2022

Patricia D. Pepe Center for Cancer Care

ANNUAL REPORT

OSF HEALTHCARE
SAINT ANTHONY MEDICAL CENTER

OSF HEALTHCARE


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ECONOMIC DEVELOPMENT
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Skittles
Reese's
Baby Ruth
M&M's
PAYDAY


PATRICIA D. PEPE


OPEN ENROLLMENT

DEAR MEMBERS OF OUR COMMUNITY,

We are pleased to present the 2022 Annual Report for the oncology services provided at the Patricia D. Pepe Center for Cancer Care at OSF HealthCare Saint Anthony Medical Center. This year has been one of constant movement and accomplishment.

In April, we had our survey for the American Society of Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI), and in September, the American College of Radiology (ACR) recertification in radiation oncology, with success.

> We are proud to be the only cancer center in the Rockford region to have these certifications, and we believe in the importance of having independent evaluations of our cancer service.

In October 2022, we won the annual Quality Improvement Award given to one department at OSF Saint Anthony per year. This is a recognition of our Mission Partners who work tirelessly in their care for every patient who walks through our doors.

It also shows what can happen when a team of people are moving in the same direction to create a patient-centered environment, with "the greatest care and love in a community that celebrates the Gift of Life" and with the utmost attention to caring and quality.

COVID-19 is still with us, but we continue to adapt to it so there is no gap in the care for our patients through their cancer treatment journey. This is a testament to the character, dedication and selflessness of our staff and our communities.

Based on our tumor registry data, we realized that we have more women being cared for at our facility than men, contrary to the state and national trend. This shows the trust that we enjoy in the community. Our top five cancer sites are digestive system (20.6%), respiratory system (15.6%), breast (11.9%), male genital system (9.3%) and urinary system (7.5%).

For 2021, the distribution of cancer stages is as follows:

- **Stage 0:** 4%
- **Stage I:** 15%
- **Stage II:** 7%
- **Stage III:** 8%
- **Stage IV:** 8%

We are committed to providing patient-centered, personalized and evidence-based multidisciplinary care. Our focus on each patient includes prevention, screening and early detection, along with a compassionate diagnostic process, coordination of care and extensive treatment options, including immunotherapy, hematology, medical oncology, radiation, palliative care, genetic testing and counseling, rehabilitation services, nutrition services and survivorship.

This year, we started providing nutritious meals for our patients who may not have the time or energy to cook, or the means to have good nutrition. Healthy, ready-to-eat meals from Factor 75 were delivered to patients' homes thanks to our association with the American Cancer Society. Along the same line, we partnered with Community Kitchen, which provides nutritious meals for seniors. Nutrition services include Meals on Wheels and a number of in-person dining sites for eligible seniors.

We welcome community providers to get involved with our Tumor Boards, where they can get comprehensive opinions from oncology specialists. Call (815) 227-2273 to reserve a space.

IFTEKHAR AHMAD, MD, MS
Medical Director

EDWARD ARIBISALA, BSRTT, MS, MBA
Director

2022 Cancer Committee

The Cancer Committee is a multidisciplinary group of physicians from various specialties, as well as representatives from departments and community partners that provide support and management of cancer care. This committee guides cancer studies, quality improvement and cancer-related policies and programs for the Patricia D. Pepe Center for Cancer Care at OSF HealthCare Saint Anthony Medical Center.

CANCER COMMITTEE CHAIR	Iftekhar Ahmad, MD, MS
CANCER LIAISON PHYSICIAN	Alyssa Ceilesh, DO

CANCER COMMITTEE COORDINATORS

Cancer Registry Coordinator	Lynn Kiehl, CTR Amy Clendening, CTR
Quality Improvement Coordinator	Akta Patel, BS, RTT, MBA
Cancer Registry Quality Coordinator	Lynn Kiehl, CTR
Community Outreach Coordinator	Teddy Aribisala, MS, MBA
Clinical Research Coordinator	Karen Blatter, RN, BSN, OCN Ezenwa Osuagwu, BS, MS
Psychosocial Services Coordinator	Karen Gessner, MSW
Survivorship Program Coordinator	Peggy Malone, RN, BS, OCN

