

UConn HEALTH

2016
CANCER PROGRAM
ANNUAL REPORT

TABLE OF CONTENTS

2015 Cancer Committee Members.....

Reports:

Cancer Data Management.....

Top Ten Primary Sites of 2015.....

Top Five Primary Sites of 2015.....

2015 Annual Primary Site Distribution Summary.....

2015 Quality/Patient Improvement Study:

Quality/Patient Improvement Study, Theresa Creamer, MS, RD, CDN.....

2015 CANCER COMMITTEE MEMBERS/DEPARTMENTS

Chairman:

Dr. Susan Tannenbaum

Physician Members:

Dr. Robert Dowsett

Dr. Ellen Eisenberg

Dr. Upendra Hegde

Dr. Jayesh Kamath

Dr. Douglas Gibson

Dr. Melinda Sanders

Dr. Pramod Srivastava

Dr. Christina Stevenson

Non-Physicians:

Sheri Amechi

Sarah Loschiavo

Marie Ziello

Theresa Creamer

Christopher Niemann

Petra Rasor

Caryl Ryan

Morgan Hills

Robin Schwartz

Wendy Thibodeau

Nancy Baccarro

Alyce Ivey

Christine Kaminski

Leslie Bell

Amber Tillinghast

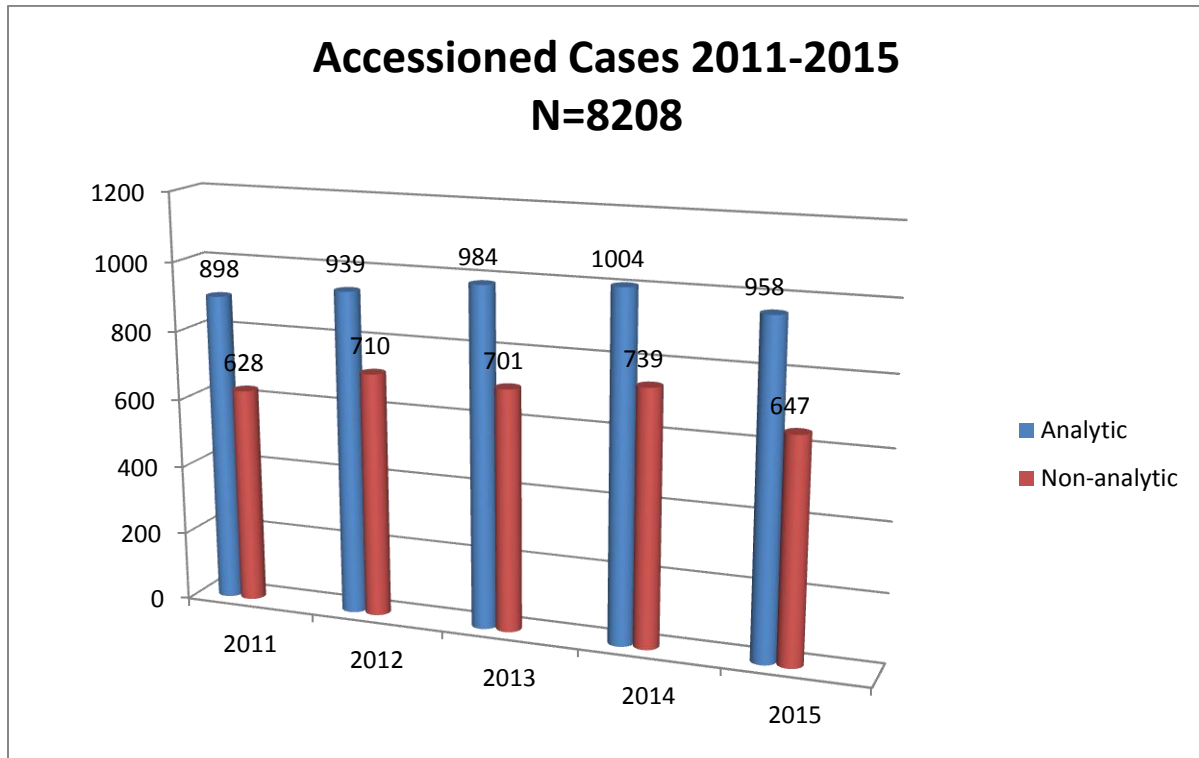
Wanita Thorpe

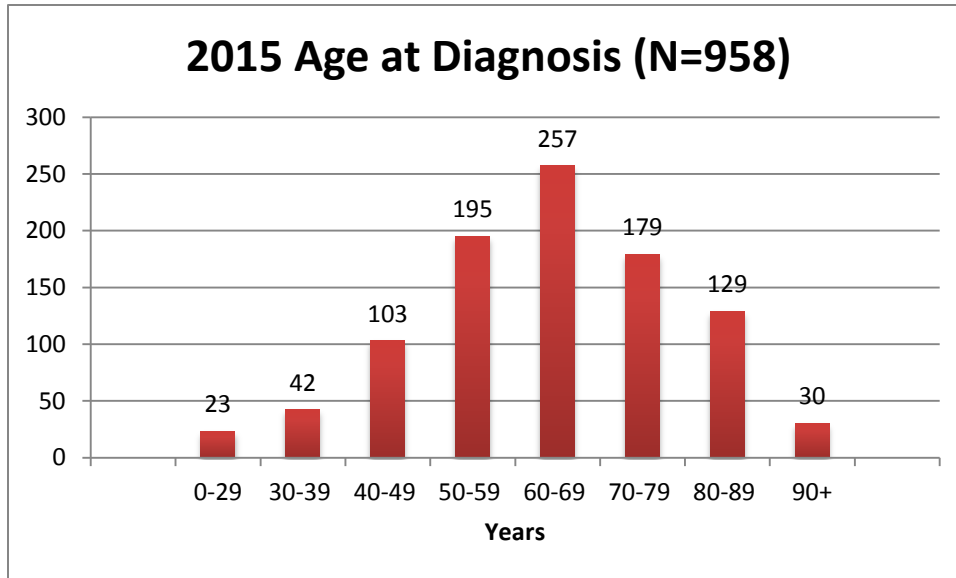
Ellen Shaw

CANCER DATA MANAGEMENT

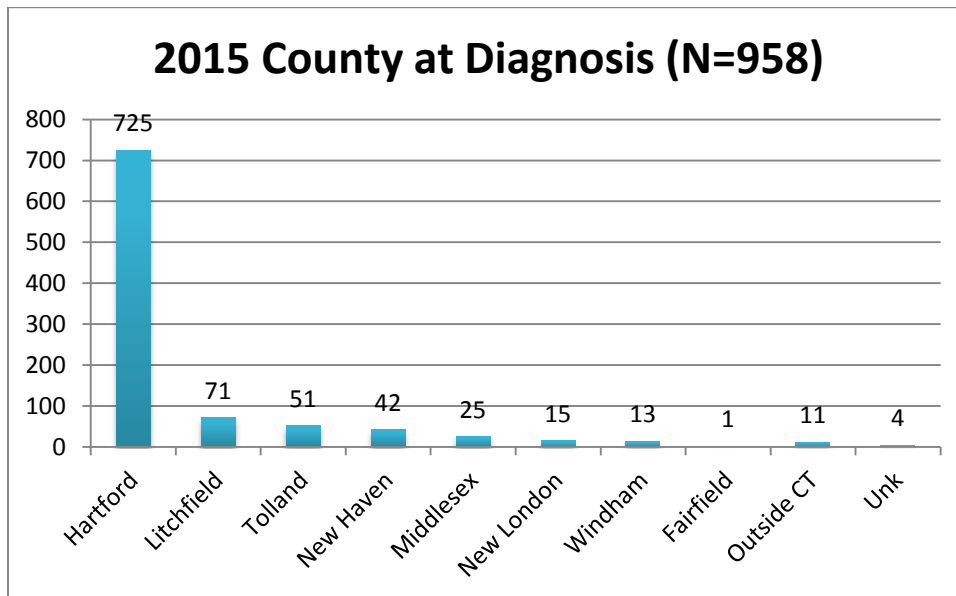
Cancer Data Management is a required component of all cancer programs accredited by the Commission on Cancer (CoC). In 2015, there were 1,605 cases accessioned into the cancer registry. Of this total, 958 cases were newly diagnosed or analytic cases.

