

Cancer Centers of Colorado at St. Mary's Medical Center

2018 Annual Report

(with statistical data from 2017)



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For more information about our services, personnel, or technology, call 970-298-7500 or toll free 1-800-458-3888.

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Chaplain, Spiritual Care

Douglas Rock, MD
Radiation Oncologist

2017 Case Summary by Site/Gender

Primary Site	Total Analytical Cases	Percent of Total Cases	Male	Female
All Sites	846	100.0%	424	422
Oral Cavity	32	3.8%	25	7
Lip	1	0.1%	1	0
Tongue	12	1.4%	8	4
Oropharynx	0	0.0%	0	0
Hypopharynx	0	0.0%	0	0
Other	19	2.2%	16	3
Digestive System	143	16.9%	84	59
Esophagus	11	1.3%	11	0
Stomach	10	1.2%	5	5
Colon	41	4.8%	19	22
Rectum	19	2.2%	14	5
Anus/Anal Canal	2	0.2%	1	1
Liver	19	2.2%	14	5
Pancreas	29	3.4%	16	13
Other	12	1.4%	4	8
Respiratory System	134	15.8%	70	64
Nasal/Sinus	0	0.0%	0	0
Larynx	5	0.6%	2	3
Other	0	0.0%	0	0
Lung/Bronc - Small Cell	13	1.5%	7	6
Lung/Bronc - Non-Small Cell	104	12.3%	55	49
Other Bronchus & Lung	12	1.4%	6	6
Blood & Bone Marrow	47	5.6%	29	18
Leukemia	34	4.0%	19	15
Multiple Myeloma	10	1.2%	8	2
Other	3	0.4%	2	1
Bone	3	0.4%	2	1
Connect/Soft Tissue	6	0.7%	5	1
Skin <i>Excludes Basal & Squamous Cell</i>	38	4.5%	22	16
Melanoma	36	4.3%	20	16
Other	2	0.2	2	0
Breast	133	15.7%	4	129

Data Source: SCL Health System Cancer Registry 12/16/2018 CB

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2017 Case Summary by Site/Gender (cont.)

Primary Site	Total Analytical Cases	Percent of Total Cases	Male	Female
Female Genital	45	5.3%	0	45
Cervix Uteri	11	1.3%	0	11
Corpus Uteri	18	2.1%	0	18
Ovary	12	1.4%	0	12
Vulva	0	0.0%	0	0
Other	4	0.5%	0	4
Male Genital	68	8.0%	68	0
Prostate	64	7.6%	64	0
Testis	3	0.4%	3	0
Other	1	0.1%	1	0
Urinary System	64	7.6%	47	17
Bladder	28	3.3%	20	8
Kidney/Renal	34	4.0%	25	9
Other	2	0.2%	2	0
Brain & Cns	47	5.6%	23	24
Brain - Benign	5	0.6%	2	3
Brain - Malignant	15	1.8%	8	7
Other	27	3.2%	13	14
Endocrine	48	5.7%	21	27
Thyroid	38	4.5%	13	25
Other	10	1.2%	8	2
Lymphatic System	26	3.1%	18	8
Hodgkin's Disease	0	0.0%	0	0
Non-Hodgkin's	26	3.1%	18	8
Unknown Primary	7	0.8%	4	3
Other/III-Defined	5	0.6%	2	3

Data Source: SCL Health System Cancer Registry 12/16/2018 CB

Cancer Registry

Cancer Registry Overview

Cancer Centers of Colorado at St. Mary's Medical Center's oncology cases are abstracted by the SCL Health System Cancer Registry. The cases, or abstracts are housed in a secure data base and patient privacy laws are strictly adhered to.

For the year 2017 the Cancer Registry abstracted 846 analytical cases for Cancer Centers of Colorado. Analytical cases are newly diagnosed cancer cases that meet the following criteria. The cancer was 1) diagnosed, 2) diagnosed and treated, or 3) diagnosed elsewhere and treated at Cancer Centers of Colorado. The top cancer body sites in 2017 were; breast, lung, colorectal, and prostate.

The Cancer Registry works closely with the Cancer Committee to support the Comprehensive Community Cancer Program (CCCP) accreditation which is awarded by the American College of Surgeons Commission on Cancer (ACoS CoC). Cancer Centers of Colorado Cancer Program is accredited through 2019.

Every registrar receives education annually and abstractors are required to be a Certified Tumor Registrar (CTR).

What information is collected?

