


# 2016 Cancer Program

*Annual Report on 2015 Data*

Advocate Christ Medical Center

Tomorrow starts today.

# *Video Welcome Message*

# 2016 Cancer Committee Members

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Marc Mesleh, MD, Chair, Cancer Committee, General Surgery

| | |
|---|---|
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| **Keith Ammons, MBA, BSRT(T)** | Director of Operations, Cancer Institute |
| **Kelly Baker, RN, MSN** | GI Nurse Navigator |
| **Laura Bein, PhD** | Clinical Psychologist |
| **Renee Beltz, BSN** | Asst. Clinical Manager, Infusion/Outpatient Oncology |
| **Kathleen Boss** | Director of Special Initiatives, Gilda's Club Chicago |
| **Emily Bryant, MS, CGC** | Genetic Counselor, Cancer Institute |
| **Susan Burns** | Hospice Liaison, Hospice Care |
| **Nancy Jo David, RT(R)(M)(QM), CRA** | Manager, Advocate Christ Center for Breast Care |
| **Mary D. Davis, MS, PhD(c), RN** | Executive Director, Cancer Institute |
| **Hannah Diamond, RD** | Registered Dietician, Oncology |
| **Tamara Ditter, BSN** | Manager, Inpatient Oncology |
| **Ladawne Dow, CTR** | Cancer Registrar, Cancer Registry |
| **Janet Finlon, MA, BSN, RN, NEA-BC** | Director, Clinical Operations for Neurosciences, Bone & Joint and Inpatient Oncology |
| **Maria Garcia, CTR, RHIT** | Cancer Registrar |
| **Paul Gordon, MD** | Medical Director, Thoracic Oncology; Cancer Liaison, American College of Surgeons Commission on Cancer |
| **Amy Greene, MSW** | Oncology Social Worker |
| **Alyssa Grissom, MSN, APN, AGCNS** | Clinical Nurse Specialist, Oncology |
| **Jillian Hellmann, RN-BC, MSN** | Performance Improvement Coordinator |
| **Malorie Hohenadel, RN** | Clinical Research Nurse, Oncology |
| **Elizabeth Holland, MD** | Diagnostic Radiology |
| **Renee Jacobs, MD** | Medical Oncology |
| **Roy Johnson, BS, MBA** | Director, Cancer Services Operations, Cancer Institute |
| **Karie Karolinski, BS, CCRP** | Clinical Research Coordinator, Oncology |
| **Ryan Kelly** | Medical Social Worker, Oncology |
| **Tammy Klapp, RN, BSN, CPN** | Manager, Pediatric Oncology |
| **Roman Kozyckyj, MD** | Palliative Care |
| **Amanda Kraushaar, RHIA, CTR** | Registry Partners Consultants, Project Director for Advocate |
| **Susan Latocha, RN, MS, CCRN** | Community Outreach |
| **Mamoud Mahafzah, MD** | Medical Oncology |
| **Tracy McCarthy, RN, BSN** | Breast Nurse Navigator |
| **John McKee, RT (T), (R)** | Interim Manager, Radiation Oncology |
| **January McNeal, BSN, OCN** | Oncology Nurse Navigator |
| **Kim Miiller, PhD** | Clinical Psychologist, Lead Hub |
| **Patty Mullenhoff, RN, MS, APN, ACNS-BC APN** | Lung; Lung Patient Navigator, Cancer Institute |

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|---|---|
| **Diane Murphy, BSN, OCN** | Oncology Nurse Navigator |
| **Deborah Oleskowicz, MS, CGC** | Genetics Counselor, Cancer Institute |
| **Mary Beth Partyka, MSN, APN, ANP** | Pain Management |
| **Judith Piper** | Performance Improvement |
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| **Hareth Raddawi, MD** | Gastroenterology |
| **Syam Reddy, MD,** | Diagnostic Radiology |
| **Linda Rivard, RN, BSN, CPON** | POST Clinic Coordinator, POST Clinic |
| **Cristina Ruiz, MS, CGC** | Genetic Counselor, Cancer Institute |
| **Rosemarie Schubert, RHIT** | Clinical Research Coordinator |
| **Lynn Sevik, BSN** | Care Manager, Palliative Care, Care Management |
| **Laurie Shellito, PT, MPH, MBA** | Manager, Inpatient Therapy Services, Adult Inpatient Rehabilitation |
| **Jessica Sittig, LCSW, R-DMT** | Hospital Program Manager, Gilda's Club Chicago |
| **Gary Steinecker, MD** | Internal Medicine/Oncology |
| **Patrice Stephens, APN, AOCN, APN** | Breast Nurse Navigator, Cancer Institute |
| **Carolyn Stypka** | Patient Navigator, American Cancer Society |
| **Deborah Stlaske MSN, APN, AOCNS** | Cancer Institute, Quality and Accreditation Coordinator and Interim Manager Cancer Registry |
| **Danielle Swets** | Hospital Manager, American Cancer Society |
| **Rodney Thill, MD** | Chair, General Surgery/Trauma/Abdominal Transplant |
| **Colleen Valenti, RN, OCN** | Clinical Research Nurse, Oncology |
| **Faisal Vali, MD** | Chair, Radiation Oncology |
| **Jami Walloch, MD** | Pathology/Co-Chair, Breast Conference, Pathology |
| **Laura Wrona, RN, BS, CCRC** | Manager, Office of Clinical Research and Regulatory Affairs |
| **Ghassan Zalzaleh, MD** | Medical Oncology |

