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## Cancer Committee Membership 2016

### REQUIRED REPRESENTATION - PHYSICIANS

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<thead>
<tr>
<th>Role</th>
<th>Name</th>
</tr>
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<tbody>
<tr>
<td>Chairman and Medical Oncologist</td>
<td>Dennis Costa, MD</td>
</tr>
<tr>
<td>Surgeon and Cancer Liaison Physician</td>
<td>Melissa Kinney, MD</td>
</tr>
<tr>
<td>Diagnostic Radiologist</td>
<td>Maqbool Salam, MD</td>
</tr>
<tr>
<td>Pathologist</td>
<td>Michael Hew, MD</td>
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### REQUIRED REPRESENTATION - NON-PHYSICIANS

<table>
<thead>
<tr>
<th>Role</th>
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<tbody>
<tr>
<td>Cancer Program Administrator</td>
<td>Kyle Bryan</td>
</tr>
<tr>
<td>Oncology Nurse</td>
<td>Annie Kurialacherry</td>
</tr>
<tr>
<td>Psychosocial Services Coordinator</td>
<td>Jinger Boyd</td>
</tr>
<tr>
<td>Certified Tumor Registrar</td>
<td>Kimberly Cook</td>
</tr>
<tr>
<td>Palliative Care Nurse</td>
<td>Anna Ounanian</td>
</tr>
<tr>
<td>Cancer Conference Coordinator</td>
<td>Stephanie Samuels</td>
</tr>
<tr>
<td>Quality Improvement Coordinator</td>
<td>Holli Thornhill</td>
</tr>
<tr>
<td>Cancer Registry Quality Coordinator</td>
<td>Jean Wolak</td>
</tr>
<tr>
<td>Oncology Nurse Leader and Community Outreach Coordinator</td>
<td>Julie Smith</td>
</tr>
<tr>
<td>Clinical Research Coordinator</td>
<td>Patrick Wairiri</td>
</tr>
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<td>Clinical Research Coordinator</td>
<td>Jennifer Calloway</td>
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### ADDITIONAL SPECIALTY MEMBERS

#### Specialty Physicians

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<tbody>
<tr>
<td>Medical Oncology</td>
<td>Vibha Thomas, MD</td>
</tr>
<tr>
<td>Medical Oncology</td>
<td>Michael Park, MD</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>Charles Lee, MD</td>
</tr>
<tr>
<td>Diagnostic Radiology</td>
<td>Rui Song</td>
</tr>
<tr>
<td>Diagnostic Radiology</td>
<td>Joseph Chan, MD</td>
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#### Non-Physician Members

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<tbody>
<tr>
<td>CNO</td>
<td>Brandy Farrer</td>
</tr>
<tr>
<td>AVP Radiology</td>
<td>Pamelaia Fox</td>
</tr>
<tr>
<td>Director, Community &amp; Public Relations</td>
<td>Cece Clemens</td>
</tr>
<tr>
<td>Site Navigators</td>
<td>Kathy Ames, Lung Navigator</td>
</tr>
<tr>
<td></td>
<td>Suzan Betts, Breast Navigator</td>
</tr>
<tr>
<td>Manager, Medical-Surgical/Telemetry-Oncology</td>
<td>Lisa Sbonik</td>
</tr>
<tr>
<td>Registered Dietitian</td>
<td>Frances Silva</td>
</tr>
<tr>
<td>Clinical trials specialist</td>
<td>Jamie Langston</td>
</tr>
<tr>
<td>Rehab Representative, Lymphedema Program</td>
<td>Christina Mark</td>
</tr>
<tr>
<td>American Cancer Society Representative</td>
<td>Shea Austin</td>
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**Chairman’s Report**

I am pleased to have the opportunity to introduce this, our 3rd Annual Report of the Cancer Committee at Medical City Lewisville (formerly Medical Center of Lewisville).

The intent of this report is to demonstrate the outcomes of the activities completed by our cancer program throughout the year, in accordance with the guidelines provided by the American College of Surgeons’ Commission on Cancer (CoC). To that end, this year’s report outlines the numerous prevention and screening activities that we have sponsored or participated in. Information is also included regarding our studies of quality as well as the quality improvement projects that we have undertaken.

