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Cancer Program Annual Report 2010



PROVENA
United Samaritans Medical Center
Regional Cancer Center

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Provena Health Mission, Vision, and Values

Our Mission:

Provena Health, a Catholic health system, builds communities of healing and hope by compassionately responding to human need in the spirit of Jesus Christ.

Our Vision:

Provena Health Providers are known for clinical and service excellence, and are the preferred choice based on responsiveness to community needs, quality, value and innovation.

Our Values:

Respect:

We affirm the individuality of each person through fairness, dignity, and compassion.

Integrity:

We demonstrate the courage to speak up and act honestly to build trust.

Stewardship:

We use our human and economic resources responsibly with a special concern for the poor and vulnerable.

Excellence:

We achieve exceptional performance through continuous growth and development.



2010 Cancer Committee Membership

The Cancer Committee meets quarterly to review data and improvements to the Cancer Program. The members of the 2010 Cancer Committee consisted of a multi-disciplinary group of healthcare professionals:

Cancer Committee Chairman:	Dr. Jaidev Soni
Cancer Committee Liaison:	Dr. Jo-Mel Labayog
Cancer Committee Radiology:	Dr. Chilakapati Ramaprasad
Cancer Committee Pathology:	Dr. Krishnarao Tangella
Cancer Committee Gynecology:	Dr. Scott Sinnot
Cancer Committee Surgery:	Dr. Dean Scavone
Cancer Committee Administrative:	Janet Ragle, RN, MSN Director
	Molly Nicholson, RN, MS
	Catherine Koers, MSM, CTR
Cancer Committee Registrar:	Priscilla Phelps, RN, OCN
Cancer Committee Nursing Representative:	Peg Krimble, RN, BSN, EdM
Cancer Conference Coordinator:	Gretchen Wesner, Marketing
Cancer Outreach Coordinator:	Kandi Dunavan, RN, BSN
Cancer Quality Coordinator:	Colleen Clemmons, Rehab Dept
Cancer Committee Rehabilitation:	Cathy Brown, RN
Cancer Committee Case Management:	Father John Ugobueze
Cancer Committee Pastoral Care Representative:	Barbara Bello, RN, BS
Cancer Center Nurse Manager:	





2010 Cancer Program Scope of Services

Provena United Samaritans Medical Center Cancer Program currently offers the following:

- Varian IX Linear Accelerator
- Pinnacle Treatment Planning System
- IGRT - Image Guidance Radiation Therapy
- IMRT – Intensity Modulated Radiation Therapy
- Iodine 131
- Samarium 153
- Strontium 89
- Aria Record and Verification System with electronic charting and scheduling in the PQ2000 CT Simulator
- 16 Slice Big Bore Phillips CAT Scan Machine
- Medical Oncology Infusion Suite
- Cancer Care
- Cancer Registry
- Chemotherapy
- Hematology Care





2010 Cancer Liaison Report

Dr. Jo-Mel Labayog

Developed as a network of physician volunteers willing to manage clinically related cancer activities, the Cancer Liaison Program of the Commission on Cancer was established in 1963. These physician volunteers are responsible for providing the leadership and direction to establish, maintain, and support their facility's cancer program. Each facility's Cancer Committee selects a Cancer Liaison physician who serves a three year term, and is eligible to serve an unlimited number of terms at the discretion of the Cancer Committee after evaluation of their performance.

As a Cancer Liaison for the Regional Cancer Center at the Provena United Samaritans Medical Center for more than ten years, I continue to see improved patient care and delivery of service. A multidisciplinary approach toward cancer care with scheduled conferences has lead to better decisions towards optimum patient care. The contributions from other specialists in surgery, medicine, pathology, oncology, gynecology, and radiation have lead to a better understanding of cancer and more successful treatment outcomes. I look forward to the upcoming physical renovations to add to our patient's experience at the Cancer Center.

Since 1984, the Regional Cancer Center continues to grow in its reputation as a center of excellence that is unparalleled in the county. Our continuing goal is to provid state-of-the-art technology with compassion and professionalism towards our patients with both oncologic and hematologic disorders. As always we are committed to accomplishing our mission of building communities of healing and hope.

Dr. Jo-Mel Labayog
Cancer Liaison



2010 Chairman of Cancer Committee Report

Dr. Jaidev Soni

The Cancer Center program at Provena United Samaritans Medical Center continues to provide excellent care to cancer patients in a two-state area. The goal of our Cancer Program is to decrease the mortality and morbidity of cancer patients while continuing to improve in all aspects of the program.

The dedicated medical, nursing and ancillary staff of the Cancer Center strives to meet these goals on a daily basis. The Cancer Committee is a multi-disciplinary team of healthcare professionals dedicated to the delivery of high quality care as well as a continuous improvement process. A few of the major components for the Cancer Committee and the Cancer Program for 2010 have been:

- Cancer Conferences were held monthly with multi-disciplinary input by family practice, surgery, gynecology, internal medicine, oncology, pathology, radiology and other specialty areas.
- Quality studies were completed in the area of lymphoma patients (timeframe between diagnosis and chemotherapy) and a survival study of non-small cell lung cancer patients with utilization of the Cancer Center registry data base.
- The Cancer Center has provided continuing education for the staff including a seminar for the Cancer Registrar, continuing education for the nursing staff and further training for the Radiation Therapists.
- The Cancer Committee met quarterly to review processes and submit recommendations for improving patient care.
- The Cancer Center assisted with two community outreach events which included a breast cancer lecture series and a lung cancer prevention event.
- Expansion of the Radiation Patient education program.

As Cancer Committee Chairman, I am grateful for the dedicated staff of the Cancer Program who continue to devote time and effort to fulfill Provena United Samaritans Medical Center's Mission to "build communities of healing and hope by compassionately responding to human need in the spirit of Jesus Christ".

Dr. Jaidev Soni
Cancer Committee Chairman



2010 Cancer Center Administrative Report

Janet Ragle, MSN RN Director Cancer Center 1/1/10 to 11/15/10

2010 was a very productive year for the Provena United Samaritans Medical Center Cancer Center with many improvements to patient care and exciting plans developing for future renovations. Dr. Labayog and Dr. Soni continue to provide excellent care with the latest technologies for our patients and the staff also continues to gain in skill and knowledge.

There were several additions to the staff in 2010 with the creation of a Patient Care Manager position as well as placing a Pharmacist in the Infusion area. Both of these positions allowed for improved utilization of the nursing staff and an expansion of services for the Radiation Therapy patients.

Barbara Bello, RN,BS accepted the Patient Care Manager role in June of this year and quickly expanded this nursing role by improving the care of the Radiation Therapy patients. Barbara has been instrumental in improving the educational resources for these patients as well as monitoring the side effects of their treatments. The addition of the Pharmacist allowed for better utilization of nursing staff's ability to provide care for the patients in the Infusion Clinic. Tracy Hill, RN also completed her Oncology Nurse Certification examination in 2010.

There were also plans developed in 2010 for the remodeling of the Cancer Center slated to begin in 2011. These plans allow for renovations that include a new central reception and waiting area, addition of three private patient bays, private dressing rooms, additional conference areas, and wider hallways that allow for easier access to all areas of the Cancer Center. The Provena United Samaritans Foundation is currently working to secure the funds for this exciting renovation.

As always, the physicians and the staff at the Cancer Center continue to work toward refining processes that will enhance patient care and improve our services. We look forward to 2011 as another year of great success as we live our Mission, Vision and Values of Provena Health.



2010 Technology Report

Dr. Masab Garada, Regional Physicist

Radiation oncology is a dynamic multidisciplinary cancer care with rapid and evolving technology. Radiotherapy has consistently remained one of the most effective treatments for cancer, with more than half of all patients estimated to receive radiotherapy during their treatment management (Tobias, 1996; Delaney et al., 2005). Radiotherapy is a good alternative to surgery for the long-term control of many tumors of the head and neck, lung, cervix, bladder, prostate and skin, in which it often achieves a higher probability of tumor control with good cosmetic results.

PUSMC Radiation Oncology Department provides state-of-the-art cancer therapy, offering the latest in treatment technology including IMRT (Intensity Modulated Radiation Therapy) and IGRT (Image Guided Radiation Therapy) using the most advanced medical linear accelerator.

Intensity-modulated radiotherapy (IMRT) provides a highly conformal dose distribution around the target volume through modulating the intensity of the beam as well as its geometric shape, delivering complex dose distributions, while sparing critical normal structures and boosting the dose to the target volume. Image-guided radiotherapy (IGRT) allows the visualization and localization of soft tissues and target volume before treatment to check that the actual treatment delivered matches that which has been planned, reducing setup and internal margins uncertainties.

Combining Image-guided radiotherapy (IGRT) with IMRT treatment delivery techniques enables accurate and precise delivery, allowing dose escalation for local tumor control while reducing complications to the surrounding normal structures.

With on board imager attached to the treatment unit, we are able to monitor target volume changes during the course of treatment, such as tumor shrinkage, reconstructing a new treatment plan, keeping with highly adaptive radiotherapy treatment.

Furthermore, PUSMC Cancer Center has incorporated modern computed tomography (CT) scanner/simulator into its treatment process using 4 dimensional CT data acquisition along with a highly sophisticated computerized laser positioning system. The use of four-dimensional CT simulation makes it possible to acquire CT scans that provide new information on the motion of tumors and internal organs. This enables the radiation planning team to design a treatment plan that more adequately covers the internal target volume.

We at PUSMC Cancer Center are proud to provide excellent care with our advanced radiotherapy and cutting edge technology.



2010 Provena United Samaritans Medical Center Foundation Report

Jim Anderson, Vice President

The Provena United Samaritans Medical Center (PUSMC) Foundation has a long history of significant support for the needs of the Regional Cancer Center, and 2010 was no exception. Several events raised funds for breast health education, direct patient assistance and support, along with the beginning stages of fundraising for a major renovation of the Cancer Center.

In April the Foundation kicked off a new event called “Colors of Courage” at the David S. Palmer Arena. This evening of both fun and education was well-attended, and saw all attendees wearing pink tie-dyed T shirts, the proceeds from which sales benefited the Cancer Center in the amount of \$2,346.

In July the Foundation partnered with the Danville Dans in a fun evening at Danville Stadium for an important cause. “At Bat For the Cure” saw both players and fans alike sporting pink attire, and by the bottom of the ninth inning the Foundation had scored \$2,183 in donations for the Cancer Center.

In October the Foundation once again spread the word throughout the community with the eighth annual “It’s All In The Jeans Day” event. Over 150 businesses and schools representing over 11,000 employees and students helped raise \$45,560 for programs and services at the Cancer Center.

Throughout the second half of the year many activities were held to kickoff fundraising efforts for the Cancer Center renovation project. In July, our local McDonald’s stores sold patches for the Cancer Center, raising over \$16,300. An “Evening With the Stars” was held in August, and an extraordinarily fun evening resulted in over \$60,000 in support being raised. Lead gifts in the campaign were announced from the Julius W. Hegeler II Foundation (\$100,000) and the Provena C.U.E. Club (\$20,000). And finally, a special event called “Tons of Festival Fun” was held at the 14th annual Festival of Trees, and raised \$4,500 for the project.

We expect 2011 to be another exciting year of support for the Cancer Center, and look forward to reporting even larger results in the *PUSMC Cancer Program Annual Report for 2011*.



2010 Cancer Committee Nursing Representative Report

Priscilla Phelps, RN, OCN

The Cancer Center staff participated in a variety of educational offerings in 2010. A few examples of the programs have been:

Many educational in-services regarding multiple drugs and topics such as: Sandostatin/Novartis, Aranesp/Amgen, Promacta/GlaxoSmithKline, Bone Metastasis/Novartis Oncology, and Value of Medicine in Oncology/GlaxoSmithKline.

Competencies: Safe handling of cytotoxic drugs and chemotherapy administration
 Mobile isolation chamber to mix chemotherapy drugs.
 Reagent Strip and Hemaprompt.
 ARJO Safety Lift Equipment
 PUSMC Continuous Net Learning for all staff

ONS Publications available for all staff – 3 RNs are members of ONS.

