

Effective Practices in **GASTRIC CANCER** Programs

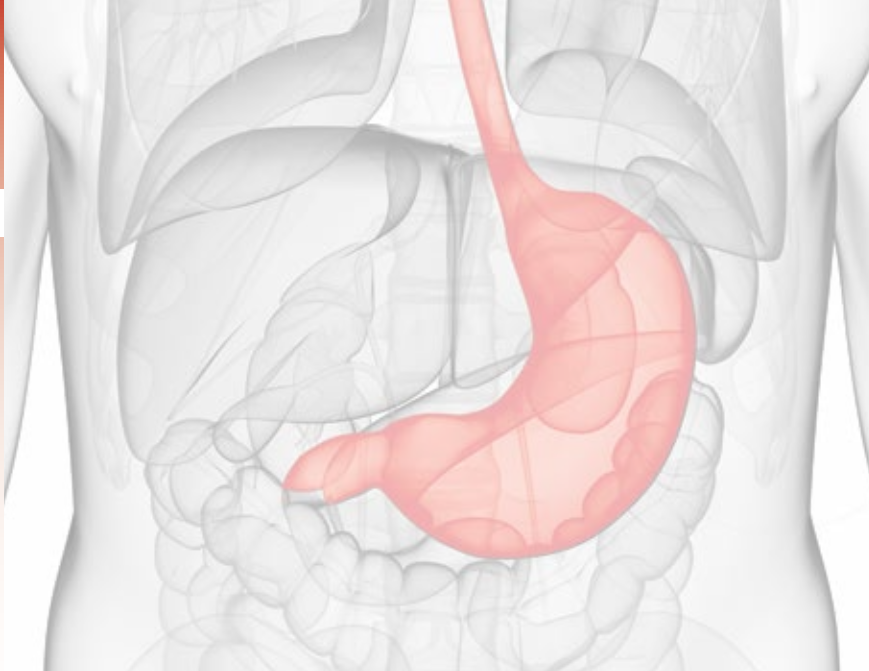
ACCC
Association of Community Cancer Centers

40

YEARS STRONG



Association of Community Cancer Centers



Findings show that a strong community-based gastric cancer program includes a multidisciplinary team and the presence of tumor boards, an engaged support staff (nutritionists, dietitians, social workers, financial advocates, a palliative care team, nurse navigators, and nurse practitioners), and expert physicians, as well as access to clinical trials and financial assistance programs.



Acknowledgements

ACCC would like to acknowledge and thank the members of the **GASTRIC CANCER ADVISORY COMMITTEE** who contributed their valuable time and expertise to this education project.

A. William Blackstock, MD

*Professor and Chairman of the Department of Radiation Oncology
Wake Forest University*

Michael A. Choti, MD, MBA, FACS

*Professor and Chair, Department of Surgery
UT Southwestern Medical Center*

Colleen Gill, MS, RD, CSO

*Outpatient Dietitian
University of Colorado Cancer Center*

Betsy Harris, MSW

Social Worker (GI Oncology)

Gregg Shepard, MD

*Medical Oncologist
Tennessee Oncology PLLC*

Jennifer Yahne, MHA

*Service Line Manager, GI Oncology
Seattle Cancer Care Alliance*

S. Yousuf Zafar, MD, MHS

*Assistant Professor of Medicine
Duke Cancer Institute
Duke Clinical Research Institute*

Patricia (Patty) Zirpoli, RN, BSN, OCN

*Nurse Navigator, Upper GI Cancer Services
Stony Brook Cancer Center*

ACCC Staff

Amanda Kramar, *Director, Provider Education*

Monique J. Marino, *Manager, Publications*

Amanda Patton, *Manager, Communications*

Brissan Guardado, *Project Manager, Provider Education*

Jillian Kornak, *Editor*



This publication is part of ACCC's Improving Quality Care in Gastric Cancer education project. ACCC is pleased to partner with Debbie's Dream Foundation: Curing Stomach Cancer, a non-profit organization dedicated to raising awareness about stomach cancer, advancing funding for research, and providing education and support to patients, families, and caregivers. Financial support of this project is provided by Lilly Oncology. ACCC is solely responsible for content.