CANCER COMMITTEE MEMBERS

American Cancer Society	Michelle Hicks-Turner, MPH
Clinical Trials	Shylendra Sreenivasappa, MD Iftekhar U. Ahmad, MD, MS
Diagnostic Radiology	Stephen Lehnert, MD Charles Ambelang, MD
General Surgery	Eileen O'Halloran, MD, MS Steven Bartlett, MD
Genetics	Peggy Rogers, MSN, APRN, AOCNP
Medical Oncology	Mete Korkmaz, MD Ismael Shaukat, MD Jeffrey Boyd, APRN
Nutrition Services	Adam Schafer, RD Patricia Bomkamp, RD
Oncology Nurse	Julie Cline, BSN, MS, OCN Ryan Tresemer, BSN, OCN
Palliative Care	Trent Barnhart, MD Jean Kriz, MD
Pathology	Adelaide Horcher, MD Joseph Peevey, MD
Patient Navigation	Lisa Bruno, RN, BSN, OCN
Pharmacy	Erich Balsman, PharmD, BCPS
Radiation Oncology	George Bryan, MD Iftekhar U. Ahmad, MD, MS
Rehabilitation Services	Barbara Gutierrez, PT
Women's Center	Lisa Timpe-Johnson, PT Allison Gleason, R.T. (R) (M)

TUMOR REGISTRARS

Cancer registrars are data information specialists who collect and report cancer statistics. Cancer registrars capture a complete history, diagnosis, treatment and health status for every cancer patient in the U.S.

The Certified Tumor Registrar (CTR®) credential sets the standard for professional competence in the cancer registry field. It is nationally recognized in the recruitment and retention of registry personnel. NCRA's certification board – the Council on Certification – oversees the CTR exam administration and credential maintenance.

Cancer registrars collect the data that provides essential information to researchers, health care providers and public health officials to better monitor and advance cancer treatments; conduct research; and improve cancer prevention and screening programs.

By collecting the data that makes up the cancer history of each cancer patient, information can be provided to researchers, health care providers and public health officials to help:

- Monitor cancer trends over time
- Evaluate cancer patterns in populations and identify high-risk groups
- Guide planning and evaluation of cancer control programs
- Set priorities for allocating health resources
- Study cancer causes and prevention strategies
- Public reporting of outcomes
- CAP protocols and synoptic reporting
- Monitor compliance with guidelines
- Serve as a resource on Commission on Cancer (CoC) standards

Working with the Cancer Committee, providers and administrators are these hardworking Tumor Registrars:

Diane Aaby, CTR

Diane has been with OSF since 2017 and has been a cancer registrar since 2001.

Amy Clendening, RN, BSN, OCN, CTR

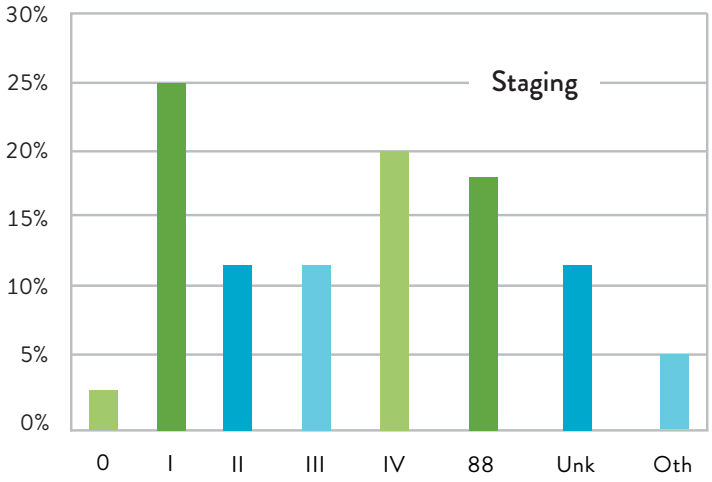
Amy has been an RN with OSF since 2001. She began her career in cancer registry in June of 2021 and recently earned her CTR certification in August of 2022.

Lynn Kiehl, CTR

Lynn began working at the Patricia D. Pepe Center for Cancer Care in 2000. She began her career in the cancer registry a year later.

Tanya Magnuson, CTR

Tanya has been with OSF since 1995. She began her career in cancer registry in 2005 and earned her CTR certificate in 2007.