2016 has been an exciting year for our program. Three years back, we committed ourselves to the rigorous process of seeking accreditation by the Commission on Cancer, a multidisciplinary program of the American College of Surgeons. I am proud to report that we received that accreditation this year. I thank all the members of our Cancer Committee for their dedication and the effort they have all put toward the accomplishment of this important milestone.

What benefit does this accreditation bring to our patients? You might ask.

The CoC Accreditation Program provides the framework for our program to improve its quality of patient care through various cancer-related programs that focus on the full spectrum of cancer care; including prevention, early diagnosis, cancer staging, optimal treatment, rehabilitation, life-long follow-up for recurrent disease, and end-of-life care. When patients receive care at our facility, they will also have access to information on clinical trials and new treatments, genetic counseling, and patient centered services including psycho-social support, a patient navigation process, and a survivorship care plan that documents the care each patient receives and seeks to improve cancer survivors’ quality of life. We take a multidisciplinary approach to treating cancer as a complex group of diseases that requires consultation among surgeons, medical and radiation oncologists, diagnostic radiologists, pathologists, and other cancer specialists. This multidisciplinary partnership results in improved patient care.

I am proud to be a member of the Medical City Lewisville cancer program, and I am very proud of the accomplishments we have made this past year. At the same time, I am aware that there is still much to accomplish. We will constantly search for new and better ways of doing things. I personally wish to thank all of our patients, their families and loved ones for their trust and support. We promise that we will continue to strive to do all things possible to provide excellent care that ensures successful outcomes for our patients.

Dennis J. Costa, M.D.
Oncologist-Hematologist
Cancer Committee Chairman
From the Cancer Program Administrator

As another year passes, the Medical City Lewisville Cancer Committee is proud to share some of the many achievements resulting from collaborative and compassionate focus on patient and community outcomes. One of the most significant of these achievements was seen in May when Medical City Lewisville earned recognition for performance excellence through a successful accreditation survey by the Commission on Cancer (CoC). Our program also earned commendations in five areas including oncology nursing care, clinical research accrual, cancer registrar education, public reporting of outcomes, and College of American Pathologists protocols. Accreditation by the CoC, a quality program of the American College of Surgeons, demonstrates a cancer program’s commitment to providing high quality, multidisciplinary, patient-centered cancer care.

This annual report serves the requirements of Standard 1.12, Public Reporting of Outcomes. Guided by this standard, the Cancer Committee creates and disseminates annually a report of patient or program outcomes to the public. Of particular note are outcomes of the efforts of various cancer program initiatives involving quality improvements.

This year, the annual report focuses on outcomes in the following CoC standards:
- Standard 4.1 Cancer Prevention Programs
- Standard 4.2 Screening Programs
- Standard 4.7 Studies of Quality
- Standard 4.8 Quality Improvements

Last year was packed full with cancer improvement projects, including the onboarding of electromagnetic navigational bronchoscopy physician, Dr. Harshit Rao, who will aid in the growth of our lung nodule program and Clear Clinic. As well, the Cancer Committee welcomed Dr. Melissa Kinney, fellowship trained breast surgeon, as our Cancer Liaison Physician. Medical City Lewisville demonstrated sincere commitment to cancer prevention and screening through two Dine and Dash Mammogram events, a Mammo Pajama Party, and participation in the LLS Light the Night Walk and ACS Relay for Life.

With a multidisciplinary team of passionate, outcome driven experience-changers, Medical City Lewisville’s Cancer Committee will continue in 2017 to drive excellence in oncology care. Every patient. Every Day. Excellence Always.
Cancer Prevention and Screening Programs

The Commission on Cancer (CoC) requires accredited programs to identify the cancer prevention needs of the community and to offer at least one cancer program that is focused on decreasing the number of diagnoses of a specific type of cancer. The prevention program must be consistent with evidence-based national guidelines for cancer prevention. CoC also requires accredited programs to organize and offer at least one cancer screening program every year. Cancer screening programs apply screening guidelines to detect cancers at an early stage, which improves the likelihood of increased survival and decreased morbidity. Such programs should be focused on an identified cancer screening need within the community and designed to decrease the number of patients with late-stage disease.

