

Outcomes

2014 Cancer Program Annual Report

WH
Winona Health
Healthy starts here.

A Message from the Committee Chairperson

Greetings—

I am excited to share our cancer care status at Winona Health for our second annual report.

For those of you who are not aware, last November Winona Health attained accreditation through the Commission on Cancer for the cancer services provided within our organization. This was a great accomplishment. The Commission on Cancer is highly respected, and we are excited to have earned accreditation by such a credible organization.

Being accredited by the Commission on Cancer means our providers follow national guidelines promulgated by the National Comprehensive Cancer Network (NCCN). These are widely used by the top institutions in the evaluation and treatment of cancer, so you can be assured that the personal, local care you receive at Winona Health is backed by the latest evidence-based-care information available.

Our cancer care team delivers the kind of personal care that's sometimes difficult to implement at larger institutions. And being able to use our expertise to provide personal care is one of the reasons many of us chose Winona Health. Our cancer team includes:

- Board Certified Medical Oncologist, Richard Ferris, MD
- Board Certified General Surgeons, Matt Broghammer, DO, and Leroy Trombetta, MD, FACS;
- Board Certified Pathologist, Ronald England, DO
- Psychosocial Services Coordinator, Sheila Skeels, LSW
- Patient Navigator/Cancer Coordinator, Sandy Gruszynski, RN (from the time of diagnosis, Sandy personally guides patients through the complex tests and procedures that are necessary in modern cancer care.)
- Chemotherapy infusion therapy nursing team

Surgeon Hans Serleth, MD, joins Winona Health in December. In addition to General Surgery, Dr. Serleth's expertise includes Plastic Surgery. The addition of Dr. Serleth means our Cancer Program can now offer on-site reconstructive surgery such as breast reconstruction to our cancer patients.

What follows are reports on programs related to prevention and screening for cancer at Winona Health, as well as data indicating how we compare nationally in Quality Improvement and Surveillance. Winona Health's Cancer Committee is committed to continuous quality improvement and providing personalized, high quality cancer care.

Sincerely,

Ronald England, DO

Chairperson, Cancer Committee
Winona Health

Cancer Committee

Ronald England, DO
Pathologist
Chairperson

J. David Rowekamp, MD
Cancer Liaison Physician

Richard Ferris, MD
Oncologist
Clinical Research
Representative/Coordinator

Lee Trombetta, MD, FACS
General Surgeon

Karen Perkins, PA-C
General Surgery
Quality Improvement Coordinator

Justin Albanese, MD
Diagnostic Radiologist

Angie Johannes, RN, BSN
Director, Surgical Services
Cancer Program Administrator

Jeremy Compton, CBET
Continuous System Improvement
Facilitator

Cheryl Evans, CTR
Cancer Registrar
Cancer Registry Quality Coordinator

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

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

Mara Levin, RN
Oncology Nurse

Nicole Stabe, RN
Oncology Nurse

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

Clinical and Administrative Team

Winona Health's Cancer Program provides a team approach to cancer care. Our staff includes three general surgeons, a reconstructive surgeon 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 multidisciplinary 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.



Members of the Cancer Team, pictured left to right, back row: William Krueger, DO, Diagnostic Radiologist; Richard Ferris, MD, Oncologist, Clinical Research Representative/Coordinator; Ronald England, DO, Pathologist, Chairperson; Justin Albanese, MD, Diagnostic Radiologist; Lee Trombetta, MD, FACS, General Surgeon; J. David Rowekamp, MD, Cancer Liaison Physician; **Front row:** Sandy Gruszynski, RN, Cancer Coordinator, Patient Navigator, Community Outreach Coordinator; Cheryl Evans, Certified Tumor Registrar, Cancer Registry Quality Coordinator; Karen Perkins, PA-C, General Surgery, Quality Improvement Coordinator; Sara Gabrick, RN, MSN, Administrator, Surgical and Specialty Care; Angie Johannes, RN, BSN, Director, Surgical Services, Cancer Program Administrator. **Not pictured:** Matthew Broghammer, DO, General Surgeon; Jeremy Compton, CBET, Continuous System Improvement Facilitator; Mara Levin, RN, Oncology Nurse; Nicole Stabe, RN, Oncology Nurse; Sheila Skeels, LSW, Social Services, Palliative Care Team Member, Psychosocial Services Coordinator.