- Tracy Hill, RN, became an Oncology Certified Nurse, in addition to Priscilla Phelps, RN.
- Pam Young, RN, recertified in Chemotherapy and Biotherapy Administration, and is preparing to take the Oncology Certification exam in 2012.
- The Cancer Center team became more involved with the American Cancer Society. We participated in the Look Good Feel Better Program, as well Relay for Life. We were able to increase our donations by selling cookbooks that included recipes from our patients and caregivers.
- The Cancer Center also attends the community New Horizon Breast Cancer Support Group meeting in October with a presentation by Dr. Labayog.
- The hiring of a full time pharmacist, Gina Morgan, RPh, to mix chemotherapy, educate staff and patients, and to be a resource for the staff. Gina also helped to implement the Spiros closed connector safety cap for chemotherapy administration.
- Oncology and Radiation Therapy staff attend the monthly Cancer Tumor Board Educational luncheons.
- The hiring of a full time Patient Care Manager, Barbara Bello, RN,BS

We are excited about the future renovations that will be happening in this next year. The staff continue to grow and learn as we care for our patients to the best of our abilities and look forward to 2011 as an opportunity to continue to provide excellent care to the patients of PUSMC Cancer Center.



2010 Cancer Committee Cancer Conference Coordinator Report

Peg Krimble, RN, EdM

Standards 2.3 and 2.9 of the Commission on Cancer Program requires the Cancer Care Team to host educational activities to ensure members of the Cancer Care Team possess current knowledge of cancer prevention, early detection, diagnosis, stage of disease, treatment guidelines and prognostic indicators, treatment, and follow-up care. The CME/Library Committee and CME Coordinator support the Cancer Registrar and PUSMC Cancer Care Team to fulfill the educational requirements set by the American College of Surgeons.

Educational activities are presented once a month, in a multi-disciplinary grand rounds format during the regularly scheduled time for Continuing Medical Education. One hour of Category 1 CME credit is awarded to participants who attend.

The Cancer Committee set the following goals for 2010:

- Monthly meeting frequency: prospective cases January --December facility-wide cases
- 10% of analytic caseload presented
- Physician Representation by Department:
 - 75% - Surgery
 - 75% - Medical Oncology
 - 75% - Radiation Oncology
 - 75% - Diagnostic Radiology
 - 75% - Pathology
 - 75% - OB/Gyne
- 2009 Top 5 Sites: Breast; Colorectal, Lung; Prostate; Hematopoietic

Year-To-Date Evaluation & Status: January – December, 2010

- 12 - YTD Multiple-site Cancer Conferences
- 2 - YTD Cancer-related additional presentations
- 14 - YTD Cancer-related educational activities
- 48 - YTD Cases presented =17% of estimated analytic caseload
- 100% - YTD Prospective cases; 5 of top 5 sites discussed;

YTD Avg. physician representation by department

Surgery	83%
Med Oncology	100%
Rad Oncology	83%
Diagn. Radiology	100%
Pathology	75%
OB/GYN	50%

17 - YTD Avg. physician attendance at Cancer Conferences

Date Goals Achieved: September 2010 with exception of attendance for OB/GYNE

Educational Activities: January – December, 2010

<u>DATE</u>	<u>SITES/TITLE</u>	<u>TOTAL ATTENDANCE</u>
1/29/10	Tonsil, Lung, Colon	29
2/12/10	Frontline Treatment of Multiple Myeloma: Current Options for Initial Therapy *	24
2/26/10	Neck, Colon, Melanoma, & Lymphoma	31
3/26/10	Colon, Lung, & Brain	31
4/29/10	Female Genital, Liver, Lymphoma, & Recurrent Colon	29
5/21/10	Lung, Head, Neck, & Breast	29
6/4/10	Multiple Myeloma, Lung, Breast, & Stomach	27
7/30/10	Lymphoma, Endometrium, Renal Cell, Cervix, & Prostate	21
8/6/10	Advances in the Diagnosis, Screening & Management of Cervical & Endometrial Cancers *	22
8/27/10	Breast, Lung, Colon, Esophagus	25
9/24/10	Lung, Colon, Trachea, Lymphoma	28
10/29/10	Pancreas, Cecum, Breast, Esophagus	30
11/19/10	Breast, Lung, Pancreaticobiliary, Esophagus	22
12/10/10	Myelodysplastic Syndrome, Myelofibrosis, and Lung	29

* = Cancer-related topic



2010 Cancer Committee Outreach Coordinator Report

Gretchen Wesner, Marketing

COMMUNITY OUTREACH CONTRIBUTIONS

COMMUNITY OUTREACH CONTRIBUTIONS

The Cancer Program at Provena United Samaritans is dedicated to providing valuable information to our community, through local media, free screening programs, early detection and prevention stories and programs, and supporting community cancer awareness endeavors with the same objectives. Here is a sampling of our 2010 efforts:

Prevention/Detection programs

Breast Cancer lecture series—Dr. James Savage, physician advisor for the Breast Health Program, gave multiple lectures throughout the year, at Women’s community groups, as well as here at the hospital. These lectures discussed the latest technology for detection & treatment of breast cancer. Dr. Labayog also spoke to the New Horizons Breast Cancer Support Group, as he does annually in October.

Lung Cancer prevention event—As part of the American Cancer Society Great American Smokeout, free smoking “Quit Kits” were given out to community members, along with information on lung cancer prevention.

Outreach/Awareness activities

Relay for Life—PUSMC was a sponsor again in 2010, and the SunKatchers of Provena Team placed 3rd in overall fundraising. New Horizons Support Group held a rummage sale to benefit Relay. The Cancer Center staff coordinated sales of the survivor cookbook for fundraising as well.

Look Good/Feel Better—this ACS program about makeup techniques for patients undergoing cancer treatment was held several times throughout the year at the Medical Center.

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**Prizes!
Refreshments!**

YOU CAN LEARN FROM EXPERIENCE—OURS

Early detection is so vitally important when it comes to treating breast cancer. The sooner cancer is diagnosed, the better your chances of survival.

Join us for a FREE informational seminar on risk factors, detection methods, and the latest in treatments. Learn the latest information from one of the most experienced breast surgeons in our area.

Call toll-free to register: 1.866.PROVENA

Space is limited, so reserve your seat today!

SPEAKER:
James Savage, MD
Physician Advisor for the Breast Health Program

Women's Health Center
Provena United Samaritans Medical Center

Tuesday, October 12, 6:30 p.m.

The Women's Health Center: Experience our Experience!

PROVENA
United Samaritans Medical Center

WOMEN'S HEALTH CENTER

Real Women Wear Blue—ACU/ENDO unit participated in this new ACS event to create awareness for colon cancer, and promotion of screening colonoscopies



Colors of Courage—To raise awareness for all types of cancers, the PUSMC Foundation held a fundraiser for the Cancer Center which involved colored hair extensions, tie dye shirts, and can huggies, which culminated at the D102 Ladies “Duck Out” event in the spring.

McDonald’s Cancer Ribbon Patch campaign—local Vermilion County McDonald’s raised more than \$16,000 for Cancer Center through this campaign, selling awareness “patches” at each of its locations.

Media appearances: Dr. Labayog, Janet Ragle, Dr. Savage, Barbara Bello—all were guests on the Provena Health Living Radio show throughout the year discussing cancer topics.

BREAST CANCER

Women’s Health Center opening events-- Comprehensive breast health services offered at Provena United Samaritans continue to be a focus of promotion and education. The new Women’s Health Center opened at the beginning of 2010, and several grand opening events and tours occurred in the first quarter. Public relations efforts garnered media attention and created awareness of services offered, new equipment, our physician advisor, nurse navigator, new comfort baskets for breast surgery patients, and more.

“At Bat for the Cure” at Danville Stadium—fundraising/awareness night at Danville Dans game. Pink bats, support group sold pink balloons that were released, survivors threw out first pitch.

It’s All in the Jeans Day—This annual event was held October 1. For \$5, participants could wear jeans to school/work. We had two business match sponsors, and more than \$44,000 was raised in the local fight against breast cancer.

DACC Lady Jaguars breast cancer awareness night—Stephanie Yates with New Horizons hosted a table with awareness, prevention/detection information

Danville Inferno Breast Cancer night—local hockey team hosted this event, raffling off pink jerseys and uniforms, raising \$2,000 for the Women’s Health Center and promoting breast cancer awareness.

Dem Girlz Motorcycle Club—this group held a fundraiser/lecture night for women on breast cancer, and Janet Ragle spoke to the group about prevention, detection, and treatment of breast cancer.

Area-wide golf outing/Marti Hankins—This year, half of the proceeds from this event were donated to the PUSMC Cancer Center.

Plant it Pink—New Horizons Support group planted tulip bulbs at the Cancer Center to bloom in the spring in the shape of a pink cancer support ribbon, as part of the awareness project of the American Cancer Society.

Other—*Second graders learn about skin cancer prevention three times a year at the PUSMC Body Walk; Letter to the Editor from Dr. Labayog on Cancer Survivors Day; Blood Drives are held quarterly.*

Support Services

Provena United Samaritans and our Cancer Center provide access to a number of support services for patients including: loss & grief support, breast cancer support, home health, hospice, Faith in Action, the ACS programs, and more.





2010 Cancer Committee Rehabilitation Report

Colleen Clemmons, Rehabilitation

A representative from the Rehabilitation Services Department serves on the Cancer Committee with the intention of reporting on utilization of rehabilitation services and to determine potential needs within the community. In 2010, there continues to be discussion to further develop and improve referral patterns for services related to upper extremity dysfunction caused by cancer related breast procedures. The challenges have been the timing of the referral in contrast to treatment which in many cases affects the patient's ability to participate in therapy treatment. We continue to work with providers to determine the best time for referral to therapy to improve outcomes for patients. We continue to discuss needs options for patients in the area.





2010 Cancer Committee Pastoral Care Report

Father John Ugobueze, Pastoral Care

Patients have been seen and provided spiritual and emotional care in the Cancer Center in the main waiting room-infusion area-radiation waiting room on a regular basis.

Pastoral Care has responded to referrals of Cancer Center staff to visit or meet with cancer patients specifically for Advance Directives and spiritual or other needs.

We have placed daily devotionals and other reading materials in the waiting areas at the Cancer Center throughout the year.

Pastoral Care Staff have attended a number of Cancer Care Conferences throughout the year presented by Dr. Labayog and other physicians, to be better informed on cancer – its screenings, diagnosis, treatments, prognosis, etc.

Continuum of Care still continues to be very appropriate and helpful in many cases. In addition to seeing patients in the Cancer Center, many cancer patients have been seen in the hospital during daily rounds:

- shortly after Cancer Diagnosis
- prior to receiving initial treatment in Cancer Center
- after and during treatment when admitted to the hospital
- 40 patients seen per month since last report given in 2009

Pastoral Care has been a Spiritual/Emotional presence in the lives and homes of hospice patients when asked to be so, once again leading to Continuum of Care .

We look forward to more discussion regarding the formation of a Hospice Committee where Pastoral Care would like to have a designee. We continue to work to “build communities of healing and hope by compassionately responding to human need in the spirit of Jesus Christ”.



2010 Cancer Committee Quality Coordinator Report

Kandi Dunavan, RN, BSN Quality Department

The American College of Surgeons and the Commission on Cancer set forth standards of care for all cancer patients. Their web site currently provides statistics on Breast, Colon, and Rectal cancer for the Diagnosis years 2004-2008. With the help of the National Cancer Data Base, the Cancer Program Practice Profile Reports (CP3R), and data provided by the Cancer Center registrar, we monitor our performance rates for breast and colon cancer. Looking at the CP3R, we can also see how the PUSMC Cancer Program compares to other similar cancer programs in our state, our American Cancer Society division, and our census region.

