2016 Cancer Program Annual Report

Presence®
Saint Joseph Medical Center

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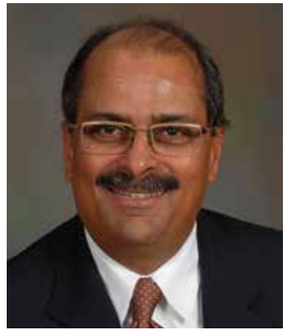
Chairman's Message



Dear Colleagues,

For your review, the Cancer Committee of Presence Saint Joseph Medical Center (PSJMC) respectfully submits our Cancer Program Annual Report for 2016.

The PSJMC 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. PSJMC is proud to be the first Accredited Breast Center in Will, Grundy and Kankakee Counties.

I am pleased to share these highlights from our 2016 cancer program with you:

- Hired Jane Schwark as a full-time Oncology Nurse Navigator for breast patients at Presence Cancer Care.
- Hired Lisa Ryan as a full-time Oncology Nurse Navigator for colorectal and lung cancer patients at Presence Cancer Care.
- Deb Condon, physical therapy, was recognized by the Herald News in their 2016 Best of Will County Readers' Choice Contest. The contest was held on the newspaper's website. With 32,000 votes cast in the contest, Deb received an overwhelming amount of support from former and current patients.
- Presence Cancer Care offers a 2nd Opinion Clinic to help patients get detailed, in-person medical opinions from our Cancer Care team. We've been providing quality cancer treatments since 1981. 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 together with 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,

Arvind Kumar, M.D.
2016 Cancer Committee Chair

Care Continuum Role Statement

The PSJMC 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 PSJMC 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 program survey was held on September 24, 2014 after which 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. PSJMC 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.

2016 Cancer/Transfusion Committee Membership

Quorum Members

Diane Drugas, MD, General Surgery
Ellen Gustafson, MD, Hematology/Oncology, Cancer Program Liaison Physician
Ommar Hia, MD, Radiation Oncology
Arvind Kumar, MD, Hematology/Oncology, Cancer Committee Chair
Lynn McDonald, MD, Palliative Medicine
Noah Schwind, MD, Radiology
Bhavin Shah, MD, Surgical Oncology
James Urban, MD, Pathology, Cancer Conference Coordinator

Non-Quorum Members

Janice Nemri, Regional Chief Ambulatory Officer
Linda Castello, Director, Imaging, Cardiac Cath Lab, Cardiopulmonary Services
Deborah Condon, Senior Physical Therapist
Susan Hawbaker, Palliative Care Nurse Practitioner, Rainbow Hospice and Palliative Care
Maggie Hornung, Nurse Practitioner New Lenox Women's Center
Susan Krueger, Director Ancillary Services
Carrie Kruse, Director Care Management
Diane Labriola, Licensed Cosmetologist, Reflections
Pete LaMotte, Regional Director, Case Management
Loretta Mangers, Mammo QA Tech/Breast Navigator
Laura McHugh, Analyst, Quality Improvement
Kim Midlock, Clinical Nurse Manager, PCC/JOHA
Shannon Morgan-Jermal, Regional Director, Community Health
Therese Murphy, Patient Care Manager, 5 West
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
Pam Tabler, Palliative Care Nurse Practitioner, Rainbow Hospice and Palliative Care
June Vargocko, General Manager, Alverno Presence Lab
Danielle Villari-Swets, ACS Account Rep, Hospital Systems
Brittney Wirth, Social Worker

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 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 2016, we held 30 tumor boards and 23 breast cancer conferences and presented a grand total of 186 cases.

Cancer Registry Report

The Cancer Registry monitors all types of reportable neoplasms diagnosed and/or treated at 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.

2015 Cancer Registry Data Statistics

For accession year 2015, the cancer registry abstracted and reported 985 reportable oncology cases - 839 analytic cases and 146 non-analytic cases. The following data for 2015 includes only analytic cases. Analytic cases are cases that are accessioned because the patient was diagnosed at PSJMC and/or the patient received all or part of the first course of treatment at PSJMC. Since January 1, 2001, the cancer registry has abstracted 10,257 analytic cases into our database (class of case 10-14, 20-22). Of those, we are currently following 5060 cases. Our current follow-up rate since our cancer registry reference date is 94.90%; our follow-up rate for analytic patients diagnosed within the last five years is 95.81%. Approximately 81% of our patients live in Will County (see Figure A). Seventy-one percent of male and 69% of female patients were diagnosed between the ages of 50 and 79 (see Figure B).