# *Everything I Need... Close to Home*

# Clinical Programs

## Breast Cancer Program

The NAPBC Accredited Breast Cancer Program, the largest and most mature program at Advocate Christ, has been treating patients for the past 15 years. Barbara Krueger, MD, has worked with our partners in cancer care to develop a comprehensive, multidisciplinary approach to managing and treating breast cancer patients – an approach that reflects the program's team approach to treatment.

One of the centerpieces of this program is the multidisciplinary breast oncology clinic, which is held every Friday. This weekly event allows patients to see all of their care providers in a single day, ensuring that they will leave with a comprehensive treatment plan that encompasses all specialties involved in their care.

A newer clinical trial for a certain breast cancer population is available. This exciting procedure, called intra-operative electron radiation therapy (IOERT), uses a single dose of radiation therapy, which is administered at the time of the lumpectomy. Learn more about the breast cancer program

## Gastrointestinal (GI) Cancer Program

An individual who chooses Advocate Christ for treatment is actually choosing an entire team of doctors and cancer specialists. The multidisciplinary team has one goal in mind: for the patient to achieve outstanding outcomes while maximizing their quality of life. Each patient's multidisciplinary team includes highly qualified, knowledgeable individuals experienced in surgery, medical oncology, radiation oncology, gastroenterology, interventional radiology, certified oncology nursing, patient navigation, genetics, oncology research, nutrition, palliative care and cancer survivorship. These specialists work intimately with patients, families and referring physicians to create an individualized treatment plan for each patient diagnosed with gastrointestinal or hepatobiliary cancer.

The use of cutting-edge technology-from endoscopic ultrasound for diagnosing and staging cancers of the esophagus, stomach, rectum, and pancreas to liver directed therapy-and our surgeon's expertise in minimally invasive and robotic surgery have positioned Advocate Christ as the leader in treating gastrointestinal cancers for the Southland region.

Following a pledge with the American Cancer Society to screen at least 80 percent of individuals eligible for a colonoscopy by 2018, the Direct Access Colonoscopy Program was introduced at Advocate Christ in 2016 that allows individuals to call the Digestive Health Navigator directly and schedule their screening colonoscopy without adding an additional physician appointment. Learn more about the GI cancer program

## Thoracic Oncology Program

Lung cancer remains a leading cause of cancer-related deaths for American men and women. Early diagnosis offers hope for better patient outcomes. Advocate Christ Medical Center's lung screening program aims to increase the chances of early diagnosis and improved outcomes by identifying lung cancers before the patient is symptomatic.

Our thoracic oncology program is one of the largest and most comprehensive thoracic oncology programs in the state of Illinois. Led by cardiothoracic surgeon Paul Gordon, MD, it relied on the skill of our thoracic surgeons and an interventional pulmonologist, and leading-edge technology such as endobronchial ultrasound and navigational bronchoscopy, which not only allows a diagnosis to be made from smaller nodules that are more distal and difficult to reach, but also identifies lymph node involvement. Minimally invasive surgical

techniques used by our surgeons, such as daVinci robotic surgery and VATS (video-assisted thoracoscopy), result in smaller incisions, less pain and a quicker recovery for our patients.

Weekly interdisciplinary lung conference enables our team of specialists to review each case and outline a course of treatment. Using national guidelines, the team creates a customized plan for each patient. This highly skilled team also has been able to diagnose and plan treatments for a variety of chest cancers, including sarcoma, lymphoma and other cancers metastatic to the lungs**.**

Learn more about the thoracic cancer program

## Gynecologic Oncology Program

From advanced diagnostics to multidisciplinary treatment approaches to innovative reconstructive urology, Advocate Christ offers powerful medicine to meet the needs of women challenged by cancer of the endometrium (uterus), cervix, ovaries, vagina, vulva or fallopian tubes. Advocate Christ is one of the few medical centers in the Chicago south and southwest suburbs to have a reconstructive urologist for female patients.

The team guided by Patrick Lowe, MD, Nikki Neubauer, MD and Alfred Guiraguis, MD, provides comprehensive, multidisciplinary care for women with known or suspected gynecologic cancer. Learn more about the gynecologic oncology program.


Video message from Dr. Paul Gordon

*Advocate Christ's Cancer Institute sees more newly diagnosed cases and performs more procedures – robotic prostatectomies, laparoscopic nephrectomies and cystectomies – than most medical centers in the area.*

## Genitourinary (GU) Cancer Program

When a patient is diagnosed with a genitourinary cancer, experience matters. The fellowship-trained urologists at Advocate Christ's Cancer Institute see more newly diagnosed cases and perform more procedures – robotic prostatectomies, laparoscopic nephrectomies and cystectomies – than most medical centers in this area. High volumes translate into better patient outcomes.