As the Quality Improvement Coordinator for the PUSMC Cancer Center it is my responsibility to insure that we monitor our performance rates in the care and treatment of our patients in accordance with the American College of Surgeons guidelines. By obtaining the most current data possible from the registrar, when opportunities for improvement are identified, we look at our current treatment practices and make adjustments as necessary in a more timely manner, to continue to provide our patients with the quality of care they deserve and expect of us.

PUSMC's Cancer Center continues to strive to provide the community of Danville and surrounding areas with the most up to date and comprehensive cancer treatment available in this area.



A MULTIDISCIPLINARY
PROGRAM OF THE
AMERICAN COLLEGE OF SURGEONS



**Cancer Program Practice Profile Reports (CP³R):
for Breast, Colon and Rectal Cancers
2004 - 2008 Diagnoses**

Provena United Samaritans Medical Center, Danville, IL

Interpreting This Report: The estimated performance rates shown below provides your cancer program with an indication of the proportion of breast and colorectal patients treated according to recognized standards of care by diagnosis year. These proportions are computed based on data directly reported from your registry to the NCDB. This Cancer Program Practice Profile Reports (CP3R) application provides cancer programs with the opportunity to examine data to determine if these performance rates are representative of the care provided at the institution. Cancer programs have the ability to review and modify cases by clicking on “case review” for the measure of interest. Displayed performance rates are immediately updated once modifications via the CP3R are completed by cancer program staff, comparison rates are updated nightly. Note: Any modifications made online should be reflected at the local cancer registry. Cancer programs are encouraged to resubmit reconciled cases to the NCDB.

	Select Breast & Colorectal Measures	Estimated Performance Rates					Case Review
		2004	2005	2006	2007	2008	
BREAST	Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. [BCS/RT]	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>93.3%</u>	<u>100%</u>	
	Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c N0 M0, or Stage II or III ERA and PRA negative breast cancer. [MAC]	<u>100%</u>	<u>66.7%</u>	<u>100%</u>	<u>100%</u>	<u>n.a</u>	
	Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c N0 M0, or Stage II or III ERA and/or PRA positive breast cancer. [HT]	<u>81.8%</u>	<u>78.9%</u>	<u>95%</u>	<u>100%</u>	<u>100%</u>	
COLON	Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer. [ACT]	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	
	At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. [12RLN]	<u>16.7%</u>	<u>36.4%</u>	<u>71.4%</u>	<u>70%</u>	<u>83.3%</u>	
RECTAL	Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 of with clinical or pathologic AJCC T4N0M0 or Stage III receiving surgical resection for rectal cancer. [AdjRT]	<u>100%</u>	<u>100%</u>	<u>n.a</u>	<u>n.a</u>	<u>100%</u>	



2010 Cancer Committee Cancer Registrar Report

By Catherine Koers, MSM, CTR

The Provena United Samaritans Medical Center Cancer Registry is located on the hospital campus in the Regional Cancer Center. Our team of physicians, nurses, technicians, secretarial staff, and one certified cancer registrar all contribute to the success of our cancer program.

Our Cancer Program was recertified in 2008 by The American College of Surgeons Commission on Cancer for maintaining, collecting, and analyzing data on all reportable cases. There are currently more than 1,400 CoC-approved cancer programs in the United States, representing close to 25% of all hospitals. Our next survey is scheduled in April of 2011.

Data collection is submitted monthly to the State of Illinois Central Cancer Registry as required by Illinois statute, as well as annually to the National Cancer Data Base, as required by the Commission on Cancer. The Registrar reviews all cancer cases diagnosed and/or treated at our facility annually, and enters the cancer patient information into a registry data base. A new registry software system, METRIQ, was installed in May of 2009.

The current reference date for the Cancer Registry is January 1, 2001. A total of 286 new cancer cases were accessioned in 2009, the latest year of complete data; of these 270 were analytic cases, and 16 were non-analytic cases.

There were 12 Basal and/or Squamous Cell Skin Cancers recorded separately in 2010 that are not reportable to the CoC.

To ensure the best quality data, physicians on the Cancer Committee are required to review ten percent of the annual analytic caseload for CAP compliance, collaborative staging accuracy, AJCC staging completion, and additional quality measures. Fourteen percent of the 2009 cases were reviewed and the results were discussed at Cancer Committee meetings.

The Cancer Registrar currently follows 2,937 cases from our reference year of 2001, with a follow-up rate in excess of 93%, which is due to the cooperation of the staff physicians who keep our registry informed of the status of their patients.

The top analytic sites for PUSMC for 2009 are: Breast, 22%; Lung, 19%; Colon, 14%; Hematopoietic, 9% Prostate, 6%; and Pancreas 4%. These figures represent a slight

increase in lung, and colon cancers, and a slight decrease in breast and prostate cancers from last year's statistics.

The Cancer Registry coordinates the monthly Cancer Conference at PUSMC with the Cancer Care Conference/CME Coordinator; this is a multidisciplinary patient-oriented conference with a core group of physician representatives from Medical and Radiation Oncology, Pathology, Diagnostic Radiology, Surgery, and OB/GYN plus non-physicians from the administration, the cancer registry, nursing, patient and social support services. All staff physicians are invited to the monthly conference and encouraged to present cases. During 2010, there were 48 cases presented, with 100% of the cases being presented prospectively.

Quarterly Cancer Committee meetings were held in 2010 to provide a multidisciplinary approach to the management of our PUSMC Cancer Program. The Cancer Committee is responsible for goal setting for, as well as planning, initiating, implementing, evaluating, and improving, all cancer-related activities in our facility. Four coordinators are responsible for Cancer Conference activity, quality control of registry data, quality management and improvement activity, and community outreach.

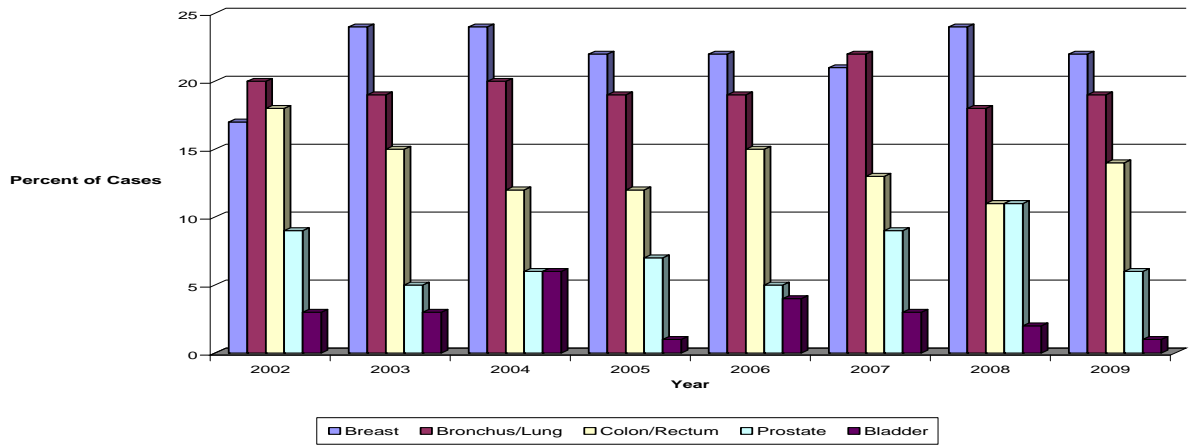
**2009 Cancer Site Distribution
Summary of Analytic Cases**

Primary Site	Total	Sex		Stage					
		M	F	0	I	II	III	IV	UNK/NA
Tongue	2	1	1	0	0	0	0	2	0
Salivary Glands	1	1	0	0	0	1	0	0	0
Gum & Other Mouth	2	0	2	0	1	0	0	0	1
Nasopharynx	1	0	1	0	0	0	0	1	0
Tonsil	1	1	0	0	0	0	0	1	0
Hypopharynx	1	1	0	0	0	0	0	1	0
Esophagus	2	2	0	0	1	0	1	0	0
Stomach	5	4	1	0	2	1	2	0	0
Colon Excl Rectum	25	10	15	0	9	6	7	2	1
Rectum/Rectosigmoid	13	8	5	0	2	4	4	3	0
Anus	1	0	1	0	0	1	0	0	0
Liver & Intrahep Bile Duct	1	1	0	0	0	0	0	1	0
Pancreas	11	6	5	0	1	2	1	7	0
Oth Digestive Organs	2	0	2	0	0	0	0	0	2
Nose, Nasal Cavity	1	1	0	0	0	0	0	1	0
Larynx	1	1	0	0	0	0	1	0	0
Lung & Bronchus	50	24	26	0	6	4	17	23	0
Soft Tissue	1	0	1	0	0	0	0	0	1
Melanoma - Skin	3	1	2	0	1	0	2	0	0
Other Non-Epithelial Skin	1	0	1	0	0	0	1	0	0
Breast	60	0	60	10	27	16	5	1	1
Cervix Uteri	1	0	1	0	0	0	1	0	0
Corpus Uteri	7	0	7	0	6	1	0	0	0
Ovary	4	0	4	0	0	0	1	3	0
Vulva	1	0	1	0	0	0	1	0	0
Prostate	16	16	0	0	0	13	1	2	0
Urinary Bladder	3	3	0	0	0	2	0	1	0
Kidney & Renal Pelvis	3	2	1	0	2	0	0	0	1
Brain	1	0	1	0	0	0	0	0	1
Cranial Nerves/Oth Nerves	7	1	6	0	0	0	0	0	7
Thyroid	2	0	2	0	0	1	0	0	1
Other Endocrine	1	0	1	0	0	0	0	0	1
Hodgkin Lymphoma	1	1	0	0	0	0	1	0	0
Non-Hodgkin Lymphoma	11	2	9	0	4	1	2	3	1
Myeloma	2	0	2	0	0	0	0	0	2
Lymphocytic Leukemia	4	3	1	0	0	0	0	0	4
Myeloid & Monocytic Leuk	5	2	3	0	0	0	0	0	5
Mesothelioma	2	2	0	0	0	1	0	1	0
Miscellaneous	14	7	7	0	0	0	0	0	14
Total	270	101	169	10	62	54	48	53	43

2010 Cancer Program Statistics

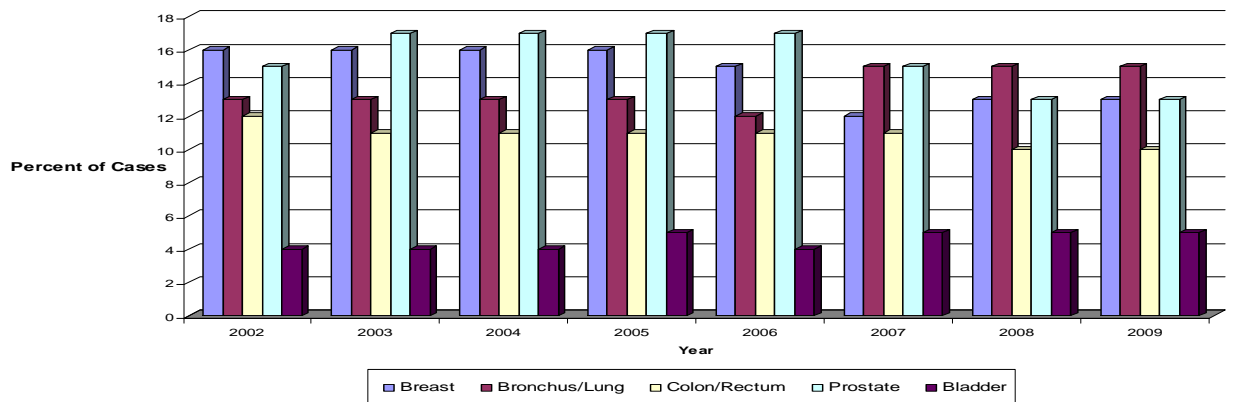
The following statistics are based on the latest available data from 2009

Table 1: Primary Site Distribution at PUSMC Cancer Program



PUSMC Cancer Center continues to have a higher incidence of breast cancer when compared to state and national averages. This may be correlated to PUSMC having digital mammography and an excellent breast screening program.

