TABLE OF CONTENTS

Letter from the Chairman & Administrator .................  03
Programmatic Goal: Lung Cancer Screening .............  04
Standard of Care: Nursing ..................................  05
Clinical Goal: Screening Mammography ...............  06
Community Outreach .........................................  07
Cancer Committee Initiatives & Project Work ...........  08
Innovation ................................................................  10
Technology ..........................................................  12
Data: Top Five Sites Treated ..................................  13
Cancer Committee Members ....................................  21
Contact Information ..............................................  22
“Healing just feels better here.”

This is a common phrase that resonates through the halls of our facility, and for good reason. In addition to the 600 beautiful acres that UT Health Northeast calls home, we offer our patients a sense of belonging and a level of care that extends beyond the medicine and therapy. We care for our patients in more ways than one. We offer a variety of healthcare services, all within walking distance of each other and inclusive of convenient and free parking. The list of specialists continues to grow as we expand our family of providers to better accommodate the needs of the community and beyond. And we can’t mention enough about the staff, who is here to make the experience more efficient and as seamless as possible. We have opened two new outpatient family medicine clinics to increase physician availability and access those that have transportation barriers, expanded on our current list of leading-edge technology and are constantly looking for ways to improve the care provided in your region.

The purpose of this report is to examine outcomes, but rest assured that the Cancer program at UT health Northeast has not lost awareness of our duty to ensure that the methods we use to achieve these outcomes keep patient care and patient satisfaction as our primary focus. We are constantly striving to improve care, stay current with access to state-of-the-art treatments and offer a comprehensive approach to care, so that the beneficial outcomes that we all desire will naturally follow.

It is with great pride and humility that we share this outcomes report, which outlines our fight against cancer in our region and beyond. We are fully committed to putting our knowledge, experience and energy forward to ensure the best possible outcome for each patient and understand our responsibility as humble servants of those that seek our assistance. If there are any questions or if any of us can be of assistance, please contact us and let us know what we can do to help. Contact information can be found at the end of this report.

We are proud to be affiliated with this wonderful program and this wonderful team. We are committed to providing excellent care in a compassionate and personal environment and invite you to visit to experience it for yourself. The best place for patients to get out of the woods, is right here in the woods. That’s because healing just feels better here.

Sincerely-

William Hyman, MD, FACS
UT Health Northeast
Cancer Committee Chairman

Cody Boyd
UT Health Northeast
Cancer Committee Administrator
PROGRAMMATIC GOAL: LUNG CANCER SCREENING

Our region leads the state in lung cancer incidence rates as well as smoking rates, so a Lung Cancer Screening program is a needed resource for our patients. Dr. James Fox is leading our program and our initial results have proven the effort was needed. Patients are screened based on a questionnaire that looks at age, family history and smoking status (among others).

Of the 63 patients screened initially, 3 were diagnosed positive for cancer and 11 of the 50 incidental cases were found positive for cancer. Overall, this puts the cancer rate at about 12% and most of these patients had no real signs or symptoms to speak of.

For more information on our Lung Cancer Screening program, contact us at 903-877-8953 or 903-877-2988.
Where would we be without nurses? Nurses care for individuals, families and communities so they may attain, maintain and/or recover optimal health and quality of life, and our nurses at UT Health Northeast far exceed these expectations. One of the merits for our commendation with the Commission on Cancer, was due to our 100% OCN Oncology nursing staff. OCN (Oncology Certified Nurse) is a required credential for all Oncology nurses in the Cancer Treatment & Prevention Center, as it exemplifies the high quality of care that can be expected at UT Health Northeast.

The nursing staff for 2015 totals 9 FTE’s, accounts for 144 years of experience and is growing to meet the demands of the cancer program. From triage to follow-up care, the nurses will be there to help guide our patients through the process, caring for the physical and emotional person.
CLINICAL GOAL: SCREENING MAMMOGRAPHY

The Clinical Goal for our Cancer Committee for 2015, was to look at ways to reduce the no-show rate that is consistently high for screening mammography procedures. We evaluated data from 2014, and almost 1 in 5 patients failed to show for their screening mammogram.

