

UMASS MEMORIAL MEDICAL CENTER
2015 ANNUAL REPORT OF THE CANCER COMMITTEE



*UMassMemorial
Medical Center*

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A Far-reaching Network of Community Cancer Care

UMass Memorial Health Care offers a broad-reaching network of cancer care in the MetroWest and Central Massachusetts communities. It is our goal is to provide our patients with expert, personalized, patient-centered, high-value cancer care and services in a location that is close to home.

Our Community Hospitals:

At **UMass Memorial – Marlborough Hospital**, we offer our patients convenient, compassionate cancer care close to home, in a new patient-focused facility. Here you will find infusion services and radiation therapy featuring the latest 4-D imaging. A team approach to your treatment features multi-disciplinary care from many specialists, plus access to some of the most promising clinical trials and research studies, and links to specialized cancer programs such as genetic testing, bone marrow transplant, surgical oncology and more.

At **UMass Memorial – HealthAlliance Hospital**, the Simonds-Sinon Cancer Center offers comprehensive, personalized cancer care locally. With services such as medical oncology, radiation therapy featuring the True Beam patient system, a complementary care center with mind-body interventions such as Reiki and massage therapy, a patient navigator program, plus access to more advanced treatments and clinical trials, the Simonds-Sinon Cancer Center is a beacon of hope for residents in the greater North Central Massachusetts region. The center has achieved accreditation from the American College of Surgeons Commission on Cancer and is designated as a Community Cancer Program.

Focusing on the *Personal* in *Personalized* Medicine

By Alan G. Rosmarin, MD, Chair, Cancer Committee



It seems that every day we hear about remarkable advances in the diagnosis and treatment of cancer. We're filled with wonder as we learn of Personalized Medicine and its advanced molecular studies and more effective, targeted therapies. But who is ever fully prepared to hear those dreaded words:

"You have cancer." Suddenly, your world is turned topsy-turvy, as you wrestle with physical, emotional and even spiritual challenges. Of course, you're the same person that you were before your diagnosis, but it may seem that all attention turns to managing this disease.

Naturally, at such a time we want the most skilled practitioners, advanced diagnostic techniques, and most effective treatments. But we also want caring and compassionate clinicians – supporting us with their healing hands and sharp minds – and a warm, welcoming environment that puts the patient at the center of decision-making and care.

In this Annual Report, we will read about cancer care at the UMass Memorial Cancer Center. Together, these stories describe our state-of-the-art approach to cancer care, yet emphasize that it is the affected individual and loved ones who are the focus of our healing efforts.

In the summer of 2015, the *New York Times* included stories about the underutilization of intraperitoneal (IP) chemotherapy for ovarian cancer and other tumors that affect the abdominal cavity. Even though IP chemotherapy is an important clinical advance for these diseases, it is not widely available. However, the UMass Memorial Cancer Center has been utilizing this approach to extend and improve the lives of hundreds of women since 1998. Indeed, UMass Memorial was the first hospital in the state to adopt this approach, and it remains the only hospital in Central Massachusetts that offers this specialized service.

We will read two touching stories from women who required advanced therapies for their ovarian cancers, and how they were healed by the exceptional technical skill and warm heart of Susan Zweizig, MD,

the chief of the Division of Gynecologic Oncology, and her colleagues.

The UMass Memorial Laboratory of Diagnostic Molecular Oncology, led by Lloyd Hutchinson, PhD, routinely performs DNA sequencing on a variety of cancers. Mutation profiling of patients' cancers can provide new opportunities to target the underlying molecular defects that drive the cancer process. We will learn how these advanced techniques can distinguish differences in cancers that even the microscope cannot reveal, and lead to more successful therapy. We also will read about the MATCH program – a series of individualized clinical trials based on the ability to identify specific gene mutations in the patient's cancer. UMass Memorial is proud to participate in this nationwide effort to bring advanced, individualized cancer care to people in our region and beyond.

There are times when even the most-advanced treatments cannot halt the progress of cancer. At such times attention turns to managing symptoms, rather than treating the cancer itself. The multidisciplinary Palliative Care team at UMass Memorial provides sensitive and personalized healing, and integrates it with the services of other caregivers.

Recently, the National Accreditation Program for Breast Centers (NAPBC) bestowed a Three-Year Full Accreditation to our Comprehensive Breast Center – the only facility in Central Massachusetts to earn this award. They recognized that our "outstanding breast program with strong leadership and institutional support ... adheres closely to national guidelines providing high-quality, patient-centered care." This recognition highlights the multidisciplinary, individualized, and sensitive approach to cancer care that we provide at UMass Memorial.

