



KENT HOSPITAL CANCER PROGRAM ANNUAL REPORT 2020/2021



(401)227-3669



455 Toll Gate Road
Warwick, RI 02886



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Cancer Program at Kent Hospital

The Cancer Program at Kent Hospital offers a comprehensive range of services delivered by a dedicated team of professionals who use the latest technology and offer patients and their families hope and compassion. A multi-disciplinary team of cancer professionals works with patients to create an individual treatment plan based on the diagnosis. Kent continues to offer all cancer program services – following the Rhode Island Department of Health recommendations to keep patients safe during the ongoing pandemic.

Services

Oncology care is provided by chemotherapy/infusion units and a full range of diagnostic imaging and laboratory services. Oncology services feature a multidisciplinary team of surgeons, medical oncologists, radiation oncologists, pathologists, radiologists, palliative care specialists, and other physicians along with experienced oncology certified nurses.

The Cancer Committee at Kent Hospital meets quarterly to oversee the cancer program and to develop public education opportunities and community screening programs. Our cancer program is accredited by the American College of Surgeons Commission on Cancer as a Comprehensive Community Hospital Cancer Program, and by the National Accreditation Program for Breast Centers which is dedicated to the improvement of the quality of care and monitoring of outcomes of patients with diseases of the breast. The mammography program was awarded the Breast Imaging Center of Excellence by the American College of Radiology.

Research

Kent's Cancer Program participates in several clinical research trials that offer cutting edge treatments to our patients.

Emotional Support

The physical struggle in the fight against cancer is not easy. However, the emotional struggle can be equally as challenging. All cancer patients have access to clinical social workers for complete psychosocial assessment of physical, psychological, social, spiritual, financial, survivorship, and resource needs. Clinical social work services are also available to support caregivers and families. With oncology nurse navigators in the outpatient infusion units (Kent campus and Cranston), Breast Health Center, and medical oncology, there are systems to ensure that a patient's needs do not "fall through the cracks." Navigation has allowed for a closer relationship with the American Cancer Society and the ability to look at the potential barriers to care within our community.

Complete Care, Close to Home

The Cancer Program at Kent Hospital has the facilities and treatment you need conveniently located in central Rhode Island. This allows patients, families, and friends to remain close, which is important during treatment.

Care, compassion, and hope are more than just words; they are the foundation of our program. With the proper resources, including a dedicated medical staff, state-of-the-art treatment, and caring support close to home, the Cancer Program at Kent Hospital has everything you and your family need.



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Cancer Committee Membership

2020

Christen Andrade, RN, Breast Health Center
Kate Baccari, PA, Palliative Care
Andrea Buckley, RN, Navigator
Joanne Carlson, RN, Outpatient Infusion
Zhangmere Cheng, RD, Nutrition
George Cristescu, MD, Cancer Liaison Physician
Angela DeRobertis, MD, Radiation Oncology
John Gelzheiser, MD, Administration
Paari Gopalakrishnan, MD, Administration
Alyscia Grant, MPA, Operations
Angela Hall-Jones, American Cancer Society
Ambreen Ijaz, MD, Medical Oncology
Plakyil Joseph, MD, Medical Oncology
Patricia Karwan, NP, Navigator
Ann Kirby, MSW, Social Work
Kathy Kundrat, RPh, Pharmacy
Ann Lagasse, CTR, Tumor Registry
Jennifer La Luz, MBA, CPHQ, Quality
Jane Lamanna, RN, Navigator
Jessica Laprise, Genetics
Naveh Levy, MD, Diagnostic Imaging
Donna Loranger, RD, Nutrition
Linda Millerick, Tumor Registry
Jacqueline Mambro, RN, Quality
Elizabeth Morgan, RN, Quality
Brian Musiak, RPh, Pharmacy
Jamie Peterson, MD, Breast Health Center
Karen Pendleton, RN, Palliative Care
Rev. David Ricard, Pastoral Care
Britney Rogala, RPh, Pharmacy
Bachir Sakr, MD, Cancer Committee Chair
Dawn Sheehan, RN, Navigator
Alexandra Sherman, MD, Radiation Oncology
Kelsey Sullivan, Public Relations
Brydie Thomasian, MSW, Social Work
Jennifer Wilbur-Scalia, Genetics
Patti Wingate, Research
Peter Wu, MD, Pathology
Cunxian Zhang, MD, Pathology

