

2017 CANCER REPORT

with data from 2016



Franciscan HEALTH
CANCER CENTER

Introduction to the Franciscan Health Lafayette Cancer Annual Report

It is my pleasure to introduce the Franciscan Health Cancer Program annual report. As you explore the information provided here, you will discover that we offer a level of technology and medical expertise that rivals that of a "big city" cancer center. Our patients experience a deeply rooted and personal level of commitment and compassion, as well as advanced cancer care provided by specialists who are as skilled at treating the person as they are at treating the disease.

When someone learns they have cancer, it can trigger an avalanche of emotions and questions. Our team of expert professionals and ancillary staff are here to partner with our patients on their journey. We offer research-based care as well as nationally approved treatment planning, allowing our patients the option to stay local for their treatment and close to family support systems.

Our oncology program continues to receive the seal of approval from the Commission on Cancer and American College of Surgeons as a top performer in delivering high quality, interdisciplinary care to our cancer patients. A successful cancer treatment plan demands that we put the most advanced resources into the hands of highly skilled clinicians.

We are pleased to continue our lung screening program. Individuals who have a high risk of developing lung cancer but no signs or symptoms of the disease undergo low-dose computed tomography (LDCT) scanning of the chest. We have lowered the cost of screening to \$49. We utilize 3D mammogram technology, which offers fewer false positives and up to 15 percent better detection.

As technology advances the early diagnosis and treatment of cancer care, we plan to remain on the cutting edge to provide our patients the very best in cancer diagnosis and treatment close to home.

Sincerely,
Dr. Mark Lobo
Chairman
Franciscan Health Cancer Center Lafayette

CANCER SERVICES

The Franciscan Health Cancer Center in Lafayette offers a variety of services to meet the physical and emotional needs of our patients and their families and support them on their wellness journey.

- Screening and early detection for breast, lung, colorectal, skin and prostate cancers
- Laboratory
- Resources and Education
- Outreach Events
- Spiritual Care
- Palliative Care
- Rehabilitation Services
- Nutrition Education

The medical staff, supported by a wide range of ancillary medical professionals, provides exceptional care for each patient. Our core team includes:

- Chemotherapy Certified Nurses (14 total: 2 with oncology certification, 1 who is a doctoral prepared nurse practitioner)
- Oncology Nurse Navigator
- Pharmacist
- Social Workers
- Case Manager
- Dietitian
- Palliative Care



2016 HIGHLIGHTS, INITIATIVES AND ACCOMPLISHMENTS

- 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.
- Partnered with the Cancer Support Community to host a monthly support group.
- Worked with the American Cancer Society to be a host site for the survivorships program Look Good Feel Better and participated in Relay for Life.



*Dietitian Jodi Blondell
leading grocery store tour*



Our Oncology nurses

CANCER PROGRAMS

PREVENTION

- Day of Dance with the inflatable colon (February 7, 2016)
- Colorectal Cancer Awareness and inflatable colon (March 23, 2016)
- Benton County Health Fair with the inflatable colon (April 16, 2016)
- Healthy Family Fun Fair with the inflatable colon (June 4, 2016)
- Grocery Store Tour for Cancer Patients and Families (July 12, 2016)
- Warren County Youth Summer Programs for Skin Cancer Prevention (July 18, 2016)
- Attica Youth Summer Program for Skin Cancer Prevention (July 19, 2016)
- Cooper Clayton Smoking Cessation Class (Ongoing)

SCREENING

- Grab the Girls and Go Mammography After Hours Program (October 14, 2016)
- Lung Cancer Screening \$49 (Ongoing)
- Partnership with the YWCA to provide free breast and cervical screening in 23 surrounding counties.

SURVIVORSHIP

- Support Group
- American Cancer Society Look Good Feel Better Programs
- American Cancer Society Relay for Life



Inflatable colon displayed at the 2016 Day of Dance

FRANCISCAN HEALTH LAFAYETTE CANCER REGISTRY REPORT

The Franciscan Health Cancer Program is accredited by the American College of Surgeons Commission on Cancer and is staffed by a certified cancer registrar. The Registry maintains cancer data and follow-up on patients diagnosed and/or treated at Franciscan Health Lafayette. This data is reported to both the Indiana State Department of Health Cancer Registry and the American College of Surgeons National Cancer Data Base.

