

BURRELL CANCER CENTER

**2014/2015
CANCER CARE
ANNUAL REPORT**



Franciscan ST. ANTHONY HEALTH

BURRELL CANCER CENTER



Dear Colleagues and Friends,

Fighting cancer is never ending for all of us at Burrell Cancer Institute. While the years go by fast, 2015 was important for us. Once again, we are honored to receive the outstanding achievement award by the Commission on Cancer for our cancer program. Additionally, because of our clinical outcomes, we were listed in Becker's top 100 oncology programs in the nation. It's nice to be recognized by our peers and other experts in the cancer field; it proves our hard work is paying off for our patients. These accolades, however gratifying they are, do not mean we take a rest from our focus of helping our patients beat cancer.

This year, we continued our active participation in the Commission on Cancer reporting system, allowing for remarkable collaboration between oncologists during treatment. We've added palliative care and psychosocial team members to our cancer committee to strengthen our understanding of all aspects of cancer care. And through the complete remodel of our breast care center, our patients receive the best possible care in the best possible setting. Here are some additional highlights:

- Burrell Cancer Center's program was awarded the **Outstanding Achievement Award by the Commission on Cancer**, making us one of only 23 programs nationwide to receive this award in 2015.
- We were recognized in **Becker's List of Top 100 Oncology Programs in the nation** based on clinical outcomes, multidisciplinary care teams, clinical expertise, cancer education and prevention efforts.
- We received continued designation of our Breast Care Center as a **Breast Imaging Center of Excellence by the American College of Radiology**.
- We were a **key resource** for multiple cancer education programs within our community, including Keys of Hope, Spirit of Women, Lake County Coalition of Health Care Providers and American Cancer Society's Look Good Feel Better campaign.
- We began an **outpatient Palliative Care Clinic**.
- Added a **Clinical Trial Resource Nurse** to our cancer program.
- Collaborated with Cancer Rehabilitation to begin a program that **identifies cancer-related fatigue** in patients with head and neck cancers.
- Acquired a **Flexible Video Rhinolaryngoscopy** for head and neck patients receiving radiation treatment.

I can't help but reflect on 2015 and remember all we've done for our patients. Our accomplishments in this past year are truly remarkable—but they need to be. As the fight against cancer evolves, our patients trust us to bring the latest in treatment options and technology advances. As the chairman of the Cancer Care Committee, I'm proud to be a part of this dedicated team of oncologists and specialists, nurses and support staff. They truly make a difference in the lives of everyone they meet. We look forward to an exciting 2016.

Gratefully,

Mohammed Farhat, M.D.
Medical Director, Burrell Cancer Center
Chairman, Cancer Services Committee, St. Anthony Medical Center

BURRELL CANCER CENTER

2015 HIGHLIGHTS, INITIATIVES AND ACCOMPLISHMENTS

- Burrell Cancer Center's Cancer Program was awarded the Outstanding Achievement Award by the Commission on Cancer for the second consecutive survey cycle (6 years), making the facility one of 23 programs nationwide to achieve this award in 2015
- Recognized in Becker's List of Top 100 Oncology Programs in the Nation based on clinical outcomes, multidisciplinary care teams, clinical expertise, cancer education and cancer prevention efforts
- Continued designation of the Breast Care Center as a designated Breast Imaging Center of Excellence by the American College of Radiology (Accreditation in Ultrasound and Stereotactic Breast Biopsies and Mammography)
- Completed remodel of the Breast Center
- Continued participation in the Commission on Cancer RQRS Rapid Quality Reporting System for more concurrent analysis of cancer incidence and treatment patterns for internal and national comparisons
- Ongoing compliance of Commission on Cancer standard of care measures for treatment by site and stage
- Increased the volume of patients undergoing endoscopic evaluations for diagnostic and staging of gastrointestinal and pancreatic tumors
- Addition of Clinical Trial Resource nurse to the cancer program and cancer committee
- Addition of new Palliative Care Medical Director, Palliative Care Nurse, and Psychosocial Services Coordinator to the cancer committee
- Initiation of an Outpatient palliative care clinic
- Collaboration with Cancer Rehab to initiate program to capture cancer-related fatigue patients with head and neck cancers
- Increased the number of new referrals to the Cancer Rehab Program
- Publication in Regional Rounds showcasing our cancer Rehab program and community education programs provided
- Continued Pastoral Care program to meet the spiritual needs of our cancer patients and family members
- Continued monthly navigation sessions to provide patient and family access to services
- Studied the smoking and Lung cancer incidence and screening colonoscopy pattern of Colon cancer as a committee and put into practice improvements to capture early stage cancers and decrease the volume of high stage cancers cases for curative outcomes
- Franciscan Alliance chosen to be the lead community agency for a Lake County coalition of health care providers, organizations, municipalities, and educational institutions in an effort to promote tobacco cessation.
- Expansion of American Cancer Society partnership with cancer program and survivorship activities; Referrals for services, including lodging via the Keys of Hope program and Personal Health Manager
- Continued host site for survivorship program ACS Look Good Feel Better and participation of Relay for Life and survivorship dinner
- Participation in Spirit of Women, Day of Dance with increased activity in screening and health information provided to participants by dedicated clinical and general volunteers
- Acquired Flexible Video Rhinolaryngoscopy for radiation head and neck patient treatment
- Acquired Wide Bore CT Sim to accommodate larger patient population in radiation oncology

