



A story of connections

2018 Annual Report



Baylor Scott & White

BAYLOR UNIVERSITY MEDICAL CENTER

BAYLOR CHARLES A. SAMMONS CANCER CENTER

DALLAS

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LETTER FROM CARLOS BECERRA, MD

Cancer is personal. Every patient, every caregiver, every family member, every friend participates in the cancer fight and journey. That’s why this year’s oncology annual report theme is “Cancer: A Story We Tell Together.” While caring for each and every cancer patient is the feature story, many chapters are written behind the scenes by researchers, physicians, nurses, techs and others. For decades, Baylor Scott & White Health has been building a story of cancer care that is compassionate and personal but also innovative and forward-looking. A new chapter is beginning in the cancer story we share with our patients, as new therapies powered by immunotherapy take the leading role. We are excited about how the story is unfolding as we seek to be a standout immunotherapy and destination cancer center for patients across Texas and beyond.

Research successes seen in recent years using immunotherapeutic approaches such as CAR-T and NK cell therapies, with skin, head and neck, bladder, gastric, non-Hodgkin’s lymphoma, and variants of breast and prostate cancers are promising. Baylor Charles A. Sammons Cancer Center at Baylor University Medical Center, part of Baylor Scott & White Health, is one of only two cancer centers in Texas to now commercially offer CAR-T immune therapy to patients, and many other immunotherapy clinical trials are underway. In collaboration with Baylor Scott & White Research Institute and the Translational Genomics Research Institute (T Gen), we are conducting studies on the application of T-cells—natural killer (NK) cells and CAR-T cells—to seek out and destroy specific types of cancers.

At the Innovative Clinical Trials Center, we have had 118 cancer clinical trials to offer patients since opening in 2011. The breadth and depth of Baylor Dallas’ clinical expertise, multidisciplinary approach, focus on research and publishing, and spirit of collaboration with other leading cancer centers across the country and around the globe provide the backdrop for this continually developing narrative.

The cancer story also reaches beyond the Baylor Dallas campus, into the community with screenings, education and support for cancer patients and families through Arts in Medicine. Finally, the story wouldn’t be complete without the critical role philanthropy plays in the cancer programs and our ability as clinicians and administrators to shape cancer medicine and services that will influence patients’ lives for years to come.

I mentioned that a new chapter of Baylor Scott & White’s cancer story is beginning, and with that, we welcome a new chief of oncology for Baylor Scott & White Health – North Texas and medical director for Baylor Charles A. Sammons Cancer Center. Ronan Kelly, MD, comes to us from Johns Hopkins University Medical Center. Dr. Kelly is a world-renowned authority on thoracic oncologic immunotherapy. We look forward to his expertise and commitment to excellence as the story of cancer continues.

Carlos Becerra, MD

Interim Chief of Oncology, Baylor Scott & White Health – North Texas
Interim Medical Director, Baylor Charles A. Sammons Cancer Center

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PHILANTHROPY

American Cancer Society Selects Baylor Dallas for its newest Hope Lodge

Often referred to as a journey, the courageous fight that cancer patients and their families wage against this formidable disease often includes long-distance travel to doctors' offices and treatment centers. Already facing the prospect of steep medical bills, they also must deal with the added expense of hotel rooms and meals. Recognizing a tremendous opportunity to improve the lives of cancer patients and their families, the American Cancer Society (ACS) began collaborating with local healthcare providers to build and host Hope Lodges.

Hope Lodge Dallas will be located on the Baylor Dallas campus. Baylor Scott & White Health donated the 1.5-acre tract of land to the ACS for the facility's construction. Fifty comfortable suites will provide free-of-charge accommodations to any cancer patients, not just those being treated at Baylor and their caregivers who have to travel more than 40 miles for their care. Hope Lodge Dallas will also feature many amenities including a communal kitchen and living area, an activity room, a meditation space, and a healing garden.

"The collaboration with the ACS opens new potential venues for treatment for patients," says Dr. Carlos Becerra, Interim Chief of Oncology, Baylor University Medical Center and Interim Medical Director, Baylor Charles A. Sammons Cancer Center, who notes that people often cannot participate in groundbreaking clinical trials because they

live too far away. "There are also specific treatments that require close follow-up, regarding toxicity," he adds, and patients staying at Hope Lodge can be monitored more effectively.

Baylor Health Care System Foundation is playing an active role in the fundraising in conjunction with the ACS. The joint effort is led by Hope Lodge Dallas capital campaign chairs Jennifer and Richard Dix. They note that patients who complete their treatment have a far higher success rate in fighting their cancers than those who don't. More than \$23.9 million has already been raised toward construction of the 40,000-square-foot facility, with groundbreaking scheduled to begin once project donations reach \$25 million.

"The collaboration is a testament to the leadership role that Baylor Scott & White Health plays in cancer research and treatment," says Rowland K. Robinson, Baylor Health Care System Foundation president. He adds, "Even more importantly, it goes to the core of our mission—we exist to serve. Thanks to generous donors in the community, Hope Lodge Dallas will be a respite for those fighting cancer, where they will be able to focus all of their energy on getting well and getting home."

Currently, there are more than 30 Hope Lodge locations throughout the United States and Puerto Rico.

19th annual Celebrating Women luncheon features personal stories from Eric Stonestreet and Karla McKinley

More than 1,300 attendees came together in the fight against breast cancer at the 19th annual Baylor Health Care System Foundation Celebrating Women luncheon on October 26, 2018. The event, presented by Tom Thumb and Albertsons for the 14th consecutive year, raised more than \$2 million to benefit Baylor Scott & White Health's fight against the disease in North Texas.

Mother-daughter team Linda Carter and Christi Carter Urschel served as honorary chairmen of the luncheon. Pat McEvoy and Michal Powell were co-chairs, and Shelle Sills served as underwriting chairman.

Karla McKinley was honored with the Lindalyn B. Adams award, named in honor of Lindalyn Adams, who was instrumental in launching Celebrating Women 19 years ago. Karla recounted her journey that she has shared with her mother, sister, husband, children and friends, who rose up beside her and helped her make it through numerous rounds of treatment. "I am humbled to be on this stage today to say that I am a breast cancer survivor," said Karla. "My daughter and granddaughter, your daughters and granddaughters, and our mothers, sisters and friends are why we fight this battle. I'm honored to be with a group of people who are working so passionately to make sure that those facing a breast cancer diagnosis have the best possible chance to become survivors."

Emmy award-winning actor Eric Stonestreet, best known for his portrayal of Cameron Tucker in ABC's sitcom, *Modern Family*, shared an intimate glimpse into his life and advocacy work in the fight against cancer, a cause that has touched his life in various ways over the years. "It takes a whole group of people to support those going through a battle with cancer," said Stonestreet. "My mom was diagnosed 17 years ago with kidney cancer ... and the way I found my usefulness, and have since found my usefulness with people, is what I'm fairly good at, making people laugh. I try to be there and listen and understand that for someone who is getting a cancer diagnosis, it is very scary. So, my message has become one of humor, but also hope."

Since the first Celebrating Women luncheon in 2000, nearly \$33 million has been raised to help Baylor Scott & White Health fight breast cancer in North Texas.



