

2014 Cancer Program Report

Don & Diana Myers
Cancer Center

Incorporating a statistical summary of
the 2013 cancer registry data.



SCHNECK

Better Healthcare Begins Here



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SERVICE DIRECTORY

Schneck Medical Center	(812) 522-2349
Toll Free	(800) 234-9222
Cancer Services Center	(812) 522-0480
Cancer Registry	(812) 522-0475
Screening Information Line	(812) 522-0477
Community Wellness	(812) 523-5861
Diagnostic Imaging (X-Ray)	(812) 522-0144
Diagnostic Laboratory (Lab)	(812) 522-0152
Home Services & Hospice	(812) 522-0460
Nutrition Services	(812) 522-0148
Pain Center	(812) 524-4253
Patient Services (Social Work, Case Management, Discharge Planning)	(812) 522-0440
Psychological Services	(812) 522-5739
Rehab Services	(812) 522-0177
Schneck Foundation	(812) 524-4244
Smoking Cessation Classes	(812) 522-0401
Wound Care	(812) 522-0177

The vision of the Cancer Program at Schneck Medical Center is to be the provider of choice for cancer care in our community. Our mission is to provide excellence in prevention, diagnosis, and treatment throughout the continuum of cancer care.

Schneck Medical Center’s Community Cancer Program is based on the standards prescribed by the American College of Surgeons, Commission on Cancer (ACoS, CoC). Schneck is accredited with Commendation by the ACoS, CoC. The CoC recommends that this program publish an annual report. A time lag is caused by the length of time which may occur between diagnosis and first course of treatment and the time required for generation of data.



CHAIRMAN'S MESSAGE



In 2014, we again succeeded in our mission, providing excellence in care to the patients of Jackson and surrounding counties through the Schneck Cancer Center.

Our success couldn't happen with out the dedicated staff

of the cancer program. The strong leadership and compassion Dr. Dolores Olivarez, our full-time oncologist, provides is further enhanced by our transition to two full-time radiation therapists this year, increasing the consistency of staff for radiation patients. Dr. Amanda Dick continues to serve as our cancer liaison physician and Dr. LeAnn Stidham is our radiologist. A high-risk cancer clinic was served earlier this year by nurse practitioner Melanie McGlothlin, WHNP-BC. Donna Butler, MSN, ANP-BC, OCN, ACHPN, FAAPM coordinates our palliative care program. Lynda Richey, RN, BSN, OCN accepted the new role of nurse navigator. She is a patient advocate who guides patients and their families through the process of cancer diagnosis through treatments and beyond.

As a testament to the innovation and technology **which would lay the foundation for our center's** continued goal of state-of-the-art care, an On – Board Imager (OBI) was purchased this summer **for use with the center's linear accelerator.** This enhancement allows the accuracy and confidence of crystal clear imaging to deliver the least amount of required radiation to the tumor with remarkable precision.

Although we take pride in the technologic achievements of our Cancer Center this year, it is the heart of our patients and their struggles in coping with their illness that equally inspires and

directs us to action. Consequently, we expanded our Breast Cancer Support Group to become the All Cancer Support Group, representing a more inclusive environment for our patients.

Processes of care continue to be an important element of supporting our mission, and establishing effective means of communication between the Cancer Center, its patients, and their physicians is a particularly vital component in providing excellent care. Survivorship care plans were established to create not only solidified and consistent follow-up care, but also provide both our patients and their physicians a comprehensive and complete overview of the treatments received.

The Cancer Center is the jewel of the crown that is Schneck Medical Center, and we could not be more pleased to offer this crown to our patients, as they truly deserve to be treated as royalty.

Grant J. Olsen, M.D.

2013 Distribution by County Schneck Medical Center *Total Analytic Cases 236*

Schneck serves Jackson County as well as many surrounding counties in Indiana.

Jackson	167	Brown, Dearborn,
Jennings	30	Fountain, Jefferson,
Scott	14	Marion, Orange, Ripley,
Bartholomew	10	St. Joseph, and
Washington	5	Switzerland
Out of State	2	1 each



CANCER COMMITTEE

The Cancer Committee is comprised of physicians and other healthcare professionals dedicated to providing the community with state-of-the-art cancer control efforts in prevention, early diagnosis, pre-treatment evaluation, staging, treatment, rehabilitation, and surveillance. The Committee provides leadership to plan, initiate, stimulate, and assess all cancer-related activities at Schneck. Members include:



Sally Acton, RN, BSN, OCN, MSM,
Director, Cancer & Pain Services
(Cancer Program Administrator)



Aaron Banister, PhD, HSPP, Schneck
Psychological Services



Donna Butler, MSN, ANP-BC, OCN,
ACHPN, FAAPM, Palliative Care



Leighana Crenshaw, MSW, Case
Manager, Patient Services



Tammi Covert, OTR, Rehab
Coordinator, Rehab Services



Amanda Dick, M.D., General Surgeon
(ACoS Liaison Physician)



