2016

CANCER PROGRAM ANNUAL REPORT

ELKHART
REGIONAL CANCER CENTER

Oncology Program Leadership

Stephen Dickson Jr., MD
Cardiothoracic Surgeon and Cancer Committee Chair

James Jin, MD, PhD
Medical Oncologist and Cancer Liaison Physician

Russell Johnson, MD, FACRO
Radiation Oncologist and Cancer Conference Coordinator

Vicky Carter, CTR
Cancer Registrar and Cancer Registry Data Quality Control Coordinator

Cindie McPhie
Vice President of Operations

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Director of Oncology

For more information or additional copies of the 2016 Cancer Program Annual Report, visit **BeaconHealthSystem.org** *or call the Beacon Health System Marketing Department at* **574.647.7350**.

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Message from Medical Leadership

Stephen Dickson Jr., MD

It has been an exciting and eventful year for our cancer program. Our mission continues to focus around creating healthier communities and providing excellence in cancer care close to home for our patients.

We recognize providing strong support systems, including the opportunity to remain close to family while receiving cancer treatments, significantly eases the physical, mental and financial burdens that are often experienced by the patient during their cancer journey.

The Elkhart Regional Cancer Center proudly accepted the prestigious American College of Surgeons (ACoS) Commission on Cancer (CoC) Outstanding Achievement Award (OAA) in June of 2016. This is the highest award obtainable and granting gold-level commendation status to programs demonstrating the quality of the cancer program through meeting rigorous standards set by the CoC. This achievement and the spirit in which it was accomplished, symbolizes the utmost compassion and dedication of our oncology team on behalf of cancer patients and their families.

Recent Highlights of our Elkhart Regional Cancer Center include:

- Continued growth and national recognition by American College of Radiology (ACR) for our Thoracic Oncology Clinic. Incorporating the unique approach of inviting the patient to attend the clinic promotes the opportunity for unified patient/physician collaboration in the treatment planning process.

- Ongoing physician recruitment to increase availability of specialty physicians in our community.

- In 2016 Dr. Lauren Das and Dr. Russell Johnson, Radiation Oncologists and Dr. Heather Kistka, Neuro-Oncology joined our team of specialists.

- Addition of new procedures available in Radiation Oncology; placing fiducials for Prostate Cancer Brachytherapy treatments and a new prone breast board for use in Breast Cancer treatment.

- Providing outreach activities regarding education on skin cancer to young students and offering a Pap-A-Thon event to our underinsured population to help raise awareness and screen for Cervical Cancer.

We continue our efforts in offering research options to our patients undergoing active treatment. As we close out the year ending our membership with the Northern Indiana Cancer Research Consortium (NICRC), we look forward to the recent endeavor in partnering with Mayo Clinic as they evaluate therapies, drugs and diagnostic tools to drive discoveries into clinical practice.

Survivorship Care Plans (SCP) continues to be a service we offer to our patients to assist and guide them in their care after they have completed treatment for their cancer. As we learn more in general about how best to support our cancer survivors these care plans will continue to evolve and be more user friendly for the patient, caregiver and health care provider.

I would like to take a moment and offer sincere gratitude to Dr. Michael Rotkis for serving as the Cancer Liaison Physician (CLP) over the last twelve years. His direction and oversight throughout those years ultimately contributed to the many successful CoC surveys and OAA's. In 2016, when Dr. Rotkis was ready to pass on the torch, we welcomed Dr. James Jin as our new CLP and look forward to his leadership over our oncology program.

Our program is positively impacting the lives of cancer patients and their families throughout our community. 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. It is exciting to see what 2017 has in store for our oncology program. As we look to standardize services and strive to grow the availability of highly-skilled specialty physicians within the Beacon Healthcare System, we can continue to enable our cancer patients to remain close to home for their care surrounded by their family and support systems.

Respectfully submitted,

Stephen Dickson, Jr., MD, Cardiothoracic Surgery
Cancer Committee Chair

Cancer Program Highlights

Jackie Lenfestey, MSN, FNP, APRN-BC

Oncology Nurse Practitioner
Cancer Survivorship Clinic
Thoracic Oncology Clinic &
Lung Screening

Cancer Survivorship Clinic

Appointments in the Cancer Survivorship Clinic are one-on-one with an experienced oncology nurse practitioner. The patient and oncology nurse practitioner review the detailed cancer treatment summary together as well as an individualized survivorship care plan. The 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 the 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, if desired.

Oncology Care Unit

The Oncology Care Unit is a 20-room inpatient unit that specializes in the treatment of 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. We have oncology-certified nurses who ensure that high-quality care is delivered to our patients. With 20 private rooms, convenience and comfort have been "built in" for patients, families, physicians and nurses. Relaxing, pleasant earth tones with a living room decor reinforce the home-like 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 with the patient, as the unit has a bathroom with a shower, kitchen and large living room with fireplace.

Ambulatory Infusion Center

The Ambulatory Infusion Center provides a comfortable, convenient and safe environment to receive treatment as an outpatient. The center is monitored by oncology certified registered nurses along with supervision by an experienced oncology nurse practitioner or Advanced Practice Registered Nurse, APRN. In our eight-chair infusion clinic we offer flexible hours seven days a week to meet the needs of our patients. Some of the treatments available are:

- Chemotherapy infusions
- Blood transfusions
- Inserting and removing of different types of IV devices
- Central line care
- Antibiotic therapy
- Injections

Radiation Oncology Center

The Radiation Oncology Center offers leading-edge technology and the most advanced radiation equipment available 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, Tandem and Ovoid Brachytherapy and Stereotactic Body Radiation Therapy (SBRT) are available to patients. 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): Diane Matteson, Loretta Salchert and Cheryl DeJohn

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 staff and community members, Ribbon of Hope provides Christmas gifts, food items and non-food care boxes to families and seniors.

Clinical Trials and Research

Trish Coatie, RN, BSN, OCN

Oncology Clinical Research Associate

There are numerous cancer clinical trials offered at Elkhart General that seek to improve the care and outcomes for cancer patients worldwide. Some of these trials involve only our patients, while other trials include people from across the United States or other countries. All oncology patients are screened as possible candidates for clinical trials.

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.

Palliative Care

The intra-disciplinary team includes nurses, a physician and social worker, chaplains and pharmacists who assist patients in symptom management who are currently or previously have undergone anti-cancer 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 follows patients also 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): Amberly Burger, MD; Bo Coody, RN; Angi Poorman, RN; Dean Heisey, Chaplain; Dawn McCandless, LCSW

Community Outreach

In 2016, Community Outreach made significant contributions through cancer education and screening events to the community.

- In collaboration with the American Cancer Society, four (4) "Look Good ... Feel Better" programs were held at Elkhart General.
- Monthly editorials were submitted to the *Elkhart Truth* regarding information on the importance of cancer prevention, awareness and screenings.
- Collaboration with ACS and the CRAN Network promoted awareness of colorectal cancer.
- Attended quarterly meetings for the *Tobacco Control of Elkhart County*.
- Cancer Education to Elkhart Community Schools and Elkhart Area Career Center on the topic of "Taking Care of Your Skin" in helping with prevention of skin cancer. This was a partnership with Beacon Health System and Dr. Roger Moore, Dermatology, DermacenterMD, Elkhart, IN.
- Cancer screening education was provided at the Ribbon of Hope ecumenical cancer support ministry Triathlon.
- Provided free paps to 53 uninsured women.

Lung Cancer Screening and Smoking Cessation

Elkhart General is pleased that our efforts have resulted in two national honors for our work in the field of lung cancer screening: The Lung Cancer Alliance named Elkhart General as a "Center of Excellence." The hospital was just the seventh organization in Indiana to achieve this designation. Centers of Excellence are honored for providing the following services:

- Clear information to patients on the risks and benefits of CT screening
- Best practices for high screening quality, radiation dose and diagnostic procedures
- A multidisciplinary team
- Smoking cessation referrals for patients who smoke
- Timely results to the patient and referring physician

Also, the American College of Radiology (ACR) designated Elkhart General as a Lung Cancer Screening Center.

The ACR Lung Cancer Screening Center designation is a voluntary program that recognizes facilities that have committed to practice safe and effective diagnostic care for individuals at the highest risk for lung cancer.

To receive this elite distinction, facilities must be accredited by the ACR in computed tomography in the chest module, as well as undergo a rigorous assessment of their lung cancer screening protocol and infrastructure. Also required are procedures in place for follow-up patient care, such as counseling and smoking cessation programs.

