

The background of the cover features a dark, textured surface. Overlaid on this is a faint, golden-colored line drawing of Leonardo da Vinci's Vitruvian Man. A second, more prominent wireframe human figure is superimposed over the Vitruvian Man, rendered in a light gray or white mesh. A large, thin, teal-colored arc curves across the right side of the image, partially enclosing the text and the figures.

Cancer Program

2017 Annual Report

VA Puget Sound Health Care System

Chairman's Message

Daniel Y. Wu, M.D., PhD (Cancer Committee Chair)

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 2016 index caseload of 953 cancer patients, our center continues to rank among the most comprehensive and busiest VA cancer centers in the United States.

Over the past couple years, we have faced new challenges providing regional cancer care with the introduction CHOICE programs to offer veterans options to seek local community care. This has been reflected as a slight decrease of our annual caseload. 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.



The 2017 Annual Report highlights the wide-range of services 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.

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Cancer Registry Report

Sudarshana Das, COC Cancer Program Manager
& Cancer Registry Manager

Cancer Registries are mandated by the National Cancer Act of 1971. Hospitals with cancer index casesload are mandated to have a hospital based cancer registry that feeds to state and central cancer registries. VA has its own central VA Central Cancer Registry (VACCR).

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.

SEER data and Commission-on-Cancers' National Cancer Data (NCDB) are examples of cancer registry databases used for incidence, cancer research and outcome reporting purposes .

Certified Cancer Registrars (CTRs) are cancer data specialists specially trained who must undergo national level certification exam for the purpose, and are educated/trained to collect cancer data both at local facility level and at central registry level, which are then aggregated into national cancer databases.

VA Puget Sound Cancer Registry is staffed by a facility employed cancer program manager to oversee the management and operations of the hospital cancer registry, while the bulk of the registry tasks are contracted out to vendor registry services awarded by Visn-20.

VAPSHCS Cancer Registry Data, Finalized data CY 2016

Cancer data collection and abstraction at Registries is an ongoing process. Data collection for cancer diagnosis or treated cases in CY 2017 is currently work-in progress, and finalized reports will be published and made available at next year's annual report.

Finalized counts for calendar year 2016 shows 756 analytic cases of cancer and 197 non-analytic cases, for a **total of 953 cancer cases** that has been accessioned into the cancer registry database.

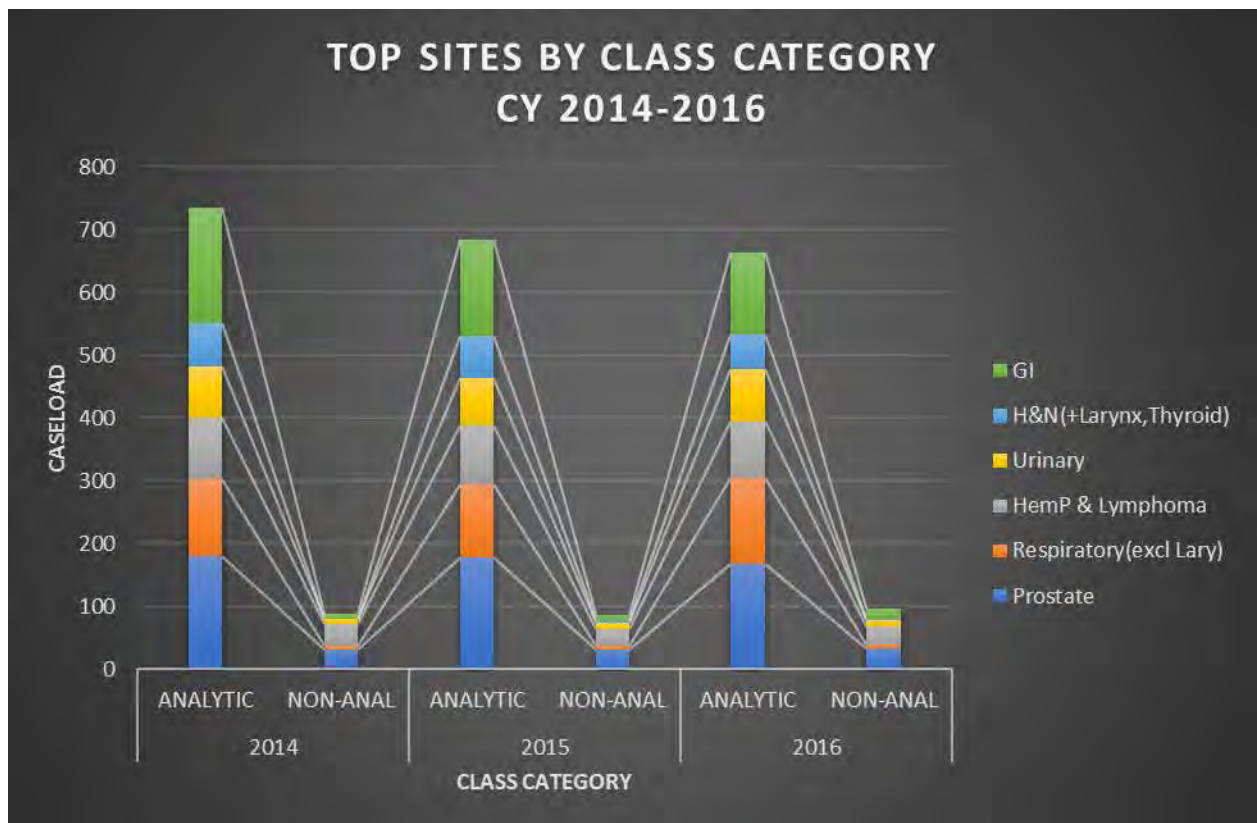
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- ¹ SEER: a federally funded consortium of population-based cancer registries, established by the National Cancer Act of 1971 to collect and publish information on cancer incidence, mortality, survival and trends over time in the US
 - ² Commission 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.
 - ³ 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.
 - ⁴ Analytic: Cancer patients diagnosed and/or received first course of treatment at VAPSHCS

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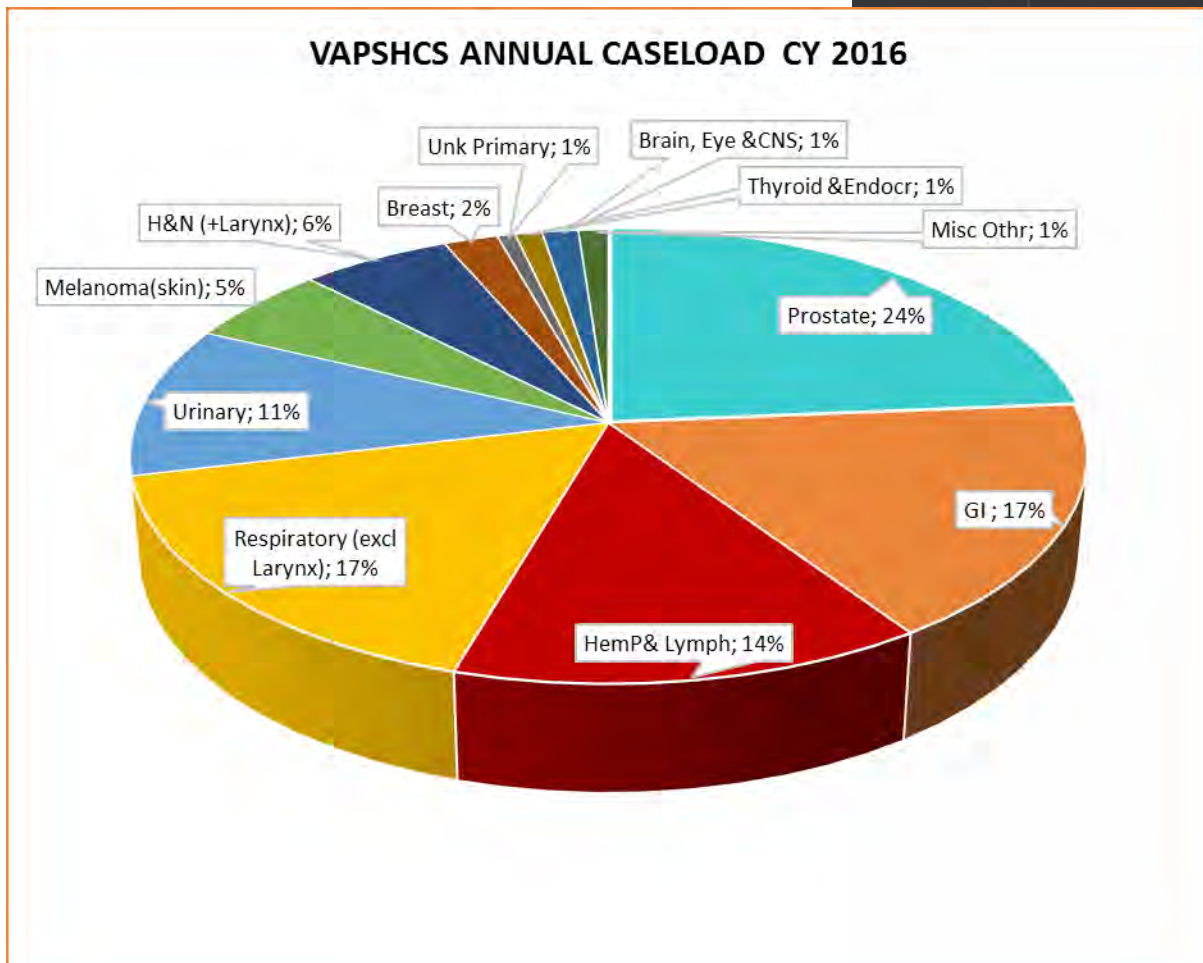
Cancer Program Annual Report

