

2018 CANCER COMMITTEE MEMBERS:

| Role | Name |
|--------------------------------------|-------------------------------------|
| Chair | Vasu Moparty, MD |
| Diagnostic radiologist | J. Douglas Wilson, MD |
| Pathologist | Joe Saad, MD |
| Surgeon | Katrina Emmett, MD |
| Medical oncologist | Cheryl Harth, MD |
| Radiation oncologist | Justin Wray, MD |
| Cancer liaison physician | Inna Shmerlin, MD |
| Cancer program administrator | Allison Vo, MPA/HCA, BSN, RN, OCN |
| Oncology nurse | Grace Shield, MPA/HCA, BSN, RN, OCN |
| Social worker | Kamela Kolander, LMSW |
| Certified tumor registrar | Jeanine Harmon, BS, CTR |
| Palliative care professional | Ronshawda Webb bias, LMSW |
| Genetic professional | Vasu Moparty, MD |
| Community outreach professional | Maiya Bangurah, EMBA |
| Nutrition service professional | Kristen Wilck, RD |
| Pharmacist | Ilka Ratsaphangthong, PharmD |
| Rehabilitation services professional | Jenn Witt, PT, CLT |
| Pastoral care professional | Mary Stewart Hall, BA, MA, MDiv |
| American cancer society professional | Sheena Robertson, BA |
| Quality control professional | Linda Scribner, BA, CPHQ, LSSYB |

COMMITTEE COORDINATORS:

| Role | Name |
|-------------------------------------|----------------------------|
| Cancer conference coordinator | Vasu Moparty, MD |
| Quality improvement coordinator | Charla Gauthier, MPH, CPHQ |
| Cancer registry quality coordinator | Joe Saad, MD |
| Community outreach coordinator | Maiya Bangurah, EMBA |
| Clinical research coordinator | Atisha Manhas, MD |
| Psychosocial services coordinator | Kamela Kolander, LMSW |

MESSAGE FROM CANCER COMMITTEE CHAIR

Cancer Program Reflects Systemwide Care Commitments



Vasu Moparty, MD
Medical Director,
Cancer Program
Methodist Dallas
Medical Center

Since 1973, the cancer program at Methodist Dallas Medical Center has been accredited by the American College of Surgeons Commission on Cancer. Since then, our program has continued to maintain excellence through ongoing benchmarking, quality improvements, and program development that are consistent with the best quality and technology available for cancer care. We continuously monitor our data trends to ensure that services that we provide are valid and reflective of our community's needs. Our robust outreach programs take a proactive approach to preventing and diagnosing disparate populations, and our treatment and navigation programs ensure that every patient has opportunities and resources needed to complete their care.

Recently, our health system introduced a line of care commitments that showcase the meaning of providing compassionate, quality healthcare. These commitments truly embrace what it means to be part of the Methodist Health System family and we are proud to have the opportunity to demonstrate our care commitments within our oncology program.



Vasu Moparty, MD

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2017 Case Summary by Body System, Sex and Best CS/AJCC Stage Report