We at the UMass Memorial Cancer Center are proud to offer the most-advanced Personalized Medicine, while never forgetting that it is the person affected by cancer who is at the center of all that we do.

Dr. Rosmarin is the Gladys Smith Martin Professor of Oncology of the University of Massachusetts Medical School, and chief, Division of Hematology/Oncology, co-director, Cancer Center of Excellence, of UMass Memorial Health Care, and chair, Cancer Committee, of UMass Memorial Medical Center.

“One of greatest clinical advances for treating ovarian cancer” available at the UMass Memorial Cancer Center



Susan Zweizig, MD, director of the UMass Memorial Division of Gynecologic Oncology, provides specialized IP chemotherapy to ovarian cancer patients.

In an August 12, 2015, letter to the *New York Times*, the CEOs of the Ovarian Cancer Research Fund and the Ovarian Cancer National Alliance called intraperitoneal (IP) chemotherapy “one of the greatest clinical advances to date for treating ovarian cancer.”

Notably, this important treatment is available at the UMass Memorial Cancer Center – and has been since 1998 – extending survival in hundreds of women for whom this therapeutic approach has been an option. In fact, UMass Memorial not only was one of the first in the state to adopt this life-extending treatment, but remains the only hospital in Central Massachusetts to offer it.

In IP chemotherapy, warmed, highly concentrated cancer-killing drugs are pumped directly into the abdomen via a port. Patients are then rolled back and forth on a bed, sloshing the chemotherapy around so it bathes any cancer cells that may remain after tumor-reduction surgery. Most patients receive six rounds of IP chemotherapy in addition to intravenous chemotherapy.

“This is standard treatment that we offer to every woman who is eligible,” says Susan Zweizig, MD, director of the UMass Memorial Division of Gynecologic Oncology. “But not everyone with ovarian cancer is eligible,” she adds, noting that a patient’s age, general health and vitality, and the severity of her cancer must be considered.

“IP chemotherapy is approved for stage 2 and 3 ovarian cancer in patients who have had optimal tumor removal, and it can be very toxic,” Dr. Zweizig explains. “But if someone is a good candidate, we explain the risks and benefits and what it could mean for her. And she makes the decision.”

Based on a 2006 study (in which UMass Memorial participated), patients receiving IP chemotherapy saw a 15-month survival improvement versus those who received intravenous (IV) chemotherapy alone.

“Our experience continues to echo these results,” Dr. Zweizig says. “Yes, there are exceptions, but we also have many long-term survivors.” (Please see related stories.)

Dr. Zweizig believes that patient education plays a key role in UMass Memorial’s overall very good patient outcomes.

“Our nurses educate patients fully so they know exactly what’s happening,” she says. “It’s not the most pleasant treatment, but patients generally tolerate it well, and education is a big part of that.”

She also notes that many patients and physicians believe that when it comes to treating ovarian cancer, the best person to administer chemotherapy is the physician who also performs the surgery to remove the tumor – an integrated gynecologic oncology care model that is the standard at UMass Memorial.

“Having done this here for 21 years, I totally agree,” she says. “Our team of four gynecologic oncologists is extremely well-versed in this treatment. And the survival benefit has been made clear.”

Susan Briody's Experience with IP Chemotherapy:

"I cannot say enough ..."

Susan Briody was 54 when she began having what she described as occasional gastrointestinal distress.

"I'd flown to Arizona to visit my college roommate and I just felt awful," the Charlton resident relates. "It felt like the worst constipation, but it wasn't that. I didn't feel like eating and just couldn't get comfortable. My roommate made me promise I'd see my doctor when I got home."

Briody had a routine annual visit – albeit about six months late – already scheduled with Alan Albert, MD, the ob-gyn who'd been her primary care physician for decades. She didn't mention her symptoms to him, however, dismissing them as constipation.

"But he ordered an ultrasound that showed what he said could be fibroids, and he referred me to a gynecologic oncologist he trusted," she says.

"Well, the hair on my neck curled and my face turned red when I heard 'oncologist,'" Briody continues. "But he explained that the surgeries he does are obstetrical, and that Susan Zweizig, MD, was the right person for me to see."

Briody underwent additional tests, including a CT scan and blood work that revealed her CA 125, a tumor marker for ovarian cancer, was 8,000. The normal range is 14 to 20. She saw Dr. Zweizig on a Tuesday to review her test results; surgery was scheduled for 48 hours later.

"I had all the attributes of cancer," Briody says, "but it wouldn't be definite until they sent a biopsy to the lab during surgery."

The diagnosis became definite, and Briody's surgery became more extensive.

