ST. VINCENT’S MEDICAL CENTER RIVERSIDE
CANCER COMMITTEE

CANCER PROGRAM
ANNUAL REPORT 2013
(statistics from 2012)
DEAR FRIENDS,

The Cancer Program at St. Vincent’s HealthCare has accomplished many goals over the past year. The year started with our successful joint Accreditation by the American College of Surgeons Commission on Cancer and the National Accreditation Program for Breast Centers (NAPBC). In 2011, we were the first hospital in Northeast Florida to achieve accreditation by the NAPBC. This year, we received commendation from the Commission on Cancer for our cancer registrar education, for our public reporting of outcomes, for our successful reporting of the College of American Pathologists protocols, and for our nursing care.

Our Genetic Counseling Program was fully up and running this year. The program provided cancer genetic counseling services to almost 200 patients including evaluations for patients with early onset cancers, for patients with multiple primary cancers, for patients with a history of rare cancers, for patients with a family history of the same or related cancers, and for patients with a known genetic mutation. The services were provided by our genetics counselor, Veena Ganesh, who has a Masters in Science in Genetic Counseling and a Masters in Science in Biotechnology. She has been integral in the continued development and growth of the program.

Throughout the year, we have seen continued expansion of our Lung Cancer Institute program. A multi-disciplinary tumor board is held bi-monthly with the cardiothoracic surgeons, pulmonologists, oncologists, radiation oncologists, pathologists, radiologists, and numerous ancillary staff to discuss the patients’ care and treatment. A new lung cancer nurse navigator was hired to provide additional help to patients from screening to treatment to support services. New techniques also were implemented including endobronchial ultrasound guided biopsies (EBUS). EBUS is a minimally invasive diagnostic procedure for lung cancer and other lung diseases.

St. Vincent’s HealthCare operates one of the nation’s oldest cancer care programs with more than 55 years of continual accreditation by the American College of Surgeons as a ‘Community Hospital Comprehensive Cancer Program’. That uses ultrasound along with bronchoscopy to visualize and biopsy worrisome lesions. It is highly effective in providing helpful diagnostic information with very low risk to the patient. It is not something that is available at every hospital and St. Vincent’s is proud we can offer this to our patients.

This year we also introduced the Palliative Care Program which gives comprehensive care and management to patients with serious or life-threatening illnesses. The palliative care staff includes physicians, nurses, social workers and chaplains who provide physical, psychological, emotional and spiritual support to patients and their families. Additionally, St. Vincent’s Riverside opened a 10-bed, 6500 square foot Community Hospice Center for Caring in-patient facility.

St. Vincent’s HealthCare operates one of the nation’s oldest cancer care programs with more than 55 years of continual accreditation by the American College of Surgeons as a “Community Hospital Comprehensive Cancer Program”. We continue to provide premier cancer care to Jacksonville and the surrounding communities while maintaining the core values of Ascension Health.

ABOVE. BEYOND. BECAUSE.

Anne Bernstein, MD
Chair Cancer Committee
St. Vincent’s Riverside
2011-2012 CANCER COMMITTEE MEMBERS

PHYSICIAN MEMBERSHIP
Anne Bernstein, MD, Chair
Brett Cantrell, MD
Jennifer Contin, MD
Paul Crum, Sr., MD
Michael Donohue, MD
Michael Fallucco, MD
Leann Fox, MD
Brian McKibben, MD
Paul Nowicki, MD
Paul Ossi, MD
Donald Smitha, DDS
Felicia Snead, MD
Steven Siegel, MD
Cancer Conference Coordinator
Timothy Sternberg, DMD, MD
William Sumner, MD,
Cancer Committee Physician Liaison
Daniel Wyzan, MD

