NEW YORK PRESBYTERIAN QUEENS

Standard 1.12: 2016 Public Reporting of Outcomes

Standard 4.1 & 4.2 Cancer prevention

Prevention & Early Detection

Community outreach activities included 2016 free cancer screenings; community health fairs community events, health information booths, community and educational presentations about cancer prevention, risk and treatment.

The Committee reviewed our CR data and 400 breast cancer cases were noted for the calendar year. Approximately 25% of the cancers presented late stage. NYS reports the incidence of breast cancer is highest among non-Hispanic white women while morality is highest among non-Hispanic black women. This clearly demonstrates the need for aggressive prevention and prevention activities in Queens. The committee identified Breast Cancer as our focus for preventions and screening activities for 2016.

We also educate our community on the risk of hereditary breast cancer given our large Jewish population and the incidence of younger patients (in the Asian and Latino communities, < 50 years of age) presenting with breast cancer.

Screening Programs: NO Cost Screening Program

NYPQ provides free breast cancer screening services for uninsured/underinsured in Queens county residents. The summary is as follows:

	CBE	SCREENING MAMMO	DX MAMMO (SIF)		
CRT (NYPQ – Breast Center)	3	0	0		
39TH AVE FHC	118	0	0		
NYP/Q	1	244	31		
OBGYN	93	0	0		
JH FHC	67	0	0		
HOLLIS	8	0	0		
NYQ MED & SURG	2	0	0		

TOTAL NYP/Q SITES	292	244	31		

BREAST DIAGNOSES	ADH	OTHER CARCINOMA IN SITU	INVASIVE BREAST CANCER
CRT (NYPQ – Breast Center)	0	0	1
39TH AVE FHC	0	1	1
NYP/Q	0	1	1
OBGYN	1	1	3
TOTAL NYP/Q SITES	**1**	**3**	**6**

Follow-up: A Clinician contact all persons screened with results. The program navigator assists with the scheduling of follow-up diagnostic and treatment appointments and to overcome barriers that exist in accessing services.

Queens was identified as an area where numerous disparities exist, including poverty, high mortality rate among African American women and low screening rates among many populations including Hispanics, Asians, undocumented immigrants and under and uninsured women. Women are guided through the entire continuum of care from screening to diagnosis and treatment and follow up. Culturally sensitive outreach and education activities center on evidence –based methods including methods including speaking engagements and participation in community events in varied community based settings including local organizations.

Evidence-based guidelines or intervention used:

- American Cancer Society (ACS)
- American Society of Clinical Oncology (ASCO)
- National Cancer Institute (NCI)

Summary of Effectiveness: Outreach efforts are extremely successful in reaching the underserved population that have low screening rates.

Recommendation: Continues to participate in the NYS Cancer Services Program and look for funding to expand outreach activities in Queens.

Prevention Programs:

The physicians, PAs and the genetic counselors hosted the following community events:

1/20/2016 - Are you at risk for developing Breast cancer – Grace Episcopal Church, Queens, NY

75 participants by Dr. Malik

1/23/2016 -Presentation on The prevention, screening and early detection of breast cancers - Chinese Community health lecture at United Health Care Queens, Asian Plaza, 136-02 Roosevelt Avenue 3rd Floor, Flushing, NY 11354 –Presented by Dr. Malik 45 Participants

2/26/2016 –Breast Cancer screening and prevention at Flushing YMCA, Flushing, NY

by Dr. Malik - 30 Participants

3/13/2016 Risk assessment and Breast cancer prevention - KAIPPA organization Il Bacco, 253-24 Northern Blvd, Little Neck, NY 11362 Each Dr. Siegel – Participants 40 presented by Ann Radeos PA

3/26/2016 Breast Cancer screening and prevention at Bay side library, Bay side, NY – Participants – 30 presented by Ann Radeos PA

4/11/2016 Breast Cancer screening and prevention – Whitestone Library, Whitestone, NY

57 participants – presented by Dr. Malik

5/12/2016 Precision Medicine, Breast Cancer screening and prevention cancer center

35 participants – presented by Ann Radeos PA

4/26/16; Breast Cancer Navigation and survivorship presented by Dr. Malik

20 participants

Breast Cancer Screening and Are you at risk overview of cancer center at the Queens Pride Parade

6/5/2016 Aug 5 & Aug 6 Dragon Boat Festival Flushing Meadow Park – over 500 people Ann Radeos

Evidence Based Guideline: American Cancer Society

Summer of Effectiveness: Dr. Crupi discussed the effectiveness of the prevention programs. These activities brought awareness to the community through education on risk factors and prevention of breast cancers. The Risk Assessment events held throughout the year brought information to the audience about inherited breast cancer mutations and the importance of knowing your family risk and subsequently planning for the appropriate screening and prevention. As a result of these events, we experienced a 30% increase in the number of patients referred to genetic testing. The population we serve at NYP Queens is racially and ethnically diverse; over 80% are of Asian, Latino/Hispanic, Black or other and 20% are Caucasian. With this diversity comes a diversity in pathologies. We see aggressive pathologies and late stage disease presentations. Identifying patients at risk early on will lead to better health outcomes and better overall survival.