Cancer Registry Report (Continued)

One of the probable reasons for a decrease in caseload might be due to increased enrolment into the Veterans Choice Program and election by veterans to receive care at non-VA health care entities per the Veteran's Access, Choice and Accountability Act of 2014 (CHOICE Act).



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 primary cancers seen at our facility in CY 2016 were Prostate, Lung, Liquid Tumors (Hematopoietic, Leukemia, Plasma cell, Lymphoma) Urinary, Head & Neck (including Larynx and Thyroid), Liver, Melanoma, and Colon-Rectum.

(Continued on next page)

Cancer Program Annual Report

Cancer Registry Report (Continued)

PRIMARY SITE:	CASELOAD CY 2016			MALE			FEMALE		
				RACE			RACE		
	TOT#	ANAL	NON ANA	W	B	OTH	W	B	OTH
H&N incl Larynx	TOT#	ANAL	NON	W	B	Oth	W	B	Oth
LIP	1	1		1					
TONGUE, BASE	10	10		7		3			
TONGUE, OTHER/NOS	7	6	1	5		2			
FLOOR OF MOUTH	1	1		1					
OTHER/NOS MOUTH PARTS	1	1					1		
PAROTID GLAND	3	3		3					
TONSIL	7	7		5		2			
OROPHARYNX	2	2		1	1				
NASOPHARYNX	1	1		1					
PYRIFORM SINUS	1	1		1					
HYPOPHARYNX	2	2				2			
OTHER LIP/ORAL	1	1		1					
LARYNX	13	11	2	10	1	2			
SUBTOTAL	50	47	3	36	2	11	1	0	0
Gastro-Intestinal	TOT#	ANAL	NON	W	B	OTH	W	B	O
ESOPHAGUS	23	22	1	19	2	1	1		
STOMACH	9	8	1	6	2	1			
SMALL INTESTINE	1	1		1					
COLON	22	18	4	16	4	1	1		
RECTOSIGMOID JUNCTION	4	4		4					
RECTUM	11	8	3	6	2	3			
ANUS/ANAL CANAL	4	4		3		1			
LIVER/INTRAHEPATIC BIL	50	46	4	39	3	7	1		
BILARY TRACT - OTHER/N	2	2		2					
PANCREAS	16	14	2	12	1	3			
OTHER-DIGESTIVE ORGANS	2	2		2					
SUBTOTAL	144	129	15	110	14	17	3	0	0
Respiratory (excl Larynx)	TOT#	ANAL	NON	W	B	OTH	W	B	O
NASAL CAV,MIDDLE EAR	1	1		1					
LUNG/BRONCHUS	136	130	6	96	13	20	6		1
THYMUS	1	1		1					
HEART/MEDIASTINUM/PLEU	5	5		4		1			
SUBTOTAL	143	137	6	102	13	21	6	0	1
Hematopoetic,Ret & Lymph	TOT#	ANAL	NON	W	B	OTH	W	B	O
HEMATOPOIETIC/RETICULO	79	63	16	41	9	27		1	1
LYMPH NODES	40	27	13	27	1	10	1		1
SUBTOTAL	119	90	29	68	10	37	1	1	2
Skin(excl reproductive)	TOT#	ANAL	NON	W	B	OTH	W	B	O
SKIN	48	44	4	41		4	2		1
SUBTOTAL	48	44	4	41	0	4	2	0	1
Connective/Subcutaneous	TOT#	ANAL	NON	W	B	OTH	W	B	O
CONNECTIVE/SUBCUTANEOU	7	7		6		1			
SUBTOTAL	7	7	0	6	0	1	0	0	0

Breast(excl skin)	TOT#	ANAL	NON	W	B	OTH	W	B	O
BREAST	18	10	8	2			14		2
SUBTOTAL	18	10	8	2	0	0	14	0	2
Female Genital	TOT#	ANAL	NON	W	B	OTH	W	B	O
VULVA	1	1					1		
VAGINA	1	1					1		
CERVIX UTERI	1	1							1
CORPUS UTERI	3	3					3		
OVARY	1	1					1		
SUBTOTAL	7	7	0	0	0	0	6	0	1
Male Genital	TOT#	ANAL	NON	W	B	OTH	W	B	O
PENIS	2	2		2					
PROSTATE GLAND	202	168	34	134	26	42			
TESTIS	3	3		3					
SUBTOTAL	207	173	34	139	26	42	0	0	0
Urinary	TOT#	ANAL	NON	W	B	OTH	W	B	O
KIDNEY	34	31	3	24	3	7			
RENAL PELVIS	2	2		2					
URETER	2	2		2					
BLADDER	54	48	6	42		12			
SUBTOTAL	92	83	9	70	3	19	0	0	0
Eye& Central Nervous System	TOT#	ANAL	NON	W	B	OTH	W	B	O
EYE/ADNEXA	2	2				1			1
MENINGES	2	2		1			1		
BRAIN	7	6	1	5	1	1			
SP CORD,CRANIAL NERVES	1	1			1				
SUBTOTAL	12	11	1	6	2	2	1	0	1
Thyroid & Endocrine	TOT#	ANAL	NON	W	B	OTH	W	B	O
THYROID GLAND	8	8		5		3			
OTHER ENDOCRINE GLANDS	1	1				1			
SUBTOTAL	9	9	0	5	0	4	0	0	0
Other ill-defined	TOT#	ANAL	NON	W	B	OTH	W	B	O
OTHER ILL-DEFINED SITE	3	3		3					
SUBTOTAL	3	3	0	3	0	0	0	0	0
Unknown	TOT#	ANAL	NON	W	B	OTH	W	B	O
UNKNOWN PRIMARY SITE	6	6		5		1			
SUBTOTAL	6	6	0	5	0	1	0	0	0
GRAND TOTAL	865	756	109	593	70	159	34	1	8

References:

1. VA Central Office Cancer Program, <http://www1.va.gov/cancer/>
2. Commission on Cancer, <https://www.facs.org/>
3. National Institute of Health, <http://www.nih.gov/>
4. VHA Handbook 1605.02, http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2858
5. American Cancer Society, <http://www.cancer.org/>
6. Previous Annual Reports
7. Cancer Registry Management Principles & practice, Hutchison, Menck, Et al.

Tumor Board Activities for 2017

Victoria Campa (Compiled data is from Jan. 2017 through Dec. 2017)

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.

