

SCANCER CARE REPORT

Data collected in 2015 and reported in 2016



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Dr. Edmund Paloyan, Medical Director of Oncology Services, is pleased to announce the following achievements the team has worked diligently on over the course of the past year.

The Commission on Cancer (CoC) of the American College of Surgeons (ACoS) has granted three-year accreditation with commendation to the Marie Yeager Cancer Center at Lakeland Health. The CoC Accreditation Program provides the framework for Lakeland Cancer Program to improve its quality of patient care through cancer-related programs that focus on the full spectrum of cancer care.

Lakeland Health has also has been awarded a three-year term of accreditation in radiation oncology as the result of a recent review by the American College of Radiology (ACR). The ACR seal of accreditation represents the highest level of quality and patient safety. Patient care and treatment, patient safety, personnel qualifications, adequacy of facility equipment, quality control procedures, and quality assurance programs are assessed.

The three-year with commendation accreditation is given to programs that comply with all standards at the time of survey and receive a commendation rating for one or more standards. A program receiving commendation for up to three standards earns Three-Year with Commendation Bronze level. Commendation for four to six standards earns Three-Year with Commendation Silver level.

In addition to the accreditation and commendations received, several clinicians have assumed new roles.

Benjamin Gielda, MD, has taken on the role of Medical Director of Radiation Oncology. He continues to build on the contributions of former medical director **Peter Lai, MD, PhD,** which include the advocation to encourage medical dosimetry certification as well as developing the superficial skin cancer program and moving this program forward in achieving ACR accreditation.

Sapna Patel, MD, is now the Medical Director of the Infusion Clinic at Lakeland Medical Center, St. Joseph. Dr. Patel attends Infusion Clinic charge nurse meetings and collaborates with Barbara Schmidtman, Manager of Infusion and Radiation Therapy, and the infusion team to enhance clinic flow processes.

Shanin Thomas, Senior Financial Analyst Reimbursement Specialist at Marie Yeager Cancer Center has been authorized by the Certified Financial Planner Board of Standards (CFP Board) to use the CERTIFIED FINANCIAL PLANNER™ and CFP® certification marks in accordance with CFP Board certification and renewal requirements. The CFP® marks identify those individuals who have passed examination in professional conduct and regulation, general financial planning principles, retirement savings, and education, risk management, insurance, investment, tax, income and estate planning.

We hope you find the information in this report helpful in understanding our community's cancer needs. We remain as dedicated as ever to provide a full spectrum of oncology services to achieve exemplary outcomes for our patients with cancer.

Sincerely,

5. Palayan mis.

Edmund Paloyan, MD Medical Director of Oncology Services Lakeland Health



Edmund Paloyan, MDMedical Director of
Oncology Services



Benjamin Gielda, MD Medical Director of Radiation Oncology



Peter Lai, MD, PhD Radiation Oncologist



Sapna Patel, MDMedical Director of the Infusion Clinic



Shanin ThomasSenior Financial Analyst
Reimbursement
Specialist

80% by 2018

Lakeland Health Joins National Effort to Save Lives from Colorectal Cancer

Lakeland Health has made the pledge to help increase colorectal cancer screening rates by supporting the 80% by 2018 initiative, led by the American Cancer Society (ACS), the Centers for Disease Control and Prevention (CDC) and the National Colorectal Cancer Roundtable (an organization co-founded by ACS and CDC). The goal of this program is to regularly screen 80% of adults aged 50 and older for colorectal cancer by 2018.

Hundreds of organizations – including medical professional societies, academic centers, survivor groups, government agencies, cancer coalitions, cancer centers, payers and many others – have signed a pledge to make this goal a priority.

