The USMD Hospital at Arlington Cancer Program was founded in 2012 with a commitment to delivering the highest quality cancer care in the Dallas Fort Worth area. USMD firmly believed in developing a program that was easy for the patient to navigate and treated each individual as a whole mind, body and soul rather than treating an isolated disease.

One of the earliest goals of the program was to achieve national recognition and accreditation from the National Accreditation Program for Breast Centers (NAPBC) and the American College of Surgeons Commission on Cancer (CoC).

In its early days, the USMD Hospital at Arlington Cancer Program was best known for its prostate and bladder cancer treatment. Though these remain the most prevalent cancers treated, the program has grown in size and breadth. In 2014, more than 1,100 cancer cases, including prostate, bladder, breast, colon/rectum, melanoma, lung and lymphoma, were diagnosed and/or treated at USMD Hospital at Arlington.

This report introduces the USMD Hospital at Arlington Cancer Program, summarizes the program’s 2014 data and highlights its achievements throughout 2015. To date, we are proud to say that the program has successfully completed the following:

- Added a full-time nurse navigator and medical oncologist to the on-site USMD Cancer Center
- Launched integrative health services
- Established a psychosocial health program
- Created a cancer survivorship program
- Developed a high-risk genetic screening program
- Started CME accredited, disease-specific tumor boards
- Opened the on-site USMD Center for Breast Health
- Formed and expanded the cancer registry program

In addition, the USMD Hospital at Arlington Cancer Program reached a significant milestone in July 2015 when it achieved one of its early goals, receiving a three-year accreditation from NAPBC. The program has also started the accreditation process for CoC, with the goal of achieving its Comprehensive Community Cancer Program designation by 2018.

The continued growth of the USMD Hospital in Arlington Cancer Program is a testament to our commitment to meet the healthcare needs of the communities and patients we serve. We look forward to continued success in the coming years.

Respectfully yours,

Ching-Kun Wang, M.D.  
Chair, Cancer Program  
USMD Hospital at Arlington

Marcia Crim, R.N., B.S.N., M.S.  
CEO  
USMD Hospital at Arlington
Cancer Liaison Report

Kory Jones, M.D., serves as the cancer liaison physician (CLP) for the USMD Hospital at Arlington Cancer Program. The CLP is a member of the cancer committee whose primary responsibility is to monitor, interpret and report on the program’s performance, with the goal of evaluating and improving quality of care. This position also reports on the Commission on Cancer activities, serves as the liaison between the cancer program and the American Cancer Society and participates in the Commission on Cancer survey.

Since the cancer program’s inception, it has achieved specific goals aimed at improving the care of cancer patients. The first step toward this was to establish a Cancer Program Committee and a Breast Program Committee. These committees hold quarterly cancer committee meetings and monthly steering committee meetings. Members of the Cancer Program and Breast Program committees include:

- Chairman: Ching-Kun Wang, M.D.
- Cancer Liaison/Breast Surgery: Kory Jones, M.D.
- Surgery: David Shepherd, M.D.
- Radiology: Mike Todora, M.D.
- Breast Radiology: Kelly Roberts, M.D.
- Pathology: Trace Worrell, M.D.
- Medical Oncology: Revathi Angitapalli, M.D.
- Radiation Oncology: Peter LaNasa, M.D.
- Integrative Health: Cheryl Gordon, R.N.
- Cancer Registry: Carol Poehl
- Administration: Marcia Crim, R.N.
- Quality Improvement: Beverly Carpenter
- Nurse Navigator: Judy Matlock, R.N.
- Community Outreach: Heather Sanchez
- Nursing: Kathy Early, R.N.
- Education: Rita Marshal, R.N.
- Genetics: Sara Pirzadeh-Miller, M.S., CGC
Beyond the committees and the tumor registry, disease-specific, inter-disciplinary tumor boards were created. These boards are Continuing Medical Education approved through University of Texas Southwestern Medical School, and consist of bi-monthly breast tumor board meetings, a bi-monthly genitourinary tumor board meeting and a monthly general tumor board meeting.

In these meetings, patient cases are presented to a multi-disciplinary team comprised of nurses, geneticists and physicians, including surgeons, medical oncologists, radiation oncologists, radiologists and pathologists, who are participating in the patient’s care. Primary care physicians are encouraged to attend as well.

Cancer case presentations are prospective in nature and the resulting discussion leads to the development of a multi-disciplinary treatment plan. This open dialogue and collaborative effort ensure that USMD cancer patients are offered the best and most current treatment options available.