Golf tournaments, swims and bowling provide additional funding

Thanks to the generosity of many sponsoring organizations, significant philanthropic dollars were raised to support cancer research, programs and services at Baylor Dallas in 2018.

Golf tournaments

The E.K. Boon Annual Cancer Benefit Golf Tournament

In 1992, E.K. Boon of Ennis was diagnosed with renal cell carcinoma. During his four-year battle with the disease, he participated in a genetics research project at Baylor Dallas. Even after being told his disease was too far advanced for the research to save his life, E.K. was confident his efforts would contribute to saving the lives of other cancer patients. A year after his death, his family started the golf tournament as a way to continue his legacy and support efforts to cure the disease. “We believe in a cure for cancer, and E.K. believed in it too,” said his sister, Marilyn Boon Linsteadt. Over its 19-year history, the golf tournament has raised more than \$1 million.

Stupid Strong Charity Golf Classic

Inspired by the life of Candace Netzer, Stupid Strong was founded to raise awareness about gastric cancer, advancing funding for research, and providing education and support to families in need. In 2014, Candace was diagnosed with Stage 3 stomach cancer. She passed away in November 2017 from the disease. Thanks to the funds raised at the golf classic along with other donations, Stupid Strong completed its funding commitment for a research grant of \$151,974 for the development of micro-RNA biomarkers for the early detection of patients with gastric cancer. The three-year study is focused on the development of less invasive, accurate tests to detect gastric cancer early at a time when the disease is still treatable.

Nick Gonzales Foundation for Brain Tumor Research Golf Tournament

Established in 2007, the Nick Gonzales Foundation for Brain Tumor Research honors the life of Nick Gonzales, who was diagnosed with stage IV glioblastoma multiform brain tumors. The Foundation has two goals—raise public awareness of the early warning signs of the disease and support brain tumor/cancer research. Thanks to the 2018 golf tournament sponsored by the Foundation, a \$35,000 grant was awarded to Karen Fink, MD, a neuro-oncologist on the medical staff of Baylor Dallas, to support the collaboration between Baylor Dallas and the molecular scientific organization, TGEN. Dr. Fink is working to determine which patients are most likely to have tumors that could respond to the combination of temozolomide and arsenic trioxide.

North Texas Association of Government Guaranteed Lenders Annual Golf Tournament

A long-time supporter of Baylor Dallas’ cancer research efforts, the North Texas Association of Government Guaranteed Lenders held its 11th annual Ken Byrd Cancer Survivor Charity Golf Classic in October at Texas Star in Euless, TX. The organization has donated more than \$100,000 to Baylor Dallas over the past 11 years.

Bowling

Ballard vs. the Big “C” Striking Back to Save More Lives

Avid bowlers from across North Texas look forward to the annual Ballard vs. the Big “C” Striking Back to Save More Lives Charity Event. Started in 2015, the event has raised

more than \$265,000. The oncology program at Baylor Scott & White Health is a beneficiary of funds from the event. The brainchild of Del and Carolyn Dorin Ballard, Hall of Fame professional bowlers and owners of Ballard’s Bowling Academy and pro shops, the event was founded as a result of Del’s diagnosis with tonsil cancer.

Music

Breast Cancer Can Stick It!

A national effort to raise money to drum up funds for treatment, research, trials and mammograms through music-centric events that ROCK to ultimately STICK IT to breast cancer, Breast Cancer Can Stick It! has raised nearly \$200,000 since 2010.

Swimming

Swim Across America

Swim Across America (SAA), a philanthropic organization that has raised millions of dollars nationally through swimming events, has a long-standing and fruitful relationship with Baylor Charles A. Sammons Cancer Center at Dallas. Locally, SAA Dallas has funded more than \$2.1 million to support cancer research through the Swim Across America Innovative Clinical Trials Center (SAAICTC) at Baylor Dallas. The 2018 swim event raised more than \$275,000. Funds from the SAAICTC were used to support phase 1 clinical trials focused on pancreatic cancer.

SUPPORT

Cvetko Patient Resource Center

Education and support for patients and families

Cancer education and support are important parts of the cancer treatment process. Baylor Charles A. Sammons Cancer Center at Dallas offers several programs through the Cvetko Patient Resource Center to help cancer patients and their loved ones understand and manage the physical, emotional and spiritual challenges of cancer. The Cvetko Center staff includes a medical director, program manager, nurse educator, chaplains, psychologist, music practitioner and trained cancer survivor volunteers.

In 2018, the Cvetko Center provided a wide variety of services to patients:

- Our psychologist provided **551 behavioral health oncology visits**.
- Our trained Cancer Survivor Network volunteers made **1,000 patient visits** to newly diagnosed cancer patients in the hospital.
- Our trained music practitioners provided **1,687 music therapy sessions**.

Programs

- The Cvetko Center offered **75 programs** in 2018, with **3,748 participants** attending.
- Our Healthy Cooking Demonstration classes attracted **244 participants**.
- We offered a diverse variety of educational classes and programs including our Barrett Lectureship; Prostate, Ovarian and Breast cancer survivor luncheons; Young Adult Cancer Survivor conference; Complementary Therapies workshop; Cancer Survivor's Week celebration in June; Nutrition classes; Relaxation and Journaling classes and Look-Good-Feel-Better® classes, to name a few.

Extending cancer care: an oral, head and neck cancer screening event

As an accredited cancer center by the Commission on Cancer and in keeping with Baylor Scott & White Health's mission "to promote the well-being of individuals, families and communities," Baylor Charles A. Sammons Cancer Center at Dallas is committed to providing cancer screenings and education to the Dallas community. Based on findings of a community needs assessment for Baylor University Medical Center, oncology professionals determine what types of cancers are prevalent in surrounding ZIP codes and appropriate screenings are provided.

The latest needs assessment revealed a relatively high incidence of oral, head and neck cancers in the area south of Baylor University Medical Center, near Baylor Scott & White Health and Wellness Institute at the Juanita J. Craft Recreation Center. A screening event was held for this community and served 61 individuals.

"Residents in this community struggle with high rates of chronic disease, which are compounded by the lack of healthy food

options and other socioeconomic factors. Our screening event was an important outlet to provide education and follow-up," explained Stacey Webb, MPA/HCA, BSN, RN, ONN-CG, manager of patient navigation at Baylor Sammons Cancer Center. "Each participant completed a pre-screening questionnaire. The questionnaire collected the participant's knowledge level about oral, neck and head cancer, including risk factors and causes of these cancers. Then, the individual was screened and asked to complete a post-screening questionnaire."

Webb said Baylor Dallas volunteers at the event included two dentists, one dental hygienist, three RN patient navigators, one lay patient navigator, and the manager of the Cvetko Patient Resource Center.

The event identified five abnormal results, and those individuals were provided with information about ear, nose and throat physicians, dentists, dental colleges and primary care physicians in the immediate area so they could follow up on the results.

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Stacey Webb, MPA/HCA, BSN, RN, ONN-CG, Manager of Patient Navigation at Baylor Sammons Cancer Center

ARTS IN MEDICINE

Finding comfort and healing through creative expression

The Arts in Medicine program at Baylor Charles A. Sammons Cancer Center at Dallas is a unique offering to cancer patients and caregivers that introduces art and music therapies to the healing process in order to address and alleviate emotional distress, enhance physical health or the immune system, sensory system and pain levels, and instill feelings of empowerment, self-confidence and dignity.

