



# 2015 Cancer Program Annual Report

Based on 2015 Cancer Program Activities and 2014 Cancer Registry Data



**Presence**<sup>®</sup>  
Saint Joseph Hospital

## 2015 CANCER COMMITTEE MEMBERS

Courtney Coke, MD  
Chair and Genetic Representative  
Radiation Oncology

Chilakamarri Yeshwant, MD  
Cancer Liaison Physician  
Medical Oncology

Catherine Britton-Kuzel, MD  
Pathology

Irene Wu, MD  
Surgery

Stanley Nabrinsky, MD  
Medical Oncology

Patrick Para, DO  
Radiology

Laurie Schachtner, Ph.D., MBA, FACHE, CRA, RT(R)(M)  
Director, Medical Imaging and Meadows Cancer Center

Sheryl Dickinson, MS, CTR  
Cancer Registry Quality Coordinator  
Cancer Registrar

Sandy Behning, BA, RN, OSN  
Clinical Research Coordinator  
Oncology Nurse Manager

Lisa Gomien  
Psychosocial Services Coordinator  
Social Worker

Katrina Schroeder, BSN, RN  
Quality Improvement Coordinator  
Quality Management Professional

Ed Hunter, Chaplain  
Regional Mission Officer  
Palliative Care Team Member

Katie Sobeski, BS, RHIA  
Cancer Conference Coordinator

Laurie Cox, MS, CADC, LCPC  
Social Services

Maria Aurora Diaz, MS, APN, ANP-BC, CDE  
Director, Community Health & Diabetes

Ashley Lach  
*American Cancer Society* Representative

Eric Rhodes, MHA  
Regional Ambulatory Care and Ancillary Services Officer

Linda Roherty BS, PT CLT-LANA  
Rehabilitation

Erica Bentley, BSN, RN  
Manager, Inpatient Oncology

Missy Petty  
Living Well Representative

Linda Ingram, MSN, RN  
Patient Nurse Navigator

John Donnici, PharmD  
Pharmacy

Julie Lichtenberg, RN, MSN, MA, NEA-BC, FACHE  
Director of Patient Care Services & Operations

Mylene Mayes, BA, RN  
Hospice Nurse

## Medical Director's Report

The Bob and Edna Meadows Regional Cancer Care Center at Presence Saint Joseph Hospital (PSJH) in Elgin continues to be a leader in cancer treatment in the Fox Valley area. The 2014-2015 years confirm our strength in this field.

In 2014, the major malignancies diagnosed and treated at our institution were prostate, lung and bronchus, breast, colorectal and thyroid. There were 52 analytical patients with prostate cancer; 39 analytical patients with breast cancer; 38 analytical patients with lung and bronchus cancer; 22 analytical patients with colorectal cancer and 22 cases with thyroid cancer. (See the 2014 Primary Site Table on page 5) PSJH's 5 year observed survival rates for the top 5 sites are as follows: prostate—83.8%; breast—84.8%; lung—16.4%; colorectal—46.4%; and thyroid—92.9%.

Our current annual report will focus on breast cancer. As mentioned above, in 2014 there were 39 analytical breast cancer cases. When comparing the years 2013 and 2014, there has been a progressive decrease in the number of patients diagnosed and treated for Stages I - IV. Interestingly, though, when our facility is compared with community cancer hospitals in all states, there is concordance with the percentage of patients treated per stage. Finally we examined each stage and the actual treatments given per stage. We concluded that all treatments are being given according to NCCN guidelines per patient stage.

Our center continues to distinguish itself as one that delivers excellent cancer treatment and rehabilitation to patients. Our full complement of services include three dimensional radiotherapy, intensity modulated radiotherapy, on-board image verification, stereotactic radio-surgery, high dose rate radiation and low dose rate radiation. Of note, all our breast patients are seen and evaluated by one of our lymphedema therapists. All of our lymphedema therapists are certified through the Lymphology Association of North America (LANA). Our team also includes the following: surgeons, radiologists, pathologists, medical oncologists, a physicist, dosimetrists, radiation therapists, physical therapists, nutritionists, speech therapists, pastoral care, nursing staff, nurse navigator, cancer registrars and radiation oncologists.