The cancer registry is responsible for identifying eligible cancer cases seen at Cancer Centers of Colorado through an extensive medical record review process called case finding. Once an eligible case is identified Certified Tumor Registrars (CTR's) abstract the required information. Abstracted data fields include but are not limited to; patient demographics, histology, tumor grade, AJCC stage of disease at diagnosis, tumor markers, tumor size, regional lymph node status, and first course of therapy. Annual followup is also completed to assess disease status and survival.

In addition to the information required by the ACoS CoC, the Cancer Registry also collects supplemental prognostic and predictive factors for the Colorado Central Cancer Registry (CCCR) a division of the Colorado Department of Public Health and Environment (CDPHE), and for Cancer Centers of Colorado Cancer Program. Once entered into the SCL Health Cancer Registry Database, the data is checked for quality and reported to the Colorado Central Cancer Registry (CCCR) and the National Cancer Database (NCDB). Reporting requirements for timeliness and accuracy for the CCCR and NCDB are met and exceeded.

How is the data used?

By monitoring diagnosed cases and the treatments received, the CCCR (a division of the Colorado Dept. of Health and Public Environment) can develop prevention and screening programs for Colorado's residents. Additionally, researchers can assess treatment for effectiveness with the goal of providing future cancer patients with improved treatment and outcomes. Cancer Centers of Colorado leadership and the SCL Health Oncology Service Line use the registry's data to ensure community and patient needs are being met and the highest quality of care is provided. Patient privacy laws are strictly adhered to throughout the entire reporting process.

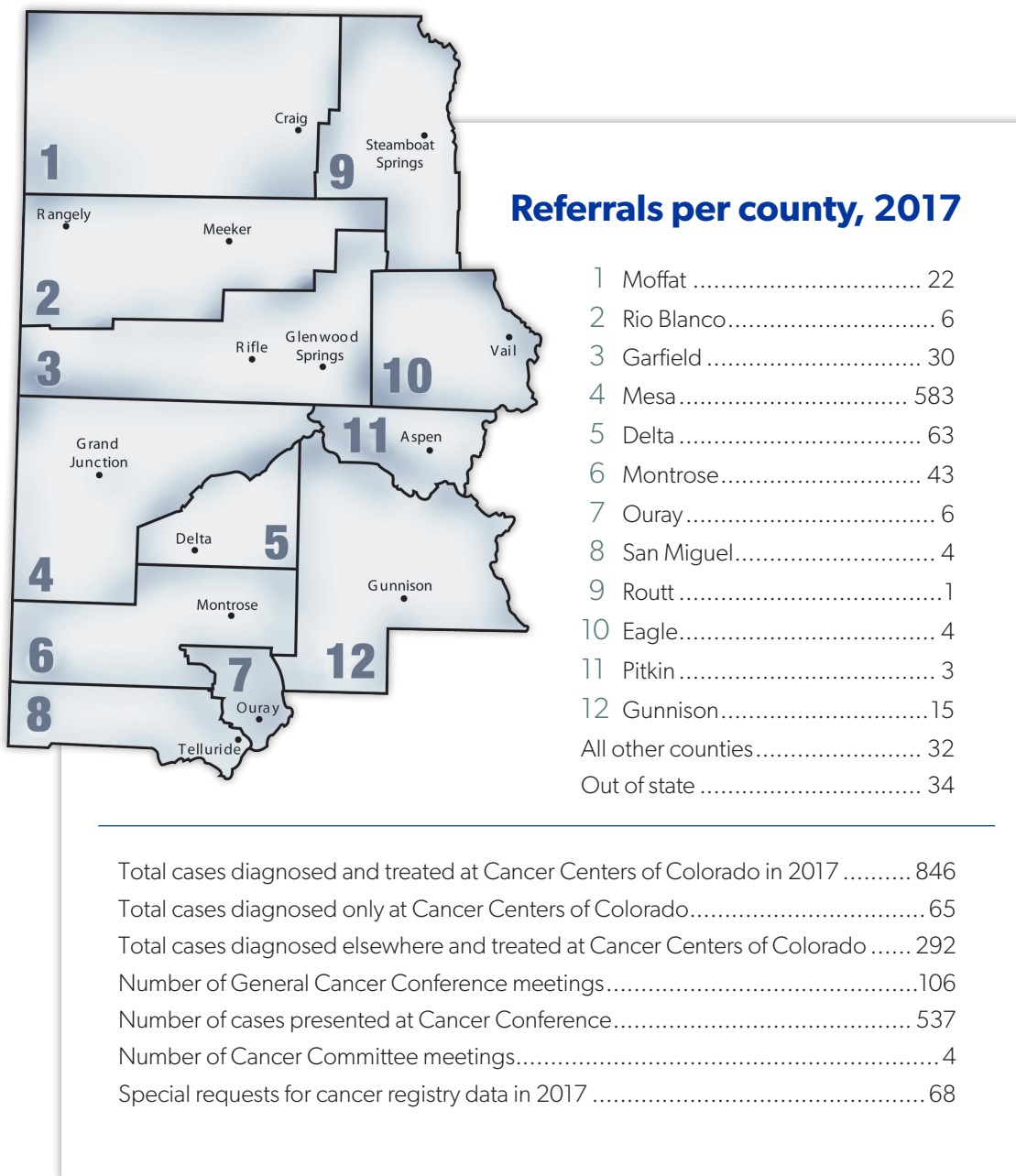
Through Cancer Centers of Colorado's ACoS CoC accreditation data is reported to the National Cancer Database (NCDB). By submitting this data Cancer Centers of Colorado can participate in the Cancer Program Practice Profile Reports also known as the CP³R(v3) and the Rapid Quality Reporting System (RQRSv1.1). The CP³R reports provide the ability to benchmark evidence-based care standards against other accredited facilities at the state and national level for; bladder, breast, cervix, colon, endometrium, gastric, kidney, lung, ovary and rectum. In addition, reports can be pulled for any cancer body site and comparisons made against other CoC accredited programs. Examples of reports include, but are not limited to; stage at diagnosis, survival by stage and treatment modalities.