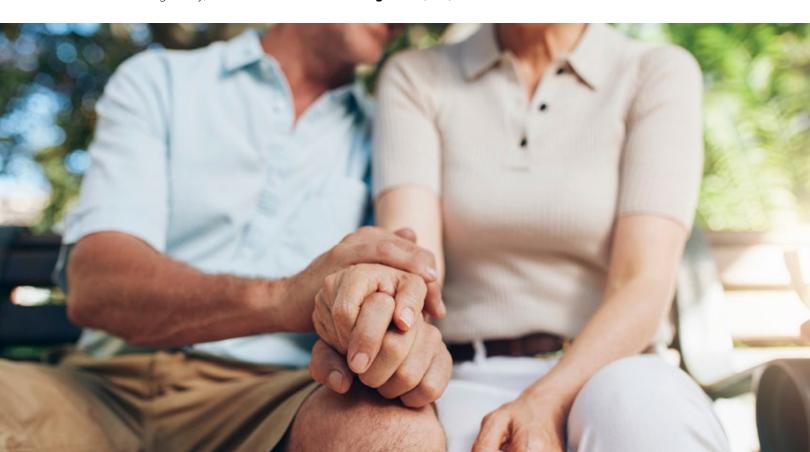
If we can achieve 80% by 2018, 277,000 cases and 203,000 colorectal cancer deaths could be prevented by 2030.

In 2016, over 134,000 cases of colorectal cancer will be diagnosed in the U.S. with over 49,000 people expected to die from the disease. In its earliest, most treatable stage, colon polyps and early colon cancers often do not cause symptoms. Data indicates that colorectal cancer screening has been proven to save lives and that 50% of colon cancers could be prevented through regular screening.

Colorectal cancer is the nation's second-leading cause of cancer-related deaths; however it is one of only a few cancers that can be prevented. Through proper colorectal cancer screening, doctors can find and remove hidden growths (called "polyps") in the colon, before they become cancerous.

Colorectal cancer is a major public health problem, and adults age 50 and older should be regularly screened for it, but we have found that many people aren't getting tested because they don't believe they are at risk, don't understand that there are testing options, or don't think they can afford it.

For more information on the 80% by 2018 initiative or how to obtain a colorectal cancer screening locally, visit **www.lakelandhealth.org** or call **(269) 556-2885**



New Treatment Option Available for Early-Stage Breast Cancer

Women with certain types of early-stage breast cancer now have a new treatment option available to them at Lakeland Health. The hospital recently became the first in the region (west Michigan and northern Indiana) to begin providing radiotherapy using the ZEISS INTRABEAM intraoperative radiotherapy (IORT) system. Up until now, the treatment has only been offered at large university medical centers and research hospitals.

This may be an excellent therapy option for women having breast-conserving surgery, also known as a lumpectomy, according to Radiation Oncologist, **Benjamin Gielda, MD** at Lakeland Health. Most Lakeland surgeons have been trained on the surgical technique.

"Radiation has always been an important part of the overall therapy for treating breast cancer," said Dr. Geilda. "Even if the breast is removed, most women still undergo six weeks of daily radiation treatments. With this new less-invasive treatment, a single dose of radiation is delivered while the patient is still asleep from the lumpectomy. No additional surgery is needed, and both treatment time and radiation exposure are reduced. This can contribute significantly to helping patients get back to their lives more quickly.

Localizing the radiation inside the breast is effective because this is where cancer is most likely to recur. The international TARGIT research group has been investigating this new method of delivering radiotherapy for breast cancer at the time of surgical lumpectomy since 1988.

INTRABEAM can also be used for a boost treatment during surgery and to deliver a prescribed dose of radiation therapy in conjunction with whole breast radiation. Women who have been diagnosed with early stage breast cancer should talk with their physician about whether this treatment is right for them.



Lakeland and Berrien County Cancer Service Partner to Provide Oral Chemotherapy Program

Cancer treatments are advancing and more patients are now able to take oral chemotherapy at home. Unlike traditional IV infusion chemotherapy, oral chemotherapy is a drug taken in tablet, capsule, or liquid form. As the use of oral chemotherapy increases in southwest Michigan, Lakeland Ambulatory Infusion Clinic has begun to partner with Berrien County Cancer Service (BCCS) to provide a new way to serve this growing population.

