2016 Annual Report

Containing 2015 Cancer Registry Statistics

BayCare | St. Anthony's Hospital

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

The values of the St. Anthony's Hospital 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).

St. Anthony's Hospital Cancer Committee – 2016

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Cancer Committee Chair
Radiation-Oncology
Registry Data Coordinator

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General Surgery
Cancer Liaison Physician
Conference Coordinator

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Mary Ellen Woska
American Cancer Society

Jo Simpson
Clinical Trials Coordinator

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Frances Brown, RLD
Nutrition

Dinah Merrill, CTR
Manager, Oncology Data Services

Cancer Liaison Physician's Report

Robert Miller, MD
Radiation Oncology, Cancer Committee Chairman

St. Anthony's Hospital Cancer Committee is proud to present the 2016 Annual Report, reflecting the collected cancer data from 2015. The Cancer Committee monitors and guides the cancer program to ensure our patients have access to state-of-the-art care in screening, diagnosis and the management of cancer consistent with standards of care using national standards (e.g. the National Comprehensive Cancer Network (NCCN) Guidelines), and also comparing the clinical experience at St. Anthony's with state and national data (e.g. the NCDB database).

St. Anthony's Hospital has had another successful year in the oncology committee. The tumor registry staff have continued to abstract and report (upload) the data in a timely manner and we have added new members to the committee.

Our 2015 registry accessioned cases totaled 1,239 and show that we diagnosed and/or treated 200 more female cancer patients than male patients. Credit for this must be given to the highly accredited Susan G. McGillicuddy Breast Center's early detection and screening program. Our diagnosing of pancreatic cancers also continued to rise due in part to our early detection through endoscopic ultrasonography services offered at St. Anthony's Hospital.

Rapid Quality Reporting System (RQRS) is being uploaded monthly and allows the registry to have data readily available for breast, colon and rectal cancers in almost real-time. New physicians on the hospital staff have led to further development in cancer staging and endoscopy, with a new interventional radiobiologist and further development in programs for pancreas and esophageal cancer. The infusion center had expanded and the radiation center has progressed to paperless charts. The hospital is working with its BayCare partners to further standardize survivorship programs and make research protocols and participation easier for each hospital.

The hospital seamlessly transitioned from ICD9 to ICD10 and nursing has encouraged and continues to increase the number of OCN-certified nurses. The breast center was recertified by the National Accreditation of Program for Breast Centers (NAPBC) in November of 2016 and the hospital outreach program, including promoting colonoscopy screening and the mammogram voucher program, continues.

The Cancer Committee will continue its commitment to patient monitoring and quality improvement activities and will strive to expand the care available to cancer patients in our community.

Quality Assessment and Improvements

Tim McMahon, BSN, MBA
Cancer Care 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 2016, 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. Additionally in 2016, BayCare refocused a commitment to quality standards and outcome metrics through nationally recognized standards of care that will guide the SAHCC in the future.

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 road map for clinical care. In 2016 there were two key system implementations to assist the oncology physicians and others with managing clinical information. St. Anthony's Cancer Center was the only radiation treatment facility in BayCare that wasn't using Varian ARIA as the electronic health record and record and verify system. The majority of the radiation clinical record was in a manual paper format. In March 2016, St. Anthony's Cancer Center transitioned from the prior record and verify system to ARIA. The center manager worked closely with the medical director, the clinical team and members of the BayCare Information Systems (IS) team to plan the transition with an official go-live in June of 2016.

In addition, the St. Anthony's Infusion Center identified a need to improve the process for physician orders for patients receiving chemotherapy in the ambulatory setting. The medical oncologists use several different electronic record systems with no ability to transmit orders to the hospital pharmacy. The majority of the infusion patients come from BayCare Medical Group (BMG) physicians, so the focus was on improving the ordering process with these two physicians (and their offices). The physician office uses Cerner Health Record and the infusion center is on the hospital-based Cerner record, so some information is already shared. In May 2016, a project was launched with BayCare IS to build out the electronic chemotherapy ordering process through Cerner and while significant progress was made, the project will continue into 2017. During this project there was an identification of best practice for manual ordering of chemotherapy that was implemented.