In 2016, there were 507 (187 male/320 female) analytic cases accessioned. These cases were used in the statistical analysis of the 2017 Franciscan Health Lafayette Cancer Annual Report. The top four diagnoses for men were lung, colorectal, bladder and melanoma. The top four diagnoses for women were breast, lung, endometrium and colorectal.

Franciscan Health Lafayette Cancer Registry currently maintains follow-up on approximately 5,440 patients. Lifetime follow-up is collected on all analytic cases to compare treatment outcomes and survival rates. The Registry consistently maintains a lost-to-follow-up rate of 10 percent or less as mandated by the American College of Surgeons Commission on Cancer.

Studies completed in 2016:

Rectal Cancer NCCN: 2015 Rectal Cancer Treated in Concordance with NCCN Guidelines (Dr. Mark Lobo)

Retrospective 2010, 2014, 2015 Lung Specimen Study – Investigating changes in types of specimens to improve adequacy of specimens for specific cell type and molecular studies. (Dr. Richard Rosales)

Why Chemotherapy Nurses are not Obtaining Their OCN (Heather Askren, DNP, NP-C, RN, OCN)

Oncologists Documenting Pain Control (Beth Incropera, RN, PI)

Charla J. Dark, CTR
Cancer Registry

FRANCISCAN HEALTH LAFAYETTE

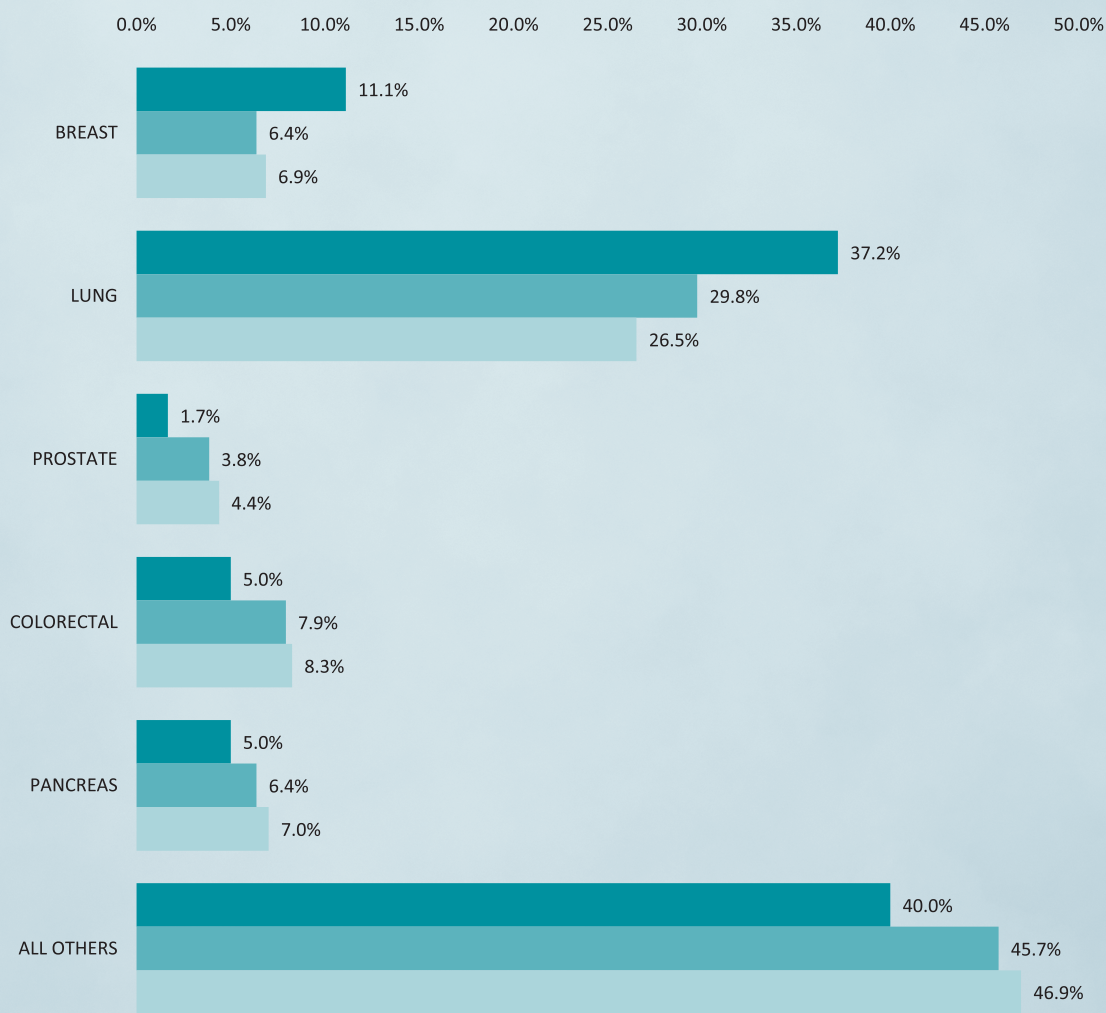
CANCER DEATHS 2016

*National comparison of selected cancer sites

*Estimated Numbers of New Cases from: The American Cancer Society Cancer Facts & Figures 2016

PRIMARY SITE	FRANCISCAN HEALTH LAFAYETTE		INDIANA		NATIONAL	
	CASES	PERCENT	CASES	PERCENT	CASES	PERCENT
BREAST	20	11.1%	860	6.4%	40,890	6.9%
LUNG	67	37.2%	4,020	29.8%	158,080	26.5%
PROSTATE	3	1.7%	520	3.8%	26,120	4.4%
COLORECTAL	9	5.0%	1,070	7.9%	49,190	8.3%
PANCREAS	9	5.0%	860	6.4%	41,780	7.0%
ALL OTHERS	72	40.0%	6,180	45.7%	279,630	46.9%
TOTAL CASES	180	100.0%	13,510	100.0%	595,690	100.0%

SELECTED CANCER SITE DEATHS 2016



■ Franciscan Health Lafayette 2016 ■ ACS Projected Figures IN 2016 ■ ACS Projected Figures National 2016