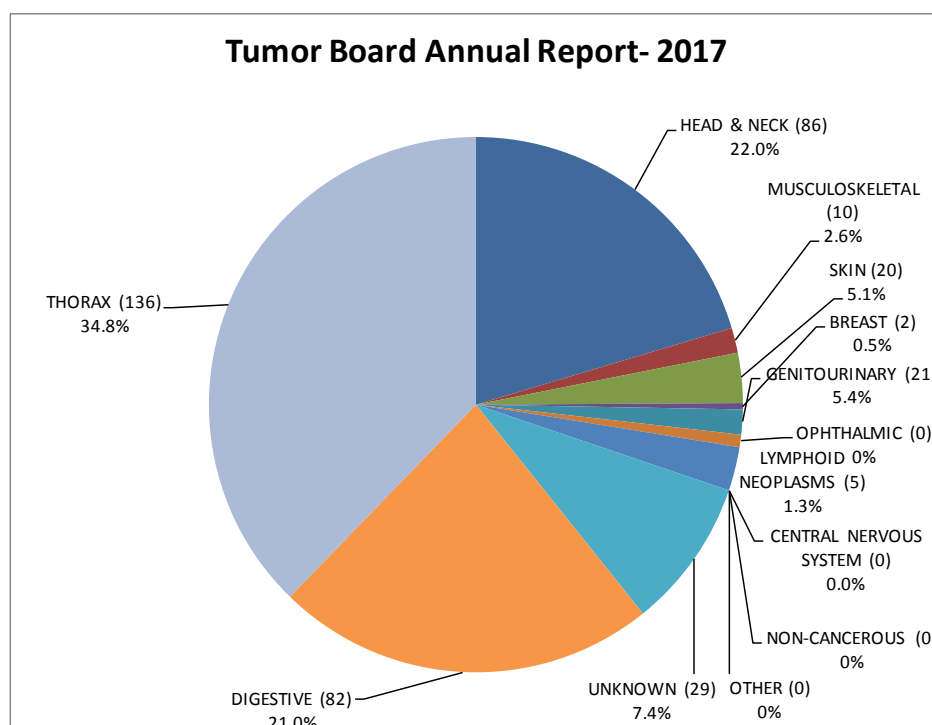
In 2017, there were 49 conferences for the year. All the major cancer sites were represented in the cases discussed. The average attendance at each conference was 22. Attendees can receive one credit hour continuing medical education category 1 per session, which can be applied toward re-licensure requirements 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 2017 - Distribution of 391 Total Cases (1/1/17 – 12/06/2017)

HEAD & NECK	86	22.0%
MUSCULOSKELETAL	10	2.6%
SKIN	20	5.1%
BREAST	2	0.5%
GENITOURINARY	21	5.4%
OPHTHALMIC	0	0.0%
LYMPHOID NEOPLASMS	5	1.3%
CENTRAL NERVOUS SYSTEM	0	0.0%
NON-CANCEROUS	0	0.0%
OTHER	0	0.0%
UNKNOWN	29	7.4%
DIGESTIVE	82	21.0%
THORAX	136	34.8%



Cancer Committee

Daniel Y. Wu, MD, PhD (Interim Chair from August 2017)

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 department 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.



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 lo-

cation 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 transplant phase, the MTU performs outpatient follow-up on transplanted patients as well as annual long-term follow-up. The MTU is a discrete physi-

cal 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.

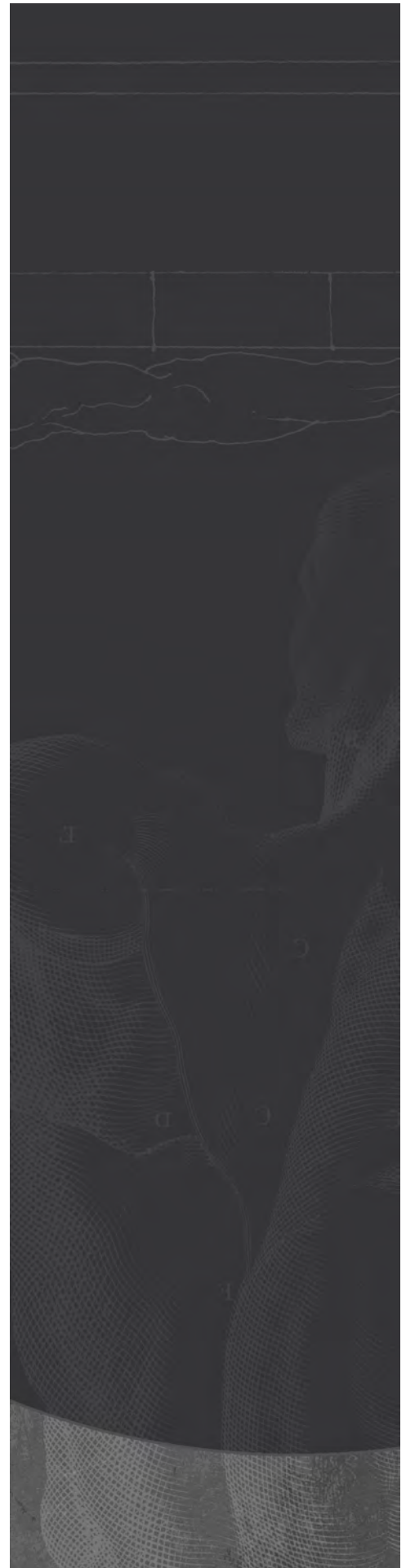
The Oncology Division is a central part of the VA Cancer Program, which has received continuous distinction as a comprehensive cancer center designated by the Commission on Cancer. The marrow transplant unit has been awarded multiple achievements and certificates of excellence by the National Marrow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

Urologic Oncology Program

Bruce Montgomery, MD and 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



VA Puget Sound Health Care System Cancer Screening and Prevention Activities

Colorectal Cancer is one of the most treatable cancers if detected early, but one of the most deadly if it is 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. We hope that every Veteran for whom colorectal screening is indicated, chooses to take part.

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. Screening tests help find precancerous polyps (abnormal growths) so they can be removed before they have a chance to turn into cancer and screening can find 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 it.

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 fac-

tors. 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.

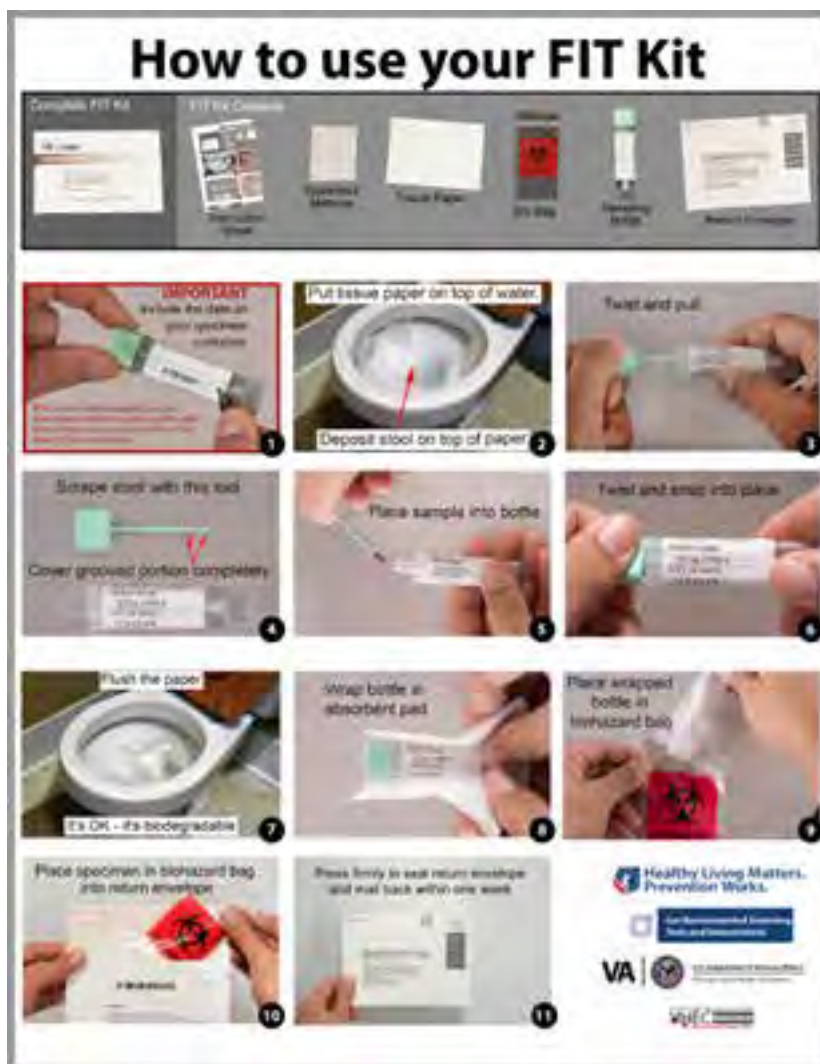
- FIT Kit annually
- Sigmoidoscopy every 5 years (sometimes with FIT kit in between)
- Colonoscopy every 10 years

We have implemented a new teaching tool so our staff can show you how to use your FIT kit at home. These step by step instructions include pictures

and tips will make the process of completing the FIT kit easier to understand and much less daunting.