Experience and volume are not the only factors that set this program apart. The Cancer Institute provides patients with access to the full spectrum of treatment for genitourinary cancers, including prostate, kidney, testicular, penile and bladder cancers.

**Learn more about the GU cancer program**

## Neurologic Oncology Program

In collaboration with Advocate Christ Medical Center's highly advanced Neurosciences Institute, the Cancer Institute's neurologic oncology program offers a unique combination of advanced diagnostics, evidence-based care, clinical trials and cutting-edge treatment technology. The program's exceptional interdisciplinary team of neurologists, neurosurgeons, medical oncologists, radiation oncologists, advanced practice nurses in oncology, and a neuropathologist treats a wide range of neurologic cancers in both adult and pediatric patients—from primary and metastatic brain tumors to spinal cord and nervous system cancers, as well as the neurologic complications of cancer. Learn more about the neurologic oncology program

# *Cutting-Edge Technology*

As part of its comprehensive care programs for cancer patients, the Cancer Institute uses the latest technologies designed to enhance diagnosis, make treatments more effective, reduce pain and speed recovery.

The Imaging Department, which serves both Advocate Christ Medical Center and Advocate Children's Hospital – Oak Lawn, understands that the sooner doctors have a diagnosis, the sooner treatment can begin. That is why our imaging department offers state-of-the-art technologies, 24 hours a day, seven days a week. And, we are the only hospital on Chicago's Southside to perform MRI, CT and interventional radiology for pediatric sedation cases.

## Clinical Research/Trials

Clinical research plays an important role in advancing the body of knowledge in cancer medicine and making a difference in the lives of cancer patients.

Because Advocate Christ's Cancer Institute participates in clinical trials covering a vast number of disease sites and cancers, its patients can access a wide range of new, experimental drugs and treatments without having to leave the community for cancer care.

The Cancer Institute's involvement in clinical trials is supported by qualified and dedicated research staff who work with physicians and nurses throughout the entire process.

The Cancer Institute strives to use research as a tool to increase its patients' options through clinical trials and enhance the level of care through the development of evidence-based care.

Click here to view cancer clinical trials in progress at Advocate Christ.

## Nursing Excellence in Cancer Care

Our dedicated team of oncology nurses works at each patient's bedside to deliver compassionate, safe, holistic cancer care. The range of services provided by our nurses goes beyond medication administration, encompassing thorough assessments, symptom management, patient and family education, and emotional, spiritual, and psychosocial support.

Under the direction of a highly experienced oncology nursing leadership team, our oncology nurses integrate standards of best practice with each patient's individualized needs. Our nurses' commitment to cancer care is demonstrated by the specialized training they have received to administer chemotherapy/biotherapy agents, their certification as oncology nurses, and their retention rate in this specialty practice. For inpatient and outpatient settings combined, 75 percent of our staff nurses are qualified to administer chemo/biotherapy agents, 65 percent of eligible staff nurses are certified as oncology nurses, and 25 percent of staff nurses have 10+ years of oncology experience.

## Nurse Navigation

Oncology Nurse Navigators help coordinate care and lessen the burden that patients and families may experience throughout the cancer continuum. These highly qualified, knowledgeable patient navigators and oncology-certified nurses provide disease-specific focus to their patients, as well as one-on-one support to help patients navigate the cancer experience. Click here for additional information on the oncology nurse navigators.


## Genetics Cancer High Risk Assessment Program

Genetics plays a powerful role to play in preventing and treating cancer. Most cancer occurs as the result of an interaction between environment, lifestyle and genetic factors. Approximately 5 percent to 10 percent of all cancers are caused by an inherited genetic change. Identifying individuals and their family members with an inherited predisposition toward cancer helps establish tailored treatment, surveillance and prevention. Knowing that an individual has an increased risk of cancer based on personal/family history or genetic test results can improve that person's health and quality of life.

Advocate Christ's Cancer Institute established a Genetics Cancer Risk Assessment Program in 2008 to support cancer patients and their family members. This program offers hereditary cancer risk assessment, genetic counseling and genetic testing performed by our board-certified and licensed genetic counselors.

In 2016, the genetic counselors provided consultation to more than a thousand new patients. They attended the breast, gynecology oncology and GI case conferences and offered expert opinions during case reviews. The genetic counselors are active members of Advocate Christ's Cancer Committee. In addition, they provide numerous educational offerings throughout the year to a variety of audiences, including medical students, residents, physicians, nurses, support groups and the community at large.

The genetic counselors have expanded their services to include seeing patients at Advocate Good Samaritan Hospital, Advocate South Suburban Hospital and Advocate Trinity Hospital. They attend case conferences, are a part of these hospital's Cancer Committees and provide educational opportunities to physicians,

nurses, patients and the community.

**Advocate Christ's genetic counselors:**

- Terri Blase, MS, CGC
- Cristina Ruiz, MS, CGC
- Deborah Oleskowicz, MS, CGC

Learn more about Advocate Christ's genetic counseling program.

