

2018

CANCER PROGRAM ANNUAL REPORT



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For more information or additional copies of the 2018 Cancer Program Annual Report, visit **BeaconHealthSystem.org** or call the Beacon Health System Marketing Department at **574.647.7350**.

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ACCREDITATIONS

Elkhart Regional Cancer Center



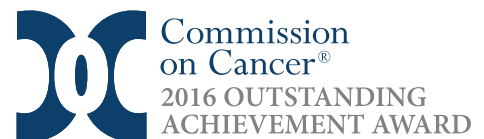
Three-year Accreditation by the American College of Radiation Oncology



Certified Quality Breast Center of Excellence, Certification Level III
Breast Imaging Center of Excellence



Three-year Accreditation by the American College of Radiology Accreditation for our Breast Care Center and Radiology Department
CT Lung Cancer Screening Center
Breast Imaging Center of Excellence



A **QUALITY PROGRAM** of the AMERICAN COLLEGE OF SURGEONS



The Joint Commission
Hospital Accreditation Program

MESSAGE FROM MEDICAL LEADERSHIP

Our mission continues to focus around creating healthier communities and providing excellent cancer care close to home for our patients. We recognize that encouraging strong support systems and enabling patients to remain close to their families while they undergo cancer treatments significantly eases the physical, mental, and financial burdens that are so often experienced by patients during their cancer journeys.

Recent highlights of our Elkhart Regional Cancer Center include:

- Continued growth and national recognition by the American College of Radiology (ACR) and the AHA (American Hospital Association) for our Thoracic Oncology Clinic. By inviting patients to attend our conferences, we foster increased collaboration between the patient and their physicians while providing our patients with the unique experience of participating in the comprehensive and nuanced discussions that are necessary to reach a personalized multidisciplinary recommendation for their treatment plan. A video produced by the ACR and a webinar hosted by the AHA have been shared nationally, recognizing our program for excellence in a successful multidisciplinary approach which includes patient involvement at its core.
- Ongoing physician recruitment to increase availability of specialty physicians in our community.
- Relocating our medical oncology inpatient unit to allow for more focused oncology care and the addition of patient-centered programs such as music therapy for our inpatients.
- Providing outreach activities which included joint community education programs with Memorial Hospital and also a skin cancer screening event with Dr. Roger Moore.
- We have continued to work towards standardizing services across Beacon Health System within radiation oncology to allow for greater efficiency and a seamless patient experience for those patients who receive their care across our two hospital campuses.
- We continue to offer survivorship care plans to assist patients in understanding and anticipating the continued follow-up after undergoing cancer treatment.

Our goal continues to focus on being the provider of choice for our patients. Without the dedicated teamwork and energy put forth by our physicians and staff, this would not be possible. We are excited to see what 2019 will bring for our cancer program.

Respectfully submitted,



Lauren Das MD, Radiation Oncologist
Chair, Cancer Committee



Lauren Das, MD

CANCER PROGRAM *Services*



Medical Oncology Unit

The Medical Oncology Unit is a 12-room inpatient unit that specializes in the treatment of patients with cancer. Our goal is to support patients and their families through their cancer journey by offering state-of-the-art medical care, up-to-date treatments and medications and access to the latest in imaging technology, along with personal and spiritual guidance. The unit includes oncology-certified nurses who ensure that high-quality care is delivered to our patients. With 12 private rooms, convenience and comfort have been built in for patients, families, physicians and nurses. Relaxing, pleasant earth tones reinforce the homelike atmosphere. Just as you have complete freedom to come and go in your own home, so it is with our unit. Family can visit 24 hours a day or stay 24 hours.



Cancer Survivorship Clinic

In the Cancer Survivorship Clinic, patients and their oncology nurse review detailed cancer treatment summaries together along with an individualized survivorship care plan. This survivorship care plan outlines short-term and long-term follow-up, how to monitor for late side effects, routine screening for other cancers and recommendations for health promotion. At the end of the visit, the patient receives a copy of their cancer treatment summary and survivorship care plan to keep for their personal records and all members of the patient's care team receive a copy as well. The visit to the Survivorship Clinic also includes an appointment with a registered dietitian for a personalized evaluation.



Ambulatory Infusion Center

The Ambulatory Infusion Center provides a comfortable, convenient and safe environment for patients to receive outpatient treatment. The center is monitored by oncology certified registered nurses. In our eight-chair infusion clinic we offer flexible hours seven days a week to meet the needs of our patients. Treatments include: chemotherapy infusions, blood transfusions, inserting and removing of different types of IV devices, central line care, antibiotic therapy, and injections.



Radiation Oncology Center

The Radiation Oncology Center at Elkhart General Hospital offers leading-edge radiation treatments under the direction of board-certified radiation oncology physicians. Enabling patients to have the best care close to home, specialized therapies such as Rapid Arc, IMRT, and Stereotactic Body Radiation Therapy are available to patients at Elkhart. The center offers flexible appointment times, allowing patients to continue a normal personal schedule while going through their radiation treatments.





Ribbon of Hope staff members from (L to R): Cheryl DeJohn, Loretta Salchert, Mona Conrad

Ribbon of Hope

Ribbon of Hope is a nondenominational cancer support ministry with a mission to provide emotional and spiritual support for cancer patients, caregivers and family members. Volunteers log over 8,000 patient service hours annually, with patient interactions that complement the technical side of cancer care through encouragement and practical acts of kindness, such as phone calls, uplifting notes, transportation to appointments and occasional meals and household assistance. Each year concludes with the annual Holiday Adopt a Family project. Through the support of Elkhart General associates and community members, Ribbon of Hope provides Christmas gifts, food items and non-food care boxes to families and seniors.