After you complete your FIT kit send it in to our lab, we will send a letter letting you know your results and when you will be due next for screening or if you will require further evaluation.

Putting your health first will reduce your risk for disease and improve your health outcomes. Sometimes life can get busy and taking the time to complete your FIT kit can be easy to pro-



crastinate. So, if you do forget or put off completing your FIT kit, we have a new system in place at VA Puget Sound which is activated if you haven't returned your FIT kit in a timely manner. We will give you a series of automated reminder phone calls that we haven't received your FIT kit for colorectal cancer screening. If you have misplaced your kit, you can choose the option to have us send you a new one.

At every visit to your healthcare team, we will review your colorectal cancer screening status. Not everyone needs to complete a FIT 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.

There are many important opportunities to be screened from cancer. For women, following the recommendations for breast and cervical cancer is also crucial. We strive to make sure that we offer routine breast cancer screening for women Veterans and currently 83% of female Veterans age 50-74 took us up on that offer of a mammogram. PAP smears which are performed to detect cervical cancer were completed to screen over 90% of female Veterans for cervical cancer at VA Puget Sound. Our goal set last year was to surpass 88% and we worked harder to engage our younger female Veterans to take part in our preventive care services for cervical cancer screening, resulting in successfully surpassing that goal.

We reached out to Veterans at our 3rd Annual Cancer Prevention, Awareness, and Healthy Living Fair in September. Representatives from Oncology, Gastroenterology, Health Promotion and Disease Prevention, Urology, American Cancer Society, Social Work, and Livestrong provided Veterans and VA employees with health-related materials and answered questions. Many cancer prevention and screening topics were featured including cancer risk factors, cancer screening, and treatment options. Veterans and employees in attendance were surveyed and nearly 90% 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, and they planned to talk to their healthcare provider about cancer screening and prevention. About 75% said they have a better understanding of what they can do to take part in cancer screening and prevention based on the information they received at the fair.

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 tobac-

(Continued on next page)

Cancer Screening and Prevention Activities (Continued)

co 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.

At VA Puget Sound, we want to help you become more engaged in your healthcare. With a focus on prevention, Veterans can take part in staying healthy by screening for diseases such as cancer. 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. Making decisions about changing our health-related behaviors can be difficult. Our primary care staff members are all trained in health coaching techniques to help you find your motivation to change behaviors that may be negatively affecting your health. We look forward to partnering with you to help you set goals to improve your health.

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 about the importance of screening for cancer and receiving recommended vaccinations. Ask your healthcare team for a summary of the Staying Healthy Recommendations.

This educational handout provides 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

Take control of YOUR health. Get Screened. Help catch a killer. Don't miss your chance! Preventable. Treatable. Beatable.

Staying Healthy: Recommendations for WOMEN

The following health recommendations are based on the U.S. Preventive Services Task Force (USPSTF) and the American Cancer Society (ACS). They are intended to help you make decisions about your health. Your healthcare provider can help you decide if these recommendations are right for you. Some recommendations may be different for you based on your health status, family history, and other factors.

Without preventive health services, one in five women will die from cancer in the next 10 years.

Get Screened. Help Catch a Killer. Don't Miss Your Chance! Preventable. Treatable. Beatable.

By Age Group (in years)

Health Topic	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95-99
Breast Cancer																
Annual mammogram																
Annual clinical breast exam																
Annual breast self-exam																
Cervical Cancer																
Pap smear																
HPV test																
Colorectal Cancer																
Colonoscopy																
Fecal occult blood test (FOBT)																
Fecal immunochemical test (FIT)																
Lung Cancer																
Low-dose CT scan																
Skin Cancer																
Annual skin exam																
Vaccinations																
MMR (Measles, Mumps, Rubella)																
MMR2 (Measles, Mumps, Rubella, Varicella)																
MMR3 (Measles, Mumps, Rubella, Varicella, Polio)																
MMR4 (Measles, Mumps, Rubella, Varicella, Polio, Pertussis)																
MMR5 (Measles, Mumps, Rubella, Varicella, Polio, Pertussis, Tetanus)																
MMR6 (Measles, Mumps, Rubella, Varicella, Polio, Pertussis, Tetanus, Hib)																
MMR7 (Measles, Mumps, Rubella, Varicella, Polio, Pertussis, Tetanus, Hib, Hepatitis B)																
MMR8 (Measles, Mumps, Rubella, Varicella, Polio, Pertussis, Tetanus, Hib, Hepatitis B, Meningitis)																
MMR9 (Measles, Mumps, Rubella, Varicella, Polio, Pertussis, Tetanus, Hib, Hepatitis B, Meningitis, Pneumonia)																
MMR10 (Measles, Mumps, Rubella, Varicella, Polio, Pertussis, Tetanus, Hib, Hepatitis B, Meningitis, Pneumonia, Shingles)																

Legend:

- Green: Recommended
- Yellow: Optional
- Red: Not Recommended

Source: U.S. Preventive Services Task Force (USPSTF) and American Cancer Society (ACS)

Diagnostic Imaging Service (DIS)

Julie Takasugi MD, Meena Kumar, MD, Matt Kogut, MD, Beth Ripley

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 Nurse Practitioner in NM, 2 IR nurses, 7 residents, 2 fellows, 10 full-time and 1 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 (US), magnetic resonance imaging (MRI), angiography and radionuclide studies. Modern Fluoroscopic, CT, and Ultrasound units have been or are being installed. Gastrointestinal and urologic fluoroscopy, neurologic and body CT, MRI and US are offered, including 3-D reconstructions, image-guided biopsies and fluid-sampling, joint injections for arthrography and pain-relief.

DIS has also established a 3D printing program to create patient-specific anatomical models for pre-surgical planning. Mammography is performed at Virginia Mason, UW, and other local imaging centers that are accessible to patients.

The vascular interventional radiology (VIR) section offers full spectrum patient care from evaluation/management in our outpatient clinic as well as treatment of both outpatients and inpatients at the Seattle Division. The VIR staff accepts outpatient consults for management of arterial leg pain (including claudication and ulcers), varicose veins, menorrhagia from fibroids, liver and kidney cancers. IVC filter placement/removal, drainage of fluid collections, biliary and genitourinary drainage, long-term intravenous catheter placement, percutaneous feeding tube placement, and percutaneous biopsy are some of the other common procedures offered by this department.

In nuclear medicine, all general nuclear imaging studies including myocardial perfusion studies, brain SPECT imaging (including DAT scan), 111In-Octreotide and 123I-MIBG scans and lymphoscintigraphies are performed. Modern SPECT/CT (16 slice) scanners and PET/CT (16 slice) scanners were installed at SEA. Two additional modern SPECT/CT (2 and 6 slice) and one PET/CT (64 slice) scanners will be installed during 2017-2020. The current PET/CT is a collaborative effort with R&D in providing clinical PET scan capability at VAPSHCS. We perform 18F-fluorodeoxyglucose and 18F-sodium fluoride imaging and recently received approval

for 68Ga-DOTATATE (NETSPOT) PET/CT scans for neuroendocrine tumor detection, the first VA in VISN20 with this radiopharmaceutical. 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 and therapy for complex patients at Spokane VA Hospital.

DIS supports several 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, Pulmonary/Critical Care Conference and Radiation Safety Committee.

In 2017, a total of 97,000 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.