"They did debulking surgery to take out anything suspicious," she relates. "I had a complete hysterectomy, they removed my appendix since it can harbor cancer cells, a layer of fat in my abdomen, they scraped organs to remove anything that looked like it could harbor 'floaters,' and they removed ten lymph nodes. When I woke up, I was told I had stage 3 ovarian cancer."

Soon thereafter, Dr. Zweizig discussed IP chemotherapy with Briody.

"I had no hesitation about doing it," Briody says. "She said it would be difficult and I might feel very sick from it, but I had no fear."

Briody underwent the full six cycles of IP chemotherapy over a four-month period, taking a powerful antiemetic to prevent nausea.

"After four cycles of IP chemo, Dr. Zweizig said I was doing great, but said there was a risk I could get neuropathy in my hands and feet if I continued," Briody says. "I'm an artist and was an art teacher, so she was concerned about that."

"I asked her if my chances of survival would dramatically improve if I did all six treatments and she said yes," Briody adds. "I said I'd rather be an artist who can't feel her hands and feet than a dead one."

Briody says it took a full six months for her to feel better after treatment, but it's been smooth sailing ever since. She has been cancer-free for 8½ years.

"I thank my lucky stars every day," she says. "It's too bad you have to have a life-threatening event to learn to live in the present and not take anything for granted. I cannot say enough to appropriately thank or describe what Dr. Zweizig and the UMass Memorial team have done for me and my family. They are just the best."



A gifted artist who shares her talent with others, Susan Briody has been cancer free for more than eight years.

Sheila Burque's Experience with IP Chemotherapy:

"I never gave a thought to going to Boston."

It was probably the worst birthday of her life. In the summer of 2012, Sheila Burque – an administrative assistant in the Surgical Oncology Department at the UMass Memorial Cancer Center – was about to turn 56 when, a few days before the event, she felt a lump in her belly button.

"That was on a Thursday," she recalls. "Then over the weekend I started to get bloated until I looked like I was nine months pregnant. It happened so quickly, and it was very scary.

"I called my primary care physician, Demosthenes Agiomavritis, MD, that Monday morning and said that my belly was hard and distended," she continues. "He saw me at 10:15 and had me wait in the office while they arranged an urgent CT scan the same day."

Prior to her sudden, severe bloating, Burque had experienced absolutely no symptoms to suggest that anything might be wrong. Her scan, however, along with additional testing, revealed what appeared to be ovarian cancer. She was referred to gynecologic oncologist Susan Zweizig, MD, for a definitive diagnosis, staging and treatment, which would involve surgery and chemotherapy.

Her surgery was extensive, and included a complete hysterectomy – performed by Dr. Zweizig – as well as removal of her appendix and spleen, to which the cancer had metastasized. This part of the surgery was performed by oncologic surgeon Laura Lambert, MD, who happened to be Burque's boss.

Given the extent of her disease, Burque was diagnosed with stage 3 ovarian cancer.

"It all happened really fast," Burque recalls. "Two weeks after my initial tests I had surgery, and three weeks after surgery I started chemo."

Dr. Zweizig explained to Burque that she was an appropriate candidate for IP chemotherapy.

"I'd never heard of it before, but I had no hesitation about undergoing the treatment," Burque says. She understood that it wasn't going to be easy.

"I ended up in the emergency room once with nausea and vomiting," she relates. "I was unable to keep anything down for 24 hours. Another time, I went into atrial fibrillation (Afib) from the chemo, and ended up being admitted overnight for that. But it resolved.



Sheila Burque was an appropriate candidate for IP chemotherapy. Three years after being diagnosed with Stage 3 ovarian cancer, she feels fine with no residual side effects from the treatment.

"I also had neuropathy in my hands and feet, but it went away," she adds.

Today, three-and-a-half years – and three happier birthdays – later, Burque has returned to work and she says simply, "I feel fine; I have no residual effects from the treatment."

Until recently, Burque saw Dr. Zweizig every three months for a follow-up exam and CA 125 test to monitor for the presence of ovarian cancer tumor markers in her blood, a likely sign of recurrence.

"But I just graduated to exams every six months," Burque reports. "That makes me feel good."

Burque also feels good about the care she received at UMass Memorial.

"I definitely felt confident that I was in the right place," she says. "I never gave a thought about going to Boston.

"And I'm very grateful to have had a good primary care doctor in place, someone I could count on when I had a problem," she adds.