Breast, bronchus/lung and colon/rectum were the most common sites of cancer for all patients combined (Figure C). Bronchus/lung, bladder and colon/rectum were the most frequent cancer sites for men, accounting for 61% of the total number of male cases. For females, breast, bronchus/lung, and colon/rectum were the most frequent cancer sites, accounting for 73% of the total number of female cases.

Figure A: County Distribution

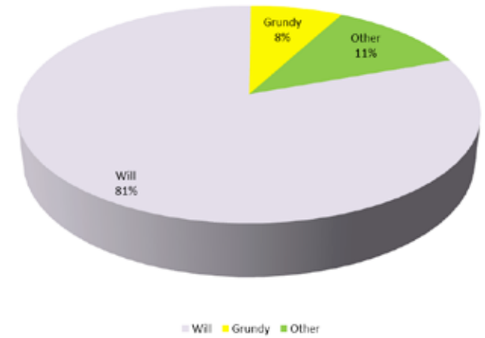


Figure B: Age at Diagnosis by Gender

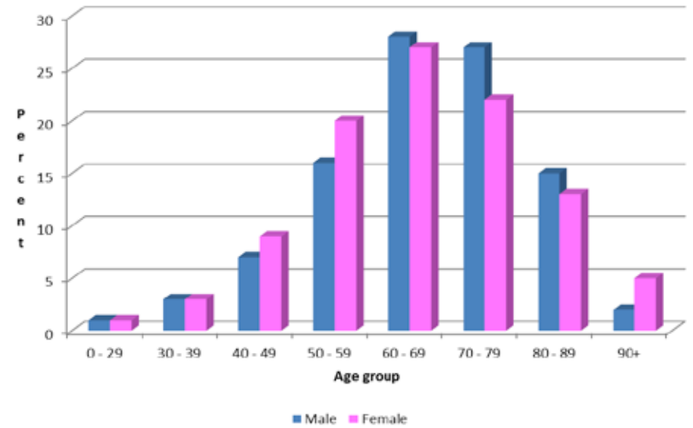
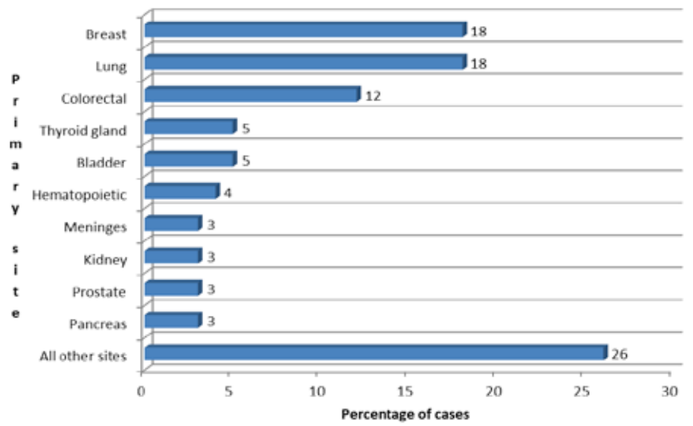


Figure C: Top Ten Sites



Quality Improvement

CoC Standard 4.6: Each calendar year, the cancer committee designates a physician member to complete an in-depth analysis to assess and verify that cancer program patients are evaluated and treated according to evidence-based national treatment guidelines. Results are presented to the cancer committee and documented in cancer committee minutes.

The annual study includes all of the following components:

1. Sources for the study
   › Review of a single treatment for a specific cancer site
2. A determination that the first course of therapy is concordant with an evidence-based national treatment guideline and/or prognostic indicators
3. A reporting format that permits analysis and provides an opportunity to recommend performance improvements based on data from the analysis.