Radiation Oncology—Forging Our Commitment to Quality Improvement and Whole Health Patient Care

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 October 2017, surveyors from the American College of Radiology visited us on site. Our department was once again granted accreditation approval.

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).

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, has been commissioned and added to the treatment planning tool box. VMAT is now in clinical use.

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. Drs. Quang and Wallner continue to be 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 sys-

tem. 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 accelerated radiation protocol for head and neck cancer patients has been approved by the IRB and is now accruing patients. An accelerated radiation protocol for esophageal cancer patients is underway for submission to the IRB.

Moreover, Leila Kozak, PhD, Co-Director of the Whole Health Pathway project, was instrumental in acquiring a \$250,000 grant to further VAPSHCS Whole Health vision. Under her leadership, we implemented the Tai Chi Fundamentals training program, which allowed 30 VA staff members to receive tai chi training leading to certification as Tai Chi Fundamentals Practice Leaders. Dr. Quang was one of the recipients to undergo this intensive course. Dr. Quang is currently working with Dr. Kozak and his colleagues Ruby Farinas, OT of Occupational Therapy, and Sarah Punshon, PT of Mental Health to introduce tai chi to our patients as part of integrative oncology care. Research protocols for integrative whole health are being written in preparation for submission to the IRB.

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. At the last annual meeting in Denver, Colorado in

September 2017, he presented a talk on the “Clinical and Ethical Practice of Radiation Oncology” in the break out session primarily to the cancer registrar audience. He was re-elected to the Board of Directors for another 2-year term. He continues to provide 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 is 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 serves as a Board member to the Washington State Medical Associations and recently joined the Committee on Universal Healthcare.

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.



Cancer Care Navigation Team

Ana Fisher, LICSW OSW-C, Tamarind Keating, ARNP, Lynsi Slind, RN, MN

The 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 Idaho (Boise), Oregon (Portland, White City and Roseburg), and Washington (Spokane, and Walla Walla). In Seattle, 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 counsel-



Lynsi Slind, RN, MN, OCN, Tamarind Keating, ARNP, MPH, Ana Fisher, LICSW, OSW-C and Werku Demisse, MSA

ing 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 1,700 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 1100 consults from 248 VA providers, including specialty and primary care providers, nurses, dietitians, and coordinators. Over 250 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

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, pancreaticoduode-

nectomy 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.



(Continued on next page)

Speech Language Pathology (Rehabilitation Care Services)

Emily Johnson, MS, CCC-SLP

Speech Language Pathologists (also known as Speech Therapists) are actively involved in the care of patients if speech/communication, swallowing, and/or cognition are effected by cancer. We work with patients at the onset of cancer diagnosis, throughout the course of their treatment, and years after the completion of their treatment for ongoing therapy or management of any difficulties that may continue. We primarily work with patients who are diagnosed with head and/or neck cancers, but we can work with patients with other types of cancer too.

Speech Language Pathologists are specialists that help educate you and your family about ways to minimize the side effects of head and neck cancer, both from the tumor itself, or the side effects of treatment. Speech Language Pathologists can help manage the symptoms that you are experiencing whether you undergo surgery, radiation, chemotherapy, or even if no treatment course is pursued.

Because the cancer and/or its treatment often affect the ability to talk and eat, the Speech Language Pathologist evaluates for any chewing, swallowing, speech/communication, language, or cognitive difficulties and provides education and therapy as needed.

Some examples of the areas in which Speech Language Pathologists help cancer patients and their families:

- Difficulty eating or drinking (dysphagia), such as difficulty chewing, difficulty swallowing, or other complications arising from the tumor or surgery.
 - Prevention of swallowing problems mentioned above that may occur from the treatment (radiation or chemotherapy).
 - Changes in your voice or speech production.
 - Evaluating and managing cognitive (memory, attention) changes.
 - Management of your stoma and alternative communication options/methods following Total Laryngectomy Surgery.
- When you meet with a Speech Language Pathologist, they may help you with the following:
- Understand the muscles, anatomy, and sequence involved in eating, drinking, and talking.
 - Understand more about your surgery or treatment and how it may affect your ability to eat, drink, or communicate.
 - Learn the short and long term effects of chemotherapy and radiation on speech and swallowing and ways to minimize any adverse effects.
 - Evaluate for any difficulties you may already have with talking and eating, as well as monitor you for any changes in these abilities as you progress with therapy. We can do this both clinically and instrumentally with a variety of evaluation methods.
 - Teach you ways to minimize effects of surgery or treatment on your swallow function, such as compensatory strategies or diet modifications.
 - Teach you exercises to maximize short and long term range of motion, strength, and overall function to combat effects of surgery and/or treatment.
 - Teach you ways to compensate for

any speech or voice changes, including use of compensatory strategies, compensatory tools, or other alternative methods of communication that may be used in the short and long term. Tools and devices include simple “low tech” options, such as writing pads or picture boards, as well more “high tech” options such as alternative communication devices, voice amplifiers, tablet applications, etc.

Ideally, patients should expect to see a Speech Language Pathologist whenever they are experiencing changes in their swallowing, communication, or cognition – and this may occur even prior to their diagnosis. However, once diagnosed, Speech Language Pathologists like to see patients at the following times:

- Prior to surgery to discuss changes in swallowing, speech/communication, or cognition and ways to immediately compensate for changes.
- Following surgery to help manage any changes (whether in acute care or in the outpatient setting).
- Prior to initiating radiation therapy and throughout your treatment.
- Intensive treatment or occasional follow-up after treatment, depending on your needs.

Swallowing and communication are extremely important aspects of the human condition that we often take for granted until changes occur; our goals as Speech Language Pathologists are to help you understand how your cancer diagnosis and treatment can impact talking, eating, and thinking, but more importantly to maximize your quality of life during your treatment and for the remainder of your life.

Nutrition and Cancer

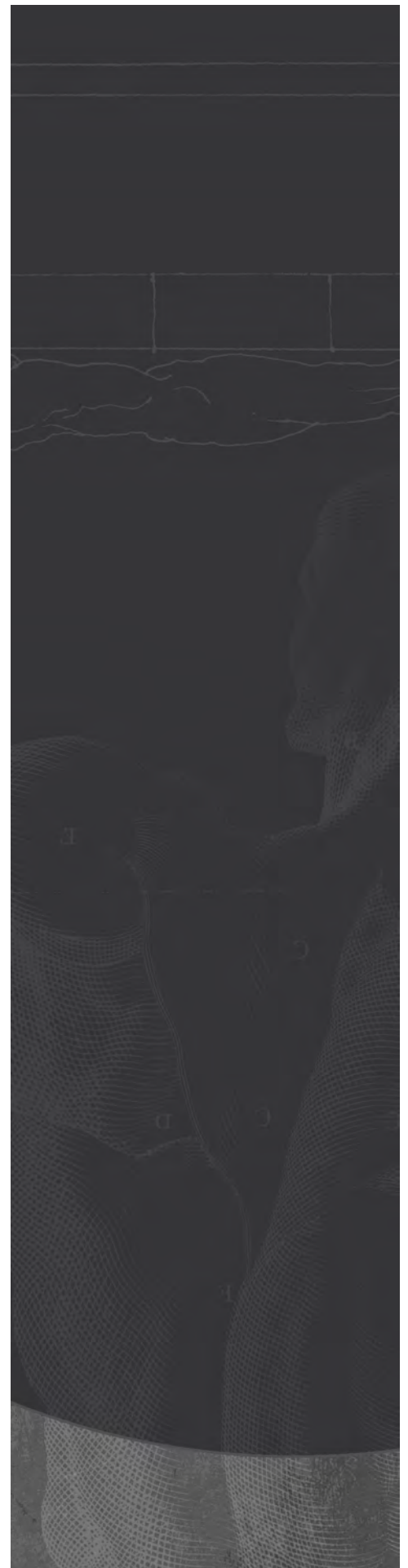
Stephanie Crabtree, MS, RD, CNSC

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, reduce the side effects from treatment and lead to a quicker recovery. Patients undergoing cancer treatment can experience numerous side effects that can adversely affect their ability to maintain proper nutrition. Some of those can be nausea, vomiting, early satiety, diarrhea, changes in taste buds, dry mouth, difficulty with swallowing, lethargy, 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 (RD) 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, healthy eating, diabetes education, and symptom management. Some pa-

tients require a feeding tube to maintain nutrition and hydration during and after cancer treatment. The dietitian provides tube feeding formula recommendations to patients, caregivers, and providers. The dietitian also provides instructions on formula choice, feeding options, hydration needs, and utilizing the feeding pumps. The RD monitors tube feeding tolerance and progression towards oral intake.

