

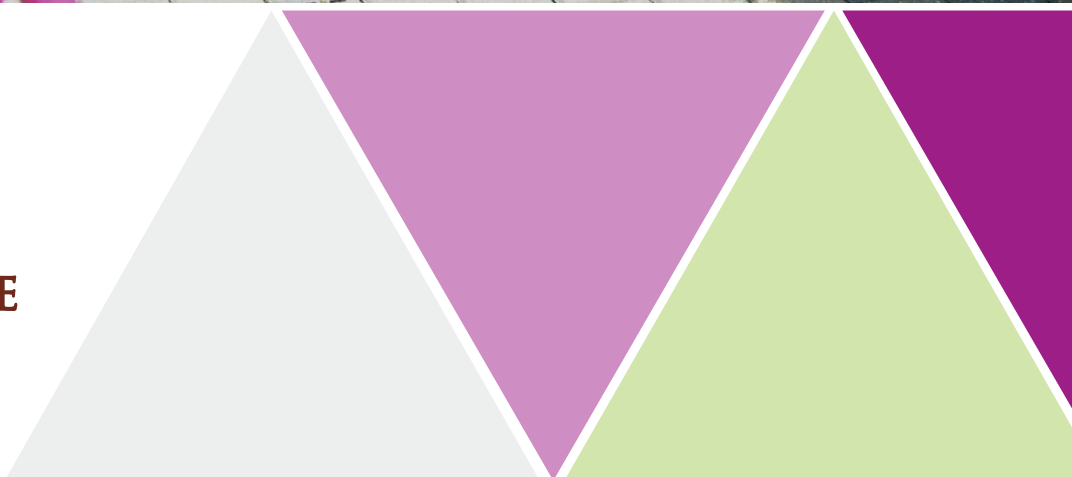
2018

ANNUAL REPORT

OSF HealthCare Saint Anthony Medical Center
Patricia D. Pepe Center for Cancer Care



OSF[®]
HEALTHCARE





DEAR MEMBERS OF OUR COMMUNITY,

It is with great pleasure that we present our 2018 annual report for the Patricia D. Pepe Center for Cancer Care at OSF HealthCare Saint Anthony Medical Center. We continue to make great strides in clinical research, quality initiatives, survivorship, patient navigation and cancer screening. We are committed to compassion as we strive to maintain the highest level of care for our patients and their families.

Weekly multidisciplinary tumor and bi-monthly breast cancer conferences provide a systematic and multidisciplinary approach to personalized cancer care. This reduces time to specialized care, provides an integrated approach, incorporating the latest technology, established best practices and evidence-based guidelines to maximize survival and quality of care.

Our clinical goal for 2018 involved evaluating microsatellite instability (MSI) in all solid tumor specimens, because it can provide important details for prognosis, therapeutic response and detection of hereditary syndromes. We were able to achieve nearly 90 percent assessment of mismatch repair (MMR) for patients with breast, colorectal, non-small cell, head and neck, gastroesophageal, endometrial and ovarian cancers, providing them the possibility of immunotherapy, as well as genetic evaluation of potential cancers in their families.

In order to provide the latest therapeutics and research, we accrued over 62 patients on clinical trials and maintained American College of Osteopathic Surgeons commendation status in 2018. As we work toward standardizing clinical research throughout the Ministry, we plan to maintain a strong commitment to cutting-edge research.

We reviewed our 2017 bleeding events data and discovered major concerns: higher risk of bleeding in elderly patients, polypharmacy, lack of proper patient education and variability in dosing. An ongoing quality improvement and safety monitoring initiative was begun, connecting our pharmacy colleagues with physician leadership. It has already lead to a significant reduction in bleeding events.

Reducing the incidence of cancer in our community remains a fundamental goal. Through our annual skin cancer screening program, we screen for melanoma and non-melanoma cancers with assistance from our wonderful dermatology colleagues. We maintain strong relationships with several community organizations, including the American Cancer Society and OSF Healing Pathways Resource Center. We also support events that raise awareness for screening and prevention, such as the Purple Tea Event, Winnebago County Relay for Life, Making Strides Against Breast Cancer and the Great American Smokeout.