2021

Christen Andrade, RN, Breast Health Center
Kate Baccari, PA, Palliative Care
Andrea Buckley, RN, Navigator
Zhangmere Cheng, RD, Nutrition
George Cristescu, MD, Cancer Liaison Physician
Angela DeRobertis, MD, Radiation Oncology
John Gelzheiser, MD, Administration
Pari Gopalakrishnan, MD, Administration
Alyscia Grant, MPA, Operations
Joseph Harpool, RN, Outpatient Infusion
Joni Harris, Research
Brian Honeyman, MD, Palliative Care
Ambreen Ijaz, MD, Medical Oncology
Plakyil Joseph, MD, Medical Oncology
Patricia Karwan, NP, Navigator
Ann Kirby, MSW, Social Work
Kathy Kundrat, RPh, Pharmacy
Ann Lagasse, CTR, Tumor Registry
Jennifer La Luz, MBA, CPHQ, Quality
Jane Lamanna, RN, Navigator
Jessica Laprise, Genetics
Naveh Levy, MD, Diagnostic Imaging
Donna Loranger, RD, Nutrition
Jessica McCarthy, MBA, Marketing/PR
Linda Millerick, Tumor Registry
Jacqueline Mambro, RN, Quality
Elizabeth Morgan, NP, Navigator
Brian Musiak, RPh, Pharmacy
Jamie Patterson, MD, Breast Health Center
Karen Pendleton, RN, Palliative Care
Brittany Rogala, RPh, Pharmacy
Kelly Rotondo, RD, LDN, Nutrition
Bachir Sakr, MD, Cancer Committee Chair
Dawn Sheehan, MD, Navigator
Alexandra Sherman, MD, Radiation Oncology
Jeffrey Silverstein, MD, Diagnostic Imaging
Brydie Thomasian, MSW, Social Work
Jennifer Wilbur-Scalia, Genetics
Peter Wu, MD, Pathology
Cunxian Zhang, MD, Pathology

2020 Cancer Management Conferences



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Kent Hospital is approved by the American College of Surgeons, Commission on Cancer as a Comprehensive Community Hospital Cancer Program.

One of the ways in which we ensure quality of cancer care is by conducting cancer conferences. All specialties are present to discuss the various aspects of cancer patients' care including diagnostic radiology, radiation oncology, medical oncology, surgery, pathology, and other allied health professionals.

Case presentations cover all major cancer sites at Kent Hospital. Presenting physicians discuss the patient's current findings and past medical history. Radiological studies are presented to the group by the attending radiologist. Findings are reviewed and there is a discussion about additional studies that may be done to help with the diagnosis and/or treatment planning process. Pathology is presented to the team, including current and past malignancies if applicable.

Physicians from all disciplines are encouraged to present cases at these conferences. Discussion includes AJCC staging information, treatment plans using NCCN or other national guidelines, clinical trial eligibility, and follow-up care.

General Case Conferences are held every first and third Wednesday. Pulmonary Tumor Board Conferences are held every second and fourth Wednesday, both at 7:30 a.m. in the Doctors' Auditorium. Breast Tumor Board Conferences are held every Friday at 7:30 a.m. in the Breast Health Center Conference Room. GI Tumor Board Conferences are held monthly on the third Monday at 7:30 a.m. in the Breast Health Center Conference Room. Conferences are also available by Zoom conferencing.

Cancer Management Conferences are awarded 1.0 hours in category 1 credits toward the AMA Physician's Recognition Award.

Please contact the Cancer Registry at extension 31864 if you would like to present a case at this conference.

2020 Kent Hospital Tumor Board Conferences

100% cases were prospective in 2020

Total meetings held: 91

Appendix - 4	Colorectal - 62	Melanoma - 1
Bladder - 3	Endometrial - 2	Prostate - 1
Bone - 1	Leukemia/Lymphoma - 6	Small Intestine - 4
Breast - 212	Lung - 102	Vulva - 1



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Clinical Trials

Clinical trials are available to all patients with a diagnosis of cancer- depending on eligibility. The Cancer Program participates in clinical trials as an affiliate member of NRG Oncology through Women & Infants Hospital, as a parent member. This affiliation gives us access to a variety of oncology trials offered through the Cancer Trials Support Unit (CTSU). Through this site, several trials are available to our patients. These include breast cancer, gastrointestinal cancers, lung cancer, and metastatic cancers.

