

2017 Annual Report

Containing 2016 Cancer Registry Statistics



St. Anthony's Hospital



St. Anthony's Hospital Cancer Committee – 2017

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St Anthony's Hospital (SAH) uses a multidisciplinary approach with a team of independent physicians to provide the highest personalized and coordinated care for our patients with cancer. We work to provide each patient with the benefit of expert consultation from multiple medical specialists and support services to ensure that treatment and survivorship plans will address the full range of patient needs.

Our Mission

St. Anthony's Hospital will improve the health of all we serve through community-owned health care services that set the standard for high-quality, compassionate care.

Our Vision

St. Anthony's Hospital will advance superior health care by providing an exceptional patient-centered experience with a focus on spiritual well-being.

Our Values

Our Values are trust, respect and dignity, and reflect our responsibility to achieve health care excellence for our communities.

St Anthony's Hospital is accredited as a Community Hospital Comprehensive Cancer Program and maintains accreditation with the American College of Surgeons Commission on Cancer (CoC). The Susan S. McGillicuddy Breast Center is accredited by the National Accreditation Program for Breast Centers (NAPBC) and our imaging centers are accredited by the American College of Radiology (ACR).



Cancer Chairman's Report

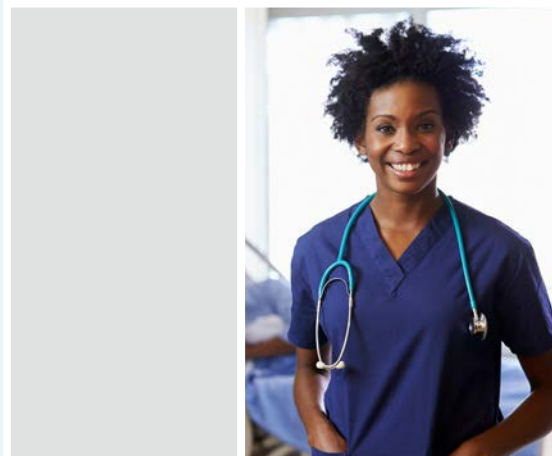
Robert Miller, MD

Radiation Oncology, Cancer Committee Chairman



We're pleased to present the annual cancer report for 2017. We underwent a successful review by the American College of Surgeons, Commission on Cancer in May 2017, and have had growth with over 1,500 cancer patients reviewed in the 2016 data. We continue to have active educational programs and weekly multidisciplinary tumor boards that ensures our patients are receiving the best care possible and that we're consistent with national guidelines set by the National Comprehensive Cancer Network (NCCN).

We're also working even more closely with other BayCare facilities to look for opportunities to improve the health of the Tampa Bay community. The analytic study done to better understand the high smoking rate and lung cancer mortality rates in Pinellas County is a reflection of that effort. We're increasing access to genetic counseling through this process and developing online quality assurance conferences that include all the BayCare radiation centers in an effort to continue to raise the bar on best practices in our community.





Quality Assessment and Improvement

Tim McMahon

Cancer Program Administrator

St. Anthony's Hospital, as part of BayCare, adopted a Quality Model in 1997 that guides the cancer program to consistently seek opportunities for improving clinical outcomes and the patient experience through a focus on process improvement. In 2017, the physicians and other members of the St. Anthony's Hospital Cancer Committee (SAHCC) identified several process improvement opportunities focused on the service, outcome and cost needs of our customers.

Clinical information in an electronic format that's available to all clinicians providing care for cancer patients is critical. This improves use of the National Comprehensive Cancer Network guidelines as the roadmap for clinical care. Several members of the SAHCC, together with clinical, administrative and information system colleagues from across BayCare, are continuing the development of the Cerner Oncology record that will be used by the BayCare Medical Group (BMG) physicians. This project launched in 2016 and continued throughout 2017, with the development of 120 chemotherapy regimens and order sets. The Cerner Oncology record will go through a three-month pilot in early 2018 and be fully implemented across BayCare by the end of the year.

The BayCare Benefits department conducted health fairs across the system with a focus on educating team members and their families about health services to maintain or improve their overall health and wellness. The BayCare cancer service line, with input from the various cancer committees and the American Cancer Society (ACS), decided to use the health fairs to educate team members about colorectal cancer and encourage team members to be screened per the ACS guidelines.

