

OSF HEALTHCARE SAINT FRANCIS MEDICAL CENTER



— 2020 —
CANCER PROGRAM
ANNUAL REPORT



OSF[®]
HEALTHCARE

2020 Cancer Committee



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Surgery, Vice Chairman and Physician Liaison

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Hematology/Oncology

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Gynecologic Oncology

Mackenzie McGee, MD
Radiation Oncology

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Pediatric Oncology

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Asif Quyyum, DO
Surgery

James Siebert, MD
Pathology

Steven Tsoraides, MD
Surgery

Chandler Wilfong, MD
Surgery

Hamid Zia, MD
Pathology

Jozie Allen, LCSW
Psychosocial Services Coordinator

Kayla Clark, BSN, MS, CTR
Cancer Registry

Kathi Copelen, RDMS, RTR
Cancer Conference Coordinator

Tom Cox, MS, RT(N)
Director of Radiology,
Cancer Program Administrator

Jan Donlan, RN, CTR
Cancer Registry

Vicki Funcannon, PT
Rehab Services Professional

Keren Greenawalt, BSN, MS, CTR
Cancer Registry Quality Coordinator

Courtney Heiser, BS
American Cancer Society

Reta Kacir, RN
Oncology Nurse

Kathy Kalbacken, BSN
Hospice

Erin Koger, MSW, LSW, CCM
Oncology Social Work/Case Manager

Marsha Kutter, CCRP
Clinical Research Coordinator

Bridget Mattson, PharmD
Manager Quality/Safety

Mary Jo Myers, BSN, CTR
Cancer Registry

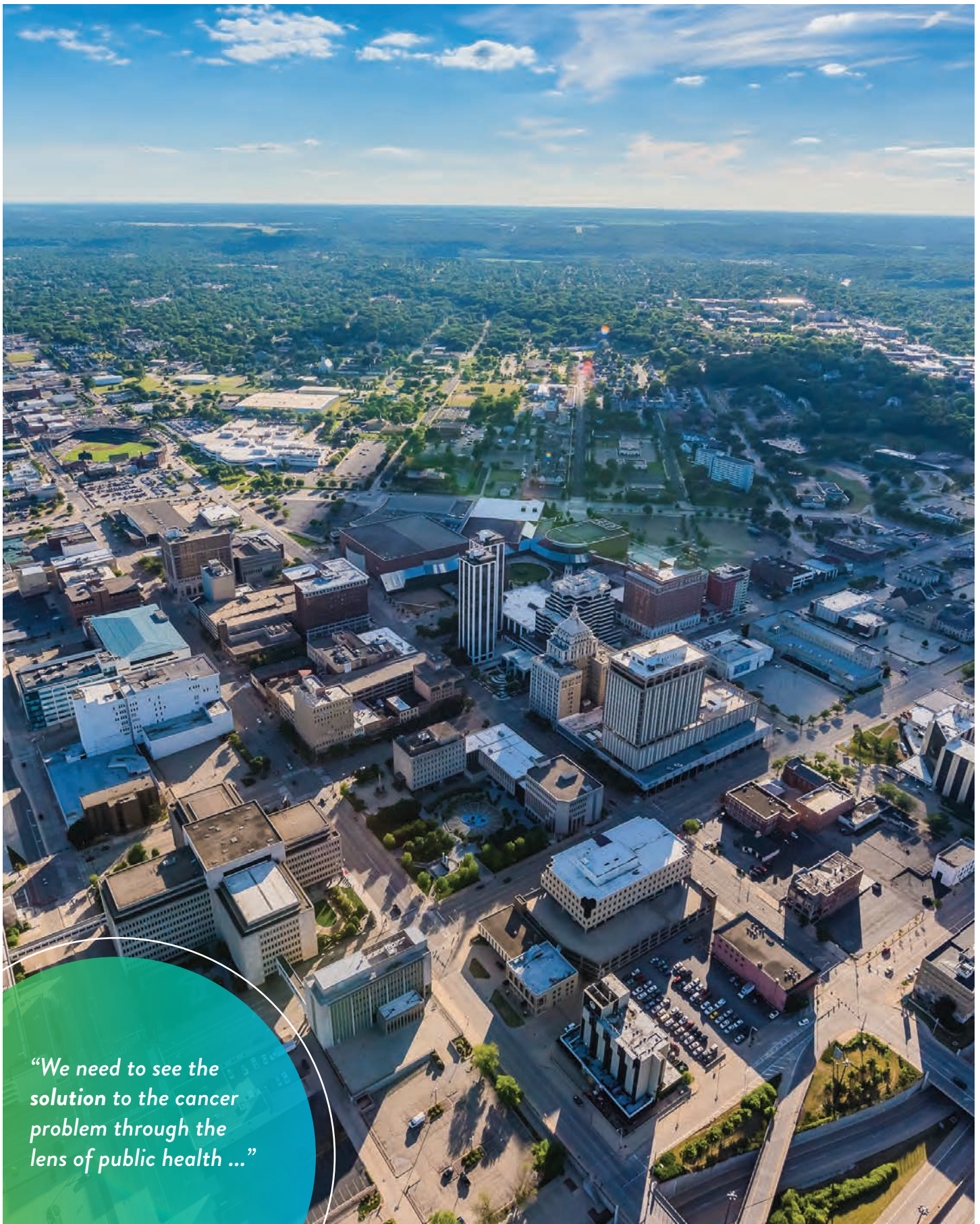
Tenille Oderwald, RN, MSN, CN-BN
Survivorship Program Coordinator

Katie Pollard, RN
Quality Improvement Coordinator

Michele Settlemeyer, APRN
Genetics Professional

Katrina Sommer, RD
Registered Dietitian







James McGee, MD, SM

CANCER COMMITTEE CHAIRMAN

In early 2020, OSF HealthCare Saint Francis Medical Center gained a certificate of need to construct a new cancer center. That building will be the hub for expanding and improving the spectrum of cancer-related services across the growing OSF Ministry. Integrating medical imaging with radiation treatment delivery by implant, photon and proton spot beams will maximize equipment and space efficiency and reduce the cost of care for patients. The architectural firm of Tsoi-Kobus Design has done a remarkable job of working with OSF employees to realize the vision of a very effective design that inspires confidence and peace in those who enter the facility.

In order to further the development of the cancer center's vision, the OSF HealthCare Foundation funded a groundbreaking exploration of cancer care in the rural American setting. OSF HealthCare collaborated with the Harvard School of Public Health for this project. Their statement of purpose follows:

To respect the proper use of our medical care resources, we need to see the solution to the cancer problem through the lens of public health, which emphasizes effective cancer control strategies. In particular, we promote the engagement of rural America in the systematic application of cancer control activities and pursue an understanding of the value of health care and medical care by measurement of the costs and outcomes of that care. Rural Illinois provides a setting in which the realities of the modern "cancer problem" can be seen, studied, better understood and ultimately addressed in innovative ways. OSF HealthCare and its Saint Francis Medical Center are at the heart of the rural cancer population in Illinois.

The analysis will address the following crucial questions:

1. What is the prevalence of various cancers within the community?
2. What is the current level of screening or prevention for those cancers?
3. What are the inpatient, outpatient and community costs for the treatment of each cancer?
4. How can the clinical and patient-reported outcomes of cancer treatment best be measured, and what role should patient experience play?
5. How can community health workers and home-based care factor into the cancer care?
6. What are the implications of and opportunities for preventive care on the ultimate burden of cancer on the community?

