include:

- * Dianne Walsh, R.T.R.M., Women's Center

Cancer Treatment at HMC

The Cancer Program Annual Report is a summary of the cancer experience at Holyoke Medical Center for 2020. The information used in this report is gathered from the Cancer Registry and activities of the Cancer Committee, which serve to improve the quality of cancer care. This report is provided as a source of reference to the hospital and its medical staff.

CANCER PROGRAM

Holyoke Medical Center has maintained a cancer program since 1977 and currently utilizes a reference date of January 1, 2005 for its database. This has been managed according to the requirements set forth by the American College of Surgeons' Commission on Cancer for a community hospital. Approval status affirms that the hospital provides a full range of services for the diagnosis and treatment of cancer.

CLINICAL PROGRAM

All cancer patients admitted to Holyoke Medical Center have access to consultative services by a member of the medical staff. This represents a variety of medical and surgical specialties, radiology, laboratory and other ancillary services, which provide optimal diagnostic and staging techniques. Inpatient and outpatient oncology services at Holyoke Medical Center are directed by oncologist, Zubeena Mateen, M.D.. Oncology referrals are made to other areas for experimental or newer types of cancer treatment. The hospital's breast cancer center was the first center in western Massachusetts accredited by the National Accreditation Program for Breast Centers (NAPBC).

CLINICAL TRIALS

The Adjuvant Online software program provides current information on cancer management, including treatment advances, clinical trials on each cancer, as well as physicians and organizations that provide care to cancer patients. The latest patient management guidelines are available for physicians on the National Comprehensive Cancer Network. The American Cancer Society provides a clinical trials matching program brochure in the information resource library located in the oncology department. The hospital participates in breast cancer clinical trials in cooperation with the University of Nebraska Medical Center.

CANCER CONFERENCES

Cancer Conferences are generally held on the last Thursday of the month. Cancer Conferences provide continuing medical education and are available as a consultative service. Open discussions are encouraged among primary care physicians, pathologists, surgeons, radiation oncologists, radiologists and medical oncologists. A lung conference is held weekly in the Pulmonology Dept. on Fridays.

PROFESSIONAL DEVELOPMENT

Programs are offered each year for continuing medical education and other related benefits to all members of the Medical Staff and other health care professionals. This ensures the constant access to new developments and updates in cancer care. This year's professional development included lectures on the following subjects:

- Bronchoscopy, Advancing the Scope: Endobronchial Ultrasound (EBUS)
- Covid-19: An Emerging Pathogen

*Other in person professional development lectures were canceled in 2020 due to Covid-19.

Physicians are encouraged to obtain online professional education.



Renuka Dulala, M.D.
Hematologist/Oncologist

COMMUNITY EDUCATION

Cancer screenings allow for early detection of some types of cancer. Holyoke Medical Center is dedicated to this early detection.

*All cancer screenings were canceled due to Covid-19.

A Quit Smoking Workshop and Weight Management Information Sessions in Spanish and English were held online. Zumba exercise classes were offered online.

Health Fairs/Community Events

In January, a registered dietitian gave a lecture to the community on various topics including general healthy eating guidelines, nutrition myths, hydration and exercise.

In February, there were lectures by physicians on Living with Chronic Pain and how regular exercise can prevent disease or assist in recovery after a cardiac event.

In early March, a lecture was given by a pulmonologist on the "Air We Breathe" outdoors and indoors and exacerbation of pulmonary issues.

After early March 2020, community events promoting healthy lifestyle habits were mostly postponed due to Covid-19. Towards the end of the year, community education videos were created and shared through social media, the hospital website, and with local community television stations.

In November, Dr. Laki Rousou presented "*A Breath of Fresh Air: Understanding Lung Cancer Screening.*"

In December, Joy Brock, Psy. D, presented "*Holiday Stress in Covid Times.*"

The results of the Holyoke Medical Center 2019 Community Health Needs Assessment were published and made available through an interactive, online platform on the hospital website. The platform uses data collected by the hospital, as well as state and national data, such as the U.S. Census Bureau, the Centers for Disease Control and Prevention and the U.S. Department of Agriculture.

The site is automatically updated as new information becomes available and is user friendly for anyone to easily assess.

The Community Benefit department of the hospital oversees this program and will be tailoring community events to meet the needs identified.

Breast Cancer Awareness

Each October, Holyoke Medical Center promotes Breast Cancer Awareness month. A public breast cancer education and screening event was not able to be held due to Covid-19. However, breast cancer awareness month was recognized in various ways at HMC and on our social media channels.