Non-Physician Membership
Edward Batieh
Marketing
Ann Berry, RN
Nurse Manager, Oncology
Robin Bettman, RPH, BCOP
Oncology-Certified Pharmacist
Kelly Brockmeier
Director, Marketing
Tanya Brown, RN, OCN
Breast Cancer Nurse Navigator
Jamie Buller, LCSW
Manager, Care Management
Heather Campbell
Social Worker
Karen Darnell, RN, FACHE, SVP.
Physician Enterprise and Business Development
Barbara Dearmon, BS, CTR
Manager, Oncology Data Services
Alanna Eubanks, RD, CSD
Oncology-Certified Dietitian
Cynthia Farah, MD, RT
Oncology Service Line Director
Veena Ganesh
Genetic Counselor
Suzanne Greer
ACS Representative
Wendy Holt, RN, MSN, OCN
Lung Cancer Nurse Navigator
Sue Kreichelt, RN, BSN, MSH
Cancer Research Nurse
Joan Ollie, RN, BSN
Breast Cancer Nurse Navigator
Cathy Lane, RN, BSN, OCN
Radiation Oncology Nurse
Eric Lisitano, PT
Manager, Rehabilitative Therapy
Elaine Murtha, MBA/HCM, RT(R) IM, CRA
Director, Medical Imaging, Radiation Oncology, Rehab Services
Jill Nelson, RT
Manager, Medical Imaging
Marilyn Townsend, RT
Patient Navigator
Kathy Koenig, RN
Performance Improvement
Sister Andrea Zbiegien, D.Min
Pastoral Care

Program Coordinators
QI Coordinator: Kathy Koenig (Leann Fox, MD - co-coordinator)
Education/Outreach Coordinator: Robin Bettman (with support from
Steven Siegel, M.D.)
Cancer Conference Coordinator: Steven Siegel, MD
Cancer Registry Coordinator: Barbara Dearmon, BS, CTR

2012 ACCOMPLISHMENTS FOR THE YEAR

• Promoted the Lung Cancer Institute.
• Continued to offer Kids Together Against Cancer – a cancer support group for families who have a parent with cancer.
• Offered ACS Man to Man prostate cancer education & support group.
• Awarded Jean Byers Memorial Award for Excellence in Cancer Registration from FDACS.
• Continued to offer Cancer Treatment Panel and Thoracic Panel (tumor board), a treatment planning conference for physicians representing multiple disciplines; continues to meet twice weekly to discuss prospective treatment plans for cancer patients.
• Implemented the spine & brain tumor program as part of St. Vincent's Spine and Brain Institute.
• Hosted Candid Conversations about Breast Cancer – a support group for women diagnosed with breast cancer.
• Continued membership and participation in Association of Community Cancer Centers (ACCC).
• Promoted several didactic Cancer Conferences with expert speakers on the topics of:
  • Selective Internal Radiation Therapy
  • Microsurgical Breast Reconstruction for Women Choosing DIEP Flap
  • Cancer Pain and Symptom Management
  • MammaPrint
  • Myelodysplastic Syndromes
• Promoted physicians use of the AJCC TNM Staging in clinical documentation and pretreatment planning.
• Continued to monitor the NQF estimated performance rate for breast and colorectal cancers.
• Continued to participate in the NCDB Annual Call for Data.
Barbara J. Dearmon, BS, CTR  
Cancer Registry Coordinator

Oncology Data Services continues to capture quality data and work very closely with the Cancer Committee to provide timely data for quality improvement studies. A wide range of demographics, medical treatment, and prognostic indicators are collected to provide quality outcome data in the registry. Information is collected on all patients diagnosed and/or treated for cancer at St. Vincent’s Medical Center Riverside and Southside. Oncology Data Services is a hospital-based cancer registry designed to collect, analyze, and manage data on malignant (cancer) diagnosis and other reportable diseases. For 2012, Oncology Data Services accessioned (added) 1,522 cases; 1,211 of which were analytic cases (initially diagnosed and/or received first course of therapy or part of first course therapy at St. Vincent’s Riverside). There were a total of 112 historical cases captured which accounted for incidence reporting to the state (not included in incidence comparison reports). The caseload for 2012 increased by 1.5% compared to previous year. The current follow-up rate is 93% for all living patients, which exceeds the Commission on Cancer requirements, and a 93% rate for patients diagnosed within the last 5 years. Oncology Data Services is vital to the success of St. Vincent’s cancer program and is staffed by 4 certified cancer registrars, 1 staff member eligible for certification and the Manager, who is certified cancer registrar. Staff participated in several educational activities offered at a national, state, and local level.

Oncology Data Services supplies statistics to Florida Cancer Data Systems to maintain reporting of cancer incidence to Florida Department of Health. In addition, Oncology Data Services maintains the Facility Information Profile System (FIPS) which is part of the American College of Surgeons Commission on Cancer program. The FIPS is data sharing that benefits patients and care providers on services available onsite or referred. This data is also available to the public. Oncology Data Services maintains compliance with the American College of Surgeons Commission on Cancer standards for St. Vincent’s approved program for Riverside and incidence reporting only for Southside to the state. Oncology Data Services maintains supporting documentation and compliance with the National Accreditation Program for Breast Centers. Each staff member was presented with a certificate for their contributions in helping St. Vincent’s Medical Center achieve the Jean Byers Award for Excellence in Cancer Reporting from Florida Cancer Data Systems and Florida Department of Health and which makes a difference.