## *Cardio-Oncology Services*

Early detection and advances in cancer treatment mean more people are surviving cancer than ever before. While this is certainly good news, it is tempered by the growing evidence of treatment-induced cardiomyopathy – a condition in which damage to the heart muscle inhibits the heart's ability to pump blood through the body – and possible heart failure.

At Advocate Christ, cardio-oncologist Sunil Pauwaa, MD, FACC, and his team in the Cardio-Oncology program to help reduce heart risks.

The Cardio-Oncology service supports patients who are being treated for cancer by providing education and monitoring during and after treatment, with the goal of preventing or minimizing heart damage.
Video message from Dr. Sunil Pauwaa

## Palliative Care

The Palliative Care Team at Advocate Christ Medical Center provides a consultative service for patients and families living with cancer and other chronic disease or serious illnesses. These patients may have significant physical, psychological, social and spiritual needs that can be overlooked in an acute care setting that is focused more on curative measures rather than comfort care.

The Palliative Care Team consists of specialized clinicians, including board-certified palliative medicine physicians, advanced practice nurses, registered nurses, medical social workers, and chaplains.

The purpose of the Palliative Care team is to provide symptom management and to assist patients and families define clear goals of care that improve the patient's quality of life.

## Gilda's Club

In 2016, Gilda's Club Chicago's Clubhouse at Advocate Christ hosted nearly 700 people for more than 5,600 free visits. Gilda's Club at Advocate Christ has a full Clubhouse on the ground floor of the Outpatient Pavilion and is a resource not only to the medical center, but also to the entire Southland.

Gilda's Club supports all those living with cancer along with their families and friends, as well as those who have lost someone to cancer. Their innovative program is an essential complement to medical care and offers support groups, educational lectures, healthy lifestyle workshops, resource referrals, and social opportunities.

Gilda's Club offers more than 350 activities each month across five locations. Their mission is to ensure that all people impacted by cancer are empowered by knowledge, strengthened by action and sustained by community.

## American Cancer Society

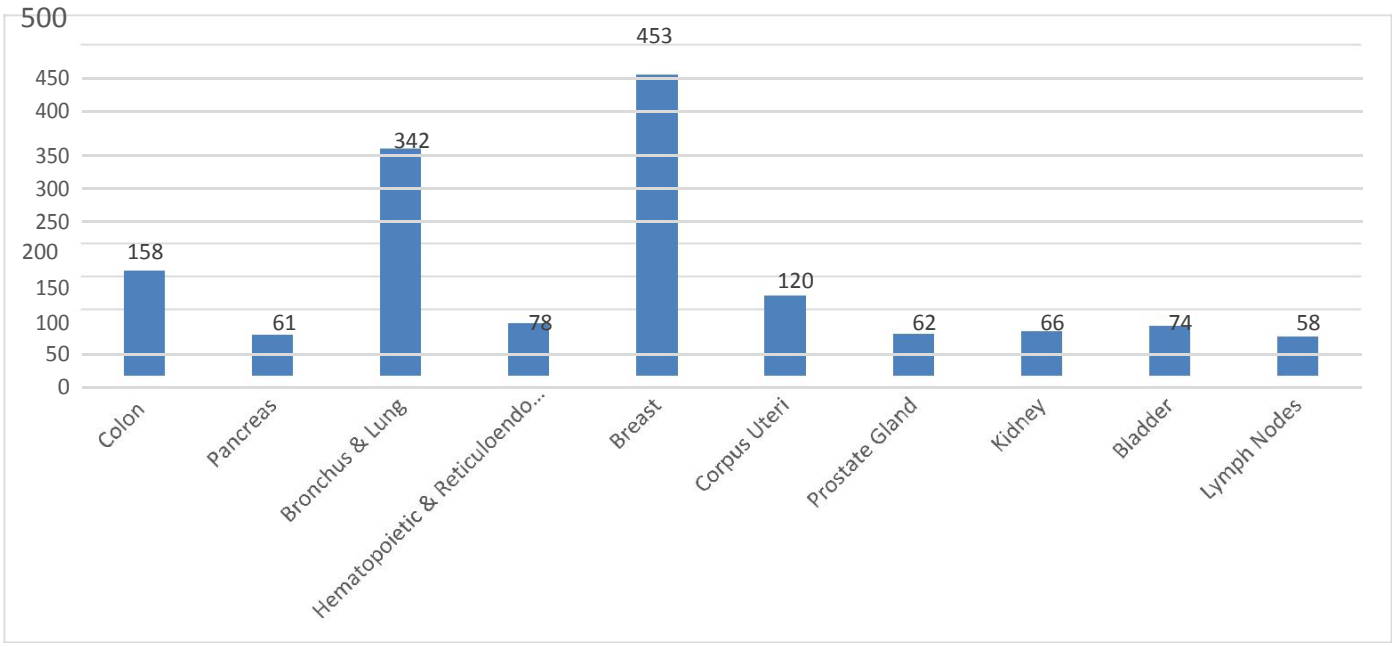
Advocate Christ's Cancer Institute partners with the American Cancer Society (ACS) to offer patients and their families easy access to programs and services through an on -site patient navigator from the ACS. The navigator provides patients with educational materials on cancer-related topics including treatment options, side effects and pain management.
Learn more about the American Cancer Society at Advocate Christ Medical Center.

