

St. Mary's Regional Cancer Center

2017 Annual Report

(with statistical data from 2016)



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Pathologist

Kathy Mowat, MSW, LCSW
Social Services

2016 Case Summary by Site/Gender

Lip	2	1	3	0.4
Tongue	8	1	9	1.2
Oropharynx	2	1	3	0.4
Oral Cavity - Other	10	6	16	2.0
Esophagus	6	4	10	1.3
Stomach	7	2	9	1.2
Colon	16	18	34	4.4
Rectum	5	6	11	1.4
Anus	1	4	5	0.6
Liver	15	2	17	2.2
Pancreas	9	11	20	2.5
Digestive - Other	2	8	10	1.3
Sinus	3	1	4	0.5
Larynx	8	1	9	1.2
Respiratory - Other	4	0	4	0.5
Lung - Small Cell	8	13	21	2.7
Lung - Non-Small Cell	54	33	87	11.1
Lung - Other	2	5	7	0.9
Leukemia	27	18	45	5.8
Multiple Myeloma	6	1	7	0.9
Blood & Bone Marrow - Other	6	4	10	1.3
Bone	1	0	1	0.1
Connective Tissue	0	2	2	0.2
Melanoma	15	17	32	4.1
Skin - Other	1	1	2	0.2
Breast	0	80	80	10.2

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2016 Case Summary by Site/Gender (cont.)

Cervix Uteri	0	4	4	0.5
Corpus Uteri	0	21	21	2.7
Ovary	0	14	14	1.8
Vulva	0	2	2	0.2
Prostate	82	0	82	10.5
Testis	3	0	3	0.4
Bladder	29	9	38	4.9
Kidney	20	14	34	4.5
Urinary System - Other	5	2	7	0.9
Brain - Benign	1	0	1	0.1
Brain - Malignant	5	7	12	1.5
Brain - Other	8	18	26	3.3
Thyroid	9	15	24	3.1
Endocrine - Other	6	3	9	1.2
Hodgkin's Disease	1	0	1	0.1
Non-Hodgkin's Lymphoma	21	12	33	4.2
Unknown	2	5	7	0.9
Other/III-Defined	3	2	5	0.6
TOTAL	413	368	781	100.0

Cancer Registry

The SCL Health System Cancer Registry is an essential element of the cancer program which provides multiple cancer registry and support services, including the collection and analysis of cancer information on each patient diagnosed or treated at St. Mary's Regional Cancer Center. Our Certified Tumor Registrars (CTR) capture a complete summary of each cancer case from diagnosis through treatment and post-treatment follow-up which is maintained in an electronic database and can provide data for overall evaluation. The integrity of the data is closely monitored through dedicated quality control measures while strict confidentiality is maintained to protect patient privacy.

Cancer Registry works closely with the Cancer Committee to support the Comprehensive Community Cancer Program (CCCP) by the American College of Surgeons Commission on Cancer (ACoS CoC). St. Mary's Regional Cancer Center Cancer Program is accredited through 2019.

What information is collected?

The Cancer Registry database is a rich source of clinical data containing information on cancers diagnosed and/or treated at St. Mary's Regional Cancer Center since 1980. Data fields include: patient demographics, histology, tumor grade, AJCC stage of disease at diagnosis, tumor markers, tumor size, regional lymph node status, first course of therapy, annual follow-up, vital status and more. In addition to the information required by the ACoS CoC, Cancer Registry also collects supplemental prognostic and predictive factors for the Colorado Central Cancer Registry.

How is the data used?

