



THE LEFCOURT FAMILY CANCER TREATMENT AND WELLNESS CENTER 2017 Public Outcomes Report



The Lefcourt Family Cancer Treatment and Wellness Center at Englewood Health is a Comprehensive Community Cancer Program, accredited by the Commission on Cancer (CoC) of the American College of Surgeons. Accreditation allows programs to demonstrate the high quality of care that they provide and their commitment to continuous quality improvement.

To earn voluntary CoC accreditation, a cancer program must meet or exceed certain quality care standards and maintain levels of excellence in the delivery of comprehensive patient-centered care, as demonstrated every three years during a rigorous on-site survey.

As a CoC-accredited cancer center, we take a multidisciplinary approach to treating cancer. Surgeons, medical and radiation oncologists, diagnostic radiologists, pathologists,

and other cancer specialists partner in a multidisciplinary approach to improve patient care. The CoC Accreditation Program provides the framework for us to improve our quality of patient care with a focus on the full spectrum of cancer care including prevention, early diagnosis, cancer staging, optimal treatment, rehabilitation, life-long follow-up for recurrent disease, and end-of-life care. When patients receive care at a CoC facility, they also have access to information on clinical trials and new treatments, genetic counseling, and patient-centered services including psycho-social support, a patient navigation process, and a survivorship care plan.

Like all CoC-accredited facilities, The Lefcourt Family Cancer Treatment and Wellness Center maintains a cancer registry and contributes data to the National Cancer Data Base (NCDB), a joint program of the

CoC and American Cancer Society. This nationwide oncology outcomes database is the largest clinical disease registry in the world. Data on all types of cancer are tracked and analyzed through the NCDB and used to explore trends in cancer care. CoC-accredited cancer centers, in turn, have access to information derived from this type of data analysis, which is used to create national, regional, and state benchmark reports. These reports help CoC facilities with their quality improvement efforts.

Our cancer center diagnoses and treats approximately 1,200 patients each year. In addition, we offer screenings to detect early-stage cancers and we participate in cancer-prevention programs to raise awareness of risks and early intervention approaches.

STANDARD 1.5

Clinical Goal: Improve Diagnostic Accuracy of Clinically Significant Prostate Biopsies by Providing MRI Fusion Technology

The only way to diagnose/confirm prostate cancer is through a biopsy. Using MRI/US fusion, one study found prostate cancer in 37% of 195 men with prior negative biopsies; 29% of the cancers were high grade.

Englewood Hospital decided to begin offering MRI/US fusion biopsies to 1) patients with elevated prostate-specific antigen (PSA) with or without a digital rectal exam (DRE) and no prior prostate biopsy, 2) patients with elevated PSA and prior negative biopsy, and 3) patients on active surveillance.

Englewood's chief of radiology, Dr.

Mark Shapiro, and his team selected the UroNav system and decided to have it installed in the hospital's outpatient radiology department. A urology surgical technician was hired, and the urology staff was trained on the UroNav.

In 2017, Englewood began offering MRI/US fusion biopsies to men with Prostate Imaging-Reporting and Data System (PI-RADS) scores of 3, 4, or 5, including those who had received their MRIs at other institutions.

Of the five patients who received MRI/US fusion biopsies and had documents recording their pathology results (those whose biopsies had been performed at Englewood, rather than by UroNav), one showed benign prostatic tissue, one a low-

grade carcinoma, one prostatitis, one benign prostatic hypertrophy but no tumor, and one benign prostatic hypertrophy negative for carcinoma.

Though the team determined that no changes are needed to the system itself, Dr. Shapiro would like to work on patient retention rates. Of the 63 patients with PI-RADS scores of 3, 4, or 5, only six had the MRI/US fusion biopsy using UroNav.

Unlike traditional transrectal US, MRI/US fusion allows the physician to use 3D imaging to guide the needle directly to the suspicious site. Dr. Shapiro is confident that the urologists are obtaining more accurate biopsy results with MRI/US fusion.

