The mission of Stony Brook University Cancer Center is to reduce the suffering from cancer by providing world-class multidisciplinary care close to home, conducting innovative research, educating patients and healthcare professionals, and partnering with our community to reach the underserved populations.

TABLE OF CONTENTS

1. The Cancer Registry Department
2. 2013 Cancer Site Distribution
3. Colon Cancer Site Survey
4. Pancreatic Cancer Site Survey
5. Cancer Center Phone Numbers
6. Tumor Board Conferences
7. Quality Management
8. Cancer Liaison Physician
9. The Cancer Committee
10. Quality and Standards: Working to Meet and Exceed Nationwide Quality Standards

QUALITY AND STANDARDS: WORKING TO MEET AND EXCEED NATIONWIDE QUALITY STANDARDS

The Cancer Center’s departments, tumor boards and committees that consistently ascertain, measure and document the wealth of cancer data and patient information allow our clinicians and healthcare staff to evaluate and plan strategies for improved patient outcomes.

The Cancer Registry Department

Data provides information that drives research, education, administrative decisions and quality studies in clinical outcomes measurement. At Stony Brook University Cancer Center, the database is managed by the Cancer Registry Department. They regularly provide the data to the entire Stony Brook Medicine community — most recently for grant writing, the Surgical Quality Data Use Group and scorecard metrics.

The Cancer Registry Department maintains a computerized database of cancer patient information on all tumor types. Case ascertainment includes search and analysis of all inpatient, same-day stays, emergency room admissions, and ambulatory and clinic encounters, as well as physician practice visits for cancer care. Since its inception in 1984, the Cancer Registry has amassed information on all patients with cancer diagnosed and/or treated at Stony Brook.

Quality control is performed by applying national standards and utilizing editing software. After undergoing rigorous quality checks and assessments, Cancer Registry data is regularly submitted to the New York State Cancer Registry, the National Cancer Data Base and the National Accreditation Program for Breast Centers, which plays an integral role in meeting regulatory standards for on-site surveys.

The Cancer Registry is a recognized component of the Cancer Program, and Cancer Registry staff participate in multiple hospital-wide committees and Tumor Boards.

In accordance with both New York State law and the Commission on Cancer, all of Stony Brook Medicine’s cancer registrars are certified and must participate in continuing medical education seminars, thus offering substantive input at all cancer conferences and committee meetings. They are active in professional association activities and continue to retain membership in both the National Cancer Registrars Association and Long Island Cancer Registrars Association.
Tumor Board Conferences

Tumor Board conferences are a key component of the Cancer Program and integral to patient management at Stony Brook Medicine. They provide a validated forum for education, consultation and collaboration. Disease Management Teams present cases for diagnostic assessment, while referencing national treatment guidelines, clinical research protocols and other relevant literature for treatment planning, to obtain the best clinical outcome for our patients. In 2014, nine of 13 Tumor Boards offered AMA Category 1 CME credits to eligible attendees.

Quality Management

Stony Brook Cancer Center leadership works to ensure the delivery of safe, effective, efficient and accessible patient care through focused care programs and targeted quality management tools, which encourage the creation, assessment, re-evaluation and redesign of processes and systems. Using input from site-focused Disease Management Teams, data collected on selected indicators are compared on Cancer Services balanced scorecards. Additionally, selected site-focused outcome studies utilizing National Comprehensive Cancer Network® Clinical Practice Guidelines in Oncology and Commission on Cancer Program Standards are reviewed and published annually. The program’s effort to monitor quality and improve care is a progressive movement toward a high-reliability organization, error-free over time.

Cancer Liaison Physician

The Cancer Liaison Physician is a liaison between Stony Brook Medicine and the community, between the national standards organizations and the hospital, and between the Cancer Committee and various departments at Stony Brook Medicine, and represents the Cancer Center on the Cancer Committee. The liaison works with Disease Management Teams to develop best practices, evaluate compliance with adopted guidelines, expand participation in clinical trials and improve quality of care. The liaison works with local agencies and the American Cancer Society on outreach and education priorities, as well as providing direction in accordance with the Commission on Cancer guidelines.

At Stony Brook Cancer Center, Philip Bao, MD, serves as the Cancer Liaison Physician. His focus is on quality initiatives and the goal of providing patients with advanced treatment options.

The Cancer Committee

The Cancer Committee is the designated multidisciplinary body for the administrative oversight, development and review of the cancer program at Stony Brook Medicine. The Committee communicates directly with Stony Brook’s Medical Board, and its activities and recommendations directly impact programs and activities.