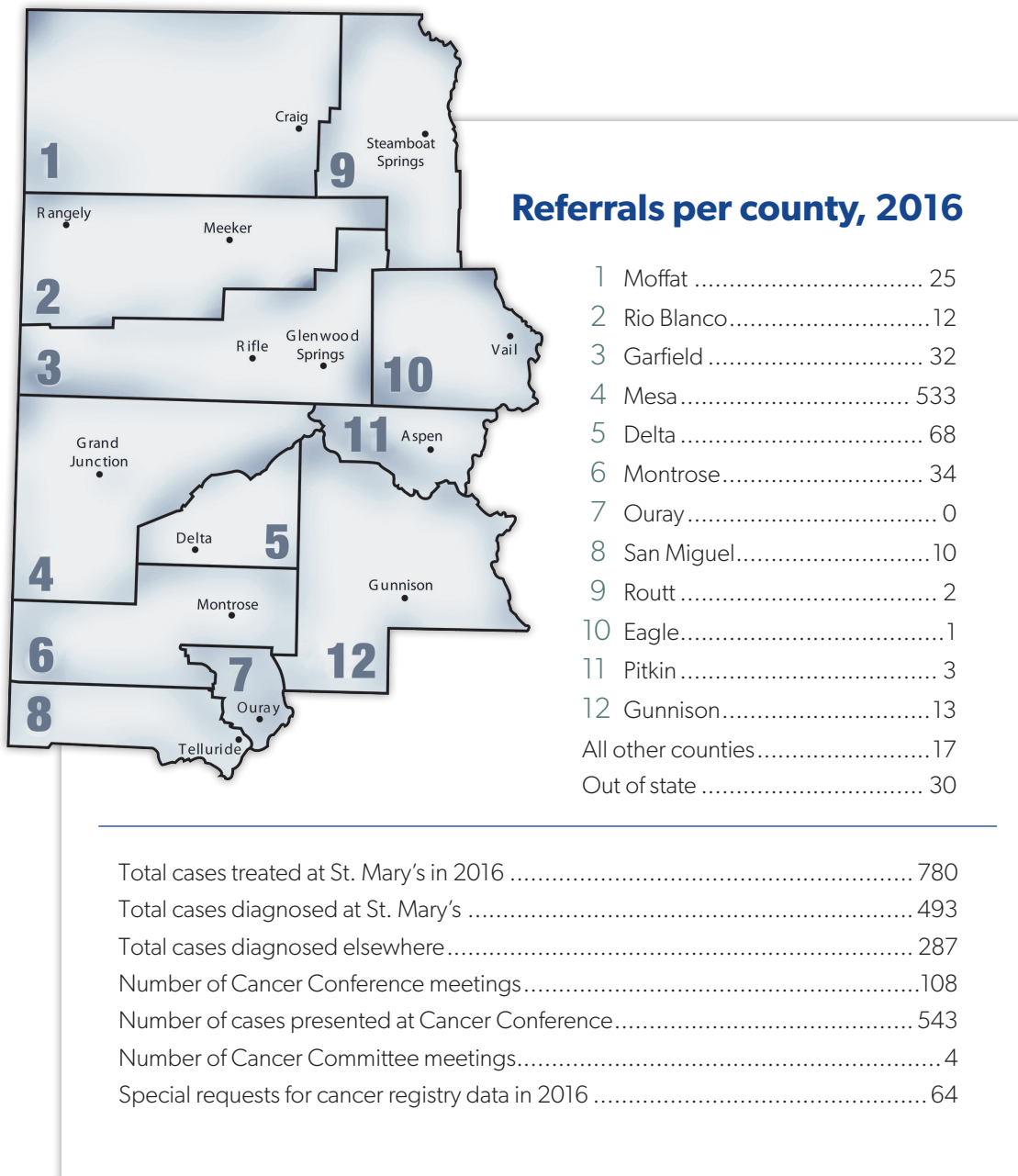
The data collected by Cancer Registry is used to support the cancer program development, quality improvement initiatives, outcomes analysis and cancer research. Cancer registry data is used to measure compliance with evidence-based clinical practice guidelines endorsed by the ACoS CoC through quality improvement studies. In the research arena, Cancer Registry data is used to support clinical cancer research within the St. Mary's Regional Cancer Center, Cancer registry data is also provided to support cancer control research which focuses on ways to prevent cancer, decrease cancer mortality and improve quality of life for patients with cancer. Cancer registry data is reported to the Colorado Central Cancer Registry a division of the Colorado Department of Health and Public Environment (CDPHE) where it is integrated into a population-based data system. This system is used to study trends in cancer incidence, diagnosis and treatment patterns, survival rates and to investigate possible cancer clusters within the state. As an approved ACoS CoC cancer program, data collected by Cancer Registry is also reported to the National Cancer Data Base, impacting studies of cancer incidence, patterns of care, and outcomes on a national level.

