OSF HEALTHCARE SAINT ANTHONY MEDICAL CENTER



2019

Patricia D. Pepe Center for Cancer Care

ANNUAL REPORT







Iftekhar Ahmad, MD, MS CANCER COMMITTEE CHAIRMAN

Thelma Baker, MSN, RN, OCN, **NEA-BC** DIRECTOR OF ONCOLOGY SERVICES

Dear Members of Our Community,

It is with great pleasure that we present our 2019 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 compassionate care delivery as we strive to maintain the highest level of care for our patients and their families.

As a part of our history, legacy and community commitment, weekly multidisciplinary tumor and breast cancer specific conferences are conducted to 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 2019 involved evaluating the expression of p16 for all head and neck cancers and cervical cancer. This could provide important details in regards to prognosis along with therapeutic response.

We provide our patients access to the latest therapeutics and research available. One of the reasons we are able to do so is our strong collaboration with the University of Illinois Cancer Center, which allows us access to offer National Cancer Institute (NCI) trials. We accrued 153 patients on clinical trials in 2019 and continue to maintain American College of Surgeons (ACOS) Commission on Cancer commendation status (22% clinical trial enrollment). As we work toward standardizing clinical research throughout the Ministry, we plan to continue to maintain a strong commitment toward providing cutting-edge research to befit the needs of our population. We also strive to be on the cutting edge of technology. Our recent implementation of deep inspiratory breath hold (DIBH) for left sided breast cancer patients receiving radiation was presented at a national meeting.

Reducing the incidence of cancer in our community remains a fundamental goal for the Patricia D. Pepe Center for Cancer Care. Through our annual skin cancer screening program, we screen for melanoma and non-melanoma cancers with the assistance

of our colleagues in dermatology. We continue to maintain strong relationships with several community organizations such as the American Cancer Society and the Live Strong Program through the YMCA. We also support events that raise awareness for screening and prevention, such as the Purple Tea Event, which focused on prostate cancer in 2019. Other events where screening and prevention are highlighted include Winnebago County Relay for Life, Making Strides Against Breast Cancer and the Great American Smoke-Out.

Cancer is an illness that not only affects one physically but also emotionally. We recognize that our patients and their families have a wide variety of needs. We are proud to have the OSF Healing Pathways Resource Center within the Patricia D. Pepe Center for Cancer Care. Services include but are not limited to massage therapy, support groups, exercise classes and educational programs. These programs remain free not only for our OSF patients but for all cancer patients and their loved ones in Rockford and the surrounding communities.

We are happy to offer rehabilitation services for oncology patients. This allows our patients to be educated regarding what to expect throughout their cancer plan of care. Individual deficits are identified such as difficulty with daily care, inability to travel, decreased endurance and safety with ambulation. Goals are created to minimize the effects of those deficits.

In 2019, the Patricia D. Pepe Center for Cancer Care at OSF Saint Anthony was voted the Rockford Register Star's Best Cancer Center in Rockford. This designation is a testament to the kind of people who provide excellent patient care. From the moment you walk into our facility, you are treated with kindness and respect. The dedication of the people who work here is second to none.

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. We wish to thank the Mission Partners, supporters, volunteers and donors who make our achievements possible.

Cancer Registry OSF HEALTHCARE SAINT ANTHONY MEDICAL CENTER



Quality cancer data is central to the nation's 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 inpatients and outpatients diagnosed or treated for cancer at OSF Saint Anthony. 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, thus 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, which is a part of the Centers for Disease Control and Prevention's National Program of Cancer Registries (NPCR)

- National Cancer Data Base (NCDB), a joint program of the American College of Surgeons, Commission on Cancer (COC) and the American Cancer Society.
- The data is included in the prestigious
 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 three certified tumor registrars (CTRs), who are responsible for coordinating cancer conferences, cancer committee meetings and the survey process with the CoC, ensuring that each of the standards are being met. The registry also assists with quality studies and production and publication of the annual report. The CTRs are members of the Cancer Registrars of Illinois and the National Cancer Registrars Association and participate in educational events including attendance of a regional or national conference to maintain certification status.

Cancer Conferences

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

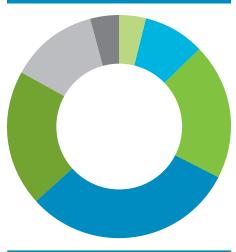
Cancer conferences continued with enthusiasm in 2019 and were extremely well-attended by the medical staff and approved and certified for AMA PRA Category 1 Credit™.