Table 2: National Trends in Primary Site Distribution



At PUSMC Cancer Center there is a higher incidence of breast, lung and colon cancer when compared to state and national data. There is lower incidence of prostate cancer when compared to state and national data. PUSMC has an equal distribution of hematopoietic cancer when compared to national while there are fewer cases at the state level. Pancreatic Cancer cases are slightly higher at PUSMC when compared to the national data.

Table 3: 2009 PUSMC Major Site Distributions

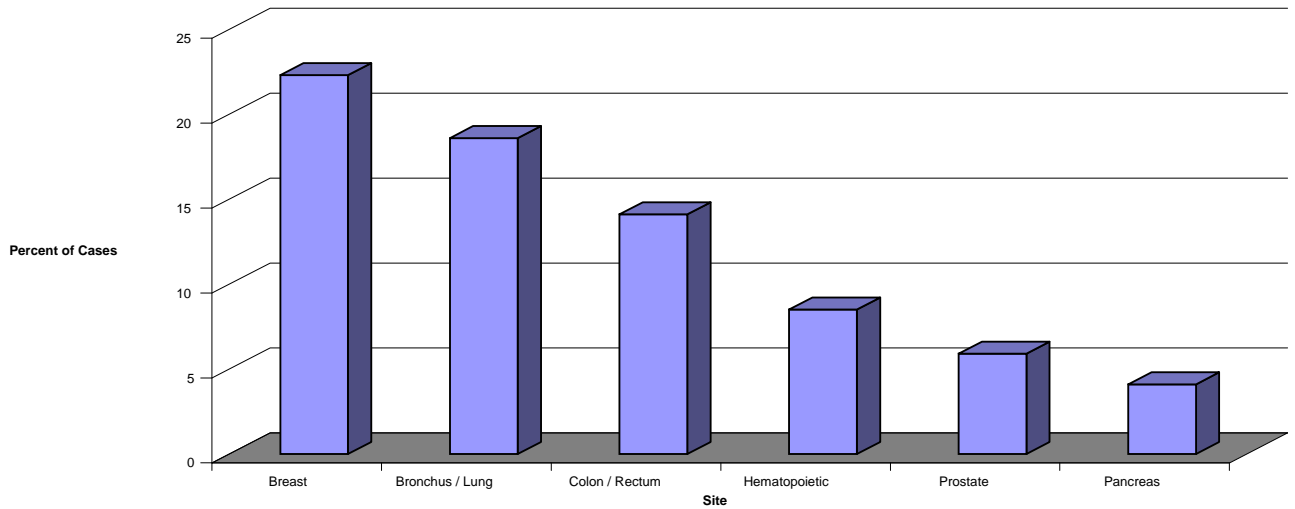


Table 4: 2009 PUSMC Major Site Distribution Compared to State and National Data

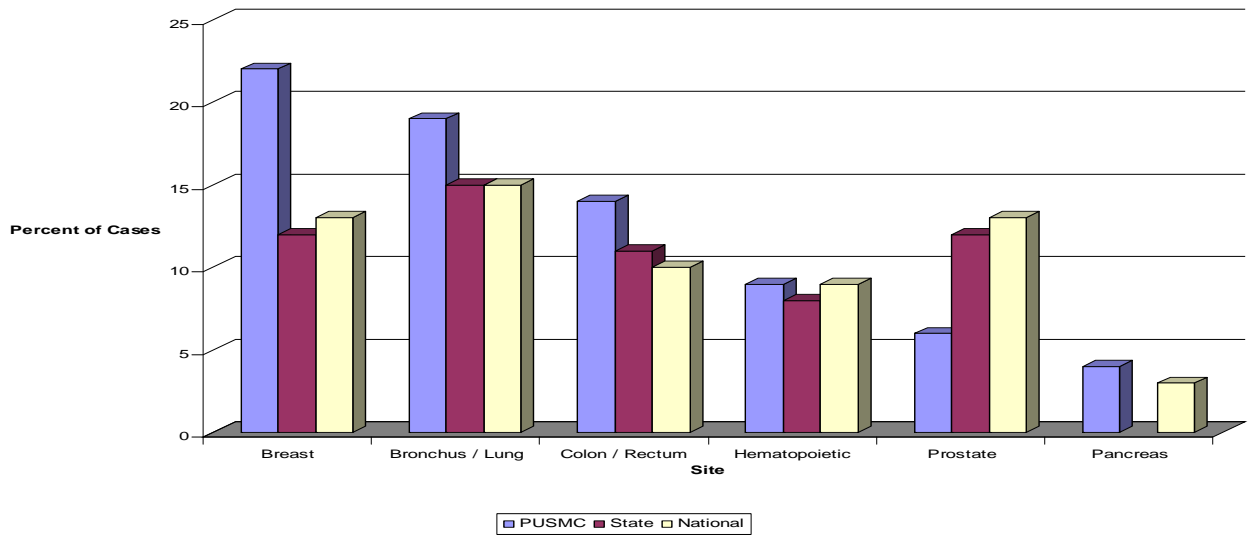
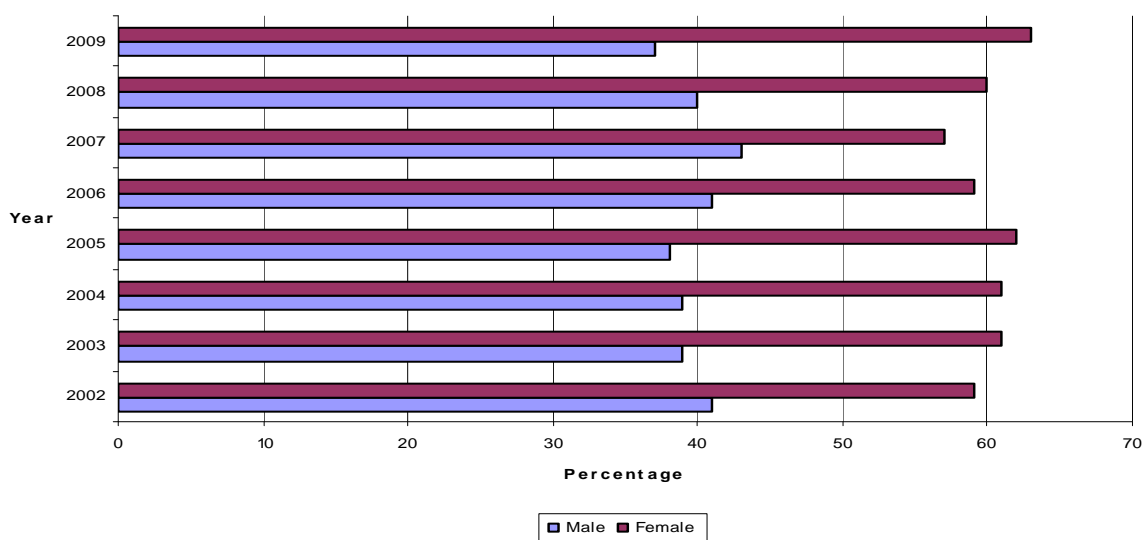
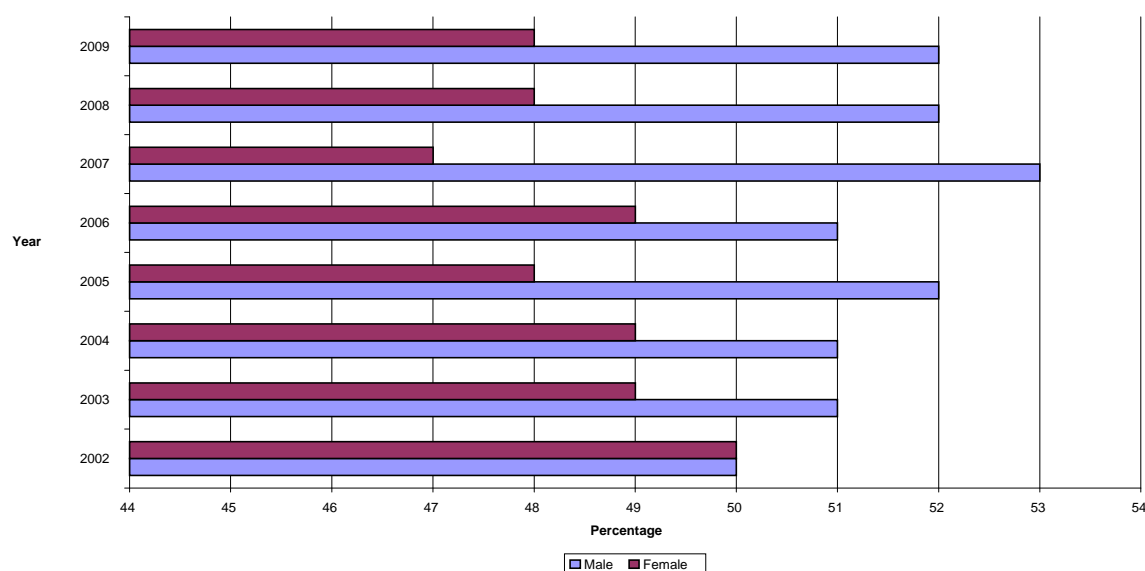


Table 5: PUSMC Gender Distribution 2002-2009

2009 PUSMC data represents the latest complete year of data collection at this time.

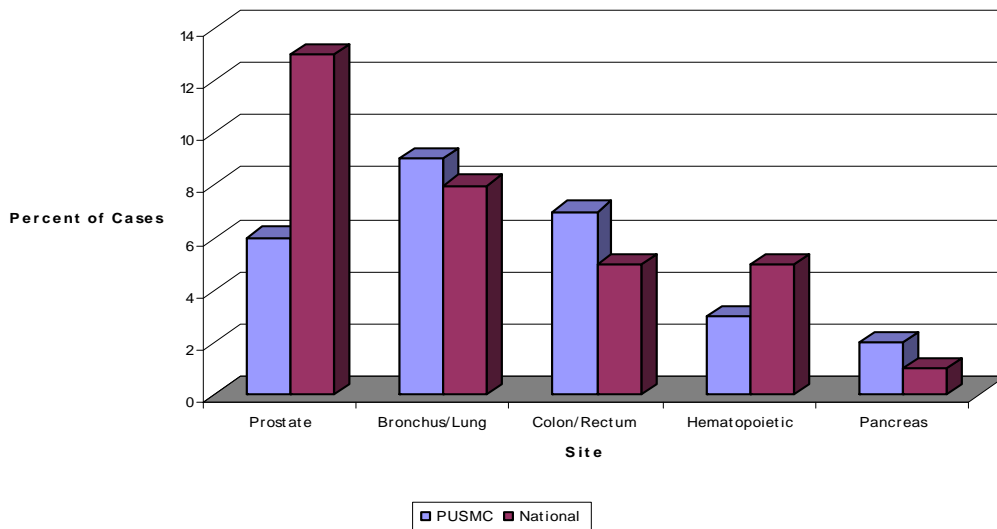


PUSMC Cancer Center has 63% ratio of female patients versus 37% male in 2009.