The Arts in Medicine Program began in July 2015 with a \$1.5 million grant from the Paula Walker Fund through the Baylor Health Care System Foundation and the Dallas Foundation. Offered through the Cvetko Patient Resource Center at Baylor University Medical Center and underwritten by donations from foundations and individual donors, interest in the program has grown beyond the expectations of the program's founders.

All Arts in Medicine practitioners are specially trained, with art therapists and music therapists holding degrees in their specialized fields.

The program offers a variety of therapeutic arts activities and events including:

- Art therapy
- Artist-in-Residence
- Open Art Studio
- Art carts
- Music therapy
- Music practitioners
- Art curator and Art Advisory Council
- In-house performances by volunteer performers
- In-house exhibitions and shows
- Evening with the Artist series



Arts in Medicine 2018 statistics

Music therapy encounters	1,687
Artist-in-Residence performance hours	1,008
Performance Series hours (volunteers)	678
Catherine Chastain Open Art Studio participants	1,563
Art Therapy patient encounters	886
Art exhibits on the Baylor Charles A. Sammons Cancer Center mezzanine	11
Special events including Late Nights in the Studio, holiday events, Relax and Rejuvenate, Catch and Release	45

Arts in Medicine patient profile

In 2013, Franki Hernandez was a preschool teacher enjoying her work and her family—her husband of 16 years and her two children. She hadn't been feeling well but had put off going to the doctor. A girlfriend took her picture and Franki couldn't believe how big she looked. Then, a co-worker asked her when she was due. That prompted her to schedule a visit with her OB/GYN physician who referred for a sonogram in four weeks. Not feeling well, Franki knew she couldn't wait that long. So she contacted her gastroenterologist for a colonoscopy. The exam came back clear.

"I was feeling really bad when I had the sonogram," remembers Franki. "The doctor called me that evening and said the sonogram had revealed 'leaks' in my kidney and liver. I went for a CT scan the next day. The scan showed that I had a tumor and a biopsy confirmed that I had ovarian cancer. In just 20 days, I went from a visit with my OB/GYN to being diagnosed with stage 3C ovarian cancer."

Nine weeks of intense chemotherapy reduced her tumor and surgery was performed. "I went into a horrible depression," says Franki, "so I began seeing some psychology interns. I also sought out cancer therapy support groups. After Baylor University Medical Center established the Behavioral Health Oncology Patient Evaluation and Consultation Service in April 2015, I starting meeting with Shannon Poppito, PhD, a licensed clinical psychologist specializing in psychology-oncology."

Over the next four years, Franki experienced two reoccurrences, one in 2015 and one in 2017. Treatments included intense

chemotherapy and surgery. "Because of the location of the tumor, they chose to do radiation rather than surgery. I also received two chemotherapy drugs I hadn't had before," recalls Franki. "The treatment left me fairly immobile for a while. Radiation wasn't working, so I was put on a parp inhibitor. This has proven successful and my cancer marker is the lowest it has been since I was first diagnosed in 2013."

In 2017, Franki met Ashley Jones, a board-certified art therapist and manager of the Open Art Studio at the Cvetko Patient Resource Center at Baylor Dallas. Ashley invited her into the studio to participate in art therapy. She let her creative spirit take over and painted two pictures. The creative experience made such an impression that she brought her children to experience the studio. "They spent two hours drawing, playing with sand and sculpting with clay," says Franki. "Ashley has been so compassionate. I've drawn, participated in a drum circle and listened to musicians play in the lobby of the Baylor Sammons Cancer Center. I'll never forget the egg throw where we wrote something we hated about cancer on a large piece of paper that covered a wall in the Art Studio. Then, we got to throw an egg at it!

"I can't tell you how important art is to me. It's given me a second lease on life. It has helped erase the feeling of being a cancer patient. It has given me an outlet to release my anger and sadness by encouraging my creativity. It has taught me that therapy doesn't have to be just sitting in a room crying and thinking of death. There's hope, something to look forward to."

BHOPE



Baylor Charles A. Sammons Cancer Center at Dallas began offering a unique psycho-oncology program—Behavioral Health Oncology Service (BHOPE) in April 2015 with the arrival of **Shannon Poppito, PhD**, a licensed clinical psychologist specializing in psychology-oncology and integrated behavioral health consultation

services. BHOPE has become one of the integral components of the comprehensive approach to cancer care provided to patients and their families at Baylor University Medical Center.

Before joining Baylor Dallas, Dr. Poppito completed her clinical-research fellowship in psychology-oncology at Memorial Sloan-Kettering Cancer Center in New York and worked at the Cancer Center and at City of Hope Cancer Center.

"The primary goal of BHOPE consultation services is to help cancer patients manage common cancer-related physical, emotional and behavioral health challenges," explains Dr. Poppito. "I launched the service based on an integrative bio-psycho-spiritual approach to caring for cancer patients, merging traditional psycho-oncology cancer-related services with integrated behavioral health consultation, healthy lifestyle/self-care interventions and spiritual-existential supportive care to help patients come to terms with cancer by exploring meaning and purpose in life. BHOPE consultative services directly serves both cancer patients and their referring physicians."

BHOPE's approach focuses on enhancing a cancer patient's overall health and wellness. It emphasizes helping people reduce life-stress, by promoting healthy lifestyle and coping strategies for:

- Healthy lifestyle management
- Life-transitional stress management
- Adjusting to cancer
- Specific medical procedures
- Relational stressors
- Doctor-patient communication
- Preparatory grief and bereavement

BHOPE's consultative services require a referral from an oncologist.



Harmaniacs

Some people love harmonicas for their unique sound while some associate them with a certain type of music. But for others, a harmonica represents improved health and socialization. Pulmonary specialists have recognized the benefits of harmonica playing for patients with breathing problems, including chronic obstructive pulmonary disease (COPD). The premise was simple, the harmonica required breathing in and blowing out, two primary exercises used to help COPD patients breathe better and increase their stamina. The one thing the literature didn't include was any hard data from a formal study that demonstrated the benefits.

That's when Mary Hart, MS, RRT, registered respiratory therapist at Baylor University Medical Center, and Bizzy Stewardson, board-certified music therapist with the Cvetko Patient Resource Center, put their heads together to propose a formal study of the harmonica's benefits for individuals challenged with COPD. They submitted their proposal to the Baylor Health Care System Foundation and received funding for the research and purchase of the harmonicas.

"We evaluated an initial group of COPD patients," explains Mary. "Our baseline measurements included spirometry, a walk test that measured how far they could walk in six minutes, the strength of their inspiratory (breathing in) and expiratory (breathing out) muscles, and questions related to the impact their disease had on their quality of life."

The group began meeting for two hours every Wednesday in the Cvetko Center. The first class

introduced participants to the harmonica, how to clean it, and reviewed music that Bizzy had created using numbers correlated to notes. Mary emphasized using pursed lip breathing and diaphragmatic breathing. One of the goals of the program was to reduce participants' anxiety and shortness of breath. Mary and Bizzy also worked on pacing to accommodate participants' breathing challenges. At the end of the 12-week study, participants were re-evaluated on the original set of metrics to determine if they had experienced any improvement.