| Primary Site | CASES | | SEX | | STAGE DISTRIBUTION - ANALYTIC CASES ONLY | | | | | |
|--|-------------|------|--------|-------|--|--------|---------|--------|-----|-----|
| | Total (%) | Male | Female | Stg 0 | Stg I | Stg II | Stg III | Stg IV | N/A | Unk |
| ORAL CAVITY AND PHARYNX | 48 (4.8%) | 32 | 16 | 2 | 11 | 5 | 8 | 19 | 0 | 3 |
| Tongue | 14 (1.4%) | 9 | 5 | 1 | 3 | 1 | 4 | 3 | 0 | 2 |
| Salivary glands | 3 (0.3%) | 1 | 2 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| Floor of mouth | 3 (0.3%) | 1 | 2 | 0 | 2 | 0 | 0 | 1 | 0 | 0 |
| Gum and other mouth | 20 (2.0%) | 14 | 6 | 1 | 5 | 2 | 2 | 9 | 0 | 1 |
| Nasopharynx | 1 (0.1%) | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Tonsil | 6 (0.6%) | 6 | 0 | 0 | 0 | 1 | 2 | 3 | 0 | 0 |
| Oropharynx | 1 (0.1%) | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| DIGESTIVE SYSTEM | 352 (35.2%) | 200 | 152 | 7 | 95 | 97 | 48 | 59 | 23 | 23 |
| Esophagus | 8 (0.8%) | 5 | 3 | 0 | 2 | 1 | 1 | 3 | 0 | 1 |
| Stomach | 16 (1.6%) | 10 | 6 | 0 | 1 | 2 | 2 | 8 | 0 | 3 |
| Small Intestine | 13 (1.3%) | 8 | 5 | 0 | 0 | 1 | 2 | 0 | 8 | 2 |
| Colon, excluding rectum | 69 (6.9%) | 36 | 33 | 4 | 9 | 17 | 16 | 17 | 0 | 6 |
| Rectum and rectosigmoid | 19 (1.9%) | 11 | 8 | 1 | 1 | 4 | 5 | 5 | 1 | 2 |
| Anus, anal canal, and anorectum | 1 (0.1%) | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Liver and intrahepatic bile duct | 131 (13.1%) | 85 | 46 | 0 | 71 | 29 | 15 | 8 | 3 | 5 |
| Gallbladder | 3 (0.3%) | 0 | 3 | 0 | 0 | 0 | 1 | 2 | 0 | 0 |
| Other biliary | 17 (1.7%) | 11 | 6 | 0 | 2 | 4 | 4 | 1 | 2 | 4 |
| Pancreas | 69 (6.9%) | 34 | 35 | 2 | 9 | 38 | 2 | 14 | 4 | 0 |
| Retroperitoneum | 1 (0.1%) | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Other digestive organs | 5 (0.5%) | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 5 | 0 |
| RESPIRATORY SYSTEM | 92 (9.2%) | 52 | 40 | 0 | 19 | 8 | 12 | 47 | 4 | 2 |
| Nose, nasal cavity, and middle ear | 2 (0.2%) | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Larynx | 5 (0.5%) | 5 | 0 | 0 | 1 | 0 | 1 | 3 | 0 | 0 |
| Lung and bronchus | 85 (8.5%) | 47 | 38 | 0 | 18 | 8 | 11 | 44 | 3 | 1 |
| BONES & JOINTS | 4 (0.4%) | 3 | 1 | 0 | 0 | 0 | 0 | 1 | 2 | 1 |
| Bones and joints | 4 (0.4%) | 3 | 1 | 0 | 0 | 0 | 0 | 1 | 2 | 1 |
| SOFT TISSUE | 5 (0.5%) | 2 | 3 | 0 | 2 | 0 | 0 | 1 | 0 | 2 |
| Soft tissue, including heart | 5 (0.5%) | 2 | 3 | 0 | 2 | 0 | 0 | 1 | 0 | 2 |
| SKIN EXCLUDING BASAL & SQUAMOUS | 8 (0.8%) | 6 | 2 | 1 | 3 | 3 | 0 | 1 | 0 | 0 |
| Melanoma, skin | 8 (0.8%) | 6 | 2 | 1 | 3 | 3 | 0 | 1 | 0 | 0 |
| BREAST | 156 (15.6%) | 3 | 153 | 26 | 61 | 43 | 15 | 5 | 0 | 6 |
| Breast | 156 (15.6%) | 3 | 153 | 26 | 61 | 43 | 15 | 5 | 0 | 6 |