It is through the Cancer Committee that our full complement of services is evident. The Cancer Committee meets quarterly and is represented by all oncologic subspecialties. The committee oversees and ensures patient-focused, safe and effective patient care delivery. This is achieved by the robust participation of the physicians and staff in upholding all standards of the Commission on Cancer. Most notable among these standards are (a) our bi-weekly multidisciplinary tumor boards where patient cases are reviewed; (b) active participation with the American Cancer Society; (c) Living Well; (d) our extensive community outreach and support groups sponsored by our Pastoral Care department; (e) a Thyroid Cancer Symposium held in collaboration with the University of Chicago; and (f) a Head and Neck Focus Group out of which a Quality of Life Study will be published.

With this comprehensive service line, I am confident that in 2016 we will see continued multidisciplinary, faith-based, and data-driven patient care that exemplifies Presence Saint Joseph Hospital.

Courtney Coke  
Medical Director  
Bob and Edna Meadows Regional Cancer Center  
Presence Saint Joseph Hospital

## Center Director's Report

Over the past year, we have enhanced our Meadows Regional Cancer Center's program. As you review the information provided in the annual report, you will understand that we are dedicated to providing compassionate and consistent care for our patients and their families. Our goal is to prevent, diagnose, and treat cancer.

Our patient-centered care team is here to assist and guide the patient's journey along the continuum of care, from Patient Navigation, psychosocial support; ONS certified nursing staff, radiation therapist, lymphedema physical therapist, nutritionist, social worker, pharmacist, all under the leadership of our exceptional Presence St. Joseph medical staff.

Some highlights from 2015:

- + Development and implementation of a 2-phase Lung Screen Program (Lab test/CT Lung Scan)
- + Breast Study data comparison to NCCN guidelines
- + Developed and Implemented Dosimetry Protocol Guidelines Tools
- + Radiation Therapy Head & Neck Program Development to provide mastery and mitigate variables
- + Infusion Center - expanded to 7 days / week
- + Coordinated and facilitated Head and Neck Cancer Survivor focus group
- + Partnership with Silver Lining, which provides free mammography for the underserved

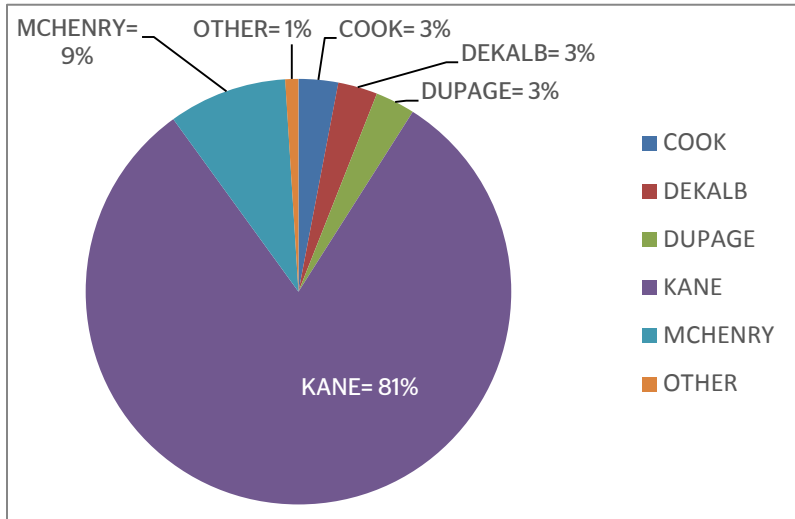
Our optimal clinical outcomes are due to the collective efforts of the Cancer Committee, and the medical staff. These dedicated professionals are committed to continually improving the care of cancer patients, thus ensuring that our patients receive the very best possible care within their community.

