



2016 Annual Report

Based on 2016 Cancer Program Activities
and 2015 Cancer Registry Data



Presence[®]

St. Mary's Hospital

The Cancer Registry:

- Identifies and accessions cancer cases
- Collects information on all diagnostic and screening services
- Adheres to the current standards set by the Commission on Cancer and Illinois State Cancer Registry
- Documents diagnosis, stage of disease and treatment on each patient in the database
- Completes an abstract on each patient in a timely fashion
- Conducts annual follow-up on all analytic cases
- Performs quality control of registry data
- Responds to data requests for administrative and research purposes
- Submits data to the National Cancer Database (NCDB)

The Cancer Registry sincerely thanks all of the staff, physicians and office personnel who respond to our letters requesting treatment and follow-up information. Your assistance enables the Registry to grow and provide a valuable resource to the hospital and community.

The Mission of our Cancer Committee

The mission of the Presence St. Mary's Cancer Program is to promote and integrate existing strengths in cancer research with other critical components of cancer management such as prevention, early detection, clinical care, education and outreach. Our goal is to develop a cancer program that provides a valuable resource that serves the needs of our community.

Cancer Committee

The success of the cancer program depends on the Cancer Committee leadership to plan, initiate, stimulate, and evaluate all cancer-related activities in the facility. 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. The cancer committee at Presence St. Mary's Hospital met four times in 2015. Some of the Cancer Committee's responsibilities include:

- + developing and evaluating annual goals and objectives
- + promoting a multidisciplinary approach to patient management
- + ensuring that an active support system is in place for patients, families and staff
- + improving performance through completion of quality management studies that focus on quality of care, access to care and outcomes
- + supervising the Cancer Registry

Chairman's Message

Dear Colleagues,

For your review, the Cancer Committee of Presence St. Mary's Hospital (PSMH) respectfully submits our annual outcome report for 2016. The attached outcome report summarizes the data from 2014 breast cancer patients. The data clearly delineates that the PSMH Cancer Program evaluates and treats breast cancer patients according to the National Comprehensive Cancer Network (NCCN) guidelines.

In addition to the attached study, the PSMH Cancer Program continued to focus on improving the quality of care that we provide to our patients and enhancing the support services for their caregivers and families.

I am pleased to share additional highlights from our 2016 Cancer Program with you:

- + Providing Survivorship Care Plans for our top oncological sites
- + Offering clinical trials of promising new treatments
- + Offering a Quality of Life study for patients receiving treatment in order to better serve our patients
- + Offering Uro Nav technology, which is cutting edge, for early diagnosis of prostate cancer
- + Offering palliative care services through a Palliative Care Team, which was recognized by the Center to Advance Palliative Care for their "Thoughtful Living Choices" program
- + Providing lung cancer screening program

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

Respectfully,

Patrick L. McGinnis, MD
Cancer Committee Chair

Presence St. Mary's Hospital Cancer Committee Membership 2016

Patrick McGinnis, MD, Hematology/Oncology, Chair
Paul DeRosiers, MD, Radiation Oncology,
Cancer Program Liaison Physician
S. David Lang, MD, Surgery
Lynn McDonald, MD, Hospice and Palliative Care
Kalisha Hill, MD, Pathology,
Cancer Conference Coordinator
Farid Schafaie, MD, Radiology
Pam Borens, RN, Director Oncology Services
Ann Lane, RN, OCN Clinical Research Coordinator
Pete LaMotte, Director Social Services,
Psychosocial Coordinator

Sheryl Dickinson, CTR, Cancer Registrar,
Cancer Registry Coordinator
Kathy Ouwenga, Quality Improvement Coordinator
Debra Caise, RN Community Outreach
Barbara Hartman, RN, OCN, Patient Care Manager
Jackie Fedrow, Social Worker
Eileen Dalcanton, Dosimetrist
Kim Zurek, Breast Nurse Navigator
Danielle Villarismwets, ACS Health Initiatives Manager
Teffani Wellman, CTR, Cancer Registrar



Breast Cancer (Invasive and Non-Invasive) Study Monitoring Compliance with Evidence-Based Guidelines

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.

The role of this standard is to ensure that evaluation and treatment conforms to evidence-based national treatment guidelines using AJCC or other appropriate staging, including appropriate prognostic indicators. The analysis must aim to determine if the diagnostic evaluation is adequate and the treatment plan is concordant with a recognized guideline.

Study Topic

Review adherence to National Comprehensive Cancer Network (NCCN) Guidelines for Invasive and Non-Invasive Breast Cancer patients.

Objective

To ensure patient evaluation and treatment plans meet NCCN guidelines.

