

# 2018 Cancer Committee Report to the Community

## Cancer Committee

The Cancer Committee at Southern New Hampshire Health (SNHH) is dedicated to providing comprehensive cancer care. Committee members meet quarterly and represent diverse medical and surgical disciplines, including: oncology, surgery, pathology, radiology, nursing, physical and occupational therapy, nutrition, and more. Community education, quality and safety, and community partnerships also have an important place at the table.

## Our Affiliation with Massachusetts General Hospital

Our affiliation with Massachusetts General Hospital (MGH) assures our patients quick access to highly skilled specialists, the newest clinical trials, and shared test and treatment options. Learn more about our [MGH affiliation](#).

## Community Outreach Activities

The Greater Nashua Community Needs Assessment identified the greatest needs and priorities for cancer prevention as tobacco prevention and increasing colorectal cancer screening. In response, under direction of the cancer committee, the following cancer prevention and screening activities occurred:

**Cancer Prevention Programs:** To identify risk factors within the community.

- ✓ Implemented **Birthday Reminder Messages** to encourage people to schedule their annual screenings.
- ✓ Created **12 cancer-specific posts** on social media sharing knowledge and inviting

- ✓ Celebrated 'Pink Mondays' in October to raise awareness among staff and patients about **breast cancer**.
- ✓ Sponsored cancer-related awareness/fundraising events.

**Cancer Screening Programs:** To detect cancers at an early stage which improves likelihood of increased survival and decreased mobility and decrease the number of patients with late-stage disease:

- ✓ Offered free skin cancer screenings in June 2018.
- ✓ Collaborated with Greenbriar Healthcare to offer lung screenings to those attending Breathe New Hampshire's March 2018 Legislative Breakfast.
- ✓ Sponsored Breathe New Hampshire's events.

## Cancers Associated with Tobacco Use

### Tobacco Use Disorder Treatment

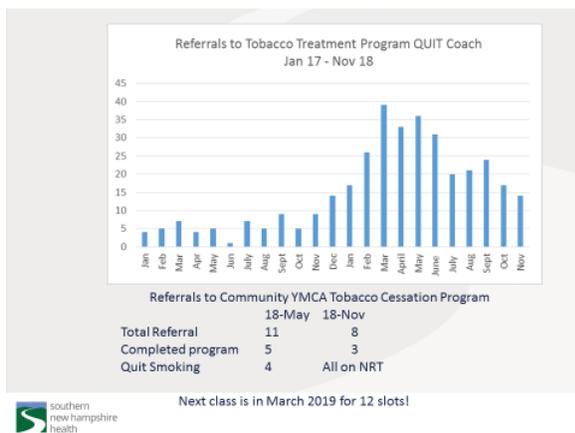
What used to be called smoking cessation is now TUD-Tx. Why? Because this is a chronic relapsing disease, similar to diabetes, hypertension, COPD (Chronic Obstructive Pulmonary Disease) and any other SUD (substance use disorder); and thus needs to be treated as such for ongoing success/outcomes for the recovered smoker.

Use of combustible tobacco products – cigarettes, cigars, etc – remains the # 1 cause of premature death and disability in the USA. New Hampshire is no exception. But treatment can be successful and has been in SNHH's multidisciplinary programs over the years. We hope to enhance our efforts to treat this disease

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in this year of CDC/OSH’s “Year of Cessation”. This effort is for all TUD folks, but especially those that end up in the hospital, those with comorbid cancers, heart, vascular and lung diseases.

Over the last 2.5 years we have initiated a “one click” referral to New Hampshire’s version of the national quit line (1-800-QUIT-NOW), which includes a tobacco treatment specialist (TTS), counseling, and nicotine replacement therapy (NRT). There is opportunity to enhance TUD treatment options. In cooperation with the Nashua YMCA, we initiated a pilot community program, which we hope to enhance in the future with inpatient to outpatient and community practice referral to TTS as outpatients, individually and/or in the “Y” group. As shown here, we have seen an increase in the number of referrals to the QUIT line and the community YMCA program.



Lung cancer screening is another important component to reducing lung cancer diagnoses and deaths. To learn more about our Lung Cancer Screening Program, as a designated lung cancer screening center of the American College of Radiology, talk to your doctor or visit

To quit smoking, call the NH Tobacco Quit line at 1-800-QUIT-NOW (1-800-784-8669.)

## Colon Cancer

### Colon Cancer Site Study

In an effort to determine compliance to nationally recognized best practices, a focus study was conducted on colon cancer treatment. The benefits of adjuvant chemotherapy have been demonstrated in stage III disease. Utilizing information derived from our in-house cancer database, pathology reports, and our electronic medical record, the site study focused on detection, treat primary lesion (complete lymphovascular resection), staging, adjuvant therapy, and surveillance. Cases were compiled from 2017 data at SNHMC, then assessed for compliance with 2018 National Comprehensive Cancer Network (NCCN) Guidelines for Adjuvant Therapy Treatment for stage III Colon Cancer. There were 28 colon cancer patients included in the study. SNHMC noted 100% compliance with NCCN guidelines 2018 Recommendations for adjuvant treatment for Stage III Colon cancers.

### Risk Assessment Services

#### An Increase in Genetic Counseling and Risk Assessment Services Helps to Identify Risk of Future Cancer

In partnership with MGH, cancer risk assessment and genetic counseling are performed by a certified genetic expert. Patients have access to an MGH genetic counselor for 4 clinic sessions per month. “STAT” visits are available as needed. All genetic consultations are reviewed by the MGH Physician Director and staff on a weekly basis. Genetic counseling

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is offered for patients with Breast Cancer, Ovarian Cancer, Gastrointestinal Cancer, Von-Hippel Lindau, Familial Renal Cell Cancer, Melanoma, Endocrine Tumors, Neuro-Oncology, and Prostate Cancer.

We saw 167 referrals to genetic counseling, with a year-over-year increase of 44 referrals. This was mostly due to enhanced patient access. We have also seen decrease in cancellation rates and need for “urgent” requests since offering weekly services.

## Breast Cancer Detection

### Timeliness of Care: It’s All about Putting Patients First

The deNicola Breast Center is a proud member of the National Quality Measures for Breast Centers (NQMBC), a quality initiative of the National Consortium of Breast Centers. The Breast Center inputs and tracks quality measures to ensure and improve high quality care for our patients. Results show time to KEY procedures are better than the national NAPBC benchmark.

- Waiting for repeat mammogram causes patient anxiety. Our Mammogram Tracking Team prioritizes the booking of repeat mammogram.

- Our Breast Health Coordinator streamlines patient flow so patients are evaluated by the Breast Health Nurse Practitioner AND Breast Biopsy performed on the same day. This was identified as a BEST practice initiative by the NAPBC.
- Our Breast Health Nurse Practitioner works with the patient and the Breast Surgeon to facilitate a timely Breast Surgical Procedure.
- Purchased state of the art equipment to allow for better 3D imaging, and a reduction in radiation dose in mammography.

## Palliative Care

### Inpatient Palliative Care Rounds Met With Success

In August 2018, Dr Jason Koch joined the Palliative Care Team at SNHH. Palliative Care Program treats symptoms and relieves suffering for anyone with a serious illness. Palliative care rounding on the inpatient units as well as providing palliative care education to the healthcare team has helped to identify patients earlier and streamline referrals if needed. As shown below, we have seen an increase palliative care referrals resulting from multidisciplinary effort to improve patient access to palliative care services.