Sherry Dowling, CTR, Cancer
Registrar, Cancer Services (Cancer
Conference Coordinator)



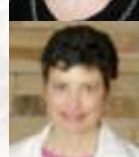
Markus Fitzek, M.D., Radiation
Oncologist



Vicki Johnson-Poynter, MSN, RN, NE-
BC, CSSBB, VP of Nursing Services
and Chief Nursing Officer



Suzie McDonald, RN, BSN, MHA,
Nurse Manager, Hospice Services



Dolores Olivarez, M.D., Medical
Oncologist (Clinical Research
Representative)



Grant Olsen, M.D., Hospitalist
(Chairman)



Lynda Richey, RN, BSN, OCN,
Oncology Nurse and Cancer
Navigator, Cancer Services
(Community Outreach Coordinator)



LeAnn Stidham, M.D., Diagnostic
Radiologist



Ann Wenderoth, Coordinator,
Health Initiatives, Great Lakes
Division, American Cancer Society



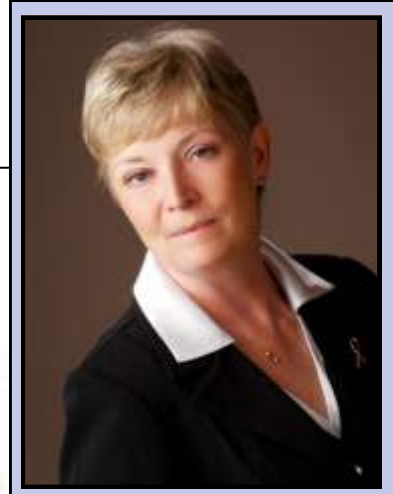
J. Wesley Whitler, M.D., Pathologist
(Quality of Cancer Registry Data
Coordinator)



Suki Wright, MSM, CSSBB, Director,
Organizational Excellence and
Innovation (Performance
Improvement Coordinator)



COMMUNITY OUTREACH



Lynda Richey, RN, BSN, OCN
Community Outreach Coordinator

Lynda Richey, Community Outreach Coordinator, monitors outreach activity, assuring that materials and staff are available for screening and educating the community. She reports these events to the Cancer Committee.

Screenings

Early detection is the key to finding cancer in an early stage, thus providing a better chance for cure. Screenings can detect cancers in early stages, before symptoms would prompt a physician office visit.

Schneck Medical Center provided the following screenings:

- ColoCare, a test for detecting blood in the stool, was distributed for colon cancer screening in Jackson, Jennings, Scott and Washington counties.
- Skin cancer screenings were held by Dr. Kevin Crawford and Dr. Michael Sheehan at the Cancer Center.
- Prostate cancer screenings were held in September by Dr. McAleese at the Cancer Center.
- Breast health screenings were held in May and September, a cervical screening was held in September at the Community Health Center, and an oral screening was held by Dr. Heister.

Public Education

Public education is provided through many venues. Professional staff of the Schneck Cancer Center provides information about prevention, detection, and good health habits to various community organizations. In addition, instruction and literature about various cancer topics are provided at community events.

Support

Psychological services and social workers are available to provide emotional support and assistance with community resources throughout the disease process. Other venues for support include the following:

- Cancer support group
- Leukemia & Lymphoma support group
- Fresh Start Smoking Cessation program
- Nutritional counseling
- Genetic testing and counseling through referral
- Cancer navigation program
- Grief counseling
- Free wig bank (ACS)
- Look Good Feel Better program (ACS)
- Road to Recovery (ACS)
- Reach to Recovery (ACS)
- Palliative Care Team

Research

Computers with internet access are located in our Resource Center with easy access to the National Cancer Institute and clinical trials. Patient tracking of those participating in clinical trials is being done by the cancer center staff.



CANCER REGISTRY REPORT



The Cancer Registry collects and monitors all types of cancer diagnosed or treated in our institution. We strive to provide accurate and complete cancer information, timely data reporting, and strict patient

confidentiality. The Registry also monitors our treatment practices and compares our survival data to national statistics. Utilizing the National Comprehensive Cancer Network (NCCN) treatment guidelines, we provide excellent care. We recently implemented the Rapid Quality Reporting System (RQRS) to support our efforts in maintaining a high-level of evidence-based cancer care.

Our hospital received the Outstanding Achievement Award from the American College of Surgeons, Commission of Cancer for our compliance with all the required standards.

I continue to serve on the Indiana Cancer Registry Association, Board of Directors, as Membership Committee Chair. This has given me the opportunity to interact with many registrars across Indiana. I attended the National Cancer Registrars Association 2014 Annual Conference; this educational forum provided insight to the future and likely changes that will need to be implemented.

Please take a few moments to look at the graphs on the following pages. While the registry compiles the data, this is truly a reflection of everyone working together to care for our patients.