Cancer Data Management provides the means to collect demographics, staging, treatment, and follow-up of each case of cancer seen at UConn Health. Data processed by the cancer registry is used to produce data reports requested by administration and by the medical staff. All rules established by HIPAA are observed. There were 16823 cases in the cancer registry database as of November 15, 2016. The 2015 follow-up rate, which is used in the calculation of survival data was 92% for UConn. The nationwide follow-up rate is 90%. Cancer Data Management is staffed by three full-time CTR's and one full-time Oncology Data Management Technician.



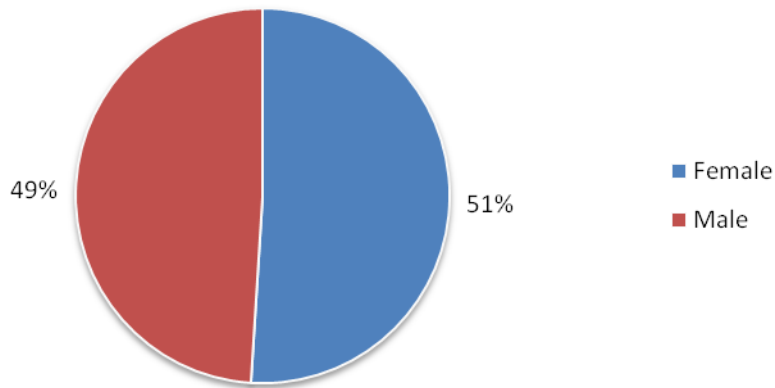


The mean age at diagnosis in 2015 was 63 years of age with patients ranging in age from 18 to 90+ years. Malignancies occurred mostly in the 4th and 5th decade of life.



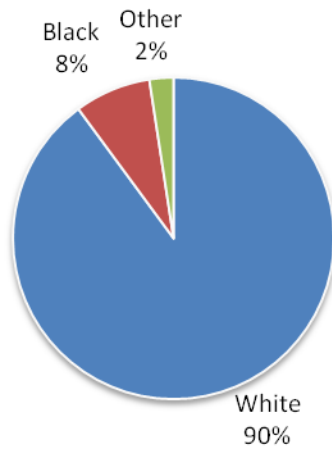
Geographically, the majority of the newly diagnosed patients resided in Hartford County. In 2015, there were 725 patients from Hartford County. This represented 76% of the analytic cases collected.