Prostate Cancer Diagnostic Testing Using MRI/US Fusion Biopsy

Number of male patients who received pelvic MRI 1/1/17–12/31/17	200
Number of patients who had prostate checked	175
Number of patients assigned a PI-RADS score	168
Number of patients with PI-RADS score or 3, 4, or 5	63
Number of patients with PI-RADS scores of 3, 4, or 5 who had biopsy using UroNav system	6
Number of patients who had UroNav biopsies who had documented results	5

STANDARD 1.5

Programmatic Goal: Reducing Burnout for Our Clinical Staff by Developing a 'Caring for the Caregivers' Program

During 2017, we teamed up with the Max Shaw Foundation to offer a donor-led Caring for the Caregivers class to cancer center clinicians (MDs, PAs, NPs, and MAs), to sup-

port and strengthen them in their role as healer. The interactive workshops focused on deep breathing and meditation, movement, and effective and meaningful sharing with coworkers.

Two sessions, which included lunch, met five times each during fall 2017. To measure impact, we conducted

a baseline survey and a post-class quality of life (QOL) survey. Much of the feedback was that the sessions were too long and that they were held during working hours, when it was difficult to attend. The revised goal is to offer the sessions at times more convenient for staff, such as after their shifts.

Caring for the Caregivers Program

Number of people who registered	6
Number of people who attended	5 (83%)
Number of attendees who returned baseline survey	3 (60%)
Number of attendees who returned post-class survey	1 (20%)

STANDARDS 4.1 AND 4.2
Prevention and Screening: Breast and Prostate

In 2017, Englewood Hospital conducted screenings for prevalent types of cancer, to address the health needs of the uninsured and underinsured. Breast cancer is the

most common cancer in the United States, followed by lung/bronchus and prostate, according to the National Cancer Institute, National Institutes of Health.

Prevention and Screening: Prostate

Date	Activity	Location	Type of Event	# Attendees	Comments
3/2/17	Robotic presentation	Englewood Hospital	Prevention	35	
6/4/17	GWB Challenge	George Washington Bridge/Ross Dock	Prevention	1,000	Great overall feedback.
6/12/17	Men's health talk	JCC	Prevention	5	All of the attendees conferred with Dr. Sorbellini; 1 scheduled a follow-up appointment.
6/15/17	Blood screening (PSA)	JCC	Prevention	12	10 of the 12 patients were given referrals.
6/24/17	Cancer (Stage 3), hepatitis B screening, PSA	Englewood Hospital	Prevention/ Screening	200	200 screened; 6 referred for high PSA.
9/14/17	Prostate screening	Englewood Hospital	Screening	64	9 with elevated PSA and referred to urologist.

Prevention and Screening: Breast

Date	Activity	Location	Type of Event	# Attendees	Comments
2/24/17	ACS/Univision free mammogram event	Englewood Hospital	Screening	55	
3/8/17	Breast Health for MOM 101	Englewood Hospital	Prevention	15	
3/16/17	ACS/Univision free mammogram event	Englewood Hospital	Screening	39	
3/25/17	Breast health and awareness	Long Island Marriott	Prevention	650	37 patients requested appointments.
4/22/17	Breast health and awareness	Newark Marriott	Prevention	600	59 patients requested appointments.
4/26/17	Walk with a Doc	Winton White Stadium	Prevention	40	
5/17/17	Skip and Paint event	Fort Lee Recreation Center	Prevention	90	
10/5/17	BergenFest	MetLife Stadium	Prevention	1,000	
10/7/17	Englewood Latino Festival	Englewood, NJ	Prevention	500	
10/14/17	Norwood Health Fair	Norwood, NJ	Prevention	250	
10/24/17	Speakers Bureau	Greek Orthodox Church, Tenafly, NJ	Prevention	30	
10/26/17	Autumn Years Expo	St. Leon's Armenian Church, Paramus, NJ	Prevention	338	



▲ The Englewood team at the 2017 American Cancer Society George Washington Bridge Challenge.

**STANDARD 4.6
Monitoring Compliance with Evidence-Based Guidelines: Salpingectomies for Elective Sterilization and Hysterectomies for Benign Conditions**

As The Lefcourt Family Cancer Treatment and Wellness Center’s 2017 Evidence-Based Guidelines study, the committee reviewed compliance with the recommendation that salpingectomy (removal of fallopian tubes) be used as a primary sterilization procedure and that it also be performed during hysterectomies for benign conditions.