Sherry L. Dowling, CTR
Sherry L. Dowling, CTR
Cancer Registrar

SCHNECK CANCER REGISTRY SUMMARY

Total number of cases in registry since reference date	5652
Total number of cases requiring follow-up	4248
Less number of deceased cases	2704
Total number of cases followed	1544
Cases with current follow-up	980
Total follow up rate	86.7%

A follow-up rate of 80% for all analytic patients is required by the ACoS, CoC.

SCHNECK CANCER PATIENTS ENTERED IN THE LAST FIVE YEARS SUMMARY

Total number of cases in registry last five years	937
Total number of cases requiring follow-up	937
Less number of deceased cases	396
Total number of cases followed	541
Cases with current follow-up	517
Total follow up rate	97.4%

A follow-up rate of 90% for analytic patients entered in the last five years is required by the ACoS, CoC.

Calculations based on September 2014 follow-up.

Cancer Registry reference date: January 1, 1986



J. Wesley Whitler, M.D.
Quality of Registry Data
Coordinator

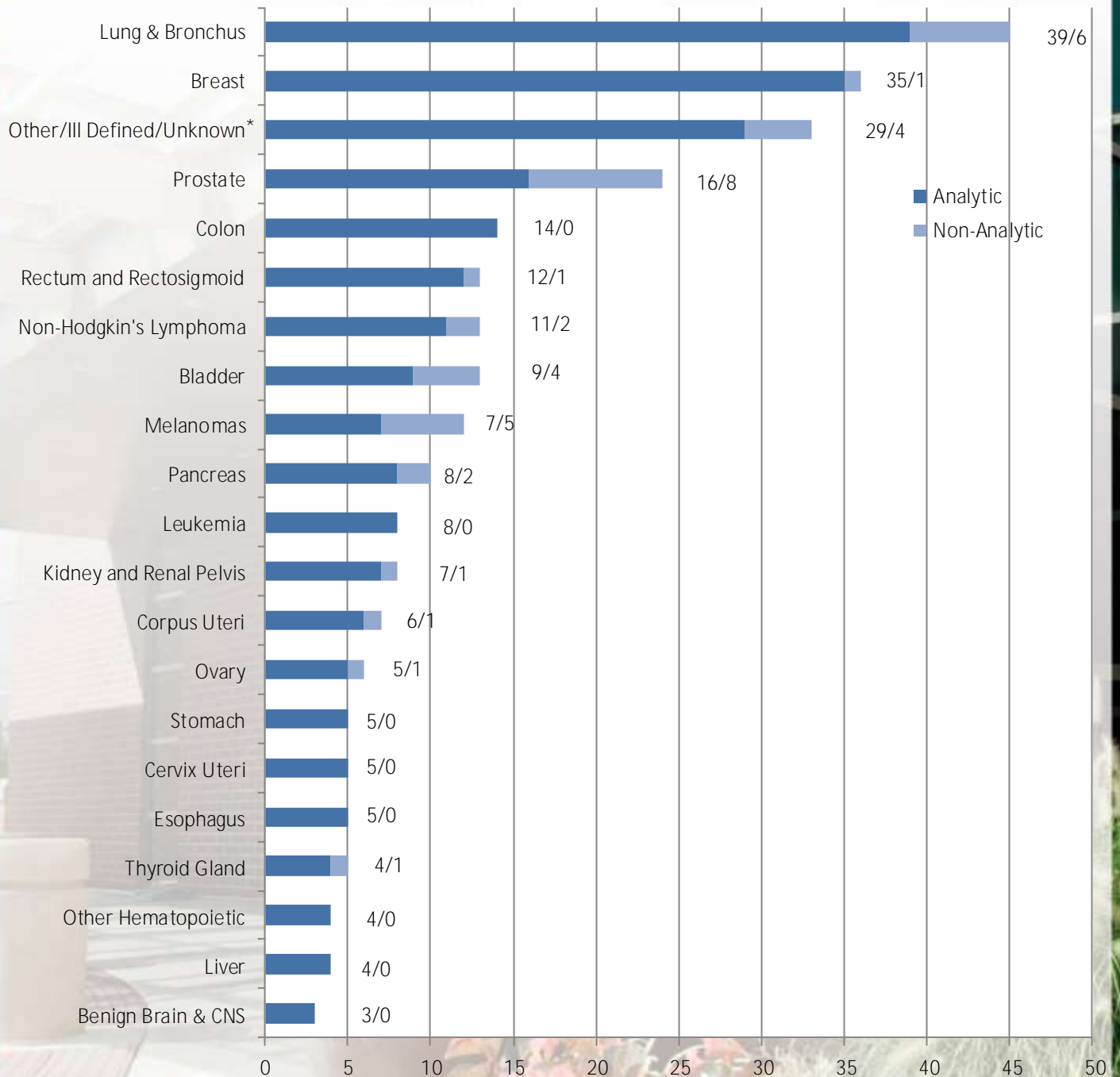
Quality of the Cancer Registry is monitored and reported quarterly to the Cancer Committee. This includes monitoring of case finding, accuracy of data collection and staging, abstracting timeliness, follow-up, and data reporting.

As a pathologist, Dr. Whitler also oversees the quality of the pathology reporting system.