Our nurses were recognized for their hard work and dedication, particularly Lisa Bruno and Allison Gleason, along with the women's center, for organizing a successful Making Strides event. Our cancer center director, Thelma Baker, received the Rockford Chamber of Commerce "20 People You Should Know" honor. Nurse-directed navigation services continued to improve patient satisfaction and time to diagnosis, reduce barriers to care, and shorten the time to treatment. In fact, our navigators, Peggy Malone and Lisa Bruno, have been continually recognized for their nursing excellence and patient empowerment.

In November, we launched a four-part Cancer Survivorship series in collaboration with OSF Healing Pathways. Delivered quarterly, it educates patients and their families on coping with fears of cancer recurrence, understanding late side effects of therapy, dealing with stress and improving nutrition and exercise.

Our patients demonstrate to us what strength, courage and love can do on a daily basis. Looking forward, we hope to keep improving the health and quality of life of our patients, and we wish to thank the Mission Partners, supporters, volunteers and donors who make our achievements possible.



Ajaz Khan, MD
Cancer Committee Chairman



CANCER REGISTRY

Quality cancer data is central to the fight against cancer, and cancer registrars are the first link in capturing that data. Cancer registry professionals collect, manage and analyze clinical cancer information on all patients diagnosed and treated for cancer at OSF HealthCare Saint Anthony Medical Center. The collected data on all cases maintained in the cancer registry is available for the purposes of research, special studies, monitoring patient outcomes, cancer program development, cancer prevention and education. Each patient entered in the registry database is followed for life, providing accurate survival, recurrence and outcomes information. Only aggregate information is analyzed and published. Patient confidentiality is strictly maintained.

The data collected by the cancer registry is submitted and utilized by state and national cancer registries, including:

- Illinois State Cancer Registry, part of the Centers for Disease Control and Prevention National Program of Cancer Registries (NPCR)
- National Cancer Database (NCDB), a joint program of the American College of Surgeons, Commission on Cancer (COC) and the American Cancer Society
- Annual Report to the Nation on the Status of Cancer, a collaboration of the American Cancer Society, the Centers for Disease Control and Prevention, the National Cancer Institute and the North American Association of Central Cancer Registries

The cancer registry is overseen by two certified tumor registrars (CTRs), who are responsible for coordinating cancer conferences, cancer committee meetings and the survey process with the COC, ensuring the standards are being met. The registry also assists with quality studies and production and publication of the annual report. The registrars are members of the Cancer Registrars of Illinois and the National Cancer Registrars Association and participate in educational events, including regional or national conferences to maintain certification status.



CANCER CONFERENCES

Cancer conferences provide an open forum for multidisciplinary presentations and discussions on treatment options and, ultimately, the determination of the most appropriate patient management plan. National Comprehensive Cancer Network guidelines are reviewed and discussed at cancer conferences, along with American Joint Committee on Cancer staging.

Cancer conferences in 2018 were well-attended by the medical staff. There were 61 conferences, which were approved and certified for AMA PRA Category 1 Credit™.

These convenient on-site educational opportunities for the medical staff included diagnostic, pathologic and treatment overviews on 315 cases. The most commonly presented primary cancers were breast, head and neck, lung, lymphoma and melanoma. These meetings enhance patient care. Physicians and health care professionals are welcome to attend.

CANCER REGISTRY REVIEW 2017 DATA

In 2017, the cancer registry added 902 cases, 858 of which were analytic (diagnosed or treated at this facility).
The data in this report reflects only analytic cases.