Cancer Registry, Referrals per County

Cancer Registry

Since the establishment of the Cancer Registry at St. Mary's Medical Center in 1980, 30,365 cases have been entered, including patients who have been diagnosed and/or treated at this institution. The table below contains 2016 statistics.

The cancer data is available to the medical staff for special studies and research, and to the administration for planning of cancer services. This data is regularly transmitted to the Colorado Central Cancer Registry, as required by law. Registry data is used in the evaluation and improvement of patient care. The registry continues to contribute to the National Cancer Data Base, where accumulated data is used for research into the causes, diagnosis, and treatment of cancer.



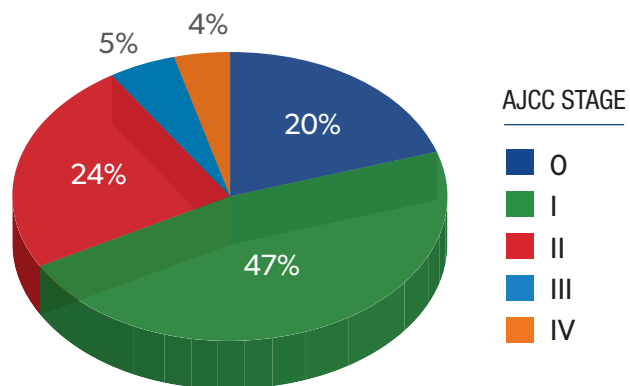
Major Cancer Sites

Breast Cancer

The American Cancer Society estimates 252,710 new cases of invasive breast cancers diagnosed in women, in the United States for 2017 and approximately 40,610 women will die from breast cancer. St. Mary's Cancer Center reported 80 new cases of breast cancer in 2016. Breast Cancer remains the most common cancer diagnosed in women and is the second leading cause of cancer death in women. Only lung cancer kills more women each year. The chance that a woman will die from breast cancer is about 1 in 37 (2.7%). The most common age group for women to be diagnosed with breast cancer is ages 50-69.