Table 6: National Gender Distribution 2002-2009

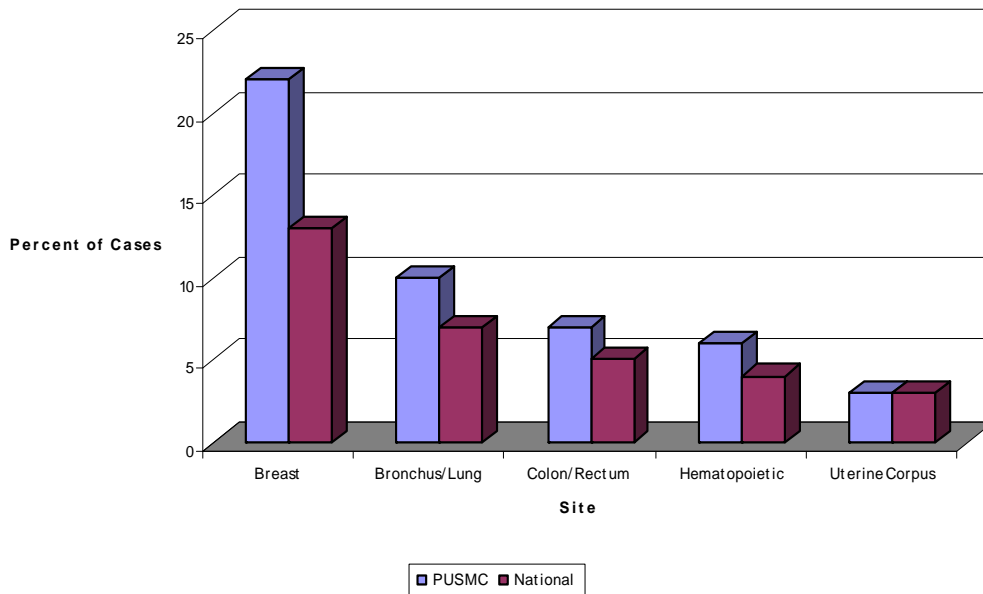
PUSMC Cancer Center has a 63% ratio of female patients versus 37% male patients compared to the national average which is 48% female versus 52% male. This may be attributed to the higher that state or national average of female patients with breast cancer that are seen at PUSMC Cancer Center

Table 7: 2009 PUSMC & National Distribution by Site & Male Gender



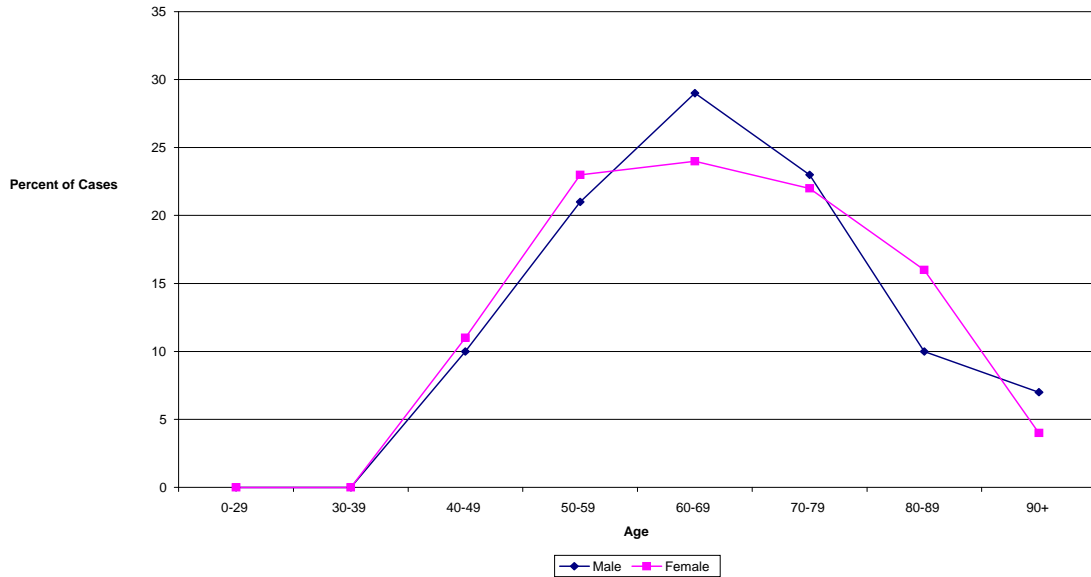
PUSMC Cancer Center had a lower than national average for prostate and hematopoietic cancers, and a higher average for lung, colon, and pancreatic cancers.

Table 8: 2009 PUSMC & National Distribution by Site & Female Gender



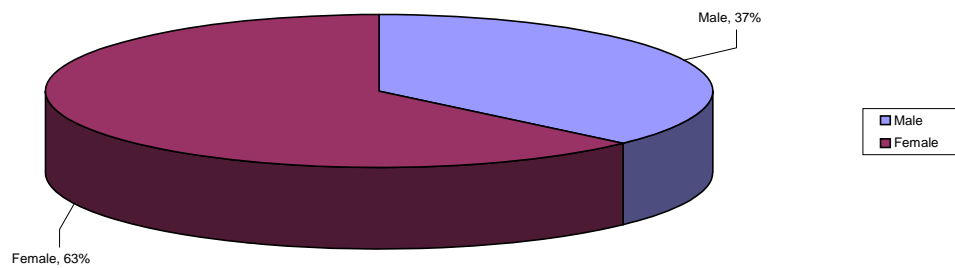
PUSMC Cancer Center has a higher rate of breast, lung, colon, and hematopoietic cancers in females when compared to national data.

Table 9: 2009 PUSMC Age Distribution by Gender



The majority of patients are in the 60-69 year age group.

Table 10: 2009 PUSMC Gender Distribution



The majority of our patients are female.

Table 11: 2009 PUSMC Major Site Distribution by Stage at Diagnosis

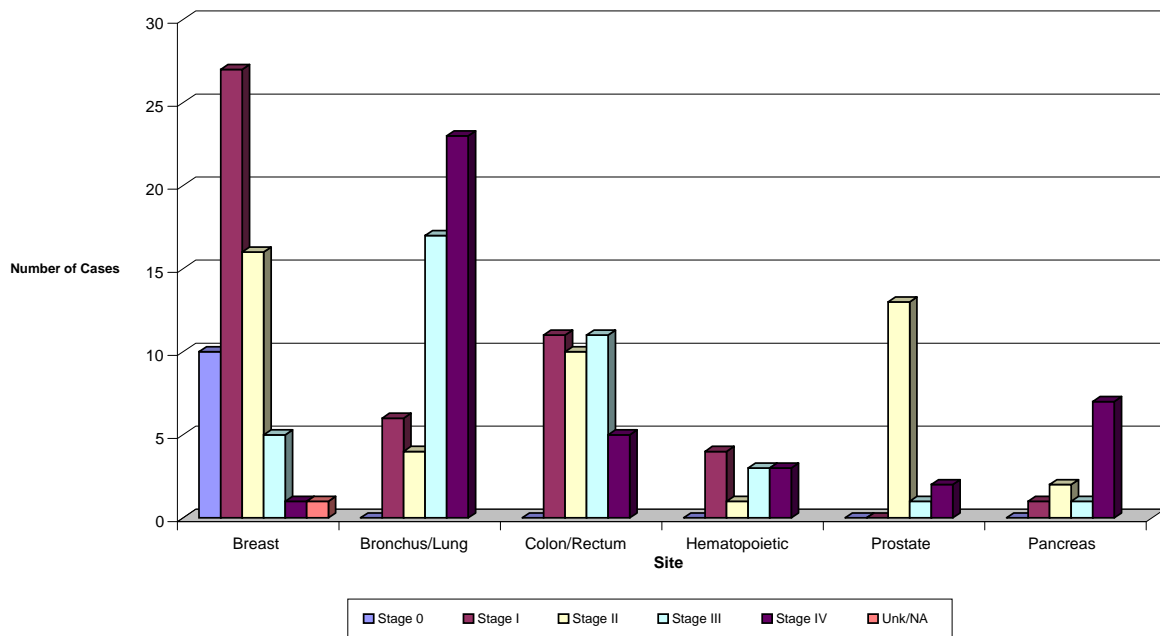
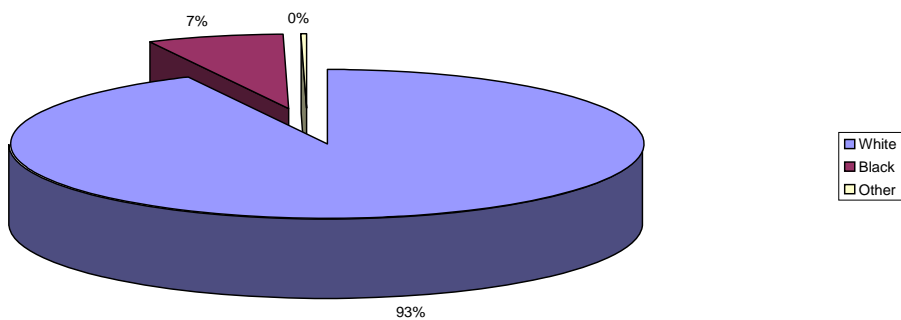


Table 12: 2009 PUSMC Analytic Case Distribution by Race



At PUSMC 93% of our cancer patients are Caucasian.

Table 13: 2009 Analytic Case Distribution by Postal Code

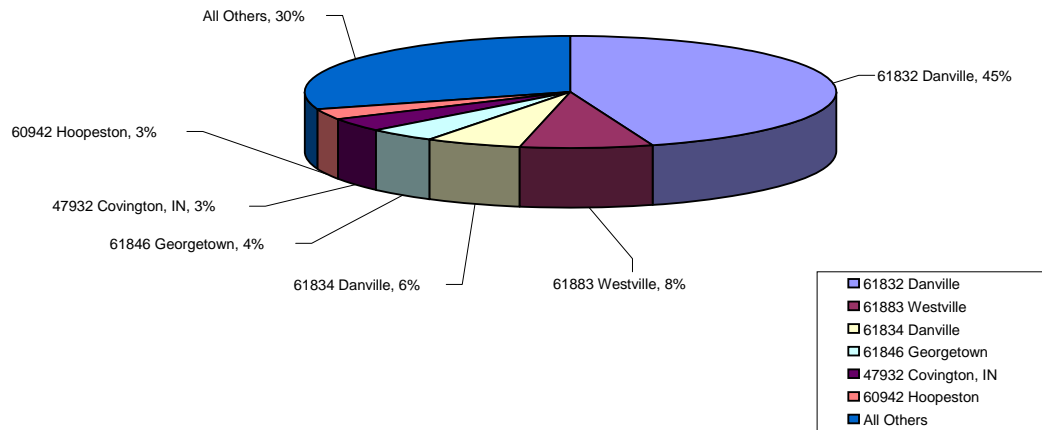
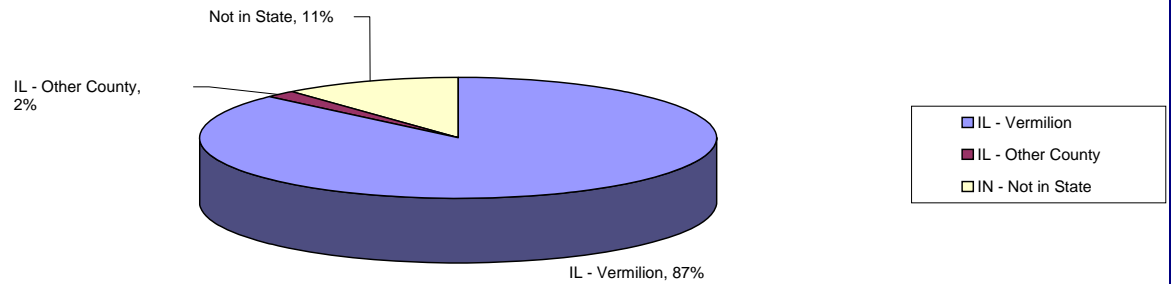


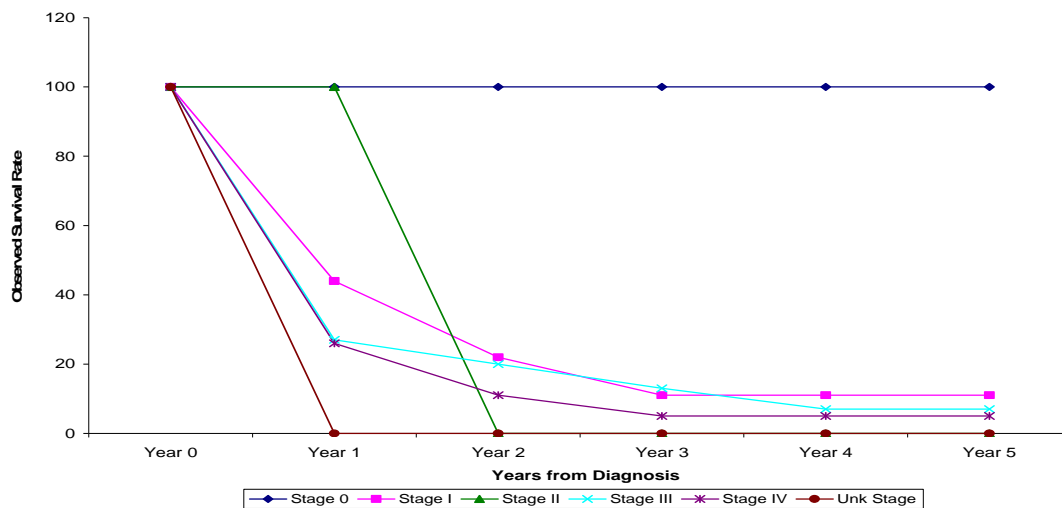
Table 14: 2009 Analytic Cases Distribution by State/County



The majority of our patients at PUSMC are from Vermilion County or the Danville postal code.

