Chairman’s Message

The mission of the VA Puget Sound Cancer Care Program is to provide multidisciplinary care and access to state-of-the-art treatment and clinical trials for our Veteran patients diagnosed with cancer. With a 2015 index caseload of over 950 cancer patients, our center continues to rank among the most comprehensive and busiest VA cancer centers in the United States.

Over the past year, we have faced new challenges providing regional cancer care with the introduction CHOICE programs to offer veterans options to seek local community care. The VISN20 Cancer Interdisciplinary Purchased Care Team was created to oversee non-VA referrals of cancer patients and is staffed by several Cancer Committee members. Numerous quality improvement projects were successfully undertaken this year resulting in improved delivery of care and presentations at locoregional and national meetings. Our cancer program has joined with the Massachusetts Veterans Epidemiology Research and Information Center (MAVERIC) forming a nationwide consortium of VA facilities with a central IRB to improve access and enrollment in Southwest Oncology Group clinical trials.

The 2016 Annual Report highlights the wide-range of services and clinical trials offered within the VA Puget Sound Cancer Program and recognizes the important contributions from all service lines and departments. We thank our local and regional VA leadership for their continued support of the Cancer Care Program and continue to strive to provide the highest quality cancer care for our nation’s veterans.
A Cancer/Tumor Registry is an indispensable contributor to cancer research and outcome measurement. Cancer Registries are mandated by the National Cancer Act of 1971.

Cancer Registry data are used for analyzing patterns, effectiveness and quality of care, survival and outcome related studies, devising early detection/screening cancer programs, and can help leadership in making informed decisions for hospital expansion, resource allocation and other business purposes.

Certified Cancer Registrars (CTRs)\(^1\) who are cancer data specialists specially trained and certified for the purpose, collect cancer data at local hospital levels and at state levels, which are then aggregated in national cancer databases. The widely used SEER \(^2\) database and Commission-on-Cancers\(^3\) National Cancer Database (NCDB) are examples of national level registry databases. In addition, VA has its own national level VA Central Cancer Registry (VACCR).

**VAPSHCS Cancer Registry Data,**
**Finalized data CY 2015**

Cancer data collection and abstraction at Registries is an ongoing process. Data collection on cancer patients who are currently being diagnosed and treated at facility in 2016 is currently undergoing, and finalized reports will be published and made available next year.

Finalized counts for calendar year 2015 shows 796 analytic\(^4\) cases of cancer and 158 non-analytic\(^5\) cases, for a total of 954 cancer cases were accessioned into the cancer registry database.

\(^1\) Certified Tumor Registrar (CTR) awarded by National Cancer Registrars Association (NCRA), a not-for-profit association body that represents cancer registry professionals, conducts stringent national level certifying exams, and maintains continuing education for its professionals.

\(^2\) SEER: a federally funded consortium of population-based cancer registries, established by the National Cancer Act if 1971 to collect and publish information on cancer incidence, mortality, survival and trends over time in the US

\(^3\) Commission on Cancer (CoC): a division of the American College of Surgeons (ACoS), involved in cancer control and improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and monitoring of comprehensive quality care.

\(^4\) Analytic: Cancer patients diagnosed and/or received first course of treatment at VAPSHCS

\(^5\) Non Analytic: Cancer patients who came to VAPSHCS for subsequent treatment of cancer recurrences or persistent disease; Or, non-visit consults, 2nd opinion cases. pathology report review only, surveillance visits only, etc.
The top ranking cancer primary sites seen at our facility in 2015 were Prostate, Lung, Hematopoietic & Plasma Cell, Head & Neck, Bladder, Melanoma, Colon-Rectum, Lymphoma, Liver and Kidney.
References:
6. Previous Annual Reports
Cancer Committee
Peter Wu, MD (Chair)

The Cancer Care Committee is comprised of representatives from each of the medical center specialties that participate in the care of cancer patients including the allied health departments involved in cancer-related supportive care. The Committee is charged with the establishment and maintenance of an accredited cancer program that assists patients and their families through the continuum of care. The Cancer Care Committee is involved with the entire spectrum of cancer patient care and is responsible and accountable for all Cancer Care Program activities. Two major responsibilities of the committee are to oversee the Cancer Registry and the multidisciplinary Cancer Conference (Tumor Board). The Committee is also responsible for advising the Executive Committee and Cancer Care Program of any issues related to oncology practice standards as well as sponsoring investigational approaches to patient care. The Committee leads the Cancer Care Program through goal-setting and implementation, evaluation, and improvement of cancer-related activities throughout the facility. The Committee establishes annual goals and monitors progress in the following categories: programmatic, quality improvement, and clinical care. During the past year, the Committee established and completed goals related to the areas of quality improvement, community outreach, and clinical improvement.

Tumor Board Activities for 2016
Victoria Campa
(Compiled data is from Jan. 2016 through November 16, 2016)

The VA Puget Sound Health Care System Tumor Board is held every Wednesday from 1:00 p.m. to 2:00 p.m. in Building 100, Room BD-152. Tumor Boards provide clinical information, pathologic staging, and treatment recommendations for the patient’s disease.

The Tumor Board is composed of a multidisciplinary group of attending physicians, fellows, residents, physician assistants, nurses, medical students, and other health care professionals. Staff representatives from Medical, Surgical, and Radiation Oncology act as discussants. All surgical subspecialties are represented. Images and micrographs are presented by staff physicians from Diagnostic Radiology and Pathology. The conference provides a forum to disseminate the most current information on cancer management. The discussants review data from current publications and determine eligibility of patients for cooperative group trials sponsored by the Southwest Oncology Group (SWOG) as well as in-house clinical trials. The conferences provide continuing medical education and provide a convenient forum for expeditious management decisions of complex patients.

In 2016, there were 46 conferences for the year. All the major cancer sites were represented in the cases discussed. The average attendance at each conference was 20. Attendees can receive one credit hour continuing medical education category 1 per session, which can be applied toward relicensure requirements in Washington State.

All requests for Tumor Board submission shall be ordered online in CPRS on the order tab. The requesting service must complete the consult template and include a reason for the request. All consult requests will be coordinated through Victoria Campa, Tumor Board Coordinator, Oncology Section (6-4757).
Tumor Board Activities (Continued)

Tumor Board 2016 - Distribution of 384 Total Cases (1/1/2016 – 11/16/2016)

<table>
<thead>
<tr>
<th>Category</th>
<th>Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEAD &amp; NECK</td>
<td>78</td>
<td>20.3%</td>
</tr>
<tr>
<td>MUSCULOSKELETAL</td>
<td>15</td>
<td>3.9%</td>
</tr>
<tr>
<td>SKIN</td>
<td>21</td>
<td>5.5%</td>
</tr>
<tr>
<td>BREAST</td>
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<td>0.3%</td>
</tr>
<tr>
<td>GENITOURINARY</td>
<td>14</td>
<td>3.6%</td>
</tr>
<tr>
<td>OPHTHALMIC</td>
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<td>0.0%</td>
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<tr>
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<td>5</td>
<td>1.3%</td>
</tr>
<tr>
<td>CENTRAL NERVOUS SYSTEM</td>
<td>3</td>
<td>0.8%</td>
</tr>
<tr>
<td>NON-CANCEROUS</td>
<td>1</td>
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</tr>
<tr>
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<td>0.0%</td>
</tr>
<tr>
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<td>18</td>
<td>4.7%</td>
</tr>
<tr>
<td>DIGESTIVE</td>
<td>85</td>
<td>22.1%</td>
</tr>
<tr>
<td>THORAX</td>
<td>149</td>
<td>38.8%</td>
</tr>
</tbody>
</table>

![Tumor Board Annual Report - JANUARY 01, 2016 - NOVEMBER 16, 2016](image)
Clinical trials in oncology are studies that test, and often compare, treatments in a specific group of patients with a given cancer. Clinical trials define and advance best treatments for patient care. Through some clinical trials, patients may also access novel drugs for treatment of their diseases. Cancer clinical trials are therefore a vital part of the care oncology patients receive at the VA Puget Sound.