2017 OSF TOTAL ANALYTIC INCIDENCE

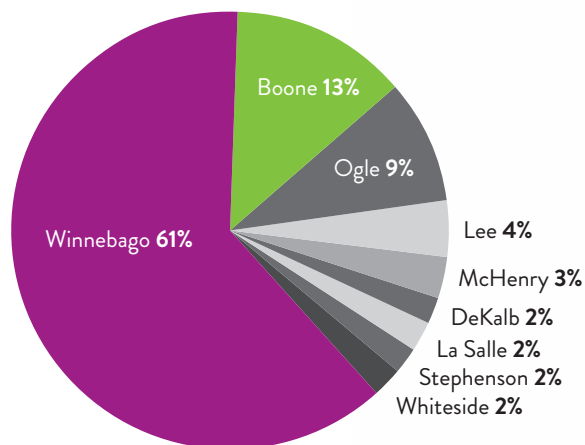
by Site, Gender, AJCC Stage

Primary Site	Total	Male	Female	Stage 0	Stage I	Stage II	Stage III	Stage IV	N/A	Unknown
ORAL CAVITY & PHARYNX	23	17	6	0	1	1	1	19	0	1
Tongue	8	6	2	0	0	1	1	6	0	0
Salivary Glands	1	1	0	0	0	0	0	0	0	1
Floor of Mouth	1	1	0	0	0	0	0	1	0	0
Gum & Other Mouth	2	0	2	0	0	0	0	2	0	0
Nasopharynx	1	1	0	0	0	0	0	1	0	0
Tonsil	8	7	1	0	1	0	0	7	0	0
Oropharynx	2	1	1	0	0	0	0	2	0	0
DIGESTIVE SYSTEM	151	86	65	2	21	30	29	49	6	14
Esophagus	7	5	2	0	0	2	2	2	0	1
Stomach	11	9	2	0	2	1	4	2	0	2
Small Intestine	3	3	0	0	0	0	0	2	1	0
Colon Excluding Rectum	51	21	30	0	11	13	15	11	1	0
Cecum	8	4	4	0	2	2	2	2	0	0
Appendix	2	1	1	0	0	0	1	0	1	0
Ascending Colon	15	5	10	0	4	3	5	3	0	0
Hepatic Flexure	3	1	2	0	1	2	0	0	0	0
Transverse Colon	6	3	3	0	1	3	2	0	0	0
Splenic Flexure	3	1	2	0	0	2	1	0	0	0
Descending Colon	1	1	0	0	0	0	1	0	0	0
Sigmoid Colon	11	5	6	0	3	1	3	4	0	0
Large Intestine, NOS	2	0	2	0	0	0	0	2	0	0
Rectum & Rectosigmoid	23	14	9	1	3	6	6	5	1	1
Rectosigmoid Junction	3	2	1	0	0	0	3	0	0	0
Rectum	20	12	8	1	3	6	3	5	1	1
Anus, Anal Canal & Anorectum	5	0	5	1	0	1	1	0	1	1
Liver & Intrahepatic Bile Duct	10	8	2	0	1	1	1	4	1	2
Liver	7	5	2	0	1	0	1	2	1	2
Intrahepatic Bile Duct	3	3	0	0	0	1	0	2	0	0
Gallbladder	4	2	2	0	0	1	0	1	0	2
Other Biliary	5	3	2	0	0	1	0	0	0	4
Pancreas	32	21	11	0	4	4	0	22	1	1
RESPIRATORY SYSTEM	162	72	90	1	49	6	19	72	2	13
Larynx	12	10	2	1	3	2	0	4	0	2
Lung & Bronchus	150	62	88	0	46	4	19	68	2	11
BONES & JOINTS	2	1	1	0	0	1	0	0	0	1
Bones & Joints	2	1	1	0	0	1	0	0	0	1
SOFT TISSUE	7	4	3	0	2	3	0	1	0	1
Soft Tissue (including Heart)	7	4	3	0	2	3	0	1	0	1
SKIN EXCLUDING BASAL & SQUAMOUS	40	23	17	9	12	9	2	4	1	3
Melanoma - Skin	38	21	17	9	12	9	2	4	0	2
Other Non-Epithelial Skin	2	2	0	0	0	0	0	0	1	1