While oral chemotherapy may be a more convenient option than taking a trip to the clinic, the pills are just as strong as intravenous forms of chemotherapy and it is just as important that patients receive the correct dosage. Once an order from the patient's medical oncologist is received, a BCCS nurse will go out to the patient's home and conduct an assessment of how they are doing taking the new oral chemotherapy medication. The nurses evaluate how patients are storing their medication, if they are taking the medication according to the physician's orders, and that all instructions are being followed.

The addition of this program allows for education reinforcement and in turn BCCS nurses will communicate and share their findings with the Lakeland Health medical oncology team. This new service provides the opportunity for Lakeland and BCCS to enhance collaboration and ultimately improve care for patients within our surrounding communities.



Statistical Summary and Review of Registry Data 2015

In 2015, 914 cases were added to the Lakeland Health Cancer Registry. Of these cases, 856 were analytic cases, which means that they were diagnosed and received first course treatment at Lakeland. The number of male patients was 419 (46%), while the number of female patients was 495 (54%)

Patients diagnosed at age at 60 years or older accounted for 68.82% of cases, 2.84% were younger than 29 years, while patients ages 30 through 59 accounted for 28.34%. The mean age of cancer patients accessioned in 2015 was 64.

Non-Analytic Cases Patients who received subsequent treatment at Lakeland Health after receiving first course treatment at

another facility.

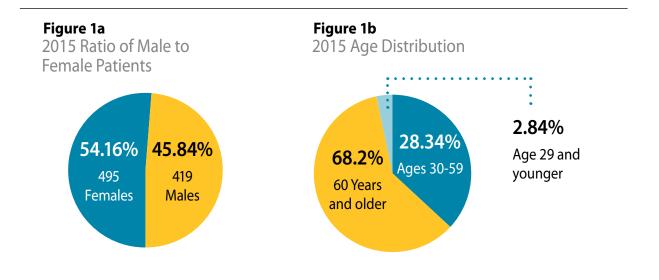


Figure 2Percent Distribution of Lakeland Hospitals' 2015 Cancer Cases by Age Decade

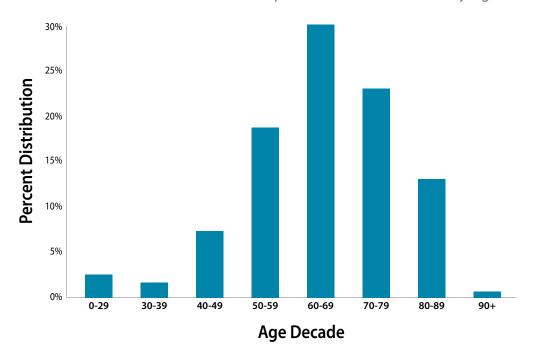


Table 1Site Distribution by Stage for the Four Most Common Cancer Sites at Lakeland Hospitals*

	Cases	Stage 0	Stage I	Stage II	Stage III	Stage IV	Not Staged
Female Breast	154	18	72	38	18	8	0
Prostate	126	0	22	37	22	14	1
Lung	122	1	25	9	28	58	1
Colorectal	76*	2	22	14	17	21	0

^{*}Excludes cases ineligible for staging.

Colorectal has one less case because there was 1 diagnosis of "leiomyosarcoma". According to the AJCC staging system, "sarcomas, lymphomas, and carcinoid tumors of the large intestine are not included". Therefore, this case was inelgibile for staging.

Table 2Comparison of Four Most Common Cancer Sites, Lakeland Hospitals, State of Michigan, and United States

Lakeland Hospitals				Mich	nigan	United States		
Site	Rank	Cases	% of Total	Rank	% of Total	Rank	% of Total	
Female Breast	1	154	16.85%	3	13.55%	1	13.99%	
Prostate	2	126	13.80%	2	14.12%	3	13.31%	
Lung	3	122	13.30%	1	14.54%	2	13.34%	
Colorectal	4	77	8.20%	4	7.30%	4	8.00%	

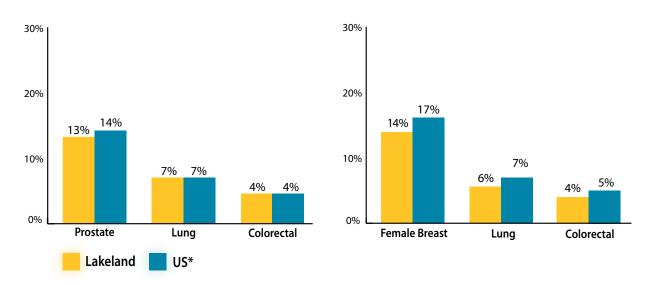
^{*}American Cancer Society. Cancer Facts & Figures 2015. Atlanta: American Cancer Society; 2015, pg 4-5.

