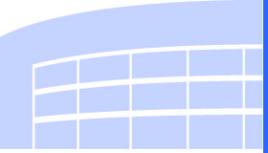




Nurse Navigators and the Cancer Institute

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Nurse Navigators at UM-SJMC

We have Navigators for:
Breast Cancer

- Surgical Oncology
- Medical Oncology

- Thoracic Malignancies
- GI Malignancies
- Hematologic / Other
- GU Malignancies

- Survivorship

HOW DO WE UTILIZE THEM EFFECTIVELY?



CASE 1



64 year old Woman

- Notices a palpable mass in her L breast
- Mammogram and Ultrasound confirm such
 - 3 cm x 4 cm mass
- Biopsy performed
**SAME DAY AS
ULTRASOUND**

PAST MEDICAL HISTORY

History of Varicose Veins

PAST OPERATIONS – Venous Stripping

SOCIAL HISTORY

Does not Smoke or Drink

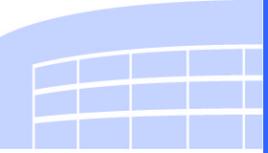
FAMILY HISTORY

None



Physical Examination

- Palpable Breast Mass
- Possible Axillary Node
- Exam otherwise Negative.



A 64 year-old Woman

BIOPSY RESULTS

- Poorly Differentiated Ductal Carcinoma of the Breast
- ER Negative
- PR Negative
- Her-2 Positive by Immunohistochemistry

- Other tests
 - MRI of the Breast – confirms said mass. Axillary node suspicious → Biopsied – Positive
 - CT Scans – NEGATIVE for Metastatic Disease



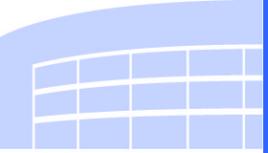
A 64 year-old Woman

SUMMARY AND TREATMENT PLAN

- Stage IIIA Breast Cancer – Her-2 Positive
- TREATMENT PLAN
 - Neoadjuvant Chemotherapy
 - Carboplatin
 - Docetaxel
 - Trastuzumab
 - Pertuzumab
 - Surgery – Lumpectomy planned
 - Post-Operative Radiation

A 64 year-old Woman

NEED	NAVIGATOR ROLE
COORDINATION OF CARE / DISCUSSION OF CASE	FACILITATES DISCUSSION AT BREAST CANCER CONFERENCE
Genetic Counseling	
MUGA SCAN / ECHOCARDIOGRAM	Help Arrange
PORT Placement	Help Arrange
Teaching regarding Side-Effects and Benefits of Chemotherapy	EDUCATIONAL ROLE / Chemo Class
Premeds	Help Arrange
Emotional Support / Resource for Patient	KEY!



A 64 year-old Woman

NEED	NAVIGATOR ROLE
Emotional Support / Resource for Patient	SUPPORTIVE
Coordination Between Surgical / Medical / Radiation Oncology	KEY!

OUTCOME SO FAR....

- Patient Discussed PROSPECTIVELY at Breast Conference
- After 2 CYCLES of Chemotherapy -
 - NO BREAST MASS!
- Patient to complete 6 cycles of chemotherapy
 - Followed by 52 weeks total of Trastuzumab.



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CASE 2



66 Year Old Male

- Gradual Onset of Pain on Defecation
- Seeks Medical Attention due to **RECTAL BLEEDING**
- Rectal Exam and Colonoscopy Performed

PAST MEDICAL HISTORY

None

PAST OPERATIONS – NONE

SOCIAL HISTORY

Does not Smoke or Drink

FAMILY HISTORY

None



Physical Examination – OTHER TESTS

- Palpable Mass on Rectal Exam – no other masses palpates
- No Hepatomegaly
- Exam otherwise Negative.
- COLONOSCOPY PERFORMED – NOTABLE MASS SEEN AT 20 cm.