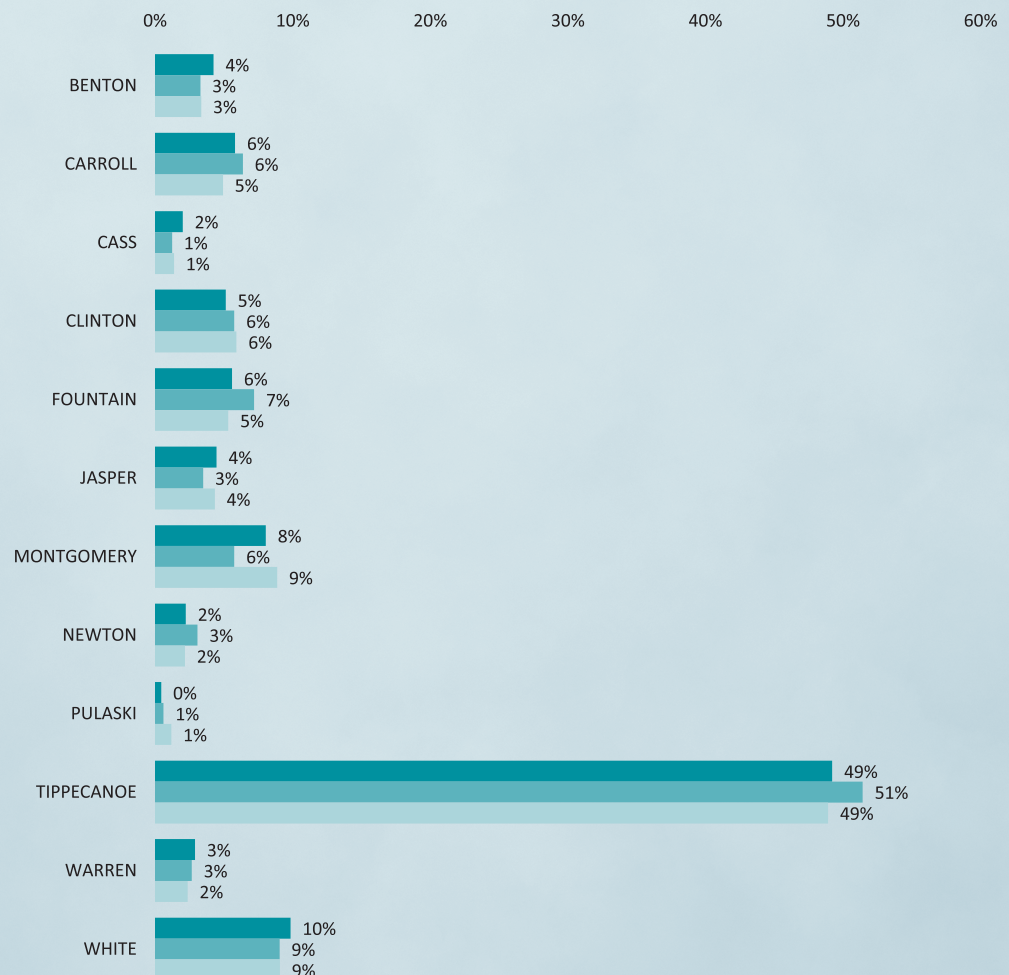
FRANCISCAN HEALTH LAFAYETTE

COUNTY OF RESIDENCE AT DIAGNOSIS 2014–2016

	2014		2015		2016	
PRIMARY SITE	CASES	PERCENT	CASES	PERCENT	CASES	PERCENT
BENTON	19	4%	16	3%	17	3%
CARROLL	26	6%	31	6%	25	5%
CASS	9	2%	6	1%	7	1%
CLINTON	23	5%	28	6%	30	6%
FOUNTAIN	25	6%	35	7%	27	5%
JASPER	20	4%	17	3%	22	4%
MONTGOMERY	36	8%	28	6%	45	9%
NEWTON	10	2%	15	3%	11	2%
PULASKI	2	0%	3	1%	6	1%
TIPPECANOE	220	49%	250	51%	248	49%
WARREN	13	3%	13	3%	12	2%
WHITE	44	10%	44	9%	46	9%
Other County/State	14/na	3%	10/na	2%	11/na	2%
TOTAL CASES	447	100.0%	486	100.0%	507	100.0%