Adherence to this vital test is directly related to positive outcomes in those diagnosed with breast cancer, so this was a great process to improve on. Varying events and changes took place throughout the year to help with the initiative. We wanted to educate the patient on the importance of the procedure as well as help to reduce some of the barriers our patients face. One of the primary barriers is related to lack of transportation and/or funds for transportation. We applied for and were awarded a Komen grant that helped cover some of the fuel expenses for our patients. Many of our patients travel from a distance to seek care and the end result of our goal was that we reduced the no-show rate over 20% for the year, which means that more women were screened and potentially saved.
COMMUNITY OUTREACH

A community needs assessment is performed every few years and the results of Northeast Texas follow the same pattern. Our region has the highest smoking rates in the state of Texas at 1 in 5, with some of the smaller communities seeing rates as high as 1 in 2. We also lead the state in lung cancer incidence and have very high lung cancer mortality rates.

We also see a high volume of colon and breast cancer in our area. In an effort to raise awareness and hopefully reduce the incidence of these diseases, we participated in 39 community outreach events, many organized and lead by UT Health Northeast. Thousands of East Texans are reached and positively affected through education, support and other resources that might not otherwise be available.
UT Health Northeast Awarded Three-Year Cancer Prevention and Research Institute of Texas (CPRIT) Grant Around Colon Cancer Prevention

Uninsured and underinsured patients scheduled for a colonoscopy have a no-show rate topping 70%. This is an obvious barrier as we look at the health of Northeast Texas and how we make an impact in the fight against cancer. One of our largest institutional projects was built around a $1.23M CPRIT grant that allowed us to pay for costs of colon cancer screening tests for uninsured patients, aged 50-75. The first year of the project proved effective as 161 colonoscopies and 16 FIT tests were directly funded by the grant. Of these tests, 81% were found to be abnormal and some were positively diagnosed with a malignancy.

For questions, information, or to schedule a colon cancer screening, call 903.877.8937 or email crc.outreach@uthct.edu.
Once researchers have discovered a new treatment, clinical trials take it to the next level. A clinical trial is conducted to determine whether a new drug or treatment is safe and effective. These studies rely on patients who volunteer to participate. Thanks to clinical trials and volunteers, there are better ways to treat and prevent diseases. Those who participate in clinical trials can play an active role in their own healthcare, gain access to new treatments, and help provide a cure for others in the future.

For 2015, we enrolled almost 50% of our analytic cases in a clinical trial and the credit is due to the incredible Clinical Research team.

There are current studies being conducted at UT Health Northeast. For information, please visit www.uthealth.org/patient-care/clinical-trials or call 903.877.5831.
As the region’s only Academic Medical Center, leading-edge technology is part of who we are. Complacency is not a popular word among the staff or leadership at UT Health Northeast, as we know that the only way to truly “move the needle” in cancer-care, is by ensuring that we have access to the most effective medical tools and practices.

The Oncology department was the initial recipient of varying software upgrades and was even the first to beta-test some ground-breaking technology in Radiotherapy. Standard practices in Oncology has lead Varian Medical Systems to name us as one of the few Tours of Excellence Reference Sites in the world, year after year.

Involvement in this program allows us to share our knowledge with other Oncology practices from all over the country and world, in an effort to positively affect cancer care globally. Our Radiology department was the first in the country to implement GE’s tomosynthesis for mammography.
INNOVATION

Diagnostic Imaging is a vital piece of any cancer program and our diagnostic imaging technology rivals that of other major medical centers. We were the first in the country to install GE’s SenoClaire 3D breast tomosynthesis; a three-dimensional imaging technology that uses low-dose x-ray.

Complimenting our GE SenoClaire, is our new Molecular Breast Imaging (MBI) device (Discovery NM750b). The MBI is used as a second line of imaging and provides efficient, consistently high sensitivity, even in patients with dense breasts. We were second in the state to receive this technology and will benefit the health of Northeast Texas greatly.

In 2011, we introduced radiation therapy with the Varian TrueBeam in Northeast Texas and like everything else, we are always looking to improve. We were asked to beta-test the Varian TrueBeam 2.5 software, which allows more efficient imaging and treatment and also improves workflow processes.