"All metrics showed improvement," says Mary. "In addition, we discovered some benefits that we hadn't originally anticipated. Playing the harmonica helped some cough up secretions and clear their airway. The opportunity to socialize with others who were experiencing the same health challenges was also seen as a big benefit by members of the harmonica group. Based on the positive outcomes from the first study, we have applied for another foundation grant to gather more data."

Mary and Bizzy prepared an abstract on the study and submitted it to *Chest*, the journal of the American College of Chest Physicians (ACCP). The abstract was accepted and Mary was invited to present the study's findings at an ACCP meeting. Since the presentation, Mary has been contacted by pulmonary rehab programs across the country.

The Harmaniacs continue to meet every Wednesday, and the group has grown as additional COPD patients and those just interested in playing the harmonica join in the fun.



Emma Johnson, COPD Patient, Harmaniacs Member

Emma Johnson doesn't consider herself to be particularly musical. The 71-year-old Dallas resident, mother and grandmother, played piano in high school but didn't pursue it. There was one habit, however, she continued to pursue for many years, smoking one to two packs of cigarettes each day. The habit took its toll on her health, and Emma was diagnosed in 1996 with chronic obstructive pulmonary disease (COPD).

"I really got worse in 2002. That's when I was hospitalized and went to rehab," Emma recalls. "Pulmonary rehab helped me get back to where I was before my episode. The truth is, I'll never be as healthy as I was before I smoked. I'm on oxygen, and I sleep with oxygen at night. I also take medication and right now my condition is stable. I feel so blessed, and I thank God that I'm here."

When Emma was in pulmonary rehab, she heard about the Harmaniacs, a group of COPD patients who took up the harmonica to help improve their breathing and enhance their stamina. "Mary Hart, the pulmonary rehab therapist, told me about the Harmaniacs," she says. "I was interested in joining because it sounded like it would help me stay active. It has helped me take control of my life, and it's enabled me to do the little things I want to do. The harmonica group has really helped my breathing, and I enjoy it. Everybody is friendly and has some type of condition that I can identify with. We all understand what each other is going through. I have my real family, my church family and my harmonica family. I would tell anyone with COPD that he or she can pick up the harmonica and it will help his or her breathing."

“ I was interested in joining the Harmaniacs because it sounded like it would help me stay active. It has helped me take control of my life, and it's enabled me to do the little things I want to do. ”

Emma Johnson, COPD Patient, Harmaniacs Member



PATIENT PROFILE

Matt Bohn – first Yescarta patient

What began as a typical business dinner in Cleveland for Matt Bohn, became the night that changed his life. After returning to his hotel, the 64-year-old Coppell resident woke up with night sweats. Maybe it was something he ate, he thought. But the sweats continued. Then, he noticed lumps in his neck, and they were growing. So, after three weeks, one of which included headaches he couldn't shake, he saw his primary care physician. A manager in the consulting practice of PricewaterhouseCoopers, Matt began to research his symptoms, and by the time he saw his physician, he had self-diagnosed lymphoma. The question he had was, what kind?

"My wife's father had passed away from Hodgkin's lymphoma, so I wanted to hide this from her at first," Matt recalled. "My PCP sent me to an ENT that scoped my throat. My wife was with me. He told me that I definitely had cancer, but a biopsy was needed to determine what kind. I immediately had a PET CT and some biopsies were taken of the nodes in my neck. The biopsies were inconclusive, so lymphadenectomy was performed. I was diagnosed with 90% diffuse large B cell (DLBC) and 10% follicular, both non-Hodgkin's lymphoma. This was just after Memorial Day in 2013."

Matt's chemotherapy treatment went well. But, after his sixth treatment, a repeat PET CT showed something the doctor didn't like. His oncologist referred him to a hematological oncologist on the medical staff at Baylor Dallas. The week of Thanksgiving 2013, another PET CT scan showed Matt was in remission, but he was told there was a 50/50 chance the cancer could return. The hematological oncologist recommended that Matt consider collecting his stem cells in case they might be needed for later treatment. After collecting and freezing his stem cells, Matt visited his hematological oncologist in September 2016 after discovering another lump in his neck and another lymphadenectomy showed the cancer had returned. This time, 60% diffuse large B cell and 40% follicular non-Hodgkin's lymphoma. The decision was made to perform the stem cell transplant. Matt completed the preliminary protocol to receive the transplant and in spring 2017 the

transplant was performed. When a high fever developed five days post-transplant, he was hospitalized for a week. In August 2017, another PET CT showed he had active lymphoma in his tonsil and a tiny spot on his left clavicle. Another lymphadenectomy revealed 10% DLBC and 90% follicular.

His hematological oncologist told Matt that Baylor Dallas had applied to become a provider for a new FDA-approved CAR-T (chimeric antigen receptor) immunotherapy treatment for his type of lymphoma, Yescarta, and his medical history fit the criteria to receive the treatment. After final approval from the manufacturer and his insurance provider, Matt had his T-cells collected, successfully completed all physical and emotional testing required prior to treatment, and was certified as the first patient at Baylor Dallas to receive Yescarta.

"I went into the hospital on the eighth of April and received my re-engineered T-cells on the ninth," said Matt. "I was discharged the following Wednesday. I committed to myself that by the end of the month, I would be climbing 200 flights of stairs per day, and I did, and I've done it ever since. I couldn't have asked for a better team to care for me. From the receptionist to the nurses and physicians, everyone was so nice and accommodating to both me and my wife."

Matt's advice to someone facing his same diagnosis is don't ever give up or lose hope. "Keep a positive attitude at all times and give it a shot," said Matt. "It took three hours to collect my T-cells and only 12 minutes to get them back. I currently don't have the worry hanging over my head every day that I might not be in remission. I'm living like I was before my diagnosis. My wife and I love to travel and I'm always looking ahead, planning something in the future to give me something to move towards. I am blessed to have been married for 42 years and have a 29-year-old son. Now, I'm able to resume one of my favorite past times, volunteering at DFW Airport on Saturdays, greeting passengers as they arrive and helping them in any way I can."

“ It took three hours to collect my T-cells and only 12 minutes to get them back. I currently don't have the worry hanging over my head every day that I might not be in remission. I'm living like I was before my diagnosis. ”

Matt Bohn, First Yescarta Patient



QUALITY



Quality improvement efforts at Baylor Charles A. Sammons Cancer Center and Baylor Dallas put the cancer patient experience front and center with two studies evaluating access and convenience.

Patient admission to hospice

The National Quality Forum and the American Society for Clinical Oncology have jointly endorsed a quality measure in end-of-life care assessing the proportion of cancer patients admitted to hospice for three days or greater prior to their death. Analysis of Baylor Dallas hospice patients showed that they were enrolled in hospice for less than three days 40% of the time. This was well above the 10.8% of 30,000 hospice patients with lengths of stay two days or less after admission that were studied by the National Hospice and Palliative Care Organization from 2005 and that is considered a national benchmark.

