



2018 CANCER PROGRAM REPORT OF OUTCOMES



A QUALITY PROGRAM
of the AMERICAN COLLEGE
OF SURGEONS



NATIONAL ACCREDITATION PROGRAM
FOR BREAST CENTERS

PRESENCE NEW LENOX BREAST CENTER

New Lenox Breast Center
Presence Healing Arts Pavilion
410 East Lincoln Highway
New Lenox, IL (Route 30 near Cooper Road)
815.462.5545
[Map and directions](#)

The New Lenox Breast Center, a comprehensive center for all breast health needs and accredited by the National Accreditation Program for Breast Centers since 2015.

Meet Our Breast Center Care Team



[Diane Drugas, M.D., F.A.C.S](#)
Breast Surgery



Margaret Hornung, NP, CN-BP
Breast/Women's Health

Karen Hucek, RN
Nurse Navigator



[Ellen Gustafson, MD](#)
Oncology



[Worood Abboud, MD](#)
Oncology

Meet Our Breast Center Care Team



Ommar Hla, MD
Radiation Oncology

Virag Dandekar, MD
Radiation Oncology



Mickey Jester, DO
Radiology

Elias Gikas, MD, FACS
Plastic and Reconstructive Surgery

Services offered:

- Diagnostic Imaging: 3D Mammography, Ultrasound, Bone Density (DEXAScan), MRI, CT scan, X-Ray, Ultrasound Guided Biopsies
- Genetic Evaluation & Management
- Physical Therapy
- Clinical Trials
- Dietician Services
- Counseling Services (coming soon)
- Breast Cancer Support Group (coming soon)
- Educational Resources

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.

2018 Cancer/Transfusion Committee Membership

Quorum Members

Ellen Gustafson, MD, Hematology/Oncology, Cancer Committee Chair
Virag Dandekar, MD, Radiation Oncology, Cancer Liaison Physician
Diane Drugas, MD, General Surgery, Breast Program Administrator
Aamira Tahir-Malik, MD, Presence Health Palliative Care
Noah Schwind, MD, Radiology
James Urban, MD, Pathology; Co-Chair, Cancer Conference Coordinator

Non-Quorum Members

Barb Weber, Chief Operations and Nursing Officer
Linda Castello, Director Imaging and Cardio Services
Deborah Condon, Senior Physical Therapist
Alexandra Hartsell, Assistant Patient Care Manager 5 West
Katherine Hendrick, Reg Med Tech II Alverno Presence Lab
Susan Hawbaker, Nurse Practitioner Palliative Care
Maggie Hornung, Nurse Practitioner New Lenox Women's Center
Danielle Jaramillo, Manager Rad/Imaging Services
Loretta Mangers, Mammography QA Tech/Breast Navigator
Vivina Maninang, Patient Care Manager 5 West
Laura McHugh, Quality Improvement Analyst
Kim Midlock, Clinical Nurse Manager Presence Cancer Care
Jill Morrison, LSW, Director Care Management
Diana Page, Clinical Pharmacist Beth Rader, Lead Cancer Registrar
Julie Randolph, Director of Quality
Lisa Ryan, Oncology Nurse Navigator Presence Cancer Care
Jane Schwark, Breast Nurse Navigator Presence Cancer Care
Eva Stobbe, Clinical Dietician
Danielle Villari Swets, ACS Account Representative Hospital Systems
Alida Wagner, President Sonreg Solutions, Inc.
Teffani Wellman, CTR, Sonreg Solutions, Inc.

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. All conferences are now 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 2018, we held 23 Tumor Boards and 22 Breast Cancer Conferences and presented a grand total of 174 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 Chief Operations and Nursing Officer.

ACCOUNTABILITY/QUALITY IMPROVEMENT

CANCER PROGRAM PRACTICE PROFILE REPORT (CP³R) 2013-2016 (released 11/27/18)

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
		2013	2014	2015	2016		
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%	96.00	93.10	100	94.40	95.80%	
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%	100	100	100	100	100%	
nBX Image or palpation-guided needle biopsy to the primary site performed to establish diagnosis of breast cancer (Quality Improvement)	4.5 / 80%	88.30	97.60	98.70	100	96.12%	
BCS Breast conservation surgery rate for women with AJCC clinical stage 0, I or II breast cancer (Surveillance)	Not applicable	65.70	67.10	56.60	73.70	65.71%	
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	91.70	90.0	100	100	95.24%	

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.

CANCER SCREENING PROGRAM

Breast Cancer Screening - 2018

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.

