



2017 ANNUAL CANCER REPORT

An Update of Cancer Care



Caring together. **MERCYHEALTH**

TABLE OF CONTENTS

A Message from the Executive Director of Oncology.....	3
A Message from the Cancer Committee Chair.....	4
A Message from the Cancer Committee Physician Liaison.....	5
2017 Lourdes Cancer Program Cancer Committee Members	6
Lourdes Incidence of Cancer for All Cancer Sites.....	7
2017 Annual Data Studies.....	8
High Risk Genetics.....	12
Community Health and Outreach.....	13

A Message from the Executive Director of Oncology Lourdes Hospital, Mercy Health



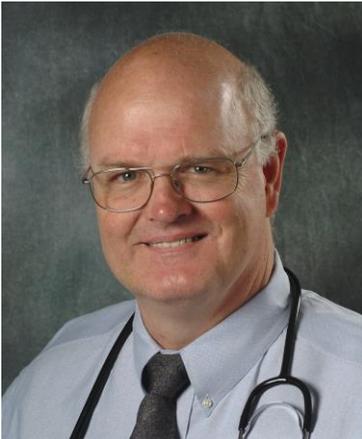
2017 has been a transformational year for the Cancer Program at Lourdes Hospital/Mercy Health. While the Ministry has had a long and proud history of providing superior cancer care to the people in the region we serve, we have begun to focus on the creation of an integrated, full service cancer center. As I have said on many occasions, building a cancer center is not built on a foundation of bricks and mortar but it is built on a foundation of quality. To this end, we have created our interdisciplinary framework for cancer care with bi-monthly Tumor Board Meetings, where prospective cancer cases are discussed by a team of physicians providing these patients with their oncology

care. This is so the entire cancer care team can discuss and debate, ensuring that patients are getting the most up-to-date, and cohesive care possible. We have put together a Cancer Committee that will guide our program forward, following American College of Surgeons Commission on Cancer Standards, toward the best cancer program possible for the patients we serve. We are completing studies and building on to subprograms in cancer care to lead us to the best care available. We will never be complacent in our ongoing and everchanging journey toward superior oncology care; complacency is the poison for an exceptional cancer program.

All of this will continue to be driven by the true passion and commitment in providing care to our oncology patients and fighting cancer from every angle.

John J. Montville, MBA, FACHE, FACMPE, CAAMA
Executive Director/Oncology

A Message from the Cancer Committee Chair Lourdes Hospital, Mercy Health



The Lourdes Cancer Committee is excited with the incredible progress the oncology program at Lourdes Hospital has made over the course of the past year. While continuing to focus on the individual needs of patients in our community, the Lourdes oncology program has expanded their focus to include educational opportunities, screening mechanisms and networking increased healthcare provider services throughout an expanding geographical area.

The mission of a humble yet robust Christ centered approach to compassionate patient care remains firm and paramount in our quest to prevent, heal and palliate those confronted with the terrible threat of cancer.

Lourdes Hospital is fortunate to have the resources to indiscriminately reach out to and serve the quad state area of Western, Kentucky, Southern Illinois, Northwest Tennessee and Eastern Missouri including a high indigent patient population as well as people with multicultural and language barriers.

With the direction of an enthusiastic tumor registrar, the oncology program is now fulfilling its Tumor Registry requirements.

The bimonthly tumor board meetings have maintained a steady stream of new cancer patient problems presented to a multi-departmental disciplinary team of differing subspecialty providers assisting with decision making for difficult cancer cases. Not only are our patients and providers better served with this multidisciplinary team approach but the tumor board meetings are meeting standards and requirements for accreditation by the American College of Surgeons (ACS).

Nurse navigators are spearheading a coordinated effort for tumor screening, prevention and health maintenance at Lourdes Hospital. The initial attention is being directed to the most frequent and pervasive malignancy systems of lung cancer, breast cancer, colon cancer and prostate cancer. A methodical genetic screening program is also in place identifying at risk patients at cancer screening entry points of radiology, gastroenterology, gynecology and extending to the network of primary care physicians in the Lourdes system. Genetic counseling and referrals are being made when deleterious cancer producing gene alterations are discovered. Not only are the individual patient needs being addressed in this regard, but the implications extending to family members with potential risks are also explored.