The quality improvement coordinator, under the direction of the Cancer Committee, launched a retrospective study of 70 in-hospital cancer patients with hospice orders between July 2015 and May 2016. Patients were identified through the electronic health record. Primary data points assessed included:

- Percentage of evaluated patients admitted to hospice within 48 hours of physician order
- Percentage of patients admitted to hospice greater than or equal to three days prior to death

Secondary data points assessed included:

- Causes of delay in patients not admitted to hospice within 24 hours of physician order
- Causes of delay in physician order for hospice in patients who died less than three days from admission to hospice

- Percentage of patients with involvement of Supportive and Palliative Care team at time of hospice consult

The study revealed that 32% (22 patients) of hospice consults did not proceed to hospice admission in less than 48 hours. The majority of those delays (55%) were attributable to patient or patient's family either looking for preferred hospice agency or facility or deciding on goals of care. Social work was identified as a cause of delay in 23% of the patients. Of the patients with orders for hospice, 40% died within three days of admission. An opportunity for earlier discussion regarding hospice and end-of-life care by the physician was identified in this group of patients. Of the 22 patients with delays from consult to admission, 50% died less than three days after hospice admission. Of the patients consulted with the intention of admission to home hospice, 68% had to transition to inpatient hospice due to the decline of the patient's health prior to discharge.

Based on the findings of the study, Baylor Charles A. Sammons Cancer Center and Baylor Dallas implemented the following actions:

- Relocated Supportive and Palliative Care (SPC) services to the Baylor Charles A. Sammons Cancer Center to improve access and convenience for cancer patients and families in the outpatient setting. Since moving, the number of cancer patients served has doubled with the average time between referral and appointment availability less than two days.

- Medical oncology fellows and select medical oncologists participated in the Serious Illness Conversation Guide facilitated by Robert L. Fine, MD, FACP, FAAHPM, clinical director, Office of Clinical Ethics and Palliative Care.
- SPC service started providing in-services to the oncologists to share the wide array of services offered and remove myths regarding SPC limitations.
- Created an in-service provided by hospice RNs to oncologists to help with understanding what hospice offers and does not offer.
- An ongoing evaluation of barriers to timely order for consult and timely transfer to hospice is being conducted by a multidisciplinary team. The metrics being evaluated include:
 - Patient and caregiver education on SPC services earlier in the disease progression to decrease fear, anxiety and uncertainty if referral to hospice becomes appropriate. Accomplish this through improved patient materials that are incorporated into the patient's cancer journey.
 - Review 30-day unplanned readmissions to identify patients at risk of continued decline and possible earlier hospice admission discussion.
 - Review charts to identify opportunities for physicians to have earlier conversations about hospice with patients and their families. Investigate physician perceptions of barriers to end-of-life conversations and identify opportunities to incorporate the Serious Illness Conversation Guide into regularly scheduled appointment times.

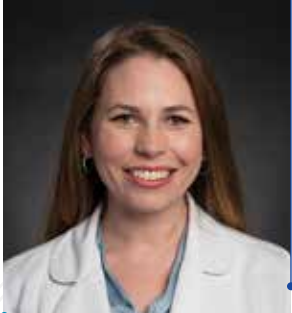
The hospice taskforce, including physicians, advanced practice providers and practice administration staff, will continue to monitor the time between referral and appointment and referral volume. Collaboration between the SPC clinical, oncologists and the taskforce will continue to emphasize opportunities to improve patient access. The taskforce will also work with comprehensive case management to identify palliative care appropriate patients earlier in their trajectory of care.



Reimagining and relocating Baylor Scott & White Institute for Rehabilitation oncology services

A significant number of cancer patients require rehabilitation services after their treatment regimen has been completed. Depending on the patient's treatment plan and specific type of cancer, rehabilitation may include speech therapy, physical therapy, occupational therapy, and lymphedema therapy. Rehabilitation therapists need to have a deep understanding of each patient's limitations in function, structure, activity, and participation that may have resulted from treatment. Oncology patients at Baylor Dallas have received rehabilitation services from Baylor Scott & White Institute for Rehabilitation in the Baylor Charles A. Sammons Cancer Center since 2011. However, to meet the demand for services, patients were being seen on various floors and in various areas of the cancer center. In addition, there was no private area available for patient assessments. This often resulted in patients traveling between floors or buildings to get multiple treatments.

With the goal of improving the quality of rehabilitation care and the patient's overall experience, a taskforce was convened to address access and convenience issues stemming from lack of available assessment and treatment space.



FELLOWSHIP

Day in the life of an oncology fellow

Dr. Alicia Swink

The Oncology Fellowship Program at Baylor University Medical Center is highly recognized across the country, and applications from residents for the program far outnumber the positions available—two per year for the three-year program with six total fellows.

What's it like to be an oncology fellow at an acute care medical center? Alicia Swink, MD, a third-year fellow from Borger, TX, provides this personal insight into the program.

Q: Why did you want to become a physician?

Dr. Swink: I knew from a young age that I liked people and wanted to make a difference. I accompanied my dad to dinners for newly recruited physicians as part of his duties on the local hospital board, and I really enjoyed talking with the doctors. When I was a junior in high school, my mom was diagnosed with breast cancer. I went with her to treatments, and my interactions with her physicians made a big impact on me. During my first year of college, I studied engineering and biomedical engineering. As a sophomore, I realized that medicine was the perfect combination of science, engineering and helping people.

Q: Why your interest in oncology?

Dr. Swink: When I started medical school, I thought, "Anything but oncology!" During my residency at Baylor Dallas, as I reflected on my most meaningful experiences with patients, I realized a diagnosis of cancer almost always overlaid the most fulfilling moments in my young career.

Q: Why did you apply to the Baylor Dallas Oncology Fellowship Program?

Dr. Swink: After my internal medicine residency at Baylor Dallas, it became my medical home, and I could not have asked for more in a training program. I also knew I would be invited to participate and even initiate research projects.



Q: How would you describe your typical day as a fellow?

Dr. Swink: My day starts early, around 6:30 AM, rounding on patients or attending a multidisciplinary tumor board. I start clinic rounds between 8:30 and 9:00 AM and stay pretty busy with patients until lunchtime. After lunch, I spend the afternoon seeing patients in the clinic. First, I review his/her case with the attending physician, then a visit with the patient and his/her family to assess him/her. I then discuss my findings and plan of care with the attending oncologist, and we go back and see the patient together. Most days of the week I attend an oncology fellow's conference; this is our dedicated learning time that may involve a lecture from an attending physician, journal club, tumor board, microscope rounds, or other activities. Finally, I try to read oncology study material or current medical literature that pertains to the patients I have seen that day.

Q: What's the best thing about being an oncology fellow?

Dr. Swink: The people, camaraderie and collegiality.

Q: What's the most challenging thing about being an oncology fellow?

Dr. Swink: The feeling that sometimes I am drinking from a fire hydrant! There's so much to learn, so much to know.

Q: What are your plans after you finish the fellowship program?

Dr. Swink: I have worked really hard to learn about all types of cancer and hematology. The Baylor Dallas fellowship program provides broad training as a tertiary referral center. We really do see it all—common and extremely rare. I plan to put my broad training to good use in the community.

EDUCATION



Best Science Breakfast

A valued educational forum for oncology professionals at Baylor University Medical Center continued to present leading-edge topics in 2018. The Best Science Breakfast series brought leading scientists and researchers to the Baylor Dallas campus to discuss what's on the horizon for oncology, both in the lab and at the bedside. The series is funded through the Swim Across America Innovative Clinical Trials Center (SAAICTC) at Baylor Charles A. Sammons Cancer Center.