Cancer Registry, Referrals per County

Cancer Registry

Since the establishment of the Cancer Registry at Cancer Centers of Colorado at St. Mary's Medical Center in 1980, over 30,000 cases have been entered, including patients who have been diagnosed and/or treated at this institution. The table below contains 2017 statistics.

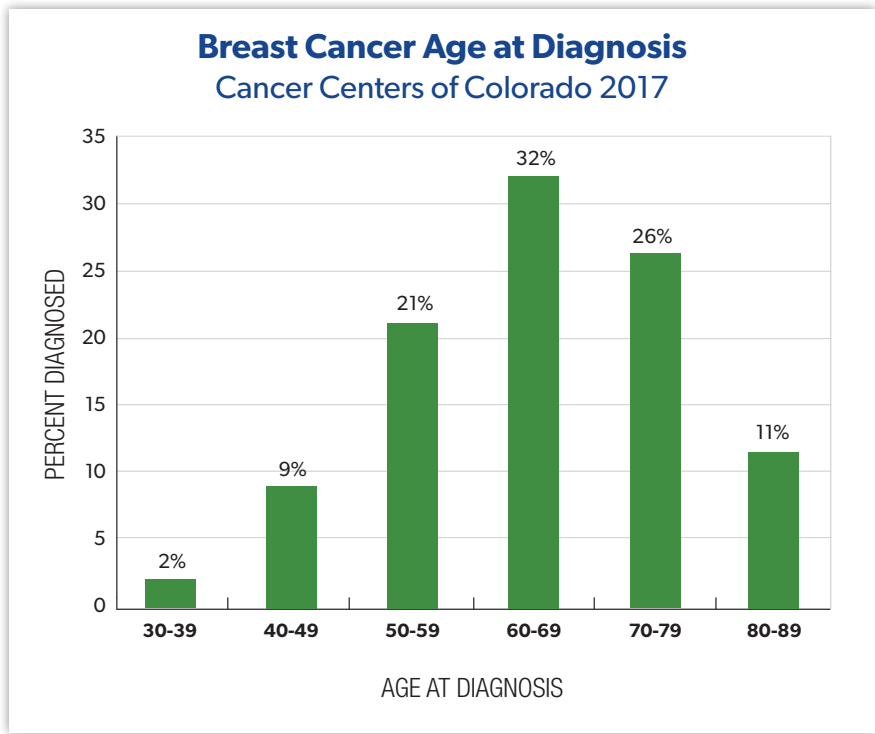
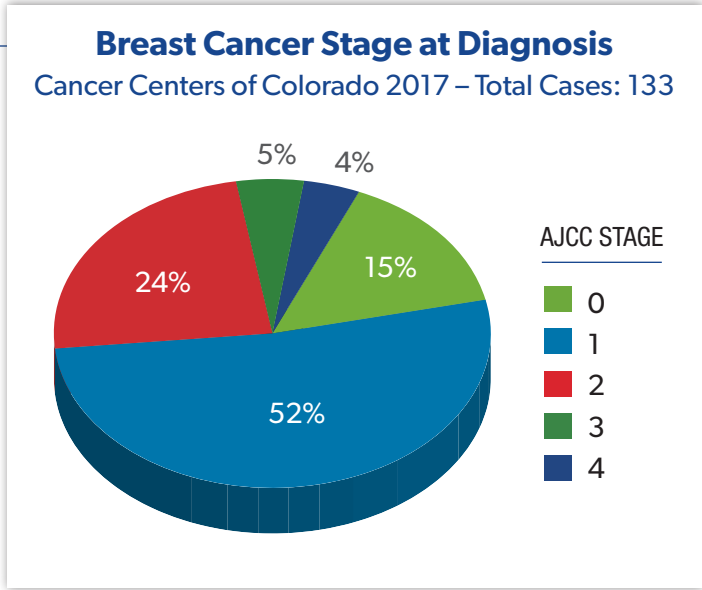
The cancer data is available to the medical staff for special studies and research, and to the administration for planning of cancer services. This data is regularly transmitted to the Colorado Central Cancer Registry, as required by law. Registry data is used in the evaluation and improvement of patient 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 266,120 new cases of breast cancers diagnosed in women, in the United States for 2018 and approximately 40,920 women will die from breast cancer. Cancer Centers of Colorado at St. Mary's Medical Center reported 133 new cases of breast cancer in 2017. 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.



