

St. Elizabeth's Medical Center

A STEWARD FAMILY HOSPITAL



Cancer Program Annual Report 2018–2019

**Cancer Program and Cancer Registry
Prepared by the Cancer Care Committee**

St. Elizabeth's Medical Center

A STEWARD FAMILY HOSPITAL



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CANCER CARE COMMITTEE CHAIRMEN'S REPORT 2018

St. Elizabeth's Medical Center (SEMC) is one of eleven hospitals in the Steward Health Care System in Massachusetts, and has become a tertiary referral center for the other Steward hospitals. St. Elizabeth's maintains its commitment to academic endeavors and teaching as well as its commitment to excellence in patient care. There is specialty expertise in the following surgical subspecialties:

David Boruta, MD, <i>Gynecologic Oncology</i>	Jan Rothschild, MD, <i>Breast Surgery</i>
Peter Catalano, MD, <i>Head and Neck Surgery</i>	Jana Simonds, MD, <i>Colorectal Surgery</i>
Claudius Conrad, MD, PhD, <i>Hepatobiliary Surgery</i>	John Wain, MD, <i>Thoracic Surgery</i>
Alan Hackford, MD, <i>Colorectal Surgery</i>	Rohan Wijewickrama, MD, <i>Head and Neck Surgery</i>
Dario Roque, MD, <i>Gynecologic Oncology</i>	

Medical Oncology and Hematology patients are seen in the Dana Farber Cancer Institute (DFCI) satellite located on the fifth floor of the Cardinal Cushing Pavilion at SEMC. This unit includes an infusion center and has been a DFCI-licensed facility on the SEMC campus since June 2014. The division remains committed to the accrual of patients to clinical trials under the direction of Wendy Loeser, RN, OCN. Eighty-nine patients were enrolled in 121 clinical trials in 2019.

The Cancer Care Committee met four times in 2018 and remains involved in every aspect of cancer care at St. Elizabeth's. The following members of the committee resigned this year:

Nicole DePace, NP, <i>Palliative Care/Good Shepherd Community Hospice</i>	Gail Wolfe, MD, <i>Pathology</i>
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The Committee welcomes the following new members to the committee for 2018:

Nina DiNunzio, <i>Director of Community Benefits</i>	John Rampone, <i>Sr. Director of Surgical Services</i>
Hallie Kasper, NP, <i>Palliative Care/Good Shepherd Community Hospice</i>	

We would like to thank the members of the Committee for their dedication to ensuring excellent multidisciplinary care for our patients. We would also like to extend our thanks to Daria James, CTR, and Laurie MacDougall, CTR, for their hard work and dedication to the cancer program.

Respectfully submitted,

Jan Rothschild, MD
Christopher Lathan, MD, MPH
Co-Chairs

CANCER CARE COMMITTEE

The Cancer Care Committee at St. Elizabeth's Medical Center (SEMC) is composed of specialists in all areas dealing with cancer. The committee, which includes both physician and non-physician members, meets quarterly. Its agenda includes reviewing all cancer-related activities at SEMC, as well as overseeing the multidisciplinary care of cancer patients in the institution. As required by the American College of Surgeons/Commission on Cancer, the committee provides leadership and is responsible for various activities that are aimed at ensuring patient-centered care. Some of these activities include patient care evaluation studies, quality and improvement studies, community outreach and prevention programs, multidisciplinary cancer conferences, publishing of outcomes, and the ongoing use of cancer registry data. The Cancer Care Committee is considered the cornerstone and most important component of an Accredited Hospital Cancer Program.

The following were members of the Cancer Care Committee in 2018:

Co-Chairpersons: Jan Rothschild, MD, *Breast Surgery*
Christopher Lathan, MD, MPH, *Medical Oncology*

Daria James, CTR, *Cancer Coordinator*
Marina Androssova, MD, *Palliative Care*
Michael Bakerman, MD, *Chief Medical Officer*
Bruce Bornstein, MD, *Radiation Oncology*
Stephanie Cook, RD, *Hematology/Oncology Nutrition Services*
Nicole DePace, NP, *Palliative Care/Good Shepherd Community Hospice*
Kathleen Dionne, MS, FNP-BC, *Center for Breast Care*
Paul Fallon, MD, *Primary Care*
Beth Herrick, MD, *Radiation Oncology*
Margaret Huber, MA/CCC-SLP, *Rehabilitation*
Lauren Kohler Darcy, RPT, *Rehabilitation Services*
Fran Leonard, RN, MSN, AOCN, *Oncology*
Wendy Loeser, RN, OCN, *Medical Oncology*
Robert Maheu, *Administration*
Leslie Martin, MD, *Medical Oncology*

Nicole Mulkern, *Director of Mission and Community Partnerships*
Maureen Mulkerrin, MS, RN, *Quality Improvement*
Sara Nemitz, LICSW, *Hematology/Oncology Social Services*
Tessa Niven, *Administrative Director, DFCI@SEMC*
Tetyana Novikova, RN, MS, NP-C, *Palliative Care/Good Shepherd Community Hospice*
Kevin O'Donnell, MD, *Surgery*
Phoebe Olhava, MD, *Radiology*
David Ricklan, MD, *Pathology*
Nicole Sanders O'Toole, *American Cancer Society*
Katie Stone, RN, *Palliative Care/Hospice Nurse*
John Wain, MD, *Thoracic Surgery*
Gail Wolfe, MD, *Pathology*

The Cancer Care Committee met four times in 2018:
January 17, May 16, August 15, and December 19.

CANCER REGISTRY REPORT

St. Elizabeth's Medical Center Cancer Registry is a data system designed for the collection, management, and analysis of data on persons with a diagnosis of a malignant disease. Data are also maintained on several benign brain and central nervous system tumors as well as other diagnoses that are on a list of "Reportable Diagnoses" as recommended by the Cancer Care Committee and the Massachusetts Cancer Registry. The Cancer Registry works collaboratively with the Cancer Care Committee in maintaining SEMC's Commission on Cancer accreditation. The standards required for accreditation cover a broad range of activities including the setting of annual programmatic and research goals, educational programs, effective quality studies, community-based prevention and screening programs, and lifetime follow-up of patient. The ultimate goal of the Cancer Registry is to provide the medical staff at St. Elizabeth's Medical Center with the data that will enable them to assess the results of their diagnostic and therapeutic efforts, therefore providing quality care of the cancer patient.