Lourdes should be receiving ACR Breast Center of Excellence designation for breast imaging any day. National Quality Measures for Breast Centers (NQMBC) certification should be in place by the first quarter of this year. National Accreditation Program for Breast Centers (NAPBC) accreditation by the American College of Surgeons (ACS) is also expected by mid 2018.

All of us participating with the oncology program at Lourdes have much to be thankful for and are certainly proud of all of those dedicated to providing comprehensive yet personal service for those who had been entrusted to our care.

William L. Skinner, MD
Hematology/Oncology

A Message from the Cancer Committee Physician Liaison Lourdes Hospital, Mercy Health



As Cancer Committee Physician Liaison for the Cancer Program of Lourdes Hospital/Mercy Health, I am proud to share the results of our 2017 Annual Data Studies. This year's studies included a study of the times from breast biopsy to results delivered to patient and, for positive results, time to initial treatment, a study of times from abnormal colonoscopy to initial treatment intervention, and a study of Lourdes breast cancer survival rates; compared to state and national averages. The details of these studies are included in full detail in this Annual Report but, a brief overview includes:

- ▶ 69.2% of Lourdes patients diagnosed with breast cancer received initial treatment

within 4 weeks of initial diagnosis. This compares with 45.3% of patients receiving initial treatment within 4 weeks of initial diagnosis nationally.

- ▶ 88.9% of Lourdes colon-rectal-anal cancer patients received initial treatment/care in less than 1 month of diagnosis.
- ▶ 14.6% more of Lourdes patients diagnosed with all stages of breast cancer in 2012 were alive in 2016 than overall Kentucky patients and 14.2% more than national averages.
- ▶ 6.1% of Lourdes patients diagnosed with all stages of breast cancer were alive than Kentucky rolling averages and 5.7% more when compared with national rolling averages.
- ▶ Lourdes breast cancer survival data at all cancer stages is superior to Kentucky and National averages.

We are currently setting our 2018 Data Studies and look forward to more information that will allow us to continuously improve our oncology program; both from its long history of quality and its future commitment to cutting edge cancer care.

Finally, as our Cancer Committee Physician Liaison I have enjoyed sharing the many, many accomplishments made during this eventful year for our cancer program. In my role, I get the opportunity to act as the communication conduit between the various parts of our program and the many, varied providers affiliated with Lourdes. A great deal has been accomplished and we have a very bright future ahead as our program continues to grow.

Ross Jones, MD
Gastroenterology

2017 Lourdes Cancer Program Cancer Committee Members

William L. Skinner, MD - Medical Oncology, Cancer Committee Chair

Ross Jones, MD - Gastroenterology, Cancer Committee Physician Liaison

John J. Montville, MBA, FACHE, FACMPE, CAAMA - Executive Director of Oncology

Eliza Hill, RN – Oncology Nursing Leadership

Janet Simerly, RN – Chief Nursing Officer, Lourdes

Marsha Tucker, CTR – Cancer Registry

Adrian Miller, MD, FABR – Radiology - Radiology Group of Paducah

Bart Outzen, RT, RT(N), NMTCB, BSRT – Director of Radiology

Cindy Hagan, RT (R)(M), CN-BI – Women’s Imaging Manager

Terrance D. Adams, MBA - Director of Orthopedics and Rehab Services

Elizabeth Bennett, MS, RD, LD - Clinical Nutrition Manager

Michelle Higgins, CPCS- Medical Staff Services Manager

Christopher Green, MD – Pathology - Pathology Associates of Paducah

Ginger Helton – Manager, Pathology Associates of Paducah

Rita Kelly, MT(ASCP) – Administrative Director, Clinical Laboratories and Pathology