Table of Contents

- 3 Highlights of ACCC's Gastric Cancer Survey
- 4 Curtis & Elizabeth Anderson Cancer Institute at Memorial University Medical Center
- 6 Massachusetts General Hospital Cancer Center, Tucker Gosnell Center for Gastrointestinal Oncology
- 8 Stanford Cancer Center
- 10 University of Colorado Hospital, University of Colorado Cancer Center





Highlights of ACCC's Gastric Cancer Survey

Gastric cancer has become much less common in the U.S. over the past 60 years due to improvements in diagnosis and dietary changes. Still, about 21,600 cases of stomach cancer are diagnosed annually, and almost 11,000 people will die from the disease in 2014, according to the National Cancer Institute. In 2013 ACCC conducted a survey to identify:

- Barriers to caring for gastric cancer patients
- Gaps in provider knowledge and resources about gastric cancer
- Effective practices and components of a strong gastric cancer program
- Community Resource Centers for gastric cancer.

Survey Results

A total of 92 responses were returned. The majority of respondents were dietitians (27 percent), medical oncologists (22 percent), and social workers (12 percent). Eight percent were cancer program administrators, while smaller percentages included other team members, such as surgical oncologists, oncology nurses, patient navigators, and radiation oncologists. While 78 percent of respondents reported seeing 50 or fewer patients with gastric cancer annually, 13 percent reported seeing 51 to 100 patients with gastric cancer each year.

Survey findings show that a strong community-based gastric cancer program includes a multidisciplinary team and the presence of tumor boards, an engaged support staff (nutritionists, dietitians, social workers, financial advocates, a palliative care team, nurse navigators, and nurse practitioners), and expert physicians, as well as access to clinical trials and financial assistance programs. Sixty-six percent of respondents stated that gastric cancer cases are reviewed in a multidisciplinary manner in their cancer program. Of those centers using a multidisciplinary team approach to treating gastric cancer patients, the multidisciplinary team included a medical oncologist (96 percent); radiation oncologist (83 percent); radiologist (77 percent); pathologist (70 percent); and surgical oncologist (70 percent). Other team members included an oncology nurse, dietitian, social worker, and patient educators.

Challenges & Barriers

The biggest challenge (66 percent) facing respondents to ACCC's survey is the patient's own structural, financial, and/or personal barriers, such as transportation or insurance issues, followed by managing transitions of care between numerous healthcare settings (52 percent). Additional challenges for the cancer care team in treating and supporting patients with gastric cancer and their families included side effect management, lack of psychosocial services and distress management, and keeping current on the latest treatment modalities. A few respondents noted they were also challenged with enteral nutrition strategies, staffing, and lack of supportive services and time to follow up with patients.

Time was the overwhelming barrier to learning and change as noted by 71 percent of respondents. Lack of support, such as financial and managerial support, was noted by 35 percent.

Additional Education Needed

Respondents noted that they would benefit from additional education in complementary and integrative care options (68 percent); palliative care (64 percent); hospice, home care, and/or end-of-life care (63 percent); supportive care services (62 percent); and side effects and adverse events (61 percent).

Survey respondents reported that the most useful educational resources and tools included patient brochures that explain gastric cancer (33 percent); assessment and tracking tools and clinical trial information (tied at 26 percent); and resources on advances in treatment (25 percent).

Of those respondents who believed their gastric cancer program needs strengthening, the top four elements needed were:

- Additional staff support services, such as social workers, dietitians, administrative support, and patient navigators (50 percent)
- Nutrition support programs (25 percent)
- Financial support for patients and their families (25 percent), including financial assistance to help with co-pays, lodging, and transportation, and a financial advocacy program
- Access to clinical trials (20 percent).