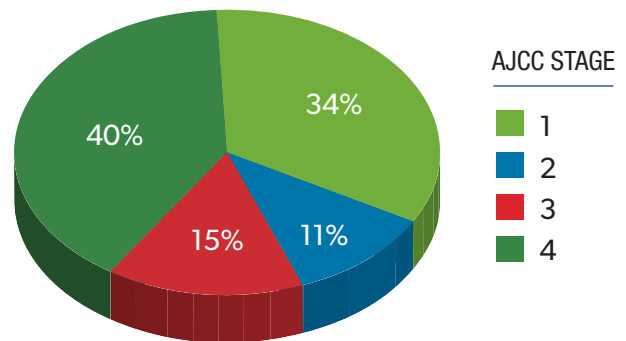
Major Cancer Sites

Lung Cancer

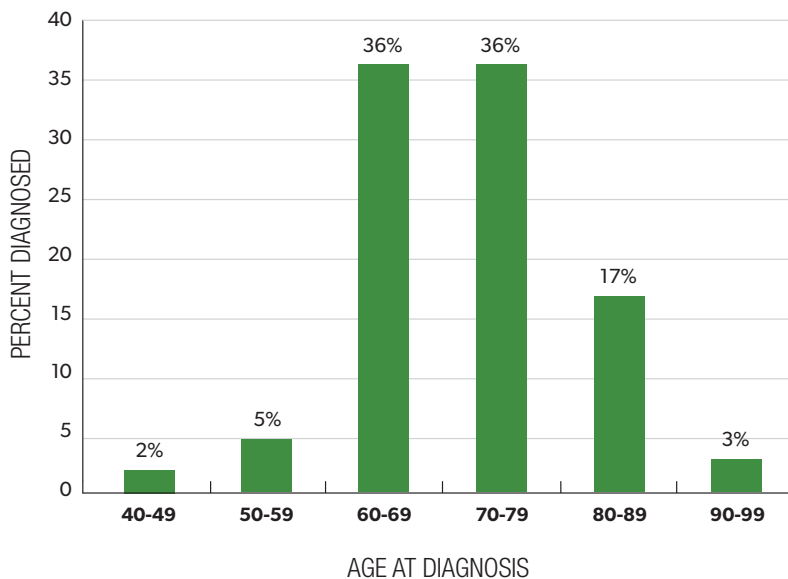
Lung cancer remains the number one cause of cancer death for both men and women in the United States. The high rate of death is attributed to lack of symptoms in early stage lung cancer, when cancer is easier to treat and cure is possible. Advanced lung cancers are more difficult to treat and have often 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
Cancer Centers of Colorado 2017 – Total Cases: 129



Lung Cancer Age at Diagnosis
Cancer Centers of Colorado 2017



Until recently, no proven screening options were available to help diagnosis lung cancer. Low-dose computed tomography (LDCT), which is offered at Cancer Centers of Colorado 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.

