2022

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 2022.

A total of 149 breast primaries were evaluated and treated in both institutions during 2022. 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.

As we move forward in a post pandemic world, we continue to find ways to provide the best possible

care for our patients. We continue to encourage and provide opportunities to our patients to obtain

regular screening for early detection.

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 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 Director

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MEMBERS OF THE 2022 BREAST PROGRAM LEADERSHIP

Alonso Andrade, MD, Breast Program Director

Breast Surgery

Roberto Gamez, MD

Pathology

Sumit Gaur, MD Medical Oncologist

Sandra Alderete, RN Patient Navigator

Stephanie Nemir, MD Plastic Surgery

Monica Cordova, MD

Social Worker

Martha Armendariz, CTR

Tumor Registrar

Anuradha Gupta, MD Radiation Oncology

Lindsey Compton, MD

Radiology

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

Rene Vallejo

Program Adminstrator

Melissa Gonzalez, 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 2022, there were 15 Breast Cancer Conferences held with a total of 59 patients being presented. During the 2022 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 87%, 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.

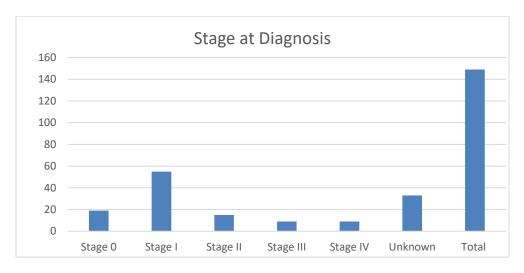
Patients eligible for clinical trials and clinical research activities are seen at our program for:

- 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 2020, there was a total accrual of 25 breast cancer patients into clinical trials. Due to COVID-19 and pandemic restrictions, there was a decrease in total enrollment for all clinical trials.

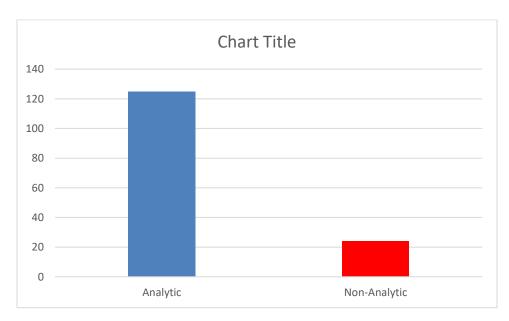
Statistical Review 2022 Data

Stage at Diagnosis



| Stage 0 | Stage I | Stage II | Stage III | Stage IV | Unknown | Total |
|---------|---------|----------|-----------|----------|---------|-------|
| 19 | 55 | 15 | 9 | 9 | 33 | 149 |

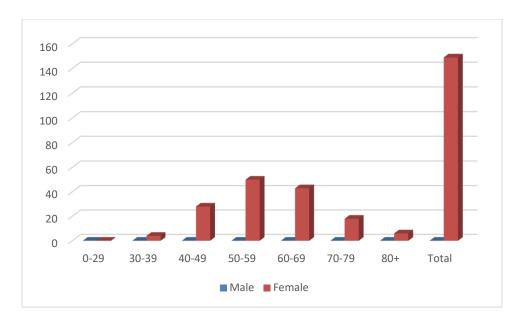
Total Breast Cancer Caseload 2022



| Analytic | Non-Analytic | Total |
|----------|--------------|-------|
| 125 | 24 | 149 |

Age at Initial Diagnosis

2022 Data



| Age | Male | Female | Total |
|-------|------|--------|-------|
| 0-29 | 0 | 0 | 0 |
| 30-39 | 0 | 4 | 4 |
| 40-49 | 0 | 28 | 28 |
| 50-59 | 0 | 50 | 50 |
| 60-69 | 0 | 43 | 43 |
| 70-79 | 0 | 18 | 18 |
| 80+ | 0 | 6 | 6 |
| Total | 0 | 149 | 149 |

Assessing Distress Amongst Breast Cancer Patients Treated at Breast Cancer Center

Background:

Distress is a multifactorial unpleasant experience of a psychological, emotional, spiritual and physical nature which can interfere with a patient's ability to cope with a diagnosis of cancer and its treatment. Major professional organizations recommend distress assessment and management in cancer patients.

Problem Statement:

During the month of August, September and October 2022, an audit of all new breast cancer patient and patients on active therapy showed that none had a distress screen recorded in their EMR charts.

Baseline Data Summary:

| Item | Description |
|--|---|
| Measure: | New breast cancer patients and patients on active antineoplastic agents who have distress assessment documented in EMR. |
| Calculation methodology: (i.e. numerator & denominator) | Numerator: Patients who had a distress assessment documented. Denominator: Total number of new patients and patients on active anti-neoplastics seen at BCC. |
| Data source: | Texas Tech EMR |
| Data collection frequency: | Monthly (August/September/October) |

Aim Statement:

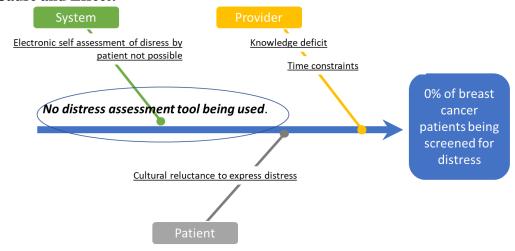
To increase the proportion of patients screened for distress and emotional wellbeing from 0.0% to 50 % by June 2023.

