

# **Summerlin Hospital Medical Center**

## **Cancer Program**

### **2015 Annual Report**



## SUMMERLIN HOSPITAL MEDICAL CENTER

### Mission Statement

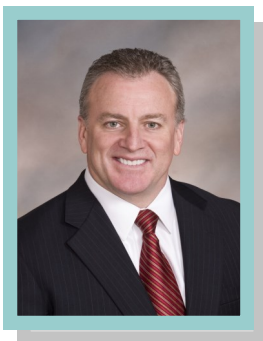
To provide exceptional quality patient care in a safe and compassionate environment that provides a positive healing experience for patients and their families.

### Vision Statement

To be recognized as a community health leader distinguished by our people, quality, service and dedication to patients and families. Our passion will be to deliver care in a patient and family centered manner:

- ***Every person***
- ***Every time***
- ***Every day***
- ***Everywhere***

***Our care will be guided by the principles of respect, empathy, dignity and the emotional health and well-being of our patients.***



**Rob Freymuller**  
Chief Executive Officer



**Lynn Belcher**  
Chief Nursing Officer



**Laura Devine**  
Oncology Nurse Navigator



**Ginger Fidel**  
Oncology Program Coordinator

<b>TABLE OF CONTENTS</b>
--------------------------

<b>The Cancer Program at Summerlin Hospital</b>	<b>4</b>
Function of the Cancer Registry	4
<b>Cancer Committee Members</b>	<b>5</b>
<b>Chairman's Report</b>	<b>6</b>
Cancer Liaison Physician	7
<b>Clinical Services</b>	<b>8</b>
Patient Navigator Role and Report	8
Clinical Trials Accrual and Other Studies	10
Inpatient Care	11
Nutrition	11
Palliative Care	11
Pathology Diagnostics	13
Pharmacy	15
Radiation Oncology Services	15
Radiology Diagnostics	16
Clinical Goal Achieved: CT Lung Cancer Screening Facilitates Diagnosis at Earlier Stages	16
Surgical Procedures and Diagnostics	17
<b>Additional Program Features</b>	<b>18</b>
Multidisciplinary Cancer Conferences	18
Community Outreach	18
<b>Cancer Registry Report</b>	<b>19</b>
Registry Study: Breast Cancer	20
Registry Study: Lung Cancer	22
<b>Oncology Program Coordinator Report</b>	<b>24</b>

## THE CANCER PROGRAM AT SUMMERLIN HOSPITAL

Each day, dozens of Southern Nevada residents are diagnosed with various types of cancer, and for those who hear the words “you have cancer,” it is a life changing event. Summerlin Hospital Medical Center is committed to providing excellent and compassionate cancer care to the community by ensuring that physicians, staff, technology and resources are available to serve individuals living in Las Vegas and Southern Nevada. Cancer patients who live in the area have the opportunity to choose treatment closer to home rather than traveling out of state for cancer care. As we seek accreditation by the Commission on Cancer (CoC) by the American College of Surgeons, this Cancer Program Annual Report fulfills a programmatic goal for the Cancer Committee and highlights the services of Summerlin Hospital, Contributions from all departments and individuals who serve our patients living with cancer are also acknowledged.

At Summerlin Hospital Medical Center, our purpose is to meet the growing needs of cancer diagnoses and care of patients with cancer. A patient and family-centered care approach is used so that each patient’s plan of care is individualized and modeled on the latest standards of care. Robotic surgical procedures have been utilized at Summerlin since 2009, and now, with a physician’s referral we offer low-dose computerized tomography (CT) lung scans for people who are considered high-risk for developing lung cancer. The medical oncology program has oncologists and nursing staff who have had specialized oncology training and annual competencies to provide systemic chemotherapy, immune targeted therapies, and biological medications.

In late 2014, the Cancer Program at Summerlin Hospital established three Cancer Committee leaders. K. Saad Jahangir, M.D., serves as the Cancer Committee Chair and Souzan El-Eid M.D., serves as the Cancer Physician Liaison. Ginger Fidel, MSN, RN, OCN, CNL, came on board as the Oncology Program Coordinator in May, 2015.

### Function of the Cancer Registry

Overseen by the Cancer Committee to maintain requirements set forth by the Commission on Cancer, the Cancer Registry at Summerlin Hospital is integral to the facility’s commitment to the delivery of quality care to patients and their families. The Cancer Registry is an essential element of the cancer program, and the collection of data for the state and nation related to cancer. The Cancer Registry at Summerlin Hospital has full-time staff members Sonia Vargas and Dolores Perez-Cowlshaw who are Certified Tumor Registrars and Sandra Alarcon-Cortez is preparing to sit for the CTR certification.

The registry staff use a comprehensive, computerized data base to collect, maintain, analyze and report information relating to diagnosis, treatment and follow-up of cancer patients who have received care in our cancer program. While maintaining strict confidentiality, the Cancer Registry submits data monthly to the Nevada Central Cancer Registry, which in turn shares information with data collection systems on a national level—an invaluable tool in nationwide cancer research, particularly in diagnosis and treatment research.

## CANCER COMMITTEE MEMBERS

**Chairman**

**K. Saad Jahangir, MD**

**Cancer Liaison Physician & Surgeon**

**Souzan El-Eid, MD**

**Medical Oncology**

**Anu Thummala, MD**

**Radiation Oncology & Cancer Conference Coordinator**

**Dan Curtis, MD**

**Pathology**

**Kevin Lee, MD**

**Radiology**

**Steven Topham, MD**

**Oncology Navigator & Clinical Research Coordinator**

**Laura Devine, BSN, RN**

**Oncology Nurse Leader**

**Joyce Pierron, MBA, RN**

**Oncology Program & Community Outreach Coordinator**

**Ginger Fidel, MSN, RN, OCN, CNL**

**American Cancer Society**

**Erika Gurnee**

**Palliative Care**

**Lorraine Goodwin, APRN-BC, ACHPN**

**Nutrition**

**Cheryl Kapalka, MPH, RD, LD, CNSC**

**Pharmacy**

**Jenna Korthaur, PharmD**

**Quality Management**

**Judy Ricci, RN, BS, OCN**

**Administration**

**Lynn Belcher, RN, BSN, MHA**

**Pastoral Care**

**Rev. Dr. Almetha Thomas**

**Cancer Registry Coordinator**

**Sonia Vargas, CTR**

**Cancer Registry**

**Dolores Perez-Cowlishaw, CTR**

**Sandra Alarcon-Cortez**

## CHAIRMAN'S REPORT

## K. SAAD JAHANGIR, M.D.



Dr. Jahangir studied medicine at Ross University School of Medicine and the University of Nevada School of Medicine. He completed fellowships in Hematology/Oncology at Louisiana State University and Geriatrics at Malmonides Medical Center in New York. Board certified in Hematology, Medical Oncology, Internal Medicine and Geriatric Medicine, Dr. Jahangir has a special interest in both geriatric oncology and palliative medicine. He holds memberships in the American Society of Clinical Oncology, the Internal Society of Geriatric Oncology, and the Association of Physicians of Pakistani Descent of North America.