These programs are well attended and a review of the number of participants the attendance reveals there is community awareness. The committee discussed the process of the outreach programs including the number of participants in attendance at each event and determined the process is very effective. As a result, we saw an increase in both referrals to the Risk Assessment Program/genetic counseling and for screening mammograms.

Standard 4.4 Accountability Measures

BCSRT - Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer (Accountability)
Expected (Estimated Performance Report) EPR – 90%

2011- 92.2% (86.2 – 98.2%) 2012 - 92.2% (86 – 98.2%)
2013 – 95.9(86.2- 98.2) 2014 - 91.4% (85.7 -97.1%)

HT - Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer (Accountability)
Expected (Estimated Performance Report) EPR – 90%

2011- 95% (90.7 – 99.3%) 2012 – 90.9(84.9- 96.9%)
2013- 97.5% (94.7 -100%) 2014 - 92.4% (87.6 -97.2%)

MASTRT - Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes (Accountability)
Expected (Estimated Performance Report) EPR – 90%

2011 - 100% (100 – 100) 2012 – 92.3(77.8- 100)
2013 - 68.8% (46.1 -91.5) 2014- 93.8% (82 100)

MAC - Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0, or stage IB - III hormone receptor negative breast cancer (Accountability)
Expected (Estimated Performance Report) EPR – Not Applicable

2011 - 91.7% (76.1 – 100) 2012 – 95.2%(86.1- 100)
2013 - 92.3 (82.1 -100) 2014 - 84.8% (72.6 -100)

ACT - Adjuvant chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC stage III (lymph node positive) colon cancer (Accountability) Not Applicable

2011 - 95.8% (87.8 – 100) 2012 – 94.7%(84.6- 100)
2013 - 100% (100 -100) 2014- 100% (100 -100)

Standard 4.5 – Quality Improvement

nBx - Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer (Quality Improvement)
Expected (Estimated Performance Report) EPR – 80%

2011 - 83.3% (77.8 – 88.8)	2012 – 90.6%(86.2- 95)
2013 - 87.9% (83.6 -92.2)	2014- 86.9% (82.7 -91.1)

12RLN - At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)
Expected (Estimated Performance Report) EPR – 85%

2011 - 95.1% (90.4 – 99.8)	2012 – 98.8%(96.5- 100)
2013 - 98.4% (95.3 -100)	2014- 94.8% (94.8 -100)

G15RLN - At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement)
Expected (Estimated Performance Report) EPR – 80%

2011 - 87.5% (71.3 – 100)	2012 – 76.5%(56.3- 96.7)
2013 - 80% (64.3 -95.7)	2014- 92.3% (82.1 -100)

LCT - Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC (Quality Improvement)
Expected (Estimated Performance Report) EPR – 85%

2011 - 75% (45 – 100)	2012 – 87.5%(64.6- 100)
2013 - 76.9% (54 -99.8)	2014- 88.9% (68.4 -100)

LNoSurg - Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement)
Expected (Estimated Performance Report) EPR – 85%

2011 - 84.6% (65 – 100)	2012 – 80%(55.2- 100)
2013 - 78.6% (57.1 -100)	2014- 87.5% (66.6 -100)

RECRTCT - Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer (Quality Improvement)
Expected (Estimated Performance Report) EPR – 85%

2011 - 100% (100 – 100)	2012 – 100%(100- 100)
2013 - 100% (100-100)	2014- 85.7% (67.4 -100)

Standard 4.6 Monitoring Compliance with Evidence-Based Practice

STUDY TOPIC: Adherence to National Comprehensive Cancer Network (NCCN) Guidelines for ovary cancer

OBJECTIVE: To ensure patient treatment plans meet NCCN guidelines

MEASUREMENT: 2014 & 2015 Cervix (Analytic Class of Case 11-22) All stages

METHOD: Retrospective chart review; a total of 41 cases were reviewed for 2014 & 2015

RESULTS:
Distribution of cases by AJCC staging

STAGE	No. Patients	NCCN Compliance
Stage 1A1	5	5
Stage 1BI	12	11
Stage 1B2	1	1
Stage 2B	5	5
Stage 3A	1	1
Stage 3B	9	9
Stage 4A	1	1
Stage 4B	4	4
Unknown	1	1
Total	41	40