NAPBC Awards Prestigious Three-Year Full Accreditation to UMass Memorial Comprehensive Breast Center

Breast Cancer Awareness Month
OCTOBER 2015

Raising awareness Inspiring hope
Celebrating the survivor
Encouraging early detection Working for a cure

UMassMemorial

NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS
A QUALITY PROGRAM OF THE AMERICAN COLLEGE OF SURGEONS

AMERICAN COLLEGE OF SURGEONS
Inspiring Quality
Highest Standards, Better Outcomes
100+ years

Commission on Cancer®
A QUALITY PROGRAM OF THE AMERICAN COLLEGE OF SURGEONS

The National Accreditation Program for Breast Centers and the Commission on Cancer—quality programs of the American College of Surgeons—support this important event.

The National Accreditation Program for Breast Centers (NAPBC) has once again bestowed Three-Year Full Accreditation to the UMass Memorial Comprehensive Breast Center. The NAPBC is a program administered by the American College of Surgeons. The UMass Memorial Comprehensive Breast Center first earned accreditation in 2012, and is the only facility in Central Massachusetts to earn this prestigious award.

The Three-Year Full Accreditation is the highest and most desirable designation awarded by the NAPBC. After an extensive on-site review of procedures and policies, accreditation is granted only to centers that comply with 24 rigorous standards for breast care.

The NAPBC accreditation recognizes our program as providing the highest-quality evaluation and management of our patients with breast disease. Our center has also demonstrated that it meets the needs of breast patients by providing multidisciplinary, high-quality, patient-centered care.

In issuing its formal Performance Report, the NAPBC commented that it “is evident that [the Comprehensive Breast Center] is a well-coordinated, truly multidisciplinary team providing comprehensive, patient-centered care.”

“This is an outstanding breast program with strong leadership and institutional support for initiatives. A robust quality improvement effort is in place and raises the overall quality of care. The medical record review demonstrates that the multidisciplinary team adheres closely to national guidelines providing high-quality, patient-centered care. The team is truly multidisciplinary and provides excellent care to breast patients.”

Congratulations to all who worked to earn this stamp of excellence!

To read the full National Accreditation Program for Breast Centers 2015 Performance Report on the UMass Memorial Comprehensive Breast Center, please go to www.umassmemorial.org/cancer/NAPBC2015.

Advances in diagnostic molecular oncology help physicians provide “right amount of treatment”

As one of the first labs of its kind in the nation – and the only one in Central Massachusetts – the UMass Memorial Laboratory of Diagnostic Molecular Oncology remains on the forefront of helping oncologists provide personalized treatment to cancer patients.

“While personalized cancer treatment is still in its infancy, there is real momentum,” says Lloyd Hutchinson, PhD, technical director of the lab. “Today, we can understand exactly what mutations are driving the growth of each patient’s cancer so physicians can tailor treatment for the best-possible results. And we’ve made real progress in this area this year.”

For example, he notes, this year the lab is working with a new panel of 50 genes that most commonly

mutate in leukemia – what’s referred to as next-generation sequencing (NGS).

“With the information we obtain, we can identify those leukemias that are more aggressive and refractory to regular treatments versus those that respond well,” Hutchinson notes. “If the prognosis is good, treatment may be limited to chemotherapy. If the prognosis is poor, a Stem cell transplant may be considered.

“We’ve also increased the sensitivity of the NGS assay, which allows us to follow residual disease and determine if the patient has really responded to treatment,” he continues. “Unlike with microscopy, we can tell if the cells harbor the mutation and the patient will relapse – enabling the oncologist to manage therapy more effectively and tailor it to the



Lloyd Hutchinson, PhD, and Kevin Tomaszewicz of the Laboratory of Diagnostic Molecular Oncology are on the front lines of providing personalized cancer treatment to patients.

individual patient, even going in a different direction, if necessary.”

Hutchinson says that mutation profiling used to be performed one gene at a time.

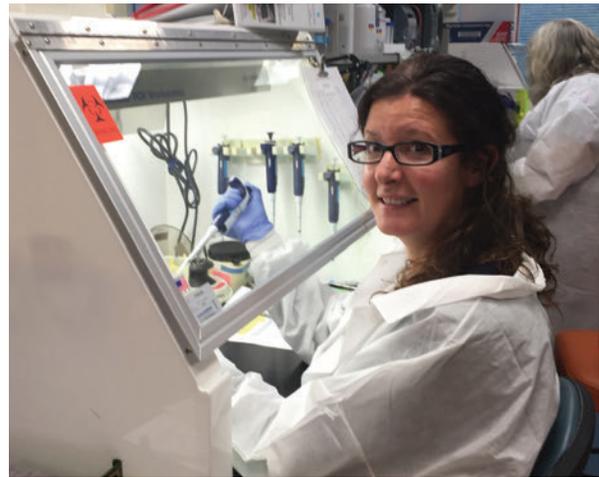
“The new technology is double the price, but it tests 50 genes at once and provides a more comprehensive look at the tumor,” he points out, noting that this type of in-house testing is standard at the UMass Memorial Cancer Center.