| Primary Site | Total (%) | Male | Female | Stg 0 | Stg I | Stg II | Stg III | Stg IV | N/A | Unk |
|---------------------------------------|-----------|------|--------|-------|-------|--------|---------|--------|-----|-----|
| FEMALE GENITAL SYSTEM | 34 (3.4%) | 0 | 34 | 0 | 5 | 3 | 8 | 6 | 3 | 9 |
| Cervix uteri | 5 (0.5%) | 0 | 5 | 0 | 0 | 2 | 3 | 0 | 0 | 0 |
| Corpus and uterus, NOS | 17 (1.7%) | 0 | 17 | 0 | 5 | 1 | 1 | 0 | 3 | 7 |
| Ovary | 7 (0.7%) | 0 | 7 | 0 | 0 | 0 | 2 | 4 | 0 | 1 |
| Vagina | 2 (0.2%) | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 0 | 0 |
| Vulva | 1 (0.1%) | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Other female genital organs | 2 (0.2%) | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| MALE GENITAL SYSTEM | 87 (8.7%) | 87 | 0 | 0 | 8 | 50 | 6 | 14 | 1 | 8 |
| Prostate | 81 (8.1%) | 81 | 0 | 0 | 8 | 49 | 6 | 14 | 0 | 4 |
| Testis | 5 (0.5%) | 5 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 4 |
| Other male genital organs | 1 (0.1%) | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| URINARY SYSTEM | 72 (7.2%) | 44 | 28 | 8 | 21 | 10 | 11 | 7 | 0 | 15 |
| Urinary bladder | 28 (2.8%) | 20 | 8 | 7 | 7 | 7 | 1 | 2 | 0 | 4 |
| Kidney and renal pelvis | 40 (4.0%) | 20 | 20 | 0 | 14 | 2 | 8 | 5 | 0 | 11 |
| Ureter | 2 (0.2%) | 2 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| Other urinary organs | 2 (0.2%) | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 |
| BRAIN AND OTHER NERVOUS SYSTEM | 35 (3.5%) | 11 | 24 | 0 | 0 | 0 | 0 | 0 | 35 | 0 |
| Brain | 9 (0.9%) | 3 | 6 | 0 | 0 | 0 | 0 | 0 | 9 | 0 |
| Cranial nerves other nervous system | 26 (2.6%) | 8 | 18 | 0 | 0 | 0 | 0 | 0 | 26 | 0 |
| ENDOCRINE SYSTEM | 40 (4.0%) | 10 | 30 | 0 | 12 | 2 | 6 | 2 | 10 | 8 |
| Thyroid | 31 (3.1%) | 8 | 23 | 0 | 12 | 2 | 6 | 2 | 1 | 8 |
| Other endocrine, including thymus | 9 (0.9%) | 2 | 7 | 0 | 0 | 0 | 0 | 0 | 9 | 0 |
| LYMPHOMA | 29 (2.9%) | 14 | 15 | 0 | 9 | 5 | 4 | 8 | 0 | 3 |
| Hodgkin lymphoma | 3 (0.3%) | 1 | 2 | 0 | 0 | 1 | 1 | 1 | 0 | 0 |
| Non-Hodgkin lymphoma | 26 (2.6%) | 13 | 13 | 0 | 9 | 4 | 3 | 7 | 0 | 3 |
| MYELOMA | 9 (0.9%) | 5 | 4 | 0 | 0 | 0 | 0 | 0 | 9 | 0 |
| Myeloma | 9 (0.9%) | 5 | 4 | 0 | 0 | 0 | 0 | 0 | 9 | 0 |
| LEUKEMIA | 12 (1.2%) | 6 | 6 | 0 | 0 | 0 | 0 | 0 | 12 | 0 |
| Lymphocytic leukemia | 5 (0.5%) | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 |
| Myeloid and monocytic leukemia | 7 (0.7%) | 1 | 6 | 0 | 0 | 0 | 0 | 0 | 7 | 0 |
| KAPOSI SARCOMA | 1 (0.1%) | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Kaposi sarcoma | 1 (0.1%) | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| MISCELLANEOUS | 15 (1.5%) | 8 | 7 | 0 | 0 | 0 | 0 | 0 | 15 | 0 |
| Miscellaneous | 15 (1.5%) | 8 | 7 | 0 | 0 | 0 | 0 | 0 | 15 | 0 |
| Total | 999 | 484 | 515 | 44 | 246 | 226 | 118 | 170 | 115 | 80 |

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TAKE CARE OF OUR PATIENTS

We treat our patients and their families as partners by communicating with them respectfully and meeting their needs in a timely manner.

4.1 – Cancer prevention Pprograms



Nearly 200 community members attended

Home Run for Health, a daylong health and wellness event presented by Methodist Digestive Institute on Saturday, June 2, 2018, at Kidd Springs Park and Recreation Center in Dallas. Post-education surveys were issued to assess the effectiveness of the outreach event. Seventy-five percent of the survey questions were answered correctly.

4.2 – Screening programs

Breast cancer awareness at the Great American Trucking Show

When female truck drivers have time off from work they often take the opportunity to get some well-deserved rest. Management of their healthcare can be difficult due to strict work schedules and constant travel. To help these women access breast cancer screenings, the Methodist mobile mammography unit teamed up with the nonprofit organization On Ramp to Health and the Great American Trucking show to provide breast health education and screening mammograms to this population who is literally “on the run.” From August 23-25, 2018, more than 100 women received breast health education and 48 women received a screening mammogram. Fifteen were identified with breast abnormalities and required navigation to follow-up resources. Many of these women lived out of state. No breast cancers

were detected. Participants were thankful for the opportunity to have screenings, and the Methodist mobile mammography program is looking forward to continuing this service every year.

Methodist Dallas Medical Center Cancer Support Groups

Head and Neck Cancer Support Group introduced

Head and neck cancer patients have very unique needs. Their treatment has the potential to significantly impact their nutrition, speech, and even their appearance. To help support this population of cancer patients, Methodist Dallas hosted its first head and Neck Cancer Support Group meeting on May 15, 2018. Patients, their families, caregivers, and loved ones are welcome to attend these meetings, which are held every third Tuesday of the month from 6 to 7:30 p.m. in the Weatherford Conference Room at Methodist Dallas. For more information, please call 214-947-1874.