Dr. Jahangir is a clinical investigator for CCOP, ECOG, and SWOG. He designed the study protocol and served as co-investigator in research on metastatic neuroendocrine tumors; subsequently, he was published by ASCO in 2011, and he presented the findings of this study at two professional conferences in the same year. He has also published an article on the treatment of non-small cell lung cancer in the American Journal of Medical Science in 2012. Throughout his career, Dr. Jahangir has presented at numerous conferences on cancer care across the country.

The Cancer Program at Summerlin Hospital has experienced much growth in 2015, and continues to develop. Our overarching goal is to improve the quality of cancer care for our patients, enrich research related to oncology care, and educate the community we serve on cancer prevention, early detection and treatment across the lifespan while we seek to attain accreditation by the American College of Surgeons Commission on Cancer (CoC) as a Comprehensive Community Cancer Program (CCCP). The CoC is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education and monitoring of comprehensive quality care.

Three goals were established for the program this year. One clinical goal was to establish a palliative care program at Summerlin Hospital, and this goal was achieved; further in this report, please read about palliative care under the clinical services. Additionally we have a multi-faith team that rounds routinely and makes visits as requested to further support our oncology patients. The second clinical goal was to offer low dose computerized tomography scans of the thorax to screen for lung cancer; we have begun to offer this screening to the public with a physician's order. Lastly, the programmatic goal we had for this year was to publish this report. And, with this publication, all of the Cancer Program goals for 2015 have been achieved.

Summerlin Hospital's Cancer Program services include community education on prevention (WE Program and other community outreach programs), screening, testing and diagnosis, referrals for genetic testing and counseling, multiple treatment modalities, patient navigation, patient and family education, and research. In 2015, we began a breast cancer support group which is led by a certified life coach, Jeannette Tellefsen, RN, and another support group for cervical cancer is currently under development with Branda Kent, MSW, LSW, as the lead. Outreach to the community has been extended to social media as well.

All nurses who administer systemic chemotherapy, immunotherapeutic and biotherapeutic agents to patients are certified to administer these agents and receive annual education and skills that are validated through annual competencies. Three oncology certified nurses (OCN) are on staff; more of our oncology nurses are preparing to sit for the certification examination early in 2016. We have also initiated Survivorship Care Plans for patients with hematological cancers. In early 2015, a gap analysis for related to Summerlin Hospital's standing for CoC accreditation was performed. This analysis identified areas that need development as well as strengths that already exist in the program. The Cancer Program and the Hazardous Drug Administration policies have been approved by the Medical Executive Committee and Policy and Procedure Committee respectively. Additional policies, as required by the American College of Surgeons Cancer Program for accreditation, have recently been approved by the Policy & Procedure Committee.

Accredited by the Joint Commission, Summerlin Hospital Medical Center is also a member of the Association of Community Cancer Centers as well as a member of the Nevada Cancer Coalition (NCC); additionally, five staff members attended Annual Nevada Cancer Control Summit in 2015. The oncology program coordinator, Ginger Fidel, is serving on the planning committee for the NCC Summit to be held in Las Vegas next year.

Additionally, a team is being established to perform a Community Health Needs Assessment in 2016; the development of this report is one of our programmatic goals for next year. As we continue to learn, mature, and add new components of cancer-related care and program features to improve the services we provide to our community as we pursue CoC Accreditation, we invite you to watch us grow the Cancer Program at Summerlin Hospital Medical Center and to review the information in this report.



**Souzan El-Eid, M.D., Cancer Liaison Physician**

**Dr. El-Eid completed her medical degree at the University of Nebraska in 1990, and completed her internship at Yale New Haven Hospital, and general surgery residency at Nassau University. She is Board Certified in General Surgery by the American Board of Surgery. She has co-authored numerous publications on breast cancer; she was recently invited by ASCO to review and publish clinical practice guidelines on surgical margins for breast conserving surgery and this was published in the Journal of Clinical Oncology in 2014.**

**In 2006, Dr. El-Eid received the Cancer Liaison Physician (CLP), Outstanding Performance Award from the American College of Surgeons. As the CLP, Dr. El-Eid's role is integral to the cancer program at Summerlin Hospital Medical Center.**



## CLINICAL SERVICES: PATIENT NAVIGATOR ROLE AND REPORT

Laura Devine, RN, BSN is the Adult Oncology Services nurse navigator at Summerlin Hospital. A graduate of the State University of New York and Grand Canyon University, she has been navigating patients through the Breast Care Center since 2012, and our inpatient chemotherapy program since 2014. A major goal of patient navigation in the inpatient setting is to coordinate all aspects of an oncology patient's treatment to successfully decrease length of hospital stay. The amount of time from a patient's admission to the hospital to initiation of chemotherapy is a measurable benchmark in assessing the effectiveness of the oncology team, and particularly that of a patient navigation program.

Patients who are electively admitted to the hospital for inpatient chemotherapy regimens are especially in need of navigation. At Summerlin Hospital, Laura has created an effective line of communication with our community's medical oncology groups that allows her to plan patient admissions well before the patient arrives at the hospital. Coordinating necessary services that a patient will need – such as diagnostic imaging, procedures, and availability of chemotherapy – creates more efficient use of hospital resources and decreases anxiety for our patients and families. A long-time employee of Summerlin Hospital, Laura understands the nuances and complexities of patient flow between departments and services provided at the facility. She is able to plan the necessary care a patient requires in a teamwork-focused manner.