These convenient, on-site educational opportunities for the medical staff included diagnostic, pathologic and treatment overviews on 273 cases. The most commonly presented primary cancers were breast, lung, lymphoma, head and neck, rectum and prostate. Physicians and health care professionals are welcome to attend these meetings that enhance patient care.



BREAST CANCER – OSF (2018) AGE AT DIAGNOSIS

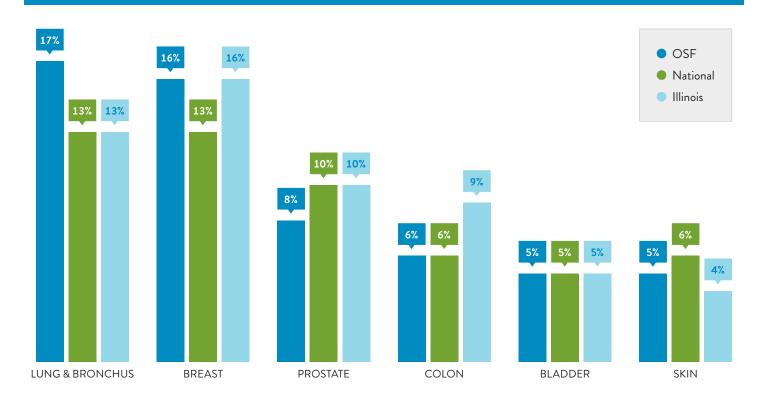
BREAST CANCER TRENDS - OSF (2009-2018)



AGE		PERCENT
30-39		4%
40 - 49		9%
50-59		20%
60-69		31%
70-79	•	20%
80-89		13%
90+		4%
TOTAL		100.00%



COMPARISON OF MAJOR SITES - OSF VS. STATE & NATIONAL (2018)



TOTAL ANALYTIC INCIDENCE BY SITE, GENDER, AJCC STAGE - OSF (2018)

PRIMARY SITE	TOTAL	MALE	FEMALE	STAGE 0	STAGE I	STAGE II	STAGE III	STAGE IV	N/A	UNK.
ORAL CAVITY & PHARYNX	20	9	11	1	3	4	2	5	1	4
Tongue	7	5	2	1	0	1	1	2	0	2
Salivary Glands	2	1	1	0	1	0	1	0	0	0
Gum & Other Mouth	1	0	1	0	1	0	0	0	0	0
Nasopharynx	2	0	2	0	0	0	0	1	0	1
Tonsil	3	3	0	0	0	1	0	2	0	0
Oropharynx/Hypopharynx	5	0	5	0	1	2	0	0	1	1
DIGESTIVE SYSTEM	143	85	58	2	19	26	27	46	5	18
Esophagus	7	4	3	0	1	0	1	5	0	0
Stomach	10	9	1	1	1	1	1	3	0	3
Small Intestine	1	0	1	0	0	0	0	0	1	0
Colon Excluding Rectum	48	31	17	1	9	13	12	7	1	5
Cecum	7	6	1	0	0	5	2	0	0	0
Appendix	3	1	2	0	0	0	1	1	1	0
Ascending Colon	9	5	4	1	3	3	2	0	0	0
Hepatic Flexure	3	2	1	0	0	0	1	0	0	2
Transverse Colon	7	6	1	0	2	0	1	3	0	1
Descending Colon	2	2	0	0	0	1	0	1	0	0
Sigmoid Colon	14	9	5	0	2	4	5	2	0	1
Large Intestine, NOS	3	0	3	0	2	0	0	0	0	1
Rectum & Rectosigmoid	23	13	10	0	2	4	9	5	0	3
Rectosigmoid Junction	5	3	2	0	0	0	4	1	0	0
Rectum	18	10	8	0	2	4	5	4	0	3
Anus, Anal Canal & Anorectum	8	3	5	0	1	5	2	0	0	0
Liver & Intrahepatic Bile Duct	10	9	1	0	1	0	1	3	3	2
Gallbladder	2	0	2	0	0	0	0	2	0	0
Other Biliary	8	3	5	0	1	2	1	2	0	2
Pancreas	26	13	13	0	3	1	0	19	0	3
RESPIRATORY SYSTEM	136	70	66	1	23	6	26	60	4	9
Larynx	9	7	2	1	1	1	2	2	0	2
Lung & Bronchus	127	63	64	0	22	5	24	58	4	7
SOFTTISSUE	8	6	2	0	1	1	2	0	3	1
Soft Tissue (including Heart)	8	6	2	0	1	1	2	0	3	1
SKIN (EXCLUDING BASAL & SQUAMOUS)	30	10	20	7	12	5	1	2	1	2
Melanoma – Skin	28	9	19	7	12	5	1	2	0	1
Other Non-Epithelial Skin	2	1	1	0	0	0	0	0	1	1
BREAST	111	1	110	14	56	14	6	9	3	9
Breast	111	1	110	14	56	14	6	9	3	9
FEMALE GENITAL SYSTEM	34	0	34	0	16	2	8	3	2	3
Cervix Uteri	2	0	2	0	0	1	1	0	0	0
Corpus & Uterus, NOS	26	0	26	0	15	1	5	2	1	2
Corpus Uteri	25	0	25	0	14	1	5	2	1	2
Uterus, NOS	1	0	1	0	1	0	0	0	0	0
Ovary	6	0	6	0	1	0	2	1	1	1
MALE GENITAL SYSTEM	78	78	0	0	12	35	17	12	0	2
Prostate	77	77	0	0	12	34	17	12	0	2
Testis	1	1	0	0	0	1	0	0	0	0

