



Cancer Program Annual Report 2023

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Oncology Committee Members 2023

Rolf Freter, MD, Ph.D

Oncology Committee Chairman
Chief, Medical Oncology

Abdallah Azouz, MD

Chief, Pathology Dept.

George Bonnevie, MD

Chief, Radiology

Steven Lane, MD

Chief Radiation Oncology
Cancer Conference Coordinator

Yuxiang Ma, MD

Pathology Dept.

Steven Milman, MD

Chief, Surgery

Reve Shields, MD

Medical Oncology

Jessie MacVicar, MD

Surgery

Susan Boulanger

AVP Radiology

Matt Cadorette, CTR

Sr Cancer Registrar
Cancer Registry Quality Coordinator

Patrick Achibiri, BA, MHA

Patient Navigator

Sabrina Johar, MS, RD, LDN, CNSC

Nutrition Services

Nancy Huff

Pharmacy

Patricia Kral, RTT

Radiation Oncology

Christine Rowan, LICSW

Palliative Care Coordinator
Social Work Services
Psychosocial Services

Hilary Lovell

Community Relations, Marketing

Linda McAlear, PT

Wendy Foley, PT
Rehabilitative Services

Andrea Felicano, RN

Interim Nursing Manager

Christine Murphy, CNOR, RN

Quality Improvement Coordinator
Survivorship Program Coordinator

Susan Myers

Service Line Director, Oncology,
Greene Cancer Center

Nicole Heanssler

American Cancer Society Representative

Lisa Rule, LICSW – OSW-C

Social Work Services
Psychosocial Services Coordinator

Sarah Usher, RN, MSN, OCN

Radiation Oncology
Clinical Research Coordinator

Bibianna Von Malder

Corp. Director Health Informatics

Avis Watson, BS, CTR

Manager, Cancer Registry

The Cancer Program at Signature Healthcare

Rolf Freter, MD, PhD, Director, Greene Cancer Center, Chief, Department of Human Oncology

At Signature Healthcare we are proud to be a leader in cancer care in the region. We strive to bring the highest level of multidisciplinary cancer care to our patients in Brockton and the surrounding communities. With the opening of the Greene Cancer Center in 2017, preceded by the formation of an in-house Medical Oncology Division in 2016, all Medical Oncology and Radiation Oncology services, and many surgical and ancillary services, were located under one roof. The Greene Cancer Center offers comprehensive diagnostic, treatment, and rehabilitative services for our cancer patients, including advanced imaging techniques, pain management, nutritional counseling, social work services and pastoral care. A patient navigator and social worker are available to assist our patients to better cope with their diagnoses and treatments from physical, emotional, and financial perspectives.

In recognition of the complex interplay of the many disciplines involved in modern cancer care, a Department of Human Oncology (DHO) was created in 2021, with the goal of coordinating all of the components required to provide superb cancer care to our patients. New cancer treatments initiated under the auspices of the DHO include stereotactic body radiation, an advanced radiation technique allowing high doses of radiation to be precisely delivered to a small tumor target with only five treatments. This program was expanded in 2022 to include administering stereotactic radiation to patients with brain metastases and localized prostate cancers.

The Greene Cancer Center was designated as a Comprehensive Community Cancer Center by the Commission on Cancer in 2022. The Medical Oncology Service continues to be very busy, with providers evaluating over 1200 new patients with cancers and hematologic problems in 2023. Given the emotional toll of a cancer diagnosis on a patient and their family, an initial consultation with a Medical Oncologist is offered within 1-2 business days of a referral of a patient with a new diagnosis of cancer.

Of particular importance is our affiliation with the Beth Israel Deaconess Medical Center in Boston. For the multidisciplinary cancer programs, this allows our patients access to appropriate ongoing clinical trials in Boston, Boston-based cancer specialists for second opinion consultations, and highly specialized procedures, as needed.

Signature Healthcare/Brockton Hospital suffered a major setback in February, 2023, a fire in Brockton Hospital necessitating the urgent evacuation of all inpatients and the closure of the hospital for the remainder of the year. After a major reconstruction, reopening of the hospital is scheduled for 2024.

After the February, 2023 fire, Radiology services were distributed to other SMG sites allowing the resumption of imaging services with only a minimal delay. This allowed the Lung Cancer Screening Program to continue to serve the community. CT-guided and ultrasound-guided biopsies were performed at the BIDMC. The Surgical services were reassigned to other local hospitals and Boston hospitals. The weekly 90-minute Greene Center Tumor Boards continued, facilitating individualized in-depth multidisciplinary discussions of targeted treatments and supportive care for virtually all patients with a new diagnosis of cancer, or a cancer recurrence. The Greene Cancer Center was not directly affected by the fire and continued to treat patients with cancers and hematologic problems without interruption. In particular, the Infusion Suite remained very busy, offering the whole menu of standard and targeted treatments for cancer. With the advent of Precision Medicine, and an ever-growing knowledge of the molecular biology underpinning the development of cancers, tumor specimens are routinely analyzed for panels of

so-called “driver mutations”, allowing for more precise treatments to be administered. An increasing number of mutated cancer causing genes can be targeted to disrupt the growth of a cancer, often with an oral medication and with dramatic effect. The driver mutation approach is particularly well-developed and effective for patients with lung cancers, but is increasingly employed and effective for patients with breast cancers and colorectal cancers. The newest advances in immuno-oncology, the use of immune checkpoint inhibitors (pembrolizumab, durvalumab among others) to harness the immune system to attack a tumor, are administered in the Infusion Suite as soon as they are approved by the FDA.

I am proud of the very high level of cancer care provided by all of the teams in the Greene Cancer Center to our patients. This teamwork and excellent care continued, despite the 2023 fire closing Brockton Hospital, with the primary goal of all staff in the Center being providing timely, efficient, evidence-based, personalized and compassionate care to all of our patients in 2023 and beyond.

2023 Radiology Report

George Bonnevie, MD, Chief, Radiology
Susan Boulanger, Associate Vice President, Imaging

Despite the catastrophic fire that occurred at Signature Healthcare's main hospital campus on February 7, 2023, the radiology-imaging department has been able to continue providing high-quality and timely services to the patient population we serve in Brockton and the surrounding communities.

Within a few days of the fire, the radiology team had relocated all of the hospital ultrasound services to vacant exam and patient rooms throughout the ambulatory facilities. We worked closely with the Department of Public Health to ensure there were no safety or regulatory concerns as we "set up shop" and continued to meet the high demand of imaging requests. Each imaging department, CT/MRI/Radiology/Mammography/Ultrasound, all evaluated their hours of operations, extended their daily schedules, and added weekend coverage at multiple locations. The ability for staff to be flexible in covering these expanded services allowed us to retain hospital staff and avoided the need for redeployment or layoffs.

The mammography department was able to relocate the biopsy equipment and meet the needs of this high-volume and important service. Although patients had to go outside the organization for breast related surgical procedures, we were able to continue to support the imaging needs and even provided essential equipment to other facilities. We continue to work closely with our breast surgeon, Dr. Jessie MacVicar, to ensure the patients are receiving the same quality care that was available pre-fire.

