

**CANCER PROGRAM
2014 ANNUAL REPORT
VA-New York Harbor Healthcare System**



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2014

MESSAGE OF THE CANCER COMMITTEE

The Cancer Committee at VA-New York Harbor Healthcare System (VA-NYHHS) is composed of specialists who are involved in all aspects of care for patients with malignant diseases. The committee meets quarterly and oversees a wide spectrum of cancer-related activities. The Cancer Committee consists of physician representatives from Medical Oncology, Surgery, Radiation Oncology, Urology, Gastroenterology, Pulmonary, Pathology, Palliative Care, Diagnostic Radiology and the Cancer Liaison Physician. Non-physician representation includes Social Work, Psychology, Cancer Registry, Nursing, Nutrition, and Quality Management.

Since VA-NYHHS became accredited by the American College of Surgeons Commission on Cancer (CoC) in 1996, we have relied on CoC standards of care for the diagnosis and treatment of cancer, in conjunction with guidelines from other national cancer organizations and VA, to set the quality criteria for our cancer program.

For several years, VA-NYHHS Cancer Committee has been evaluating patient care and programs in light of the 2012 CoC Cancer Program Standards: *Ensuring Patient Centered Care*. The new standards focus on patient-centered needs and bring additional attention to quality of care and outcomes. VA-NYHHS Cancer Program's recent patient-centered care accomplishments include a Genetic Counseling Program in collaboration with Salt Lake City VA, designed to

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provide counseling, testing and risk assessment for individuals at high risk of developing certain cancers; expansion of our VISN-wide Hepatocellular Cancer Program to other VA facilities; screening and treatment of psychosocial distress in cancer patients; cancer survivorship; and the No Veteran Alone Program to provide volunteer companions to seriously ill patients. Another patient-centered innovation is the installation of a new Positron Emission Tomography (PET) in Nuclear Medicine to provide patients on-site access to this important staging modality.

In 2014, the Radiation Oncology Service dramatically improved the efficiency, precision and scope of services for radiation treatment of cancer patients at VA-NY Harbor through the use of Varian True Beam STX linear accelerator. This linear accelerator is the most advanced technology available and provides stereotactic radiosurgery of brain, lung, spine and other sites.

Cancer Conferences (Tumor Boards) are an integral part of the VA-NYHHS Cancer Program, providing an interdisciplinary forum to discuss the care and appropriate treatment options for patients with cancer. Cancer conference participants include board-certified medical oncologists, radiation oncologists, surgeons, diagnostic radiologists, pathologists, nurses, cancer registrars, quality management and the research coordinator. At each conference, discussion includes a review of the patient's medical history, radiology studies, pathology, AJCC staging, current methods of treatment and available clinical trials. Treatment recommendations based on multidisciplinary consensus and national treatment guidelines, such as National Comprehensive Cancer Network (NCCN), are formulated and documented in the electronic medical record.

Newly developed reporting tools from the CoC are being used to provide feedback on quality indicators for care of patients with colorectal and breast cancer: Cancer Program Practice Profile Reports (CP3R) and Rapid Quality Reporting System (RQRS). The CoC hosts the web-based CP3R site to offer cancer programs comparative information to assess their adherence to the standard of care for major cancers. This reporting tool provides a platform to promote continuous practice improvement to improve quality of patient care and permits hospitals to compare their care relative to that of other hospitals. The aim is to empower staff to work collaboratively to implement best practices that will improve cancer care.

The Rapid Quality Reporting System (RQRS) promotes evidence-based care for patients by actively monitoring compliance with National Quality Forum-endorsed measures and surveillance measures for patients on treatment for breast, colon and rectal cancers. RQRS monitors these measures in real-time and provides alerts to the cancer program that assist in meeting timeliness guidelines associated with quality cancer care.

VA-NYHHS also participates in the CoC-sponsored Facility Information Profile System (FIPS), a data-sharing system to connect cancer patients with CoC-accredited facilities. Through this program, patients have access to information about the resources and services provided, including board certified specialists, diagnostic and therapeutic services provided by surgical, medical and radiation oncology and programs for rehabilitation, support, research, prevention, screening and early detection. Through participation in FIPS, the NYHHS cancer program strives to increase its visibility to the public and promote quality cancer care.

The renovated Hospice and Palliative Care Unit at the St. Albans campus celebrated its second anniversary this past April. The state-of-the-art, 15- bed unit provides a comfortable, home-like environment for terminally ill patients and their families and skilled, compassionate care provided by an interdisciplinary team. The Palliative Care service is active at all three campuses and offers symptom management to all patients and medical, nursing and psychosocial support to patients approaching the end of life.

In June 2014, VA NYHHS proudly held its eighteenth annual celebration of National Cancer Survivors Day, which represents the spirit and personal focus the NYHHS Cancer Program has always tried to foster in clinical settings. As we navigate to incorporate the new Commission on Cancer standards, we are pleased and challenged to be headed in a direction we have had in our sights for many years. We look forward to collaborating with the Commission on Cancer to develop and meet performance goals which improve the cancer patient's physical and mental health.

In all of its activities, the Cancer program seeks to make the cancer patient and his family the focal point for the organization and delivery of services, ensuring compassionate, technologically advanced and holistic patient care.

HEMATOLOGY/ONCOLOGY

In recent years increased understanding of the molecular basis of many tumors allows for individualized medical treatment for an increasing number of cancer patients. This trend synchronizes with the practitioner's heightened awareness of the need to attend to the whole patient, including his psychological and social needs.

Outpatient Oncology

Outpatient clinic appointments are held throughout the week for Hematology and Oncology patients and are staffed by physicians, nurse practitioners, and nurses. Each patient is screened by the clinic nurse and evaluated for referral to the dietitian, social worker or psychologist who is available to see urgent referrals immediately. The chemotherapy infusion center is supervised by Oncology trained nurses at each campus, and is in session Monday through Friday. Both campuses have modern and attractive chemotherapy suites, designed with the patient's safety and well-being in mind.

Inpatient Oncology

Cancer patients followed in Brooklyn by the physicians in the Hematology, Medical Oncology and Radiation Oncology clinics who require hospitalization for management of cancer are admitted to the Oncology unit at Brooklyn. At the New York campus, Hematology/Oncology inpatients are admitted to the medical wards and are followed by the Hematology-Oncology fellow and the attending physician. Inpatients at the New York campus that require hospitalization for radiation or combined chemo-radiation treatments are transferred to the inpatient Oncology Unit at Brooklyn.

The Oncology Unit team, consisting of an attending oncologist and house officers, manages cancer patients with acute medical problems. The Palliative Care Team, consisting of a nurse practitioner and the physician Director of Palliative Care, work closely with the Oncology Unit team to manage symptoms, participate in family meetings and provide emotional and spiritual support to patients and families. The clinical pharmacist is available to

review and discuss medication management. Interdisciplinary rounds, conducted twice weekly, include the participation of the attending physicians in Oncology and Palliative Care, the house officers, nurses, social workers, the pharmacist, dietitian, psychologist, chaplain, and the Quality Management specialist.

At the time of discharge, all patients receive counseling regarding medications, clinic follow-up with an oncologist and instructions on how to contact their physician, pharmacist, dietitian, social worker, and psychologist.