In February 2017, there were two health fairs held at St. Anthony's Hospital. During these fairs, members of the SAHCC provided information regarding colorectal cancer screening. For those over age 50 who self-reported to being of average risk for colorectal cancer and not current with the recommended screening, there were fecal immunochemistry test (FIT) kits available for them to take home. After the team members collected their samples, these kits were sent to BayCare Laboratories for processing. At St. Anthony's, there were 23 kits dispensed with 17 of those kits returned to the lab for processing. The lab reported that all returned kits tested negative. The results were sent to the team member's primary care physician and a follow-up letter was sent to those team members informing them of the results and encouraging them to follow the ACS screening guidelines in the future.

The SAHCC monitors indicators and improvements during Cancer Committee meetings. All SAH improvement activities are ultimately reported to the system president as well as the Board of Trustees through the hospital's Quality Council.

2016 Statistical Summary Report

This graph shows the top cancer sites in comparison with St. Anthony's Hospital vs. Florida vs. national statistics, according to the American Cancer Society Facts and Figures for 2016. The larger percentage of breast cancers can be attributed to a greater number of women diagnosed within the Susan G. McGillicuddy Breast Center at St. Anthony's Hospital. Likewise, with radiation therapy in the treatment of lung cancers within the St. Anthony's Cancer Center, shows a larger percentage of lung patients in the graph.

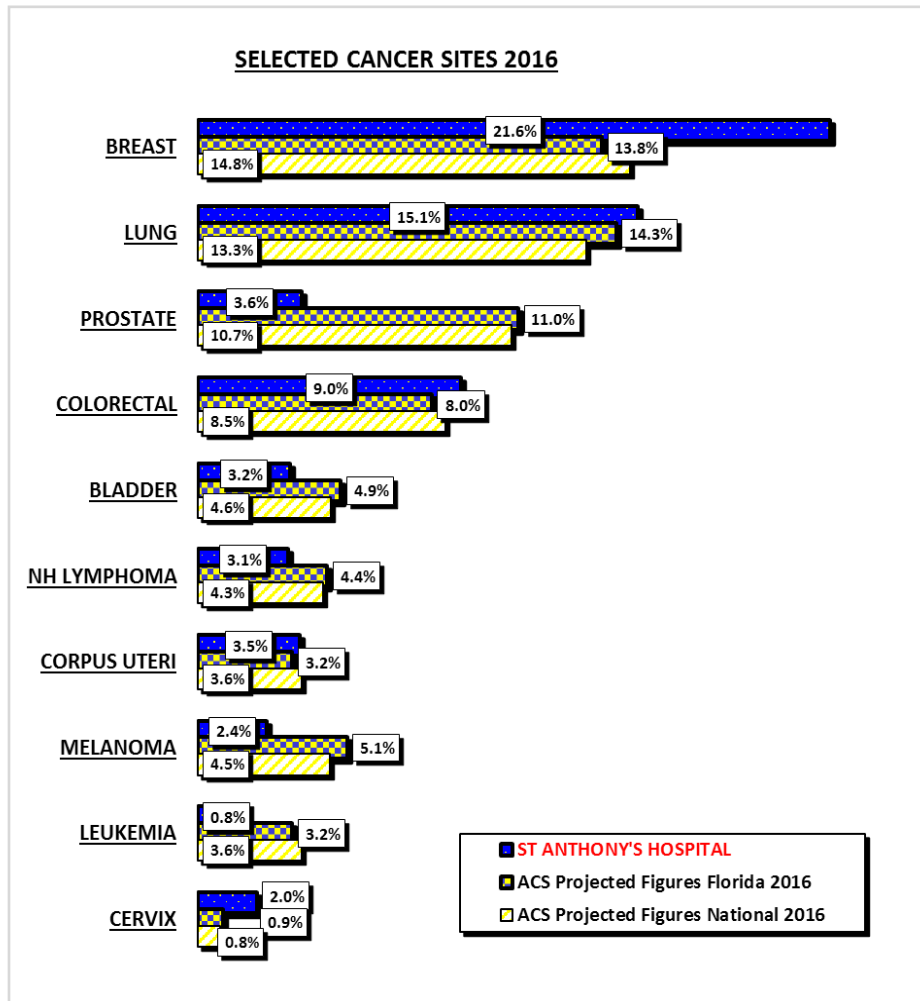
St. Anthony's Hospital 2016 Analytic and Non-Analytic Cases by System

Although Florida requires that we report all cases diagnosed and/or treated at St. Anthony's Hospital, the National Cancer Database only requests submission of cases that are newly diagnosed primary cancers under treatment (analytic cases).