The team will explore these questions using publicly available community data and private, summarized data available from OSF Saint Francis and its affiliates. Project team interviews of OSF HealthCare and community stakeholder experts will leverage and complement this data analysis.

The new cancer center building at OSF HealthCare Saint Francis Medical Center is due to open in mid-2023. We will be building our programs in cancer control (screening and prevention), as well as our experience in cancer treatment options in the interim, all with the ultimate aim of incorporating the entire OSF Ministry in our push for more value-based cancer care.

James L. McGee, MD, SM
Radiation Oncology, Chairman



Cancer Experience

OSF HEALTHCARE SAINT FRANCIS MEDICAL CENTER

The Cancer Registry staff recorded and abstracted 2,872 cases during 2018. Of these cases, 2,522 were either diagnosed here or received at least part of their initial treatment here. These cases are referred to as analytic. The graphs and tables in this report were compiled from analytic cases unless otherwise indicated.

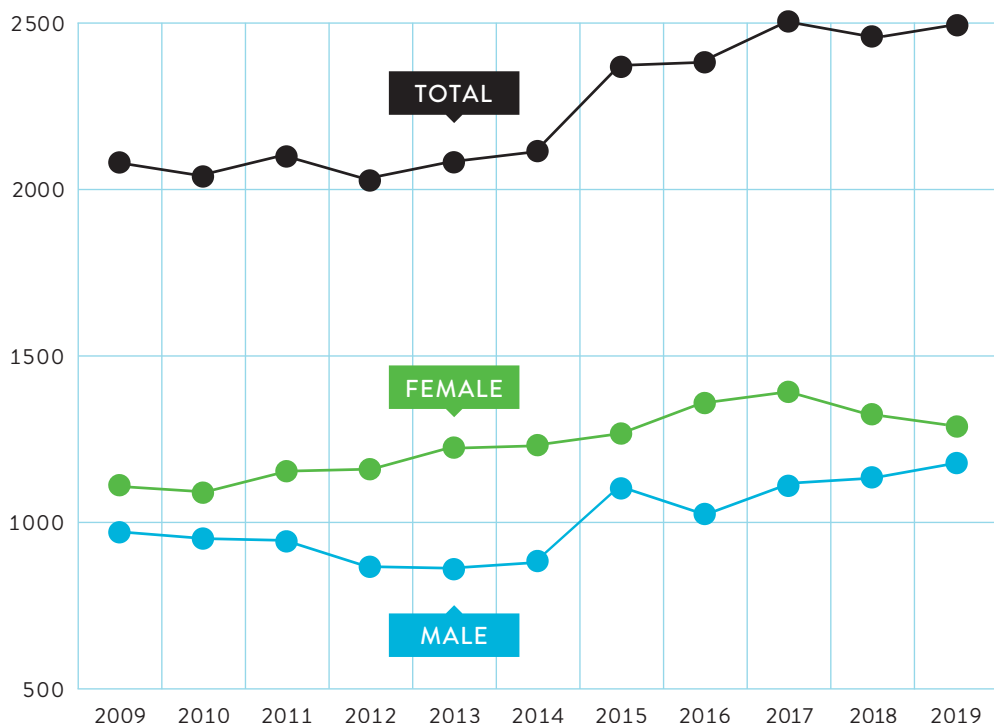
In 2019, lung cancer was the No. 1 primary site of cancer, with 461 cases reported. Next were breast cancer (425 cases), prostate cancer (257) and kidney cancer (135). The top 10 most frequent cancer sites account for over 70% of the total volume of cases. The ethnic mix of cancer patients was 92% white, 6% African-American and 2% other ethnicities. Seventy-six percent of cancer patients diagnosed in 2019 were between the ages of 50 and 79.

Of the 2,522 analytic cases, 55% reside in the Tri-County region of Peoria, Tazewell and Woodford counties. An additional 19% of the analytic cases reside in LaSalle, Fulton and Knox counties. The remainder come from various counties throughout Illinois.

Cancer-directed surgery was the only treatment for 25% of the cases in 2019. Radiation therapy alone was received by 6% of patients. Chemotherapy alone was received by 5% of patients. The two highest multimodality therapies – either surgery, hormone and radiation or surgery and hormone therapy – accounted for another 11% of patients. The remainder received some other form of treatment, other multimodality treatment or palliative care as their first course of treatment. The importance of multimodality treatment

is stressed at the multidisciplinary cancer conferences and tumor boards. All conferences include multidisciplinary physician attendance and have become an excellent forum for decision-making relative to individual patient treatment, as well as for the dissemination of information relative to progress in cancer management. A total of 1,760 prospective cancer cases were discussed in 2019.

CANCER CASES, 2009–2019



AGE AT DIAGNOSIS, 2019



AGE		PERCENT	
0–29		3.21%	
30–39		3.09%	
40–49		6.38%	
50–59		17.64%	
60–69		32.20%	
70–79		25.69%	
80–89		10.55%	
90+		1.23%	
TOTAL		100.00%	

BODY SYSTEM SITES, 2019

SITE	COUNT (N)	PERCENT
Acute lymphocytic leukemia	7	0.28%
Acute monocytic leukemia	3	0.12%
Acute myeloid leukemia	23	0.91%
Anus, anal canal and anorectum	9	0.36%
Appendix	9	0.36%
Ascending colon	24	0.95%
Bones and joints	6	0.24%
Brain	61	2.42%
Breast	425	16.85%
Cecum	12	0.48%
Cervix uteri	33	1.31%
Chronic lymphocytic leukemia	4	0.16%
Chronic myeloid leukemia	4	0.16%
Corpus uteri	84	3.33%
Cranial nerves other nervous system	80	3.17%
Descending colon	7	0.28%
Esophagus	48	1.90%
Eye & Orbit	1	0.04%
Floor of mouth	3	0.12%
Gallbladder	6	0.24%
Gum and other mouth	4	0.16%
Hepatic flexure	5	0.20%
Hodgkin – nodal	6	0.24%
Hypopharynx	2	0.08%
Intrahepatic bile duct	7	0.28%
Kaposi sarcoma	1	0.04%
Kidney and renal pelvis	139	5.51%
Large intestine, NOS	3	0.12%
Larynx	16	0.63%
Liver	46	1.82%
Lung and bronchus	459	18.20%
Melanoma – skin	55	2.18%
Miscellaneous	44	1.74%
Myeloma	19	0.75%
NHL – extranodal	21	0.83%
NHL – nodal	54	2.14%
Nose, nasal cavity and middle ear	1	0.04%

Oropharynx	5	0.20%
Other acute leukemia	2	0.08%
Other biliary	11	0.44%
Other digestive organs	3	0.12%
Other endocrine including thymus	22	0.87%
Other female genital organs	6	0.24%
Other lymphocytic leukemia	1	0.04%
Other myeloid/monocytic leukemia	1	0.04%
Other non-epithelial skin	3	0.12%
Other urinary organs	1	0.04%
Ovary	40	1.59%
Pancreas	80	3.17%
Penis	3	0.12%
Peritoneum, omentum & mesentery	2	0.08%
Pleura	2	0.08%
Prostate	257	10.19%
Rectosigmoid junction	4	0.16%
Rectum	73	2.89%
Salivary glands	2	0.08%
Sigmoid colon	37	1.47%
Small intestine	15	0.59%
Soft tissue (including heart)	11	0.44%
Splenic flexure	4	0.16%
Stomach	24	0.95%
Testis	8	0.32%
Thyroid	40	1.59%
Tongue	6	0.24%
Tonsil	5	0.20%
Trachea, mediastinum and other respiratory organs	1	0.04%
Transverse colon	16	0.63%
Ureter	6	0.24%
Urinary bladder	77	3.05%
Uterus, NOS	4	0.16%
Vagina	3	0.12%
Vulva	16	0.63%
TOTAL	2,522	100.00%



