



2017 CANCER PROGRAM REPORT OF OUTCOMES



A **QUALITY PROGRAM**
of the **AMERICAN COLLEGE**
OF SURGEONS



CHAIRMAN'S MESSAGE

Dear Colleagues,

For your review, the Cancer Committee of Presence Saint Joseph Medical Center respectfully submits our Cancer Program Annual Report for 2017.

The Presence St. Joseph Medical Center Cancer Program focuses on improving the quality of care that we provide to our patients and on enhancing the support services for their caregivers and families.

Our Cancer Program is accredited by the American College of Surgeons Commission on Cancer. At our last survey, PSJMC received a full three-year Accreditation with five commendations. In 2015, we participated in our first breast program survey from the National Accreditation Program for Breast Centers and received a full three-year approval. Presence Saint Joseph Medical Center is proud to be the first Accredited Breast Center in Will, Grundy and Kankakee County.

I am pleased to share these highlights from our 2017 cancer program with you:

- Ellen Gustafson, MD, Hematology/Oncology, from JOHA (Joliet Oncology Hematology Associates) group practicing at Presence Cancer Care in Joliet was a finalist for the 2016 Physician of the Year award.
- James Urban, MD, Pathology, from the Associated Pathologists of Joliet group practicing at Presence Saint Joseph Medical Center was a finalist for the 2016 Physician of the Year award.
- Our cancer program participated in a successful site survey by the ACoS Commission on Cancer on September 13, 2017.
- Presence Cancer Care/JOHA offers a 2nd Opinion Clinic to help patients get detailed, in-person medical opinions from our Cancer Care team. We have been providing quality cancer treatments since 1981 and as a leader in community based Oncology and Hematology; we are an active participant in advancing care and treatment through clinical research. Presence Cancer Care/JOHA offers a full range of diagnostic testing and aggressive treatment for the most common cancers including breast, lung, and colon.

It is my hope that you find the data in this report to be useful and insightful as we come together to battle this disease each and every day.

Thank you for your interest.

Respectfully,

Ali Lakhani, MD
2017 Cancer Committee Chair

CARE CONTINUUM ROLE STATEMENT

The Presence Saint Joseph Medical Center Cancer Program consists of a team of health care professionals who provide individualized, compassionate, quality cancer care and related services close to home. We dedicate ourselves to the treatment of people with cancer and other chronic diseases, relief of their symptoms, and promotion of comfort. We constantly strive to meet the physical, emotional, and spiritual needs of our patients and their families.

ACCREDITATION

Commission on Cancer

The cancer program at Presence Saint Joseph Medical Center is accredited by the American College of Surgeons Commission on Cancer (CoC). CoC accreditation is a voluntary commitment by a cancer program that ensures its patients will have access to the full scope of services required to diagnose, treat, rehabilitate, and support patients with cancer and their families. A cancer program is able to continually evaluate performance and take proactive, corrective actions when necessary. This continuous evaluation reaffirms our commitment to provide high-quality cancer care. Our most current CoC survey was held on September 13, 2017; our program was awarded a three-year with commendation accreditation.

National Accreditation Program for Breast Centers

Accreditation by the National Accreditation Program for Breast Centers (NAPBC) is granted only to those centers that are voluntarily committed to providing the best possible care to patients with diseases of the breast. Each breast center must undergo a rigorous evaluation and review of its performance and compliance with NAPBC standards. To maintain accreditation, centers must monitor compliance to ensure quality care and undergo an on-site review every three years. Presence Saint Joseph Medical Center participated in its first NAPBC review on February 11, 2015 and was awarded a three-year full accreditation. PSJMC is the first and currently the only NAPBC-accredited breast cancer program in Will, Grundy, and Kankakee Counties.