Source of Study

The study reviewed 2014 invasive and non-invasive breast cancer patients who were diagnosed and treated or treated only at Presence St. Mary's Hospital (PSMH). The data comes from the Cancer Registry. The study also compared PSMH 2013 invasive and non-invasive breast cancer staged by data to the National Cancer Data Base (NCDB) 2013 invasive and non-invasive breast cancer staged by data (refer to first graph).

Method

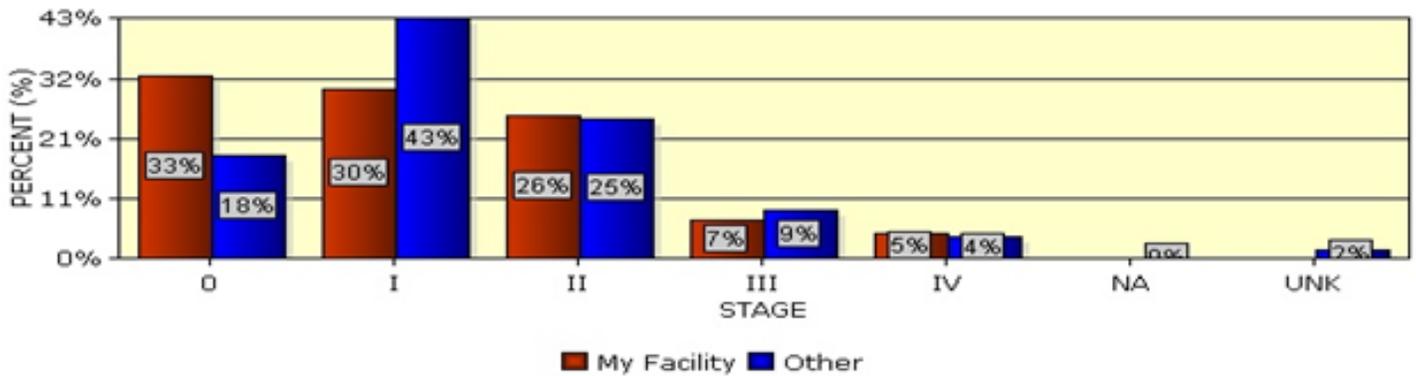
Retrospective chart review of 36 invasive and non-invasive breast cancer patients that were diagnosed and treated or treated only at PSMH in 2014. Each patient chart was reviewed for appropriate clinical staging, appropriate evaluation based on the clinical stage, and for appropriate treatment based on the clinical stage (refer to graphs 2-5).

Conclusions

The Cancer Committee discussed the data at length and determined, invasive and non-invasive breast cancer patients at PSMH are being evaluated appropriately and according to NCCN Guidelines. Furthermore, invasive and non-invasive breast cancer patients at PSMH are treated according to NCCN Guidelines.

The Cancer Committee and the Cancer Program are dedicated to providing the best possible care for breast cancer patients and all cancer patients.

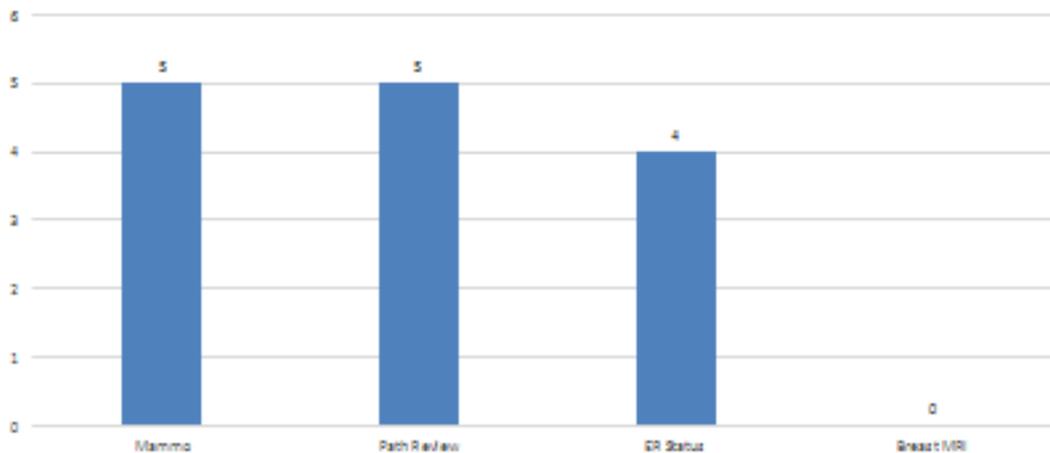
Stage of Breast Cancer Diagnosed in 2013
 Presence St. Mary's Hospital, Kankakee IL
 vs. Community Cancer Program Hospitals in All States
 Combination: Class of Case 10-14 and Class of Case 20-22 - Data from 422 Hospitals



	0	I	II	III	IV	NA	UNK
My Facility	33%	30%	26%	7%	5%		
Other	18%	43%	25%	9%	4%	0%	2%

In 2013, PSMH had a higher rate of Stage 0 and lower rate of Stage I compared to other Community Cancer Programs. The rate for Stage II-IV is comparable.