Standard 4.1 Cancer Prevention Programs

Colorectal cancer is the second leading cancer killer in the United States and the third most common cancer in men and in women (Centers for Disease Control and Prevention, 2015). In Denton County, the incidence among males in the period 2009-2013 was 40.8, while that of females was 29.7 out of 100,000 (The Institute for Health Metrics and Evaluation (IHME), 2015). In its 2015 Community Needs Assessment (CNA), the Cancer Committee identified colon cancer as the third most common site diagnosed within our program in the period 2013-2014, accounting for approximately 10% of all new cancer diagnoses. The report reiterated the need to focus on cancer screening in outreach planning. On the basis of these observations, one of the prevention activities organized by the cancer committee was a presentation on colorectal cancer screening that was hosted in June 2014. The event primarily targeted community members. The presentation was facilitated by Dr. Laxmi Koya, a Board certified Gastroenterologist, and covered evidence-based guidelines by the U.S. Preventive Services Task Force (USPSTF, 2016).

Outcomes

A total of 57 people attended this prevention activity. Following the education session, the proportion of participants who were interested in screening increased to 64.7% from 34.9% prior to the activity.

<table>
<thead>
<tr>
<th>Interest in Screening</th>
<th>Pretest Score Count</th>
<th>Post-test Score Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely No</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Probably No</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Not Sure</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td>Probably Yes</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Definitely Yes</td>
<td>9</td>
<td>23</td>
</tr>
</tbody>
</table>
The proportion of those who were unsure about screening reduced from 30.2% to 17.6%, while those who were not interested in screening reduced nearly 50% from 34.9% to 17.6%. The proportion of participants who intended to talk to their doctor about screening increased from 50% to 70%, whereas that of those that did not intend to talk to their doctor about screening decreased from 50% to 30%.

A second prevention activity involved participation in an employee health fair conducted by Santander Consumer USA. Education given to staff by our two oncology nurses included smoking cessation, LDCT screening for smokers, and prevention and early detection of skin cancer.

**Standard 4.2 Screening Programs**

The 2015 CNA identifies Breast cancer as the most common site diagnosed in the Medical Center of Lewisville in the period 2013-2014, accounting for a little over 50% (Medical Center of Lewisville, 2014). The report reiterated that efforts should be made to encourage all women 40 and older to receive regular mammograms as per American Cancer Society recommendations (American Cancer Society, 2015). Informed by these observations, the Cancer Committee organized multiple breast screening events targeting staff members and the community. These were held in collaboration with Solis Mammography and the hospital’s community relations department.

**Outcomes**

The screening events and their corresponding outcomes are detailed below:

1. ‘Dine and Dash Mammograms’: Two events held on June 22 and July 27. This activity involved offering Mammography appointment time exclusive to Medical Center of Lewisville employees and their families. Lunch was provided to participants. 18 screening tests were completed. Participants were hospital employees covered under employer-sponsored medical insurance. Cases needing follow-up were referred to participants’ own physicians.

2. ‘Mammo Pajama Party’: A single event held on October 27th. This was a pajama-themed event that involved offering breast health education and screening mammogram to women. It was open to staff and the community. Two physicians and a breast nurse navigator were at hand to provide education and answer questions as the women waited for screening or as they had their
dinner. A total of 55 individuals attended the event, with 22 women completing their mammograms.

3. Free community breast screening: This event was offered free of cost to women who are uninsured, have no known breast problems, and reside within our service area. 14 women were screened. Patients needing intervention were able to access free service through the Moncrief Clinic.

Other Community Outreach Activities
In addition to required prevention and screening activities, the cancer committee membership also organized and participated in multiple other outreach activities designed to benefit our community. These included the following:

**LLS Light the Night Walk** - Cancer committee membership led a team of hospital employees and the community to raise funds for the Leukemia and Lymphoma Society. A total of 20 members registered in the hospital’s team, while many others participated in fundraising activities. The team raised in excess of $1,400 for this cause.