Breast Cancer Support Group

When: Third Thursday of each month from 6 to 7:30 p.m.
Where: Bradie James Breast Cancer Resource Center
Phone: 214-947-1771

Cancer Support Group for Spanish Speakers

When: Second Tuesday of each month from 6 to 8 p.m.
Where: Weiss Auditorium
Phone: 214-947-2924

Head and Neck Cancer Support Group

When: Third Tuesday of each month from 6 to 7:30 p.m.
Where: Weatherford Conference Room
Phone: 214-947-1874

Inpatient Cancer Support Group

When: Call for meeting dates, times, and locations
Where: Hitt Family Room, 7th floor, Schenkel Tower
Phone: 214-947-7099

Organ Transplant Support Group

When: Second Monday of each month from 6 to 8 p.m.
Where: Service Building, Room A-1
Phone: 214-947-4414

Pancreatic Cancer and Surgery Support Group

When: Second Tuesday of each month from 6 to 7:30 p.m.
Where: Call for meeting room
Phone: 214-933-6601

Mindfulness in medicine: patient wellness

Methodist Digestive Institute (MDI) and the cancer program at Methodist Dallas conducted a needs assessment survey of cancer patients and their caregivers to better understand the needs, preferences, and experiences of people living with cancer. The survey revealed that 50.8 percent of participants felt that stress strongly impacted communication between them and their providers, 67.7 percent felt it was important for the healthcare system to offer stress-management support, while only 16.9 percent reported that they received information about stress management. These findings paired with evidence-based research demonstrated that providing stress-reduction services and education to patients and their caregivers are essential to positive patient experiences, wellbeing, and outcomes.

Through a grant from Young Texans Against Cancer, MDI and the cancer program launched the Mindfulness Clinic, a pilot program that is available free of charge to Methodist Dallas patients with cancer and their caregivers. The clinic is staffed by Preeti Girisha, a licensed physical therapist, who leads participants through individualized stress-reduction interventions that include breathing exercises, meditation, medical-therapeutic yoga, and more. The interventions are typically offered to patients immediately prior to important decision-making appointments and conversations with their providers.

The goal of the clinic is to teach patients techniques that they can use to control and build resilience to stress by learning proper posture and improving body language using guided imagery, awareness, and visualization. Ultimately it is hypothesized that these techniques will help reduce patients’ stress levels and improve shared decision-making conversations between them and their providers. Participants are given short pre- and post-intervention surveys to help

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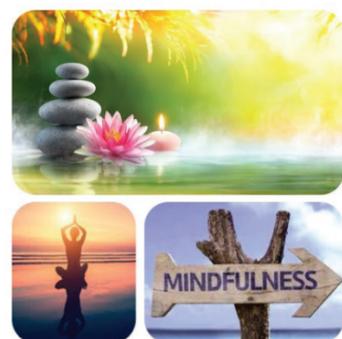
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researchers understand the effectiveness of the interventions on patient stress levels and the impact on shared decision-making conversations.

TAKE CARE OF EACH OTHER

We cultivate an environment of inclusion, diversity, and collaboration through respecting each other, communicating professionally, celebrating successes, and providing feedback.

Mindfulness in medicine: employee wellness



Stress impacts every aspect of healthcare, from patient and employee satisfaction and healthcare related costs to the quality of care provided. As levels of stress continue to climb in America (APA, 2017), there is an increasing demand for hospitals to address factors contributing to stress and burnout as well as provide effective solutions at an organizational level.

Methodist Digestive Institute (MDI) and cancer program surveyed nurses and physicians at Methodist Dallas to evaluate baseline levels of 1) sources and frequency of stress, 2) mindfulness, 3) self-regulation, and 4) self-care habits. The survey revealed that self-care, mindfulness, and perceived stress were significantly related to the frequency of stressors experienced by nurses. Similarly, lower levels of dispositional mindfulness and emotional self-regulation were found among physicians who reported the highest levels of

perceived stress. These findings paired with evidence-based research demonstrated that providing mindfulness-based stress reduction services and education to clinical providers is essential to employee's and patients' experiences, well-being, and outcomes.

MDI and the cancer program at Methodist Dallas have opened the Mindfulness Clinic, a pilot program that which is available to Methodist Dallas employees and patients. The clinic is staffed by Preeti Girisha, a licensed physical therapist, who leads participants through individualized or group stress-reduction interventions that include breathing exercises, meditation, medical-therapeutic yoga, and more. The goal of the clinic is to teach participants techniques that they can use to control and build resilience to stress by learning proper posture and improving body language using guided imagery, awareness, and visualization.