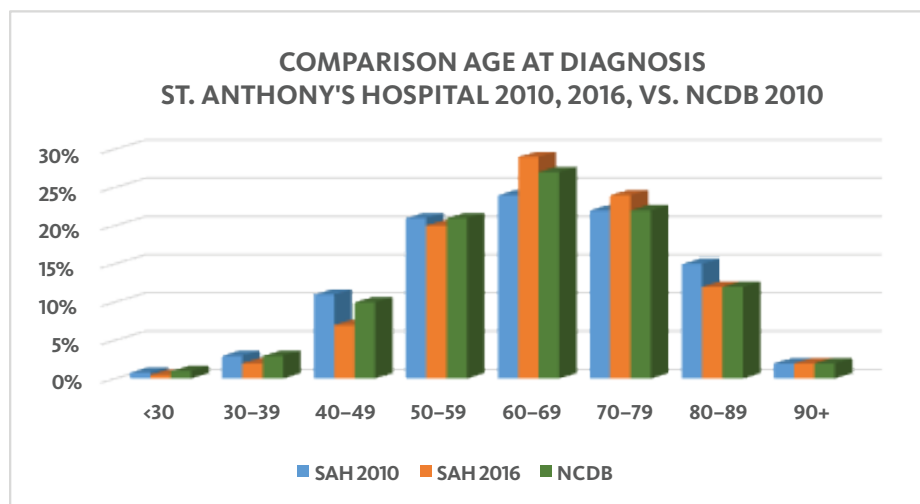
	Total/ Non-analytic	Total / Analytic	Male	Female
ALL SITES	1507	1229	487	740
Head and neck	8	47	32	15
Digestive system	46	268	142	126
Respiratory system	30	222	108	114
Blood, bone marrow and bone	19	42	25	17
Connect/soft tissue	2	7	5	2
Melanoma and other skin	7	45	23	22
Breast	19	270	0	270
Female genital	21	84	0	84
Male genital	28	46	46	0
Urinary system	14	85	65	20
Brain and CNS	4	33	11	22
Endocrine	5	35	11	24
Lymphatics	8	44	26	18
Unknown primary/ill-defined	4	17	10	7

Site Distribution per System

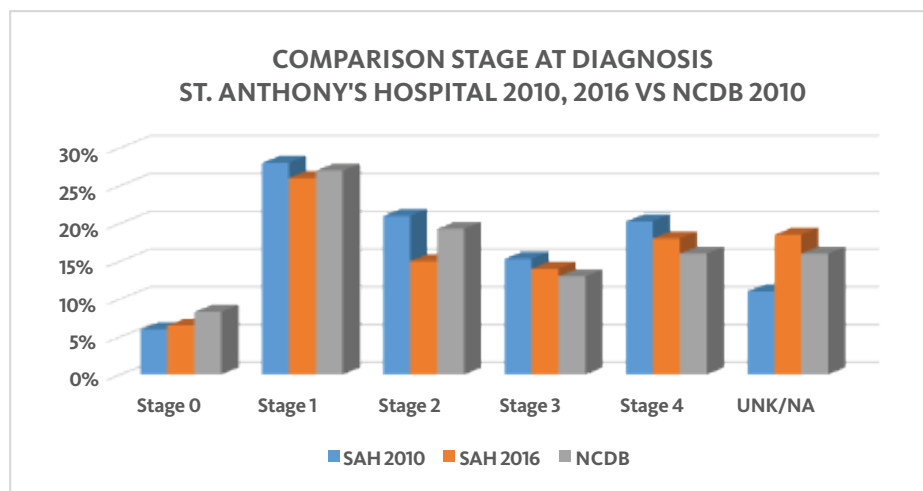


10-Year Comparison Data

Comparison with data from 2010 shows that the majority of our cancer cases continue to be diagnosed in the 60- to 79-year-old age range.



Comparison of staging of disease at diagnosis shows the changes during those years in the staging for different sites with marked variance between 2010 and 2016 of our stage 1 and stage 2 cancers, perhaps due in part to early detection through our accredited breast center.