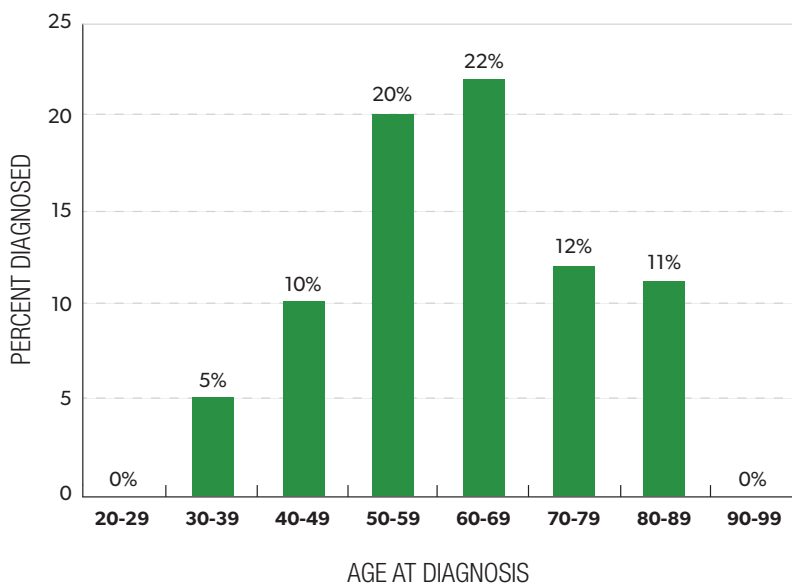
Breast Cancer Stage at Diagnosis

St. Mary's 2016 – Total Cases: 80



Breast Cancer Stage at Diagnosis

St. Mary's 2016



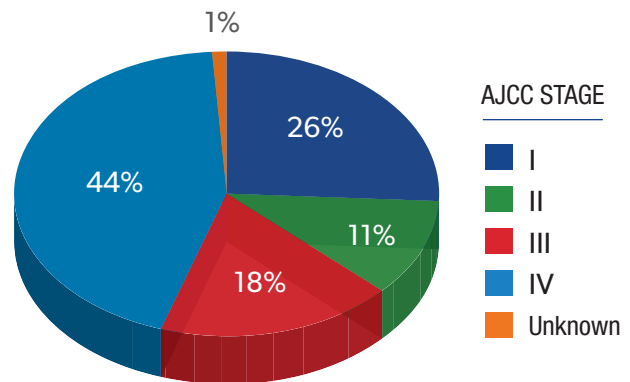
Major Cancer Sites

Lung Cancer

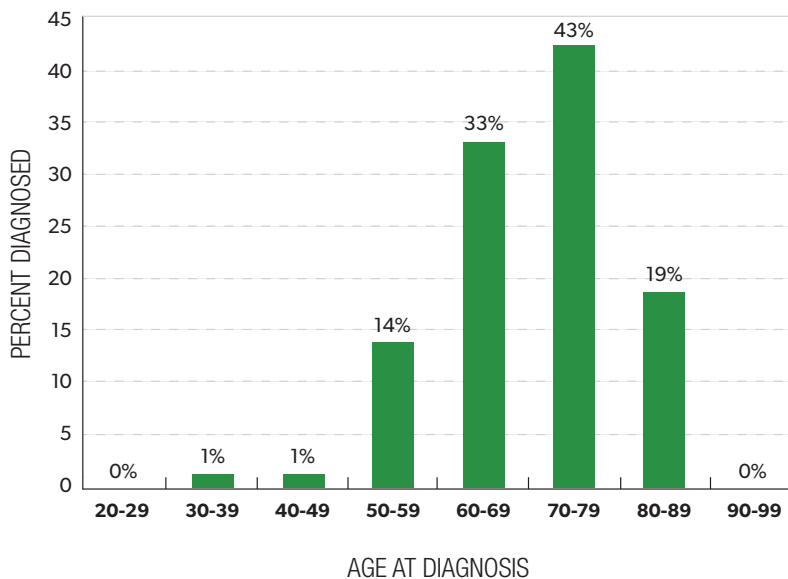
Lung cancer remains the number one cause of cancer death for both men and women in the United States. The high rate of death is attributed to lack of symptoms in early stage lung cancer, when cancer is easier to treat and cure is possible. Advanced lung cancers are more difficult to treat and have often spread to other organs in the body.

Smoking is the primary risk factor; about 90% of lung cancer is caused by smoking or exposure to secondhand smoke. Other factors include exposure to radon gas, asbestos and environmental carcinogens (cancer causing substances).

Lung Cancer Stage at Diagnosis
St. Mary's 2016 – Total Cases: 108



Lung Cancer Age at Diagnosis
St. Mary's 2016



Until recently, no proven screening options were available to help diagnosis lung cancer. Low-dose computed tomography (LDCT), which is offered at St. Mary's, is the only recommended screening test to identify lung cancer. The U.S. Preventive Services Task Force has determined that those who could qualify for LDCT are between the ages of 55–80 years of age, have a 30 pack year history (number of packs per day times the number of years smoked), or have quit smoking in the past 15 years.

St. Mary's Regional Cancer Center reported 108 new lung cancer cases in 2016. The majority of these cases were diagnosis in the later, less treatable stages, which is comparable to the national trends in lung cancer. Prevention is the best way to decrease the risk of getting lung cancer.

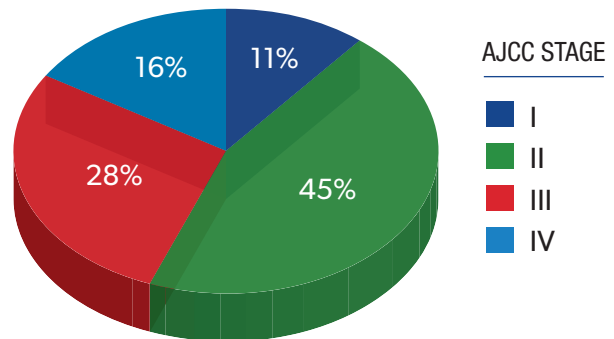
Major Cancer Sites

Prostate Cancer

The American Cancer Society estimates prostate cancer rates in the United States for 2017 are about 161,360 new cases diagnosed and about 26,730 deaths from prostate cancer. Approximately 1 in 7 men will be diagnosed with prostate cancer during their lifetime. Prostate cancer develops mainly in men 65 and older and is rarely seen before the age of 40. Prostate cancer is the third leading cause of cancer death in American men, behind lung cancer and colorectal cancer. About 1 in 39 men will die of prostate cancer. Prostate cancer can be a serious disease, but most men diagnosed with prostate cancer do not die from it. More than 2.9 million