**ACS Relay for Life** - Members of the Cancer committee led a team comprising employees, cancer survivors and the community to participate in this annual event. A total of 33 members registered for the event and managed to raise a total of $3,290 for the American Cancer Society.

‘Thriving with Breast Cancer’ classes - The cancer committee’s CNA of 2015 identified the lack of adequate number of survivorship support groups as a need in our community. To help bridge this gap, Division survivorship navigators in collaboration with facility-based site navigators offered one 8-week long psychoeducational support group for newly diagnosed (within 6 months) breast cancer patients and their caregivers. 11 community members participated in the activities of this support group. All participants ‘strongly agreed’ that the topics discussed throughout the classes were relevant to their needs, the environment was one that they felt comfortable asking questions in, and that they were more educated about breast cancer as a result of the class. A formal Quality of Life Study is ongoing, aimed at evaluating the effectiveness of the program.

**Look Good, Feel Better** - This is a program of the American Cancer Society that our oncology team offered to host within the hospital premises. For this program, volunteer beauty professionals help cancer survivors with skin care and makeup application, tips on wig selection and wig care, help with dry skin, discolored nails, scarves, turbans, and hats. 4 women participated in the event held on July 11th.
Studies of Quality and Quality Improvement Projects

Commission on Cancer standards require that accredited programs develop, analyze, and document a set number of studies every year. These studies should measure the quality of care and outcomes for cancer patients. Additionally, Cancer programs are required to implement two cancer care improvements every year, one of which is based on the results of a quality study completed by the cancer program. The other improvement can be based on a completed study from another source.

As a Community Cancer Program, Medical City Lewisville completed two studies of quality and two quality improvement projects in the year 2016. The first study centered on the process of malnutrition assessment for cancer patients, and the second examined safety practices in the handling of hazardous drugs.

This second study also formed the basis for our first quality improvement project, which entailed education of staffs in nursing units that are not accustomed to handling of antitumor agents. The second quality improvement project involved the promotion of hepatitis C testing for individuals born between the years 1945 and 1965 as per the CDC guidelines.

Standard 4.7 Studies of Quality

1. Nutritional Assessment of Hospitalized Cancer Patients at MCL

The Academy of Nutrition and Dietetics (AND) identifies the PG-SGA as the standard tool for assessment of malnutrition in the oncology population (Academy of Nutrition and Dietetics, 2013). The Cancer Committee of MCL observed that malnutrition screening and assessment for cancer patients did not seem to be based on any of the validated tools identified in the 2013 AND Guidelines. This study sought to establish whether the assessment process in current use was accurately identifying oncology-specific nutrition risk factors amongst cancer patients. To this end, the study, therefore, examined the association between nutritional risk level of cancer patients as determined by their Nutritional Risk Index, and the provision of medical nutrition therapy (MNT) intervention as documented in patients’ records.

Study Methodology

This was designed as a retrospective, descriptive study. The target population was adult oncology inpatients treated within the program. Data was extracted from patient records throughout the months of January to August 2016. A total of 108 charts were reviewed. NRI scores were calculated for each patient. Because it was not possible to establish the patients’ usual weight through a review of records, this study used ideal body weight instead to calculate individual NRI scores. This approach has been used successfully in previous studies (Aziz, et al., 2011). From the NRI values, four grades of nutrition-related risk were defined:

- Major risk (NRI< 83.5)
- Moderate risk (NRI >83.5; > 97.5)
- Low risk (NRI = 97.6-100)
- No risk (NRI > 100).
The study then considered the nutritional interventions that were ordered for each risk category. Analysis was done using descriptive statistics and presented in charts and tables. Inferential statistics were used to compare findings with the AND (2013) guidelines. This was done to compare the frequency of MNT interventions between patients that were on treatment by chemotherapy and/or radiation therapy and those who were not. The analysis also sought to compare the frequency of MNT interventions across NRI risk score categories.

**Study Observations**

From the analysis of data, the following observations are made:

- Up to 98% of cancer patients were found to be at major or moderate nutritional risk. However, only 19% of patients were offered any of the three forms of MNT interventions (oral supplements, enteral nutrition, or parenteral nutrition) as documented in the patients’ records. This seems to suggest significant discordance in the malnutrition risk levels identified between the NRI score and the malnutrition assessment process in current use.