Clinical Stage 0
 2014 Diagnosed at PSMH
 Clinical Stage Workup, N=5*



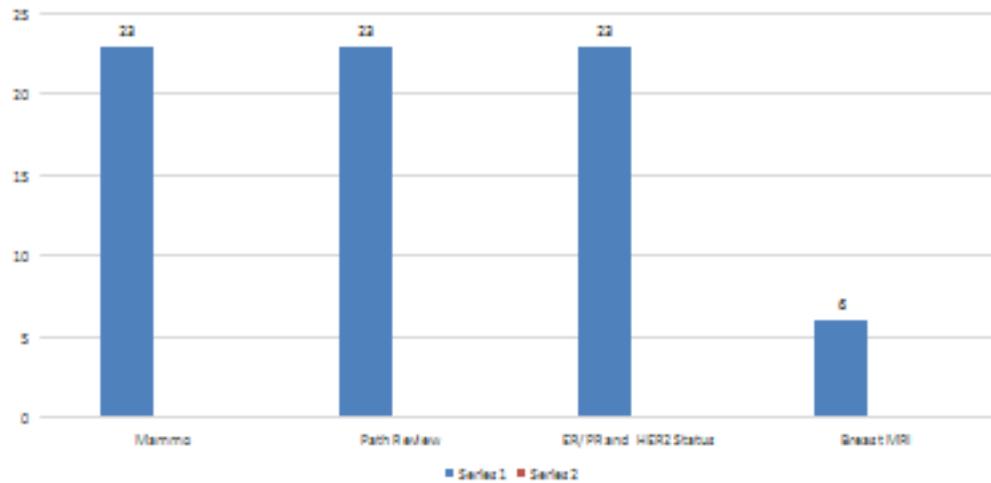
NCCN Guidelines for Clinical Stage Workup

Stage 0 Tis NO MO	Diagnostic Billet Mammo
	Pathology Review
	ER Status
	Breast MRI (optional)

*Cancer Registry Data

The one patient without tumor markers done was an LCIS patient.

Clinical Stage I-III
 2014 Diagnosed at PSMH
 Clinical Stage Workup, N=23*

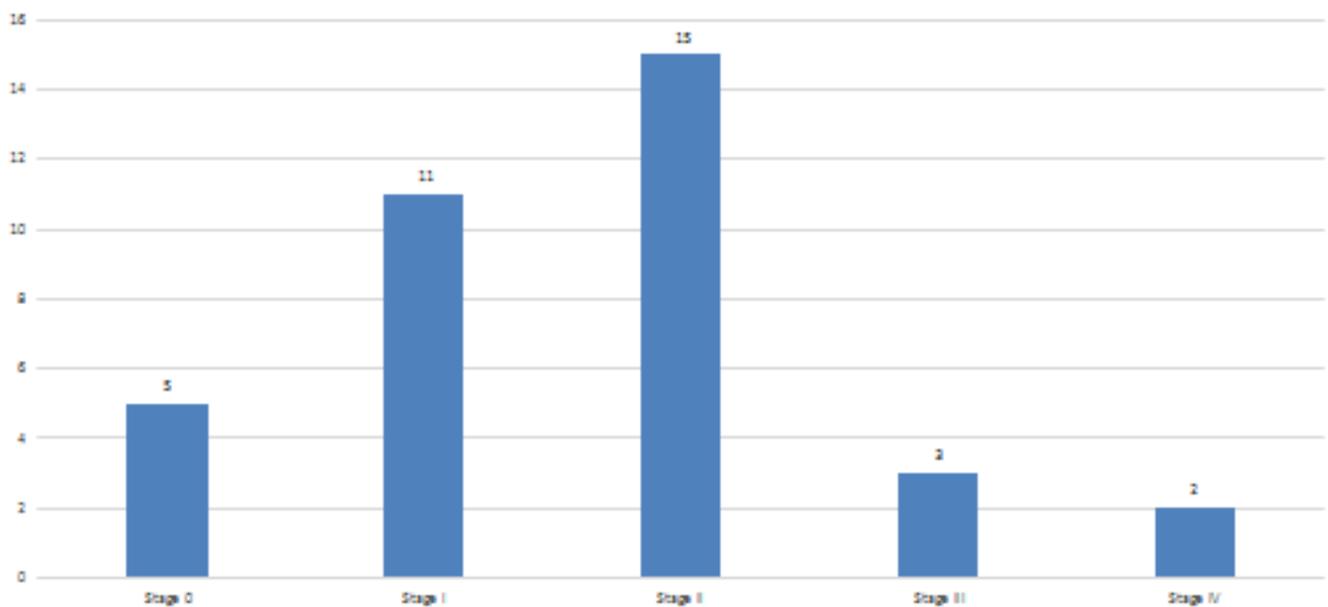


NCCN Guidelines for Clinical Stage Workup	
Stage I (T1 N0 M0)	Diagnostic Bilateral Mammography; U/S as necessary
Stage IIA (T0-1, N1, M0 or T2 N0 M0)	Pathology Review
Stage IIB (T2 N1 M0 or T3 N0 M0)	ER/PR and HER2 Status
Stage IIIA (T3 N1 M0)	Breast MRI (optional), with special consideration for mammographically occult tumors

