



St. Rita's Cancer Service Line Annual Report

St. Rita's comprehensive community cancer program provides integrated multi-disciplinary care. We are of team of professionals that uses leading-edge technology to treat and cure this disease. The program is made up of many doctors, certified oncology nurses, radiation oncologists, pharmacists, social workers, pastors, dieticians and others, all committed to making the most advanced care available in our community.

We are proud of our program and proud that we were recognized by the third party, unbiased Commission on Cancer, for the quality work we do. St. Rita's cancer program is faith-based and committed to all cancer survivors and believe they deserve the best care available for their mind, body and spirit right here in west central Ohio.

1. Commission on Cancer Accredited

In 2017, St. Rita's successfully completed and retained its accreditation from this nonbiased nationally recognized benchmarking agency. St. Rita's was recognized with commendation in several areas including its registry and for nursing certification.

2. Patients Served

St. Rita's Cancer Program served 892 analytic cases in 2017. This was an increase of 3% over prior year. A little over half of St. Rita's patients were men (53.4%) and the remainder, women. Additional program characteristics are as follows:

Stage 0	11.2 %
Stage I	24.7%
Stage II	20.4%
Stage III	13.7%
Stage IV	16.7%

The more common sites of cancer were:

Breast	16.7%
Lung	15.4%
Prostate	12.0%
Skin	7.4%
Colon	6.7%
Bladder	6.6%
Kidney	5.2%
Other	30.0%

3. Community Prevention & Screening Programs

St. Rita's Cancer Program is dedicated to the prevention of this disease and meeting with Community members to promote healthy life-styles and prevention. Prevention programs are prioritized based on findings in the Allen County Community Health Assessment. Specific areas of concern include cancers of the Breast, Lung, Colon, Skin, Prostate and others. New in 2017, St. Rita's primary care offices started tracking and encouraging patients for specific screening rates for breast and colorectal cancer. Additionally, St. Rita's participated in many community events, some of which included:

- Skin Cancer Awareness Program, "Mole Patrol," was held June 2017 that targeted elderly adults (> 65 years) the Allen County Area Agency for the Aging on the ABC's of skin cancer prevention. Additionally, 70 individuals were evaluated for skin cancer using derma-scan equipment.
- Mamm Jam – This was a one-day blitz to promote Mammography for St. Rita's employees. This was held at the Women's Wellness Center and 52 employees were screened and six were identified with abnormal findings and are continuing in our program for follow up. Of note, 50% of tested women were not compliant with screening guidelines.
- St. Rita's completed a colon cancer prevention program in June 2017 and per the Allen County Ohio community health needs assessment and American Cancer Society guidelines. The program targeted adults over the aged of 50 to have regular colon cancer screenings. The program goal was to encourage 10% of attendees to pursue noninvasive screening and 8% pursued screening who otherwise may not have done so.

4. Community Outreach

St. Rita's maintains a presence at numerous community events to increase awareness of Cancer and to promote screening for cancer so to prevent the disease altogether or to find it at earlier stages. Additionally, St. Rita's thru its Mission, secured a grant to support lymphedema therapy. Highlights for community outreach events are as follows:

- St. Rita's continues to sponsor Cancer support groups, and other outreach programs through the American Cancer Society that helped 166 women receive free wigs other head coverings or attend "Look Good, Feel Better" classes.
- *New in 2017:* St. Rita's started a patient council to hear the voice of our customers. This input from cancer patients led to several program improvements including healthier food choices for our chemo patients and renovation ideas for our Celina infusion site.
- St. Rita's was also the title sponsor for several key American Cancer Society events:
 - o Making Strides Against Breast Cancer
 - o Lima Survivor Dinner
 - o Relay for Life (Lima, Delphos)
 - o 80% By 2018 (Colorectal Cancer Screening Ration Initiative)
 - o American Cancer Society Cancer Action Network
 - o Road and Reach to Recovery
 - o ACS golf outing

5. Nurse Navigation

New in 2017, St. Rita's launched a comprehensive approach and holistic team of four oncology nurses to help patients navigate the complexities of treatment. Our nursing/navigation team is connecting early with patients, often at the time of initial biopsy. Cancer is a frightening and the care process confusing. As such, the team introduces the physicians and other providers early in the process. Among other support, the nurses ensure patients have an optimal understand and can make informed decisions about their personalized care plan and are supported through survivorship.

