

2021

Annual Report

Texas Tech Physicians Breast Care Center

NAPBC

National Accreditation Program for Breast Care Centers



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Texas Tech Physicians of El Paso Breast Care Center

This annual report details the clinical cancer activities Breast Care Center (BCC), Texas Tech University Health Sciences Center, for the year 2021. A total of 155 breast primaries were evaluated and treated at University Medical Center and Texas Tech Health Sciences Center during 2020. This information is from the last complete year as reported to the National Cancer Database.

We have implemented numerous strategies to improve breast cancer care and the quality of life and outcome of breast cancer patients in El Paso, TX. We have a Breast Care Program and work along with our affiliate University Medical Center to provide comprehensive breast care to those in our community including a lymphedema program through outpatient services.

During 2020, our facility experienced dramatic changes in the way we operated due to the COVID-19 pandemic restrictions. Through it all, the Breast Care Center strived to continue to provide the best care to our patients through this trying time. As we move forward we continue to encourage and promote breast screening and breast care treatment in our community.

By increasing awareness about the importance of cancer research, and the representation of Hispanics and dissipating myths and stigma about participating in clinical trials, we look to continue to actively enroll cancer patients in various local regional and national cancer clinical trials since 2012.

Our plan for The Texas Tech Physicians of El Paso Breast Care Center is to continue to strive for optimal cancer patient care. University Medical Center will strive to meet the standards set by the American College of Surgeons, National Accreditation Program for Breast Centers for continuance of our approved cancer program. The goal of patient therapy is to meet the National Comprehensive Cancer Network (NCCN) guidelines, while ensuring patients have the best quality of life possible.

Alonso Andrade, M.D

Breast Program Leadership

MEMBERS OF THE 2021 STEERING COMMITTEE

Karinn Chambers, MD,
Breast Program Leadership
Breast Surgery

Alonso Andrade, MD
Surgery

Anoop Ayyappan, MD
Diagnostic Radiology

Roberto Gamez, MD
Pathology

Sumit Gaur, MD
Medical Oncologist

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Radiation Oncology

Stephanie Nemir, MD
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Alexander Philipovskiy, MD
Medical Oncology

Sandra Alderete, RN
Patient Navigator

Rosalinda Heydarian, Hem/Onc, NP
Genetics Professional/Counselor

Nancy Maruffo, LMSW
Social Worker

Martha Armendariz, CTR
Tumor Registrar

Melissa Valencia Gonzalez, RHIT, CTR
Tumor Registrar

Dianne Ramirez, RHIT, CTR
Tumor Registrar

CANCER RELATED CONFERENCES

Staff physicians, resident physicians, and allied health professionals who work closely with hospital clinicians and patients attend the Breast Cancer Conferences. The Breast Cancer Conference meets bi-monthly. Attendees include Medical Oncology, Surgery, Radiology, Pathology, Internal Medicine and Radiation Oncology.

During 2021, there were 23 Breast Cancer Conferences held with a total of 165 patients being presented. During the 2021 Tumor Conferences, 100% of cases were prospective case presentations. Multidisciplinary attendance by department for tumor conference shows an average attendance by Medical Oncology at 100%, Radiation Oncology at 100%, Surgery 100%, Radiology at 83%, and Pathology 100%. Presentations at Cancer Conferences include history and physical findings, surgical findings, staging and review of radiology and pathology studies, type of treatment received, and review of pertinent medical literature. Treatment recommendations are discussed. The majority of cancer cases are presented at Cancer Conferences. Topics of discussion typically focus on treatment guidelines for similar cases that may occur at some future date.

CANCER REGISTRY ACTIVITY REPORT

The Texas Tech Physicians of El Paso Breast Care Center was the first accredited NAPBC Breast Center in the region.

As an active part of the cancer team, the Cancer Registry at University Medical Center of El Paso collects, prepares, and presents data for conferences, committee meetings and studies. The registry's network of sources and the ability to collect comprehensive data and information assists in the daily practice and refining of special studies. The Registry has continued to offer these and other services since 1975. The Registry is responsible for the collection, maintenance, and analysis of this data.

The University Medical Center of El Paso Registry is currently maintaining the 80% follow up rate for all eligible analytic cases from the cancer registry reference date and is maintaining a 90% follow up rate for all eligible analytic patients diagnosed within the last five years meeting the 90% required by the Commission on Cancer.

The goal of the Cancer Registry is to provide the medical staff with data that will enable them to see the end results of their diagnosis and therapeutic efforts. The data is also sent to National Cancer Data Base and the Texas Cancer Registry.