---

CANCER REGISTRY DATA SUMMARY (2012 Statistics)

1 staff member eligible for certification and the Manager, who is certified cancer registrar. Staff participated in several educational activities offered at a national, state and local level.

Oncology Data Services supplies statistics to Florida Cancer Data Systems to maintain reporting of cancer incidence to Florida Department of Health. In addition, Oncology Data Services maintains the Facility Information Profile System (FIPS) which is part of the American College of Surgeons Commission on Cancer program. The FIPS is data sharing that benefits patients and care providers on services available onsite or referred. This data is also available to the public. Oncology Data Services maintains compliance with the American College of Surgeons Commission on Cancer standards for St. Vincent’s approved program for Riverside and incidence reporting only for Southside to the state. Oncology Data Services maintains supporting documentation and compliance with the National Accreditation Program for Breast Centers. Each staff member was presented with a certificate for their contributions in helping St. Vincent’s Medical Center achieve the Jean Byers Award for Excellence in Cancer Reporting from Florida Cancer Data Systems and Florida Department of Health and which makes a difference.

---

ONCOLOGY DATA SERVICES DATA REQUESTS

The Registry had several data requests for the 2012 calendar year from administration, physicians and staff. Data requests were to evaluate volume, trends and to assist with hiring medical staff, etc.
- Breast cancer data requested by county to extend Candid Conversations breast cancer support group
- Review of total number of cases for hospital system from 2010 to examine support groups offered to patients and caregivers
- Breast cancer data was provided on 2011 cases by scope of lymph node surgery to evaluate lymphedema referral rate compared to national guidelines
- Administration requested Registry data by fiscal year FY08-FY11 by top five sites
- Data was requested on total volume of lung cancer by year
- Data was requested on breast cancer incidence for 2010 for a college proposal

---

ONCOLOGY DATA SERVICES QUALITY MEASURES

To ensure the accuracy of collection of data, The Cancer Committee Chair and physician members performed quality review on registry data in 2012 and 10% of all analytical cases were reviewed. The cancer registry quality control policy is reviewed annually by the Cancer Registry Coordinator and Cancer Committee to evaluate the quality of data collection.

---

AGE AT DIAGNOSIS BY GENDER

2012 Newly Cases Diagnosed And/Or Treated At St. Vincent’s Riverside

<table>
<thead>
<tr>
<th>AGE AT DIAGNOSIS</th>
<th>MALE</th>
<th>FEMALE</th>
<th>ROW TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;19</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>20-24</td>
<td>4</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>25-29</td>
<td>5</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>30-34</td>
<td>5</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>35-39</td>
<td>6</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>40-44</td>
<td>9</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>45-49</td>
<td>22</td>
<td>4</td>
<td>26</td>
</tr>
<tr>
<td>50-54</td>
<td>36</td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td>55-59</td>
<td>59</td>
<td>8</td>
<td>66</td>
</tr>
<tr>
<td>60-64</td>
<td>70</td>
<td>7</td>
<td>77</td>
</tr>
<tr>
<td>65-69</td>
<td>91</td>
<td>11</td>
<td>103</td>
</tr>
<tr>
<td>70-74</td>
<td>85</td>
<td>9</td>
<td>94</td>
</tr>
<tr>
<td>75-79</td>
<td>59</td>
<td>4</td>
<td>63</td>
</tr>
<tr>
<td>80-84</td>
<td>38</td>
<td>4</td>
<td>42</td>
</tr>
<tr>
<td>85+</td>
<td>27</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td>OVERALL TOTALS</td>
<td>508</td>
<td>703</td>
<td>1211</td>
</tr>
</tbody>
</table>

---

St. Vincent’s Medical Center Riverside Cancer Committee Cancer Program Annual Report 2013
Oncology Data Services coordinates St. Vincent's weekly Cancer Treatment Panel, bi-monthly Thoracic Panel and follows all analytic cases through each patient's lifetime. A total of 662 cases were presented at the weekly cancer panels during 2012 and 96% were prospective case presentations. Cancer Panel provides a multidisciplinary consultative services for patients and physicians to develop a plan of care.
2012 Newly Diagnosed Cases and Treated at St. Vincent’s Riverside by County of Diagnosis