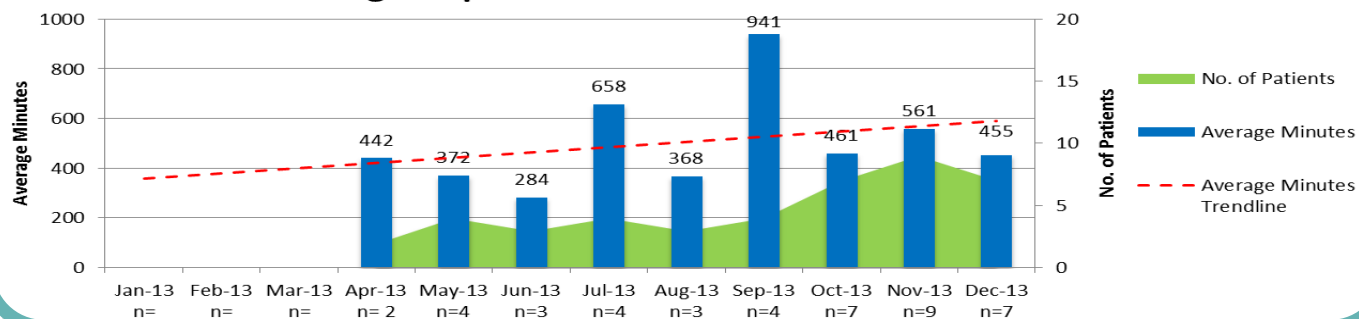
This advanced planning has allowed our oncology team to effectively decrease overall time of admission to chemotherapy by more than an hour – 73 minutes or 14% – from 2013 to 2014 (see graphs on following page). An added benefit of pre-admission planning is our patients have a seamless experience without long wait times for care – this helps alleviate unnecessary distress that can negatively affect a patient's emotional state. Receiving timely care is important in a patient's journey with cancer; every hour that a patient does not have to remain in the hospital can enhance his or her quality of life in some form. This demonstrates a responsible utilization of the healthcare system and is an essential component of Summerlin Hospital's commitment to patient and family centered care.



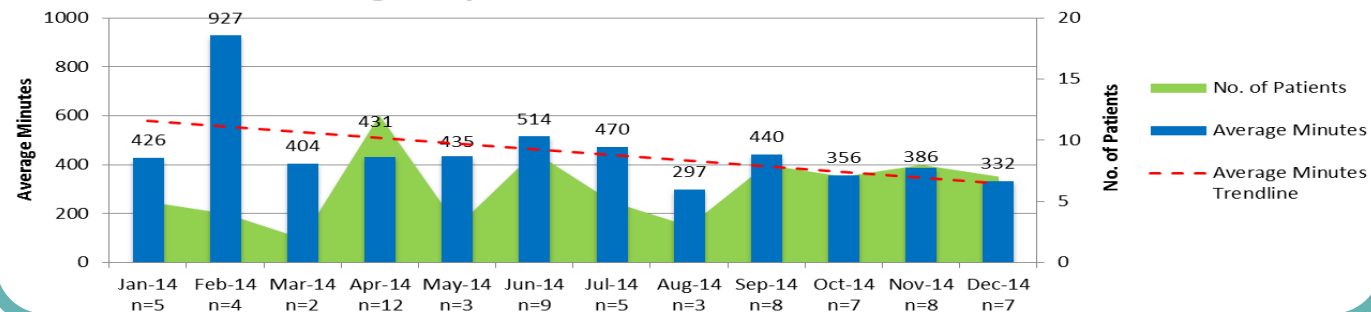
**Breast Center  
Christmas Tree, 2015**



### 2013 Average Elapsed Time Before 1st Chemo - Direct Admits



### 2014 Average Elapsed Time Before 1st Chemo - Direct Admits



	2013*	2014	Inc/Dec %
Average Elapsed Time Before 1 <sup>st</sup> Chemo (in mins)	516	444	-14%

\* No data for Jan - Mar 2013

## **Clinical Trials and Other Studies at Summerlin Hospital**

Clinical trials contribute to science and provide better care for patients; the Adult and Pediatric Oncology Programs at Summerlin Hospital Medical Center actively support cancer clinical trials and studies. Patients are educated about clinical trials and studies in cooperation with the local medical oncology groups and the Nevada Cancer Research Foundation (NCRF). In the first three quarters of 2015, seventeen patients were documented as participants in oncology clinical trials. We are working with the NCRF to increase the numbers of patients enrolled in clinical trials.

Many of our pediatric cancer patients are actively enrolled in clinical trials through the Children's Oncology Group, (COG). Our staff is dedicated to ensuring that these protocols are closely followed. Also, the Cancer Program at Summerlin Hospital adheres to National Cancer Institute (NCI) research guidelines for clinical trials and studies. These guidelines aim to reduce cancer risk and incidence, improve cancer care outcomes, expand access to cancer care, increase quality and balance cost, and reduce cancer disparities.

In addition to this, Summerlin Hospital currently is a registry site for two studies open through the Breast Care Center, in which 38 patients are actively enrolled. The first of these studies is a prospective observational study examining certain genomic testing results, and linking these results with treatment response and relapse-free survival in breast cancer patients receiving neoadjuvant chemotherapy. Fourteen patients have been enrolled and will be followed over the course of 5 years. New patients are no longer being enrolled; however, the study will remain in active data collection mode until all the participants have completed the observational period.

The second study is a multicenter prospective registry database being compiled by the American Society of Breast Surgeons (ASBrS). The data will be used to evaluate the long-term outcomes of a surgical technique known as nipple-sparing mastectomy. The objectives of this study focus on oncologic, aesthetic, and psychosocial aspects of this type of mastectomy. Patients are enrolled beginning at the time of surgery and followed for 10 years to assess these outcomes. Data gathered will provide breast surgeons with evidence-based medicine, which can then be translated into their surgical practices. Twenty-four patients have already been enrolled, and the study will actively recruit participants until a minimum of 2,000 patients have been enrolled nationwide.

## CLINICAL SERVICES

### Inpatient Care

In December 2014, the adult inpatient oncology unit increased its bed capacity from four beds to twelve with the ability to expand to additional rooms. The new unit has been renovated and now has a Family Room which is utilized by patients and families to relax or consult in privacy. The oncology unit also relocated to 3 South and is managed by Joyce Pierron, MBA-HCM, BSN, RN. Since middle of 2015, the adult oncology patient census ranges from 6-14 daily.

