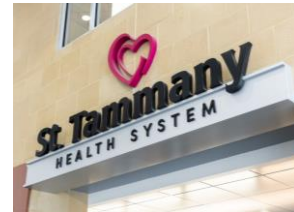




## Quarter 1 STQN Newsletter

# Stay Informed: Insights on HPV, Cervical Cancer, Breast Cancer and the MSQ Tool



### Dates to Remember:

#### Changing Prognosis and Treatment of Lung Cancer

David Gandara, MD & Sarah Goldberg, MD  
March 20 | 5:30 p.m. | The Southern Hotel

#### STQN Annual Meeting

April 3 | 5:30 p.m. | The Southern Hotel

#### 2<sup>nd</sup> Quarter STQN Performance and Operations Committee

April 8 | 7 a.m. | Ponchatoula Conference Room

### A Message from STQN:

STQN Physicians,

We trust everyone is off to a fantastic start in 2025. We would like to inform you that our quarterly “letter from the chairman” will recommence in the second quarter.

Sincerely,

STQN

## 2024 4<sup>th</sup> Quarter Medical Director’s Award



### 4<sup>th</sup> Quarter STQN Medical Director Award

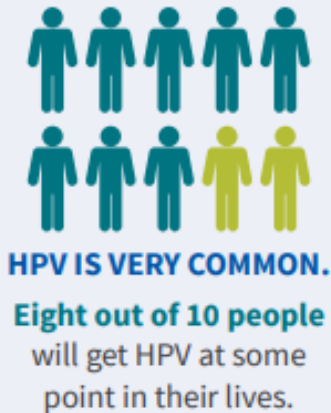
*Joint Replacement team earns honors for development of Joint Camp program*

COVINGTON – St. Tammany Quality Network has presented its Medical Director’s Award for the fourth quarter of 2024 to key members of its Joint Camp team. This includes Dr. John d’Hemecourt; Dr. Roch Hontas; Sarah Delery, R.N.; Bert Lindsey, D. P.T.; Toni Mitchell, R.N.; and Dawn Fournier, R.N.



# Human Papillomavirus (HPV): The Cancer Link

## HPV and Cervical Cancer Stats and Recommendations



### Statistics

- HPV is the **leading** cause of most cervical, oral, penile, vaginal, anal and vulvar cancers.
- Just under **35,000** people get HPV-related cancers each year.
- Louisiana ranks **fifth** for cervical cancer deaths among U.S. states.
- Over the past decade, the HPV vaccine has decreased HPV infections by as much as **90%**.
- The HPV vaccine also reduces HPV-associated head and neck cancers.

[HPV Vaccination and Cancer Prevention | ACS | American Cancer Society](#)

### HPV Vaccine Recommendations

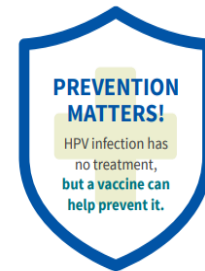
- CDC recommends HPV vaccine for children 11 or 12 years old but can be started as early as 9 years old.
- Vaccine recommended through age 26 for those who were not vaccinated earlier.

### Dosing Schedule

- **Two doses** of HPV vaccine recommended for most people starting the series before their 15<sup>th</sup> birthday.
  - The second dose of HPV vaccine should be given 6 to 12 months after the first dose.
  - Adolescents who receive two doses fewer than 5 months apart will require a third dose of HPV vaccine
- **Three doses** of HPV vaccine recommended for teens and adults who start the series at ages 9 through 26 years old, as well as for immunocompromised persons.
  - The recommended three-dose schedule is 0, 1 to 2 months and 6 months.



[HPV Vaccine Recommendations | HPV | CDC](#)



### Cervical Cancer Screenings

- Every three years with cervical cytology alone in women aged 21 to 29 years.
- Women aged 30 to 65 years, every three years with cervical cytology alone, every five years with high-risk human papillomavirus (hrHPV) testing alone, or every five years with hrHPV testing in combination with cytology.