SCHNECK CANCER CASES BY PRIMARY

2013 Frequency by Primary Site
273 Total: Analytic 236, Non-Analytic 37



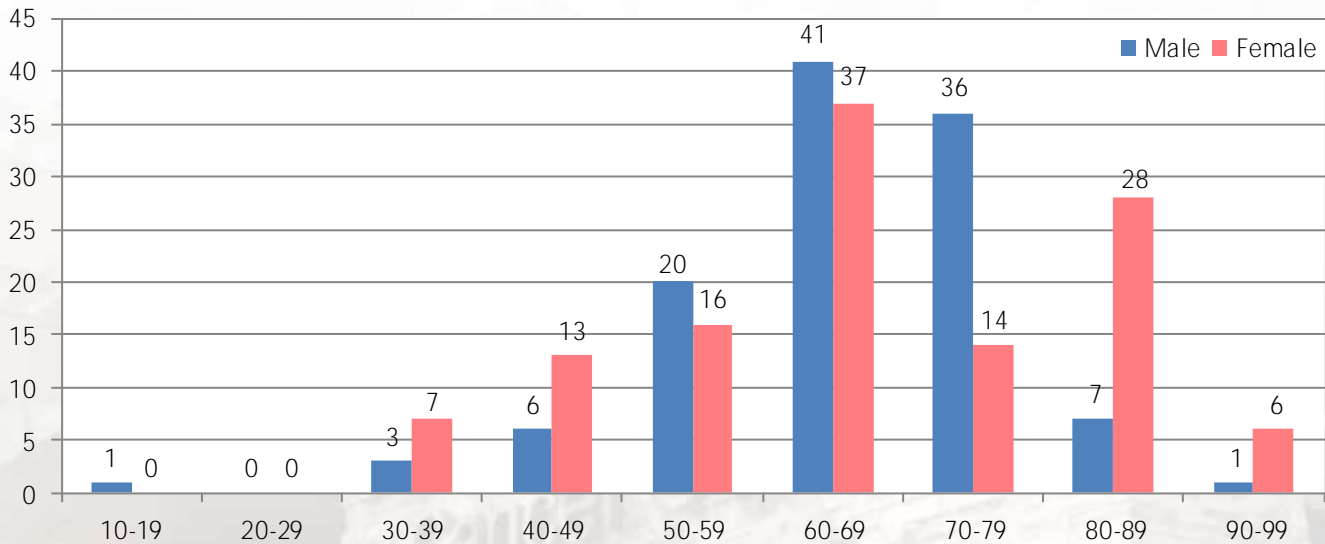
*Other includes sites with frequency of two or less.

Lung cancer is the top analytic site, followed by breast, prostate, colon, rectum cancers and non-Hodgkin's lymphoma. Our top sites coincide with the top sites nationally. Colon cancer is highlighted later in this report by Dr. Amanda Dick.



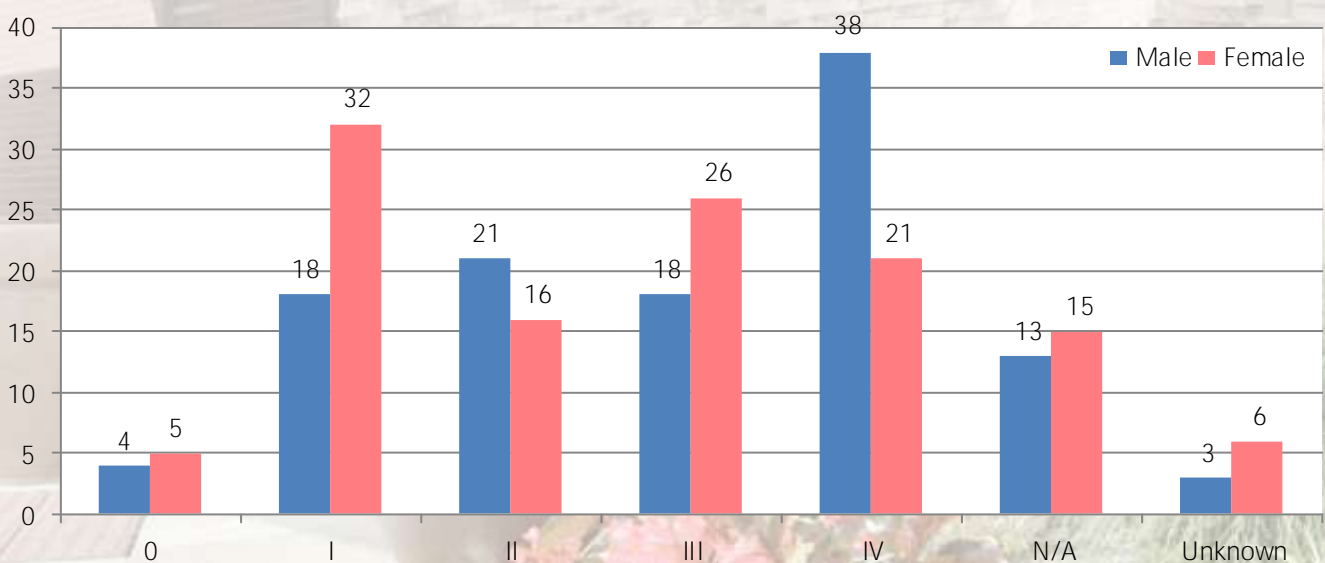
SCHNECK CANCER CASES BY PATIENT DISTRIBUTION

2013 Age by Gender at Diagnosis
236 Analytic Cases: 115 male, 121 female



Cancer incidence rises with age, with most cases affecting adults in mid-life or older.