2015 Gender Distribution (N=958)



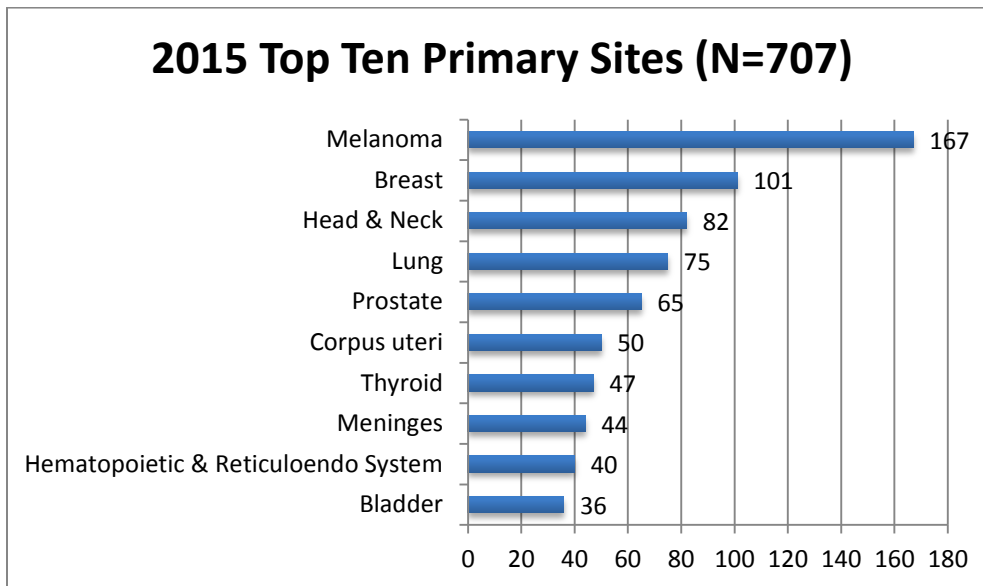
In 2015, there were 491 newly diagnosed female patients which represented 51% of the analytic caseload and 467 newly diagnosed male patients represented 49% of the analytic caseload.

2015 Race Distribution (N=958)



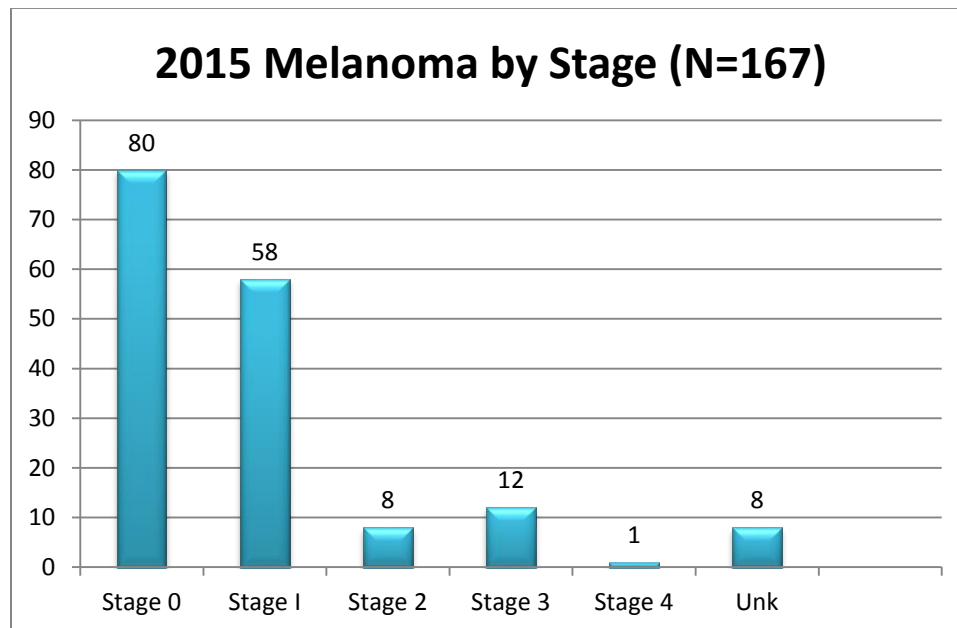
In 2015, there were 854 Caucasian patients, 73 African American, 23 patients listed as other, and 8 were race unknown.