Involved with the care of patients with cancer, the committee includes representatives from medical, surgical, diagnostic and clinical areas along with supportive services. Members include clinicians from Medical Oncology, Pediatric Oncology, Surgery, Genetesis, Radiation Oncology, Pathology, Diagnostic Radiology and Survivorship, Hospital Administration, Nursing, Palliative Care, Social Work, Cancer Registry, Pharmacy, Quality Assurance, Nutrition, Physical Rehabilitation, Healthcare Teleservices, Clinical Trials, Patient Advocacy and Community Outreach, and the Chaplaincy augment the Committee’s designation as multidisciplinary.

Charged with providing leadership, the Cancer Committee must plan, initiate, stimulate and assess the institution’s cancer-related activities in accordance with the Commission on Cancer requirements for cancer program accreditation. Stony Brook Medicine earned recognition as a Teaching Hospital-Approved Cancer Program with full commendation on all standards during the last survey, as well as the distinction of Outstanding Achievement Award.
Colon Cancer Site Survey

When combined, colon cancer and rectal cancer cases account for the third most common cancer for both newly diagnosed cases and estimated deaths of patients with cancer in the U.S. For the purpose of this study, the focus will be on colon cancer and its subsites. This includes the cecum, appendix, hepatic and splenic flexures, ascending, transverse, descending and sigmoid colon.

Collaborative screening efforts were undertaken nationally more than five years ago and the success is noticeable. While colon cancer rates have been decreasing due to improvements in treatment as well as the increased use of early detection methods, the focus of those efforts has been directed to people age 50 and over. In correlation, the survival rate for those over 50 has continued to improve, but the rates for persons under the age of 50 have increased slightly, according to the American Cancer Society. Currently, colorectal cancer deaths account for 9 percent of all cancer deaths, but in Suffolk County a falling rate of 0.7 percent was noted between 2006 and 2010.

Symptoms of colon cancer range from rectal bleeding to fatigue. Changes in bowel habits, weight loss and a decreased appetite are additional symptoms that should be monitored by a physician. As in the case of most cancers, there is increased risk with age. Consuming red or processed meat, smoking and obesity should also be considered as contributing factors. Hereditary factors such as a family history of colon cancer or polyps, or chronic inflammatory bowel disease will also increase the risk. Recent research efforts have focused on the effect of maintaining proper calcium and vitamin D levels, with ongoing research projects assessing the benefit of regular consumption of NSAIDS and aspirin.

In the first graph, patients treated at Stony Brook who are staged at diagnosis are compared to patients at other academic medical centers in New York State and across the U.S. The greatest disparity of 6 percent is shown in patients who are diagnosed at stage 4, and 7 percent for patients whose stage is unknown. Stony Brook Cancer Center physicians stage the patient’s disease by following National Comprehensive Cancer Network guidelines.

Patients frequently dread the preparations needed for an endoscopy and/or colonoscopy, while others choose not to endure one at all. The medical community can help dispel the myths around the preparations for these diagnostic tests through education and encourage their patients to undergo one of the best methods for cancer detection that exists today.

As shown in the “Treatment Modalities” graph, there is only an 8 percent difference between patients at Stony Brook University Hospital and U.S. academic medical centers in regard to surgical treatment alone. But there is a 7 percent increase in the number of patients treated at Stony Brook with dual modalities of surgery and chemotherapy. Accredited by the American College of Surgeons/Commission on Cancer, Stony Brook refers to national guidelines in the care and treatment of its patients with colon cancer.

The third graph compares five-year survival statistics from the National Cancer Data Base (NCDB) and Stony Brook University Hospital, and illustrates the same guidelines in the care and treatment of its patients with colon cancer. Since there were insufficient numbers to compare Stony Brook’s in situ or Stage 0 colon cancers to NCDB numbers, Stony Brook’s cases were not included. Since there were insufficient numbers to compare Stony Brook’s in situ or Stage 0 colon cancers to NCDB numbers, Stony Brook’s cases were not included.

Patients who are diagnosed at stage 4, and 7 percent for patients whose stage is unknown. Stony Brook Cancer Center physicians stage the patient’s disease by following National Comprehensive Cancer Network guidelines.

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Patients who are diagnosed at stage 4, and 7 percent for patients whose stage is unknown. Stony Brook Cancer Center physicians stage the patient’s disease by following National Comprehensive Cancer Network guidelines.
Pancreatic Cancer Site Survey

Cancer of the pancreas is difficult to diagnose in its early stages and usually has no noticeable symptoms until it has spread to other tissues. More than 45,000 people were expected to be diagnosed in 2013. Pancreatic cancer ranked fourth as the cause of cancer deaths in the U.S. in 2013. From 2006 to 2010, New York State tables averages 196 deaths in Suffolk County attributable to pancreatic cancer. According to the American Cancer Society and to Stony Brook’s own database, the average age for those diagnosed is approximately 70 years of age. Incidence rates are found to be higher in men than in women, and for African-Americans when compared to other races at every age. Differentiation is generally made between endocrine and exocrine tumors, and for the purposes of this study, the focus is predominantly about exocrine tumors since they represent better than 90 percent of pancreatic cancers.