Spiritual Care Team

Chaplain Dean

Chaplain Donnie

Chaplain Dorcas

Chaplain Janet

Chaplain Lee

Chaplain Vera

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.

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

Erin Buckles, MSW, LSW
Oncology Outpatient Care/
Psychosocial Services Coordinator

Amberly Burger, MD
Medical Director,
Palliative Care

Vicky Carter, CTR
Cancer Registrar
Cancer Registry Data Quality
Control Coordinator

Trish Coatie, RN, BSN, OCN
Oncology Clinical Research Associate

Lauren Das, MD
Radiation Oncology

Stephen Dickson, Jr., MD
Cardiothoracic Surgery

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

Patty Gremaux
Director, Community Outreach

Walter Halloran, MD
Cardiothoracic Surgery

Ahsanul Haque, MD
Medical Oncology

Stacy Hirst, RN, CTR
Cancer Registrar

Russell Johnson, MD
Radiation Oncology
Cancer Conference
Coordinator

Kristen Jacobs, M.D.
Pathology

James Jin, MD, Phd
Medical Oncology
Cancer Liaison Physician

Allison Lamont, MD
Radiology

Jackie Lenfestey, MSN, FNP, APRN-BC
Oncology Nurse Practitioner
Cancer Survivorship Clinic
Thoracic Oncology Clinic &
Lung Screening

Judy Libera, CTR
Cancer Registrar

Amy Luebbehusen, PharmD
Oncology, Pharmacy

Heather Macklem, MD
Family Medicine Physician

Cindie McPhie
Vice President of Operations
Cancer Program Administrator

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 Oncology
Care Coordinator

Joyce Simpson, MD
Pathology

Elkhart General Hospital General Cancer Conference, Breast Clinic and Thoracic Oncology Clinic (TOC) Summary 2016

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 as well as available clinical trials when applicable. Patient and family members are routinely invited and attend the conferences. EGH 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. EGH'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.

Analytic cases presented throughout the year are determined by incidence volume and tracked statistically as the "Top Five Sites." Based on the last completely abstracted volume year 2015 the sites rank in order by volume as Breast, Lung, Colon, Kidney/Renal Pelvis and Prostate. 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.

Throughout 2016 a total of 67 cases were presented at General Cancer Conference and 42 at Breast Clinic. A total of 153 cases were presented at TOC and include those patients with a definitive cancer diagnoses as well as lung screening cases to determine next step process and/or rule out possible cancer. All told 262 case presentations cycled through the clinic and conference processes and validate the significant focus by the oncology team to ensure best practice and positive treatment outcomes for the oncologic patients in Elkhart County. By year-end 39% of the analytic volume was presented and is more than double the mandated 15% benchmark set by the Commission on Cancer as the accrediting body and overseer of the cancer program at EGH.

Breast Clinic is held each Wednesday at 7:00 a.m. and TOC at 7:00 a.m. in the Prenatal Classroom in the Decio Pavilion (West Wing). General Cancer Conference is held every 2nd and 4th Wednesday of each month at NOON in the Patel Family Auditorium (West Wing). Several speakers are invited annually to provide cancer-focused presentations outlining the most up to date cancer treatments and/or trends; this element of expertise is of educational value to our physicians as well as ancillary staff. Cases relevant to the speaker topic follow the presentation.

All Breast and General Cancer Conference cases should be directed to the EGH Cancer Registry at **574.523.3454**. All TOC cases should be directed to the EGH Radiation Oncology Department at **574.523.7850**.

Case Study: Patient Forward

IMAGING3.0™

A multidisciplinary team invites patients and their families to a weekly thoracic oncology clinic at Elkhart General Hospital.

By Kathy Knaub-Hardy

Key Takeaways:

- Leaders from radiology, cardiothoracic surgery, and other specialties involved in lung cancer screening and treatment at Indiana's Elkhart General Hospital partnered to create a multidisciplinary Thoracic Oncology Clinic.
- Patients and family members have a seat at the table, participating with doctors in their course of treatment.
- The hospital's cancer committee initiated the program to address a public health crisis involving the area's high percentage of smokers, as compared to the rest of Indiana.

Retired nurse Robyn Shank followed in her mother's footsteps when looking for the right place to begin her lung cancer treatment journey.

"When my mother was diagnosed with cancer, her community hospital in Tennessee had a tumor board where physicians reviewed patients' cases, and the patients were involved in the process," Shank says. "I wanted that same level of involvement in my cancer treatment program."

Shank, 59, searched the Internet and found Elkhart General Hospital's multidisciplinary Thoracic Oncology Clinic. Started in 2012, the program incorporates low-dose CT technology for lung cancer screening and brings together all of the medical professionals involved in a patient's lung cancer treatment for weekly conferences with their patients. The lung cancer screening occurs first, and then the patient is referred to the Thoracic Oncology Clinic.

Shank and her husband make the 45-minute drive from their home in Sturgis, Mich., to the hospital in Elkhart, Ind., to attend the conferences. Patients typically attend an initial conference immediately following their lung cancer diagnosis. Upon completion of their treatment plan, patients attend a second session, during which they see a comparison of their CT scans before and after treatment.

Inviting Patients

Held from 7-8 a.m. every Thursday, the conference's early hour doesn't deter participants from attending. Each session includes a team of physicians from thoracic surgery, radiology, interventional radiology, pathology, medical oncology, radiation oncology, and pulmonology, along with an oncology nurse practitioner. Other participants can include registered dietitians, registered nurses, a research nurse, director of oncology services, case managers, physician assistants, cancer registrars, nurse navigators, and palliative care staff.

Most importantly, the patient is there with a family member, sitting at the head of a u-shaped conference table. This aspect of the program is so well received

Lung cancer patient Robyn Shank and her husband, Fred, listen intently as Robyn's doctors discuss her CT scan and potential course of treatment as part of Elkhart General Hospital's Thoracic Oncology Clinic. The weekly conferences give patients and their family members a seat at the table to plan their care.

that organizers had to limit the number of family members attending conferences.

"With lung cancer management, patients are at the center," says Samir B. Patel, MD, founder and director of the value management program at Radiology, Inc., in Mishawaka, Ind.

Including families in these conferences improves the patient experience, he says.

"No patient comes alone," Patel continues. "Lung cancer is a life-altering disease and, with that, patients want to have as many supporters with them as possible. It improves the experience for the patients to have family members with them, not only for support but also to listen and ask questions."

Addressing a Public Health Crisis

Patel is also a member of the Elkhart General Hospital's board of directors. He and the interventional and diagnostic radiologists of Radiology, Inc., helped establish the Thoracic Oncology Clinic at a time when the community was facing a significant public health issue.

According to the Centers for Disease Control and Prevention, Elkhart County, an area known for its recreational vehicle manufacturing industry, has a high percentage of smokers, compared to the rest

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of Indiana. In response, Elkhart General's cancer committee, along with senior-level executives and administrative personnel, initiated efforts to address this crisis.

The cardiothoracic surgeons and radiologists teamed up to give multiple presentations to the hospital's senior leadership, presenting a vision for what would eventually become the Thoracic Oncology Clinic. The cardiologists were seeing patients who had heart disease, but many of their patients had similar risk factors for lung cancer. At the program's onset, the cardiologists were the greatest advocates for lung cancer screening.

With the introduction of low-dose CT technology, which reached Elkhart in 2012, the hospital felt comfortable launching the Thoracic Oncology Clinic. Low-dose CT was a safe way to address the community health crisis involving heavy smokers.

"We had to weigh the risks of radiation dose versus the benefits of CT lung screening," says Albert W. Cho, MD, vice chairman of radiology at Elkhart, who was also involved in the creation of the lung screening program. "We didn't want to expose patients to high doses of radiation for a screening exam. There needed to be a balance. The low-dose technology provided that."

Overseeing the Program

Leading the day-to-day operations at the clinic is Jackie S. Lenfestey, MSN, FNP, APRN-BC, and the program's point of contact for both physicians and patients. Within five days of a patient's CT scan, Lenfestey calls the patient to discuss the results and next steps.

"I tell patients that the goal of the clinic is to pull together all the doctors and hospital personnel working on their case, to agree on the stage of their cancer and to give the patient the best options for their treatment," she says. "Throughout the process, we keep the patient at the forefront of care."

Interventional radiologist Nazar H. Golewale, MD, prepares to present patient Robyn Shank's lung CT during a conference with Shank and the other physicians and medical staff involved in her treatment at Elkhart General Hospital.