All Bone Marrow Transplant patients are seen by the dietitian before starting treatment and are followed during the entire transplant process. Some patients undergoing Bone Marrow Transplants may require nutrition by vein, called total parenteral nutrition (TPN). In this case, the dietitian provides TPN recommendations and monitors patients' nutritional status throughout the transplant process. The dietitian in the bone marrow transplant unit is nationally certified in nutrition support to ensure all patients on TPN are appropriately monitored based on the most recent research and recommendations. In addition, the dietitian provides guidance and policy oversight to the provision of high quality patient food service for patients who need to be admitted during the transplant process.



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, esophagogastroduodenoscopy (EGD), sigmoidoscopy, colonoscopy, capsule endoscopy, and endoscopic retrograde cholangio-

pancreatography (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.

Whole Health: Cancer Care for the Whole You

Dr. Leila Kozak

Whole Health is a new way of practicing medicine that recognizes the Veteran as a whole person. Whole Health goes beyond your illnesses, injuries, or disabilities. It focuses on health and well-being and includes self-care and complementary and integrative health (CIH) therapies (such as acupuncture, massage, and yoga), along with your usual medical care.

In Whole Health care, you are an active partner with your health care team. Why is the VA changing the way health care is provided? The core mission of Veterans Health Administration is to “Honor America’s Veterans by providing exceptional health care that improves their health and well-being.”

Whole Health is Coming to All VA Facilities

VA facilities are shifting from a health care system focused primarily on treating disease to a Whole Health system that focuses on forming a partnership with Veterans and supports them in achieving their greatest overall well-being. This approach develops a continuous “healing relationship” that emphasizes wellness and multidimensional support. The result is a whole health approach, which is a bold redesign of health care focused on empowering and equipping Veterans to take charge of their health and well-being. Guided by a personalized health plan, VA’s Whole Health System

considers the physical, mental, emotional, spiritual, and environmental elements that work together to provide the best quality of life for each Veteran. You may want to watch a short video explaining this whole health approach [here](#).

Since 2016, VA has been dedicated to implementing Whole Health at sites that were ready to pioneer this approach. As of 2017, 31 sites have been designated Whole Health Design sites (see table B). In 2018, VA is launching the full Whole Health System in one Flagship facility in each of the 18 Veterans Integrative Service Networks (VISN, see TABLE A).

Whole Health: Cancer Care for the Whole You (Continued)

Flagship sites are expanding Veteran self-empowerment, self-healing, and self-care through the implementation of three components, The Pathway, Well-being Programs and Whole Health Clinical Care.

- The Pathway is a partnership with peers where Veterans are empowered to explore their mission, aspiration, and purpose, and begin their overarching personal health plan.
- Well-being Programs focus on self-care and equip each person with skill building and proactively supports one's personal health plan with complementary and integrative health (CIH) approaches such as mindfulness, yoga, tai chi, and health coaching.
- Whole Health Clinical Care is provided by clinicians who utilize a whole health approach which is grounded in a healing relationship and incorporates complementary and integrative health approaches based on the Veteran's personal health plan. This care may be provided in the VA or in the community.

To learn more about how whole health can benefit you, visit the Office of Patient Centered Care and Cultural Transformation's site <https://www.va.gov/patientcenteredcare>.

How is Whole Health different?

Health care usually focuses on preventive care, lowering risk, and illness and disease. Are your cancer screenings and flu shot up to date? Do you feel sick or are you injured? Do you smoke or is your weight healthy? What medications are you on and how are

TABLE A: 2018 Whole Health Flagship Sites

• VISN 1: VA Boston Health Care System
• VISN 2: VA New Jersey Health Care System (East Orange, NJ)
• VISN 4: Erie VA Medical Center
• VISN 5: Beckley VA Medical Center
• VISN 6: W. G. (Bill) Hefner VA Medical Center (Salisbury, NC)
• VISN 7: Atlanta VA Medical Center
• VISN 8: Tampa VA Medical Center
• VISN 9: Tennessee Valley Health Care System
• VISN 10: Aleda E. Lutz VA Medical Center (Saginaw, MI)
• VISN 12: Tomah VA Medical Center
• VISN 15: St. Louis VA Health Care System
• VISN 16: Central Arkansas Veterans Healthcare System (Little Rock, AR)
• VISN 17: South Texas Veterans Health Care System (San Antonio, TX)
• VISN 19: Salt Lake City VA Medical Center
• VISN 20: VA Portland Health Care System
• VISN 21: Palo Alto VA Medical Center
• VISN 22: Tucson VA Medical Center
• VISN 23: VA Nebraska-Western Iowa Health Care System (Omaha, NE)

your test results? These things are still important. But Whole Health is more than that. It focuses on what is important to you in your life and how you want to live your life. It includes self-care and things you can do to support healing and improve your health and well-being. You and your health care team work together to help you do what you want to do. Together, you discuss what you are doing well and what type of support from others may help you be healthy.

What do we mean by self-care?

Research shows that the most important ingredient in being healthy is how you take care of yourself. Medical care is important, but how you live your life between medical appointments makes the most difference. Self-care is not something you have to figure out on your own. In Whole Health care, you look at all areas of your life. The areas of self-care include

Whole Health: Cancer Care for the Whole You (Continued)

TABLE B: WHOLE HEALTH DESIGN SITES 2016-2018		
2018 Whole Health Design Sites	2017 Whole Health Design Sites	2016 Whole Health Design Sites
<ul style="list-style-type: none"> • Edith Nourse Rogers Memorial Veterans Hospital (Bedford, MA) • Birmingham VA Medical Center • Central California VA Health Care System • Cincinnati VA Medical Center • John D. Dingell VA Medical Center (Detroit, MI) • Fargo VA Health Care System • William S. Middleton Memorial Veterans Hospital (Madison, WI) • Manchester VA Medical Center • Mountain Home VA Medical Center • Royal C. Johnson Veterans Memorial Medical Center (Sioux Falls, SD) • Syracuse VA Medical Center • West Palm Beach VA Medical Center • Kansas City VA Medical Center 	<ul style="list-style-type: none"> • Baltimore VA Medical Center • Central Arkansas Health Care System • Durham VA Medical Center • VA Greater Los Angeles Healthcare System • VA Hudson Valley Health Care System • Iowa City VA Health Care System • Minneapolis VA Health Care System • VA Portland Health Care System • San Francisco VA Health Care System • VA St. Louis Health Care System • Tomah VA Medical Center 	<ul style="list-style-type: none"> • VA Boston Health Care System • Gulf Coast Veterans Health Care System • VA North Texas Health Care System – Plano CBOC • Washington DC VA Medical Center • Jesse Brown VA Medical Center (Chicago, IL) • Harry S. Truman Memorial VA Medical Center (Columbia, MO) • W.G. “Bill” Hefner VA Medical Center (Salisbury, NC)

1. Working Your Body—exercise and movement for energy, flexibility, and strength
2. Surroundings—how things around you affect your body and emotions
3. Personal Development—learning and growing throughout your life-time
4. Food and Drink— nourishing your body
5. Recharge—sleep, rest, relaxation
6. Family, Friends, and Co-Workers— your relationships with others
7. Spirit and Soul— a sense of connection, purpose, and meaning
8. Power of the Mind— tapping into your ability to heal and cope. More information will be available on our website for each of these topics.

Whole Health For Cancer Care Through Integrative Oncology

More than 50% of cancer patients in the United States use complementary and integrative health (CIH) approaches during and after cancer treatment. Integrative oncology is a field that focuses on bringing CIH approaches that have scientific evidence to provide support to people undergoing cancer treatment or during the survivorship stage.

Various CIH are currently used as part of integrative oncology, for example: acupuncture, massage, aromatherapy, music therapy, yoga and tai chi are widely used in cancer care to decrease anxiety and pain and to improve mood. Acupuncture and aromatherapy are also widely used to decrease chemotherapy-induced nausea.