Table 3Comparison of Percent Distribution of Lakeland Hospitals' 2015 Cancer Cases and United States Data by Gender and Lakeland's Four Most Common Cancer Sites

Male Cancer Cases: 467			Female Cancer Cases: 487		
Site	United States*	Lakeland	United States*	Lakeland	
Female Breast	NA	NA	13.99%	16.85%	
Prostate	13.31%	13.80%	NA	NA	
Lung	6.97%	6.67%	6.37%	6.67%	
Colorectal	4.17%	3.83%	3.84%	5.47%	

^{*}American Cancer Society. Cancer Facts & Figures 2015. Atlanta: American Cancer Society; 2015, pg 4.

Figure 3Comparison of Percent Distribution of Lakeland Hospitals' 2015 Cancer Cases and United States Data by Gender and Lakeland's Four Most Common Cancer Sites



*American Cancer Society. Cancer Facts & Figures 2015. Atlanta: American Cancer Society; 2015, pg 4.

Figure 4Comparison of Percent Distribution of Lakeland Hospitals' 2015 Cancer Cases by Gender

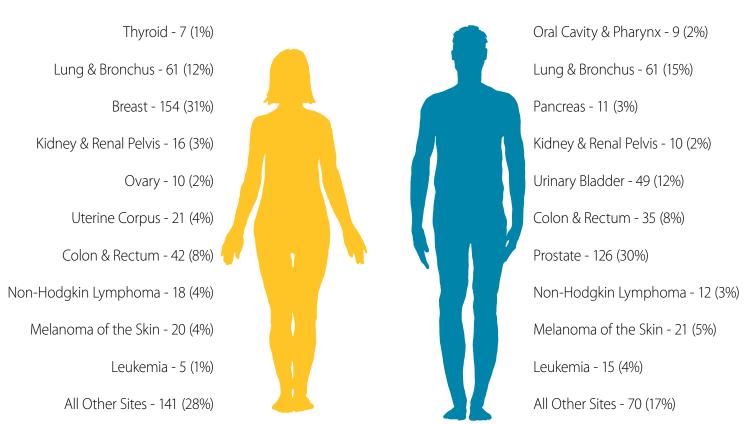


Figure 5aDistribution of Lakeland Cancer Cases by County

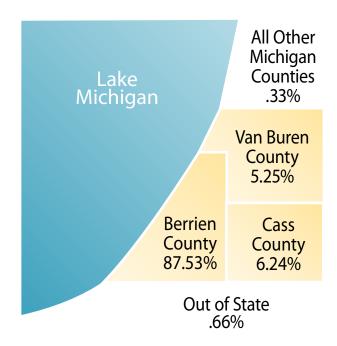


Figure 5bDistribution of Lakeland Cancer Cases by City (Berrien, Cassopolis, Van Buren Counties)

