**TABLE OF CONTENTS**

The Asplundh Cancer Pavilion ........................................................................................................... 3

Program Achievements .................................................................................................................... 4

Myeloma Analysis .......................................................................................................................... 5

Summary of All Cancer Sites ........................................................................................................ 8

Quality Indicators ......................................................................................................................... 10
The Sidney Kimmel Cancer Center at Abington – Jefferson Health

Abington–Jefferson Health and the Sidney Kimmel Cancer Center–Jefferson Health have reimagined cancer care. Opened in July 2018, our 86,000-square-foot outpatient center offers a comprehensive continuum of leading-edge outpatient care, clinical research and support services in one modern facility—the Asplundh Cancer Pavilion.

The vast spectrum of cancer care provided at the Asplundh Cancer Pavilion includes everything needed to outscience cancer, including multidisciplinary clinics, surgical consultations, a chemotherapy/infusion suite, radiation therapy, clinical research, symptom support, and a dedicated oncology pharmacy—all within a peaceful and serene healing environment. Patients interested in clinical trials are now afforded the option of participating in Phase I clinical trials, in addition to Phase II and III trials previously offered by Abington–Jefferson Health.

Comprehensive Personalized Care
With our personalized approach to medicine, we design a treatment program specifically for each patient. Through our integration with the renowned NCI-designated Sidney Kimmel Cancer Center–Jefferson Health (one of only 71 NCI-designated cancer centers in the country), specialists—such as head and neck cancer surgeons—travel from Center City to meet with patients and families close to home and with conveniences like free parking.

Patient-Friendly Environment
Everything a cancer patient might need is available under one roof at the Asplundh Cancer Pavilion, in an environment that is calming, in a building that is designed to be patient-friendly and to bring the outdoors inside.

Convenient Location
Conveniently located just off the Pennsylvania Turnpike’s Willow Grove interchange, the LEED-certified building also features meeting space for cancer support groups, healing gardens, a café, as well as an Image Recovery Center which offers breast prostheses, head coverings and wigs, lymphedema treatments, massages, skincare, and manicures and pedicures safe for cancer patients.

Support Services Onsite
Other services available to patients include nurse navigators to help coordinate cancer treatment and provide support, fertility preservation, symptom support program, nutrition counseling, financial counseling, social work, a cancer risk assessment program and more.
Program Achievements

Community Cancer Screenings
327 screened for 7 cancers in June 2019

Clinical Trials
- Awarded a Lead Academic Participating Site (LAPS) grant by the NCI as part of the Sidney Kimmel Cancer Center – Jefferson Health
- Participated in Association of Oncology Nurse Navigators Nursing Navigation study – one of eight chosen in the country

Patient care
- Added Urology from Sidney Kimmel Cancer Center – Jefferson Health for daily patient care and the Prostate Evaluation Program
- Added Neuro Oncology to the Medical Oncology team
- Added Director of Benign and Malignant Hematology
- Implemented automated distress monitoring and survivorship care plans for patients
- Expanded Lung CT Screening program and built personalized Smoking Cessation Program on site at Asplundh Cancer Pavilion and throughout Abington division of Jefferson Health
- Implemented SpaceOAR Hydrogel program
- Began Varian Edge stereotactic radiosurgery program in Radiation Oncology
- Continued expansion of Palliative Care program to three days a week
- Began Lutathera therapy for patients with neuroendocrine tumors
- Built clinical and administrative dyads to best support the program growth and multi-disciplinary teams
- Implemented Reiki therapy and trained 9 staff
- Opened Image Recovery to sales, waiting on service portion for staffing

Education
- Held annual “Asplundh Cancer Pavilion Grand Rounds Seminar,” featuring our breast cancer team
- Began “Evenings at Asplundh” quarterly educational events to provided clinical updates by disease sites to MD/NP/PA-C/RN
- Have 28 staff who are OCN, AOCN, Chemo Bio-certified nurses