Cancer Registry

OSF HEALTHCARE SAINT FRANCIS MEDICAL CENTER

The Cancer Registry is part of the cancer program at OSF HealthCare and functions under the guidance of the Cancer Committee in accordance with standards set by the Commission on Cancer, a program of the American College of Surgeons. Cancer registries are information systems designed for the collection, storage and management of data on persons with cancer. The registry assures that complete and accurate data is collected and maintained for each cancer patient. The Cancer Registry is responsible for reviewing records of all patients with active malignant disease and benign central nervous system tumors and for maintaining a database of all newly diagnosed and/or treated cancers. The Cancer Registry database contains patient identifiers and characteristics (age, race, sex, marital status and occupation), cancer/tumor characteristics (site, histology and AJCC stage of disease at diagnosis), treatment received and follow-up information. The Cancer Registry database serves as a vital tool for programmatic and administrative planning, research and monitoring patient outcomes.

Since its reference date of January 1, 2002, there have been 42,941 cases accessioned into the registry. The registry follows all analytic patients on an annual basis and maintains a follow-up rate of 80% or greater for patients accessioned into the registry since 2002 and 90% or greater for patients accessioned into the registry in the last five years. The current follow-up rate for patients since 2002 is 89%, and the follow-up rate for the last five years is 97%. The registry fulfills data requests from providers throughout OSF HealthCare while maintaining strict patient confidentiality. Twenty-nine data requests were completed in 2019.

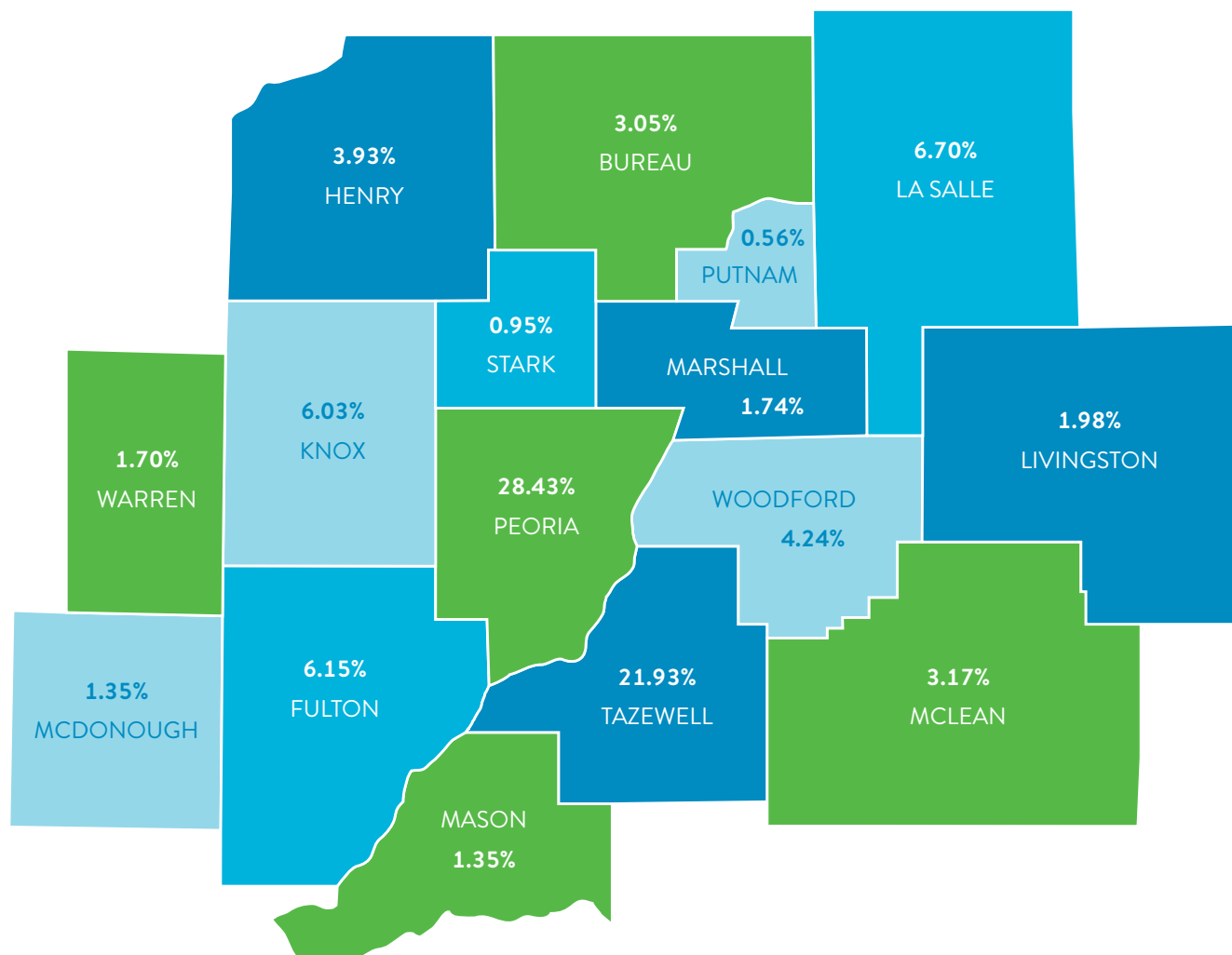
OSF Saint Francis holds weekly multidisciplinary cancer conferences for breast, lung, head and neck, GI and GU cancer sites. Specialty conferences are also held for liver, gynecologic and CNS sites. The Cancer Committee meets every other month to discuss and work toward accomplishing the standards required of an accredited Commission on Cancer program.

Registry staff holds the committee positions of certified tumor registrar (CTR) and cancer registry quality coordinator. The registry staff work closely with the chairman of the Cancer Committee and the cancer liaison physician in planning Cancer Committee meetings and agendas.

The Cancer Registry submits monthly data to the Illinois State Cancer Registry and the Commission on Cancer's Rapid Cancer Reporting System. Data is reported annually to the Commission on Cancer's National Cancer Database. The Cancer Registry staff includes four CTRs: Keren Greenawalt, BSN, MS, CTR; Kayla Clark, BSN, MS, CTR; Mary Jo Myers, BSN, CTR, and Jan Donlan, RN, CTR. Data requests can be made by contacting registry personnel at (309) 655-3734.



COUNTY AT TIME OF DIAGNOSIS, 2019



TOP 10 SITES BY SEX, 2019

SITE	WOMEN	MEN
Bronchus and lung	214	247
Breast	421	4
Prostate gland	0	257
Kidney	44	91
Colon	53	64
Corpus uteri	84	0
Pancreas	33	48
Bladder	13	65
Hematopoietic and reticuloendo system	29	47
TOTAL	928	859





2019 DATA

Supervised by
Richard Anderson, MD
Cancer Liaison
Physician

Cancer Program Practice Profile Reports (CP3R)

These Commission on Cancer's (CoC) Cancer Program Practice Profile Reports (CP3R) demonstrate that improvements in data quality and patient care are possible when the entire cancer committee supports system-level enhancements to ensure complete and precise documentation.