VA Puget Sound actively participates as a member institution of the Southwest Oncology Group (SWOG) and NCI-Clinical Trial Support Unit (CTSU)/NCI-National Clinical Trials Network (NCTN). Cancer patients are also offered participation in the Fred Hutchinson Cancer Research Center (FHCRC) peripheral blood stem cell (PBSC) transplant protocols. In addition, cancer patients are offered participation in appropriate pharmaceutical industry-sponsored studies with novel therapies, as well as in-house protocols. Examples of VA supported pharmaceutical industry-sponsored studies include; chemotherapy combination regimens prior to stem cell transplantation and to reduce the risk of side effects from stem cell transplantation, preventative medications to reduce chemoradiotherapy side effects, advanced stage cancer treatment options, new chemotherapy and immunotherapy treatment options for different types of cancers, and preventative vaccine studies in patients diagnosed with cancer.

Our commitment to clinical trials involves a multidisciplinary team of physicians including medical, radiation and surgical oncologists as well as physicians of other surgical and medical subspecialties. Patients with head and neck, thoracic, gastrointestinal and hematologic malignancies are discussed at the multidisciplinary tumor board and are offered clinical trial participation by the oncology research staff. Patients are only referred to VA Puget Sound approved research studies. Stem-cell transplant patients are enrolled in sponsored protocols approved by the VA Puget Sound as a part of their routine clinical care.

All patients diagnosed with cancer that are seen by a physician at VA Puget Sound are pre-screened by the Clinical Research Coordinators regarding eligibility for enrollment in a clinical trial. Once pre-screened, if a patient appears to be eligible for a clinical trial, the patient’s treating Physician, Clinical Research Coordinators, and/or clinical trial Principal Investigator/Physician will present information regarding the clinical trial to the patient for their consideration of participating in the clinical trial. Information about actively enrolling clinical trials at VA Puget Sound is available in the research kiosks throughout the facility, displayed on the reader boards throughout the facility, and available on https://ClinicalTrials.gov.

In 2015 (final data), 77 cancer patients at VA Puget Sound elected to participate in clinical trials. Within these 77 enrolled patients, 7 patients enrolled in treatment related clinical trials, 1 patients enrolled in preventative treatment trials, 17 patients enrolled in quality of life trials, 18 enrolled in cancer-specific biorepositories and tissue banks, 8 enrolled in patient registries with an underlying cancer research focus, and 26 patients enrolled in other types of cancer related trials. VA Puget Sound enrolled 8% of the patient analytic case load for 2015 into clinical trials.

To date, in 2016 (interim data), 71 cancer patients at VA Puget Sound elected to participate in clinical trials. This percentage for clinical trials enrollment was compiled from enrollment data gathered January 1, 2016 through September 20, 2016, but may not reflect the final clinical trial enrollment data for 2016. Within these 71 enrolled patients, 7 patients enrolled in treatment related clinical trials, 4 patients enrolled in preventative treatment trials, 31 enrolled in cancer-specific biorepositories and tissue banks, 13 enrolled in patient registries with an underlying cancer research focus, and 16 patients enrolled in other types of cancer related trials.
Hospital & Specialty Medical Care – Oncology Division

Daniel Y. Wu, MD, PhD

The VA Puget Sound Oncology Division provides initial medical diagnosis, medical treatment, and follow-up care for Veterans diagnosed with cancer. The division works closely with surgical subspecialties and Radiation Oncology to offer multidisciplinary care; and with social work, nursing, dietary, chaplaincy, and other allied healthcare services to provide holistic care. Care and treatment for cancer patients is frequently coordinated through a multidisciplinary Tumor Board. In this forum, individual cases and therapeutic options are reviewed by representatives from all services and a consensus recommendation is rendered. Oncology nurse coordinators from the Oncology Division ensure follow-up, coordinates diagnostic and therapeutic recommendations, and maintains contact with the patient. In addition, a well-staffed Cancer Care Clinic provides ongoing chemotherapeutic, transfusion, and supportive services for patients undergoing treatment.

The Oncology Division provides care in both inpatient and outpatient settings. Patients are evaluated and followed at four weekly subspecialty outpatient clinics staffed by attending physicians who are also faculties of the University of Washington and fellow physicians from the Fred Hutchinson Cancer Center. Chemotherapy and treatment related care is provided in the newly remodeled Cancer Care Clinic that operates five days per week and staffed by two physician assistants, two nurse practitioners, three to four RNs, and one clerk. This unit provides all of the outpatient chemotherapy for VA Puget Sound Health Care System patients and also offers a convenient location for outpatient procedures, such as bone marrow aspirates and physical examinations, outside of the regular outpatient clinic hours. A full-time clinical pharmacist manages chemotherapy for both inpatients and outpatients, and ensures safety of drug administration.

Recently, the Division has added a four member cancer navigation team to support patients who must travel great distances or are challenged with difficult personal issues. This navigation team, consists of a nurse practitioner, a nurse coordinator, a social worker and a clerk, maintains contact with the patient and provides throughout his/her cancer care journey. The navigation team also ensures seamless transition of the patient back to the referral facility and provider. Additionally, the team will provide survivorship counseling to patients, who have completed treatment.

The Marrow Transplant Service remains a marquee program of the VA Puget Sound Oncology Division. The Marrow Transplant Unit (MTU) is one of only three such units nationwide under the national VA program. The MTU performs approximately 50-60 transplants per year on patients referred from both remote and regional sites. The MTU works in close collaboration with the Fred Hutchinson Cancer Research Center, and the treatment and experimental protocols for transplantation are shared between the two institutions. After the acute transplantation phase, the MTU performs outpatient follow-up on transplanted
patients as well as annual long-term follow-up. The MTU is a discrete physical patient care unit with integrated outpatient and inpatient care, and a dedicated nursing and clerical support staff. The unit operates full-time and manages transplant patients 24/7.

As always, the Oncology Division supports the overall direction of the VA Puget Sound Cancer Committee, a multidisciplinary committee that maintains accreditations and promotes cancer care activities of the institution. As a part of the mission to provide Veterans with cutting edge cancer care, the Oncology Division also actively maintains a clinical research program. We provide clinical trial participation opportunities so that patients can have access to novel drugs and advanced oncological concepts. Our clinical research program participates in a number of studies through national cooperative programs and pharmaceutical sponsors; and is staffed with three clinical research coordinators. The Oncology Division additionally maintains a local cancer registry under a certified Cancer Registrar; and undergoes regular clinical and system improvement evaluations under a full-time quality improvement coordinator.

The Oncology Division is a central part of the VA Cancer Program, which has received continuous distinction as a comprehensive cancer center designated by the Commission on Cancer. The marrow transplant unit has been awarded multiple achievements and certificates of excellence by the National Marrow Donors’ Program. The entire Oncology team strives daily to provide superior care to our Veterans whom have served this country with honor.