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, in 2014, free skin cancer screening was offered. If you have a question about screening or prevention programs, call 507.494.7378.

Screenings

Prostate Screening

Diagnosis Year	2010	2011	2012	2013	2014
# of Screenings	102	119	94	101	Discontinued*

*Prostate Screening note: Changes in national prostate cancer screening guidelines, along with the general consensus that not every male over age 50 should be screened annually, led us to the decision to discontinue our annual prostate cancer screening day. We continue to recommend that all males over 40 consult with their personal physician regarding the advisability of screening based on individual risk factors.

Skin Cancer Screening

Skin Cancer screening was offered to the public November 8, 2014, this was our first clinical “head to toe” screening day held at Winona Health. The screening was by appointment only with limited time slots; we had 27 participants and a wait list. Educational material from the American Cancer Society and the American Academy of Dermatology was provided to all attendees. Six patients were referred to Winona Health providers for further biopsies and or treatment.

Mammography Screening

Diagnosis Year	2010	2011	2012	2013	2014 (YTD)
# of Screenings	3,257	3,261	3,476	3,620	3,416

In July 2013, 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.)

Year	2010	2011	2012	2013	2014
# of Attendees	5	10	18	15	22

Low-dose CT Lung Cancer Screening

In 2014, Winona Health began offering low dose CT screening for individuals at high risk for developing lung cancer.

“Low dose CT lung screening is the only proven screening method to reduce lung cancer death rates,” said Justin Albanese, MD, a radiologist at Winona Health. “Early detection of lung cancer with lung screening in the appropriate patients decreases mortality rates from lung cancer by 20% when compared to getting annual chest x-rays. Research indicates that mortality from all causes was also reduced in the patients receiving CT lung screening.”

Diagnosis Year	2010	2011	2012	2013	2014
# of Screenings	NA	NA	NA	NA	26

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

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. We also include information in our community publications and provide content for both local newspapers' annual breast cancer awareness feature.

Community Events Include:

- Laugh 'til it Heals – breast cancer awareness held in May 2013 (*awareness and support*)
- Tie it Teal – ovarian cancer awareness held in November 2013 (*awareness*)
- Think Pink Events – Winona State University events held annually (*awareness and support*)
- Area high schools held breast cancer awareness events in 2013 and 2014 (*awareness and support*)
- YMCA – Colors of Cancer event 2012 and 2013 (*awareness and support*)
- Smoking Cessation Programs (*prevention, support and awareness*)
- Women's Health Fair – Winona Health Center for Women's Health – held in May 2014 (*prevention and awareness*)
- Breastfest held in October 2013 and October 2014 (*awareness and support*)
- Winona State University homecoming parade – Imaging Department participation annually, October (*awareness and support*)
- Skin Cancer Screening Day held in November 2014 (*prevention and awareness*)



Dig Pink Volleyball — Cotter High School



Tie it Teal



Think Pink Check Presentation

Above: Various local groups create awareness and provide support in our community.

Departments providing Cancer Care or Support

- | | | |
|-------------------------------------|----------------------------------|--------------------------------------|
| • Behavioral Medicine | • Hospice | • Physical Therapy |
| • Chemotherapy Infusion Services | • Imaging Services | • Plastic and Reconstructive Surgery |
| • Dermatology | • Inpatient Services | • Primary Care |
| • Dietetics and Nutrition Education | • Oral and Maxillofacial Surgery | • Women's Health |
| • General Surgery | • Palliative Care | |
| • Home Care | • Pastoral Care | |

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 1,040 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

