

UC San Diego

Spring 2023 - UC San Diego Health Journal of Nursing: The Unique Power of Nursing

Title

04. Canopy Cancer Collective Initiative

Permalink

<https://escholarship.org/uc/item/7sz3k7t6>

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Publication Date

2023-04-01

Peer reviewed

Canopy Cancer Collective Initiative

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Debbie Soldano, MSN, FNP-BC, OCN started her nursing career in 1994 after receiving her Associate Degree in Nursing from Cincinnati State College. She worked in the Mercy Health System in Cincinnati until 1996 when she started working at the University of Cincinnati Barrett Cancer Center with Dr. Lowy. While working with Dr. Lowy, she received her Oncology Nursing Certification (OCN) and her Bachelor of Science in Nursing at University of Cincinnati. She started working at UC San Diego Health in 2007, where she and Dr. Lowy established and grew the GI Surgical Oncology practice at the Moores Cancer Center. In 2013, she obtained her Master's in Science of Nursing at Georgetown University and became a certified Nurse Practitioner.

In 2021, an opportunity presented itself, to our pancreatic cancer team, to apply for a grant from the 1440 Foundation to join the “Canopy Cancer Collective”. This is a 3-year award that supports participation in a learning network of 14 NCI (National Cancer Institute) designated cancer centers across the country with the focus being on improving the care of patients with pancreatic cancer. Canopy’s mission is to “empower pancreatic cancer patients with new hope, treatments and options. People, not simply their cancer, are at the core of our care”. As their mission aligns with our commitment to provide the highest quality care for pancreatic cancer patients at UC San Diego Health (UCSDH), Dr Lowy and I applied for the grant and were chosen to participate.

As way of background, I started working with Dr. Lowy in 1996. Our practice is primarily focused on GI cancers with specialization in the surgical management of pancreatic cancer and rare malignancies of the appendix. Dr. Lowy has dedicated his practice and his research to improve care and treatment for this population of patients. I have also dedicated my time and efforts in taking care of our pancreatic and appendiceal cancer patients for the past 25 years. Tragically in 2015, my little sister, Tammy, was diagnosed with pancreatic cancer. She was not treated here at UCSDH as she lived in the Midwest. The contrast in the quality of care she received outside of our institution was striking to me. I witnessed firsthand the difference that quality, multidisciplinary cancer care makes in a patient’s health journey. And while our experts here at UCSDH (thank you Dr. Lowy, Dr. Murphy and Dr. Bazhenova!) helped

me immensely by providing advice on different treatment options and presenting my sister’s case at our tumor board, she was ultimately under someone else’s care as she went through treatment. I truly know what outstanding comprehensive care means to the patient and their families. I bring a unique perspective to our population of patients through my personal and professional experiences. I understand what it is like to have the wind knocked out of you by this devastating diagnosis. It feels immediately catastrophic, and your world is turned upside down and you feel as though you are spiraling out of control. In my current role as patient care coordinator for our Canopy initiative, I support our patients and their families by providing a listening, empathetic ear, along with valuable



Debbie and her sister, Tammy



Dr. Andrew Lowy and Debbie Soldano, NP

knowledge and expertise to guide them through the initial steps after diagnosis. I feel that the services that I am able to assist them with are invaluable. When a patient calls the cancer center, their information is shared with me. After reviewing their records and any testing they have had, I reach out to the patient regarding their referral to the cancer center. I direct them to the correct physicians for their diagnosis, which may include surgical oncology, medical oncology, radiation oncology, or any combination of these. If the patient is referred for a pancreatic mass without a confirmed diagnosis, I can order various tests that they may need to make a diagnosis prior to seeing the physician. This facilitates the process by making their first appointment more informative as the physician will have all the information that they need to provide informed recommendations. It saves time and can help decrease anxiety for the patient while they are waiting to be seen. It also helps them to get started on therapy sooner. If the patient has a diagnosis of pancreas cancer, I get a history of their symptoms that led up to their diagnosis and can also help address some of those symptoms. We discuss supportive care programs available to them such as nutrition, palliative care and social

work. I can arrange for them to have any further diagnostic testing that may be needed, such as additional imaging or tumor markers. I then discuss how we approach pancreatic cancer care and the treatment options and algorithms we typically use to address their disease. This gives them an idea of what to anticipate at their first appointment. I also discuss what they can expect to experience in these first few weeks as they begin their journey.