# Program Statistics

## Cancer Registry Data 2012 – 2015

| Primary Site | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|
| Breast | 441 | 473 | 394 | 456 |
| Lung | 365 | 339 | 329 | 341 |
| Colorectal | 167 | 164 | 196 | 158 |
| Prostate | 99 | 101 | 75 | 62 |
| Brain/Nervous System | 95 | 61 | 59 | 74 |
| Hematopoietic | 99 | 48 | 54 | 78 |
| Other | 735 | 700 | 887 | 878 |
| **Total** | **2,001** | **1,984** | **1,952** | **2,047** |

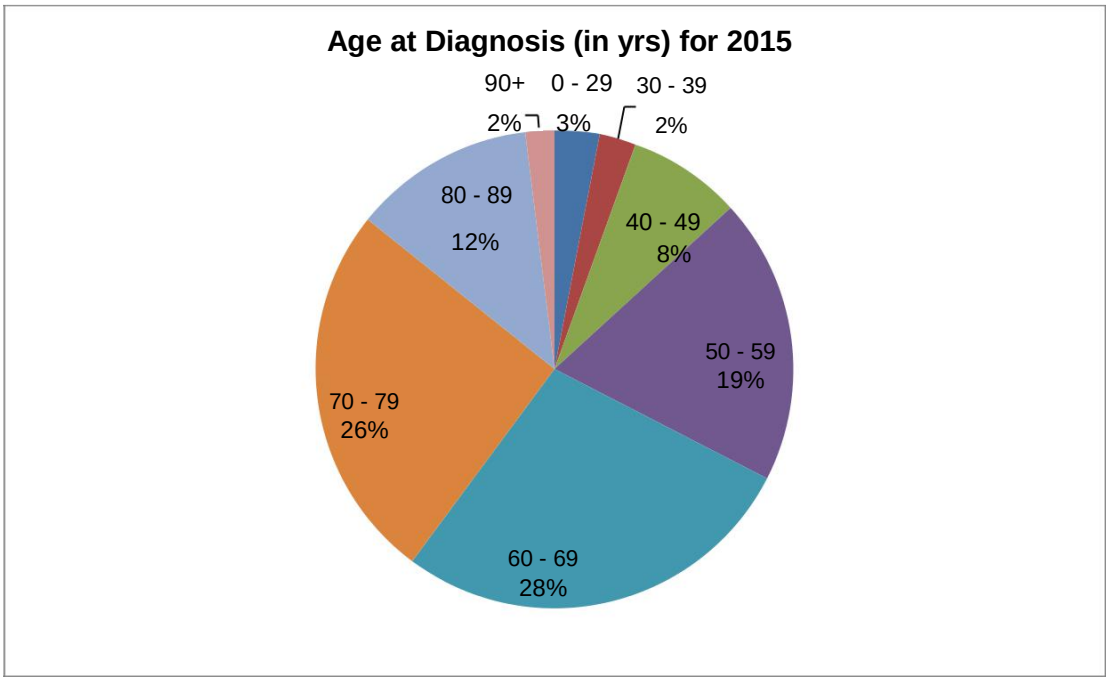
## Primary Cancer Sites - 2015



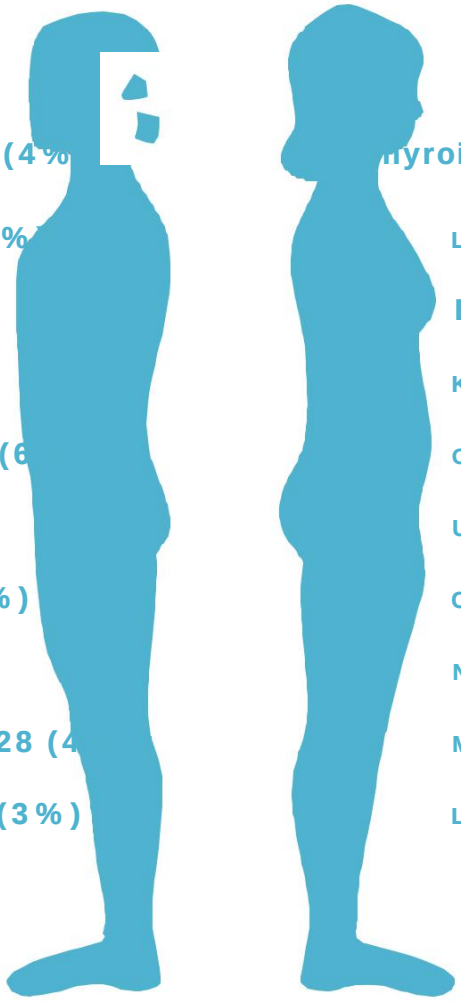
# Age at Diagnosis (in years)

| Age at Diagnosis (in years) | Count (N) | Percent (%) |
|---|---|---|
| 0 – 29 | 62 | 3.03% |
| 30 – 39 | 51 | 2.49% |
| 40 – 49 | 157 | 7.67% |
| 50 – 59 | 397 | 19.39% |
| 60 – 69 | 565 | 27.60% |
| 70-79 | 523 | 25.55% |
| 80 – 89 | 252 | 12.31% |
| 90+ | 40 | 1.95% |
| **Total** | **2,047** | **100.00%** |