<table>
<thead>
<tr>
<th>Florida County of Diagnosis</th>
<th># of Cases</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duval</td>
<td>834</td>
<td>68.87%</td>
</tr>
<tr>
<td>Clay</td>
<td>140</td>
<td>11.56%</td>
</tr>
<tr>
<td>Nassau</td>
<td>66</td>
<td>5.45%</td>
</tr>
<tr>
<td>Baker</td>
<td>55</td>
<td>4.54%</td>
</tr>
<tr>
<td>*Georgia</td>
<td>54</td>
<td>4.46%</td>
</tr>
<tr>
<td>St. Johns</td>
<td>32</td>
<td>2.64%</td>
</tr>
<tr>
<td>Flagler</td>
<td>7</td>
<td>0.58%</td>
</tr>
<tr>
<td>All Others</td>
<td>20</td>
<td>1.65%</td>
</tr>
<tr>
<td>Out of State</td>
<td>3</td>
<td>0.25%</td>
</tr>
<tr>
<td><strong>Total Cases</strong></td>
<td><strong>1,211</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

A total of 69% of patients were diagnosed or treated at St. Vincent’s Riverside in Duval County. All Others: Bradford, Putnam, Suwanee, Columbia, Alachua, Volusia, Polk, Union, Brevard, Hamilton.

*Georgia: All patients from Georgia State

National Comparison of the Ten Most Prevalent Cancer Sites

Based on estimated numbers of new cases from: The American Cancer Society Cancer Facts & Figures comparison against national data excludes basal and squamous cell skin cancers and non-invasive carcinomas except urinary bladder. Nationally about 63,300 carcinoma-in-situ of the female breast and 55,360 melanoma-in-situ will be newly diagnosed in 2012.
ACCOUNTABILITY MEASURES AND QUALITY IMPROVEMENT MEASURES

ST. VINCENT’S MEDICAL CENTER – RAPID QUALITY REPORTING SYSTEM (RQRS)

The Rapid Quality Reporting Systems reveals St. Vincent’s Medical Center Riverside concurrent measures relative to national benchmark data and provides timely notification of treatment expectations. Participation in RQRS allows St. Vincent’s to improve completeness of treatment information captured by Registry staff, patient care and outcomes.

<table>
<thead>
<tr>
<th>NATIONAL BREAST AND COLORECTAL MEASURES FOR 2011 – ANNUAL COMPARISON</th>
<th>ALL COMPREHENSIVE PROGRAMS</th>
<th>ST. VINCENT’S MEDICAL CENTER RIVERSIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer</td>
<td>89%</td>
<td>96%</td>
</tr>
<tr>
<td>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</td>
<td>89%</td>
<td>93%</td>
</tr>
<tr>
<td>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 Estrogen Receptor Assay (ERA) and Progesterone Receptor Assay (PRA) negative breast cancer.</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>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.</td>
<td>88%</td>
<td>100%</td>
</tr>
<tr>
<td>At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.</td>
<td>88%</td>
<td>82%</td>
</tr>
<tr>
<td>Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 with AJCC T4M0N0 or Stage III receiving surgical resection for rectal cancer.</td>
<td>90%</td>
<td>100%</td>
</tr>
</tbody>
</table>

2012 CANCER COMMITTEE GOALS

Increase the number of lung patients receiving multidisciplinary lung cancer care by 2% from 9/2010 – 9/2011

- Implemented CT screening, Super dimension bronchoscopy and increased patient presentations at Thoracic Panel
- Increased the number of lung cases referred to thoracic panel by physicians to 50% for 9/2011 – 9/2012 from 15%. There was a 63% increase in total cases presented to thoracic panel.
- Promoted the thoracic panel through communication with physicians and their office staff
St. Vincent's Medical Center Riverside offered the following cancer prevention programs that target the needs of the Community and are designed to reduce the incidence of cancer.

**Mobile Mammography** – More than 2,400 individuals received their screening mammograms through the Mobile Mammography Unit. The mobile unit is easily accessible to patients. It allows screening mammograms to be performed in convenient locations throughout the community including shopping malls, places of employment, etc. Additionally, St. Vincent’s HealthCare has programs to assist uninsured patients who cannot afford the expense of a screening mammogram.