A major objective of the cancer registry is to produce accurate and useful data. Well-documented quality control is essential if this objective is to be met and is required for approval status. To ensure accuracy and consistency, a 10% random physician review of cases is completed annually, and this

includes review of class of case, primary site, histology, stage of disease, and first course treatment and College of American Pathologists (CAP) Protocols.

ONCOLOGY SUPPORT SERVICES

STAFF EDUCATION:

Orientation of registered nurses (RNs) with primary responsibility for oncology patients includes attendance of a two day Chemotherapy Competency Course, forty hours of one-to-one training at the Oncology Infusion Center, and review and development of relevant oncology policies and procedures. All registered nurses working with oncology patients are also evaluated utilizing an oncology competency-based program.

RN's are encouraged to obtain certification by taking the Oncology Nursing Society Certification exam given by the Oncology Nursing Certification Corporation. University Medical Center of El Paso presently has three Oncology Certified nurses (OCN).

ONCOLOGY NURSING SERVICES:

The Medical Unit provides in-patient services to those patients who require hospitalization. This can include symptom management, treatment of infections, pain control or complications associated with their treatment. There are seven dedicated beds for In-patient Oncology patients, three of which are private rooms. The Medical Unit also provides services for the Infusion Center after hours and on the weekend to ensure continuity of care. The nurses are qualified to administer chemotherapy and educate the patients regarding the necessary precautions and the associated side effects. The Medical Unit maintains education materials for patients and staff to include topics dealing with specific cancers, chemotherapy, nutrition, treatment modalities, venous access devices, and other issues related to cancer in both Spanish and English.

INFUSION CENTER SERVICES:

The Oncology Infusion Center is a beautiful state of the art facility with 16 infusion bays. Under the direction of Dr. Javier Corral, and two additional full time Oncologists, the staff at the Infusion Center administered outpatient services to 8362 patient visits in 2020. The Infusion Center is also supported by a full time Social Worker who assists patients with their financial needs as well as available community resources. Social Work staff is assigned to both the in-patient as well as the outpatient setting. The social worker has been instrumental in obtaining grant money to assist with the individual needs of the patients who are in need of additional support. A full range of services is provided to include chemotherapy, preventive IV therapy, Care of the Central Lines, comprehensive patient education, and necessary clinical procedures. In addition, University Medical Center is a member of the Cancer Care Network.

GENETIC COUNSELING:

Genetic risk assessment is provided to breast cancer patients seen at Texas Tech Breast Care Center that meet criteria for testing as per NCCN (National Comprehensive Cancer Network) guidelines. The patients are referred by the oncologists to the nurse practitioner who participated in Intensive Course of Genetic Risk Assessment through the City of Hope in Duarte, CA. Most of the patients meet criteria for testing. Following a formal genetic assessment, the patients are tested. Results are provided to the patients by the NP or the oncologist when the patient is seen at time of follow up. Recommendations for each patient are made by the oncologist at the time of follow up.

CLINICAL TRIALS

University Medical Center, in collaboration with Texas Tech University Health Sciences Center, conducts clinical trial and clinical research activities to ensure that patient care approaches the highest possible level of quality.

Participation in cancer-related clinical research demonstrates that an independent peer-review mechanism consistent with national standards is in place and used. Research projects involving participation with human subjects must be approved by an internal or external institutional review board (IRB). Patients that participate in clinical trials provide informed written consent.

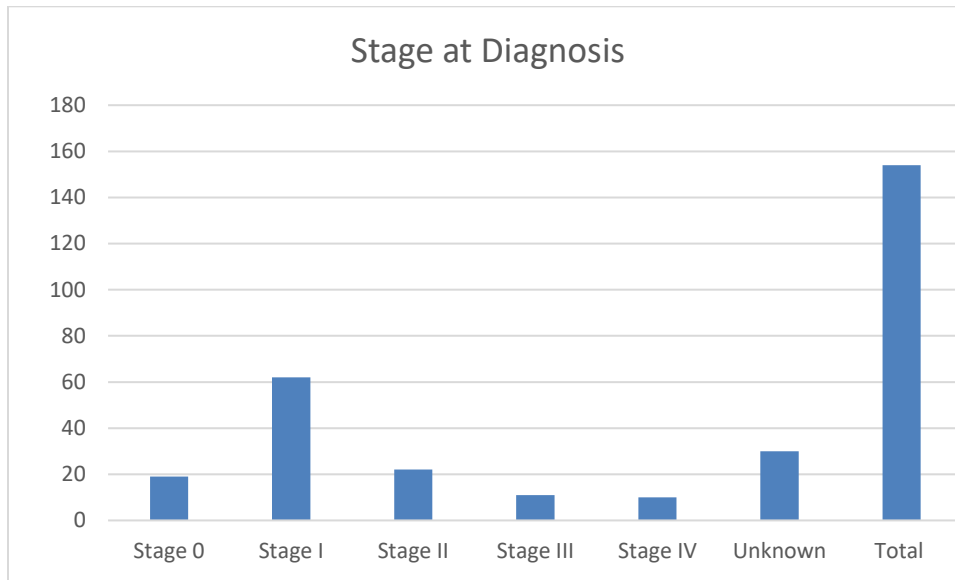
Patients eligible for clinical trials and clinical research activities are seen at our program for:

- Diagnosis and/or treatment and placed in a cancer-related clinical trial through the program;
- Diagnosis and/or treatment and placed in a cancer-related clinical trial through the office of a staff physician;
- Diagnosis and/or treatment and placed in cancer-related clinical trial through another program (referral); or
- Any reason and placed in a cancer prevention or cancer control clinical trial.

A data manager/clinical research professional is available at University Medical Center and at Texas Tech University HSC to assist with enrolling patients, ensuring that patients meet eligibility criteria, monitoring patient accrual, and identifying and providing information and education about new cancer-related clinical trials. Patient accrual is monitored and reported to the cancer committee by the clinical research representative. In 2021, our program was able to participate in the PDSA Return to Screening Study through NAPBC. Due to a decrease in screening during the Covid-19 pandemic, the Commission on Cancer and NAPBC worked with local programs to encourage a return to screening. Participation in this study helped us meet the current requirement for clinical trial accrual for 2021. As we move forward, UMC and TTUHSC continue to strive to work toward providing availability of clinical trials to our patients.

Statistical Review 2020 Data

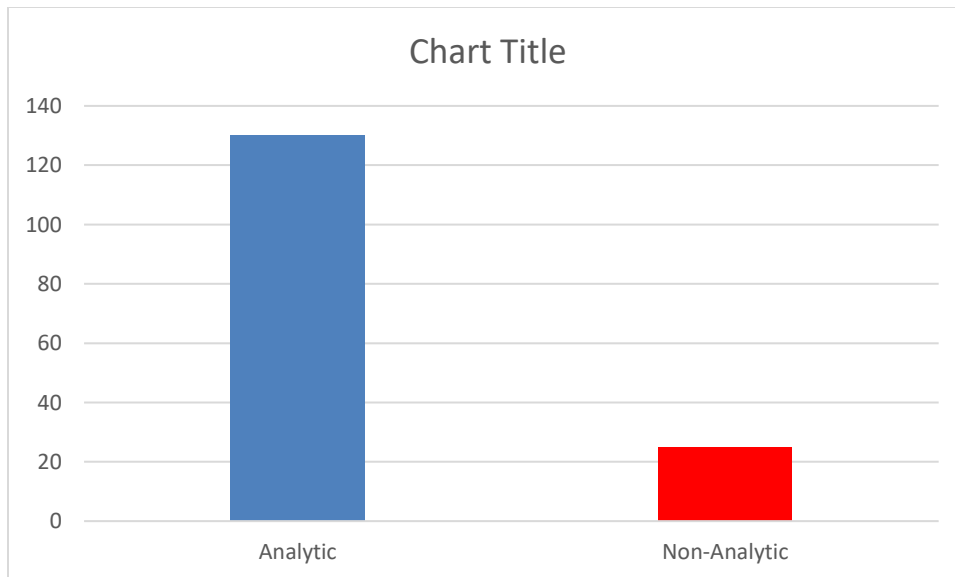
Stage at Diagnosis



Stage 0	Stage I	Stage II	Stage III	Stage IV	Unknown	Total
19	62	22	11	10	30	155

*One case, stage 88, no staging schema applicable

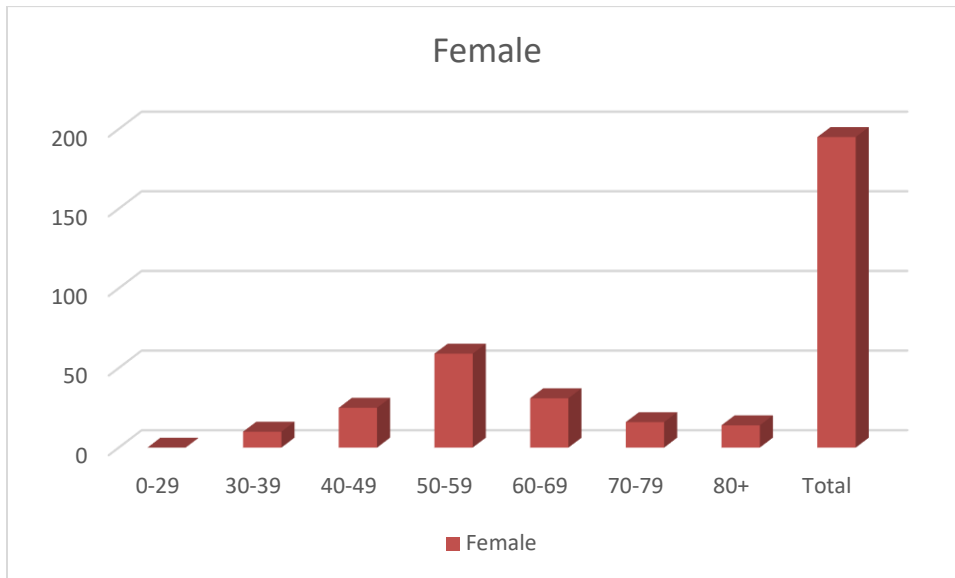
Total Breast Cancer Caseload 2020



Analytic	Non-Analytic	Total
130	25	155

Age at Initial Diagnosis

2020 Data



Age	Male	Female	Total
0-29	0	0	0
30-39	0	10	10
40-49	0	25	25
50-59	0	59	59
60-69	0	31	31
70-79	0	16	16
80+	0	14	14
Total	0	155	155

Serratus Anterior Nerve Block Abstract

Background: The use of narcotics as a primary mode of pain control post-operatively poses the risk of significant complications and adverse effects. The primary objective of this study is to determine if an ultrasound guided Serratus Anterior nerve block in patients undergoing mastectomy, with or without secondary procedures, will require fewer narcotics and have greater pain control post-operatively than those on a standard multi-modal pain management regiment. The secondary objective of this study is to assess the impact on hospital stay and number of emergency department visits for post-operative pain related complications.

Methods: This is a prospective randomized control trial of women who had undergone unilateral or bilateral mastectomies for any cause, with or without reconstruction, between 11/5/2019 to 10/31/2021. 