On the Brooklyn Oncology Unit, two Palliative Care suites are available to provide a comfortable environment for family to visit and stay with patients who have terminal illness. The close collaboration between the Oncology and Palliative Care Teams at both campuses provides high quality care by assuring physical comfort, emotional support and spiritual support for the patient and his family.

RADIATION ONCOLOGY

VA NYHHS Department of Radiation Oncology, on-site at the Brooklyn campus, is accredited by the American College of Radiology and continues to upgrade its technology to offer the most advanced treatment strategies for the management of malignant diseases. The enormous impact of the Radiation Therapy Service on the quality of cancer care is indicated by the high percentage of NYHHS cancer patients whose treatment includes Radiation Therapy.

Since 2011, the service has been providing stereotactic lung radiotherapy for patients with unresectable lung cancer. This technique joined the range of therapy offered, which includes brachytherapy seed implants, high dose rate brachytherapy (where radiation is administered internally for a period of time) and conventional Radiation Therapy. Other forms of treatment include Intensity Modulated Radiation Therapy (IMRT) and Image Guided Radiation Therapy, (IGRT). IGRT is being used in the majority of patients, permitting more precise delivery of radiation to the

tumor and reduced side effects. The service also continues to update its treatment planning software to improve the quality and timeliness of treatment planning.

All treatments are available to both inpatients and outpatients, as clinically appropriate. Two nurses are dedicated full-time to the nursing and educational needs of the Radiation Oncology patient.

The Radiation Oncology Service collaborates closely with the medical and surgical oncology staff in the diagnosis and treatment of cancer patients, participates actively in cancer conferences, engages in research and provides educational programs for residents and medical students. 2014 was a very active year academically for the department with the publication of several articles in peer-reviewed journals and presentations at national meetings.

Innovations

In 2014, the Department of Radiation Oncology dramatically improved the efficiency, precision and scope of services through the use of the Varian True Beam STX linear accelerator.

This machine allows for extremely precise stereotactic radiosurgery of brain, lung, spine and other sites.

SURGICAL ONCOLOGY

Surgical Oncology at VA-NYHHS continues to grow in caseload and sophistication. Surgical Services at the New York and Brooklyn campuses confer with one another to ensure patients benefit from the expertise of the entire surgical staff through participation in Cancer Conferences and as members of the Hepatocellular Cancer Team. Each campus has its particular areas of interest and experience.

VA NYHHS participates in the National Surgical Quality Improvement Program which compiles comparative institutional data for research and education. Although surgery is often the definitive treatment for cancer, multidisciplinary partnerships are imperative not only for cure, but also to improve the quality of life for all cancer patients.

Brooklyn Campus

NYHHS Surgical Service in Brooklyn continues to expand oncology-related services through advances and innovations in surgical approaches, resident and student oncology education and research.

In 2014, the redesign of the Surgery Department continues, including five new operating rooms with high definition monitors and state-of-the-art laparoscopic towers.

The Surgical service provides advanced laparoscopic surgery for colorectal cancer as well as state-of-the-art surgical care for oncology-related nephrectomy, prostatectomy, endocrine tumors and radiofrequency ablation of liver tumors. The Service also provides high quality surgical care for patients with primary and secondary liver tumors including, but not limited to, routine and complex liver resections, laparoscopic resections of liver tumors, and radiofrequency ablation. The Service provides treatment for a broad range of complex gastro-intestinal malignancies, such as esophageal, gastric, duodenal, biliary, pancreatic and colorectal cancers. The service uses minimally invasive approaches when appropriate for all GI malignancies and performs complete cytoreductions and peritoneal perfusions (HIPEC) for patients with peritoneal carcinomatosis. All cases treated by the Surgical Service are discussed at the multidisciplinary Tumor Board meetings and the combined Surgery/GI conferences.

Breast Health Center

The center continues to expand, offering consultations in the Women's clinic every other week. A surgical attending and a

cytopathologist meet with women who have suspicious breast masses and provide expert evaluation and counseling. Enhanced, on-site breast imaging services have also been added. This clinic was developed to improve access for women to timely services for the evaluation of breast neoplasms.

New York Harbor Colorectal Cancer Genomics Project

The Surgical service spearheaded the innovative program to provide genetic counseling and risk assessment for cancer via telemedicine consults with the Genomic Medicine Service at the VA Salt Lake City Health Care System.

SURGICAL ONCOLOGY

New York campus

The New York campus is the referral center for plastic reconstructive, microvascular reconstructive, neurological and thoracic surgery in addition to full service general, urology and head and neck surgery services.

General surgery

Surgeons are skilled in new minimally invasive surgical procedures for treating tumors of the esophagus, pancreas, liver, colon and rectum. In addition, Hyperthermic Intra-peritoneal Chemotherapy (HIPEC) is offered for selected cases of colorectal cancer and mesothelioma. Increased numbers of patients are being referred from other VAs to have their surgery at VA-NYHHS.

Special expertise in hepatobiliary, gastroesophageal and colorectal surgery is supplied by surgical oncologists. Cases are managed by the surgical service in cooperation with medical gastroenterology. Oncology cases are discussed weekly for evidence-based treatment planning during both the

interdisciplinary Tumor Board (surgical, radiation and medical oncology, diagnostic and interventional radiology, pathology and gastroenterology) and the VA-NYU Interdisciplinary Gastrointestinal Conference. Gross and histopathology of all cancer cases are discussed with the surgical pathologists in a weekly case review and staging conference.

Neurological Surgery

Brain and spinal cord tumors are staged with neuroradiology and neurology at the weekly combined VA-NYU Neurosurgery Conference. In addition to staff neurosurgeons, experts in all phases of neurosurgical oncology are available to discuss patients. Skull base tumors, including pituitary and acoustic, are operated jointly with the ENT skull base/neuro-otology group.

Cancer of the Head and Neck

The management of malignancies of the head and neck has become an increasingly multidisciplinary effort focused on radiation and chemotherapy. The role of the surgical service is to

provide appropriate diagnosis and surgical treatment of epidermoid and endocrine malignancies. The New York head and neck service is also the referral center for salvage surgery and for combined reconstruction by plastic and microvascular surgery. A VA-NYU combined Oncology Conference reviews and stages all cases and plans treatment. Close collaboration with thoracic and gastrointestinal surgery allows management of the most complex cases referred from NYHHS and nearby VA facilities.

Urology

At the multidisciplinary urologic oncology conference, all options for care, including minimally invasive and open techniques including nerve sparing prostatectomy are discussed. With a management agreement, patients with prostate cancer are evaluated and followed longitudinally. An IRB-approved database and a translational research program are part of the service efforts.

THORACIC ONCOLOGY

Pulmonary Service continues its interdisciplinary work in conjunction with the other key specialties to develop Thoracic Oncology at the Brooklyn campus.