The Josephine H. Bryan Breast Health Center has long been a hallmark of coordinated, compassionate care at St. Vincent’s Medical Center Riverside. Providing breast imaging services for over 40 years, St. Vincent’s performs digital mammography, breast ultrasound, minimally invasive biopsies, breast MRI, and bone densitometry. A library with Internet access is available on site. The program is accredited by the Mammography Quality Standards Act and the American College of Radiology. It is certified by the Food and Drug Administration. Every mammogram is read by board certified or board eligible radiologists using the same state-of-the-art technology found at the St. Vincent’s hospital location.

**PREVENTION PROGRAMS**

**St. Vincent’s Medical Center Riverside Cancer Committee Cancer Program Annual Report 2013**

**2012 STUDIES OF QUALITY AND IMPROVEMENTS**

1.) Conducted patient care evaluation studies that measure quality and outcomes; one study using Registry data:
   - Reviewed management of Renal Cell Cancer compared to NCCN guidelines

2.) Review of referral for lymphedema evaluation of breast cancer patients undergoing mastectomy and axillary lymph node dissection (ALND) at SVMC Riverside using the National Lymphedema Network guidelines.
   - A total of 133 cases from January through August 2011 were reviewed for evaluations.
     - 19 out of 133 patients had evaluations for lymphedema
     - 7 out of 42 patients who underwent ALND were referred for evaluation
     - 8 of 31 patients having no surgery were referred for evaluation
     - 5 patients who had radiation were seen for lymphedema evaluation
   - In summary any patient undergoing surgery with axillary node dissection or radiation should be referred for pre-operative and pre-radiation lymphedema evaluation. The physician orders were revised to incorporate lymphedema evaluation as a standing order.
     - Increased lymphedema referrals from cancer panel and medical oncology with preprinted scripts
     - Physician order sheet has been revised to add lymphedema referrals as a standing order to surgeons pre-op evaluation
     - Lymphedema referrals increased from 16% to 38%. There was a 2% increase in the total number of patients referred for lymphedema evaluation. Physician orders were not able to be revised with the implementation of EMR

3.) A retrospective review of 2011 breast cancer patients who underwent MRI were reviewed to determine the frequency that MRI alters management of care.
   - A total of 175 cases were reviewed
     - 118 (67%) had MRI performed and 57 did not have information captured if MRI was performed
     - 91 (77%) MRI did not impact management
     - 27 (13%) MRI did impact management of care at diagnosis
   - St. Vincent’s is within the national average of 20% per radiologist and published peer review frequencies. There are plans for future statistical analysis to determine predictors of altered management due to MRI.

4.) Implementation and revision of tracking tool of spiritual and pastoral care provided to cancer patients on 3 east oncology unit. Below is a summary of results for 2012
   - In review of the tracking tool used, it was determined that the following will result in more accurate data and a less cumbersome tool; particularly since the content is already included in chaplain’s charting of patients:
     - A special column to be added for follow up
     - Eliminate the first two categories (Pastoral Provisions and Spiritual Assessment)
   - Chaplain/Spiritual Care Q-Improvement Recommendation:
     - Approve adjustments to chaplain tracking tool
   - Encourage physician referrals for pastoral care when a patient is especially distressed

**2012 STUDIES OF QUALITY AND IMPROVEMENTS**

3.) A retrospective review of 2011 breast cancer patients who underwent MRI were reviewed to determine the frequency that MRI alters management of care.
   - A total of 175 cases were reviewed
     - 118 (67%) had MRI performed and 57 did not have information captured if MRI was performed
     - 91 (77%) MRI did not impact management
     - 27 (13%) MRI did impact management of care at diagnosis
   - St. Vincent’s is within the national average of 20% per radiologist and published peer review frequencies. There are plans for future statistical analysis to determine predictors of altered management due to MRI.

4.) Implementation and revision of tracking tool of spiritual and pastoral care provided to cancer patients on 3 east oncology unit. Below is a summary of results for 2012
   - In review of the tracking tool used, it was determined that the following will result in more accurate data and a less cumbersome tool; particularly since the content is already included in chaplain’s charting of patients:
     - A special column to be added for follow up
     - Eliminate the first two categories (Pastoral Provisions and Spiritual Assessment)
   - Chaplain/Spiritual Care Q-Improvement Recommendation:
     - Approve adjustments to chaplain tracking tool
   - Encourage physician referrals for pastoral care when a patient is especially distressed

**PREVENTION PROGRAMS**

St. Vincent’s Medical Center Riverside offered the following cancer prevention programs that target the needs of the Community and are designed to reduce the incidence of cancer.