The pediatrics unit at Summerlin provides pediatric oncology care to hospitalized children as well as outpatients who receive transfusions; nursing staff from this unit also assist with sedation for children who need diagnostic procedures. Kathryn Beardshaw, RN, manages this unit which is located on the fifth floor, and the census on this unit ranges from 3-6 patients daily.

### Nutrition

Food and Nutrition Services is committed to providing excellent nutritional care to all patients at Summerlin Hospital. As ordered by physicians, three main entrees are served at lunch and dinner, and a restaurant style breakfast is provided daily. An alternative menu is available to provide for patient preferences and to make their stay more comfortable. Registered dietitians are available seven days a week to consult with oncology patients; they utilize resources from The Academy of Nutrition and Dietetics (AND) diet manual and the Oncology Toolkit from the Academy to design appropriate nutritional care for oncology patients.

### Palliative Care

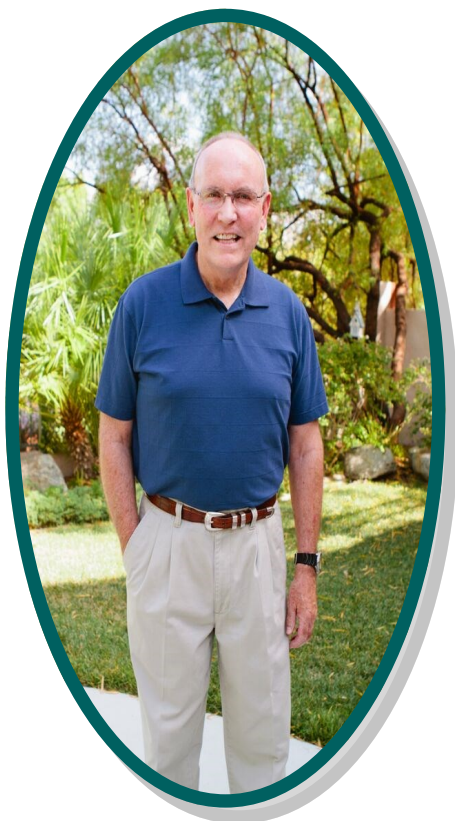
Summerlin Hospital has partnered with the Elaine Wynn Palliative Care Team at Nathan Adelson Hospice to provide palliative care services to hospitalized patients. The purpose of palliative care is to relieve suffering by striving to ensure physical comfort, attending to practical care needs, and improving the quality of life for patients with advanced illnesses. Patients with catastrophic diseases such as cancer are candidates for palliative care. Palliative care is applicable at any stage of advanced illness and should be provided alongside curative medical treatments.

With palliative care, plans of patient care are founded on a Patient and Family Centered approach, based on disease specific education and patient wishes, whilst coordinating healthcare with the patient's primary physician and other specialists involved in the patients' healthcare team. Palliative care services are an

## CLINICAL SERVICES

appropriate and medically demonstrated model of care that is supported by evidence-based medicine. Palliative care services attend to the whole person by offering physical, psychological, social and spiritual care to patients and their families.

Patients do not pay for palliative care. Palliative provider consultations are reimbursed by insurance or are funded through the generosity of the Elaine P. Wynn and Family Foundation. The palliative care nurse practitioner at Summerlin Hospital, Lorraine Goodwin, APRN-BC, ACHPN, provides support for patients with cancer and assists with symptom management.



In October, 2014, Keith Beagle thought he had a viral infection which caused swollen lymph nodes. After subsequent testing, Mr. Beagle was diagnosed with Stage III Lymphoma which required an aggressive chemotherapy/biotherapy protocol, R-EPOCH, where he received six treatments by the adult oncology nursing staff at Summerlin Hospital Medical Center under the direction of Dr. Saad Jahangir.

Six treatments later, and a stem-cell transplant in the Spring of 2015, at the City of Hope in California, Mr. Beagle gained a second chance on life with remission of the disease.

## CLINICAL SERVICES

### Pathology Diagnostics

LMC Pathology Services has provided for the pathology needs of Southern Nevada and the surrounding communities for fifty years. The Summerlin Pathology team consists of 3 on-site pathologists with subspecialty training including expertise in surgical pathology, hematopathology, cytology, pediatric pathology and breast and gynecologic pathology.

#### **Annamarie L. Carley, MD, FCAP**

*Medical Director and Department Chair of Anatomic Pathology-Summerlin Hospital*

#### **Education:**

University of Wisconsin - Madison  
School of Medicine and Public Health (MD)  
Madison, WI

#### **Post Graduate Training:**

Breast/GYN Pathology Fellowship  
Magee-Womens Hospital of University of Pittsburgh Medical Center  
Pittsburgh, PA

Surgical Pathology Fellowship  
University of Minnesota Hospitals  
Minneapolis, MN

Anatomic and Clinical Pathology Residency  
University of Minnesota Hospitals  
Minneapolis, MN

#### **Board Certifications:**

*Breast and GYN Pathologist  
Anatomic and Clinical Pathology*



## CLINICAL SERVICES



### **Delicia Munfus-McCray, MD, PhD, FCAP**

*Pediatric Pathologist*

#### **Education:**

University of Alabama at Birmingham  
School of Medicine (MD, PhD)  
Birmingham, AL

#### **Post Graduate Training:**

Pediatric Pathology Fellowship  
The Children's Hospital of Philadelphia  
Philadelphia, PA

Anatomic and Clinical Pathology Residency  
The Johns Hopkins Medical Institutions  
Baltimore, MD

#### **Board Certifications:**

Pediatric Pathology  
Anatomic and Clinical Pathology



### **Kevin P. Lee, MD, FCAP**

*Hematopathologist*

*Cytopathologist*

#### **Education:**

American University of the Caribbean  
School of Medicine (MD)  
St. Marteen, Netherlands Antilles

#### **Post Graduate Training:**

Cytopathology Fellowship  
University of California, San Diego (UCSD)  
San Diego, CA

Hematopathology Fellowship  
University of Colorado  
Denver, CO

#### **Board Certifications:**

Hematopathology  
Cytopathology and Anatomic and Clinical Pathology

## CLINICAL SERVICES

### Pharmacy

The Pharmacy Department at Summerlin Hospital is an integral part of the clinical team that provides care to our Oncology patients. Dedicated, trained pharmacists guide the medication management process from order to administration by reviewing all chemotherapy orders for appropriateness of dose and duration, entering and double-checking all orders, generating labels for production and double-checking all prepared doses. Trained IV Room technicians prepare all doses utilizing a closed system device in our negative pressure clean room, attaching and priming all tubing to the finished product as appropriate. The pharmacist professionals also act as a medication information resource for both patients and hospital staff.