NAPBC Standard 4.1: Each year, two or more breast disease education, prevention, and/or early detection programs are provided or coordinated with other facilities or local agencies targeted to the community. For early detection programs, follow-up is provided to patients with positive findings.

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

Identified Need: In 2017, approximately 252,710 new cases of invasive breast cancer will be diagnosed among women in the US with 40,610 death. Approximately six of ten cases are diagnosed at the localized stage and the five-year survival rate for these patients is 99%. Female breast cancer death rates have been declining since 1989 in the US, in part due to early detection by mammography screening and treatment. (*American Cancer Society Cancer Prevention & Early Detection Facts & Figures 2017-2018*)

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	151	435	35%
2015	148	469	32%
2016	186	514	36%
2017	145	419	35%

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

AJCC STAGE	2012	2013	2014	2015	2016	2017
Stage 0	28%	19%	18%	13%	15%	24%
Stage I	41%	47%	48%	47%	42%	42%
Stage II	19%	27%	19%	20%	25%	23%
Stage III	7%	5%	9%	15%	13%	7%
Stage IV	4%	2%	5%	5%	5%	4%
Unknown stage	1%	0%	0%	0%	0%	0%
Number of cases	144	147	151	148	186	145

[*Percentages may not equal 100 due to rounding]

The percentage of cases with Stage III disease decreased from 2016 to 2017.

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 29 Comprehensive Cancer Programs in Illinois

AJCC Stage comparison:

Stage	2012		2013		2014		2015	
	PSJMC	NCDB	PSJMC	NCDB	PSJMC	NCDB	PSJMC	NCDB
Stage 0	28%	22%	19%	22%	18%	21%	13%	22%
Stage I	41%	40%	47%	40%	48%	42%	47%	43%
Stage II	19%	24%	27%	25%	19%	24%	20%	23%
Stage III	7%	9%	5%	8%	9%	7%	15%	7%
Stage IV	4%	4%	2%	4%	5%	5%	5%	4%
Unknown	1%	1%	0%	1%	0%	1%	0%	1%

The percentage of Stage III cases at PSJMC increased from 9% in 2014 to 15% in 2015 and is significantly higher than the NCDB data.

Will County Community Health Needs Assessment and Will County Community Health Implementation Plan 2017-2020

Executive Committee:

AMITA Adventist Medical Center Bolingbrook
 Aunt Martha's Youth Services
 Catholic Charities Diocese of Joliet
 Chestnut Health Systems
 Easter Seals Joliet Region, Inc.
 Edward-Elmhurst Hospital
 Governors State University
 New Life Church
 Presence Saint Joseph Medical Center

Senior Services of Will County
 Silver Cross Hospital
 Stepping Stones, Inc.
 Three Rivers Manufacturers' Association
 United Way of Will County
 Will County Community Health Center
 Will County Executive's Office
 Will County Health Department
 Will-Grundy Medical Clinic

The Community Health Status Assessment (CHSA) is one of four assessments performed as part of the *Mobilizing for Action through Planning and Partnerships* (MAPP) strategic framework. During the assessment, information about demographics, health status, health behaviors and social determinants is gathered and analyzed. Data is collected from a variety of resources and analyzed comparing local, state and national benchmarks when available. This assessment is performed to meet the hospital partners' IRS requirement every three years and the Will County Health Department's Illinois Department of Public Health IPLAN (Illinois Plan for Local Assessment of Needs) requirement every five years.

The CHSA provides a picture of our community by answering three questions:

1. Who are we and what do we bring to the table?
2. What are the strengths and risks in our community that contribute to health?
3. What is our health status?

MAPP identifies health indicators in the following categories for conducting the CHSA:

- | | |
|------------------------------|---------------------------|
| Demographics | Social and mental health |
| Socioeconomics | Maternal and child health |
| Health resource availability | Death, illness and injury |
| Quality of life | Communicable diseases |
| Behavioral risk factors | Sentinel events |
| Environmental health | |

Demographic Profile of Will County

According to the U.S. Census Bureau, Will County has grown rapidly over the past decade. Although the total population for Will County was projected to reach 810,000 by 2015, it only reached 687,263. However, Will County's population has and is expected to continue outpacing the growth rate for Illinois.

Will County has a total of 849 square miles (12 of which are water), 31 zip codes, 23 cities, and five area codes. Of 12,859,995 Illinois residents, 5% (687,263) resided in Will County in 2015. A majority of these Will County residents reside in Joliet, Plainfield, Bolingbrook, and Romeoville. Will County is predominantly urban, with 96.07% of the total population living in urban areas. Geographically, southern Will County is largely rural.