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**Marrow Transplant Unit**

http://www.pugetsound.va.gov/marrowtransplant/Welcome.asp  
Thomas R. Chauncey, M.D., PhD

The Marrow Transplant Unit at the VA Puget Sound Health Care System was founded in 1982. It operates in conjunction with the Seattle Cancer Care Alliance, Fred Hutchinson Cancer Research Center and the University of Washington School of Medicine. The San Antonio VA began performing marrow transplants in 1986, joined by the Nashville program in 1995. Together, the three VA transplant centers provide comprehensive marrow and stem cell transplantation services for Veterans with a variety of malignant and nonmalignant hematologic disorders.

This past year the Marrow Transplant Unit surpassed 1,500 transplants, including over 200 from unrelated donors. Utilizing 8 inpatient beds and 1 outpatient suite, approximately 60-70 transplants are performed annually. Seattle patients receive either their own (autologous transplantation) marrow or peripheral blood stem cells or receive product from a matched or closely-matched relative or unrelated donor (allogeneic transplantation). Allogeneic transplant recipients, especially those receiving stem cells from mismatched and unrelated donor sources, require prolonged immunosuppression and are at risk for a variety of complications. Immuneologic tolerance ultimately occurs with time, although close medical surveillance can be required for months to years. The longitudinal follow-up care and clinical advice provided by the Seattle program is a key element for successful transplantation for patients throughout the country.

The largest proportion of Veterans treated in Seattle have received transplants for multiple myeloma, followed by non-Hodgkin’s lymphoma, acute myelogenous leukemia (AML), Hodgkin’s disease, chronic myelogenous leukemia (CML), and chronic lymphocytic leukemia (CLL). Multiple myeloma, non-Hodgkin’s lymphoma and CLL can be service-connected conditions for Veterans with prior Agent Orange exposure. Other malignancies and nonmalignant hematologic disorders are considered for transplantation on a case-by-case basis.

Clinical research performed at the Marrow Transplant Unit in conjunction with the Fred Hutchinson Cancer Research Center have led to improved efficacy and safety of marrow transplantation, making curative treatments available to a broader number of patients. Outcome data from patients transplanted at the Marrow Transplant Unit at the VA Puget Sound Health Care System compares favorably to published data in the medical literature and national registries.
Head & Neck Cancer Service
Marc D. Coltrera, MD and Jeffrey J. Houlton, MD

More than 60,000 Americans (and more than 900,000 people worldwide) are diagnosed with head and neck (H&N) cancer every year. Because veterans have disproportionately high rates of smoking and alcohol use, the two greatest risk factors associated with the development of H&N cancer, these cancers frequently affect our nation's Veterans.

At the VA Puget Sound Health Care System (VAPSHCS), cancers of the head and neck are the third most common solid tissue cancer. Our Head and Neck Cancer Service treats over 50 new cancer patients and 40 recurrent cancer patients each year, making it one of the busiest VA H&N centers nationally.

The diagnosis of H&N cancer can have a devastating impact on our patients' lives. These cancers impair the most basic functions responsible for our daily quality of life: eating, speaking, and breathing. These cancers impact our vital senses, such as taste, smell, hearing, voice, and sight. These tumors may distort the outward physical appearance further contributing to social isolation and depression.

Fortunately, we have made significant progress in the care of patients with H&N cancer. Thanks in large part to advancements in technology, novel surgical techniques, and tissue-sparing treatments (which take advantage of novel equipment and treatment protocols), we have made remarkable improvements in the quality of our patients' lives during and after treatment.

At the VAPSHCS, we are one of a small select number of VA centers that perform microvascular free tissue reconstruction for defects following head and neck cancer resections. These microvascular techniques provide our patients with the highest form and function achievable following cancer removal. In addition, we offer our laryngeal cancer patients larynx-sparing trans-oral laser surgery, an alternative to total laryngectomy. This microscopic surgical technique allows our patients to preserve the majority of their larynx, maintaining both their voice and the ability to breath without a stoma. Our newest surgical advancement involves trans-oral robotic surgery. Robotic surgery is an exciting new technology that allows tumors of the tonsils and base of tongue to be removed through the mouth rather than through a more extensive open operation. When used appropriately, this technique seems to spare patients intensive chemotheraphy and radiation which was previously the standard of care for treatment (given the morbidity of prior open operations). Reduction in chemotherapy and radiation treatments has an important impact on our patients swallowing function and overall quality of life.

By offering the complete these complex oncologic and reconstructive options, we at the VAPSHCS H&N program distinguish ourselves as a select center with the ability to offer patients all state-of-the-art treatment options available. Even so, the most important aspect of our H&N cancer care continues to be our ability to work as a focused multidisciplinary team. Our H&N team consists of surgical, medical and radiation oncologists, neuroradiologists, nurse practitioners, nurses, social workers, speech pathologists, and psychologists. Our team meets each week to discuss all new head and neck cancer patients presented at our multi-disciplinary care conference (Tumor Board). This collaborative approach ensures that our treatment plan is being uniquely tailored to each individual patient.

We also continue to have cross-institutional collaborations amongst centers in the region. We are partnered with physicians at the University of Washington Medical Center, where the majority of our surgical oncologists, medical oncologists, and radiation oncologists hold appointments on the faculty. We have research collaborations with faculty from the University of Washington and the Seattle Cancer Care Alliance. These programs offer exciting progress towards treating patients with Head & Neck cancer. We believe that it is through these multidisciplinary, cross-intuitional collaborations that we will be able to obtain our ultimate goal: to achieve the highest possible cure rates, while offering the highest possible quality of life, for our VA patients living with Head & Neck cancer.
Radiation Oncology—
Reaffirming Our Commitment to Quality and Patient Care in Times of Uncertainty
Tony S. Quang, MD, JD, Adam Tazi, PhD, and Kent E. Wallner, MD

The VA Puget Sound Health Care System is a radiation oncology referral center in the Veterans Affairs system, which is the first radiation oncology facility in the State of Washington accredited by the American College of Radiology. It provides cancer care for patients from the VA Northwest Health Network 20 which serves Alaska, Idaho, Oregon and Washington. We deliver state-of-the-art care to patients diagnosed with various malignancies. In November 2016, the Joint Commission visited us on site. Our department received special acknowledgement and commendations for providing cutting edge care to our Veterans.

Technological advances and upgrades are actively implemented and every opportunity is seized to streamline the cancer care delivery process. This effort is spear-headed by the radiation oncologists—Tony S. Quang, MD, JD and Kent E. Wallner, MD, physicists Adam Tazi, PhD and Carl Bergsagel, MS, and dosimetrist David Cain, CMD, ARRT(T).

In Autumn 2016, the Pinnacle server for treatment planning, Arc Check, and 3DVH software were tested and installed successfully. DICOM files transfer from Pinnacle to Arc Check software were tested successfully. Arc Check phantom images have been loaded into Pinnacle and ready to use for testing. We are now in the phase of testing IMRT cases based on the AAPM TG-119 protocol.

While IMRT continues to be used to treat head and neck, prostate, lung, and rectal cancers, VMAT, a faster and better technique of radiation therapy delivery, is being commissioned. This process involves reconfiguring our treatment planning to treat with Smart Arc and validating the planned dose versus delivered dose with the Arc Check Phantom. We have also gotten approval to obtain extra network space for Pinnacle so we can plan complex cases using Smart Arc, which requires more space for complex plan calculations like for head and neck cancers. Due to technical problems, we were not able to start VMAT treatment delivery in 2016, but it is expected to start next year.