Publications
We conducted a quality improvement analysis in patients diagnosed with Multiple Myeloma at Abington – Jefferson Health between 2016 and 2017. We examined five different outcome measures integral to the care of patients with Multiple Myeloma to assess compliance with best practice guidelines and recommendations by the NCCN. We assessed the frequency with which transplant eligible patients were referred for transplant consultation, the use of standard multi-drug regimens in patients eligible for autologous stem cell transplant, the implementation of standard anti-viral and thrombotic prophylaxis in patients receiving bortezomib and lenalidomide based regimens, use of bone-directed therapy, and how often Fluorescence In Situ Hybridization (FISH) analyses were obtained on bone marrow biopsy specimens at the time of diagnosis.

There were 36 patients provided by the tumor registry database for analysis. Eight patients were excluded from the present study. Three patients were excluded from analysis as they either died or moved to hospice at the time of their diagnosis. One patient was excluded after having a diagnosis made at Abington – Jefferson Health, but all subsequent treatment and diagnostic evaluation was pursued at another institution. One patient was excluded as full records were not available for review. Three additional patients were excluded as they were found to have Smoldering Myeloma.

From a demographic standpoint, the patient population treated at Abington – Jefferson Health is similar to what is observed across the country. There were some differences in the proportion of patients diagnosed in the 7th and 8th decades. Only 12% of Abington – Jefferson Health patients were between the ages of 60–69 compared to 32% nationally. 47% of patients were between the ages of 70–79 at Abington-Jefferson Health compared to 26% nationally. Of course, these differences are likely accounted for by our relatively small sample size. The proportion of new cases was similar across the other age groups.

There were 16 patients who were deemed eligible for autologous stem cell transplant. Of these patients, 15 were referred for transplant evaluation (94%). 15 of these 16 patients received multi-drug induction therapy prior to transplant, consistent with recommendations for standard induction chemotherapy as outlined in the NCCN guidelines.

Twenty-eight patients received treatment with either combination lenalidomide/bortezomib, lenalidomide single agent, or bortezomib as single agent therapy. Bortezomib is commonly associated with a risk of shingles reactivation and anti-viral prophylaxis is standard in patients receiving bortezomib containing regimens. Lenalidomide carries an increased risk of both venous and arterial thromboses. Anti-thrombotic prophylaxis with aspirin or in some cases other anticoagulants is recommended. Appropriate anti-viral prophylaxis and thrombotic prophylaxis was administered to 23 of the 28 patients in our analysis (82%).

Due to the common presence of lytic bone lesions in patients with myeloma and propensity for developing fractures and other skeletal related events, bone directed therapy with zoledronic acid in patients who are able to receive this medication is standard of care. More recently, Denosumab was found to be non-inferior to zoledronic acid in the prevention of skeletal related events in patients with Multiple Myeloma. This data, however, was published in 2017 and therefore was not reflected in the present analysis. There were 20 patients eligible to receive bone directed therapy with zoledronic acid. The most common reason for not receiving zoledronic acid was pre-existing renal insufficiency. One patient did not receive zoledronic acid because of poor dentition and the need for tooth extraction. Eighteen out the 20 eligible patients were treated with zoledronic acid (90%).

The use of FISH testing has become standard at the time of diagnosis as this data contains important prognostic information and may potentially be utilized to inform decisions about treatment and sequencing of various chemotherapeutic agents. Twenty-four out of 25 (96%) patients had FISH testing obtained at the time of diagnosis. There was one additional patient for which records of whether FISH testing had been obtained were unavailable. All other records for this patient were considered to be complete and therefore this patient was not excluded from assessment of the other outcome measures detailed above.