In the midst of all of the changes in the Signature Healthcare imaging department, we were provided the opportunity to bring radiology services to the newly acquired East Bridgewater facility, along with mammography and ultrasound. We have had a tremendous amount of positive feedback from the community that live in or near the East Bridgewater location, who are excited to be able to have their testing done locally.

We continue to plan for the hospital reopening knowing we will be back better and stronger than ever. We are also extremely proud of how the imaging team came together to make sure we continued to provide the much-needed services to our patients.

Pathology Services

Abdallah Azouz, MD, Chief of Pathology

The Pathology Department at Signature Healthcare Brockton Hospital is an integral part of the overall diagnostic and management course for patients with cancer. The Department has four Pathologists, all of whom are board certified by the American Board of Pathology in both anatomic and clinical pathology. Additionally, Dr. Kordunsky and Dr. Mondelblatt are board certified in cytopathology, and Dr. Azouz is board certified in hematopathology. Any pathologist with a time-limited certificate has recertified, as necessary, and participates in the maintenance of certification program.

All pathologists are licensed to practice medicine in Massachusetts and must be able to certify that they have 100 CME credits for each two-year cycle.

This was a challenging year for pathology, and for our healthcare organization in general, due to a disastrous fire in early February 2023. Only few intraop procedures were performed due to the closure of the OR for approximately 9-10 months. All procedures in radiology are still closed. The regular description of the pathologists duties is detailed below.

The pathologists are routinely present at the beginning of the patient's course. We work closely with the radiologists in the CT and Ultrasound areas to render immediate evaluations of fine needle aspirations to determine if the area of interest was adequately sampled. We then direct the radiologists to take additional core biopsy samples and place them in tissue culture media for flow cytometry for suspected lymphoproliferative disease or formalin for solid tumor diagnosis with immunohistochemical staining, as needed. The pathologist provides a written intra-procedural consultation and diagnosis which is scanned into the PACS system.

In the operating room, the pathologists collaborate with the surgeons to evaluate specimens for margin status during surgery to determine if adequate tissue was removed. Frozen sections and cytologic evaluations are made. Breast carcinoma specimens are oriented, inked and sent to Radiology to determine if the lesion or clip is in the resected specimen. If required, the specimen is then sectioned while the patient is under anesthesia to determine if there are adequate margins. For other cancer surgeries, the pathologists are available to evaluate margins or open specimens to show the surgeon in the actual surgical suite. The pathologists frequently go into the OR to see the specimen in situ and to discuss the case with the surgeon. All intraoperative consultations are called to the surgeon or presented in person. The diagnoses are written on NCR paper and a copy is placed in the patient's medical record. The method of communication to the surgeon is included on the consultation form.

In some breast cases, the pathologists examine a sentinel lymph node intraoperatively. Two pathologists independently evaluate the touch preps or smears to ensure that no metastatic cancer is missed and that there are no false positives, which would lead to unnecessary axillary dissection.

The Pathology Department routinely utilizes the American College of Surgeons/College of American Pathologists synoptic reporting protocols for all invasive carcinomas and also for DCIS in the breast. Since April 2016, we have used electronic cancer checklists, which require the pathologist to complete all the required data elements or else the report will not finalize. By using these, the required data elements for treatment decisions are consistently reported in the same format by all pathologists. This also allows patients to have their slides and our report sent out for a second opinion since all required data elements are reported.

The Pathology Department was an early adopter for the proper handling of resected breast specimens to ensure that prognostic marker results are valid. All breast specimens for both women and men except for reduction mammoplasties have the time excised and time in formalin written on the specimen label either in the OR or Radiology for core biopsies. Specimens are then fixed for at least six and no more than 72 hours in formalin. The cold ischemia and formalin fixation times are strictly followed. Estrogen receptor (ER) and progesterone receptor (PR) status results are obtained for all ductal carcinoma-in-situ cases. ER,

PR and Herceptin (Her2) are obtained for invasive breast cancer and FISH is performed for all Her2 with a result of 2+.

The Pathology Department is actively involved in presenting cases at the weekly Tumor Board/Cancer Conference. One pathologist takes microscopic photographs of each case. These are displayed on the screen in the Greene Cancer Center conference room and can also be viewed on computers in the offices of physicians, who call in from their offices. When the cases are discussed, the medical oncologists will determine which molecular or genetic tests are required to select therapeutic agents. The pathologist will then send out the appropriate slides or blocks and report the results in an addendum to the original pathology report.

Two pathologists (Dr. Azouz and Dr. Mondelblatt) are the member and alternative member of the Breast Leadership Committee. We all work collaboratively to coordinate and streamline the care of women diagnosed with breast cancer. Two pathologists are similarly the member and alternative member for the Oncology Committee. The two pathologists who are members of the Breast Leadership Committee must obtain breast-related continuing medical education credits by attending a national meeting, by online or written methods.

The Pathology Department is accredited by the College of American Pathologists (CAP) every other year with an onsite inspection and on the alternate year by a comprehensive self-inspection, the results of which are reviewed by the next onsite inspection team. Our performance is continuously monitored by the CAP based on our performance on proficiency testing for each type of test performed in the pathology department and laboratory.

Starting in 2016, specific breast cancer quality indicators were reported on one table to the Breast Cancer Leadership. These include:

- PQRS #99 for staging of invasive breast cancer on resection specimens. This indicator was discontinued by CMS after 2018.
- PQRS #251 for including ER, PR and Her2 results on core biopsies and resection specimens, as needed if not performed or were negative on a previous core biopsy. This indicator was discontinued by CMS after 2018.
- Breast cold ischemia time and formalin fixation time.
- Correlation of sentinel lymph node touch prep diagnosis intraoperatively to the diagnosis on permanent sections which is similar to NAPBC Standard 2.4.
- Results of CAP ER/PR prognostic marker proficiency tests.
- Breast core biopsy turnaround time from date of procedure to date the report is finalized.
- Breast lumpectomy or mastectomy turnaround time from date of procedure to date the report is finalized.
- Pathology synoptic report completeness.
- Comparison of our ER and PR rates for pre- and post-menopausal women to those published in the College of American Pathologists accreditation checklist.

The pathologists also compile a table each month for the Cancer Registrar showing compliance with NAPBC Standard 2.7, documenting review of outside core biopsy cases prior to definitive surgery at Signature Healthcare Brockton Hospital.

The following additional quality indicators for all other cancer cases are studied in the Pathology Department:

- Adequacy of synoptic report required data elements for all carcinomas.
- Finding at least 12 lymph nodes for colon carcinomas based on specimen length and any previous adjuvant therapy.
- CMS PQRS studies 249 for Barrett's esophagus, 250 for radical prostatectomy, 395 for lung biopsy, 396 for lung wedge/resection, 397 for melanoma reporting and 440 for turnaround time from specimen receipt in the pathology department to date the report is available to the clinician for both basal cell and squamous cell carcinomas. **A newly introduced PQRS study 491 for Microsatellite Instability (MSI)/DNA Mismatch Repair (MMR) biomarker Testing Status in**

Colorectal Carcinoma, Endometrial, Gastroesophageal, or small Bowel Carcinoma is also being recorded.

- Correlation studies between current malignant diagnosis as compared to any previous cytology studies
- Frozen section to permanent section correlation.
- Comparison of intraoperative immediate evaluation of sentinel lymph nodes for both breast carcinoma and melanoma cases to the results on permanent section slides.