In 2018, the Cancer Registry at St. Elizabeth's Medical Center abstracted 969 new cases of cancer, of which 876 (90.4%) were analytic and 93 (9.6%) were non-analytic. The analytic cases provide us with the most accurate data and they are the cases used when we complete studies for the American College of Surgeons/Commission on Cancer (ACoS/CoC). The non-analytic cases are cases that were originally diagnosed and received all first course of treatment elsewhere and were seen here at the time of persistent, recurrent, or metastatic disease.

The major sites at St. Elizabeth's Medical Center for 2018 were prostate, lung, breast, uterus, and kidney cancers. Most of these cases come from surrounding areas, with the majority coming from the Allston/Brighton area.

Every year, the Cancer Registry receives and responds to requests for data from physicians, residents, and outside organizations such as the Massachusetts Cancer Registry and the Commission on Cancer. Many of these requests result in published papers or lectures using the Registry data. As in any department, quality management plays an important role. Quality management is upheld with monthly physician chart review by members of the Cancer Care Committee and built-in software edits used by the Massachusetts Cancer Registry and the National Cancer Data Base at the Commission on Cancer. In addition, the registry voluntarily participates in the Rapid Quality Reporting System (RQRS) through the National Cancer Data Base. RQRS is a reporting and quality improvement tool that provides real-time clinical assessment of hospital adherence to National Quarterly Forum-endorsed quality of cancer care measures for breast, and colorectal cancers. These data are monitored on a monthly basis.

As always, the focus of the Cancer Registry is to keep current with case abstracting and follow-up while continuously complying with CoC Standards. The registry continues to stage cancers with SEER Summary and AJCC staging. In the coming year the registry looks forward to ongoing changes in cancer registry data collection, including Eighth Edition AJCC staging, new Solid Tumor Rules, revisions to SEER Summary Staging, and Extent of Disease rules, as well as associated software changes.