**Mobile Mammography** – More than 2,400 individuals received their screening mammograms through the Mobile Mammography Unit. The mobile unit is easily accessible to patients. It allows screening mammograms to be performed in convenient locations throughout the community including shopping malls, places of employment, etc. Additionally, St. Vincent’s HealthCare has programs to assist uninsured patients who cannot afford the expense of a screening mammogram.

The Josephine H. Bryan Breast Health Center has long been a hallmark of coordinated, compassionate care at St. Vincent’s Medical Center Riverside. Providing breast imaging services for over 40 years, St. Vincent’s performs digital mammography, breast ultrasound, minimally invasive biopsies, breast MRI, and bone densitometry. A library with Internet access is available on site.

The program is accredited by the Mammography Quality Standards Act and the American College of Radiology. It is certified by the Food and Drug Administration. Every mammogram is read by board certified or board eligible radiologists using the same state-of-the-art technology found at the St. Vincent’s hospital location.
St. Vincent’s Medical Center Riverside Cancer Committee Cancer Program Annual Report 2013

COMMUNITY OUTREACH ACTIVITIES

Guys Night Out – Prostate Cancer Awareness football trivia event – August 23rd
- A total of 40 participants
- ACS guidelines used to answer trivia questions

Men’s Health Issues event – October 2nd

Cancer Survivors Event – Functional Medicine and Nutrition – September 15th

Breast Cancer Events – October 2012
- Victory in Pink – October 12th
- Ladies Night Out – a celebration of cancer survivorship & general community education
- The American Cancer Society’s Making Strides Against Breast Cancer
- Taking Mystery Out of Screening and Diagnosis – October 23
- The Evolution of Breast Cancer Management – November 7th
- Breast Reconstruction Awareness Day – October 17th

GYN Oncology Community

Education Event – September 18th

Pelvic Health Event – January 12th

Cancer Survivorship Event – September 15th

CLINICAL TRIALS

St. Vincent’s Medical Center Riverside participates in clinical trials sponsored by the National Cooperative Groups of the National Cancer Institute. This includes trials in Medical Oncology, Radiation Oncology, as well as several pharmaceutical trials. In 2012, St. Vincent’s Medical Center Riverside enrolled over 2% of their cancer patients into clinical trials. This exceeded the requirement set forth by the American College of Surgeons Commission on Cancer. For information about cancer research studies contact the Cancer Research Department at (904) 308-8634.

SCREENING PROGRAMS

St. Vincent’s HealthCare hosted a community-wide Skin Cancer Screening on Saturday August 11, 2012 at the St. Vincent’s Riverside Family Medicine Center. Since the event was advertised through various media outlets, there were scheduled appointments, but walk-in availability was allowed. Upon arrival, participants registered by filling out paperwork provided by the American Academy of Dermatology (AAD). Once completed, the participant was directed to an exam room. The participant was given a gown with the option to undress, leaving undergarments on. A volunteer medical professional (physician and/or physician assistant) thoroughly examined the participant for skin lesions including but not limited to actinic keratoses, basal cell carcinomas, squamous cell carcinomas, and melanomas. The medical professional then reviewed his/her findings with the participant and recommended appropriate treatment. A copy of the results was given to the participant. Referral information was also provided if they did not have a regular physician or dermatologist. For the uninsured, information was provided about St. Vincent’s HealthCare HOPE program. In addition, our medical professionals offered services to those uninsured on an as needed basis. Prior to leaving, each participant was given AAD contact information and educational materials on the warning signs of skin cancer and prevention. Each participant was asked to complete a survey evaluating the event.

Below is a summary of screening results:
- Number of registrants: 260
- Event attendance: 201
- Recommended further treatment (biopsies): 39% (74 participants)

Patient Survey results: 191 (95% of participants)
- 51% (97) stated they would have been screened with or without the free screening
- 49% (94) stated they would NOT have been screened without the free screening

Clinical Results:
- 13% (26) Basal cell
- 10% (21) Squamous cell
- 1% (2) Melanomas

MAN TO MAN PROSTATE EDUCATION AND SUPPORT GROUP

February 7th Dr. Kasraei / treatment options
March 8th Alanna Eubanks / nutrition
April 3rd Dr. Cody / survivorship
May 4th PharmD Madeline Parhalo / meds
June 5th Sr. Andrea / dilemmas / humor
October 9th Dr Ossi / treatment options
November 13th Physical Therapist / wellness
December 11th Dr. Mills / health & wellness

October 2nd was the Men’s Health Issues event at St. Vincent’s Medical Center Southside
- Dr. Mark Homra – The Truth About Erectile Dysfunction

February 2nd was the Men’s Health Issues event at St. Vincent’s Medical Center Southside
- Dr. Mark Homra – The Truth About Erectile Dysfunction
By Paul Ossi, M.D.