Stage 1B1 – Not as per NCCN guidelines

Removed the 2 expired patients from the study)

CHECKLIST	MET	TOTAL	PERCENT
Rcv'd recommended treatment for stage	40	41	98%

CONCLUSIONS:

Retrospective chart review revealed the following:

1. 98% of the patients received the recommended treatment by stage per NCCN guidelines

Standard 4.7 Studies of Quality

Standard 4.7 Studies of Quality:

Study #1: To review all 2015 breast cancer cases having surgical resection. Committee will check for compliance with policy to make certain all pathology slides from biopsies done outside of our institution were reviewed to confirm diagnosis prior to having surgical resection at NYPQ.

Purpose: To ensure compliance with hospital policy which requires that all biopsies performed outside of the institution are reviewed by Pathology prior to having surgery at NYPQ.

Methods: Pathology reports on all patients with outside biopsy and subsequent surgical excision at NYPQ for cancer were obtained from the pathology database. All of these cases were then screened to evaluate if the outside slides were reviewed by NYPQ pathologists.

Results: 101 cases were reviewed, and of those cases, the outside pathology slides were reviewed in 51 cases.

Conclusion: 50% of the cases were reviewed at NYPQ. The goal is to improve review of outside biopsy slides to 100% by the end of 2017

Standard 4.7 - Study 2

Purpose: Endometrial cancer is the most common gynecologic malignancy diagnosed in the United States. We retrospectively reviewed the treatment patterns and outcomes for patients with stage I endometrial cancer treated at our institution and evaluated type of adjuvant radiation therapy and recurrence patterns.

Methods:

279 patients with stage 1 endometrial cancer diagnosed between January 1, 2006 and December 31, 2015 were identified via our institution's tumor registry. All patients underwent TAH/BSO. Patients with papillary serous and clear cell histology were excluded from this review.

Comparison between pathologic stage IA and IB with respect to demographic characteristics and tumor characteristics were carried. Survival time-to-recurrence was analyzed using the. Recurrence was defined as the time from last treatment administered to the time of first recurrence (pelvic, vaginal or distant).

Results: Median follow-up for the entire group was 47 months (range 0 – 118 months). Median age was 61 (range 27– 92). At the point of censoring 273 patients are alive with no evidence of disease. Of total 6 recurrences, 2 were in the vagina. Five of the six recurrences did not receive adjuvant radiation. There was an increase in the use of vaginal brachytherapy (VB) from 8% prior to 2009 compared to 13% after 2009 but this did not reach statistical significance.

Conclusions: The rates of local recurrence are acceptably low in stage IA and IB patients with endometrial cancer. Usage of VB alone has increased since 2009.

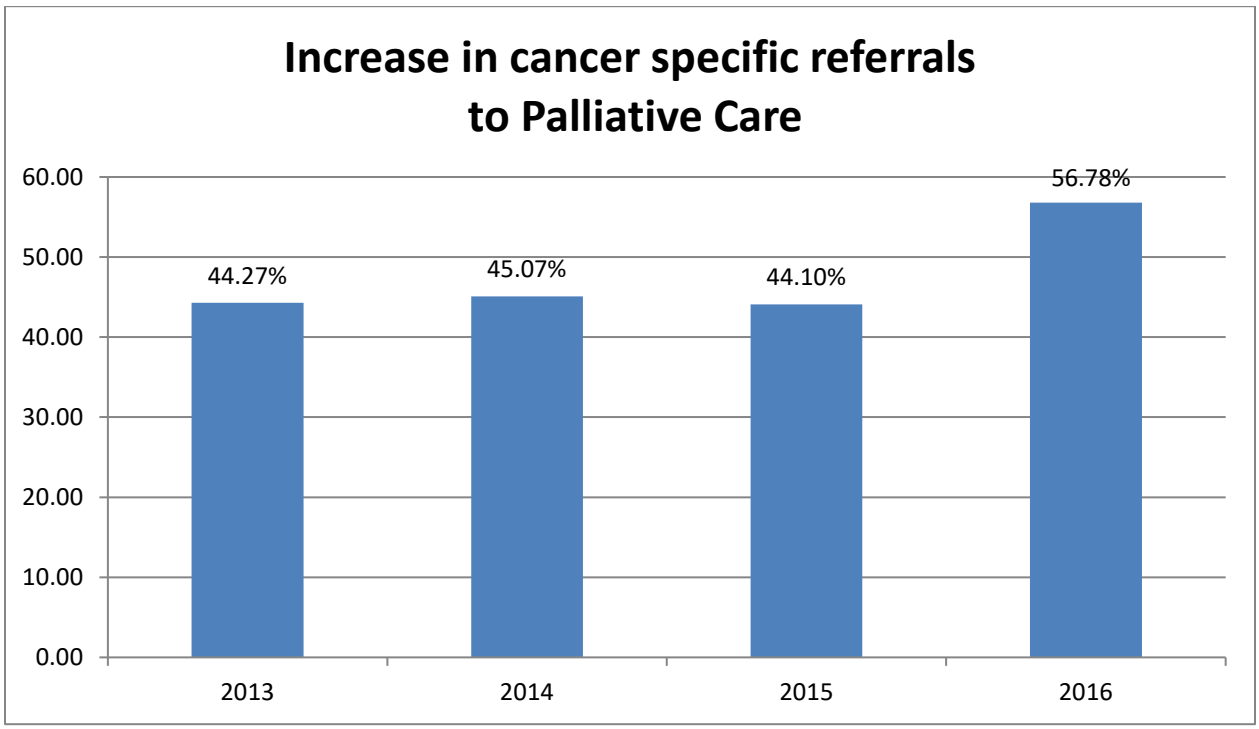
Standard 4.8 Quality Improvement Measures