In late 2016 there was an update to the Community Health Needs Assessment (CHNA) for south Pinellas County. The one focus area identified specific to cancer was lung cancer mortality. The review of data showed that three out of the five Tampa Bay counties' lung cancer mortality rates were higher than both state and national benchmarks. The St. Anthony's Board of Directors requested an increased focus on risk reduction and earlier detection of lung cancer in the high-risk individuals. This will be a key focus moving forward into 2017 and beyond. Additionally, there is increasing focus on improving colorectal cancer screening rates and HPV vaccinations for BayCare team members (and their family members) as well as in the community. The SAHCC has encouraged continued emphasis on community outreach and education to reduce the burden cancer places on our communities.

The SAHCC monitors indicators and improvements during Cancer Committee meetings. All St. Anthony's Hospital improvement activities are ultimately reported to the system president as well as the Board of Trustees through the Quality Leadership Task Force.

2015 Statistical Summary Report

During 2015, the registry recorded 1,237 newly diagnosed cases of cancer, either diagnosed only or diagnosed and treated at St. Anthony's Hospital. As the chart below shows, the average age was in the 60-69 age group.

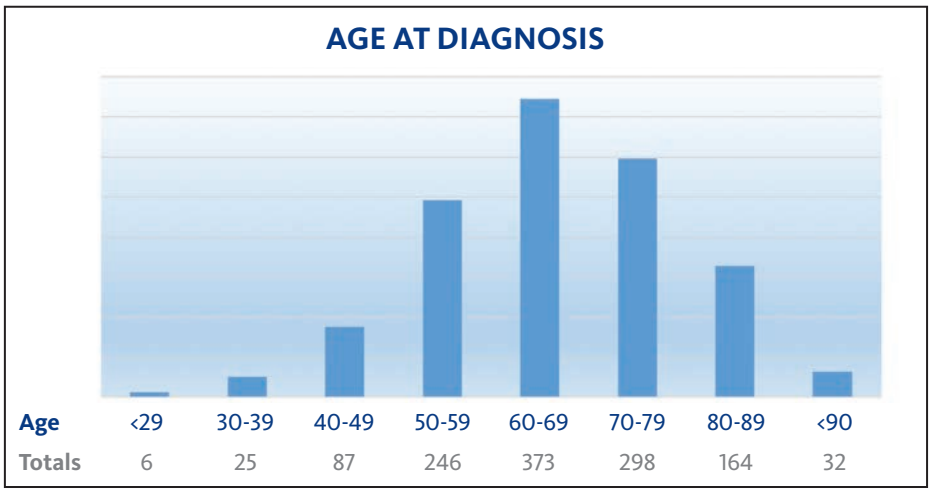

Figure 1

Primary Site	SAH Cases	Percent	Florida Cases	Florida Percent	National Cases	National Percent
Breast	270	21.8%	16,770	13.8%	246,660	14.6%
Colorectal	111	9.0%	9,710	8.0%	134,490	8.0%
Lung	241	19.5%	17,360	14.3%	224,390	13.3%
Prostate	41	3.3%	13,310	11.0%	180,890	10.7%
Bladder	52	4.2%	5,940	4.9%	76,960	4.6%

Figure 2

Top Five Sites ***(Figure 2)*** Comparison data from the American Cancer Society's Facts and Figures for 2015, is presented here and we can see that St. Anthony's Hospital has a higher percentage in breast and lung cases. In part, this can be attributed to having the dedicated Susan G. McGillicuddy Breast Center here at St. Anthony's Hospital and likewise a radiation therapy center for the treatment of lung patients at St. Anthony's Hospital.

St. Anthony's Hospital 2015 Analytic by Anatomical System

The following table shows the 1,237 newly diagnosed cases entered into the cancer registry during 2015 divided into anatomical site specific systems. It should be noted that the State of Florida also collects non-malignant brain tumors within our registry.

	Total Cases	Male	Female
All Sites	**1,237**	**518**	**718**
Head and neck	51	41	10
Digestive system	237	131	106
Respiratory system	241	125	116
Blood and bone marrow and bone	42	25	17
Connect/soft tissue	7	5	2
Melanoma and other skin	44	22	22
Breast	270	0	270
Female genital	85	0	85
Male genital	46	46	0
Urinary system	85	65	20
Brain and CNS	33	11	22
Endocrine	35	11	24
Lymphatics	44	26	18
Unknown primary/ill-defined	17	10	7