A 65 year-old Male

BIOPSY RESULTS

- Poorly Differentiated Adenocarcinoma of the RECTUM
 - Microsatellite Instability – STABLE
- Other tests
 - CT – CHEST / ABDOMEN / PELVIS – Only positive for known RECTAL MASS
 - Endoscopic Ultrasound – T3 N1 Disease



A 65 y.o. Male

SUMMARY AND TREATMENT PLAN

- STAGE IIIB RECTAL CANCER (uT3uN1)
- TREATMENT PLAN
 - Neoadjuvant Chemoradiation
 - CAPECITABINE and Radiation
 - SURGERY
 - Capecitabine + Oxaliplatin thereafter.



A 65 year-old Male

NEEDS LIST AND NAVIGATOR ROLE

NEED	NAVIGATOR ROLE
COORDINATION OF CARE / DISCUSSION OF CASE	DISCUSSION HELD AT GASTROINTESTAL TUMOR CONFERENCE
Rectal Ultrasound	Help Arrange
Radiation Oncology Consultation	Helps Mediate
Teaching regarding Side-Effects and Benefits of Chemotherapy	EDUCATIONAL ROLE / Chemo Class
Premeds	Help Arrange



A 65 year-old Male

NEEDS LIST AND NAVIGATOR ROLE

NEED	NAVIGATOR ROLE
Follow-up Tests / Scans	Help Arrange
Coordination Between Surgical / Medical / Radiation Oncology	KEY!
Genetic Counseling	As Applicable.

OUTCOME SO FAR....

- Patient Discussed PROSPECTIVELY at GI CONFERENCE
- After 5 weeks of Radiation and Capecitabine – patient feels better
- Patient undergoes Loop Ostomy + RESECTION
 - pT3 pN0 disease post – radiation.

OUTCOME SO FAR.... (2)

- Patient Started Chemotherapy
 - Capecitabine
 - Oxaliplatin treatment every 3 weeks
- Follow-up on Side Effects...

LET'S MOVE ON...



CASE 3

27 year-old Woman

- Several Month History of Fevers / Sweats / Wt Loss
- Notes Palpable Lymph node in R neck
- Seeks Medical Attention

PAST MEDICAL HISTORY

None

PAST OPERATIONS – NONE

SOCIAL HISTORY

Does not Smoke or Drink
Works Full Time
Lives with Mother

FAMILY HISTORY

None

GYN HISTORY

Nulliparous



Physical Examination – OTHER TESTS

- Palpable Lymph nodes in R Cervical posterior chain and R Supraclavicular Area
- No Splenomegaly.

BLOODWORK

- Significant Anemia
- Leukopenia
- Hypoalbuminemia

CT SCANS

- Diffuse Adenopathy
- Splenomegaly



A 27 year-old woman

BIOPSY RESULTS

- Classical Hodgkin's Disease



A 27 year-old

SUMMARY AND TREATMENT PLAN

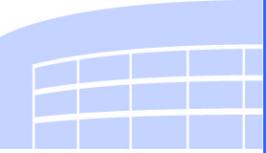
- Stage IIB Hodgkin Lymphoma (Classical)
- Prognostic Score 2
- TREATMENT PLAN
 - Adriamycin
 - Bleomycin
 - Vinblastine
 - Dacarbazine
 - COMBINATION TREATMENT x 6 CYCLES

A 27 year-old Woman

NEED	NAVIGATOR ROLE
COORDINATION OF CARE / DISCUSSION OF CASE	DISCUSSION HELD AT GENERAL ONCOLOGY CONFERENCE
Fertility Evaluation	Help Arrange
PORT Placement	Help Arrange
Chemotherapy Class	EDUCATIONAL ROLE / Chemo Class
Premeds	Help Arrange
Echocardiogram and Pulmonary Function Tests	Help Arrange

A 27 year-old Woman

NEED	NAVIGATOR ROLE
Follow-up Tests / Scans	Help Arrange
SURVIVORSHIP	



OUTCOME SO FAR....

- Patient Discussed at General Oncology Multi-Disciplinary Conference
- After 2 DOSES OF CHEMOTHERAPY
 - Patient feels much better
 - Anemia Resolving
 - Lymphadenopathy Resolving.