Reporting year: 2016
Accession year reviewed: 2014/2015
Number of cases reviewed: 17
Guideline: NCCN Guidelines® for Central Nervous System Cancers Version 1.2016

Reviewer: Ellen Gustafson, MD
Date presented: August 2, 2016

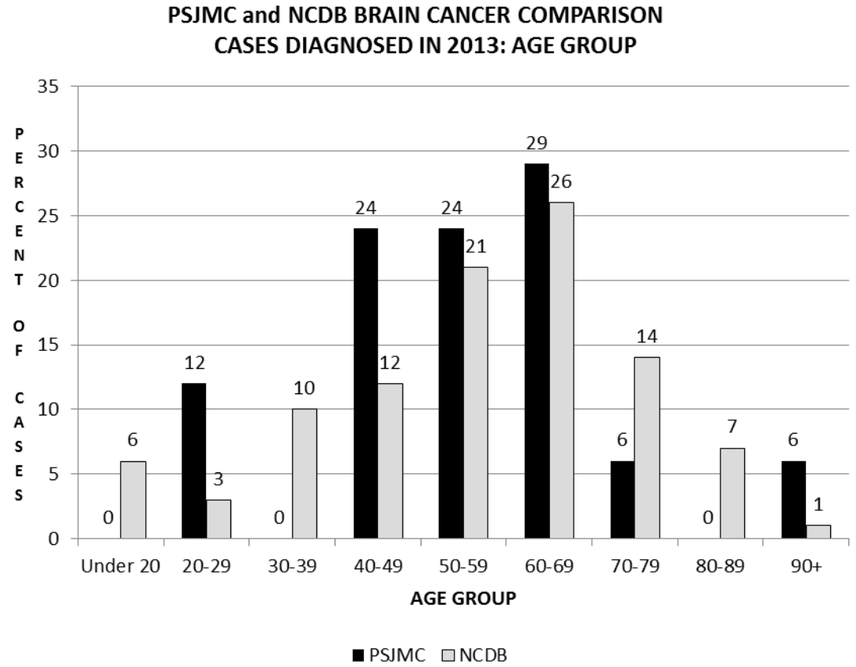
Criteria

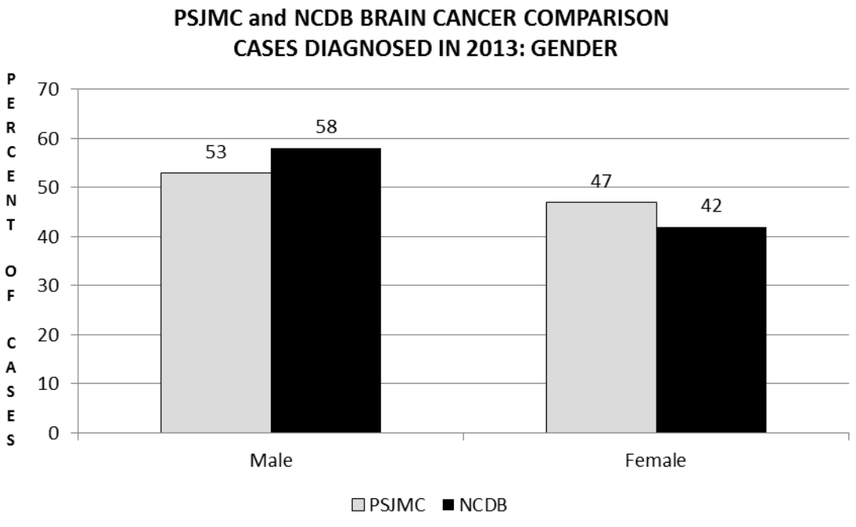
1. Case selection:
   - C71.0 – C71.9
   - Histology 9440/3
   - Analytic case
   - Accession year 2014 and 2015
   - Pathologic confirmation
   - Treatment at PSJMC and/or PCC
2. Initial evaluation concordant with evidence-based national guideline (NCCN Guidelines® for Central Nervous System Cancers Version 1.2016). Criteria are considered concordant if the following are met/documented:
   - Physical exam
   - Performance status
   - Preoperative CT head and MRI brain (CT only for patients for whom MRI contraindicated)
   - Pathologic documentation of tumor grade
   - Postoperative MRI performed within 24-72 hours to determine extent of resection; to be used as baseline to assess further therapeutic efficacy (CT head in patients for whom MRI contraindicated)
3. Prognostic indicators were used in treatment planning.
   - Histologic diagnosis
   - Patient age
   - Performance status
4. Treatment plan concordant with evidence-based national treatment guidelines.
   - Surgery – Maximal tumor removed when appropriate
   - Adjuvant radiation and temozolomide
     Criteria are considered met if the recommended treatment field is documented with one of the following:
     01-03 administered
     82 contraindicated
     85 not administered because patient died prior to planned therapy
     86 recommended but not administered, no reason stated in medical record
     87 patient/family refused
     88 recommended but unknown if administered
     Criteria are not considered met if any of the following are documented:
     00 not part of planned first course of therapy
     99 unknown whether recommended or administered