We continue to perform solid continuous quality improvement including interdisciplinary chart rounds, outcomes studies, focus studies, and peer review. On a weekly basis, we have incorporated the review of CT and MV imaging as part of our weekly rounds to monitor patient set up. Drs. Quang and Wallner are active participants at weekly Tumor Board meetings where patients are offered the optimal management recommendations through an interdisciplinary effort. Dr. Wallner runs monthly journal clubs teaching residents at University of Washington Medical Center. They are Visiting Oncology Lecturers at Bellevue College teaching clinical oncology to radiation therapy students. Students from this training program have consistently over the years scored in the 90th to 95th-percentile.

As a national authority on the quality assurance effort of other VA brachytherapy programs, Dr. Wallner has pioneered a specialty clinic in the administration of seed brachytherapy for prostate cancer patients. Our clinic continues to offer brachytherapy to prostate cancer patients who come from every region of the United States. We have integrated brachytherapy with a prostate cancer program that includes IMRT with placement of gold seed fiducials for IGRT. Using a shorter course— hypofractionated radiation therapy treatment has allowed patients to complete their treatment quicker so they can go back home. Patients have tolerated this regimen quite well.

Radiation Oncology continues to play a strong leadership role in the VA system. Dr. Quang and Dr. Wallner are planning to offer Veterans the opportunity to receive accelerated radiation for head and neck cancers in the clinical trials setting. The protocol is in the process of being submitted for IRB review.

Furthermore, Dr. Quang remains as a Board Member to the Association of VA Hematology/Oncology, an organization with members who are interested in advocating and promoting cancer care of Veterans. He provides our VA with up-to-date scientific and
best clinical practice expertise in his respective roles as Co-Chair on the VA Institutional Review Board and Surveyor for the American College of Radiology. Dr. Quang continues to be a member of the IHE-RO planning and clinical advisory committees. IHE-RO works in collaboration with ASTRO, which addresses ways to improve the use of computer systems for information sharing, work flow, and patient care. He also serves on the ASTRO Bylaws Committee. Dr. Quang was just appointed as a Board member to the Washington State Medical Associations and continues to serve as Chair of the Young Physician Section.

The VA Puget Sound Radiation Therapy Department has maintained its position as a nationally visible center drawing referrals from other VA facilities throughout the United States. Our patient census remains stable. Our department continues to strive to successfully implement technological advances and upgrades to offer state of the art cancer care. Our expansion of cutting edge technology, continued innovation efforts, and our commitment to quality assurance through the implementation of a robust continuous quality improvement has positioned our department to offer our patients the best of care for now and well into the future. With costs continuing to increase in health care, which affects access to care, it is now more important than ever to reaffirm our commitment to our Veterans.
Help Catch a Killer: Cancer Screening and Prevention Activities
Michele Meconi, ARNP, Health Promotion Disease Prevention Program Manager

Colorectal Cancer is one of the most treatable cancers if detected early, but one of the most deadly if found too late. The VA recommends screening for colorectal cancer adults beginning at age 50 and continuing until age 75. Unfortunately, only a little more than 75% of Veterans receiving care at VA Puget Sound choose to participate in colorectal cancer screening. That means nearly 1 in 4 Veterans have opted against participating in this crucial screening. The bottom line is that screening saves lives.

There are many aspects of our health that we do not have control over and some diseases and health conditions that we cannot prevent. These conditions can often negatively affect our health. However, there are MANY factors that we can control and have the ability to prevent, or catch it early enough to prevent negative outcomes. Nearly half of the causes of death result from decisions we make every day about our health. These include decisions about healthy behaviors such as quitting tobacco, limiting alcohol, maintaining a healthy diet and weight, staying physically active, and getting recommended screening and vaccinations.

Focusing on prevention and wellness is ideal. The lifestyle choices we make every day can have a big impact on our risk factors. When it comes to colorectal cancer, a diet high in fats, particularly animal fats, can increase your risk of colorectal cancer. Eating a variety of fruits, vegetables and whole grains and limiting your intake of foods high in saturated fat will help protect you from developing colorectal cancer. Being sedentary contributes to developing cancer. Engaging in at regular exercise, like walking briskly or riding a bike, for 30 minutes or more on five or more days per week will reduce colorectal cancer risk. Quitting tobacco and limiting alcohol can also reduce the risk for colorectal cancer. These are risk factors that we CAN change. However, there are some risk factors for colorectal cancer which we cannot change. Factors such as our family history or even a personal history of intestinal polyps or bowel disease, can increase a person’s risk of developing colorectal cancer.

Regardless of which risks you may have, or even if you do not have any of these risk factors, it is imperative that you take part in screening for colorectal cancer. Anyone can get colon cancer. Both men and women get colorectal cancer. Colon cancer is a common and lethal disease. In fact, colorectal cancer is the second leading cause of cancer death. But it doesn’t have to be that way. If everyone aged 50 years or older had regular screening tests, at least 60% of deaths from this cancer could be avoided. Colorectal cancer screening saves lives in two important ways: by finding and removing polyps before they become cancerous, and by detecting the cancer early when it is most treatable. Screening tests help find precancerous polyps (abnormal growths) so they can be removed before they have a chance to turn into cancer. This prevents colorectal cancer. Screening also can find this cancer early, when treatment is most effective. The earlier cancer is detected, the more choices you will have about what can be done to treat that cancer. People who have colorectal cancer don’t always have symptoms, especially at first. In fact, most often, colorectal cancer starts with NO symptoms at all. Someone could have polyps or colorectal cancer and not know it. That is why screening is so important. Screening before any symptoms occur is when we want to catch it.

There are several choices for colorectal cancer screening, depending on your risk factors. Your health care team can discuss which screening is recommended for you. Ask your health care team how you can get up to date with your colorectal cancer screening.
• FIT Kit annually
• Sigmoidoscopy every 5 years (sometimes with FIT kit in between)
• Colonoscopy every 10 years

If a FIT kit is recommended for you, please make sure your kit is completed and labeled properly so that our lab has the best chance of getting a quality specimen and a valid test. Last year, nearly half the specimens that were mailed into our lab arrived without the date labeled on the specimen tube,
which makes the validity of that specimen questionable. PLEASE write the date you give your stool specimen on the specimen tube. If this part of the specimen container is covered up by a name label, just write the date on the name label.

This is what the FIT kit looks like here at VA Puget Sound. Your healthcare team will issue you a kit if this is the appropriate screen for you. Please complete your test and send it back immediately. We will send you a reminder letter if we don’t get the kit back within 30 days. If you have lost, thrown away, or misplaced the kit you were issued, just contact your healthcare team and we will issue you a new kit.

If you have gotten a colonoscopy or flex-sig outside the VA or at another VA (not VA Puget Sound), please let us know so that we can record it in our records and inform you when you will be due for a follow up study or when it would be most appropriate to screen you again for colorectal cancer. At every visit to your healthcare team, we will review your colorectal cancer screening status. Your team will review how to complete your screening if you are due. Following your visit we will send a letter to remind you to complete your screening and follow up with you regarding your results, and when you will be due next.

There are many important opportunities to be screened from cancer. For women, following the recommendations for breast and cervical cancer is crucial. We strive to make sure that we offer routine breast cancer screening for women Veterans and amazingly nearly 86% of our 50-74 year old female Veterans took us up on that offer of a mammogram. PAP smears which are performed to detect cervical cancer were completed to screen nearly 85% of the 21-64 year old female Veterans for cervical cancer at VA Puget Sound. Ideally, we would like to see that number surpass 88% so we will work harder to engage our younger female Veterans to take part in our preventive care services for cervical cancer screening. This past year, American Lake hosted an amazing Women’s Health Fair to promote VA resources for promoting health and wellness. There were approximately 250 attendees. It was quite a success and reviews were positive. In fact, 67% of women who completed our post-fair survey reported
that they were more likely to participate in cancer-related screening and they were also more likely to discuss screening and prevention with their healthcare provider since attending the fair. 100% of Women Veterans agreed that healthy living matters and that prevention is important.