Lenfestey also answers patients' questions. "The most frequent question I get is, 'Is it ok to ask questions?'" she says. "Patients are surprised that they, along with their family, can actively participate in the dialogue between the specialists and safely ask questions to better understand their cancer and options for management."

Developing a Treatment Plan

In addition to Lenfesty, interventional radiologists have a great deal of contact with the patients, providing minimally invasive options. With that level of involvement, Patel says interventional radiology is a key participant in the thoracic oncology program. Nearly all of the patients in the program have seen an interventional radiologist for procedures, such as image-guided biopsy, prior to their lung cancer diagnoses. Having a "familiar face" at the conference goes a long way to optimizing the patient experience.

One of the clinic's participating doctors, interventional radiologist Nazar H. Golewale, MD, receives a list of cases in advance of each weekly conference. During the conference, he posts the patient's images on a large screen and uses layman's terms to explain the anatomy. "In many cases, patients have never seen CT scans before attending one of the conferences," Golewale says. "You can talk about cancer and what it does to the body, but you really get a feel for it when you see the scans."

Shank doesn't shy away from the details of her disease and, in fact, relishes being closely involved in her treatment process. "Once doctors reviewed the CT scans with us, explaining everything we saw on the screen, we came up with a treatment plan," she says. "The doctors explained what the treatment would entail and, when they were done, asked if that was still the course I wanted to take. They took as much time as I needed to explain everything."

Building a Strong Team

A cohesive staff is imperative to developing a multidisciplinary program like this. Organizing such a group can be challenging, though, as some physicians are employed by a hospital or multispecialty group, and other physicians work on contract. Such is the case at Elkhart, which contracts with Radiology, Inc., for its radiology services. The synergy between the interventional and diagnostic radiologists of Radiology, Inc., and their collaborative partnership with physicians in other specialties, is key to the success of the thoracic oncology program.

"We're fortunate with our scenario, in that we take a collegial approach to problem solving even though we come from different disciplines and are not employed by the hospital," Cho says. "We discuss together what

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we need and how to get something done. It's a win-win for us and the patients. And the hospital is addressing a health crisis in the community."

Spreading the Word

As of January 2016, 443 unique patients have been imaged through the lung cancer screening program, and 14 lung cancers were diagnosed as a result. All but one of these diagnoses included completed staging information, such as the extent of the patient's cancer, the tumor size, and whether or not the disease had spread to lymph nodes or other organs in the body. All 14 patients went on to participate in the Thoracic Oncology Clinic.

The success of the lung cancer screening program and the Thoracic Oncology Clinic spreads mostly through a grassroots, word-of-mouth campaign. "I get phone calls from people who live an hour to an hour and a half away," Lenfestey says. "I talked to someone who heard about our program from someone at their church. People who have been diagnosed with lung cancer are hearing about our program through the community, and they want to come to Elkhart for their treatment, and to be a part of the program."

Cho is encouraged to see patients interested and involved in their own care, instead of being passive recipients of it from their doctors. When the Lung Cancer Screening Program started at Elkhart General, it was important to allow patients to self-refer into the program. Because cost could be a barrier for some patients, program organizers sought and received a grant from Elkhart General Hospital's foundation to cover the cost of scans for low-income individuals.

Eliminating Stigma

Involvement in the Thoracic Oncology Clinic not only helps patients learn more about their disease and treatment plan, but also gives them a place where they feel they can openly discuss their condition, sharing their fears and concerns. Lung cancer patients are often hesitant to discuss their disease, more so than patients with other forms of cancer, Lenfestey says. There's a certain stigma associated with the disease, with patients often feeling like this is something they brought on themselves through lifestyle choices.

For Shank, however, talking about her disease was a no-brainer. Once again, she's following her mother's voice. "My mother was a school teacher, so I think it's up to me to teach everyone how good a program like this can be," Shank says.

Doctors, nurses, and other hospital representatives meet weekly with lung cancer patients who are at the center of the Thoracic Oncology Clinic. They review CT scans, discuss treatment options, and study treatment effectiveness.

Next Steps

- Bring together physicians from multiple disciplines throughout the hospital to share knowledge and best practices with each other and with hospital administration.
- Once the program is established, maintain patient data not only for reporting purposes, but for use in presentations at medical meetings where the program's benefits can be promoted.
- Incorporate low-dose CT imaging into the program to reduce the risk-to-benefit ratio for lung cancer patients.

Join the Discussion

Want to join the discussion about how radiologists can work with their health care partners to develop a clinic that puts patients at the center of their care? Let us know your thoughts on Twitter at #imaging3.

Have a case study idea you'd like to share with the radiology community? Please submit your idea to *http://bit.ly/CaseStudyForm*.

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Elkhart General Hospital Cancer Registry Review

By Vicky Carter, CTR, Cancer Registry Coordinator

The Cancer Registry at Elkhart General 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. 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 year's 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 Elkhart General Hospital.

Currently there are a total of 12,426 cases in the Cancer Registry database representing 11,450 patients, some of which diagnosed with more than one cancer diagnosis during their lifetime. In 2016, 557 new incidence of cancer were accessioned by a team consisting of three Certified Tumor Registrars. Additionally, 101 cases were accessioned representing those patients that presented due to cancer recurrence or disease progression for an overall collection of 658 cases. Confidentiality of patient identification and related medical data are strictly maintained and only aggregate data are analyzed and published.

Each patient in the database is followed annually in order to acquire necessary information on disease recurrences, subsequent treatment and survival data that is vital for continued patient care. Cancer Registry is responsible for maintaining lifetime follow-up on all analytic patients. The current rate of 97.01% (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 90.67 (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 Elkhart General Hospital.

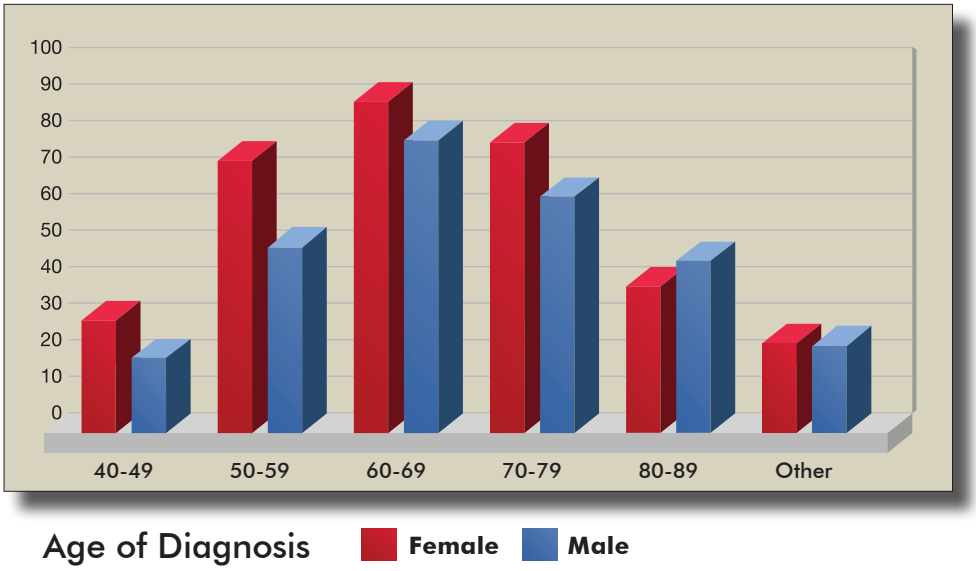
Registry Accomplishments for 2016:

- Maintained bimonthly General Cancer Conferences and weekly Breast Conferences as multidisciplinary case presentations and lectures.
- Submitted required data to the National Cancer Data Base timely and free of errors; achieved standard commendation status.
- Submitted required incidence of cancer to the Indiana State Cancer Registry on a monthly basis.
- Submitted Rapid Quality Reporting System (RQRS) data to National Cancer Data Base (NCDB) on a monthly basis.
- 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 attended General, Breast or Thoracic Conferences.
- All Registrars participated in educational webinars for professional development.
- All Registrars participated in local, regional or national conferences for professional development.