STAGE	PERCENTAGE
0	2%
I	25%
II	11%
III	11%
IV	20%
88	17%
Unk	11%
Blank/Oth	5%

National Cancer Database Accountable Measures

BREAST CANCER MEASURES

BCS-RT:

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

- 100% (90% Expected Performance Rate)

MAC:

Combination chemo or chemo-immunotherapy if HER2+ recommended or administered within 120 days of dx for women under 70 with AJCC T1cN0M0 or Stage IB-III hormone receptor negative breast cancer.

- 100% (standard n/a surveillance only)

RECTAL CANCER MEASURES

RECRT:

Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postop chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer.

- 75% (85% Expected Performance Rate) with 3/4 records compliant
- UW MD: Surgery showed a pCR from radiation. No further adjuvant chemotherapy required at this point.

COLON CANCER MEASURES

ACT:

Adjuvant chemo recommended or administered within 120 days of diagnosis for patients under age 80 with Stage III (LN positive) colon cancer

- 100% (standard n/a surveillance only)

12RLN:

At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.

- 91% (85% Expected Performance Rate) with 22/24 compliant records
- One left hemicolectomy – 6 LNs removed
- One right hemicolectomy – 6 LNs removed

LUNG CANCER MEASURES

LCT:

Systemic chemo is administered within 4 months pre op or 6 months post op, or it is recommended for surgically resected cases with pathologic LN positive (pN1 or pN2) NSCLC.

- 50% (85% Expected Performance Rate) with 1/2 records compliant
- One patient was diagnosed at KSB and sent here for surgical procedure only. Received immunotherapy through Illinois CancerCare in Dixon.

GENETIC TESTING: HIGH-RISK BREAST SCREENING CARE GUIDELINES

PEGGY A. ROGERS, MSN, APRN, AOCNP

Genetic Oncology

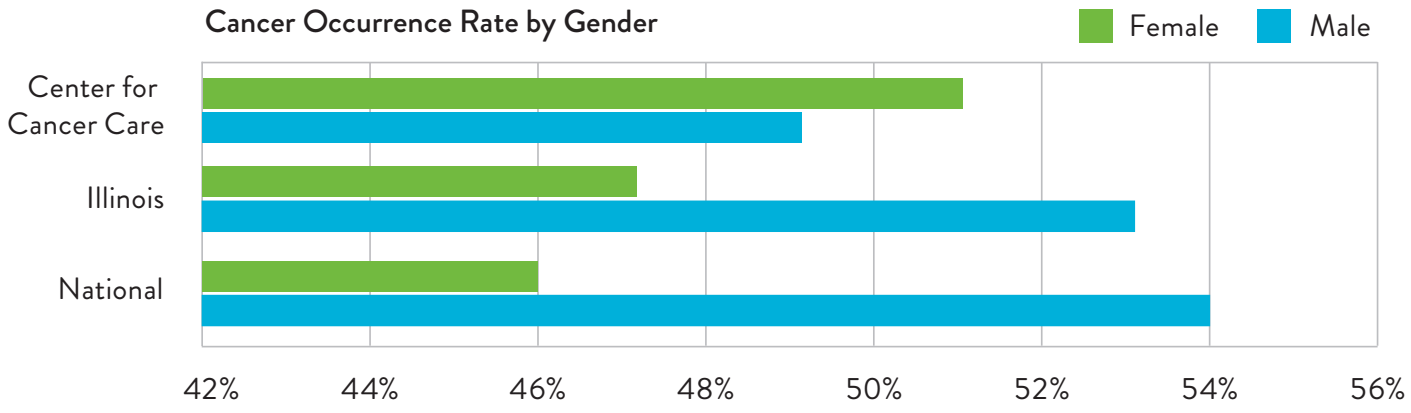
For people with family or personal history that is suggestive of hereditary predisposition to cancer, genetic counseling is available in the Center for Cancer Care to discuss risk reduction strategies, specialized screenings and the availability of genetic testing.

New patients are screened in the Women's Center at the time of their mammogram. Eight questions that could trigger a high-risk referral are asked about family history by the mammography tech. Patients can request a referral or decline it. The cancer care coordinator in the genetic office contacts all patients who trigger a high-risk referral and schedules the genetic testing appointment.