Annually, the cancer committee reviews certain cancer subsets to evaluate our effectiveness as a Cancer Center as compared to other comprehensive hospitals. The decision was made to review charts of patients who have been diagnosed with small cell lung cancer. We wanted to determine whether the patients were referred to Radiation Oncology for Prophylactic Cranial Radiation (PCI).

Small cell lung cancer is unique because it is the only cancer diagnosis that PCI is routinely recommended for limited or extensive stage disease. PCI has been shown in multiple trials to decrease brain metastasis and increase overall survival. Additionally, national guidelines recommend PCI for limited or extensive small cell lung cancer.

Consequently, a retrospective review was completed from 2000-2010, and a total of 344 charts were pulled. Originally the plan was to review 10% of the charts, however all 344 charts were reviewed and 118 charts were used for this retrospective analysis. Out of the 118 charts, 52 were ineligible for PCI (32 of the patients were treated for CNS metastasis, 9 had a diagnosis of non-small cell, 8 were diagnosed with other sites of metastasis, and 3 were referred to hospice for poor performance or impaired neurologic performance). Out of the remaining 66 patients, 56 were offered PCI and received treatment; (3 patients were offered PCI but refused treatment, and 7 patients were either lost to follow up, or treated at another facility where all records were not available for this review.)

The results show that, of the eligible patients who were diagnosed with small cell lung cancer at St. Vincent’s-Riverside, 89% of patients were offered PCI, with 85% receiving PCI and 3% declining treatment. This number potentially would be higher but is unable to be substantiated because of the lack of records involving 7 patients.

Based on this retrospective review, it can be concluded that patients who are seen and treated at St. Vincent’s-Riverside are being referred appropriately for PCI in accordance with national guidelines. We will continue to work to keep the number of patients who are lost to follow up to a minimum, and strive to obtain all records from other treating facilities.
ST. VINCENT’S MEDICAL CENTER SOUTHSIDE

For 2012, Oncology Data Services accessioned a total of 489 cases; 315 cases were initially diagnosed and/or treated at St. Vincent’s Southside, qualifying them as analytic cases. There was a 2% increase with cancer incidence compared to prior year. The most common sites seen were colorectal, breast, lung, melanoma and kidney, which are consistent with national trends and remained the same compared to 2011.

A total of 221 of the patients reside in Duval County and 94 are from surrounding communities or from Georgia. In addition, there were a total of 45 historical cases captured which accounted for incidence reporting to the State that was not included in incidence comparison.

### 2012 CASES DIAGNOSED AND/OR TREATED AT ST. VINCENT’S SOUTHSIDE BY COUNTY OF DIAGNOSIS

<table>
<thead>
<tr>
<th>COUNTY OF DIAGNOSIS</th>
<th>NUMBER OF CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N) (%)</td>
</tr>
<tr>
<td>BAKER</td>
<td>5 1.6</td>
</tr>
<tr>
<td>BREVARD</td>
<td>2 0.6</td>
</tr>
<tr>
<td>CLAY</td>
<td>28 8.9</td>
</tr>
<tr>
<td>COLUMBIA</td>
<td>1 0.3</td>
</tr>
<tr>
<td>DUVAL</td>
<td>221 70.2</td>
</tr>
<tr>
<td>FLAGLER</td>
<td>1 0.3</td>
</tr>
<tr>
<td>NASSAU</td>
<td>11 3.5</td>
</tr>
<tr>
<td>PUTNAM</td>
<td>3 1</td>
</tr>
<tr>
<td>ST. JOHNS</td>
<td>22 7</td>
</tr>
<tr>
<td>ST. LUCIE</td>
<td>1 0.3</td>
</tr>
<tr>
<td>OUT OF STATE</td>
<td>20 6.3</td>
</tr>
<tr>
<td><strong>OVERALL TOTAL</strong></td>
<td><strong>315 100</strong></td>
</tr>
</tbody>
</table>