Respectfully submitted,

Daria M. James, CTR
Cancer Coordinator

Figure 1. Analytic Cancer Cases, 2018: Comparison of Age at Diagnosis by Site

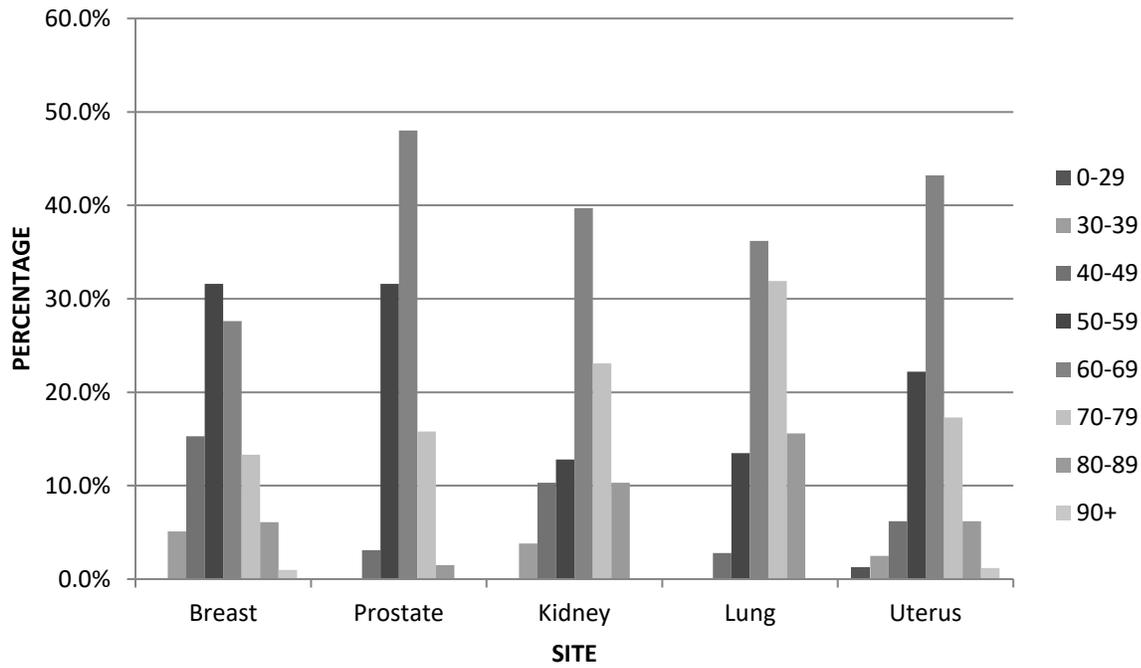


Figure 2. Analytic Cancer Cases, 2018: Comparison of Stage at Diagnosis by Site

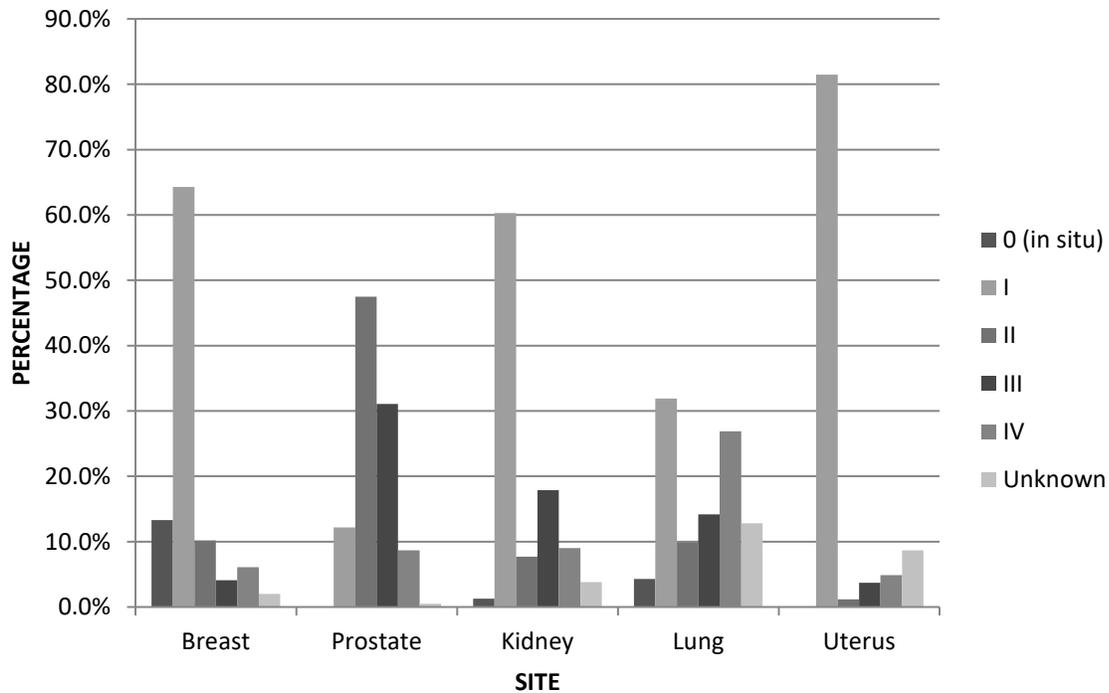


Table 1. Analytic Cancer Cases, 2018: Comparison of Initial Treatment by Site

Treatment	Breast (n=98)	Prostate (n=196)	Kidney (n=78)	Lung (n=141)	Uterus (n=81)
SRG only	13.3%	66.3%	89.8%	40.4%	63.0%
RAD only	1.0%	0.5%	0.0%	5.0%	0.0%
SYSTEMIC only	4.1%	3.1%	2.6%	10.6%	1.2%
SRG RAD	5.1%	0.0%	0.0%	0.7%	17.3%
SRG SYSTEMIC	37.8%	15.3%	7.6%	5.0%	8.6%
SRG RAD SYSTEMIC	38.7%	1.5%	0.0%	4.3%	6.2%
RAD SYSTEMIC	0.0%	2.1%	0.0%	21.2%	0.0%
NO TX/BX ONLY	0.0%	11.2%	0.0%	12.8%	3.7%

SRG = Surgery

RAD = Radiation

SYSTEMIC = Chemotherapy and/or Hormone Therapy and/or Immunotherapy

Table 2. Newly Diagnosed Cancer Cases by Site, 2018

<u>Primary Site</u>	<u>#</u>	<u>%</u>
ORAL CAVITY & PHARYNX	8	0.8%
Salivary Glands	4	0.4%
Floor of Mouth	1	0.1%
Gum & Other Mouth	1	0.1%
Nasopharynx	1	0.1%
Tonsil	1	0.1%
DIGESTIVE SYSTEM	123	12.7%
Esophagus	10	1.0%
Stomach	9	0.9%
Small Intestine	3	0.3%
Colon (excluding Rectum)	30	3.1%
Cecum	3	
Appendix	1	
Ascending Colon	9	
Hepatic Flexure	1	
Transverse Colon	2	
Splenic Flexure	3	
Sigmoid Colon	10	
Large Intestine, NOS	1	
Rectum & Rectosigmoid	21	2.2%
Rectosigmoid Junction	4	
Rectum	17	
Anus, Anal Canal, & Anorectum	5	0.5%
Liver & Intrahepatic Bile Duct	10	1.0%
Liver	9	
Intrahepatic Bile Duct	1	
Gallbladder	4	0.4%
Other Biliary	1	0.1%
Pancreas	27	2.8%
Peritoneum, Omentum, & Mesentery	2	0.2%
Other Digestive Organs	1	0.1%
RESPIRATORY SYSTEM	157	16.2%
Larynx	1	0.1%
Lung & Bronchus	156	16.1%
SOFT TISSUE	1	0.1%
Soft Tissue (including Heart)	1	0.1%
SKIN EXCLUDING BASAL & SQUAMOUS	2	0.2%
Melanoma – Skin	2	0.2%
BREAST	102	10.5%
Breast	102	10.5%

Table 2. Newly Diagnosed Cancer Cases by Site, 2018 (continued)

<u>Primary Site</u>	<u>#</u>	<u>%</u>
FEMALE GENITAL SYSTEM	117	12.1%
Cervix Uteri	7	0.7%
Corpus & Uterus, NOS	84	8.7%
Ovary	16	1.7%
Vagina	1	0.1%
Vulva	7	0.7%
Other Female Genital Organs	2	0.2%
MALE GENITAL SYSTEM	231	23.8%
Prostate	224	23.1%
Testis	6	0.6%
Penis	1	0.1%
URINARY SYSTEM	135	13.9%
Urinary Bladder	52	5.4%
Kidney & Renal Pelvis	79	8.2%
Ureter	3	0.3%
Other Urinary Organs	1	0.1%
BRAIN & OTHER NERVOUS SYSTEM	6	0.6%
Brain	4	0.4%
Cranial Nerves & Other Nervous System	2	0.2%
ENDOCRINE SYSTEM	31	3.2%
Thyroid	30	3.1%
Other Endocrine including Thymus	1	0.1%
LYMPHOMA	38	3.9%
Hodgkin Lymphoma	4	0.4%
Non-Hodgkin Lymphoma	34	3.5%
NHL – Nodal	26	
NHL – Extranodal	8	
MYELOMA	7	0.7%
Myeloma	7	0.7%
LEUKEMIA	4	0.4%
Myeloid & Monocytic Leukemia	4	0.4%
Acute Myeloid Leukemia	2	
Chronic Myeloid Leukemia	1	
Other Myeloid/Monocytic Leukemia	1	
MESOTHELIOMA	1	0.1%
Mesothelioma	1	0.1%
MISCELLANEOUS	6	0.6%
Miscellaneous	6	0.6%
TOTAL	969	

2019 COMMUNITY HEALTH ANNUAL REPORT

Standards 1.8, 4.1 & 4.2 – Monitoring Community Outreach – Keri Singer, Manager of Community Benefits // Nina DiNunzio, former Manager of Community Benefits

I. Overview:

- 4.1: Requirement – 1 prevention program
 - Colon Cancer Awareness Event (3/2019)
 - Fresh Start Smoking Cessation Program (5/2019)
 - Great American Smokeout (11/2019)

- 4.2: Requirement – 1 screening program
 - Skin Screening (6/2019)
 - Breast Cancer Awareness Event, Mammography (10/2019)
 - Low-dose Lung CT Screening Program (ongoing, 2019)
 - First Responders Screening Program (ongoing, 2019)