The steps taken to establish the cancer program and breast program at USMD Hospital at Arlington provided the foundation for a commitment to excellence and the delivery of high-quality patient care. The USMD Hospital at Arlington Cancer Program will continue to monitor data and outcomes in an effort to identify opportunities for future quality and performance improvement.

The USMD Hospital at Arlington Cancer Program also established a formal tumor registry, which allowed the team to collect data on its patients and compare those statistics against national data benchmarks. As part of this, the tumor registry worked to identify the top five cancer sites within the program for 2014, which included:

1. Prostate (584)
2. Kidney (254)
3. Bladder (136)
4. Breast (102)
5. Colon Rectal (21)
Cancer Registry Summary

In 2013, the USMD Hospital at Arlington Cancer Program pursued accreditation from The National Accreditation Program for Breast Centers (NAPBC), an organization dedicated to improving quality care and outcomes for patients with breast disease through evidence-based standards. In 2015, the program officially received accreditation. USMD Hospital at Arlington accessioned 81 breast cases in 2013 and 98 cases in 2014.

* 2013 - 1 patient had two primaries
* 2014 - 3 patients had two primaries
**TREATMENT**

* 2013 - 1 patient did not receive any treatment
* 2013 - 1 patient had two primaries

S - Surgery  
R - Radiation  
C - Chemotherapy  
H - Hormone

**TYPES OF SURGERY**

* 2013 - 1 patient did not receive any treatment
* 2013 - 1 patient had two primaries
* 2014 - 3 patients had two primaries
Breast Radiology Report

The USMD Breast Health Center opened in 2015 and provides comprehensive breast imaging services utilizing state-of-the-art equipment in a relaxing and calm environment.

The Center is led by fellowship-trained breast radiologist, Kelly Roberts, M.D., and staffed by licensed and knowledgeable professionals with more than 20 years of dedicated breast imaging experience. In addition to routine screening mammography, diagnostic mammography and breast ultrasound, the Center provides a wealth of advanced imaging services.

The USMD Breast Health Center is an integral component in the care of breast cancer patients, providing comprehensive interventional breast services, including image-guided breast biopsies, needle localizations and breast cyst aspirations.

Some of the advanced imaging services provided by the USMD Breast Health Center include:

3D mammography: A special mammogram unit is used to obtain multiple images of the breasts, thus allowing the radiologist to better analyze the anatomic detail of the breast. This test is superior to standard 2D mammography for patients with dense breasts. The unit creates 3D images of the breast with about the same radiation dose exposure as standard 2D mammography.

Automated Breast Volume Scanning (ABVS): This new imaging technology is used to acquire an ultrasound image of the entire breast without any radiation dose to the patient. The images are then displayed in 3D format for interpretation. ABVS is utilized for supplemental detailed assessment of the breast tissue and is especially helpful for women who have increased breast density. The USMD Imaging Center for Breast Health is one of the first facilities in the Dallas Fort Worth area to offer this service.

Breast MRI: For years, breast MRI has been the gold standard in breast imaging and the USMD Imaging Center in Arlington, located adjacent to the Center for Breast Health, offers the most advanced MRI unit available for breast imaging purposes.

Breast Surgery Report

The breast surgery team at USMD Hospital at Arlington works diligently to ensure the best experience and outcome for every patient. This team includes breast and plastic surgeons, radiologists, anesthesiologists, nurses and surgical technicians. This collaborative effort extends to the breast tumor board meetings.

Surgery is usually the first step in the treatment of breast cancer. USMD Hospital at Arlington offers the most up-to-date surgical options for breast cancer patients, including breast conservation surgery, sentinel lymph node biopsy, skin-sparing and nipple-sparing mastectomy and oncoplastic surgery. USMD Hospital at Arlington also has highly skilled plastic surgeons on staff who offer multiple options for breast reconstruction. All surgeons contributing to the care of breast cancer patients are board certified and participate in continuing education specific to breast care. Cases are presented at the breast cancer tumor board.
Currently, breast conservation surgery is the most commonly performed breast cancer surgery. This surgery, also known as lumpectomy or partial mastectomy, involves wire localization of the tumor in the newly opened USMD Breast Health Center followed by removal of the tumor with a margin of normal breast tissue surrounding. The remainder of the breast is left intact. Combined with radiation, breast conservation surgery allows for optimal cosmetic outcome without compromising disease control.

Lymph node sampling is an integral part of breast cancer surgery and aides in accurate cancer staging. The current standard of care for evaluating lymph node status is a sentinel lymph node biopsy. For this procedure, dye is injected into the breast. The dye then travels to the first chain of lymph nodes that drain the breast. This node (or nodes in some cases) is removed and sent for pathology evaluation.

