# Table of Contents

St. Vincent’s Riverside Cancer Program ......................................................... 1  
Cancer Registry ........................................................................................................ 4  
St. Vincent’s Riverside Cancer Program practice profile report ..................... 5  
  • Breast .................................................................................................................. 5  
  • Colon.................................................................................................................... 5  
  • Gastric ................................................................................................................. 5  
  • Lung .................................................................................................................... 6  
  • Rectal ................................................................................................................... 6  
2017 community outreach mobile mammography outcomes .......................... 7  
Your Cancer Program Team 2017-2018 ............................................................. 8
St. Vincent’s Riverside Cancer Program

Our Ascension® care team at St. Vincent’s Riverside Cancer Program provides compassionate, holistic care treating the physical, emotional, social and spiritual needs of patients. Our program is accredited by the American College of Surgeons, (ACoS) Commission on Cancer (CoC) as a Comprehensive Community Cancer Program (CCCP) since 1956, and is accredited by the National Accreditation of Programs for Breast Centers (NAPBC) and the Joint Commission. In 2016, St. Vincent’s expanded its oncology services by partnering with the Mayo Clinic by opening a Mayo Clinic Cancer Center on our Riverside campus in a beautiful setting along the St. Johns River. Together, St. Vincent’s and Mayo will focus on providing patients personalized healthcare centered on evidence-based guidelines.
All cancer patients receive the following:

- Quality cancer care
- Comprehensive care, offering a wide range of diagnostic and treatment services onsite or by referral
- A multidisciplinary approach to coordination of cancer care and treatment options
- Access to cancer-related education
- Access to patient-centered care such as psychosocial distress screening and patient navigation
- Assessment of treatment planning based on evidence-based guidelines
- Information about clinical trials and treatment options
- Follow-up care at completion of treatment to include survivorship care plans
- A cancer registry collects data on cancer types and stages, monitors treatment outcomes, and offers lifetime patient follow-up

Breast cancer patients receive the following additional benefits:

- Access to breast-specific information, education and support
- Breast center data collection on quality indicators for subspecialties involved in breast cancer diagnosis and treatment
- Ongoing monitoring and improvement of breast health care
- Information about participation in breast-related clinical trials and new treatment options
- Mayo Clinic Cancer Center continued to provide personalized healthcare and innovative cancer research located at St. Vincent’s Riverside
Cancer Program accomplishments:

- Cancer Registry received Florida Cancer Data System’s Jean Byers Award for Excellence in Cancer Reporting for meeting or exceeding the national quality standards for timeliness and completeness of cancer reporting to the Florida Department of Health, and the Pat Strait Award for Excellence in Cancer Abstracting.
- Barbara Dearmon, BS, CTR, Manager, Oncology Support Services, served as President for NCRA, 2017-2018. She will assume the role of Immediate Past President in 2018.
- Continued participation in Rapid Quality Reporting System for tracking breast and colorectal national treatment measures.
- Promoted Community Hospice Center for Caring at St. Vincent’s Riverside on fourth floor.
- Promoted the Lung Cancer Institute.
- Continued to offer Kids Together Against Cancer (KTAC) – a cancer support group for families who have a parent with cancer.
- Promoted St. Vincent’s Spine and Brain Institute.
- Continued to offer free yoga classes for cancer survivors and caregivers — in conjunction with the Christina Phipps Foundation.
- Hosted Candid Conversations about Breast Cancer — a support group for women diagnosed with breast cancer.
- Continued membership and participation in Association of Community Cancer Centers (ACCC).
- Continued to partner with American Cancer Society Board and Committees, and programs such as Road to Recovery, patient referral services.
- Promoted smoking cessation with I Quit Smart program, formalized program of Northeast Florida Area Health Education Center (AHEC).
- Participated in and provided leadership for the American Cancer Society’s Making Strides Against Breast Cancer events.
- Promoted physicians’ use of the AJCC TNM Staging and clinical documentation in pretreatment planning.
- Continued to monitor 23 quality treatment and improvement measures covering nine cancer sites compared against the estimated performance rate set by the Commission on Cancer for accredited programs.
- Continued to maintain compliance with the National Programs for Breast Health Centers performance rate set by Commission on Cancer.
- Continued to participate in the NCDB annual call for data.
- Promoted the CT lung screening program.
- Promoted palliative care services.
- Participated in the Lymphoma & Leukemia Light the Night Walk.
- Hosted annual cancer retreat for patients and survivors.
- Continued to provide cancer education and support services to patients.
Cancer Registry

St. Vincent’s Cancer Registry is a hospital-based disease-specific registry designed to collect cancer incidence, and analyze data on cancer patients and survivors. A wide range of information is collected to monitor quality care and outcomes. Cases are reported to the state cancer registry, which maintains population-based data. In 2017, we accessioned 3,035 cancer cases system-wide into the registry database whose patients were initially diagnosed and treated at our facilities. The Cancer Registry conducts annual lifetime follow-up on former patients, which is a very important part of the program for monitoring patient outcomes.

To ensure the accuracy of cancer registry data collection, the Cancer Committee physician members performed quality review on 10 percent of 2017 analytic caseload for Riverside. The cancer registry quality control policy is reviewed annually by the Cancer Registry coordinator and Cancer Committee to evaluate the quality of data collection. The cancer registry provides data to support programmatic and administrative planning to assist with monitoring cancer volume and outcomes. The Cancer Registry is responsible for maintaining compliance with the following regulatory agencies:

- Florida Cancer Data Systems, Department of Health for cancer incidence reporting
- American College of Surgeons, Commission on Cancer for maintaining and monitoring accredited quality treatment measures covering nine cancer sites
- Annually submits data to the National Cancer Data Base
- Rapid Quality Reporting Systems
- National Accreditation Program for Breast Centers

Cancer registry data collection helps organizations and public health officials to monitor quality of care and progress in prevention, screening and treating cancer, which is one of the leading causes of death in the United States.