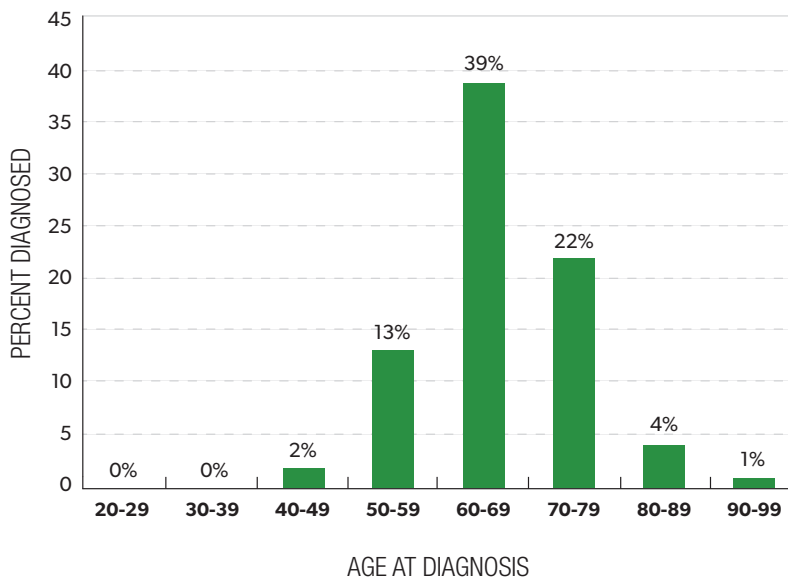
Prostate Cancer Stage at Diagnosis

St. Mary's 2016 – Total Cases: 82



Prostate Cancer Age at Diagnosis

St. Mary's 2016



men in the United States have been diagnosed with prostate cancer are still living today.

St. Mary's had 82 new cases of prostate cancer diagnosed in 2016. About 48% of the 82 cases diagnosed were localized or regional, while only 16% were found to have distant disease at diagnosis. St. Mary's numbers are in alignment with national numbers. The largest age group diagnosed were men between ages 60–69.

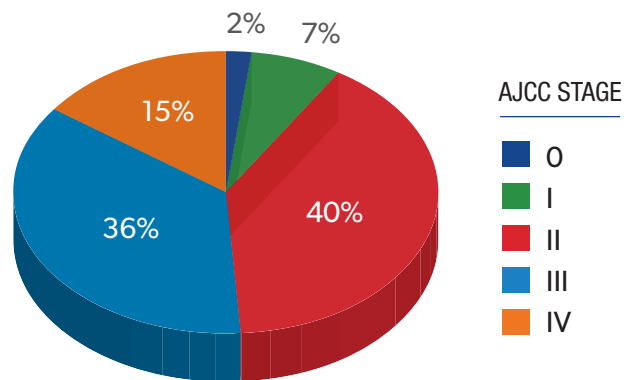
Major Cancer Sites

Colorectal Cancer

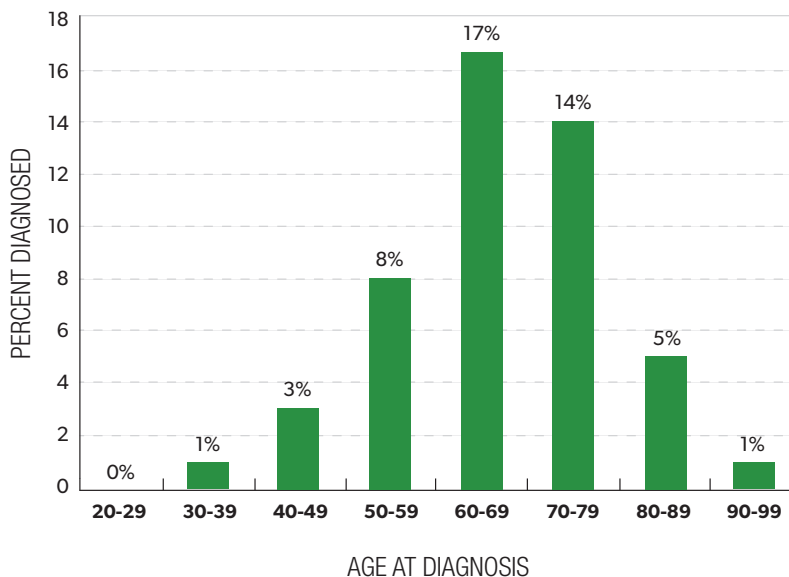
Colorectal cancer is the third most common cancer in both men and women. Colorectal cancer incidence rates have been decreasing, which has largely been attributed to early detection. St. Mary's Regional Cancer Center, in collaboration with local gastroenterologists (doctors who specialize in gastrointestinal diseases and disorders), continue to provide community education and colorectal cancer prevention, screening and early detection.