Results of review:	
Number of cases reviewed (Criteria 1)	17
Number of cases no data on treatment 3 known to have gone to Rush or NWMH	5
Number of cases for analysis	12
Death prior to treatment	1
Treatment recommended – patient refused	1
Bx not done – No Rx per family	1
Total number of cases treated	9
Percent of applicable cases compliant (Criteria 2) 9 of 9 compliant	100%
Percent of applicable cases compliant (Criteria 3) 9 of 9 compliant	100%
Percent of applicable cases compliant (Criteria 4) 9 of 9	100%

Ideal benchmark: 100% of eligible patients
Internal benchmark: 95% of eligible patients
Percent of applicable PSJMC patients compliant with guidelines: 100%
Note: IDH-1 testing performed on 4/11 (1/12 patients did not have biopsy) 36%

Submitted by Ellen Gustafson, MD





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.

TYPE OF TRIAL	2014 Breast	2014 All Sites	2015 Breast	2015 All Sites	2016 Breast	2016 All Sites
Number of Clinical trials available	5	20	5	20	5	20
Diagnostic trials	14	45	4	45	11	14
Genetic studies					2	9
Prevention and control research studies		3		3		
Quality of life and economics of care studies				15		
Bio-repository / bio-bank studies				6		
Patient registry studies				1		5
Other – please specify						
Total	14	48	4	70	13	28
Annual Analytic Caseload	153	783	149	839		
Percent Accrued	9.2%	6.1%	2.6%	8.3%		

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.

PATIENT/FAMILY RESOURCES AND SUPPORT

American Cancer Society
The American Cancer Society actively works with the Presence Cancer Care staff to provide information, day to day help, and emotional support for patients undergoing treatments. In 2016, PSJMC, in conjunction with American Cancer Society, provided services to 71 patients, 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; 56 patients were provided with a personal health manager in 2016. Our area American Cancer Society Wig Boutique is now located at The Salon Professional Academy located at 335 Vertin Boulevard. in Shorewood; 30 patients received a free wig in 2016.

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, 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 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.

Reflections Boutique at Presence Cancer Care
Located at: 2614 W Jefferson Street
Joliet, IL 60435
Phone: 815.730.3033 Ext. 1300
Fax: 815.725.9857

Cancer Prevention Program

Smoking Cessation
Each calendar year, the cancer committee organizes and offers at least one cancer prevention program designed to reduce the incidence of a specific cancer type and targeted to meet the prevention needs of the community. Each prevention program is consistent with evidence-based national guidelines for cancer prevention.

Prevention Program:
Smoking Cessation

Identified need:
To decrease the incidence of patients diagnosed with smoking-related cancers.

Smoking is the world's most preventable cause of death. A significant number of cancers are preventable. All cancers caused by cigarette smoking and heavy alcohol use could be prevented completely. It is estimated that each year, cigarette smoking causes 480,000 premature deaths, 42,000 of which are due to secondhand smoke. (American Cancer Society Cancer Facts & Figures 2016)

Health consequences of smoking (ACS Cancer Facts & Figures 2014 and 2016):

- Smoking accounts for at least 32% of all cancer deaths in the US including 83% of lung cancer deaths in men and 76% of lung cancer deaths in women.
- The risk of developing lung cancer is about 23 times higher in male smokers and 13 times higher in female smokers compared to lifelong nonsmokers.
- Smoking increases the risk of cancer of oral cavity, pharynx, larynx, lung, esophagus, pancreas, uterine cervix, kidney, urinary bladder, stomach, colorectum, liver, and acute myeloid leukemia. The International Agency for Research on Cancer recently concluded that there is some evidence that smoking causes female breast cancers. The Surgeon General concluded that smoking increases the risk of advanced-stage prostate cancer.
- Smoking is a major cause of heart disease, cerebrovascular disease, chronic bronchitis and emphysema and is associated with gastric ulcers.
- The risk of lung cancer is as high in smokers of light or low tar yield cigarettes as it is in those who smoke regular or full-flavored cigarettes.