2013 AJCC Stage by Gender at Diagnosis
236 Analytic Cases: 115 male, 121 female



The stage of cancer at diagnosis refers to the extent of cancer growth or spread. Detecting cancer in an earlier stage can often lead to a higher survival rate.



PERSPECTIVE



There are many things to be grateful for as we kick to the wall for 2014. The Cancer Center has once again achieved accreditation and outstanding accolades for all the support we provide to the community. Community outreach and early diagnosis through screening continue to be a great part of our

drive to serve the patients in our area.

Colon and rectal cancer accounted for the fourth and fifth most common cancers treated at Schneck during 2013. Looking at our statistics we compare quite favorably to national averages for colon cancer patients. Patients treated at Schneck actually have higher overall survival rates than the national average. According to treatment guidelines we are appropriately treating our patients with combinations of surgery and combination surgery and chemotherapy as indicated by their stage. Compared with national data, the age at diagnosis is very similar here at Schneck with most patients being over the age of 50. The majority of cancers are diagnosed at either stage II or III which again is on trend with national averages. Current treatment guidelines recommend consideration of chemotherapy within 4 months of surgery for those patients with stage III colon cancer. We have met the 100% mark for this performance measure in 2009, 2010 and 2011. We also strive to remove at least 12 lymph nodes with surgical resection for improved staging purposes. Rates at Schneck for this quality measure were above 90% in 2009 and 2010 and did drop slightly to 83.3% in 2011. We will continue to strive for over 90% through education and collaboration with the general surgeons here at Schneck.

The Schneck Endoscopy Center is taking great strides to accumulate information about how we diagnose colon cancer through screening colonoscopy and compare our outcomes to nationally recognized standards. Colonoscopy saves lives through early detection and removal of potentially malignant polyps and discovery of colon cancer at an early stage. Our Endoscopy Center is top notch and we provide screening to over 900 patients annually. Schneck has joined **the National Colorectal Cancer Roundtable's 80% by 2018** initiative. The goal for screening of colon cancer would have 80% of patients over 50 screened for colon cancer by 2018. Community outreach and education is a way to achieve this goal. We are currently gathering data regarding which patients are screened and the screening intervals to help guide further outreach for appropriate and timely screening. We are also reviewing adenoma detection rates to compare with nationally recognized standards. All of this we hope will direct future improvement in screening and early colon cancer detection and prevention in our community.

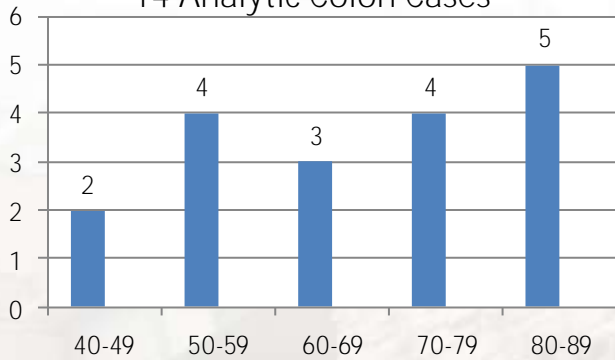
As we continue to grow and reach out to the surrounding areas we hope to bring the latest innovations and technology to the patients that we treat. Faster diagnosis and treatment means faster recovery and return to the joys of daily life. Cancer screening and community education continue to be the focuses of the Cancer Center to aid in a healthier community.

