ASSOCIATION OF COMMUNITY CANCER CENTERS

Advanced Non-Melanoma Skin Cancers: EFFECTIVE PRACTICES SPOTLIGHT UNIVERSITY OF NEBRASKA MEDICAL CENTER

eaders at the University of Nebraska Medical Center had one mission in mind when they joined the Association of Community Cancer Centers (ACCC) Advanced Non-Melanoma Skin Cancers Visiting Experts Program—to leverage the virtual workshop and its experts to help refine and streamline the medical center's comprehensive skin cancer program.

Multidisciplinary team members, including coordinators/schedulers, medical residents, as well as providers from the Omaha Veterans Affairs (VA) Hospital convened on March 11, 2022 for the interactive workshop 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, The Angeles Clinic and Research Institute; and Emily Smith, MD, clinical associate professor, Pathology and Dermatology, University of Michigan – Michigan Medicine.

This spotlight highlights the University of Nebraska Medical Center's improvement activities and lessons learned from participation in the ACCC Visiting Experts Program.

Caring for Patients with Advanced Non-Melanoma Skin Cancers

The University of Nebraska Medical Center, located in Omaha, Neb., has a large catchment area spanning Nebraska, South Dakota, North Dakota, Eastern Colorado, Iowa, and parts of Missouri and Kansas. Therefore, the medical center serves a diverse patient population from varied geographic, racial, ethnic, and socio-economic backgrounds.

The University of Nebraska Medical Center's comprehensive skin cancer program, launched four years ago, sees approximately 150 patients per year. These include patients with highrisk non-melanoma skin cancers, melanoma, and cutaneous lymphoma as well as patients who have had organ transplants and developed advanced non-melanoma skin cancers as a result. The comprehensive skin cancer program also collaborates with several hospitals and dermatology practices in the region.

Addressing the Psychosocial Impact

While treatment and management of basal cell carcinoma, cutaneous squamous cell carcinoma, and Merkel cell carcinoma

were discussed during the workshop, there was a particular focus on the social, emotional, physical, and financial burden patients face, particularly for those who have had a transplant and developed an advanced non-melanoma skin cancer.

Issues included:

- Lack of systemic therapy options for patients who have had a transplant, which often requires a more aggressive local therapy approach
- Long-distance travel for management and follow-up related to different health issues (e.g., appointments with transplant team, dermatologist, head and neck surgeon, etc.)
- Health literacy
- High volume of lesions and related pain due to lesions
- Fear and anxiety related to treatment of lesions
- Surgical fatigue
- Disfigurement (e.g., multiple scars and non-healing wounds)
- Mental health needs (e.g., depression, anxiety)
- Fear of death and dying.

Participants worked together to identify several approaches to address these issues, including:

- Building trust with patients and their families
- Collaborating with the transplant physician and a medical oncologist early
- Including transplant status or immunosuppressed status in the biopsy acquisition
- Ensuring discussions on care goals and quality of life with patients are ongoing, and utilizing health literacy and numeracy best practices as part of these conversations
- Viewing medical visits as broader mental health visits, with more focus on managing depression, anxiety, or other non-physical issues patients may be experiencing
- Involving the supportive care team early to ensure a more holistic approach can be applied to management of patients' depression, anxiety, fear, and fatigue. Additionally, emphasizing the importance of communicating to patients that supportive or palliative care is not a referral to hospice care
- Having end of life conversations and involving the supportive care team to help facilitate these conversations.

Opportunities to Improve Care

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

Identified opportunities included:

- Review state of current tumor board (e.g., data, attendance) and identify potential opportunities to improve
- Create a formal, internal document to support collaboration and care coordination with other specialists. The document should include best contact numbers, schedulers, go-to nurses and clinic/OR days for specialists
- Increase patient awareness and access to dermatology for skin checks. The medical center has created an RN triage helpline, yet there is an opportunity for additional promotion to both patients and external dermatologists.

Following the workshop, University of Nebraska Medical Center leaders and other key stakeholders reconvened, and developed an action plan to undertake in the short and long term.

From Opportunities to Action

In August 2022, ACCC interviewed Ashley Wysong, MD, MS, and founding chair of the Department of Dermatology and William W. Bruce, MD, and distinguished chair of Dermatology at the University of Nebraska Medical Center to share progress on action plan activities and lessons learned.

Actions taken over the course of five months included:

- Holding a multidisciplinary Grand Rounds with a focus on high-risk squamous cell carcinoma, patients who have had a transplant, and translational science and research opportunities. Dr. Wysong said, "The Grand Rounds gave a lot of visibility to this area. Particularly for our non-dermatology colleagues, we showed the latest data on immunosuppressed patients, and then how we are addressing this issue as an organization as well as available research opportunities. The Grand Rounds was a huge win for us."
- Increasing clinical trials for non-melanoma skin cancers. The medical center identified a need to increase the number of clinical trials available and are currently in the final negotiation phase for two new trials.
- Expanding the integrated Cancer Repository for Cancer Research (iCaRe2) to include non-melanoma skin cancers. Multiple questionnaires have been developed and more than half have been created in iCaRe2. Furthermore, Dr. Wysong noted seven institutions are interested in joining the registry. The impact of this type of collaboration is significant, and as

Dr. Wysong explained, "right now non-melanoma skin cancers are not part of any national databases or registries. To have a large, prospective non-melanoma skin cancers database that can be utilized across numerous institutions, which collects clinical data, biobank tissue, and other samples is powerful and will ultimately answer very important questions for patients impacted by non-melanoma skin cancers."

- Increasing biobanking of high-risk tumors. Dr. Wysong and her team have developed a new workflow for the entire organization to use and hired a full-time staff member within Dermatology to support the process. Since implementing the new process, the number of patients consenting and enrolling in the biobank is increasing.
- Having a dermatopathology presence at cutaneous head and neck tumor board. As part of the workshop and action planning process, the medical center identified the need to incorporate this best practice. Currently, the skin program is working collaboratively with the pathology department to identify who will attend the tumor board.

Catalyst for Change

University of Nebraska Medical Center's participation in the Visiting Experts workshop and subsequent action plan made a tremendous impact on the program. Dr. Wysong stated, "Our collaboration with ACCC helped us to put together an action plan and bring together separate clinical programs to solve bigger challenges around non-melanoma skin cancers. The action plan helped us create structure for opportunities to address and unite our multidisciplinary team around this common and growing problem that is non-melanoma skin cancer."

Reflecting on the experience so far and what the future holds for the comprehensive skin cancer program, Dr. Wysong said, "We are going to need additional time and buy-in— anytime you bring multiple different departments and divisions together around a specific disease state— you must work on organizational culture, trust, and partnership. Sometimes collaboration can initially feel threatening or concerning, but the reality is, we can all rise together. We are trying to build a single united presence and one point of entry for patients to the entire team, so patients have the best care and experience as possible."

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A publication from the ACCC education program, "Advanced Non-Melanoma Skin Cancer Care." Learn more at accc-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 **accc-cancer.org**.

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