A relatively recent recommendation (2013) for salpingectomy as a primary sterilization procedure was discussed during a GYN cancer conference in early 2016. The recommendation is based on a study showing a large increase in ovarian cancers in women whose fallopian tubes were not removed during hysterectomies for benign conditions. The theory is that most ovarian can-

cers originate in the fallopian tubes. In response to physicians’ questions about the hospital’s statistics and about gynecologists’ awareness of the recommendation, Dr. Tismenetsky (pathology) and Dr. Nagarsheth (GYN oncology) decided to review the data.

To determine if NCCN guidelines were followed for these patients, the team reviewed all elective surgical sterilization procedures from 2015, identifying the physicians who performed them, as well as which patients had salpingectomy. Dr. Tismenetsky and Dr. Nagarsheth also reviewed all of the hysterectomies for benign conditions.

A quality improvement for 2017 was a letter to GYNs and primary care MDs, explaining the recommendations based on the 2015 data.

The team determined that Englewood Hospital’s rates of salpingectomies done at the time of hysterec-

tomy for benign conditions was very good. In 2015, 98% were done with salpingectomy, and in 2016 the rate was 99.3%. In the single 2016 case in which the tubes were left, the decision not to perform a salpingectomy was made intraoperatively because it was clinically inadvisable.

During February 2017, the GYN staff was educated about the role of salpingectomies in reducing ovarian cancer risk and the recommendation of the American College of Obstetricians and Gynecologists that patients be offered laparoscopic salpingectomy as an alternative to tubal ligation.

The tubal ligation rate for 2015 was 78%. For 2016, the rate decreased from 81% before education to 71% after education. During the data analysis, the team identified some physicians who performed tubal ligations exclusively. The plan is to educate these physicians on the benefits of salpingectomies.

Salpingectomies for Elective Sterilization and with Hysterectomies for Benign Conditions

Female elective sterilization procedures	115
Tubal ligations	84 (73%)
Salpingectomies for sterilization	31 (27%)
Hysterectomies for benign conditions (fibroids, prolapse, etc.)	142
Hysterectomies with salpingectomy	141 (99.3%)
Hysterectomies without salpingectomy	1 (.7%)



▲ Free prostate cancer screening event held in September 2017.

STANDARD 4.7

Study of Quality: Shave Biopsy vs. Excisional Biopsy for Diagnosis of Melanoma

A 2011 study found that punch and shave biopsies were appropriate for the diagnosis of melanoma. Dr. Steven Brower, medical director of The Lefcourt Family Cancer Treatment and Wellness Center, decided our pathology department should examine the biopsies done at Englewood, to compare the diagnostic accuracy of the two types of biopsies.

Dr. Ana Burga and Dr. Roslyn Stahl, from the Department of Pathology, reviewed the 2016 melanoma cases.

Though the original purpose of the review was to compare shave biopsies and excisional biopsies, the reviewers found that rather than doing shave biopsies, all the of dermatologists have actually been doing saucerizations, a form of excisional biopsy. All 22 (saucerization) biopsies for suspected melanoma had the same depth of lesion as the subse-

quent wide excision and left no residual melanoma. In the other three of the 25 melanoma cases, the dermatologist did a wide excision only, without a biopsy.

At the November 2017 meeting of the Dermatologic Cancer Conference, the melanoma surgical oncologist discussed biopsy methodologies with the dermatologists, to encourage clarification and consistency of approach regarding biopsies on suspected melanomas.

Shave Biopsy vs. Excisional Biopsy for Diagnosis of Melanoma

Total number of biopsies and excisions for suspected melanoma 2016	25
Number of biopsies	22
Number of wide excisions	3

STANDARD 4.7

Quality Improvement: Fertility Counseling for Breast Cancer Patients Under 50

The breast cancer disease management team wanted to ensure that cancer patients under the age of 50 were receiving appropriate information on fertility, as well as referrals for fertility counseling.

The team reviewed all of the medical records from June 1, 2016, to December 31, 2016, for premenopausal patients under the age of 50 who had been newly diagnosed with breast cancer and had had a chemotherapy talk.

Of the patients seen by the medical oncology group, 63% received fertility counseling. (Two were not documented; for one, chemotherapy was not recommended; and one was already menopausal.)