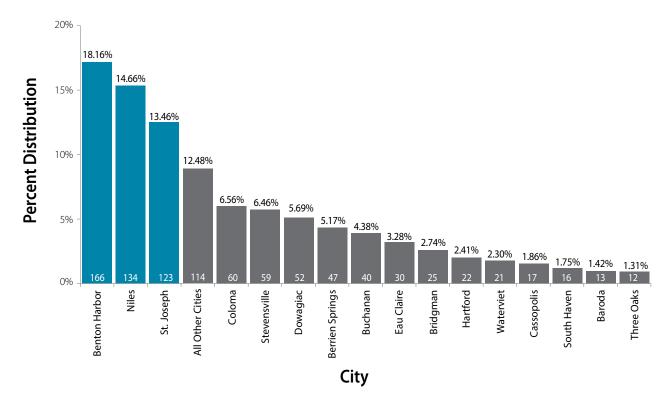


Figure 6Distribution of Total Cancer Cases by Primary Site

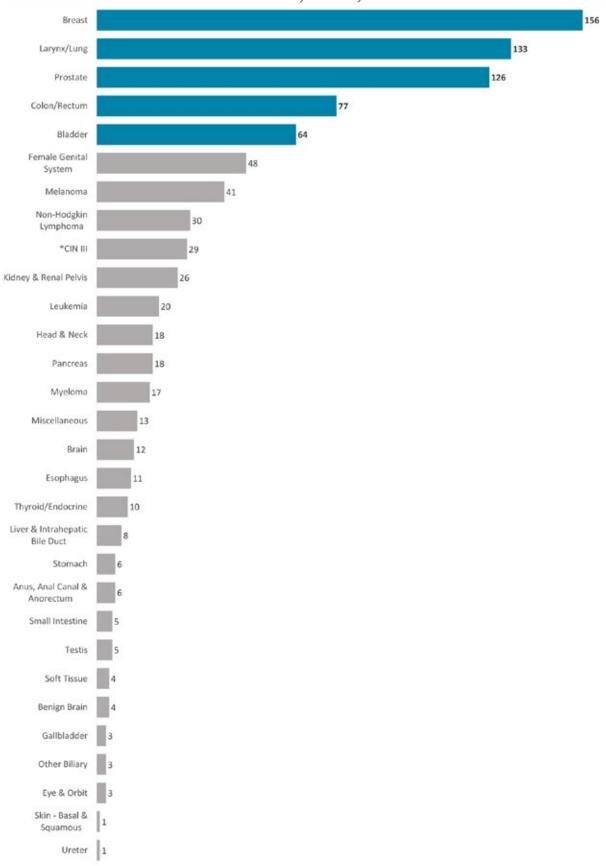


Table 4 Summary: By Body System and Gender

Oral Cavity & Pharynx 18 2.0% 9 2.1% 9 1.8% Tongue 10 1.1% 6 1.4% 4 0.8% Floor of Mouth 1 0.1% 1 0.2% 0 0.0% 2 0.4% Gum & Other Mouth 2 0.2% 0 0.0% 2 0.4% Tonsil 4 0.4% 2 0.5% 2 0.4% Tonsil 4 0.4% 0 0.0% 1 0.2% Digestive System 110 1.5 69 16.5% 71 14.3% 5 1.0% 3 0.7% 3 0.6% 3 0.7% 3 0.6% 3 0.7% 3 0.6% 3 </th <th>Primary Site</th> <th>Total</th> <th>Total %</th> <th>Male</th> <th>Male %</th> <th>Female</th> <th>Female %</th>	Primary Site	Total	Total %	Male	Male %	Female	Female %
Tongue							
Floor of Mouth		10	1.1%	6	1.4%	4	0.8%
Tonsil		1	0.1%	1	0.2%	0	0.0%
Other Oral Cavity & Pharynx 1 0.1% 0 0.0% 1 0.2% Digestive System 140 15.3% 69 16.5% 71 14.3% Esophagus 111 1.2% 6 1.4% 5 1.0% Stomach 6 0.7% 3 0.7% 3 0.6% Small Intestine 5 0.5% 3 0.7% 2 0.4% Colon Excluding Rectum 57 6.2% 27 6.4% 30 6.1% Ceccum 144 4 4 10 4 4 10 Appendix 2 2 2 0 5 6.1% 10 Appendix Flexure 4 3 1 1 1 1 1 1 1 1 1 1 1 1 2 2 5 5 2 5 5 2 5 1 1 1 1 1 1 2	Gum & Other Mouth	2	0.2%	0	0.0%	2	0.4%
Digestive System	Tonsil	4	0.4%	2	0.5%	2	0.4%
Stomach	Other Oral Cavity & Pharynx	1	0.1%	0	0.0%	1	0.2%
Stomach 6 0.7% 3 0.7% 3 0.6% Small Intestine 5 0.5% 3 0.7% 2 0.4% Colon Excluding Rectum 57 6.2% 27 6.4% 30 6.1% Cecum 14 4 4 10 4 4 10 4 Appendix 2 2 2 2 0 5 6.4% 30 6.1% Appendix 2 2 2 2 0 5 7 1 2 5 8 1 2 2 3 1 1 2 2 3 1 2 2 4 3 1 2 2 4 3 3 1 1 2 <td>Digestive System</td> <td>140</td> <td>15.3%</td> <td>69</td> <td>16.5%</td> <td>71</td> <td>14.3%</td>	Digestive System	140	15.3%	69	16.5%	71	14.3%
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Colon Excluding Rectum 57 6.2% 27 6.4% 30 6.1% Cecum 14 4 10 4 Appendix 2 2 2 0 Ascending Colon 7 2 5 5 Hepatic Flexure 4 3 1 1 Transverse Colon 5 0 5 Splenic Flexure Descending Colon 3 1 2 Sigmoid Colon 19 13 6 Lorge Intestine, NOS 1 1 0 Rectum