All pathologists participate in diagnosing unknown slides in College of American Pathologists proficiency testing programs for gynecologic (pap smears) cytology, non-gynecologic cytology, fine needle aspiration cytology, surgical pathology and interpretation of unknown cases for ER and PR percentage and intensity of staining.

There are criteria for second pathologist blinded review of cases including all new malignancies and core biopsy cases for possible malignancy.

When a resection case is booked for the operating room, the pathologist on call obtains information on the prior day to include review of the previous biopsy slides if it was performed here, obtaining outside slides and reports, review of any radiologic studies and review of other information in Meditech. Surgeon offices are called to obtain office notes and whether any pathology had been diagnosed elsewhere.

Pathologists facilitate special studies on cancer cases with slide and block selection for Oncotype DX, MSI, B&T studies, next generation sequencing, molecular testing and Foundation One and include results in an addendum to the original pathology report.

There are requirements for communication of malignant and unexpected results to include calling the clinician and faxing the results to ensure that there is at least one additional method of communication other than the report being in Meditech.

When a cancer case is sent out for a second opinion based on a request from a clinician or the patient, the outside diagnosis is compared to our original diagnosis. Our report is amended if there is a significant difference. Data is reported as part of the Ongoing Professional Practice Evaluation (OPPE) to the Quality Resources Department and is used in the recertification process for each pathologist.

2023 CT Lung Cancer Screening Update

Holly Avery, Radiology Quality Assurance Manager

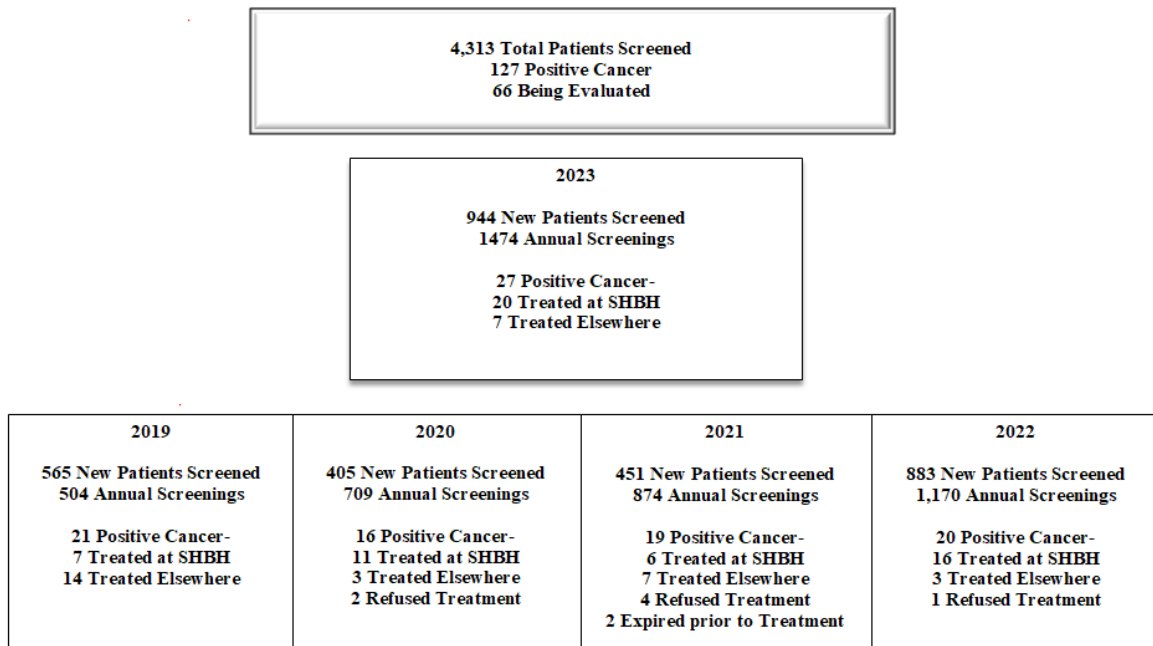
The Signature Healthcare Lung Cancer Screening Program continues to expand. Since 2015, our program has screened 4,313 patients with 127 diagnosed cancers. The American Lung Association estimated 238,000 people would be diagnosed with lung cancer in the US in 2023.¹ The goal of lung cancer screening is to detect cancer early when more treatment options are available, and the disease is potentially curable. Nationally, 26% of lung cancer cases are diagnosed at an early stage.¹ At Signature Healthcare, 64% of the LDCT patients were diagnosed at Stage I, increasing the overall patient survival rate.²

For lung cancer screening to be most effective, the eligible population in Brockton and surrounding communities should continue to screen annually and maintain recommended follow up imaging exams. Our annual retention rate for 2023 was 83%.² In the United States, screening rates remain low despite increased Lung Cancer Screening awareness in recent years. Massachusetts was ranked #1 in lung cancer screenings in 2023, with 11.9% of eligible patients screened compared to the national average of 4.5%.¹

Our Radiology Patient Navigator visited SMG Primary Care offices in collaboration with SMG Quality to further educate clinical staff on the importance and benefits of lung cancer screening to our high-risk patient population. SMG Primary Care is working to streamline processes for collecting information to determine patient eligibility, provide tobacco counseling and smoking cessation. The support of SMG Primary care in the lung screening program has led to an increase of baseline exams in 2023. We will continue to work with SMG Quality and SMG Primary Care to improve EMR documentation of patient smoking status and accurate pack year history which will help us to identify future LDCT program participants.

Dr. Steven Milman presented 120 LDCT patient exams to the hospital’s Lung Steering Committee in 2023. The recommendations given by the weekly multidisciplinary team are shared with the patient’s care team via the Navigator to aid providers with optimal treatment options. In 2023, 22 lung cancers and five other types of cancers were diagnosed after being presented and following committee guidance in additional diagnostic imaging, specialty referrals and/or tissue sampling.² It is important to recognize that most of the patients, 75% chose to receive treatment here at Signature Healthcare.

Low Dose CT Lung Screening Statistical Data



¹ American Lung Association: State of Lung Cancer Massachusetts 2023

² Nuance Communications, Inc. PowerScribe Lung Cancer Screening Data © 2024

2023 Patient Navigation Report

Patrick Achibiri, BA, MHA

In 2023, the Patient Navigator role continued to expand, evolve and develop. The navigation program tailors the help provided to patients because every patient has unique needs. Patient navigation has been and will remain crucial for reducing healthcare inequalities and obstacles to care. The Patient Navigator built builds trusting relationships with several patients. As a result of this bond, patients and their families feel safe talking to each other about their concerns. The Patient Navigator has continued reaching out to patients who have neglected routine screenings that are essential for continuity of care, as well as consults, follow-ups, scans, and any other appointments.

Together with the patients, the navigator helps them find services that might be covered by their insurance and community programs. Many cancer patients, who would not have alternative options and who must travel to treatments and other crucial appointments, have found that grant-funded transportation is a useful resource.

Maintaining communication with the Women's Imaging department, the Patient Navigator contacted patients who had received abnormal mammography results to determine the next steps in their care and to provide them with a point of contact for any queries they might have. The navigator remains a valuable resource for patients who obtain a positive biopsy result, both during their treatment and during the survivorship phase.