2017 Cancer Conferences (Tumor Boards)

Barring holidays, a weekly multidisciplinary team of physicians meet in the Cancer Center to discuss the treatment planning for difficult or unusual cancer cases currently under their care. This forum is beneficial to both the patient and the physician and is important in determining the extent (stage) of disease and treatment planning which includes treatment guidelines approved by the National Comprehensive Cancer Network (NCCN), the national guidelines adopted by the St. Anthony's Cancer Committee. NCCN offers a number of programs to give clinicians access to tools and knowledge that can help guide decision-making in the management of cancer. We're required by the Commission on Cancer (CoC) to present at least 15 percent of our newly diagnosed cases and 75 percent of those must be prospective in the treatment planning stage. Each of the top five sites must be presented during a 12-month period.

2017	Totals	Required	CoC Compliance
Total Cancer Conferences	49	49	Compliant
Total Prospective Cases Discussed	194/1,250	15%	Compliant
Attendance of Multidisciplinary Team	97%	75%	Compliant

The multidisciplinary team of physicians includes:

- Diagnostic radiology
- Medical oncology
- Pathology
- Radiation oncology
- Surgery

CME Through Medical Staff Office – Physician Satisfaction

Cancer conferences also provide an opportunity for physicians to obtain continuing medical education (CME) hours toward licensing, provided through the Medical Staff office. Several times a year, the Medical Staff office conducts an evaluation of the meetings to ensure that the cancer conferences are meeting the physician's needs. See evaluation results below.

Please Rate the Impact of the Following Objectives	Strongly Agree	Agree	Neutral
Ability to discuss current cancer cases	100%		
Understand available literature and resources	100%		
Ability to discuss multidisciplinary treatment plans	100%		
Please Rate the Projected Impact of This Activity	Yes	No	No change
Increased competency	100%		
Increased knowledge	100%		
Improved performance	100%		
Improved patient outcomes	100%		
Identify Changes as a Result of Attendance	# Physicians		
Activity validated my current practice	6		
Create/revise protocols, policies and procedures	2		
Change management or treatment of my patients			0
Total Responding Physicians	8		
Improvement in Format of Activity and Content - Comments from Attendees	# Physicians		
Format was appropriate, no change needed	7		
Increase interactivity with attendees	1		
Include more case-based presentations			0
Increase attendance			0
Total Responding Physicians	8		



Focus on Quality

As part of the accreditation process, the Commission on Cancer requires St. Anthony's Hospital to monitor and comply with measures that relate to the quality of care. As can be seen in the summary below, SAH meets or exceeds these benchmarks in the 2015 cases (latest published). Within the registry database, we have a new program whereby we're able to track and retrieve documentation in a more timely manner, as can be seen with the 2016 cases.

CoC estimates performance rates for quality of care (see first column)	CoC (expected)	SAH 2015 (compliant)	SAH 2016 (tracking)
Image or palpation-guided needle biopsy is performed to establish diagnosis	80%	93.3%	90.7%
Greater than 50 percent of stage 1-2 women undergo breast conservation surgery	50%	53.2%	61%
Estrogen receptor-positive women begin hormone therapy within 365 days	90%	92%	94.5%
Radiation administration for greater than four positive lymph nodes following mastectomy	90%	90.4%	100%

Achievement of 2017 Goals

Clinical goal: Implementation of low-dose lung cancer screening in patients who meet the following criteria, with the goal of reduction of mortality rate in Pinellas County

- Age 55-80
- With 30 pack year smoking history
- Current smoker or quit in the last 15 years

Programmatic goal: Design and publish an Oncology Outpatient Guidebook to assist the cancer patient in navigating their resource needs, that will be ready for use in the first quarter of 2018. This book is to include a place for the survivorship care plan and other resource material.



2017 Low-Dose Lung Screenings				
Performed At Facility	Q1 (January-March)	Q2 (April- June)	Q3 (July-September)	Q4 (October-December)
Boicari	22	17	17	12
Boistanth	41	38	52	63
Totals	63	55	69	75

Of the smoking cessation classes conducted throughout BayCare facilities during 2017, there were 156 patients who completed the course, of which 42 percent were SAH patients.