Figure 3

Comparison NCDB vs. SAH by Stage at Diagnosis

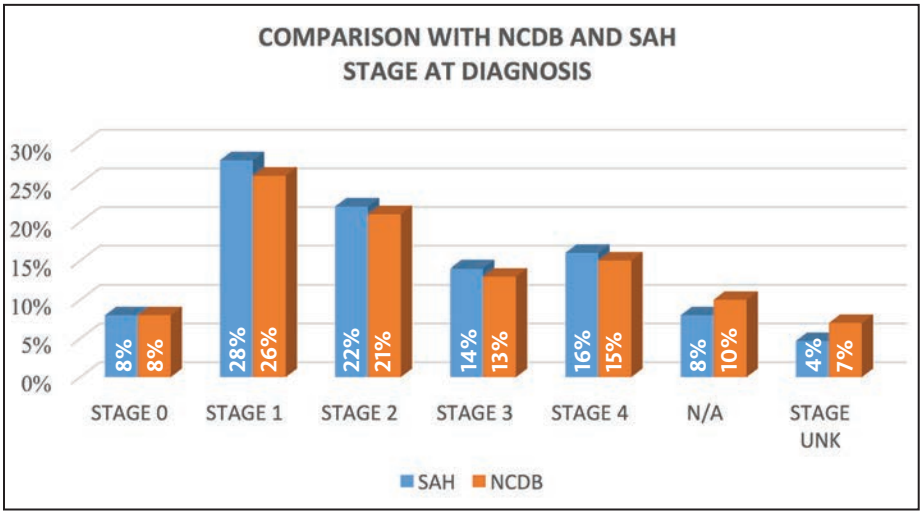

Figure 4

Comparison by Stage *(Figure 4)*
The comparison made is of all newly diagnosed cancers accessioned into the registry at St. Anthony's Hospital during 2015 and all newly diagnosed cancers across the U.S. from 2004 through 2014 (the latest published statistics) reported to the National Cancer Data Base. When making the comparison of percentages there's not a great deal of difference. The expected higher percentage of early stage cases can be attributed to catching our breast cancer cases at an early stage, thanks in part to our ability to screen for early detection through our NAPBC-accredited Susan G. McGillicuddy Breast Center, and that stage 4 disease remains basically high from year to year. The late stage could be due in part to the late stage at presentation of lung cancer treated in our radiation center.

2016	Totals	15% />90% Required	COC Compliance
Total cancer conferences	50		Compliant
Total cases presented	196	15.8%	Compliant
Total prospective cases discussed	187	95%	Compliant

Figure 5

Please Rate the Impact of the Following Objectives	Strongly Agree	Agree	Neutral N=11
Ability to discuss current cancer cases	8%	3%	
Understand available literature and resources	6%	5%	
Ability to discuss multidisciplinary treatment plans	6%	5%	7%
Please Rate the Projected Impact of This Activity	**Yes**	**No**	**No change**
Increased competency	8%	3%	
Increased knowledge	9%	2%	
Improved performance	8%	3%	
Improved patient outcomes	8%	3%	
Identify Changes as a Result of Attendance	**# Physicians**		
Activity validated my current practice	10		
Create/revise protocols, policies and procedures			
Change management or treatment of my patients	1		
Improvement in Format of Activity and Content - Comments From Attendees	**# Physicians**		
Format was appropriate, no change needed	7		
Increase interactivity with attendees			
Include more case-based presentations			
Increase attendance			

Figure 6

2015 Cancer Conferences (Tumor Boards) ***(Figure 5)***
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.

The multidisciplinary team of physicians includes:

- Medical Oncology
- Diagnostic Radiology
- Radiation Oncology
- Surgery
- Pathology

CME Through Medical Staff Office – Physician Satisfaction ***(Figure 6)***
Cancer conferences also provide an opportunity for physicians to obtain continuing medical education 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 Figure 6 for the evaluation results.

Image or palpation-guided needle biopsy is performed to establish diagnosis	93.6%
At least 12 lymph nodes are removed during colon surgery	91.9%
Estrogen receptor-positive women begin hormone therapy within 365 days	94%
Radiation administration for greater than four positive lymph nodes following mastectomy	90.9%
Combination radiation is administered within 120 days stage 1B-3 ER negative patients	92.3%
Surgery is not the first course of treatment for stage cN2, M0 lung cancer	91.7%

Figure 7

National Accreditation by Program for Breast Centers for the St. Anthony's Susan McGillicuddy Breast Center
During the last three years, the breast center staff have dedicated time and effort to meet all the standards set by the National Accreditation Program for Breast Centers. This is a rigorous monitoring of policies and procedures so that our breast center patients are given the highest quality care according to national screening and treatment standards. In November 2016, the breast center was surveyed and once again became the only NAPBC-accredited breast center in St. Petersburg. This is the third time in a row we have been awarded this accreditation and it stands now until 2019.