The following is a list of the clinical research trials currently open to enrollment. For any information regarding these trials, or other trials that may be available, please contact Joni Harris at (401) 737-7000, extension 31857.

Breast Cancer

A011202: Randomized Phase III Trial Comparing Axillary Lymph Node Dissection to Axillary Radiation in Breast Cancer Patients (cT1-3 N1) Who Have Positive Sentinel Lymph Node Disease After Neoadjuvant Chemotherapy

A191901: Optimizing Endocrine Therapy Through Motivational Interviewing and Text Interventions

NRG-BR007: A Phase III Clinical Trial Evaluating De-Escalation of Breast Radiation for Conservative Treatment of Stage I, Hormone Sensitive, HER2-Negative, Oncotype Recurrence Score ≤ 18 Breast Cancer

EA1181: CompassHER2-pCR: Decreasing Chemotherapy for Breast Cancer Patients After Pre-Surgery Chemo and Targeted Therapy

A011801: CompassHER2 RD: T-DM1 and Tucatinib Compared With T-DM1 Alone in Preventing Relapses in People with High Risk HER2-Positive Breast Cancer

CRN01: Randomized Prospective Trial of Breast Cancer Locator Guided vs. Wire Localized Partial Mastectomy for Breast Cancer

CCTGMA.39 (TAILOR RT): A Randomized Trial of Regional Radiotherapy in Biomarker Low Risk Node Positive Breast Cancer

Colorectal Cancer

SWOG 1613: Randomized Phase II Study of Pertuzumab and Trastuzumab (TP) Compared to Cetuximab and Irinotecan (CETIRI) in Advanced/Metastatic Colorectal Cancer (mCRC) with HER2 Amplification.

NRG-GI005: Phase II/III Study of Circulating Tumor DNA as a Predictive Biomarker in Adjuvant Chemotherapy in Patients with Stage IIA Colon Cancer (COBRA)

Lung Cancer

A171901: Older Non-Small Cell Lung Cancer Patients (≥ 70 Years of Age) Treated With First-Line MK-3475 (Pembrolizumab) +/- Chemotherapy (Oncologist's/Patient's Choice)



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2020 Education and Screenings

Lung Cancer Prevention and Early Detection Program: Low-dose CAT scan – a lower radiation imaging scan that can be helpful in finding small, abnormal lung nodules – may be offered to patients based on their risk factors and primary care physicians' input. Medicare covers the screenings for at-risk beneficiaries. Doctors from Kent's multidisciplinary team provide consults and additional referrals based on testing outcomes. Posters, brochures, and scripts have been distributed to physicians.

Due to the Covid-19 pandemic, other screenings were put on hold during 2020 and 2021.

Support Groups, Resources, and Special Events

Kent Hospital Breast Cancer Support Group – The Breast Cancer Support Group meets the 2nd Thursday of each month from 6:30 p.m. – 8:00 p.m. Due to the COVID 19 pandemic, the group was offered on Zoom. Patients began to participate in September of 2020. The group met each month after that through 2021 and will continue to meet in 2022.

Power Up with Plants – Nutrition talk for cancer patients was presented on October 6, 2020 via Zoom because of Covid 19. The presentation was partnered by Ann Kirby, MSW, LICSW of Social Services at Kent Hospital and Donna Loranger, RD, Chief Dietitian, Director of Nutrition in Program of Women's Oncology at Women & Infants Hospital. The talk was recorded and is available by request to patients at the Breast Health Center.

The Breast Health Center at Kent Hospital Celebrates 10 Years – The Breast Health Center held educational events and worked with its associated charity, Women in Need, to celebrate its anniversary and raise funds to support current patients. All funds were used to provide direct financial support and/or services for Kent patients currently undergoing breast cancer treatment.



For more information on these or other programs and services, please call the Cancer Registry at (401) 737-7010, extension 31864.



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2020 Quality Improvement Initiative Advanced Directives in the Electronic Medical Record

This quality improvement initiative was based on a 2019 study where a retrospective chart review revealed one (1) of seventy-four (74) patients had a documented advanced directive in the Electronic Medical Record (Epic).

Informatics was consulted and the team was informed that there is no capability to transfer documents from Cerner to Epic automatically.