The lab provides similar testing for other cancers. For example, all patients with late-stage lung and colon cancers, and metastatic melanoma, undergo complete workups to identify any gene mutations and match them with available targeted treatments.

“We also do testing for anyone with an unusual tumor for which there is no standard therapy,” he says, noting that these patients may then be directed to a clinical trial.

Molecular testing also can determine if a pancreatic cyst is neoplastic, Hutchinson explains. “Cytologic examination utilizing microscopy is non-diagnostic 25 percent of the time, but we can identify an abnormality more than 90 percent of the time,” he says. “If it is cancer, the patient will have surgery and chemo. It doesn’t change the way the patient is treated, but we have the information to help make the right decision now whether surgery is needed.”

Similarly, 15 percent of the time microscopy can’t reveal whether abnormal thyroid cells are cancerous.



Kathleen McCauley works on the preparation of NGS PCR template.

“Molecular testing can look at an atypical specimen against a large panel of genes and if we see a mutation, we can accurately say it’s cancer and the patient needs surgery,” Hutchinson says.

“This happened just last week,” he notes. “That patient will have a thyroidectomy – and it’s curative. If it had been negative, that surgery could have been unnecessary.

“So it helps physicians give the *right* amount of treatment, at the right time,” he adds. “And that’s real progress.”

See related story on MATCH clinical trial now underway at UMass Memorial on page 10.

Open Clinical Trials

The Cancer Research Office (CRO) is a shared resource that provides clinical research support services to investigators conducting cancer relevant clinical research. The three major functions of the CRO are to:

- Ensure that cancer-relevant clinical research is conducted according to federal, state and institutional regulations;
- Maintain the highest level of quality assurance through active monitoring of clinical trial data; and
- Monitor and educate researchers, institutions and other groups affiliated with the UMass Memorial Cancer Center with regard to appropriate clinical trial conduct.

To support these functions, the CRO provides clinical trials administration to assist in the preparation and processing of all regulatory, contractual and Institutional Review Board (IRB) documents related to institutional, cooperative group and pharmaceutical sponsored protocols for members of the Cancer Center.

For a list of open and active trails that have IRB approval, please go to www.umassmed.edu/ccoe/Cancer-Center-Clinical-Trials.

Landmark MATCH Clinical Trial at UMass Memorial: *“Precision medicine meets personalized care”*

In September 2015, the National Cancer Institute’s Molecular Analysis for Therapy Choice (NCI-MATCH) trial opened at the UMass Memorial Cancer Center. This multi-site, nationwide clinical trial analyzes patients’ tumors to determine if they contain genetic abnormalities for which a targeted drug exists, and assigns treatment based on the abnormality – with the aim of determining if treating cancers according to their molecular abnormalities will prove effective.

“This is one of the first major studies of its kind,” says Jan Cerny, MD, PhD, director of the UMass Memorial Leukemia Program and principal investigator for



Jan Cerny, MD, PhD, Director of the UMass Memorial Leukemia Program

the trial at the medical center. “Our participation demonstrates that patients in our community have access to world-class oncology care and clinical trials.”

In the first step of the NCI-MATCH trial, investigators seek to obtain tumor biopsy specimens from as many as 3,000 patients across the country. The specimens will undergo DNA sequencing to identify those with genetic abnormalities that may respond to the targeted drugs selected for the trial. These drugs have either received FDA approval for another cancer indication, or are still being tested but have shown some effectiveness against tumors with particular genetic mutations.

In the second step, 1,000 of the screened patients will be assigned to 10 unique “arms” or sub-studies of the trial. Each arm will enroll adults 18 years of age or older with advanced solid tumors and lymphomas that are no longer responding – or never responded

– to standard therapy and have begun to grow. Once enrolled, these patients will be treated with the targeted drug for as long as their tumor shrinks or remains stable.

“What makes this trial unique is that patients don’t qualify based on the histological type of disease they have, but by how the tumor has decided to turn malignant or ‘misbehave,’” Dr. Cerny notes. “The classic trials are that if someone had lung cancer with a certain histology, they were treated with agents that were being tested for that histological diagnosis.

“In this trial, the histological diagnosis doesn’t matter,” he continues. “As long as they have a certain mutation that can be targeted therapeutically, they can qualify for one of the arms of the study.”

He also points out that while some enrolled patients may respond to treatment, others may develop subsequent mutations.

“The study team is looking at 140 different genes, so if one treatment isn’t as effective as we’d like, patients can be evaluated for their eligibility to go into another arm of the study for subsequent treatment,” he says.