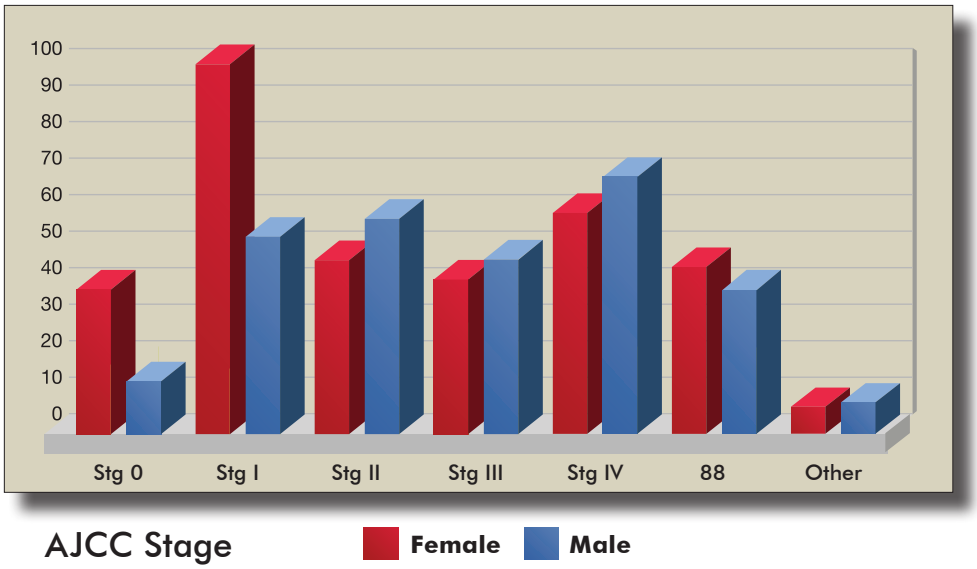
Left to Right: Cancer Registrars Stacy Hirst, RN, CTR; Vicky Carter, CTR; and Judy Libera, CTR

Cancer Incidence by Age, Stage and Distribution

Male vs. Female
Age at Diagnosis
2015* Cases

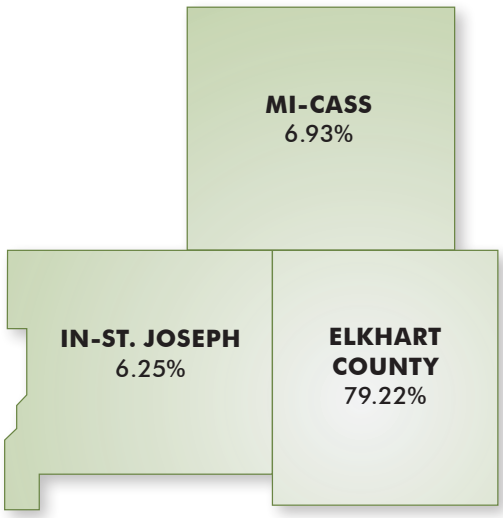


Male vs. Female by
Best AJCC Stage
2015* Cases



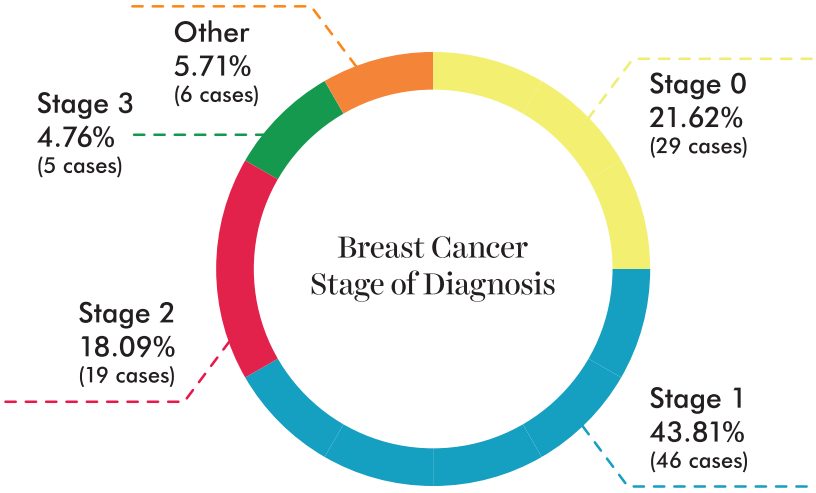
Distribution by State/County
2015* Cases

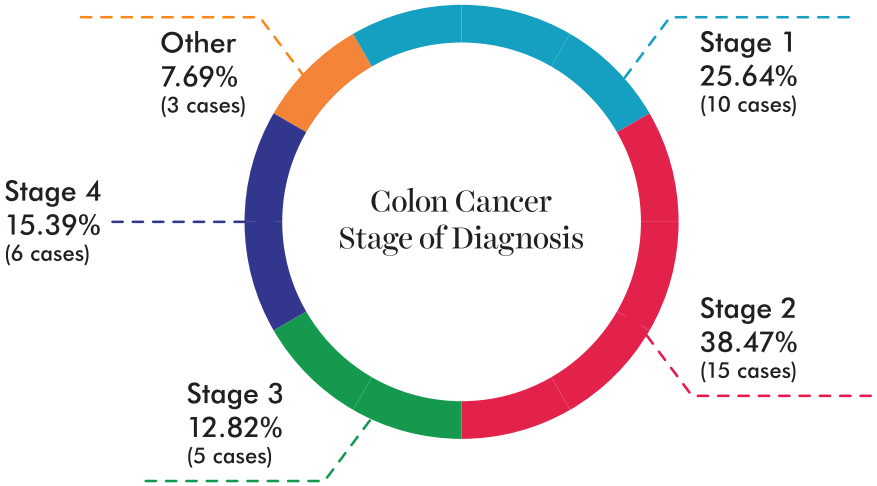
NOTE: 7.60 percent of patients reside in counties outside of the service areas shown.