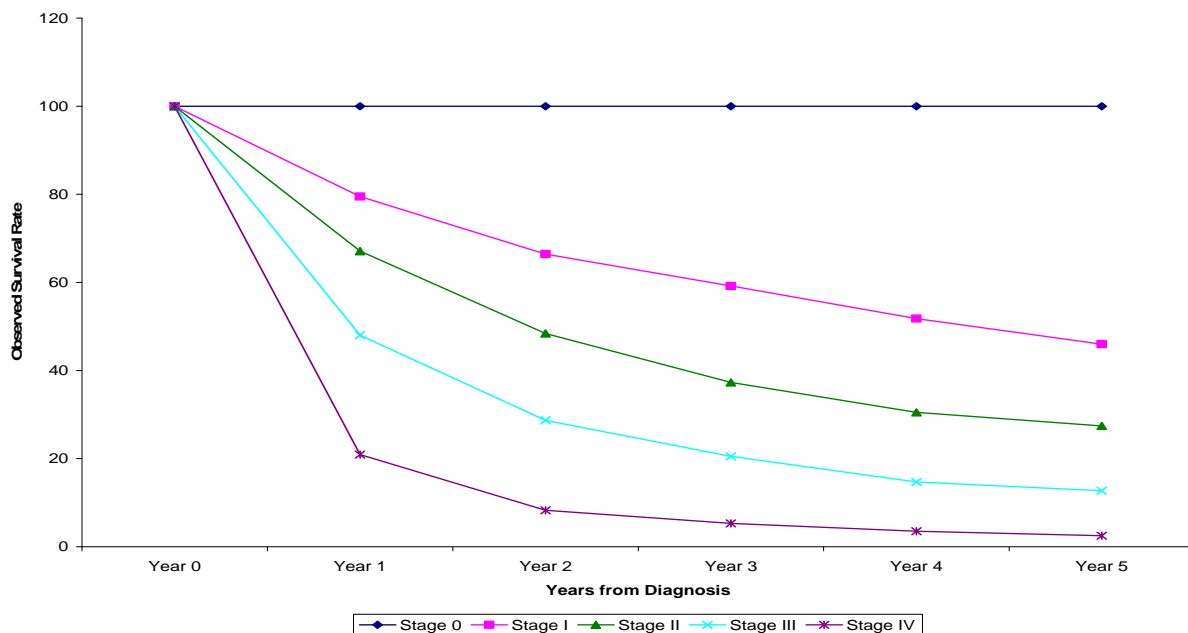
2010 NON-SMALL CELL LUNG CANCER SURVIVAL STUDY

Table 15: Observed Survival for Non-Small Cell Lung Cancer/PUSMC Data from 50 cases Diagnosed in 2003



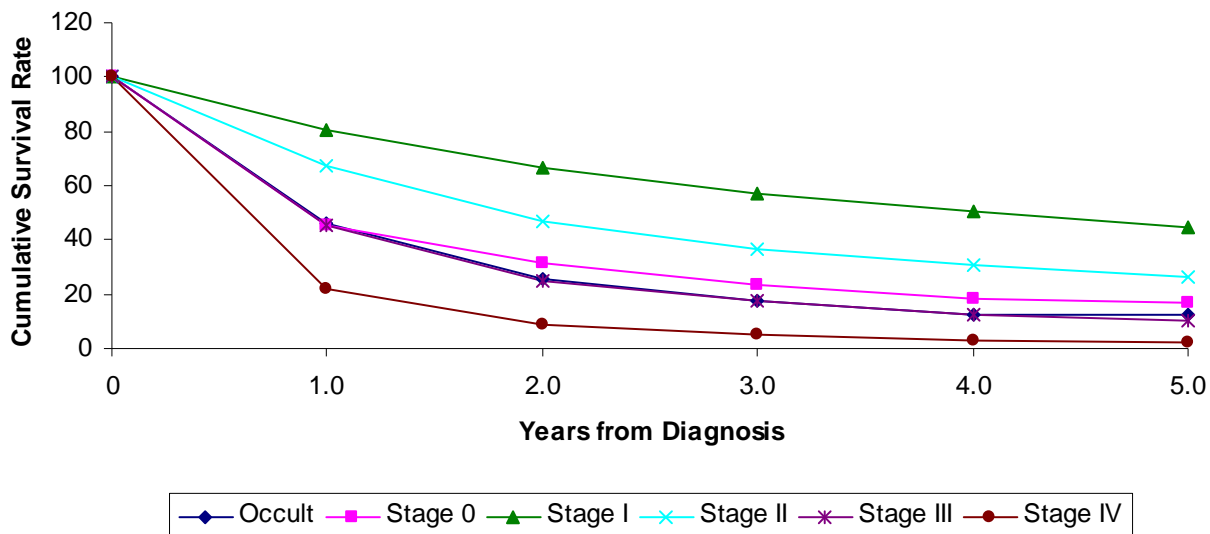
PUSMC survival rate for 5 years is less than 20% for Stages 1-IV.

Table 16: Observed Survival for Non-Small Cell Lung Carcinoma/Illinois Data from 73 Programs Cases Diagnosed in 2003



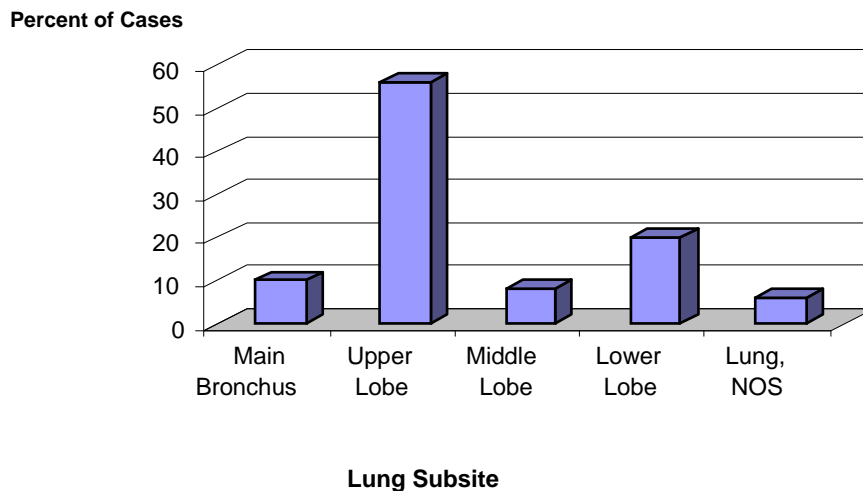
Illinois survival rate is 5% at Stage IV, 18% at Stage III, 25% at Stage II, 45% at Stage I.

**Table 17: Observed Survival for Non-Small Cell Lung Carcinoma
National Data from 1313 Programs
Cases Diagnosed in 2003**

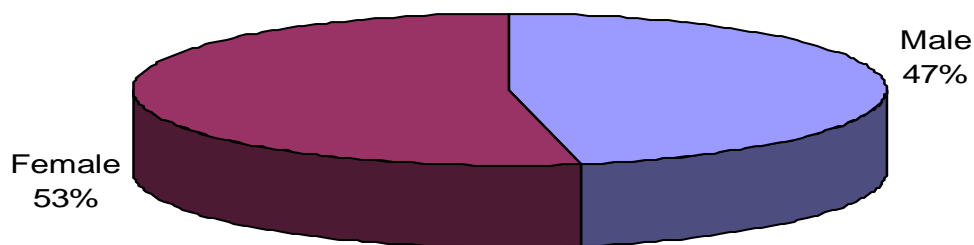


National survival rates for Stage IV is less than 5%, Stage III 20%, Stage II 40% and Stage I 50%.

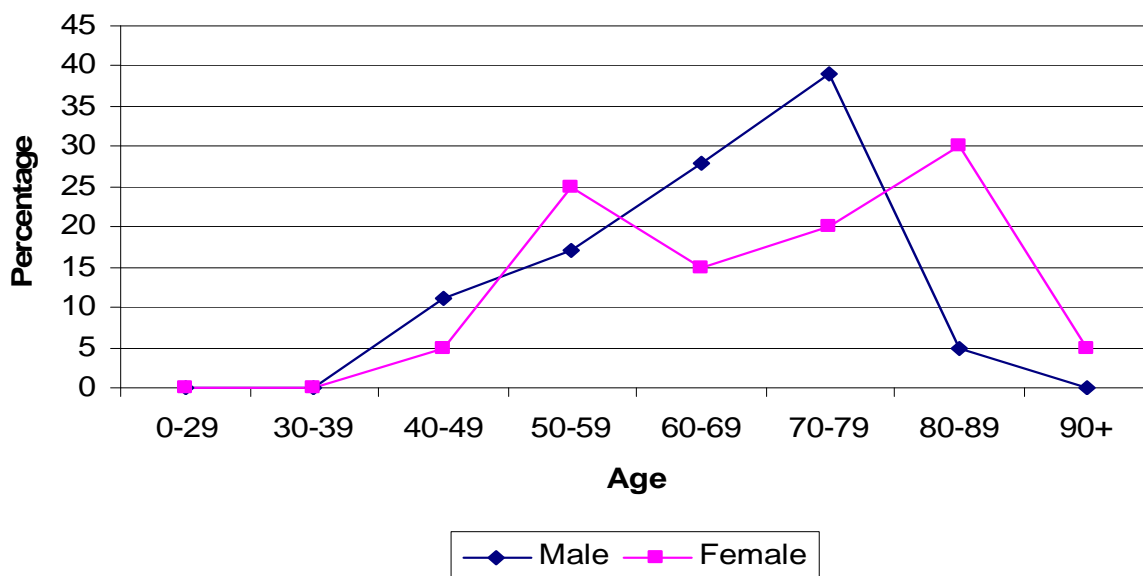
Table 18: 2009 PUSMC Distribution of Lung Cancer Cases by Subsite



The most common lung cancer subsite for PUSMC is upper lobe.