Primary Site	Total	Male	Female	Stage 0	Stage I	Stage II	Stage III	Stage IV	N/A	Unknown
BREAST	138	5	133	37	39	43	8	8	0	3
Breast	138	5	133	37	39	43	8	8	0	3
FEMALE GENITAL SYSTEM	36	0	36	0	21	2	3	6	2	2
Cervix Uteri	1	0	1	0	0	0	0	1	0	0
Corpus & Uterus, NOS	25	0	25	0	19	2	0	2	1	1
Corpus Uteri	23	0	23	0	17	2	0	2	1	1
Uterus, NOS	2	0	2	0	2	0	0	0	0	0
Ovary	10	0	10	0	2	0	3	3	1	1
MALE GENITAL SYSTEM	68	68	0	0	3	44	10	7	0	4
Prostate	67	67	0	0	3	44	10	7	0	3
Testis	1	1	0	0	0	0	0	0	0	1
URINARY SYSTEM	74	51	23	11	32	8	7	11	0	5
Urinary Bladder	42	30	12	10	18	7	3	3	0	1
Kidney & Renal Pelvis	31	20	11	0	14	1	4	8	0	4
Other Urinary Organs	1	1	0	1	0	0	0	0	0	0
BRAIN & OTHER NERVOUS SYSTEM	33	15	18	0	0	0	0	0	33	0
Brain	12	7	5	0	0	0	0	0	12	0
Cranial Nerves Other Nervous System	21	8	13	0	0	0	0	0	21	0
ENDOCRINE SYSTEM	26	9	17	0	15	4	2	0	2	3
Thyroid	24	8	16	0	15	4	2	0	0	3
Other Endocrine including Thymus	2	1	1	0	0	0	0	0	2	0
LYMPHOMA	26	16	10	0	3	3	2	10	0	8
Hodgkin's Lymphoma	2	1	1	0	0	2	0	0	0	0
Non-Hodgkin's Lymphoma	24	15	9	0	3	1	2	10	0	8
NHL - Nodal	12	8	4	0	1	0	2	5	0	4
NHL - Extranodal	12	7	5	0	2	1	0	5	0	4
MYELOMA	9	3	6	0	0	0	0	0	9	0
Myeloma	9	3	6	0	0	0	0	0	9	0
LEUKEMIA	22	13	9	0	0	0	0	0	22	0
Lymphocytic Leukemia	11	7	4	0	0	0	0	0	11	0
Acute Lymphocytic Leukemia	1	0	1	0	0	0	0	0	1	0
Chronic Lymphocytic Leukemia	10	7	3	0	0	0	0	0	10	0
Myeloid & Monocytic Leukemia	9	5	4	0	0	0	0	0	9	0
Acute Myeloid Leukemia	5	2	3	0	0	0	0	0	5	0
Acute Monocytic Leukemia	1	1	0	0	0	0	0	0	1	0
Chronic Myeloid Leukemia	2	1	1	0	0	0	0	0	2	0
Other Myeloid/Monocytic Leukemia	1	1	0	0	0	0	0	0	1	0
Other Leukemia	2	1	1	0	0	0	0	0	2	0
Other Acute Leukemia	1	0	1	0	0	0	0	0	1	0
Aleukemic, Subleukemic & NOS	1	1	0	0	0	0	0	0	1	0
MESOTHELIOMA	2	1	1	0	0	0	0	1	1	0
Mesothelioma	2	1	1	0	0	0	0	1	1	0
MISCELLANEOUS	39	22	17	0	0	0	0	0	39	0
Miscellaneous	39	22	17	0	0	0	0	0	39	0
Total	858	406	452	60	198	154	83	188	117	58

CANCER REGISTRY REVIEW 2017 DATA

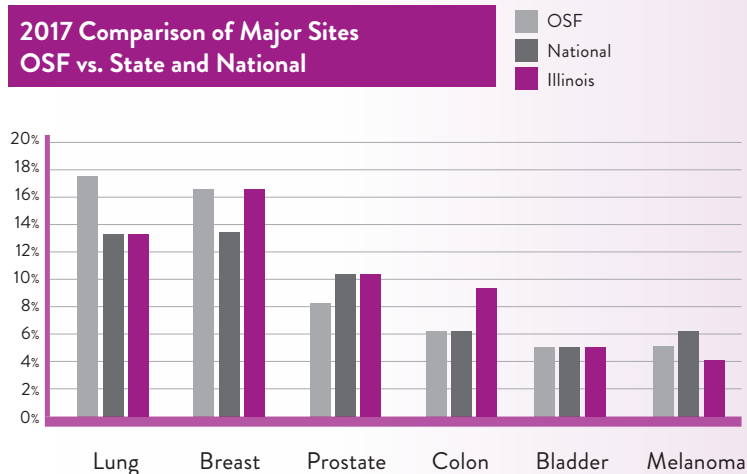
County of Residence at Diagnosis



Top 10 Sites by Sex Distribution

Measure	Male	Female
Lung & Bronchus	62	88
Breast	5	133
Prostate Gland	67	0
Colon	21	30
Bladder	30	12
Skin	23	17
Pancreas	21	11
Kidney	20	11
Lymphoma	16	10
Thyroid Gland	8	16

2017 Comparison of Major Sites
OSF vs. State and National



CURRENT STATE OF LUNG CANCER

Lung cancer accounts for over 230,000 new cancer cases and nearly 160,000 deaths annually. It remains the leading cause of cancer-related mortality as well as a national health care problem. In fact, only 18 percent of newly diagnosed patients will survive five years past diagnosis.