6. Technology

St. Rita's continues as the region's leader in cutting edge advanced technology

- Received accreditation as a low dose CT lung screening site to test for earlier stage lung cancers. Patients with a history as a 30-pack/year smoker over the age of 50 qualify for clinical testing.
- Installed the additional advanced 3D (TomoSynthesis) mammography units in Lima and Glandorf.
- A third robotic surgical system was added to St. Rita's operating room suite. The *da Vinci Xi*, which is the most advanced system available, supports and delivers better outcomes for prostate, lung, gynecologic and various other tumor sites for when surgery is deemed the best curative option.
- New in 2017, St. Rita's started offering prostate cancer patients *Spaceoar Hydorgel* to safely separate the prostate and rectum. Under radiation therapy, *Spaceoar* gives the doctor more direct access to the prostate during radiation therapy. Outcomes include lower rates of bowel and bladder incontinence and sexual impotence. This technique received FDA approval in 2016.
- St. Rita's radiation therapy department added two prone breast boards so women with large breasts can be more precisely and comfortably treated during radiation therapy.

7. Clinical Quality

St. Rita's is committed to providing evidence-based care to its patients to optimize recovery and survival rates. In addition to the Commission on Cancer Accreditation, St. Rita's clinical outcomes are quite impressive. Here's a snap shot of our outcomes:

	St. Rita's	Ohio	USA
30-day hospitalization after chemo start	11.1%	13.7%	14.0%
30-day ED visit after chemo start	4.4%	6.0%	6.3%

(Centers for Medicare and Medicaid Services, FSR User Guide, August 2017)

St. Rita’s Cancer Program also participates in the Commission on Cancer’s Cancer Quality Improvement Program (CQIP). Although the most available data is a look back in time, several of the leading metrics, with significant sample sizes, help guide our quality improvement efforts. A snapshot of St. Rita’s CQIP results compared to similar Commission on Cancer programs across the nation are as follows:

Cancer Type/Treatment	St. Rita’s Performance	Similar CoC Program Performance
Breast – Radiation after breast conserving surgery	92.3%	92.1%
Breast post-mastectomy radiation for women	100.0%	87.7%
Breast – Conserving surgery rate	77.2%	64.8%
Breast – Image or palpitation-guided needle biopsy	91.5%	91.5%
Colon – Adjuvant chemotherapy for lymph node positive colon cancer	88.9%	88.5%
Colon - 12 regional lymph nodes removed, pathologically examined	86.2%	90.7%
Nonsmall cell lung cancer - systemic chemo administered	100.0%	91.8%
Nonsmall cell lung cancer - surgery not first course of treatment	78.6%	92.8%

(Commission on Cancer Cancer 2017 Quality Improvement Program Annual Report)

St. Rita’s Cancer Program is making great strides to promote early detection of breast cancer. However, we are concerned that national screening guidelines have changed to every two years starting at age fifty (50) instead of forty (40). Our concern is that cancers found in younger women are generally more aggressive. Regardless of insurance policy change, mammography volumes increased November 2017 year-to-date 1.6% over prior year. However, we still have room for improvement for earlier detection as 15.6% of our breast cancers are diagnosed at Stage 3 and 4, versus 11.4% nationally.

Patients are willing to travel to St. Rita’s program and do so from further distances. While most of our patients live within 24 miles, 31.8% of our patients travel at least 25-49 miles, versus 15.5% nationally.

Colon Cancers are found at St. Rita’s somewhat sooner with 44.6% diagnosed as Stage 3 or 4 versus the national average for similar cancer programs at 45.8%. Like breast cancer patients, colon cancer patients travel over 25 miles for care: 27.6% to St. Rita’s versus 24.6% nationally.

St. Rita’s is finding Prostate Cancers similar to national trends with 53.4% diagnosed as Stage 2 cancers, compared to 54.5% nationally. Distance to care is less of a factor for St. Rita’s Prostate patients as 71.3% of patients live within 24 miles, while similar cancer program patients have only 64.3% that close.

8. Research and Quality Studies

Exciting developments are occurring in Cancer Research and many industry leaders believe we will see more developments in Cancer in the next five years than we saw in the past 50! St. Rita's continued its commitment to Cancer Research and its affiliation with the Mayo Clinic as its primary investigator in ECOG-ACRIN research collaborative.

Of note, St. Rita's renewed its contracted relationship with the Mayo Clinic as its primary investigator for the Eastern Collaborative Oncology Network (ECOG-ACRIN) and clinical drug trials.

St. Rita's also participated in several studies including Ohio State University James Cancer Center Study for Lynch Syndrome (a hereditary form of colon cancer). Although the study is not yet published, the lead researcher reported that 411 cancers were found in Ohio, of which over 100 were found through St. Rita's efforts. To continue this commitment to finding a cure, St. Rita's is in the application process to join OSU James' Cancer Center that will target lung cancer.