TOP TEN PRIMARY SITES OF 2015

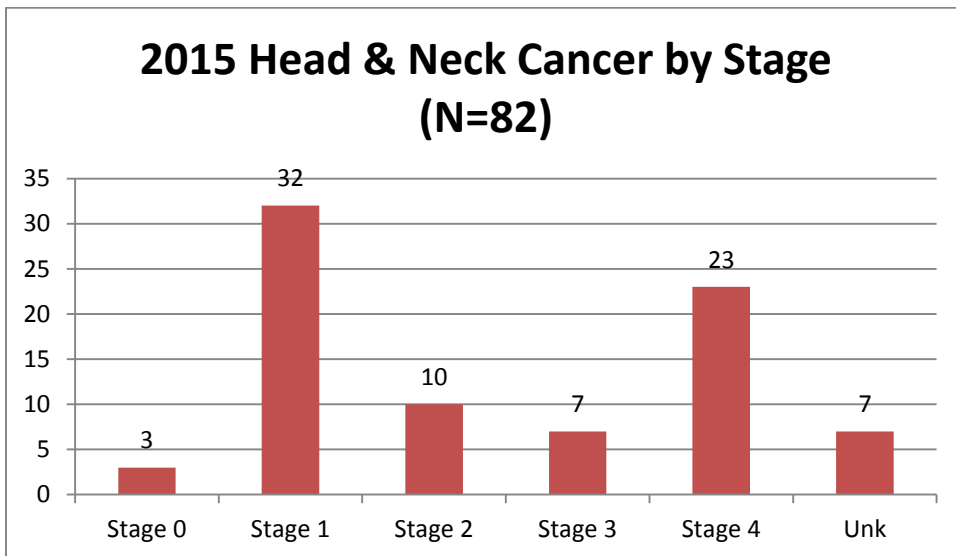
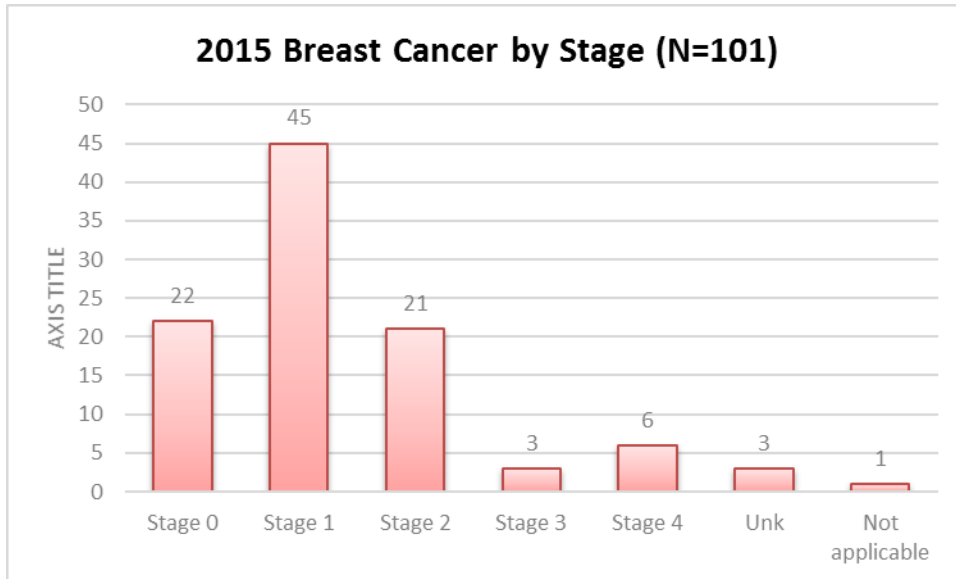


Skin and breast cancers were consistently the first and second most frequent sites of cancer seen at UConn Health. The top ten sites consisted of 75% of the total analytic caseload for 2015.