The navigator's responsibilities have expanded to include assisting prostate patients with scheduling their appointments. Fiducial gold markers, space OARs, and radiation therapy dates and schedules are a few of the techniques. They now have quick access to information they might need for their treatment plans and assistance with answering their queries thanks to this extra point of contact.

Patient Navigator will keep building relationships with new patients in 2024 and will try to recognize any challenges that patients might be facing as soon as possible to prevent any delays or interruptions in their care. It makes sense that patients who receive a new cancer diagnosis would be overwhelmed, so having a single point of contact who can help them arrange appointments with several physicians would be helpful. Educating the patient group and the communities we serve about the navigation program is another top goal for this year.

Multidisciplinary Oncology Conferences

Steven Lane, MD, Chief, Radiation Oncology, Cancer Conference Coordinator

At Signature Healthcare, Oncology conferences are held weekly for all sites. All conferences are open to the entire medical staff. Conferences are multidisciplinary for review and discussion of treatment options and possible clinical trial participation.

Fifteen percent of the annual caseload must be presented at the multidisciplinary oncology conference. Signature Healthcare presents over 90% of the annual caseload. Presentations may include newly diagnosed patients prior to initiating treatment, patients completing initial treatment to discuss the need for further treatment and surveillance, or patients previously discussed that need further treatment recommendations. Discussions include a review of disease presentation, personal and family history of malignancies, pertinent imaging studies, pathology specimens and laboratory studies, and surgical interventions. Treatment recommendations are based on the National Comprehensive Cancer Network (NCCN) guidelines.

Breast cancer is the leading cancer diagnosis among women at Signature Healthcare. Our goal is to present every patient case with newly diagnosed breast cancer for review and discussion of treatment options.

Our multidisciplinary team consists of representatives from Radiology, Pathology, Surgery, Medical and Radiation Oncology, Rehabilitative Services, as well as the Patient Navigator, Quality Improvement Coordinator, Cancer Registrar and Clinical Trials Coordinator. To promote continuity of care, conferences are available via secure web access to allow primary care physicians and specialists who cannot be present on site to join the conference and participate in patient discussions.

Clinical Trials

Sarah Usher, RN, MSN, OCN®

The purpose of conducting clinical trials is to gather important clinical information about disease processes and to develop new and effective treatments for cancer.

Prior to weekly tumor board, a list of currently active clinical trials are made available to our providers. These clinical trials are offered at Beth Israel Deaconess Medical Center our affiliated institution.

We provide NIH and ACS pamphlets explaining clinical trials for patients in our exam rooms and waiting areas.

We understand that a good number of Signature Healthcare patients do enroll on clinical trials in Boston hospitals without our knowledge. These larger cancer programs are unable to share this information when queried due to HIPAA constraints. However, these patients gradually come to our attention when they return for care locally.

Rehabilitative and Support Services: Oncology Rehabilitation Program

Wendy Foley, Rehabilitative Services

A cancer diagnosis can be traumatic and so can life-saving treatments. Chemotherapy, radiation therapy, and surgery can harm health and cause serious medical problems that interfere with daily function and well-being. Survivors are commonly plagued with symptoms such as fatigue, weakness, insomnia, memory loss, fear, anxiety and depression. A team of clinicians completed a comprehensive oncology rehab program, developed by Dr. Julie Silver, assistant professor at Harvard Medical School, breast cancer survivor and co-founder of Oncology Rehab Partners. This team is available to provide physical rehabilitation so survivors can recover more quickly and more completely than they would otherwise. Feeling well and being able to resume normal day-to-day activities is essential to enjoying a good quality of life.

Newly diagnosed patients may want to increase their strength and endurance and prevent future medical problems; survivors living with cancer as a chronic disease may come to us for help managing treatment-related conditions; and individuals who are cured or in remission may enroll in our program with the goal of resuming their pre-cancer activities.

The Rehab outpatient department also provides services for treatment of lymphedema which may occur following treatment of certain cancers. In addition, Pelvic Health services was added to the treatment options provided, allowing us to expand our ability to provide care to our oncology clients. Preventative exercise and informational brochures have been developed for both post prostatectomy and Sentinel node dissection patients to provide additional support, identification, and education.

Our oncology rehabilitation services are provided in the hospital setting and the outpatient setting are covered by most insurance plans, thus allowing an increased number of survivors to take part in the program. Our locations in the Brockton and surrounding areas improves the access for these services for our clients. Providing rehabilitation services for cancer patients in treatment, in remission or living with cancer is essential to enjoying a good quality of life.

Social Work Services

Lisa Rule, LICSW, OSW-C

The diagnosis of cancer can have profound impacts in many areas of a patient's life. Beyond dealing with the physical issues related to cancer and treatment, patients and their loved ones must deal with the emotional impact and the effects on one's relationships with family, friends, work, and community. As patients and families come to terms with their diagnoses and prepare for treatments, they must adapt to a "new normal." Oncology social workers are licensed mental health professionals that offer support and assistance with emotional, social, and practical needs. In 2018, Signature Healthcare hired a full-time, dedicated social worker for the Greene Cancer Center. The Oncology Social Worker is available to all cancer patients and families for emotional support, short-term counseling and education, connection to community resources, navigating questions about insurance and employment, and referrals to outside agencies when indicated. In addition, she provides a direct link between the outpatient oncology care team and the inpatient social work department at Brockton Hospital, as well as coordination with social work team at our affiliate, Beth Israel.

All patients receiving intravenous chemotherapy are seen by the oncology social worker at the beginning of their treatment, typically on their first day. Initial meetings will consider patient coping, family support, financial stressors, mental health concerns, and patient understanding. All patients with a cancer diagnosis will complete a NCCN Distress Thermometer, which measures the level of distress patients may be experiencing in multiple areas. Social work follows up individually with patients who indicate higher levels of distress.

The oncology social worker supports patients with emotional, social, and concrete needs. If patients are struggling to cope with their diagnosis or illness, she is available for support and counseling. If ongoing community support is needed, appropriate referrals can be made. If patients have financial stressors related to cancer treatment, social work can advise on the process of applying for disability and community resources as well as assist patients in applying for grants to offset expenses. She obtained certification in oncology social work (OSW-C) in 2021, which indicates advanced experience and competence in the field.

The oncology social worker is actively involved in researching and developing new services for patients. Last year, she spearheaded the development of a survivorship meeting for breast cancer patients to address their needs and concerns as they transition to post-treatment life. This is in collaboration with the oncology dietitian. She is active in developing new resources for transportation, including a partnership with Uber Health, as well as transportation grants from the Joe Andruzzi Foundation and The Pink Revolution of New Hampshire. She completed training in hypnosis for cancer pain in 2023 and began offering it on a limited basis.

In 2023, oncology social work met with more than 250 patients. The most common diagnosis among these patients was breast cancer; however, many other types of cancer were seen, including lung, colorectal, prostate, hematologic cancers, and head and neck cancers, among others. The most common issues identified were emotional/family support needs and financial concerns.