Only cases diagnosed and treated at St. Vincent’s HealthCare are included in analysis by county and quality measures (Riverside only)

St. Vincent’s HealthCare
2017 cancer incidence by diagnosis county

- Duval
- Clay
- Nassau
- Baker
- Out of state
- St. Johns
- Bradford
- All other

1,239
413
94
62
65
77
13
32
St. Vincent’s Riverside Cancer Program practice profile report

Treatment measures from 2016 compared to Commission on Cancer benchmarks

**Breast**

Radiation is administered within one year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery or breast cancer BCSRT.

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 (HT).

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 (MASTRT).

Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer (nBx).

**Colon**

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

Adjuvant chemotherapy is recommended or administered within four months (120 days) of diagnosis for patients under the age of 80 with AJCC stage III (lymph node positive) colon cancer (ACT).

**Gastric**

At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (G15RLN).
**Lung**

Systemic chemotherapy is administered within four months to day of surgery preoperatively or day of surgery to six months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC (LCT).

Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement) LNoSurg

**Rectal**

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

<table>
<thead>
<tr>
<th>SVR</th>
<th>CoC Std%</th>
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<tbody>
<tr>
<td>LCT - 100%</td>
<td>LCT - 85%</td>
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<tr>
<td>LNoSurg - 83.3%</td>
<td>LNoSurg - 85%</td>
</tr>
<tr>
<td>RECRTCT - 100%</td>
<td>RECRTCT - 85%</td>
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2017 community outreach mobile mammography outcomes

Communities served
- Based on Community Needs Assessment
- Serving Duval County, surrounding communities and corporate locations for employees

Qualifiers
- Screening mammograms are usually first performed in patients without a family history or other risk factors between 35 to 40 years of age and then annually in patients over 40 years of age
- Screen patients without systems to assess and/or detect breast cancer early
- Assists the uninsured patient population

Results
- Mobile mammography unit total patient exams 1200
- Approximately 0.2 to 0.4% of screening mammograms lead to a diagnosis of breast cancer.

Follow-up
- Patients with abnormal screening mammogram are contacted
- Directed to follow-up to receive a diagnostic mammogram
- Meets with a radiologist to discuss results and recommendations
- If a biopsy is recommended and performed, the radiologist discusses the results with the patients and recommends any additional treatment

Referrals
- 9 out of 10 (90%) patients who have an abnormal screening mammogram and are scheduled for a follow-up diagnostic mammogram at one of St. Vincent’s HealthCare locations

Advertising
- Florida Times Union, Ask the Doctor Radio Show, St. Vincent’s HealthCare Intranet, flyers in physicians’ offices and corporate locations

National guidelines
- American College of Radiology and the Society of Breast Imaging
Your cancer program team
2017-2018

The Cancer Committee is an official St. Vincent’s Hospital Medical Staff committee with multidisciplinary representation, and is accountable for goal setting, planning, initiating, implementing and improving all cancer-related activities for the health system. The Cancer Committee is responsible for monitoring, assessing and identifying changes to cancer services provided to patients onsite or by referral annually.
Physicians

Paul Ossi, MD, Cancer Committee Chair
William Sumner III, MD, CoC Physician Liaison
Anne Bernstein, MD
Jennifer Contin, MD
Michael Donohue, MD
Michael Fallucco, MD
Leann Fox, MD
Elizabeth Johnson, MD
Ali Lankarani, MD
Ravi Pothireddy, MD
Wesley Carter, MD
Harish Bhaskar, MD
Donald Smitha, DDS

Non-physician members

Tina Calloway .......................................................... Marketing
Robin Bettman, RPH, BCOP .................................. Oncology-Certified Pharmacist
Lauren Lane, LCSW ......................................... Manager, Palliative Care
Kristin Lothman, MSW, LCSW, OSW-C ......... Social Worker
Janet Fulton, MSN, RN, OCN ......................... Oncology Nursing
Barbara Dearmon, BS, CTR ......................... Manager, Oncology Support Services
Alanna Eubanks, RD, CSO ................................. Oncology-Certified Dietitian
Kevin Buller ......................................................... Service Line Director, Oncology
Veena Ganesh, MS, CGC, MS Biotech ........ Genetic Counselor
Maureen McGuinn ........................................ ACS Representative
Melissa Mackoul, RN ....................................... Breast Nurse Navigator
Cathy Lane, RN, BSN, OCN .......................... Radiation Oncology Nurse
John Lee, MBA, BSN, RN ............................... Nurse Survivorship Navigator
Jenny Lehman, MSW ................................. Social Worker
Meredith Rodriguez, PT ............................ Manager, Rehabilitative Therapy
Kevin Doyle ...................................................... Manager, Medical Imaging
Mary Moore ....................................................... Chaplain, Pastoral Care

Case program coordinators

Quality Improvement Coordinator: ............. Lisa Heath, RN
........................................ (Leann Fox, MD, co-coordinator)
Education/Outreach Coordinator: .............. Jennifer Smith, RN
Cancer Conference Coordinator: .......... Anne Bernstein, MD
Cancer Registry Coordinator: .............. Barbara Dearmon, BS, CTR
Palliative Care Coordinator: ..................... Jennifer Contin, MD
Research Coordinator: ............................. Tabetha Gayton, PhD,
................................................................. MBA, RN, FNP
Psychosocial Services Coordinator: .......... Kristin Lothman, LCSW