Genetics Counseling

At Elkhart Hospital, our genetics counselors work with patients to identify their risk for certain types of cancer. Genetics counselors also work with patients to develop a plan that includes possible genetic testing, screening recommendations, and other strategies to prevent cancer or to catch it in its earliest stages. Counselors review and discuss personal and family medical history, identify possible genetics risk, discuss genetic testing options, create a prevention and early detection plan, and provide information and support to patients and their families.

Palliative Care

The intra-disciplinary palliative care team includes nurses, a physician, social worker, chaplains and pharmacists who assist patients in symptom management who are currently or previously have undergone anticancer therapies. They provide spiritual and emotional support to patients and families while coordinating care and assisting in communication. The service is consult-based in the hospital and also follows patients in their outpatient clinic. In providing support to both inpatient and outpatient, the service works to improve patient satisfaction, and reduce readmissions to the hospital.



Palliative Care staff from (L to R): Angie Poorman, Dr. Amberly Burger, MiChelle Redding



Oncology Care Coordinators

Oncology Care Coordinators are available to patients who need education, encouragement, financial assistance referrals, resource identification, support and advocacy. Our coordinators communicate with patients throughout their treatment, providing understanding and reassurance to them and their family members as well.

2018 TEAM MEMBER AWARDS

Each month Beacon Health System gives recognition to associates who are not only outstanding in their role but are also committed to upholding the Beacon values. These awards include "Doc You Rock," "Associate of the Month," "Sunshine Award" and the nursing "Daisy Award." Awardees are nominated and voted on by their patients and their peers.



Esther knew her calling was to help people so she began working at Elkhart General Hospital in August of 2016. She is a wonderful team member who is always happy to be here, always smiling, always working hard, always lifting up her co-workers, and is always taking the best care of her patients and their families. Her goal is to enter nursing school to advance her career and continue to care for people. We are so proud of Esther and we are very blessed to have her as a part of our team!



Samir Patel, MD, radiologist at Elkhart General Hospital, recently published an article in the Journal of American College of Radiology titled "Estimated Mortality of Breast Cancer Patients Based on Stage at Diagnosis and National Screening Guideline Categorization." The research study compared mortality rates with the age in which patients started yearly mammograms. The article concluded that "based on stage at diagnosis, the greatest mortality reduction is achieved with mammography utilization starting at the age of 40." (Patel, 2018)

MAYO CLINIC CARE NETWORK

The oncologists at Beacon Health System and medical experts at Mayo Clinic are working together to resolve hard-to-solve medical problems. Beacon oncologists can consult with Mayo Clinic specialists using technology that allows Mayo Clinic doctors to review complex cases and provide additional input when the provider believes it would be helpful to the patient. When appropriate, patients can receive an electronic second opinion (eConsult) from a Mayo Clinic physician. The eConsult can be in regards to diagnosis, treatment plan, or follow up care. The eConsult is provided to the patient free of charge without the hassle of traveling to Mayo Clinic.

Beacon Health System physicians also participate in Mayo Clinic eTumor Boards. These are live teleconferences that allow Beacon physicians to participate in and discuss how to best manage complex cancer cases with teams of Mayo Clinic specialists. The eTumor Boards allow Beacon physicians to collaborate with a multi-disciplinary team at Mayo Clinic to determine the best course of treatment for patients with complex cases.



CANCER PATIENT GETS LAST WISH

By Heidi Prescott, *Media Relations Specialist*

Sometimes cancer patients want to see a family member they haven't seen in a while. Sometimes there's one last place they want to visit. Dave Bleile wanted more than anything to be able to walk his daughter, Wendy, down the aisle at her wedding before he died. But Wendy and the oncology team at Elkhart General Hospital knew his cancer was very aggressive, and he didn't have much time left.

So before Dave left with hospice care the following day, the team surprised him and gave him his final wish. Wendy held onto her dad's arm down as he proudly escorted her down an aisle of white linens, to a makeshift alter in the family room. The hospital chaplain married Wendy and her husband, Colin Bontrager, in an emotional ceremony. Three days later, on March 8, 2018, Dave Bleile passed away.

There are many times when health care providers feel powerless to do things for their patients, when cancer is winning. "But our nurses try to find that one thing and make it happen, like they did for Dave," said Kim Greising, RN, director of nursing. "I'm so proud of them, because I know what they do every day make a difference for our patients and their families."



Elkhart General Hospital CANCER REGISTRY REVIEW

By Judy Libera, CTR, *Cancer Registry Coordinator*

Registry Accomplishments for 2018:

- Maintained bimonthly General Cancer Conferences & Breast Conferences along with a once a month Neuro-Oncology Rounds conference. These are multidisciplinary case presentations and lectures.
- Attended Thoracic Oncology Clinics.
- Submitted required data to the National Cancer Data Base timely and free of errors; achieved standard commendation status.
- Reported required incidence of cancer to the Indiana State Cancer Registry within six months of diagnosis on a monthly basis.
- Maintained Rapid Quality Reporting System (RQRS) per Commission on Cancer contract guidelines.
- Collaborated with abstracting software provider (METRIQ) to incorporate system upgrades.
- Maintained on-going quality review of data via annual physician review of 10% analytic cases inclusive of monthly state edits and periodic internal audits.
- Instrumental in supplying data for Continuous Quality Improvement ("benchmark"), Physician requests for research, Administration, Marketing and Planning, Community Outreach, Education and Cancer Conferences.
- All Registrars participated in educational webinars for professional development.
- All Registrars participated in local and regional conferences for professional development.