OUTREACH COORDINATOR REPORT

CANCER SCREENING:

- Spirit of Women Day of Dance Skin Screening, Feb 10, 2015
- Mammography After Hours Program, April 7, 2015
- Mammothon, May 1, 2015
- Skin Cancer Screening/Cancer Education @ Nipsco, May 19, 2015
- Skin Cancer Screening/Cancer Education @ Senior Day Lake County Fair, August 10, 2015
- Mammography After Hours Program, September 15, 2015
- Skin Cancer Screening/Cancer Education @ Spirit of Women Little Black Dress Event, November 18, 2015

CANCER EDUCATION/PREVENTION:

- Lymphedema Educational Program, January 27, 2015
- Spirit of Women Day of Dance, February 15, 2015
- Colorectal Cancer Awareness Month - Educational materials distributed at booth in cafeteria March 10, 2015, giving screening guidelines for colon cancer and answering questions.
- Lymphedema Seminar, April 28, 2015
- Lake County Gov. Annual Health Fair, May 11 & 12, 2015
- Skin Cancer Education @ Nipsco Health Fair, May 19, 2015
- Webinar on Breast Self-Exam/Breast Cancer Screening, May 20, 2015
- Spirit of Women "Listen Up Ladies" Program at Youche Country Club, May 30, 2015
- Lymphedema Educational Program, Tuesday July 28, 2015
- Skin Cancer Screening/Cancer Education @ Senior Day Lake County Fair, August 10, 2015
- Centier Annual Health Fair, Sept 24, 2015
- Making Strides Against Breast Cancer Program, October 9, 2015
- Lymphedema Seminar, October 20, 2015
- Nisource Annual Health Fair, November 5, 2015
- City of Crown Point Health Fair, November 12, 2015
- Stop Smoking Education/Information, November 19, 2015
- Skin Cancer Education @ Spirit of Women Little Black Dress Event, November 18, 2015

SURVIVORSHIP PROGRAMS:

- Cancer Survivor's Night Canvas Painting Party
- ACS Look Good Feel Better Programs-January 26, 2015, April 20, 2015, July 20, 2015 and October 26, 2015

ANNUAL SUMMARY OF CANCER ACTIVITY

YEAR: 2014

The annual summary of services recorded by the Cancer Registry Data Coordinators will be submitted to the Cancer Committee for review. The cancer committee will review the annual summary of data collected for comparison and measurement of quality and for potential opportunities for the enhancement of patient services at Saint Anthony Health- Crown Point. Committee members will review the summary and make recommendations if applicable.

PRESENTATION TO CANCER SERVICES COMMITTEE: December 1, 2015

ANNUAL REPORT SUMMARY:

Accession Year: 2014

All Cases: 600 (Includes subsequent treatment)

Analytic Cases: 511 (newly diagnosed &/or cases with any first course of treatment at our facility)

Primary Sites: All

Tumor Behaviors: All

INCIDENCE REPORTS:

Primary Site Tabulation

Analytic Cases by Age & Sex

Class of Case Summary

County at Diagnosis

AJCC Stage by Sex

Top Primary Sites

Number of Top Sites by General Summary Stage

2013 Comparison Incidence Franciscan St Anthony to State of Indiana Pancreas

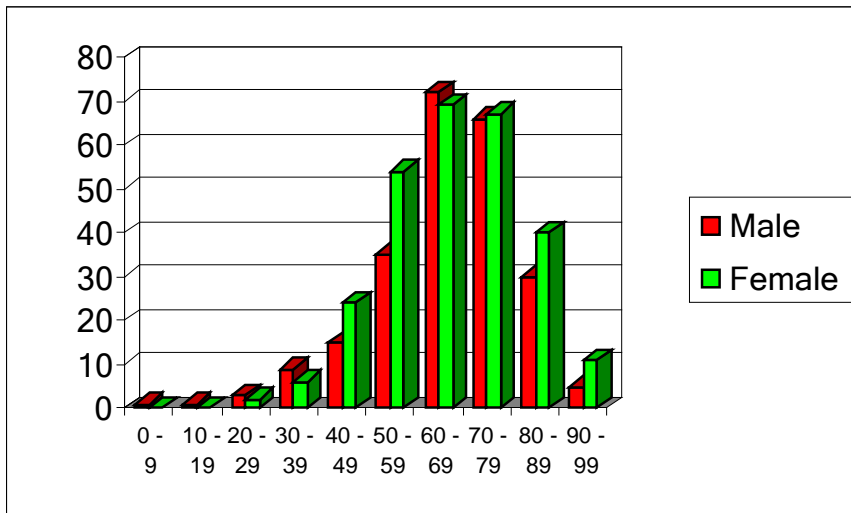
(Franciscan St. Anthony Crown Point 2014 Pancreas: All cases 33; Analytic cases 28)

Treatment Summary Graph

Lost To Follow-up Figures

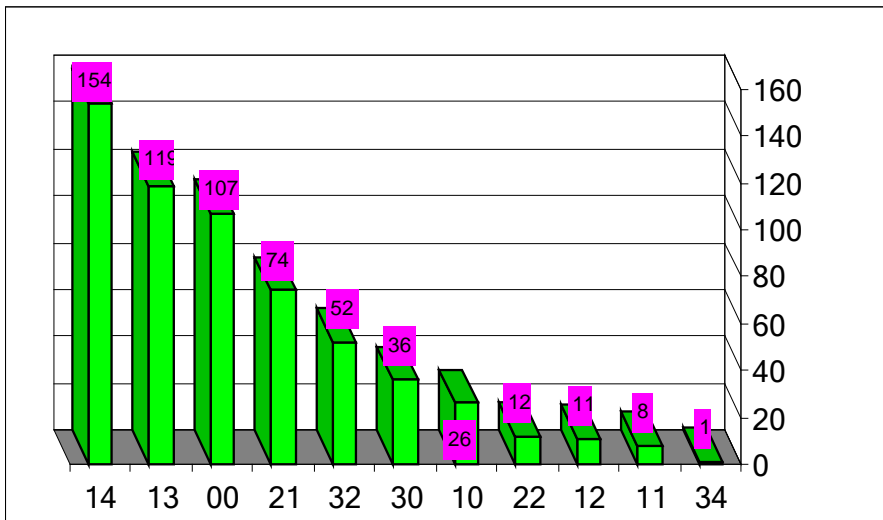
Std 4.7 Evaluation study: Screening Colonoscopies/Sigmoidoscopies in the 10 years prior to diagnosis of colorectal cancer for the year 2014 with comparison of all other Comprehensive Community Cancer Program Hospitals in the United States for the 2013 year.

Summary of New Analytic Cases (511) Age by Sex



Age Range	Male	Female
0 - 9	2	0
10 - 19	1	0
20 - 29	3	2
30 - 39	9	6
40 - 49	15	24
50 - 59	35	54
60 - 69	72	69
70 - 79	66	67
80 - 89	30	40
90 - 99	5	11
TOTALS	238	273

Class of Case Summary (All Cases)