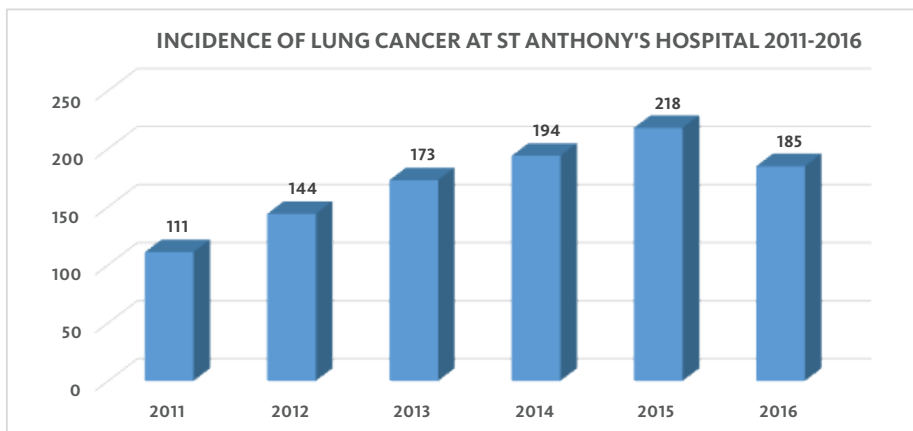
Lung Cancer Study 2011–2016: After Community Health Needs Assessment

Purpose: To review our experience with lung cancer to try to explain the high lung cancer mortality in Pinellas County, which the Community Health Needs Assessment (CHNA) found was higher than Florida and U.S. rates.

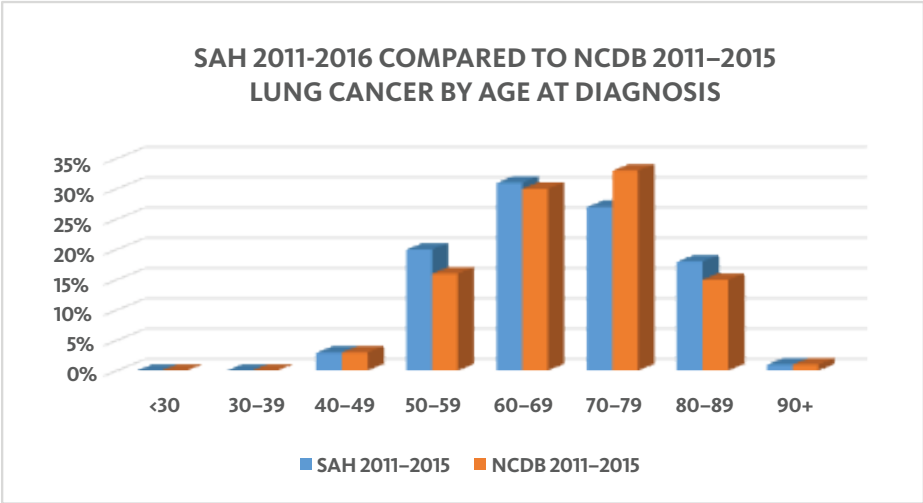
Introduction: From the CHNA, there were several contributing factors to the higher mortality rate in Pinellas County. One of them was the high degree of lung cancer prevalent within this population and another was the high degree of smokers. The St. Anthony's Oncology/Cancer Committee requested that we review our data to look for opportunities to lower mortality for this disease. The registry gathered data on our lung patients over a six-year period, from 2011 through 2016, to look at areas such as age, staging and mortality rate after 60 months (five years).

Findings

Incidence: Incidence of cancer diagnosed each year since 2011 is shown in the graph below. As noted, there's a slight drop in incidence from 2015 to 2016. This slight drop is also noted in the American Cancer Society's Facts and Figures 2015 and 2016, with 1,658,370 new incidences of cancer predicted for 2015 and a slight drop to 1,658,210 predicted for 2016. However, deaths from cancer continue to rise with 589,430 deaths in 2015 and 595,690 predicted for 2016.



