



UVM HEALTH NETWORK – CENTRAL VERMONT MEDICAL CENTER

# Selected Highlights of the 2017 Cancer Program

ADULT PRIMARY CARE, ONCOLOGY AND HEMATOLOGY  
Medical Oncology and Hematology / Patient Support Services

NATIONAL LIFE CANCER TREATMENT CENTER  
Radiation Oncology / Patient Support Services

## **ACT 39: PATIENT CHOICE AND CONTROL AT END OF LIFE**

Vermont's Act 39 allows patients to request and physicians to prescribe a lethal dose of medication for the patient to take voluntarily and independently at the end of life. Many conditions must be satisfied to meet the requirements of the law and it can be a confusing process for both patients and physicians. We developed procedures to effectively address patients' Act 39 requests, ensuring that the needs of patients and physicians, as well as all of the legal requirements, are met.

## **GENETIC TESTING PRESENTATION FOR PROFESSIONAL STAFF**

Wendy McKinnon, M.S., certified genetic counselor with the UVM Cancer Center Familial Cancer Program, presented on "New Approaches to Genetic Counseling and Testing for Inherited Cancer Risk." She reviewed traits associated with hereditary cancers that would trigger a referral for genetic counseling. She discussed common hereditary cancer syndromes, DNA sequencing, and the variety of genetic tests available. We refer our patients to the Familial Cancer Program and have made it possible for genetic counseling to take place via telemedicine, with the patient in our cancer center connected to Ms. McKinnon in her Burlington office.

## **DISTRESS SCREENINGS**

The Commission on Cancer requires that we screen every new patient in our cancer program for their level of distress. We use a nationally-recognized tool, in which the patient chooses a number on a 0-10 scale and checks "yes" or "no" on physical, emotional, and practical concerns listed. We follow-up with every patient who indicates a moderate to high level of distress. In the first 9 months of 2017, we reviewed the distress screenings of 219 patients, reached out to 121 of them, and referred 43 of them to a variety of services.

## **FLU/FIT CANCER SCREENING PROGRAM**

As part of its "80% by 2018" colorectal cancer screening commitment, CVMC implemented a national evidence-based program called Flu/FIT. In this program, individuals ages 50-75 who attend a flu clinic are asked if they are up-to-date on colorectal cancer screening. If they have not had a colonoscopy in the past 10 years and have not had a fecal blood test in the past year, they are offered a fecal immunochemical test (FIT) kit to use at home. Cancer program staff attended most of the CVMC employee flu clinics. We spoke with 112 employees ages 50-75 and were pleased to find that most of them were up-to-date with colonoscopies. We distributed 18 FIT tests and will follow up with those employees.

## **DISTRIBUTION OF RADON-IN-AIR TEST KITS CANCER PREVENTION PROGRAM**

Radon, a naturally-occurring gas that finds its way into homes through cracks and gaps in foundations, is the second leading cause of lung cancer. Testing homes for radon is a first step in cancer prevention, followed by taking steps to reduce high radon levels. CVMC partnered with the Vermont Department of Health and Barre Town to distribute radon-in-air test kits to Barre Town residents from October 16 - November 17. The cancer program chose Barre Town as a partner because past testing showed that a significantly higher percentage of homes there had elevated radon levels than in other Vermont communities, according to the VT Department of Health (25% for Barre Town compared to 13% for the State). Our cancer program made all the arrangements and delivered kits to both the Barre Town Clerk and the Barre Town Middle and Elementary School. We distributed 105 kits through this program. The Vermont Department of Health will follow up using their usual protocols.

## **PEG TUBE PLACEMENT PROCESS STUDY AND QUALITY IMPROVEMENT**

A percutaneous endoscopic gastrostomy tube (PEG tube) is a feeding tube inserted into the stomach. We arrange for patients to have a PEG tube placed when the cancer or cancer treatment interferes with their ability to take adequate nutrition by mouth. We studied the process patients go through from the point of our referral to follow-up by the visiting nurse a day after the procedure, and beyond. We learned that patients were not provided with consistent education about caring for themselves with a PEG tube, which affected their competence and level of confidence. Our study led to an improvement project to standardize the education given to patients by all the providers involved in the process, including the oncology services, endoscopy team, home health agency, dietitian, and wound care specialist. The study report can be found here <http://www.cvmc.org/sites/default/files/documents/Cancer-Program-Public-Report-2017-PEG-Attachment.pdf>

## **PATHOLOGY REPORTING 100% COMPLIANT**

The Commission on Cancer rates our compliance with the standards of the College of American Pathologists Protocols and Synoptic Reporting. This means that the cancer pathology reports should contain certain elements and follow a specific format. The Commission on Cancer awards a commendation to cancer programs that have 95% compliance in this area. In 2016, CVMC had 100%

### **FOR MORE INFORMATION**

about our Cancer Program, please visit:

[UVMHealth.org/CVMC/Cancer](http://UVMHealth.org/CVMC/Cancer)

### **ADULT PRIMARY CARE, ONCOLOGY AND HEMATOLOGY**

Medical Office Building B, Suite 3  
130 Fisher Road  
Berlin, VT 05602  
802-225-5400

### **NATIONAL LIFE CANCER TREATMENT CENTER**

*(Radiation Oncology)*  
130 Fisher Road  
Berlin, VT 05602  
802-225-5820



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