As a Varian Tours of Excellence Reference Site, we are honored to host visitors from all over the world. For 2015, we hosted groups from San Francisco- CA, Kalispell- MT, Tupelo- MS, Fort Wayne- IN and also worked with a national healthcare group as they defined their Oncology workflow processes and how they can improve their current functions.
TECHNOLOGY

GE HD750 CT
64-Slice CT Scanner
Version: HD2.0

GE SenoClaire
3D Breast Tomosynthesis Mammography
Version: AWS 56.12

GE Discovery IQ
PET/CT Scanner
Version: IQ1.0/OPE-C1.0

GE Discovery NM750b
Molecular Breast Imaging Mammography

GE Invenia ABUS
Version: V1.13

Varian TrueBeam Treatment System
Version: SN1101/ SN1437 - 2.5 MR 1

Varian Acuity Verification and Simulation System
Version: 13.6
Client Build: 13.6.30

Varian Aria Oncology Information System
Version: 13.6 MR1
Client Build: 13.6.5.0

Varian Eclipse Treatment Planning System
Version: 13.6
Client Build: 13.6.30
Algorithm: Acuros XB 13.6.23

Equicare CS
Case Management Solution
Version: 4.2- MR1
Northeast Texas leads the state in smoking rates and lung cancer incidence, so it is no surprise that lung disease (47%) is what we see the most. This statistic has held true for over 50 years, since the first cancer patients were treated on campus. In the 1970’s, lung cancer accounted for about 85% of the cases diagnosed and treated here at The University of Texas Health Science Center at Tyler.

Next to lung cancer, the primary areas that we treated for 2015 are female breast cancer (22%). Colon (12%), Prostate (12%) and Non-Hodgkin's Lymphoma (8%). The primary courses of therapy included surgery, radiation therapy, chemotherapy, hormone therapy and immunotherapy. Though some patients may receive one form of therapy, many will receive a regimen of concurrent or adjuvant therapies. Treatment decisions are based on NCCN guidelines, which are widely recognized and used as the standard for clinical policy in Oncology by clinicians.
## FIRST COURSE OF TREATMENT

<table>
<thead>
<tr>
<th>TREATMENT</th>
<th>0</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery &quot;S&quot;</td>
<td>4%</td>
<td>73%</td>
<td>8%</td>
<td>15%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Radiation &quot;R&quot;</td>
<td>0%</td>
<td>85%</td>
<td>0%</td>
<td>0%</td>
<td>15%</td>
<td>0%</td>
</tr>
<tr>
<td>Chemotherapy &quot;C&quot;</td>
<td>0%</td>
<td>14%</td>
<td>0%</td>
<td>14%</td>
<td>71%</td>
<td>0%</td>
</tr>
<tr>
<td>Hormone &quot;H&quot;</td>
<td>0%</td>
<td>0%</td>
<td>50%</td>
<td>25%</td>
<td>25%</td>
<td>0%</td>
</tr>
<tr>
<td>Immunotherapy &quot;I&quot;</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Other &quot;O&quot;</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>S+R</td>
<td>25%</td>
<td>50%</td>
<td>0%</td>
<td>25%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>S+C</td>
<td>0%</td>
<td>6%</td>
<td>38%</td>
<td>44%</td>
<td>13%</td>
<td>0%</td>
</tr>
<tr>
<td>S+H</td>
<td>15%</td>
<td>31%</td>
<td>46%</td>
<td>0%</td>
<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td>S+I</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>S+O</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>R+C</td>
<td>0%</td>
<td>12%</td>
<td>12%</td>
<td>46%</td>
<td>31%</td>
<td>0%</td>
</tr>
<tr>
<td>R+H</td>
<td>0%</td>
<td>0%</td>
<td>75%</td>
<td>13%</td>
<td>13%</td>
<td>0%</td>
</tr>
<tr>
<td>C+H</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>C+I</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>C+O</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>S+R+C</td>
<td>0%</td>
<td>0%</td>
<td>33%</td>
<td>67%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>S+R+H</td>
<td>57%</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>S+C+H</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>S+C+I</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>25%</td>
<td>75%</td>
<td>0%</td>
</tr>
<tr>
<td>S+R+C+H</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Other Combination</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>25%</td>
<td>75%</td>
<td>0%</td>
</tr>
<tr>
<td>Not Treated</td>
<td>0%</td>
<td>17%</td>
<td>11%</td>
<td>6%</td>
<td>44%</td>
<td>22%</td>
</tr>
<tr>
<td>Incomplete Info</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
LUNG DATA

