

ASSOCIATION OF COMMUNITY CANCER CENTERS

Advanced Non-Melanoma Skin Cancers: EFFECTIVE PRACTICES SPOTLIGHT INOVA SCHAR CANCER INSTITUTE

Bringing together multidisciplinary care team members for a virtual workshop to explore effective practices for supporting, treating, and managing patients with advanced non-melanoma skin cancers proved to be a formula for success for the Inova Schar Cancer Institute and providers from two external practices, Metro Mohs Surgery Center and Otolaryngology Associates, P.C. The Association of Community Cancer Centers (ACCC) Advanced Non-Melanoma Skin Cancers Visiting Experts Program, held on February 4, 2022, provided a much-needed platform for experts in the field of cutaneous squamous cell carcinoma to discuss current barriers to care and create a viable action plan to address and overcome these challenges. This spotlight highlights Inova Schar Cancer Institute's lessons learned and approaches to improving multidisciplinary care for patients diagnosed with cutaneous squamous cell carcinoma.

Caring for Patients with Advanced Non-Melanoma Skin Cancers

The Inova Schar Cancer Institute, located in Fairfax, Va. and part of Inova Health System's integrated network of five hospitals serving Northern Virginia, provides outpatient cancer care for patients from diverse socio-economic backgrounds. Inova Schar Cancer Institute's melanoma and skin cancer multidisciplinary program, established in 2014, currently treats three to seven patients per month with newly diagnosed advanced cutaneous squamous cell carcinoma, and more than 50 patients per year with advanced non-melanoma skin cancers.

Multidisciplinary Care Coordination: Cutaneous Squamous Cell Carcinoma

The interactive workshop provided a forum for faculty and participants to discuss complex cutaneous squamous cell carcinoma case studies and exchange opinions in real-time.

Areas explored included:

- Importance of patient/provider communication
- Challenges of identifying pseudoprogression versus disease progression when patients are treated with immunotherapy and addressing patients' psychosocial concerns during this waiting period
- Development of standard operating procedures for evaluation of debulk specimens at the time of Mohs surgery

- Identification of high-risk cutaneous squamous cell carcinoma and patients who may be at high-risk for recurrence
- Importance of adjuvant clinical trials, but also challenges related to enrollment and accrual of patients with cutaneous squamous cell carcinoma
- Psychosocial impact of a cancer diagnosis and available resources to support patients and families.

Discussions were led by Visiting Experts faculty Sunandana Chandra, MD, MS, associate professor of Hematology and Oncology, Northwestern University; Mark Faries, MD, FACS, co-director, Cutaneous Oncology, Cedars-Sinai The Angeles Clinic and Research Institute, and Emily Smith, MD, clinical associate professor, Pathology and Dermatology, University of Michigan - Michigan Medicine.

Opportunities to Improve Patient Care

The final portion of the workshop focused on identifying opportunities to improve care which could be addressed over the course of the following three months. Participants worked together to prioritize opportunities with high feasibility and high impact.

Identified Opportunities:

- Standardizing Mohs protocol (i.e., debulking)
- Creating a standard checklist of items needed as part of a patient's intake packet (e.g., available debulking specimen, presence of high-risk features) and reviewing items during tumor board as part of creating a patient's care plan.

Following the workshop, Inova Schar Cancer Institute leaders and key stakeholders reconvened, reviewed the information and feedback gathered, and developed an action plan to undertake over the following three months and beyond.

From Opportunities to Action

In May and June of 2022, ACCC interviewed members of Inova Schar Cancer Institute as well as a provider from Metro Mohs Surgery Center to gain further insights regarding progress made toward achieving their goal of standardizing intake processes and procedures for patients with cutaneous squamous cell carcinoma.

Changes and improvements implemented over the three-month period included:

- **Standardizing Mohs protocol for referring surgeons.** At the initiation of the Mohs procedure, for tumors greater than two centimeters (upon clinical exam) or those that possess high-risk features, the surgeon is requested to submit the debulk for permanent histologic examination. This new process ensures all high-risk features are captured in the microstaging of the primary tumor, allowing for accurate risk stratification of patients and improvement of patient outcomes.
- **Creating and distributing a standard checklist for referring providers.** The checklist includes all high-risk features per both staging systems and must be submitted to Inova Schar Cancer Institute as part of the referral.
- **Standardizing review of information from referring providers.** Core clinical team members are assigned a specific day of the week to be the designated intake packet reviewer. The team member can then make decisions on which providers (e.g., radiation oncology, head and neck surgery, dermatology, and medical oncology) the patient should be scheduled to see as part of intake. Furthermore, the team member will decide if internal pathology needs to review the case as part of intake.
- **Agreeing on a universal staging system.** All providers agree to use Brigham and Women's Hospital staging during tumor board as well as in their own clinical practice. Using a single staging system is the recommended approach by workshop faculty and experts, as patients will now be automatically discussed during tumor board.

Regarding feedback received from referring providers on standardizing Mohs protocol and requiring a checklist, Jennifer DeSimone, MD, board certified specialty care physician, Dermatology, Inova Schar Cancer Institute said, "We have had a positive reception. We explained to practices [that] this will save time for their staff because we will not have to call back and ask a lot of extra questions. If everything is turned in up front, then the referral is complete from their end. So, I think there is some time management value on their end, and hopefully it will just become routine, especially because we have strong connections

with most surgeons in this area." Rosemarie Liu, MD, Metro Mohs Surgery, concurred with Dr. DeSimone on the importance of the checklist as well as the new debulking process. Dr. Liu stated, "Since the new process was implemented, I have had more patients who have required debulking prior to their procedure. There are two other colleagues in my practice, and I have shared with them why debulking is such an important part of staging and workup. They are on board in terms of submitting specimens but continue to clear the cancer."

Catalyst for Change

All participants agreed that the workshop was a positive experience and helped them implement practice changes. Suraj Venna, MD, medical director of Inova Schar Cancer Institute's Melanoma Skin Cancer Center said, "The workshop and action planning has given us a direction on how we pull everything together and have a common goal. So, we are educating the physicians outside of our program and letting them know that we have great treatments, but to get patients to those treatments that could save their lives, we need to stage them appropriately. Part of staging appropriately is looking at the micro staging factors in the debulk. Everyone has taken it in a very positive way. It is a little more work, but everyone realizes it is the right thing to do, especially in 2022, when we have effective systemic options for these patients." In addition, Dr. Liu noted, "I think for patients, previously they may have been told 'you are coming in for Mohs and then you are done.' But, now when we tell them about the debulk and how it will take a few days or up to a week to get those results and explain why it is an important step, patients have been very responsive because they understand that the information from the debulk can help inform their care." Dr. DeSimone concluded by saying, "The workshop helped us to appreciate some of the things that were very much on track, but also helped identify ways that we could build on the good things we have in place. It was very helpful to hear from the faculty in a detailed manner on the way they approach care because we were able to incorporate some of what other practices are doing into our clinic flow, into our administrative organization, and into our patient care as well."

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A publication from the ACCC education program, "Advanced Non-Melanoma Skin Cancer Care." Learn more at acc-cancer.org/advanced-NMSC.

The Association of Community Cancer Centers (ACCC) is the leading education and advocacy organization for the cancer care community. For more information, visit acc-cancer.org.

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