CANCER COMMITTEE

Five elements are vital to the success of an accredited cancer program:

- Clinical services to provide state-of-the-art pretreatment evaluation, staging, treatment, and clinical follow-up for cancer patients
- Cancer Committee to lead the cancer program
- Cancer Conferences to provide a forum for patient consultation and contribute to physician/allied staff education
- Quality Improvement program to evaluate and improve patient outcomes
- Cancer Registry and database to monitor the quality of care

The success of the cancer program depends on the Cancer Committee to lead the program through setting goals, monitoring program activity, evaluating patient outcomes, and improving patient care. The committee membership includes multidisciplinary physician members from the diagnostic and therapeutic specialties, as well as allied health professionals involved in the care of cancer patients.

2017 Cancer/Transfusion Committee Membership

Quorum Members

Diane Drugas, MD, General Surgery

Ellen Gustafson, MD, Hematology/Oncology, Cancer Program Liaison Physician

Ommar Hla, MD, Radiation Oncology

Ali Lakhani, MD, Hematology/Oncology, Cancer Committee Chair

Aamira Tahir-Malik, MD, Presence Health Palliative Care

Noah Schwind, MD, Radiology

Bhavin Shah, MD, Surgical Oncology

James Urban, MD, Pathology; Co-Chair, Cancer Conference Coordinator

Non-Quorum Members

Linda Castello, Director Imaging, Cardiac Cath Lab, Cardiopulmonary Services
Deborah Condon, Senior Physical Therapist
Susan Hawbaker, Palliative Care Nurse Practitioner, Presence Health Palliative Care
Maggie Hornung, Nurse Practitioner New Lenox Women's Center
Susan Krueger, Director Clinical Diagnostic Services
Diane Labriola, License Cosmetologist, *Reflections*
Loretta Mangers, Mammo QA Tech/Breast Navigator
Vivina Maninang, Patient Care Manager 5 West
Laura McHugh, Quality Improvement Analyst
Kim Midlock, Clinical Nurse Manager PCC/JOHA
Shannon Morgan-Jermal, Regional Dir. Community Health
Jill Morrison, LSW, Director Care Management
Diana Page, Clinical Pharmacist
Beth Rader, CTR, Lead Cancer Registrar
Lisa Ryan, Oncology Nurse Navigator, PCC/JOHA
Molly Sabol, PA, Surgical Oncology
Jane Schwark, Oncology Nurse Navigator PCC/JOHA
Michelle Shaban, GI Oncology Nurse Navigator
Eva Stobbe, Clinical Dietitian
June Vargocko, General Manager Alverno Presence Lab
Danielle Villari-Swets, ACS Account Rep, Hospital Systems

CANCER CONFERENCES (TUMOR BOARDS)

Cancer conferences improve the care of patients with cancer by providing multidisciplinary treatment planning and contributing to physician and allied medical staff education. PSJMC Cancer and Breast conferences are held on the second and fourth Wednesday at 12:00 p.m. One conference per month is held jointly with the staff at Presence Mercy Medical Center in Aurora. The team reviews each patient's history and physical examination, diagnostic procedures performed, radiology images, pathology slides, and treatment given. Physicians from Pathology, Radiology, Medical Oncology, Radiation Oncology and Surgery attend as well as other physician and allied health specialties. All physicians attending cancer conferences at PSJMC receive one hour of Category I Continuing Medical Education (CME) credit for each hour of tumor board/specialty cancer conference that they attend. Information about upcoming Cancer Conferences is posted in the Medical Staff lounge and the CME bulletin board.

In July 2014, we instituted Breast Cancer Conferences twice a month as a supplement to our bi-monthly Tumor Boards. For 2017, we held 30 Tumor Boards and 21 Breast Cancer Conferences and presented a grand total of 177 cases.

CANCER REGISTRY

The Cancer Registry monitors all types of reportable neoplasms diagnosed and/or treated at Presence Saint Joseph Medical Center (PSJMC). This is a critical element in the evaluation of oncology care. Registry data collected include patient demographics, diagnosis, staging, treatment, and disease outcome. Data management contributes to each patient's treatment planning, staging, and continuity of care. Complete and accurate cancer registry data enables the facility cancer program and administration to plan and allocate hospital resources and is a valuable resource for research activities. The Cancer Registry reports to the Director of Clinical Diagnostic Services.