- The study did not find any significant difference in the frequency of MNT interventions between patients who were on chemotherapy and/or radiation therapy and those who were not. This appears to be inconsistent with the AND guidelines, which strongly recommend provision of MNT for oncology patients undergoing chemotherapy or radiation.

- Among the patients that were on chemotherapy and/or radiation therapy, the study did not find significant difference between the frequencies of MNT interventions across NRI risk score categories. This seems to further suggest discordance in identified nutritional risk level between the NRI score and the malnutrition assessment tool in current use. It may also suggest possible insensitivity of the tool in current use to malnutrition risk among oncology patients.

- An incidental gender disparity was observed in the relative incidences of head/neck, lymphoma and GI cancers (other than colorectal). Incidences of Head/Neck cancers and Lymphomas were significantly higher among females (68% and 81% respectively), whereas the incidence of GI cancers was higher among males (71%).

**Recommendations**

Based on the above observations, the following recommendations are made:

- Review the practice of malnutrition assessment among oncology patients with a view to adopt a tool that is validated for use on oncology patients in the in-patient setting.

- Develop and execute processes necessary for the implementation of the Oncology evidence-based nutrition practice guideline (2013).

- Further evaluate possible gender disparity in the relative incidences of head/neck, lymphoma and GI cancers (other than colorectal) based on cancer registry data for MCL and the region. This would be useful in informing a future community needs assessment.
2. Assessment of the Knowledge Related to Safe Handling of Antineoplastic Agents among Nurses Working in Non-Oncology Units

Oncology nurses are trained in the proper handling of hazardous drugs, and oncology units are attuned to maintaining chemotherapy precautions. However, there are many occasions when non-oncology nurses are involved in the care of patients who are on antineoplastic agents (Dolan, 2012). This study sought to evaluate the awareness of the National Institute for Occupational Safety and Health guidelines chemotherapy precautions (NIOSH, 2004) among nurses in non-oncology units that frequently cared for patients on antineoplastic agents.

Study Methodology

This was a cross-sectional, descriptive study. The target population was registered nurses working in non-oncology nursing units that frequently handle patients on chemotherapy. Data was collected over a period of 4 weeks. A test tool was developed and tested for use in this study, and was administered electronically. A total of 81 respondents completed the test during the allocated time. Analysis was completed using descriptive and inferential statistics with the aim to measure the overall level of knowledge related to safe handling of hazardous drugs among the respondents, and compare the extent of variation in this knowledge among the test takers.

Study Observations

The results of this study showed a low level of awareness of precautions for safe handling of hazardous drugs among RNs working in non-oncology nursing units. Overall performance calculated to a mean score of 47.1%. There was little evidence to suggest that RN experience was associated with their performance in this test. The duration RNs had worked in their respective units did not have significant association with their performance in the test either. However, RNs who indicated that they had current or previous chemotherapy administration training reported being more comfortable with their knowledge of chemotherapy handling safety and performed significantly better on two other test items.

Recommendations

This study demonstrated that RNs working in non-oncology units had limited knowledge of precautions for safe handling of hazardous drugs. The study also demonstrated that there was no significant difference in knowledge based on RN experience or they had worked on their units. Consequently, the following recommendations are made:

I. Carry out baseline education for all nurses that work in non-oncology areas of the hospital that care for patients on antineoplastics.
II. Assign annual refresher courses for all nurses that work in non-oncology areas of the hospital that care for patients on antineoplastics.
III. Include hazardous drug handling safety education in the induction program for all newly recruited nurses.
Standard 4.8 Quality Improvements

1. Hepatitis C Screening Education for Baby Boomers
While anyone can be infected with Hepatitis C virus, it is known that 75% of infected adults are baby boomers. Infection with hepatitis C has been associated with increased risk for liver disease and liver cancer. The risk of life-threatening liver damage from hepatitis C increases with the duration of the infection. For this reason, CDC recommends hepatitis C testing for everyone born between the years 1945 and 1965 (CDC, 2015).