Community Resource Centers

Through survey responses, ACCC identified four member programs with experience and expertise in treating patients with gastric cancer. In this publication, these programs share practical strategies and insight into improving the delivery of quality care to patients with gastric cancer and their families. These programs will serve as Community Resource Centers for ACCC's "Improving Quality Care in Gastric Cancer" education project, answering questions and providing guidance to cancer programs with less experience in treating patients with gastric cancer. Go to www.accc-cancer.org/CRC to contact any of these programs.

- Curtis & Elizabeth Anderson Cancer Institute at Memorial University Medical Center, Savannah, Ga.
- Massachusetts General Hospital Cancer Center, Tucker Gosnell Center for Gastrointestinal Oncology, Boston, Mass.
- Stanford Cancer Center, Stanford, Calif.
- University of Colorado Hospital, University of Colorado Cancer Center, Aurora, Colo.

IMPROVING QUALITY OF LIFE

Curtis & Elizabeth Anderson Cancer Institute at Memorial University Medical Center

Savannah, Ga.

The Curtis & Elizabeth Anderson Cancer Institute at Memorial University Medical Center serves a 35-county area in southeast Georgia and southern South Carolina. Besides providing the only pediatric oncology services within the region, the program also has a small, but comprehensive, gastric cancer program. Last year 18 patients with gastric cancer were treated here. Despite the small numbers, the Curtis & Elizabeth Anderson Cancer Institute can offer valuable advice to community cancer centers who want to establish a successful, innovative gastric cancer program.



The program's five navigators are seasoned nurses, all certified in oncology.

A Team Approach

"Teamwork among all disciplines, all conversing regularly, all in the same building—that's what makes this a very strong gastric cancer program," said Vivian Palefsky, RN, MSN, OCN, manager of navigation services. "Our physicians are very engaged in the care of their patients and lead the multidisciplinary team in providing comprehensive patient care. Additionally, our administrators see value in the care, education, and information that the team provides to patients and their families."

The gastric cancer program at the Curtis & Elizabeth Anderson Cancer Institute embraces these qualities of teamwork and strong administrative support, and more.

The program's five navigators are seasoned nurses, all certified in oncology. "That is one of the biggest strengths of our program," said Palefsky. "Our navigators allay patient anxiety and fear. They know the questions to ask to ensure that we have the necessary patient information to help the patient and team address the issues at hand. They are the extended eyes and ears for the physicians, and have the expertise to make the right referrals to appropriate care." The emphasis is on patient- and family-centered care, which encourages patient and family involvement in the care process and emphasizes dignity, respect, and information sharing.

In addition to skilled navigators, support services include social workers, palliative care specialists, financial and psychological counselors, and a dietitian.

"Our dietitian addresses all nutritional issues, as well as patient difficulties eating and swallowing," explained Suzanne Clary Bryan, RN, BSN, OCN, oncology nurse navigator. "We have a lecture series for patients and families that addresses nutritional needs,

Reflexology in the chemotherapy suite.



as well as classes to help patients gain weight, exercise, and build energy. Cooking classes help patients with gastric cancer understand what foods to buy and how to store and prepare them safely.”

Patient-Centered Care

The program also offers an extensive range of free, complementary and integrative care services in both the inpatient and outpatient settings, including massage, reflexology, acupuncture, hypnotherapy, pet therapy, art therapy (with volunteers from the Savannah College of Art and Design), yoga, cancer-specific strength training, and even music therapy, provided by professional musicians from the Savannah Philharmonic Orchestra, who visit twice a week to perform in the lobby as well as within individual rooms.

Patient education materials include those from the National Cancer Institute, as well as a take-home notebook that details all cancer program services, nutrition facts and meal-planning tips, and chemotherapy information. A pre-surgery packet includes a “roadmap” that explains what to expect before, day of, and after surgery. The nurse navigator reviews all materials with each patient to help reduce anxiety and ensure that patients fully understand the materials and feel more in control of their treatment.