Laurie Schachtner PhD, FACHE, CRA RT (R)(M)  
Director of Cancer Center and Medical Imaging

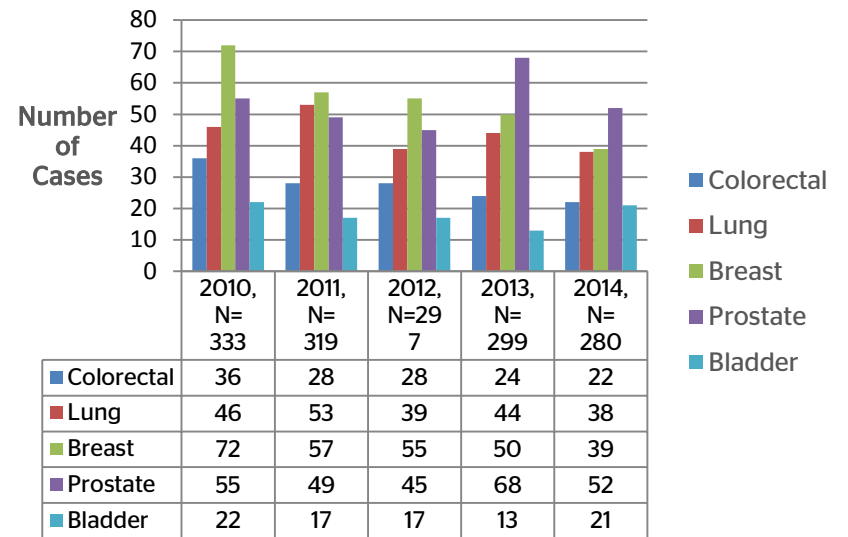
## Cancer Disease Type by Sex

Presence Saint Joseph-Elgin 2014 Primary Site Table	Total Analytic	Male	Female
Oral Cavity and Pharynx	4	3	1
Esophagus	4	3	1
Stomach	4	4	0
Colon Excluding Rectum	12	6	6
Rectum & Rectosigmoid	10	3	7
Anus, Anal Canal & Anorectum	3	1	2
Liver & Intrahepatic Bile Duct	4	2	2
Other Biliary	1	0	1
Pancreas	4	0	4
Lung & Bronchus,	38	23	15
Soft Tissue (including Heart)	1	1	0
Melanoma -- Skin	4	4	0
Breast	39	0	39
Cervix Uteri	3	0	3
Corpus & Uterus, NOS	4	0	4
Ovary	3	0	3
Prostate	52	52	0
Testis	5	5	0
Urinary Bladder	21	16	5
Kidney & Renal Pelvis	12	8	4
Brain & Other Nervous System	9	4	5
Thyroid	22	5	17
Non-Hodgkin Lymphoma	3	2	1
Multiple Myeloma	2	2	0
Leukemia	6	3	3
Miscellaneous Sites	10	5	5
<b>Total</b>	<b>280</b>	<b>152</b>	<b>128</b>