2023 Nutrition Annual Report

Sabrina Johar MS, RD, LDN, CNSC

- A registered and Massachusetts licensed dietitian is available 24 hours per week Monday-Wednesday.
- Dietitian attends quarterly breast, survivorship, and cancer care committee meetings. Dietitian attends weekly huddles with radiation team, and daily huddles with the infusion staff.
- Dietitian consults are placed by physicians for concerns such as unintended weight loss, weight gain, diminished appetite, electrolytes abnormalities, and uncontrolled GI symptoms. Nurses verbally request dietitian to evaluate patients on a prn basis. All patients with head and neck cancer diagnosis are evaluated by Dietitian and monitored closely while on active treatment.
- The Malnutrition Screening Tool (MST) has been incorporated into Meditech to screen for high risk patients based on appetite and weight loss.

From January 2023 – December 2023, nutrition services completed a total of **605** assessments

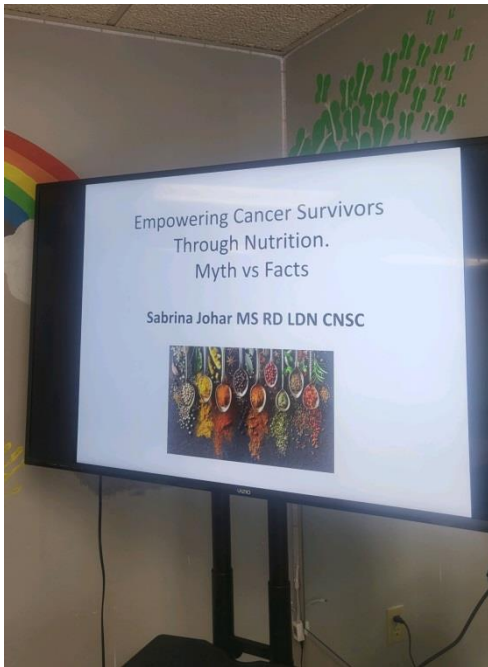
- Including **119** initial assessments, **273** follow-up assessments, and **213** brief notes of patients with different types of cancers
- Of the 119 initial assessments, the breakdown of cancer type is as follows:

Cancer Type	# Patients	Approximate %
Lung	26	21
Head and Neck	17	14
Esophageal	15	13
Pancreatic	3	2.5
Colon	4	3
Breast	11	9
Multiple Myeloma	2	2
Rectal	7	6
Prostate	7	6
Lymphoma	6	5
Leukemia	1	<1
Melanoma	2	2
Gastric	3	2.5
Bladder/Uterine	1	<1
Other GI unknown primary likely GI (2), bile duct (1), liver (1), (2) MDS , (1) appendix	7	6
Other Including: , Renal (1), neuroendocrine (1)	2	2
Hematology (non oncology patients)	6	5

Community Outreach Events:

Dietitian spoke at 2 live strong events at Easton YMCA (8 attendees) & at Taunton YMCA (4 attendees)

Easton Live Strong Presentation for Cancer Survivors



Compliments & Positive outcomes

- "This presentation was very comprehensive and detailed you answered all my questions" – Barbara

- " On behalf of the LIVESTRONG Group, thank you very much for scheduling the Nutrition Seminar with us. The group raved about you and the information that you provided to them. I was super impressed at how prepared you were and how knowledgeable you are about the nutrition and cancer recovery" - Dawn

- 3 participants noted they were inspired to make changes to their diet/ lifestyle, most notably maintaining a healthy weight and incorporating more whole grain foods.

- 2 participants were interested in making outpatient Dietitian appointments for more personalized nutrition education after the presentation.

CQI Nutrition

Order #	Service Date	Order
> ABO/RH Type (Q)	06/27/23	Slate
> Antibody Screen (Q)	06/27/23	Slate
> CBC w/Auto Diff (Q)	06/27/23	Slate
> Gen-Probe Chlamydia & GC (Q)	06/27/23	Slate
> HCG, Quantitative (Q)	06/27/23	Slate

Search Results	Star
nutrition [Referral *SMG Weight Loss]	★
Referral *SMG Nutrition	★
Referral *SMG Nutrition - ONCOLOGY	☆
Referral Nutrition	☆

- 10/2023 Oncology nutrition referral was added to differentiate oncology consults from general outpatient consults and improve time Oncology RD receives referral.
- Working to reduce incorrect repetitive MST screens, re-enforcing importance at huddles
- Encourage Dietitian consultations for patients with low BMI
- Update note template to ADIME format to improve efficiency and speed of documentation. Clinical Nutrition Manager to work with IT to assist.
- Working on improving data tracking/ patient tracking for nutrition department

American Cancer Society Collaboration

Nicole Heanssler, American Cancer Society

Signature Healthcare and the American Cancer Society share a commitment to our community to improve the quality of cancer care, increase awareness about the importance of cancer prevention and early detection, and provide patients and caregivers with information on cancer treatment and the resources and services available.

The American Cancer Society is a leading cancer-fighting organization with a vision to end cancer as we know it, for everyone. We are improving the lives of people with cancer and their families through advocacy, research, and patient support, to ensure that everyone has an opportunity to prevent, detect, treat, and survive cancer. Through our partnerships with health systems such as Signature Healthcare Brockton Hospital, we aim to provide prevention and screening education, treatment information and survivorship resources for all those impacted by cancer.

Community Outreach

Hilary Lovell

Cancer Support

A cancer diagnosis means having to cope with emotional, physical, and spiritual challenges as well as medical treatments. Although each patient's experience is unique, a support system and reliable resources are critical. A sound support system can help a patient feel less alone, understand their options for better treatment, and foster a sense of belonging, all of which improve a patient's quality of life. Finding the right type of resources and support is essential, especially for patients who are alone.

Signature Healthcare offers different types of support designed to address individual patient needs. From meeting with our patient care team to accessing online webinars, patients receive support, education, advocacy, and individual attention.

Our oncology nurses and patient navigator work together to provide patients general cancer support and may include discussing treatment options, how to ask questions when you speak with your physician, cancer coping mechanisms, exercise and survivorship issues as well as how to locate credible resources.

Spiritual support is available for patients in both the inpatient and outpatient settings. For patients who qualify, financial assistance is available. Signature Healthcare's "Hope Fund" assists patients experiencing transportation challenges, work-related issues, and financial or insurance problems. Staff from the Greene Cancer Center work with the community to find resources to support patients and their families.

Free Cancer Screenings for the community: Signature Healthcare participated in the Commission on Cancer (COC) Screening PDSA Project in 2023.

Cancer Education in the Community-

- Signature Healthcare hosts the Champions Fighting Cancer Walk each year in partnership with the Chrystine Sullivan Memorial Foundation. All funds raised support the Greene Cancer Center and those needing additional support during their cancer treatment. The 2023 walk took place on Sunday, May 7, when walkers met at Brockton High School and made their way to the Greene Cancer Center for a celebration. One component of the festivities was a health fair tent where Signature Healthcare staff provided education and highlighted the services they provide to our community. Staff from Women's Imaging, the Greene Cancer Center, Nutrition, Primary Care, Orthopedics, Interpreter Services, and members of our Portal team were in attendance.
- Signature Healthcare has a long-standing relationship with the Old Colony YMCA. Many times each year, Signature Healthcare staff will educate YMCA members participating in their Healthy Living programs. One is Livestrong, a physical activity and well-being program designed to help adult cancer survivors achieve their holistic health goals. Amanda Fyotek, Cancer Center dietitian, presented to two groups at the East Bridgewater Branch both on March 21, 2023 at 11:15am and 7:15pm. She also presented to the Livestrong participants at the Stoughton branch on April 3, 2023.
- On Wednesday, November 1, Signature Healthcare held a grand opening and ribbon cutting of our new East Bridgewater Medical Building. This event was open for the community and offered opportunities for individuals to schedule Primary Care appointments, annual mammograms, learn about the Low Dose Lung Cancer Screening, and speak with many of our providers at the "Ask the Doc" stations. Many individuals from our community attended and walked away with a better understanding of when they should schedule certain screenings and what those screenings entail. The event not only offered education and materials, but flu vaccines were offered along with blood pressure checks. Some of the Signature Healthcare providers in attendance were Dr. Steven Milman, Thoracic Surgery, Drs. Kevin Buczkowski and Barry Rosenblum, Podiatry, Dr. Robert Weinstein,

Primary Care, Dr. Xin He, Endocrinology, Dr. Henry Lin, Weight and Wellness and many other staff representing Human Resources, Urgent Care, Radiology, Patient Services and Financial Counseling.