The service is offered free of charge to Methodist Dallas staff and physicians. Ultimately it is hypothesized that these techniques will help improve stress management and resiliency skills of providers and thus positively impact staff and patient experience, satisfaction, and outcomes.



"I was stressed after running all over the hospital training nurses. But after 10 minutes of talking to Preeti and learning breathing exercises, I felt light and rested," says Cynthia Benford, BSN, RN-BC,

nursing education specialist. "This is one of the best things that Methodist has done for patient and staff satisfaction. I've already invited Preeti to speak at our next nursing staff meeting!"

Clinical lecture series: Advancements in Disease Prevention, Screening, and Treatment

Methodist and other Dallas-area primary care physicians attended an educational outreach program intended to update them on the latest in prevention, screening, and treatment of cancer and other diseases, held on January 31, 2018. Featured speakers included breast surgeon Katrina Emmett, MD, and head and neck surgeon Martin Corsten, MD. Dr. Emmett lectured on current breast cancer screening recommendations, tackling hot topics such as screening options for patients with dense breasts and 3D

mammography. Dr. Corsten's presentation emphasized the impact of HPV on the development and treatment of head and neck cancers.

Employee colorectal cancer screening and education program: Let's Move!

Methodist Digestive Institute co-hosted the quarterly Intentional Inclusion and Diversity employee event titled "Let's Move" on August 28, 2018. The event provided colorectal cancer education to nearly 100 employees with a tour of an inflatable colon and a presentation by Anand Lodha, MD, colorectal surgeon. The presentation helped employees to recognize and understand recent guideline changes for colorectal cancer screenings, as well as recognize disparities in colorectal cancer incidence and mortality within the community. Following the presentation, employees were surveyed to measure the effectiveness of the education. Results are below:

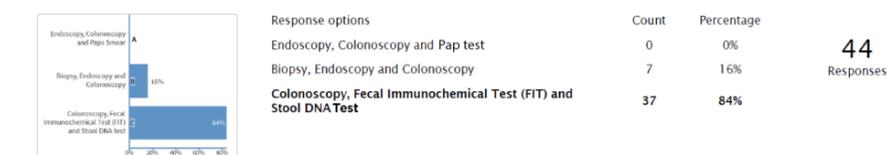
It is estimated that colon cancer kills about ___ people in the United States each year.



The American Cancer Society recommends that colorectal cancer screening starts at age ___ for individuals with average risk factors.



The three most common types of colorectal cancer screenings are:



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Clinical Education Series: Think.Pink.Brunch.

THINKPINKBRUNCH



The cancer program at Methodist Dallas hosted a breast cancer education brunch for local primary care physicians and gynecologists at the Pink Magnolia restaurant in Bishop Arts on August 4, 2018. Presentation topics included:

- High-risk breast disease and genetic testing
- Screening guidelines and options for women with dense breasts
- Comprehensive breast care
- Advances in radiation therapy for breast cancer
- Survivorship care for breast cancer patients.

Other 2018 physician education outreach events:

Feb. 14 – Midland Memorial Hospital Ground Rounds: Interdisciplinary Management of Pancreatic Neoplasia, Midland Texas

May 9 and July 31 – Advances in the Management of Pancreatic and Hepatocellular Carcinoma, Tyler and Waco, Texas, respectively.

These events aimed to strengthen professional collaborations with physicians throughout Texas.

TAKE CARE OF OURSELVES

We invest in our personal well-being and professional development in order to better contribute to Methodist's mission, vision, and values.



American College of Surgeons Commission on Cancer accreditation

The cancer program at Methodist Dallas is accredited by the American College of Surgeons Commission on Cancer, which reviews cancer programs for compliance with 34 program standards in five categories: cancer committee leadership, cancer data management, clinical services, patient outcomes, and data quality.

National Accreditation Program for Breast Centers



The Breast Center at Methodist Dallas is accredited by the National Accreditation Program for Breast Centers (NAPBC) for its commitment to offer patients every significant advantage in their battle against breast cancer and breast disease.



American College of Radiology Breast Imaging Center of Excellence

The Women's Imaging Center at Methodist Dallas has been designated a Breast Imaging Center of Excellence by

the American College of Radiology (ACR). This designation is awarded to breast imaging centers that achieve excellence by seeking and earning accreditation in all of the ACR's voluntary breast imaging accreditation programs and modules, in addition to the mandatory Mammography Accreditation Program.