Over the past decade, due to a decrease in the prevalence of smoking, the disease has become more predominant among former rather than current smokers. Secondhand smoke also contributes a modest increase in the risk of lung cancer development in non-smokers. Familial clustering of lung cancer has suggested a hereditary base to disease development. An increased risk of lung cancer was found in the carriers of TP53 mutation as well as germline mutation in epidermal growth factor receptor (EGFR) T790M. Occupational exposure has also been linked to increased risk, such as workers exposed to silica dust, asbestos fibers, uranium mining and nuclear plant exposure.

The majority of patients are diagnosed due to coughing, shortness of breath, chest pain or weight loss. Hence, nearly 70 percent of patients will initially present with locally advanced or metastatic disease at the time of diagnosis, limiting the chances of cure and long-term survival.

Lung cancer screening via low-dose CT imaging in high-risk patients (age 55-74 years, 30 plus-years of smoking, with less than 15 years of quitting) has proven to demonstrate a 20 percent mortality reduction in lung cancer. Yet, despite the benefits of screening, it does not substitute for smoking cessation, and all patients entering into a screening program receive counseling. Nearly 85 percent of lung cancers are of non-small cell histology. After the initial tissue diagnosis, accurate staging using computed tomography or positron emission tomography is crucial for determining appropriate therapy.

Surgical resection remains the pre-eminent curative option. However, a minority of patients are deemed eligible based upon the advanced nature of the disease at diagnosis. Chemotherapy has proven beneficial for patients following surgery in preventing recurrence and in palliation, extending the life of patients with metastatic disease.

The administration of concurrent chemotherapy and radiation is indicated for stage III lung cancer. Radiation plays a significant role in lung cancer management. It can help alleviate pain in metastatic lung cancer and control brain metastasis. In early stages of the disease, patients with lung and heart problems benefit long-term from stereotactic radiation therapy.

The introduction of novel biomarkers, including EGFR, ROS-1, RET, NKTR, Her2/neu, BRAF, ALK, KRAS and PDL-1, have improved survival outcomes and enhanced our understanding of the complex tumor heterogeneity and biology of lung cancer. Plus, molecular profiling of tumors has allowed innovative approaches to treating disease via genotypic-tailored therapy. Immunotherapies have brought forth immunology to the forefront of cancer therapy. As the number of agents continue to grow, this should increase the number of lung cancer survivors.

Thus, the future of lung cancer screening, treatment and care remains an evolving and innovative field with the potential to increase survival and cure from a disease that remains a major health care issue.

CLINICAL TRIALS FOR LUNG CANCER

Karen Blatter, RN, BSN, OCN – Clinical Research Coordinator

We currently have eight clinical trials open for lung cancer patients that utilize and study recent advancements in genetics, immunotherapy and radiation therapy.

The Alchemist Trial, sponsored by the National Cancer Institute, tests patients with non-small cell lung cancer for genetic markers and mutations and selectively treats eligible patients with one of three experimental targeted immunotherapies. Patients receive either the targeted therapy or a placebo and are closely monitored for beneficial and adverse effects of the therapy.

The CALGB 30610 trial, also sponsored by the National Cancer Institute, seeks to define an optimal thoracic radiotherapy regimen for limited stage small cell lung cancer. This study compares experimental high-dose radiation of 2Gy once daily over seven weeks with standard radiotherapy of 1.5Gy twice daily over three weeks for improved survival, toxicity and quality of life.

Three of our non-interventional studies analyze tumor and blood samples of eligible lung cancer patients with the goal of developing diagnostic tests and new targeted therapies for lung cancer.

Although most of the lung cancer patients who enrolled in a study in 2018 were enrolled in one of our non-interventional studies, we actively screen for patients who may benefit from one of our interventional targeted or radiation therapy studies.