The Cancer Registry at Beacon Health System-Elkhart General Hospital has a beginning reference date of 1 January 1998 and is under the management and direction of Oncology Administration, Cancer Committee as well as strict adherence to the *Commission on Cancer (CoC) Program Standards*. The Cancer Registry is charged with the collection of data, which provides the whole picture of the patient's disease. The data is maintained and inclusive of but not limited to: patient demographics; date of diagnosis; primary site; histology; stage of disease; treatment; clinical trial, recurrence; and follow-up data and provides physicians and hospital administration with statistics for research, education and strategic planning. In recent years, higher education and certification standards for Cancer Registrars were mandated to ensure the accuracy of the collected data and ultimately impact the overall care of the patients at Beacon Health System-Elkhart General Hospital.

In 2017, a total of 701 cancer incidences were accessioned by a team consisting of two Certified Tumor Registrars. The data from the registry is submitted to the Indiana State Department of Health Cancer Data System as well as to the National Database in accordance with guidelines. Reliable data is essential in the evaluation of cancer prevention, treatment programs, quality of care and outcomes. Confidentiality of patient identification and related medical data are strictly maintained and only aggregate data are analyzed and published.

Our cancer patient receives lifetime surveillance to determine treatment outcomes so that we can assess and improve the efficacy of the treatments we administer. The Cancer Registry is responsible for maintaining lifetime follow-up on all analytic patients. The current rate of 96.32% (90% or greater required) is based on patients diagnosed within the past five years. Additional required follow-up is based on all patients within the database with the current rate at 93.72 (80% or greater required). The respective rates significantly exceed the established benchmarks mandated by the CoC and attests to the continued teamwork approach to patient care at Beacon Health System-Elkhart General Hospital.



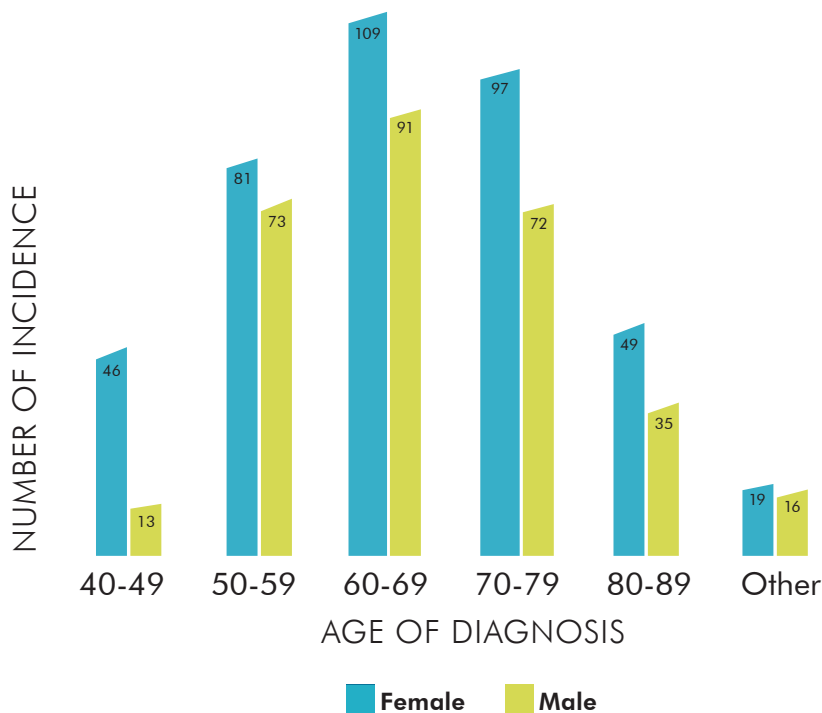
Stacy Hirst, RN, CTR
Cancer Registry



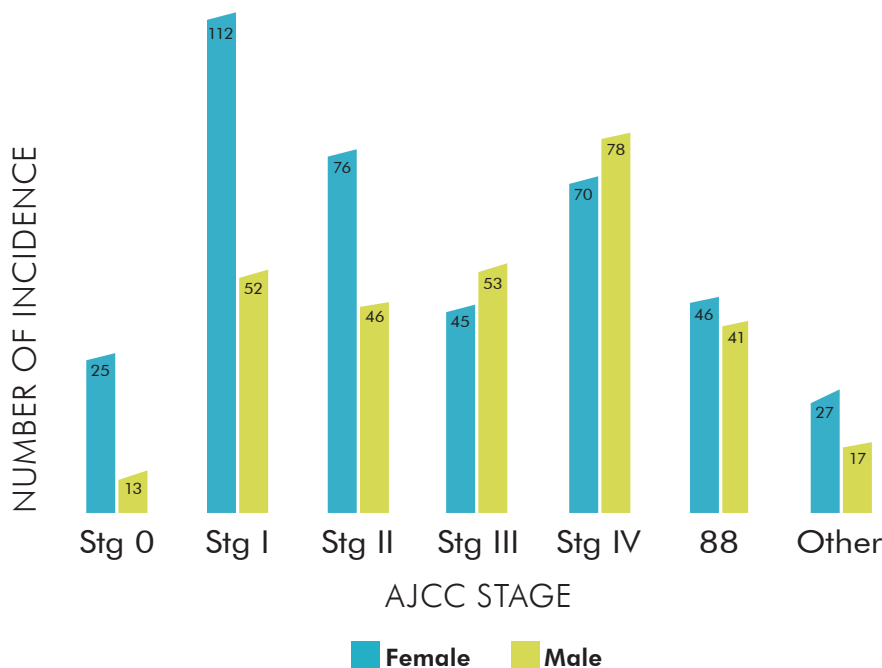
Judy Libera, CTR
Cancer Registry Coordinator