## 2014 Analytic Cases by County

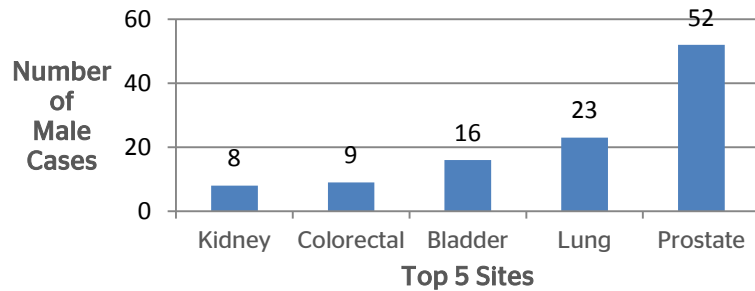


## 5-Year Site Distribution Trend

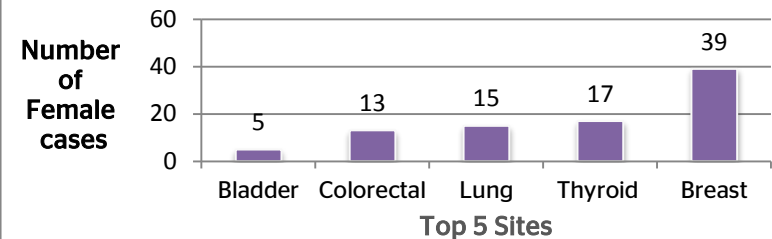


## 2014 Analytic Cases, Top 5 Sites, by Male and Female

2014 Analytic Male Patients by Top 5 Sites  
N= 152



2014 Analytic Female Patients by Top 5 Sites  
N= 128



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

### **Standard 4.6 Monitoring Compliance with Evidence-Based Guidelines**

Each year, a physician member of the cancer committee performs a study to assess whether patients within the program are evaluated and treated according to evidence-based national treatment guidelines. Study results are presented to the cancer committee and documented in cancer committee minutes.

The role of this standard is to ensure that evaluation and treatment conforms to evidence-based national treatment guidelines using American Joint Committee on Cancer (AJCC) or other appropriate staging, including appropriate prognostic indicators. The study must determine that the diagnostic evaluation is adequate and the treatment plan is concordant with a recognized guideline. Any problems identified with the diagnostic evaluation or treatment planning process could serve as a source for performance improvement.

### **Study Topic**

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

### **Objective**

To ensure patient evaluation and treatment plans meet NCCN guidelines

### **Source for this Study**

This review includes 2013-2014 invasive and non-invasive breast cancer patients who were diagnosed and treated or treated only at Presence Saint Joseph Hospital. The data comes from the Cancer Registry.

### **Method**

Retrospective chart review; a total of 79 cases were reviewed for 2013-2014. Each patient chart was reviewed for appropriate clinical stage and treatment based on that stage.

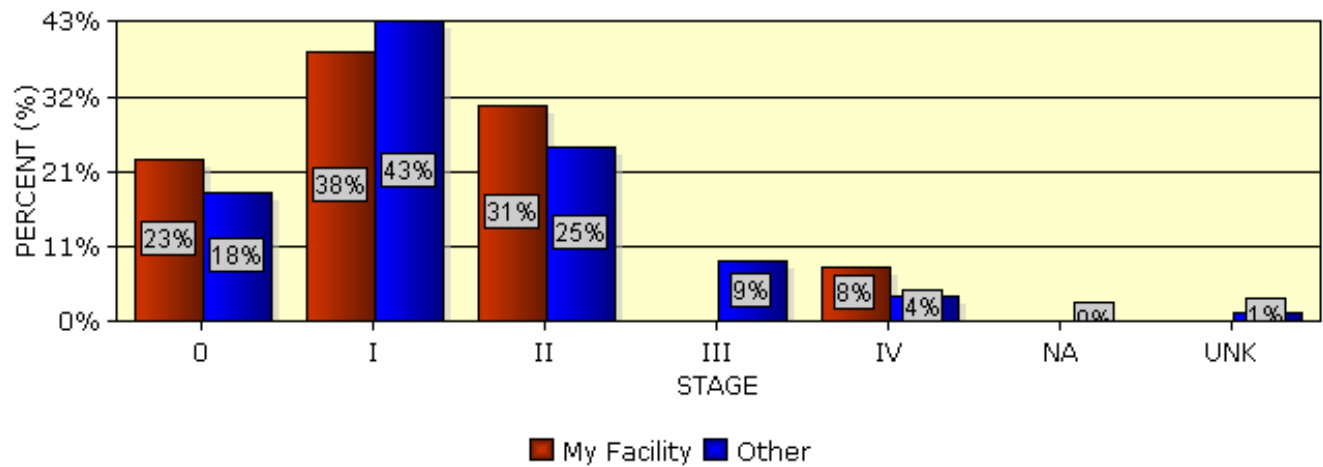
### **Results**

A comparison of the Presence Saint Joseph Hospital 2013 and 2014 data shows relatively stable numbers from 2013 to 2014 with the exception of Stage IV patients. In 2014, there were no Stage IV patients.