“We make sure that patients are well informed and understand that they have choices,” said Bryan. “If they don’t want to have a gastrectomy, for example, the multidisciplinary team will honor their wishes and offer other modalities of treatment, if appropriate. As long as patients are informed, we honor their choices.”

A Good Quality of Life with Southern Comfort

The gastric cancer program at the Curtis & Elizabeth Anderson Cancer Institute began almost 10 years ago with one physician’s push to establish multidisciplinary teams based on disease sites. Among his suggestions was a survey to assess gastric cancer patients’ quality of life at 3, 6, and 18 months post-treatment. Based on the responses collected, he and his team addressed the need to expand and improve services for this disease site. At about the same time, in 2004 the Curtis & Elizabeth Anderson Cancer Institute partnered with the Steward Center for Palliative Care to provide inpatient palliative care consult services. In 2006 the partnership expanded to include an outpatient palliative care clinic for those with life-limiting illnesses. The multidisciplinary clinic supports patients and their loved ones by providing symptom management, as well as helping patients reach their social, spiritual, and emotional goals.

Today, the cancer program uses a screening tool to identify those patients in need of palliative care



(Left to right) Suzanne Clary Bryan, RN, BSN, OCN, nurse navigator, Oncology Support Services; Vivian Palefsky, RN, MSN, OCN, manager, Navigator Services; and Jennifer Currin-McCulloch, LMSW, OSW-C, manager, Oncology Support Services.

services, from new patients at diagnosis to those at end-of-life. Both inpatient and outpatient palliative care help patients cope with physical and emotional symptoms and ensure a suitable quality of life during treatment. Also important is distress assessment, which begins at the initial visit and is ongoing. Distress assessment includes the NCCN stress thermometer tool to identify how each patient is coping.

Ensuring a good quality of life for the patient with gastric cancer is paramount. “On a patient’s initial visit, we talk about their goals in life, what brings them joy and happiness, what they want to secure during treatment, where they hope to go afterwards, whether it’s fishing, hunting, or just a trip together with their family,” said Jennifer Currin-McCulloch, LMSW, OSW-C, manager, oncology support services.

The cancer program serves residents of the city of Savannah, as well as a rural population where many are uninsured and medical literacy is low. Some patients may travel three or four hours for treatment. Many come to the cancer program in late stages. “We go above and beyond to make sure that everyone has what they need to be safe and secure during treatment,” said Currin-McCulloch. In addition to financial counseling, the hospital offers discounted hotel rooms, gas cards, and transportation services to patients in need. A new service matches a newly diagnosed gastric cancer patient with a survivor to act as mentor.

The Curtis & Elizabeth Anderson Cancer Institute looks forward to even greater success in its gastric cancer program. In efforts to build relationships with providers throughout the state and expand access to its gastric cancer services, a physician relations team visits community oncologists’ offices. A Patients and Families Advisory Board brings together former gastric cancer patients and caregivers to share their experiences. The goal is to determine what worked best in the program, what may be lacking, and what steps should be taken to improve services.

DELIVERING SPECIALIZED CARE

Massachusetts General Hospital Cancer Center, Tucker Gosnell Center for Gastrointestinal Oncology

Boston, Mass.

The Massachusetts General Hospital Cancer Center comprises 24 fully integrated, multidisciplinary clinical programs, including the Tucker Gosnell Center for Gastrointestinal Oncology. As one of New England's largest and most experienced centers for the treatment and care of patients with gastric and GE junction cancers, the Tucker Gosnell Center treats almost 100 new gastric cancer patients each year.

A Large & Experienced Program

Each patient at the center has a personal care team of experienced GI cancer specialists—medical, radiation, and surgical oncologists; gastroenterologists; endoscopists; diagnostic and interventional radiologists; pathologists; nurse practitioners; and oncology nurses—all of whom exclusively treat patients with GI cancers. This multidisciplinary approach to care helps ensure that patients benefit from a coordinated treatment plan developed by clinicians with highly specialized expertise in all aspects of care for gastric cancer.