In its eighth year, the Interventional Pulmonary program continues to develop innovations to improve the treatment and quality of life for patients with unresectable, relapsed and refractory lung cancer, as well as those with certain non-malignant conditions. These innovations include new techniques and new equipment to achieve:

- earlier diagnosis
- more precise staging
- better quality of life

These techniques include the use of Endobronchial Ultrasound (EBUS) which was initiated in 2008. EBUS is a relatively new and sensitive modality for staging lung cancer. This approach increases the accuracy of cancer staging and is also used to investigate lung nodules which are difficult to assess by more traditional methods. EBUS also offers a reliable way to evaluate invasion of bronchial and vascular structures in a less invasive manner than surgery.

The Thoracic Oncology program also addresses

problems such as central airway obstruction and the related complications of bleeding and post obstructive pneumonia. Rigid bronchoscopy is routinely employed for placement and retrieval of airway stents used to establish and maintain airway patency. These advanced stents include the aero covered Self Expanding Metallic Stents (SEMS) and silicone stents. Medical authorities consider aero stents to be the state-of-the-art.

Other treatments such as balloon bronchoplasty and tumor ablation are also used to treat airway obstruction to improve shortness of breath, decrease the risk of pneumonia, and improve quality of life. These methods have the advantage of providing immediate relief of obstruction even in patients receiving other treatments such as chemotherapy and radiation therapy.

Pulmonary Service is in the sixth year of offering Pulmonary Interventional Consultations to other facilities in VISN 3 for the management of thoracic oncology patients and non-malignant airway disease. It is expected that the need for consultative services will grow as both primary therapy for lung cancer and

palliative techniques improve and expand. Life-threatening complications of malignant diseases such as trachea-esophageal fistula are now referred to Pulmonary Interventional Service rather than proceeding to surgery.

A combined thoracic surgery video-conference is held weekly for multidisciplinary case management. Thoracic oncology cases, including pulmonary, esophageal and mediastinal cancers, are discussed at this conference.

New Innovations

Exciting new technology, **Bronchoscopic electro-magnetic navigation**, provides the ability to diagnose lung nodules without invasive surgery. In addition, this new technology permits the placement of markers to aid in delivery of more precise treatment by cyberknife radiation therapy, sparing normal healthy lung tissue and reducing complications.

HEPATOCELLULAR CANCER TEAM

Hepatocellular cancer is the most common type of liver cancer globally, the fastest growing cancer in the United States and the eighth leading cause of death. This trend is expected to continue until the peak of the hepatitis C epidemic in 2020.

In 2014, the VA-NYHHS Hepatocellular Cancer (HCC) Team received continued funding from the VA Public Health Strategic Care Group to standardize care for HCC patients and create a network of VISNs engaged in VISN-wide HCC Tumor Boards. With this funding, interdisciplinary teams were created from disciplines across the VISN, including medical oncology, nursing, gastroenterology, hepatology, surgery, radiology, palliative care, social work, telehealth, information technology and cancer registry.

The VA-NY Harbor innovations in HCC treatment are now provided in VISNs across the VA and include weekly VISN-wide Tumor Boards conducted using video technology to discuss cases, view radiology and pathology and make recommendations for therapeutic intervention; and a standardized Tumor Board Note template which includes all necessary items for decision making and treatment.

During 2014 the HCC Team held two seminars, the first focusing on the team-building efforts which underlay the creation of the original VISN-wide HCC Board in VISN 3. This meeting in March 2014 was attended by clinicians treating hepatocellular cancer in VISN 4, including Philadelphia, Wilkes-Barre and Pittsburgh and VISN 12 including Milwaukee, Hines and Madison. In September, VISN 1 (New England), 4, 6 (mid-Atlantic), 12 and 3 jointly presented a nationwide VA videoconference in which they shared the most up-to-date practices, as well as intellectual and procedural resources relating to the diagnosis and treatment of this disease.

Accomplishments

- ◇ Standardization
 - Staging
 - Documentation
 - Radiographic Imaging
- ◇ Spread of VISN-wide Tumor Boards to VISNs 1, 4, 6 and 12.
- ◇ Two HCC Summits with national and international distinguished speakers



PALLIATIVE CARE

As a member of the Veterans Integrated Service Network (VISN) 3 Palliative Care program, the New York Harbor Palliative Care Service shared in the recognition by the American Hospital Association's 2010 Circle of Life Award. This prestigious award recognizes programs that provide excellent end of life care and that serve as innovative models of delivery of palliative care for the nation.

The Palliative Care service continues to be active on all three campuses, Brooklyn, New York and St. Albans, with the goal of providing expert care to all patients in need of symptom management and to patients who are approaching the end of life. We participate in the VISN 2/3 Hospice Veterans Partnership, working closely with our partners in the local hospice organizations.

Papillon de Vie—Butterflies of Life is the name of the newly renovated state of the art 15 bed dedicated Hospice and Palliative Care (HPC) Unit had its opening celebration in April, 2012.

The mission of the HPC Unit is to provide personalized care to each Veteran. The Veteran's and family's preferences for care are clarified and honored to maintain the comfort and dignity of each Veteran while caring for his or her emotional, spiritual, physical and psychological needs in a beautiful, home-like environment. Veteran's families are welcomed and accommodated on the unit.

An interdisciplinary team of highly trained staff provide patients with holistic, compassionate, and integrative care, including Reiki and aromatherapy.

No Veteran Alone Program guarantees that no Veteran dies alone. With collaboration of the nursing team and trained volunteers, every Veteran is provided with reassurance, care and companionship during his or her final hours.

Semiannual Memorial Service is held in January and July for staff and the family of patients who died within the past year. During these services, patients are remembered and honored for their military service.



Papillon de Vie
Butterflies of Life
Hospice and Palliative Care
Unit at St. Albans campus

PATIENT SERVICES

Patient Services includes nursing, social work, clerical support, pharmacy, nutrition and pastoral care.

Operations are organized on a patient-centered care model which aligns services around patients rather than in individual departments. Programs for care are decentralized from the departmental level and grouped along diagnostic categories, such as Oncology.

The Oncology Patient Care Team Coordinators at each campus are registered nurses who are responsible for the direct supervision of inpatient and outpatient oncology nursing, including Radiation Therapy and chemotherapy, and coordination with the allied health and other support staff in all assigned areas.

Oncology Nursing

The nursing staff continues its commitment to excellent care with a focus on the relief of the symptoms of cancer as well as the comfort of patients and their families. The staff provides a compassionate environment for the patients' physical and emotional comfort.

Assignment to both inpatient and outpatient settings has established cross-coverage, increased sharing of knowledge and more consistent care.

All nursing practices are based on Oncology Nursing Society (ONS) standards of practice with specific nursing competencies for chemotherapy and radiation therapy. Oncology Nurses are responsible for the safe delivery of all chemotherapeutic agents in the hospital, including the outpatient and inpatient settings. Nursing ensures that prior to receiving chemotherapy, patients are educated about specific regimens, anticipated side effects and suggested coping measures for side effects.

Both campuses have modern and renovated chemotherapy suites, designed for the comfort and safety of inpatients and outpatients.