ACCOUNTABILITY/QUALITY IMPROVEMENT

CANCER PROGRAM PRACTICE PROFILE REPORT (CP³R) 2012-2015 (released 10/23/17)

CoC Standard 4.4 Accountability Measures: Each calendar year, the expected Estimated Performance Rate (EPR) is met for each accountability measure as defined by the Commission on Cancer.

CoC Standard 4.5 Quality Improvement Measures: Each calendar year, the expected Estimated Performance Rate (EPR) is met for each quality improvement measure as defined by the Commission on Cancer.

Measure	CoC Std / Benchmark	Estimated Performance Rates					Overall
		2012	2013	2014	2015		
BREAST							
BCSRT Radiation administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conservation surgery (Accountability measure)	4.4 / 90%	100	96.20	93.10	100	97.14%	
HT Tamoxifen or third generation aromatase inhibitor considered or administered within 1 year (365 days) of dx for women with AJCC T1c or Stage IB-III hormone receptor positive breast cancer (Accountability)	4.4 / 90%	100	100	100	100	100%	
MASTRT Radiation therapy considered or administered after mastectomy within 1 year (365 days) of dx of breast cancer for women with >=4 positive regional lymph nodes (Accountability)	4.4 / 90%	83.30	100	100	100	95.65%	
nBX Image or palpation-guided needle biopsy to the primary site performed to establish diagnosis of breast cancer (Quality Improvement)	4.5 / 80%	78.80	88.30	98.80	98.70	91.56%	
BCS Breast conservation surgery rate for women with AJCC clinical stage 0, I or II breast cancer (Surveillance)	Not applicable	53.90	65.40	67.10	56.60	60.75%	
MAC Combination chemotherapy recommended or administered within 4 mos (120 days) of dx for women under 70 with AJCC T1cN0 or Stage IB-III hormone receptor negative breast cancer (Accountability)	Not applicable	88.90	91.70	90.0	100	92.86%	

The Presence Saint Joseph Medical Center expected estimated performance rates exceed the CoC benchmarks. Currently, all analytic breast cancer cases are reviewed for compliance with evidence-based national treatment guidelines.

CLINICAL RESEARCH

In 2016, the Research Department at Presence Cancer Care had successfully consented 60 subjects with 80% enrolling and randomized to a clinical trial. We have successfully opened Phase I trials typically performed at academic universities as well as numerous Phase II and Phase III trials. Our high point was the opening of Genentech's Phase III trial utilizing an Anti PD L1 antibody for patients with stage IV lung cancer. This type of treatment known as immunotherapy is working successfully on solid tumors. One of our patients after receiving this therapy was categorized as a complete response; basically her cancer that had spread to different areas had disappeared. She is currently doing very well. This type of treatment is just one of the 26 trials currently available for our patients; our physicians training and dedication allows us to be on the front line of the most current treatments available.

The success of Presence Cancer Center has also been awarded with the 2016 Conquer Cancer Foundation of ASCO Clinical Trials Participation Award. This award given out annually to only three community cancer centers within the United States has recognized us for our hard work and dedication to our patients and community. Our participation with the NCI National Clinical Trial Network an affiliate of the Robert H. Lurie Comprehensive Cancer Center of Northwestern University since December 2010 has been outstanding. The accrual rate has been impressive as an affiliate site and has exceeded the expectations consistently with enrollment.

PSJMC Research Activities - Summary of cases accrued to cancer-related clinical research studies

CoC Standard 1.9: As appropriate to the cancer program category, the required percentages of patients are accrued to cancer-related clinical research studies each calendar year. The clinical research coordinator documents and reports clinical research study enrollment information to the cancer committee annually.