Amanda Dick, M.D.
Cancer Liaison Physician



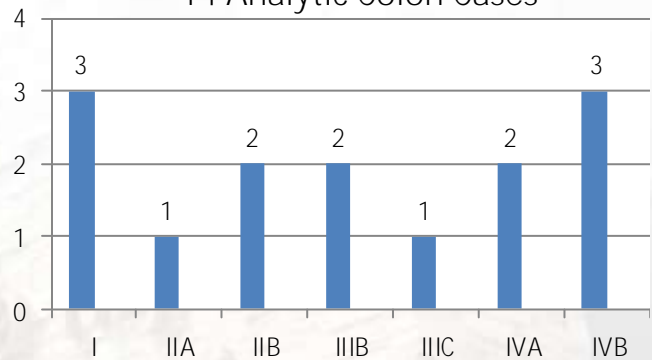
SCHNECK COLON CANCER DATA

2013 Age at Diagnosis 14 Analytic Colon Cases



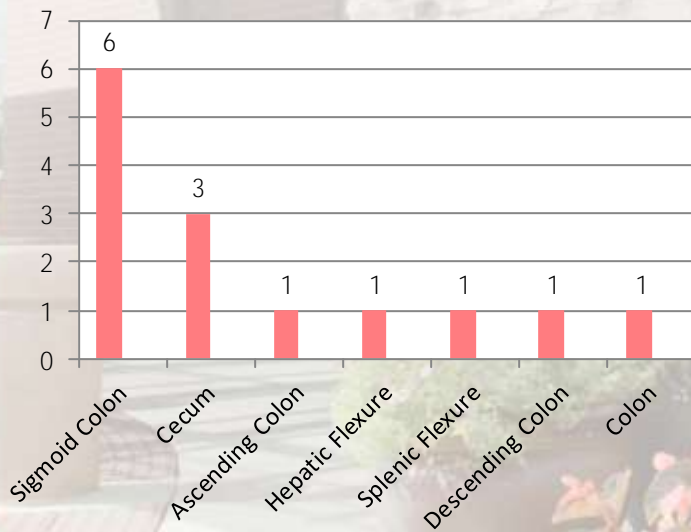
Colon cancer incidence rises with age affecting adults in mid-life or older. The majority of patients diagnosed at Schneck are over 50 years of age.

2013 AJCC Stage at Diagnosis 14 Analytic Colon Cases



Colon cancer is found in all stages. The earlier the stage at diagnosis, the more curable.

2013 Topography at Diagnosis 14 Analytic Colon Cases



More colon cancers are found in the sigmoid colon and cecum.