Oncology Nurses work closely with Radiation Oncology, Medical Oncology, Pharmacy, Pastoral Care, Nutrition and Quality Management, Social Work and Psychology. Nursing Team Leaders participate in the weekly meetings with representatives from each service

Ongoing educational opportunities for nurses in oncology and palliative care are met with enthusiasm. The ELNEC (End of Life Nursing Education Consortium) course which addresses critical aspects of

end-of-life care has been attended by nursing and nurse aides from all three campuses. Oncology Nursing Society membership remains strong. All nursing service oncology policy and procedures are followed, updated annually and are based on ONS standards.

Social Work Service

Oncology Social Workers collaborate with the interdisciplinary treatment team to provide comprehensive psychosocial oncology services in all clinical areas that treat patients with cancer, including the Palliative Care Service.

Oncology Social Workers provide assistance to patients under the policies and procedures of the Community and Social Services division of Patient Services. The Oncology Program Social Workers are PhD or Masters level practitioners, holding state licenses appropriate to their position and are dedicated to advancing their practice by attending continuing education programs that enhance clinical practice skills and knowledge of community resources. They adhere to the Codes of Ethics of the National Association of Social Workers (NASW) and the Association of Oncology Social Work (AOSW) and demonstrate competencies in accordance with the

PATIENT SERVICES

standards for healthcare social workers of NASW.

Oncology Social Workers provide assessment, counseling, case management, continuity of care/discharge planning, psycho-education, community liaison and end-of-life care for patients and their families who are affected by cancer. Oncology Social Workers strive to establish and maintain therapeutic relationships with patients and their caregivers to decrease the anxiety associated with the initial news of a cancer diagnosis. By offering individualized plans of care including assessment, supportive counseling and referrals for tangible services such as transportation, homecare and specialized support groups, oncology social workers intervene in practical ways to improve patient and family coping at a particularly stressful time in their lives. Oncology Social Workers assure appropriate representation of patient and caregiver perspectives in interdisciplinary team meetings, in program planning venues and in staff education activities.

Psychosocial distress screening for new and hospitalized cancer patients is a joint pilot project with

Psychology Service at the Brooklyn campus.

Since 2012, Oncology Social Workers have increased their engagement with the care teams and the patients by taking the lead in assessing Vietnam Era patients for Agent Orange exposure. Awareness of the relationship between cancer and environmental exposure is a developing area of practice. Social workers knowledgeable in this area are helping Veterans receive treatment for illnesses resulting from exposures during their service. Oncology Social Workers also contribute to patient participation in cancer clinical trials by handling the insurance documentation required for enrollment in off-site clinical trials. At the New York campus, the hiring of two new oncology nurses fostered improved communication between disciplines and increased teamwork.

As the Veteran population ages, there is a need for consultation with geriatricians and palliative care specialists to develop an understanding of the psychosocial needs of older patient with cancer. It is important as well to help these individuals define their

quality of life, and help them achieve it. For the younger patients, social workers may need to assess the repercussions of combat experience at this time in their lives, as well as evaluate the effects of their disease on their family life and work life.

Pillars 4 Life

VA-NYHHS is a 2012 recipient of the Pillars4Life grant of the Livestrong Foundation. Pillars4Life is dedicated to improving the quality-of-life of cancer patients and their families by making highly effective, evidence-based psychosocial care accessible to everyone.

PATIENT SERVICES (CONTINUED)*Navigator Program*

Since 2007, Oncology Social Workers have partnered with the Brooklyn Branch of the Eastern Division of the American Cancer Society to develop and manage a Navigators Program at the Brooklyn campus. Our navigators are Veterans of the armed forces who have experienced cancer either as a patient or as caregiver. They provide peer support to other Veterans with cancer with the goal of lessening the anxiety of receiving cancer care and providing a friendly presence in clinics and chemotherapy areas and through their presence, assist patients as they move through the cancer treatment continuum.

Nutrition and Food Service

Nutrition and Food Service is an important member of the NYHHS Cancer Program. All oncology inpatients are evaluated by a nutritionist within 72 hours of admission and initial consultations receive follow up consultations based on the patient's nutritional risk. Outpatients are referred to nutrition by consultation. The dietitian works with nursing to ensure nutritious snacks are made available to outpatient chemotherapy patients.

Nutrition plays an important role in patient education and in the management of a patient's side effects. The oncology dietitians collaborate with other specialists to optimize and personalize nutritional care to oncology patients throughout NY Harbor. Patient satisfaction surveys indicate greater patient meal satisfaction for oncology patients relative to others in the hospital.

Pharmacy Service

Pharmacy service has dedicated full-time pharmacists at each campus for the preparation of chemotherapy. Each is assisted by a full-time pharmacy technician. The pharmacists screen patient charts for height, weight, allergies, concurrent therapy and pertinent laboratory values and all physician orders for appropriateness of dose, indication and duration of therapy. The pharmacist is a resource for drug information for both medical and nursing staff and acts as a liaison between the medical staff and the pharmaceutical companies, consulting with them regarding new therapies, administration of medications and new indications for an approved

drug. A recent trend has been a greater use of oral chemotherapy as maintenance therapy for select disease states. By close contact and communication with the medical and nursing staff, the pharmacists contribute significantly toward the safe, efficient and cost-effective administration of chemotherapeutic agents to our patients. sterility, and a new non-chemotherapy hood was installed.

The clinical pharmacist performs many functions for cancer inpatients. The pharmacist not only provides medication counseling to all inpatients at the time of discharge but also improves medication distribution by facilitating drug approvals and one-time drug requests, monitoring missed doses, reviewing and overseeing physician orders and monitoring the use of opioids. The pharmacist is also a resource for information about medications, drug interactions, adverse effects and dosage and participates in interdisciplinary rounds, assists in the preparation of pharmacologic guidelines for oncology patients and provides lectures to the nursing staff on topics related to the care of cancer patients.

PATIENT SERVICES

Pastoral Care

The primary role of the Chaplain is to provide for the spiritual and, when appropriate and requested by the patient or caregivers, religious care within the holistic approach of the care team. The Chaplain visits the patient and assesses their spiritual and religious needs and, if requested by the patient, offers prayers and religious rituals according to the patient's faith tradition. The chaplain visits the patient before and after surgery and on a regular basis during a patient's stay in our Oncology-Palliative Care Unit.

The Chaplain is witness to the range of feelings experienced by the patient with cancer, from the initial diagnosis through the course of his or her illness and assists the patient in coping with the lifestyle limitations and difficult choices that lie before him/her. The Chaplain is available when the patient becomes discouraged or when an event occurs that affects the patient's hope for recovery. Staff and team members make good use of the Chaplains' expertise as pastoral, spiritual and religious needs arise. The Chaplain speaks with and, if requested, prays with the patient, family members and staff. Chaplaincy care also includes helping the patient, significant others and the family to comprehend the significance of the Advance Directive as they attempt to deal with the patient's illness.

A VA training program for clinical pastoral education program was initiated at New York Harbor in 2001. This program has improved staff awareness and skills for providing patients with spiritual and religious support. The clinical pastoral education residents and interns have directly provided spiritual and religious care to both inpatients and outpatients in the Cancer Program.