Fertility Counseling for Breast Cancer Patients Under 50

Total patients	14
Patients seen by medical oncology group	79%
Patients who received fertility counseling	64%

STANDARD 4.8**Quality Improvement: Documenting Fertility Counseling for Breast Cancer Patients Under 50**

According to National Comprehensive Cancer Network guidelines, women under the age of 50 undergoing chemotherapy for breast cancer should receive fertility counseling.

From June 1, 2016, to Dec. 31, 2016, of 14 patients, 79% were seen by

Hematology Oncology Physicians of Englewood (HOPE). Of the nine patients for whom fertility counseling would have been appropriate, seven received counseling. As a result, the team recommended that the HOPE medical record be updated to include an area for the documentation of counseling sessions. The team also decided that all cancer patients under the age of 50 (women and men with any kind of cancer) who are prescribed chemotherapy

should receive fertility counseling. After the update to the record, the team reviewed the records of all patients with cancer under the age of 50 for the month of October 2017, to see if the change had had an effect on the rate of fertility counseling. Of four patients, one was not eligible, and the other three received fertility counseling, indicating that the updated record was having the desired effect.

Documenting Fertility Counseling for Breast Cancer Patients Under 50

Number of patients prescribed chemotherapy during October 2017	4
Number of patients N/A	1
Number of men prescribed chemotherapy	0
Number of women prescribed chemotherapy	3

STANDARD 4.8**Quality Improvement: GYN MD Awareness Campaign, Salpingectomies for Elective Sterilization and with Hysterectomies for Benign Conditions**

To help reduce ovarian cancer risk, Englewood Hospital undertook education of the GYN staff on salpingectomies, including the recommendation of the American College of Obstetricians and Gynecologists that patients be offered laparoscopic

salpingectomy as an alternative to tubal ligation.

During February 2017, presentations on the benefits of salpingectomy were given during surgical grand rounds and at the GYN departmental meeting. Everyone on the GYN staff also received a letter and the PowerPoint slide deck via email. During the data analysis, the team identified some physicians who performed tubal ligations exclusively.

The plan is to educate these physicians on the benefits of salpingectomies. The tubal ligation rate for 2015 was 78%. In 2016, the rate decreased from 81% before education to 71% after education. During the education process, some surgeons said they would do more salpingectomies if provided additional tools and equipment were on the surgical tray during procedures. Those updates are in review.

GYN MD Awareness Campaign, Salpingectomies for Elective Sterilization and with Hysterectomies for Benign Conditions

Tubal ligation rate for 2015	78%
Tubal ligation rate in 2016 before physician education	81%
Tubal ligation rate in 2016 after physician education	71%

**THE LEFCOURT FAMILY
CANCER TREATMENT AND
WELLNESS CENTER CANCER
REGISTRY**

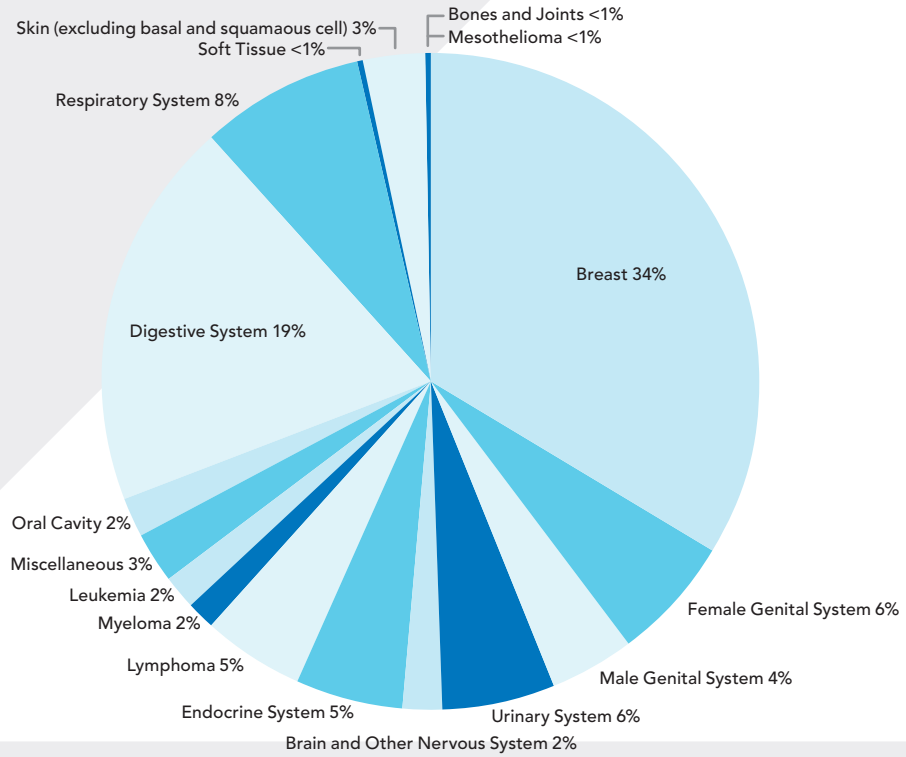
In an 18-month period (July 2016 through December 2017), there were 1,824 diagnosed and treated cases recorded in The Lefcourt Family Cancer Treatment and Wellness Center cancer registry. The top