Study #1: Palliative Care

Purpose: To improve palliative care referrals by informing patients that palliative care is a part of a comprehensive treatment plan.

Method: Physicians and patients were informed of the Supportive Services Program which includes palliative care and other services.

Results: Patient referrals increased by 12% in 2016 in comparison to the referrals of 2015.



2nd Quality Improvement

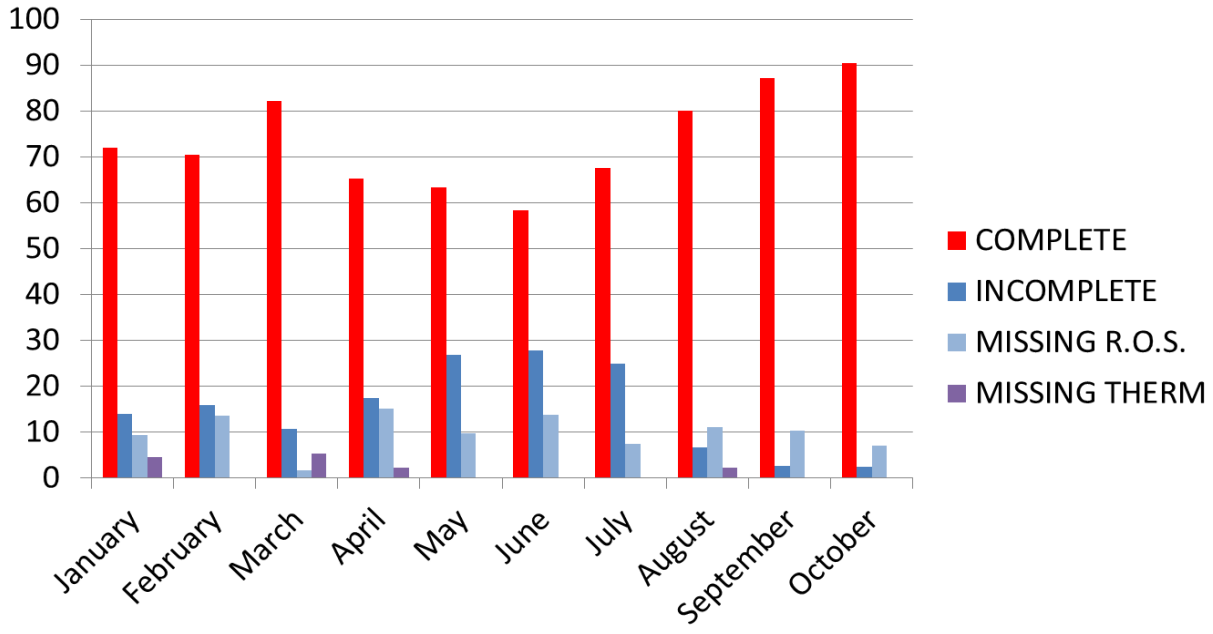
Purpose: To improve documentation of the distress screen for Radiation Oncology patients while providing comprehensive care,

Method: Distress Screen Thermometer was incorporated in the "review of systems". Physicians

and the staff were educated on the use of thermometer. Monthly Audits were performed.

Goal: To reach 80%compliance by end of December 2016.

Results: Radiation Oncology met its target of 80% compliance.



Results: Radiation Oncology met its target of 80% compliance.