In summary, overall compliance with national guidelines for the care of patients with Multiple Myeloma is high at Abington – Jefferson Health and consistent with national standards.
Multiple Myeloma 2016–2017 Data Quality of Care Study

Distribution by Age 2016–2017

Distribution by Race/Ethnicity 2016–2017

Distribution by Gender 2016–2017
## Summary of All Cancer Sites 2018

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Analytic*</th>
<th>Non-Analytic**</th>
<th>Expired</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base of Tongue</td>
<td>13</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Other Tongue</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gum</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floor of Mouth</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Palate</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Mouth</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Parotid Gland</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tonsil</td>
<td>9</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Nasopharynx</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pyriform Sinus</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Esophagus</td>
<td>14</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Stomach</td>
<td>26</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colon</td>
<td>106</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>Rectosigmoid Junction</td>
<td>15</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Rectum</td>
<td>42</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Anus &amp; Anal Canal</td>
<td>7</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Liver &amp; Intrahepatic Bile Duct</td>
<td>19</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Gallbladder</td>
<td>7</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Other Parts Of Biliary Tract</td>
<td>8</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Pancreas</td>
<td>84</td>
<td>5</td>
<td>46</td>
</tr>
<tr>
<td>Other Digestive Organs</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Nasal Cavity &amp; Middle Ear</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Accessory Sinuses</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Larynx</td>
<td>13</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Bronchus &amp; Lung</td>
<td>227</td>
<td>11</td>
<td>66</td>
</tr>
<tr>
<td>Thymus</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart, Mediastinum &amp; Pleura</td>
<td>8</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Bones &amp; Cartilage of Other</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematopoietic &amp; Reticuloendo System</td>
<td>107</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>Skin</td>
<td>78</td>
<td>10</td>
<td>7</td>
</tr>
</tbody>
</table>

* Analytic cases include all cancer patients diagnosed at Abington – Jefferson Health who received all or part of their first course of treatment here, and all patients diagnosed elsewhere who received all or part of their first course here.

** Non-analytic cases include cancer patients who were referred to Abington – Jefferson Health for recurrence or subsequent therapy.
Summary of All Cancer Sites 2018

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Analytic*</th>
<th>Non-Analytic**</th>
<th>Expired</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peripheral &amp; Autonomic Nervous</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Retroperitoneum &amp; Peritoneum</td>
<td>14</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Connective &amp; Other Soft Tissue</td>
<td>9</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Breast</td>
<td>405</td>
<td>23</td>
<td>12</td>
</tr>
<tr>
<td>Vulva</td>
<td>12</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>Vagina</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Cervix Uteri</td>
<td>23</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>146</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Uterus, NOS</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Ovary</td>
<td>51</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Other Female Genital Organs</td>
<td>18</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Penis</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate Gland</td>
<td>198</td>
<td>28</td>
<td>4</td>
</tr>
<tr>
<td>Testis</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney</td>
<td>31</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Renal Pelvis</td>
<td>5</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Ureter</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bladder</td>
<td>54</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Other Urinary Organs</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye &amp; Adnexa</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Meninges</td>
<td>30</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Brain</td>
<td>30</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Spinal Cord &amp; Other CNS</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thyroid Gland</td>
<td>34</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Adrenal Gland</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Other Endocrine Glands</td>
<td>5</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Other Sites</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Lymph Nodes</td>
<td>61</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>Unknown Primary Site</td>
<td>9</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,988</td>
<td>172</td>
<td>287</td>
</tr>
</tbody>
</table>

* Analytic cases include all cancer patients diagnosed at Abington – Jefferson Health who received all or part of their first course of treatment here, and all patients diagnosed elsewhere who received all or part of their first course here.

** Non-analytic cases include cancer patients who were referred to Abington – Jefferson Health for recurrence or subsequent therapy.
Quality Indicators

How We Compare to the National Cancer Database

In 1998, a Presidential Commission recommended the creation of a national forum in which health care’s many stakeholders could, together, find ways to improve the quality and safety of America’s health care. This recommendation led to the creation of the National Quality Forum (NQF), a private, not-for-profit, public benefit corporation established in 1999 to standardize healthcare quality measurement and reporting.