The NCI-MATCH trial is expected to close rather rapidly.

“In its first six weeks alone, the study had enrolled 370 patients [out of 1,000] nationally,” Dr. Cerny reports – a significant accrual rate that underscores the perceived value of this type of study. During this time, UMass Memorial had three patients undergoing initial screening.

As of November 4, however, the study paused accrual to the screening process as 500 patients had been enrolled, and investigators need time to perform the mutational analysis. Recruitment is anticipated to resume in January 2016.

The NCI-MATCH trial is tied to the current administration’s Precision Medicine Initiative, an approach to disease prevention and treatment that takes into account individual differences in people’s genes, environments and lifestyles.

“It ties in nicely with our emphasis on personalized medicine in cancer,” Dr. Cerny adds. “Precision medicine meets personalized care at UMass Memorial.”

For more information about the NCI-MATCH trial, please contact cancer.research@umassmed.edu.

Palliative Care Program:

“Stronger, More Accessible to Cancer Patients Than Ever”

In the past year, the UMass Memorial Palliative Care Program has grown even stronger and more accessible, particularly to cancer patients and their families.

“We want to help people better understand what palliative care does and how we play a role in cancer care,” explains Palliative Care co-chief Jennifer Reidy, MD, MS, FAAHPM. “The national standard is for palliative care to be done concurrently from the time of diagnosis to improve quality of life, and potentially increase survival.”

To facilitate this at UMass Memorial, Palliative Care has embedded an outpatient clinic at the Cancer Center and an inpatient consult team at both University and Memorial campuses.

“We collaborate with the oncologist to help manage patients’ pain and difficult symptoms,” says Suzana Makowski, MD, MMM, FACP, FAAHPM, co-chief of Palliative Care. “We also provide support for the family and identify resources in the community for practical support at home.

“We also work alongside the oncologist to discuss prognosis and goals,” she continues. “If the disease is incurable, we help figure out what’s important to the patient because their goals should drive their care.

In end-of-life situations, the palliative care team helps the oncologist make referrals to hospice and help with end-of-life planning, leaving a legacy, spending meaningful time with loved ones, and providing support to family members.

“We make a concerted effort to focus on patients with advanced metastatic lung and unresectable pancreas cancers,” Dr. Reidy notes. Delila Katz, PharmD, BCOP, Clinical Pharmacy Specialist in palliative care and oncology, introduces patients to early palliative care and advance care planning at the multidisciplinary lung cancer clinic on Friday mornings, and generates referrals to the specialty



Delila Katz, PharmD, BCOP (left) Suzana Makowski, MD, (center) and Jennifer Reidy, MD (right)

clinic as needed. Christina Fitch, DO, MPH, identifies patients with pancreas and GI cancers who may benefit from palliative care, in collaboration with the oncology team.

“But we see patients with all types of cancer, some of whom are survivors – like bone marrow transplant patients in remission,” Dr. Reidy adds. “We also help patients with challenging chronic issues from treatment, like neuropathy, in collaboration with oncology and primary care.”

In general, the top referrers to palliative care are hospital medicine, oncology and critical care. The most common reasons for referral are pain management and clarification of goals of care.

Notably, the palliative care team has developed an online advance care planning tool (www.umass.luminat.com) that’s integrated into the UMass Memorial electronic health record (Allscripts) and the hospital’s online patient portal.

“It’s a way for patients and families to take control of health care decisions going forward and make their wishes known,” Dr. Reidy says.

On the inpatient side, an interdisciplinary team comprising two nurse practitioners, two physicians

Continued



and a social worker – in addition to Drs. Reidy and Makowski – care for hospitalized patients.

“This year, we also have a research assistant, Alex Doering, who started an initiative called Power of Presence,” Dr. Makowski says. “Volunteers are trained to sit vigil at the bedside when a patient is dying and no family is there. To date, we’ve trained 47 volunteers and 50 more are waiting to participate in the volunteer program.”

Palliative care also led a system-wide initiative with the Office of Quality and Patient Safety to standardize pain management for hospitalized patients. Delila Katz led a pilot on the Memorial Campus on improving assessment of pain and reducing the variation in prescribing and monitoring of pain medications as part of her Quality Scholars project this year, and she won one of the top awards (the Phillips Prize) for her work.

The division is also leading a grant-funded project called Patient as Teacher, which recruits patients with metastatic cancer to share their stories in order to leave a legacy, preserve dignity, and teach the next generation of health care professionals. Drs. Makowski and Fitch, Doering, Jennifer Tjia, MD, MSCE, and health psychologist Amy Wachholtz, PhD, MDiv, MS, are conducting this project and presented an abstract at ASCO’s Palliative Care Conference in Boston this year.