The median age of Will County is 36.2 years, and the County's population is slightly younger than Illinois' population. According to the 2014 U.S. Census Bureau, 63% of Will County's population is below the age of 45, compared to 60% statewide.

In 2014, the majority of Will County's population was White (77.6%), followed by Black/African American (12.2%), Asian (5.6%), and American Indian/Alaska Native (0.7%). The population for all races increased since 2010, however the White population has decreased overall since 2000. The Hispanic/Latino ethnicity has increased since 2000 and 2010 (8.7% in 2000 to 15.6% in 2010 to 16.1% in 2014).

The population of foreign-born residents in Will County increased slightly between 2011 and 2014 (an increase of 3,057 residents). Currently, the foreign-born population constitutes 11.8% of the Will County population. As of 2014, a little over half of the foreign-born population had become U.S. citizens. Almost 80% of Will County's foreign-born population originated from Latin America (48.9%) and Asia (30.4%) in 2014. A higher concentration of Will County's foreign-born population resided in northern Will County and in the Joliet area.

As of 2014, there are 94,393 families with children (under age 18) which accounts for 42.3% of total households in Will County. This percentage is 10% higher than in Illinois (32.3%).

In Will County, 8.32% of the population, or 56,202 people has a disability. This percentage is slightly lower than Illinois (10.62%). Large concentrations of this population resided in certain areas in northern, eastern, and southern Will County, as well as Joliet.

In Will County, 6.6% of the total population, or 32,514 people, are veterans, who mostly reside in southern and eastern Will County.

Key findings of 2017 Will County Community Health Needs Assessment (CHNA)

Top identified health needs:

- Access to dental and primary care
- Improving behavioral health
- Preventing and reducing chronic disease

Preventing and reducing chronic disease key assessment findings:

- Cancer incidence and mortality issue
 - Cancer second cause of death; lung cancer top cancer death
 - Men slightly more likely to develop cancer
 - Only 58% of women had breast cancer screening in 2017, which is down 15% from 2009
 - **Target populations: Males, Adults 50-75 years, Women 21+ years**
- Chronic disease mortality issue
 - Whites highest percent with heart disease; heart disease mortality highest in African-Americans
 - High percentage of Medicare beneficiaries with diabetes
 - **Target populations: African-Americans, Medicare beneficiaries**
- Food access issue

- Over 450,000 residents live in designated food desert census tract
- **Target populations: 60417, 60432, 60433, 60436, 60440, 60441, and 60484 zip codes**
- Obesity issue
 - One-fourth of adults obese; more males than females
 - One-third of adults overweight; mostly non-Hispanic White
 - 20% of adults not physically active; 80% not consuming recommended servings of vegetables and fruits
 - Two-thirds of youth not meeting recommended physical activity guidelines; 50% not consuming recommended servings of vegetables and fruits
 - **Target populations: White Males, Middle & High School Youth**
- Tobacco use issue
 - Adult use higher than HP2020 target of 12%
 - 12% of 12th graders smoking cigarettes; 10% using smokeless tobacco
 - **Target populations: Adults, High School Youth**

After completing the CHNA, partners met to develop goals, strategies, and objectives to be addressed over the next three years. Many of the strategies were determined to be cross-cutting across the selected health priorities and are labeled Overarching Goals.

Overarching Goals:

1. Advocate for a “Health in All Policies” approach to improve Will County’s built environment and transportation system.
2. Collect, analyze, and disseminate high quality public health data.
3. Explore becoming a trauma-informed county.
4. Increase business and philanthropy partnerships in community engagement.
5. Raise awareness of health inequities and expand understanding of health equity.
6. Reduce prevalence and inequities of obesity and obesity-related disease.

In 2014, there were 4,223 deaths in Will County. Cancer was the leading cause of death in Will County until 2014, when it was surpassed by diseases of the heart. Cancer is now the second leading cause of death. Of the total cancer deaths, lung cancer is the top cause in Will County.

Preventing and Reducing Chronic Disease

Chronic diseases are the most common, costly, and preventable of all health problems. Heart disease is the second leading cause of hospitalizations in Will County and cancer is the fifth. Heart disease, cancer, and diabetes account for approximately 58% of all deaths in Will County. Many chronic diseases are linked to lifestyle choices, or health risk behaviors, which can be changed. Four of these health risk behaviors—lack of physical activity, poor nutrition, tobacco use, and excess alcohol consumption— cause much of the illness, suffering, and early death related to chronic diseases and conditions. Findings from the assessments detail access issues to chronic disease resources. Specific priority needs and populations identified in the assessment process include:

- Better data to define and prioritize chronic disease problems, identify populations most affected, and monitor progress
- Healthcare services to prevent or enable early detection of disease, reduce risk factors, and manage conditions
- Strategies that link community and clinical services to ensure that people with or at high risk of chronic diseases have access to the resources they need to prevent or manage these diseases
- Access to affordable, healthy foods

Breast Cancer

In Will County, 58.4% of women met breast cancer screening guidelines, which is approximately a 15% decrease from 2009 and well below the Healthy People 2020 goal. The Will County breast cancer mortality rate is 16.6 deaths, which is lower than the state and Healthy People 2020 target. However, female breast cancer incidence increased 5% between 2000 and 2013.