Established as a public-private partnership, the NQF has broad participation from all parts of the healthcare system, including national, state, regional and local groups representing consumers, public and private purchasers, employees, healthcare professionals, provider organizations, health plans and others involved in healthcare research or quality improvement. Together the organizational members of the NQF work to promote a common approach to measuring healthcare quality and fostering system-wide capacity for quality improvement.

The Commission on Cancer (CoC), through the Cancer Program Practice Reports (CP3R), promotes 12 quality indicators utilizing the data submitted to the National Cancer Database. The data are from 2016.

CR3R and AJH’s Performance for Breast Cancer

Breast Conserving Surgery and Radiation Therapy

<table>
<thead>
<tr>
<th>Percentage of All Cases</th>
<th>AJH</th>
<th>PA</th>
<th>All CoC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation therapy</td>
<td>97.4</td>
<td>95.6</td>
<td>92.6</td>
</tr>
</tbody>
</table>

Radiation therapy is administered within one year (365 days) of diagnosis for women under the age of 70 receiving breast conserving surgery for breast cancer. Abington–Jefferson Health’s compliance with this standard is favorable at 97.4%.

Chemotherapy in Hormone Receptor Negative Breast Cancer Patients

<table>
<thead>
<tr>
<th>Percentage of All Cases</th>
<th>AJH</th>
<th>PA</th>
<th>All CoC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combination chemotherapy</td>
<td>100.0</td>
<td>94.8</td>
<td>93.4</td>
</tr>
</tbody>
</table>

Combination chemotherapy is considered or administered within four months (120 days) of diagnosis for women under the age of 70 with AJCC T1c N0M0, or Stage II or III hormone receptor negative cancer. Abington–Jefferson Health’s compliance with this standard is excellent at 100%, compared to all CoC-approved programs’ norm of 93.4%.
CP3R and AJH’s Performance for Breast Cancer

Tamoxifen or Third Generation Aromatase Inhibitor in Hormone Receptor Positive Breast Cancer Patients

Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1c N0M0, or Stage II or III hormone receptor positive cancer. Abington – Jefferson Health’s compliance with this standard is favorable at 99.3%, compared to all CoC-approved program’s norm of 94.0%.

Breast Conserving Surgery

Breast conservation surgery rate for women with AJCC clinical stage 0, I or II breast cancer. Abington – Jefferson Health’s compliance with this standard is just below the CoC-approved program’s norm of 67.3%.

Radiation Therapy and Mastectomy

Radiation therapy is considered or administered following any mastectomy within one year of diagnosis of breast cancer for women with four or more positive regional lymph nodes. Abington – Jefferson Health’s compliance with this standard is excellent at 100%.

Image or Palpation-guided Needle Biopsy Performed in Breast Cancer Diagnosis

Image or palpation-guided needle biopsy is performed to establish diagnosis of breast cancer. Abington – Jefferson Health’s compliance with this standard is above the CoC-approved program’s average, which is 91.5%.
Quality Indicators

CP3R and AJH’s Performance for Colon Cancer
Adjuvant Chemotherapy for Node Positive Patients

Adjuvant chemotherapy is considered or administered within four months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer. Abington–Jefferson Health’s compliance is favorable at 92.3%, compared to all CoC-approved programs’ norm of 89.5%.

Regional Lymph Nodes in Surgically Resected Patients

At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. The rate for Abington–Jefferson Health’s compliance at 91.8% is comparable to all CoC-approved program’s norm of 92.9%.

CP3R and AJH’s Performance for Rectal Cancer
Radiation Therapy in Rectal Carcinomas

Radiation therapy is considered or administered within six months of diagnosis for patients under age 80 with clinical or pathologic AJCC T4N0M0 or Stage III receiving surgical resection for rectal cancer. Abington–Jefferson Health’s compliance with this standard at 100% is excellent, compared to all CoC-approved program’s norm of 89.8%.
Sidney Kimmel Cancer Center at Abington – Jefferson Health.

3941 Commerce Ave • Willow Grove, PA 19090
JeffersonHealth.org/AbingtonCancer