Patients eligible to meet this standard are those:

- ❖ Seen at PSJMC for diagnosis and/or treatment and enrolled on a study through PSJMC
- ❖ Seen at PSJMC for diagnosis and/or treatment and enrolled on a study in a staff physician's office
- ❖ Seen at PSJMC for diagnosis and/or treatment and placed on a study through another facility
- ❖ Referred to PSJMC for enrollment onto a trial through another program or facility

At the community hospital comprehensive cancer program (COMP) category, the minimum required percentage accrual to cancer-related clinical research is 4% of the number of annual analytic cases. For commendation, the percentage accrual to clinical research is 6% of the number of annual analytic cases.

TYPE OF TRIAL	2015 Breast	2015 All Sites	2016 Breast	2016 All Sites	2017 Breast	2017 All Sites
Number of Clinical trials available	5	20	6	20	6	23
Diagnostic trials	4	45	11	12	16	13
Genetic studies						
Prevention and control research studies		3		5		
Quality of life and economics of care studies		15				
Bio-repository / bio-bank studies		6				
Patient registry studies		1			3	4
Other – please specify						
Total	4	70	17	37	25	40
Annual Analytic Caseload	149	848	189	836		
Percent Accrued	2.6%	8.3%	9.0%	4.4%		

PATIENT/FAMILY RESOURCES AND SUPPORT

AMERICAN CANCER SOCIETY

The American Cancer Society actively works with the Cancer Care staff to provide information, day to day help, and emotional support for patients undergoing treatments. Presence Saint Joseph Medical Center in conjunction with American Cancer Society provided services to patients in 2017 including lodging assistance for two patients, providing transportation to treatment (12 rides), 42 free wigs, and hosting quarterly “Look Good...Feel Better” sessions. Personal Health Managers are offered as a complement to the local patient navigation process; 3 patients were provided with a Personal Health Manager in 2017. Our area American Cancer Society Wig Boutique is now located at The Salon Professional Academy | 335 Vertin Blvd. | Shorewood.

PATIENT RESOURCE CENTER

The ACS Patient Resource Center opened at PSJMC on January 8, 2007, and is now part of the Resource Center located in PSJMC West Tower.

PSJMC WEBSITE

The PSJMC website at <http://www.presencehealth.org/body.cfm?id=1657> provides information about the Sister Theresa Cancer Care Center and radiation oncology services; infusional therapy; inpatient oncology unit; clinical trials; support services and counseling; rehabilitation services; surgical services; support groups; facility accreditations and affiliations; and specific information about breast, prostate, and colorectal cancers.

POSITIVE PEOPLE

For cancer patients and their families. Contact the Sister Theresa Cancer Care Center at (815) 741-7560. Meets the first and third Wednesday of each month, 3:30 - 5 p.m. in the Sister Theresa Cancer Center.

BOSOM BUDDIES

Bosom Buddies support group for breast cancer meets the 1st and 3rd Tuesday of each month at Presence Cancer Care/JOHA, 2614 West Jefferson Street, Joliet.

“LOOK GOOD FEEL BETTER”

The American Cancer Society “Look Good Feel Better” is offered six times per year at Presence Cancer Care/JOHA at 2614 West Jefferson Street, Joliet.

Us TOO Prostate Cancer Support Group

The Us TOO Prostate Cancer Support Group usually meets the fourth Wednesday of every month at 5:30 p.m. at Advanced Urology Associates, 1541 Riverboat Center Drive, Joliet, IL 60431.

Reflections Boutique at Presence Cancer Care/Joliet Oncology Hematology Associates

Located at: 2614 W Jefferson Street

Joliet, IL 60435

Phone: 815-730-3033 Ext. 1300

Fax: 815-725-9857

Services offered:

- Hair & breast prostheses
- Shapers after having lumpectomy or reconstruction
- Fashion wigs
- Synthetics
- Human hair
- Post-surgical garments to take to hospital
- Chemotherapy/Radiation/Alopecia
- Certified breast consultants
- Licensed cosmetologist
- Medicare and most insurance accepted
- Complimentary consultation

CANCER SCREENING PROGRAM

Breast Cancer Screening - 2017

CoC Standard 4.2: Each calendar year, the cancer committee organizes and offers at least one cancer screening program that is designed to decrease the number of patients with late-stage disease and is targeted to meet the screening needs of the community. Each screening program is consistent with evidence-based national guidelines and interventions and must have a formal process developed to follow up on all positive findings.