In 2016 a total of 45 cases of colorectal cancer were diagnosed at St. Mary's. Early stage colorectal cancer has few signs or symptoms. Starting at age 50 both men and women should begin screenings for

Colorectal Cancer Stage at Diagnosis
St. Mary's 2016 – Total Cases: 45



Colorectal Cancer Age at Diagnosis
St. Mary's 2016



colorectal cancer. A colonoscopy, which is a flexible video scope inserted into the colon, is the most common screening procedure and can find many early stage colorectal cancers.

Risk factors for colon cancer increase with age. Lifestyle habits can put you at increased risk for colorectal cancer. These include obesity, physical inactivity, diets high in red and processed meats, heavy alcohol intake, and diet low in fiber. Smoking may also increase your risk for colorectal cancer. People with a high number of polyps (small bulb like growths in the colon), inflammatory bowel disease, or a family history of colorectal cancer can also increase their risk for developing the disease.

2017 Activities, Patient Care Improvements, Community Connections & Resources

PREVENTION PROGRAM

Cancer Prevention Programs are designed to reduce the incidence of a specific cancer type and targeted to meet the prevention needs of our community. Mesa County has a high rate of adult smokers and a significantly higher incidence of lung and bronchus cancer than the rest of Colorado. Colorado has the highest UV index and a higher Melanoma rate of 21.9% compared with a rate of 20.7% in the US.

Lung Cancer: St. Mary's Regional Cancer Center initiated a Nicotine Replacement Therapy (NRT) Sample Project providing a free 3 day supply of NRT for patients having a "high readiness score" to quit using tobacco. A total of 137 participants received NRT during 2017. Participants committed to a quit date within 7 days of receiving NRT and received individual counseling and telephone follow-up. Of the 137 participants, 32 (23%) quit and remained tobacco free for a period of 12 months. These results exceeded the national rate of 20% staying quit.

Skin Cancer: St. Mary's Regional Cancer Center initiated a partnership with the University of Colorado Cancer Center (UCCC) to provide free UV pictures to participants at the JUCO (Junior College) World Series. Over the Memorial Day weekend, 204 people were willing to have a picture taken of their face with the UV Camera which shows the deep skin damage done by the sun, and was brought over by a doctor from UCCC. We recruited two student nurses from Colorado Mesa University for each day to review the picture results with participants. Of the 204 participants, 190 (93%) said, "The UV camera convinced them to change the way they protect their skin."

SCREENING PROGRAMS

Cancer screenings provide an opportunity to meet the needs of our community, which are designed to decrease the number of patients with late-stage disease. The following were provided to our community and patients.

Oral Cancer: In an initial collaboration with the local Federally Qualified Health Center (FQHC), 2663 patients were screened for oral cancer during their regular dental visits, using "Identifi" which was provided by St. Mary's Regional Cancer Center. This is a 342% increase in the number of patients screened in 2016. Of the 2663 screened, 4 had suspicious lesions sent for biopsy, and 0 had positive results.

Lung Cancer: Low Dose CT Lung Screening for High-Risk Patients. During 2017, 180 people were screened and 24 required follow up PET and/or CT and/or biopsy. Two of the 180 screened were diagnosed with lung cancer. Our results of 1 diagnosis per 180 screened, exceeds the NLST trials which have a rate of 1 diagnosis per 320 screened.