II. Identification of Community Needs:

The Community Outreach Coordinator meets with Cancer Registry Manager Daria James, CTR, and pertinent members of the Cancer Care Committee on an as-needed basis, to review Massachusetts Cancer Registry data for the catchment area for St. Elizabeth's Medical Center (Boston, Brookline, and Newton), and data from the SEMC Needs Assessment as appropriate. MCR data for 2011-2015 (the most recent available) showed the following areas of concern:

- Melanoma of the skin: statistically significantly elevated incidence rate in Brookline males and in Newton females
- Breast cancer: statistically significantly elevated incidence rate in Newton females
- Lung cancer: statistically significantly elevated incidence rate in Boston males
- Prostate cancer: statistically significantly elevated incidence rate in Boston and Newton males
- Laryngeal cancer: statistically significantly elevated incidence rate in Boston males
- Oral cavity and pharyngeal cancer: statistically significantly elevated incidence rate in Boston males

III. Information Provided at Community Health Fairs and Events:

Former Community Benefits Manager Nina DiNunzio and Community Benefits Manager Keri Singer attended the following community health fairs and events during 2019. At each event, educational materials were available on relevant cancer prevention and screening. Profile cards were also available for primary care providers as well as relevant specialty physicians.

Oak Square YMCA Healthy Kids Day	4/27/19	Educational materials on sun safety and skin cancer prevention and sunscreen were distributed.
Oak Square Farmer's Market	6/19/19	Educational materials on sun safety and skin cancer prevention were distributed to approximately 100 attendees.
Brazilian Independence Day Fair	9/7/19	Educational materials on breast cancer screening and lung CT screening were distributed.
YMCA Healthcare Day	9/18/19	Promotion of low-dose lung CT screening program.
Allston Village Street Fair	9/29/19	Educational materials on breast cancer screening were distributed to approximately 300 attendees.
Oak Square YMCA Oaktoberfest	10/20/19	Educational materials on breast cancer screening were distributed to approximately 150 attendees.

IV. Screening Events:

1. Skin Cancer Screening – June 13, 2019

Early detection and removal of skin cancers is the surest way to a cure.

St. Elizabeth's Medical Center

A STEWARD FAMILY HOSPITAL

Steward



Did you know that the most common type of cancer is Skin Cancer?

More than 1 million Americans develop skin cancer every year.

St. Elizabeth's is offering a

FREE Skin Cancer Screening

Thursday, June 13th 2019 | 5:30 p.m. to 8:30 p.m.

Women's Health Pavilion located in the St. Margaret's Building at St. Elizabeth's Medical Center. Screening is performed by St. Elizabeth's Dermatologists.

To register, please contact the Cancer Registrar at Laurie.Macdougall@steward.org or 617-789-2271.

Free parking is available in Garage B

St. Elizabeth's Medical Center offered a free skin cancer screening open to both staff and the community on June 13, 2019. Community Relations worked with a number of St. Elizabeth's staff members to coordinate and offer screenings for 3 hours on a Monday evening. There were five dermatologists (Mark Amster, MD; Robert Brown, MD; Dorothy Cunningham, MD; Stephen Kovacs, MD, and Andrew Wang, MD), two nurses (Nora Carr, NP, and Victoria

Cloonan, RN), and two Cancer Registry staff members (Daria James, CTR and Laurie MacDougall, CTR) on site to help coordinate and offer this screening. Each participant was able to see a dermatologist and receive a quick skin assessment with a recommendation for follow-up if necessary. They were given the option to receive a total body check or just a spot check if they preferred and were concerned with a particular area. Nurses distributed educational information provided by the American Cancer Society on sun safety and attendees were given gift bags containing relevant samples of sunscreen and body lotions.

Each participant was asked to fill out a pre- and post-screening survey allowing us to collect demographics of the patients screened as well as gather data on the effectiveness/usefulness of the screening.

Interested participants had the opportunity to register ahead of time for a 15-minute time slot. We offered a total of 44 open spots. We had 31 people register, 6 of whom were Steward employees. Out of the 31 registered, 29 fulfilled their appointment, and an additional 2 people showed up whom we were able to accommodate, for a total of 31 skin screenings. Ten out of the 31 screened had biopsies recommended, and an additional 2 were referred for further consultation without biopsy. Patients were given physician contact information to schedule follow-up appointments.

Patients were also asked to complete pre- and post-surveys. Twenty-nine of 31 participants completed pre-surveys (93.5%), but only 11 completed post-surveys (37.9%), suggesting room for improvement in collecting these data. Twenty-eight of 31 participants (90.3%) also completed the American Cancer Society's "What's Your Sun Safety IQ?" quiz.

Pre and post survey results:

Pre-Screening:

Age Group

<40	14	48.3%
40-49	3	10.3%
50-59	6	20.7%
60-69	4	13.8%
70-79	2	6.9%
80+	0	0%

Sex

Male	8	27.6%
Female	21	72.4%

Race/ethnicity

White non-Hispanic	21	72.4%
Asian non-Hispanic	3	10.3%
Hispanic	4	13.8%
Mixed race (Black non-Hispanic/Native American)	1	3.5%

Why did you come to today's screening?

I have something I want to get checked by the dermatologist	8	27.6%
I just want a general skin exam	16	55.2%
Both	5	17.2%

Do you do anything to reduce your risk of skin cancer?

Stay out of the sun	16	55.2%
Use sunscreen	25	86.2%
Wear a hat	14	48.3%
Avoid tanning beds	23	79.3%

Have you seen a dermatologist in the last year?

YES	4	13.8%
NO	25	86.2%

Post Screening:**What will you do to reduce your risk of skin cancer in the future?**

Stay out of the sun	8	27.6%
Use sunscreen	10	34.5%
Wear a hat	8	27.6%
Avoid tanning beds	10	34.5%
No Answer	18	62.1%

Do you plan to see a dermatologist in the next year?

YES	9	31.0%
NO	0	0.0%
No answer	20	69.0%

Do you plan on attending next year's skin screening?

YES	11	37.9%
NO	0	0.0%
No Answer	18	62.1%

Was this a convenient day and time?