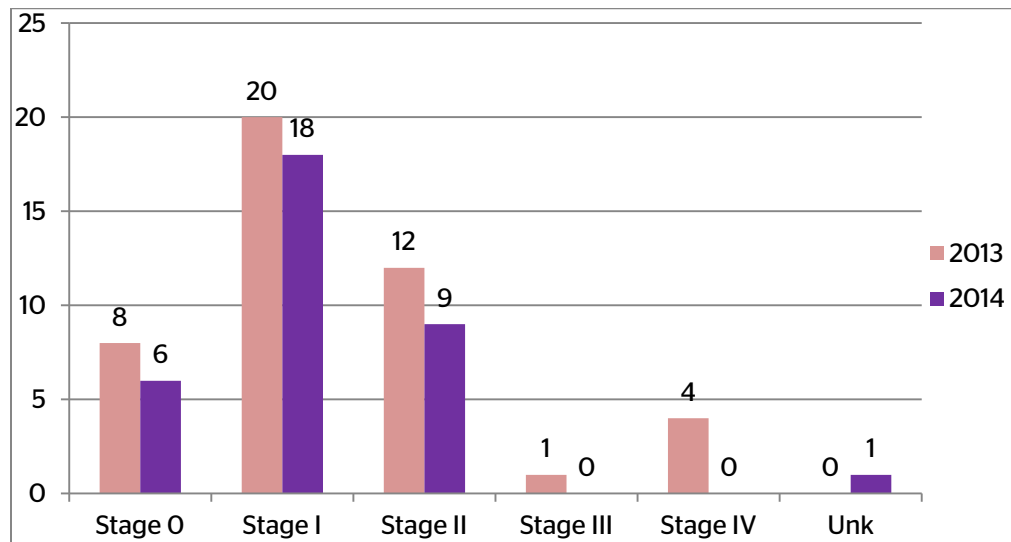
Stage of Breast Cancer Diagnosed in 2013  
 Presence Saint Joseph Hospital - Elgin, Elgin IL  
 vs. Community Cancer Program Hospitals in All States  
 Combination: Class of Case 10-14 and Class of Case 20-22 - Data from 470 Hospitals



	0	I	II	III	IV	NA	UNK
My Facility	23%	38%	31%		8%		
Other	18%	43%	25%	9%	4%	0%	1%

## Stage at Diagnosis Comparison of 2013 and 2014 Diagnosed and Treated or Treated Only at Presence Saint Joseph Hospital

A comparison was also made to the National Cancer Data Base (NCDB) data from 2013. The graph compares 2013 analytic cases to all Community Cancer Program Hospitals that report data to the NCDB. Presence Saint Joseph Hospital data are comparable with the NCDB. The percentage of Stage IV patients at Presence Saint Joseph Hospital is lower than the NCDB average.

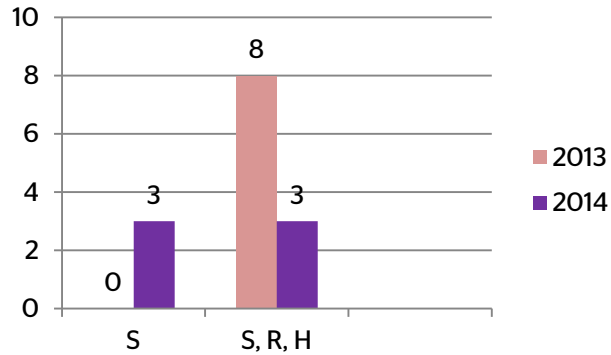


Finally, the study looked at each stage and the treatment that was given per that stage.