Goals were identified:

- By March 31, 2021, 20% of Stage IV malignancy patients will have a copy of an advanced directive in Epic by the third outpatient visit.
- By March 31, 2021, 75% of Stage IV malignancy patients will have a documented discussion about advanced directives in Epic by the third outpatient visit.
- The initiative was started, then interrupted by the pandemic. It was re-started in September, 2020.

Review of data:

- July - September 2020, 1% - 9% had no documentation about discussions with patients.
- January - March 2021, projected 20% by the third visit; 30% were done during this period. The goal is 75%.
- Time constraints and staffing were barriers to discussion/documentation by the third visit. Most were done by the fourth or fifth visit.
- Telehealth visits made it more difficult to track.
- In some cases, the timing was not right because of health issues.
- The Epic team continues to work to find a reliable electronic tracking system.

Data collection was retrospective.

- The Kent medical oncology office implemented daily team huddles to determine Stage IV cases. They are at 100% on both targets.

Next steps:

- Continue to monitor using huddles, patient education videos with help from marketing. Teach oncologists as a pilot group.



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Monitoring Compliance with Evidence Based Guidelines 2020 - Rectal Cancer

Physician in-depth analysis to determine whether initial diagnostic evaluation and first course of treatment provided to patients is concordant with evidence-based guidelines.

1. Source of the assessment:
 - a. Cancer site specific sample: Rectal cancer, all cases from 1/1/2017-5/31/2019
2. Total number of rectal cancer cases identified = 19
 - a. Stage 0, n=1
 - b. Stage 1, n=4
 - c. Stage 2-3, n=12
 - d. Stage 4, n=2
3. Pre-treatment imaging:
 - a. Stage 0: Not recommended
 - b. Stage 1: CT c/a with IV contrast and pelvic MRI
 - i. All 4 patients had the recommended imaging work up
 - c. Stage 2-3: All had the recommended imaging work
4. First course of treatment:
 - a. Stage 0: Excision
 - b. Stage 1: All underwent primary surgery which is consistent with guidelines
 - c. Stage 2-3:
 - i. 10 received neoadjuvant chemoradiotherapy which is consistent with guidelines
 - ii. 1 went to primary surgery after discussion of neoadjuvant therapy. Decision to do surgery first was based on a low estimated risk of local recurrence given tumor location high in the rectum with absence of adenopathy on imaging
 - iii. 1 patient went to surgery for presumed sigmoid cancer as based on imaging and colonoscopy but found to have stage III rectal cancer, then received adjuvant chemoradiotherapy and chemotherapy which is concordant with guidelines
 - d. Stage 4: 2 patients were treated with upfront systemic therapy with is concordant with guidelines.
5. Conclusion:
 - a. In all cases reviewed, with justifiable exceptions, all patients underwent the recommended pretreatment evaluations and all patients received first line therapy concordant with current national guidelines.



