



Outcomes

Cancer Program Annual Report

A Message from the Director

Greetings—

It is with pleasure and pride that I introduce this first report on the status of cancer care at Winona Health. Because of our size we cannot manage every aspect of cancer evaluation and treatment, but I can assure you that what we can do is done very well. We follow national guidelines promulgated by the National Comprehensive Cancer Network (NCCN). These are widely used by all institutions in the evaluation and treatment of cancer so you can be assured that your personal local care is backed by the latest and best information available.

Two common cancers that can be largely managed right here in Winona are breast cancer and colorectal cancer. Our management team delivers personal care sometimes difficult to implement at larger institutions:

- Board Certified Medical Oncologist, Richard Ferris, MD
- Board Certified General Surgeons, Matt Broghammer, DO; Leroy Trombetta, MD, FACS; and Hans Zinnecker, MD, FACS
- Board Certified Radiologists, Justin Albanese, MD and William Krueger, DO
- Board Certified Pathologist, Ronald England, DO
- Patient Navigator/Cancer Coordinator, Sandy Gruszynski, RN, from the time of diagnosis, personally guides patients through the complex tests and procedures that are necessary in modern cancer care
- Chemotherapy infusion team

What follows are a few reports on programs related to prevention and screening for cancer at Winona Health, as well as data indicating how we compare nationally in Accountability and Quality Improvement. Winona Health's Cancer Committee is continuously striving to improve on personalized, quality cancer care delivery for our patients.

Sincerely,

J. David Rowekamp, MD, FACS
Chair, Cancer Committee, Winona Health

Our Outcomes Report includes data from 2011 and 2012.

Cancer Committee

J. David Rowekamp, MD
Chairperson

Ronald England, DO
Pathologist

Richard Ferris, MD
Oncologist—Clinical Research
Representative/Coordinator

Hans Zinnecker, MD, FACS
Cancer Liaison Physician
Cancer Conference Coordinator

Lee Trombetta, MD, FACS
General Surgeon
Quality Improvement Coordinator

Justin Albanese, MD
Diagnostic Radiologist

Linda Atkinson, RN
Continuous System Improvement
Facilitator

Cheryl Evans
Tumor Registrar
Cancer Registry Quality Coordinator

Sara Gabrick, RN, MSN
Administrator, Surgical and Specialty Care
Cancer Program Administrator

Sandy Gruszynski, RN
Cancer Coordinator, Patient Navigator
Community Outreach Coordinator

Anna Hudson, RD
Registered Dietitian

Angie Johannes, RN, BSN
Director, Surgical/Specialty Clinics

Angela Seberg, RN, ONC
Oncology Nurse

Sheila Skeels, LSW
Social Services
Palliative Care Team Member
Psychosocial Services Coordinator

Emily Stommes, OT
Occupational Therapist

Clinical and Administrative Team

Winona Health's Cancer Program provides a team approach to cancer care. Our staff includes three general surgeons, and a medical oncologist. Additionally, a pathologist and two radiologists provide critical information needed to accurately diagnose and stage cancer and develop individualized patient treatment plans. Our clinical team also includes oncology nurses, laboratory technicians, registered dietitians, a nurse navigator, oncology social workers and rehabilitation therapists—who, with our administrative team, are committed to doing their part to ensure the best patient care.

Patients in need of radiation therapy or more specialized chemotherapy are readily referred for these services to Mayo Clinic Health System and Gundersen Health System.

Cancer Committee

Winona Health's Cancer Committee includes physicians from various specialties, other healthcare professionals, administrators and support professionals. The Committee meets quarterly to plan, implement, review and assess cancer related programs and services for our community. Each committee member makes his or her participation a top priority.

Cancer Conference

A multi-disciplinary cancer conference is held twice each quarter where diagnosis and treatment planning is discussed on an individualized basis. All providers are invited to attend this conference and input from the various disciplines involved in comprehensive cancer care is encouraged.

Cancer Registry Report

The Cancer Registry is an important element of Winona Health's Cancer Program. The Cancer Registry systematically collects and reports a wide range of demographic and medical data about cancer and tumor diseases to the Minnesota Cancer Surveillance System (MCSS) for monitoring the incidence and risks of developing cancer, promoting cancer research and measuring outcomes of treatment and survival.