Awareness Through Media

Holyoke Medical Center is dedicated to providing information to the community and making the community aware of healthcare news that may help or affect its members. For this reason, multiple physicians provide interviews with the media on cancer whenever requested which appeared on television or in a written format. These interviews are then shared through social media outlets, such as Facebook.

CANCER SUPPORT GROUPS*

Cancer Support Group

This support program is open to all cancer patients and their families and caregivers. Sponsored through Holyoke Medical Center's Oncology Department, this group meets monthly. The support groups offer many different topics during the year.

Spanish Support Group

This support group is geared toward Latina women recently diagnosed with breast cancer and for survivors of breast cancer. The group is bilingual.

Hospice Support Group

This group started in 2015 and includes a bereavement counselor who discusses the many different responses to grief and handling unfamiliar or new responsibilities. Members are able to share stories with each other about coping skills.

*Due to Covid-19, these groups were canceled for most of the year.

HOSPICE

Holyoke Medical Center has an affiliation with Holyoke VNA Hospice Life Care. Physicians are encouraged to recommend hospice services which can be initiated in as much as a six month time frame. There are also patients who go on and off hospice periodically.

BREAST CANCER CENTER

The hospital is accredited by the National Accreditation Program for Breast Centers. Accreditation ensures that a multidisciplinary, integrated and comprehensive breast care service is maintained at the hospital. This will provide internal and external assessment of the breast center performance based on recognized standards to demonstrate a commitment to quality care. The hospital was re-accredited for three years in 2019 for its breast cancer program.

Cancer Frequency & Studies

Total cancer frequency at Holyoke Medical Center usually averages close to 300 new cases annually. The most common malignancy seen in 2019 was breast cancer at 19%, followed by colorectal and prostate cancer at 14% and lung cancer at 12%.

2019 FREQUENCY OF CANCER BY PRIMARY SITE

(245 Analytic cases) (25 Non-analytic cases)

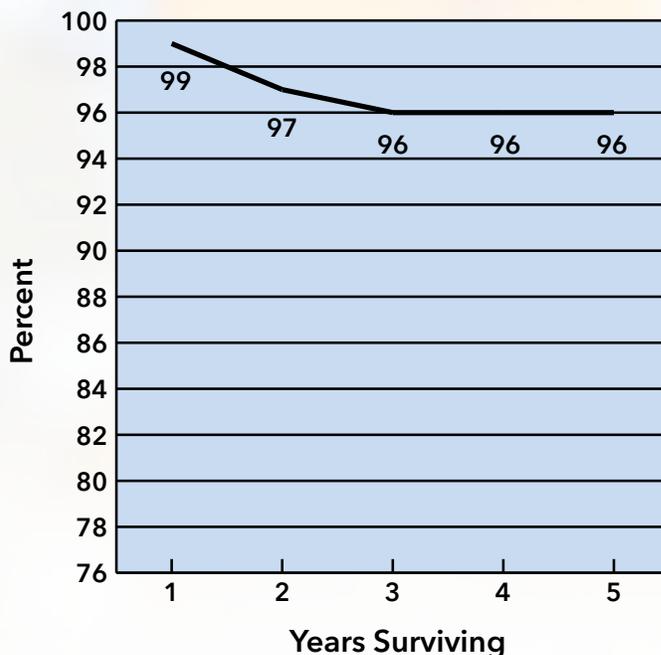
PRIMARY SITE	# OF CASES	PERCENTAGE
Breast	48	19%
Colorectal/Anus	34	14%
Prostate	34	14%
Lung	30	12%
Bladder	26	11%
Hematological	13	5%
Lymphoma	11	4%
Esophagus/Stomach/ Small Intestine	10	4%
Kidney	7	3%
Liver/Gallbladder/Bile Duct	6	2%
Pancreas	6	2%
Endometrium/Cervix	5	2%
Miscellaneous	4	2%
Thyroid	4	2%
Testis	3	1%
Melanoma	2	1%
Ovary/Vagina	2	1%
Head/Neck	1	1%
Total Cases	246	100%

BREAST CANCER STUDY

According to the American Cancer Society 269,600 new cases of breast cancer were diagnosed in the United States in 2019. Of those cases, 6,610 were diagnosed in Massachusetts. Deaths from breast cancer in 2019 are 750 in Massachusetts. Breast cancer is the most common cancer diagnosed in women in the U.S.