Survivorship Support

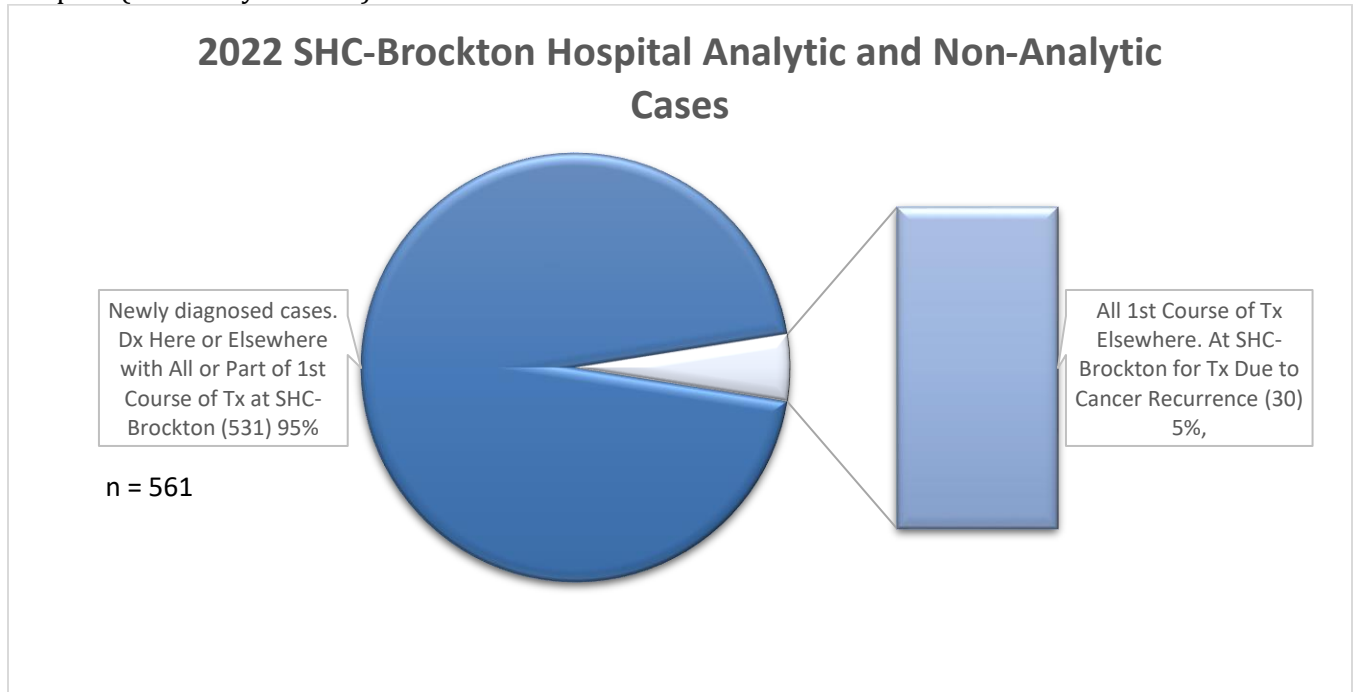
According to the Livestrong Foundation, "more than 10 million cancer survivors live in the United States today, and three out of four families will help care for a family member with cancer." Support for survivors is a critical need that is too often overlooked. Signature Healthcare is addressing that on multiple fronts. Through our hospital-based programs, as well as our community affiliations and partnerships with The American Cancer Society, The Charity Guild and the Livestrong Program at the YMCA, we can link survivors and their family members with programs to address their needs as they move through the process of diagnosis, treatment and into survivorship.

Cancer Registry Statistical Summary – Reflecting 2022 Data

Avis Watson, Manager, Cancer Registry
& Matt Cadorette, CTR, Sr. Cancer Registrar & Cancer Registry Quality Coordinator

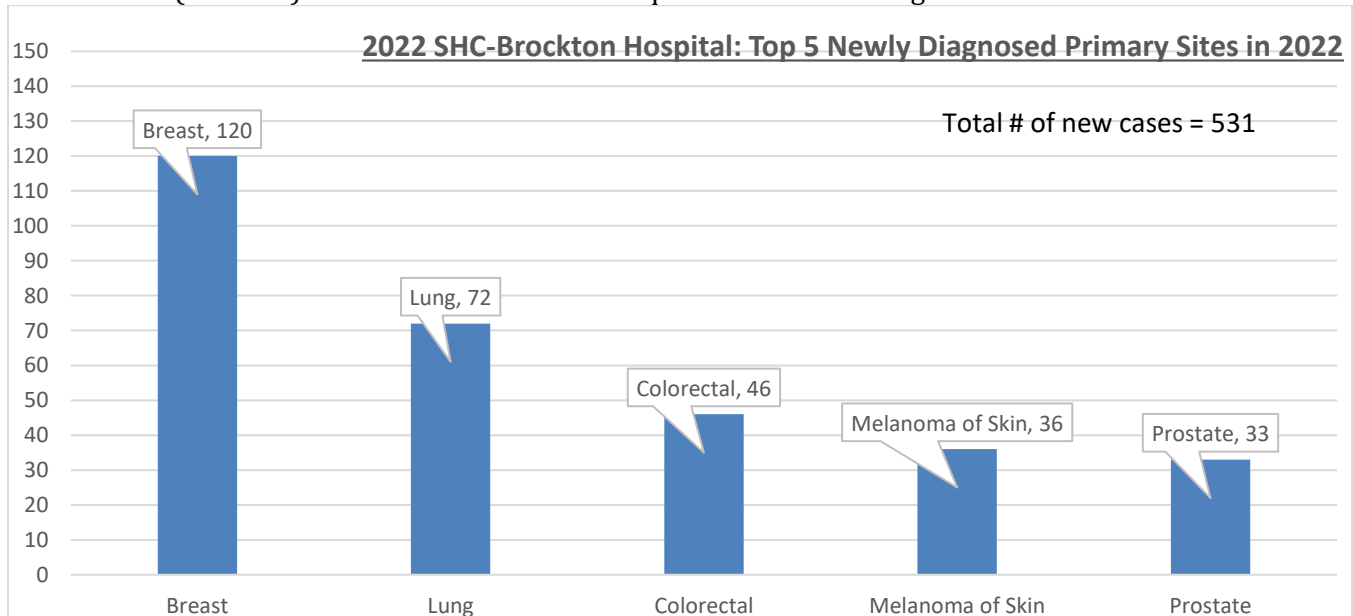
The Signature Healthcare Cancer Registry maintains data on all patients diagnosed and/or treated for cancer. All cancer cases are reported to the Massachusetts cancer registry, as required by law.