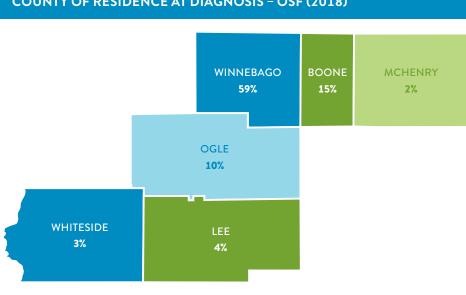
TOTAL ANALYTIC INCIDENCE BY SITE, GENDER, AJCC STAGE - OSF (2018) (CONTINUED) **PRIMARY SITE** TOTAL MALE FEMALE STAGE 0 STAGE I STAGE II STAGE IV N/A UNK. **URINARY SYSTEM** Urinary Bladder Kidney & Renal Pelvis Other Urinary Organs BRAIN & OTHER NERVOUS SYSTEM Brain Cranial Nerves Other Nervous System **ENDOCRINE SYSTEM** Thyroid Other Endocrine including Thymus LYMPHOMA Hodgkin Lymphoma Non-Hodgkin Lymphoma NHL - Nodal NHL - Extranodal MYELOMA Myeloma LEUKEMIA Lymphocytic Leukemia Acute Lymphocytic Leukemia Chronic Lymphocytic Leukemia Myeloid & Monocytic Leukemia Acute Myeloid Leukemia Chronic Myeloid Leukemia **MISCELLANEOUS** Miscellaneous **TOTAL**

TOP 10 SITES BY SEX
DISTRIBUTION - OSF (2018)

PRIMARY SITE	MALE	FEMALE
Lung & Bronchus	63	64
Breast	1	111
Prostate Gland	77	0
Hematopoietic	36	20
Colon	31	18
Kidney	26	20
Bladder	24	10
Skin	12	21
Meninges	7	23
Pancreas	13	13
TOTAL	290	300



COUNTY OF RESIDENCE AT DIAGNOSIS - OSF (2018)



Breast Cancer Support

LISA BRUNO, RN, BSN, OCN – BREAST CANCER NAVIGATOR

The Patricia D. Pepe Center for Cancer Care has had a breast cancer navigator since 2007, facilitating the care of well over 1,000 patients diagnosed with breast cancer. The program's oncology certified navigator uses her knowledge and personal experience with breast cancer to help guide women, their families and support systems through the various phases of a breast cancer diagnosis. The navigator's expert guidance helps patients through the beginning stages of diagnosis and treatment, all the way through the trajectory to survivorship or end of life care. Referrals to the program come primarily from the

OSF Women's Center and oncology staff. In addition to educating patients on how to deal with the physical aspects of cancer and dealing with treatment-related effects, the navigator is able to address the emotional and psychosocial needs of the patient and family. Facilitating the monthly "Woman to Woman" Breast Cancer Support Group, the navigator encourages women to connect and share with others experiencing a similar diagnosis. Lastly, the navigator is active with breast cancer awareness activities in the community, encouraging participation from fellow coworkers and patients.