Benefits of smoking cessation (ACS Cancer Facts & Figures 2014):

- People who quit, regardless of age, live longer and are healthier.
- Smokers who quit before age 50 cut risk of dying in the next 15 years in half.
- Quitting smoking substantially decreases the risk of lung, laryngeal, esophageal, oral, pancreatic, urinary bladder, and cervical cancers.
- Quitting lowers the risk for other major diseases including heart disease, chronic lung disease, and stroke.
- Quitting promotes decreased healing time after surgery/illness
- Others will not breathe in second-hand smoke
- Quitting smoking saves money

Barriers to quitting smoking:

- Assistance with quitting not universally covered by health plans or offered by all clinicians; insured smokers fear cost of pharmacotherapy; uninsured/underinsured cannot afford costs
- Lack of time to quit
- Patient unreadiness to change
- Inadequate patient resources
- Inadequate provider resources
- Inadequate cessation clinical skills
- Craving for smoking
- Fear of inability to cope with stress
- Fear that irritability will increase
- Fear of withdrawal
- Fear of loss of companions who smoke
- Fear that depression will ensue
- Fear of failure at quitting
- Fear of losing enjoyment
- Negative influence of advertisements
- Lack of family support, smoker still in household
- Fear of weight gain
- Peer pressure

Costs of tobacco:

Society pays substantial health-related costs for people who die prematurely or suffer illness from tobacco use. In the U.S. between 2000 and 2004, smoking accounted for an estimated 3.1 million years of potential life lost in men and 2.0 million years of potential life lost in women. On average, smoking reduces life expectancy by approximately 14 years. Between 2000 and 2004, smoking resulted in more than $193 billion in average annual health-related costs, including $96 billion in smoking-attributable medical costs and $96.8 billion in productivity losses. (American Cancer Society Cancer Facts & Figures 2014)

PSJMC Cancer Registry Statistics

At PSJMC in 2012-2015, cancers of the bronchus/lung were the most common site among men and first or second most common site in women (varies by year).

Incidence of lung cancer at PSJMC by gender (based on date of first contact):

Accession year	Male	Female	Total	Annual analytic caseload	Percentage of annual caseload
2012	75	80	155	824	19%
2013	85	64	149	795	19%
2014	70	62	132	783	17%
2015	76	72	148	839	18%

Although the analytic caseload dropped slightly from 2011 to 2014, the percentage of lung cancer cases has remained relatively constant.

Stage of disease at diagnosis at PSJMC (% of lung cancer cases by accession year):

AJCC STAGE	2012	2013	2014	2015
Stage IA	15%	16%	8%	18%
Stage IB	6%	6%	12%	6%
Stage IIA	4%	3%	2%	5%
Stage IIB	4%	7%	6%	2%
Stage III	n/a	1%	2%	1%
Stage IIIA	12%	12%	10%	12%
Stage IIIB	7%	4%	6%	4%
Stage IV	52%	50%	54%	52%
Unknown stage	n/a	1%	n/a	n/a

Approximately 50% of our lung cancer patients have Stage IV disease at diagnosis. There has been no improvement.

Tobacco History for patients accessioned at PSJMC in 2014-2015:

Tobacco History	Number of cases		Percentage of cases	
	2014: total 132	2015: total 148	2014	2015
Never smoked	21	9	16%	6%
Current smoker	47	57	36%	39%
Previous hx of smoking	63	82	47%	55%
Unknown smoking hx	1	00	1%	0

In 2014, 36% of PSJMC lung cancer patients were active smokers at the time of diagnosis which rose to 39% in 2015. Tobacco use remains a significant health threat to our patient population.