### Radiation Oncology

Radiation therapy is provided on an outpatient basis with referrals to various providers in the valley including Comprehensive Cancer Centers of Nevada, Radiation Oncology Centers of Las Vegas, and 21<sup>st</sup> Century Oncology. These organizations provide a full range of oncology treatment services including brachytherapy, CyberKnife®, External Beam, HDR MammoSite Radiation, IGRT, IMRT, Proton Beam, SIRT, and other treatment modalities. Hospitalized patients that require radiation treatment are transported to the radiation facilities Monday through Friday.



**Jeanette Tellefsen, Summerlin Hospital Nurse and breast cancer survivor with family during her breast cancer treatment. Jeanette leads the monthly breast cancer support group at Summerlin..**



## CLINICAL SERVICES

### Radiology Diagnostics

Diagnostic radiology and interventional radiological services at Summerlin Hospital focuses on the patient experience by utilizing the principals associated with patient-family centered care. Summerlin offers inpatient, outpatient, ER, and pediatric imaging services. This service line continues to grow with the newest digital technology, which allows for high quality images while maintaining the lowest dose of radiation to our patients. Dose optimization is a huge initiative through Joint Commission and other governing bodies. This initiative calls for organizations to review, revise, and record dosage to patients each time they have an exam.

Summerlin Hospital is also well-known in Las Vegas for our Breast Care Center. The Mammography department continues to maintain accreditation with the American College of Radiology, a prestigious accrediting body that supports quality of imaging, staff, and equipment.

### Clinical Goal Achieved: CT Lung Cancer Screening Facilitates Diagnosis at Earlier Stages

Based on the preliminary cancer registry data from 2014, the cancer committee leadership identified the need to provide a screening tool for lung cancer. Summerlin Hospital now offers low-dose computerized tomography (CT) lung scans for people who are considered high-risk for developing lung cancer. This includes adults ages 55 to 80 who have 1) smoked one pack every day for 30 years; or 2) smoked two packs every day for 15 years and 3) have not discontinued smoking for 15 or more years.

This non-invasive, outpatient procedure is a recommendation from the United States Preventative Services Task Force and the Nevada Cancer Coalition. It is covered by Medicare and other insurers, but a physician's evaluation and order is required.

According to the Nevada Cancer Coalition, almost 80 percent of all lung and bronchus cancers in the state are diagnosed at a more advanced stage of disease, with a 28 percent survival rate of five years. It is the leading cause of cancer deaths among both men and women in Nevada and nationwide. Only 16% of lung cancer patients are diagnosed at an early stage, when the disease has a better response to treatment. However, lung cancer that is diagnosed and treated earlier, based upon the results of a low-dose CT scan of the lungs, can almost double the five-year relative survival rate to 54.8 percent (Nevada Cancer Coalition, 2015, p. 23).

#### Reference

Nevada Cancer Coalition (2015). *Nevada state cancer plan 2016-2020: Refining strategies for the future of cancer control in Nevada*. Reno, NV: State of Nevada.

## CLINICAL SERVICES

"Our own data showed that more than 50 percent of the lung cancers diagnosed at Summerlin Hospital in 2014 were either stage III or IV," said Rob Freymuller, CEO/Managing Director of Summerlin Hospital. "We wanted to be more proactive with finding lung cancer, and this scan is an excellent way to help adults be diagnosed at earlier stages."

The hospital radiology team and oncology program coordinator worked with the physician practice Desert Radiologists to develop a protocol for the screening and performed its first scan on September 21, 2015.

### Surgical Procedures and Diagnostics

The Summerlin Hospital Surgical Services department provides many options for patients in need of oncologic surgery or diagnostics. Endoscopic diagnostics include bronchoscopy, colonoscopy, and EGD (esophagogastroduodenoscopy) procedures with specimen collection for pathological analysis. Traditional and advanced surgical procedures are performed by highly trained and experienced surgeons from all over the Las Vegas Valley. Surgeons utilize the latest techniques in open and minimally-invasive surgery to provide options that best fit patients' individual needs. Our dedicated team of surgical professionals offers their expertise in procedures for lung, breast, colorectal, urologic, gynecologic, and head and neck cancers.

Additionally, Summerlin Hospital was one of the first hospitals in Las Vegas to have the da Vinci® Surgical System. Using the da Vinci® System, an advanced robotic platform, allows physicians to perform complex procedures using a minimally invasive approach. Surgeons at Summerlin Hospital use this system to perform prostate, gynecologic, kidney and transoral robotic surgeries.

Using the da Vinci ® System provides a number of benefits over conventional laparoscopy and other surgical procedures. By providing surgeons with greater visualization, enhanced dexterity, greater precision and ergonomic comfort, the da Vinci® Surgical System makes it possible for more surgeons to perform minimally invasive procedures involving complex dissection or reconstruction. This ultimately raises the standard of care for complex surgeries, translating into numerous potential patient benefits. The benefit for patients a robotic procedure such as the da Vinci ® can offer a minimally invasive procedure, thus less pain, less blood loss, and decreased need for blood transfusions. Using this method of surgical intervention can also decrease hospital stays, hasten recovery, and improve a return to normal daily activities.

## **ADDITIONAL PROGRAM FEATURES**

### **Multidisciplinary Cancer Conferences**

Cancer conferences are a key component of the multidisciplinary approach of all Cancer Programs accredited by the Commission on Cancer. These conferences bring cancer care specialists together to share ideas, discuss management, and review national treatment guidelines and the latest research findings, in order to craft the best treatment plan or management plan for individual patients. Discussions include patient medical history, diagnostic testing, surgical procedures, stage of disease at diagnosis, treatment options including palliative care and survival outcomes. During these conferences, recently diagnosed cases, difficult cases, and unique cases are analyzed with the multidisciplinary team. Cancer conferences are also used to educate medical students and other healthcare workers.

Summerlin Hospital currently provides two monthly multidisciplinary cancer conferences on the 2<sup>nd</sup> and 4<sup>th</sup> Wednesday of every month. The first monthly conference focuses on breast cancer and the second conference focuses on all other oncology diagnoses. These multidisciplinary conferences involve surgeons, medical oncologists, radiation oncologists, pathologists, radiologists, nursing, palliative care, and other health care staff. Under the leadership of Dan Curtis, M.D., the staff of the Cancer Registry is integral to arranging for these ongoing conferences and continuing education credits.