The relative 5-year survival rate at Holyoke Medical Center for cases of breast cancer diagnosed between 2009-2014 is 96%. The national relative 5-year survival rate for breast cancer according to the American Cancer Society is 90%.

**Breast Cancer Relative 5-Year Survival
(283 Cases Dx. 2009-2014)**



Localized stage of disease (Stage 0, I, II) was noted to be 90% of cases. Nationally, 61% of cases present at diagnosis with a localized stage.

HMC BREAST CANCER -STAGE OF DISEASE

(283 cases diagnosed 2009-2014)

Stage 0	31%
Stage I.....	44%
Stage II	15%
Stage III.....	7%
Stage IV	2%
Unknown.....	1%

HMC BREAST CANCER-INITIAL TREATMENT

(283 cases diagnosed 2009-2014)

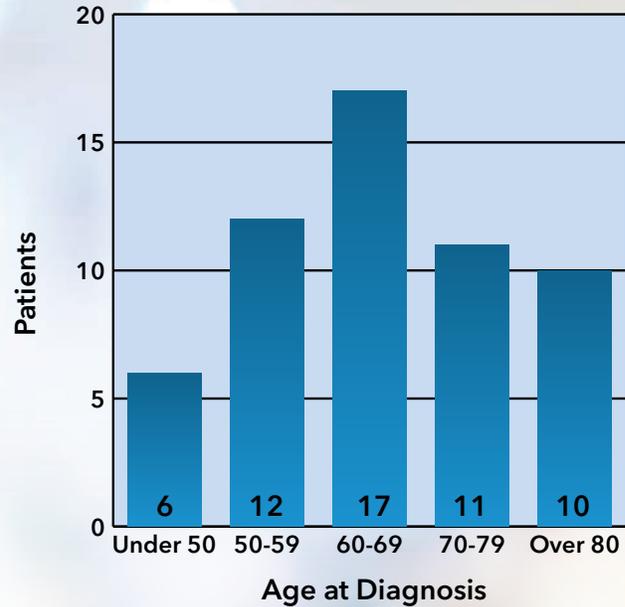
Surgery/Radiation/Hormonal.....	96
Surgery alone	45
Surgery/Hormonal	43
Surgery/Radiation/Chemotherapy/Hormonal...	27
Surgery/Radiation	20
Surgery/Radiation/Chemotherapy.....	15
Surgery/Chemotherapy	13
Surgery/Chemotherapy/Hormonal.....	10
Hormonal alone.....	7
No treatment	4
Chemotherapy alone.....	1
Radiation/Hormonal.....	1
Chemotherapy/Hormonal.....	1

The largest treatment group for breast cancer at Holyoke Medical Center is combination of surgery/ radiation/hormonal therapy.

2019 BREAST CANCER (49 analytic cases)

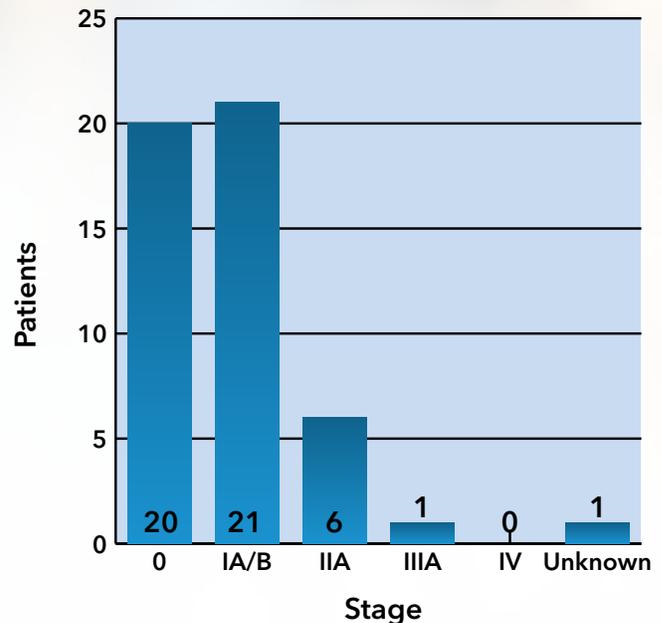
In 2019, there were 49 new cases of breast cancer diagnosed. The largest age group was the 60-69 years of age.