Purpose: To decrease the numbers of patients with late-stage breast cancers.

Identified Need: In 2016, approximately 246,660 new cases of invasive breast cancer are anticipated in women with 2600 new cases in men in the US. Additionally, 61,000 new cases of in situ breast cancer will be diagnosed in women. Breast cancer is the most frequently diagnosed cancer in women excluding skin cancer. Breast cancer incidence rates were stable in white women from 2003 to 2012 and increased slightly in black women. Approximately 40,890 breast cancer deaths (40,450 women and 440 men) are estimated for 2016. Breast cancer ranks second as a cause of death in women. Death rates for breast cancer have steadily decreased since 1989 due to improvements in early detection and treatment. Modifiable risk factors include weight gain after age 18, being overweight or obese, use of menopausal hormone therapy, physical inactivity, alcohol consumption, long-term heavy smoking, and possibly shift work. Other risk factors include older age, personal/family history of breast or ovarian cancer, inherited mutations, certain benign breast conditions, history of DCIS or LCIS, high-dose radiation to the chest at a young age, high breast tissue density, high bone mineral density, type 2 diabetes, long menstrual history, recent use of oral contraceptives, never having children, having a first child after age 30 and high natural levels of sex hormones. Factors associated with decreased risk are breastfeeding for at least one year, regular moderate or vigorous physical activity, and maintaining healthy body weight. (*American Cancer Society Cancer Facts & Figures 2016*)

PSJMC Cancer Registry Statistics (by date of first contact):

At PSJMC in 2012 - 2016, breast cancer was the most common cancer site in women and accounted for one-third of all of the cancer cases diagnosed in women.

Incidence of breast cancer at PSJMC:

Accession year	Number of breast cases	Annual analytic caseload female cases	Percentage of annual caseload female cases
2012	144	453	32%
2013	147	426	35%
2014	153	435	35%
2015	149	467	32%
2016	189	512	37%

Stage of disease at diagnosis at PSJMC (*Percentage of cases by accession year):

AJCC STAGE	2012	2013	2014	2015	2016
Stage 0	28%	19%	18%	13%	14%
Stage IA	40%	44%	47%	41%	40%
Stage IB	1%	1%	2%	3%	1%
Stage IIA	14%	16%	13%	13%	15%
Stage IIB	6%	10%	5%	7%	10%
Stage IIIA	3%	3%	4%	9%	8%
Stage IIIB	3%	5%	3%	2%	5%
Stage IIIC	1%	n/a	3%	5%	1%
Stage IV	4%	2%	6%	6%	5%
Unknown stage	1%	n/a	n/a	n/a	1%
Total number of cases	144 cases	147 cases	153 cases	149 cases	189 cases

[*Percentages may not equal 100 due to rounding]

The percentage of cases with Stage IV disease has increased to 6% in 2014 and 2015.

Comparisons of breast cancer data from PSJMC and the National Cancer Data Base (NCDB) by date of diagnosis (not accession year).

PSJMC data compared to 28 Comprehensive Cancer Programs in Illinois

AJCC Stage comparison:

Stage	2012		2013		2014		2015	
	PSJMC	NCDB	PSJMC	NCDB	PSJMC	NCDB	PSJMC	NCDB
Stage 0	28%	23%	20%	23%	18%	22%	13%	21%
Stage I	41%	40%	46%	40%	48%	44%	47%	43%
Stage II	19%	24%	27%	24%	19%	23%	20%	23%
Stage III	7%	8%	5%	8%	9%	6%	15%	7%
Stage IV	4%	4%	2%	4%	5%	5%	5%	4%
Unknown	1%	1%	n/a	1%	n/a	1%	n/a	1%

The percentage of Stage III cases at PSJMC increased from 9% in 2014 to 15% in 2015.