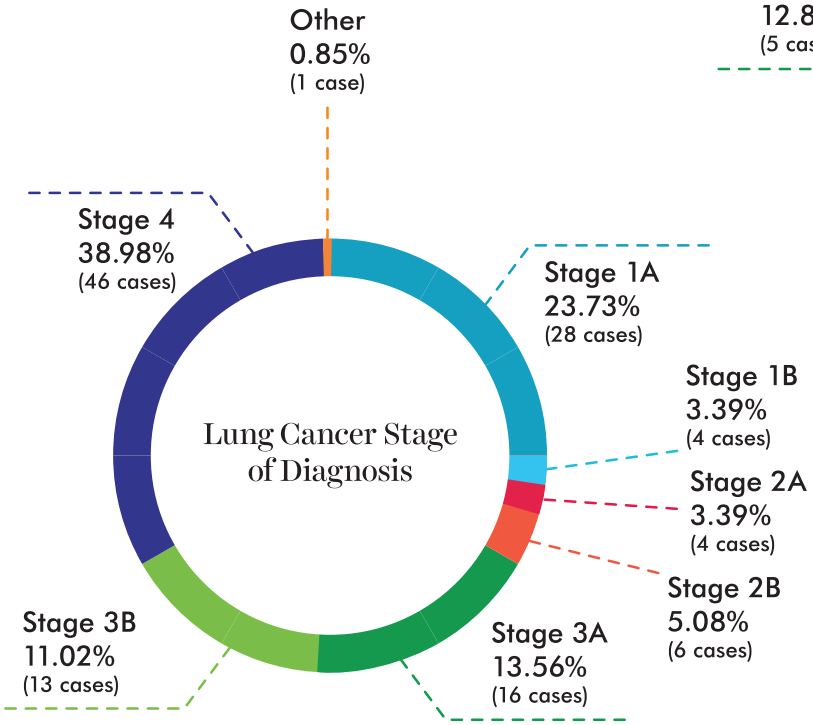


*Based on 2015 Cancer Registry Data

Breast, Colon and Lung Cancer Incidence by Stage







**Based on 2015 Cancer Registry Data*

2016 Annual Report Primary Site Table Based on 2015 Statistics

Primary Site	Total	Male	Female	Class of Case		AJCC Staging				
				Analytic*	Non-analytic**	In-situ	I	II	III	IV
Oral Cavity & Pharynx	**10**	**6**	**4**	**8**	**2**	**0**	**0**	**0**	**2**	**6**
Tongue	4	3	1	0	1	0	0	0	0	3
Salivary Gland	1	0	1	1	0	0	0	0	0	1
Gum & Other Mouth	1	1	0	0	1	0	0	0	0	0
Tonsil	3	1	2	3	0	0	0	0	2	1
Hypopharynx	1	1	0	1	0	0	0	0	0	1
Digestive System	**127**	**77**	**50**	**112**	**15**	**2**	**20**	**36**	**16**	**33**
Esophagus	10	5	5	9	1	0	1	1	1	4
Stomach	12	11	1	11	1	0	2	1	2	6
Small Intestine	5	1	4	4	1	0	3	0	0	1
Colon (Excluding Rectum)	42	24	18	39	3	1	10	15	6	6
Rectum & Rectosigmoid	17	11	6	15	2	1	1	3	4	6
Anus, Anal Canal & Anorectum	3	1	2	2	1	0	0	1	1	0
Liver & Intrahepatic Bile Ducts	6	4	2	4	2	0	0	1	1	2
Gallbladder	5	1	4	4	1	0	0	0	1	2
Other Biliary	3	3	0	3	0	0	1	2	0	0
Pancreas	2	15	8	20	3	0	2	12	0	0
Other Digestive Organs	1	1	0	1	0	0	0	0	0	0
Respiratory System	**141**	**69**	**72**	**125**	**16**	**1**	**33**	**10**	**33**	**47**
Larynx	6	6	0	6	0	1	1	0	3	1
Lung & Bronchus	134	63	71	118	16	0	32	10	30	46
Trachea, Mediastinum & Other	1	0	1	1	0	0	0	0	0	0
Bones & Joints	**1**	**0**	**1**	**1**	**0**	**0**	**1**	**0**	**0**	**0**
Soft Tissue (including Heart)	**3**	**2**	**1**	**1**	**2**	**0**	**0**	**0**	**0**	**1**
Skin - Melanoma	**20**	**15**	**5**	**17**	**3**	**2**	**6**	**2**	**2**	**4**
Other Non-Epithelial Skin	**1**	**1**	**2**	**1**	**0**	**0**	**1**	**0**	**0**	**0**
Breast	**116**	**0**	**116**	**105**	**11**	**29**	**46**	**19**	**9**	**2**
Female Genital System	**29**	**0**	**29**	**18**	**11**	**0**	**7**	**2**	**4**	**4**
Cervix Uteri	7	0	7	3	4	0	0	2	1	0
Corpus & Uterus, NOS	12	0	12	8	4	0	5	0	1	2
Ovary	8	0	8	6	2	0	2	0	2	2
Vulva	1	0	1	0	1	0	0	0	0	0
Other Female Genital	1	0	1	1	0	0	0	0	0	0
Male Genital System	**40**	**40**	**0**	**26**	**14**	**0**	**4**	**16**	**2**	**3**
Prostate	34	34	0	21	13	0	3	15	0	3
Testis	3	3	0	2	1	0	1	0	1	0
Penis	1	1	0	1	0	0	0	0	1	0
Other Male Genital Organs	2	2	0	2	0	0	0	1	0	0
Urinary System	**49**	**36**	**13**	**44**	**5**	**8**	**18**	**5**	**4**	**8**
Urinary Bladder	22	16	6	19	3	7	3	3	1	4
Kidney & Renal Pelvis	26	19	7	24	2	0	15	2	3	4
Ureter	1	1	0	1	0	1	0	0	0	0
Brain & Other Nervous System	**38**	**17**	**21**	**33**	**5**	**0**	**0**	**0**	**0**	**0**
Brain	14	8	6	12	2	0	0	0	0	0
Cranial Nerves/Other Nervous System	24	9	15	21	3	0	0	0	0	0
Endocrine System	**19**	**7**	**12**	**19**	**0**	**0**	**8**	**1**	**2**	**1**
Thyroid	12	3	9	12	0	0	8	1	2	1
Other Endocrine including Thymus	7	4	3	7	0	0	0	0	0	0
Lymphomas	**26**	**18**	**8**	**18**	**8**	**0**	**1**	**4**	**5**	**8**
Hodgkin Lymphoma	3	1	2	1	2	0	0	1	0	0
Non-Hodgkin Lymphoma	23	17	6	17	6	0	1	3	5	8
Myeloma	**6**	**2**	**4**	**4**	**2**	**0**	**0**	**0**	**0**	**0**
Leukemia	**12**	**6**	**6**	**9**	**3**	**0**	**0**	**0**	**0**	**0**
Lymphocytic Leukemia	2	1	1	1	1	0	0	0	0	0
Myeloid & Monocytic Leukemia	10	5	5	8	2	0	0	0	0	0
Mesothelioma	**1**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**
Miscellaneous	**19**	**9**	**10**	**15**	**4**	**0**	**0**	**0**	**0**	**0**
TOTAL	**658**	**305**	**353**	**557**	**101**	**42**	**145**	**95**	**79**	**118**

*Analytic: Patient who has been diagnosed and/or treated at Elkhart General Hospital. **Non-Analytic: Patient diagnosed and treated elsewhere and is now being referred for a consultation, progression or recurrence.

Standard 4.1
2016 Cancer Prevention Programs

Each calendar year, the cancer committee organizes and offers at least one cancer prevention program designed to:

- reduce the incidence of a specific cancer type;
- meet the prevention needs of the community; and
- consistent with evidence-based national guidelines.

1. **The cancer screening is targeted to reduce the number incidence of a specific cancer type:** At the February 3, 2016 Cancer Committee Meeting, it was proposed to focus this prevention on skin cancer awareness. This recommendation was based on the fact that skin cancer, particularly, melanoma, seems to be a growing concern. In 2014, three cases were reported at Elkhart General Hospital and in 2015, there were 17 cases.

2. **The cancer committee assesses the prevention needs of the community:** Bringing awareness and education on the importance of protecting your skin, particularly in younger population, can assist in diagnosing skin cancer early and improve survival rate.

3. **The cancer committee provides at least one cancer prevention program:** An educational segment will be performed at the local schools to help inform adolescents on the importance of using sunscreen, the danger of ultra violet rays by the sun and the use of tanning beds.

   Presentations were performed at the Elkhart Community Summer Feed Sites. A Pre-Test and Post-Test were provided to students in 4th grade and above. Sun bracelets were also made. A total of 120 kids participated in the event.

   Presentations were performed at The Elkhart Career Center to 4 Cosmetology Classes and 2 Medical Assistant Classes. A total of 111 students took a Pre-Test as well as viewed a 20-minute presentation from Dr. Roger Moore, MD, Dermatology, and subsequently took a Post-Test.

4. **The documentation includes a reference to the guidelines and interventions used and the process in place to follow up on positive findings:**

   www.cancer.org; https://consumer.healthday.com; http://www.thecommunityguide.org/cancer/skin/education-policy/primaryandmiddleschools.html; www.skincancer.org; www.cdc.gov/cancer/skin;

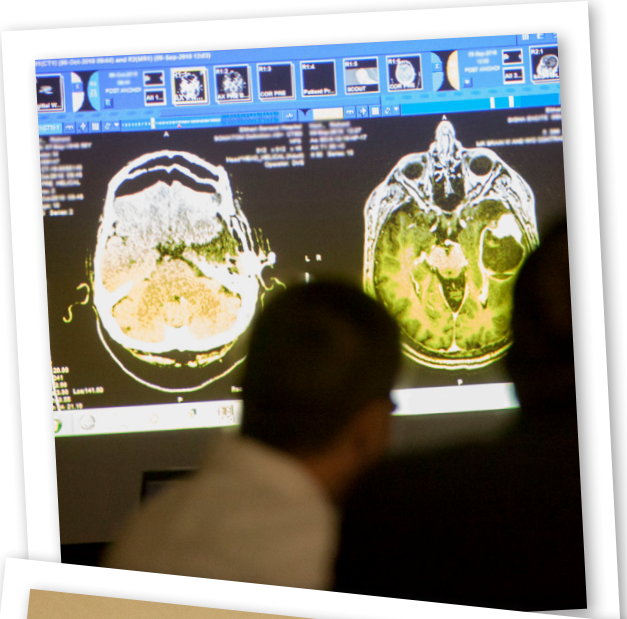
5. **The cancer prevention program is consistent with evidence-based national guidelines and evidence-based interventions:** above.

6. **The Cancer Committee discussion of review of the prevention programs:**
   Committee was pleased with outreach activities and the multiple programs performed throughout the year to provide skin cancer prevention education. Programs appear to have been effective as demonstrated by the re-post test scores. No quality improvement recommended.

Examples of Organizations for acceptable evidence-based national guidelines and evidence-based interventions:

•• American Cancer Society **www.cdc.gov/cancer/skin**

•• National Cancer Institute **www.cancer.gov**



Standard 4.2
2016 Cancer Screening Programs

Each year, the cancer committee provides at least one cancer screening program that is:

- targeted to decreasing the number of patients with late-stage disease
- based on community needs
- consistent with evidence-based national guidelines and evidence-based interventions

1. **The cancer screening is targeted to decreasing the number of patients with late stage disease:** At a sub-committee meeting on 1/29/16, the importance of women getting a cervical cancer screening was discussed. This was based on EGH data which showed that between 2011-2015, the diagnosis of Stage 1 cervical cancer decreased, whereas diagnosis of Stage 3 and Stage 4 increased.