Courtney LeNeave, RN, BSN, CN-BN – Nurse Navigator, Breast Cancer and Genetics

Amy Manley, RN, CN-BN – Nurse Navigator, Breast Cancer and Lung Cancer

Jodi Wainscott – Director of Quality

Cyndy Kern, FACHE, CPHQ – Director of Care Management

Kay Williams – Director of Home Health Services

James Long, MD FACP – Medical Director, Hospice/Palliative Care

Janece Everett – Cancer Control Specialist, Kentucky Cancer Program

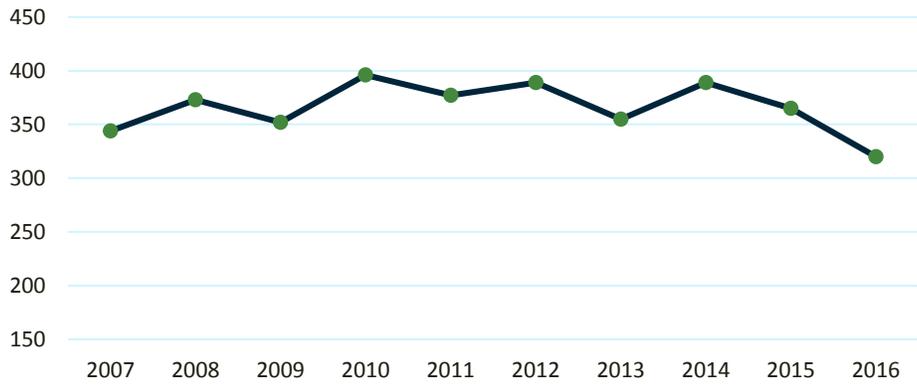
April Baker, RN, BSN, OCN - Clinical Nurse Educator

Celia Parrott, PA-C – Breast Surgical Oncology and Genetics

Cynthia Dobrzynski, MA – Vice President, Mission Integration

Sarah Shanks, RN, BSB/eB - Manager, CarePATH/Clinical Informatics, Mercy Health Meaningful Use/CT

Lourdes Incidence of Cancer For All Cancer Sites
2007-2016



SITE	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Lip	0	1	0	1	3	0	3	7	1	0
Tongue	1	3	6	5	5	4	5	2	1	0
Salivary glands	1	0	0	1	1	0	0	0	1	0
Gum & hard palate	0	2	2	0	1	0	0	0	0	0
Floor of mouth	2	2	0	0	3	0	0	0	0	1
Buccal mucosa	0	2	1	1	0	1	0	0	0	0
Oropharynx	3	2	5	6	1	4	1	2	0	0
Nasopharynx	0	1	0	0	1	1	0	0	0	0
Hypopharynx	1	1	0	0	0	0	0	0	0	0
Other oral cavity	0	0	1	2	0	0	0	1	0	0
Esophagus	5	4	3	6	3	1	4	7	3	3
Stomach	7	5	8	8	6	5	11	3	4	4
Small Intestine	3	0	0	1	1	3	3	3	0	6
Colon	26	45	41	26	38	43	37	33	22	20
Rectum/Anus	12	13	10	18	15	17	10	13	15	6
Liver	1	1	2	5	0	2	0	5	5	2
Gallbladder	0	1	0	1	1	3	2	3	1	2
Pancreas	5	6	2	4	6	5	4	6	6	8
Other digestive tract	1	0	1	1	0	0	2	0	0	2
Nasal cavities,sinuses,ear	0	0	0	1	1	0	0	0	0	0
Larynx	3	7	6	4	6	9	5	4	1	3
Trachea,bronchus, lung-small	4	29	15	18	14	15	7	11	10	5
Trachea,bronchus,lung-NSC	73	67	73	68	65	56	38	80	54	46
Other respiratory	0	1	1	2	1	3	0	0	3	2
Bone	0	0	0	0	1	0	0	1	0	0
Connective & soft tissue	1	0	0	1	1	0	0	0	1	1
Malignant melanoma	19	14	16	21	22	26	18	21	5	6
Other skin	0	0	0	0	1	0	1	0	0	0
Breast, female & male	55	54	57	76	88	105	118	102	130	112
Cervix	1	0	2	3	1	2	1	2	1	0
Endometrium (corpus uteri)	4	7	2	2	2	9	4	4	4	8
Ovary	1	3	2	6	1	2	3	3	3	4
Other female genital organs	1	2	0	1	1	0	1	6	0	0
Prostate	8	10	7	9	5	6	5	5	8	23