Rectosigmoid Junction 3 1 2 Rectum Rectosigmoid Junction 3 1 2 Rectum 17 7 10 Anus, Anal Canal, & Anorectum 6 0.7% 1 0.2% 5 1.0% Liver Althrahepatic Bile Duct 8 0.9% 5 1.2% 3 0.6% Liver Althrahepatic Bile Duct 2 0 2 2 <th< td=""><td>Stomach</td><td>6</td><td>0.7%</td><td>3</td><td>0.7%</td><td>3</td><td>0.6%</td></th<>	Stomach	6	0.7%	3	0.7%	3	0.6%
Cecum	Small Intestine	5	0.5%	3	0.7%	2	0.4%
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Hepatic Flexure	Appendix	2		2		0	
Transverse Colon		7		2		5	
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[CUIDMA G CUIDA [[]]	Corpus & Uterus, NOS	21	2.3%	0	0.0%	21	4.2%

Table 4 (continued)
Summary: By Body System and Gender

Corpus Uteri	20		0		20	
Uterus, NOS	1		0		1	
Ovary	10	1.1%	0	0.0%	10	2.0%
Vagina	2	0.2%	0	0.0%	2	0.4%
Vulva	5	0.5%	0	0.0%	5	1.0%
Male Genital System	131	14.3%	131	31.3%	0	0.0%
Prostate	126	13.8%	126	30.1%	0	0.0%
Testis	5	0.5%	5	1.2%	0	0.0%
Urinary System	91	10.0%	59	14.1%	32	6.5%
Urinary Bladder	64	7.0%	49	11.7%	15	3.0%
Kidney & Renal Pelvis	26	2.8%	10	2.4%	16	3.2%
Ureter	1	0.1%	0	0.0%	1	0.2%
Eye & Orbit	3	0.3%	1	0.2%	2	0.4%
Brain & Other Nervous System	16	1.8%	6	1.4%	10	2.0%
Brian	10	1.1%	5	1.2%	5	1.0%
Cranial Nerves Other Nervous System	6	0.7%	1	0.2%	5	1.0%
Endocrine System	13	1.4%	5	1.2%	8	1.6%
Thyroid	10	1.1%	3	0.7%	7	1.4%
Other Endocrine including Thymus	3	0.3%	2	0.5%	1	0.2%
Lymphoma	33	3.6%	13	3.1%	20	4.0%
Hodgkin Lymphoma	3	0.3%	1	0.2%	2	0.4%
Non-Hodgkin Lymphoma	30	3.3%	12	2.9%	18	3.6%
NHL - Nodal	20		8		12	
NHL - Extranodal	10		4		6	
Myeloma	17	1.9%	8	1.9%	9	1.8%
Leukemia	20	2.2%	15	3.6%	5	1.0%
Lymphocytic Leukemia	13	1.4%	10	2.4%	3	0.6%
Acute Lymphocytic Leukemia	1		1		0	
Chronic Lymphocytic Leykemia	12		9		3	
Myeloid & Monocytic Leukemia	6	0.7%	4	1.0%	2	0.4%
Acute Myeloid Leukemia	4		3		1	
Chronic Myeloid Leukemia	2		1		1	
Other Leukemia	1	0.1%	1	0.2%	0	0.0%
Mesothelioma	1	0.1%	1	0.2%	0	0.0%
Miscellaneous	13	1.4%	5	1.2%	8	1.6%
Total	914		419		495	