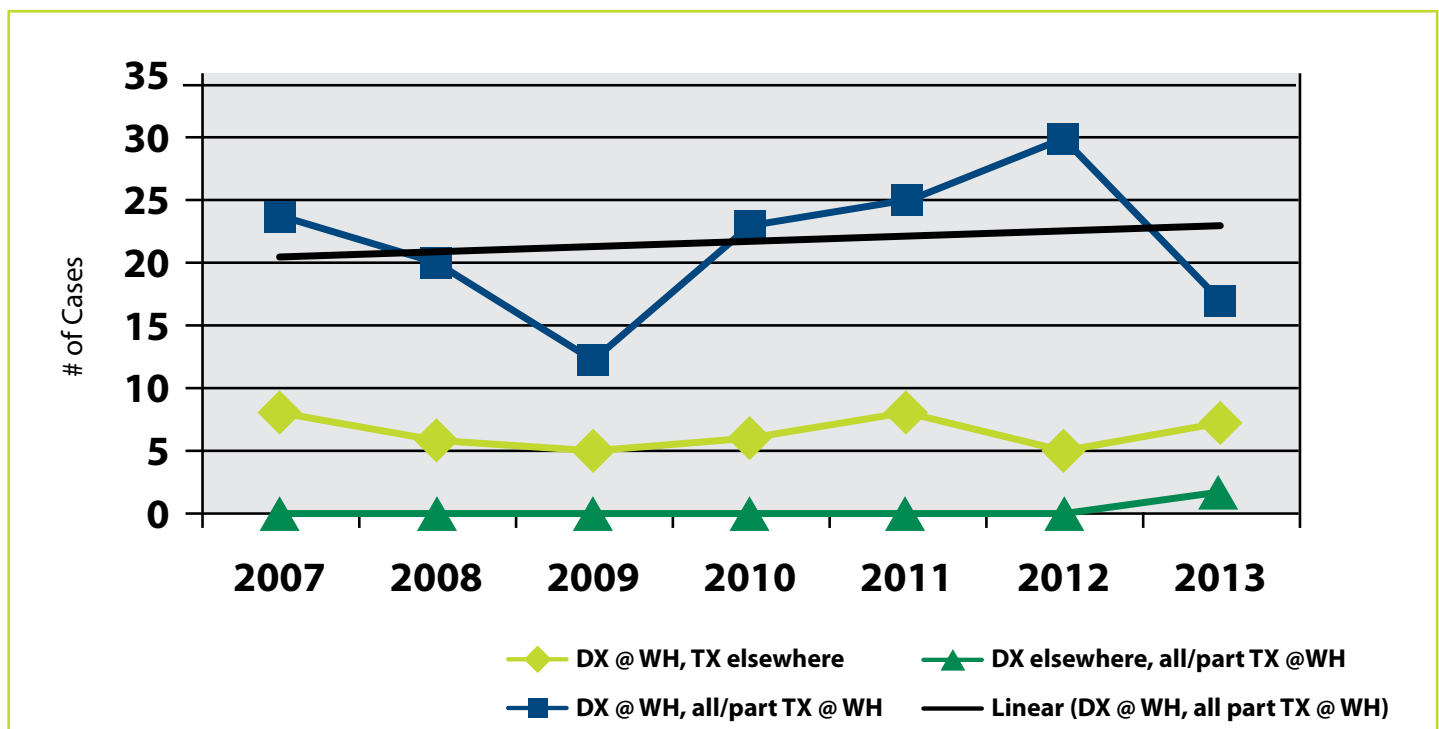
diagnosed and/or treated at Winona Health. The Cancer Registry uses an oncology software system for database management, reporting and survival study support. Additionally, the Cancer Registry performs lifetime follow-up of our cancer patients on treatment, recurrence and patient status. Currently, our follow-up rate for patients since the registry reference date is 97 percent and follow-up rate for recent patients is 98 percent — both rates exceed the 80 and 90 percent minimum rate established by the Commission on Cancer.

Patient privacy and confidentiality is maintained at all times according to HIPAA regulations.

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

Breast Cancer Cases at Winona Health

	2007	2008	2009	2010	2011	2012	2013
Total Breast Cancers	32	26	17	29	33	35	26
Cancer diagnosed at WH, all treatment elsewhere	8	6	5	6	8	5	7
Cancer diagnosed and all/part of treatment at WH	24	20	12	23	25	30	17
Cancer diagnosed elsewhere, all/part of treatment at WH	0	0	0	0	0	0	2



Cancer Sites by Stage and Gender at Winona Health

2013 Top Five Cancer Sites by Stage at Winona Health

Diagnosis Site		Stage							Totals	% Total
		0	I	II	III	IV	NA	UNK		
1	Breast	5	6	10	5	0	0	0	26	19.40
2	Melanoma skin	4	12	3	0	0	0	0	19	14.18
3	Colorectal	0	0	6	5	3	0	0	14	10.45
4	Lung	0	3	1	1	6	0	1	12	8.96
5	Prostate	0	3	5	0	2	0	2	12	8.96

2013 Top Five Cancer Sites by Gender Distribution at Winona Health

Diagnosis Site		Gender	
		Male	Female
1	Breast	0	26
2	Melanoma skin	10	9
3	Colorectal	6	8
4	Lung	7	5
5	Prostate	12	–