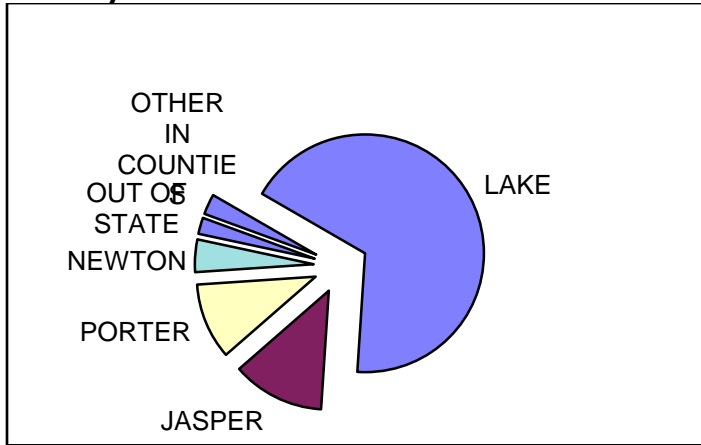


Class of Case	# of Cases
00	107
10-14	318
20 - 22	86
30 - 34	89
TOTALS	600

Class of Case Categories:

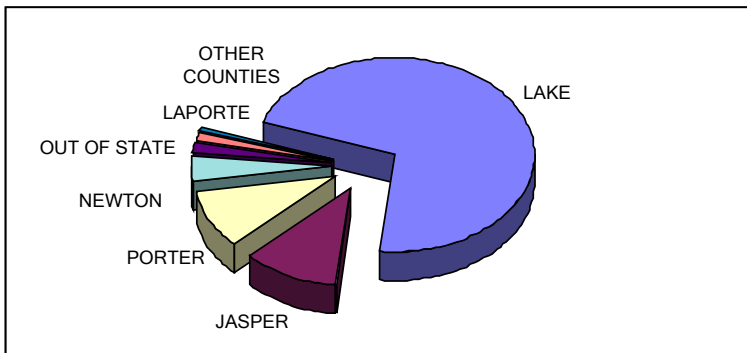
- 00 Dx at SAMC & No Tx at SAMC (Outmigration)
- 10 - 14 Dx at SAMC (includes staff MD office)
All or part of Tx at SAMC
- 20 - 22 Dx Elsewhere; Some Tx at SAMC
- 30 Staging workup only; Malignancy Dx Elsewhere
- 32 Dx & All First Course Tx Elsewhere
Here for Recurrence/Persistent Disease
- 34 Reportable to SDOH only

County at First date of Contact (All Cases 2013)



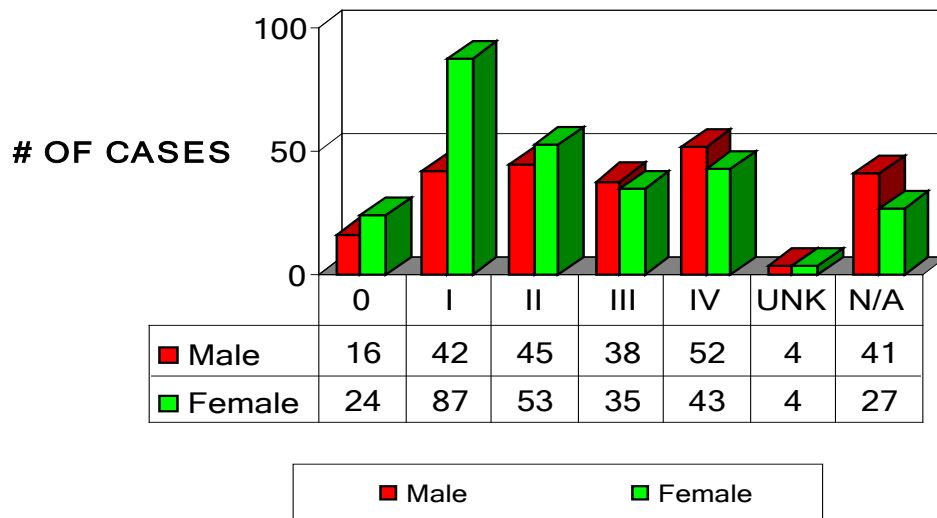
<u>DIAGNOSIS COUNTY</u>	<u># OF CASES</u>	<u>PERCENT</u>
LAKE	367	68%
JASPER	68	13%
PORTER	56	10%
NEWTON	24	4%
OTHER INDIANA COUNTIES	15	3%
OUT OF STATE	12	2%
TOTAL CASES	542	100%

