

**Std. 1.12 – Public Reporting of Outcomes  
Ephraim McDowell Regional Medical Center Cancer Committee’s  
2017 Initiatives and Activities**

The Ephraim McDowell Regional Medical Center Cancer Committee, initiated in 2015, has been very active throughout 2017. Our main goal for 2017 was to pursue our initial accreditation survey as a Community Cancer Program. We are happy to report that in July 2017, our program received a 3 year accreditation by the American College of Surgeons’ Commission on Cancer. We are very excited that our center joins an elite group of cancer centers throughout the country, providing high quality cancer care from screening & prevention activities to diagnosis and treatment and survivorship care planning.

Of the many important programs our committee worked on this year, we would like to highlight and elaborate on a couple of them:

**Genetic Screening for cancer risk:** Some individuals have a higher risk for cancer due to genetic predispositions and because of this, in 2016, the Cancer Committee established a genetic screening program for newly diagnosed breast, colon, ovarian, & pancreatic cancer patients, primarily seen at Ephraim McDowell Commonwealth Cancer Center (EMCCC). Based on the patient’s disease characteristics and/or their family history, testing for genetic mutations was performed and if positive, the patients were referred to genetic counselors to discuss these implications. In 2017, the Cancer Committee expanded this program to include other providers’ offices where cancer patients were seen (such as Urology, Surgery, etc), utilizing a Nurse Navigator from EMRMC to serve as a liason between the patient and the provider in documenting family histories. Due to the importance of this matter, especially in breast, colon, pancreatic cancers, in 2017 we identified & tested 46 individuals. Of those 46 patients, 8 were found to have a genetic abnormality (positive tests) that warranted further discussion with a genetic counseling professional. Patients were referred to clinicians at UK, Baptist Health Lexington or via telemedicine consult with a genetic counselor on staff at the lab where the samples were tested.

**Clinical Trials:** As part of our commitment to our community, the clinical trials program at Ephraim McDowell Commonwealth Cancer Center (EMCCC) has continued to grow in 2017. One of the main efforts to improve cancer care is through participation on clinical trials and our Commission on Cancer accreditation requires us to be vigilant in seeking out or providing opportunities for patients to enroll on research studies. Previously when patients were appropriate for clinical trials, they would need referrals to academic institutions for participation. Now, EMCCC is committed to bringing those opportunities to our local practice. A variety of research trials, such as Phase II (new drug development), Phase III (Standard of Care treatment vs. new treatment regimens), Registry trials (data gathering of “real world,” everyday, community oncology practices), Observational/ Quality of Life trials, Survivorship trials and collaboration with pharmaceutical companies are just some of the options we currently offer. In 2017, we have 8 active studies which have enrolled 41 patients. A 9th study is closed to new enrollment, yet we are providing long-term follow-up data on 8 previously enrolled patients. Of special note, one of the registry trials for Multiple Myeloma patients, we were the 1<sup>st</sup> US site activated and the 1<sup>st</sup> US site to enroll a patient and received special recognition from the study sponsor. Our goal is to continue opening more clinical trials especially in diseases that are common in our community like breast, lung and colon cancers.

**Quality Improvement studies:** Each year the Cancer Committee establishes two Quality Improvement studies. In 2017, our first study was to assess and decrease the time interval from the date of a new patient referral call to the date of initial visit at Ephraim McDowell Commonwealth Cancer Center. There was steady improvement in the waiting time for the initial visit from an average of 5.6 days to only an average of 3.7 days by December 2017. Our second study was to assess and improve the time between the initial visit at Radiation Oncology and the time of treatment initiation, specifically for breast cancer patients. Average length of time ranged from a high of 22.5 days to a low of 10-13 days. Factors that prolonged a patient’s start of therapy such as delayed completion of chemotherapy treatment, additional procedures/tests or consultations, patient preference were excluded as extenuating circumstances. This is an important study given the fact that delaying such therapy can affect the overall outcomes in breast cancer.

Our goal is to continue working on these & many other programs in order to sustain the rapid growth of our cancer program at Ephraim McDowell Health. If you have any question about Ephraim McDowell Health Cancer Care, please contact us at 859-236-2203.

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Chairman, Ephraim McDowell Regional Medical Center Cancer Committee