2. **The cancer committee identifies the screening needs of the community:** The last community wide "Pap-a-Thon" was in May 2011. This involved Elkhart General Hospital, Memorial Hospital, and St. Joe Regional. Elkhart General Hospital provided a "mini-papathon" in September 2012. There has not been one available in this community since then. EGH data supports that between 2011-2015 the diagnosis of Stage 1 cervical cancer decreased, whereas, diagnosis of State 3 and 4 increased.

3. **The cancer committee provides at least one cancer screening program:** At the February 3, 2016 Cancer Committee, it was recommended to offer free pap screenings to uninsured or underserved women in the Elkhart Community. Upon registration, we will be able to target those that are not insured and schedule appointments for them to try to enroll in insurance and/or our HIP Program.

4. **The documentation includes a reference to the guidelines and interventions used and the process in place to follow up on positive findings:** Elkhart General Hospital will provide pap screenings to the women of Elkhart County that are uninsured or medically underserved. During the registration process, if participant states she is uninsured we will schedule an appointment with an Indiana Navigator with the hopes of getting them enrolled in insurance so that if the pap comes back abnormal, she will have insurance for any follow-up needed. If pap comes back as abnormal, Laurie will follow-up with patient to ensure they have a physician to follow-up with. If patient does not have access to a physician due to insurance, a physician will be arranged for the patient.

   A total of 53 paps were done on Thursday, November 10, 2016. 45 paps were normal. 2 of the patients needed follow-up, and Beacon OBGYN/Elkhart will be contacting these women (they do not have a provider), to schedule follow-up. One needed over-the-counter medication for a yeast infection. Three had incidental findings showing bacteria (vaginosis), and 2 were informed they have incidental finding of some inflammation found within the sample, and were told to follow-up with their physician or were given six resources for them to contact for follow-up if they do not have a provider.

5. **The cancer screening program is consistent with evidence-based national guidelines and evidence-based interventions:**

- **ACOG.org** (American Congress of Obstetricians & Gynecologists)
- **cancer.org** (American Cancer Society)
- **ahrq.gov** (U.S. Preventative Services Task Force)
- **asccp.org** (American Society of Colposcopy & Cervical Pathology)

6. **The Cancer Committee discussion of review of the screening:**
   Committee was pleased with screening event parameters. A large number of individuals participated and screened; all were provided adequate follow-up and final biopsy results all confirmed negative. General consensus screening event deemed effective and no quality improvement recommended.

Standard 4.6
2016 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. Results are presented to the cancer committee and documented in cancer committee minutes.

Data Pull: Inclusive of all EGH 2015 Analytic Volume Stage I Breast meeting Intent of Review/Methodology listed below.

Intent of Review/Methodology: Assess NCCN Guideline compliance in pathologic Stage I breast patients S/P 1st course curative surgery and ER/PR+, HER2 negative, tumor over 0.5cm, pN0 or N1micro (< or equal to 0.2cm) undergoing Oncotype DX testing and discussion/rationale for subsequent endocrine vs chemo vs no treatment.

Total # Charts Reviewed: 27

Physician Reviewer: James Jin, MD, Medical Oncology, CLP, Cancer Committee

Date of Review: Miscellaneous dates October 2016

Presented To Cancer Committee: 11/2/16

Resources Associated with Review: NCCN Guidelines Version 1.2016 Invasive Breast Cancer; Systemic Adjuvant Treatment-Hormone Receptor-Positive-HER2 Negative Disease), METRIQ data pull 2015 analytic breast cancer.

In-Depth Analysis:
8/26 Oncotype DX not indicated due to low grade tumors, one patient age 80 and one patient age 77.

14/26 patients had Oncotype DX performed.

3/26 patients had MammaPrint.

1/26 patients declined testing.

All received adjuvant endocrine therapy with exception of one patient who declined. Three patients received chemotherapy, one intermediate risk (age 58), two high risk (age 45-50).

Conclusion:
For those patients who received adjuvant chemo; two had MammaPrint. One had Oncotype DX which is the best-validated prognostic assay and identifies patients who are most and least likely to derive benefit from adjuvant chemotherapy. Continue to encourage practice of using OncotypeDX per NCCN Guidelines for women with node-negative, estrogen receptor (ER) positive, human epidermal growth receptor 2(HER2) negative breast cancer, tumor size over 0.5cm.

Total # Patients Treated Appropriately per NCCN Guidelines: All patients sampled were treated appropriately per the NCCN Guidelines.

Recommendations: No outlier cases; SOC appropriate and compliant per NCCN Guidelines.

Follow-Up: None.

Standard 4.7
2016 Breast Genetics Study

Each calendar year, the cancer committee, under the guidance of the Quality Improvement Coordinator, develops, analyzes and documents the required number of studies (based on the program category) that measure the quality of care and outcomes for cancer patients.

Study Topic: Identify whether patients with invasive breast cancer who have high hereditary risk are being screened and have genetic testing ordered.

Problematic Issue: There is more and more genetic testing being done for breast cancer patients and that testing has been proven to drive appropriate treatment options. Our cancer program does not offer on-site genetic counseling and increases the risk that not all our breast cancer patients are receiving the appropriate screening and testing. We need to validate there is no gap in our processes that would allow any eligible high-risk breast cancer patients meeting the criteria for genetic screening and testing.

Criteria for Evaluation:

1. Execute a data pull from Registry database to identify all breast cancer patients who should be considered a candidate for cancer risk assessment if they have personal and/or family history with features suggestive of hereditary cancer.

2. Conduct study with intent to confirm whether eligible patients have appropriate screening for genetic referral and testing.

3. Confirm if eligible patients were referred in the event criteria met for genetic referral and testing.

4. Confirm if documentation for screening, referral and testing is documented by the managing physician.

5. Utilize Genetic Counselor from Memorial Hospital to provide appropriate criteria to identify high-risk patients.

6. Criteria/Data Pull: Analytic abstracted volume 2016 invasive breast cancer patients.

7. National benchmark is 100%, study to evaluate how our program compares.

Analysis of the Data:

- A total of 52 cases were studied from 2016.
- 26 cases did not meet criteria for genetic counseling
- 14 cases genetic testing recommended and performed.
- 7 cases – family history not clear in the documentation.
- 1 case eligible but patient refused genetic testing
- 2 cases eligible but documentation unclear whether the patients received genetic counseling
- 2 cases patient met the criteria but genetic testing was never ordered.

Comparison of Data with National Benchmark:
According to ACOS/CoC and QOPI, 0.4% of all women are at high-risk and 5-10% of all breast cancer is due to BRCA1/2 mutations. The national benchmark is 100% of patients who are high-risk for hereditary breast cancer should receive genetic testing. Our study demonstrated a total of 12/52 patients meeting the hi-risk criteria did not receive genetic testing. A total of 1/52 patients refused testing and excluded from study and reflects 11/52 or 21% did not receive adequate screening. The study revealed our program is at 79% compliance in offering and referring appropriate genetic testing for those eligible patients. Additionally, we have opportunity to work toward achieving the national benchmark 100% ensuring all our invasive breast cancer patients who are high-risk receive genetic referral and/or testing.

References:

American Society of Clinical Oncology. "Quality Oncology Practice Initiative: Summary of Measures," spring 2012, available at: **http://qopi.asco.org/Documents/QOPISpring2012MeasuresSummary_005.pdf**, last accessed: August 2012

American College of Surgeons, "Cancer Program Standards 2012: Ensuring Patient-Centered Care," available at: **http://www.facs.org/cancer/coc/cocprogramstandards2012.pdf**, last accessed: August 2012.

Quality Improvement Design:
Propose interventions to ensure all eligible high-risk invasive breast cancer patients receive genetic testing:

1. Procure a Genetic Counselor to be available on site for our program to provide education to our physicians regarding appropriate assessment and ordering referral for genetics.

2. Genetic Counselor is available to offer genetic counseling to our patients.

3. Genetic Counselor is present to provide physician education on improving documentation, screening eligibility and referral process.

4. Consider creating shared documents for physicians during the screening and patient history documentation process.

5. Education of Cancer Registry staff to ensure all appropriate capture of genetic information is documented in the patient abstract.