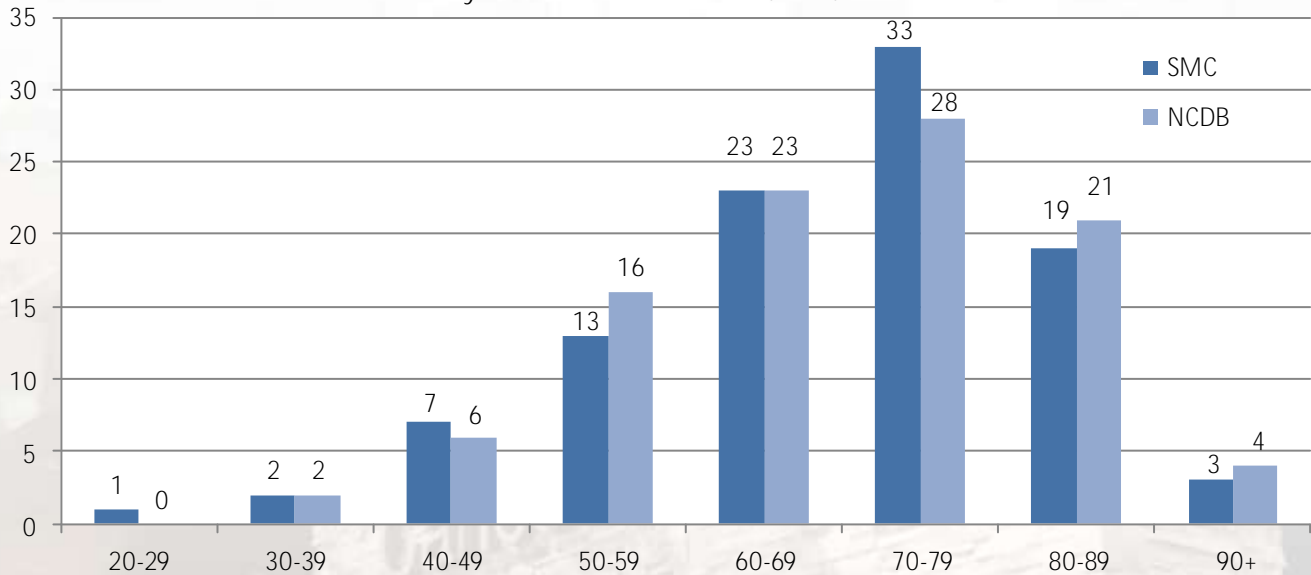


COLON CANCER NCDB COMPARATIVE ANALYSIS

Percentage of Cases, Age at Diagnosis*

Schneck Medical Center & NCDB 2000-2011

Total Analytic Cases: 253 Schneck, 910,662 NCDB

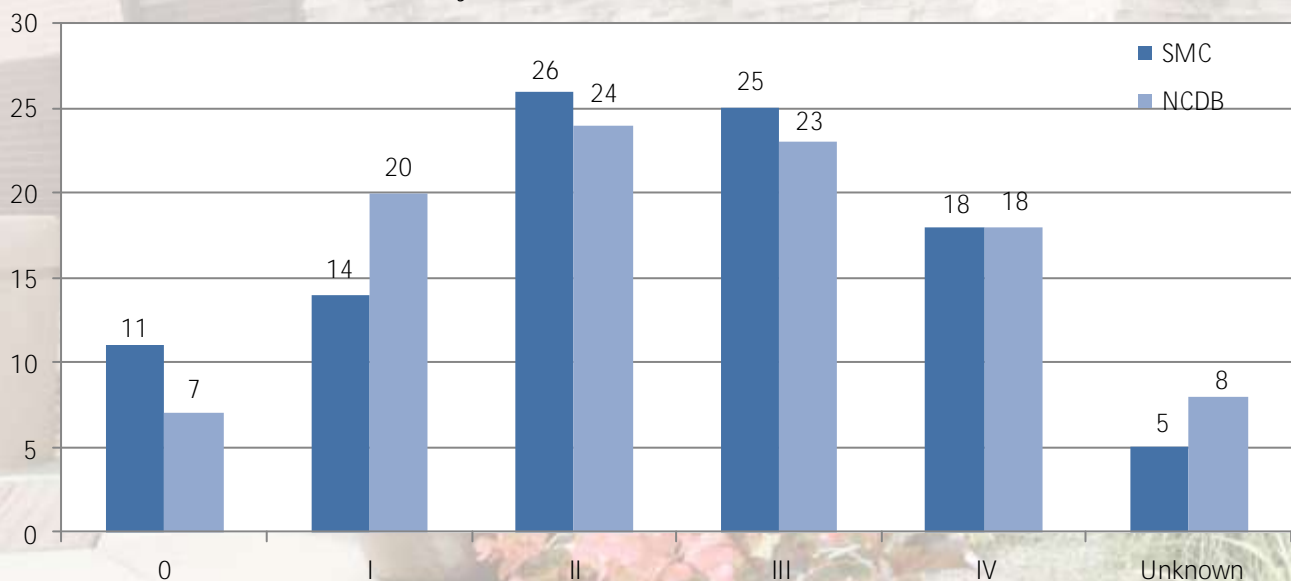


Incidence of cancer increases with age, with most cases affecting adults in mid-life or older. Schneck's age groups at initial diagnosis track national trends closely.

Percentage of Cases, AJCC Stage at Diagnosis*

Schneck Medical Center & NCDB 2000-2011

Total Analytic Cases: 253 Schneck, 910,662 NCDB



The stage of cancer at diagnosis refers to the extent of cancer growth or spread. Data shows the majority of colon cancers were diagnosed in the middle stages both nationally and at Schneck.

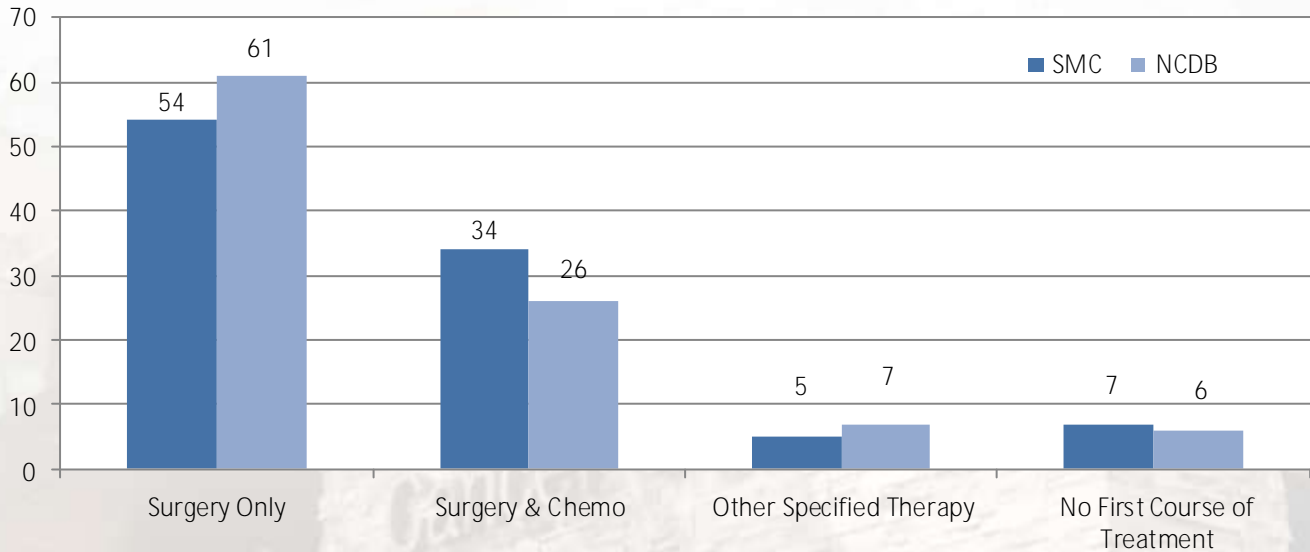


COLON CANCER ANALYSIS (CONT.)

Percentage of First Course of Treatment*

Schneck Medical Center & NCDB 2000-2011

Total Analytic Cases: 238 Schneck, 886,800 NCDB



Schneck's first course of treatment very closely matches national statistics. Many patients only require surgery. Depending upon the stage of disease, national guidelines recommend additional treatment.