CANCER INCIDENCE BY AGE, STAGE AND DISTRIBUTION

**Male vs. Female Age at Diagnosis
2017* Cases**

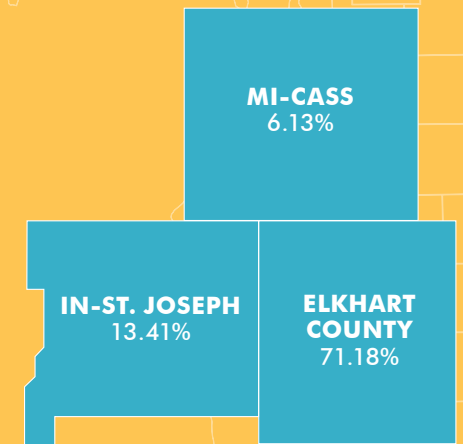


**Male vs. Female by Best AJCC Stage
2017* Cases**



**Distribution by State/County
2017* Cases**

NOTE: 9.27 percent of patients reside in counties outside of the service areas shown.

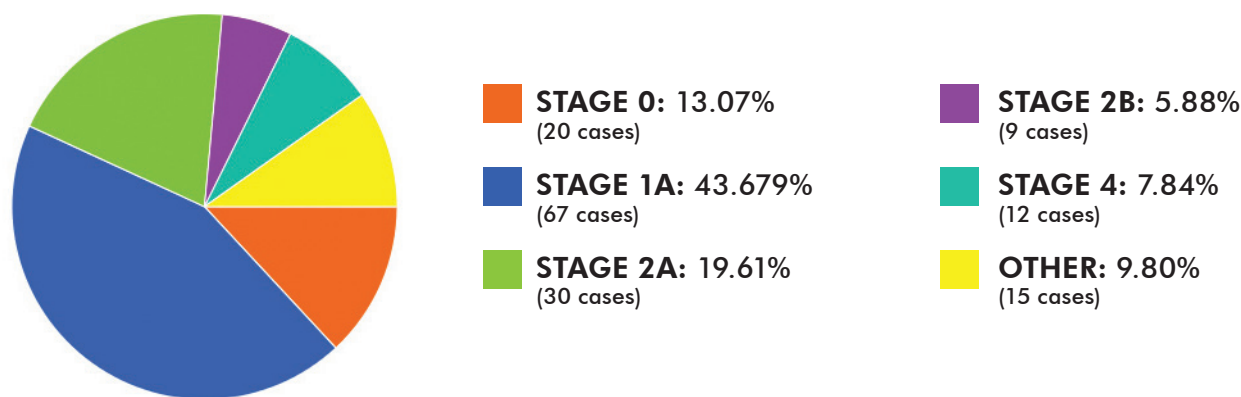


*Based on 2017 Cancer Registry Data

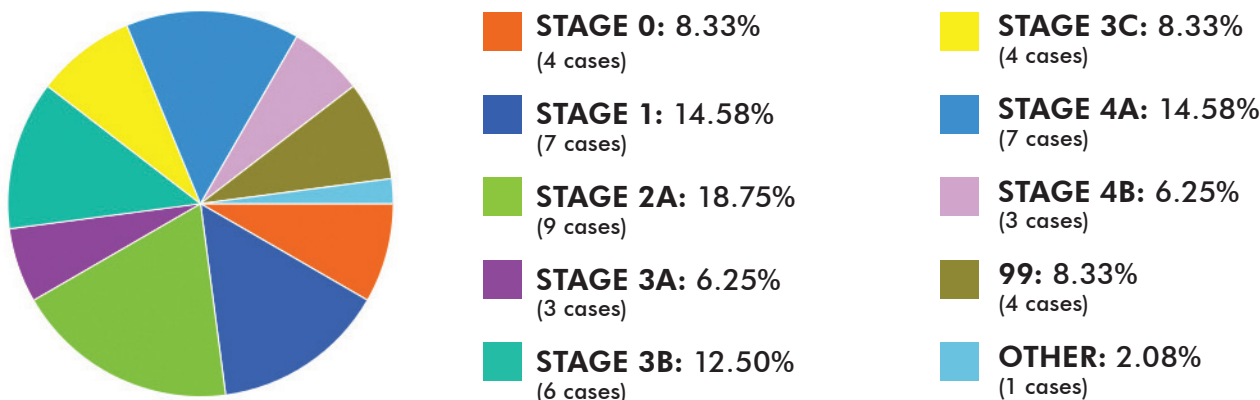
BREAST, COLON AND LUNG CANCER INCIDENCE BY STAGE

