2016 Cancer Annual Report
Using data from 2015
Introduction to the Franciscan Health Cancer Annual Report

It is my pleasure to introduce the 2016 Franciscan Health Cancer Annual Report. As you explore the information provided here, you will discover that we offer a level of technology and medical expertise that rivals that of a "big city" cancer center. Our patients experience a deeply rooted and personal level of commitment and compassion, as well as advanced cancer care provided by specialists who are as skilled at treating the person as they are at treating the disease.

When someone learns they have cancer, it can trigger an avalanche of emotions and questions. Our team of expert professionals and ancillary staff are here to partner with our patients on their journey. We offer research-based care as well as nationally approved treatment planning, allowing our patients the option to stay local for their treatment and close to family support systems.

Our oncology program continues to receive the seal of approval from the American College of Surgeons Commission on Cancer as a top performer in delivering high quality, interdisciplinary care to our cancer patients. A successful cancer treatment plan demands that we put the most advanced resources into the hands of highly skilled diagnosticians.

We are pleased to continue our lung screening program. Individuals who have a high risk of developing lung cancer but no signs or symptoms of the disease undergo low-dose computed tomography (LDCT) scanning of the chest. We have lowered the cost of screening to $49. We also updated our mammography with 3D mammogram technology, which offers fewer false positives and up to 15 percent better detection.

As technology advances the early diagnosis and treatment of cancer care, we plan to remain on the cutting edge to provide our patients the very best in cancer diagnosis and treatment close to home.

Cancer Services

Franciscan Health offers a variety of cancer care services to meet the physical and emotional needs of our patients and their families and support them on their wellness journey. They include, but are not limited to the following:

- Screening and early detection for breast, lung, colorectal, skin, and prostate cancers
- Laboratory Services
- Resources and education
- Outreach events
- Spiritual Care
- Palliative Care
- Rehabilitation Services
- Nutrition Education

The medical staff – supported by a wide range of ancillary medical professionals – provides exceptional care for each patient. Our core team includes:

- Chemotherapy Certified Nurses (17 total 2 with oncology certification, 1 doctoral prepared nurse practitioner)
- Oncology Nurse Navigator
- Pharmacist
- Social Workers
- Case Manager
- Dietitian
- Palliative Care

2015 Highlights, Initiatives and Accomplishments

- Consolidation of Oncology Services onto the East campus, remodeling of the Infusion Center.
- Continued participation in the Commission on Cancer RQRS Rapid Quality Reporting System for more concurrent analysis of cancer incidence and treatment patterns for internal and national comparisons.
- Ongoing compliance of Commission on Cancer standard of care measures for treatment by site and stage.
- Addition of Oncology Nurse Navigator to the program and to Cancer Committee.
- Worked with the American Cancer Society to be a host site for the program “Look Good Feel Better” and participated in Relay for Life.
Cancer Prevention Program

- Day of Dance with the Inflatable colon: Feb. 28, 2015
- Pace Dairy Cancer Education and Inflatable Colon: April 10, 2015
- Jenks Rest Health Fair Cancer Education and Inflatable colon: Aug. 20, 2015
- Romney Health Fair Cancer Education: Sept. 26, 2015
- CSI Health Fair Montgomery County Cancer Education and Inflatable Colon: Oct. 6, 2015
- Senior Health Fair Cancer Education and Inflatable Colon: Oct. 7, 2015
- Understanding Your Lungs and How to Keep them Healthy: Nov. 9, 2015
- Cooper Clayton Smoking Cessation Class: Ongoing throughout 2015.

Cancer Screening Program

- Grab the Girls and Go Mammography After Hours Program.
- Lung cancer screening for $49.
- Partnership with the YWCA to provide free breast and cervical screening in 23 surrounding counties.

Survivorship Programs

- American Cancer Society’s “Look Good Feel Better” programs
- Relay for Life
- Survivor Day

Franciscan Health Cancer Registry Report

The Cancer Registry is accredited by the American College of Surgeons Commission on Cancer and is staffed by a certified cancer registrar. The Cancer Registry maintains cancer data and follow-up on patients diagnosed and/or treated at Franciscan Health. This data is reported to both the Indiana State Department of Health Cancer Registry and the American College of Surgeons National Cancer Data Base.