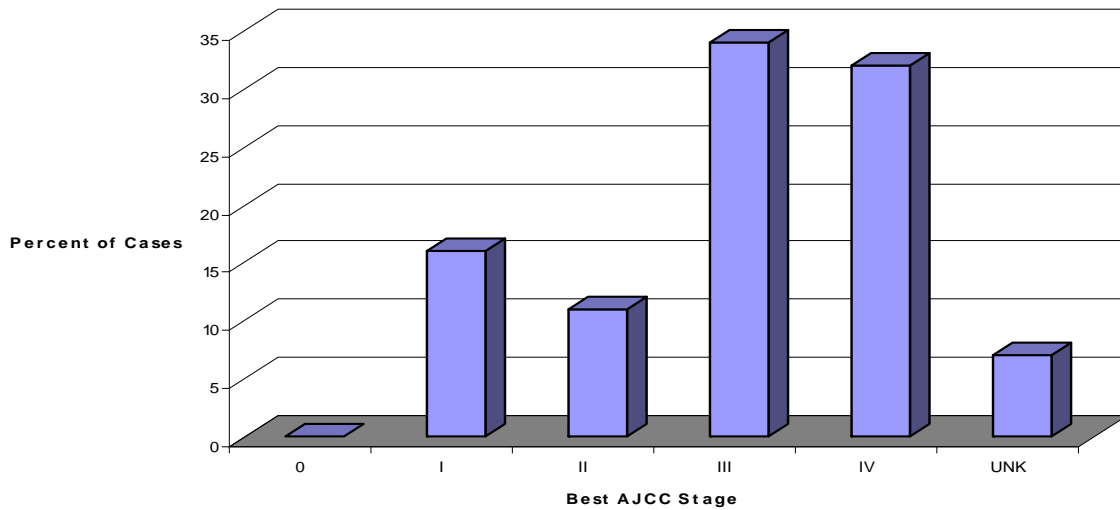
Table 19: 2009 PUSMC Non-Small Cell Lung Cancer Cases by Gender

Women make up 53% of our patients with non-small cell lung cancer compared to 47% male.

Table 20: 2009 PUSMC Non-Small Cell Lung Cancer Age Distribution by Gender

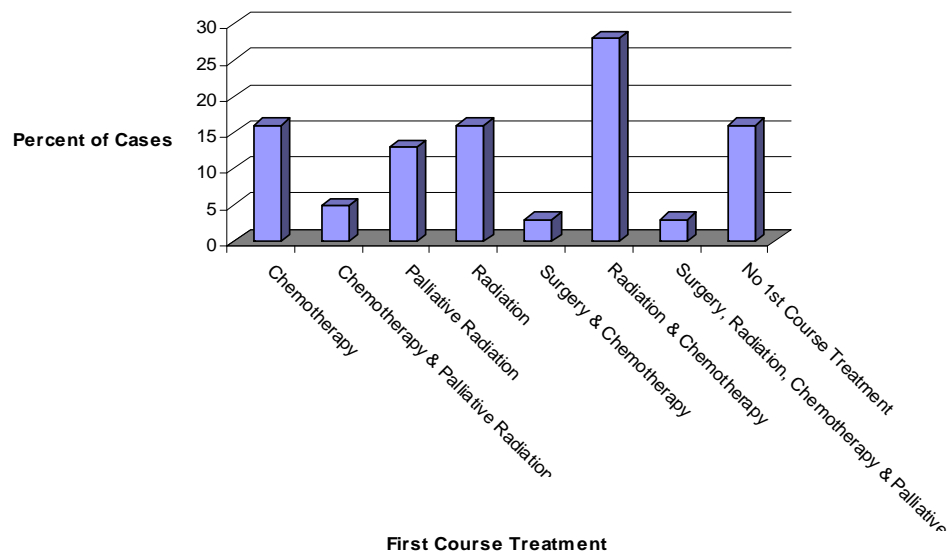
The majority of female patients with non-small cell lung cancer are in the 80-89 age group. The majority of male patients are in the 70-79 age group.

Table 21: 2009 Non-Small Cell Lung Cancer Cases by Best AJCC Stage



At PUSMC the most common stage at *diagnosis* for non-small cell lung cancer is Stage III.

Table 22: 2009 PUSMC Non-Small Cell Lung Cancer Cases by First Course Treatment



Radiation and chemotherapy is the most common first course treatment for patients at PUSMC with non-small cell lung cancer.

Table 23: 2009 Distribution of Lung Cancer Cases by Postal Code

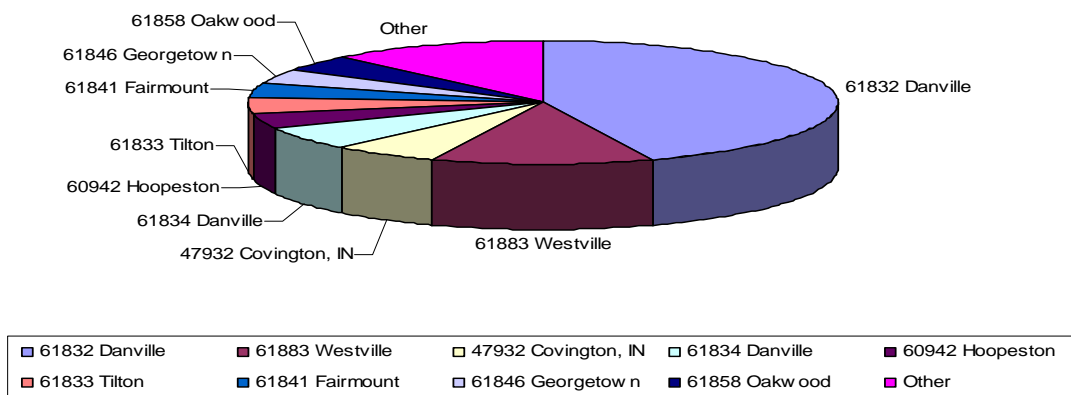


Table 24: 2009 Distribution of Non-Small Cell Lung Cancer Cases by County and State at Diagnosis

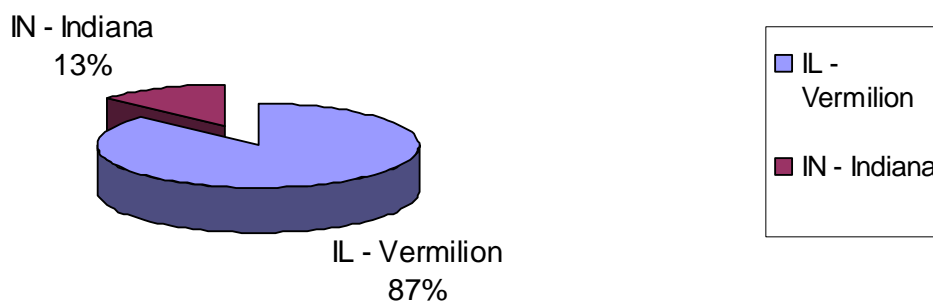
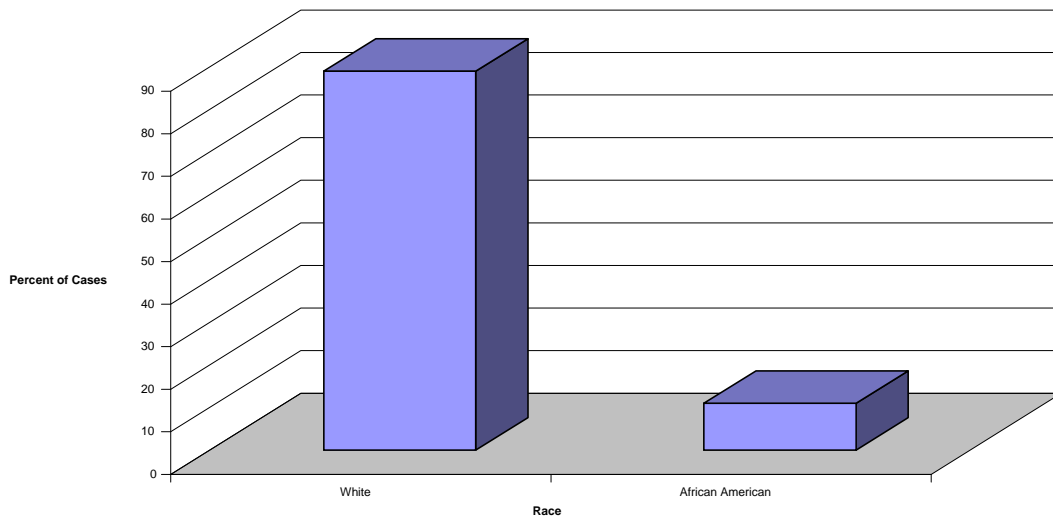


Table 25: 2009 Non-Small cell Lung Cancer Cases by Race at Diagnosis



The following statistics are based on the latest available data from 2008.

Table 26: 2008 Non-Small Cell Lung Cancer Comparison by Gender

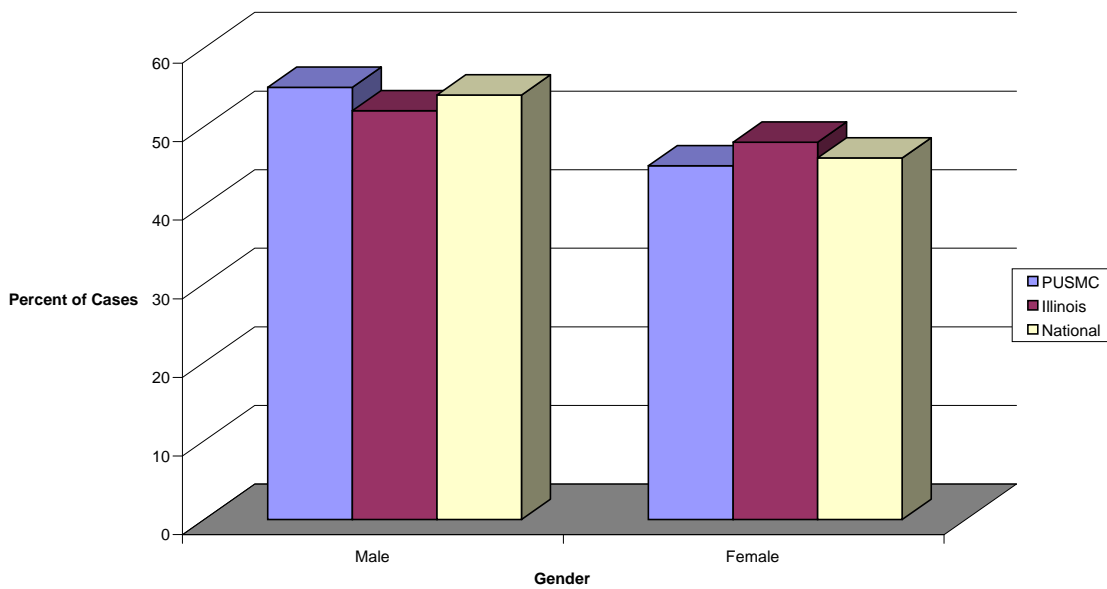
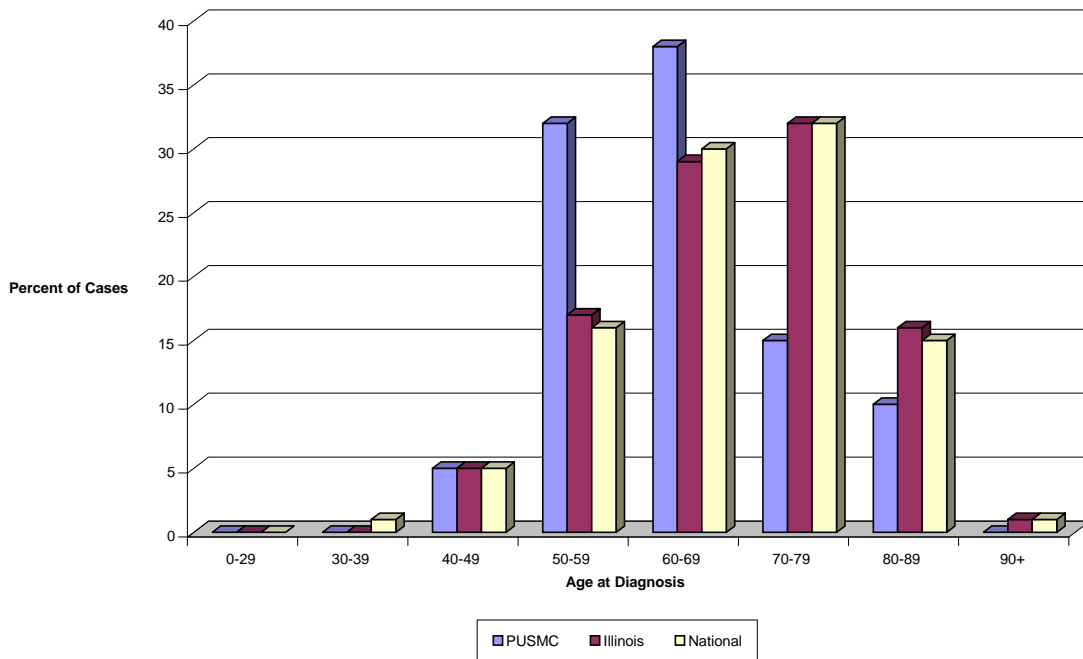
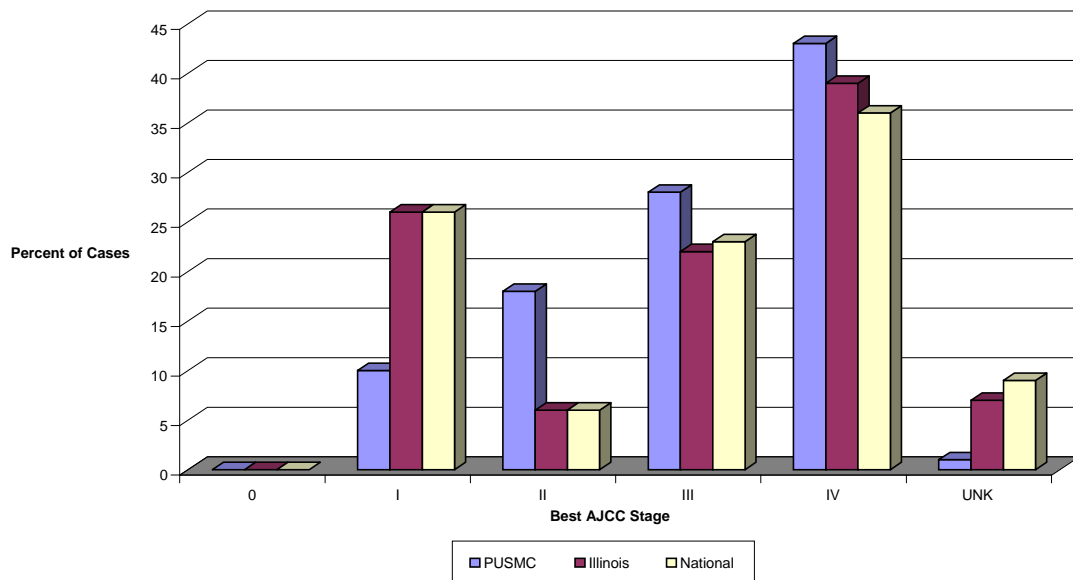