“The Best Science Breakfast series achieves three objectives,” explained Michael Berens, PhD, deputy director of Research Resources for the Translational Genomics Research Institute (TGen). “While acknowledging the support of SAAICTC, the series also highlights new approaches to cancer therapeutics including standard targeted therapies as well as immune-oncology and some devices, and it fosters clinician scientists to remain at the forefront of emerging trends for the care of cancer patients at Baylor Dallas.”

Interdisciplinary oncology teams from Baylor Sammons Cancer Center attend the breakfast. Speakers include representatives from the health industry as well as visiting collaborative scientists from TGen, a non-profit biomedical research institute in Phoenix, and an affiliate of the City of Hope. Topics are designed to provide updates to attendees and foster new ideas about additional ways for Baylor Dallas and TGen to collaborate.

Dr. Berens cited two breakfast topics from the translational science realm that stood out in 2018. One featured immune-oncology and focused on a genomics testing platform that better matches donor recipients for bone marrow transplants. The other highlighted the future of microbiome, presented by a TGen scientist and one of the world's leading experts in the field. According to Dr. Berens, there is a growing appreciation for maintaining the balance of microbes to optimize our mental, physical and emotional health by restoring our body's microbial ecosystem as a pathway to overcome disease.

2018 Best Science Breakfast topics and speakers

January 2018	John Altin, PhD , TGen T-Cell Immunity in High Definition
February 2018	Esther Chang, PhD , Lombardi Comprehensive Cancer Center P53 Gene Therapy Delivered by a Tumor-targeting Nanocomplex Displays Antitumor Activity and Augments PD-1 Immune Checkpoint Blockade
March 2018	Sunil Sharma, MD , TGen Development of Reversible Inhibitors of Lysine Specific Demethylase-1 (LSD1) for Treatment of Cancer
April 2018	Rebecca Halperin, PhD , TGen Quantitative Medicine and Systems Biology Division
May 2018	Helen Collins, MD , Five Prime Therapeutics Five Prime Pipeline
June 2018	John Maki, CEO , VT-11CR Macrophage Targeted Immunotherapy For Sarcomas
July 2018	Suwon Kim, PhD , TGen Genomics of Therapy Resistance & Immune Modulation in Breast Cancer
August 2018	Dragan Cicic, MD , Klus Pharma Novel anti-HER2 ADC: Expanding the role of HER2 targeting beyond HER2 positive breast and gastric cancer
September 2018	Sarah Highlander, PhD , TGen The Human Microbiome in Health & Disease
October 2018	Harshil Dhruv, PhD , TGen Identifying Context of Vulnerability in Cancer Models
November 2018	Jean Cui, PhD , TP Therapeutics From Crizotinib, Lorlatinib to Repotretinib: A Roadmap of Precision Medicine
December 2018	Benny Sorensen, MD, PhD , Codiak Bio Exosomes - from biology to engineered exosome therapeutics





RESEARCH

Immunotherapy NK cells and CAR T cells

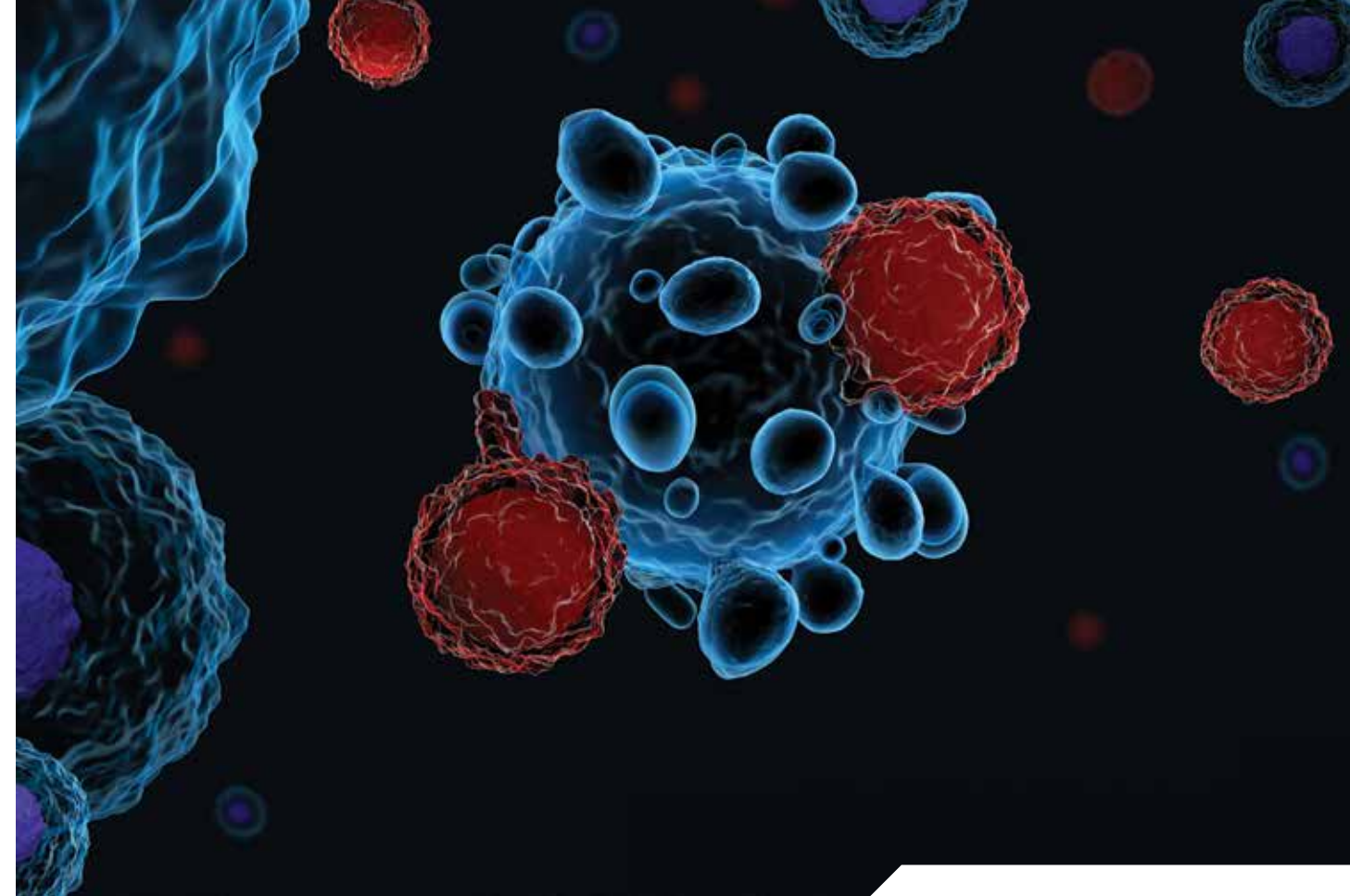
For Carlos Becerra, MD, interim chief of oncology, Baylor Scott & White Health – North Texas and interim medical director, Baylor Charles A. Sammons Cancer Center, and medical director of the Swim Across America Innovative Clinical Trials Center at Baylor Dallas, immunotherapy is the future of cancer care. In 2018, he served as principal investigator for clinical trials focused on evaluating the effectiveness of natural killer cells (NK cells) and chimeric antigen receptor T-cells (CAR T cells) in treating various types of tumors.