The Joint Commission Disease-Specific Certification for pancreatic surgery, pancreatic cancer, and pancreatitis

Methodist Dallas received The Joint Commission's Gold Seal of Approval® for Disease-Specific Certification in pancreatitis, pancreatic surgery, and pancreatic cancer. It is the first hospital in the nation certified in pancreatitis and pancreatic cancer and the first in Texas certified in pancreatic cancer. To earn this distinction, Methodist Dallas met strict criteria, including demonstrating a track record of positive outcomes to heal patients and help them lead a better quality of life after a pancreatic cancer diagnosis.

Advanced credentials and education in healthcare quality and management



Elaina Vivian, MPH, CPHQ

Quality and outcomes manager, Methodist Digestive Institute



Charla Gauthier, MPH, CPHQ

Quality and outcomes manager, cancer program administration

Elaina Vivian and Charla Gauthier earned the prestigious international credential of Certified Professional in Healthcare Quality® (CPHQ) by passing a fully accredited, international examination that assesses knowledge and understanding

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of the process to achieve regulatory compliance and accreditation or licensure, program development and management along a continuum of care, and quality improvement concepts, as well as departmental management skills. The comprehensive certification covers the profession of quality; case, care, disease, and utilization; and risk management and emphasizes how all of these programs and processes integrate into an effective system. This knowledge and expertise will be applied to their work as managers of quality and outcomes for MDI and the cancer program.

Elaina and Charla join the ranks of over 10,000 colleagues in the U.S. and internationally who have achieved this important career milestone.



Jasmine Flores, BSN, MSIHCM, RN

Program manager, Methodist Digestive Institute

Jasmine Flores, program manager, Methodist Digestive Institute, received her Master of Science in integrative healthcare management from

Western Governors University. This comprehensive degree is designed to prepare professional for senior leadership roles in the ever-changing, fast-paced healthcare environment. With the shift in cost reimbursement and a renewed focus on quality outcomes versus quantity, today's leaders not only need to be financially conscious but also innovative to ensure that we continue to meet the needs of our patients, payers, and stakeholders.



Maiya Bangurah, EMBA

Community outreach specialist, cancer program administration

In November 2018, Maiya Bangurah completed the Mayo Clinic Tobacco Treatment

Specialist Certification Training, which is an accredited program that consists of online learning and a three-day on-site training focusing on the skills needed to effectively treat tobacco dependence. Topics include neuropharmacology of nicotine, optimization of pharmacologic management, conducting a basic counseling session, motivational interviewing and other counseling approaches, and application of treatment of tobacco dependence to people with comorbid conditions.

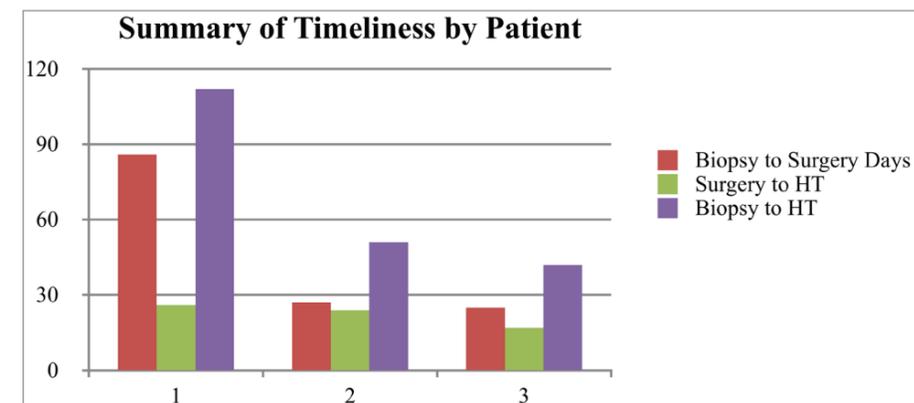
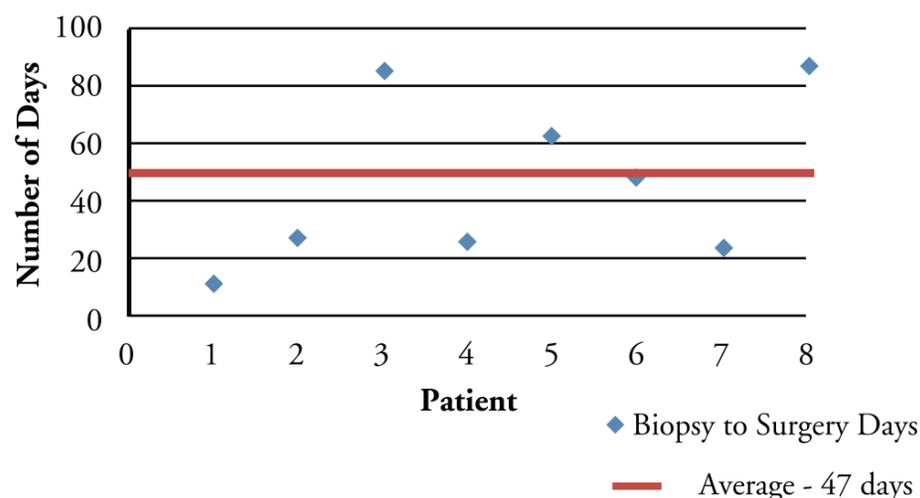
TAKE CARE OF METHODIST