Team Members:

Team leader:Sumit Gaur, MD, Medical Oncologist

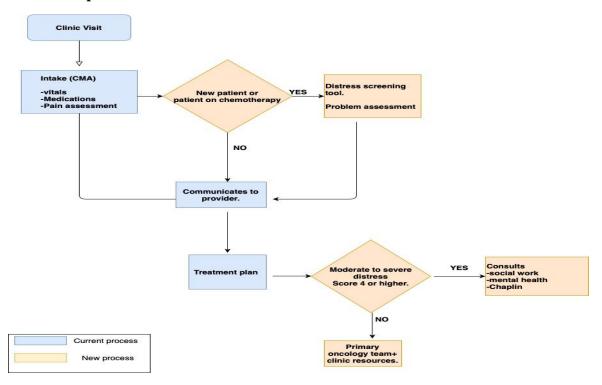
Team Members: Sandra Alderete, RN, Head Nurse, Rosalinda Heydarian, NP

Cause and Effect:



• We felt including a distress assessment tool during patient visit would be the most effective way of improving distress assessment.

Process Map:



| Next Steps | Owner |
|---|--------------------------|
| All CNAs assigned to medical oncology will be trained on administering the distress screen. | S. Alderete, R Heydarian |
| New oncologists joining the division will be invited to participate in this ongoing QI project | S. Gaur |
| Work with IT to see if electronic capture of distress feasible in our EMR | S. Alderete. |

Distress Assessment Tool:

Distress Thermometer / Termómetro de Angustia

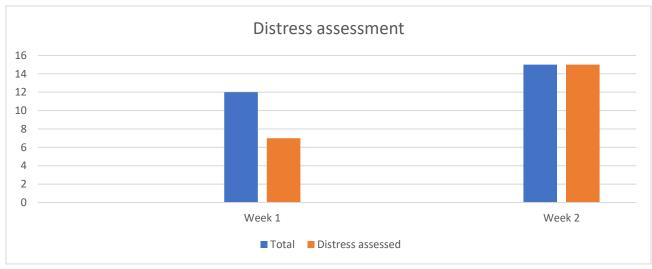
Instrucciones: Por favor circule el número (1-10) que major Instructions: Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today. describa la cantidad de angustia que esta exprimentando durante esta semana incluyendo el dia de hoy. PROBLEM LIST
Please indicate if any of the following has been a problem for you in the past week including today.
Be sure to check YES or NO for each.
YES NO Practical Problems
Housing
Housi Lista de Problemas Per faver de indicar si ha presentade alguno de los siguientes problemas durante la semana incluyendo et día de hoy. Asegurece de marcar SI o NO en cada uno de ellos. SI NO PROBLEMAS FISICOS

De apariencia
Para Bañarse/Vestiris
En la Respiración
Cembies en la Miccian/Drinar/Pipí
Constipación/Estrefimimento
Diarres
Fatiga
Sentires Hinchado
Fiebre
Indiguestión
Memoris/Cencentración
Ulcaras en la Boca
Náuseas
Náuseas
Náuseas
Náuseas
Para Keverse
De a Misuseas
Para Meverse
De a Misuseas
Para Meverse
De para Meverse
Descaración Descaración
Descaración Descaración
Descaración Descaráción
Descaración Descaración Descaráción
Descaración Desc Extreme Distress 10 -SI NO Problemas Prácticos SI NO PROBLEMAS FISICOS Extrema Angustia 9 -8 – 7 -SI NO Problemas Familiares 6 -Relación con los niños
Relación con la pareja
Capacidad para tener hijos
Problemas de salud familiar SI NO Problemas Emocionales Nausea
Nose dry/congested
Pain
Sexual
Skin dry/itchy
Sleep
Substance use
Tingling in hands/feet 2 -No Distress No Angustia ☐ Espiritual/Preocupaciones
Religiosas □ □ Spiritual/religious concerns Other Problems: Otros Problems : __

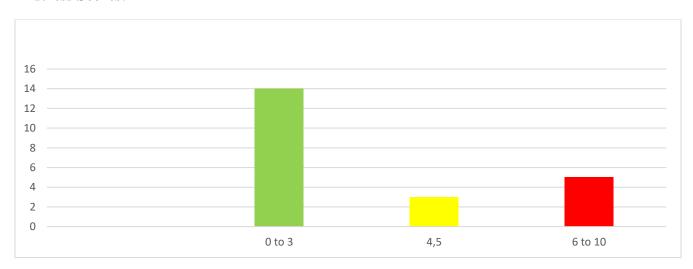
Test of Change, PDSA Plan:

| Date | PDSA Description | Result |
|---------------------------------------|--|--|
| March 8 th 2023 – ongoing. | Administration of NCCN adapted distress assessment tool in PI clinic | 84.1% of the patients had distress assessment documented in their charts |

Distress Assessment:



Distress Scores:



Sustainability Plan

| Next Steps | Owner |
|--|----------------------|
| Identify social workers, behavioral therapists/psychiatrist/psychologist/chaplins to refer patients to | S Alderete, S Gaur |
| Continue weekly monitoring of implementation of distress screen and documentation of action taken for scores 4 and higher. | R Heydarian |
| Distress screening to be eventually extended to all oncologists clinic visits | S.Gaur, S Alderette. |

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