According to the 2010-2014 Behavioral Risk Factor Surveillance System (BRFSS), in Illinois approximately 58.4% of women ages 40 and older have reported having a mammogram in the past year. This is a significant decrease from 2007-2009 in which 68.1% of this population reported the same. The Will County Breast Cancer mortality rate was 16.6 deaths per 100,000 females in 2013. This is lower than Illinois' Breast Cancer mortality rate of 22.2 deaths per 100,000 females and also lower than Healthy People 2020's target of 20.6 deaths per 100,000 females. While the breast cancer mortality rate in Will County is lower than the state and national rate, the percentage of women who have had a mammogram in the past year is significantly below the Healthy People 2020 target. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Barriers to breast cancer screening addressed in 2018:

- Lack of health insurance. Women who are uninsured or are underinsured are much less likely to get mammograms and are more likely to be diagnosed at an advanced stage.
- Low income
- Only 58% of women had breast cancer screening in 2017, which is down 15% from 2009
- HP 2020 Target:
76.8% of women having mammograms per year
Will County (2014): 58.4% of women having mammograms per year

National Guideline:

*American College of Radiology (ACR) Position Statement on Screening Mammography
October 6, 2016*

The American College of Radiology recommends annual screening mammography for women starting at age 40. This affords the maximum benefits of reduced breast cancer deaths, less extensive treatments for cancers that are found, decreased chance of advanced disease at diagnosis, and discovery and treatment of high risk lesions. Breast cancer incidence increases substantially around age 40 and even earlier for high risk women and women of color.

All health insurers, including the Centers for Medicare & Medicaid (CMS), should cover women ages 40 and older for annual mammograms as a preventive service, without additional cost sharing or co-payments. Extensive scientific research shows a 40 percent reduction of breast cancer deaths with regular mammographic screening. The greatest mortality reduction, the most lives saved and the most life years gained occur with yearly mammography starting at age 40. There is no established age for women to stop screening. Women should continue breast cancer mammography screening as long as they are healthy and desire to remain so. Therefore, health care coverage for screening should not have an upper age limit.

Team members: Worood Abboud, MD
Ellen Gustafson, MD
Mickey Jester, DO
Kim Midlock Clinical Nurse Manager PCC/JOHA
Lori Mangers, Mammo QA Tech/Breast Health Navigator
Jane Schwark, RN, Oncology Nurse Navigator PCC/JOHA
Grazyna Batog, Ultrasound Technologist

Activity:

The JOHA Foundation hosted the Breast Cancer Awareness Fair at Presence Cancer Care on Friday, October 19, 2018 from 2:00 p.m. to 4:00 p.m. Breast exams were performed by Dr. Worood Abboud, and Dr. Ellen Gustafson and all 24 participants received a voucher for a free mammogram at PSJMC. The vouchers were paid for by the JOHA Foundation. Volunteers included Kim Midlock and Jane Schwark from PCC and Lori Mangers and Grazyna Batog from PSJMC. Wellness information was also provided.

Findings:

PSJMC, PCC and the JOHA Foundation partnered to provide a free breast cancer screening to uninsured and underinsured women and/or low income women in our community.

Screening Process/Duties:

1. A process is in place to ensure that patients with abnormal screening results are referred for appropriate follow-up.
2. The breast exam is performed by one of the JOHA physicians who counsel the patient on any abnormal findings. The mammography results are sent to the patient’s Primary Care Physician for follow-up unless the patient does not have one in which case Dr. Nafisa Burhani receives the results for further recommendation.
3. Lori Mangers, PSJMC QC Tech/Breast Health Navigator also follows all patients with abnormal mammography or ultrasound testing performed at PSJMC.
 - a. The patient comes in for diagnostic mammogram and/or ultrasound of the breast and the Radiologist suggests a biopsy. Lori Mangers speaks with the patient regarding the results and biopsy procedures. She gives the patient an information packet regarding the testing needed.
 - b. Lori Mangers makes sure that Birads 4 and 5 patients are followed by a physician and contacts the patient or physician if we do not get an order for a biopsy within a month. She sends the physician and the patient letters regarding the biopsy and the need for one.
4. The Presence Health INFO Line will provide assistance to patients in need of a physician.