Range: 0 to 102
Mean: 64



## 2015 Summary by Body System and Sex




**Males**

- Oral Cavity & Pharynx – 30 (4%)
- Lung & Bronchus – 171 (23%)
- Pancreas 31 – (4%)
- Kidney & Renal Pelvis – 45 (6
- Urinary Bladder – 48 (6%)
- Colon & Rectum – 111 (15%)
- Prostate – 62 (8%)
- Non-Hodgkin Lymphoma – 28 (4
- Melanoma of the Skin – 22 (3%)
- Leukemia – 27 (4%)
- All Other Sites – 183 (24%)

**Females**

- hyroid – 18 (1%)
- Lung & Bronchus – 171 (13%)
- Breast – 443 (34%)
- Kidney & Renal Pelvis – 21 (2%)
- Ovary – 45 (3%)
- Uterine Corpus – 133 (10%)
- Colon & Rectum – 109 (8%)
- Non-Hodgkin Lymphoma – 39 (3%)
- Melanoma of the Skin – 25 (2%)
- Leukemia – 21 (2%)
- All Other Sites – 264 (20%)

# *Clinical Outcomes Report*

## Patient follow-up after BI-RADS 3 Classification

*by Joslyn M. Albright, MD, Nancy Jo David, RT(R) (M) (QM), CRA and Denise Kane, Mammography Assistant*

**Introduction**: The American College of Radiology has developed the Breast Imaging-Reporting and Data System (BI-RADS) as a quality control measure and to standardize reporting of breast imaging results between studies and facilities (Table 1). When a patient has a mammogram and is given a BI-RADS 3 classification, the assessment of the imaging abnormality is "probably benign" and the recommendation is usually for repeat imaging in six months. After the follow-up imaging the abnormality is either biopsied or close observation is continued.

One of our major concerns is to ensure that our patients have the follow-up studies that are indicated to adequately evaluate any imaging findings. To make sure the appropriate patients are coming for six month follow-up, we decided to look at our rates of patient follow-up after a BIRADS 3 classification on mammography.

**Methods**: We looked at 18 -month follow-up for mammograms performed and read with a BI-RADS 3 classification in the first six months of 2015 at the Advocate Center for Breast Care. The data were divided into first and second quarters to tease out seasonal trends in follow-up. A timeframe of 6 months +/- months (4 -8 months) was chosen as those who fulfilled the recommendation for short-term follow up. This definition was decided on after looking at the natural distribution of our raw data.

In our practice environment BI-RADS 3 assessments of a breast mass are occasionally followed in the surgeons' office and could skew the data by falsely increasing the number of patients who did not return to the breast-imaging center for six-month follow-up. To assess this, the follow-up rates of the subset of patients who had a BI-RADS 3 assessment for calcifications, a population that would not routinely be treated by practitioners outside of the radiology department, are reported as well.

**Results** : In the first quarter of 2015 (Jan-Mar), 104 mammograms were assessed as BI-RADS 3. 55% of those patients came for follow-up imaging in the next 4-8 months (6mo, +/-2). An additional 33 (32%) did not return for imaging at any time in the next year and a half (Figure1). Thirty-eight of the BI-RADS 3 mammograms were for changes in calcifications, of those patients, 11 (29%) did not return for additional imaging at any time in the study period (Figure2).
In the second quarter of 2015 (Apr-June), 98 mammograms were given a BI-RADS 3 designation. 58% of those patients came for the recommended imaging in the next 4-8 months. However, 33 (34%) did not return for additional imaging at any time in the next year and a half (Figure3). Thirty-three of the BI-RADS 3 mammograms were for changes in calcifications, of those, 13 (39%) did not return for additional imaging at any time in the study period (Figure4).

Twelve patients (12%), who had a BI-RADS 3 mammogram in the first quarter of 2015, did not have their follow up imaging within 4-8 months after their BI-RADS diagnosis, compared to 5 patients (5%) in the second quarter.

**Discussion**: Over half (55-58%) of all patients who were asked to return to the breast center for follow up imaging were imaged with 4-8 months (6 months, +/-2). Alarmingly another 29-19% of patients did

not return for follow-up imaging within the next 18 months in addition to those who were overdue for their subsequent imaging studies. Other studies have reported timely follow up rates as high as 71%. Baum et al who reported this rate used a window of 3 -10 months as their definition of compliance with short term follow up. Using their definition it did raise our rates (60-66%), but not to their level.

Based on these analyses of our data we identified two populations that we could target to improve follow up, those that did not return and those who did have follow up but not with in the designated interval. In our population, the percentage of patients who did return but were overdue ranged from 5-17%.

**Conclusion**: Based on these data, improving patient education when receiving a BI-RADS 3 designation could lead to improved return for subsequent imaging. We are in the process of improving our patient communication for those patients in need of short term follow-up and will study the effectiveness of our intervention.