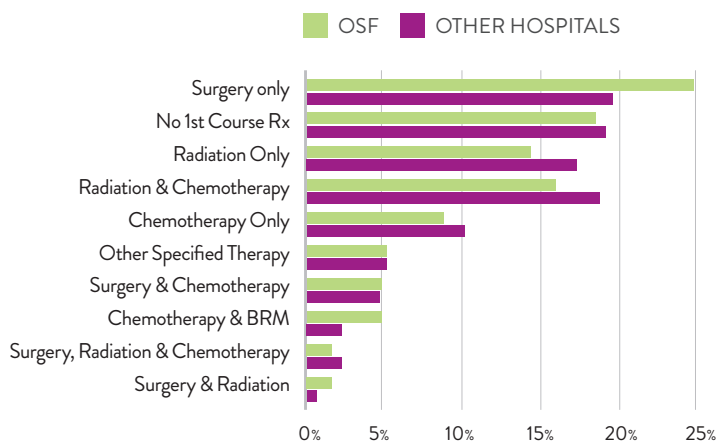
Age at Diagnosis – 2017 Analytic Lung Cancer Cases

Age	%
0-29	0.7
30-39	0.7
40-49	2.7
50-59	15.6
60-69	29.3
70-79	29.9
80-89	19.7
90+	1.4

Stage at Diagnosis – Analytic Lung (Non-small cell) Cancer

Stage 0	0
Stage I	44
Stage II	4
Stage III	19
Stage IV	52
Unknown - N/A	12
Total	131

Lung Cancer – First Course Treatment – NCDB Comparison 2016-2017



Lung Cancer History

Year	# Cases
2010	118
2011	126
2012	125
2013	133
2014	100
2015	144
2016	138
2017	150

CANCER PREVENTION PROGRAMS

STANDARD 4.1

BACKGROUND

Our cancer committee reviewed the community needs assessment, the OSF registry of cancer data for 2016 and 2017, and the Illinois Department of Public Health data on cancer statistics to help create the 2017 Healthy Community Study. It was compiled using a community analysis, household survey and key informant survey. It was a snapshot intended to capture the current state of health for residents of Winnebago and Boone counties. The study found that obesity, access to health care and behavioral health services, oral care for the underserved population, as well as a high prevalence of smoking (in Winnebago County) were identified as health issues in our community.

The American Cancer Society (ACS) states that most lung cancers can be prevented, because they are related to smoking. Plus, lung cancer is by far the leading cause of cancer death among both men and women. Each year, more people die of lung cancer than of colon, breast and prostate cancers combined. According to the ACS, “the best way to reduce your risk of lung cancer is not to smoke and to avoid breathing in other people’s smoke. If you stop smoking before a cancer develops, your damaged lung tissue gradually starts to repair itself. No matter what your age or how long you’ve smoked, quitting may lower your risk of lung cancer and help you live longer.”

Bronchus and lung cancer are the top cancers diagnosed for all cases reported at OSF Saint Anthony in 2017.

Due to the high prevalence of lung cancer in our community and at our facility, this was a high priority for our cancer prevention program.

PLAN

The outreach committee sub-group participated in the Great American Smoke Out during lung cancer awareness month in November to increase awareness around smoking cessation. The event was held in the main hospital atrium on November 15 from 9-11:30 a.m. This was a collaborative effort between the respiratory department and the cancer program. OSF HealthCare advertised the event in the Belvidere Daily Republican, Beloit Daily News, Rockford Chamber of Commerce, Rock River Times, DeKalb Daily Chronicle, Stateline Business, Rockford Diocese (newspaper), and posted about it on social media and our internal portal post for two weeks prior to the event. Educational resources included the ACS handouts about lung cancer, the ACS Quit Now Smoking program and the CDC Quit Now resources.

SUMMARY

Forty-four individuals stopped at the event and received information from the ACS and on the Quit Now program. All three Rockford TV stations were on-site. The event was staffed by Peggy Malone, general navigator, and Joy White and Suzan Grindey from the respiratory department.

QUALITY IMPROVEMENT MEASURES

STANDARD 4.5

Ongoing quality reviews monitor compliance at OSF HealthCare Saint Anthony Medical Center with nationally established evidence-based treatment guidelines for the cancer care and management of patients. This performance review includes two lung-specific measures and compares our performance data with the CoC standard.

The review includes the most recent NCDB data from 2016.