BREAST

• BCS-RT

Radiation is administered within 365 days of diagnosis for women under 70 receiving breast-conserving surgery for breast cancer.

CoC standard: 90%
OSF Saint Francis: 94%
Compliant records: 85/90

• HT

Tamoxifen or third generation aromatase inhibitor is recommended or administered within 365 days of diagnosis for women with AJCC T1cN0M0, Stage 2 or 3 with positive hormone receptors.

CoC standard: 90%
OSF Saint Francis: 100%
Compliant records: 108/108

• MAC

Combination chemotherapy is considered or administered within 120 days of diagnosis for women under 70 with AJCC T1cN0M0, Stage 2 or 3 ER and PR negative breast cancer.

CoC standard: 90%
OSF Saint Francis: 100%
Compliant records: 27/27

• MAST-RT

Radiation therapy is recommended or administered following mastectomy within 365 days of diagnosis of breast cancer for women with \geq four positive regional lymph nodes.

CoC standard: 90%
OSF Saint Francis: 91%
Compliant records: 10/11

• BCS

Breast conserving surgery rate for women with clinical Stage 0, 1 or 2 breast cancer.

CoC standard: n/a
OSF Saint Francis: 65%

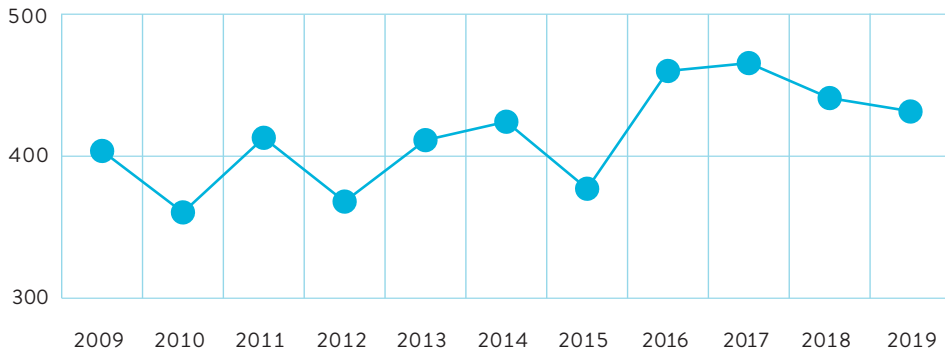
• nBx

Image or palpation guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer.

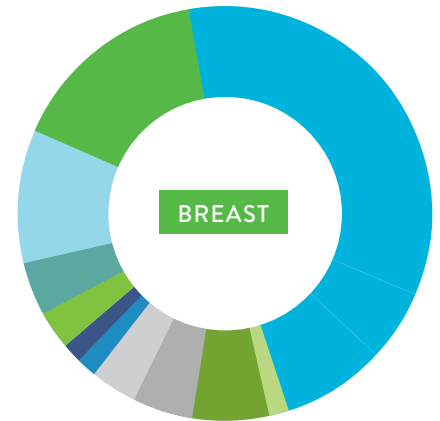
CoC standard: 80%
OSF Saint Francis: 100%
Compliant records: 283/283



BREAST CANCER CASES, 2009–2019



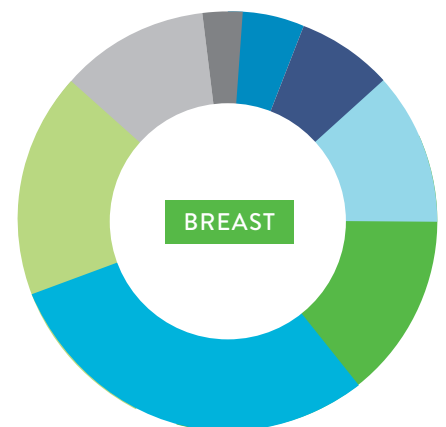
AJCC AT DIAGNOSIS, 2019



STAGE	PERCENT
Stage 0	19.06%
Stage 1A	47.29%
Stage 1B	11.29%
Stage 2A	5.18%
Stage 2B	3.29%
Stage 3A	0.94%
Stage 3B	3.53%
Stage 3C	0.94%
Stage 4	2.82%
N/A	0.94%
Unknown	4.71%
TOTAL	100.00%



AGE AT DIAGNOSIS, 2019



BREAST SITES, 2019	COUNT (N)	PERCENT
Nipple	3	0.71%
Subareolar	18	4.24%
Upper-inner quadrant	66	15.53%
Lower-inner quadrant	20	4.71%
Upper-outer quadrant	136	32.00%
Lower-outer quadrant	35	8.24%
Axillary tail	5	1.18%
Overlapping lesion	114	26.82%
Not otherwise specified	28	6.59%
TOTAL	425	100.00%

AGE	PERCENT
0–29	0.47%
30–39	3.29%
40–49	12.24%
50–59	21.88%
60–69	31.76%
70–79	23.76%
80–89	6.35%
90+	0.24%
TOTAL	100.00%



Michele Settlemyer, APRN

GENETIC COUNSELING AND RISK ASSESMENT

In 2015, OSF HealthCare Saint Francis Medical Center implemented a process to identify women at high risk for hereditary breast cancer and other cancers. The team at the OSF Center for Breast Health began to use a paper handout screening tool to determine if women were at risk. If a patient was determined at risk, she was referred to an alternate location for genetic counseling and testing.

Immediately, challenges working with this model arose. The breast center sees a high volume of patients daily, and cancer screening guidelines change frequently. Quickly, we identified the need for an automated way to screen, track and manage these women.

Working with the innovation team at Jump Trading Simulation & Education Center, OSF HealthCare partnered with a computer software company, CancerIQ. The software enables the breast center to offer a patient-friendly, electronic questionnaire that easily identifies patients at high risk. The navigation portal maintains patient history, appointments, testing results and management recommendations based on NCCN criteria.

In March 2017, we launched the high-risk assessment clinic and changed the model to point-of-care scheduling, where women are scheduled for a genetics appointment before they leave their mammography screening. An advanced practice nurse (APRN) was trained in risk assessment, cancer genetics, genetic counseling and comprehensive management of patients with a high risk for hereditary cancers.

Education on cancer prevention is given to each patient based on their screening results. Even average-risk women are still at risk for breast cancer, and cancer risk-reduction recommendations are given to everyone. This comprehensive clinic approach at a breast center was one of the first of its kind in the country.

Now, as part of every mammogram visit at any of the OSF Saint Francis mammography sites, women are asked to complete a risk-assessment survey on a tablet. This takes only a few minutes, and results are immediate. If the assessment determines that she is above-average risk for developing breast cancer or other forms of cancer, she is recommended to return to meet with the APRN genetic specialist for risk assessment, genetic counseling and possible genetic testing.