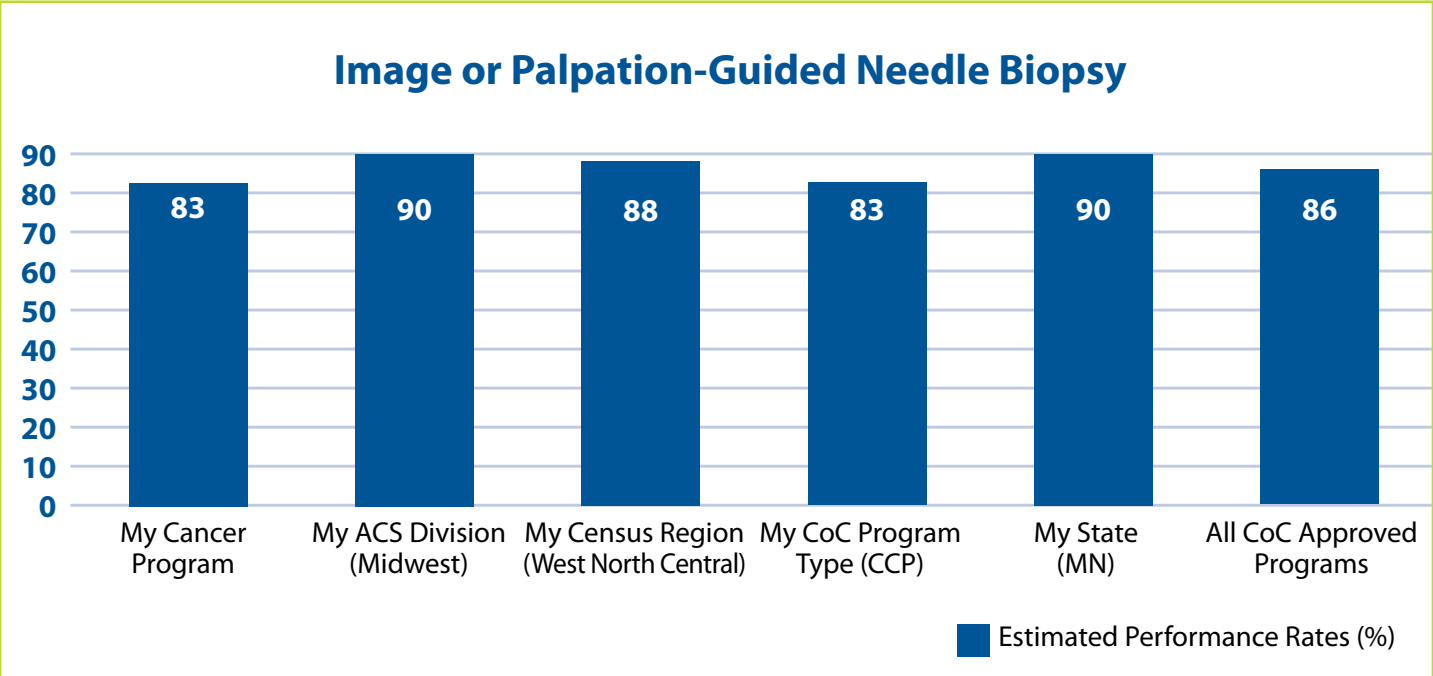
Patients diagnosed with cancer are grouped into a category or “stage” based on the extent or spread of their disease at the time of diagnosis. Information on the extent of disease helps the physicians plan the most appropriate treatment and assess prognosis (outlook).