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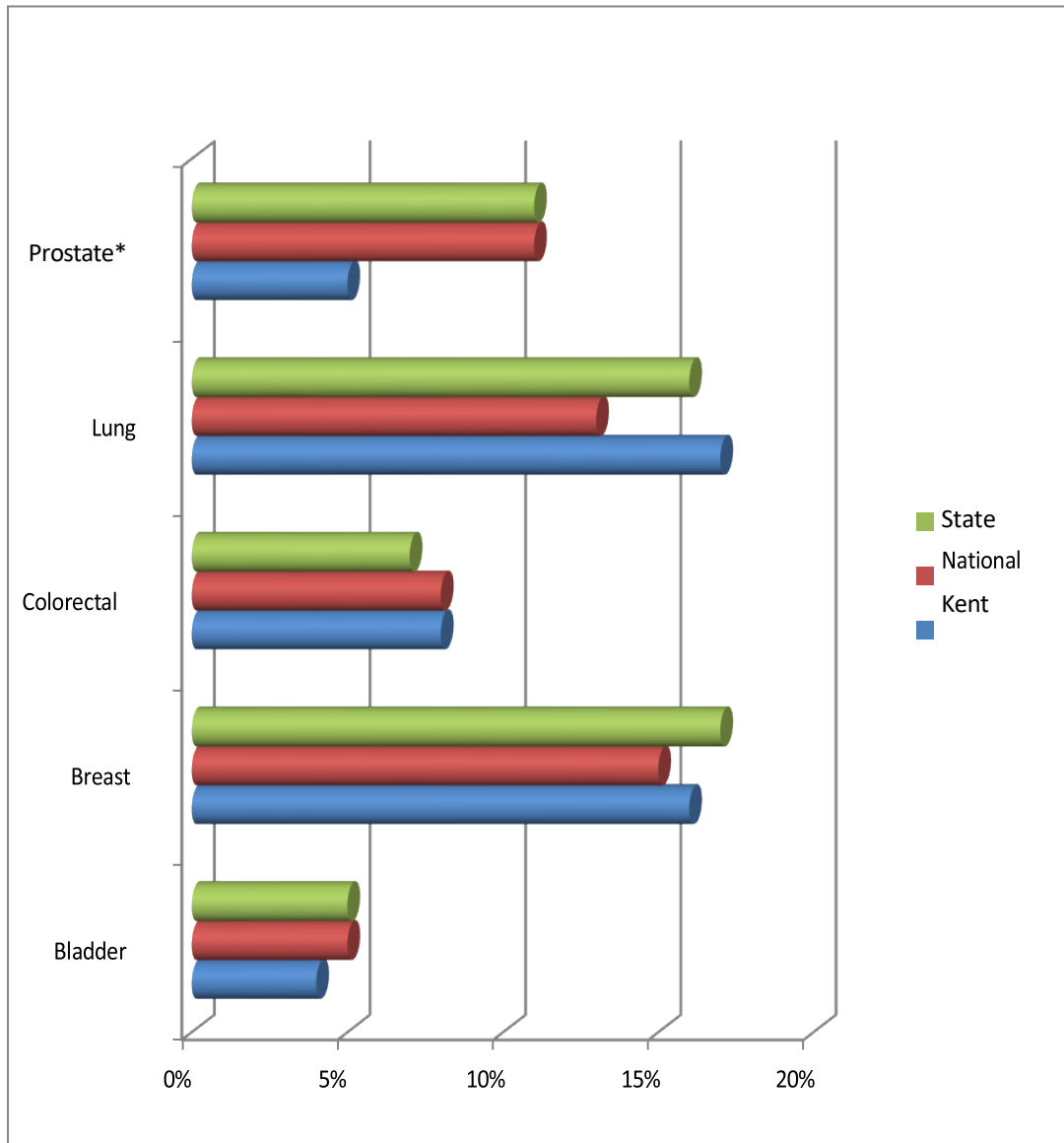


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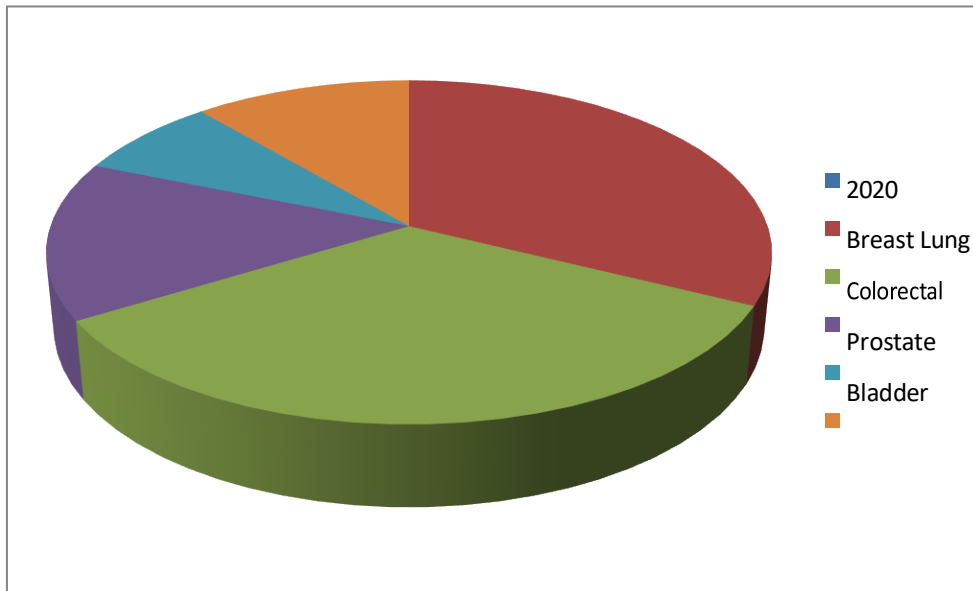
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Kent 2020 Statistics