In 2015, there were 496 (188 male/308 female) analytic cases accessioned. These cases were used in the statistical analysis of the 2016 Franciscan Health Cancer Annual Report data. The top four diagnoses for men were lung, colorectal, bladder and kidney. The top four diagnoses for women were breast, lung, endometrium and colorectal.

Franciscan Health Cancer Registry currently maintains follow-up on approximately 7,975 patients (5,325 Franciscan Health and 2,650 cases from the historic Home Hospital/Greater Lafayette Health Services database). Lifetime follow-up is collected on all analytic cases to compare treatment outcomes and survival rates. The Cancer Registry consistently maintains a lost-to-follow-up rate of 10 percent or less as mandated by the American College of Surgeons Commission on Cancer.

Studies completed in 2015:
- Colon NCCN: 2014 Colon Cancer Treated in Concordance with NCCN Guidelines – Dr. Kazumi Chino
- Distress Screening Study – Heather Askren, DNP, NP-C, RN, OCN

–Charla J. Dark, CTR, Manager, Cancer Registry
Franciscan Health Cancer Cases Diagnosed – 2015

* National comparison of selected cancer sites

* Estimated numbers of new cases from *The American Cancer Society Cancer Facts & Figures 2015*

<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th>Franciscan Health Lafayette</th>
<th>Indiana</th>
<th>National</th>
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<tbody>
<tr>
<td></td>
<td>CASES</td>
<td>PERCENT</td>
<td>CASES</td>
</tr>
<tr>
<td>Breast</td>
<td>131</td>
<td>26.4%</td>
<td>4,600</td>
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<tr>
<td>Lung</td>
<td>97</td>
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<tr>
<td>Prostate</td>
<td>11</td>
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<td>Colorectal</td>
<td>35</td>
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<td>Bladder</td>
<td>26</td>
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<td>1,590</td>
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<tr>
<td>Corpus Uteri</td>
<td>27</td>
<td>5.4%</td>
<td>1,180</td>
</tr>
<tr>
<td>Melanoma</td>
<td>26</td>
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<td>1,460</td>
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<tr>
<td>All others</td>
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<tr>
<td>TOTAL CASES</td>
<td>496</td>
<td>100.0%</td>
<td>35,620</td>
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**SELECTED CANCER SITE NEW CANCERS 2015**

- **Breast** 26.4%
- **Lung** 19.6%
- **Prostate** 11.3%
- **Colorectal** 7.1%
- **Bladder** 5.2%
- **Corpus Uteri** 5.4%
- **Melanoma** 5.2%
Franciscan Health Cancer Deaths – 2015

* National comparison of selected cancer sites
* Estimated Numbers of New Cases from: The American Cancer Society Cancer Facts & Figures 2015

<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th>Franciscan Health</th>
<th>Indiana</th>
<th>National</th>
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<tbody>
<tr>
<td></td>
<td>CASES</td>
<td>PERCENT</td>
<td>CASES</td>
</tr>
<tr>
<td>Breast</td>
<td>21</td>
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<tr>
<td>Lung</td>
<td>57</td>
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<tr>
<td>Prostate</td>
<td>14</td>
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<td>540</td>
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<tr>
<td>Colorectal</td>
<td>20</td>
<td>9.7%</td>
<td>1,080</td>
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<tr>
<td>Pancreas</td>
<td>12</td>
<td>5.8%</td>
<td>450</td>
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<tr>
<td>All others</td>
<td>83</td>
<td>40.1%</td>
<td>6,420</td>
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<td><strong>TOTAL CASES</strong></td>
<td><strong>207</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>13,420</strong></td>
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**SELECTED CANCER SITE DEATHS 2015**

- **BREAST**: Franciscan Health 10.1%, 6.5% | Indiana 27.5% | National 40.1%
- **LUNG**: Franciscan Health 26.8%, 30.3% | Indiana 30.3% | National 47.8%
- **PROSTATE**: Franciscan Health 6.8%, 4.0% | Indiana 8.0% | National 3.4%
- **COLORECTAL**: Franciscan Health 8.4%, 8.0% | Indiana 9.7% | National 3.4%
- **PANCREAS**: Franciscan Health 3.4%, 3.4% | Indiana 8.0% | National 4.7%
- **ALL OTHERS**: Franciscan Health 40.1%, 47.8% | Indiana 8.0% | National 49.8%
# Franciscan St. Elizabeth Health County of Residence at Diagnosis 2013–2015