eight types of cancer at Englewood Hospital during this period were breast, lung and bronchus, colon excluding rectum, bladder, thyroid, Non-Hodgkin lymphoma, prostate, and pancreas.

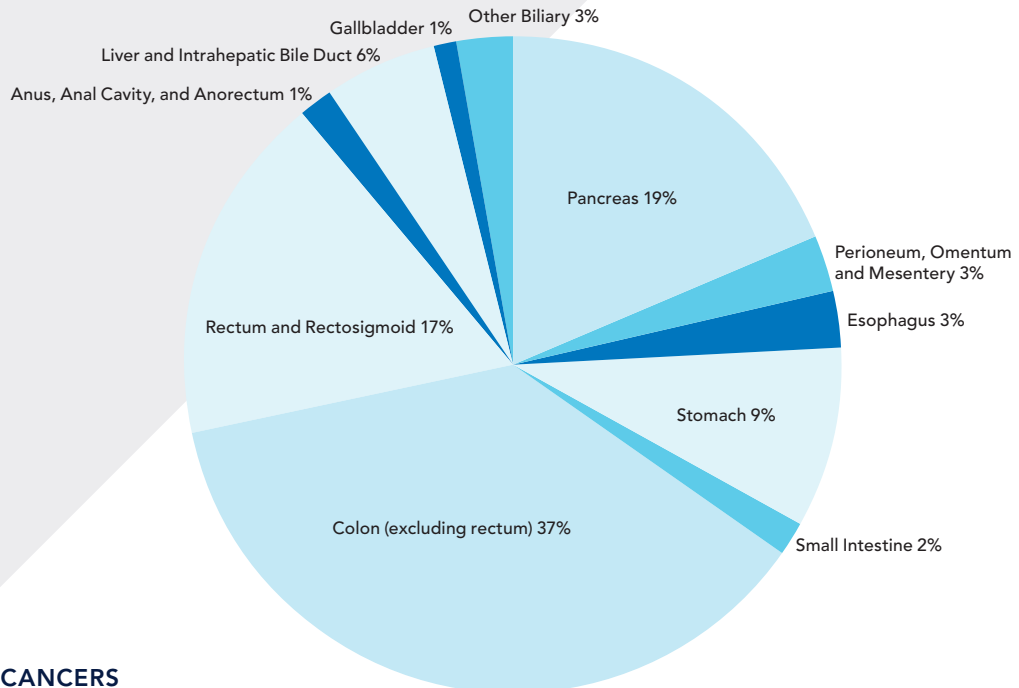
Site Group	Total Cases
Oral Cavity and Pharynx	35
Tongue	9
Salivary Glands	4
Floor of Mouth	1
Gum and Other Mouth	5
Tonsil	8
Oropharynx	5
Hypopharynx	2
Other Oral Cavity and Pharynx	1
Digestive System	350
Esophagus	10
Stomach	31
Small Intestine	6
Colon Excluding Rectum	129
Rectum and Rectosigmoid	61
Anus, Anal Canal, and Anorectum	5
Liver and Intrahepatic Bile Duct	20
Gallbladder	4
Other Biliary	9
Pancreas	66
Peritoneum, Omentum, and Mesentery	9
Respiratory System	148
Nose, Nasal Cavity, and Middle Ear	2
Larynx	6
Lung and Bronchus	140
Soft Tissue	6
Soft Tissue (excluding heart)	6
Bones and Joints	1
Skin Excluding Basal and Squamous	53
Melanoma	50
Other Non-Epithelial Skin	3
Breast	618