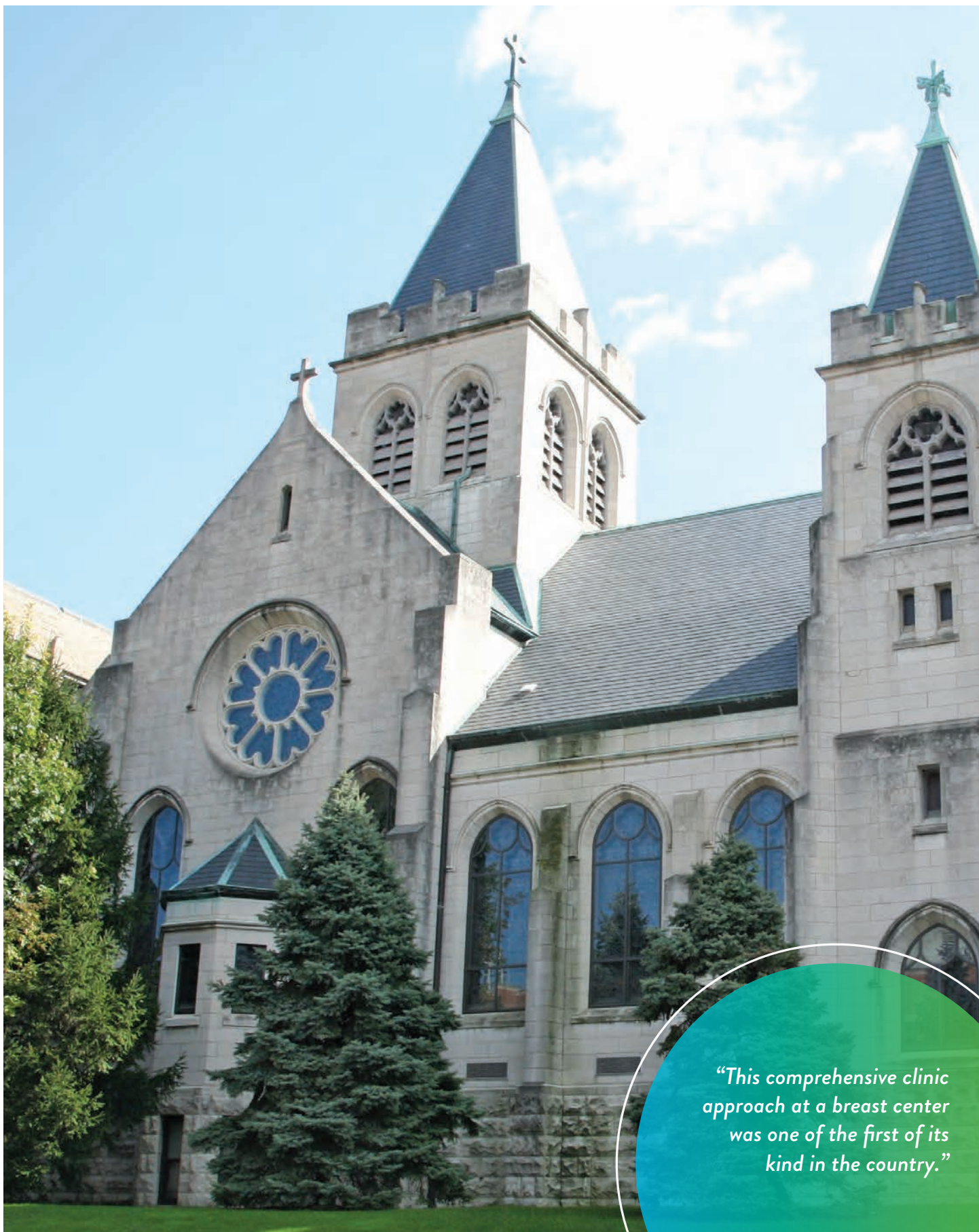
The clinic has identified over 100 patients with a pathogenic mutation on a hereditary cancer gene. Women who have a genetic mutation are recommended to follow high-risk cancer surveillance and management. Some of these women have had

prophylactic surgeries, some are being monitored closely by having early or more frequent cancer screenings and all are counseled on healthy lifestyle practices for cancer prevention. Their families are also being educated on their genetic and familial cancer risk. Our goal is to empower, educate and provide patients with the most current information and treatment options available.

OSF Saint Francis is currently in the early stages of offering this same service to patients in the primary care setting. Two more advanced practice providers have been trained in cancer genetics and risk assessment, and they are beginning to see patients in the clinic. These programs will also provide counseling regarding strategies for reducing cancer risk and promote a healthy lifestyle as a primary preventive intervention.

Michele Settlemyer, APRN





"This comprehensive clinic approach at a breast center was one of the first of its kind in the country."

Cancer Program Services

OSF HEALTHCARE SAINT FRANCIS MEDICAL CENTER

629 Acute medical/surgical beds • 19 specialty Cancer Care Unit BEDS • Weekly Site Specific • Prospective Breast and Central Nervous System Cancer Conferences • Monthly Pediatric Cancer Conference • Weekly Cancer Multidisciplinary Conference • Certified by American College of Surgeons Commission on Cancer • Certified by National Accreditation Program for Breast Centers

BOARD-CERTIFIED PHYSICIAN ONCOLOGY SPECIALISTS

- Medical Oncologists
- Radiation Oncologists
- Gynecologic Oncologists
- Pediatric Oncologists
- Specialists in Pathology, Hematology, Endocrinology, Urology, Pulmonology, Breast Imaging, Thoracic Imaging, Pediatric Surgery, Thoracic and General Surgery
- Otolaryngology

OTHER ONCOLOGY SPECIALISTS

- Certified Oncology Nurses
- Certified Pediatric Oncology Nurses
- Cancer Pyschosocial Counselor
- Clinical Case Manager
- Medical Physicist
- Registered Radiotherapy and Mammography Techs
- Certified Tumor Registrars
- Palliative Care Team
- Navigators
- Clinical Dietitian

CANCER CARE UNIT

- Certified Oncology Nurses
- Chemotherapy Administration
- Pastoral Care
- Home Healthcare Planning
- Sun Patio
- Pain Management
- Symptom Management
- Case Management
- Bedside Tablet
- Aromatherapy Patches
- Collaboration with OSF Cancer Service
- Collaboration with Illinois Cancer Care
- Summer Volunteers
- Pet Therapy

RADIATION ONCOLOGY

- TrueBeam XLT Linear Accelerator with IMRT and IGRT Including Body Stereotactic RT and Body Radiosurgery
- Stereotactic Body Radiosurgery
- RIT-Radioimmunotherapy
- PET-CT Radiotherapy Simulator
- Computerized Four-Dimensional Dosimetry and Treatment Planning
- Linear Accelerator: IMRT, IGRT, Respiratory Gaiting, Triggered Imaging
- Gamma Knife Perfexion Radiosurgery
- Complete Brachytherapy Service:
 - High Dose Rate Brachytherapy to Breast, Prostate, GYN and Skin Cancers
 - Low Dose Rate Iridium Treatments
 - Accelerated Partial Breast Brachytherapy
- Noona

INPATIENT SURGERY FACILITIES

- da Vinci® Xi Robotic Surgery System
- iMRI – Intraoperative MRI for Brain Tumor Resection
- Thoracic Center of Excellence
- Pediatric Surgery
- Specialty Acute and Tertiary Care Services
- NanoKnife

PHARMACY

- St. Jude Satellite Pharmacy
- Laminar Flow Bio Safety Cabinet for Prep of Chemotherapy Agents
- Pharmacokinetic Drug Monitoring
- Adverse Drug Event Screening/Monitoring
- Drug Interaction/Antibiotic Review
- Drug Culture/Sensitivities Review
- Patient Controlled Analgesic Program
- Pharmacist Available 24 Hours a Day
- Pharmacist Consult and Monitoring
- Renal Function Screening
- Chemotherapy Dose Verification
- Oncology Pharmacist Specialist