“Our specialized multidisciplinary team sets us apart from many other gastric cancer programs,” said Beverly Hudson, RN, BSN, nurse manager. “Our radiation oncologists, for example, see only patients with GI cancers. We have several medical oncologists who just see patients with GI cancers. Our pathologists have expertise in the cytology of GI cancers. Our radiologists specialize in reading PET and CT scans of stomachs, so they have a keen eye to not miss anything.”

The team also collaborates closely with the genetic counselors in the Center for Cancer Risk Assessment, which offers genetic risk assessment for young patients and patients with strong family histories of gastric cancer.

The Role of an “Access Nurse”

Hudson is the “access nurse” in GI oncology. She guides the new patient and his or her family before the first hospital visit. “My role as access nurse is to figure out the patient's story. I gather all information and records, including scans and pathology reports. I get everything prepped beforehand, so when a

Patient exam at the Tucker Gosnell Center for Gastrointestinal Oncology.



patient comes in for the consultation with our team at the first hospital visit, he or she can leave with a treatment plan.”

That first consultation takes place at the regular afternoon Tumor Board, where up to 25 members of the GI multidisciplinary team meet to discuss each patient and come up with an individualized care plan. The team includes surgical oncologists who have all received specialty training in stomach cancer surgery and are experienced in the use of laparoscopic surgery techniques and in alternative types of surgical resection.

“After this point, the access nurse is pretty much out of the picture,” said Hudson. “The nurse practitioner becomes the contact person for the patient.”

Nurse Practitioners as Nurse Navigators

The Tucker Gosnell Center for Gastrointestinal Oncology does not use nurse navigators to follow patients through the trajectory of their cancer. Instead, the nurse practitioner becomes, in effect, the nurse navigator. As part of the multidisciplinary team, the nurse practitioner sees the new patient immediately after the Tumor Board or at the patient’s follow-up visit.

“We get in right from the beginning,” said Ann E. Donnelly, NP. “We do a lot of chemotherapy teaching with patients and also help them with their first radiation visit. We get to know our patients to understand their needs, identify problems as quickly and optimally as possible, and refer for nutritional support, social work involvement, or palliative care.”

The palliative care team includes three nurse practitioners, as well as four physicians who rotate between the inpatient and outpatient setting. Because the palliative care office is located directly down the hall from the chemotherapy infusion area, team members are easily accessible to answer patient questions and offer support and resources. Within the hospital the GI cancer group is one of the biggest users of palliative care services—mainly for pain and nausea.

The Tucker Gosnell Center for Gastrointestinal Oncology has initiated many clinical trials along with its colleagues in Dana-Farber/Partners CancerCare. “Each week the GI team meets with the research team and schedulers to go through active trials, criteria, and the patient list to match up which patients may be eligible for which trials,” said Donnelly. “Since we have a collaboration between Dana-Farber and Massachusetts General Hospital, many trials are open at both sites...which helps to give patients more choices.”

Supportive Care Services

Gastric cancer patients also have access to a social work team and psychological and psychiatric counseling. Some patients are referred to one-on-one cognitive-based therapy to talk through their anxiety, depression, or other emotional issues with psychologists and psychiatrists who primarily see oncology patients. Patients may choose from many complementary and alternative medicine services, including massage and acupuncture, which can be provided during chemotherapy in the infusion area to reduce stress and nausea.

Nutrition counseling is offered to new patients and is ongoing throughout treatment to help ensure that patients receive all the calories and nutrients they need, especially if they have difficulty swallowing. Patients receive NCI educational materials on nutrition, as well as resources developed in-house.

In the past, nurses and social workers spent a great deal of time helping patients with financial and insurance problems. “Hospital administration responded to our time concerns by establishing a Care Coordination Team to counsel patients about their financial and insurance concerns and to take some pressure off of staff,” said Donnelly.