All newly diagnosed breast cancer patients are referred for genetic evaluation at the time of diagnosis, based upon the recommendation of the American Academy of Breast Surgeons. The cancer care coordinator works with the nurse navigators to schedule the patient for a genetic high-risk valuation at the appropriate time.

During the initial meeting, a review of the patient's medical and family history is done and updated based on the Cancer IQ screening module: the type of screening they had done, biopsies and results, surgeries, reproductive factors, family history, etc. The nurse practitioner speaks with the patient about the significance of their mitigating factors, and the role genetics may play in increasing the risk of cancer. For patients impacted by cancer, genetic testing results may guide future treatment options.

During the second visit, the patient will meet one of the genetic health care specialists to discuss the result of the assessment performed and determine the chance of developing cancer. The specialist will also make recommendations to promote good health and lower the risk of cancer. This includes an individual plan of cancer screening tests and prevention measures, as well as lifestyle modifications.

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BRCA PATHOGENIC/LIKELY PATHOGENIC VARIANT-POSITIVE MANAGEMENT

BREAST CANCER

Female

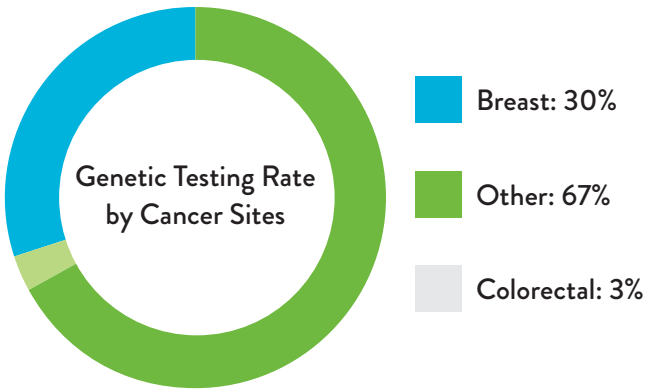
- Breast awareness starting at age 18, be familiar with breasts and promptly report changes
- Premenopausal individuals should consider a self-breast exam at the end of menses
- Clinical breast exam (CBE), every 6 months starting at age 25
- Breast screening
- Age 25-29 annual breast MRI screening with contrast (or mammogram with consideration of tomosynthesis, only if MRI is unavailable) or individualized based on family history if a breast cancer diagnosis before age 30 is present.
- Age 30-75 years, annual mammogram with tomosynthesis alternating with breast MRI with contrast every 6 months.
- Continue the above screening recommendations in patients over 75 years of age as long as the patient remains in good health with a life expectancy of 5-7 years
- If MRI cannot be performed, consider complete breast ultrasound
- Discuss the option of risk-reducing mastectomy along with options for breast reconstruction.
- Tamoxifen chemoprevention is theoretically an option for BRCA 2 carriers unaffected, discuss the risk for DVT. Could consider AI therapy if s/p BSO
- We recommend that all female first degree relatives undergo genetic counseling and testing for the familial BRCA1 or 2 pathogenic variants by age 25, or 10 years younger than the youngest age of breast cancer diagnosed in the family

Individuals who choose hysterectomy at the time of RRSO are candidates for unopposed estrogen therapy. It is not contraindicated in young women with HBOC s/p BSO. There does not appear to be a significant increase in breast cancer risk with unopposed estrogen therapy (vs. Combination HRT).

Male

- Breast self-exam by age 35
- CBE every 12 months starting at age 35

Consider annual mammogram in men with gynecomastia starting at age 50 or 10 years before the earliest known male breast cancer in the family



OVARIAN/UTERINE CANCER

Recommend risk-reducing salpingo-oophorectomy (RRSO), typically between ages 35 and 40, and upon completion of childbearing for BRCA 1 carriers. Discuss slightly increased risk for uterine in BRCA 1 carriers, and discuss risks and benefits of concurrent hysterectomy with RRSO.