Site Group	Total Cases
Female Genital System	111
Cervix Uteri	10
Corpus and Uterus	68
Ovary	20
Vagina	1
Vulva	9
Other Female Genital Organs	3
Male Genital System	72
Prostate	68
Testis	4
Urinary System	102
Bladder	69
Kidney and Renal Pelvis	29
Ureter	3
Other Urinary Organs	1
Eye and Orbit	0
Brain and Other Nervous System	39
Brain	15
Cranial Nerve/Other Nervous System	24
Endocrine System	94
Thyroid	86
Other Endocrine Including Thymus	8
Lymphoma	89
Hodgkin Lymphoma	5
Non-Hodgkin Lymphoma	84
Myeloma	30
Leukemia	28
Lymphocytic Leukemia	14
Myeloid and Monocytic Leukemia	14
Mesothelioma	2
Kaposi Sarcoma	0
Miscellaneous	46
Total	1,824

CANCER DIAGNOSES

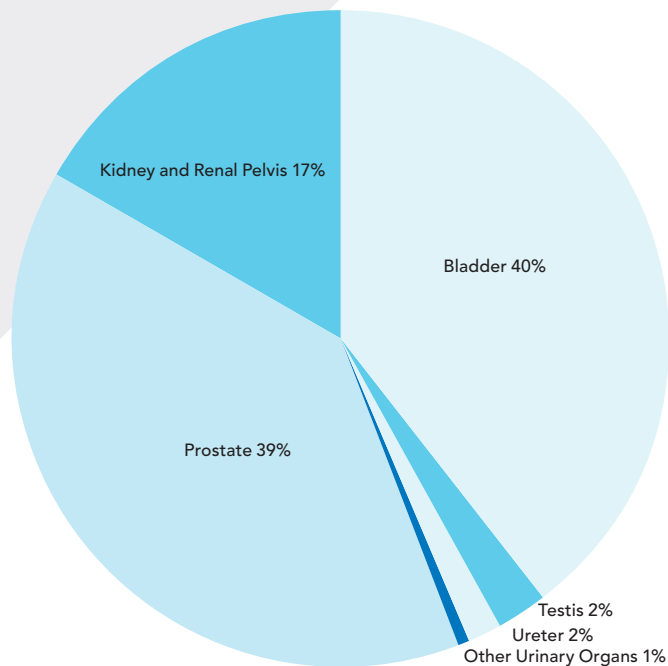


SELECT CANCER SITE GROUPS

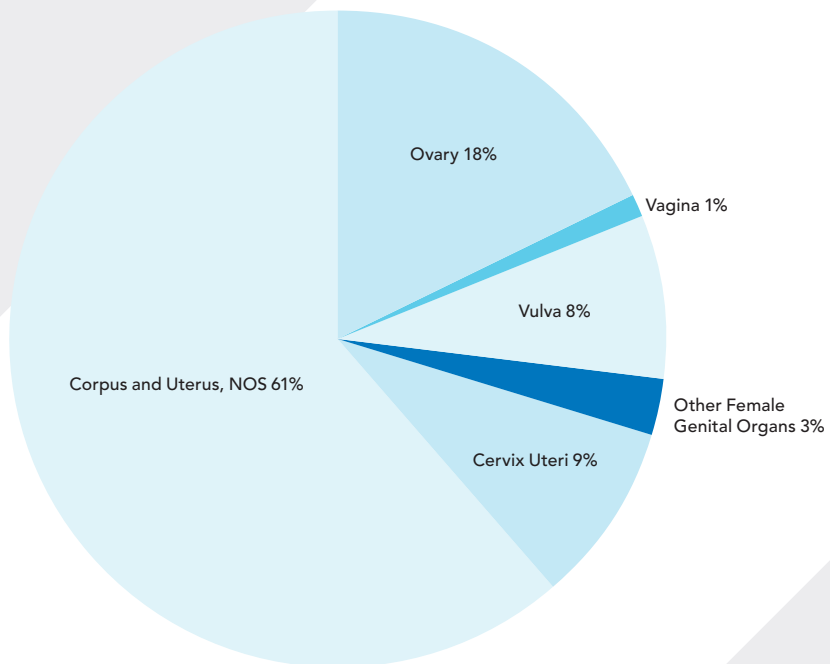


DIGESTIVE CANCERS

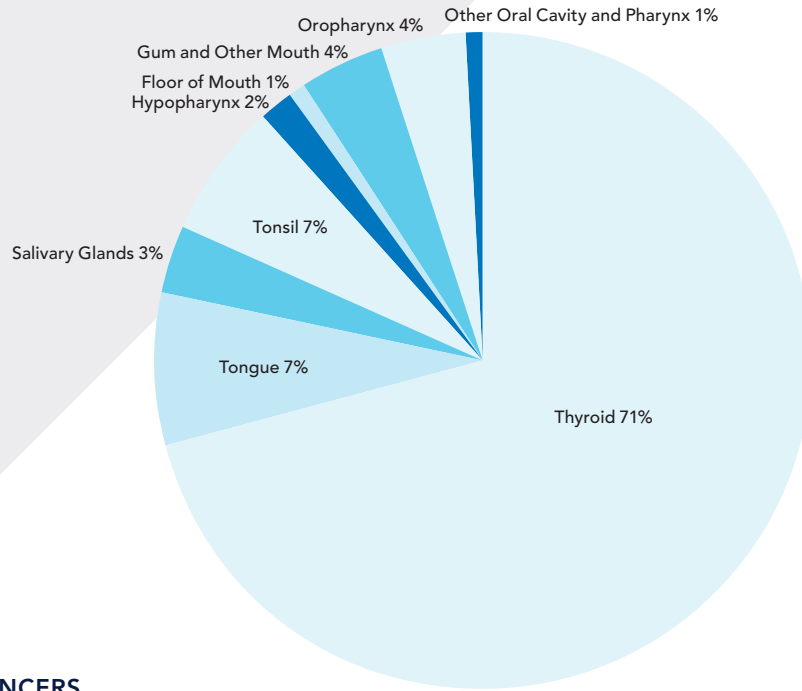
GENITOURINARY CANCERS



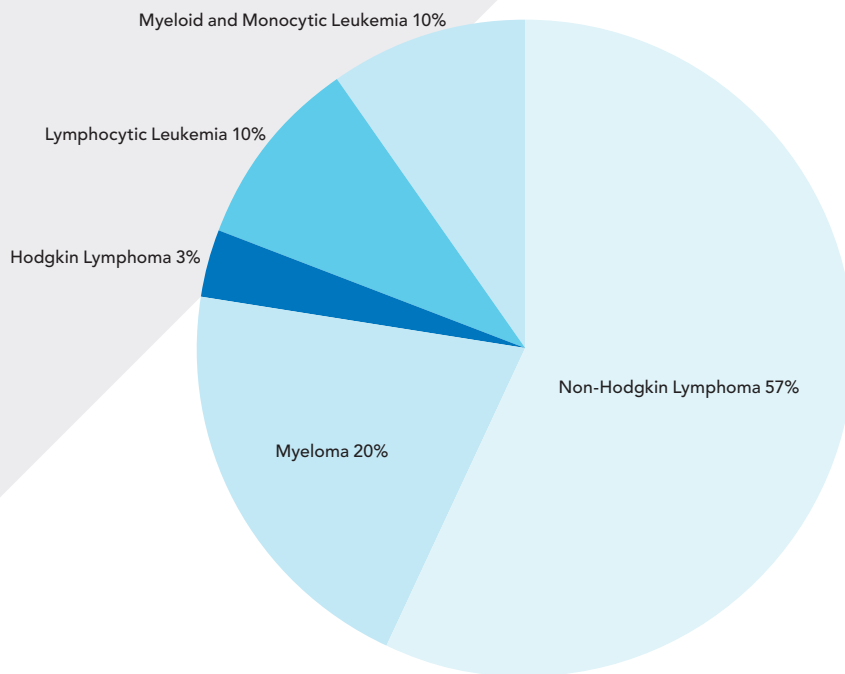
GYNECOLOGIC CANCERS



SELECT CANCER SITE GROUPS



HEAD AND NECK CANCERS



BLOOD CANCERS



ENGLEWOOD HEALTH

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