For those community cancer programs looking to expand their services for patients with gastric cancer, Donnelly emphasized the importance of supportive administrators who listen to concerns and needs and respond with resources. Take a global look at your program, she advised, and assess which resources are lacking and what can be improved upon.



A team member from the Tucker Gosnell Center for Gastrointestinal Oncology confers with a patient.

ENSURING ACCESS TO CLINICAL TRIALS

Stanford Cancer Center

Stanford, Calif.

Each year Stanford Cancer Center treats several hundred patients with gastric cancer from throughout northern California and receives referrals from across the country as well as from Asia, which has a higher incidence of the disease than the U.S. The cornerstone of treatment for all patients is translational medicine through a strong clinical trials program.

Clinical Trials & Data Collection

"We offer a whole package of clinical trials that focus on five or six interesting molecular targets, including T-DM1, an antibody that is being tested in patients with HER-2 positive gastric cancer," said James Ford, MD, medical oncologist and director of the Stanford Cancer Genetics Clinic. "More often than not, we can do a molecular test on a tumor, which leads to a particular clinical trial for our patients. There is real excitement in finding genetic markers that can personalize treatment in individuals with gastric cancer."

The Stanford Cancer Genetics Clinic offers testing for hereditary gastric cancer syndromes. "Our strong genetics program helps us identify individuals at high risk before they develop gastric cancer," said Ford. In addition, gastroenterologists and radiologists from the cancer center screen with endoscopy and imaging.

Ford founded the Gastric Cancer Registry, which seeks to identify factors that may predispose people to the disease. Housed at Stanford University, the Gastric Cancer Registry collects data about people with gastric cancer that includes lifestyle, health and family histories, and environmental factors, as well as blood and tissue samples of the tumors themselves. This information helps researchers identify gastric cancer's molecular complexities and map the clinical associations of specific genetic errors against patient prognosis and outcome. The goal is to create a digital version of the gastric cancer genome based on DNA sequencing. The Gastric Cancer Registry was launched in 2011 with support from the Gastric Cancer Foundation, which was created by two former patients at the Stanford Cancer Center and their families to help raise awareness about the disease.



Above: James Ford, MD, medical oncologist and director of the Stanford Cancer Genetics Clinic.



Left: Alison Ryan, MS, RD, CSO, dietitian at Stanford Cancer Center.



The goal is to create a digital version of the gastric cancer genome based on DNA sequencing.

A Multidisciplinary Care Model

At the Stanford Cancer Center, most outpatient cancer services and clinical research are consolidated in one building, enabling patients to stay in one location for tests and treatment and fostering communication among the multidisciplinary team. That team of specialized surgeons, medical oncologists, gastroenterologists, radiation therapists, and others contribute to the success of the gastric cancer program. A dedicated GI Tumor Board meets weekly to review cases and discuss treatment options and potential trials for newly diagnosed patients.

Stanford Cancer Center serves an ethnically diverse population of Latinos and Asians, who, along with African Americans, have a higher incidence of gastric cancer. Patient education materials, clinical trials information, and informed consent forms are available in Spanish and Chinese.

The Importance of Nutrition Counseling

Early nutrition counseling is especially important for gastric cancer patients.

“Many gastric cancer programs across the country do not have a formal referral process to a dietitian. They do not have a dietitian sitting right there with the physician at the first visit, and they do not have a nutritional standard of care. My advice: dietitians should be part of each new patient visit and alerted to upcoming surgery,” shared dietitian Alison Ryan, MS, RD, CSO.

At the first visit, Ryan takes a full history and assesses any symptoms affecting the patient’s ability to eat or stay well nourished. “Early intervention is optimal for preventing weight loss and severe fatigue in these patients,” said Ryan, and especially important for those who will undergo gastric resection.