PANCREATIC CANCER

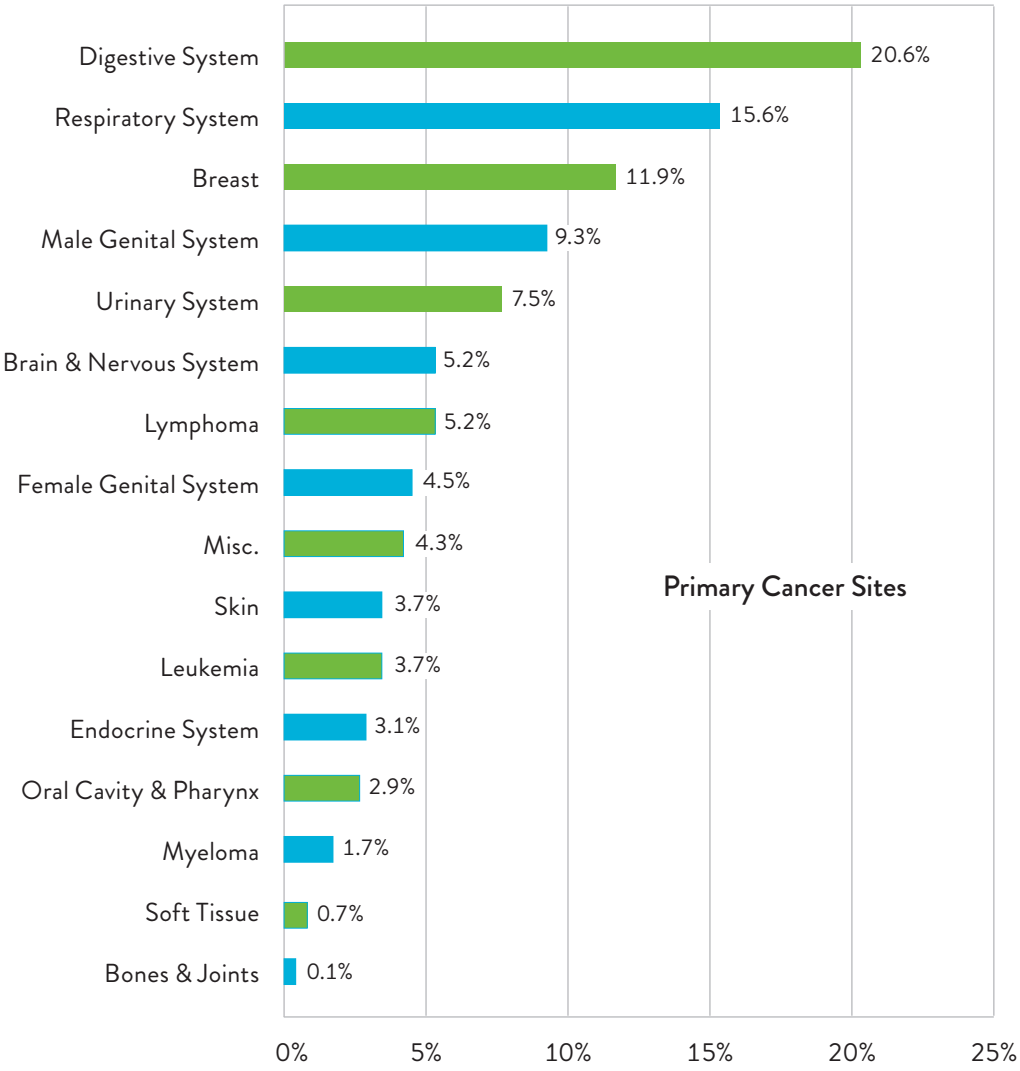
- Current NCCN guidelines only recommend pancreatic cancer screening for BRCA2 carriers if there is a family history of pancreatic cancer in a first- or second-degree relative.
- If no family history of pancreatic cancer, we do not recommend pancreatic cancer screening at this time. This recommendation could change if there is a change in family history or if guidelines change.

MELANOMA

- Recommend annual total body skin exam by a dermatologist for melanoma screening, avoiding prolonged sun exposure, and use of high SPF sunscreen if out in the sun for more than 30 minutes.
- Recommend an annual ophthalmologic exam to screen for uveal melanoma, which is also increased in BRCA2 syndromes.