Early recognition of Hepatitis C infection is key to the timely initiation of potentially lifesaving treatment and care. This project involved identification of baby boomers that did not have a known history of hepatitis C infection or a terminal illness, and targeting them for the provision of education on Hepatitis C screening. Participants were identified through the review of in-patient records for patients admitted into the Medical/Surgical unit of the hospital. CDC Information leaflets were then mailed to them, with the instructions to talk to a health professional, the health department, or to seek additional information from the CDC site using the URL provided.

Project Outcomes
The health Belief Model (Rosenstock, 1974) is one of the most widely used theories in health education. Receiving a reminder mail from a healthcare provider is considered a good ‘cue to action,’ one of the theoretical constructs of this model. The aim of this project was to provide a cue to health action, thereby encouraging recipients to pursue hepatitis C screening. A total of 180 educational materials were delivered on hospital-branded envelops baby boomers.

2. Education on Safe Handling of Antineoplastic Agents for Nurses in Non-oncology Units
A quality study conducted by our cancer program demonstrated that RNs working in non-oncology units had limited knowledge of precautions for safe handling of hazardous drugs. The study also demonstrated that there was no significant difference in knowledge based on RN experience or they had worked on their units. As such recommendations were made to carry out baseline education for all nurses that work in non-oncology areas of the hospital that care for patients on antineoplastics, assign annual refresher courses, and include hazardous drug handling safety education in the induction program for all newly recruited nurses. This project involved the implementation of these recommendations.

Project Outcomes
New instructional materials were developed and approved by the cancer committee, based on the National Institute for Occupational Safety and Health (NIOSH) guidelines for Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Health Care Settings (NIOSH, 2004). Education will be assigned on Healthstream for all nurses, with refresher course completed every year. Initial education will be assigned with a completion deadline of March, 2017. In addition, instructional materials shall be added to orientation packets for all newly recruited nurses beginning March, 2017.
References


Medical Center of Lewisville. (2014). Cancer Registry Data. Lewisville, TX.


About our Cancer Program

Our Mission
Above all else, we are committed to the care and improvement of human life. In recognition of this commitment, we strive to deliver high quality, cost effective healthcare in the communities we serve.

Our Vision
To provide family-centered healthcare as the trusted leader of choice, dedicated to service excellence and innovation.

Our Values
- We recognize and affirm the unique and intrinsic worth of each individual.
- We treat all those that we serve with compassion and kindness.
- We act with honesty, integrity and fairness in the way we conduct our business and the way we live our lives.
- We trust our colleagues as valuable team members of our healthcare team and pledge to treat one another with loyalty, respect and dignity.

Medical City Lewisville is accredited by Commission on Cancer, a multidisciplinary program of the American College of Surgeons. As such, we take a multidisciplinary approach to treating cancer as a complex group of diseases that require consultation among multiple specialties. This multidisciplinary partnership results in improved patient care. The oncology nursing team includes Oncology Certified Nurses, a palliative care nurse, site specific Nurse Navigators, and registered nurses trained by the Oncology Nursing Society (ONS), including an intensive Chemotherapy and Biotherapy certificate course. Their competencies are periodically validated to ensure that they are up-to-date on current practices. Our team is prepared to offer the personalized and compassionate care our patients need. Along with doctors and nurses, our multidisciplinary team also includes dietitians, social workers, physical therapists, occupational therapists and a chaplain. This allows us to provide high quality care and personal attention to anticipate and meet our patients' individual needs.

The services we offer include the following:
- Solis Mammography at Medical City Lewisville
- Cancer Screening & Tumor Markers Testing
- Lung Cancer Screening
- Electromagnetic navigation bronchoscopy
- Certified Chemotherapy & Biotherapy Nurses
- Chemotherapy & Biotherapy
- Diagnostic Services
- Family Centered Care
- Comprehensive, multi-modal Pain Management Program
- Private Rooms
- Imaging Services (MRI, CT Scan & Ultrasonography)
- Inpatient Cancer Care
- Interdisciplinary Care Teams
- Nuclear Medicine
- A specialized oncology rehabilitation program
- Ostomy Support Group
- ACS Cancer Resource Center
- Staging of Cancer with Intra-Operative Ultrasound
- Beginner YOGA Classes