We reached out to Veterans as well at our 2nd Annual Cancer Prevention, Awareness, and Healthy Living Fair in September. Many cancer prevention and screening topics were featured including cancer risk factors, cancer screening, and information relating inactivity and obesity to an increase in risk for some cancers. Booths that stressed the importance of prevention with lifestyle changes including diet, nutrition, exercise, tobacco cessation, and protecting yourself from sun exposure related cancers were a big hit. Approximately 185 Veteran attended and nearly 83% of the attendees who were surveyed after the fair reported the following outcomes: the fair was effective at providing new information about cancer prevention and screening, they have a better understanding of what they can do to take part in cancer screening and prevention, and they planned to talk to their healthcare provider about cancer screening and prevention. Incredibly, 87% of Veteran attendees stated they would be willing to engage in lifestyle changes based on the information they received at the fair.

At VA Puget Sound we want to help you become more active in prevention related behaviors. With a focus on prevention, Veterans can take part in staying healthy by screening for potential deadly diseases such as cancer. Keeping up with vaccinations can also contribute to your wellness. The diseases that vaccines prevent can be dangerous, or even deadly. Vaccines reduce the risk of infection by working with the body’s natural defenses to help it safely develop immunity to disease.

Your VA healthcare team strives to promote Healthy Living Matters / Prevention Works in every appropriate setting and at every opportunity possible by continuing to educate Veterans at every opportunity about the importance of screening for cancer and receiving recommended vaccines. Ask your healthcare team for a summary of the Staying Healthy Recommendations.

These educational handouts provide guidance for screening and vaccinations you may due for based on your age, gender, health status, and other factors. They are meant assist you in having conversations with your healthcare team about YOUR options for taking part in staying healthy. You can find more information about health and wellness within our VA resources including

- Veterans Health Library
- VA Health and Wellness Fairs
- Primary Care Clinic Patient Education Materials
- Posters, Flyers, Handbooks, and Reader boards


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**Staying Healthy: Recommendations for WOMEN**

Which preventive health services are recommended for average risk women in my age group?

**SCREENING TESTS**

![Screening Tests Chart]

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The last name of this section is [Cancer Program Annual Report](#)
An interdepartmental team consisting of Oncology Cancer Care Clinic, Radiation Oncology, Bone Marrow Transplant Unit, Community Leaving Center (CLC), Palliative Care and Speech Pathology assembled in January 2013 to reduce inpatient admissions due to Mucositis and Aspiration Pneumonia by implementing standardized oral care for cancer patients. The group had weekly meetings to implement a nursing procedure guide for Oral care for patients undergoing cancer treatment. We created a treatment order set for Mucositis and oral care, added NCI guidelines for Mucositis grading scale and oral care to the nursing Admission, Nursing Progress Note and Chemotherapy Clinical Pathway templates. We created a standardized patient teaching material for oral care during cancer treatment at VA Puget Sound Health Care System and also provided nursing education in-service about Mucositis and oral care for patient undergoing cancer treatment.

The group has implemented the followings
1. Nursing procedure for oral care for patients undergoing cancer treatment was approved by the associate Director of Nursing and it is on the VA Puget Sound Health Care System Nursing SharePoint site. The Nursing Procedure is updated every three years and the Mucositis prevention group wrote the new 2016 nursing procedure in March 2016 and it is on the VA Puget Sound Health Care System Nursing SharePoint site.

2. Mucositis Inpatient Prevention/Treatment order set was completed and approved it is on CPRS Admission Treatment Menu. The treatment order is used by the doctors when patient admitted inpatient with Mucositis diagnosis.

3. Standardize patient teaching material about Caring for Your Mouth & Throat during cancer treatment has been approved and it is on Nursing SharePoint site at Veterans Health Education. The teaching material has been used hospital wide and outpatient for Cancer Patient during treatment since 2013.

4. NCI guidelines for Mucositis grading scale and oral care to the Nursing Admission, Nursing Progress Note and Chemotherapy Clinical Pathway templates was approved and it is on Nursing Shared Templates (named Mucositis Assessment). The nurses had education annually since 2013 how to document on patient chart after oral assessment for cancer patient using NCI guidelines.

5. The group has worked on nursing education power point presentation about Cancer Treatment Induced Mucositis and Oral Care it was approved to give the in-service by VA Puget Sound Health Care System nursing education committee and the in-service started in December 2013-2016. The Mucositis prevention group provided education at VA Puget Sound Health Care System for inpatient and outpatient over 156 nurses, 100 doctors and allied health care providers. The Mucositis group worked on a poster presentation about Implementing Standardized Oral Care For Mucositis during 38th Annual Puget Sound Oncology Nursing Symposium on Saturday March 12, 2016. During the Symposium there were over 200 nurses and allied health care providers from Oregon, Alaska, Montana, Michigan, Eastern Washington and Puget Sound Region.
Diagnostic Imaging Service (DIS)
Julie Takasugi MD, Jonathan Medverd, MD and Joseph G. Rajendran, MD

Diagnostic radiology and nuclear medicine are important fields in detection, diagnosis, treatment and follow up of a variety of diseases, including malignancies. Diagnostic Imaging Services (DIS) is responsible for the performance of quality examinations, interpretation of those examinations and for the communication of study results to the referring clinician in a timely fashion. At the VA Puget Sound Health Care System (VAPSHCS), Seattle and American Lake Divisions, there are 8 receptionists/schedulers, 2 program support persons, 1 administrative officer, 2 PACS administrators, 2 health technician/escorts, 50 radiologic/nuclear medicine technologists, 1.5 FTE Nurse Practitioners, 1 nurse, 7 residents, 2 fellows, 9 full-time and 2 part-time attending physicians. Attending radiologists subspecialize in abdominal imaging, cardiothoracic radiology, gastrointestinal radiology, neuroradiology, musculoskeletal radiology, nuclear medicine (diagnosis and therapy) or vascular and interventional procedures.

Services provided by DIS include conventional radiographic exams, fluoroscopic studies of the gastrointestinal and genitourinary tracts and nervous system, computed axial tomographic (CT) scans, ultrasound exams, magnetic resonance imaging (MRI), angiography and radionuclide studies. Modern CT, SPECT/CT and PET/CT scanners have been installed. The current PET/CT is a collaborative effort with R&D in providing clinical PET scan capability at VAPSHCS and we have started of with 18F-fluorodeoxyglucose imaging. Mammography is performed at Virginia Mason, UW, and other local imaging centers that are accessible to patients. Percutaneous biopsies, aspiration and drainage of fluid collections, biliary and genitourinary drainage, long-term intravenous catheter placement, percutaneous feeding tube placement, tumor embolization and ablation procedures, intra-arterial chemotherapy access and intravascular stent placement are some of the diagnostic and therapeutic procedures offered by this department.

In nuclear medicine, all general nuclear imaging studies including myocardial perfusion studies, brain SPECT imaging (including DAT scan), In-111Octreotide and I-123MIBG scans and lymphoscintigraphy are performed. Modern SPECT/CT (16 slice) scanner and PET/CT scanner (16 slice) were installed at SEA. Therapy with radiopharmaceuticals is routinely performed for hyperthyroidism, thyroid cancer (using Iodine 131) and bone pain palliation (using Strontium 89 and Samarium 153). Radioimmunotherapy (with Yttrium 90 Ibritumomab tiuxetan) for treating non-Hodgkins lymphoma and Ra-223 dichloride therapy for metastatic prostate cancer. VAPSHCS continues to provide teleradiology service for the interpretation of nuclear medicine studies performed at Spokane VA Hospital. We are also helping Spokane VAMC with complex radionuclide therapy.

