



 Sacred Heart
Cancer Center

2014 Annual Report





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2014 Cancer Committee

Thomas Sunnenberg, MD, *Medical Oncology, Chairman, Cancer Conference Coordinator*

Alka Wells, MD, *Radiology*

James Pennington, MD, *Cancer Liaison Physician, ENT*

Leo Villegas, MD, *Surgical Oncology*

Charles Mayfield, MD, *Pathology*

Gerald Lowrey, MD, *Radiation Oncology*

James Watkins, MD, *Medical Oncology*

Terri Smith, RN, MS, *VP, Cancer Services*

Sarah Amole, RN, *Patient Care Manager, Inpatient Oncology Unit*

Lois Gaston, RN, *Nursing Manager, Outpatient Oncology Unit*

Lavonda Harrison, RN, *Manager, Ann L. Baroco Center for Breast Health (Mammography), Community Outreach Coordinator*

Jocelyn Longo, RN, *Breast Cancer Nurse Navigator*

Sally Dupre, RN, *Lung Cancer Nurse Navigator*

Nancy Davis, RN, *Quality Management*

Hayley Craft, RN, *Palliative Care*

Jeanie Sherman, MSN, *Social Work, Psychosocial Services Coordinator*

Brittany Parker, PharmD, *Pharmacy*

Betsy Brou, RN, *Cancer Research, Clinical Trials Coordinator*

Linda Wall, RN, *MD Anderson Cancer Center Liaison, Quality Improvement Coordinator*

Edith Baker, RD, *Dietary*

Wendy Williams, RHIT, CTR, *Cancer Registry Coordinator*

Julie Manley, RHIT, CTR, *Cancer Registry*

Laura Kindergan, RHIT, CTR, *Cancer Registry*

Jill Pait, *American Cancer Society*



Dr. Thomas Sunnenberg: Chair, Cancer Committee; Medical Director, Sacred Heart Cancer Center

2014 Chairman's Report

I am pleased to present the 2014 Annual Report summarizing the accomplishments of the Cancer Program at Sacred Heart Hospital.

Our Cancer Program has been approved by the American College of Surgeons since 1986. On December 10, 2014 we were surveyed and received a 3-year approval. This was our first survey under the new 2012 American College of Surgeons, Cancer Program Standards. We have a multidisciplinary Cancer Committee that is dedicated to improving cancer care at Sacred Heart Cancer Center.

This has been a year of growth and many quality improvements. In 2014 our Cancer Registry abstracted 1,554 cases. Of these, 1,267 were analytic and 287 were non analytic.

We continue our affiliation with MD Anderson and continue to work to improve quality of care and adherence to evidence based clinical guidelines. This year, through our affiliation, we have done a record number of Peer to Peer consultations, where our physicians can consult by phone with an MD Anderson physician in real time to affect patient care. We have also established a medical and radiation oncology peer review program. Our cases are reviewed by an expert at MD Anderson to see how concordant our work-up and treatment are to the MD Anderson guidelines.

Our ability to bring the latest treatments to our patients has also expanded through our clinical research program. During this past year we have placed 108 patients on clinical trials. This represents 9% of our new cancer cases.

The hallmark of our care at Sacred Heart is our physicians working together in development of the plan of care for patients. At Cancer Conference/Tumor Board in 2014 a total of 671 cases were presented. We hold a general tumor board, breast tumor board, hepatobiliary/GI tumor board, GYN tumor board, brain tumor board, pediatric oncology tumor board and an MD Anderson tumor board. We have also seen an increase in the multidisciplinary participation in our Cancer Conferences resulting in better care for patients. The volume of cases represents 53% of our analytic case load.

Having clinical data to improve care to our patients is very important. To this end we have started participating in the “Rapid Quality Reporting System” of the American College of Surgeons. This allows us to track our performance on the national quality indicators on a monthly basis, assisting our Cancer Committee to focus on improvements.

Our Cancer Program goals for 2014 were as follows:

- **Clinical Goal:** Standardize and Automate chemotherapy orders
- **Programmatic Goal:** Become pilot site for MDA Clinical Trials (breast study opened)

Our Quality Improvements for the year included:

- We have expanded our support services to include the C.L.I.M.B. (Children’s Lives Include Moments of Bravery) Program. This program assists children who have a parent with cancer. This is a 6 week program to assist kids to cope with parent’s cancer.
- Planned for the Psychosocial Distress Screening and Survivorship Care plan Implementation for 2015.
- Developed a Lung Program to include the following
 - Hired a Thoracic Surgeon
 - Hired a Lung Navigator
 - Developed a Lung Cancer Screening program
 - Implemented Super Dimension System for better access to lung nodules for biopsy

We also completed two Quality Studies

- Oropharyngeal Carcinoma that is P16 Positive
- Chemotherapy Education Improvement Study

We have participated in many community events over this past year to promote healthy behaviors and to celebrate survivors. Some of these events include:

- Camp Bluebird- a cancer camp for adults
- Relay for Life - Survivor Dinner
- Cattle Barons Ball
- Provided free mammograms for uninsured or underinsured patients in the Ann Baroco Center

The Nemours Children's Clinic at Sacred Heart Hospital cares for children with cancer. During this past year a total of 44 new pediatric cancer cases were accrued into the Cancer Registry. Weekly there is a multidisciplinary Pediatric Tumor Conference where patients are presented for discussion regarding further treatment and evaluation.

This has been a year of growth and development for the Cancer Program at Sacred Heart Hospital. We do all of this for the patients we serve. They do deserve the very best cancer care!

Thomas Sonnenberg, MD
Chair, Cancer Committee

Medical Director, Sacred Heart Cancer Center



Accountability and 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 2014 and 2015 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: 93.3%

Compared to Florida: 84.7%

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%

Compared to Florida: 87.7%

Goal: 90%

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: 97.6%

Compared to Florida: 85.5%

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%

Compared to Florida: 78.6%

Goal: 90%

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

Performance rate: 100%

Compared to Florida: 89.7%

Goal: 90%



Cancer Registry

By Wendy Williams, RHIT, CTR; Julie Manley RHIT, CTR; Laura Kindergan, RHIT, CTR, *Sacred Heart Cancer Center*

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 2014, the Cancer Registry accessioned 1,554 new cases into the database with 1,267 (82%) representing analytic cases and 287 (18%) representing non analytic cases. The top five sites represented lung (14.74%), breast (13.77%), prostate (6.24%), colorectal (7.1%) and endometrium (5.53%).

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) 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 11,000 patients and has a current follow-up rate of 84% for all analytic patients and a 90% follow-up rate for analytic patients diagnosed within the last five years.



2014 Cancer Sites Diagnosed at Sacred Heart Hospital Pensacola

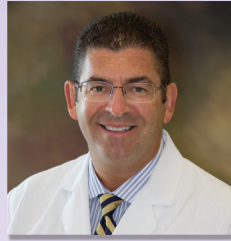
Respiratory System	248
Digestive System	236
Breast	214
Female Genital	206
Urinary System	133
Male Genital	105
Blood & Bone Marrow	103
Skin	61
Oral Cavity	60
Lymphatic System	55
Brain & CNS	48
Endocrine	33
Unknown Primary	25
Connect/Soft Tissue	11
Other/III-Defined	11
Bone	5
Total	1554



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Dany El-Sayah, MD



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