With grant funding from the Donaldson Foundation, Dr. Makowski co-facilitated an 8-week mindfulness-based stress reduction class for 23 Cancer Center staff, followed by monthly gatherings and a weekend retreat. The Donaldson Foundation wanted to support a program to enhance the care and alleviate

suffering of cancer patients through mindfulness. On reflection of the impact of this program, Dr. Makowski said, “Participants shared that the program was transformative, enhancing their ability to provide compassionate support for their patients – whether in the clinic, infusion suite or hospital – through their cancer care. The program did not just touch the lives of 23 program participants, but the hundreds of patients that they care for.”

Finally, the faculty are actively involved in teaching the oncology fellows, who are required to do a month-long rotation in palliative care, participating in inpatient and outpatient care. The fellows also participate in a daylong workshop on communication skills, symptom management and mindful practice, and receive ongoing teaching and mentoring from palliative care faculty throughout their fellowship experience.

“Palliative care really gets to the heart of why we all got into health care,” Dr. Reidy says. “We help people face illness and improve their quality of life. We help to reduce suffering and really partner with them so they can maintain their personhood, and feel they’re recognized for the unique human they are.”

“We know that palliative care improves outcomes in terms of quality of life,” she adds. “And we know from studies that it can also improve survival.”



National Accreditations and Recognition

In addition to the NAPBC, several other national organizations recognized the UMass Memorial Cancer Center as providing exceptional medicine to our patients.

American College of Radiology (ACR):

- Three-year Accreditation, Radiation Oncology (Memorial Campus, University Campus, HealthAlliance Simonds-Sinon Cancer Center in Leominster)
- Mammogram (All Sites)
- Ultrasound (Memorial Campus, University Campus, Ambulatory Care Center)
- Breast Biopsy (Ambulatory Care Center)
- CT Scan (Memorial Campus, University Campus)
- Lung Screening (University Campus)

American College of Surgeons Commission on Cancer:

- Three-Year Accreditation
- Six Commendations

Foundation for the Accreditation of Cellular Therapy (FACT)

- Bone and Blood Marrow Transplant Program

European Society for Medical Oncology (ESMO)

- Designated Center of Integrated Oncology and Palliative Care



2013 Quality Measures

Breast conservation surgery rate for women
with AJCC clinical stage 0, I, or II breast cancer (Surveillance)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	75%	68.9-81.1	192	1
My ACS Division	74%	72.4-74.4	7503	104
My Census Region	74%	72.4-74.4	7503	104
My CoC Program Type	62%	61.2-62.2	36952	236
My State	77%	75.4-78.4	3174	41
All CoC Approved Programs	63%	62.3-62.9	119929	1450

Image or palpation-guided needle biopsy (core or FNA) of the primary site is performed to establish diagnosis of breast cancer (Quality Improvement)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	94%	90.6-96.6	251	1
My ACS Division	90%	89-90.2	8789	104
My Census Region	90%	89-90.2	8789	104
My CoC Program Type	89%	88.5-89.1	35311	236
My State	88%	87.1-89.3	3477	41
All CoC Approved Programs	88.5%	88.3-88.7	128620	1450

2013 Quality Measures

Tamoxifen or third-generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer (Accountability)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	99%	97.7-100	130	1
My ACS Division	93%	92.2-93.8	4321	104
My Census Region	93%	92.2-93.8	4321	104
My CoC Program Type	88%	87.9-88.7	23495	236
My State	93.5%	92.4-94.6	1834	41
All CoC Approved Programs	88.5%	88.3-88.7	74589	1450

Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes (Accountability)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	90%	71.4-100	10	1
My ACS Division	87%	85-92.2	307	104
My Census Region	87%	85-92.2	307	104
My CoC Program Type	84%	82.4-85.2	2532	236
My State	87.5%	81.8-93.2	128	41
All CoC Approved Programs	83%	82.2-83.8	7507	1450

2013 Quality Measures

Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer (Accountability)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	93%	89.4-97.4	151	1
My ACS Division	94%	93.3-94.7	3929	104
My Census Region	94%	93.3-94.7	3929	104
My CoC Program Type	90%	89.1-90.1	17183	236
My State	94%	93.2-95.4	1782	41
All CoC Approved Programs	90%	89.6-90.2	53096	1450

Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0, or stage IB - III hormone receptor negative breast cancer (Accountability)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	100%	100-100	24	1
My ACS Division	92%	90.3-94.3	651	104
My Census Region	92%	90.3-94.3	651	104
My CoC Program Type	90%	89.4-91.2	4208	236
My State	93%	90.6-96.2	301	41
All CoC Approved Programs	91%	90.6-91.6	12290	1450