Mastectomy is another option for breast cancer surgery. It is the preferred surgery for patients with a genetic predisposition to developing breast cancer. There are multiple types of mastectomies, including skin and nipple sparing. The approach is dependent on numerous factors, including the patient and the type and location of the cancer.

Nipple-sparing mastectomies, which involve removing just the breast tissue and leaving all of the skin, including the nipple and areola, intact have become more common in recent years. Both mastectomy options can be performed in conjunction with breast reconstruction to allow for a good cosmetic outcome.

Oncoplastic surgery combines plastic and reconstructive surgery along with breast cancer surgery in an effort to improve cosmetic results. Oncoplastic surgery is a team effort, requiring close collaboration between the breast and plastic surgeons. The most commonly used reconstruction technique after mastectomy is using an implant or using one’s own tissue (DIEP flap). The breast program at USMD is fortunate to have excellent plastic and reconstructive surgeons on staff who perform these procedures with outstanding cosmetic outcomes.

**Medical Oncology**

Medical oncology plays a key role in the management of breast cancer patients. The medical oncologists at the NAPBC-accredited USMD Hospital at Arlington Center for Breast Health work closely with the surgeons and radiation oncologists to make key treatment decisions. In addition, medical oncologists monitor for, address and treat any disease-related and treatment-induced side effects and complications.

Breast cancer is a rapidly evolving oncology discipline, with newer systemic treatment options becoming available on a regular basis. Current breast cancer systemic treatment modalities include chemotherapy, endocrine (hormonal) therapy and targeted therapy. Extensive research into the biologic characteristic of breast cancer has led to the development of more tailored and personalized treatment options. With earlier cancer detection and the advent of more effective systemic therapies, early-stage breast cancer patients are being cured at a much higher rate while late-stage patients are living longer, more productive lives.

When treating women with early-stage breast cancer, a less-aggressive approach with less toxicities can sometimes be more effective. Treatment is tailored according to the molecular makeup of the cancer and, frequently, patients with early-stage estrogen receptor positive breast cancer can avoid chemotherapy altogether.
For the locally advanced Her2 positive breast cancers, combination chemotherapy/Her2 targeted therapy remains the mainstay of systemic therapy. The combination therapy is often started before surgery for improved tumor kill and improved outcomes.

While chemotherapy remains a vital component in the treatment modality for patients with advanced-stage, or metastatic, breast cancer, ongoing research has recently led to the approval of safer and more effective targeted agents. These agents have resulted in significantly improved prognoses for patients with advanced-stage disease.

The cyclin-dependent kinase inhibitors are a class of drugs which, when given together with endocrine therapy in advanced-stage, estrogen-positive breast cancers, greatly enhances treatment response without significantly increasing treatment-induced side effects and complications. Antibody drug conjugates are now available for those with advanced Her2 positive cancers, which have tremendous activity with fewer and more manageable side effects.

As these treatment approaches have led to increased cure and prolonged survival rates, the issue of survivorship has become increasingly more important. We know individuals not only endure the physical, but also the emotional and psychological effects, of a cancer diagnosis and treatment.

Under the direction of the USMD Hospital at Arlington Cancer Program, the medical oncology team has led the development and implementation of a psychosocial and survivorship program. This program is the result of close collaborative efforts between the medical, integrative health, navigation and psychotherapy initiatives and helps address patients’ mind/ body needs.

**Radiation Oncology**

The radiation oncology team at the USMD Cancer Treatment Center is a vital and integral component in the care of breast cancer patients. Led by Peter LaNasa, M.D., a board-certified radiation oncologist with more than 20 years of experience, the team consists of experienced and board-certified nurses, therapists, dosimetrists and physicists who work closely together to deliver the highest-quality assurance and provide safe delivery of precise, individualized treatments.

Having achieved full NAPBC accreditation, the USMD Hospital at Arlington Center for Breast Health provides fully integrated breast cancer care from screening to surgery, including medical and radiation oncology, patient navigation and integrative health services. Of the 98 breast cancer cases diagnosed at USMD Hospital in Arlington in 2014, 66 were treated by the radiation oncology team. In 2015, the radiation oncology team treated 58 patients.

The USMD Cancer Treatment Center is equipped with state-of-the-art linear accelerators utilized in the treatment of many malignancies, including breast cancer. As with all cancer treatment modalities, the goal is to control cancer while minimizing short- and long-term treatment-related side effects. The right equipment, along with an experienced staff, are necessary to achieving this.