### **Community Outreach**

Summerlin Hospital provided several outreach programs to the community this year. The programs that focused on cancer awareness and prevention included four lectures by Brian D. Lawenda M.D., on nutrition (a one hour lecture at a lunch and learn program with a total of 255 participants), and a WE (Women Enlightened) event featuring breast health and self-examination education performed by Laura Devine (a one and a half hour presentation with a total of 50 participants). In October, over \$1000 was raised in the annual Children's Art Auction for Candlelighters, a support group for children with cancer. Educational flyers were distributed at the Coaches versus Cancer Program on skin health and cancer prevention in December by Laura Devine, BSN, RN and Ginger Fidel, MSN, RN, OCN, CNL.

Social media is now used to reach out to the community. Please visit the Summerlin Hospital Facebook page at <https://www.facebook.com/SummerlinHospital/> to read about cancer survivors experiences such as Jeannete Tellefsen and Carolyn Zirkel, in an interview with Dr. El-Eid; both of their postings have exceeded 1.2K and 1.4K readers respectively.

## CANCER REGISTRY REPORT

A total of 1,267 cases were accessioned into the registry in 2014. Of those cases, 1,069 were analytic cases either being diagnosed and/or treated with first-course treatment at Summerlin Hospital, and 192 cases were referred for either recurrence treatment or further treatment after first-course therapy.

The five major cancer sites identified in patients at Summerlin Hospital in 2014 were:

**Bladder: 12%**

**Renal: 12%**

**Breast: 11%**

**Prostate: 11%**

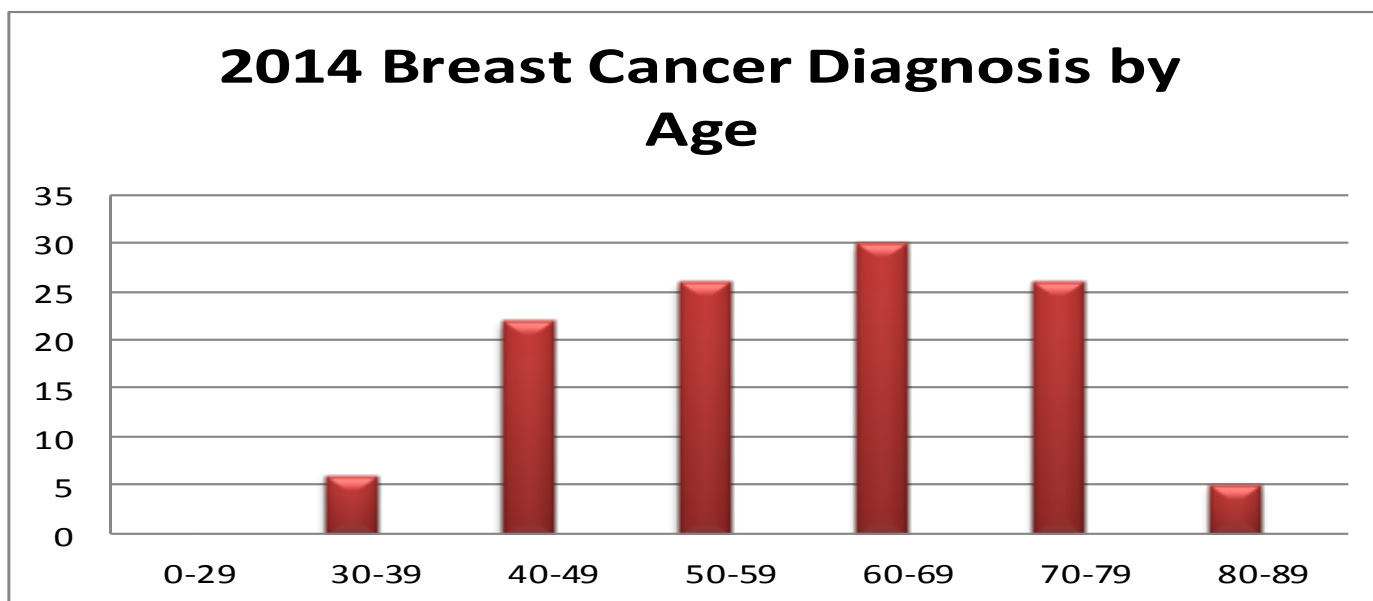
**Thyroid: 10%**

These major sites account for 59% of the 1069 analytical cases accessioned in 2014.

Case Summary by Site & Gender	Male	Female	Total
Oral Cavity	2	1	3
Parotid, Major Salivary Glands		1	1
Pharynx	6		6
Esophageal	3	1	4
Stomach	4	4	8
Colon	36	21	57
Rectosigmoid	3	1	4
Rectum	7	8	15
Liver and Intrahepatic Bile Ducts	12	5	17
Pancreas	13	3	16
Larynx	1		1
Lung	59	61	120
Bones, Joints, Nerves, Connective	5	7	12
Skin	9	9	18
Breast	2	137	139
Uterine		54	54
Ovarian		23	23
Prostate	145		145
Testicular	18		18
Renal	94	64	158
Bladder	126	28	154
Brain, Meninges, Other CNS	3	8	11
Thyroid	25	100	125
Lymph Nodes	19	17	36
Hematological	24	29	53
Unknown Primary	22	23	45
Other Sites	6	18	24
Grand Total	644	623	1267