STUDIES OF QUALITY

- 2017 – Access to a specialist is becoming increasingly difficult across all specialist groups. Quick access to an Oncologist is very important for the patient's mental and physical health. We began measuring in Q1 of 2017 days from the referral to oncology being received to date of consult. We found that no national average is available to benchmark this data but that it is widely accepted that 7 days is appropriate amount of time to be able to provide this service. After measuring 3 quarters of 2017 we found areas of opportunity and in 2018 adjustments to the current process will be in place as we continue to evaluate this metric.
- 2017 – St. Mary's Regional Cancer Center evaluated a sub-set of the Lung Cancer cases being treated between October of 2016 and July of 2017 to evaluate Emergency Department (ED) use related to Lung Cancer. The results showed about half of the ED visits were admitted to the hospital and the other half were discharged home. The goal of this was to evaluate if the ED visit could have been avoided if the reason for the visit was addressed ahead of time. The results of this study will be used to identify areas of opportunity to prevent unneeded ED visits by improving communication between the Cancer Center and the patient.

QUALITY IMPROVEMENTS

- Reducing the number of days from referral request to date of scheduled appointment is an area of improvement that St. Mary's Regional Cancer Center continues to strive toward. Steps have been made to open more consult slots per week by hiring one Oncologist and two Advanced Practice Providers.
- Communication between St. Mary's Regional Cancer Center and the patient's Primary Care Providers is key to the successful treatment of the whole person. We identified a gap in this communication and made changes in the process to ensure timely and accurate

2017 Activities, Patient Care Improvements, Community Connections & Resources (cont.)

communication after patient visits. When reevaluated, the oncologist visit notes were being sent to the PCP within 72 hours 98% of the time. This level of timely communication will help ensure safe and comprehensive care for all cancer patients.

PARTNERSHIPS

American Cancer Society

Collaborated and referred patients to Rides to Recovery, Help with Lodging, and their Look Good, Feel Better programs.

Colorado Mesa University

- St. Mary's Regional Cancer Center worked with Colorado Mesa University to host our "First Annual Western Colorado Cancer Day" with over 300 participants on January 28th.
- CMU provided six student nurses to review the UV Camera facial pictures with the 204 participants at JUCO on May 27, 28, and 29.

Colorado Quitline™

The Colorado Quitline™ is a FREE online service available to Colorado residents 15 years of age and over and provides members special tools, a support team of coaches, research-based information, and a community of others trying to become tobacco free

Marillac Clinic

St. Mary's Regional Cancer Center collaborates with the Marillac Clinic, a local Federally Qualified Health Center (FQHC), and provides them with resources for lung cancer prevention and oral cancer screening.

Tobacco Free Team

St. Mary's Regional Cancer Center brought together several community organizations and formed the Tobacco Free Team, including Hilltop, Marillac Clinic, Mesa County Health Department, Primary Care Partners, School District 51, and Rocky Mountain Health Plans. We provided \$4,526 of FREE NRT to three of those partners, and printed and distributed over 10,000 FREE Tobacco Free Rack Cards in English and Spanish to physicians and programs in western Colorado and

eastern Utah. The Tobacco Free Team also celebrated the Great American Smoke Out on November 16.

University of Colorado Cancer Center

- St. Mary's Regional Cancer Center paid the travel costs associated with bringing an MD and their UV Camera to the JUCO World Series, for the purpose of providing skin cancer screening and prevention for 204 participants.
- Helped form the HPV Prevention Campaign Task Force by recruiting School District 51, Western Colorado Pediatric Associates, Mesa County Health Department, and Lower Valley Fire Department.

SUPPORT SERVICES

Dedicated Cancer Support Resources

- Breast Cancer Support Group
- Cancer Day
- Cancer Resource Library
- Clinical Trials
- Complementary Therapy, i.e., Massage, Yoga, Therapeutic Touch, and Art Classes
- Emotional and Spiritual Support
- Financial and Medication Assistance
- Genetic Counseling
- Hospice and Palliative Services
- Nutritional Services
- Pain Management
- Palliative Care
- Rehabilitation Services
- Social Work Support
- Survivorship Groups and Programs
- Wigs & Hats Boutique