Both linear accelerators at the USMD Cancer Center are radiosurgical systems and represent the most sophisticated radiation therapy delivery systems. When treating breast cancer after a lumpectomy, mastectomy or breast reconstruction, it is essential to achieve the appropriate homogeneous dose distribution throughout the complex shape of the breast while minimizing dose to the adjacent lung and heart.
Achieving dose homogeneity throughout the breast avoids “hot” and “cold” spots, which can lead to side effects or insufficient treatment. The attention to such detail at USMD Hospital at Arlington, along with proper use of sophisticated technology, has minimized treatment-induced side effects. In fact, no breast cancer patient to date has discontinued treatment due to treatment-related side effects.

Treating the left breast or chest wall provides a unique challenge. The heart lies much closer to the left breast than the right, so even greater sophistication is necessary to avoid radiation dose to the heart, which has been shown to increase the risk of coronary artery disease.

The USMD linear accelerators are equipped with a whole body infrared, real-time imaging system, enabling safe delivery of radiation with sub-millimeter accuracy. This technology is utilized when treating patients with left-sided breast cancers. To protect the heart, a technique called “deep inspiration breath hold” is used. This technique requires that the patient take a deep breath to inflate the left lung. The inflated lung temporarily shifts the heart inferiorly and posteriorly, creating a pocket of air between the heart and the chest wall, moving it out of the radiation beam’s path and virtually eliminating exposure to the heart.

Image to the left is an example of radiation treatment to the left breast. The image to the right is treatment to the left breast utilizing deep inspiration breath hold.

**Integrative Health Program**

The integrative health program at USMD Hospital at Arlington is a support service available to any patient undergoing cancer therapy at USMD. The program was established in March 2013 when the cancer program recognized the importance of mind/body balance throughout treatment. The program has served 191 patients to date, 69 were seen in 2015.

It’s important to emphasize that the program utilizes evidence-based, non-pharmacologic therapies and interventions. More importantly, the role of the integrative health program is to complement, not replace, traditional medical therapy.

The program’s primary goal is to help reduce pain, discomfort and stress during cancer therapy, as many of today’s cancer treatments can cause physical and emotional distress, some of which can last much longer than treatment itself.

The integrative health nurse offers individualized guidance and training in mental and physical exercises as well as stress-reduction techniques. The program also has access to external resources.
including therapeutic massage, acupuncture and yoga. The goal is to improve the patient’s ability
to recognize, reduce and control disease and treatment-induced symptoms, while improving and
enhancing self-esteem and body image. In doing so, the program encourages and empowers each
patient to become an active and willing participant in their healing process.

Services provided by the integrative health program include: teachings in meditation, relaxation,
stress and pain management as well as provision of targeted massage, nutritional education, infra-
red heat therapy and tai-chi exercises.

Assistance with post-operative breast exercises is provided to patients upon referral from their
surgeon.

Psychosocial Health

The USMD Hospital at Arlington Cancer Program considers psychosocial health to be an integral and vital component of cancer care. Psychotherapy is provided through USMD’s psychosocial health program, directed by Jane Counts, Ph.D.

Distress associated with cancer treatment is defined as “multifactorial, unpleasant and emotional experiences of a psychological (cognitive, behavioral, and emotional), social and/or spiritual nature that may interfere with the ability to cope effectively with cancer, its physical symptoms and ultimately in its treatment.”

The domain of psychosocial oncology and psychotherapeutic conversation seeks to develop and integrate new knowledge and techniques of the psychosocial and biomedical sciences as they relate to cancer care. It includes the formal study, understanding and treatment of the social, psychological, emotional, spiritual, quality of life and functional aspects of cancer as applied across the disease continuum from early prevention through bereavement, loss and grief recovery*.

In 2014, the cancer program developed strategies to promote awareness and encourage utilization of psychosocial care throughout all stages of cancer treatment. In 2015, through the guidance of the program’s medical oncologists and the integrative health program, 69 patients were screened using the DASS-21, a brief depression, anxiety, sadness and severity screening tool. A number of patients were identified as having moderate to severe depression.

Of the identified patients screened by the DASS-21, seven had the courage and opportunity to participate in psychotherapeutic conversations over the year. All of these individuals were successful in improving their attitude, personal relationships and treatment outlook in just two to seven visits with a licensed psychologist or psychotherapist. This number represents a significant percentage of patients who were in dire psychosocial circumstances and those who were having severe death wishes or were actively suicidal at some point during their cancer diagnosis and treatment.

Though in its infancy, the psychosocial health program has become a vital component of cancer care.

patients’ care. The efforts of the USMD psychosocial program was praised acknowledged during the breast program’s NAPBC accreditation visit. It is a testament to USMD’s continued commitment to delivering complete mind-body cancer care.

Oncology Nurse Navigator Program

A breast cancer diagnosis is overwhelming, not only for the patient, but also for their family.