DIAGNOSTIC RADIOLOGY AND NUCLEAR MEDICINE

The Radiology and Nuclear Medicine Services are essential in detecting, evaluating and monitoring patients with cancer. Services provided by these departments include the performance and interpretation of conventional radiographic examinations, fluoroscopic studies of gastrointestinal and genitourinary tracts, CAT scans, ultrasound examinations, magnetic resonance imaging (MRI), angiography and radionuclide studies. A new Positron Emission Tomography (PET) has been installed at the Brooklyn campus. Diagnostic evaluation by PET scan is becoming a standard of care for many different types of cancer.

Interventional Radiology offers biopsies, aspiration and drainage of pleural, biliary and genitourinary tracts, long-term peripherally inserted central catheter (PICC) placement, percutaneous feeding tube placement, tumor embolization and intra-arterial chemotherapy access for hepatocellular cancers.

The Radiology service also includes on-site digital Mammography services. The digital unit is faster and more flexible than the previous unit, results in fewer repeats for patients, and is more helpful diagnostically.

All Radiology exams are captured digitally since the implementation of Picture Archive Communications System (PACS) in 2005. This technology allows the quick transmission of Radiology images and radiologists' reports to all clinicians on their own workstations. PACS has accelerated communication, diagnosis, decision-making and treatment. With this new technology, VA New York Harbor can interpret greater than 90% of all exams within 24 hours of the exam time.

PSYCHOLOGY

The psychologist participates on the interdisciplinary treatment team. Through health and behavior interventions, psychology fellows, under the supervision of the psychologist, work with the oncology physicians to monitor at-risk patients and support their compliance with medical treatment. The psychology fellows perform clinical assessments and provide interventions with the goals of supporting medical decision-making, assisting with patient compliance, providing education, and support groups. The psychology service also assists in the management of potential crisis situations as they arise in the context of medical therapy.

Each new patient admitted to inpatient and outpatient oncology service receives a screen for psychosocial distress. For those who show a need for further psychological services, there is an initial health and behavior assessment for hospital depression and anxiety, cognition and quality of life. Psychologists routinely screen and assess patients for suicide risk, depression, alcohol and substance use and PTSD. These disorders may be related to their medical conditions or pre-existing mental health issues.

Psychotherapy, including cognitive-behavioral and supportive interventions, as well as VA evidence-based psychotherapy intervention using Acceptance and Commitment Therapy (ACT) is also made available. Pain management is offered using cognitive techniques such as relaxation training and guided imagery. In addition, outpatients can participate in a weekly cancer support group where psycho education is provided on topics related to cancer treatment, adjustment and coping skills.

Pet Therapy

A popular feature of the oncology services is pet therapy.

A service dog and his owner, accompanied by the psychologist, visit with oncology patients and their loved ones.

The goal of the program is simply to "talk dog." These interventions have shown a good result with reducing stress by providing a break from the hospital routine.

Another important aspect of the psychology service is assisting family members with the emotional impact of the veteran's medical illness. Interventions include brief family therapy and individual supportive sessions for caregivers. In addition, oral history taking and dignity therapy to assist patients to leave a legacy for their loved ones is provided.



Denali and Buddy, Pet Therapy Dogs

ANATOMIC PATHOLOGY

Anatomic Pathology offers the latest technology and evaluation in surgical pathology, cytopathology, immunopathology, dermatopathology, and electron microscopy.

By providing detailed analysis and discussion of selected tumors, Pathology makes an essential contribution to the weekly Tumor Board conferences.

The pathologist's presentation of the histology and cytology of the tumors, with reference to staging and prognostic indicators, add an important contribution to treatment planning.

Immunohistochemistry, immunofluorescence, and flow cytometry are important contributors to the diagnosis. The laboratory offers over 100 antibodies to aid in identification of tumors, leading to improved classification of unknown primary cancers.

The electron microscopy laboratory allows pathologists to study cancers on an ultrastructural basis and has been very useful in the evaluation of poorly differentiated malignancies. Cytopathology services include fine needle aspirations of

lymph nodes and subcutaneous nodules performed by a board certified cytopathologist. In 2010, the Pathology Service introduced the SurePath methodology for PAP smears which is more sensitive in detecting abnormal PAP and facilitates diagnosis in a number of ways.

QUALITY MANAGEMENT

The Quality Management (QM) Specialist is an active member of the interdisciplinary cancer treatment team, the Cancer Committee and attends the Pulmonary, General and Cardiothoracic Tumor Boards.

QM Specialists review the medical records of patients with lung, breast, colorectal and high risk locally advanced prostate cancers for compliance with the nationally recognized guidelines of The National Comprehensive Cancer Network. The results of these reviews are presented quarterly to the Cancer Committee and recommendations for corrective action are implemented.

A significant role of the QM specialist is to ensure program compliance with accrediting agencies such as the Commission on Cancer of the American College of Surgeons and the Joint Commission. This is done by serving as the facility experts on accrediting agency standards and methods required for full compliance with the standards.

Policies and procedures are reviewed to ensure standards compliance. Medical records are reviewed on an ongoing basis to ensure appropriate documentation. Patient care rounds are performed on a routine basis to educate the staff on standard compliance.

The QM Specialist also monitors quality of care, utilization of patient care resources, patient safety and continuity of care. Admissions are reviewed utilizing Interqual criteria, to determine the appropriateness of admissions and length of stay on the inpatient Oncology Unit. The QM specialist is also actively involved in the timely coordination of patient care between the Brooklyn and New York campuses.

PHYSICAL MEDICINE AND REHABILITATION

The Physical Medicine and Rehabilitation (PM&R) Service supports the cancer program by minimizing impairment and reducing activity limitations of cancer patients through a coordinated, interdisciplinary approach to patient care. The PM&R Service is integrated across all campuses of the VA New York Harbor Health Care System and encompasses physiatry, physical therapy, occupational therapy, kinesiotherapy, and vocational therapy staff. This core group of clinicians works closely with recreation therapy, psychology, neuropsychology, speech pathology and audiology, nursing and social service staff to form a dynamic extended rehabilitation team. As more patients become cancer survivors, the role of PM&R in the lives of survivors

continues to expand.

We have introduced and continue to develop our new specialty programs available to cancer patients that address pelvic floor dysfunction, lymphedema, and vestibular issues. An interventional pain management service provides new alternatives in the treatment of malignant and non-malignant pain.

The PM&R Service works also closely with the Prosthetics and Sensory Aids Service to provide veterans in the cancer program and others with the proper adaptive equipment and assistive devices. Through the Housing and Structural Alterations Program, Veterans are provided with financial assistance to obtain

necessary home modifications such as ramps. Through the Major Medical Equipment Committee, Veterans are provided with high-quality equipment as clinically necessary.

Patients receive both inpatient and outpatient therapy services. Patients who require bedside services are seen regularly on the inpatient units. All other patients are seen in the designated therapeutic areas to encourage independence, socialization and psychological well-being.

As an integral part of the care of patients in the cancer program, the PM&R team works to improve both the functional status and the quality of life of Veterans with cancer.

AUDIOLOGY AND SPEECH PATHOLOGY

The Audiology and Speech Pathology Service provides diagnostic and rehabilitation services to patients with communication and swallowing disorders. Such disorders include hearing loss, dizziness, aphasia, dysphagia, laryngectomy, glossectomy, confusion and dementia, dysarthria, memory disorders,

and problems with voice production. Patients with neurogenic and mechanical swallowing disorders are also managed. The Service provides comprehensive hearing evaluation services, auditory brainstem response evaluations, and vestibular assessments. Prosthesis (e.g. hearing aids, assistive listening devices and

electrolarynges) are provided to eligible veterans.