YES	11	37.9%
NO	0	0.0%
No Answer	18	62.1%

2019 Skin Screening Findings:

31 patients screened:

7 seborrheic keratosis

1 actinic keratosis

2 basal cell carcinoma (incl 1 BCC vs hidrocystoma; bx rec)

4 dysplastic nevus

1 congenital nevus

7 mole/nevus

2. Breast Cancer Awareness Event and Screening – October 2019

St Elizabeth's is committed to breast cancer awareness and planned several events in October 2019 to increase the awareness and importance of yearly mammogram screenings and breast exams. The medical center has taken the following steps to make this easy for patients by providing follow-up calls via OB/GYN, PCP and or Central Scheduling for women who are due or overdue for their mammograms, providing extended hours including evenings and extended weekend hours in the mammography clinic, and creating a welcoming environment with healthy snacks, beverages and breast cancer awareness-themed giveaways and literature on prevention and breast self-exam tips. SEMC used pink feet, signage, and balloons to call attention to the Mammography Department during the month of October. Extended hours were continued this year as they were successful in 2017 and 2018 and initiated as a result of a survey in 2016 regarding a need for such availability. The hospital also promoted "wear pink" Fridays during the month of October.

Overall, 669 mammograms were performed during October, an increase of more than 130 cases over September. At least 6 patients done during the extended hours offered (early mornings, evenings, and Saturdays) were diagnosed with cancer. The majority of the patients attending during the extended hours were between the ages of 45 and 65, suggesting that the event was popular among women who needed to get their mammograms outside of normal working hours. A survey was administered at the end of the event to gauge its success. All patients said that the early morning and late afternoon appointments were very convenient, and we see a need to continue to offer the extended hours throughout the year.

Nora Carr, NP/Clinical Coordinator and Raquel Gutierrez, Medical Assistant, both staff at St. Elizabeth's Breast Care Center staffed a table in the cafeteria on October 28 for an event with Angela Epshtein, Executive Director of Facing Cancer Together to educate employees and visitors on the importance of annual mammograms, local support groups, and steps for prevention. They distributed materials from the American Cancer Society and SEMC, including profile cards and information on breast self-examination and mammography.



A video series was posted on social media channels during October featuring SEMC breast surgeon Dr. Jan Rothschild, who spoke about the Center for Breast Care, early detection, diagnosis, and treatment options. The videos can be seen at the following links:

10/10/19 – Introduction to Dr. Rothschild:

<https://clicktime.symantec.com/3AmLe5f3pZTkqzwz6BM9nMRz7Vc?u=https%3A%2F%2Fbit.ly%2F2OwqM3O>

10/17/19 – Screening mammography:

<https://clicktime.symantec.com/36B64igTX3AfA8er1Sjyap57Vc?u=https%3A%2F%2Fbit.ly%2F2AZI6WV>

10/24/19 – SEMC Center for Breast Care:

<https://clicktime.symantec.com/3NMPw2Xi6WNiFY55xvyA1n17Vc?u=https%3A%2F%2Fbit.ly%2F2AW01Ow>

10/30/19 – Treatment options:

<https://clicktime.symantec.com/351hbtXZFW3HyM6ZBB59Jc57Vc?u=https%3A%2F%2Fbit.ly%2F2OChL9o>

3. Low-dose Lung CT Screening Program (Ongoing, 2019)

Lung cancer continues to be the second most commonly diagnosed cancer at St. Elizabeth's Medical Center. In 2014, St Elizabeth's established a low-dose lung CT screening program, which complies with USPSTF eligibility criteria. Patients are referred by PCPs or pulmonologists for screening and appointment scheduling. As part of the lung CT screening program, patients who are current smokers are counseled on smoking cessation and are referred to Quitworks. For 2019, there were over 250 low-dose lung CTs performed; this included both initial screenings and follow-ups. No patients in the program were diagnosed with lung cancer in 2019.

4. First Responders Screening Program (Ongoing, 2019)

SEMC has established the First Responders Health and Performance Clinic in conjunction with the Boston Firefighters Safety, Health, and Wellness Office to address occupational injuries and illnesses to ensure job safety and performance. Since the program's inception in August 2018, 103 firefighters (ages 43-64) have been screened, with the following positive results, and are following up with their PCPs:

- **Carotid Ultrasounds:** 14/103 (13.6%) positive for carotid artery (40-59%) stenosis
- **Abdominal Aorta Ultrasounds:** 10/103 (9.7%) abdominal aortic aneurysms (> 3.1 cm)
- **Chest CT (w/o contrast):** 33/103 (32%) pulmonary nodules (2-8mm)
- **CT Heart (Coronary Calcium Scores):** 70/103 (68%) calcium scores > 0, (1-2000)

Other significant findings include ascending aortic aneurysms (6 cases), hepatic nodules (3), pulmonary artery hypertension (4), bronchitis/COPD (13), esophageal thickening (concern for mass) (3), atrial fibrillation (1), large thyroid goiter compressing trachea (1), severe celiac artery/SMA stenosis (1), vertebral artery occlusion (1), and mediastinal mass (1).

In 2019 the program was expanded to include Boston police officers. To date, 74 officers (ages 27-62) have been screened. All will follow up with their PCPs for further evaluations and follow-up studies. Positive results include:

- **Carotid Ultrasounds:** 14/74 (18.9%) positive for carotid artery (40-59%) stenosis
- **Abdominal Aorta Ultrasounds:** 4/74 (5.4%) abdominal aortic aneurysms (> 3.1 cm)
- **Chest CT (w/o contrast):** 21/74 (28.3%) pulmonary nodules (2-16mm)
- **CT Heart (Coronary Calcium Scores):** 42/74 (56.7%) calcium scores > 0, (1-2700)

Other significant findings include: ascending aortic aneurysms (3 cases), enlarged heart (3), esophageal thickening (concern for mass) (3), pulmonary artery dilation (3), bronchitis (3), liver lesion/density (2), large abdominal nodule vs. mass (1), adrenal hyperplasia (1), and density in left ventricle (1).

The Program Director, Dr. Michael Hamrock, reports high levels of satisfaction among participants. We will continue to grow this program in the future.

Dr. Hamrock also made several presentations this year to firefighters, as follows:

- 5/8/19-5/9/19 – Mullane Firefighter Health and Safety Conference; 60 Massachusetts fire chiefs

FIRST RESPONDERS
HEALTH AND PERFORMANCE CLINIC

Addressing occupational injuries and illnesses to ensure job safety and performance for tactical athletes.