“For a long time, investigators thought that our own immune system should be able to do the work to control cancer. But, clinical trials in the 80s, 90s and early 2000s didn’t bear that out as certain types of vaccines were not producing the results we had hoped for,” said Dr. Becerra.

“Big breakthroughs came in basic science research where investigators began discovering that certain signals emitted by tumor cells were able to quiet down the immune system. By blocking those signals, the immune cells woke up and detected cancer cells. Subsequent studies have identified different therapies that have blocked those quieting signals. Once you shut down those signals with specific antibodies, these cells are able to recognize the cancer cells and kill them.”

Natural killer cells

One study led by Dr. Becerra in 2018 involved NK cells, a lymphocyte that is a type of white blood cell. The study extracted natural killer cells (NK cells) from a related donor. Within the related donor, there is a subtype of NK cell that recognizes and kills the cancer cells. These NK cells are withdrawn from the donor using apheresis, manipulated in the lab, and re-injected into the patient after the patient has completed a conditioning regimen. These NK cells attack the tumor cells directly, on a one-to-one basis. Natural killer cells are a lymphocyte, a type of white blood cell. NK cells may be cytotoxic, penetrating the cell and



releasing toxic granules into the abnormal cells. NK cells may also be immunoregulatory, that is, they can direct the function of the immune system by producing cytokines that stimulate other parts of the immune system to kill cancer cells or viral-infected cells.

CAR-T cells

Another study unique to Baylor Dallas directed chimeric antigen receptor T (CAR T) cells at a prostate stem cell antigen which was first described in prostate cancer. “The expression of this target is fairly stable, allowing it to be what we consider to be a good target,” explained Dr. Becerra. “In addition, we added a molecule that enhanced the effect of the T cells we gave to the patient. This allowed the T cells to proliferate, engage and attack the cancer cells by expanding their numbers in the bloodstream. These types of studies are very much sought after by highly reputed academic centers. What differentiated our study was that not only did Baylor Dallas have the vast patient population, but also the infrastructure, expertise, knowledge and multidisciplinary approach to do this type of study based on our previous experience with similar studies.”

Neuroendocrine program

While neuroendocrine cancer accounts for less than 1% of all cancer in the United States, it can cause severe symptoms. Neuroendocrine cancers are cancers of the neuroendocrine system, a complex system of cells that are present throughout most organs in the body. Because the types of tumors and symptoms vary widely, treatment is based on the type of cancer that the specialists on the medical staff of Baylor Dallas identify after a comprehensive evaluation.

The Neuroendocrine Cancer Research and Treatment Center at Baylor Charles A. Sammons Cancer Center, an integral part of Baylor Dallas, combines the expertise of a multidisciplinary physician team on the Baylor Dallas medical staff to provide a premier destination for the diagnosis, evaluation, research and treatment of neuroendocrine tumors.

“Our formalized neuroendocrine cancer research and treatment center is three years old,” said Scott Paulson, MD, co-director of the neuroendocrine research and treatment center. “Most neuroendocrine cancer patients can be cared for by community-based physicians and caregivers. However, this type of cancer is uncommon and sometimes the practitioners who may only see one or two of these cancers per year seek consultations from specialists who diagnose and treat neuroendocrine cancer on a daily basis. To our group, it is not such a rare disease.”

Dr. Paulson explained the center has allowed members of the neuroendocrine care team to develop special expertise in diagnosing and treating a variety of tumors. “We offer innovative treatment including neuroendocrine tumor surgery, interventional radiology approaches, peptide receptor radionuclide therapy, hormone therapy, radiation therapy, stereotactic radiosurgery, proton therapy, chemotherapy, and more.

Because neuroendocrine tumors vary greatly in their aggressiveness, prognosis depends on the type of cancer and the location and grade of the tumor.

“We try to help clinicians and patients make sense of the variety of treatments available and steer patients in the right direction based on our years of knowledge and experience. We always recommend that individuals diagnosed with neuroendocrine cancer seek evaluation by specialists that have treated a significant volume of the disease. This mitigates the chances that the patient will end up receiving harmful treatments, and it provides a roadmap to make sure the patient is on the right course to treat his or her disease. Fortunately, once a game plan is established, many of these treatments can then be administered close to a patient’s home. In a number of cases, however, we are able to offer clinical trials of new drugs and therapies that might not be so widely available.”

In addition to diagnosis and treatment, the specialists at the Neuroendocrine Cancer Research and Treatment Center support an ongoing program of research through various clinical trials. For more information about current clinical trials involving neuroendocrine cancer, visit BSWHealth.com/Cancer and click on clinical trials.

Lung Nodule Clinic



Lung nodules, or small spots on the lung that show up on an X-ray or CT scan, are fairly common, according to **David P. Mason, MD**, chief of thoracic surgery and lung

transplantation at Baylor University Medical Center. The vast majority of the nodules are not malignant, Dr. Mason explained, but many physicians are often left searching for an appropriate resource for their patients to follow up on these newly discovered nodules. That’s why the Lung Nodule Clinic works with specialists on the medical staff at Baylor Dallas to meet with the patients who have had a lung nodule or lesion discovered by their physician. The clinic is open daily and same-day appointments are available. The team members provide comprehensive assessment, discussion, a plan of care and long-term follow-up.

Many patients who are referred to the Lung Nodule Clinic were screened using low-dose computed tomography (CT) scan. These patients have been identified as being at high risk for lung cancer based on an established set of criteria:

- 55–77 years of age
- Smoked 30 pack years (1.5 packs/day x 20 smoking years = 30 pack years)
- A current smoker or stopped smoking within the last 15 years
- Has no symptoms

A study conducted by the National Cancer



Institute proved that screening people at high risk for lung cancer with low-dose CT scans reduced mortality from lung cancer by 20%.

The Lung Nodule Clinic provides easy access to multiple specialists in one location. The clinic team creates full treatment plans with input from multiple specialists. Patients are followed for their long term. Experienced oncology patient navigators work side-by-side with patients and their families. Smoking cessation counseling is provided.

For more information about lung cancer screening with low-dose CT, call **214.820.2770**. A physician’s order is required for the screening. For more information about the Lung Nodule Clinic or to schedule an appointment, call **469.800.7370**.