Fiberoptic evaluations of swallowing disorders are conducted with Otolaryngology Service and videofluoroscopic studies of swallowing disorders are conducted with Radiology Service.

AUDIOLOGY AND SPEECH PATHOLOGY (CONTINUED)

In addition to individual services, there are several support programs including the Communication/Stroke and Laryngectomy groups. Families of patients with swallowing disorders are provided counseling about how to

maximize the nutritional content of the patient's recommended diet and assure that the rehabilitative swallowing techniques taught to the patient are used in the home setting. Family members are also counseled

about communication disorders, teaching them the best methods to help the patient communicate effectively.

CANCER REGISTRY

The Cancer Registry is a vital part of the Cancer Program and coordinates the collection, management, analysis and dissemination of information on cancer patients who are diagnosed and treated at the VA-NYHHS. Our registry has a reference date of January 1, 1984 and was computerized in 1990.

The Cancer Registry is staffed by two Certified Tumor Registrars and is supervised by the Cancer Committee. In 2011, the registry began to participate in the CoC's Rapid Quality Reporting System (RQRS), which provides the facility rapid case specific feedback for certain treatment milestones in real-time to allow for adjustments in the patient's treatment.

In 2013, 481 new analytical cases were added to the registry with a total number

of 21,000 cases since its reference date. The data is electronically stored and submitted to the National Cancer Data Base (NCDB), allowing comparison with other hospitals and national data. In addition, beginning in 2009, data has also been submitted to the New York State Cancer Registry.

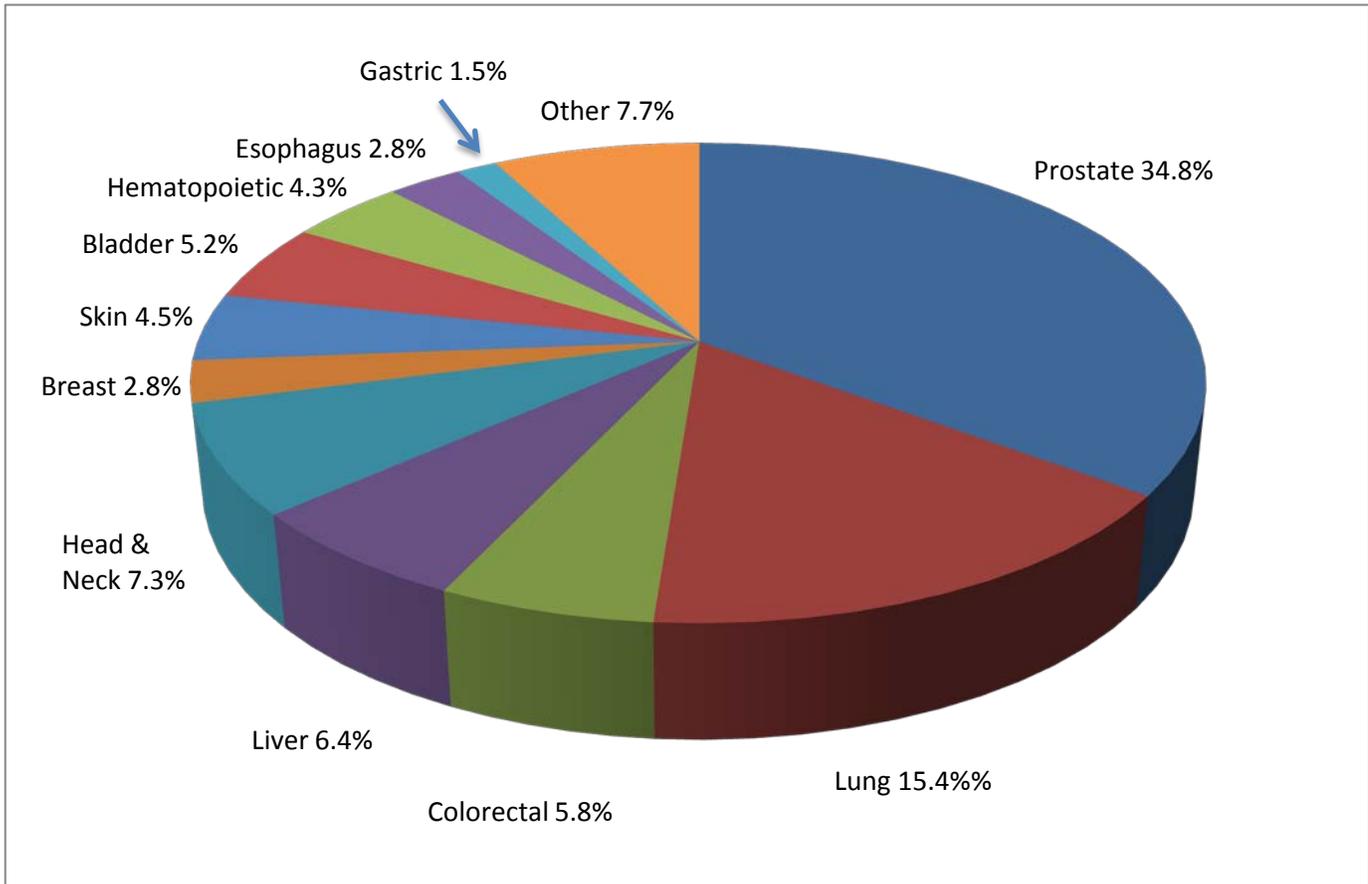
Annual follow-up of patients is an important function of the registry and the procedure for follow-up is based on guidelines recommended by the Commission on Cancer. Tracing and surveillance of registered cancer patients assures continuity of care, early detection of recurrent or new primary tumors, and appropriate patient follow-up. Our follow-up tracking and surveillance rate for all eligible patients in the registry from the reference date meets the CoC standard of 80%. The registry is also required to track follow-up rates for

patients diagnosed within the last 5 years. Our follow-up rate for these patients also meets the Commission on Cancer's standard of 90%.

Utilization of the cancer registry data is monitored by the physician supervisor and is another important function to promote clinical research and continuous analysis of the data. Utilization of this data contributes to the effectiveness of patient care and the Cancer Committee encourages frequent use of the Cancer Registry database.

SUMMARY OF THE CANCER REGISTRY DATA FOR 2013

Selected data of the Cancer Registry of VA-NYHHS for 2013 is presented below.



The total number of analytical cases in 2013 is 481. The figure above illustrates the site distribution for newly diagnosed malignancies in 2013. The five major sites are prostate, lung, head & neck, liver and colorectal. Prostate cancer is still the leading malignancy with 167 new cases in 2013, representing 34.8% of cases this year. Lung cancer is the second most common at 15.4%, with 74 new cases in 2013, compared to 84 new cases in 2012. This year, cancer of the head and neck is third with 34 new cases. Liver cancer and colorectal (40 cases) cancer are currently the fourth and fifth most common cancers.