Both partial and total gastrectomy can be life-changing in terms of diet, physical activity, and energy. Patients are at risk for malabsorption of certain nutrients, including calcium, iron, and vitamin B12, and have issues with food intolerances, feeding, hydration, and maintaining weight, said Ryan. Nutrient deficiencies leading to anemia and bone disease require monitoring and supplementation. After surgery, nutrition education is particularly important, as is follow-up once patients are discharged from the hospital.

Besides inpatient and outpatient nutritional counseling, supportive care services (and complementary medicine services) include palliative care, psychological counseling, support groups, a caregivers’ workshop, exercise consultation and classes, and yoga and meditation.

The Stanford Cancer Center brings together all of its outpatient cancer medical services into one facility and offers its patients with gastric cancer many options for clinical and genomic trials, as well as comprehensive, specialized services.



Exterior and interior of Stanford Cancer Center.

GROWING TO MEET PATIENT NEEDS

University of Colorado Hospital, University of Colorado Cancer Center

Aurora, Colo.

The University of Colorado Cancer Center is headquartered on the University of Colorado Anschutz Medical Campus and is the only NCI-designated cancer center within an 850-mile radius of the Denver area. Each year the CU Cancer Center sees 3,000 newly diagnosed cancer patients. In the 12-month period from October 2012 to October 2013, the center treated 104 patients with gastric cancer.

Multidisciplinary Clinics

Over the last decade, University of Colorado Hospital, CU Cancer Center's adult care partner, assembled specialized teams for a variety of disease sites, including breast, head and neck, and gastrointestinal cancers. In August 2013 the Esophageal and Gastric Cancer Multidisciplinary Clinic opened to provide patients a comprehensive evaluation by a team of experts from all the specialties that treat disease of the esophagus and stomach. Today, a team of surgeons, gastroenterologists, medical and radiation oncologists, endoscopists, radiologists, GI pathologists, and dietitians review each new patient's medical information, including scans and pathology reports, together in conference.

"From the patient and family perspective, the evaluation becomes much more comfortable and streamlined when the entire team is gathered in one room," said Michelle Bunch, MSW, LSW, CU Cancer Center social worker. "Patients receive the information they need—a treatment plan—more quickly, often in one day...and the process fosters more open communication among physicians."

The multidisciplinary evaluation is a two-day clinical process. On day one, a new patient sees the physician assistant who has already gathered the medical history and scans, and who will conduct a physical examination and refer for procedures as needed, such as an endoscopy or endoscopic ultrasound. An oncology-certified dietitian administers a screening tool developed in-house to identify those at high nutritional risk. Patients also meet with the social worker and a financial assistance specialist. On day two, the entire team reviews cases in conference, and develops a comprehensive, individualized treatment plan.



Martin McCarter, MD, surgical program director for the Esophageal and Gastric Cancer Multidisciplinary Clinic, discusses treatment options with a newly diagnosed patient.

Photo next page: Megan Boniface, PAC, clinic coordinator for the Esophageal and Gastric Cancer Multidisciplinary Clinic, interviews a new patient.



Growing to Meet Patient Needs

Still in the early developmental phases of its Esophageal and Gastric Cancer Multidisciplinary Clinic, University of Colorado Hospital is working to make the program even more robust and responsive to patient needs. For example, to complement NCI patient education booklets, new disease-specific, patient education resources are in development, including nutritional materials and a new-patient packet. To assess its supportive care services, the CU Cancer Center recently conducted a survey of 240 current and former cancer patients to find out which programs are most preferred and how each might best be delivered. Formal support groups were least desired, while wellness workshops, exercise classes, individual counseling, complementary and alternative medicine services, and online peer support were rated more highly.

A distress management screening tool was piloted to assess specific social, financial, psychological, and physical stressors. "With the NCCN single thermometer, it's hard to identify exactly where patients have distress," said Darcey Sypolt, MSW, LCSW, OSW-C, psychosocial oncology program coordinator. "If they circled 10, we're not sure what the source is. We refined the process to work better for us by identifying common distressors and barriers to care. Our new scale and distress management process will be used across the cancer center. The GI team just went live [with the new tool] last month." By summer 2014 all new patients will be screened for distress using this new tool and triaged to a social worker, counseling, or a support group, as appropriate.