2013 Quality Measures

Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC stage III (lymph node positive) colon cancer (Accountability)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	86%	59.8-100	7	1
My ACS Division	93%	90.3-94.	487	105
My Census Region	93%	90.3-94.9	487	105
My CoC Program Type	86%	85.1-87.7	2795	236
My State	92%	88.3-95.5	221	41
All CoC Approved Programs	87%	86.3-87.7	9748	1449

At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	98%	94.4-100	53	1
My ACS Division	92%	90.7-92.9	2237	105
My Census Region	92%	90.7-92.9	2237	105
My CoC Program Type	92%	91.6-92.6	10686	236
My State	93.5%	92-95	983	41
All CoC Approved Programs	90%	89.5-90.1	41079	1449

2013 Quality Measures

Surgery is not the first course of treatment for cN2, M0 lung cases
(Quality Improvement)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	100%	100-100	26	1
My ACS Division	89%	86.9-91.9	567	105
My Census Region	89%	86.9-91.9	567	105
My CoC Program Type	91%	89.6-91.6	3026	235
My State	91%	87.7-94.9	210	41
All CoC Approved Programs	91%	90.7-91.9	9793	1454

Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is considered for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC (Quality Improvement)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	100%	100-100	8	1
My ACS Division	87.5%	83.8-91.2	305	105
My Census Region	87.5%	83.8-91.2	305	105
My CoC Program Type	85%	83.5-86.9	1622	235
My State	89%	83.8-94.8	121	41
All CoC Approved Programs	86%	85.3-87.3	4246	1454

2013 Quality Measures

Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is considered; for patients under the age of 80 receiving resection for rectal cancer (Quality Improvement)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	93%	79.4-100	14	1
My ACS Division	85%	80.9-88.7	328	103
My Census Region	85%	80.9-88.7	328	103
My CoC Program Type	84%	82.4-85.6	2122	236
My State	84%	78-89.2	165	41
All CoC Approved Programs	84%	83.3-85.1	5832	1432

About the Art

The 2015 Annual Report of the Cancer Committee features original art works that hang in the halls and public waiting areas of the Ambulatory Care Center (ACC). When the building was being constructed, UMass Memorial Medical Center worked collaboratively with Betty Bothereau, Lead Art Consultant with the L'Attitude Gallery, to select pieces by local artists that would complement the ACC design and reflect the exceptional caliber of medicine provided throughout our system. We proudly include three of these pieces in this report:

Cover and Page 12 Top: "Irises" by Kyle Nietzsche
 Page 12, Lower Right: "Stalwart Tulips" by Carole Guthrie
 Page 19: "Day Lily" by Carole Guthrie

Gallery Information:
 Betty Bothereau, Lead Art Consultant
 L'Attitude Gallery
 460-C Harrison Ave., Suite 8A
 Boston, MA 02118
 617-927-4400
www.lattitudegallery.com





Patients and families trust UMass Memorial Medical Center as the region's leading academic medical center, committed to improving the health of our communities in Central Massachusetts. With our partner, the University of Massachusetts Medical School, we are committed to excellence in primary and specialty care, community service, teaching and research. The Medical Center offers advanced technology and support services for patients and families, providing the region with specialists renowned for their expertise in caring for adults and children. Visit www.umassmemorial.org. General information: 508-334-1000



UMass Memorial Health Care is the largest not-for-profit health care system in Central Massachusetts with more than 12,000 employees and 1,600 physicians, many of whom are members of UMass Memorial Medical Group. Our member hospitals and entities include UMass Memorial – Clinton Hospital, UMass Memorial – HealthAlliance Hospital, UMass Memorial – Marlborough Hospital, UMass Memorial Medical Center and UMass Memorial – Community Healthlink, our behavioral health agency. With our teaching and research partner, the University of Massachusetts Medical School, our extensive primary care network and our cancer, diabetes, heart and vascular, orthopedic and surgery programs, UMass Memorial delivers safe, high-quality and compassionate care. Visit www.umassmemorialhealthcare.org.

To find a physician in your community, call 855-UMASS-MD (855-862-7763).



UMass Memorial Medical Center - University Campus
55 Lake Avenue North, Worcester, MA 01655

UMass Memorial Cancer Center at Marlborough Hospital
157 Union Street, Marlborough, MA 01752

Simonds-Sinon Regional Cancer Center
HealthAlliance Hospital - Burbank Campus
275 Nichols Road, Fitchburg, MA 01420

HOPE Line – 866-597-HOPE (4673)
HOPE Online – www.umassmemorial.org/cancer