Clinical Trials for Breast Cancer

KAREN BLATTER, RN, BSN, OCN - CLINICAL RESEARCH COORDINATOR



Through its Clinical Trials program, the Patricia D. Pepe Center for Cancer Care provides its patients with access to some of the latest treatment options. The center has 10 active clinical trials for breast cancer patients. These trials compare standard and novel treatments with the goal of increasing cancer free survival and improving quality of life for patients with breast cancer. Two trials which are currently open for enrollment are the ABC trial and the COMET trial.

The ABC Trial tests whether daily aspirin improves disease free survival among patients with HER2 negative early stage breast cancer. Qualifying patients receive standard treatment for their breast cancer and then either aspirin or a placebo for five years. They also complete a questionnaire which looks at lifestyle factors associated with inflammation. Trial participants are closely monitored for cancer recurrence and to determine whether patients with inflammation will receive greater benefit from taking aspirin.

The COMET trial compares the risks and benefits of surgery, radiation and endocrine therapy versus active surveillance and endocrine therapy for patients with low risk DCIS (Ductal Carcinoma In Situ). Participants in COMET are monitored for onset of breast cancer and quality of life related to their respective treatments.

The treatments tested on the other eight breast cancer trials include PARP and Kinase inhibitors, immunotherapies and various endocrine therapies.

All of these trials are sponsored by the National Cancer Institute or Alliance Foundation Trials, LLC, (AFT). AFT is a research organization that works closely with pharmaceutical partners, research collaborators and the Alliance for Clinical Trials in Oncology of the National Cancer Institute to develop and conduct cancer clinical trials. Patricia D. Pepe Center for Cancer Care conducts these breast cancer and other clinical trials through its Alliance Affiliate membership with the University of Illinois in Chicago.



OSF Rehabilitation offers care for all patients dealing with cancer, no matter the prognosis, cancer stage or phase of recovery. Cancer treatments can cause significant pain, fatigue, weakness, memory loss, lack of concentration and disability. The goal of oncology rehabilitation is to minimize these effects in order to allow Those We Serve

Rehabilitation Services for Oncology Diagnoses BARBARA GUTIERREZ, PT

to have the best quality of life possible. We educate patients regarding what to expect throughout their cancer plan of care. We listen to their individual deficits – difficulty with daily care, inability to travel, decreased endurance and safety with ambulation, difficulty caring for others, inability to return to work (to name a few) – and set goals to minimize the effects of those deficits.

Lymphedema Management

One special consideration for individuals with breast cancer is lymphedema. Patients with breast cancer are at risk for developing lymphedema if they have had lymph nodes removed or undergone radiation treatment. Lymphedema is the accumulation of

protein-rich lymphatic fluid in the body's tissues, and it can result in diminished range of motion, pain, and loss of function of the affected arm. Specially trained lymphedema therapists provide one-on-one patient education, compression bandaging and manual drainage techniques to help manage the condition and its effects.

At OSF HealthCare Saint Anthony Medical Center, lymphedema services are provided at the Center for Health and require a referral from a physician or advanced practice provider. Depending on stage and severity, patients may require one to two visits or a more extensive course of treatment lasting several weeks.

Deep Inspiratory Breath Hold

IFTEKHAR AHMAD, MD, MS

One cause of cancer-related deaths in patients treated for breast cancer is an increased risk of heart disease, leading to cardiac events. Breast irradiation has been shown to cause an increase in cardiac events. Treatment of left sided breast cancer has the most potential of exposing the patient's heart to radiation. Over the past several years, deep inspiratory breath hold (DIBH) has been developed to reduce the dose of radiation to the heart in the treatment of left sided breast cancers. There is sufficient published data that exists showing the efficacy of DIBH for left sided breast cancer radiation patients. It was felt that this should be implemented at the Patricia D. Pepe Center for Cancer Care to provide our patients with the best care.

Our staff worked diligently to research and evaluate this technique, including a site visit to an outside facility that had an established program for DIBH in left sided breast cancer. After reviewing all procedures and simulating the set-up and instructions amongt ourselves we finalized what our technique would be for performeing DIBH. This included the creation of patient educations materials.