A total of 561 cancer cases were added to the Signature Healthcare Brockton Hospital Cancer Registry database in 2022. Of those, 531 cases (95%) were diagnosed and/or received all or part of their first course of treatment at Signature Healthcare Brockton Hospital (analytic cases). Thirty cases (5%) had their first course of treatment elsewhere and received subsequent treatment at Signature Healthcare Brockton Hospital (non-analytic cases).



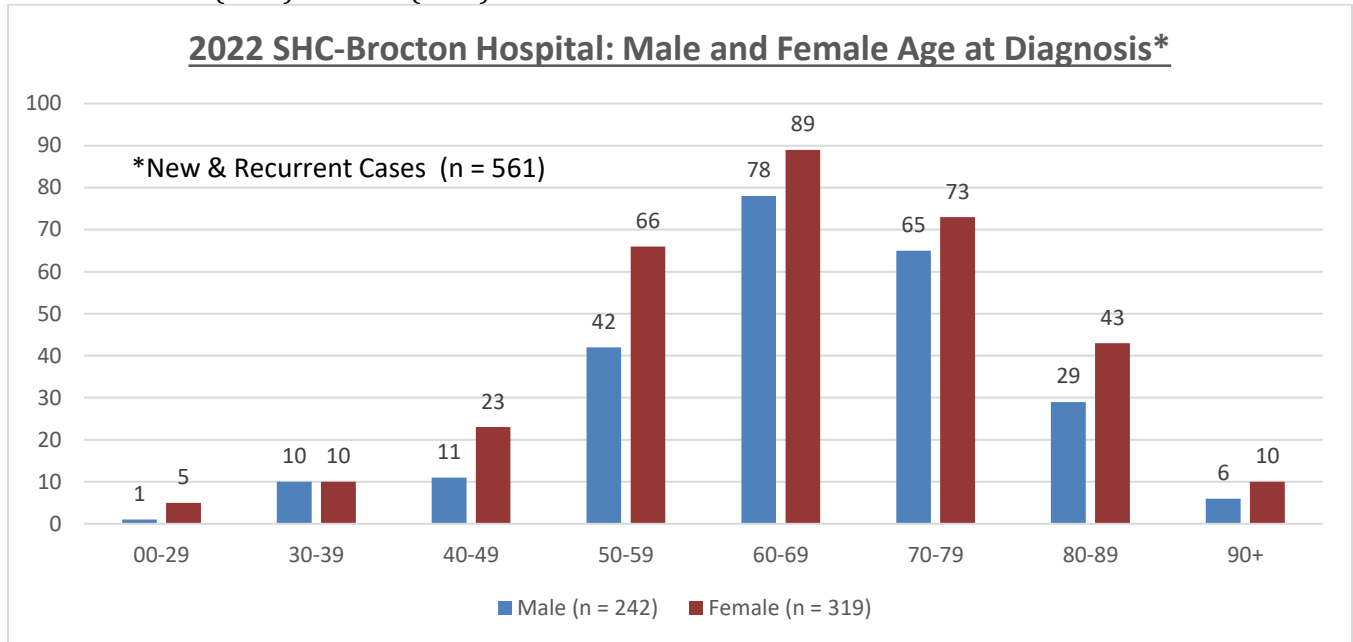
Top 5 Primary Cancer Sites (Newly Diagnosed Cases Only):

Breast cancer (120 cases) remains the most frequent site of cancer diagnosed and/or treated at Signature Healthcare Brockton Hospital in 2022 and this is comparable with national data. Lung cancer is the second most frequent site in 2022 with 72 diagnosed cases. Colorectal (46 cases), Melanoma of the skin (36 cases) and Prostate (33 cases) round out the five most frequent new cancer diagnoses.



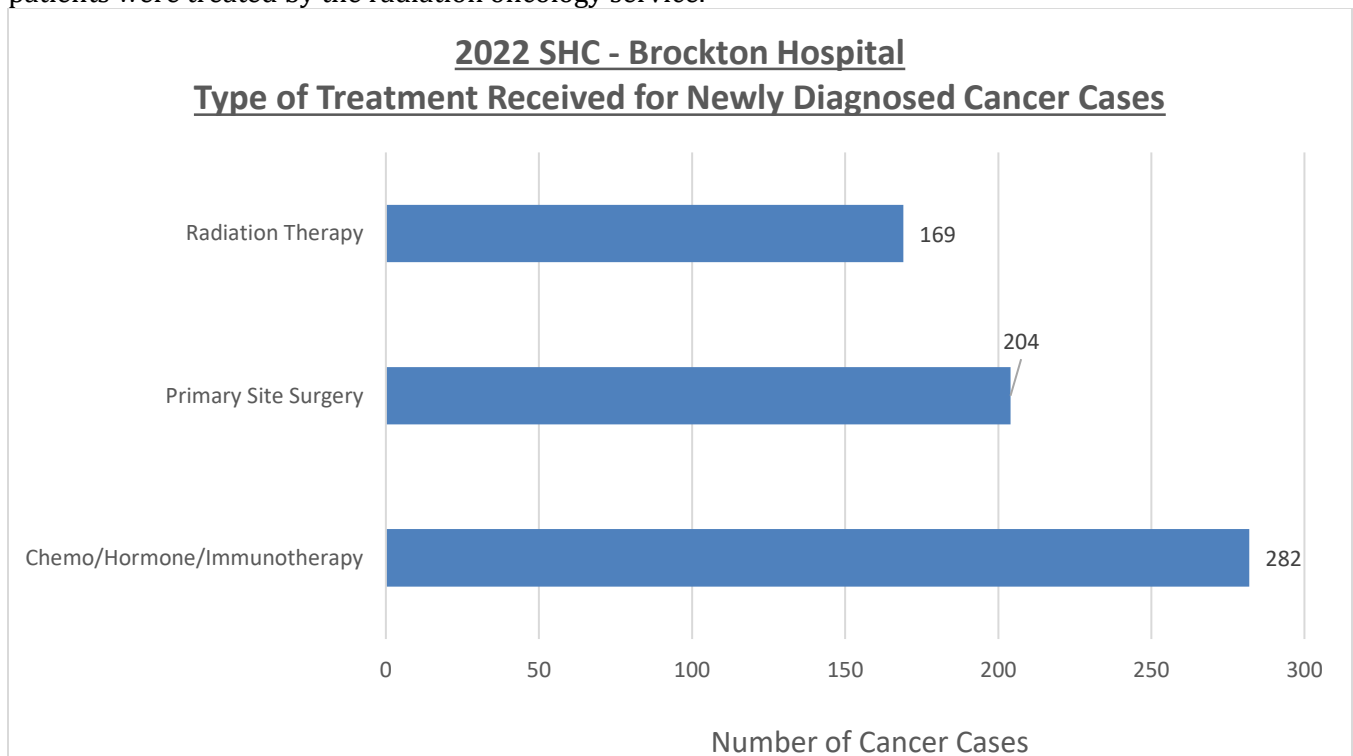
Age Distribution All Sites - Male and Female

A total of 561 new and recurrent cases were diagnosed/and or treated in 2022. 242 were males (43%) and 319 (57%) were females.