Focus on Quality ***(Figure 7)***
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. St. Anthony's Hospital meets or exceeds these benchmarks for 2014 cases (latest published).

Achievement of Clinical and Programmatic Goals for 2016

Each year the Cancer Committee sets at least two goals that they plan to work on during the year as improvements in programmatic and clinical processes.

As the **Programmatic Goal**, the Cancer Committee set a goal of implementing a new electronic medical recording system in the St. Anthony's Hospital Radiation Center. This new system would allow physicians remote access to share records between all BayCare facilities and reduce errors in patient medical records. The implementation of the **Aria Record and Verify System** was achieved with good feedback from the physicians and with the added benefit of allowing the cancer registry data gathering to be a much more streamlined process.

For 2016, the Cancer Committee set a **Clinical Goal** for the processing of physician orders through validation to achieve elimination of errors. This **Validation of Physician Orders** was achieved through a process with the pharmacy and infusion nursing validating blood work on each patient to ensure that correct patient medications and dosage were given, should the physician change medications on the day of treatment.

Patient Care Evaluation Study

Rectal Cancer at St. Anthony's Hospital in 2015

- **Purpose and Method:** A retrospective study was undertaken with tumor registry data to evaluate the treatment and management of St. Anthony's Hospital analytic patients with rectal cancer to look for compliance with NCCN guidelines standard of care. Patients with stage I disease are treated primarily with surgery. Patients with stage II or III disease (i.e. T3, T4 or N+) are treated with chemoradiation plus surgery. A pivotal study showed that in these groups of patients, outcome is better if the chemoradiation is given prior to surgery (i.e. neoadjuvant) rather than given postoperatively. In order to identify these patients preoperatively, the NCCN guidelines in patients appropriate for resection include in the work-up, either a pelvic MRI or endorectal ultrasound. St. Anthony's cancer program includes expertise in both MRI and expert GI endoscopy and we elected to review the 2015 data to evaluate compliance.
- **Findings:** There were 25 analytic patients included in this study accessioned into the registry in 2015. The following findings are categorized by AJCC stage at diagnosis.

	STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4
TOTAL	**2**	**7**	**6**	**5**	**5**
ENDOSCOPE	2	6	4	4	
NEOADJUVANT CHEMOTHERAPY		1	4	3	3
REFUSED CHEMOTHERAPY					1
NEOADJUVANT RADIATION		1	5	4	3
RADIATION ALONE				1	
REFUSED RADIATION					1
SURGERY	2	6	2	3	2
NO SURGERY – INFECTED PORT, REFUSED, NONCOMPLIANT, CARDIAC BYPASS – COMORBID CONDITIONS – PALLIATIVE CARE ONLY		1	4	2	3
IMAGING					
– PET		2	2	2	2
– MRI		4	1	1	3
– CT ABDOMEN		6	4	4	4
– CT HEAD		1			1
ADJUVANT CHEMOTHERAPY					2
ADJUVANT RADIATION					1
NCCN GUIDELINES % RATING	**100%**	**100%**	**100%**	**80%**	**100%**

- **Stage 0:** There were two patients, both staged with endoscopy alone and both treated surgically with a satisfactory results and 100 percent compliant with NCCN.
- **Stage I:**There were seven patients. All but one underwent endoscopic staging and surgery, and the pathologic stage was consistent with early disease. One patient was not treated by standard therapy because of severe comorbidities. We rated this group as 100 percent compliant.
- **Stage II:** There were six patients. Four underwent endoscopic ultrasound and five received neoadjuvant therapy (one declined because of severe comorbidities). There were four patients who didn't undergo surgery because of noncompliance or medical indications. We rated this group as 100 percent compliant.
- **Stage III:** There were five patients. Four underwent endoscopic ultrasound and neoadjuvant therapy. One patient came from an outside facility and had surgery here. This patient did not have endoscopy and did not receive neoadjuvant therapy. We rated this as 80 percent compliant.
- **Stage IV:** There were five patients in this group. No endoscopic ultrasound was undertaken for staging and all received palliative therapy and chemotherapy as appropriate. Rated at 100 percent compliant.

- Conclusion:
  Through education at tumor boards and CME conferences, most surgeons and gastroenterologists at St. Anthony's Hospital are aware of the standards of care within the NCCN treatment guidelines for rectal cancer. St. Anthony's has continued to promote and educate the staff with regards to current NCCN guidelines and, except for one example, we have seen good compliance with the current standards of care.

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