COUNTY OF RESIDENCE AT DIAGNOSIS

■ 2014
■ 2015
■ 2016



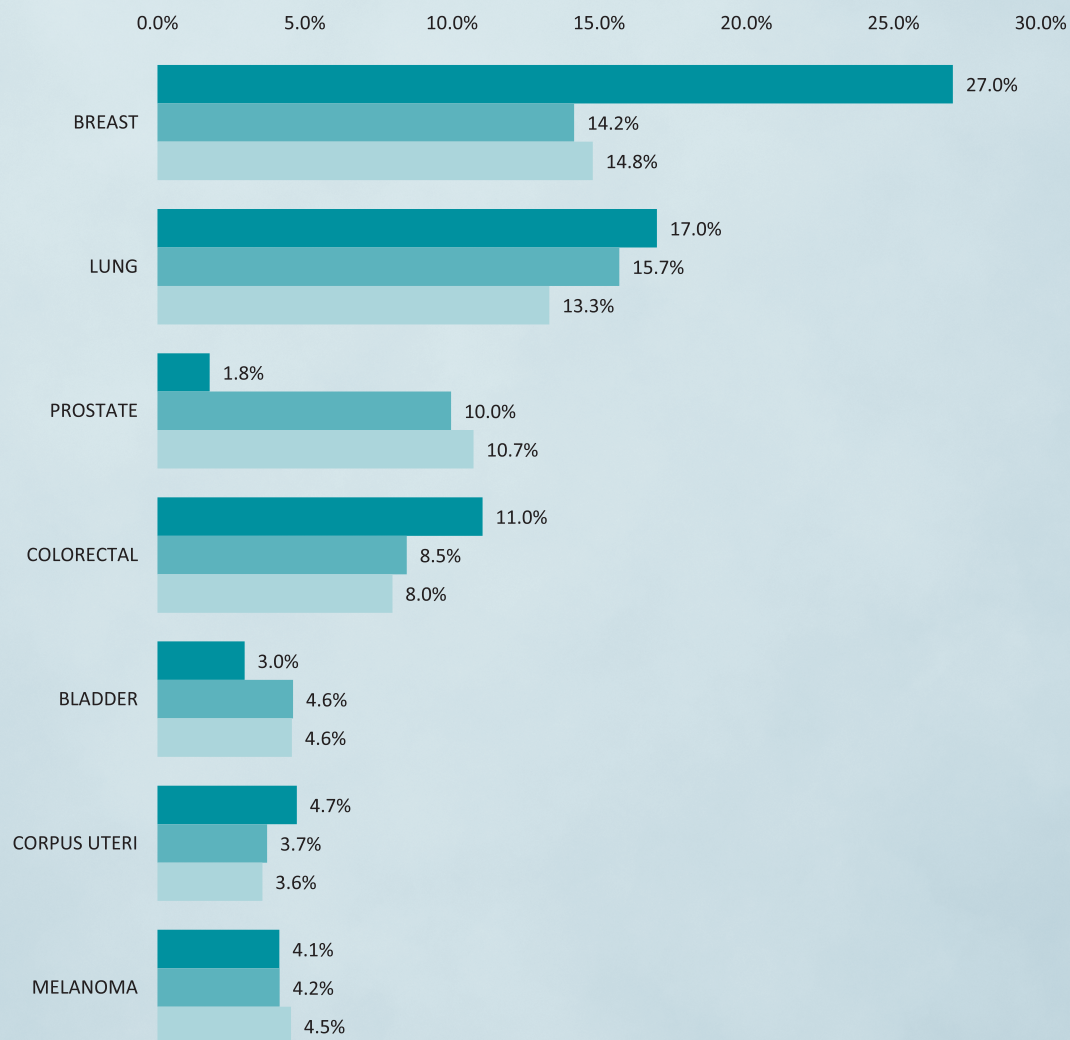
FRANCISCAN HEALTH LAFAYETTE CANCER CASES DIAGNOSED 2016

*National comparison of selected cancer sites

*Estimated Numbers of New Cases from: The American Cancer Society Cancer Facts & Figures 2016

	FRANCISCAN HEALTH LAFAYETTE		INDIANA		NATIONAL	
PRIMARY SITE	CASES	PERCENT	CASES	PERCENT	CASES	PERCENT
BREAST	137	27.0%	4,980	14.2%	249,260	14.8%
LUNG	86	17.0%	5,520	15.7%	224,390	13.3%
PROSTATE	9	1.8%	3,510	10.0%	180,890	10.7%
COLORECTAL	56	11.0%	2,980	8.5%	134,490	8.0%
BLADDER	15	3.0%	1,620	4.6%	76,960	4.6%
CORPUS UTERI	24	4.7%	1,310	3.7%	60,050	3.6%
MELANOMA	21	4.1%	1,460	4.2%	76,380	4.5%
ALL OTHERS	159	31.4%	13,800	39.2%	682,790	40.5%
TOTAL CASES	507	100.0%	35,180	100.0%	1,685,210	100.0%

SELECTED CANCER SITE NEW CANCERS 2016



■ Franciscan Health Lafayette 2016

■ ACS Projected Figures IN 2016

■ ACS Projected Figures National 2016

2017 NCCN STUDY: 2016 BREAST CASES

Standard 4.6 | May 2017

Purpose:

The purpose of this study is to assess compliance with National Cancer Center Network (NCCN) guidelines for breast cancer treated at Franciscan Health Lafayette.

Methods:

The study group included all 2016 (class 10-22 and AJCC stage 0-3) breast cancer cases in the Franciscan Health Lafayette Cancer Registry. Each case was individually reviewed to ascertain if treatment for the stage of cancer was concordant with NCCN treatment guidelines, and if not, why not. Total number of cases = 115.