DIS supports a number of committees and conferences dealing with cancer patients at its Seattle Division, including Tumor Board, Cancer Committee, Tumor Registry, Gastroenterology-Surgery Conference, Neurology/Neuro-Surgery Conference, Liver tumor conference, Genitourinary Conference, Orthopedics Conference and Radiation Safety Committee.

In fiscal year 2016, a total of 96,930 radiologic examinations were performed at the VAPSHCS. Diagnostic Imaging also provides consultation on studies performed at outside hospitals and teleradiology services for other VA hospitals in VISN20.
Urologic Oncology Program
Bruce Montgomery, MD, Michael Porter, MD

The multidisciplinary Urologic Oncology program is designed to help patients with genitourinary cancers of all types and give them the opportunity to discuss their therapeutic options with a broad range of care providers who treat patients with this disease, including urologists, radiation oncologists, medical oncologists endocrinologists, advanced registered nurse practitioners, specialty trained nurses, and physical therapists. By providing this type of integrated patient care, doctors hope to help patients make informed decisions and receive the best possible treatment. The multidisciplinary team offers some of the most advanced treatment options available for prostate cancer, including nerve sparing prostate surgery, brachytherapy (radiation implants), adjuvant chemotherapy, the latest options in hormonal therapy, and advanced disease chemotherapy studies. The center is one of a select few VA centers in the country utilizing the DaVinci robotic system to perform prostatectomies. We also offer cutting edge treatment options for kidney and bladder cancer, including robotic partial nephrectomy, laparoscopic nephrectomy, energy based ablative techniques for small renal tumors, radical cystectomy with urinary diversion for muscle invasive bladder cancer, and adjuvant therapies for non-muscle invasive bladder cancer including chemotherapy placed into the bladder. Finally, we offer continuing care of urologic cancer survivors which includes management of long term side effects of cancer therapy including erectile dysfunction and urinary symptoms. We are a cancer referral center for all of VISN 20 and also provide comprehensive care for cancers that are more uncommon in the Veteran population, including testis and penis cancer. The Program actively participates in cutting edge research, and offers ongoing trials in bladder cancer treatment and active surveillance of prostate cancer. For information, contact the Oncology Department at (206) 764-2709 or the Urology Department at (206) 764-2265.
Surgical Oncology
Peter C. Wu, MD

The surgical oncology program provides comprehensive evaluation and treatment for tumors of the upper and lower gastrointestinal tract, hepatobiliary system, pancreas, breast, melanoma, soft tissue sarcoma, and endocrine system. Together with Drs. Lorrie Langdale, Roger Tatum, Dana Lynge, Edgar Figueredo, and Deborah Marquardt; our section provides surgical expertise covering a broad range of procedures, including sentinel lymph node mapping, minimally invasive and robotic surgery, and complex oncologic resections including esophagectomy, hepatic resection, pancreaticoduodenectomy and total mesorectal excision with anal sphincter preservation. We work in tandem with colleagues in Medical and Radiation Oncology to offer personalized combined modality protocols. Our goals are to provide state-of-the-art solid tumor treatment in a multidisciplinary environment, enroll patients in cancer clinical trials, conduct innovative cancer research, and provide education and mentorship to our students, residents, and fellows affiliated with the University of Washington and Fred Hutchinson Cancer Research Center.

Gastroenterology and Hepatology
Jason A. Dominitz, MD, MHS, Haritha Avula, MBBS, George Ioannou, MD, MS

Cancers of the digestive system constitute a significant portion of the cancers diagnosed and treated at the VA Puget Sound Health Care System (VAPSHCS). Increased awareness and compliance with colorectal cancer screening, as well as the rising incidence of hepatocellular carcinoma, esophageal and pancreatic adenocarcinoma, have resulted in ever-increasing numbers of procedures performed for the screening, surveillance, diagnosis, and treatment of these cancers at our facility.

Procedures offered at the VAPSHCS include liver biopsy, esophagogastro-duodenoscopy (EGD), sigmoidoscopy, colonoscopy, capsule endoscopy, and endoscopic retrograde cholangiopancreatography (ERCP). Endoscopic ultrasound (EUS) is also available to Veterans needing tissue acquisition for the diagnosis of cancer, as well as for cancer staging. Other procedures include endoscopic palliation of malignant obstruction (e.g. esophageal, duodenal, biliary or colonic obstruction), in addition to percutaneous endoscopic gastrostomy for nutritional support. There are now eleven full-time staff gastroenterologists/hepatologists, three nurse practitioners, and a superb team of nurses on staff at the Seattle and American Lake campuses. Gastroenterology and Hepatology providers participate in weekly multidisciplinary conferences for the management of malignancies (e.g. Tumor Board and Liver Tumor Conference).

All staff physicians at the VAPSHCS hold faculty positions at the University of Washington and the Gastroenterology team also includes fellows, residents and medical students from the University. Members of our Gastroenterology Section are also actively involved in research relevant to cancer, including basic (e.g. DNA methylation & carcinogenesis), translational (e.g. screening tools), and clinical (e.g. screening, diagnostic and treatment strategies) research. They also collaborate with the research programs of many other departments within the VAPSHCS, the Fred Hutchinson Cancer Research Center and the University of Washington.
Pathology & Laboratory Medicine Service (PLMS)
David Dong MD, PhD, and Jeffrey Virgin MD, PhD

The Pathology and Laboratory Medicine Service performs the study and diagnosis of disease through examination of organs, tissues, body fluids, and whole bodies (autopsies), and provides important contributions in the detection, diagnosis, and treatment of disease. PLMS is responsible for the performance of quality tests, interpretation of those tests, and for the communication of study results to the referring clinician in a timely fashion. PLMS at the VA Puget Sound Health Care System (VAPSHCS), Seattle and American Lake Divisions, is staffed by nearly 100 professionals (the majority are medical technologists and medical technicians), including two pathology residents, and five pathologists. We are in the process of recruiting at least two additional pathologists. Our pathologists subspecialize in dermatopathology, renal pathology, genitourinary pathology, gynecologic pathology, cytopathology, and hematopathology. Our pathologists work closely with pathologists at the University of Washington and the Fred Hutchinson Cancer Research Center.

The services we provide are primarily handled by the following major laboratory sections: Chemistry, Hematology, Microbiology, Blood Transfusion, Histology/Pathology and Cytology. The laboratory also offers phlebotomy services. We provide continuous Veteran-centered care for a variety of medical ailments. This care includes, but is not limited to, assessment, diagnosis, and follow-up evaluations as indicated.

Our service includes:
- Diagnostic histopathology and cytopathology
- Tumor diagnosis
- Cancer conference with pathology case presentation
- Hematology service includes bone marrow and lymph node biopsy interpretation
- Autopsy services
- Blood transfusion
- Biochemical and therapeutic drug tests
- General and special hematologic tests
- General and special chemistry tests
- Coagulation tests
- Urine tests
- Aerobic and anaerobic microbiology, mycobacteriology and mycology tests
- Genetic testing of cancer cells through a reference laboratory.
- Point-of-Care testing oversight by the laboratory on testing that is performed outside the laboratory setting
- Support a number of committees and conferences dealing with cancer patients.
Cancer Care Navigation Team
Ana Fisher, LICSW OSW-C, Tamarind Keating, ARNP, Lynsi Slind, RN, MN

Cancer Care Navigation Team is a multidisciplinary team partnering with Veterans with cancer to identify and eliminate barriers to care and improve patient outcomes.