Will County Community Health Needs Assessment Report August 2013

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 health status, quality of life, behavioral risk factors and risk factors in the community 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:

1. Demographics
2. Socioeconomics
3. Health resource availability
4. Quality of life
5. Behavioral risk factors
6. Environmental health
7. Social and mental health
8. Maternal and child health
9. Death, illness and injury
10. Communicable diseases
11. Sentinel events

Data was gathered from several sources including: U.S. Census and American Community Survey; Illinois state agencies including Illinois Department of Public Health, IQUERY and IPLAN data sets; U.S. Department of Health and Human Services; community organizations; Will County Health Department; www.chna.org website; Behavioral Risk Factor Surveillance System (BRFSS); and Illinois County Behavioral Risk Factor Surveys (ICBRFS). The most recent county-level data available is for the 2007 – 2009 round of the survey. Some data sources may not be as current or complete as others. Benchmarks were included wherever possible and came from either Healthy People 2020 (HP2020) or County Health Rankings (CHR) National benchmark. HP2020 goals are set every ten years by the U.S. Department of Health and Human Services. The CHR standards are set at 90% of current data. The goal is for all counties to be as healthy as the top 10% of counties are now.

Behavioral risk factors: Risk factors in this category include behaviors that are believed to cause, or are contributing factors to injuries, disease and death during youth and adolescence as well as significant morbidity and mortality later in life.

Key findings

Adults

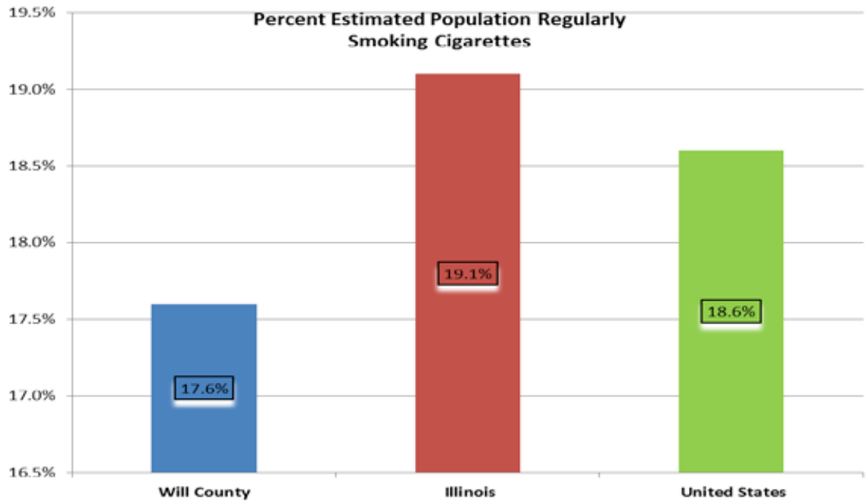
- While only 29% of adults have been diagnosed with high blood pressure, 29% of those with high blood pressure are not taking their required medicine.
- 30.3% of adults are considered obese and 38.3% are considered overweight.
- The number of current smokers in Will County has decreased but is still higher than the HP2020 target.

Youth

- Alcohol is the primary substance used among students in all grades (6th – 12th grade).
- The use of cigarettes and marijuana increased as the grades increased, while the use of inhalants decreased.
- The intake of fruits and vegetables slightly decreased as the grades increased.
- The prevalence of obesity remained the same across all grades.

In 2007-2009, 17.6% of Will County adults were current smokers. The number of adult smokers in Will County improved between 2001 and 2009, but continues to be worse than the HP2020 target, indicating an area of opportunity.

For the past three years, cancer has been the leading cause of death in Will County. There were no notable findings with cancer deaths by race.



In 2009, the Will County cancer mortality rate was 146.5 deaths per 100,000 population – below the HP2020 target (160.6 deaths per 100,000 population). In 2009, there were 1004 deaths in Will County due to cancer; 54% of those were due to the following:

Lung cancer	272 deaths	**Prostate cancer**	54 deaths
Colorectal cancer	84 deaths	**Leukemia**	43 deaths
Breast cancer	73 deaths		

Review of the Will County Health Status Assessment Report clearly demonstrates a continued need for smoking cessation programs and CT lung cancer screenings in our community.

Target Population: Adult and adolescent smokers

Guideline: U.S. Public Health Service Clinical Practice Guideline from "The Health Consequences of Smoking – 50 Years of Progress," a report of the U.S. Surgeon General. 2008 PHS Guidelines made specific recommendations to clinicians and encouraged health care systems, insurers, and purchas¬ers to assist clinicians in making treatments available to all smokers. The Guidelines included these recommendations to clinicians and health care delivery systems:

- It is essential that clinicians and health care delivery systems consistently identify and document tobacco use status and treat every tobacco user seen in a health care setting.
- Clinicians should offer every patient who uses tobacco at least the brief treatments shown to be effective. Clinicians should encourage every patient willing to make a quit attempt to use the counseling treat¬ments and medications recommended. Clinicians should encourage medication use by all patients attempting to quit smoking—except when medi¬cally contraindicated or with specific populations for which there is insufficient evidence of effective¬ness.
- Both clinicians and health care delivery systems should ensure patient access to quit lines and pro¬mote quit line use.