### 2012 CASES DIAGNOSED AND/OR TREATED AT ST. VINCENT’S SOUTHSIDE BY MOST FREQUENT SITES

- **Colorectal**: 14%
- **Melanoma**: 8%
- **Breast**: 7%
- **Lung**: 10%
- **CNS**: 9%
- **Kidney**: 7%
- **Pancreas**: 6%
- **Other**: 10%

### 2012 Cases Diagnosed And/or Treated At St. Vincent’s Southside By Age At Diagnosis And Gender

<table>
<thead>
<tr>
<th>AGE AT DIAGNOSIS</th>
<th>MALE</th>
<th>FEMALE</th>
<th>ROW TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N)</td>
<td>(%)</td>
<td>(N)</td>
</tr>
<tr>
<td>&lt;19</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>20 - 24</td>
<td>1</td>
<td>25</td>
<td>3</td>
</tr>
<tr>
<td>25 - 29</td>
<td>2</td>
<td>66.7</td>
<td>1</td>
</tr>
<tr>
<td>30 - 34</td>
<td>3</td>
<td>50</td>
<td>3</td>
</tr>
<tr>
<td>35 - 39</td>
<td>2</td>
<td>33.3</td>
<td>4</td>
</tr>
<tr>
<td>40 - 44</td>
<td>6</td>
<td>60</td>
<td>4</td>
</tr>
<tr>
<td>45 - 49</td>
<td>6</td>
<td>66.7</td>
<td>3</td>
</tr>
<tr>
<td>50 - 54</td>
<td>19</td>
<td>65.5</td>
<td>10</td>
</tr>
<tr>
<td>55 - 59</td>
<td>16</td>
<td>53.3</td>
<td>14</td>
</tr>
<tr>
<td>60 - 64</td>
<td>21</td>
<td>56.8</td>
<td>18</td>
</tr>
<tr>
<td>65 - 69</td>
<td>29</td>
<td>46</td>
<td>34</td>
</tr>
<tr>
<td>70 - 74</td>
<td>18</td>
<td>51.4</td>
<td>17</td>
</tr>
<tr>
<td>75 - 79</td>
<td>17</td>
<td>50</td>
<td>17</td>
</tr>
<tr>
<td>80 - 84</td>
<td>11</td>
<td>50</td>
<td>11</td>
</tr>
<tr>
<td>85+</td>
<td>15</td>
<td>55.6</td>
<td>12</td>
</tr>
<tr>
<td><strong>OVERALL TOTALS</strong></td>
<td><strong>166</strong></td>
<td><strong>52.7</strong></td>
<td><strong>149</strong></td>
</tr>
</tbody>
</table>
REFERENCES

- St. Vincent’s Oncology Data Services database
- 2013 National Cancer Data Base/Commission on Cancer – benchmark reports
- American Cancer Society, Cancer Facts and Figures 2012
- National Comprehensive Cancer Network Clinical Guidelines (NCCN)

DEFINITION OF TERMS

<table>
<thead>
<tr>
<th>Term</th>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACS</td>
<td>American Cancer Society</td>
<td></td>
</tr>
<tr>
<td>AJCC</td>
<td>American Joint Committee on Cancer</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Analytic</td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td>Non-Analytic</td>
<td></td>
</tr>
<tr>
<td>NCDB</td>
<td>National Cancer Data Base</td>
<td></td>
</tr>
<tr>
<td>COC</td>
<td>Commission on Cancer</td>
<td></td>
</tr>
<tr>
<td>NCCN</td>
<td>National Comprehensive Cancer Network</td>
<td></td>
</tr>
<tr>
<td>ALND</td>
<td>Auxillary Lymph Node Dissection</td>
<td></td>
</tr>
</tbody>
</table>

2012 CASES BY GENDER AND RACE DIAGNOSED/OR TREATED AT ST. VINCENT’S SOUTHSIDE

<table>
<thead>
<tr>
<th>GENDER</th>
<th>WHITE</th>
<th>BLACK</th>
<th>ALL OTHERS</th>
<th>ROW TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N)</td>
<td>(%)</td>
<td>(N)</td>
<td>(%)</td>
</tr>
<tr>
<td>MALE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>141</td>
<td>84.9</td>
<td>22</td>
<td>13.3</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>1.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>166</td>
<td>52.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEMALE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>109</td>
<td>73.2</td>
<td>28</td>
<td>18.8</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>8.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>149</td>
<td>47.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OVERALL TOTALS</td>
<td>250</td>
<td>79.4</td>
<td>50</td>
<td>15.9</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>4.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>315</td>
<td>100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>