HMC Breast Cancer Age at Diagnosis 2019 (49 Cases)



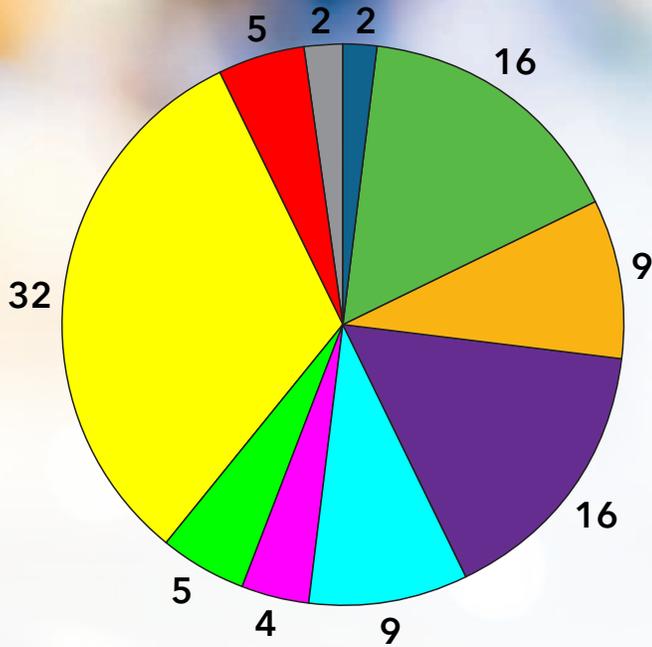
The largest stage group was Stage IA/B.

HMC Breast Cancer Stage at Diagnosis 2019 (49 Cases)



The largest treatment group is Surgery/Radiation/
Hormonal Therapy

HMC Breast Cancer 2019 Treatment (49 Cases)



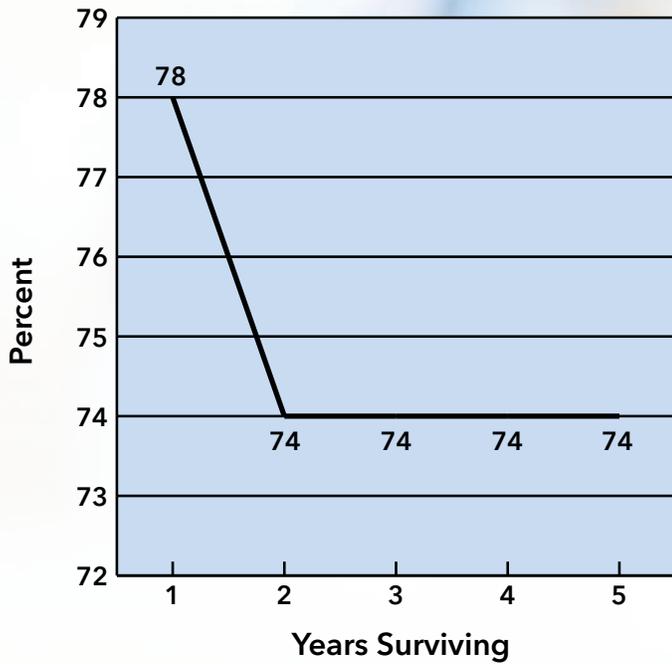
- H H= Hormonal
- NO TX No Tx= No Treatment
- S/R/H S/R/H= Surgery/Radiation/Hormonal
- S/R/C/H S/R/C/H= Surgery/Radiation/Chemotherapy/Hormonal
- S/R/C S/R/C= Surgery/Radiation/Chemotherapy
- S/R S/R= Surgery/Radiation
- S/H S/H= Surgery/Hormonal
- S/C/H S/C/H = Surgery/Chemotherapy/Hormonal
- S/C S/C= Surgery/Chemotherapy
- S S= Surgery
- C/H C/H= Chemotherapy/Hormonal