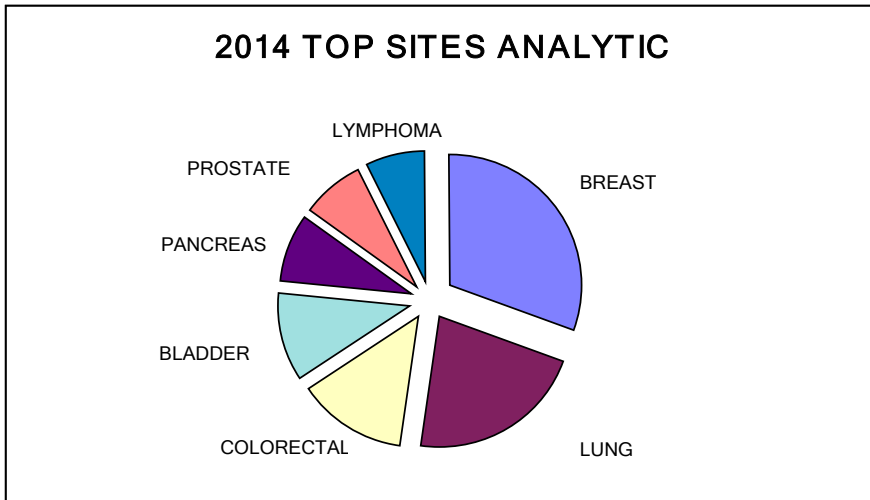
County at First Date of Contact (All Cases 2014)



<u>DIAGNOSIS COUNTY</u>	<u># CASES</u>	<u>PERCENT</u>
LAKE	426	71.00%
JASPER	67	11.17%
PORTER	59	9.83%
NEWTON	24	4.00%
OUT OF STATE	11	1.83%
LAPORTE	8	1.33%
OTHER COUNTIES	5	0.83%
TOTAL CASES	600	100.00%

AJCC STAGE BY SEX





PRIMARY SITE	# CASES
BREAST	98
LUNG	69
COLORECTAL	43
BLADDER	34
PANCREAS	28
PROSTATE	25
LYMPHOMA	23

Top Sites Number of Cases by Summary Stage- 2014 Analytics

SITE CODE	BREAST	LUNG	COLORECTAL	BLADDER	PANCREAS	PROSTATE	LYMPHOMA
IN SITU	15	0	1	21	0	0	0
LOCAL	56	18	15	9	1	22	5
REG/DIRECT EXT	1	2	2	2	4	3	0
REG/LN	18	11	10	1	2	0	0
REG/DIRECT & LN	2	9	5	0	4	0	0
REG NOS	0	0	0	0	0	0	7
DISTANT	6	29	8	1	17	0	11
N/A	0	0	0	0	0	0	0
UNKNOWN	0	0	2	0	0	0	0
TOTALS	98	69	43	34	28	25	23