Standard 4.8
2016 Quality Improvement

Annually, the QI Coordinator, under the direction of the cancer committee, implements 2 patient care improvements.

Quality Improvement Topic
1. Implement QI to ensure nursing is documenting patient was ambulated twice daily during their hospitalization.

Gap in Care
In 2015 a study identified that patients were not routinely being ambulated during their hospitalization. There was no ownership in who should be walking the patient and documenting it (nursing, therapies, aides, etc.)

Goal of the Quality Improvement
Implement an ambulation protocol with visual management ensuring nursing is documenting ambulation twice a day.

Processes Changed
1. Nursing was only using a tracking board to turn andons from red to green if they ambulated their patients. This did not correlate to what was charted in the medical records. All nursing was educated on where/how to chart patient ambulation.

2. Nursing staff was educated with evidence-based practice on the importance of ambulating patients and documenting that it was completed.

Quantifiable Improvements
Baseline data was required to validate existence of issue and trending. 2015 data provided a baseline of zero ambulations being documented in the EMR by nursing. We did not have good tracking tools to ensure nurses were charting when they ambulated a patient. In 2016, we created an audit tool to look at nursing documentation. 80 random charts were audited January-July 2016. It was re-validated with actual stats, that staff were not doing well at charting patient ambulation. In the 80 charts reviewed, there was the potential to document 912 occurrences of ambulation. Of those, only 381 were charted which was 42% of the time nursing was charting ambulations. 42% is not an acceptable percentage to demonstrate that nursing staff was ambulating patients.

Changes in Effect
Current process to track ambulation was a visual tracking board where staff flipped an andon from red to green when they ambulated the patient. Nursing was not making sure they went to the patients EMR to chart this ambulation. It was evident that talking about this at morning Huddles with the staff, was not enough to get them engaged to chart ambulation in the EMR.

Action Plan Implemented
Plan was to engage four new graduate nurses to complete a 2016 chart on ambulation compliance and then create education for all nursing staff. These new nurses then provided evidence-based practice info to staff on the importance of ambulating their patients, shared baseline results for 2016 and completed 1:1 education with each nurse to review this data and demonstrate where to chart ambulation in the EMR. This was completed by September 2016.

Monitoring the Effectiveness of the Action Plan
We identified in 2015 from our study that our current ability to ensure staff was documenting all ambulation was at zero as we had no way to track it. Our intent with this QI was to maintain our high standard of care in ambulating all capable patients twice a day. Through evaluating our education process of doing 1:1 education with our nursing staff, we have been able to move the mark significantly to demonstrate we have seen an increase in documented ambulations. With an audit completed in October 2016, 62 charts were reviewed and we had a total of 445 ambulations that should have been documented. Our actual results showed that 319 of 445 ambulations were charted or 72%. This is a very significant quality improvement. Not only are we visually tracking the data but now with 1:1 staff education and chart auditing occurring we also went from zero to 72%. There is ongoing monitoring that will continue as we would like this to be closer to 95%. There was a new addition to our EMR in October 2016 that can assist nursing by putting reminder tasks on their "to do" list. We have added to our education to be sure to add a nursing communication order in the EMR to help create the reminder tasks to ambulate patients twice a day.

Awards, Accreditations and Recognitions

Commission on Cancer®
2016 OUTSTANDING ACHIEVEMENT AWARD
A QUALITY PROGRAM of the AMERICAN COLLEGE OF SURGEONS

NQMBC®
National Quality Measures for Breast Centers™

AMERICAN COLLEGE OF RADIOLOGY
ACR® AMERICAN COLLEGE OF RADIOLOGY
BREAST IMAGING CENTER OF EXCELLENCE

ACRO

WE'VE CONFIRMED OUR EXCELLENCE
HFAP Healthcare Facilities Accreditation Program

Lung Cancer Alliance
SCREENING CENTER OF EXCELLENCE
Offering Responsible Screening & Care

Lung Cancer Screening Center Featured in National Professional Journal

Elkhart General was designated a **Lung Cancer Screening Center** by the American College of Radiology (ACR). Elkhart General is one of just two facilities with this designation in Indiana. The ACR Lung Cancer Screening Center designation is a voluntary program that recognizes facilities that have committed to practice safe, effective diagnostic care for individuals at the highest risk for lung cancer.

Elkhart General was named a **Center of Excellence** by the Lung Cancer Alliance. The national recognition acknowledges the comprehensive care and multidisciplinary approach of the hospital's Lung Screening Program.

American College of Radiology Accreditation

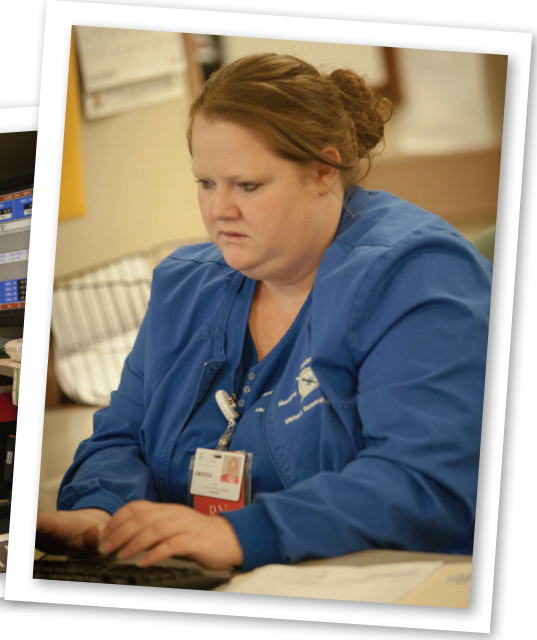
The Breast Care Center and the Radiology Department were awarded a three-year term of accreditation in ultrasound as the result of a recent survey by the ACR. The state-of-the-art equipment and board-certified medical staff received accreditation for their achievement in high practice standards after a peer-review evaluation. Evaluations were conducted by board-certified physicians and medical physicists who are experts in the field. They assessed the qualifications of the personnel and the adequacy of the facility's equipment.

NQMBC Certified Quality Breast Center of Excellence

The Breast Care Center was recognized as a Certified Quality Breast Center of Excellence, Certification Level III – the highest certification level awarded by the National Consortium of Breast Centers National Quality Measures for Breast Centers™ Program (NQMBC). In addition to meeting the highest set of certification criteria, the Breast Care Center supplied 90 percent of the measures for which their quality breast center type should be able to measure performance, and performed above the 25th percentile.

American College of Radiation Oncology Accreditation

The American College of Radiation Oncology (ACRO) granted the Radiation Oncology Department at Elkhart General a three-year accreditation. This prestigious accreditation was granted after in-depth appraisals of the facility, equipment, policies, procedures, staff and clinical treatment methods were reviewed. In addition, the Radiation Oncology Department was examined and found to be practicing within multiple nationally accepted standards of current radiation oncology practice. For decades, the Radiation Oncology Department has provided a full range of competent, compassionate radiation therapy services.



National Honor for EGH Cancer Program

Elkhart General Hospital was awarded the 2016 Outstanding Achievement Award by the American College of Surgeons Commission on Cancer. Elkhart General was one of a select group of 20 U.S. accredited cancer programs to receive this national honor for surveys performed Jan. 1 through June 30, 2016.

The purpose of the award is to encourage cancer programs to raise the bar on quality cancer care, with the goal of increasing awareness about high-quality, patient-centered care. The award is also intended to:

Recognize those cancer programs that achieve excellence meeting CoC standards.

Motivate other cancer programs to work toward improving their level of quality cancer care.

Facilitate dialogue between award recipients and health care professionals at other cancer facilities for the purpose of sharing best practices.

Encourage honorees to serve as quality-care resources to other cancer programs.

"This CoC recognition for the Outstanding Achievement Award is a reflection of hard work and dedication on behalf of our entire oncology team," says Kim Greising, RN, BSN, Director of Oncology at Elkhart General. "This demonstrates our commitment to ensure high-quality cancer care to our patients and their families. It is also a compilation of work done by many over the last three years to challenge where our oncology program needs to grow, continue to gain on our strengths and design for the future of cancer care at Elkhart General. I am very proud of our OAA accomplishment and pleased to be a part of this exceptional program."

Elkhart General Hospital's cancer program was evaluated on 34 program standards categorized within five cancer program activity areas: cancer committee leadership, cancer data management, clinical services, patient outcomes and data quality.