HISTOLOGY

- NEOPLASM, malignant
- Carcinoma, NOS
- Small cell carcinoma, NOS
- Non-small cell carcinoma (C34...)
- Squamous cell carcinoma, NOS
- Squamous cell carcinoma, keratinizing, NOS
- Adenocarcinoma, NOS
- N/A
- Atypical carcinoid tumor
- Mucinous adenocarcinoma
- Acinar cell carcinoma
- Malignant lymphoma, large B-cell, diffuse, centroblastic, NOS

STAGE

![Bar graph showing stage distribution](image-url)
BREAST (FEMALE) DATA

HISTOLOGY

- Carcinoma, NOS
- Papillary carcinoma in situ
- Mucinous adenocarcinoma
- Intraductal carcinoma, non-infiltrating, NOS
- Infiltrating duct carcinoma, NOS (C50.)
- Lobular carcinoma, NOS (C50.)
- Infiltrating duct mixed with other types of carcinoma (C50.)

STAGE

- 0: 15%
- 1A: 25%
- 2A: 10%
- 2B: 10%
- 3A: 3%
- 3B: 3%
- 3C: 3%
- 4: 10%
NON-HODGKIN’S LYMPHOMA DATA

HISTOLOGY

- Malignant lymphoma, large B-cell, diffuse, centroblastic, NOS
- Follicular lymphoma, NOS (See also M-9675/3)
- Follicular lymphoma, grade 2
- Follicular lymphoma, grade 3
- Mature T-cell lymphoma, NOS

STAGE

- Stage 1: 35%
- Stage 2: 10%
- Stage 3: 40%
- Stage 4: 5%
2015 CANCER COMMITTEE

Ed Sauter, MD, PhD
William Hyman, MD, FACS
William Girard, MD
James Fox, MD
Janet Gouldthorpe, CTR
Teresa Ball, CTR
Cody Boyd
Timothy G. Ochran, MS, DABR
David Finlay, MD
Charles Wells, MD
Lewis G. Smith, MD
Steven Cox, MD, FACS
Ralph Turner, MD
Robert Wells, MD
Foy Forehand, MD
Genetic Counselor
Michele Bosworth, MD
Brenda Lee, MSN
Paul Andrews, PhD
Kathryn Wertz, PhD
Chiagozie Nwasuruba, MD
Amy Newton, DO
Karen Meshell, BSN, RN, OCN
Misty Watson, RN
Scherrie Hill, MBA, BSN, RN, CCM
Lakendra Wortham, LMSW
Benji Hawkins, CRC
Jack Voss
Courtney Hickey

Chairman
Interim Chairman/Medical Oncology
Cancer Liaison Physician
Cancer Liaison Physician (A)
Cancer Registry Coordinator
Cancer Registry Coordinator (A)
Cancer Committee Administrator
Cancer Committee Administrator
Cancer Conf. Coord./Diagnostic Radiology
Cancer Conf. Coord./Diag. Radiology (A)
Radiation Oncology
Surgery
Surgery (A)
Pathology
Pathology (A)
Deirdre Leung, MSN, APRN, OCN, FNP-C
Quality Improvement Coordinator
Quality Improvement Coordinator (A)
Psychosocial Coordinator
Psychosocial Coordinator (A)
Palliative Care
Palliative Care (A)
Oncology Nurse
Oncology Nurse (A)
Social Worker/Case Management
Social Worker/Case Management
Clinical Research Coordinator
Chaplain
ACS Representative

UT Health Northeast Cancer Committee Annual Report—2015

21
CONTACT INFORMATION

Cancer Patient Referral
903.877.7831

General Information
903.877.HOPE

Mammography
903.877.7146

Lung Cancer Screening
903.877.8953 or 903.877.2988

Cancer Clinical Trials
903.877.5831

Hospital Patient Information
903.877.7772

Request for Medical Records
903.877.7985

Chaplain Services
903.877.7147