We contribute to the continuous improvement of Methodist, striving to improve others' experiences and their impressions.

Standard 4.7 - A study of timeliness of care among high-risk breast disease patients

A recent amendment to the National Accreditation Program for Breast Centers (NAPBC) standards led the breast program leadership committee to review the care process for high-risk breast disease patients. More specifically, since navigation services did not include assisting high-risk breast disease patients, the committee questioned whether this population was receiving timely care. Baseline data was collected by retrospective chart review for patients diagnosed with atypical lobular hyperplasia, atypical ductal hyperplasia and lobular carcinoma in situ from April 2017 to February 2018. Eight patients met inclusion criteria. Data analysis showed the overall time from diagnosis to surgery averaged 47 days, and time from diagnosis to start of hormonal therapy averaged 68 days.

Biopsy to Surgery Days by Patient



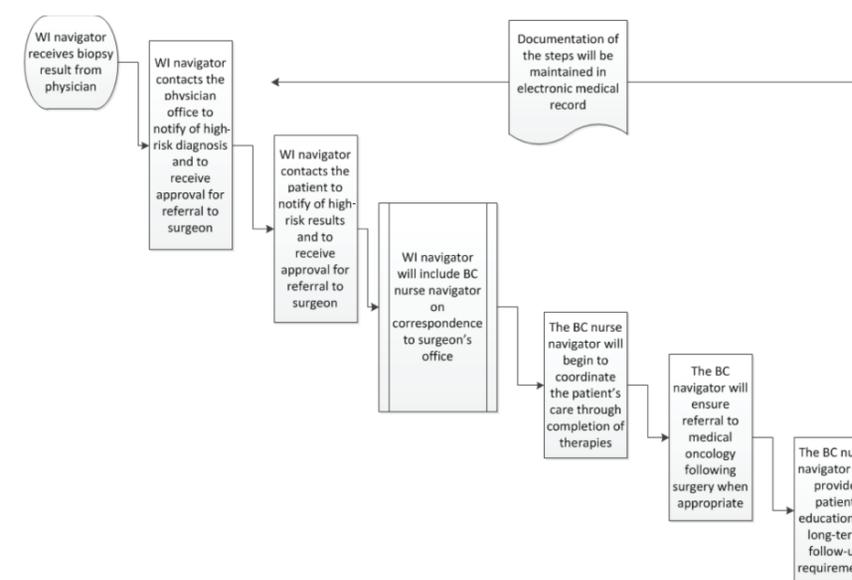
For this study, delay in treatment was defined as treatment starting more than 30 days after diagnosis.

A root cause analysis found various causes for delays in treatment, ranging from insurance denials to the need for genetic testing.

One patient was found to have undocumented reasons for delay in treatment and deemed to be delayed due to lack of navigation services. The most impactful finding from the study was that 50 percent of the patients who qualified for hormonal therapy did not receive a referral to medical oncology.

Standard 4.8 - Improving timeliness of care among high-risk breast disease patients

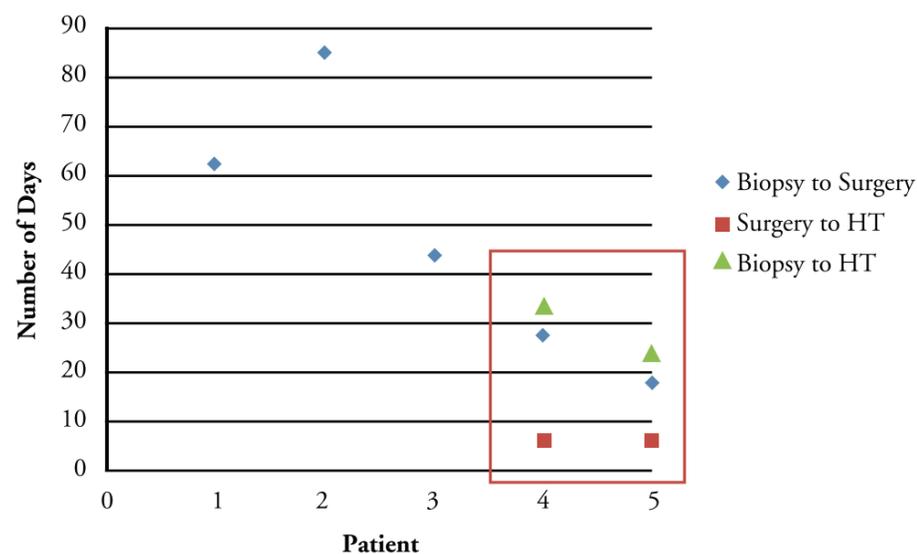
After reviewing the result of this study, the breast program leadership committee developed a quality improvement plan to incorporate navigation services for high-risk breast