**Based on 2017 Cancer Registry Data*

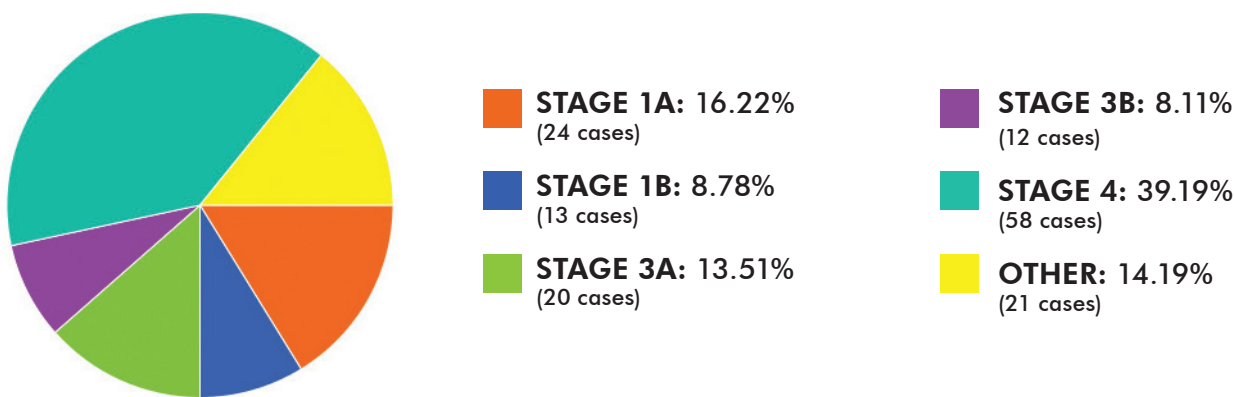
BREAST CANCER STAGE OF DIAGNOSIS



COLON CANCER STAGE OF DIAGNOSIS



LUNG CANCER STAGE OF DIAGNOSIS



Primary Site Table

BASED ON 2017 STATISTICS

Primary Site	Total	Male	Female	Class of Case		Stage at DX				
				Analytic	Non-Analytic	Stg 0	Stg I	Stg II	Stg III	Stg IV
ORAL CAVITY & PHARYNX	11	8	3	8	3	1	0	2	1	3
Tongue	2	2	0	1	1	0	0	0	0	1
Salivary Glands	1	1	0	1	0	0	0	1	0	0
Gum & Other Mouth	1	1	0	0	1	0	0	0	0	0
Nasopharynx	2	1	1	2	0	0	0	1	0	0
Tonsil	3	1	2	3	0	1	0	0	1	1
Hypopharynx	1	1	0	1	0	0	0	0	0	1
Other Oral Cavity & Pharynx	1	1	0	0	1	0	0	0	0	0
DIGESTIVE SYSTEM	117	68	49	102	15	6	15	21	24	29
Esophagus	10	9	1	6	4	0	0	0	3	3
Stomach	11	8	3	11	0	0	2	1	3	5
Small Intestine	5	2	3	5	0	0	1	1	3	0
Colon Excluding Rectum	42	21	21	39	3	4	6	8	10	7
Cecum	7	3	4	5	0	2	0	1	2	1
Appendix	3	1	2	3	0	1	0	0	0	1
Ascending Colon	7	3	4	6	1	0	2	2	1	1
Hepatic Flexure	1	0	1	1	0	0	0	1	0	0
Transverse Colon	6	3	3	6	0	1	1	1	1	1
Descending Colon	2	1	1	2	0	0	1	0	1	0
Sigmoid Colon	14	8	6	14	0	2	1	3	5	1
Large Intestine, NOS	2	2	0	2	0	0	0	0	0	2
Rectum & Rectosigmoid	22	15	7	17	5	2	1	3	5	5
Rectosigmoid Junction	6	4	2	5	1	0	1	1	1	2
Rectum	16	11	5	12	4	2	0	2	4	3
Anus, Anal Canal & Anorectum	3	0	3	2	1	0	0	1	0	1
Liver & Intrahepatic Bile Duct	3	3	0	3	0	0	2	0	0	0
Liver	2	2	0	2	0	0	2	0	0	0
Intrahepatic Bile Duct	1	1	0	1	0	0	0	0	0	0
Gallbladder	1	0	1	1	0	0	0	1	0	0
Other Biliary	1	1	0	1	0	0	0	0	0	0
Pancreas	18	8	10	16	2	0	3	6	0	7
Retroperitoneum	1	1	0	1	0	0	0	0	0	1
RESPIRATORY SYSTEM	154	71	83	123	31	0	34	13	29	47
Nose, Nasal Cavity & Middle Ear	2	0	2	1	1	0	0	0	0	1
Larynx	5	5	0	4	1	0	1	0	2	1
Lung & Bronchus	147	66	81	118	29	0	33	13	27	45
BONES & JOINTS	2	2	0	0	2	0	0	0	0	0
SOFT TISSUE	2	2	0	2	0	0	0	0	1	1
SKIN EXCLUDING BASAL & SQUAMOUS	23	16	7	16	7	2	5	5	1	2
Melanoma -- Skin	23	16	7	16	7	2	5	5	1	2
BASAL & SQUAMOUS SKIN	2	2	0	0	2	0	0	0	0	0

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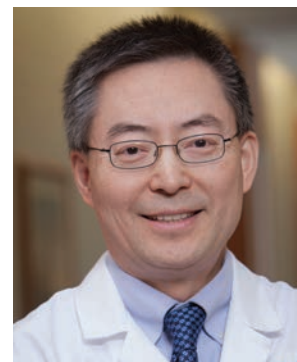
Primary Site Table BASED ON 2017 STATISTICS

