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2016 Cancer Committee

James Watkins, MD, Medical Oncology, Chairman, Cancer Conference Coordinator
James Pennington, MD, ENT, Cancer Liaison Physician
Nicholaus Hilliard, MD, Pathology
Alka Wells, MD, Radiology
Gerald Lowrey, MD, Radiation Oncology
Terri Smith, RN, MS, VP, Cancer Services
Megan Moralita, RN, Patient Care Manager, Inpatient Oncology Unit
Lois Gaston, RN, Nursing Manager, Outpatient Oncology
Hayley Craft, RN, Palliative Care
Denise Ingram, RN, Quality Management
Jeanie Sherman, LCSW, Social Work, Psychosocial Services Coordinator
Wendy Williams, RHIT, CTR, Cancer Registry, Cancer Registry Coordinator
Betsy Brou, RN, Clinical Research Coordinator
Linda Wall, RN, MD Anderson Liaison, Quality Improvement Coordinator
Lavonda Harrison, RN, Ann Baroco Center for Breast Health (Mammography), Community Outreach Coordinator
Angela Nicholson, RN, Lung Cancer Nurse Navigator
Shirley Salter, RN OCN, Survivorship Nurse Navigator
Jocelyn Longo, BSN, Breast CA Nurse Navigator
Edith Baker, RD, Nutrition
Abbi DuBose, Patient Family Advisor
Jill Pait, American Cancer Society
2016 Chairman’s Report

It is a pleasure to present the 2016 Annual Report summarizing the accomplishments of the Cancer Program at Sacred Heart Hospital.

The year of 2016 was a very active one for Sacred Heart Hospital Cancer Center. SHH Cancer Center comprises three sites of service for dedicated outpatient cancer management; Airport Blvd in Pensacola, Miramar Beach in Destin and in Andalusia, Alabama. The Cancer Center in Pensacola features 16 cancer doctors to include Medical Oncology, Radiation Oncology, Gynecologic Oncology, and Surgical Thoracic Oncology with multiple ARNPs, PAs and nurse navigators to fill out the direct care teams. Adult Oncology services are received at the 40-bed inpatient unit at SHH Pensacola.

The Nemours Children’s Clinic at Sacred Heart Hospital cares for children with cancer. During this past year, the Cancer Registry accrued 41 pediatric cancer cases. Pediatric Oncology serves the children at SHH Children’s Hospital to include an inpatient unit and outpatient infusion services.

A measure of service reflects the total caseload of cancer, as analyzed by the Cancer Registry. For 2016, there were 2,000 cases representing 1,593 analytic and 407 non-analytic. This was a new high for the cancer registry, in that a fourth registrar position was added to manage data.
In order to ensure multidisciplinary treatment planning for patients, a total of seven tumor boards are provided at SHH Pensacola to include a general Tumor Board, CNS tumor Board, Hepatobiliary, Breast, Gynecologic pathology, Pediatric and MD Anderson tumor board. Total cases presented at all tumor boards in 2016 were 794.

Cancer Research recruits patients to clinical trials from National Cooperative Cancer Research Groups and pharmaceutical companies. This offers our patients the latest possible treatment. In 2016, patients entered into clinical trials totaled 102.

Cancer prevention is an important function, with full participation by the many healthcare professionals who work at SHH. Gynecology has offered cervical cancer screening for decades, and has adapted their guidelines for concurrent HPV testing along the way. SHH gynecology has reached out to primary care and pediatrics to step up HPV vaccinations for young adolescents. The lung cancer screening is managed and navigated by thoracic surgical oncology through use of Low-Dose CT thorax screening with 289 patients screened in 2016. The Ann Baroco Center offers free screening mammograms for uninsured and underinsured women with 145 free screenings performed in 2016.

Dr. Rahul Chavan began a Dermatology practice at SHH with his primary emphasis being Mohs surgery for cutaneous melanoma and non-melanoma skin cancers. Mohs technique allows for removal of the skin cancer with complete margin control on an immediate basis, and plastic repair of wound. This is particularly valuable in facial lesions, to reduce scarring and deformity.

Dr. Veronica Carden joined SHH as the third radiation oncologist.

Palliative Care moved operations to SHH Cancer Center in October 2016. Palliative Care provides an extra layer of support and patient education to enhance person-centered care.

Psychosocial distress is common in cancer patients, many times masked by patient and family. The Sacred Heart Cancer Center is utilizing the National Comprehensive Cancer Network (NCCN) Distress Thermometer (DT). A patient completes a Distress Thermometer administered by chemotherapy nurses at their first chemotherapy treatment. Patients also complete a DT as part of their survivorship care plan.

Cancer can have devastating physical implications, but may raise large financial burdens for patients and families. SHH CC addresses this problem with Cost Avoidance and Co Pay Assistance Programs; which are administered by four employees with assistance from social services. Cost Avoidance Patient Assistance obtains free drugs from pharmaceutical companies for the uninsured, 7.5 million dollars in 2016. Co-Pay Assistance is supplemental funds from pharmaceutical companies
through grants to help cover patients co-insurance, totaling $1.2 million in 2016. We are grateful for this providence which allows us to treat all patients.