LABORATORY

- Oncotype DX - Cancer Genetic Assays
- Prolaris Prostate Cancer Genetic Assay
- Carcinoembryonic Antigen
- CA 125, CA 15-3 and CA 19-9
- PSA and Other Tumor Markers
- Flow Cytometry
- Her2/Neu Protein
- Estrogen/Progesterone Receptor
- Surgical Pathology/Cytology
- Automated Hematology and Coagulation
- Microbiology, Parasitology, Mycobacteriology
- Blood Bank Transfusion Service
- Automated Blood Chemistry Analysis
- Automated Electrophoresis
- TEG (Thromboelastography)
- DNA Mismatch Repair Proteins
- PML/RARA t(15;17) by FISH study
- BCR/ABL1 t(9;22) by FISH study
- Cytogenetics

MULTIDISCIPLINARY CANCER CONFERENCES

- Prospective Breast Cancer
- Pediatric Cancers
- Lung Cancer
- GU (Prostate and Bladder) Cancers
- GI (Gastrointestinal) Cancer
- Central Nervous System Cancers
- Liver Cancer
- Weekly Site Specific (rare cancers)
- Gamma Knife Clinic
- Spine Cancer Clinic
- Gynecological Cancer
- Head and Neck Cancers

OUTPATIENT SURGERY/ SPECIALTY SERVICES

- SIR-Spheres for Liver Cancer
- Bone Marrow Biopsies
- Paracentesis, Thoracentesis
- Laser Surgery
- Incisional and Excisional Biopsies
- Major and Minor Procedures
- Fine Needle Aspirations

HOSPICE

- Richard L. Owens Hospice House
- Pain Management
- Symptom Control
- Personal Care
- Social Worker
- Spiritual Support
- Volunteer Services
- Grief Support
- Registered Nurses
- Registered Dietitian

REHABILITATION AND ANCILLARY SERVICES

- Nutrition and Dietary Services
- Occupational Therapy
- Pastoral Care
- Physical Therapy
- Speech Therapy
- Lymphedema Clinic
- Enterostomal Teaching
- Lymphedema Therapy

DIAGNOSTIC IMAGING

- Angiography
- Preoperative Embolization/Devascularization of Tumors
- Ultrasonography
- Interventional Intrarterial Chemotherapy of Tumors
- Magnetic Resonance Imaging
- Nuclear Medicine
- Multidetector Spinal Computerized Tomography with Multiplanar and 3-D Reconstruction Capabilities
- Radiology-Directed Needle Biopsies
- Interventional Radiologic Techniques for Relief of Biliary and Urological Obstruction
- Localization and Drainage of Neoplastic and/or Infected Fluid Collections
- Tag Monoclonal Antibodies for Imaging Ovarian and Colorectal Cancers
- Functional MRI Brain Studies for Tumor Resection
- Positron Emission Tomography
- CT/MR Perfusion Studies
- Board Certified, Fellowship Trained, Subspecialties in Nuclear Medicine, Body Imaging, IR, Neuroradiology, Musculoskeletal, Breast Imaging and Pediatric Radiology
- Percutaneous and Open Cryoablation and Radiofrequency Ablation of Primary and Metastatic Neoplasms

COMMUNITY SERVICES

- Smoking Cessation Program
- Public Cancer Education Programs
- Nutrition Classes at RiverPlex

RIVERPLEX RECREATION AND WELLNESS CENTER

- Medically Based Exercise Program
- Combating Fatigue Program
- Weight Loss Center
- Personalized Health Risk Assessment with Clinical Testing
- Individual Consults with Health Professionals

CANCER SCREENINGS

- Low Dose CT Lung Cancer Screenings
- Colonoscopy
- Virtual Colonoscopy
- Sigmoidoscopy
- Fecal Occult Blood Test
- 3D Mammography
- Tomosynthesis
- Skin Cancer Screening

SERVICES AVAILABLE

- Navigation
- Palliative Care
- Social Services
- Dietitian
- Financial Assistance
- Smoking Cessation
- Pulmonary Rehabilitation
- Pastoral Care
- Community Services
- Community Education
- Community Awareness

AMERICAN CANCER SOCIETY SERVICES

- *Due to the COVID-19 pandemic, some American Cancer Society (ACS) services may have changed or been suspended. Please call the National Cancer Information Center at (800) 227-2345 or go to the ACS website at cancer.org, day or night, to schedule a live video chat or to inquire about resources.
- *Road to Recovery for free transportation services
- *Free or reduced-cost lodging services
- Reach to Recovery, peer one-on-one support services for breast cancer patients
- TLC partnership for head-covering options

- Video chat options
- Assistance with insurance, financial questions and questions regarding your diagnosis

OSF SAINT FRANCIS MEDICAL CENTER CANCER SUPPORT SERVICES

- Individual Counseling
- Family Counseling
- Support Groups
- Individual Nutrition Counseling
- Healthy Living Classes
- Therapeutic Massage

CENTER FOR BREAST HEALTH

- NAPBC Accredited Breast Center
- Dedicated MQSA Accredited Mammography Center
- Breast Imaging Center of Excellence Awarded by the American College of Radiology
- Digital Mammography/Tomography
- Breast Ultrasound
- Needle Core Biopsies
- Breast MRI
- Certified Mammography Technologists
- Fellowship Trained Radiology Physician Breast Imaging Specialists
- Registered Nurses Certified as Breast Cancer Patient Navigators
- Comprehensive Breast Center
- Pre-Operative Breast Surgery Class
- Beyond Breast Cancer Support Group
- Survivor for Life Program
- Family Education and Support Group
- Clinical Trials
- High Risk Assessment Program/Genetic Testing to Center for Breast Health

PATIENT SUPPORT RESOURCES

- Breast Cancer Support Group
- Family Support Group for Leukemia, Lymphoma, Myeloma
- Patient-Family Library
- Connections Colorectal Cancer Support Group
- Cancer Support Services
- Survivorship
- Counseling
- Financial Counseling
- Dietitian
- Exercise Classes
- Cancer Survivor Retreats

Call (309) 308-0202 for more information on any of the support resources.

“WHAT A YEAR!”

We have all had to make sacrifices and learn to adjust our lives to deal with the COVID-19 pandemic. The medical community is no exception. Initially, most routine office visits and screening tests for medical problems were completely stopped because we did not know how severe this virus would be. Cancer centers worked extremely hard to continue to treat known cancer patients in a safe environment. The impact of lack of screening was evident. We experienced a dramatic decrease in breast cancer diagnoses when screening mammograms were halted at all our Peoria hospitals for over two months this spring. Major cancer centers in the United States are conducting studies on the overall negative impact of delay in diagnosis. Fortunately, hospitals have learned to provide safe environments for patients, and screening tests resumed this summer.

This year's annual cancer program report focuses on our breast cancer program. This program is one of our first multidisciplinary cancer programs at OSF HealthCare Saint Francis Medical Center. Dating back to the early 1990s, we have had weekly comprehensive breast cancer tumor boards, which provide for multidisciplinary discussions on our breast cancer patients. Our breast program was one of the pilot programs for the American College of Surgeons (ACS) National Accreditation Program for Breast Centers (NAPBC) and also one of the first four programs in the country to be accredited. There are currently 566 accredited breast centers today. The NAPBC mission statement is that each program is focused on breast health and dedicated to the improvement of quality outcomes for patients with diseases of the breast through evidence-based standards and professional and patient education.(1) Our breast care team – made up of breast surgeons, medical oncologists, dedicated breast imagers, radiation oncologists, pathologists, breast health navigators, high risk clinic APRNs, Cancer Support Services and a member of our Cancer Registry – meet on a monthly basis to ensure we continue to meet standards for accreditation.