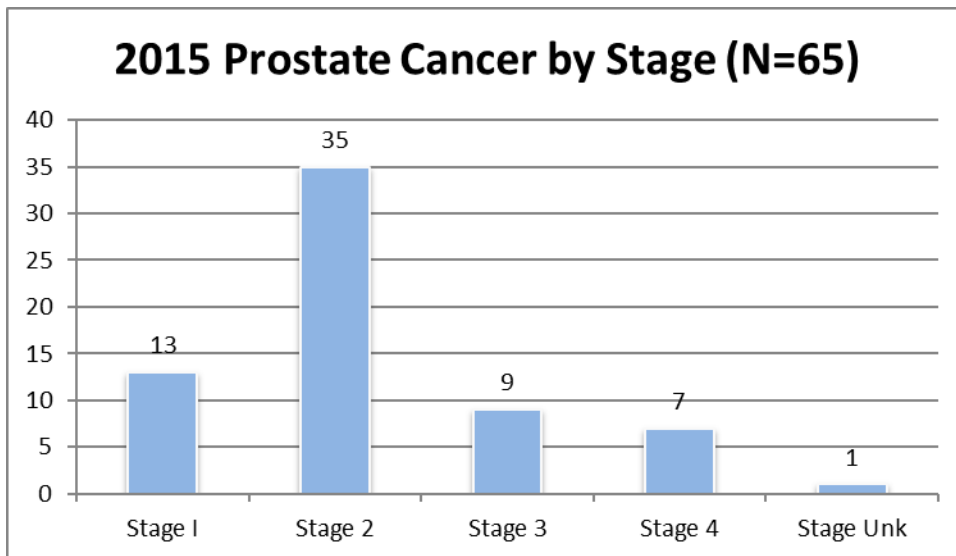
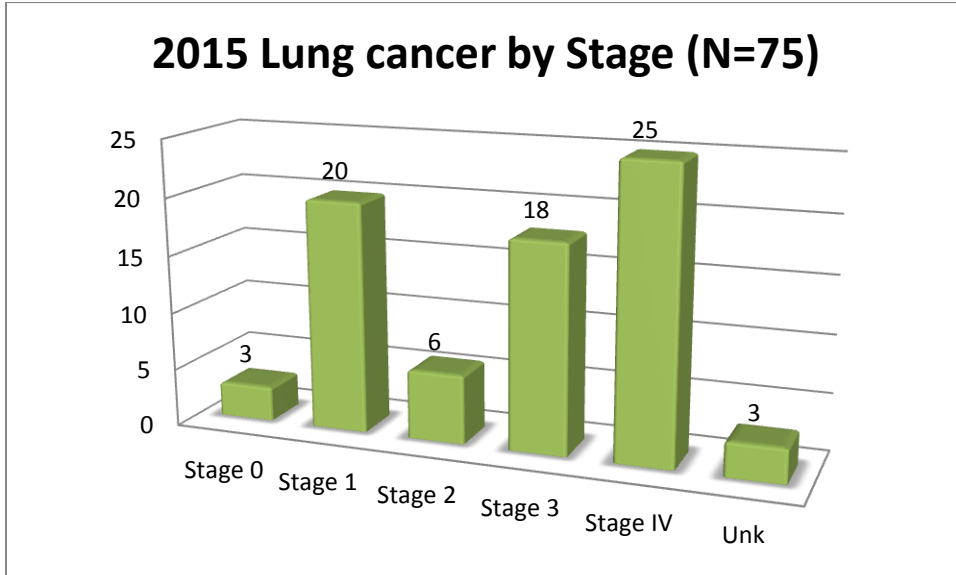
TOP FIVE PRIMARY SITES OF 2015