To achieve quality care, St. Rita's CoC accredited cancer program constantly seeks to improve upon processes related to effective and efficient cancer care by adhering to National Comprehensive Cancer Network (NCCN) clinical practice guidelines. Every year our program identifies issues requiring in-depth analysis to pinpoint and develop process improvements for better patient care.

Lung cancer remains one of the deadliest malignancies we treat at St. Rita's, largely due to the late stage presentation at time of diagnosis. Identifying these cancers early on provide the most likely probability of a cure. We actively promote low dose CT lung cancer screening and are encouraged to see screening numbers increase. However, when early stage non-small cell carcinomas (NSCLC) such as adenocarcinoma or squamous cell carcinoma are diagnosed, patients require pre-treatment evaluation of local and regional lymph nodes for accurate cancer staging. Per NCCN guidelines, the presence or absence of N2 station lymph node involvement in clinical stage I or II cancer patients should be vigorously determined by radiological and invasive staging prior to the initiation of therapy since the presence of mediastinal node involvement has a profound impact on patient's prognosis and treatment. In 2017, our program did an in-depth analysis of NSCLC to monitor compliance with NCCN treatment guidelines (CoC standard 4.6) specifically in regards to mediastinal lymph node evaluation. A total of 14 patients with clinical stage 1-3 disease, central cT1 lesions through cT3 lesions, were analyzed. 7% of cases had appropriate diagnostic evaluation utilizing all 5 recommended pretreatment evaluation procedures. Only 15% of the total 14 cases had pretreatment mediastinoscopy performed for pathologic mediastinal lymph node staging. To enhance pretreatment lymph node staging, given this unfavorable finding, the cancer program established a 2018 process improvement to invest in endobronchial ultrasound (EBUS) and navigational bronchoscopy, as a less invasive alternative to mediastinoscopy, to allow for more effective interdisciplinary treatment planning for our lung cancer patients.

9. Hospice Program and Palliative Care

Sanctity of life is one of St. Rita's core values and we promise the community that our Hospice Program will be available whenever people and their families are at their most vulnerable. Understanding the wishes and how people want to live their lives is a cornerstone of respect. We believe our palliative care and Hospice teams do this as good as or better than anybody in the world.

The Hospice program served 449 patients in St. Rita’s, twenty-two skilled nursing facilities and countless private homes. We are honored that families select our program for this special part of their loved ones’ lives. St. Rita’s team of palliative nurses provided care to over 1,500 patients. Like the hospice program, palliative care is provided to patients at St. Rita’s medical center and at several community skilled nursing facilities.

In 2018, the palliative care team plans to make this service available at St. Rita’s ambulatory care settings, starting with St. Rita’s medical oncology offices.

10. Program Growth

The Cancer Program is charged with the incredible honor and responsibility to ensure the community is well-served with the best available and leading-edge care. As a proxy for the Cancer’s Program’s ability to meet those needs locally, it monitors market share and outmigration rates of patients receiving care elsewhere. Most recent results show that the Cancer Program grew 10 percentage points of market share. This along with the number of patients treated at St. Rita’s Cancer Program increasing by 23.0% over prior year, is encouraging. Leadership at the Cancer Program believes this is indicative that more people want to receive care near home.

In terms of Program Growth, all departments in the Cancer Program saw an increase in patient volumes. A snapshot of overall results for the Cancer Program and three leading areas of care follows:

St. Rita's Cancer Program - Charges	2016	2017	Variance	YOY Growth
ONCOLOGY SERVICES	\$2,968,649	\$4,294,538	\$1,325,888	44.7%
RADIATION ONCOLOGY	\$16,472,434	\$21,299,217	\$4,826,782	29.3%
MEDICAL ONCOLOGY	\$11,177,660	\$14,733,454	\$3,555,794	31.8%
Total Cancer Program	\$43,855,914	\$53,963,821	\$10,107,907	23.0%

*(*Cancer Service Line defined as patients with a cancer diagnosis in top 3 diagnoses codes)*

11. Coming in 2018: Integrated Clinics

Leading academic cancer centers collaborated to develop NCCN guidelines so that all cancer programs have access to the most up to date, evidence based treatment and drug protocols available. So, by following these guidelines cancer treatment should be the same, regardless of location. Additionally, St. Rita’s believes it’s important for patients to meet with the doctors that deliver this care at the same time to learn and ask questions about their plan and journey they are about to embark on.

Our doctors are forming integrated clinics, first to review each patient’s available studies, data and lab reports to develop the best available individualized treatment plan, and then to discuss this with patients and their families, we intend by doing this, we break down barriers and to answer any questions they may have. This multi-disciplinary team based approach satisfies, we hope, will allay confusion and fears about many unknowns while fostering a healthier outlook for our patients.