Screening methods are very limited. Physicians focus on what are considered to be high-risk factors, which include tobacco use, alcohol use, obesity, family history and other medical conditions, such as chronic pancreatitis. Gene mutations like those seen in hereditary pancreatitis can increase a person’s risk as much as 70 percent. Lynch, von Hippel-Lindau and Pouta-Jeggers syndromes are all considered risk factors. People with hepatitis B or C and Helicobacter pylori may also find themselves at greater risk.

Many patients remain unaware of their advanced state of disease until symptoms force them into an emergent situation, and by then the disease has become a rapidly progressive condition. For example, jaundice is a common symptom. Blood tests, followed by endoscopic ultrasound with CT scanning, are often used in disease diagnosis. Tumor staging dictates treatment with the hope that curable resection is available. Multimodality therapy, including systemic agents and radiation therapy, may also prolong survival.

As shown in the first graph, the vast majority of patients are diagnosed in late stage. The majority of patients at Stony Brook are staged so that care can be rendered in conjunction with National Comprehensive Cancer Network (NCCN) guidelines. Treatment modalities during the first course of treatment range from surgery, radiation and chemotherapy to no treatment at all. When Stony Brook is compared to other New York State academic medical centers, the largest deviation, 6 percent, occurs when patients choose chemotherapy only. But, Stony Brook is consistent with other U.S. academic medical centers in that category. Whether curative resection at an early stage or palliative surgery at a late stage, Stony Brook can provide both, treating the disease and improving the patient’s quality of life. Multimodality treatment with the hope that curable resection is available. Multimodality therapy, including systemic agents and radiation therapy, may also prolong survival.

Unfortunately, the later the stage, the more advanced the disease. This is illustrated in the graph, Five-Year Survival Outcomes. The survival in both stage II or III at the five-year mark is only 2 percent. Survival outcomes at Stony Brook University Hospital, when compared to the National Cancer Data Base, are consistent with national outcomes. Survival in both stage III or IV at the five-year mark is only 2 percent. Survival outcomes at Stony Brook University Hospital, when compared to the National Cancer Data Base, are consistent with national outcomes.

References for Site Survey

Pancreatic Cancer:


### 2013 Cancer Site Distribution

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>AJCC Stage</th>
<th>Stage II</th>
<th>Stage III</th>
<th>Stage IV</th>
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<td>515</td>
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<td>8</td>
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<td>4</td>
<td>9</td>
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<td>16</td>
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<td>1</td>
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<td><strong>Urinary System</strong></td>
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</table>

- **Number of cases excluded:** 109
- **This report EXCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases

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### Cancer Center Phone Numbers

Phone numbers are in the 631 area code unless otherwise stated.

- **Cancer Center**  368-1000
- **Cancer Helpline**  (800) 862-2215
- **Cancer Registry**  444-9844
- **Cancer Survivorship Program**  368-1000
- **Carol M. Baldwin Breast Care Center**  368-1000
- **Chaplaincy**  444-7775
- **Child Life Program**  444-3840
- **Clinical Trials**  368-0839
- **Colorectal Surgery**  444-1825
- **Dermatology**  444-4200
- **Diagnostic Radiology**  368-2111
- **Gynecologic Oncology**  368-1000
- **Head and Neck Oncology**  444-8410
- **HealthConnect**  444-4000
- **Hematology/Oncology**  368-1000
- **Leukemia/Lymphoma/Transplant**  368-1000
- **Lung Cancer Evaluation Center**  348-2981
- **Neurosurgical Oncology**  444-1210
- **Nursing Administration**  368-1000
- **Nutrition**  368-1000
- **Palliative Care**  444-2052
- **Pathology**  444-2222
- **Patient Education Services**  368-1000
- **Pediatric Hematology/Oncology**  444-7720
- **Physical and Lymphedema Therapy**  368-2070
- **Preventive Medicine**  444-2190
- **Radiation Oncology**  444-2200
- **Social Work Services**  368-2552
- **Support Groups**  444-4000
- **Surgical Oncology**  368-1000
- **Upper Gastrointestinal Oncology**  444-8052
- **Urologic Oncology**  364-1948

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**A VISION FOR THE FUTURE**