Table 27: 2008 Non-Small Cell Lung Cancer Comparison by Age of Diagnosis



In the 50-59 age bracket, PUSMC has twice the number of cases diagnosed than the state and nation.

Table 28: 2008 Non-Small Cell Lung Cancer Comparison by Best AJCC Stage



PUSMC has more cases diagnosed in Stages II, III, and IV than either the state or the nation.

Table 29: 2008 Non-Small Cell Lung Cancer Comparison by First Course Treatment

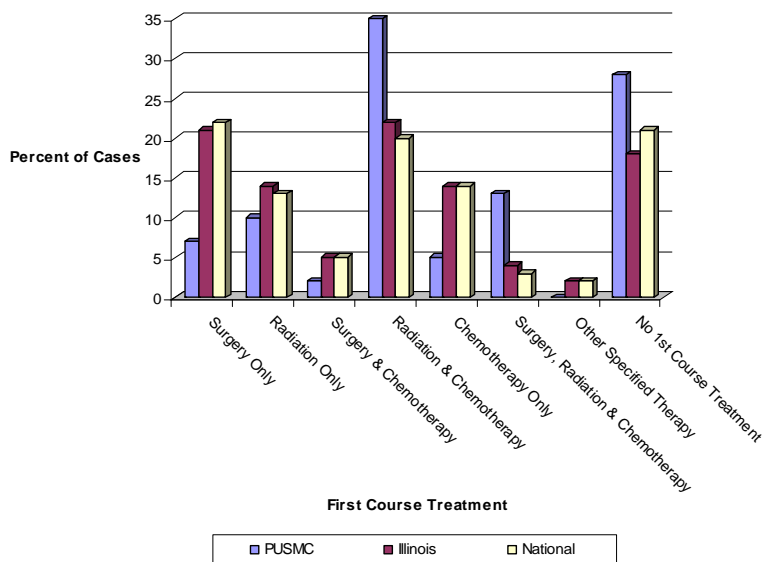
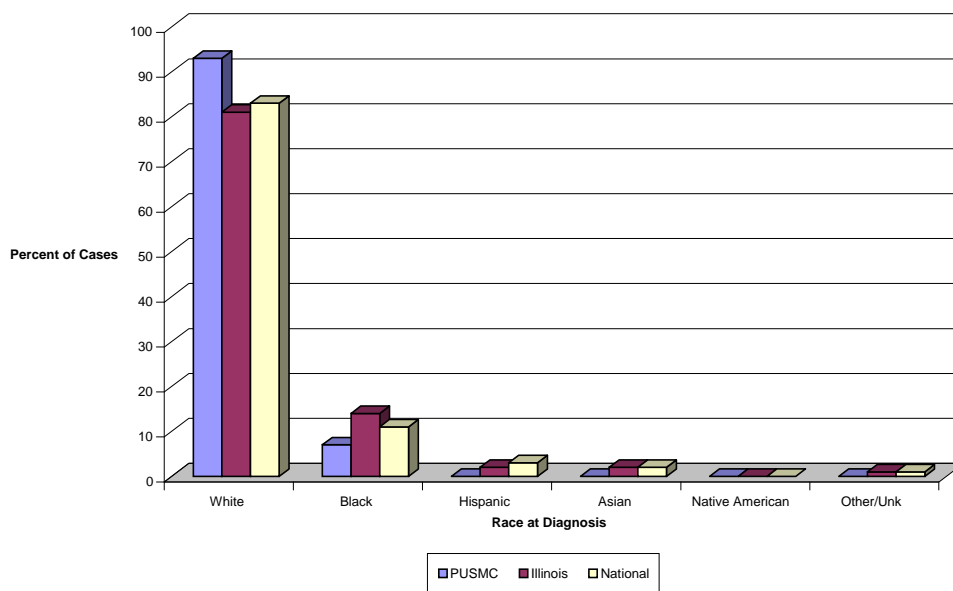


Table 30: 2008 Non-Small Cell Lung Cancer Comparison by Race at Diagnosis



Conclusion

The Non-Small Cell Lung Cancer Survival study looked at data from PUSMC and compared it with national and state trends and identified several differences. For example, in the 50-59 age bracket, PUSMC has twice the number of cases diagnosed with Non-Small Cell Lung Cancer than in the state and in the nation. Next is the stage at time of diagnosis. At PUSMC for stage I disease, there are half as many cases as compared to the state and nation. The survival for stage I disease at PUSMC is also much lower than expected. The reason for this discrepancy is due not only to the small number of cases but also the poor physical condition due to co-morbidities of these patients which prohibit surgical intervention. The majority of patients at PUSMC with Non-Small Cell Lung Cancer are diagnosed in Stage IV. This late stage at diagnosis adversely impacts the overall survival rate and limits treatment options. The primary treatment modalities at PUSMC are chemotherapy with selected palliative radiation. This is due to both the advance stage at diagnosis and co-morbidities resulting in our patients being a poor choice for surgery. The Survival Study illustrated a need to improve lung health education, early detection and screening to strive to improve the health and lives of our patients.

2010 LYMPHOMA STUDY

Data was collected in 2010 to study newly diagnosed lymphoma patients and the time frame from physician consultation in the Cancer Center to the first administration of chemotherapy treatment. This data was used to establish a baseline of information and to determine any preventable delays in receiving chemotherapy.

Table 32

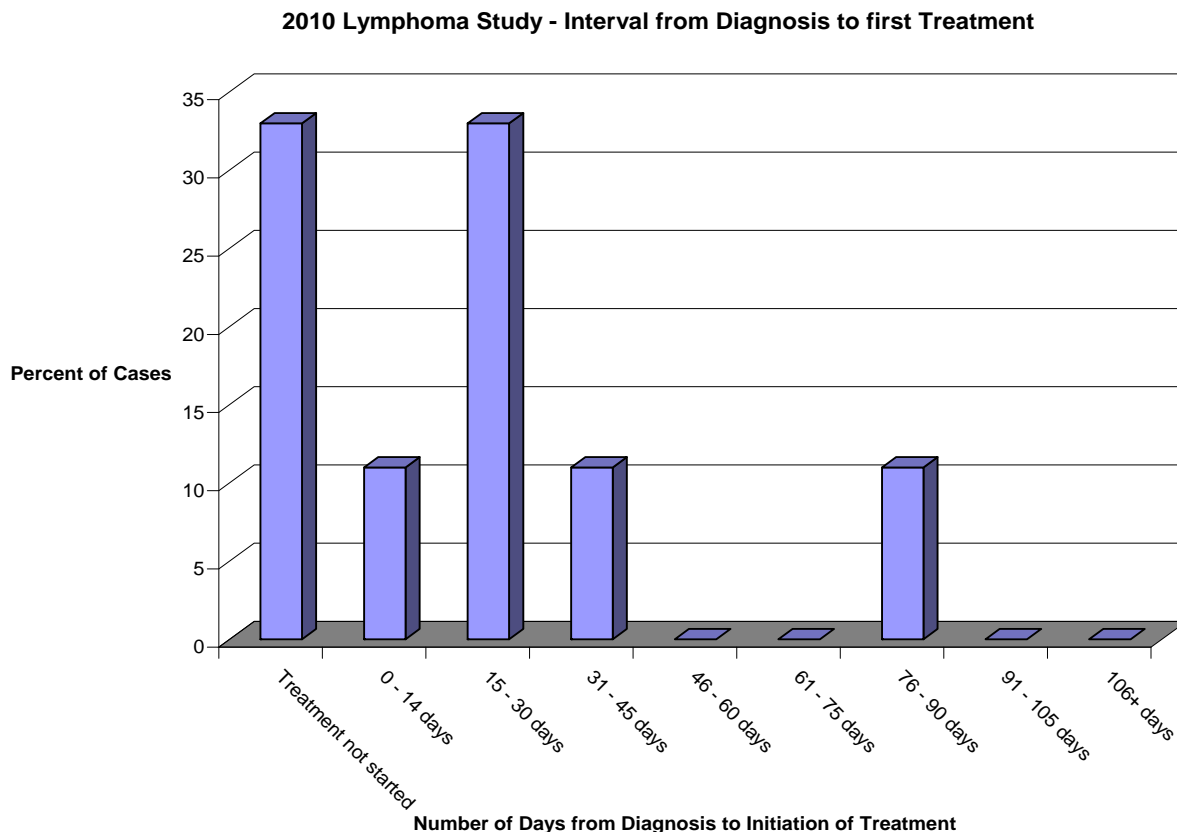


Table 32 illustrates the time from consultation in the Cancer Center to the chemotherapy treatment. The median number of days before treatment is 21. During this time, additional work ups that might include a PET scan, bone marrow biopsy, lab work and insurance prior authorization for treatment is completed.

One patient had a delay of 69 days from consultation to first chemotherapy. After investigation, it was determined the delay was insurance related. The patient required a dental procedure as part of the additional workup and the patient was also assigned two different case managers, which increased the complexity of obtaining prior authorization.

The data also identified two patients; one chose not to receive chemotherapy treatment and the other was diagnosed at end of the study.

Lymphoma patients represented 4% of the total cancer patients treated at the Cancer Center in 2009.

Conclusion:

Even though the study illustrated the time from consultation to treatment is acceptable; there is an opportunity to improve that delay. Our plans for improvement include expanding our nursing services to help patients navigate through their insurance needs. This will help to continue to provide our patients with excellent care.