Testis	2	1	3	2	3	1	1	1	2	2
Other male genital organs	0	0	0	0	0	0	0	0	0	1
Bladder	20	23	11	20	13	14	12	15	19	17
Kidney	11	9	6	11	9	3	4	5	4	9
Other urinary organs	1	2	2	1	2	2	1	2	3	2
Brain	2	3	0	1	3	2	2	0	0	1
Other CNS	0	0	1	0	0	0	0	0	0	0
Thyroid	7	4	10	7	5	3	6	1	0	1
Other endocrine	1	0	0	0	0	0	0	0	0	0
Hodgkin's	2	1	1	1	2	1	2	2	2	0
Non-Hodgkin's Lymphomas	15	17	19	13	12	13	18	10	28	11
Plasma cell tumors	2	3	2	2	6	4	2	7	3	2
Lymphocytic leukemias	2	1	1	1	1	1	5	1	5	0
Myeloid leukemias	7	4	1	5	3	4	2	3	8	2
Other leukemias	1	1	1	0	1	0	2	0	1	1
Myeloprolif. & myelodysplas.	12	4	3	3	3	0	2	4	0	0
Other hematopoietic diseases	0	1	0	0	0	0	0	1	0	0
Other & ill-defined sites	2	0	1	0	0	0	0	0	0	0
Unknown primary	6	4	9	11	5	10	5	8	7	6
Benign/borderline brain,CNS	13	12	18	20	14	9	8	5	4	1
TOTAL	344	373	352	396	377	389	355	389	365	320

LOURDES COLON-RECTUM-ANAL DIAGNOSIS TO TREATMENT ANALYSIS

Span of Review: 01-01-2015 through 12-31-2016

63 Total Cases Affiliated with Lourdes Hospital with a Colon-Rectum-Anal Cancer Diagnosis

First Treatment At Time of Diagnosis*	< 1 Week	1 Week	2 Weeks	3 Weeks	4 Weeks	5 Weeks	6 - 6+ Weeks
	26	5	2	9	11	3	1
							6

Overall Conclusions:

► 88.9% of Lourdes colon-rectal-anal cancer patients received initial treatment/care in less than 1 month of diagnosis.

* Notes: Initial treatment, surgical removal, at time of colonoscopy/diagnosis.

Data Sources:

Kentucky Cancer Registry, 2017

LOURDES BREAST CANCER DIAGNOSIS TO FIRST TREATMENT ANALYSIS

Span of Review: 01-01-2012 through 12-31-2016

572 Total Patients Affiliated with Lourdes Hospital with a Breast Cancer Diagnosis - 2012 - 2016

2012-2016 Diagnosis to First Treatment										
No Treatment/No Treatment Noted	< 1 Week	1 Week	2 Weeks	3 Weeks	4 Weeks	5 Weeks	6 Weeks	7 Weeks	8 Weeks	> 8 Weeks
	7.3%	7.5%	2.6%	7.7%	16.5%	27.6%	9.4%	7.0%	4.7%	3.8%
										5.9%

Overall Conclusions:

► 69.2% of Lourdes patients diagnosed with breast cancer received initial treatment within 4 weeks of initial diagnosis. This compares with 45.3% of patients receiving initial treatment within 4 weeks of initial diagnosis nationally.

Data Sources:

Kentucky Cancer Registry, 2017

Bleicher RJ, Sigurdson Ruth K, et al Time to surgery and breast cancer survival in the united states JAMA Oncology March 1, 2016 2(3):330

Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) Research Data (1973-2014), National Cancer Institute, DCCPS, Surveillance Research Program, released April 2017, based on the November 2016 submission

National Cancer Data Base (NCDB), The American Cancer Society/the Commission on Cancer of the the American College of Surgeons, 1989 to present