Analysis of the ethnicity of the five most common sites in the cancer registry shows that 47% are Caucasian, 48% are African American and 5% are other ethnicities, representing Hispanic and Asian Americans. 59% of prostate cancer cases are seen in African Americans and 35% in Caucasians. Lung cancer is higher among Caucasians with 59% versus 38% among African Americans. Bladder cancer also shows a higher rate in Caucasians with 67% cases versus 29% cases for African Americans.

TOBACCO USE AND CESSATION IN CANCER PATIENTS QUALITY STUDY 2014

Introduction

The early detection of cancer and the development of more effective treatments have contributed to the increase in the overall cancer survival rate. The overall 5 year survival rate for all cancers rose from 49% in 1975-1977 to approximately 68% in 2002-2008¹. This increase in survival rates highlights the importance of caring for cancer survivors and suggests further work is needed in cancer prevention, particularly for modifiable risk factors such as smoking. Tobacco use is responsible for 30% of all cancer deaths and 87% of lung cancer mortality, which is the second leading cancer diagnosis among Veterans.² It is estimated that 30-50% of cancer patients who smoke at diagnosis continue to do so or relapse quickly following an attempt to quit.³

Tobacco use among cancer patients leads to poorer treatment outcomes and quality of life

Tobacco use leads to a multitude of negative outcomes for cancer patients – it results in an increase in fatigue, an increase in risk of recurrence and second cancers, and decreased survival,⁴ even among cancers that are not caused by tobacco use. For example, among prostate cancer patients, the most common cancer diagnosed at VA-New York Harbor Healthcare System, multiple VA studies have found smoking-related increases in recurrence and tumor-related mortality.⁵ Smoking can also impair wound healing and lead to higher pain scores among smokers undergoing surgery.⁶ Smoking also decreases the effectiveness of cancer treatment regimens (radiation, chemotherapy), leads to greater treatment complications.^{7,8} and can exacerbate existing conditions such as heart and lung disease, stroke, and diabetes.

VA has made great strides toward providing regular tobacco cessation screening in primary care. Currently, at VA-NY Harbor HCS, primary care clinicians screen outpatients for tobacco use and if a patient is a current tobacco user, the provider is prompted to counsel the Veteran about the benefits of quitting, encourage nicotine replacement therapy and offer referral to the Smoking Cessation Clinics. As a result of these efforts in environmental tobacco policies, employee cessation programs, inpatient tobacco and outpatient screening and treatment on June 24, 2014, VA NY Harbor was recognized by the NYC Department of Health and Mental Hygiene for its achievements in tobacco control. We are the first hospital in NYC to achieve Gold Star Status as part of the Tobacco-Free Hospital's Campaign.

TOBACCO USE AND CESSATION IN CANCER PATIENTS (Continued)

An unmet challenge is the incorporation of smoking cessation interventions in the standard practice of specialties outside primary care, particularly in cancer care. The treatment-related consequences of smoking make tobacco cessation interventions particularly important for Veterans with a cancer diagnosis. While many people may consider stopping smoking after a cancer diagnosis, an effective tobacco cessation intervention for cancer patients has not been developed. Most cancer patients do not understand the risk of continued smoking on their prognosis and treatment outcomes. Research shows that if patients receive quitting advice and treatment at a “teachable moment,” shortly around the time of cancer diagnosis, they are more likely to quit.⁹ For example, lung cancer patients who received treatment within three months of diagnosis were much more likely to quit (27.3%) compared with those who received treatment later.

If associations between risk and cancer treatment outcomes can be communicated in the clinical encounter, there exists great potential to increase quit rates and make an important contribution to tobacco cessation interventions. We believe that a targeted risk communication tool that guides cessation counseling could be a promising strategy to increase patients’ motivation to quit.

VA NYHHS Plan of Action

With these factors in mind, the Psychology Service and Oncology Service at VA-NYHHS are partnering to address this problem as an opportunity. Dr. Paul Krebs, a VA NYHHS psychologist, is creating a communication tool that helps patients understand the implications of continued smoking and motivates smoking cessation. This tool will be geared toward healthcare providers who can lead discussions on the quitting and long-term cessation of smoking.

The outpatient Oncology Service will provide the testing environment for this tool. The goal is to train nurses in delivering the Dr. Krebs’s intervention, and pilot the model in the Oncology outpatient clinic at VA New York Harbor Healthcare System. The goal of the pilot is to examine the efficacy, cost, and acceptability of the program in preparation for similar projects in other Oncology Departments and other treating specialties.

TOBACCO USE AND CESSATION IN CANCER PATIENTS (Continued)

The proposed approach is very similar to other initiatives within Oncology, notably the administration of a Psychosocial Distress Monitor for new oncology patients. The Monitor measures the patient's stress in a variety of areas and is administered by the nurses who greet and triage the patient during his first oncology clinic visit. Both initiatives represent the effort to integrate psychosocial care into the medical visit, by bringing the care to the patient rather than referring the patient to the separate psychosocial care center.

This work is significant and important in VA for several reasons: 1) it is a prime example of patient-centered care; 2) it supports innovative development in behavior change; 3) it targets a population of Veterans not served by current tobacco cessation programs; and 4) it aims to create a feasible model that, if effective, can be extended to other clinical care settings and specialties caring for patients with other diseases associated with tobacco.

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CLINICAL CANCER RESEARCH

Participation in clinical cancer research is one of the features of a state of the art cancer program and is a requirement for our accreditation status with the Commission on Cancer of the American College of Surgeons. The Commission requires this standard to assure patients and their families the opportunity to participate in recent advances in cancer treatment and to provide opportunities to participate in research trials for a variety of cancers.

Cancer Research at VA-NYHHS is involved in cooperative group treatment and prevention studies sponsored by the National Cancer Institute (NCI), Eastern Cooperative Oncology Group (ECOG), and Radiation Therapy Oncology Group (RTOG). In addition, we have access to other cooperative group trials through the CTSU (Clinical Trials Support Unit). Sponsored by the NCI, the CTSU allows sites access to protocols without the requirement of group membership.

The increased integration of psychosocial care within Oncology over the last several years has resulted in a number of local VA-NYHHS clinical trials examining the impact of psychosocial care on cancer patients. These trials have been a significant source of patient accrual.

Treatment guidelines developed as a result of clinical trials are made available for clinicians across the country and around the world so they can deliver the best treatment for their patients. Today, there are more than 10 million cancer survivors in the United States, in large part because of the work that has been done in clinical trials.

COMMUNITY OUTREACH

The Cancer Program’s major community outreach event is the annual Cancer Survivors Day Celebration, now in its 18th year. In June of each year, we invite patients and staff from both the New York and Brooklyn campuses and all cancer survivors, to join together for an afternoon of celebration. The event always includes a talk by one of our Cancer Survivors, refreshments, and entertainment generously provided by very talented performers.



Throughout the rest of the year, staff of Cancer Program plays a part in planning for or promoting a variety of community outreach activities. Our goal is to make sure that NYHHS community outreach includes a message about the availability of cancer treatment and prevention as part of the VA NYHHS family of services.