Here at UCSDH, we are so fortunate to be supported by administrative leadership that believes in and supports this important initiative. We have created a pancreatic specific tumor board to discuss our new pancreatic cancer cases. Our GI Advanced Procedures department has been phenomenal in getting these patients seen quickly to get a diagnosis and/or to help palliate the jaundice that is often associated with this disease. Dr. Savides, Dr. Chang, Dr. Fehmi, Dr. Kwong and their entire staff have all been champions for these patients. They often can obtain a tissue diagnosis when other facilities have not been able to. We have worked closely with our nutrition services here at the cancer center, facilitated by Traci Roberts who has actively participated in Canopy. We have now achieved 100% access to

nutrition services within a week of the order being placed for our patients. Dr. Kira Skavinski, Associate Director of the Doris Howell Palliative Care Service along with Dr. Kyle Edmonds, have worked with our team to facilitate palliative care appointment slots for this highly complex patient population. Interventional Radiology leadership headed by Dr. Jeet Minocha have worked with our team to prioritize pancreatic cancer patients to obtain port-a-cath placements in a timely manner so patients can start treatment sooner. Our project coordinator and data manager, Shirley Sarno works with me to track and maintain the data on all our UCSDH Canopy Collective initiatives. She is invaluable to this ongoing initiative.

As you can see, many people are involved in one patient's care. Our cancer center is on the cutting edge of technology and maintains a personalized approach that is tailored to our pancreatic cancer patients. As one of our patients who has experienced our care, Jennifer Camacho said, "One phone call to the Moores Cancer Center completely changed the course of my treatment. After speaking with Debbie, she advised that I start my planned chemotherapy treatment and see Dr Lowy after a

couple of months of treatment. Debbie consulted with Dr Lowy as I have Lynch Syndrome. Dr Lowy agreed with the treatment plan but suggested that an immune checkpoint inhibitor be added to my chemotherapy regimen because of my history of Lynch Syndrome. My treating facility did not agree and would not add the medication. I eventually switched my care to UCSDH and was able to see Dr Patel who did add pembrolizumab (Keytruda) to my treatment. Dr Lowy recently performed my pancreas surgery and my pathology report showed a complete response to treatment, all my cancer was gone! I am still in shock! During my treatment, I felt a sense of trust that my care was in the hands of leading experts who truly personalized my medical care and were willing to use the best medicine to save my life."

This is what another pt had to say regarding her experience with UCSD and the canopy program: "When life delivers a heavy blow a human anchor can make all the difference in maintaining equanimity and giving fortitude for the journey forward. This was my experience with miraculously contacting Debbie Soldano. From the moment I spoke with her, she lifted my spirit and gave me hope.

Through her I got connected to Dr Botta, a most wonderful caring clinical trial oncologist, and learned about the amazing surgeon Dr Lowy, who performs the Whipple procedure. Debbie helped guide me over seeming hurdles, and even advised in numerous questions I had about relocating myself to San Diego to receive the care I was seeking. Through all the emotional rollercoaster rides I experienced in getting to UCSD to receive world class care, it felt like Debbie was holding my hand. I drew courage from her and felt that I had an amazing ally on a scary journey. I cannot thank Debbie enough for being the wind in my sails, and illuminating a nebulous path with light, love, hope, and good cheer. You are my hero Debbie!"

A diagnosis of pancreas cancer is a frightening time for patients. Arming them with support and information assists them in making decisions regarding their care. It also helps them feel more confident about the difficult path ahead. Our team is always here to support them in their journey toward improved health and we are proud that our patients put their trust in us. We help ensure that no patient ever has to walk that road alone.



Our Core Canopy Team: (Pictured Left to Right) Shirley Sarno, Dr. Andrew Lowy, Dr. Gregory Botta, Debbie Soldano, NP, Dr. Kathryn Gold, Dr. James Murphy