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BAYLOR SAMMONS CANCER CENTER CONTACT INFORMATION

Referrals

Physician Consult Line
1.844.BSW.DOCS (279.3627)

Physician Referral, Event Registration and Information
1.844.BSW.DOCS (279.3627)

Oncology Patient Navigator
214.820.3535

Cancer Center programs

Baylor Scott & White Research Institute
214.820.2687

Clinical Oncology Research Coordination
214.818.8471

Cancer Genetic Program
214.820.9600 Breast and ovarian
214.820.2692 Gastrointestinal

Darlene G. Cass Women's Imaging Center
214.820.2430

Integrative Medicine Program
214.820.2608

Liver and Pancreas Disease Center
214.820.1756

Lymphedema Prevention and Treatment Services
214.820.6767

W.H. & Peggy Smith Breast Center
214.820.9600

Support services

Baylor Center for Pain Management
214.820.7246

Baylor Health and Wellness Center
214.915.3200

Baylor Scott & White Institute for Rehabilitation
Outpatient Services
214.820.8557

Behavioral Health Oncology
214.820.2991

Comprehensive Wound Center
214.820.4400

Concierge Desk
214.820.2617

Ernie's Appearance Center
214.820.8282

- Prostheses and specialty care items for cancer patients with a certified fitter
- Nutritional support products
- Specialized clothing
- Educational books and DVDs

Nutritional Consult
214.820.7733

Outpatient Pharmacy
214.820.2111

Pastoral/Chaplaincy Program
214.820.2542

Physical Medicine & Rehabilitation
214.820.1655

Sammons Events and Community Relations
214.818.8473

Smoking Cessation Program
214.820.6767 Dental Clinic – Oncology Outpatient Clinic
214.820.9791 Martha Foster Lung Care Center

Supportive and Palliative Care
214.820.7227

Tom Landry Fitness Center
214.820.7872

Cvetko Patient Resource Center
214.820.2608

- Patient/family education and support programs
- Patient resource centers/oncology libraries

	NCDB Target	CoC State of Texas Performance Rate	My CoC Program Type (ACAD)	CoC Census Region Performance Rate (West South Central)	All CoC Programs Performance Rate	Baylor Sammons Cancer Center Performance Rate		
						2016 Forward	2015*	2016*
Breast								
BCS: Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer (Surveillance Measure)	NA	59.6%	65.7%	60.1%	67.2%	19.2%	25.5%	28.9%
NbX: Image or palpation-guided needle biopsy (core or FNA) is performed for the treatment of breast cancer (Quality Improvement Measure)	80.0%	91.2%	89.5%	91.0%	90.4%	95.8%	92.8%	92.2%
HT: Adjuvant Hormonal Therapy: Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cNoMo, or Stage II or III hormone receptor positive breast cancer (Accountability Measure)	90.0%	81.3%	91.5%	83.2%	91.7%	96.3%	98.8%	97.7%
MASTR: Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis for women with >= 4 positive lymph nodes (Accountability Measure)	90.0%	75.4%	86.2%	77.3%	85.8%	90.9%	100.0%	100.0%
BCRST: Post Breast Conserving Surgery Irradiation: Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 and receiving breast conserving surgery for breast cancer (Accountability Measure)	90.0%	82.5%	90.6%	85.2%	91.1%	90.9%	93.1%	94.0%
MAC: Adjuvant Chemotherapy: Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cNoMo, or Stage II or III hormone receptor negative breast cancer (Accountability Measure)	NA	87.3%	92.5%	88.5%	92.7%	100.0%	100.0%	96.0%
Colon								
ACT: Adjuvant Chemotherapy: Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis to patients under age 80 with AJCC III (lymph node positive) colon cancer (Accountability Measure)	NA	80.0%	86.0%	81.6%	87.8%	93.3%	91.7%	92.0%
12 RLN: Surgical Resection Includes at Least 12 Lymph Nodes: At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)	85.0%	93.3%	94.0%	92.6%	92.7%	96.8%	96.6%	95.2%
Rectal								
RECRCT: Pre-operative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is considered; for patients under the age of 80 receiving resection for rectal cancer (Quality Improvement)	85.0%	83.0%	84.7%	85.4%	86.6%	95.7%	91.3%	95.5%
Gastric								
G15RLN: At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement)	80.0%	69.6%	71.1%	65.3%	64.7%	88.9%	83.3%	88.9%
Ovary								
OVSAL: Salpingo-oophorectomy with omentectomy, debulking/ cytoreductive surgery, or pelvic exenteration in Stages I-IIIc ovarian cancer (Surveillance Measure)	NA	58.9%	66.2%	60.8%	67.1%	68.8%	59.3%	54.2%

	NCDB Target	CoC State of Texas Performance Rate	My CoC Program Type (ACAD)	CoC Census Region Performance Rate (West South Central)	All CoC Programs Performance Rate	Baylor Sammons Cancer Center Performance Rate		
						2016 Forward	2015*	2016*
Non-Small Cell Lung								
10RLN: At least 10 regional lymph nodes are removed and pathologically examined for AJCC Stage 1A, 1B, IIA, and IIB resected NSCLC (Surveillance Measure)	NA	48.5%	50.0%	50.7%	49.0%	50.0%	47.9%	58.1%
LNoSurg: Surgery is not first course of treatment for cN2, M0 cases (Quality Improvement)	85.0%	92.8%	91.7%	93.5%	92.7%	91.7%	100.0%	100.0%
LCT: Systemic chemotherapy is considered or administered within 4 months to the day pre-operatively or day of surgery to 6 months postoperatively or surgically resected cases with pathologic lymph node positive (pN1) and (pN2) NSCLC (Quality Improvement)	85.0%	81.7%	88.0%	84.2%	89.0%	91.7%	100.0%	100.0%
Cervix								
CBRR: Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer (Surveillance Measure)	NA	72.1%	71.3%	71.5%	69.4%	100.0%	NA	NA
CERR: Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer (Surveillance Measure)	NA	92.5%	89.1%	92.4%	88.9%	NA	NA	NA
CERCT: Chemotherapy administered to cervical cancer patients who received radiation for Stages IB2-IV cancer (Group 1) or with positive pelvic nodes, positive surgical margin, and/or positive parametrium (Group 2) (Surveillance Measure)	NA	85.6%	83.0%	82.7%	81.2%	100.0%	NA	NA
Endometrium								
ENDLRC: Endoscopic, laparoscopic, or robotic performed for all endometrial cancer (excluding sarcoma and lymphoma), for all stages except Stage IV (Surveillance Measure)	NA	74.8%	77.9%	76.0%	80.0%	77.3%	81.4%	87.0%
ENDCTR: Chemotherapy and/or radiation administered to patients with Stage IIIc or IV endometrial cancer (Surveillance Measure)	NA	75.0%	86.7%	76.5%	83.5%	100.0%	80.0%	72.0%
Bladder								
BL2RLN: At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy (Surveillance Measure)	NA	93.6%	95.7%	93.5%	92.4%	100.0%	100.0%	75.0%
ABLCSTRI: Radical or partial cystectomy; or tri-modality therapy (local tumor destruction/excision with chemotherapy and radiation) for clinical T234N0M0 patients with urothelial carcinoma of the bladder, first treatment within 90 days of diagnosis (Surveillance Measure)	NA	43.1%	59.9%	49.0%	53.4%	50.0%	54.5%	NA
BLCT: Neo-adjuvant or adjuvant chemotherapy recommended or administered for patients with muscle invasive cancer undergoing radical cystectomy (Surveillance Measure)	NA	59.3%	65.7%	61.2%	66.7%	60.0%	57.1%	NA
Kidney								
PD1RLN: At least 1 regional lymph node is removed and pathologically examined for primarily resected unilateral nephroblastoma (Surveillance Measure)	NA	NA	85.6%	NA	89.3%	NA	NA	NA

*Data Source: Data results released by the Commission on Cancer National Cancer Data Base
 **Data Source: Baylor Scott & White - North Texas Cancer Registry. Data results pending release by the Commission on Cancer National Cancer Data Base.

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