NCDB, CP³R Performance Rate Comparisons*

	2009			2010			2011		
	SMC	IN	NCDB	SMC	IN	NCDB	SMC	IN	NCDB
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.	91.7%	85.3%	85%	90.9%	87%	86.6%	83.3%	86.8%	87.8%
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.	100%	95.3%	87.7%	100%	93.9%	90.4%	100%	95.2%	91.4%

National performance measures are used to measure treatment practices. Schneck monitors and compares data in an effort to maintain a high-level of cancer care. Schneck's colon treatment exceeds or closely matches other treatment across the nation.

TECHNOLOGY

An on-board imaging (OBI) system has been added to our Clinac IX Linear Accelerator. The OBI brings more accuracy to our treatment at Schneck.



Lynda Richey, RN, BSN, OCN
Nurse Navigator

Nurse Navigation Program Update

Schneck's Nurse Navigation program was opened to all cancers in 2014. Lynda Richey is Schneck's primary nurse navigator. Once diagnosed, Lynda helps our cancer patients and their families move through the healthcare process from diagnosis through treatment and into survivorship.

Lynda has more than 25 years of experience in cancer care. She focuses on addressing the barriers of cancer patients on an individual level using interdisciplinary resources as appropriate.

DIRECTORY OF TERMS

AJCC Stage of Diagnosis: Depending on the TNM classifications or anatomic extent of disease, cases are placed into "Stage Groupings" or levels of disease. Early disease is classified as Stage 0 with the stage increasing with the amount of disease present.

Analytic: Cases diagnosed and/or treated initially at Schneck Medical Center since the Cancer Registry reference date of January 1, 1986.

Non-Analytic: Cases diagnosed and/or treated elsewhere; cases diagnosed and treated at Schneck Medical Center prior to the Cancer Registry reference date of January 1, 1986, and which have returned with recurrent disease during the current year; cases diagnosed at autopsy; or known cases **diagnosed and initially treated in a staff physician's office.**

Survival: Observed rate is the calculation made without correcting for other types of mortality.



PALLIATIVE CARE PROGRAM

Schneck's palliative care team will work with primary care physicians to combine pain and symptom control in all aspects of our patient's care plan.



Rev. Stephen Barrett



Leighana Crenshaw, MSW, LSW



Aaron Banister, Ph.D.



David Hartung, DO



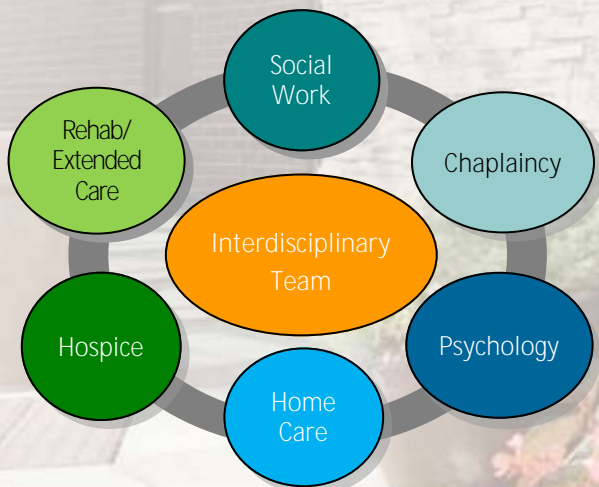
Donna Butler, MSN, ANP-BC, OCN, ACHPN, FAAPM



Colette Mills, RN, BSN, CHPN



Tiffany Calhoun, MSW



Palliative Care Practice Model

Palliative Care Program Updates

Since beginning the program in 2011, Donna Butler has expanded Schneck's program to encompass a wide range of patients. The goal of the program is to improve quality of life both for the patient and their family by addressing goals of care, life goals, and advance care planning. Donna has mentored regional programs, helping other organizations initiate or improve their palliative care programs.

Dr. Hartung accepted the position of medical director earlier this year. Dr. Dollens, the program's first medical director, retired in 2014.

Sally Acton, Cancer Center Director, will be speaking about the program in November at the Center to Advance Palliative Care and January at the Association of Cancer Executives conferences.



MYTH:
YOU DON'T HAVE A CHOICE IN YOUR CARE.

REALITY:
**YOU CAN CHOOSE SCHNECK'S
NATIONALLY RECOGNIZED CARE.**

After Mary Anne Jordan was diagnosed with breast cancer, she decided not to leave town for her care. Why? Because she knew Schneck's Cancer Center offers the same treatments and technology as large hospitals. In fact, part of Mary Anne's lifesaving treatment included radiation therapy delivered by the same linear accelerator found in big cities, but with more advanced equipment than most — an on-board imaging (OBI) system that made her treatment more accurate. Today, Mary Anne is finishing chemotherapy and knows she made the right decision.

YOU HAVE A VOICE IN YOUR CARE. Tell your doctor you choose Schneck.

SchneckCancerCenter.org