59 patients (N=59) are enrolled in the study. The patients were randomized into two groups; one receiving a nerve block (0.25% Bupivacaine or 0.375% Ropivacaine), and the other group the standard pain regiment. The standard pain regiment utilized was Acetaminophen 650mg PO q8hr and Ibuprofen 800mg PO q6-8hr, without any routine narcotics. The patients were observed throughout their hospitalization, with their pain assessed using the standard 10-point scale. The primary outcome noted was frequency of narcotics required in the immediate post-operative period, upon discharge, and at their post-operative follow up. The secondary outcomes reported were duration of hospital stay and post-operative visits to the Emergency Department.

Results: 31 patients received an ultrasound guided Serratus Anterior block and 28 the standard therapy. A total of 17 patients underwent subsequent reconstruction. Five out of the 31 patients (16%) who received the nerve block required narcotics for breakthrough pain during their hospital stay. Four out of the 28 patients (14%) who did not receive the nerve block required narcotics while admitted into the hospital. Seven patients in the nerve block group required a hospital stay longer than 24 hours, whereas five patients in the control group required the same. Three patients in the no block group (11%) and four patients (13%) in the nerve block group received a prescription for narcotics upon discharge. Two patients in the nerve block group presented to the Emergency Department due to post-operative pain related complications. Whereas four patients in the no block group presented to the ED postoperatively. However, these four patients presented primarily due to causes unrelated to post-operative pain.

Conclusion: The Serratus Anterior nerve block provides no greater control of post-operative pain or reduce the number of narcotics required to manage pain post-operatively when compared to standard multimodal pain management. Overall there were no differences found between the two groups when assessing duration of hospital stay due to uncontrolled pain, likelihood of being discharged with a prescription for narcotics, or returning to the Emergency Department due to uncontrolled post-operative pain. Though the results of this study might appear discouraging, it should be noted that during this study no routine narcotic prescriptions were provided, which can be inferred to deem them unnecessary routinely in the care of these patients.

GLOSSARY OF TERMS

Class of Case	A determination of the patient's diagnostic and treatment status at first admission to University Medical Center of El Paso.
Analytic	Cases which were first diagnosed and/ or received all or part of their first course of treatment at UMC.
Non-Analytic	Cases diagnosed and received entire first course of treatment prior to admission to UMC, cases diagnosed at autopsy.
First Course	The initial course of tumor-directed treatment, or series of treatments, usually initiated within the first four months after diagnosis.
AJCC	American Joint Committee on Cancer
ACoS	American College of Surgeons
NAPBC	National Accreditation Program for Breast Centers
NCDB	National Comprehensive Cancer Network
CoC	Commission on Cancer
CAP	College of Pathologists