PROSTATE CANCER

- Starting at age 40 PSA screening annually
- Recommend prostate cancer screening for BRCA2 carriers
- Consider prostate cancer screening for BRCA 1 carriers



BARRIERS TO GENETIC TESTING

INFLECTOR: PROVIDER MEDIATED

Barriers:

- Lack of awareness of testing benefit
- Lack of time during patient encounter
- Concerns over cost
- Fear of cancer
- Shame
- Guilt
- Fatalism/religious beliefs
- Cultural beliefs, mistrust and taboos
- Lack of time to be tested
- Trypanophobia; fear of needles
- Fear of death
- Worry about family secret it may unearth
- Perception that information is detrimental to patient well-being

Proposed solutions:

Provider education, reinforcement of societal recommendations, assurance of confidentiality, sensitivity to cultural and religious beliefs.

INFLECTOR: PAYER-ASSOCIATED

Barriers:

- Lack of reimbursement for genetic counseling services
- Fear of insurance premium going up
- Lack of reimbursement for genetic tests

Proposed solutions:

- Payment reform
- Intercession by Financial Navigator

INFLECTOR: SYSTEM-ASSOCIATED

Barriers:

- Language barriers
- Lengthy authorization processes
- Lack of infrastructure/staff to process authorizations
- Lack of tracking mechanisms to monitor execution of physician orders for testing

Proposed solutions:

- Facility must invest in medical translators
- Research into optimal operational processes

INFLECTOR: PATIENT-ASSOCIATED

Barriers:

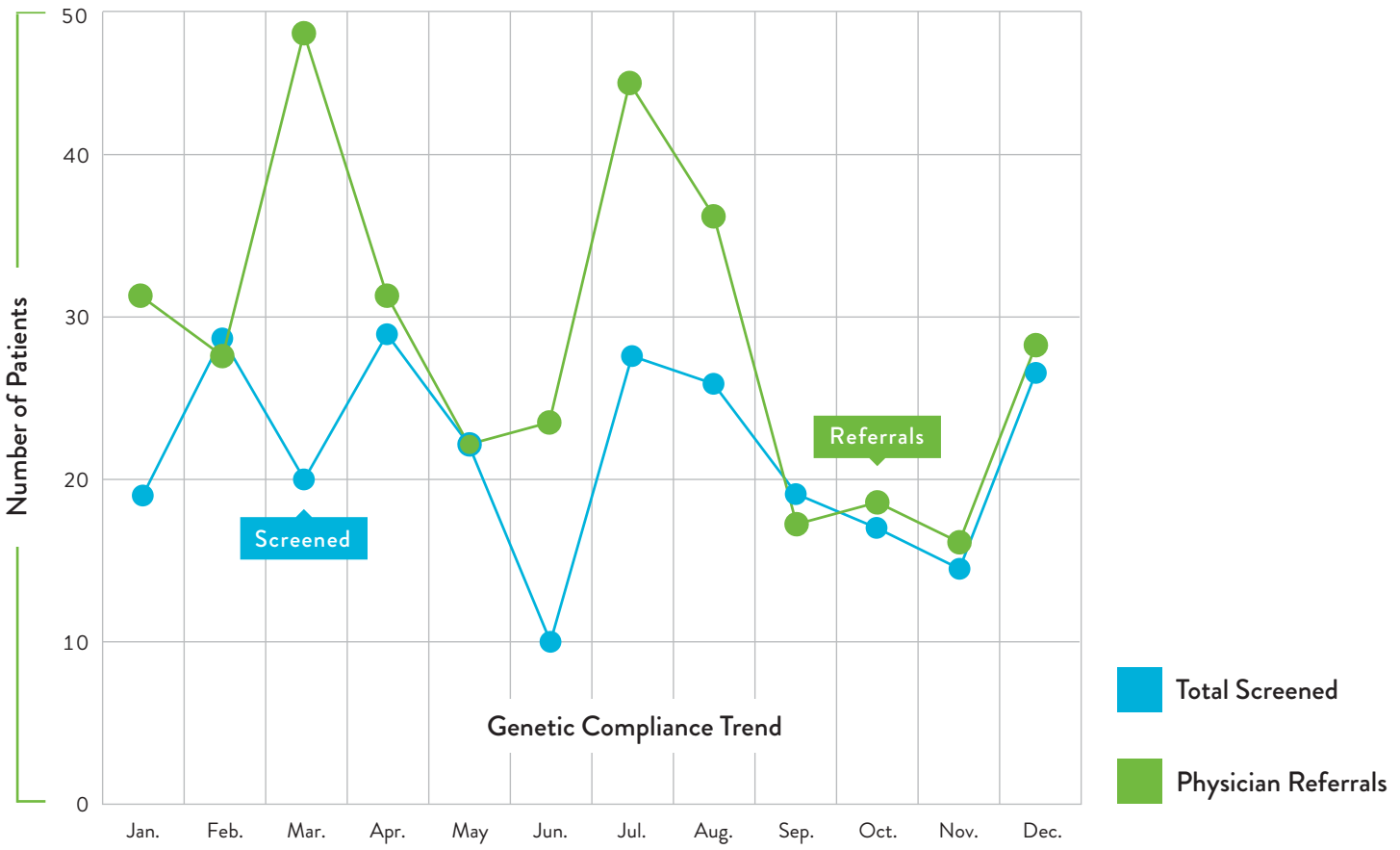
- Misunderstanding of counseling/testing intent
- Lack of referral for genetic testing
- Disinterest in results
- Fear of social or financial discrimination
- Family relationships may be weak or nonexistent
- Racial disparities in testing due to education and access