PSJMC PATIENT NAVIGATOR RESPONSIBILITIES

1. Check the schedule daily for patients that are scheduled for diagnostic and/or ultrasound exams so that I know what patient I may be speaking with later with the Radiologist.
2. Assemble patient education folders to give patients who need biopsies.
3. Order all the patient education materials.
4. Check the surgery schedule daily for patients that are having their lumpectomies or mastectomies so that they may receive their cancer information packet with all the information they may need.
5. Accompany the Radiologist when results are given to the patient and explain in lay terms what the results mean to the patient and what the next step will be.
6. Fax the results to the ordering physician’s office next day. Support staff calls physician’s office next day to let them know report is being faxed to office.
7. Schedule patient for biopsy and obtain orders from physician’s office for biopsies if needed.
8. Collaborate with Ultrasound for biopsies so Radiologists are not double booked.
9. Obtain pathology report and input into Penrad for tracking purposes.
10. Patient will call regarding their cancer treatment and I listen and support any way that I can.
11. Document everything in binder including reports and physician correspondence.
12. Ensure that every Birads 4 and 5 sees a physician and gets the appropriate treatment prescribed by their physician.
13. After the patient has their surgical procedure, give patient binder information to the Breast Oncology Nurse Navigator at JOHA/PCC to continue patient’s treatment.
14. Send patient reminder letters at six months for the next three years to follow-up with mammograms and/or ultrasound after cancer treatment.

Screening Results:

Date	10/2/15	10/28/16	10/27/17	10/19/18
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Capacity	50	50	50	50
# registered	25	20	17	30
# of participants	11	20	17	24
# free mammo vouchers	11	17	17	24
# mammograms performed	11	8	8	8
# with abnormal results	1	1	0	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

10/19/18

Breast physical exam:

24 breast exams – all normal, no abnormalities detected

Mammo results: No abnormal results as of 12/31/18

Effectiveness/Recommendations:

Continue breast cancer awareness program. Improve marketing/public relations process to increase community awareness and participation.

Additional PSJMC/PCC education, prevention and early detection programs:

- 10/15/18 Maggie Hornung on WJOL radio from 9 to 9:30 am with the President of Will County Senior Services
- 10/23/18 Maggie Hornung spoke at Will Count Senior Services regarding breast cancer awareness
- 10/27/18 One Vision Church: Community Outreach Fair - Lori Mangers provided pamphlets and information on breast health and breast cancer.
- 11/4/18 Article in the Health & Fit insert of the Herald News by Ellen Gustafson, MD about the Women's Breast Clinic.

Page on PSJMC internet site on breast health:

<http://www.presencehealth.org/presence-saint-joseph-medical-center-joliet-breast-health>

Presence Health internet

Breast cancer:

<https://www.presencehealth.org/medical-services-cancer-care-breast-cancer>

Early detection:

<https://www.presencehealth.org/medical-services-cancer-care-early-detection>

Cancer diagnosis:

<https://www.presencehealth.org/medical-services-cancer-care-diagnosis>

Survivorship and rehab:

<https://www.presencehealth.org/medical-services-cancer-care-survivorship-rehab>

Presented to Breast Program Leadership on 11/6/18;

Cancer Committee on 12/04/2018

PATIENT/FAMILY RESOURCES AND SUPPORT



Attacking from every angle.

AMERICAN CANCER SOCIETY

The American Cancer Society is a nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy and service. Presence Saint Joseph Medical Center in conjunction with American Cancer Society provided 66 services to 43 patients in 2018 including lodging assistance, providing transportation to treatment, free wigs, and hosting quarterly "Look Good...Feel Better" sessions. Personal Health Managers are offered as a complement to the local patient navigation process; 31 patients were provided with a Personal Health Manager in 2018. In addition our area American Cancer Society Wig Boutique located at The Salon Professional Academy, provided 20 wigs.

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. Meets the first and third Wednesday of each month, 3:30 - 5 p.m. in the Sister Theresa Cancer Center. Free. For more information call 877-737 INFO (4636).

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. Call 815-725-1355 for information.

"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 Monday of every month at 5:30 p.m. at Advanced Urology Associates, 1541 Riverboat Center Drive, Joliet, IL 60431. Call 814-469-4930.

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

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

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Will County Community Health Needs Assessment

Will County Community Health Implementation Plan 2017-2020