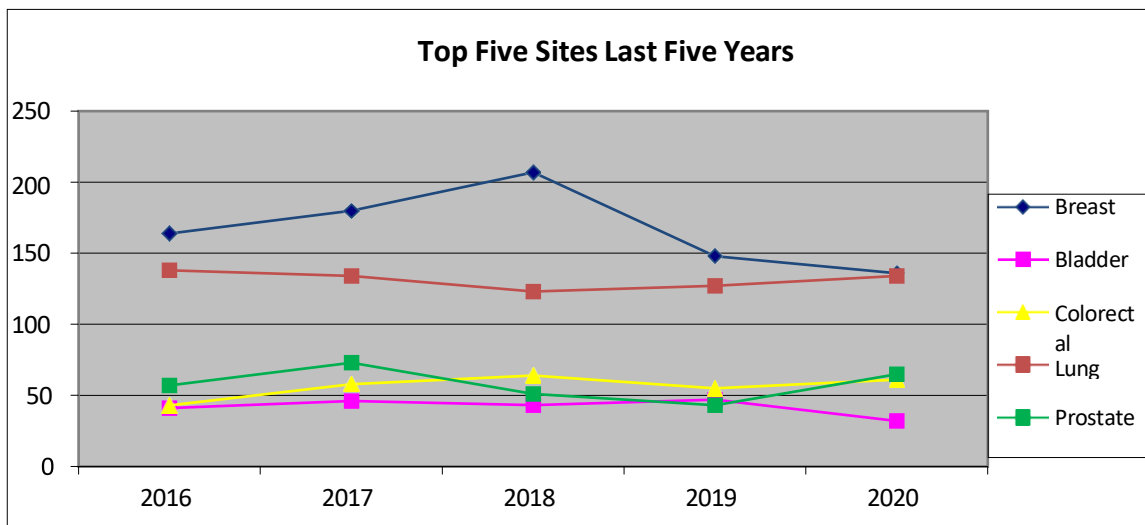


Percentage of New Cases (Top 5 Sites at Kent) Diagnosed in 2020 Compared to National and State Estimates

- Estimated data from the ACS Cancer Facts and Figures 2020
- Excludes In Situ Cancer except in bladder cases
- Female Breast Cancer only