In 2016, American College of Surgeons required accredited cancer programs to provide survivorship care plans to 25% of eligible patients. The survivorship nurse navigator met that goal and provided survivorship care plans to 38% of eligible patients. The Survivorship Care Plan summarizes and communicates what transpired during active cancer treatment, provides recommendations for follow-up care and referrals for support services that the patient may need going forward. A care plan is developed by the survivorship nurse navigator and given to the patient upon completion of active, curative treatment.

Heritable cancer predisposition genes, such as BRCA1-2, pose problems for an affected cancer patient. When a young patient and/or patient with extensive cancer family history is encountered, a referral to genetic counselling is placed. The patient’s detailed, three-generational family history is essential to decision making. Counselling and testing for inherited deleterious cancer genes requires a thorough knowledge of the proven cancer, and results of gene testing at a given age for such a patient. There are now many labs offering cancer gene predisposition testing, in many formulations and costs. All are subject to eligibility requirements and insurance approval. This nexus of requirements and information is navigated by Lori Farmer, ARNP at the cancer center and in 2016, 160 patients were counselled and tested.

This has been another year of growth and development for the Cancer Program at Sacred Heart Hospital. As we look to 2017 we hope to expand our office space, welcome adult and pediatric palliative care specialists, as well as await the arrival of Dr. Alex Brown, an adult hematologist-oncologist and plan to add a third hematologist-oncologist at SHH in Destin.

James Watkins, MD
Chair, Cancer Committee
Medical Director, Sacred Heart Cancer Center
Quality Improvement Measures

Cancer Committee ensures that patients with cancer are treated according to nationally accepted quality improvement measures. Our performance rates below reveal the number of breast and colon patients treated according to recognized standards of care.

Data reported from 2015, 2016 and 2017 utilizing the Rapid Quality Reporting System (RQRS).

**Note, not all patients in reporting cycle have completed treatment**

**Breast**

Radiation therapy is administered within one year of diagnosis for women under age 70 receiving breast conserving surgery.

**Performance rate: 87%**

Goal: 90%

Radiation therapy is considered or administered following mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >=4 positive regional lymph nodes.

**Performance rate: 85.8%**

Goal: 90%
Combination chemotherapy is considered or administered within four months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, Stage II or III, and ER/PR negative.

**Performance rate: 100%**

**Goal: Not Applicable**

Tamoxifen or third generation aromatase inhibitor is considered or administered within one year of diagnosis for women with T1cN0M0 or stage II or III, ER and/or PR positive breast cancer.

**Performance rate: 93.5%**

**Goal: 90%**

**Colon**

Adjuvant chemotherapy is considered or administered within 4 months of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer.

**Performance rate: 100%**

**Goal: Not Applicable**

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

**Performance rate: 96.6%**

**Goal: 85%**
Cancer Registry
By Wendy Williams, RHIT, CTR; Julie Manley RHIT, CTR; Laura Kindergan, RHIT, CTR; Angie Straughn, CTR

The Cancer Registry is a vital component of the Comprehensive Community Cancer Program at Sacred Heart Hospital. The registry’s reference date is January 1, 2000. The registry receives and maintains data on patients diagnosed and/or receiving treatment for cancer at our facility. This data is used to monitor cancer incidence and cancer care management. It also serves as a source for tracking outcomes and survival statistics of patients through annual follow-up on all analytic cases. In 2016, the registry added a fourth registrar position to help capture and manage data.

In 2016, the Cancer Registry accessioned 2,000 new cases into the database with 1,593 (80%) representing analytic cases and 407 (20%) representing non analytic cases. The analytical top five sites represented breast (18%), lung (15%), colorectal (7%), prostate (6%) and endometrium (6%).

As required by state law, cases are submitted to the Florida Cancer Data System (FCDS). All analytic cases are reported annually to the National Cancer Data Base (NCDB) and eligible cases to RQRS as required by the American College of Surgeons, Commission on Cancer as an approved cancer program.

The Cancer Registry currently conducts annual follow-up on over 10,000 patients and has a current follow-up rate of 86% for all analytic patients and a 92% follow-up rate for analytic patients diagnosed within the last five years.
2016 Total Analytic/Non analytic Cancer Sites at Sacred Heart Hospital Pensacola

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digestive System</td>
<td>326</td>
</tr>
<tr>
<td>Respiratory System</td>
<td>320</td>
</tr>
<tr>
<td>Breast</td>
<td>309</td>
</tr>
<tr>
<td>Female Genital</td>
<td>223</td>
</tr>
<tr>
<td>Male Genital</td>
<td>149</td>
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<tr>
<td>Urinary System</td>
<td>148</td>
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<tr>
<td>Blood &amp; Bone Marrow</td>
<td>141</td>
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<tr>
<td>Lymphatic System</td>
<td>91</td>
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<tr>
<td>Brain &amp; CNS</td>
<td>80</td>
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<tr>
<td>Skin</td>
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<tr>
<td>Endocrine</td>
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<tr>
<td>Oral Cavity</td>
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<tr>
<td>Unknown Primary</td>
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<tr>
<td>Connect/Soft Tissue</td>
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<td>Other/III-Defined</td>
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<tr>
<td>Bone</td>
<td>4</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>2000</strong></td>
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