Measure		COC Standard	OSF
LCT	Systemic chemotherapy is administered within 4 months to day preoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC (Quality Improvement)	85%	100%
LNoSurg	Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement)	85%	91%



CONNECTED TO THE COMMUNITY WE SERVE

The Patricia D. Pepe Center for Cancer Care at OSF HealthCare Saint Anthony Medical Center has partnered with several community organizations in the Rock River Valley, including the American Cancer Society, OSF Healing Pathways Resource Center and the Pink Heals Winnebago County, Illinois chapter. Partnership activities with the American Cancer Society include Relay for Life, Making Strides against Breast Cancer and the Real Men Wear Pink campaign. We also partner with the American Dermatological Association to provide skin cancer screenings for the community. These partnerships are instrumental in meeting the needs of the community by helping prevent, diagnose, and treat cancer, and providing support for patients and their families.

16th Annual Purple Tea

On April 20, 2018, about 320 people attended the Purple Tea Coalition event at Giovanni's Convention Center in Rockford. Dr. Mete Korkmaz was the keynote speaker on the topic of multiple myeloma. We offered educational information on prostate cancer, lung cancer prevention and screening, OSF Healing Pathways resources and high-risk cancer genetic information.

Skin Cancer Screening

The annual skin cancer screening event was held on May 12, 2018. Dermatology providers completed a screening of the exposed skin of participants. SPOTme educational resources, as well as the ABCDEs of Melanoma, were provided to all participants in addition to their skin screening. Sixty people were evaluated by dermatology providers and of those, 14 (23 percent) were referred for follow-up with either pre-cancerous or suspicious lesions, or suspected malignancies.





Relay for Life - Boone and Winnebago counties

Our community needs assessment identified obesity prevalence in Boone and Winnebago counties as a cause for concern. More than 33 percent of residents in the area are categorized as obese, compared to the state rate of 27 percent and the national rate of 27.5 percent. Per the National Cancer Institute, there is “consistent evidence that higher amounts of body fat are associated with increased risks of a number of cancers,” including colon cancer, which is one of the five most often diagnosed cancers at OSF Saint Anthony. To impact the community, we hosted a booth at the June 2, 2018, Relay for Life and provided education on the importance of healthy eating, exercise and available screening options to reduce colon cancer risk.

Pink Heals

The Winnebago County, Illinois, chapter of Pink Heals is a non-profit organization that raises awareness and funds for families and non-profit entities that assist those battling cancer in our community. On December 19, 2018, the Pink Heals team visited the Patricia D. Pepe Center for Cancer Care, spreading holiday cheer to patients and delivering generous gift cards and candy to those receiving treatment.

Real Men Wear Pink

Medical oncologist Dr. Richard Nora kindly participated in the American Cancer Society’s Real Men Wear Pink campaign in October 2018, to raise awareness and funds for breast cancer.

Making Strides Against Breast Cancer Walk

This event is a powerful and inspiring opportunity to unite as a community to honor breast cancer survivors and raise awareness about the steps we can take to reduce the risk of getting breast cancer. This American Cancer Society walk was held on Saturday, October 13, 2018, at Rock Valley College. The OSF Women’s Center hosted an educational booth with breast cancer prevention educational materials, while many OSF Mission Partners and their family members participated in this annual walk.

Great American Smokeout

The national Great American Smokeout day was November 15, 2018. Lung cancer is the most often diagnosed cancer at OSF Saint Anthony. Earlier stage diagnosis results in decreased mortality for the cancer. Low-dose computed tomography (LDCT) is recommended for patients at risk for lung cancer (adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years). A team from the center for cancer care partnered with the American Cancer Society and had an educational booth in the front lobby of the hospital, offering information on the importance of lung screening and providing the opportunity to be assessed to determine their eligibility for LDCT.

Commitment to professional development

The Patricia D. Pepe Center for Cancer Care is very proud of our nursing team and the care and commitment they provide to patients. Over 85 percent of our nurses have a Bachelor of Science in Nursing (BSN) or higher degree and 46 percent of our nurses are oncology certified.

Education makes a difference

There is a growing body of evidence that shows BSN graduates bring unique skills to their work as nursing clinicians play an important role in the delivery of safe patient care. The American Association of Colleges of Nursing (AACN) believes education has a significant impact on the knowledge and competencies of the nurse clinicians. BSN nurses are prized for their skills in critical thinking, leadership, case management and health promotion.