VAPSHCS Whole Health in Cancer Care

VISN 20 Office has recently provided a grant to VA Puget Sound for expanding Whole Health at our facilities. This grant has provided Cancer Care staff with special Tai Chi training that will allow staff to offer tai chi classes to Veterans receiving cancer care. In addition, grant funding was used to purchase aromatherapy supplies as complementary therapy for preventing/decreasing nausea during chemotherapy infusion. This grant has also provided funds for increasing our facilities’ offerings of Mindfulness trainings to Veterans and staff, as well as staff training in IRest – a yoga-based meditation technique that will be available to Veterans at Puget Sound during 2018. In addition, Healthy Cooking Demonstrations will be supported through 2018 sponsored by this grant.

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. Lymph-

edema 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 2017 year, our Lymphedema Clinic has a total of six certified therapists: Brian Reaksecker, PT CLT, Mary Matthews-Brownell, OTR-L CLT, Maureen McClain, PT CLT at ALVA, and in Seattle we have Meg Sablinsky, PT CLT-LANA, Melissa Smith, PTA CLT, and Jennifer Boyce, OTR-L, CLT.

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 participated on a panel to help educate clinical social workers and hospital staff on palliative care and hospice

services offered through the VA and to discuss Advance Care Planning. OSWs were involved in participated in the planning of the Cancer Prevention, Awareness, and Healthy Living hospital wide event held on September 28, 2017. In November 2017, OSW participated in a multidisciplinary panel of professionals who educated the University of Washington health sciences graduate students on how to complete a military medical history assessment in order to help educate them on how to provide Veteran-centered medical care. In September 2017, OSW facilitated the Psychosocial (social workers /psychologists) breakout session at the annual Association of Veterans Affairs Oncology/Hematology conference in Denver, Colorado and presented on Cancer Care Navigation: Addressing Psychosocial Distress. OSW and OSW Intern/Patient Advocate are participating in the Patient Centered Research Collaborative Group for Psychosocial Oncology from May 2017- September 2018 and attended the PCRC/Association of Oncology Social Workers Conference, Denver, Colorado in May 2017. OSW is currently named as a Co-Chair of the Communications Committee: PCRC. 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 half-day 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 November 2017.

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.

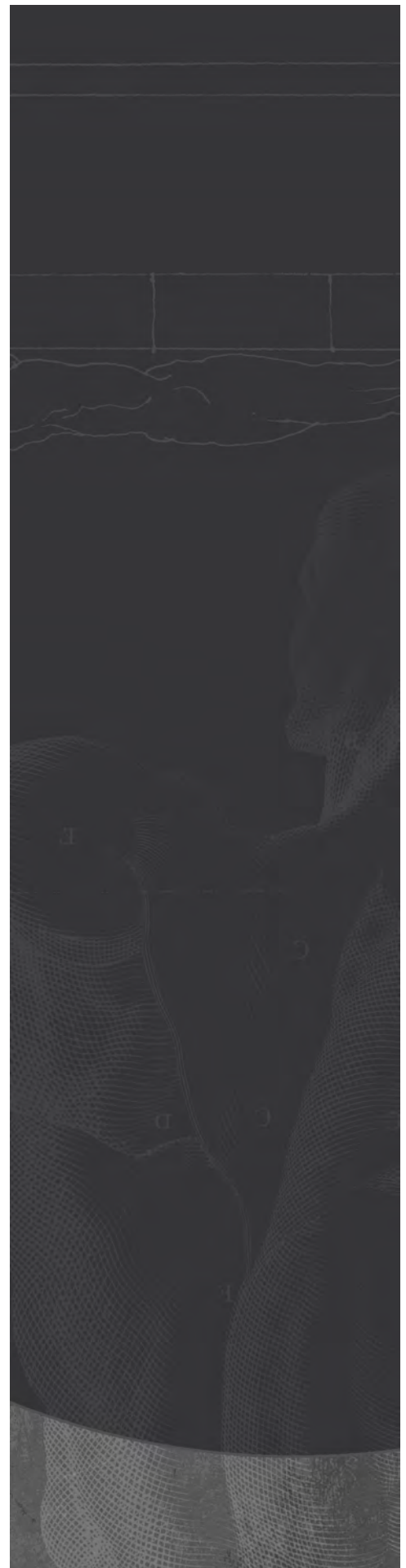
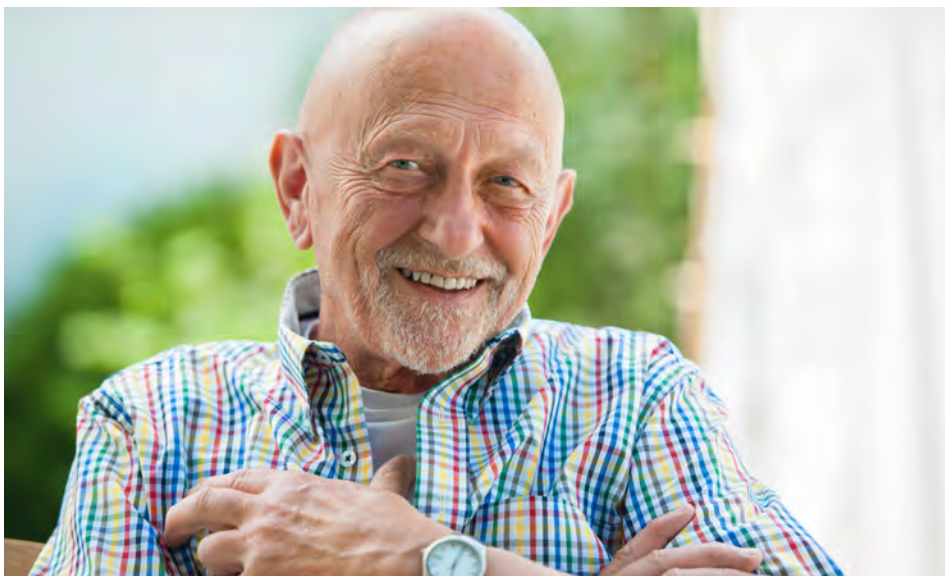
OSWs participate as members of the inpatient consultation team in the palliative and hospice care program. Social workers, along with other staff members, focus on the patient's quality of life by assisting with end-of-life planning, care resources and emotional support. Additionally, OSWs provide the 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 is 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.



Annual Palliative Care Report 2017

Palliative Care Service Growth Summary:

The number of palliative consults for the previous fiscal year was #636, with the majority of new growth occurring in the outpatient setting. We are working on a plan to accurately differentiate the number of these Veterans who have a primary or secondary cancer diagnosis, but consults and follow-up requests from Oncology services including Radiation Oncology continues to be our top source of referrals compared to other areas of specialty medicine in the outpatient setting. Consults regularly come from providers, but we also rely heavily on the assessment skills and the excellent structure of the Cancer Navigation team in identifying and facilitating additional support for Veterans with a cancer diagnosis. The Oncology service in general does an excellent job with timely and appropriate referrals of Veterans that benefit from palliative care. The following services continue to be offered: Acute care consultation, out-patient consultation, non-visit consults, and hospice in the CLC's with community based hospice being provided by non-VA partner agencies. We are usually able to see clinic Veterans within a month and can often accommodate emergencies within reason. We are increasingly utilizing non-VA community based palliative care services (separate from hospice) to meet growing needs and distance challenges.

Our teaching program continues to grow and currently have a robust palliative fellowship program in partnership with the University of Washington. Our six Fellows have diverse training and backgrounds and include an Oncologist and Trauma Surgeon. In addition to a formal fellowship, we continue to support resident rotations from the acute medicine service and psychiatric services. We are adding our first medical student rotation to our CLC hospice service and our palliative psychologist, Dr. Torrence, will be providing a supervised training opportunity for psychology fellows.

Soul Food Rounds:

This past year we designed and organized a formal structure to provide staff care around managing moral distress in the ICU and other settings. Rounds are twice monthly in the morning and afternoon to accommodate different shifts. Rounds are staffed by Palliative Care, Chaplains, and Medicine.