Cancer patient navigation was developed in the 1990s as a method to address health disparities that impact cancer prevention, detection, diagnosis, treatment and survival. Poverty, lack of insurance, distance from a treatment facility and other factors may be barriers that prevent patients from getting necessary and timely care. By partnering with vulnerable patient populations to identify and address these barriers, navigation programs have been able to improve screening rates, timeliness of care, compliance, patient satisfaction and survival rates. These programs have been implemented in cancer centers across the country and patient navigation is now a standard of care for programs accredited by the Commission on Cancer.

The VA Puget Sound Cancer Care Navigation Team (CCNT) was established by VISN20 as part of a network of Cancer Care Navigation Teams in 2014 with additional sites in Alaska (Anchorage), Idaho (Boise), Oregon (Portland, White City and Roseburg), and Washington (Spokane, and Walla Walla). In Seattle, the CCNT includes a nurse practitioner, registered nurse, social worker and program support assistant.

Veterans with cancer may experience a number of barriers to receiving the care they need, including a lack of social support or caregiver, difficulty with transportation or travel, coordinating appointments with multiple services, distress, poor nutrition, and low health literacy. When a Veteran is referred to CCNT, our staff conduct a comprehensive assessment for distress and barriers to care and individualize a plan of care for each Veteran. We provide patient education regarding their diagnosis and treatment and resources available from the VA. We assist with schedule coordination to reduce additional trips to our facility and counsel Veterans regarding the costs of their care with referrals to eligibility and community sources of financial support when available.

For Veterans referred from another VA facility, CCNT conducts a history and physical exam to document and address other health conditions that may be relevant during an extended stay away from home. Veterans receive ongoing support through their treatment and a written treatment summary at the end, detailing their cancer diagnosis, treatment, complications and follow-up plan. This information is sent to home providers via interfacility consult.

In order to coordinate care for Veterans enrolled in CCNT services, weekly chart reviews are conducted to identify and address new barriers to care. CCNT participates in routine tumor boards and clinics with a variety of services that see cancer patients. Weekly calls with navigation teams at other VISN20 facilities share information to proactively address travel concerns and other barriers to care.

A Cancer Survivorship Clinic was established to address the needs of Veterans who have completed cancer treatment. Veterans receive counseling regarding their diagnosis and treatment and related potential late health effects. A plan of care is detailed for the Veteran and their health care providers and resources are provided to assist Veterans in managing some of the unique aspects of physical and psychosocial health following cancer treatment. The Cancer Survivorship Clinic is meeting the goal set forth by the Commission on Cancer that our facility provide this care to 25% of all eligible cancer patients by the end of the year.

To date, the VA Puget Sound Cancer Care Navigation Team has enrolled over 1,000 Veterans in navigation services. Approximately 50% of these patients are referred from VA facilities across VISN 20 while the other 50% come from the VA Puget Sound catchment area. We have received over 500 consults from 130 VA providers, including specialty and primary care providers, nurses, dieticians, and coordinators. Over 150 Veterans have been seen in the Cancer Survivorship Clinic.

To refer a Veteran to CCNT: Submit a consult to Cancer Care Navigation Team in the CPRS consult menu or call: 206-277-4593
Cancer Telemedicine Program
Peter C. Wu, M.D.

The Cancer Telemedicine Program based at the VA Puget Sound is broadcast twice monthly and serves to advise and coordinate multidisciplinary oncology care throughout the Veterans Integrated Service Network (VISN) 20. Originally conceived as the Northern Alliance Cancer Center and funded by the VA New Clinical Initiatives Program and VACO Transformational Initiatives Program, the VA Cancer Telemedicine Program has matured into a vital clinical program for the region. Providers at regional VA facilities throughout the VISN 20 present cases in a live interactive format to the multidisciplinary tumor board in Seattle staffed by surgical and medical oncologists. Participation in this program facilitates patient referral, minimizes consultation delays, avoids unnecessary patient travel, coordinates outpatient studies, and provides multidisciplinary evaluation of all cancer patients. The program’s success ensures that all veterans within the VISN 20 have access to state-of-the-art multidisciplinary cancer care.

For further information, please contact our Cancer Telehealth Coordinator, Lisa Mandell, R.N., J.D. e-mail: Lisa.Mandell@va.gov

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Nutrition and Cancer
Amanda Kusske, MS, RD, Stephanie Crabtree, MS, RD, CNSC

Nutrition is essential in contributing to optimal outcomes in patients undergoing cancer treatment. Eating well during cancer treatment can help patients maintain strength and energy, decrease their risk of infection, and reduce the side effects from treatment. Patients undergoing cancer treatment can experience numerous side effects that can adversely affect their ability to maintain proper nutrition: nausea, vomiting, early satiety, diarrhea, taste and/or smell changes, difficulty with swallowing, and loss of appetite. Weight loss can result from these side effects and can put patients at higher risk of hospitalization, and potentially delay surgery.

VA Puget Sound Health Care System provides nutrition education and counseling by Registered Dietitians to Radiation Oncology, Cancer Care Clinics, Marrow Transplant Unit patients and their caregivers on an individual and group basis. Topics of evidence-based education and counseling include weight management, food safety, cancer reoccurrence prevention, basic healthy eating, Diabetes education, and symptom management. Many patients will require a feeding tube to maintain nutrition and hydration during and after cancer treatment. The dietitian provides tube feeding formula recommendations to patients and providers, provides instruction on feeding and hydration, utilizing feeding pumps, and monitors tube feeding tolerance and progression.

Some patients undergoing Bone Marrow Transplants may require nutrition by vein, called total parenteral nutrition (TPN). In this case, the dietitian
Oncology Social Work
Ana Fisher, LICSW, OSW-C, Melinda Walker, LICSW, Kimmy Van Hayes, LICSW

When patients receive a cancer diagnosis they have many concerns about what the diagnosis means, what to expect, details on medical care, concerns from loved ones, finances, and survival. Comprehending and organizing the provided information can provoke anxiety and be overwhelming while one is making important health care decisions. The role of the Oncology Social Worker (OSW) is central to helping patients, caregivers and communities with detection, prevention, navigation and survival in a rapidly-changing treatment environment. OSWs are uniquely trained in accessing resources, recognizing disparities in care, communication, stress reduction, family systems, advocacy, and community resources, allowing the OSW to affect positive change in the lives of Veterans and their families.

Specifically, OSWs strive to obtain accurate and up-to-date educational information and other resources for patients. The hope is that by contacting patients early in the process and providing them with verbal and written material, the patients will have a better understanding of what to expect during their treatment and will also be better prepared to cope. Social workers have been active in public education campaigns including workshops for veterans, conducting training for staff and community partners, and public message boards to inform Veterans about cancer prevention, detection and care; as well as Veterans’ benefits and VA resources. The OSW also presented a component on cultural competence and grief, loss and bereavement during the End-of-Life Nursing Consortium in the May 2016 and provided education to community hospice agencies on palliative care and hospice services at the VA. OSWs were involved in participated in the planning of the Cancer Program, Awareness, and Healthy Living hospital wide event on September 2016. In March 2016, OSW provided a workshop titled “Access to VA Care” for the Society of Social Work Leadership in Healthcare annual conference. In September 2016, OSW facilitated the social workers breakout session at the annual Association of Veterans Affairs Oncology/Hematology conference in Dallas, Texas. Additionally, OSWs provide ongoing education to social work students through the University of Washington School of Social Work (UWSSW) practicum program, which provides hands-on experience to students and to provide the University with input regarding Social Work in health care.