When we implemented the DIBH technique, we evaulated and compared treatment plans for the first 10 patients to verify that the technique was reproducible and indeed led to diminished heart



exposure. Our experience with the first 10 patients was very good and the heart dose was reduced by 46%. After becoming the standard for therapy in left sided breast cancer radiation, we evaluated another 10 patients. The result of the full 20 patients showed a reduction of heart dose of 55% using DIBH. This data was presented at the American College of Radiation Oncology meeting in March 2019.

We feel that the implementation of DIBH for left sided breast cancer radiation patients has reduced the cardiac dose for those patients and provides our patients with the highest level of care in the safest manner possible.

NCDB Accountability Measure – Standard 4.4 NATIONAL CANCER DATABASE PERFORMANCE MEASURES

MEASURE		COC STANDARD	OSF
BCSRT	Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.	90%	100%
НТ	Tamoxifen or third generation aromatase inhibitor is recommended or administered within one year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer.	90%	100%
MASTRT	Radiation therapy is recommended or administered following any mastectomy within one year (365 days) of diagnosis of breast cancer for women with >=4 positive regional lymph nodes.	90%	100%

Ongoing quality reviews monitor the OSF Saint Anthony compliance with nationally established, evidence-based treatment guidelines for the cancer care and management of patients. This performance review includes three breast measures and compares our performance with CoC Standard requirements.

The review includes the most recent NCDB data from 2016. OSF Saint Anthony consistently scored 100%, exceeding the overall state and national rates for all three accountability measures.

OSF Healing Pathways

In August of 2019, OSF Healing Pathways Cancer Resource Center relocated to the Patricia D. Pepe Center for Cancer Care at OSF HealthCare Saint Anthony Medical Center.

OSF Healing Pathways is committed to helping cancer patients, survivors and their families live better during and after cancer treatment. OSF Healing Pathways is committed to serving people with the greatest care and love when they need it most.

Guests are able to access OSF Healing Pathways more easily with all programs and services located on the first floor of the cancer center. In addition, there is valet service available at the main entrance of the center. Our services, which include but are not limited to massage therapy, support groups, exercise classes and educational programs, remain free for all guests and their loved ones, not only patients of OSF HealthCare.

Our Mission Partners and volunteers look forward to continuing to work with our guests and eventually expanding our offerings through education, inspiration and complementary therapies.



For more information on OSF Healing Pathways, visit osfhealthcare.org/saint-anthony/services/cancer/healing-pathways.

2019 Standard 4.6 Standardizing p16 Testing for All Patients with Head and Neck Squamous Cell Carcinoma

Introduction

Head and neck squamous cell carcinoma (HNSCC) has been defined as the sixth-leading cause of cancer death worldwide. High locoregional recurrence rates as well as nodal metastases have led to high mortality with a five-year survival rate of 50% in patients with cervical lymph node metastases. Many risk factors had been reported, including tobacco, poor oral hygiene and alcohol, however, human papillomavirus (HPV) is regarded as a causative agent in the majority of oral cavity and oropharyngeal squamous cell carcinoma cases. In fact, in over 53,000 cases of oral cavity or oropharyngeal cancer that were diagnosed in 2018, more than 45% will be due to HPV positivity.

Epidemiologic studies have shown that HPV-positive HNSCC commonly occur in younger patients of higher socioeconomic status who have higher numbers of sex partners and higher oral sex exposure. In addition, HPV-positive HNSCC is less strongly associated with alcohol and tobacco use, compared with HPVnegative cancers. At the molecular level, HPV-positive SCCs less frequently harbor p53 mutations compared with HPVnegative SCC, and they almost always overexpress p16, which is uncommon in HPV-negative SCC.

Finally, these tumors are associated with better patient survival due to decreased five-year local recurrence rates and increased five-year disease-free survival and overall survival. Multiple studies have suggested that p16 expression status remained an independent prognostic factor for local recurrence, diseasefree survival, and overall survival. The incorporation into NCCN guidelines as of 2019 included de-escalating staging and treatment as many of these patients will do well in the long term.

Testing for p16 has been approved by National Comprehensive Cancer Network (NCCN) guidelines and has been accepted as standard part of the evaluation of newly diagnosed HNSCC cancers.