First Course of Treatment:

SHC-Brocton Hospital is a Commission on Cancer accredited Comprehensive Community Cancer Program offering a wide range of treatment services for our patients. The various types of cancer treatment approaches provided by our cancer specialists includes systemic therapy, surgery, and radiation. These treatments may be used alone or in combinations. 282 of our newly diagnosed patients received systemic therapy (chemotherapy, hormone therapy or immunotherapy). 204 patients were treated by surgery. 169 patients were treated by the radiation oncology service.



Palliative Care Report

Christine Rowan, LICSW

Palliative care is an interdisciplinary team-based approach to treating serious illness that focuses on a person's physical, emotional and spiritual needs. Palliative care is appropriate for patients at any age, regardless of the expected outcome of their illness. The goal of palliative care is to prevent and relieve the physical symptoms, anxiety, and stress that often accompany a serious illness. Palliative care services also help patients and family members with planning for future needs, coordinating care, and working through sometimes difficult decisions.

The interdisciplinary team of Palliative Care includes physicians, physician assistants, nurse practitioners, nurses, psychiatrists, social workers, spiritual counselors, nutritionists, and pain management specialists. Our specialty palliative care services are based on the Clinical Practice Guidelines for Quality Palliative Care (4th ed.) developed by the National Consensus Project and represent the gold standard of palliative care. Specialized palliative care services are available to our patients who are at the Greene Cancer Center, admitted to Signature Healthcare Brockton Hospital, as well as to those in the community--homes, long-term care facilities, and assisted living facilities.

On-Site Palliative Care Services

Primary palliative care is provided by the interdisciplinary oncology team at the Greene Cancer Center who has a depth of expertise and years of experience in the palliative care needs of cancer patients and their loved ones. The Greene Cancer Center's oncologists, nurses, social worker, nutritionists, and therapists have a number of internal and local resources to meet a patient's needs.

Community-Based Palliative Care Services

The oncology team identifies patients who would benefit from specialty palliative care at any time, from treatment through surveillance. Criteria include patients/families with unmet needs in any of the domains of palliative care, including physical, psychological/psychiatric, social, spiritual, ethical/legal, or end-of-life areas. Patients with high symptom burdens in any of these domains as well as evidence of caregiver strain, learning needs, or mobility limitations where home assessment or education would be most productive, are referred to our community partners in specialty palliative care services. The Greene Cancer Center nurses and/or social worker make these referrals by sending a physician order, last visit note, and requisite paperwork to one of a number of community partners which include Brockton VNA, Old Colony Hospice and Palliative Care, South Shore VNA, Norwell VNA among others, all of which have palliative care services for community patients. Registered nurses or nurse practitioners in those agencies visit patients in their homes, assess for needs and communicate their findings and recommendations, usually through a secure faxed note, to the attending oncologist and primary care provider to ensure excellent communication and seamless care across settings.

Inpatient Palliative Care Services

Palliative Care Services are provided at Signature Healthcare Brockton Hospital in the inpatient setting via consultation in partnership with Old Colony Hospice and Palliative Care and Brockton VNA to maximize continuity of care in the community. Palliative care is provided by advanced practice registered nurses (APRNs) who are licensed independent providers who collaborate with supervising physicians, board certified in hospice and palliative medicine. APRNs and their supervising physicians are credentialed by SHCBH initially and annually as members of the

medical staff. Palliative care APRNs engage social work, case management, medicine, chaplaincy, pharmacy, pain management, therapies, and nursing in the creation and implementation of the palliative care plan. The APRNs document in the electronic medical record visible to the entire team. The palliative care consultation note is also available to patients and families through the SHC Patient Portal. The palliative care APRNs communicate with family as directed by patients or with surrogate decision makers who may be families or legal guardians. In addition, all consultation notes are available to the team in the Greene Cancer Center and are sent to all primary care providers, ensuring seamless communication across settings.

2023

As a result of the fire in February at the hospital, the total number of completed referrals by the Palliative Care NPs includes 59 hospitalized patients at SHBH. There were four patients in the hospital referred to hospice during the same timeframe. At the Greene Cancer Center, 16 patients were referred for Palliative Care throughout 2023, and 15 Hospice referrals were completed. As the hospital is preparing for the re-opening, meetings are underway with both BVNA and Old Colony Hospice to ensure a seamless transition for Hospice and Palliative Care when referrals are initiated.

Signature Healthcare Brockton Hospital Palliative Care Services

Nurse Practitioner - Old Colony Hospice

Nurse Practitioner – BVNA

Pain Management

Kimberly Cox, MD, MBA 508-941-7642

Social Work Services

Hospital - rotating coverage 508-941-7293

Oncology Center - Lisa Rule, LICSW 508-941-7117

Pastoral Care

Pastor Jean Luma
Sr. Barbara Harrington 508-941-7798

Physical Therapy

Nancy Mulloy, PT 508-941-7242

Speech Therapy

Rosemarie Thomas-Farquharson, ST 508-941-7242

Nutrition Services

Stephanie MacLeay, RDN 508-941-7433

Standard 7.2 Monitoring Compliance with Evidence-Based Guidelines

Steven Milman, MD

Lung Cancer Treatment - 2022

The goal of the study was to review the care of patients with lung cancer at the Greene Cancer Center, and its concordance with NCCN guidelines.

All new patients presenting in 2022 with biopsy-proven or suspected lung cancer who received all or a part of their treatment with Signature Healthcare were identified in the cancer registry database and their charts reviewed. Of the 64 identified cases, 41 were female and 23 were male. Nine (14%) of the cases were biopsy proven Small Cell Lung Cancer. One patient had a prior history of tonsillar carcinoma and now had a new lung nodule – this patient was treated under the presumption that this was a new lung primary tumor, and were therefore included in the analysis.

All 64 patients (100%) underwent a pre-treatment evaluation that was concordant with NCCN guidelines for work-up of lung cancer. This included invasive mediastinal staging for patients with clinical IB or higher stage disease. First course of treatment for all 64 patients (100%) was likewise concurrent with NCCN guidelines for therapy.

Of the 64 identified cases, 54 patients had tissue obtained proving the diagnosis of lung cancer. Of those 54 biopsy proven cases, 100% had accurate documentation of the pathologic disease stage prior to initiation of treatment. However, of the overall group only 58 (91%) had correct documentation of the clinical stage prior to first treatment. Of the six patients with incorrect documentation, two patients had no clinical stage documented, and four patients documented a stage that underestimated extent of the tumor, either by T- or N-criteria. The discordance arose due to the difference between the report of the imaging studies and how the treating clinicians qualified the extent of disease.

This study identified appropriate documentation of clinical stage prior to initiation of treatment in patients with lung cancer as a focus for improvement. Given that discordance was most prevalent in the interpretation of imaging by the radiologist versus the treating clinician, consideration should be given to presentation of every case at the Multi-disciplinary Tumor Board prior to initiation of treatment, and the clinical stage consensus documented following review of the imaging by all parties.