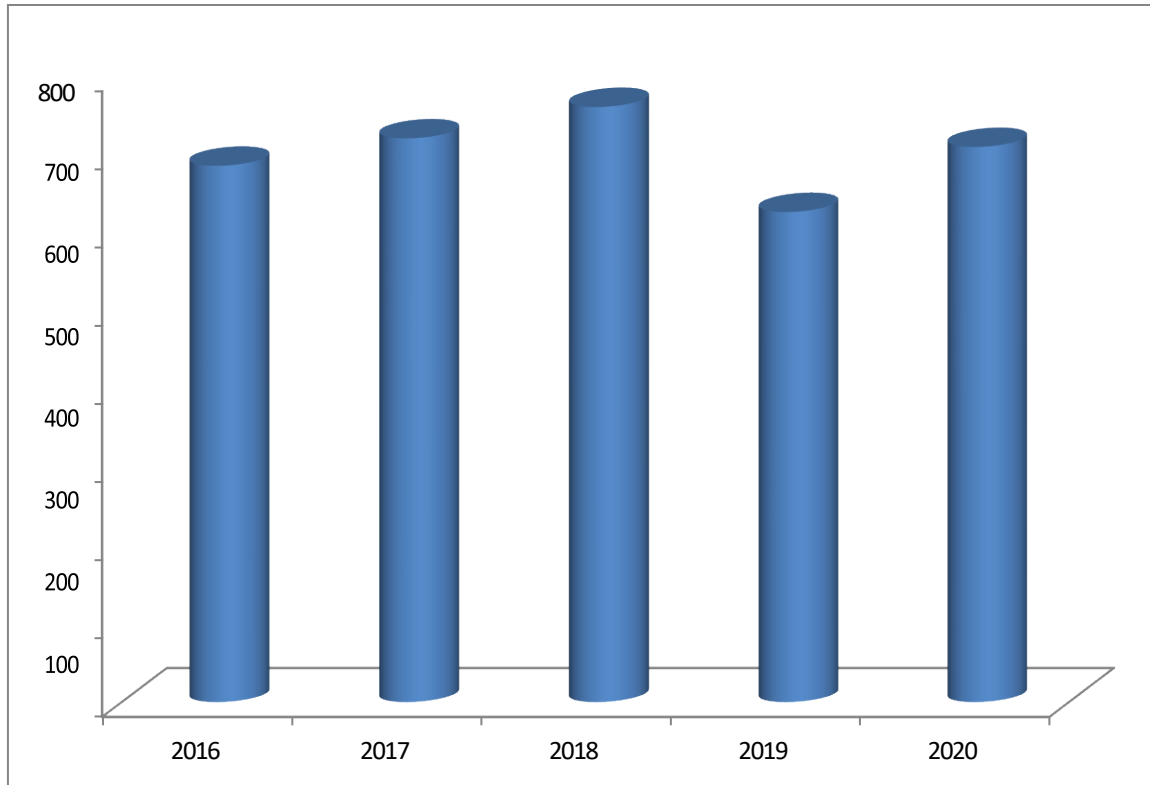


Kent New Cases from the Top Five Sites in 2020





Kent Total Number of Cases from the Top Five Sites in the Past Five Years



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2020 Kent Hospital Accessions

Primary Site	Total	A	N/A	M	F	Stg 0	Stg I	Stg II	Stg III	Stg IV	Unk	N/A
Oral Cavity	2	1	1	2	0	0	0	0	0	1	1	0
Esophagus	7	7	0	6	1	0	1	1	1	3	1	0
Stomach	3	3	0	2	1	0	1	0	1	1	0	0
Colon	42	40	2	19	23	1	6	12	8	12	3	0
Rectum	19	17	2	8	11	0	4	4	4	6	1	0
Anus	4	2	2	1	3	1	0	0	2	1	0	0
Liver	11	9	2	8	3	0	2	2	2	4	1	0
Pancreas	12	12	0	4	8	0	1	1	0	9	1	0
Digestive, NOS	8	7	1	3	5	1	1	0	2	1	2	1
Larynx	2	1	1	2	0	0	0	0	0	2	0	0
Lung	135	121	14	66	69	0	37	19	17	51	11	0
Respiratory, NOS	4	4	0	3	1	0	2	0	0	1	1	0
Melanoma	7	4	3	5	2	0	2	2	1	1	1	0
Skin, Other	0	0	0	0	0	0	0	0	0	0	0	0
Breast	136	115	21	5	131	9	82	19	6	6	13	1
Corpus Uteri	16	11	5	0	16	0	10	1	0	2	3	0
Ovary	7	4	3	0	7	0	1	0	1	4	1	0
Cervix Uteri	23	4	19	0	23	0	4	0	0	1	0	18
Female Genital, other	5	3	2	0	5	0	1	0	0	0	0	4
Prostate	65	35	30	65	0	0	8	13	6	6	32	0
Testis	1	1	0	1	0	0	1	0	0	0	0	0
Male Genital, other	0	0	0	0	0	0	0	0	0	0	0	0
Bladder	32	30	2	20	12	16	5	3	3	4	1	0
Kidney	23	22	1	16	7	0	10	2	3	7	1	0
Urinary NOS	2	2	0	1	1	0	0	0	0	2	0	0
Brain	0	0	0	0	0	0	0	0	0	0	0	0
Hodgkin	2	2	0	2	0	0	0	1	1	0	0	0
Non-Hodgkin Lymphoma	31	22	9	17	14	0	5	5	5	15	0	1
Myeloma	14	5	9	8	6	0	0	0	0	0	0	14
Leukemia	40	11	29	23	17	0	0	1	0	1	1	37
Bone Marrow other	34	11	23	13	21	0	0	0	0	0	1	33
Connective/Soft tissue	0	0	0	0	0	0	0	0	0	0	0	0
Thyroid	10	9	1	2	8	0	8	0	0	0	2	0
Endocrine, other	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	10	8	2	5	5	0	0	0	0	0	0	10
Other Ill Defined	2	2	0	0	2	0	2	0	0	0	0	0
Total	709	525	184	307	402	28	194	86	63	141	119	78



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The registry staff would like to thank the physicians and their office staff for providing us with vital information regarding treatment and follow-up on their patients.



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