patients.

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Results:

There were five patients identified with high-risk breast disease during the period of June 2018 - September 2018. Two patients qualified to participate in the data analysis for the project.

Excluded patients:

- Patient No. 1 experienced delayed care due to insurance authorization for a second biopsy and patient preference to have surgery at a later date. This patient was diagnosed with breast cancer following surgery and is in the process of receiving radiation therapy prior to hormonal therapy.
- Patient No. 2 did not show for the initial appointment, delayed surgery in order to complete other health-related services and declined hormonal therapy.
- Patient No. 3 was diagnosed with breast disease outside of Methodist Health System and referral from an outside physician took seven days. In addition, an MRI was scheduled two weeks out from the order date for unknown reasons, and the patient was scheduled to see the medical oncologist following presentation to the breast program leadership committee.

Therefore, only data from patient No. 4 and No. 5 were included for the project results.

In conclusion, overall timeliness of care improved from 68 days at baseline to 29 days following the implementation of navigation for high-risk breast disease patients. Number of days from biopsy to surgery improved from an average of 47 days to 23 days, and number of days from surgery to the start of hormonal treatment improved from an average of 22 to six days.

This study and quality improvement project demonstrated the positive impact of nurse navigation on timeliness of care among high-risk breast disease patients. Navigation processes and timeliness of care will continue to be monitored for effectiveness by the breast program leadership committee.

Nov. 3, 2018 - 3rd Annual Methodist Digestive Institute Symposium



3rd Annual Symposium
Modern Treatment of
Hepatobiliary Disease:
A Multidisciplinary Approach

On Nov. 3, 2018, the third annual Methodist Digestive Institute Symposium brought together six nationally recognized experts from a variety of disciplines, including oncology. Focusing on hepatobiliary disease, this program provided high-level, expert presentations on oncology and digestive

health to a local and regional physician audience. Educational objectives included:

1. Recognizing updates in surgical approaches to resection, transplantation, and palliative surgery in practice.
2. Evaluating use of endoscopic ablation therapies for unresectable malignant biliary obstruction.
3. Identifying treatment options for metastatic neuroendocrine tumors.
4. Incorporating the best available chemotherapy and/or radiation treatment for cholangiocarcinoma or gallbladder cancer.

Texas law prohibits hospitals from practicing medicine. The physicians on the Methodist Health System medical staff are independent practitioners who are not employees or agents of Methodist Health System.

Expert speakers included:

- Alexandria Phan, MD, medical director of GI oncology at Cancer Center of America, who presented “Management of Metastatic Neuroendocrine Tumors”
- Keith Stuart, MD, FACS, chairman of hematology and oncology at Lahey Hospital and Medical Center and professor of medicine at Tufts University School of Medicine, who presented “Systemic Therapy for Advanced Cholangiocarcinoma”
- Timucin Taner, MD, PhD, assistant professor of surgery at Mayo Clinic, who presented “Transplant Protocol for Cholangiocarcinoma”

Continuing our care commitments



Allison Vo, BSN, MPA/HCA, RN, OCN

Director, oncology and Methodist Digestive Institute

Amidst the backdrop of our care commitments, as well as the leadership and resources afforded by Methodist

Health System administration, we expect to sustain the improvements we have achieved while continuing to build our program and services. As providers and program managers, we look forward to continuing to provide our patients high-quality, compassionate care as we embrace new improvement initiatives. Additionally, we endeavor to continue to improve the health and well-being of community members by providing meaningful prevention and screening programs. We will continue to be a leader in physician education by reaching out into the provider community to share our expertise and experience. We also hope to make strides in teaching patients, staff, and physicians strategies to reduce stress and develop resiliency that will improve shared decision-making conversations.

Allison Vo, MPA/HCA, BSN RN, OCN