The University of Colorado Hospital has its own Center for Integrative Medicine, which offers massage and acupuncture tailored to the needs of each patient, as well as caregiver workshops. A psychologist works with patients to focus on mind and body connections. In addition, the Anschutz Medical Campus has a large wellness center with a variety of services, including exercise and cooking classes.

Another focus of CU Cancer Center is survivorship. The center is home to a developing cancer survivorship program, including WIN: What Is Next, which helps patients address post-treatment nutrition, wellness, exercise, and psychosocial health.

Research & Clinical Trials

The CU Cancer Center is a leader in cancer research, focusing on interdisciplinary research conducted in six programs:

1. Cancer Prevention and Control
2. Cancer Cell Biology
3. Developmental Therapeutics
4. Hormone-related Malignancies
5. Molecular Oncology
6. Lung/Head and Neck Cancer.

Twenty-one percent of patients diagnosed at CU Cancer Center are enrolled in treatment clinical trials.

The esophageal and gastric cancer team is very integrated with the research program and offers patients a wide variety of clinical trials, including Phase I (developmental therapeutics clinical trials), as well as Phase II and III trials that are disease-specific. A gastric cancer patient's treatment plan will include options for participation in clinical trials.

Community Outreach

Outreach across the large state is also important at CU Cancer Center. Access to gastric cancer specialists, as well as other cancer experts, is provided to residents of Grand Junction, Alamosa, Glenwood Springs, Montrose, and Vail through its Community Engagement Program, which brings oncologists to rural and mountain locations to provide specialty care and clinical trials to patients who would not receive them otherwise. In cases where a higher level of care is needed, a full-time coordinator is dedicated to assisting with patient referrals to the University of Colorado Hospital.

In an exceptionally well-crafted, six-minute video on the hospital website, team members of the Esophagus and Gastric Cancer Multidisciplinary Clinic, including the surgical director and GI pathologist, reach out to prospective patients by explaining the benefits of a multidisciplinary team with specialized expertise. The bottom line, each team member emphasizes, is that by bringing all the experts from the various disciplines together, patients with gastric cancer are assured of a one-stop, comprehensive evaluation and the very best treatment decisions possible.

Watch the video online at www.accc-cancer.org/gastric.

BOLDER BRIGHTER BETTER...

www.accc-cancer.org/resources



CANCER TYPES

Acute Promyelocytic
Leukemia (APL)
Chronic Myeloid
Leukemia (CML)
Gastric/GE
Junction Cancer
Melanoma
Multiple Myeloma
Myelofibrosis
Pancreatic Cancer
Prostate Cancer



PRACTICE IMPROVEMENT

ACCC Cancer
Program Guidelines
Molecular Testing
Payment Systems
(Town Halls)
Trends in
Community Cancer
Centers



SUPPORTIVE CARE

Cancer Nutrition
Financial Advocacy
Network
Patient Navigation
Survivorship



PHARMACY

Dispensing
Pharmacy
Oncology
Pharmacy Education
Network (OPEN)



CME/CE

Web-based CME/CE
Opportunities

Resources and tools for the multidisciplinary team





(Top to Bottom) Images courtesy of Massachusetts General Hospital Cancer Center, Tucker Gosnell Center for Gastrointestinal Oncology; University of Colorado Hospital, University of Colorado Cancer Center; and The Curtis & Elizabeth Anderson Cancer Institute at Memorial University Medical Center.

A publication of the
Association of Community Cancer Centers
11600 Nebel Street
Suite 201
Rockville, MD 20852

www.accc-cancer.org/gastric

Financial support provided by Lilly Oncology.
ACCC is solely responsible for content.