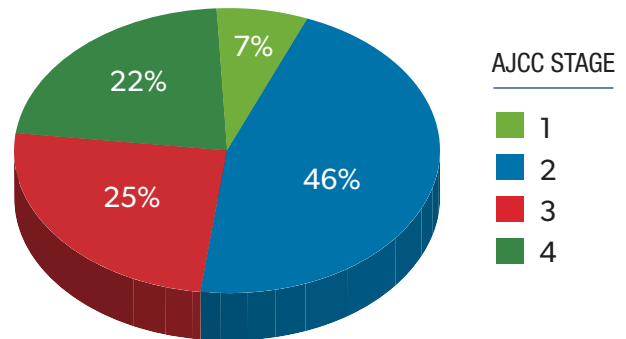
Cancer Centers of Colorado reported 129 new lung cancer cases in 2017. The majority of these cases were diagnosis in the later, less treatable stages, which is comparable to the national trends in lung cancer. Prevention is the best way to decrease the risk of getting lung cancer.

Major Cancer Sites

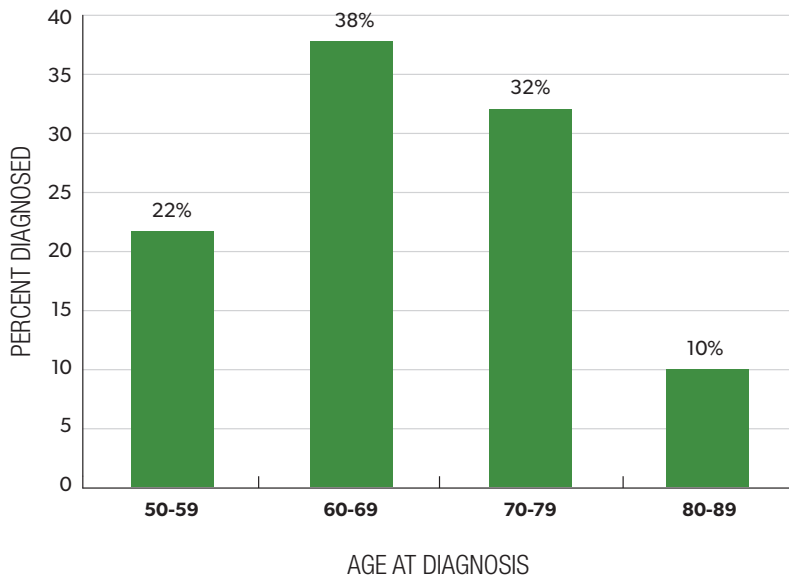
Prostate Cancer

The American Cancer Society estimates prostate cancer rates in the United States for 2018 are about 164,690 new cases diagnosed and about 29,430 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
Cancer Centers of Colorado 2017 – Total Cases: 64



Prostate Cancer Age at Diagnosis
Cancer Centers of Colorado 2017



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

Cancer Centers of Colorado at St. Mary's Medical Center had 64 new cases of prostate cancer diagnosed in 2017. About 53% of the 64 cases diagnosed were localized or regional, while only 22% were found to have distant disease at diagnosis. Cancer Centers of Colorado numbers are in alignment with national numbers. The largest age group diagnosed were men between the ages of 60–69.