Firefighter screening exams include:

- CT scan of chest without contrast
- CT scan of heart without contrast with calcium scoring
- Ultrasound of abdominal aorta
- Ultrasound of carotid arteries; bilateral

To book an exam:

1. If interested in screening exams, contact Fire Chief Ronald Harrington in the Safety, Health, and Wellness Office at 617-343-3715.
2. You will then be contacted by St. Elizabeth's schedulers.
3. You do NOT need to prep for these exams
4. Payment can be received via check or credit card. If paying by check, please bring 2 checks (one for St. Elizabeth's and one for the image interpretation).

*Currently, insurance does not cover all these exams.
All exams are \$783.18 TOTAL.*

Boston Fire Department
Safety, Health, and Wellness Office
617) 343-3715

Dr. Michael Hamrock
Former Medical Director of the
Boston Fire Department
617) 396-8866

St. Elizabeth's Medical Center
736 Cambridge Street
Brighton, MA 02135

St. Elizabeth's Medical Center
Steward

- 6/17/19 – Massachusetts Fire Academy (Safety Stand Down Week Seminar); 300 national and international attendees
- 11/8/19 – Women Firefighters’ Health and Wellness Conference; 300 attendees
- 11/12/19-11/13/19 – American Society of Safety Professionals New England Conference; 200 attendees

In these presentations, Dr. Hamrock discussed the importance of cancer-related health screenings for firefighters due to their risk of smoke exposure. He also emphasized the importance of mammography for female firefighters.

V. Prevention Events

5. Colon Cancer Awareness Event – March 1, 2019

Stop assuming. Start checking.

St. Elizabeth's Medical Center
A STEWARD FAMILY HOSPITAL

Book a colon cancer screening.

FIND A DOCTOR

MARCH IS
Colorectal Cancer
AWARENESS MONTH

Friday, March 1st 2019
11:00 a.m. – 1:00 p.m.
Cafeteria Seton Main Building
St. Elizabeth's Medical Center
736 Cambridge St, Brighton

March 1st 2019 is Dress in Blue day!

Stop by and learn more about Colorectal Cancer and pick up information on how to schedule your screening appointment.

St. Elizabeth's Medical Center
A STEWARD FAMILY HOSPITAL

Community Relations set up a table in our cafeteria to promote Colorectal Cancer Awareness Month and encourage cancer prevention. Overall the event was successful and an opportunity to engage with staff and patients. Additionally, this event is part of the Cancer Care Committee 2019 initiatives in holding at least one Cancer Prevention Program.

Over the course of 2.5 hours, approximately 100 staff and patients stopped by our table and were provided with information on Colorectal Cancer. Information provided included material from the American Cancer Society on Colorectal Cancer Screening as well as St E's screening cards with information on how to schedule a colonoscopy appointment. Approximately 35 screening cards were handed out to community members and staff.

6. Fresh Start Smoking Cessation – April 4-May 2, 2019



Freshstart[®] Smoking Cessation
a FREE 5-week program

Brighton Marine Health Center
77 Warren St., Brighton, MA 02135
Thursdays from 6 p.m. - 7 p.m.

Week 1: April 4	Week 4: April 25
Week 2: April 11	Week 5: May 2
Week 3: April 18	

To register for this FREE 5-week program, please call 617-789-3147 or email nina.dinunzio@steward.org



Break the Habit!
Refreshments will be served.

St. Elizabeth's Medical Center
Steward

St. Elizabeth's Medical Center held a 5-week Fresh Start Smoking Cessation Program in April 2019, which was held one evening a week at the Brighton Marine Health Center. The program was held in collaboration with members from the Department of Respiratory Care at St Elizabeth's, Christine Pantano and Matthew Vanasse.

Jacqueline Phelps, lead Pulmonary Function Technician at St. Elizabeth's, earned her certificate as a Fresh Start Instructor through the American Cancer Society and facilitated all 5 sessions. Jaqueline utilized a curriculum designed by the American Cancer Society and the focus of the class was to help smokers develop a plan for a successful quit attempt in a support group setting. The program was enhanced by having guest speakers who discussed lung health and the benefits of low-dose lung CT screening.

The Fresh Start Program had 5 participants enrolled for the course. By the end of the 5 weeks, 2 of the 5 had stated they had quit smoking entirely. The theme of the program is to relay the importance of perseverance and that quitting smoking is a daily challenge.

7. Bone Marrow Drive – November 20, 2019

Give the Gift Of Life!

As we embark on the season of giving, St. Elizabeth's is pleased to provide two opportunities to give a potentially life-saving gift to someone in need. Please consider participating in one or both of these events and give the gift of life this holiday season.

Bone Marrow Registration Event

Back in 2010, Bridget O'Halloran, a physical therapist at St. Elizabeth's, was notified that she was a match for someone who needed a life-saving bone marrow transplant. Here is Bridget meeting her bone marrow recipient William!

You can save a life as Bridget did by registering to become a bone marrow donor at our Bone Marrow Registration Event. It's easy – just a simple swab of your mouth is all that it takes and you could save a life.

To register, you must be between the ages of 18 to 44. You can pre-register for this event at <https://join.bethematch.org/danafarber>, text CURE95 to 61474 or click on the registration button below.



Wednesday, November 20 12-3 PM

St. Elizabeth's Medical Center
Seton Auditorium
[736 Cambridge Street](https://www.stelizabeth.com/locations/736-Cambridge-Street)
[Brighton, MA](https://www.stelizabeth.com/locations/Brighton-MA)

**REGISTER
ONLINE**

8. Great American Smokeout – November 21, 2019

Community Relations set up a table in our cafeteria to promote the Great American Smokeout and encourage people to join thousands of smokers across the country to take steps towards a healthier lifestyle and reducing cancer risks by quitting smoking. Over the course of 2 hours, approximately 100 staff and patients stopped by our table and were provided with resources for quitting smoking as well as information on lung cancer screenings.



**YOU DON'T
HAVE TO
STOP
SMOKING
IN ONE DAY.
START WITH
DAY ONE.**

Quitting smoking isn't easy. It takes time. And a plan. You don't have to stop smoking in one day. Start with day one. Let the Great American Smokeout® event on November 15 be your day to start your journey toward a smoke-free life. You'll be joining thousands of smokers across the country in taking an important step toward a healthier life and reducing your cancer risk. Plus, the American Cancer Society can help you access the resources and support you need to quit. Quitting starts here.