Winona Health's Cancer Registry began collecting and submitting cancer data on January 1, 2007. Since then, a total of 830 cases have been added to the registry. Data is collected by a Certified Tumor Registrar who receives extensive and ongoing training in the collection, management, analysis and dissemination of information on cancer patients. The cancer registrar captures a complete summary of patient history, diagnosis, treatment and status for every cancer patient diagnosed and/or treated at Winona Health. The Cancer Registry uses an oncology software system for database management, reporting and survival study support. Additionally, the Cancer Registry performs lifetime follow-up of our cancer patients on treatment, recurrence and patient status. Currently, our follow-up rate exceeds the 90 percent minimum rate established by the Commission on Cancer.

Patient privacy and confidentiality is maintained at all times.

Under the guidance of the Winona Health Cancer Committee, the registry staff also coordinates the cancer committee meetings and cancer conferences.

4.1 Awareness, Screenings and Prevention Programs (4.1 and 4.2)

Our screenings, community education, and patient and family support services occur at various times throughout the year. Free Smoking Cessation programs are offered quarterly and a prostate screening is offered every fall. If you have a question about screening or prevention programs, call 507.494.7378.

Screenings

Prostate Screening

2010	105 screenings
2011	119 screenings
2012	94 screenings
2013	101 screenings

Chris Hofland, MD, served as medical director for this year's prostate screening. The percentage of screens with abnormal results increased from 14 percent in 2012 to 17 percent in 2013. We again surveyed our participants to get their thoughts about the screening day. We received four suggestions for improvement in 2012 compared to just two in 2013.

Mammography Screening

2010	3257 screenings
2011	3261 screenings
2012	3476 screenings

In July, Winona Health's Women's Imaging Department began offering same day and Saturday appointment options.

Smoking Cessation (Four-week classes were offered four times throughout the year.)

2010	5 people attended classes
2011	10 people attended classes
2012	18 people attended classes

Community Education

Prevention and Wellness: Each year, Winona Health participates in awareness and prevention programs throughout the community. The Cancer Committee reviews the events to evaluate effectiveness and opportunities for improvement. Stories in our community publications and content for a local newspaper's annual breast cancer awareness feature.

Community Events Include:

- Laugh 'til it Heals – breast cancer awareness (awareness and support) held in May 2013
- Ovarian Cancer Awareness (awareness) scheduled for November 2013
- Think Pink Events - Winona State University and Hy-Vee (awareness and support)
- YMCA – Colors of Cancer (awareness and prevention)
- Smoking Cessation Programs (prevention, support and awareness)
- Prostate Cancer Screening (prevention and awareness)

Departments providing Cancer Care or Support

Behavioral Medicine	Hospice
Dietetics and Nutrition Education	Physical Therapy
Mammography	Pastoral Care
Palliative Care	

4.4 Accountability Measures and 4.5 Quality Improvement Measures

Quality of Care

Winona Health's Cancer Program assesses the quality of care provided to our cancer patients in several ways. One of those ways is by using our cancer registry data to evaluate breast and colon cases through *accountability* and *quality improvement* measures endorsed by the National Quality Forum (NQF). This evaluation provides our cancer program with an indication of the percentage of patients treated according to recognized standards of care and to determine if the performance rates correspond to the care provided.

Assessment of the following measures is based on the expected performance rate of each measure. The cancer program's expected performance rate is established by the Commission on Cancer.

Breast Cancer Measures

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

Diagnosis Year	Expected Performance Rate	Program's Calculated Performance Rate (95% CI)	Rating
2011	90%	100% (100%-100%)	Pass

Combination chemotherapy is considered or administered within 120 days of diagnosis for women under 70 with AJCC T1cN0M0, or Stage II or III hormone receptor negative breast cancer.

Diagnosis Year	Expected Performance Rate	Program's Calculated Performance Rate (95% CI)	Rating
2011	90%	100% (100%-100%)	Pass

Tamoxifen or third generation aromatase inhibitor is considered or administered within 365 days of diagnosis for women with AJCC T1cN0M0, or Stage II or III hormone receptor positive breast cancer.