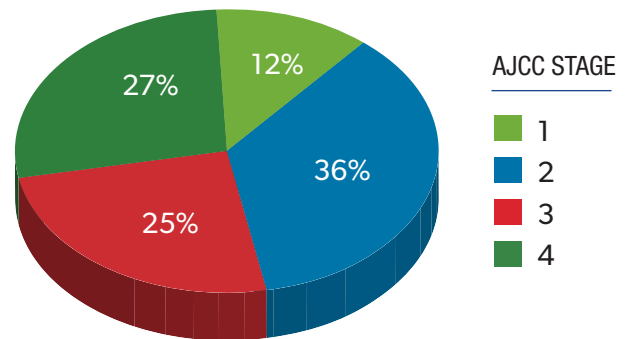
Major Cancer Sites

Colorectal Cancer

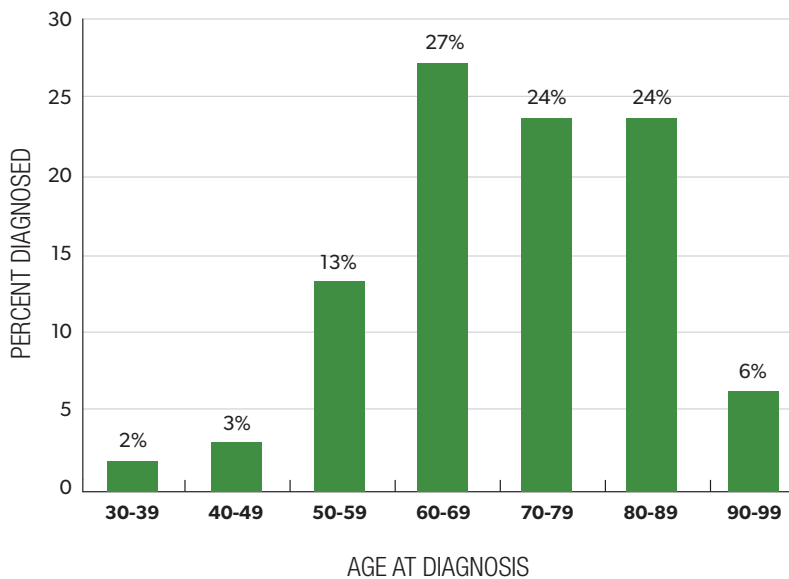
Colorectal cancer is the third most common cancer in both men and women. Colorectal cancer incidence rates have been decreasing, which has largely been attributed to early detection and removal of polyps. Cancer Centers of Colorado at St. Mary's Medical Center, in collaboration with local gastroenterologists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

In 2017 a total of 60 cases of colorectal cancer were diagnosed at Cancer Centers of Colorado. Early

Colorectal Cancer Stage at Diagnosis
Cancer Centers of Colorado 2017 – Total Cases: 60



Colorectal Cancer Age at Diagnosis
Cancer Centers of Colorado 2017



stage colorectal cancer has few signs or symptoms. Starting at age 50 both men and women should begin screenings for 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.

2018 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: Cancer Centers of Colorado at St. Mary's Medical 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 148 participants received NRT during 2018. Participants committed to a quit date within 7 days of receiving NRT and received individual counseling and telephone follow-up. Of the 148 participants, 33 (22%) quit and remained tobacco free for a period of 12 months. These results exceeded the national rate of 20% staying quit.

Skin Cancer: Cancer Centers of Colorado purchased a UV camera and initiated a program to provide free UV pictures to participants at twelve events in Mesa County in 2018. Over the twelve events, 838 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. Of the 838 participants, 779 (93%) said, "The UV camera convinced me to change the way I protect my 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 Cancer Centers of Colorado. 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 2018, 276 people were screened and 17 required follow up PET and/or CT and/or biopsy. Two of the 3 screened were diagnosed with lung cancer. Our results of 3 diagnoses per 276 screened, exceeds the NLST trials which have a rate of 1 diagnosis per 320 screened.

STUDIES OF QUALITY

- 2018 – Cancer Centers of Colorado studied the incidences of patients with a positive finding from a mammogram or breast ultrasound in order to determine if the axilla was being evaluated at the time of the ultrasound. Our goal was to determine how often a positive finding on the axilla was associated with a positive finding on the breast. Results will be posted in 2019.
- 2018 – Cancer Centers of Colorado evaluated the development of a tailored cancer survivorship program by studying the breast cancer population in Mesa County. 113 patients were studied from January 2017 to March 2018 to determine demographic risk factors for breast cancer. The study showed an abnormally high obesity rate in this population (32.7% had an obese BMI). Future program improvements should focus on reducing this rate.

QUALITY IMPROVEMENTS

- Reducing the number of days from referral request to date of scheduled appointment is an area of improvement that Cancer Centers of Colorado continues to strive toward. This process was redesigned in 2018 through a large multi-disciplinary process improvement project. The improvements included installing an oncology nurse into the role of new patient coordinator and establishing standards of follow-up contact within 24 hours of receipt of referral. The median number of days from referral received to appointment is currently at 7 days. Additionally, about 60% of patients have their initial physician consult within 7 days and 80% within 14 days.
- Increases in the utilization of the inpatient palliative care provider team was targeted as an improvement for 2018. Through collaborative efforts with the palliative care providers, the number of cancer patients receiving a palliative care consult increased from 202 in 2017 to over 300 in 2018. Cancer Centers of Colorado improved these results by making strides in the inpatient rounding process, further embedding palliative care providers in the decision-making process when developing a plan of care for cancer patients.

2018 Activities, Patient Care Improvements, Community Connections & Resources (cont.)

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

Cancer Centers of Colorado at St. Mary's Medical Center worked with Colorado Mesa University to host our "Third Annual Western Colorado Cancer Day" with over 300 participants on October 13th.

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

Cancer Centers of Colorado 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.

University of Colorado Cancer Center

Cancer Centers of Colorado 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 \$2,129 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.

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