[Recommendation: Cervical Cancer: Screening | United States Preventive Services Taskforce](#)

# Breast Cancer Uncovered

## Essential Stats and Screening Recommendations

### Statistics

- **3,708** new cases found in women each year.
- The five-year relative survival for Louisiana women of all races is **88%**.
- **70%** of new cases were found at early stages (in situ and localized).
- **40,656** breast cancer survivors since 2000.

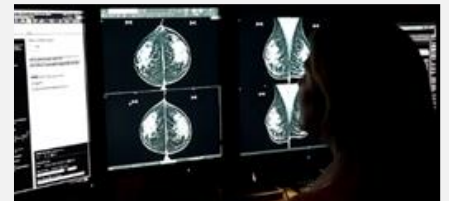
[FINAL Cancer Handouts Breast 2024](#)

Louisiana has the  
**2nd**  
highest mortality rate for  
Breast Cancer in USA

CDC, USCS Data Visualizations, 2021

### Mammography Screening Guidelines

- Average-risk patients: Age 25 or older but younger than 40.
  - ✓ Clinical encounter every 1 to 3 years. Breast awareness.
- Average-risk patients: Age 40 or older.
  - ✓ Annual clinical encounter. Annual screening mammogram with tomosynthesis. Breast awareness. Supplemental screening for individuals with heterogenous or extremely dense breasts should be considered.
- Identify increased-risk patients:
  - Residual lifetime risk greater than or equal to 20% as defined by models that are primarily dependent on family history.
    - ✓ Annual mammogram with tomosynthesis should be initiated 10 years before the youngest family member is diagnosed with breast cancer, not before age 30, or to begin at age 40 (whichever comes first). Annual breast MRI. Referral to a healthcare professional experienced in cancer genetics. Clinical encounter every 6 to 12 months. Breast awareness.
  - Radiation therapy with exposure to breast tissue between ages 10 and 30.
    - ✓ Annual clinical encounter. Breast awareness.
  - A five-year risk of invasive breast cancer greater than or equal to 1.7% in individuals aged 35 or older.
    - ✓ Atypical ductal hyperplasia and greater than or equal to 20% residual lifetime risk.
    - ✓ Lobular neoplasia and greater than or equal to 20% residual lifetime risk.
  - Pedigree suggestive of or known genetic predisposition.
    - ✓ Referral to a genetic counselor or a healthcare professional with expertise and experience in cancer genetics is recommended.



# Mandatory Surprise Question Tool (MSQ)

## Would You Be Surprised ?

### Purpose:

- The MSQ tool is intended to create a pause for providers.
- The goal is to help identify end-of-life patients and ensure appropriate follow up.
- This tool is intended to ensure that the provider's planned care trajectory matches the patient's goals.



### MSQ Workflow in Epic

- 1) Start within a hospital encounter and enter the admission navigator, select the **"MSQ"** section under med rec.
- 2) From here the provider is prompted the question and given the choices "yes" or "no." When selecting "yes," no further action is needed and the section can be closed. When selecting "no," you will be prompted to complete an ACP note and review/complete the LaPOST by the time of discharge.
- 3) Upon selecting the ACP note hyperlink, the notes sidebar will open and display the ACP MSQ note smart text to fill out.
- 4) Upon selecting the LaPOST hyperlink, provider will be re-directed to the LaPOST registry for completion.

The screenshot shows the Epic EMR interface. At the top, the navigation bar includes 'Chart Review', 'Admission', 'Summary', 'Consult Notes', 'Orders', and 'Pathway Review'. The 'Admission' tab is active. On the left sidebar, 'MSQ' is highlighted under 'Med Reconciliation'. The main window displays the 'Mandatory Surprise Question' tool. It shows 'Time taken: 1705' and the date '12/8/2020'. The question is 'Would you be surprised if this patient died in the next 6 months?' with 'Yes' and 'No' buttons. The 'No' button is selected, and a note indicates 'No taken yesterday'. At the bottom, there are buttons for 'Restore', 'Close', 'Cancel', 'Previous', and 'Next'.