Continued

Primary Site	Total	Male	Female	Class of Case		Stage at DX				
				Analytic	Non-Analytic	In-situ	Stg I	Stg II	Stg III	Stg IV
BREAST	153	1	152	139	14	19	67	34	9	10
FEMALE GENITAL SYSTEM	20	0	20	9	11	0	0	0	2	3
Cervix Uteri	5	0	5	1	4	0	0	0	1	0
Corpus & Uterus, NOS	6	0	6	3	3	0	0	0	0	0
Ovary	5	0	5	3	2	0	0	0	0	3
Vulva	3	0	3	2	1	0	0	0	1	0
Other Female Genital Organs	1	0	1	0	1	0	0	0	0	0
MALE GENITAL SYSTEM	34	34	0	23	11	0	1	15	3	4
Prostate	32	32	0	23	9	0	1	15	3	4
Testis	2	2	0	0	2	0	0	0	0	0
URINARY SYSTEM	53	38	15	45	8	7	21	5	4	6
Urinary Bladder	22	18	4	18	4	7	4	2	3	2
Kidney & Renal Pelvis	29	19	10	25	4	0	17	2	1	4
Ureter	2	1	1	2	0	0	0	1	0	0
EYE & ORBIT	1	0	1	0	1	0	0	0	0	0
BRAIN & OTHER NERVOUS SYSTEM	26	11	15	21	5	0	0	0	0	0
Brain	13	8	5	10	3	0	0	0	0	0
Cranial Nerves Other Nervous System	13	3	10	11	2	0	0	0	0	0
ENDOCRINE SYSTEM	24	7	17	20	4	0	8	2	0	0
Thyroid	15	3	12	14	1	1	7	2	1	1
Other Endocrine including Thymus	9	4	5	6	3	0	0	0	0	0
LYMPHOMA	34	18	16	25	9	0	5	7	6	6
Hodgkin Lymphoma	4	3	1	3	1	0	0	1	2	0
Non-Hodgkin Lymphoma	30	15	15	22	8	0	5	6	4	6
NHL - Nodal	17	9	8	10	7	0	1	4	3	2
NHL - Extranodal	13	6	7	12	1	0	4	2	1	4
MYELOMA	11	6	5	8	3	0	0	0	0	0
LEUKEMIA	16	9	7	9	7	0	0	0	0	0
Lymphocytic Leukemia	7	3	4	3	4	0	0	0	0	0
Acute Myeloid Leukemia	1	0	1	1	0	0	0	0	0	0
Chronic Myeloid Leukemia	6	3	3	2	4	0	0	0	0	0
Myeloid & Monocytic Leukemia	7	4	3	5	2	0	0	0	0	0
Acute Myeloid Leukemia	3	3	0	3	0	0	0	0	0	0
Chronic Myeloid Leukemia	4	1	3	2	2	0	0	0	0	0
Other Leukemia	2	2	0	1	1	0	0	0	0	0
MESOTHELIOMA	2	2	0	2	0	0	0	0	0	2
MISCELLANEOUS	19	7	12	9	10	0	0	0	0	0
Total	704	302	402	561	143	35	156	104	80	113

RAPID QUALITY REPORTING SYSTEM

Promoting evidence-based cancer care is of key importance to improving quality of care and patient outcomes. Rapid Quality Reporting System (RQRS) analysis allows us to actively monitor and assess compliance with six National Quality Forum endorsed measures. It assists in surveillance of care for breast and colon cancer patients in real clinical time.



James Jin, MD, PhD

*Medical Oncologist and
Cancer Liaison Physician*

Breast Measures



Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. **BCSRT**



Combination chemotherapy is considered or administered within four months (120 days) of diagnosis of women under 70 with AJCC T1cN0M0 or Stage IB - III hormone receptor negative breast cancer. **MAC**



Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1cN0M0 or Stage IB - III hormone receptor positive breast cancer. **HT**



Radiation therapy is recommended or administered following any mastectomy within one year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes. **MASTRT**

Colon Measures



At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. **12RLN**



Adjuvant chemotherapy is considered or administered within four months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer. **ACT**

Standard 4.1/4.2 2018 CANCER SCREENING/ PREVENTION PROGRAMS



Yi Qin, MD
Gastroenterology

On October 30, Dr. Yi Qin, fellow, Division of Gastroenterology and Hepatology at Mayo Clinic, traveled to South Bend to give a presentation on Colon Cancer Prevention. Dr. Qin held two educational presentations—one at Memorial Hospital and the other at Beacon Health & Fitness. The topic was selected due to the high incidence of colon cancer in St. Joseph and Elkhart counties. The presentation focused on healthy eating habits and how eating healthy can decrease the risk of colon cancer and was based upon the American Cancer Society and World Cancer Research Fund national evidence-based guidelines for cancer prevention and nutrition. The program also contained information on exercise and overall health. Seventy-five individuals attended and were given information about local programs geared toward healthy eating habits, as well as contact information for the Beacon Outpatient Clinical Dietitian for any follow-up needs. Attendees were pleased with the presentation and the information they learned on nutrition and preventing colon cancer. Before and after each presentation participants were able to take part in a free colon cancer screening. The screening consisted of participants meeting with a certified oncology nurse to discuss risk factors and family history. Participants were also given a free screening test to be done at home to detect blood in the stool, which is a possible symptom of colon cancer. 34 patients participated in the screening event.

Elkhart General Hospital hosted a screening event on Friday, June 1, 2018 at the Sunburst Expo. Elkhart General Hospital partnered with Dr. Moore, Dermacenter, MD, and his staff to provide free skin checks at this event. This event brings in thousands of participants, and providing these screenings was an excellent addition to an already well attended event. We also provided educational information on sun safety in the bags of all participants who participated in the Sunburst Event.