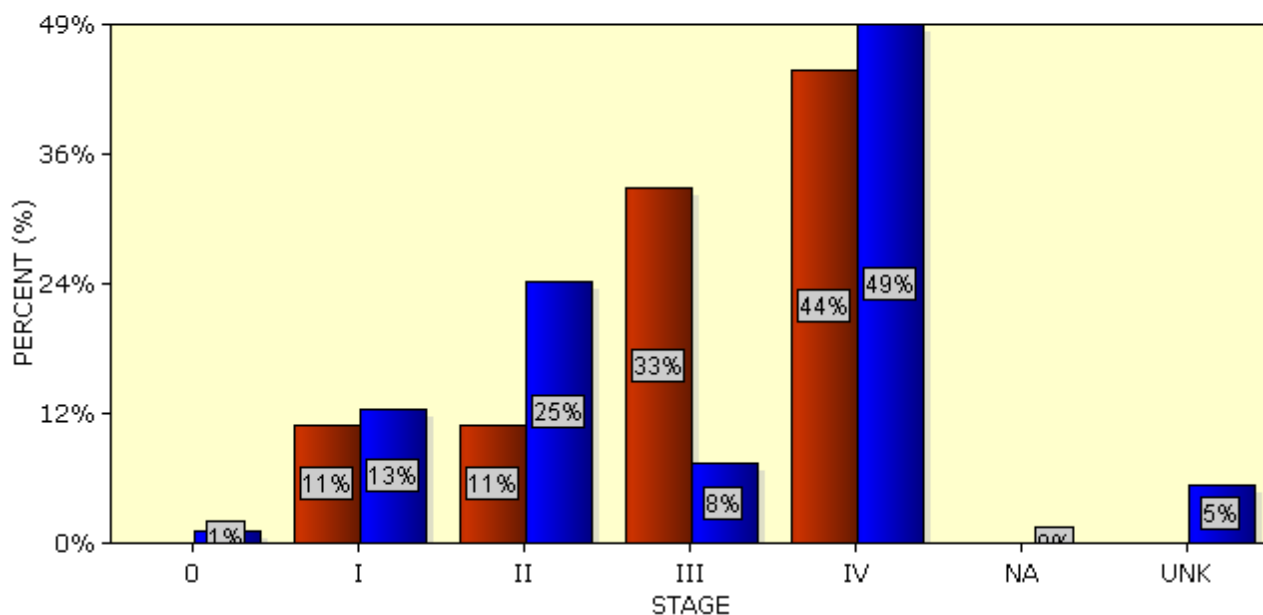
AMERICAN COLLEGE OF SURGEONS

Inspiring Quality:
Highest Standards, Better Outcomes

NCDB

BENCHMARK REPORTS

Stage of Pancreas Cancer Diagnosed in 2013
Franciscan St. Anthony Health-Crown Point, Crown Point IN
vs. All Types Hospitals in State of Indiana
Combination: Class of Case 00 and Class of Case 10-14 - Data from 44 Hospitals