LOURDES BREAST CANCER 5-YEAR SURVIVAL DATA

Span of Review: 01-01-2012 through 12-31-2016

572 Total Patients Affiliated with Lourdes Hospital with a Breast Cancer Diagnosis - 2012 - 2016

TRUE 5 YEAR SURVIVAL - PATIENTS DIAGNOSED IN 2012 LIVING IN 2016

	Stage 0	Stage I	Stage II	Stage III	Stage IV	AVERAGE
Lourdes	94.4%*	100.0%	96.2%	90.0%	n/a**	95.2%
Kentucky	99.6%	98.7%	94.1%	76.3%	34.1%	80.6%
National	~100%	~100%	93.0%	72.0%	42.0%	81.0%

5 YEAR ROLLING SURVIVAL 2012 - 2016

	Stage 0	Stage I	Stage II	Stage III	Stage IV	AVERAGE
Lourdes	99.1%	99.2%	97.3%	85.2%	52.9%	86.7%
Kentucky	99.6%	98.7%	94.1%	76.3%	34.1%	80.6%
National	~100%	~100%	93.0%	72.0%	42.0%	81.0%

AGE SURVIVORSHIP BREAKDOWN - BY AGE AT DIAGNOSIS 2012-2016

	0-39	40-49	50-59	60-69	70-79	80-80+
Lourdes	2.6%	11.7%	23.6%	31.1%	21.5%	9.5%
Kentucky	3.7%	13.6%	23.5%	29.5%	20.1%	9.6%

TOTAL VOLUME BY DIAGNOSIS YEAR

	2012	2013	2014	2015	2016
Lourdes	100	85	95	126	111
Kentucky	4026	4109	4293	4255	4001

Overall Conclusions:

- ▶ 14.6% more of Lourdes patients diagnosed with all stages of breast cancer in 2012 were alive in 2016 than overall Kentucky patients and 14.2% more than national averages.
- ▶ 6.1% of Lourdes patients diagnosed with all stages of breast cancer were alive than Kentucky rolling averages and 5.7% more when compared with national rolling averages.
- ▶ Lourdes breast cancer survival data at all cancer stages is superior to Kentucky and National averages.

Data Sources:

Kentucky Cancer Registry, 2017

American Cancer Society, Breast Cancer Survival Rates & Statistics - September, 2017

Notes:

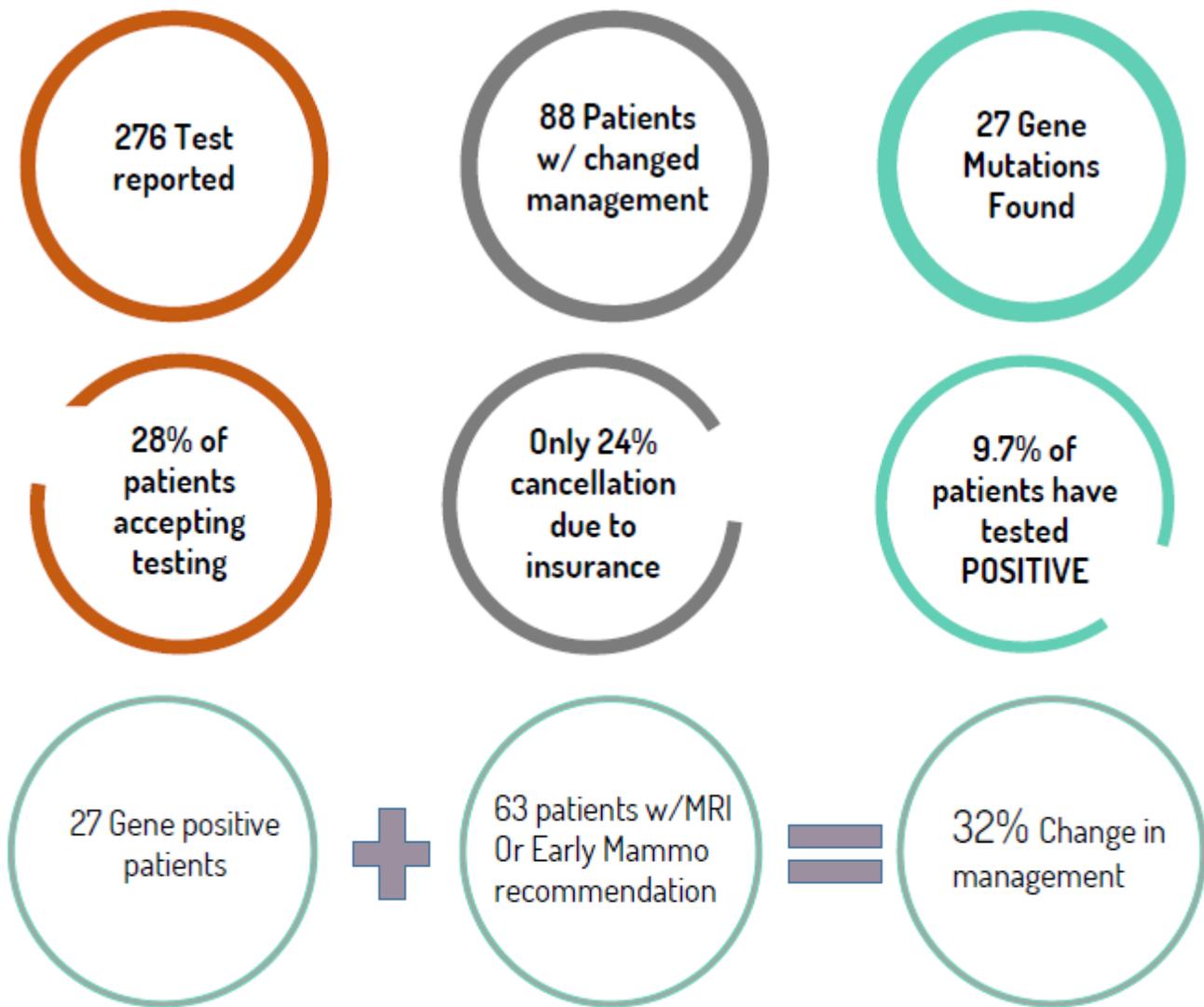
* May have statistical anomalies due to poor Tumor Registry entry processes in 2012.