TOP FIVE PRIMARY SITES OF 2015



TOP FIVE PRIMARY SITES OF 2015



2016 ANNUAL CANCER REPORT

2015 Analytic Primary Site Distribution Summary

A total of 1,605 cases were accessioned into the Cancer Registry for 2015

There were 958 analytic and 647 non-analytic cases

Site	Total	Male	Female	Stg 0	Stg I	Stg II	Stg III	Stg IV	88	Unk
Lip	1	1	0	0	1	0	0	0	0	0
Tongue	26	17	9	0	9	3	2	11	0	1
Salivary Glands	4	2	2	0	1	1	0	2	0	0
Floor of Mouth	4	2	2	0	3	0	0	1	0	0
Gum & Other	19	12	7	1	7	2	3	1	0	5
Tonsil	7	6	1	0	2	1	0	4	0	0
Oropharynx	1	1	0	0	0	0	0	1	0	0
Hypopharynx	6	5	1	0	3	0	2	1	0	0
Esophagus	1	1	0	0	0	0	1	0	0	0
Stomach	9	7	2	0	3	0	1	5	0	0
Small Intestine	3	3	0	0	0	0	2	1	0	0
Colon	35	19	16	11	4	3	9	8	0	0
Rectum	13	9	4	4	2	2	3	1	0	1
Anus	4	3	1	0	0	1	3	0	0	0
Liver & Intrahepatic Bile Duct	11	8	3	0	5	2	1	2	0	1
Other Biliary	4	3	1	0	1	0	0	0	1	2
Pancreas	12	4	8	0	3	3	0	5	0	1
Peritoneum, Omentum, & Mesentery	3	0	3	0	0	0	1	1	0	1
Larynx	14	13	1	2	6	3	0	2	0	1
Lung & Bronchus	75	29	46	3	20	6	18	25	0	3
Bones & Joints	2	2	0	0	1	0	0	0	0	1
Soft Tissue	6	4	2	0	0	3	0	1	1	1
Melanoma- Skin	167	107	60	80	58	8	12	1	0	8
Other Non-Epithelial Skin	9	8	1	0	1	1	0	0	6	1
Breast	101	3	98	22	45	21	3	6	1	3
Cervix uteri	6	0	6	0	2	1	1	2	0	0
Corpus & Uterus, NOS	53	0	53	1	35	3	8	4	0	2
Ovary	18	0	18	0	6	4	5	2	0	1
Vagina	1	0	1	0	0	0	0	0	1	0
Vulva	10	0	10	3	4	2	0	0	0	1
Prostate	65	65	0	0	13	35	9	7	0	1
Testis	4	4	0	0	4	0	0	0	0	0
Other Male Genital Organs	2	2	0	0	2	2	0	0	0	0
Urinary Bladder	36	26	10	12	6	7	2	5	0	4
Kidney & Renal Pelvis	23	16	7	1	10	1	3	8	0	0
Ureter	1	0	1	0	0	0	0	0	0	1
Other Urinary Organs	1	0	1	0	0	0	0	0	1	0
Eye & Orbit	2	1	1	0	0	0	0	0	2	0
Brain	9	4	5	0	0	0	0	0	9	0
Cranial nerves Other Nervous System	46	15	31	0	0	0	0	0	46	0
Thyroid	47	8	39	0	31	5	6	3	0	2
Other Endocrine including Thymus	12	5	7	0	0	1	0	0	11	0
Hodgkin Lymphoma	2	1	1	0	0	1	1	0	0	0
Non-Hodgkin Lymphoma	31	18	13	0	8	5	9	8	0	1
Myeloma	12	9	3	0	0	0	0	0	12	0
Leukemia	14	9	5	0	0	0	0	0	14	0
Mesothelioma	2	1	1	0	0	0	0	2	0	0
Kaposi Sarcoma	1	1	0	0	0	0	0	0	1	0
Miscellaneous	23	13	10	0	1	0	0	0	22	0
Total	958	467	491	140	295	127	105	120	128	43



QUALITY AND PATIENT IMPROVEMENT STUDY

THERESA CREAMER, MS, RD, CDN

DATA MEASURES

- Number of nutrition screens received per month
- Number of patients identified at high, moderate, and low nutrition risk
- Percent of patients at high/moderate risk who were assessed by a Registered Dietitian
- Number of patients assessed by nutrition based on screening alone



UConn Health
 John Dempsey Hospital
 Carole & Ray Neag Comprehensive Cancer Center

(Patient Identification)

Scored Patient-Generated Subjective Global Assessment (PG-SGA)

1. Weight

In summary of my current and recent weight:

I currently weigh about _____ pounds.
 I am about _____ feet _____ inches tall.