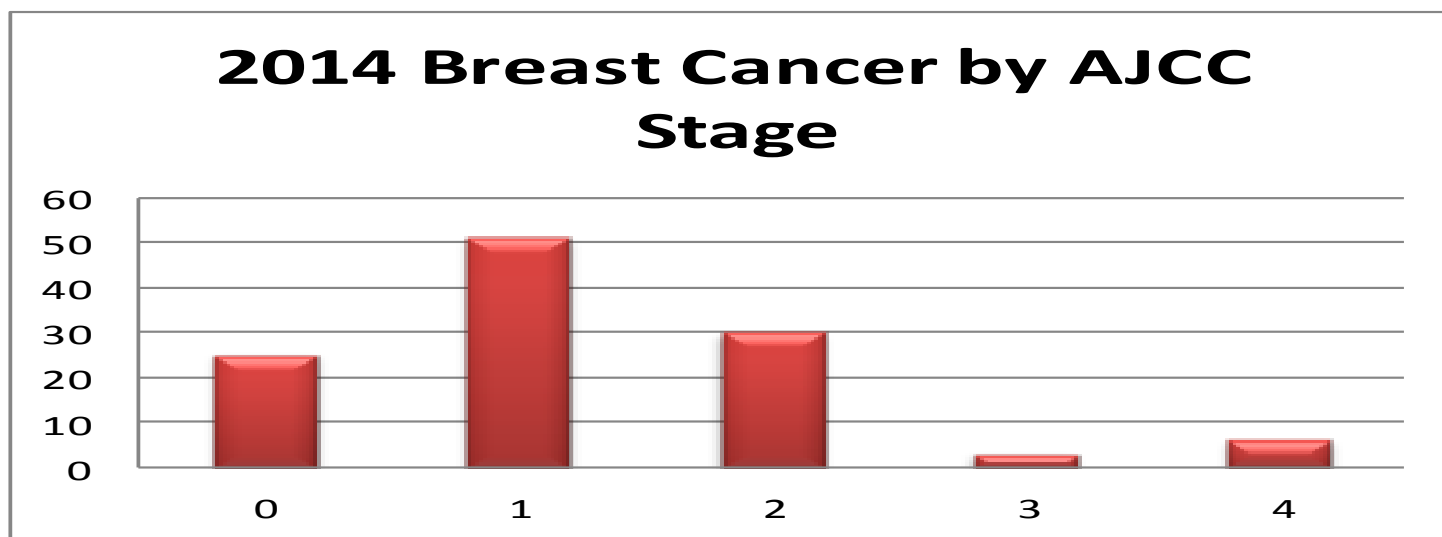
## REGISTRY STUDY: BREAST CANCER

In 2012, the Breast Care Center opened at Summerlin Hospital to increase diagnostic services. Data used in this study is based on the 1069 analytical cases. With this in mind, the registry decided to focus on breast cancer in this report. In 2014 there were a total of 115 analytic breast cancer cases seen at Summerlin Hospital. The following graphs demonstrate distribution by both age and AJCC stage.



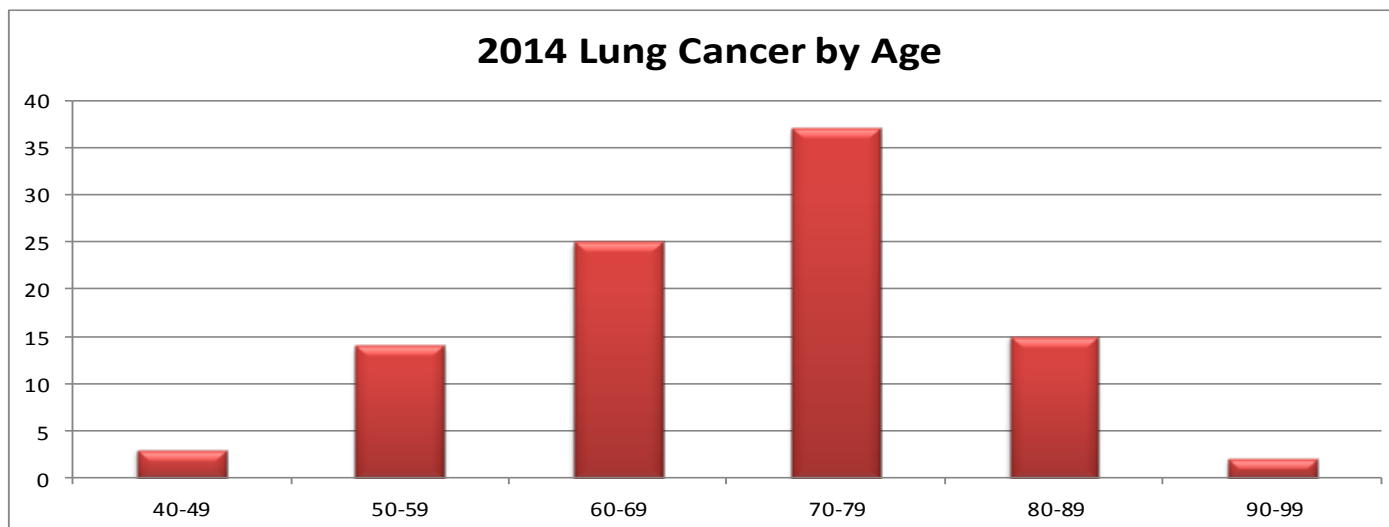
The above graph demonstrates the majority of the breast cancer cases seen at Summerlin in 2014 were diagnosed between the ages of 60-69. This represents 30 patients (26%). There were 26 (23%) patients diagnosed between 50-59 as well as 26 (23%) patients diagnosed between the ages of 70-79. Twenty-two patients (19%) were diagnosed between the ages of 40-49 and six patients (5%) between 30-39 years and five (4%) patients diagnosed between 80-89 years of age.

Sixty-six percent of patients diagnosed with breast cancer were diagnosed at a Stage 0 (in situ) or Stage 1 (localized); twenty-five patients were diagnosed at Stage 0 and fifty-one patients were diagnosed at Stage 1. Thirty patients were diagnosed at Stage 2. The lowest numbers of patients were diagnosed with more advanced disease: three patients were diagnosed at Stage 3 and 6 patients were diagnosed at Stage 4.