In 2019, the estimated number of new cases of invasive breast cancer among women in the U.S. was 268,000. Approximately 2,670 men were expected to develop breast cancer. In addition, an estimated 48,100 cases of ductal carcinoma-in-situ were expected to be diagnosed in women. The risk of developing breast cancer in a woman's lifetime is one in eight (13%), and one in 39 women (3%) will die of breast cancer. The good news is that overall mortality of breast cancer patients has decreased dramatically, by 40%, from 1990 to 2017 – mostly attributed to improvements in treatment and earlier detection. Here at OSF Saint Francis, like most cancer programs, our most frequently diagnosed cancer is breast cancer. In 2017, our total reported cancer cases numbered 2,481, with 471 of these reported as breast cancer cases.

As required for maintenance of accreditation as an ACS cancer program and an NAPBC program, we yearly report on 23 quality measures, six of which are specific to our breast program. Four of these are accountability measures. The first of these is radiation administered within one year of diagnosis in women under 70 who had breast conserving surgery (BCS). Of the 90 patients reported, 94% received radiation (RT), with four patients refusing RT. (The national performance rate in similar programs to ours was 90%.) Another measure involves the use of tamoxifen or an aromatase inhibitor considered/ administered within one year of diagnosis in women with Stage 1, 2 or 3 hormone receptor positive cancers. One hundred percent (108/108) of our patients met this standard vs. 91.7% in comparable cancer programs. The third accountability measure, combination chemotherapy, is considered/



administered within 120 days of diagnosis in women under 70 with T1c Stage 1, Stage 2 or Stage 3 hormone receptor negative cancers. Once again, we were 100% (27/27) compliant with this standard, compared to 92.8% in similar cancer programs. A surveillance measure that is required for reporting is our breast conserving surgery (BCS) rate. For 2017, that rate was 64.5%. This is lower than comparable cancer programs by a few percentage points, and most likely reflects the referral pattern we have at our facility for young patients needing total mastectomies and who desire breast reconstruction. (In our main outside referral area for breast cancer patients, only Peoria and Bloomington-Normal have plastic surgeons available for immediate breast reconstruction.) The last of the six measures for breast cancer is also a standard for our NAPBC program – image or palpation-guided needle biopsy is performed for diagnosis of breast cancer. Our program is 100% compliant compared to 91.9% in similar cancer programs.

In addition to tracking our performance on NAPBC quality standards, yearly quality improvement measures are chosen based on program perceived needs. Other highlights of our breast program include our high-risk clinic run by Michele Settelmyer, APRN. This clinic has grown steadily since its inception, providing appropriate genetic testing for those patients meeting NCCN guidelines. Our medical oncology group, Illinois CancerCare (ILCC), has a genetics clinic on site for genetic testing and counseling as well. Numerous clinical trials are currently available to our patients through ILCC. This includes 22 breast cancer trials that involve adjuvant treatment trials (five), metastatic breast cancer trials (five), radiation trials (four) and cancer control trials (eight). Our patients have state-of-the-art breast cancer treatment available to them here without the need to travel.

One of the reasons I chose to specialize in breast surgery 20 years ago is because I could see that this was an area of cancer management that was going through some extraordinary changes. Surgery for breast cancer has moved from radical surgery to much more conservative surgery with equally good local control and survival. In the last 10 years, our management of

the axillary lymph nodes (LN) includes limiting LN removal to only a few LNs, with a significant decrease in the incidence of lymphedema of the arm. Genetic testing for hereditary cancer risk is allowing us to better pick treatment for our cancer patients and to offer better surveillance methods in non-cancer patients that are found to be at risk.

One of the biggest changes in breast cancer management came about with the development of genomic testing. We now have three available tests (Oncotype DX®, MammaPrint® and EndoPredict®) that can be used on cancer tissue from patients with hormone positive cancers to predict the benefit or lack of benefit of chemotherapy. This has led to a significant decrease in patients needing chemotherapy with all the concomitant side effects. We continue to see an increase in more targeted therapy for breast cancer as well. The monoclonal antibody trastuzumab (Herceptin) had a tremendous impact on the outcome of HER2 positive breast cancer tumors when it was released.

We now have two additional anti-HER2 drugs, pertuzumab (Perjeta) and T-DM1 (Kadcyla), which are continuing to add to these better outcomes. PARP inhibitors are now available for our BRCA gene positive breast cancer patients. These drugs are showing improvement in progression-free survival with much better quality of life than standard chemotherapy. And lastly, combinations of CDK4/6 inhibitors with an aromatase inhibitor have become the standard of care for Stage 4 breast cancer patients, providing them with a longer disease-free survival with tolerable side effects.

As you can see, the future is bright for our breast cancer patients. OSF Saint Francis has made a commitment to provide state-of-the-art cancer care for our region. This year has been tough on all of us due to COVID-19, but hopefully, we can expect a better year in 2021. Cancer did not stop with the pandemic, and neither will we.



Lynne M. Jalovec, MD
Breast Surgeon



“As you can see, the future is bright for our breast cancer patients.”


A BOLD WAY TO TRANSFORM CANCER CARE

Through transformational philanthropy, OSF HealthCare is committed to realizing a vision of making Peoria a premier destination for world-class cancer care. Where our neighbors facing a devastating diagnosis won't have to leave home for treatment. Where they are surrounded by family, friends, advocates and support systems as they face challenges and celebrate joys throughout their journey. Where people come from across the region for coordinated, excellent care. And where the best cancer fighting tools available anywhere are available at OSF HealthCare.

The new comprehensive cancer center – in the heart of the OSF main campus – will serve as the hub for all aspects of cancer care in the OSF Ministry and house specialists, dietitians, nurse practitioners, care coordinators, research and more.

Services included in the new Comprehensive Cancer Center:

- Additional clinic space to be utilized by cancer providers
- Brachytherapy suite (2)
- CT
- Clinics
- Diagnostic X-ray
- Fully functioning teaching kitchen
- Imaging services in building
- Infusion
- Lab/EKG
- Library and resource center
- MRI
- Multidisciplinary cancer conferences, dedicated conference room
- Patient and family education
- PET/CT
- Proton therapy
- Rehabilitation
- Research
- Screening/risk assessment
- Support services
- Tumor boards
- Ultrasound
- Wellness



OSF HealthCare is committed to realizing a vision of making Peoria a premier destination for world-class cancer care.

LAUNCHING PROTON THERAPY

Proton and FLASH therapy will be an axis of the new cancer center, adding cutting-edge technology to our existing arsenal of cancer-fighting tools.

“

Proton therapy is also the preferred radiation treatment option for many pediatric cancers due to the risk of health issues later in life from traditional treatment, including heart disease, additional cancers and growth cognitive problems.

”

Proton therapy is transforming cancer care by allowing radiation oncologists to more closely target tumors, reducing the damage done to surrounding healthy tissue and limiting radiation-related side effects. Because tumor borders can be more sharply defined by the protons, higher doses of radiation can be given to the cancer in shorter time frames, offering more radiation with less risk for patients.

Proton therapy is most commonly used to treat the following types of cancer:

- Base-of-skull tumors to protect brain and spinal cord function
- Brain tumors to preserve intelligence and function
- Left breast cancers to eliminate cardiac injury
- Gastrointestinal cancers situated near the bowel or kidneys
- Head and neck cancers to preserve swallowing and nutrition
- Central lung cancers to avoid extensive lung or esophageal injury
- Malignancies of the eye
- Select prostate cancers to reduce bowel and bladder effects
- Tumors impinging on the spine
- Hard-to-reach tumors in medically sensitive areas

As a cancer center with the latest generation accelerator, OSF HealthCare will be a leader in cancer care due to our ability to also use FLASH therapy, a new type of radiation therapy. FLASH radiation uses ultra-high dose external beams that are delivered in less than a second. By having the most powerful accelerator available in the medical market, OSF HealthCare will make cancer treatments better for patients and help spare the surrounding healthy tissue. FLASH therapy has proven to show reduced skin toxicity and less scarring. At their most vulnerable — facing the possibility of a life cut short — patients should have access to care that will give them the best outcome following treatment.