2014

- May 1 Women’s Health Day
- June 18 National Cancer Survivors Day
- June 20 Living with Cancer
- Sept 17 Prostate Cancer Survivorship
- Oct 20 VA Breast Cancer Awareness Day
- Nov 20 Great American Smoke Out at VA



SURVIVORSHIP

“Patients completing primary treatment should be provided with a comprehensive care summary and follow-up plan that is clearly and effectively explained.”

- Cancer Patient to Cancer Survivor: Lost in Transition, Institute of Medicine, 2005

The Institute of Medicine and National Research Council 2005 report titled *From Cancer Patient to Cancer Survivor: Lost in Transition* suggested that treatment summaries and care plans would help cancer survivors who may otherwise get lost in the transitions from the care they received during treatment through subsequent phases of their lives or stages of their disease. The purpose of this standard is to have cancer programs develop and implement a process to monitor the dissemination of a Survivorship Care Plan as a part of the standard care of the cancer patient.

The following excerpt from the August 2011 American College of Surgeons (ACoS) Commission on Cancer (CoC) report on the Rapid Quality Reporting System provides the context for both the challenge and the importance of this new initiative.

“The organization of cancer makes quality evaluation in cancer a different challenge than, for example, cardiac care. Quality initiatives in cardiac care can focus primarily on single episodes of inpatient care. Quality evaluation in cancer care cannot be limited to the inpatient setting. Cancer care is the sum of multiple episodes of care, often spread over weeks or months, administered by a number of providers across different specialties.”

Oncology- Hematology departments do not single-handedly provide cancer treatment. At best, these departments lead Cancer Programs by example and act as home base for integration and coordination of patient care across settings and treatments. Just as sports teams rely on game plans and diversified businesses use mission statements, cancer patients and their providers benefit from a unifying document recording the relevant past and projecting the possible future.

In 2012 and 2013, the Cancer Committee has been striving to meet this challenge, and we continue our work. In common with most other programs working on this standard, we believe that the Cancer Survivorship Treatment Summary and Care Plan should be in our electronic medical record. This allows the document to be available not only for the patient but for all treating providers to consult.

IOM Report
2005

“I had breast cancer. It was a very frightening time for me. I knew nothing about the process after a lumpectomy and removal of my lymph nodes. I was sent home with no instructions other than to visit my doctor at a later date to get results about the lymph nodes. I was in pain and miserable. My friends and family stayed away. I so desperately needed a plan for recovery as well as what to expect from my radiation treatments.”

-A Cancer Patient

SCREENING FOR PSYCHOSOCIAL DISTRESS

The 2012 Standards of the Commission on Cancer include screening patients for distress and psychosocial health needs as a critical first step to providing quality cancer care. The Institute of Medicine (IOM)'s 2007 report, *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*, emphasized the importance of this intervention. The National Comprehensive Cancer Network (NCCN) states that *distress should be recognized, monitored and documented and treated promptly at all stages of the disease*. The IOM report emphasizes that cancer patients registering distress in the initial review need referrals for appropriate follow up and re-evaluation. Thus, the goal of the Cancer Committee is to develop a process to: 1) incorporate the screening of distress into the standard care of oncology patients; 2) provide patients with appropriate resources and referral for psychosocial needs.

In 2011, we adapted the National Comprehensive Cancer Network’s Distress Thermometer for use in our electronic medical record and began screening new patients in the Medical Oncology clinic at the Brooklyn campus. The clinic nurse administers the psychosocial monitor and appropriate follow-up is provided by the psychologist and social worker. In 2014, the distress screen was spread to the New York campus and to the Radiation Oncology Department.

In 2014, NYHHS Psychology Service conducted an IRB-approved study in the Oncology outpatient clinic to measure the impact of this encounter on patients, including their receptivity to this intervention initially and to subsequent psychosocial follow-ups. The evidence indicates that the introduction of psychosocial care at an early point in medical treatment is feasible, convenient for patients and helpful in normalizing the psychosocial dimension as part of the cancer experience.

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NCCN Practice Guidelines in Oncology – v.1.2010 Distress Management

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SCREENING TOOLS FOR MEASURING DISTRESS

Instructions: First please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.

Extreme distress 10
9
8
7
6
5
4
3
2
1
0
No distress

Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.

<p>YES NO Practical Problems</p> <p><input type="checkbox"/> <input type="checkbox"/> Child care</p> <p><input type="checkbox"/> <input type="checkbox"/> Housing</p> <p><input type="checkbox"/> <input type="checkbox"/> Insurance/financial</p> <p><input type="checkbox"/> <input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> <input type="checkbox"/> Work/school</p> <p>Family Problems</p> <p><input type="checkbox"/> <input type="checkbox"/> Dealing with children</p> <p><input type="checkbox"/> <input type="checkbox"/> Dealing with partner</p> <p><input type="checkbox"/> <input type="checkbox"/> Ability to have children</p> <p>Emotional Problems</p> <p><input type="checkbox"/> <input type="checkbox"/> Depression</p> <p><input type="checkbox"/> <input type="checkbox"/> Fears</p> <p><input type="checkbox"/> <input type="checkbox"/> Nervousness</p> <p><input type="checkbox"/> <input type="checkbox"/> Sadness</p> <p><input type="checkbox"/> <input type="checkbox"/> Worry</p> <p><input type="checkbox"/> <input type="checkbox"/> Loss of interest in usual activities</p> <p><input type="checkbox"/> <input type="checkbox"/> Spiritual/religious concerns</p>	<p>YES NO Physical Problems</p> <p><input type="checkbox"/> <input type="checkbox"/> Appearance</p> <p><input type="checkbox"/> <input type="checkbox"/> Bathing/dressing</p> <p><input type="checkbox"/> <input type="checkbox"/> Breathing</p> <p><input type="checkbox"/> <input type="checkbox"/> Changes in urination</p> <p><input type="checkbox"/> <input type="checkbox"/> Constipation</p> <p><input type="checkbox"/> <input type="checkbox"/> Diarrhea</p> <p><input type="checkbox"/> <input type="checkbox"/> Eating</p> <p><input type="checkbox"/> <input type="checkbox"/> Fatigue</p> <p><input type="checkbox"/> <input type="checkbox"/> Feeling Swollen</p> <p><input type="checkbox"/> <input type="checkbox"/> Fevers</p> <p><input type="checkbox"/> <input type="checkbox"/> Getting around</p> <p><input type="checkbox"/> <input type="checkbox"/> Indigestion</p> <p><input type="checkbox"/> <input type="checkbox"/> Memory/concentration</p> <p><input type="checkbox"/> <input type="checkbox"/> Mouth sores</p> <p><input type="checkbox"/> <input type="checkbox"/> Nausea</p> <p><input type="checkbox"/> <input type="checkbox"/> Nose dry/congested</p> <p><input type="checkbox"/> <input type="checkbox"/> Pain</p> <p><input type="checkbox"/> <input type="checkbox"/> Sexual</p> <p><input type="checkbox"/> <input type="checkbox"/> Skin dry/itchy</p> <p><input type="checkbox"/> <input type="checkbox"/> Sleep</p> <p><input type="checkbox"/> <input type="checkbox"/> Tingling in hands/feet</p>
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Other Problems: _____