## REGISTRY STUDY: LUNG CANCER

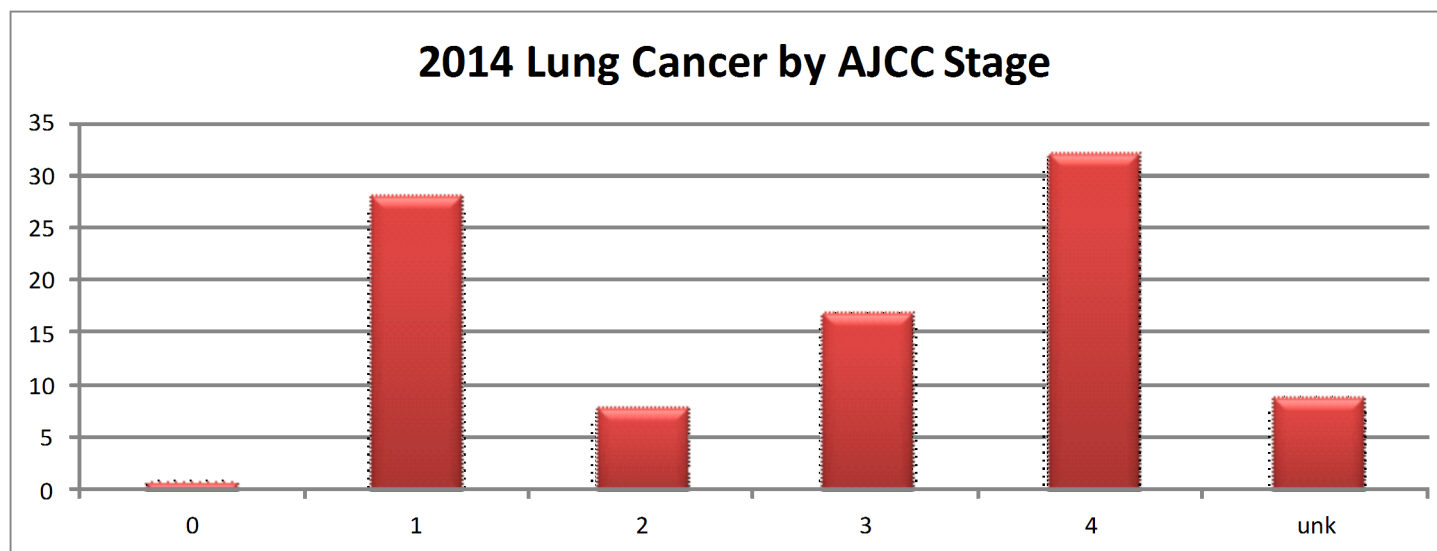
Lung cancer remains the leading cause of cancer-related deaths among men and women in Nevada (Nevada Cancer Coalition, 2015); therefore, the registry decided to evaluate the data on lung cancer for patients at Summerlin Hospital. Data used in this study is based on the 1069 analytical cases; in 2014, a total of 96 new cases of lung cancer were diagnosed. Of the total number of new case, forty-three (45%) were male patients and fifty-three (55%) were female.



As shown in the graph above, the majority of lung cancer patients (37) reported by Summerlin Hospital were between the ages of 70-79 comprising 39% of our lung cancer diagnoses for 2014. This is followed by twenty-five patients (26%) diagnosed between the ages of 60-69. There were fifteen patients (16%) diagnosed between ages 80-89, followed closely by fourteen patients (15%) diagnosed between the ages of 50-59. Three patients were diagnosed between 40-49 years of age and two patients were diagnosed over the age of 90.



The graph below displays the lung cancer cases by stage diagnosed at Summerlin Hospital in 2014. More than half (51%) of the patients diagnosed with lung cancer were diagnosed at late stage disease: thirty-two of our 96 analytic lung cases (33%) were diagnosed at Stage 4 disease and seventeen patients (18%) diagnosed at Stage 3. Because of the findings in this study, the Cancer Committee developed the clinical goal of offering low-dose computerized tomography screening for individuals at high risk for developing lung cancer.



In 2014, more than half (51%) of the 96 analytic cases of lung cancer diagnosed at Summerlin Hospital were diagnosed at Stage 3 or 4. Thirty-two of these patients were diagnosed at Stage 4 disease, and seventeen patients (18%) were diagnosed at Stage 3. Twenty eight patients (29%) were diagnosed at Stage 1, and eight patients (8%) were diagnosed at Stage 2. One patient was diagnosed at Stage 0, and an additional nine patients were not assigned a stage as these patients did not undergo further work-up at our facility.

**ONCOLOGY PROGRAM COORDINATOR REPORT****GINGER FIDEL, MSN, RN, OCN, CNL**

Human beings are complex, multidimensional beings, and patients with cancer and their families are quite vulnerable; they find their lives are impacted not only physically, but psychologically, socially, spiritually, and financially. Difficulties in these spheres of life can interfere with these patients' treatment and adversely impact outcomes (American Psychosocial Oncology Society Website [APOS], 2015). Clinical practice guidelines for distress screening and management in oncology were first issued in 1999 by the National Comprehensive Cancer Network; these guidelines were developed to assure that no cancer patient experiences distress that remains unrecognized or untreated (APOS Website). CoC (American College of Surgeons, 2012) Standard 3.2 requires that the Cancer Committee develop a means to integrate and monitor psychosocial distress screening onsite with referral for the provision of psychosocial care in patients with cancer; this is an area that needs further development as we grow the Cancer Program at Summerlin Hospital Medical Center.

In the fall of 2015, Laura Devine and I applied for the Screening for Psychosocial Distress Program that is jointly developed and managed in a partnership between the APOS and Yale School of Nursing. The APOS is a professional society that focuses on clinical, educational, and research issues related to the myriad of psychosocial dimensions of cancer care. This educational program sponsored by the APOS and Yale will enable us to develop screening a process using valid tools, monitor, intervene and document the various aspects of distress that cancer patients encounter (APOS Website).

Before this annual report was released, we were notified that we had been selected to participate in the Psychosocial Distress Program which includes a grant to offset participation expenses. According to Ruth McCorkle, PhD, RN, FAAN, and Mark Lazenby, PhD, APRN, FAPOS, at Yale School of Nursing, the selection process was competitive, but our applications were accepted "based on the strength of [our] narratives and goals" and their confidence of our commitment to this two year training program. This program will commence with a one-day training and attendance of a two-day 13<sup>th</sup> Annual Conference of the APOS in March, 2016; we will then attend the 14<sup>th</sup> Annual Conference in 2017, and participate in quarterly online conferences throughout 2016 and 2017.

We are honored to have been selected for this distinguished educational program. In accordance with the CoC Standards, the fundamental aim of our participating in this two year journey with APOS and Yale is to improve the psychosocial care of patients with cancer who seek care at Summerlin Hospital. With the insights and expertise we will gain in this partnership, we look forward to implementing a comprehensive distress screening program and referral program at Summerlin Hospital over the next two years. Again, we invite you to watch our Cancer Program grow and flourish as we endeavor to better serve the needs of our community.

**References**

American Psychosocial Oncology Society Website (2015). Clinical guidelines for psychosocial oncology. Retrieved November, 25, 2015, from [http://www.apos-society.org/APOS/Professionals/Clinical\\_Guidelines.aspx](http://www.apos-society.org/APOS/Professionals/Clinical_Guidelines.aspx)

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