A total of 82 skin screenings were done at the June 1, 2018 Sunburst Expo held at the Century Center in South Bend, IN. Dr. Moore and his staff did the screenings, and had 15 of the 82 recommended for follow-ups. The skin cancer screening was a great success.



Standard 4.6

2018

MONITORING COMPLIANCE WITH EVIDENCE-BASED GUIDELINES



Lauren C. Das, MD
Radiation Oncologist

The role of this standard is to ensure that evaluation and treatment conform to evidence-based national treatment guidelines. Each year, a physician member of the cancer committee performs a study to examine the evaluation and treatment of patients and ensure that it is compliant with evidence-based national guidelines. 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 a performance improvement.

Background

NCCN recommends that pathologic mediastinal lymph node evaluation be performed for all stage I-III NSCLC patients except in the case of peripheral T1 tumors (where it states to 'consider' this procedure). Options for staging include EBUS, EUS, mediastinoscopy, mediastinotomy, and CT-guided biopsy.

Intent of Review

Evaluate compliance with NCCN guidelines for mediastinal lymph node staging and first course of therapy in non-metastatic NSCLC patients

Data Pull: EGH 2017 Analytic Volume inclusive of all stage I-IIIB NSCLC

Physician of Review: Lauren C. Das, MD (Radiation Oncologist)

Date of Review: All charts reviewed in August 2018

Presented to Cancer Committee: 9/5/18

Resources Associated with Review: NCCN Guidelines version 6.2017, METRIQ database.

Element Assessed: Age at DX, histology, grade, rectal site, margin status, clinical stage, pathologic stage, referral to Med Onc, chemo recommended, rational if chemo not recommended to patient, referral to Radiation Onc, radiation recommended, rational if radiation not recommended to patient.

Findings

- 62 charts reviewed
- Pathologic mediastinal LN staging procedure was considered for all patients but ultimately only performed in 35 patients (56%)
- The most common reasons that a procedure was not performed included high risk due to medical comorbidity, previous nodal dissection performed, patient sought hospice, patient refusal, and need for emergent start of treatment
- First course of treatment was determined to be within NCCN guidelines in 94% of patients (58/62 patients)
- Reasons that the first course of treatment was not within guidelines included preoperative therapy without surgery, no LN dissection at the time of surgery, patient treated with chemotherapy alone, and unknown reason

Conclusions/Recommendations

Pathologic mediastinal lymph node staging procedure was considered for all patients and ultimately performed in 56% of patients with 24% of all patients unable to undergo pathologic nodal staging due to comorbidity. Overall 94% of patients had their first course of treatment within NCCN guidelines. We recommend continuing our weekly comprehensive multidisciplinary thoracic oncology conferences during which these NCCN guidelines can be continually discussed and incorporated into the treatment plans for our patients.

Elkhart General Hospital BREAST, GENERAL CANCER CONFERENCE, NEURO ONCOLOGY ROUNDS & THORACIC ONCOLOGY CONFERENCE SUMMARY 2018



Attendees include radiologists, pathologists, general surgeons, thoracic surgeon, medical oncologists, radiation oncologists, pulmonologists, palliative care and other specialists along with ancillary and/or support staff. This format provides a forum in which experts from varied oncology disciplines are able to collaboratively discuss the clinical stage of disease, the different treatment options mandated by national treatment guidelines, availability clinical trials when applicable & referral for genetic counseling. Patient and family members are routinely invited and attend the conferences. Beacon Health System-Elkhart General Hospital is the only facility in the area that invites our patients to attend their own case presentation. This open forum provides the patient a unique and intimate opportunity to interact with each clinician during the discussion. Patients exit the conference with full knowledge and understanding of their cancer diagnosis, disease staging, treatment options and referral processes. Elkhart General Hospital's strong commitment to patient satisfaction and support of these open forums is yet another way to provide a positive experience as the patient begins their cancer journey.

Our Neuro-Oncology Rounds video conference every 3rd Friday of the month is a Beacon Health System wide effort for all Physicians to have access to attend a video conference to discuss cases with a diagnosis of a Primary Brain, central nervous system cancer or metastatic disease to the Brain or Central nervous system from another primary site.

Analytic cases presented throughout the year are determined by incidence volume and tracked statistically as the "Top Five Sites." Based on the last completed abstracted volume year 2017 the sites rank in order by volume: Breast, Lung, Colon, Prostate & NHL. These cancer sites along with many others were presented at the various conference

and clinics throughout the year to provide an opportunity to determine stage and treatment for the patient as well as education to physicians and ancillary staff. Occasionally, a presentation may be of didactic nature and provides education on unusual and/or rare cancers. The Commission on Cancer, a governing body that oversees the cancer program at Elkhart General Hospital, requires a 15% benchmark of analytic cases be presented per calendar year. As of 12/31/17 Elkhart General Hospital exceeded that benchmark at 43% case presentations from the combined conferences.

Conference Schedule:

- Breast Clinic: Every 2nd and 4th Wednesday of each month at 7 a.m. (Prenatal Classroom in the Decio Pavilion (West Wing).
- General Cancer Conference: Every 2nd and 4th Wednesday of each month at noon (Patel Family Auditorium (West Wing).
- Neuro-Oncology Rounds: Every 3rd Friday of the month (Prenatal Classroom in the Decio Pavilion (West Wing).
- Thoracic Oncology Clinic: Every Thursday at 7 a.m. (Prenatal Classroom in the Decio Pavilion (West Wing).