*Cancer Registry Data

NCCN guidelines for clinical stage workup is being followed.

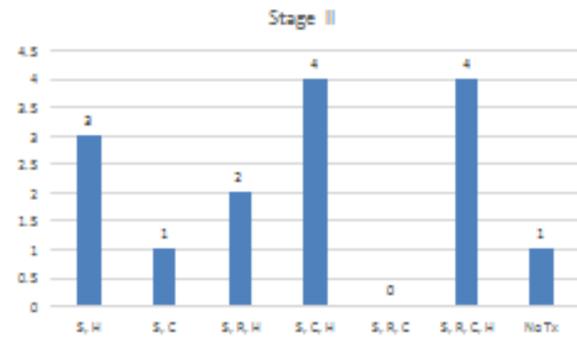
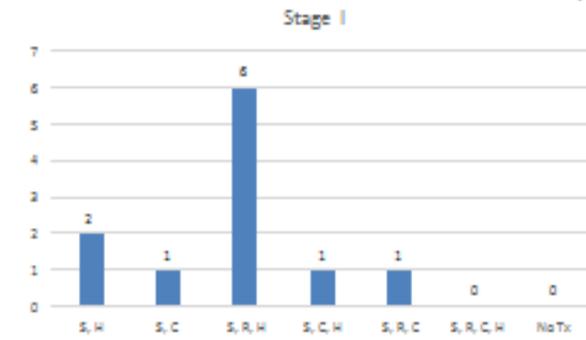
All Stages Breast Cancer at Diagnosis
 2014 Diagnosed and Treated or Treated Only at PSMH
 N=36*



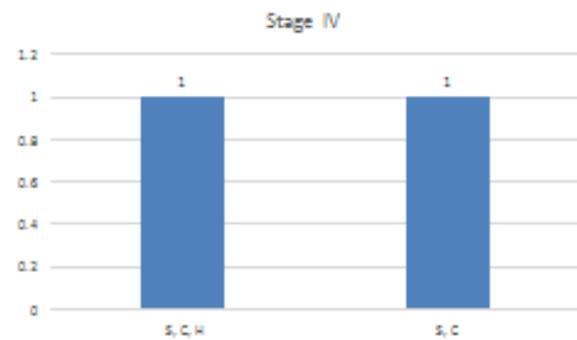
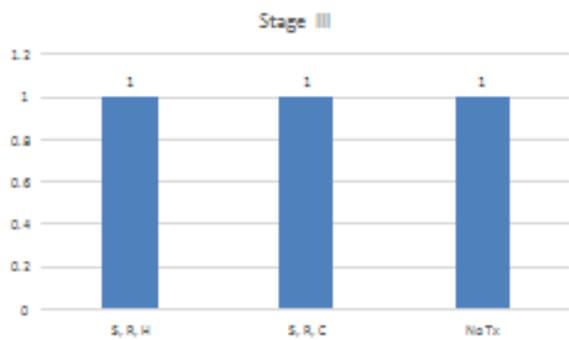
*Cancer Registry Data

Majority (86%) of the breast cancer patients in 2014 were diagnosed at Stage 0-II.

Treatment by Stage
2014 Invasive Breast Cancer, Tx at PSMH
N=32*



S: Surgery
C: Chemo
H: Hormone
R: Radiation



*Cancer Registry Data

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Get in touch.

Presence Cancer Care

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Radiation Oncology

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Bourbonnais Imaging

815.929.5800

Presence St. Mary's Hospital

815.937.2400

Mission Statement

Inspired by the healing ministry of Jesus Christ, we Presence Health, a Catholic health system, provide compassionate, holistic care with a spirit of healing and hope in the communities we serve.

Presence Cancer Care Medical Oncology and Radiation Oncology

Highly skilled, specialized physicians with university-level expertise in Hematology, Oncology and Radiation Oncology

- Dedicated support staff to assist you and your family with the many challenges of cancer
- Oncology Certified Nurses and Breast Nurse Navigators who deliver quality nursing care
- Community education programs and screenings
- The most state-of-the-art treatments available in a community setting - just minutes away
- Availability and opportunity for clinical research and trials