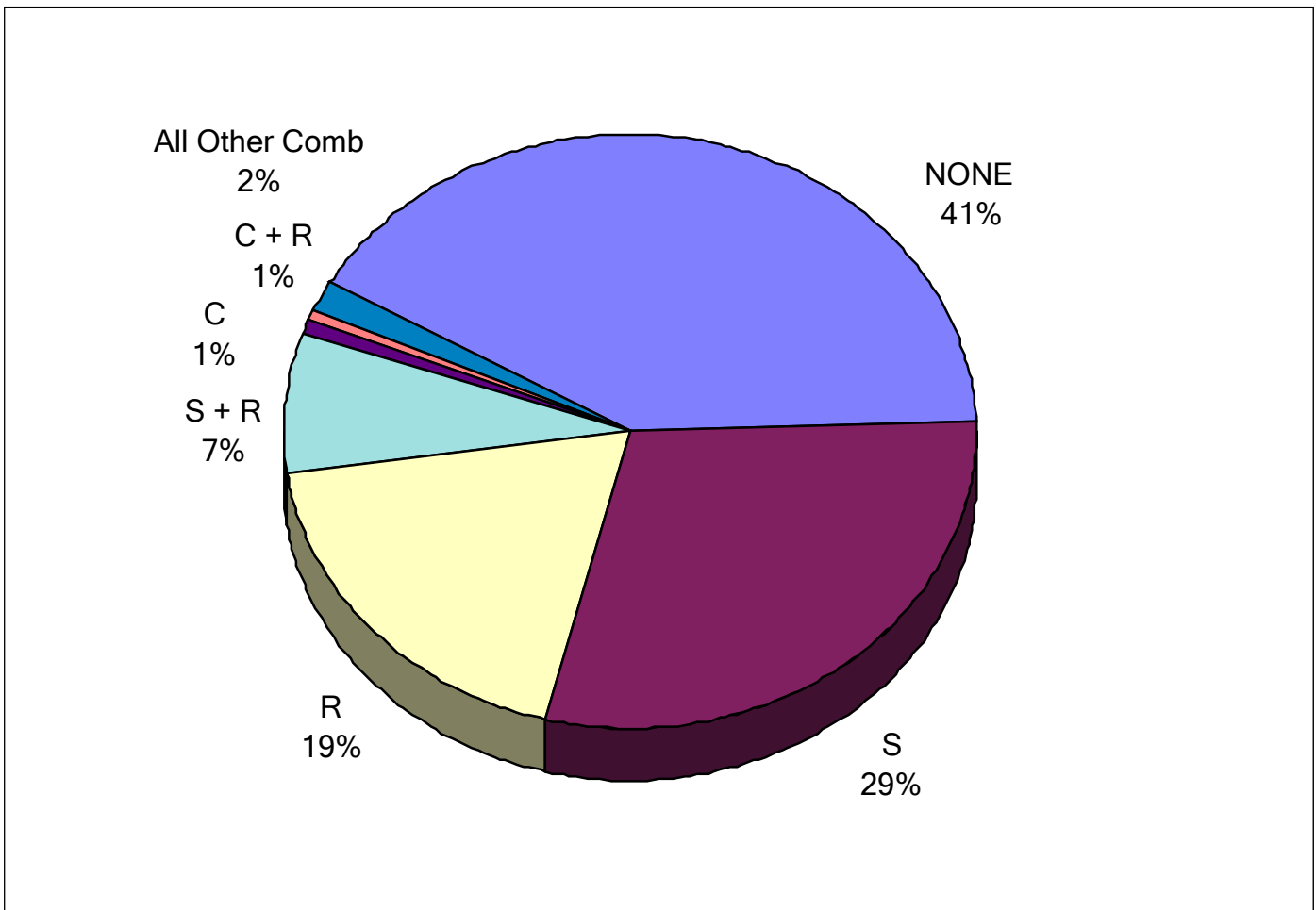


Stage of Pancreas Cancer Diagnosed in 2013
Franciscan St. Anthony Health-Crown Point, Crown Point IN
vs. All Types Hospitals in State of Indiana
Combination: Class of Case 00 and Class of Case 10-14 -
Data from 44 Hospitals

#	Stage	My (N)	Oth. (N)	My (%)	Oth. (%)
1.	0	.	8	.	1.21%
2.	I	1	83	11.11%	12.56%
3.	II	1	162	11.11%	24.51%
4.	III	3	50	33.33%	7.56%
5.	IV	4	321	44.44%	48.56%
6.	NA	.	1	.	0.15%
7.	UNK	.	36	.	5.45%
Col. TOTAL		9	661	100%	100%

TREATMENT AT FRANCISCAN SAINT ANTHONY
ALL CASES (600)

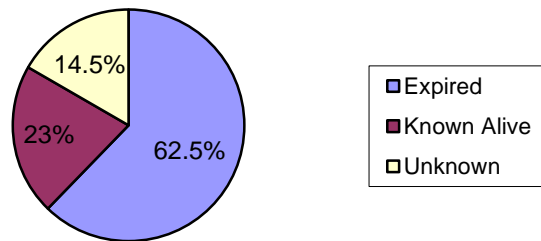
Type of Tx	# of cases	PERCENT
NONE	247	41.17%
S	176	29.33%
R	114	19.00%
S + R	44	7.33%
C	6	1.00%
C + R	3	0.50%
All Other Comb	10	1.67%
TOTAL CASES	600	100.00%



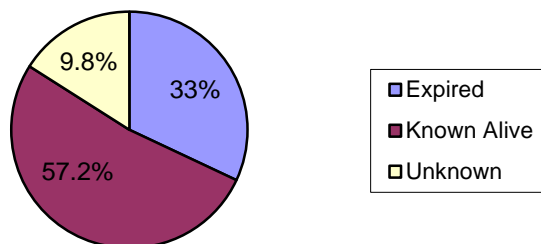
S = surgery R = radiation therapy C = chemotherapy H = hormones

PATIENTS LOST TO FOLLOW UP

**Lost To Follow-Up
All Analytic Patients Since 1986
as of November 1, 2015**



**Lost To Follow-up
Analytic Cases
Diagnosed Within the Last 5 Years
as of November 1, 2015**

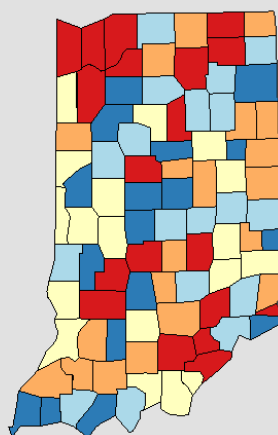


Std. 4.7 2014 Colonoscopy/Sigmoidoscopy Screening prior to Colorectal Cancer Diagnosis Study Year: 2015

Problem: Identified high volume of late stage colorectal cancers (Stage 3 & 4) at our facility as compared to other Comprehensive Community Cancer Programs