Study of Quality: Speak for Yourself – Plan Your Care

Southwest Michigan Advance Care Planning Program

In March of 2016, a retrospective review of oncology patient charts found that only 17% of our oncology patients had an Advance Directive (AD), 10% had a combined living will/designation of patient advocate, and 7% had a designated patient advocate with no healthcare wishes identified. The need for a more integrated program was clearly identified and oncology services requested to participate in Caring Circles pilot advance care planning (ACP) program entitled, Speak for Yourself – Plan Your Care.

Vision

Support ongoing positive conversations regarding healthcare wishes across the continuum of care and within Lakeland's surrounding communities

Overview

Lakeland Health and partner organizations throughout southwest Michigan are approaching advance care planning (ACP) by using the evidence-based, Respecting Choices model, Speak for Yourself – Plan Your Care. It involves creating an organized approach to helping individuals understand, reflect upon, and discuss goals centered around future healthcare decisions (Respecting Choices Gundersen Health system, Hammes & Briggs, 2011). This will be a multi-year endeavor that will require leadership; hardwiring systems into the routines of care; and human and financial resources. Honoring Healthcare Choices – Michigan consultants will assist in program development, identification and design of key processes, quality improvement, Respecting Choices Facilitator Certification, and other best practices. Additionally, only communities that are working with Honoring Healthcare Choices – Michigan can use the Michigan Physician Orders for Scope of Treatment (MI-POST).

Oncology Services delved into participating in the Speak for Yourself – Plan Your Care pilot and in the first phase of the program trained five ACP team member facilitators. The team members completed 16 hours of training under the direction of the Honoring Healthcare Choices – Michigan consultants in March and by the end of May had completed five practice ACP conversations. The pilot will be completed at the end of this year and the results appear promising. This is a multi-year endeavor which will require new processes and systems which will continue to need to be hard-wired into existing care routines.

The Five Promises of an effective ACP program are:

- We will initiate the conversation with our patient about their preferences for future care.
- We will provide assistance with ACP to those patients who express an interest in addressing these issues.
- We will make sure plans are clear when the planning process has reached an end.
- We will maintain and retrieve these plans whenever and wherever they are needed.
- We will appropriately follow these plans when the patients can no longer participate in their own decision making. (Hammes & Briggs, 2011)

Phase I: Pilot Implementation Teams & General Community Awareness

Objectives:

- Create and test systems for offering advance care planning
- Certify ACP Facilitators in First Steps and Last Steps (MI-POST) conversations
- Create and improve ACP documents and education materials
- Identify and begin tracking process and outcome measures



Study of Quality - (continued)

Activities, Outcomes/Deliverables, and Status:

Activity	Activity Description	Outcomes/ Deliverables	Status as of July 2016
Leadership Engagement Session	Overview of the ACP initiative and kick-off for the Implementation Teams. Creation of an ACP Steering Committee	Common understanding of the initiative	Completed
Implementation Team Development	Initial Implementation Teams:	Implementation plans for each team	Completed
ACP Documents and Materials	Creation and testing of new materials and documents including:	Standardized, consumer- friendly materials	First round of materials have been created. Testing and tweaking are in process.
ACP Facilitation Certification	Facilitators were trained in April and most were certified by June. Facilitators must have 10 conversations in 6 months to continue their certification.	19 certified facilitators	Completed
EPIC Document Storage and Retrieval	Processes for EPIC and non-EPIC users have been created. Training for facilitators and teams has been conducted. Code Note Status has been put into process.	Process for EPIC and non-EPIC users, training material	Completed with testing and tweaking in process.
Implementation Team Pilot	Teams begin referral and facilitation process for ACP. Documentation is placed in EPIC and monthly reporting is supplied. Teams will report progress at the 6-month point.	Facilitated ACP conversation, process/outcome measures, team reports	In process – most teams began in June. Reporting through EPIC is in process.
Community Awareness	Provide community awareness activities with supporting materials such as National Healthcare Decisions Day, ACP presentations, and Being Mortal screenings.	Presentations and community materials	National Healthcare Decisions Day complete; others in process - dates scheduled throughout year.
Program Sustainability and Expansion Planning	Support the maturation of the 7 current teams as they expand target populations. Plan expansion through additional teams in Phase II. Identify train-the-trainers for sustainability of the Respecting Choices model.	Phase II plans and a strategic growth plan	Beginning

Timeline:

Phase I will end in December 2016. with Phase II to follow in 2017.

Resources

- 1) Hammes, B. J., Briggs, L.: Building a Systems Approach to Advance Care Planning.
- 2) La Crosse, WI: Gundersen Lutheran Medical Foundation, 2011.



Treatment Guidelines Resource List:

- 1. American Cancer Society www.cancer.org
- 2. American Head and Neck Society www.headandneck.org
- 3. American Society of Clinical Oncology www.asco.org
- 4. Association of Community Cancer Centers www.assoc-cancer-ctrs.org
- 5. College of American Pathologist www.cap.org
- 6. The National Cancer Institute www.cancer.gov
- 7. The National Comprehensive Cancer Network www.nccn.org
- 8. Oncology Nursing Society www.ons.org
- 9. Society of Surgical Oncology www.surgonc.org

Reference: Medical Definitions

AJCC - TNM Staging System

- T: Extent of the primary tumor.
- N: Presence or absence of regional lymph node involvement.
- M: Presence or absence of disease spread to distant sites (metastasis).

Analytic Case

Patients who are diagnosed and/or receive first course of treatment at Lakeland HealthCare during the current year.

Annual Report

Yearly publication describing the activities of an organization. A cancer program's annual report includes statistics on types of cancer diagnosed and treated at a healthcare facility.

Cancer Care Committee

An organized group of physicians and nonphysicians that directs the long-range plans and general activities of the cancer program.

Cancer Program

All departments and services in a healthcare facility involved in diagnosis, treatment and rehabilitation of cancer patients.

Cancer Registry

Formerly called Tumor Registry, the department within the hospital designed to collect and analyze data on cancer patients, and to follow their medical progress for purposes of treatment evaluation.

Distant

Has spread to sites remote from site of origin, or is systemic in origin.

First Course Treatment

The initial cancer-directed treatment or series of treatments, usually initiated within four months of diagnosis.

Follow-Up

An organized system of long-term surveillance of patients.

Metastasis (plural metastases)

Any tumor spread to a part of the body away from the site of origin.

Non-Analytic Case

Patients who received subsequent treatment at Lakeland Health for recurrent or persistent disease after receiving first course treatment at another facility.

Oncology

Medical term for the study of tumors and malignancies.

Protocol

A formalized treatment plan, detailing treatment dosage and schedule.

Regional

Has spread to adjacent tissue or lymph nodes.

SEER Summary Staging System

In situ: Non-invasive, confined to site of origin. Local: Invasive and is confined to site of origin.

Service Area

The geographic region from which patients come to a healthcare facility.

Stage

The extent to which the disease has spread.

How is Cancer Staged?

Staging is the process of describing the extent or spread of the disease from the site of origin.

The TNM staging system assesses tumors in three ways: extent of the primary tumor (T), absence or presence or regional lymph node involvement (N), and the absence or presence distant metastases (M). Once the T, N, and M are determined a stage of I, II, III, or IV is assigned with stage I being early stage and IV being advanced.

Lakeland Health Marie Yeager Cancer Center and Health Park Map