**Legend**

- S: Surgery
- R: Radiation Therapy
- H: Hormone Therapy
- C: Chemotherapy

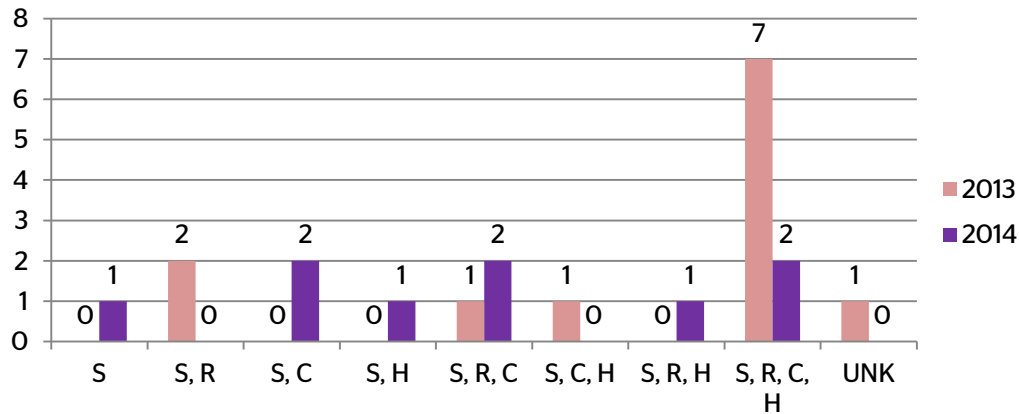
**Stage 0**



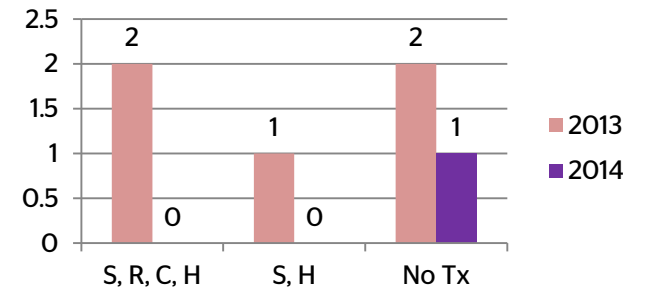
**Stage I**



**Stage II**



**Stage III and IV**



## Conclusions

This study was discussed at length at the November 2015 Cancer Committee Meeting with the following findings: Majority of the breast patients at Presence Saint Joseph Hospital present with Stage I cancer, which is comparable to the NCDB data. We have fewer Stage IV patients than the average per NCDB data.

Treatment is being given according to NCCN guidelines per the patient's stage of breast cancer.

## **Tumor Board Conferences**

Multi-disciplinary Tumor Board Conferences are held bimonthly (first and third Friday) at Presence Saint Joseph Hospital. A case presentation format is utilized and the physicians present the patient's medical history, presenting symptoms and all evaluations and work up done to date. The multi-disciplinary team then discusses clinical stage, appropriate treatment according to NCCN guidelines, prognostic indicators and available clinical trials. Recommendations for the patient's treatment, whether initial treatment, subsequent treatment or palliative care are then made by the team. The ultimate treatment decision rests with the patient's physician who can review the various opinions with his/her patient and determine the most appropriate management for the patient.

In 2015, 22 Cancer Conferences were held and 86 cases were presented (approximately 31 percent of analytical case load). The percentage of prospective cases was 93 percent. Clinical stage was discussed for 84 percent of the applicable cases. NCCN guidelines were discussed for 100 percent of the cases and prognostic indicators for 95 percent of the cases. For 47 percent of the cases, clinical trials were discussed.

## Links to Websites

American Cancer Society- [www.cancer.org](http://www.cancer.org)

American College of Surgeons Commission on Cancer- [www.facs.org/cancer](http://www.facs.org/cancer)

American Society of Clinical Oncology- [www.asco.org](http://www.asco.org)

American College of Radiology- [www.acr.org](http://www.acr.org)

College of American Pathologists- [www.cap.org](http://www.cap.org)

National Cancer Institute- [www.cancer.gov](http://www.cancer.gov)

National Cancer Institute/Clinical Trials- [www.cancer.gov/clinicaltrials](http://www.cancer.gov/clinicaltrials)

National Comprehensive Cancer Network- [www.nccn.org](http://www.nccn.org)



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