Commission on Cancer®
2016 OUTSTANDING ACHIEVEMENT AWARD

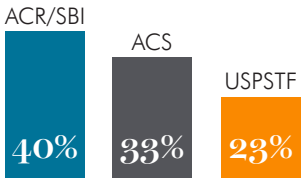
A QUALITY PROGRAM
of the AMERICAN COLLEGE OF SURGEONS

ELKHART GENERAL HOSPITAL

Improving Population Health with Annual Screening Mammography Beginning at Age 40: 2015 Update

ORGANIZATION	SCREENING RECOMMENDATION
American College of Radiology (ACR) / Society of Breast Imaging (SBI)	Annually beginning at age 40
American Cancer Society (ACS)	Annually between ages 45-54, biennial beginning at age 55
U.S. Preventive Services Taskforce (USPSTF)	Biennial between ages 50-74

MORTALITY REDUCTION



National Data

71% ▼ mortality ACR/SBI vs. USPSTF *(AJR 2011; 196:W112-W116)*

American Cancer Society 2015 Breast Cancer Screening Guidelines *(JAMA 2015; 314:1599-1614)*: Because of **clear evidence of benefit**, the majority of women would want to **begin screening mammography** beginning at **age 40** and **continue annually** as long as overall health is good and have a life expectancy ≥ 10 years.

75% of women who develop breast cancer are of clinically average risk.

More than **40%** of the years of life lost to breast cancer are women diagnosed in their 40s *(The Oncologist 2014; 9:107-112)*.

False Positives: A woman would have to undergo >10 consecutive annual screening mammograms for one false positive occurrence (<9% likelihood).

Overdiagnosis:

- No current ethical effective algorithm to determine which breast cancers (DCIS and invasive) do not require treatment
- No credible report of a breast cancer disappearing without intervention
- ≈3% based on literature review *(J Med Screen 2012; 19:42-56)*
- Screening-detected breast cancer treatment morbidity is much less than if detected clinically *(Int J Cancer 2007; 120:2185-2190)*

3D mammography benefits *(JAMA 2014; 311: 2499-2507)*: **15%** ▼ recall rate, **41%** ▲ invasive cancer detection, **7%** ▼ false positive biopsies. **$28.53 savings/woman** screened *(J ClinicoEconomics & Outcomes Research 2015; 7:53-63)*.

Elkhart General Hospital Breast Care Center Data

70% ▼ screening mammography mortality with American College of Radiology/Society of Breast Imaging recommendations vs. American Cancer Society recommendations based on stage at diagnosis

50% ▼ mortality with American College of Radiology/Society of Breast Imaging recommendations vs. USPSTF recommendations based on stage at diagnosis

39% ▼ mortality with American College of Radiology/Society of Breast Imaging recommendations vs. American Cancer Society recommendations based on stage at diagnosis

47% ▼ mortality 2014 vs. 2000 based on stage at diagnosis

33% ▼ recall rate (false positives) 2014 vs. 2001 while recommending annual screening mammography beginning at age 40

23% ▼ **($6,664)** survival-indexed mean breast cancer diagnosis cost 2014 vs. 2000 **(>$500,000 annual patient savings per cancer diagnosed)**

3D Mammography (implemented September 2015):

- Additional **16%** ▼ false positives
- **9%** ▼ radiation dose

Allison Lamont, MD | Radiology, Inc.; Elkhart General Hospital Radiology Department Chair & Breast Care Center Director

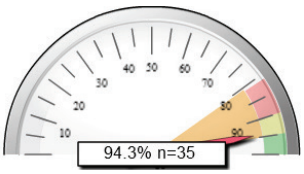
Samir Patel, MD | Radiology, Inc.; Principal author of *American College of Radiology Practice Parameter for the Performance of Screening & Diagnostic Mammography – 2014* and co-author of *American College of Radiology Appropriateness Criteria for Breast Cancer Screening – 2012*

Rapid Quality Reporting System

Promoting evidence-based cancer care is of key importance to improving the 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.

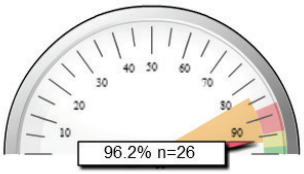
James Jin, MD, PhD
Medical Oncologist and Cancer Liaison Physician

Breast Measures

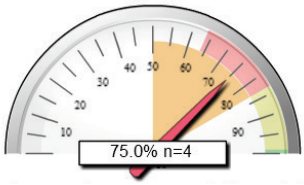


Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. **BCSRT**

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**

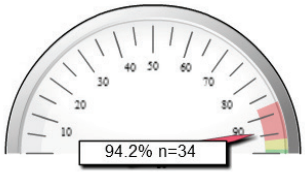


Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1cN0M0 or Stage IB - III hormone receptor positive breast cancer. **HT**

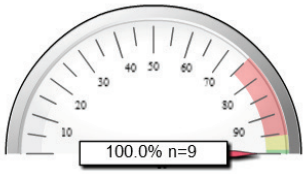


Radiation therapy is recommended or administered following any mastectomy within one year (365 days) of diagnosis of breast cancer for women with >=4 positive regional lymph nodes. **MASTRT**

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**

Accredited to: American College of Surgeons Commission on Cancer Rapid Quality Reporting System (RQRS v1.1)

Our Team of Oncology Specialty Nurses

Chemotherapy Certified Nurses

Larry Beachy
Brittani Beber
Marcie Carlsen
Trish Coati
Kayla Grove
Alison Haffner
Morgan Hamminga
Mandy Hawkins
Myrna Hull
Wen Ku
Emily Lilley
Brandon Penzenik
Diane Roberts
Roxy Schertz
Rachel Stewart
Nancy Timms
Tori Woods

AIC & ROC Chemotherapy Certified Nurses

Kelsey Bourdon
Heather Griffith
Amanda Huff
Elizabeth Werling
Julie Young

December 2016

Certified Oncology Nurses (L-R): *Marcie Carlsen, Heather Griffith, Trish Coatie, Julie Pollock, Emily Gilley*
Not pictured: *Alison Haffner, Myrna Hull and Elizabeth Werling*

Overview of Cancer Services at Elkhart Regional Cancer Center

Our comprehensive cancer services and programs include:

- **Ambulatory Infusion Center:** chemotherapy infusions, blood transfusions, insertion and removal of various types of IV devices, central line care, antibiotic therapy, injections
- **Breast Care Center:** Certified Quality Breast Center of Excellence & Breast Imaging Center of Excellence
- **Cancer Registry:** tumor boards and in-house registry
- **Cancer Learning Center:** education booklets, videos, video viewing equipment and computer/internet access
- **Clinical Trials and Research**
- **Community Services/Outreach:** cancer education programs, cancer prevention and screening
- **Diagnostic/Imaging Services:** accredited by the American College of Radiology: magnetic resonance imaging (MRI), ultrasound, nuclear medicine, diagnostic surgery, PET/CT (positron emission tomography/ computed tomography), diagnostic endoscopy, endoscopic and endobronchoscopic ultrasound, full-field digital mammography and 3D mammography
- **Lung Cancer Screening Program:** advanced low-dose scanning equipment and smoking cessation program
- **Medical Oncology**
- **Oncology Care Unit:** 20-room inpatient unit
- **Oncology Pharmacy:** TPN (intravenous feeding) and anticoagulation dosing service, antibiotic surveillance program and chemotherapy
- **Radiation Oncology Services:** specialized therapies such as a Rapid Arc, Stereotactic Body Radiation Therapy (SBRT)
- **Palliative Care:** multidisciplinary care team assisting with care coordination, goals of care, symptom management and care options
- **Patient Navigation:** nurse navigators, oncology social workers
- **Supportive Services:** Ribbon of Hope, oncology care coordinators, Cancer Survivorship Clinic
- **Thoracic Oncology Clinic:** bringing the patient together with an entire team of specialists

Directory

Area Code 574 unless noted otherwise.

Treatment and Clinical Services

Ambulatory Infusion Center	296.6444
Breast Cancer Clinic	389.5654
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	523.3454
Center for Behavioral Medicine	523.3347
Center for Pain Management	523.3232
Home Care and Infusion Therapy	800.284.8999
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	523.344

Professional Education/Research

Cancer Conferences	523.3454
Clinical Research	296.6536

Patient and Family Support

Breast Care Financial Assistance	296.6571
Cancer Support Group Information	296.6553
Case Management	523.3364
Chaplaincy Services	523.3142
Patient Accounts	523.7818
Ribbon of Hope Cancer Support & Ministry	389.7379

Community Services

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

ELKHART
REGIONAL CANCER CENTER

800.643.5719

600 East Boulevard | Elkhart, IN 46514