Problem statement

Were patients who presented with HNSCC from 2017-2018 assessed for p16 by IHC in accordance with NCCN guidelines?

Goal

Assess the number patients with HNSCC diagnosed from January 2017-December 2018 tested for P16?

Methodology

29 patient charts were reviewed (OSF HealthCare Saint Anthony Medical Center)

Results

Eight patients presented with oropharynx cancer, six patients with oral cavity cancer, eight with laryngeal cancer, three with epiglottic cancer and one with pyriform sinus cancer. There were two patients with nasopharyngeal cancer and one with neuroendocrine cancer of the cervical nodes that were not tested for p16 due to lack of positivity in these cancers.

The p16 was found to be positive in eight specimens (30.7%) with six occurring in the oral cavity and oropharynx (42%). The stain was performed in 23 patients in all (88%). 22 (84%) were performed at OSF Saint Anthony. In the three patients who did not obtain staining, either the lesion was an in-situ malignancy or surgery was performed at an outside institution.

Conclusion

The current number of patients being evaluated for p16 at the time of diagnosis is not in concordance with NCCN guidelines, thus we need to work to ensure reflexive testing for all patients with newly diagnosed HNSCC as this will affect staging selection, prognosis and value of current therapeutics.



Connected to the Community We Serve

OSF HEALTHCARE SAINT ANTHONY MEDICAL CENTER

The Patricia D. Pepe Center for Cancer Care community outreach is inspired by the OSF Mission, Vision and Values and serving in the Spirit of Christ. We serve persons with the greatest care and love in a community that celebrates the gift of life. We embrace God's great gift of life and we are "One OSF Ministry," transforming health care to improve the lives of those we serve.

As an accredited American College of Surgeons Commission on Cancer program, our cancer center periodically conducts a community needs assessment (CNA) to:

- · Identify health disparities
- · Identify populations served
- · Identify health barriers to care
- Identify areas for quality improvement

In January 2019, our cancer committee reviewed statistics from OSF HealthCare Saint Anthony Medical Center, the Patricia D. Pepe Center for Cancer Care, and the 2018 American Cancer Society (ACS) Cancer Facts and Figures for national, Illinois, and Winnebago County. We also reviewed information from the Rockford Regional Health Council's 2017 Healthy Community Study, the Illinois Cancer Control Plan, the Healthy People 2020

report, the 2018 President's Cancer Panel Report & Recommendations, and the ACS Blueprint for Cancer Control in the 21st Century. Lung cancer was the most diagnosed cancer at OSF Saint Anthony, and 62.4% of those diagnosed were at stage III or greater. An earlier diagnosis means better outcomes from treatment. The second most diagnosed cancer at OSF Saint Anthony was gastrointestinal (GI) cancer, of which 60% were diagnosed at stage III or greater. The third-highest cancer diagnosed was breast cancer, but unlike lung and GI, only 13.8% of those diagnosed were at a later stage during diagnosis. This means better treatment results. 48.39% of our cancer patients treated at the cancer center are in the workforce, 61.49% are women and 80.3% of our patients treated are from Boone or Winnebago counties. Identified disparities included access to care, lack of early screening and financial barriers to care. Multiple resources and programs have been implemented to meet the needs of our community. Due to the high rate of lung cancer diagnosed at a later stage in our community, we offered lung cancer education and discussed screening criteria at almost every community event we participated in during 2019.

Our patients and the community we serve are at the heart of all we do. We partnered with many national and community organizations in 2019 to offer support and participated in many events. Our partners included the American Cancer Society, the Winnebago County Health Department, the Illinois Department of Public Health, the American Lung Association, local dermatologists, local churches, foodbanks and missions as well as many others. Events we participated in included but were not limited to the following:

17th Annual Purple Tea

Over 200 individuals attended this event, which was held at Giovanni's Convention Center in Rockford on April 5. Dr. Iftekhar Ahmad and Cindy Chiodini, RN, participated on a panel discussion on prostate cancer. Education on genetic predisposition for cancer and information on prostate cancer awareness and prevention with the use of diet and exercise was provided to attendees. Handouts were provided by the ACS and included Take Control of Your Health - and Help Reduce Your Cancer Risk, Prostate Cancer Risk Factors, Can Prostate Cancer be Prevented and Early Detection, Diagnosis and Staging. Resources were also available from Cancer.Net / American Society of Clinical Oncology (ASCO) and included Prostate Cancer: Risk Factors and Prevention and Prostate Cancer Screening. This event was well received and successful in impacting lives in cancer prevention.