- Tobacco dependence treatments are both clinically effective and highly cost-effective relative to interventions for other clinical disorders.

Efficacy of tobacco dependence programs:

- Tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to successfully quit. Effective treatments exist that can increase rates of long-term abstinence.
- Brief tobacco dependence treatment is effective. Individual, group and telephone counseling are effective. Telephone quit line counseling is effective with diverse populations and has broad reach.
- Seven first-line medications (5 nicotine and 2 non-nicotine) reliably increase long-term smoking abstinence rates: bupropion SR, nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, nicotine patch, and varenicline.
- Counseling and medication are effective when used by themselves. However, the combination of the two is much more effective than either one alone.

Team members:
Susan Krueger, Director, Ancillary Services
Margaret Downey, Manager, Cardiopulmonary Rehab
Beth Rader, Lead Cancer Registrar
Michelle Shaban, Manager, Community Outreach
David Larrick, Regional Director, Marketing

Findings: Adult and adolescent smoking cessation programs are provided locally.

Presence Saint Joseph Medical Center offers the Smoke Free 4 Life program. This program is individualized and consists of four sessions with a healthcare professional that will help the participant establish a structured approach to quitting, one step at a time. The program cost is a one-time fee and includes all four sessions. For additional information or to schedule an appointment, call 815.725.7133 extension 3090 (option 4).

PSJMC also offers the Courage to Quit program, a comprehensive group or individual tobacco treatment program for adults. For additional information, call 815.725.7133 extension 3090 (option 4).

The Will County Health Department no longer offers the American Lung Association's Freedom From Smoking (FFS) Program due to the loss of funding. Will County Health Department refers interested individuals to the Illinois Tobacco Quitline. For information about the Will County Health Department tobacco cessation programs call 815.727.8824.

The Illinois Tobacco Quitline offers smoking cessation assistance at no cost. Patients can contact this Quitline in one of three ways:

1. On the website at: www.quityes.org
   Click on "Request a call from the Quitline"
   Complete and submit the online form
2. Call the Quitline at: 1.866.QUIT-YES
   1.866.784.8937
   TTY for hearing impaired 1.800.501.1068
   Monday-Friday, 8 a.m. to 9 p.m., Saturday-Sunday 9 a.m. to 5 p.m.
3. Complete the Illinois Department of Public Health Tobacco Treatment Enrollment Form and fax completed form to 217.787.5916

Freedom From Smoking® Online, or FFS Online, is a program specifically designed for adults who want to quit smoking and is available from the American Lung Association at www.ffsonline.org. It is an adaptation of the American Lung Association's gold standard, group clinic that has helped thousands of smokers to quit for good. FFS Online can be accessed day or night, seven days a week, on any schedule you choose.

The American Cancer Society provides free informational materials on smoking cessation at www.cancer.org or by calling 1.800.227.2345. Pamphlets are available at PSJMC in the Patient Resource Center.

Smoking cessation participation at PSJMC:
Most of our smoking cessation sessions are with inpatients.

Number of Smoking Cessation consults performed at PSJMC:

2012: 309	2014: 137	2016: 06 inpatient,
2013: 243	2015: 129	12 outpatient

Presented to Cancer Committee on December 6, 2016

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 2015

American Cancer Society Cancer Prevention & Early Detection Facts & Figures 2015-2016

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

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

Our cancer program is accredited by the American College of Surgeons Commission on Cancer.

This distinction means that we have proven our capacity to provide quality cancer care based on rigorous national standards. And, it ensures that our patients have access to the full scope of services required to diagnose, treat and support patients and their families–in their own community.

Presence Cancer Care

2614 West Jefferson Street | Joliet, Illinois 60435

Presence®
Saint Joseph Medical Center

Learn more about Presence Cancer Care,
877.737.4636 | Presencehealth.org