Caregivers and teams are given the opportunity to discuss problems and successes related to particularly stressful clinical cases. Space is also created to express grief or loss and Veterans that have died are memorialized. Goals are to minimize staff burn-out, turn-over and moral distress with hopes of expanding to other areas in the future.

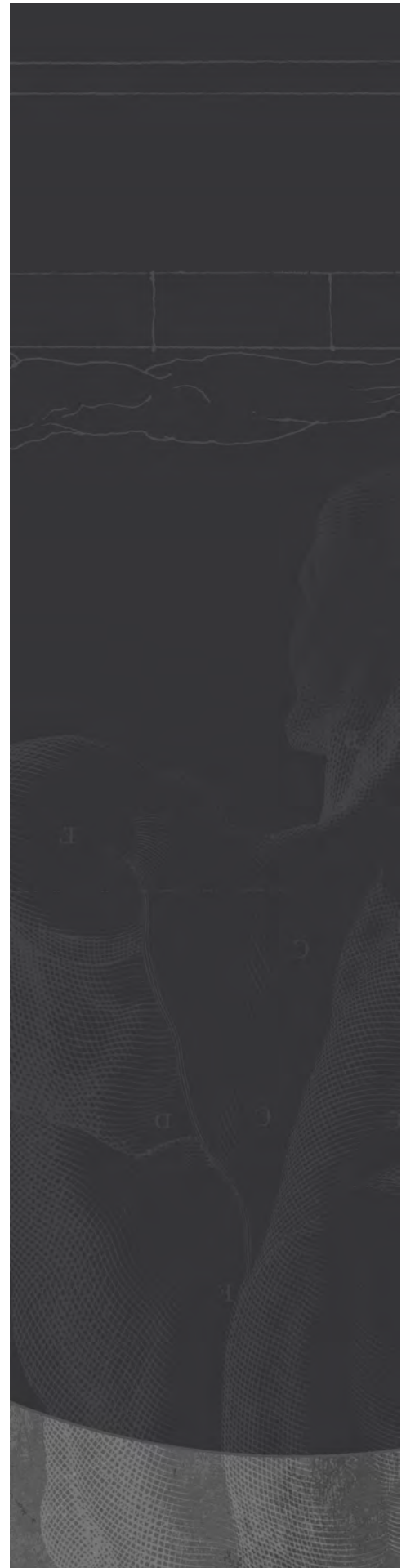
Summary of new advanced planning initiative, by Dr. Gruenewald:

The Life-Sustaining Treatment Decisions Initiative (LSTDI) is a VA nationwide quality improvement project to improve patient-centered care for Veterans with serious illness. The project promotes proactive goals of care conversations with patients who are at high risk of a life-threatening clinical event, and provides new processes for documenting the discussion and decisions in an easy-to-find progress note and orders in CPRS. This initiative will help us elicit, document, and honor our patients' values, goals, and preferences as they face serious illness.

Many patients do not have an opportunity to discuss and make decisions regarding life-sustaining treatments (LSTs) before they become critically ill or unable to speak for themselves. Practitioners are often reluctant to discuss decisions about cardiopulmonary resuscitation (CPR) and other LSTs with patients, and often postpone such discussions until a crisis occurs or until the patient is within days or even hours of death – at which time patients are often unable to participate in discussions and surrogate decision makers are highly stressed. The LSTDI is designed to assist VA providers to develop and deliver treatment plans that are aligned with the values, goals, and preferences of high-risk patients including patients with cancer.

The recently released VHA Handbook 1004.03, Life-Sustaining Treatment (LST) Decisions: Eliciting, Documenting, and Honoring Patients' Values, Goals, and Preferences standardizes practices for ensuring that all Veterans with serious illness are proactively identified and offered a discussion about their goals of care and life-sustaining treatment decisions. Communication skills training will be rolled out for practitioners who care for patients with serious illness. This includes training in delivering serious news, conducting goals of care conversations, and making shared decisions with patients and surrogates about

life-sustaining treatment. When the LSTDI is fully implemented, a new progress note template will be used for efficiently documenting goals of care conversations and life-sustaining treatment decisions. Also, new LST orders will translate the patient's decisions into actionable medical orders. Current practices for documenting code status will change when use of the new LST progress note and orders begins. Therefore, prior to implementation of the new LST progress note and orders, inpatient and CLC/hospice staff will be trained so that they fully understand how to write and interpret these notes and orders.



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 pro-

vides 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



Spiritual Care

Chaplain Gary K. Cowden, BCC

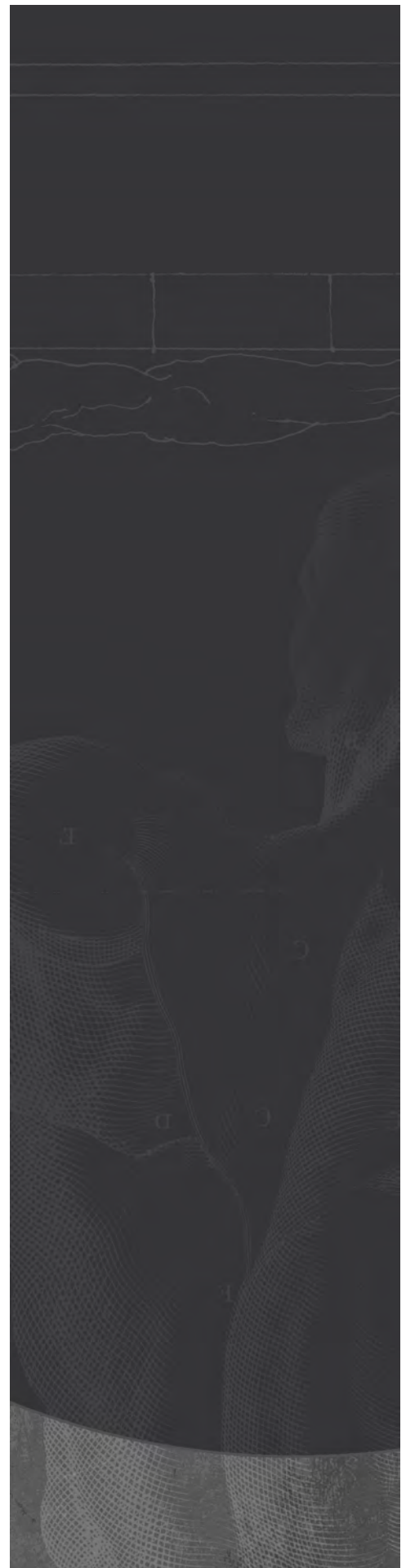
The Chaplain Service of the VA Puget Sound Health Care System has been given the overall spiritual care of all VA patients. Among our Veterans are those that experience the diagnosis and treatment of cancer. At the time of a patient's diagnosis and treatment projection, Chaplaincy endeavors to support 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 .



1660 S. Columbian Way
Seattle, WA 98108
Phone: 206.764.2934
Fax: 206.764.2851

CREDITS

Editing Consultants

Sudarshana Das
Alisa Engeland

Graphic Design

Alisa Engeland

Article Contributors (in order of articles)

Daniel Y. Wu, MD, PhD (Cancer Committee Chair)
Sudarshana Das, B.Com, RHIT, CTR
Victoria Campa
Michael P. Porter, MD and Bruce Montgomery, MD
Michele Meconi, ARNP, CDE
Julie Takasugi MD, Meena Kumar MD, Matt Kogut,
and Beth Ripley MD
Tony S. Quang, MD, JD, Adam Tazi, PhD, and Kent E.
Wallner, MD
Peter C. Wu, MD
Ana Fisher, LICSW OSW-C, Tamarind Keating, ARNP,
Lynsi Slind, RN, MN
Emily Johnson, MS, CCC-SLP
Stephanie Crabtree, RD, CNSC
Jason A. Dominitz, MD, MHS, Haritha Avula, MBBS,
George Ioannou, MD, MS
Leila Kozak, PhD
Margaret Sablinsky, PT, DPT, CLT-LANA
Ana Fisher, LICSW, OSW-C, Melinda Walker, LICSW,
and Kimmy Van Hayes, LICSW
Alice C. Foy, RN
Gary K. Cowden, BCC, Chaplain