**References**:


1. American College of Radiology BI-RADS Atlas https://www.acr.org/Quality-Safety/Resources/BIRADS
2. Baum et al. Use of BI-Rads 3 – Probably Benign Category in the American College of Radiology Imaging Network Digital Mammographic Imaging Screening Trial. Radiology. July 2011.


**Table 1**:

| BI-RADS Assessment Categories | |
|---|---|
| Category 0 | Need Additional Imaging Evaluation |
| Category 1 | Negative |
| Category 2 | Benign Findings |
| Category 3 | Probably Benign |
| Category 4 | Suspicious for Malignancy |
| 4A | Low suspicion for malignancy |
| 4B | Moderate suspicion for malignancy |
| 4C | High suspicion for malignancy |
| Category 5 | Highly Suggestive of Malignancy |
| Category 6 | Known Biopsy-Proven Malignancy |

**Figure 1**.

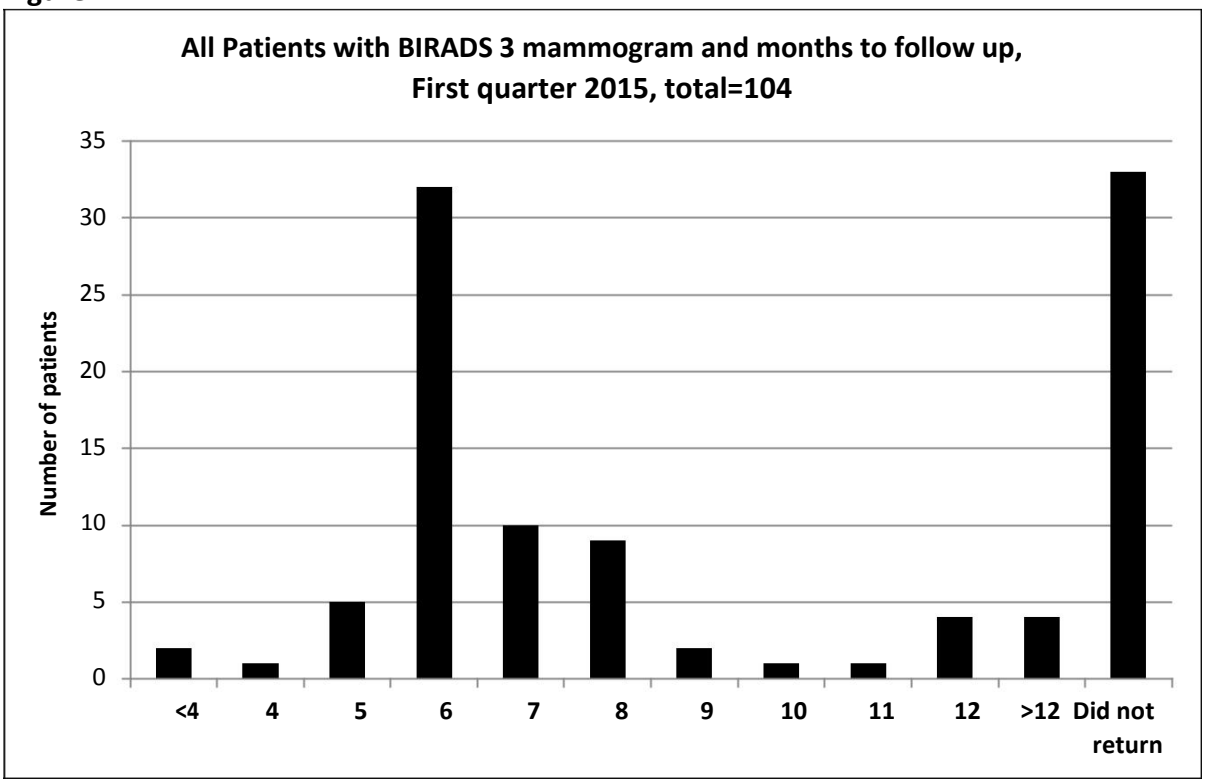



**Figure 2**.

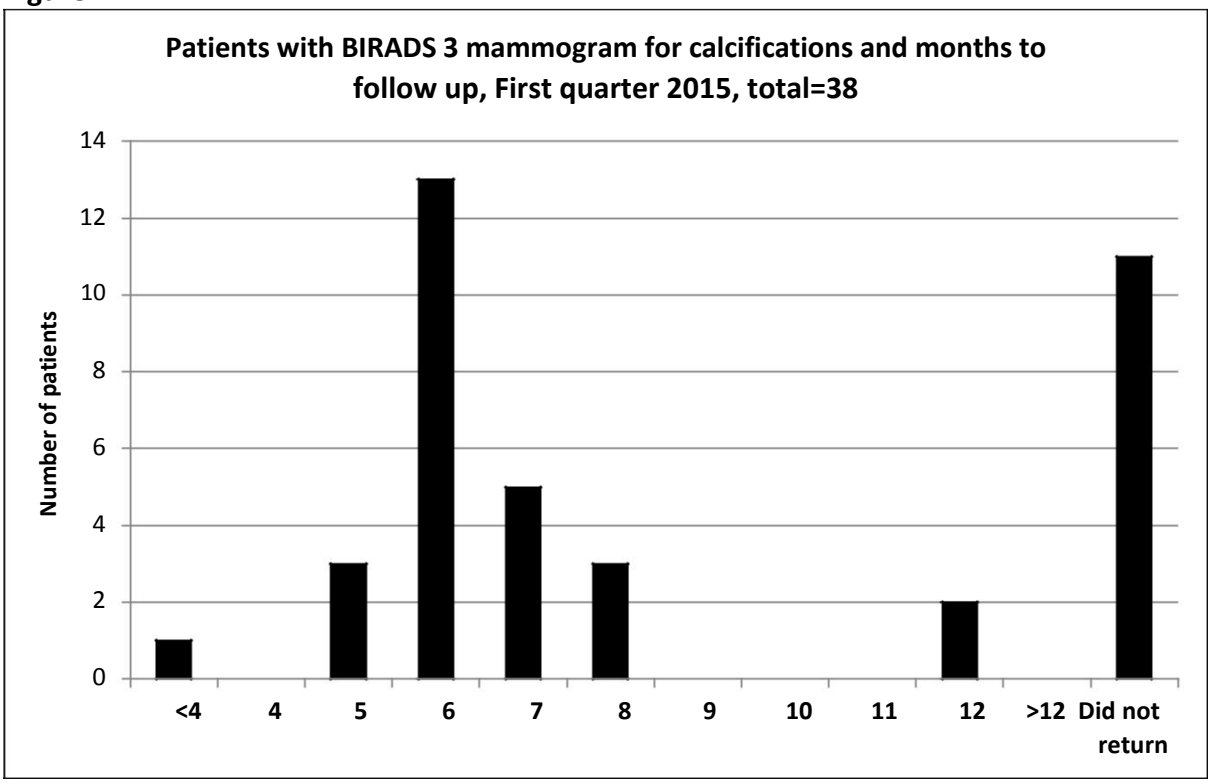


**Figure 3**.

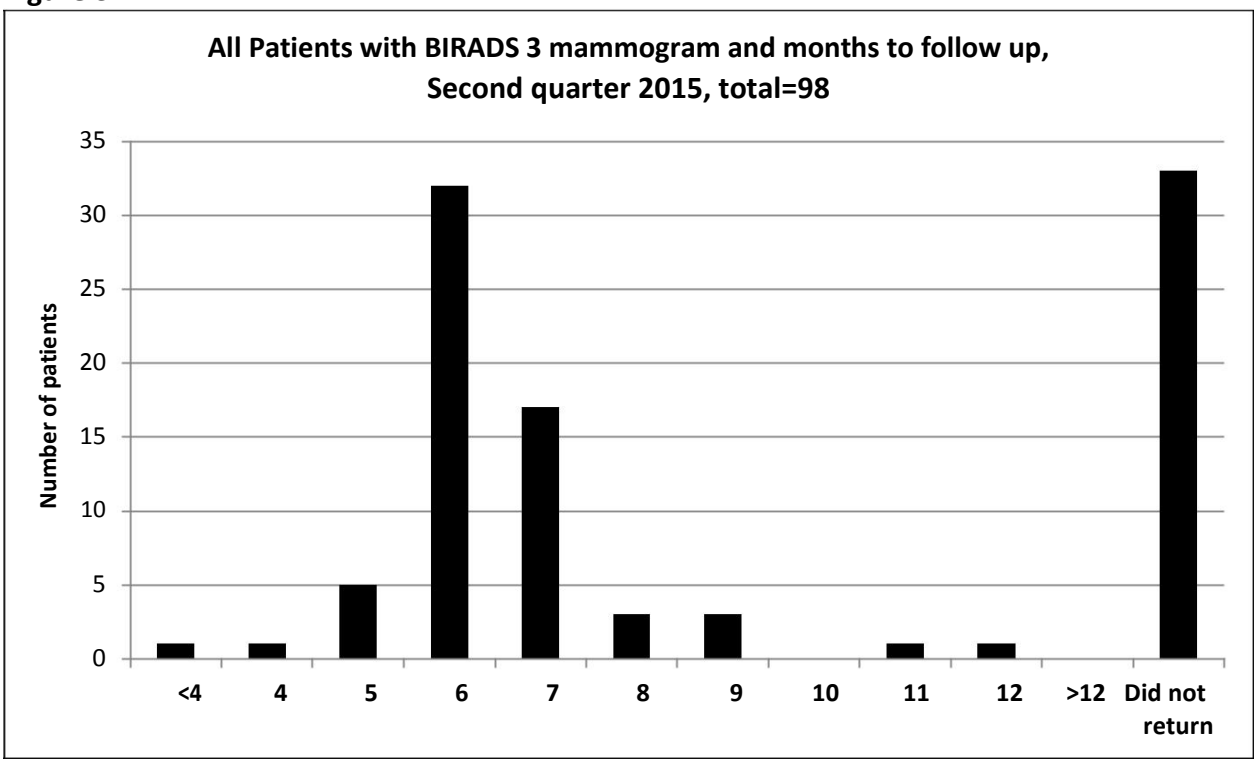



**Figure 4**.