Learn more at cancer.org/smokeout
or call 1-800-227-2345.

 **American
Cancer
Society®** *Attacking from every angle.™*

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PSYCHOSOCIAL CARE REPORT 2019

Abigail Osei-Tutu, LICSW, Psychosocial Distress Coordinator

Description: DFCI/St. Elizabeth's satellite social worker provides psychosocial support to patients and families throughout the medical oncology continuum. DFCI/St. Elizabeth's on-site Resource Specialist assists medical oncology patients with concrete resource needs (transportation, financial assistance): 3 days/wk at DFCI/SEMC and 2 days/wk at DFCI/Milford.

DFCI/St. Elizabeth's satellite social worker continues to collaborate closely with nurses, physicians and support staff to identify patients in need of psychosocial support. Routine psychosocial needs are further identified during daily multidisciplinary huddles as well as formal/informal social work consultation. DFCI/St. Elizabeth's satellite social worker will restart monthly Palliative Care Rounds in January 2020. Palliative care rounds are facilitated to encourage thoughtful care planning around psychosocially complex cases. DFCI/St. Elizabeth's satellite social worker assists in triaging psychosocial concerns emerging in other SEMC oncology practices including the Center for Breast Care and Radiation Oncology, as staffing in these settings does not include psychosocial support.

Distress Screening:

- DFCI/St. Elizabeth's satellite clinic's automated Psychosocial Distress Screening process was successfully implemented May 24th; see August meeting minutes for explanation of process as presented by DFCI Longwood team.
- Screening oversight/tech support and clinical triage continue to be provided by DFCI Longwood staff, in coordination with ongoing Institute-wide Distress Screening rollout. Ongoing need to address re: lack of distress screening in other oncology clinics throughout SEMC.

Clinical services:

- psychoeducation around the importance of advanced directives, including healthcare proxy designation;
- adjustment counseling for patients and families coping with new diagnosis, disease progression, and disease surveillance;
- psychoeducation addressing family concerns including communication strategies, parenting techniques, elder care needs, etc.;
- end-of-life counseling for patients and families facing anticipatory grief, preparing for death;
- collaboration with external collaterals to encourage continuity of psychosocial care, including community mental health providers, home health care providers, elder service providers, skilled nursing facility and rehab providers;
- community referrals to bolster overall support available to patients and families including psychiatry, counseling/psychotherapy, wig services, meal delivery programs, Mass Health PCA program, elder services, SHINE program, YMCA Livestrong program, support groups, DTA/SNAP, fuel assistance;

- DFCI/St. Elizabeth's Palliative Care Rounds: monthly forum to review care plans of patients with life-limiting illness and complex psychosocial background, facilitated by social worker. Monthly rounds will return in January 2020.
 - Multidisciplinary collaboration including participation from SEMC pain clinic, SEMC pulmonology providers, SEMC Spiritual Care, GS Palliative Care, community agencies (VNA/hospice, etc.) (via conference call).
- Group Program
 - **Look Good Feel Better:** program operating separately from ACS; no local programs currently listed <http://lookgoodfeelbetter.org/>

Concrete services (referred to Resource Specialist):

- financial: assessment of illness-related income changes and basic household expenses, screening for DFCI Patient Assistance Funds (\$250/year for groceries, gas or the RIDE); collaboration with Program RN to address high medication co-pays; collaboration with Financial Coordinator to advocate for limited-English-speaking patients with insurance and billing concerns; referrals to SEMC Financial Counselors for Mass Health applications, referrals to community based utility assistance programs; screening for DFCI Seasonal Giving program (holiday assistance);
- transportation: referral to Resource Specialist for Mass Health PT-1, The RIDE (MBTA) or equivalent regional program, ACS Road to Recovery, management of BPHC taxi vouchers supplied for Boston residents, DMV disabled parking placard;
- housing: rental assistance program referrals, advocacy letters to support housing applications, assisted living referrals;
- food: referrals to DTA (SNAP/EAEDC benefits), Community Servings (meal delivery service for patients with chronic illness), grocery store gift card provision through DFCI Patient Assistance Funds, community food pantries.

A Review of Pancreatic Cancer Diagnosis and Treatment at St. Elizabeth's Medical Center, 2008-2018

The Cancer Care Committee chose pancreatic cancer as the site for in-depth review for this report because of recent increases in cases diagnosed and/or treated at St. Elizabeth's Medical Center (SEMC), the addition of a new Hepatobiliary surgeon to the SEMC staff, and a recent increase in public awareness of the disease. For the period 2008-2018, there were a total of 260 pancreatic cancer cases abstracted. The National Cancer Data Base (NCDB), to which SEMC data are compared, reported 313,095 pancreatic cancer cases submitted during this time period.

According to the American Cancer Society¹, pancreatic cancer accounts for 3% of all new cancer diagnoses in the United States, but 7% of all cancer deaths. The ACS estimates that about 56,770 new cases of pancreatic cancer will be diagnosed in 2019 (29,940 in men and 26,830 in women), and about 45,750 people (23,800 men and 21,950 women) will die of the disease. Risk factors for pancreatic cancer include tobacco use, obesity, a history of diabetes, chronic pancreatitis, and exposure to certain workplace chemicals.²

In Massachusetts, pancreatic cancer was the tenth most commonly diagnosed cancer in men and the ninth most commonly diagnosed cancer in women, representing 2.9% of all cancers diagnosed in men and 2.8% of all cancers diagnosed in women for the period 2011-2015.³ It was the fourth most common cause of cancer deaths in both men and women during this time period, representing 6.7% of cancer deaths in men and 7.4% in women. Incidence rates increase with age, rising from 13.6 cases per 100,000 men aged 50-54 to 108.7 cases per 100 men aged 85 and older; the median age of diagnosis was 69. Among women, rates rose from 9.4 cases per 100,000 women aged 50-54 to 101.4 cases in women aged 85 and older; the median age of diagnosis 74.

Please note that the following statistics refer to only analytic pancreatic cancer cases, resulting in smaller numbers than the above. Analytic cases are those cases that were diagnosed and/or received all or part of their first course of treatment at SEMC. Cases that represent metastatic or recurrent disease are excluded from these analyses.