Diagnosis Year	Expected Performance Rate	Program's Calculated Performance Rate (95% CI)	Rating
2011	90%	100% (100%-100%)	Pass

Colon Cancer Measure

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

Diagnosis Year	Expected Performance Rate	Program's Calculated Performance Rate (95% CI)	Rating
2011	90%	100% (100%-100%)	Pass

Cancer Sites by Stage and Gender at Winona Health

2012 Top Five Cancer Sites by Stage at Winona Health

Diagnosis Site		Stage							Totals	%Total
		0	I	II	III	IV	NA	UNK		
1	Breast	5	18	9	3	0	0	0	35	27.78
2	Lung	0	1	2	1	8	0	0	12	9.52
3	Melanoma skin	4	6	0	1	0	0	0	11	8.73
4	Prostate	0	3	2	1	1	0	4	11	8.73
5	Non-Hodgkins Lymphoma	0	3	2	0	1	0	0	6	4.76

Patients diagnosed with cancer are grouped into a category or “stage” based on the extent or spread of their disease at the time of diagnosis. Information on the extent of disease helps the physicians plan the most appropriate treatment and assess prognosis (outlook).

2012 Top Five Cancer Sites by Gender Distribution at Winona Health

Diagnosis Site		Gender	
		Male	Female
1	Breast	0	35
2	Lung	4	8
3	Melanoma skin	6	5
4	Prostate	11	—
5	Non-Hodgkins Lymphoma	2	4

2012 Diagnosis Frequencies

Diagnosis Group/Site	Gender		Class of Case		Totals
	Male	Female	Analytic	NonAnalytic	
ORAL CAVITY AND PHARYNX	0	2	2	0	2
---Lip	0	1	1	0	1
---Gum and Other Mouth	0	1	1	0	1
DIGESTIVE SYSTEM	7	8	15	0	15
---Esophagus	2	1	3	0	3
---Stomach	1	0	1	0	1
---Colon and Rectum	4	4	8	0	8
-----Colon excluding Rectum	1	1	2	0	2
-----Sigmoid Colon	0	1	1	0	1
-----Large Intestine, NOS	1	0	1	0	1
-----Rectum and Rectosigmoid Junction	3	3	6	0	6
-----Rectosigmoid Junction	0	1	1	0	1
-----Rectum	3	2	5	0	5
---Pancreas	0	3	3	0	3
RESPIRATORY SYSTEM	4	8	12	0	12
---Lung and Bronchus	4	8	12	0	12
-----Non-small Cell	2	4	6	0	6
-----Small cell	0	1	1	0	1
-----Other Lung	2	3	5	0	5
SKIN	6	6	12	0	12
---Melanoma of the Skin	6	5	11	0	11
---Other Non-Epithelial Skin	0	1	1	0	1
BREAST	0	35	35	0	35
FEMALE GENITAL SYSTEM	0	4	4	0	4
---Corpus and Uterus, NOS	0	3	3	0	3
-----Corpus Uteri	0	3	3	0	3
---Ovary	0	1	1	0	1
MALE GENITAL SYSTEM	11	0	11	0	11
---Prostate	11	0	11	0	11
URINARY SYSTEM	5	0	5	0	5
---Urinary Bladder	1	0	1	0	1
---Kidney and Renal Pelvis	3	0	3	0	3
---Other Urinary Organs	1	0	1	0	1
BRAIN/OTHER NERVOUS SYSTEM	2	4	6	0	6
---Brain, Malignant	0	1	1	0	1
---Brain-CNS, Benign and Borderline	2	3	5	0	5
ENDOCRINE SYSTEM	0	1	1	0	1
---Thyroid	0	1	1	0	1
LYMPHOMA	2	4	6	0	6
---Non-Hodgkin Lymphoma	2	4	6	0	6
-----NHL - Nodal	2	0	2	0	2
-----NHL - Extranodal	0	4	4	0	4
MYELOMA	3	0	3	0	3
LEUKEMIA	3	0	3	0	3
---Lymphocytic Leukemia	1	0	1	0	1
-----Chronic Lymphocytic Leukemia	1	0	1	0	1
---Myeloid and Monocytic Leukemia	1	0	1	0	1
-----Chronic Myeloid Leukemia	1	0	1	0	1
---Other Leukemia	1	0	1	0	1
-----Other Acute Leukemia	1	0	1	0	1
MESOTHELIOMA	1	0	1	0	1
MISCELLANEOUS	7	3	10	0	10
BENIGN/BORDERLINE (EXC. BRAIN)	2	1	0	3	3
TOTALS	53	76	126	3	129

Exclusions: carcinoma in-situ of the cervix, intra-epithelial neoplasia, and basal and squamous cell skin cancers.



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