Letter from Chair and CEO

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). This was successfully achieved in July 2015. Our next accreditation survey was July 25, 2017, and our accreditation was renewed. In addition, in October 2016 we became a certified participant in the National Quality Measures for Breast Center Programs.

In its early days, the USMD Hospital at Arlington Cancer Program was best known for its prostate and bladder cancer treatment. Though we still treat these types of cancers, the program has grown tremendously in size and breadth, including the expansion of our breast cancer treatment program. In 2015 we treated 68 analytical breast cancer cases, in 2016, had 106 cases, and in 2017 we had 86 cases.

This report summarizes the USMD Hospital at Arlington Breast Cancer Program data and highlights its achievements throughout 2017. To date, we are proud to say that the program has successfully completed the following:

- Genetic Counselor on site several days per month;
- Nurse Practitioner enrolled in City of Hope for education for Genetic Counseling;
- Purchased new MRS system for High Risk Screening using Gail Model;
- Nurse Practitioner on board for High Risk Screening Clinic and Patient Interaction in Breast Center;
- ACR accreditation for Mammogram and pending for Ultrasound and Stereotactic Breast Biopsy;
- Implemented a New Oncology Electronic Health Record and continued integration of our other Electronic Health Records in other specialties;
- Continued work on our Survivorship Plan process;
- Obtained Hidden Scar Center of Excellence designation;
- New Psychologist on Board;
- Added Acupuncture to our Integrated Health Services;
- Implemented Outpatient Laboratory to improve efficiencies for patients;
- Re-implemented General Tumor Board.

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

Respectfully yours,

Kory Jones, MD  
Chair, Cancer Program

Marcia Crim, R.N., B.S.N., M.S.  
CEO, USMD Hospital at Arlington
TUMOR REGISTRY

The program continues its 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 identified Breast Cancer as one of the top sites:

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<th>Analytical cases</th>
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<td>68</td>
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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 they hold bimonthly breast tumor board meetings, a 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.
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 breast 68 cases in 2015, 106 cases in 2016, and 86 in 2017.
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, Gina Constantine, MD, and staffed by licensed and knowledgeable professionals who have 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 aids 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, MD, 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. In 2016, the radiation oncology team treated 59 out of 107 patients and in 2017 the team treated 47 of 85 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 achieve 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.
Integrative Health Program

The integrative health program at USMD Hospital at Arlington Cancer Program 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 392 patients to date. In 2017, 48 new patients were seen and 97 patients returned for specific integrative health interventions. In 2017, we also added acupuncture to the program and look forward to offering this service to additional patients moving forward.

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.

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 2016, through the guidance of the program’s medical oncologists and the integrative health program, 34 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 at some point during their cancer diagnosis and treatment.

Though in its infancy, the psychosocial health program has become a vital component of cancer 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 2017, Judy partnered with 268 breast cancer patients.
Patient Testimonial

I was recently diagnosed with cancer. As you can imagine, such a diagnosis came with great anxiety, pain, and stress. In the early stages of my disease I was unable to rest or sleep. It was recommended that I get in touch with Integrative Health Nurse, Cheryl Gordon. Cheryl assisted me with relaxation and helped me to focus on the here and now, and NOT to focus on the “what if’s”. She was also able to help relieve the pain that I was plagued with. Cheryl addressed my many needs in a holistic, spiritual, and caring way. I feel only she could have provided this invaluable help in my time of need. I thank GOD I was referred to her because I know I would not be in the same place I am today.

Sincerely,
Scott Clark BSN, RN