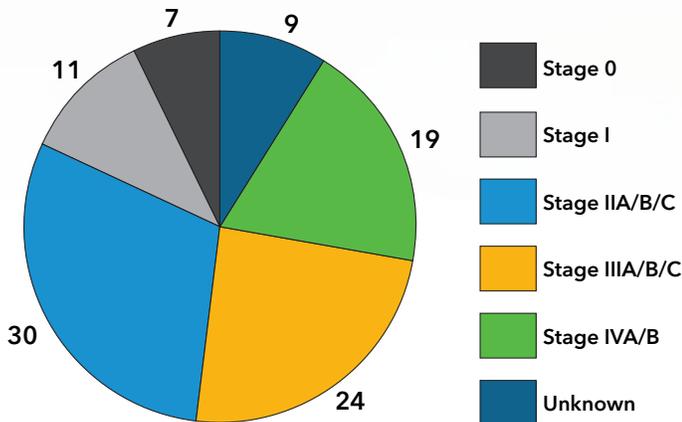
COLON CANCER

The relative 5-year survival rate for 136 colon cancer cases diagnosed between 2009 to 2014 at Holyoke Medical Center is 74%. The national relative 5-year survival rate for colon cancer as per the American Cancer Society is 65%. Stage IIA/B/C is the largest stage group noted at Holyoke Medical Center.

**Colon Cancer Relative 5-Year Survival
(136 Cases Dx. 2009-2014)**

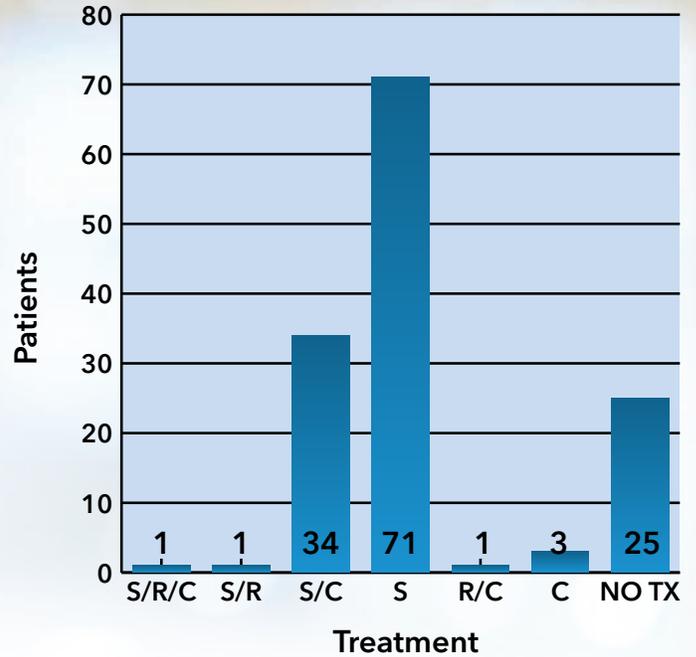


**Colon Cancer Stage of Disease
(136 Cases Dx. 2009-2014)**



The largest treatment group at Holyoke Medical Center was surgery for 71 patients.

**HMC Colon Cancer Treatment
(136 Cases Dx. 2009-2014)**



No Tx= No Treatment

S= Surgery

R/C= Radiation/Chemotherapy

S/C= Surgery/Chemotherapy

S/R= Surgery/Radiation

S/R/C= Surgery/Radiation/Chemotherapy

Cancer Program Accreditations



National Accreditation Program for Breast Centers

Holyoke Medical Center was the first hospital in Western Massachusetts to successfully complete the National Accreditation Program for Breast Centers.



Breast Imaging Center of Excellence

Holyoke Medical Center has accreditation as a Breast Imaging Center of Excellence by the American College of Radiology.



Breast MRI

Holyoke Medical Center has accreditation in breast magnetic resonance imaging (MRI) by the American College of Radiology.



Breast Ultrasound & Ultrasound-Guided Biopsy

Holyoke Medical Center has accreditation in breast ultrasound by the American College of Radiology.



Mammography

Holyoke Medical Center has accreditation in mammography by the American College of Radiology.



Stereotactic Breast Biopsy

Holyoke Medical Center has accreditation in stereotactic breast biopsy by the American College of Radiology.



Lung Cancer Screening Program

Holyoke Medical Center is a designated Lung Cancer Screening Center by the American College of Radiology and a GO₂ Foundation for Lung Cancer Screening Center of Excellence.



Commission on Cancer of the American College of Surgeons

Accreditation with commendation obtained by Holyoke Medical Center ensures our patients will have access to the full scope of services required to diagnose, treat, rehabilitate, and support patients with cancer and their families. This accreditation reaffirms the commitment to provide quality cancer care to our patients.

REFERENCES

American Cancer Society (2019) Cancer Facts & Figures, pgs. 4-6, 18

Holyoke Medical Center Cancer Registry, Reference Date 2005

Manual For Staging of Cancer, American Joint Commission on Cancer, Eighth edition, 2017



Holyoke Medical Center

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