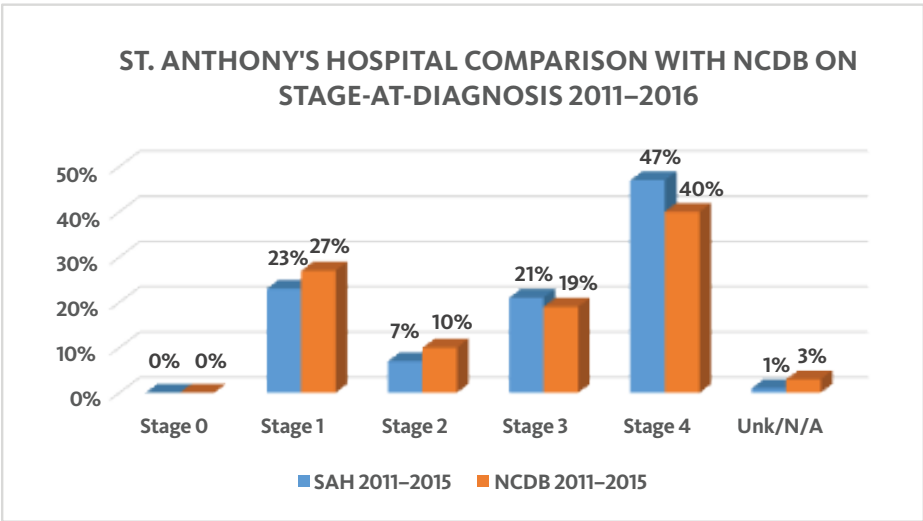
Age: There doesn't appear to be any significant age difference between SAH and nationally reported data when comparing NCDB data for 2011 through 2015 (latest published) and SAH 2011 through 2016. St. Anthony's age at diagnosis shows this facility slightly higher in the 60- to 69-year-old age group and slightly less in the 70- to 79-year-old age group. See the graph below.



Staging: The stage at diagnosis plays a major part in the prognosis of the cancer patient and, as can be seen on the table below, the majority of cases at diagnosis are already advanced to a stage 4, which can have a very poor prognosis for survival of the patient.

	Stage 0	Stage 1	Stage 2	Stage 3	Stage 4	Unknown
SAH 2011-2015	5	13	4	12	495	16

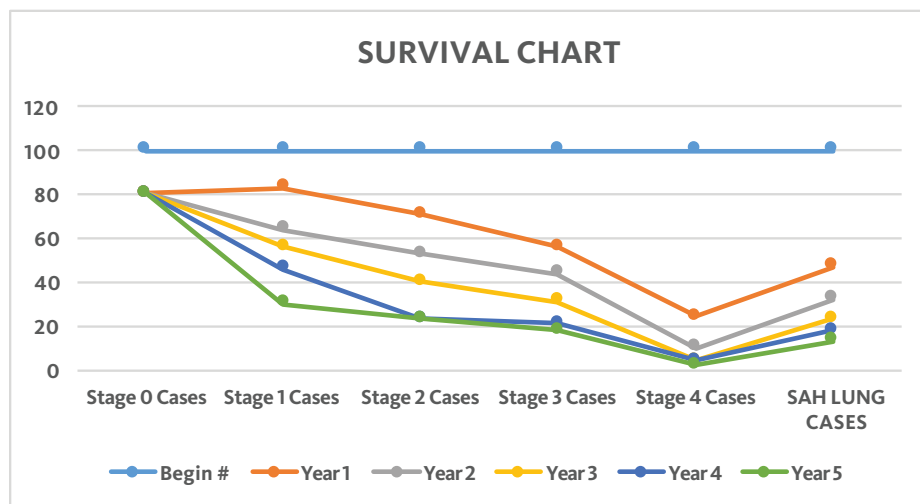
A comparison of stage distribution with national statistics confirms the fact that the majority of patients are diagnosed at a very advanced stage, a bit worse than national rates. See the table below.



Mortality rate: As noted in the American Cancer Society Facts and Figures, the prediction for deaths from lung cancer were 589,430 for 2015 and 595,690 predicted for 2016. Within the SAH data, we had 1,025 lung cancer cases from 2011 through 2016. As can be seen in the adjusted survival analysis table below, the difference after five years in the percentage of patients still living for the stage 0 cases is 80 percent compared to 2 percent of the stage 4 cases.

Adjusted Survival Analysis – SAH Lung Cancer Over a Five-Year Period

	Stage 0 Cases	Stage 1 Cases	Stage 2 Cases	Stage 3 Cases	Stage 4 Cases	SAH Lung Cases
Begin %	100	100	100	100	100	100
Year 1	80	83	71	56	24	47
Year 2	80	64	53	44	10	32
Year 3	80	56	40	31	4	23
Year 4	80	46	23	21	4	18
Year 5	80	30	23	18	2	13



Conclusion: Our analysis of lung cancer at SAH is consistent with the CHNA data. We found the great majority of our patients are diagnosed with advanced stage disease and suffer the expected poor prognosis.

Proposal: In an effort to lower mortality in our county, we propose to further promote smoking cessation since smoking rates are high, and to promote low dose lung screening consistent with established guidelines.

Robert Miller, MD, Radiation Oncology
St. Anthony's Hospital
Cancer Committee Chairman

Date