Support groups and educational offerings can be beneficial at all stages of the cancer experience. At VA Puget Sound, Social Workers co-facilitate a support group for patient caregivers who receive stem cell transplants as well as a general diagnosis support group for caregivers. Social Work, with the assistance of other departments, sponsors and organizes a day-long workshop developed for Veterans and their caregivers called “Heroes of the Heart,” which provides information about self-care, resources available, Medicare and Medicaid planning, advance care planning, and estate planning. This workshop was held in October 2016.

Cancer treatment moves patients into a new awareness and self-image. Patients and their loved ones may feel incapable of managing independently at home. OSWs are highly skilled at assessing patients’ and families’ resources and referring patients to the level of care appropriate for their current situation and needs, including community outpatient programs, home health care, skilled nursing or assisted living facilities, or hospice/palliative care. OSW assisted in the implementation of the NCCN Distress Thermometer for Patients and is addressing the psychosocial needs of the Veterans at their initial radiation oncology and cancer care clinic visits.

OSWs participate as members of the inpatient consultation team in the palliative and hospice care program. Social workers, along with other staff members, focus on the patient’s quality of life by assisting with end-of-life planning, care resources and emotional support. Additionally, OSWs provide the patient and loved ones with grief and bereavement support and referral to resources during this transition. Social workers participate in end-of-life education for staff members and education for community partners about the VA hospice and palliative care program, survivor benefits, and burial benefits.

OSWs are essential in Advance Care Directive (ACD) planning, education and completion. Social workers participate in a hospital-wide initiative to improve Veterans’ and staff members’ understanding of living wills, durable power
of attorney, and the role of surrogate decision makers. Veterans are encouraged to complete health care directives to ensure their ongoing participation in their own health care and to relieve stress for loved ones who are named as surrogate decision makers.

During the next year, OSWs at VA Puget Sound will continue to advocate for Veterans in our care, reducing barriers to care and increasing access to treatment whether through locating appropriate transportation resources or finding financial resources to allow them to keep their appointments. Social workers conduct quality training for veterans, caregivers, staff, and community members and will continue to train student interns at VA Puget Sound. Social Work will continue to hold trainings at community hospitals and institutions of higher education to increase awareness of Veterans’ benefits, programs and unique health care needs. With renewed emphasis on survivorship, there are now a cancer survivorship clinic at VA Puget Sound. OSWs will continue to work on the committee to improve the cancer survivorship resources and pass that information to Veterans and medical professionals at the hospital. We will continue to provide caregiver and Veteran education and support groups. These efforts support the overall goal to help patients maintain their quality of life while they cope with various issues that arise during cancer care.
Cancer Rehabilitation/Rehabilitation Care Service
Meg Sablinsky, PT, DPT, CLT – LANA

For patients undergoing cancer treatment, quality of life matters as much—if not more—than the quantity of life. With an increasing focus on rehabilitation, patients are able to have improved quality of life during and after their cancer treatment. Patients undergoing cancer treatment may experience one or more of the following side effects: decreased muscle strength, decreased bone density, peripheral neuropathy related to chemotherapy, fatigue, decreased range of motion, pain, lymphedema, and scar adhesion. Rehabilitation Care Services can assist patients who have been diagnosed with cancer with a variety of their rehab needs on an inpatient or outpatient basis. These needs include pain control, weakness and deconditioning, mobility including assessment and provision of equipment for mobility safety, activities of daily living such as dressing/grooming/bathing, cognition, communication, swallowing, nutrition, bowel/bladder functions, skin integrity and wound management, lymphedema management, depression/adjustment/anxiety, social support, and vocational guidance.

Goals for cancer rehabilitation often include effective pain control, maximal functional independence, restoration of maximal strength and mobility, prevention of further impairment, caregiver training to assist functionally-dependent patients, home management, community reintegration, and behavioral adaptation to pain and illness.

In addition, a specialized service that Rehabilitation Care Services offers is Complete Decongestive Therapy (CDT), a treatment for lymphedema. Lymphedema is swelling of a body part, most commonly involving the extremities, face and neck but it may also occur in the trunk, abdomen or genital area. It is most commonly the result of damage to the lymphatic system due to surgery or radiation treatment therapy, surgical procedures performed in combination with the removal of lymph nodes such as mastectomies, lumpectomies, prostatectomies, or neck dissection procedures, trauma or infection of the lymphatic system, as well as severe venous insufficiency. There is no cure for lymphedema. However, CDT can help reduce the swelling and maintain reduction, and significantly improve a patient’s quality of life. This comprehensive treatment involves the following four steps:

- manual lymph drainage
- compression therapy (bandaging)
- decongestive exercises
- skin care

Once the treated extremity/area is back to close to normal size or is no longer reducing in size, the patient is fitted with a compression garment. Patients are also taught how to self-manage their condition after treatment has ended. At the end of 6-8 weeks of sessions, we can expect a 60% decrease in the swelling, which facilitates functional activities for these patients. In addition, the lymphedema treatment program for head and neck patients will help them recover their ability to swallow and produce saliva, voice, and ROM of the neck. These patients receive education regarding warning signs, decongestive exercises, activities of daily life, manual lymphatic drainage when indicated, and education on donning and doffing the appropriate compression garment. The overall goal is to improve a patient’s quality of life.

During this 2016 year, our Lymphedema Clinic has a total of seven certified therapists: Brian Reaksecker, PT CLT, Mary Matthews-Brownell, OTR-L CLT, Maureen Mclain, PT CLT at ALVA, and in Seattle we have Erin Hirschler, OTR-L CLT, Meg Sablinsky, PT CLT-LANA, Melissa Smith, PTA CLT, and Jennifer Boyce, OTR-L, CLT.
Spiritual Care
Chaplain Gary K. Cowden, BCC, Chief of Chaplain Service

The Chaplain Service of the VA Puget Sound Health Care System has been given the overall spiritual care of all VA patients. Among our Veterans are those that experience the diagnosis and treatment of cancer. At the time of a patient’s diagnosis and treatment projection, Chaplaincy endeavors to support the patient and their family as they progress through the various treatments, whether it is surgery, chemotherapy, radiation, or a stem cell transplant. Spiritual support covers both the negative and positive aspects of cancer care such as times of wellness and times of palliative intervention.

Chaplains are available with the treatment teams as various spiritual needs surface in the treatment process. Often, along with the concerns of treatment symptoms, comes uncertainty, anxiety, fear of treatment outcomes, guilt, and spiritual distress. Through consults and various patient contacts, chaplains give spiritual support affecting patient and family morale. Chaplains have also been involved in the Tele-health program which brings care to patients in their home.

One aspect of care involves times when treatment options become limited. Palliative Care chaplaincy affords opportunity to bring meaning and purpose to these times to help patients and their families transition to a different perspective on their treatment goals. Chaplains have given consistent and positive support through this process. When the limitations of science lead a patient toward another destiny, Chaplains are prepared to give spiritual support through these un-charted experiences to both the patient and the families surrounding them.

Finally, Chaplains bring bereavement care to patients and families in the journey of finishing their time of life. Memorial services are held twice a year for all patients who have been in the hospital at their end of life. Their families are invited to attend as a way of celebrating their memory. Each family is invited to attend and to bring pictures and memorabilia that helps share their memory with others. The Hospital Director and various staff members are invited to share the experience. Family members are invited to share their loved ones experience. Many of the stories of support by the VA Hospital give overwhelming credibility to the Cancer program.