Knowing this, in 2012, USMD Hospital at Arlington started its oncology nurse navigation program, with a focus on breast cancer. The oncology nurse navigator serves as the patient’s frontline advocate and confidant in times of crisis. The nurse navigator strives to identify and eliminate treatment barriers that may interfere with effective and timely cancer care. The navigator also serves as the consistent caregiver, coordinating appointments and providing education guidance and knowledge, through each patient’s cancer journey.

Judy Matlock, R.N., joined the nurse navigation program in 2015. Prior to becoming a nurse navigator, Judy was an oncology-certified nurse and worked in the outpatient oncology setting with a specialization in chemotherapy education and administration and care coordination. In 2015, Judy partnered with 55 breast cancer patients.

Patient Testimonial

My name is Angie Barakat and this is my story:

It was May 2012. My youngest and only son was graduating from college. It was a happy time in life, a time that was packed full of celebration. It was the first time in 26 years I had ever taken three consecutive weeks off from work. The first week was full of appointments, including my annual physical examination. The second week was packed with activities and celebrations surrounding my son’s graduation. The final week was a family vacation at my parent’s time share in South Padre. It would be the first time my nephew, who had just turned two years old, would visit the beach. Our family was in celebration mode, life was great! Little did we know, life was about to change.

My visits to USMD Hospital at Arlington until this time were limited to my once a year wellness checks. Soon, that too would change. Although I didn’t know it then, my yearly visits would become weekly for the next year.

My physical examination was uneventful; however, my physician recommended that I undergo an annual screening mammogram. I didn’t have an appointment for the mammogram and I remember thinking that I already have too much to do. I wanted to ignore the recommendation and postpone the mammogram until after the vacation. Nonetheless, I stopped by the USMD mammography suite and scheduled an appointment for the following morning.

While in South Padre, I was perplexed by the number of phone calls I received from the Arlington area. However, I was not able to hear the caller nor was I able to access my voicemail. Due to the number of calls and messages, my mother suggested that the calls may be important and that I not delete the number or messages.

When I returned home, I was not only able to hear the messages but I had received written letters from the USMD mammography suite. I returned the call on Tuesday, the day after Memorial Day, and by Wednesday I was having another mammogram and an ultrasound. By Thursday, I was undergoing a needle core biopsy of a suspicious breast mass. I was told that the results would be available in 3-5 business days. What results, I thought? Things were moving so fast, I couldn’t process
what was going on. The following Tuesday, I learned that the biopsy revealed that I had malignant breast cancer. My knees buckled, I was in shock. I remember thinking that I wasn’t even 50 years old!

Things moved very quickly thereafter and that’s when the USMD nurse navigator entered my life. She was my partner in my journey and guided me through my care…both medically and spiritually. My USMD breast care team consisted of Dr. Kory Jones, my surgeon, Dr. C. K. Wang, my medical oncologist, and Dr. Peter Lanasa, my radiation oncologist.

My USMD team was with me through every step of my treatment, from surgery to chemotherapy to radiation and survivorship. Everyone was so kind, caring, compassionate and informative during a terrifyingly frightening period of my life. Regardless of the role they played, everyone was sympathetic, encouraging and treated me with respect. My care team at USMD became my surrogate family, whether it was the receptionists, nurses or laboratory techs, we were a team, a family. We laughed, we cried, we prayed, we shared our lives, our dreams, our goals, our fears, our gratitude, and our blessings. We all bonded in a way that only a team does when facing a life or death situation.

The care I received during my six months of chemotherapy was bar none the best. Dr. Wang always shared the facts, the progress and the hurdles in a kind manner. He was patient, encouraging, understanding, sympathetic and always compassionate. He was, and still is, my hero. I adore, admire, respect and care deeply for this doctor who saved my life. The care I received from Dr. Wang and the entire team at USMD was key in my survival.

Though my cancer treatments concluded in 2013, my USMD team has remained a big part of my life as I learn how to live life after cancer. Many believe that life goes back to normal once the cancer treatments are completed and the hair grows back. I would counter with the notion that nothing is ever normal again. Life as you once knew ceases to exist. Cancer and cancer treatment will forever change one’s life.

My USMD team has helped me learn not to live in fear. Though it has been a very difficult journey, I am living life to the fullest—thanks to my faith, my family’s love, support and prayers as well as the BEST team of doctors and nurses. I am thankful that my USMD team did everything they could to keep me in a good place, both emotionally and physically.

To everyone reading my story, please get your mammograms. I hope you never hear the phrase “you have breast cancer.” But if you do, I highly recommend the professional team at USMD to handle your care. I am forever grateful to my team at USMD. They saved my life!