** Statistical sample too small to analyze.

Only deaths associated with the breast cancer diagnosis are included in deaths.

High Risk Genetics Program

Metrics...



Lung screenings save lives

Lung cancer is a major health problem in the U.S., with more than 200,000 new cases and nearly 160,000 deaths every year. Detecting it early can make all the difference in your treatment options. With early detection, 85 percent of cancers can be found in the most easily treated stages. Don't wait until you have symptoms — get screened today! All screenings require an appointment and orders from your doctor.

You may qualify for low dose CT lung screening if you are between the ages of 55-77 and a current cigarette smoker or a former smoker who has quit within the last 15 years.

Talk to your doctor today or call our Lung Cancer Nurse Navigator at 270-538-5867 to see if CT lung screening is right for you.



www.lourdes.org

A Catholic health system serving Kentucky and Ohio



Free Smoking Cessation Classes

Now offered by Lourdes

As part of Lourdes' commitment to fostering healthy communities, Lourdes is pleased to announce free smoking cessation series for those interested in quitting smoking.

With the support of Smoking Cessation Counselors trained in the American Lung Association's Freedom from Smoking program, the program is catered toward individuals who have made the decision and are ready to quit smoking. Most people know that smoking is dangerous to their health, but this program focuses almost exclusively on how to quit successfully, not why to quit. The program offers a structured, systematic approach to quitting, and its positive messaging emphasizes the benefits of better health.

"We are committed to doing all we can to help tobacco users that want to quit to succeed in their efforts - for their health, the health of their loved ones, and the health of all of the communities we serve," said John Montville, Lourdes Executive Director of Oncology.

Lourdes will hold multiple series of classes throughout the year. Each series consists of eight classes over a seven week time frame. All classes are free and anonymous. Prior sign up is necessary to attend. Class sizes are limited to the first 20 people. Classes may also be arranged with employers or at locations throughout the area.

**For questions, class dates, or to
sign up for the series, please call
270-538-5867.**



Caring together. **MERCYHEALTH**

A Catholic healthcare ministry serving Kentucky and Ohio



1530 Lone Oak Road
Paducah, Kentucky 42003