Proposed solutions:

- Public education through public and professional societal advocacy
- Educate primary care providers
- Payment reform
- Financial counselor may be able to help
- Not be judgmental, be understanding
- Mitigate by involving community leaders, churches, and social networking to breach these barriers, and conducting community outreach events on genetic testing

Adopted and expanded, from, multi-disciplinary summit on genetics services for women with gynecologic cancers: *A Society of Gynecologic Oncology White Paper*

Leslie M. Randall a,*, Bhavana Pothuri b, Elizabeth M. Swisher c, John P. Diaz d, Adam Buchanan e, Catherine T. Witkop f, C. Bethan Powell g, Ellen Blair Smith h, Mark E. Robson i, Jeff Boyd d,j, Robert L. Coleman k, Karen Lu k


Number of Patients
50
40
30
20
10
0
Jan.
Feb.
Mar.
Apr.
May
Jun.
Jul.
Aug.
Sep.
Oct.
Nov.
Dec.
Screened
Referrals
Genetic Compliance Trend
Total Screened
Physician Referrals


Physician

MEET THE TEAM

SENIOR MANAGEMENT

A.J. Querciagrossa
Chief Executive Officer,
Western Region

Paula Carynski, RN, MS
President, OSF HealthCare
Saint Anthony Medical Center

Stephen Bartlett, MD
Vice President,
Chief Medical Director

Jedediah Cantrell
Vice President,
Operations and Special Projects

Wayne Laramie
Vice President,
Chief Nursing Officer

Kerry Hill
Chief Financial Officer

MEDICAL TEAM

Iftekhar Ahmad, MD
Medical Director, Radiation Oncology

George Bryan, MD
Radiation Oncology

Ismael Shaukat, MD
Hematology, Medical Oncology

Alyssa Ceilesh, DO
Hematology, Medical Oncology

Kent Hoskins, MD
Cancer Genetics, Hematology,
Medical Oncology

Eileen O'Halloran, MD
Surgical Oncology

Anne Celner, APRN
Hematology, Medical Oncology

Margaret Rogers, APRN
Cancer Genetics, Hematology,
Medical Oncology

Jeffrey Boyd, APRN
Hematology, Medical Oncology

MANAGEMENT TEAM

Edward Aribisala, MS, MBA
Director

Julie Cline, RN, MS, OCN
Medical Oncology Nurse Manager

Akta Patel, RTT, MS
Radiation Oncology Manager

Our cancer report is prepared annually and is dedicated to our patients and their families who continue to inspire us with their courage.

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

- *American College of Surgeons. 2020. Commission on Cancer: Improving outcomes for patients with cancer. facs.org/quality-programs/cancer/coc*
- *American College of Surgeons. 2020. National Cancer Database. facs.org/quality-programs/cancer/ncdb*
- *American Society of Clinical Oncology and Association for Clinical Oncology. 2020. Quality Oncology Practice Initiative. practice.asco.org/quality-improvement/quality-programs/qopi-certification-program*

OSF HealthCare

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