Certification makes a difference

Per the Oncology Nursing Society, an RN license signifies a nurse has entry-level knowledge to provide care for patients, and is the minimum requirement for professional nurses. An RN license doesn’t indicate whether a nurse has obtained knowledge beyond the minimum, but certification does. Certification signifies that a nurse has experience and specialty knowledge beyond the entry level. Certification can help patients feel confident about their caregivers. To patients with cancer and their families, certification means the nurse is a qualified caregiver. About 50 percent of our outpatient cancer nurses are specialty certified, which far exceeds the 25 percent certification benchmark established by the Commission on Cancer.

Physician board certification plays a vital role in making sure physicians critically evaluate their practices, acquire new skills and adapt their practices to changing patient health needs. We are proud that 100 percent of our providers are board certified.





DESIGNATIONS AND AWARDS

Awards

Magnet status is an award given by the American Nurses' Credentialing Center (ANCC), an affiliate of the American Nurses Association, to hospitals that satisfy a set of criteria designed to measure the strength and quality of their nursing. Our cancer center team is actively involved in Magnet and shared governance to drive the quality of care provided to our patients. OSF Saint Anthony has been Magnet certified since 2005.

The Center for Cancer Care has been certified by the Quality Oncology Practice Initiative certification from the American Society of Clinical Oncologists since 2012. It recognizes medical oncology and hematology oncology practices that are committed to delivering the highest level of cancer care.

The Patricia D. Pepe Center for Cancer Care has been Commission on Cancer accredited since 1942 by the American College of Surgeons.

Patricia D. Pepe Center for Cancer Care nurses **Shauna Fletcher**, **Megan Zimmerlee** and **Rebecca Clinard** were nominated for 2018 Interdisciplinary Clinical Excellence Awards.

Professional Achievements

The Rockford Chamber of Commerce recognized Thelma Baker, director of oncology services, as a 2018 "20 People You Should Know" honoree. The November 1, 2018, ceremony highlighted members of the community who inspire with their leadership and strive to make the world around them a better place.



OUR DEDICATED ONCOLOGY TEAM



Iftekhar Ahmad, MD
Radiation Oncology



George Bryan, MD
Radiation Oncology



Kent Hoskins, MD
Medical Oncology



Ajaz Khan, MD
Medical Oncology



Mete Korkmaz, MD
Medical Oncology



Richard Nora, MD
Medical Oncology



Peggy Rogers, APRN
Medical Oncology



Ismael Shaukat, MD
Medical Oncology



Shylendra Sreenivasappa, MD
Medical Oncology

CANCER COMMITTEE

The cancer committee is a multidisciplinary group composed of physicians from various specialties, as well as representatives from departments that provide support and manage cancer care. The committee works closely with the American Cancer Society, benefiting from their support and services. The committee guides and implements cancer-related policies and programs for OSF Saint Anthony, and meets monthly to accomplish these activities.

Cancer Committee Chair

Ajaz Khan, MD

Cancer Liaison Physician

Iftexhar Ahmad, MD, MS

Cancer Committee Coordinators

Cancer Conference Coordinator

Tanya Magnuson, CTR

Quality Improvement Coordinator

Peggy Malone, RN, BS, OCN

Cancer Registry Quality Coordinator

Lynn Kiehl, CTR

Community Outreach Coordinator

Thelma Baker, MSN, RN, OCN, NEA-BC

Clinical Research Coordinator

Mark Rogers, CCRC

Psychosocial Services Coordinator

Gabrielle Kirby, MSW, LCSW

Cancer Committee Members

American Cancer Society

Ashley Lach

Clinical Trials

Karen Blatter, RN, BSN, OCN

Shylendra Sreenivasappa, MD

Diagnostic Radiology

Stephen Lehnert, MD

General Surgery

Jeffrey Barteau, MD

Genetics

Peggy Rogers, MSN, FNP-BC, AOCNP

OSF Healing Pathways

Amy Mullen

Medical Oncology

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Radiation Oncology

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For more information about cancer services and programs or to refer a patient to the Patricia D. Pepe Center for Cancer Care at OSF HealthCare Saint Anthony Medical Center, call (815) 227-2273 or visit osfsaintanthony.org.

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