Barriers to breast cancer screening addressed in 2017:

- Lack of health insurance. People without health insurance are much less likely to get mammograms and are more likely to be diagnosed at an advanced stage.
- Low income

National Guideline:

American Cancer Society Screening Guidelines for the Early Detection of Cancer in Average-risk Asymptomatic People – 2016

National Comprehensive Cancer Network® (NCCN) Guidelines Version 1.2016 Breast Cancer Screening and Diagnosis

Cancer Site: Breast
Population: Women ages 25+

Test or Procedure	Frequency
Breast self-examination (BSE)	NCCN recommends that women should be familiar with their breasts and promptly report changes to their health care provider and that periodic, consistent BSE may facilitate breast self-awareness.
Clinical breast examination (CBE)	For women between 25 and under 40, the NCCN recommends CBE every one to three years and breast awareness encouraged. For asymptomatic women ages 40 and over, NCCN recommends annual CBE and screening mammography and encourages breast awareness.
Mammography	Women age 40-54: Women should undergo regular screening mammography starting at age 45. Women ages 45-54 should be screened annually. Women should the opportunity to begin annual screening between the ages of 40 and 44. Women age 55+: Transition to biennial screening, or have the opportunity to continue annual screening. Continue screening as long as overall health is good and life expectancy is 10+ years.

Activity:

The JOHA Foundation hosted the breast cancer screening event at Presence Cancer Care on Friday, October 27, 2017 from 3:00 p.m. to 5:00 p.m. Volunteers included staff from PCC and PSJMC. Breast exams were performed by physicians from PCC and all 15 participants received a voucher for a free mammogram at PSJMC. The vouchers were paid for by the JOHA Foundation.

Findings:

PSJMC, PCC and the JOHA Foundation partnered to provide a free breast cancer screening to uninsured and underinsured women in our local area.

Screening Results:

Date	10/2/15	10/28/16	10/27/17
Capacity	50	50	50
# registered	25	20	17
# of participants	11	20	17
# free mammo vouchers	11	17	17
# mammograms performed	11	8	8
# with abnormal results	1	1	0

10/27/17

Breast physical exam:

7 normal – 3 had normal screening mammo, 4 no mammo yet

4 suspicious – 3 had normal mammo/US, 1 had biopsy positive for fibroadenoma

4 abnormal – 1 had normal mammo, 3 no mammo yet

Effectiveness/Recommendations:

We need increased marketing/public relations involvement to increase community awareness and participation.

Glossary of Terms

Abstract: A summary of pertinent information about the patient, cancer, treatment, and outcome. Components include patient identification, cancer identification, stage of disease at initial diagnosis, first course of treatment, recurrence, treatment for recurrence or progression, and follow-up.

AJCC: American Joint Committee on Cancer (TNM staging).

Analytic case: Any patient diagnosed and/or receiving all or part of the first course of cancer treatment at Presence Saint Joseph Medical Center.

Non-analytic case: Any patient diagnosed elsewhere and received their entire first course of cancer treatment at another facility, or a patient diagnosed at autopsy.

Class of case: Determination of patient's diagnosis and/or treatment status at first admission or encounter for cancer at our facility.

First course of therapy: Cancer-directed treatment or series of treatments, which is planned and usually initiated within four months of diagnosis.

TNM staging: Classification given to the extent of disease by the American Joint Committee on Cancer. The TNM letters correspond to the extent of disease for the tumor, nodal involvement, and distant metastases.

References

AJCC Cancer Staging Manual Seventh Edition

American Cancer Society Cancer Facts and Figures 2016

American College of Surgeons Commission on Cancer National Cancer Data Base Benchmark Reports

American College of Surgeons Commission on Cancer *Cancer Program Practice Profile Report (CP³R)*

Commission on Cancer Facility Oncology Registry Data Standards (FORDS)

Commission on Cancer, Cancer Program Standards 2012

Elekta IMPAC Information Services

National Comprehensive Cancer Network web site

NCCN Clinical Practice Guidelines in Oncology

Presence Saint Joseph Medical Center web site

"Will County Community Health Status Assessment Report August 2013