- ACS Guidelines/Benchmark: Beginning at age 50, both men and women should follow one of these testing schedules:
 - Flexible sigmoidoscopy every 5 years, or Colonoscopy every 10 years, or
 - Double-contrast barium enema every 5 years, or
 - CT colonography (virtual colonoscopy) every 5 years
- Study needed to evaluate if screening endoscopies have been recommended/performed within the 10 years prior to diagnosis of colorectal cancer as appropriate by age group, stage and risk category
- Study Criteria: 2014 Colon, Rectosigmoid and Rectal cancers
- Findings: Only 6 patients (27%) received endoscopies in the 10 years prior to cancer diagnosis in the focused age group of 60 – 70 years of age (per documentation in electronic record).
- Comparison to latest published NCDB cancer incidence (2013) by age and stage
- Physician Reviewer: Dr. Farhat Date Presented to cancer committee: September 15, 2015
- Actions: Need to increase community awareness of the need for early intervention with screening endoscopies as appropriate to age and risk category; need to involve GI physicians to provide screening criteria to patients, to improve documentation in the electronic medical record; to increase community education programs on screening and curability of early stage colorectal cancers

Screening and Risk Factors for Indiana
(2008-2010 County Level Modeled Estimate Combining BRFSS & NHIS)
Ever Had Colorectal Endoscopy (Sigmoidoscopy or Colonoscopy)
All Races (includes Hispanic), Both Sexes, Ages 50+



Ever Had Colorectal
Endoscopy
(Sigmoidoscopy or
Colonoscopy)
(Percent of Respondents)
[Quantile Interval](#)

■ 54.5 to 61.2
■ 52.1 to 54.5
■ 49.4 to 52.1
■ 46.2 to 49.4
■ 38.2 to 46.2

□ Data Not Available ◊

Indiana
Rate (95% C.I.)
50.1 (46.1 - 54.0)

Notes:
Created by statecancerprofiles.cancer.gov on 08/20/2015 6:35 pm.
Small Area Estimates is the source for this data.
Estimates are based on a statistical model which combines information from the Behavioral Risk Factor Surveillance System and the National Health Interview Survey to correct for nonresponse and undercoverage bias and are enhanced in small areas by borrowing information from similar areas across the nation. For more information, visit <http://saecancer.gov>.

Age Group of Colon Cancer Diagnosed in 2013
Franciscan St. Anthony Health-Crown Point, Crown Point IN
vs. Comprehensive Community Cancer Program Hospitals in All States
 Combination: Class of Case 00 and Class of Case 10-14 - Data from 598 Hospitals

#	Age Group	My (N)	Oth. (N)	My (%)	Oth. (%)
1.	Under 20	.	41	.	0.15%
2.	20 - 29	.	118	.	0.42%
3.	30 - 39	1	457	2.5%	1.63%
4.	40 - 49	2	1549	5%	5.53%
5.	50 - 59	6	4480	15%	15.99%
6.	60 - 69	3	6620	7.5%	23.63%
7.	70 - 79	13	7256	32.5%	25.9%
8.	80 - 89	13	6077	32.5%	21.69%
9.	90 and over	2	1417	5%	5.06%
Col. TOTAL		40	28015	100%	100%

Franciscan St. Anthony Health-Crown Point, Crown Point, IN 46307
Age Group by Stage of Colon Cancer Diagnosed in 2013
 Combination: Class of Case 00 and Class of Case 10-14

Age Group	Stage						Totals	
	0	I	II	III	IV	UNK	N	%
1. 30 - 39	.	1	.	.	.	.	1	2.5%
	.	100%	.	.	.	.	100%	
2. 40 - 49	1	.	.	.	1	.	2	5%
	50%	.	.	.	50%	.	100%	
3. 50 - 59	1	.	4	1	.	.	6	15%
	16.7%	.	66.7%	16.7%	.	.	100%	
4. 60 - 69	.	1	.	1	1	.	3	7.5%
	.	33.3%	.	33.3%	33.3%	.	100%	
5. 70 - 79	.	1	4	4	4	.	13	32.5%
	.	7.7%	30.8%	30.8%	30.8%	.	100%	
6. 80 - 89	1	4	4	2	2	.	13	32.5%
	7.7%	30.8%	30.8%	15.4%	15.4%	.	100%	
7. 90 and over	.	.	.	.	1	1	2	5%
	.	.	.	.	50%	50%	100%	
TOTAL	3	7	12	8	9	1	40	100%
	7.5%	17.5%	30%	20%	22.5%	2.5%	100%	