Results:

Stage 0 = 19 cases.

- There were 11 patients who had a mastectomy. (Four of these opted for bilateral mastectomy.)
- There were seven patients who had a lumpectomy. Six of these received post-op radiation, one refused.
- There was one patient where surgery was not recommended due to well differentiation and small amount of disease.
- All 19 patients were estrogen receptor positive. Eight received hormone/AI. There were 11 patients who either refused or hormone/AI was not recommended.

Stage 1A = 62 cases.

- There were 14 patients who had a mastectomy. (Four of these opted for of these opted for bilateral mastectomy.)
- There were 46 patients who had a lumpectomy of which 46 received post-op radiation and one radiation was not recommended due to extended length of wound healing.
- Surgery was not recommended for two patients. One patient had stage 4 cancer arising in the opposite breast, and one patient had a stage 2 cancer arising in the opposite breast and was not a surgical candidate for either primary due to poor health.
- There were 54 patients who were estrogen receptor positive. There were 48 patients who received hormone/AI. 6 patients either refused or hormone/AI was not recommended due to pre-existing health conditions.
- There were eight patients who were estrogen receptor negative. Five patients received chemotherapy. Three patients either refused or chemotherapy was not recommended.
- There were seven patients who were HER2/neu positive. 6 received Herceptin. Herceptin was not recommended for one patient (by an outside oncologist).

2017 NCCN STUDY: 2016 BREAST CASES

Results: Stage 1A = 62 cases (continued)

- There were 39 patients who were T1c (tumor greater than 1 cm). Twelve of these patients received chemotherapy. There were 27 patients who either refused, or chemotherapy was not recommended due to pre-existing conditions or low Oncotype result.
- Oncotype DX was performed on 14 cases.

Stage 2A = 17 cases.

- There were 10 patients who had a mastectomy. (One opted for bilateral mastectomy.)
- There were six patients who had a lumpectomy. Five of these patients received post-op radiation. Radiation was not recommended to one patient due to pre-existing health conditions.
- Surgery was not recommended for one patient. Patient had a stage 1A cancer arising in the opposite breast and was not a surgical candidate for either primary due to poor health.
- There were 15 patients who were estrogen positive. There were 15 patients who received hormone/AI.
- Two patients were estrogen receptor negative. Two patients received chemotherapy.

- There were 17 patients who were HER2/neu negative.
- Two patients were node positive. They both received radiation. One patient received chemotherapy. Chemotherapy was not recommended for one patient based on low Oncotype.
- Oncotype DX was performed on five cases.

Stage 2B = 7 cases.

- There were seven patients who had a mastectomy. (One patient opted for bilateral mastectomy.) Three patients received post-op radiation.
- Seven patients were estrogen receptor positive. Five patients received hormone/AI. One patient refused, and one patient hormone/AI was not recommended due to pre-existing health condition.
- One patient was HER2/neu positive and received Herceptin.
- Four patients received chemotherapy. One patient refused chemotherapy, and chemotherapy was not recommended for two patients based on low Oncotype.
- Oncotype DX was performed on two cases.

2017 NCCN STUDY: 2016 BREAST CASES

Stage 3A-C = 10 cases.

- Five patients had neoadjuvant chemotherapy. Four of these patients went on to have mastectomy, radiation, and hormone/AI. One patient had mastectomy, but refused radiation, and was ER negative so hormone/AI was not recommended.
- There were five patients who had a mastectomy. Three patients received post-op chemotherapy, radiation, and hormone/AI. One patient was not a chemotherapy candidate due to pre-existing health condition and she refused radiation, but agreed to hormone/AI. One patient died prior to receiving any adjuvant treatment.

Summary:

All 115 patients in this study were either treated in concordance with NCCN treatment guidelines, deemed not suitable for a particular modality, or the patient refused a particular modality when it was recommended.

Recommendations:

There are no areas of concern with treatment of stage 0-3 breast cancer at Franciscan Health Lafayette.

Action:

Continued compliance with current NCCN treatment guidelines for breast cancer.

Monitoring:

No further monitoring necessary at this time.