Commission on Cancer Standard 1.10:

Several speakers are invited annually to provide cancer-focused presentations outlining the most up-to-date cancer treatments and trends. This element of expertise is of educational value to our physicians and ancillary staff. Cases relevant to the speaker topic follow the presentation.

Contact information to present cases:

Breast, General Cancer Conference & Neuro Oncology Rounds: Beacon Health System Cancer Registry at **574.647.7135**.

Thoracic Oncology Clinic: Beacon Health System-Elkhart General Hospital Radiation Oncology Department at **574.296.6536**.

ONCOLOGY PROGRAM LEADERSHIP TEAM



LAUREN DAS, MD

Radiation Oncologist
and Cancer Committee Chair



JAMES JIN, MD, PHD

Medical Oncologist
and Cancer Liaison Physician



RUSSELL JOHNSON, MD, FACRO

Radiation Oncologist
and Cancer Conference
Coordinator



JUDY LIBERA, CTR

Cancer Registrar and Cancer
Registry Data Quality
Control Coordinator



MARK HERRIMAN

Executive Director
Operations



KIM GREISING, RN, BSN

Director of Oncology

ONCOLOGY CERTIFIED NURSES

Amy Anderson
Brittani Beber
Marcie Carlsen

Tricia Coatie
Heather Griffith
Amanda Huff

Shelly Penrose
Liz Werling
Julie Young

SPIRITUAL CARE TEAM

Chaplains offer a wide range of spiritual care and support to patient, families and staff. We respect all faith traditions. Chaplains are available 24 hours a day, 7 days a week.



CHAPLAIN DEAN



CHAPLAIN DORCAS



CHAPLAIN DOUG



CHAPLAIN DONNIE



CHAPLAIN VERA



JIM, INTERN

CANCER COMMITTEE

The Cancer Committee is comprised of primary and specialty care physicians, as well as hospital department staff members involved in the care of cancer patients. The multidisciplinary committee meets regularly to review and evaluate the quality and direction of the overall cancer program and makes recommendations for improvement.

Edwin Annan, MD

Pulmonology

Rachelle Anthony

American Cancer Society

Luis Benavente, MD

General Surgery

Amberly Burger, MD

Medical Director, Palliative Care

Trish Coatie, RN, BSN, OCN

Cancer Survivorship Clinic, Thoracic
Oncology Clinic, Lung Screening, Navigator

Lauren Das, MD

Radiation Oncology
Cancer Committee Chair

Alicia Dombkowski

Clinical Research Coordinator

Laurie Dubois

Community Outreach Coordinator

Deanna Emmons, RD, CD, CNSC

Oncology Dietitian

Nazar Golewale, MD

Interventional Radiology

Pam Green, RN

Oncology Care Coordinator

Kim Greising, RN, BSN

Director of Oncology
Quality Improvement Coordinator

Patty Gremaux

Director, Community Outreach

Walter Halloran, MD

Cardiothoracic Surgery

Ahsanul Haque, MD

Medical Oncology

Stacy Hirst, RN, CTR

Cancer Registrar

Kristen Jacobs, MD

Pathology

James Jin, MD, PhD

Medical Oncology
Cancer Liaison Physician

Russell Johnson, MD

Radiation Oncology
Cancer Conference Coordinator

Allison Lamont, MD

Radiology

Judy Libera, CTR

Cancer Registrar & Cancer Registry Data
Quality Coordinator

Amy Luebbehusen, PharmD

Oncology, Pharmacy

Heather Macklem, MD

Family Medicine Physician

Dawn McCandless, MSW, LCSW

Oncology Case Coordinator
Psychosocial Services Coordinator

Mark Herriman

Executive Direction, Operations

Emily Mitchell, DO

General Surgery

Rolan Pascual, MD

Medical Oncology

Roberta Pope

Account Executive Marketing Department

Kelly Puster, MD

General Surgery

Carl Risk II

Elkhart General Hospital President

Michael Rotkis, MD

General Surgery

Loretta Salchert

Ribbon of Hope

Leah Schrock, LCSW

Inpatient Case Manager

Joyce Simpson, MD

Pathology

Directory

Area Code 574 unless noted otherwise.

Treatment and Clinical Services

Ambulatory Infusion Center	296.6444
Breast Care Center	296.6571
Cancer Survivorship Clinic	523.7819
Oncology Care Unit	523.3112
Palliative Care	523.3170
Radiation Oncology Center	523.7857
Thoracic Oncology Clinic	523.7850

Ancillary Services

Cancer Registry Office	389.4822
Center for Behavioral Medicine	523.3348
Center for Pain Management	523.3232
Home Care	800.284.8999
Home Care Infusion	647.2273
Home Medical Equipment	888.517.3100
Inpatient Rehabilitation Services	523.3443
Oncology Nursing Education	523.7978
Outpatient Pharmacy	523.3101
Outpatient Rehabilitation Services	523.3242
Outpatient Scheduling	523.3444

Professional Education/Research

Cancer Conferences	389.4822
Clinical Research	296.6536

Patient and Family Support

Breast Care Financial Assistance	296.6553
Case Management	523.3364
Chaplaincy Services	523.3142
Ribbon of Hope Cancer Support & Ministry	389.7379

Community Services

ABCD (After Breast Cancer Diagnosis)	800.221.2141
American Cancer Society	800.227.2345
Cancer Care Counseling Line	800.813.HOPE
Cancer Resources	875.5158
National Cancer Institute Info Line	800.4CANCER



ELKHART
REGIONAL CANCER CENTER

800.643.5719

600 East Boulevard | Elkhart, IN 46514