Skin Cancer Screening

This was a collaborative effort between community dermatology groups and the OSF cancer program held at the cancer center. Patients were scheduled on Saturday, May 11, 2019, between 8 a.m. and 10 a.m. Multiple volunteers made this a year's event a success. Volunteers included local dermatologists Dr. Maria Al-Basha, Dr. Andrew Jun, Dr. Melissa Stenstrom, and Bryn Byers, NP-C. Volunteers included 17 Mission Partners from the Cancer Center and their family members, who





volunteered a combined total of 36 hours. SPOTme educational resources as well as the ABCDEs of Melanoma were provided to all participants, in addition to their skin screening. Sixty individuals were evaluated by dermatology providers, and 55% of those, or 33, were referred for follow-up with either pre-cancerous/suspicious lesions or actual suspected malignancies. This annual event is a much anticipated and requested event in the Rockford community.

World No Tobacco Day

May 31 was World No Tobacco Day. Our lung navigator, Peggy Malone, along with Joy White, one of the OSF respiratory therapists, spent much of their day in the hospital's main lobby educating patients on lung screening, smoking cessation and offering resources to quit smoking. We know that smoking is a risk factor for lung cancer and with the high rate of lung cancer diagnosed at a later stage in our community, education is so important.

Relay for Life Boone & Winnebago Counties

OSF was a platinum sponsor for the Relay for Life event held on June 1 at the Boone County Fairgrounds. Due to the lung cancer focus clearly identified in our Community Health Needs Assessment, our volunteer team educated at the event on prevention, smoking cessation and lung cancer screening. We pre-screened multiple individuals. Of the individuals screened, two were referred for further follow-up.

Pasqua Mercato

OSF HealthCare was the presenting sponsor for Lino's Familigia Del Mercato, which opened in 2019. Pasqua Mercato is a seasonal open-air Italian Market dedicated to the idea of FAMILY (both nuclear and community). "The market was a weekly home for families to celebrate around the food they eat while supporting their larger



family; community, local farmers, vendors, and organizations. On opening weekend June 2, 2019, the Patricia D. Pepe Center for Cancer Care kicked off Cancer Survivorship Week with resources and education on cancer prevention and screening as well as offered lung screening information.

Northern Illinois Cancer Action Network

On June 11, 2019, OSF co-hosted with the American Cancer Society, the Northern Illinois Cancer Action Network Stakeholder Conference held at OSF HealthCare Saint Anthony Medical Center. We met collaboratively with nurses, navigators, and leaders from various hospitals and organizations in the community. Presenters included the American Cancer Society, the Illinois Department of Health, the Centers for Disease Control and Prevention and many others. Our discussions included the cancer burden in Northern Illinois, colorectal cancer screening, and HPV vaccination opportunities in our community as well as the Illinois Cancer Control Plan overall.





Real Men Wear Pink

Dr. Pedro Rodriguez, OSF plastic and reconstructive surgery provider, participated in the American Cancer Society's Real Men Wear Pink campaign in October. Community leaders around the nation use the power of pink to raise awareness and money for the American Cancer Society's breast cancer initiatives.

Making Strides Against Breast Cancer Walk

This American Cancer Society event is committed to raising awareness to help

prevent breast cancer and fund research and resources that leads to finding better ways to prevent, detect, and treat breast cancer. Held on October 19 at Rock Valley College, OSF was a proud flagship sponsor at this event, which was a powerful and inspiring opportunity to unite as a community to honor breast cancer survivors and raise awareness about steps we can take to reduce the risk of getting breast cancer. 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 44th annual Great American Smokeout was celebrated on November 21, 2019. The Smokeout is an opportunity for everyone to commit to healthy, smoke-free lives - not just for a day, but year-round. Lung cancer is the No. 1 cancer diagnosed at OSF Saint Anthony. Per USPSTF, CDC and ACS recommendations, earlier stage diagnosis results in decreased mortality for the cancer. Low-dose computed tomography (LDCT) is recommended for all patients at risk for lung cancer (adults aged 55 to 80 years who have a smoking history and currently smoke or have quit within the past 15 years). A team from the Patricia D. Pepe Center for Cancer Care partnered with the American Cancer Society and had an educational booth in the front lobby of the hospital and offered individuals information on the importance of lung screening and the opportunity to be assessed to determine their eligibility for LDCT.