Consider:

- Almost three dozen proton therapy centers in operation nationwide
- Expected to serve more than 300 patients annually, with over half of the patients coming from outside the Central Illinois region
- Reduces damage to healthy tissue, side effects and long-term health impacts including heart disease and additional cancers
- FLASH therapy and other pioneering treatments



“When I received my cancer diagnosis, it was impossible to comprehend at the age of 27. After undergoing months of chemotherapy, I was told I needed radiation as a final treatment due to the size of a tumor in my chest.



“When you have to leave home for treatment—and you need someone with you, helping you—how do you manage that? Leaving home for treatment is a disruption of life for you and everyone in your orbit. We’re so excited about this center and want it to be the best it can be. Proton therapy was truly life-saving for me. I want to do what is in my power to help others receive it as well. Without it, I may have lost my voice, my livelihood and lived with long-term health conditions. Since the end of my cancer treatments, I have traveled internationally and helped grow our family business. I would not be able to do what I’ve done over the past two years without the quality of proton therapy treatments I received.”

- Josh Swank, cancer survivor

Knowing the possible side effects of having radiation, I struggled to accept my final treatment. Proton therapy, however, gave me the conviction to move forward with my treatments. I have no doubt the precision of proton therapy not only saved my life, but its limited side effects will extend the quality and length of my long life ahead.”

- Keelin McGee, cancer survivor

A COLLABORATIVE CONNECTION

OSF HealthCare is the fourth largest system for the treatment of cancer in Illinois, and the largest outside of Chicago. OSF HealthCare currently treats more than 5,000 patients diagnosed with cancer each year, only 25% of the patients diagnosed in our service area. We have highly specialized treatments and technologies – including Gamma Knife, iMRI, low-dose CT lung cancer screening, chemotherapy and radiation therapy and TrueBeam – as well as five cancer treatment centers throughout the OSF Ministry. The demand for outpatient cancer services will almost double over the next several years. The time is now to further develop world-class cancer care in Central Illinois, and OSF is the only health care system in the region capable of taking on this ground-breaking project.

Collaborating with our full-service cancer centers across the OSF Ministry, we will build more than a physical building but a destination for cancer care throughout the state with in-person and virtual care options. Our comprehensive cancer care will encompass the whole patient experience from prevention to survivorship with collaborative coordination of all medical, radiation and surgical oncology services.



DRIVE THE BEST AND THE BRIGHTEST MINDS TO MEET ONE CLEAR GOAL

Procedures and test results will be communicated throughout the network (potentially even within the same day), so all responsible parties are aware of the care plan progress. Patients will then be able to access pre-testing, radiology scans and follow-up care at a location convenient to their home while receiving the same high caliber of care as if they visited the cancer center.

No other cancer care center or network offers patients this type of convenience or level of care. The OSF HealthCare comprehensive cancer center will help us attract additional cancer specialists and sub-specialists to serve Central Illinois and commit to investing in the future of health care.





Not only will the new center transform how we coordinate care, but it will engage in groundbreaking research that supports prevention and survivorship. By having a physical space designated to the clinical innovation and research program at the comprehensive cancer center, the OSF cancer research team will continue to use local community data and research to develop a case for how to provide cancer care in rural America and integrate treatments of proton beam and FLASH therapy for patients. Through this state-of-the-art research program, OSF HealthCare has the ability to be recognized for its scientific leadership and become an NCI-designated cancer center.

The new comprehensive cancer center is expected to have a teaching kitchen collaborative, including a community fruit and vegetable garden, where dietitians and nutritionists will work directly with our cancer patients. The teaching kitchen – using a nationally developed curriculum – will ensure patients and their families become comfortable with cooking healthy meals. By furthering education and outreach around healthy lifestyle choices, we will not only lower cancer rates, but also reduce the risk of heart disease, diabetes and many other diseases. The impacts of this cancer center on the long-term health of Central Illinois are immeasurable.



“What a joy it is



to share this sacred comprehensive cancer center with you and the difference it will make for our community. We have always recognized the severe burden and hardship that cancer places on virtually every family we serve. Through a shared vision and with philanthropic engagement, we can all play a part in the healing process. Together, we will create a place where cancer care begins and ends with a focus on treating the whole person — body, mind and spirit. In doing what is good in the service of human life — with God’s constant hand and your help — we will make this happen.”

Sister Judith Ann, O.S.F.,

Sister Judith Ann Duvall, O.S.F.,
Chairperson of the OSF HealthCare Boards

HOW CAN YOU HELP?

- Personally invest in the campaign and project
- Be an advocate for patients and the community
- Help us identify others who may have an interest in supporting transformational cancer care

For more information, contact
Lanna Scannell
OSF HealthCare Foundation
(309) 566-5662 or
Lanna.M.Scannell@
osfhealthcare.org

Imagine if patients...

- Had world-class providers meeting regularly to coordinate all care, manage all side effects and drug interactions and provide input and clear communication for all treatment decisions
- Received the most cutting-edge treatment here at home, with the support of family and loved ones
- Could seamlessly schedule initial appointments and treatment following diagnosis without waiting weeks or months for care
- Had an advocate navigating and coordinating their care and appointments so they could focus their energies on getting well
- Had regular access to pastoral care teams, therapy, educational resources, nutrition and wellness services at all stages of their cancer journey
- Had access to leading research efforts and innovative care solutions



OSF HealthCare Saint Francis Medical Center Directory

James McGee, MD, SM
Radiation Oncology
(309) 655-3258

Cancer Care Unit
(309) 655-7191

Cancer Registry
(309) 655-3734

Center for Breast Health
(309) 683-5522

Home Health Services
(309) 683-7700

Hospice
(309) 683-7700

Cancer Multidisciplinary Clinics
Cancer Support Services
(309) 308-0200

Lymphedema Services
(309) 624-8575

Pastoral Care
(309) 655-2084

Rehabilitation
(309) 624-8575

Social Work Services
(309) 308-0200

St. Jude Midwest Affiliate
(309) 624-4945

Wellness Services
(309) 282-1607

2020 CANCER PROGRAM ANNUAL REPORT

Special thanks to:
James McGee, MD, SM

References:

- OSF HealthCare Saint Francis Medical Center Cancer Registry
- American College of Surgeons Commission on Cancer, National Cancer Database

This report is available online:
osfsaintfrancis.org

**This report prepared by
Cancer Committee members:**
Kathi Copelen, RDMS, RTR
Keren Greenawalt, BSN, MS, CTR

**For more information about
cancer services and programs at
OSF HealthCare Saint Francis
Medical Center:**
(309) 624-4505

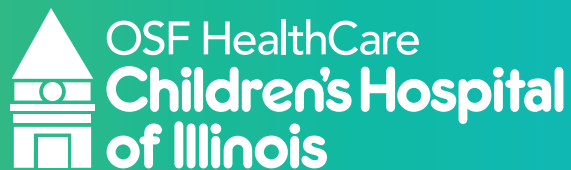


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