Figure 3 shows the distribution of age at diagnosis at SEMC vs. NCDB for 2008-2018 for pancreatic cancer cases. More than 90% of both SEMC and NCDB cases were diagnosed at age 50 or greater. SEMC patients were on average slightly older than NCDB patients, with the most common age group for diagnosis 70-79 for SEMC vs. 60-69 for NCDB.

Figure 3. Analytic Pancreatic Cancer Cases, 2008-2018: Comparison of Age at Diagnosis, NCDB vs. SEMC

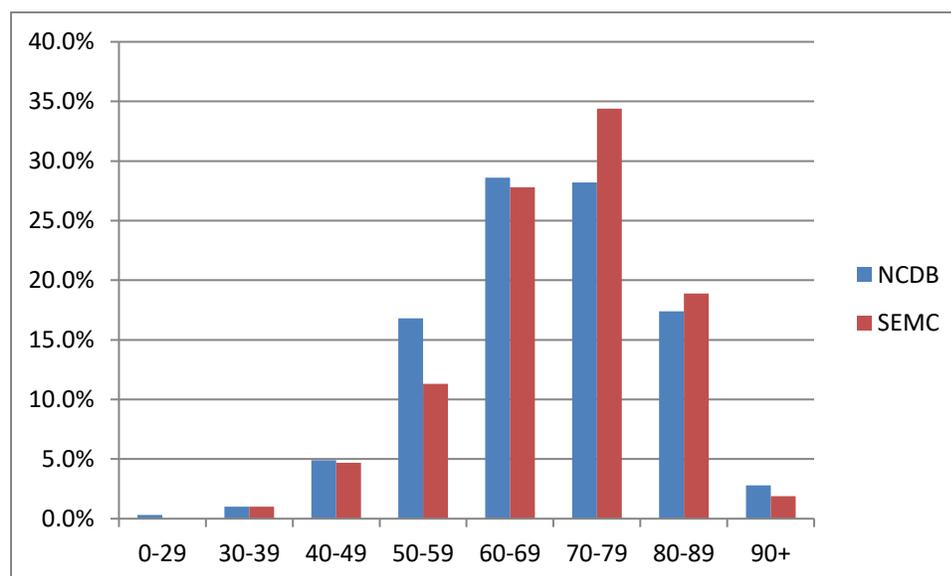


Figure 4 shows the distribution of stage at diagnosis at SEMC vs. NCDB for pancreatic cancer cases. The majority of cases were diagnosed at stage IV (36.3% of SEMC cases, vs. 44.3% of NCDB cases). SEMC cases were slightly more likely to be diagnosed at an early stage (in situ, I or II) than NCDB cases (44.4% of SEMC cases vs. 37.5% of NCDB cases)

Figure 4. Analytic Pancreatic Cancer Cases, 2008-2018: Comparison of Stage at Diagnosis, NCDB vs. SEMC

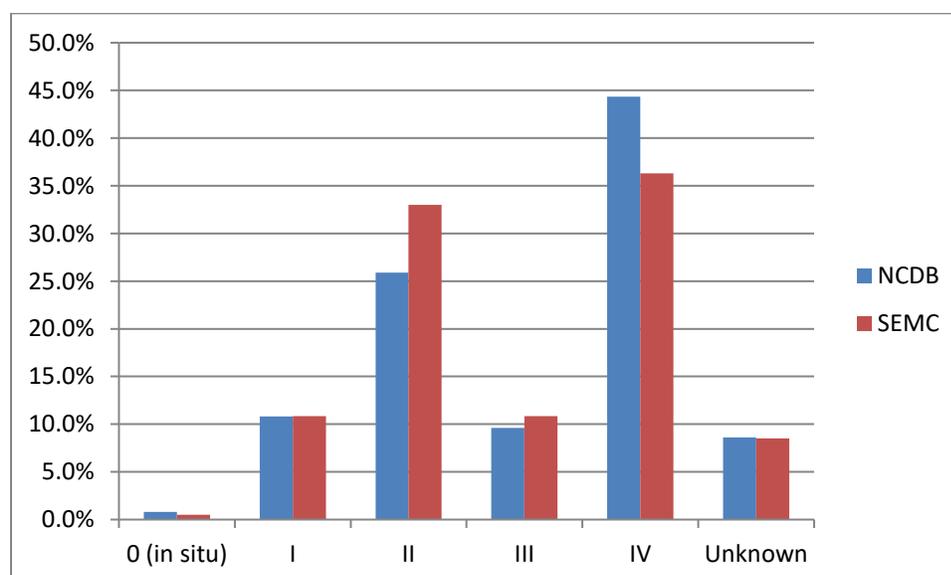


Table 3 shows the distribution of first course of treatment at SEMC vs. NCDB for pancreatic cancers. The proportion of cases that received no treatment/biopsy only were comparable, as were the proportion of cases that received surgery only, surgery/systemic treatment, or surgery/radiation/systemic treatment. The proportion of cases treated with radiation only at SEMC was lower than for NCDB.

Table 3. Analytic Lung Cancer Cases, 2007-2017: Comparison of Initial Treatment, NCDB vs. SEMC

TREATMENT	NCDB (n=313,095)	SEMC (n=212)
SRG only	9.8%	9.0%
RAD only	1.4%	0.9%
SYSTEMIC only	29.1%	32.1%
SRG RAD	0.2%	0.0%
SRG SYSTEMIC	7.2%	9.4%
SRG RAD SYSTEMIC	6.0%	4.7%
RAD SYSTEMIC	7.8%	4.7%
NO TX/BX ONLY	36.5%	37.7%
OTHER/UNKNOWN	2.1%	1.4%

SRG = Surgery

RAD = Radiation

SYSTEMIC = Chemotherapy and/or Hormone Therapy and/or Immunotherapy

¹ Key Statistics for Pancreatic Cancer. . American Cancer Society, 2019.

<https://www.cancer.org/cancer/pancreatic-cancer/about/key-statistics.html>.

² Pancreatic Cancer Risk Factors. American Cancer Society, 2019. <https://www.cancer.org/cancer/pancreatic-cancer/causes-risks-prevention/risk-factors.html>.

³ Cancer Incidence and Mortality in Massachusetts, 2011-2015. Massachusetts Cancer Registry, 2018.

<https://www.mass.gov/files/documents/2018/07/27/Cancer-incidence-and-mortality-statewide-2011-2015.pdf>.