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<td>4%</td>
<td>19</td>
<td>4%</td>
<td>16</td>
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<tr>
<td>Carroll</td>
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<td>26</td>
<td>6%</td>
<td>31</td>
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<td>Cass</td>
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<td>9</td>
<td>2%</td>
<td>6</td>
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<tr>
<td>Clinton</td>
<td>25</td>
<td>5%</td>
<td>23</td>
<td>5%</td>
<td>28</td>
<td>6%</td>
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<tr>
<td>Fountain</td>
<td>10</td>
<td>2%</td>
<td>25</td>
<td>6%</td>
<td>35</td>
<td>7%</td>
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<tr>
<td>Jasper</td>
<td>21</td>
<td>5%</td>
<td>20</td>
<td>4%</td>
<td>17</td>
<td>3%</td>
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<tr>
<td>Montgomery</td>
<td>32</td>
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<td>36</td>
<td>8%</td>
<td>28</td>
<td>6%</td>
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<tr>
<td>Newton</td>
<td>15</td>
<td>3%</td>
<td>10</td>
<td>2%</td>
<td>15</td>
<td>3%</td>
</tr>
<tr>
<td>Pulaski</td>
<td>6</td>
<td>1%</td>
<td>2</td>
<td>0%</td>
<td>3</td>
<td>1%</td>
</tr>
<tr>
<td>Tippecanoe</td>
<td>241</td>
<td>52%</td>
<td>220</td>
<td>49%</td>
<td>250</td>
<td>51%</td>
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<tr>
<td>Warren</td>
<td>9</td>
<td>2%</td>
<td>13</td>
<td>3%</td>
<td>13</td>
<td>3%</td>
</tr>
<tr>
<td>White</td>
<td>59</td>
<td>13%</td>
<td>44</td>
<td>10%</td>
<td>44</td>
<td>9%</td>
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<tr>
<td>Other Counties/State</td>
<td>14</td>
<td>NA</td>
<td>10</td>
<td>NA</td>
<td>10</td>
<td>NA</td>
</tr>
<tr>
<td>TOTAL CASES</td>
<td>463</td>
<td>100.0%</td>
<td>447</td>
<td>100.0%</td>
<td>486</td>
<td>100.0%</td>
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## County of Residence at Diagnosis

- Benton
- Carroll
- Cass
- Clinton
- Fountain
- Jasper
- Montgomery
- Newton
- Pulaski
- Tippecanoe
- Warren
- White

- **2013**: [Chart of cases by county]
- **2014**: [Chart of cases by county]
- **2015**: [Chart of cases by county]
2016 NCCN Study: 2015 Rectal Cancer Cases

**Background:** To improve quality of care of rectal cancer patients, a retrospective review of patients diagnosed with rectal cancer was conducted to assess the extent to which management is consistent with national guidelines by the National Comprehensive Cancer Network.

**Methods:** A review of 23 patients with biopsy-proven rectal cancer from 2015 was conducted to assess adherence to current National Comprehensive Cancer Network (NCCN) guidelines based on stage.

**Results:** Of 23 patients, 3 patients declined NCCN-based, stage-appropriate treatment recommendations. One patient declined surgery, and 2 others declined chemotherapy. Twenty patients received treatment consistent with NCCN recommendations: 9 received neoadjuvant 5-FU-based concurrent chemoradiation & transabdominal resection +/- adjuvant chemotherapy, 1 underwent transabdominal resection & adjuvant 5FU-based concurrent chemoradiation, 3 underwent resection alone (no indication for adjuvant therapy), and 7 underwent palliative chemotherapy and/or radiotherapy for Stage IV disease.

**Conclusions/Future Directions:** Patients here receive treatment consistent with NCCN guidelines. These outcomes may be compared to patients treated outside these guidelines to assess whether there are disparities between these two cohorts. A future study may assess the extent of colorectal cancer screening in our population to assess whether this impacts treatment outcomes.