In Summary

Providing education on cancer prevention and screening to the community we serve is done in the hopes of positively impacting outcomes of those diagnosed with cancer or to prevent cancer itself. We ensure that the prevention and screening activities we participate in follow nationally accepted, evidence-based guidelines and interventions.



Commitment to Professional Development

OSF HEALTHCARE SAINT ANTHONY MEDICAL CENTER

The Patricia D. Pepe Center for Cancer Care is proud of our nursing team and the care and commitment they provide to our patients. Over 95% of our nurses have a Bachelor of Science in Nursing (BSN) or higher degree, and 97% of our nurses are certified.

Education Makes a Difference

There is a growing body of evidence that shows that BSN graduates bring unique skills to their work as nursing clinicians and play an important role in the delivery of safe patient care. The American Association of Colleges of Nursing (AACN) believes that

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 ensures patients feel confident about their caregivers. To patients with cancer and their families, certification means the nurse is a qualified caregiver.

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% of our providers are board certified.





Designations & Awards

The Patricia D. Pepe Center for Cancer Care has been Commission on Cancer Accredited since 1942 by the American College of Surgeons. Obtaining this accreditation means consistently meeting a high set of standards for cancer patient care.

facs.org/quality-programs/cancer/coc

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. Only 8% of all hospitals in the nation have received this award and OSF HealthCare Saint Anthony Medical Center is one of the few to receive their fourth consecutive award.

nursingworld.org/organizational-programs/magnet

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

practice.asco.org/quality-improvement/quality-programs/ qopi-certification-program

In 2019, the Patricia D. Pepe Center for Cancer Care was voted the Best Cancer Center in Rockford. The Rockford Register Star



surveyed the community and in October the Center for Cancer Care was awarded the What Rocks award. We look forward to continuing serving the community and providing the best care for those we serve.

The 2019 Interdisciplinary Clinical Excellence (I.C.E.) Awards banquet took place on April 23. Amy Clendening, RN, won the Interdisciplinary Relationships Award for her ability to coordinate care between departments and always ensuring the patient is first. Eric Balsman, PharmD, was awarded the Support Mission Partner of the Year Award for creating a positive work environment for patients, families and Mission Partners. The Director of Oncology Services, Thelma Baker was nominated for Leader of the Year Award for promoting a healthy work environment that impacts Mission Partner satisfaction and always embracing change.











019 Cancer Committee

A special thank you to the Cancer Committee members for their dedicated leadership and tireless effort.

Cancer Committee Chair

Iftekhar Ahmad, MD, MS

Cancer Liaison Physician

George Bryan, MD

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 Karen Blatter, RN, BSN, OCN

Psychosocial Services Coordinator Gabrielle Kirby, MSW, LSW

Cancer Committee Members

American Cancer Society

Ashley Lach

Clinical Trials

- Elizabeth McCarthy
- Shylendra Sreenivasappa, MD

Diagnostic Radiology

Stephen Lehnert, MD

General Surgery

Jeffrey Barteau, MD

Genetics

- · Peggy Rogers, MSN, FNP-BC, AOCNP
- Amy Skaggs

Healing Pathways

Amy Mullen

Medical Oncology

- · Ajaz Khan, MD
- Mete Korkmaz, MD
- · Richard Nora, MD, MBA
- · Ismael Shaukat, MD

Nutrition Services

Jodi Witte, RD, LDN, CSO

Oncology Nurse

- · Keith Ponce, BSN, OCN
- Ryan Tresemer, BSN, OCN

Palliative Care

Jean Kriz, MD

Pathology

Anita Malek, MD

Patient Navigation

Lisa Bruno, RN, BSN, OCN

Pharmacy

Erich Balsman, PHARMD, BCPS

Radiation Oncology

- George Bryan, MD
- Iftekhar Ahmad, MD, MS

Rehabilitation Services

- Barbara Gutierrez, PT
- · Lisa Timpe-Johnson, PT

Women's Center

Allison Gleason, R.T. (R) (M)

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.

References

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