One month ago I weighed about _____ pounds
 Six months ago I weighed about _____ pounds

During the past two weeks my weight has:
 decreased (1) not changed (0) increased (0)

BOX 1:

2. Symptoms: I have had the following problems that have kept me from eating enough during the past two weeks (check all that apply):

- no problems eating (0)
- no appetite, did not feeling like eating (3)
- nausea (1)
- vomiting (3)
- constipation (1)
- diarrhea (3)
- mouth sores (2)
- dry mouth (1)
- things taste funny/have no taste(1)
- smells bother me(1)
- problems swallowing (2)
- feel full quickly (1)
- pain (3): where? _____
- fatigue (1)
- other (1) ** _____

** (examples: depression, money, dental problems)

BOX 2:

3. Food Intake: As compared to my normal intake, I would rate my food intake during the past month as:

- unchanged (0)
- more than usual (0)
- less than usual (1)
- I am now taking:
 - normal food but less than normal amount (1)
 - little solid food (2)
 - only liquids (2)
 - only nutritional supplements (3)
 - very little of anything (4)
 - only tube feedings or only fed by vein (0)

BOX 3:

4. Activities and Function:

Over the past month, I would rate my activity as:

- normal with no limitations(0)
- not my normal self, but able to be up and about with fairly normal activities
- not feeling up to most things, but in bed or chair less than half the day(2)
- able to do little activity and spend most of the day in bed or chair(3)
- pretty much bedridden, rarely out of bed(3)

BOX 4:

Dietitian Scoring Form: _____ Date: _____ Time: _____

IMPLEMENTATION



- 1) At risk are those identified as high or moderate risk per the PG-SGA scoring rubric
 2) Clinical Office Assistant

RESULTS

	2015	Q1/Q2 2016
Total PG-SGA screens received	57	135
High risk	11	11
Moderate risk	4	15
At risk patients contacted per policy	12 (80%)	26 (96%)
Consults received for high/moderate risk*	N/A	0

- Patient's identified at nutrition risk by the screening tool were not otherwise referred to nutrition services
- 19-26% of those screened required nutrition assessment after first visit

*Consults tracked starting in 2016

ONGOING QUALITY/PATIENT IMPROVEMENT

- Future projects:
 - Continue evaluation of the screening process to ensure all patients are being screened at their first visit to the Cancer Center
 - Implement follow-up screening throughout treatment
 - Implement screening in Radiation Oncology
 - Integrate nutrition screening into an electronic medical record to streamline the process and improve data collection

REFERENCES

- 1) Ollenschläger G, Viell B, Thomas W, Konkol K, Burger B. Tumor anorexia; causes, assessment, treatment. *Recent Results Cancer Res.* 1991; 121: 249-259.
- 2) Shike M. Nutrition therapy for the cancer patient. *Hematol Oncol Clin N Am.* 1996; 10 (1): 221-234.
- 3) Aapro M, et al. Early recognition of malnutrition and cachexia in the cancer patients: a position paper of a European School of Oncology Task Force. *Ann Oncol* 2014; 25: 1492-9.
- 4) Andreyev HJ, et al. Why do patients with weight loss have a worse outcome when undergoing chemotherapy for gastrointestinal malignancies? *Eur J Cancer.* 1998; 34: 503-9.
- 5) Ross PJ, et al. Do patients with weight loss have a worse outcome when undergoing chemotherapy for lung cancers? *Br J Cancer* 2004; 90: 1905-11.
- 6) Bachmann J, et al. Cachexia worsens prognosis in patients with resectable pancreatic cancer. *J Gastrointest Surg* 2008; 12: 1193-201.
- 7) Isenring EA, Bauer JD, Capra S. Nutrition support using the American Dietetic Association medical nutrition therapy protocol for radiation oncology patients improves dietary intake compared with standard practice. *J Am Diet Assoc* 2007 Mar; 107(3): 404-12
- 8) Bos C., Benamouzig R., Bruhat A., Roux C., Valensi P., Ferriere F., Tome D. Nutritional status after short-term dietary supplementation in hospitalized malnourished geriatric patients. *Clin Nutr.* 2001; 20: 225-233