National Cancer Data Base

Cancer Program Practice Profile Reports (CP3R) – 2012 Data

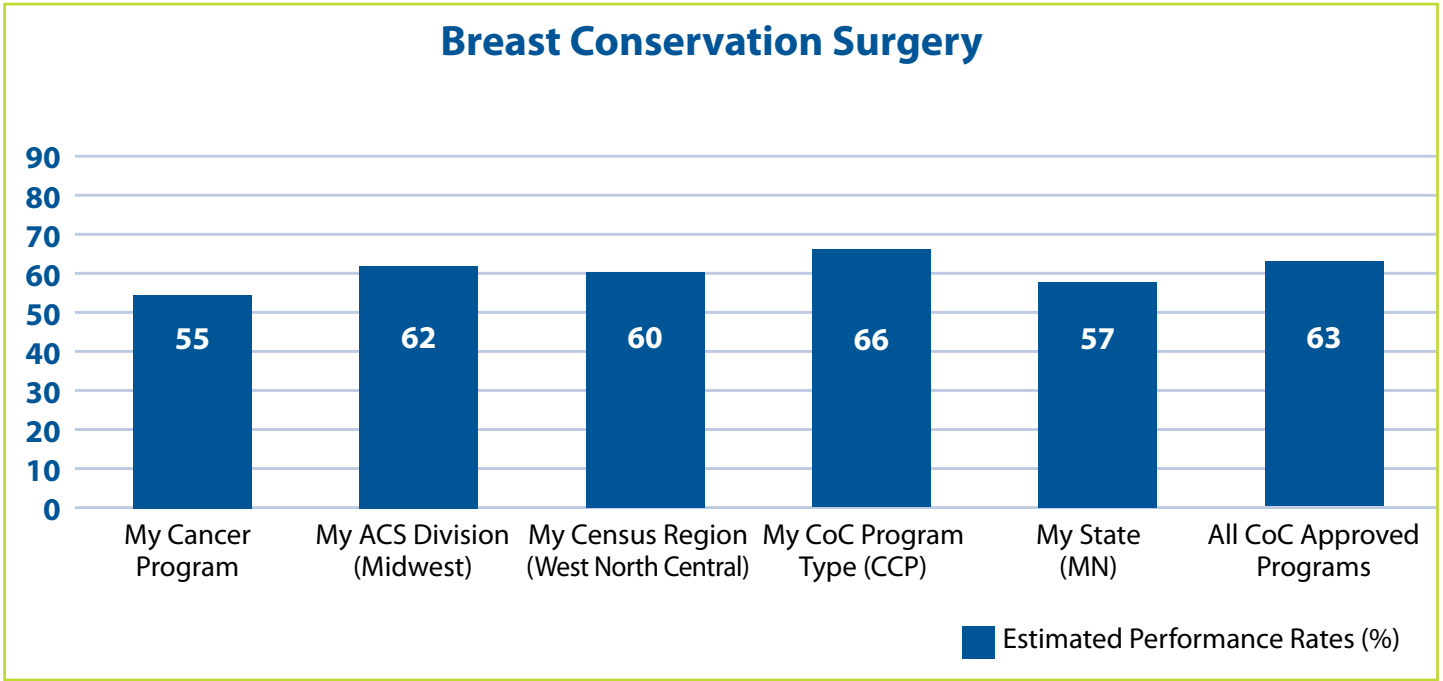
As a Community Cancer Program (CCP) certified by the Commission on Cancer (CoC) Winona Health submits data from our cancer registry to the National Cancer Data Base (NCDB). Our data, as well as data from other certified cancer programs across the United States, is then compiled and used to evaluate and compare what and how programs such as ours are doing. One of the tools used is the Cancer Programs Practice Profile Reports (CP3R). Two of these reports related to breast cancer (the most common cancer seen at Winona Health) are shown below, along with observational comments by our Cancer Committee.

Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer (Quality Improvement)



Whenever possible, core needle biopsy is the preferred method to make a definitive diagnosis of breast cancer. The above report compares Winona Health regionally, by type of Cancer Program (CCP), and to the other certified cancer programs in Minnesota and nationally using 2012 data. As you can see from the blue bar graphs, Winona Health is using needle biopsy to diagnose breast cancer at a rate comparable to other CoC certified hospitals locally and nationally. It is important to note that there will be some differences among hospitals because it is not possible or advisable to do a needle biopsy in all patients with breast cancer.

Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer (Surveillance)



In the majority of patients with breast cancer, a choice needs to be made between removal of the entire breast (mastectomy) and breast conservation surgery (lumpectomy). Breast conservation surgery would generally be followed by radiation therapy five days a week for six weeks. After a mastectomy, radiation therapy is not generally necessary. It is important to note that long-term survival (cure) is no different between these two options; therefore, the choice of treatment is up to the patient after consulting with providers regarding the advantages and disadvantages of both. The above report shows that in regard to the initial surgical treatment of breast cancer, Winona Health patients are choosing breast conservation surgery at a rate similar to patients in other CoC certified hospitals in Minnesota. Most important, our patients are being well informed about their options and deciding for themselves between two equally effective treatments.

Winona Health (WH) New Cancer Cases for 2013 compared to the American Cancer Society (ACS) Estimates

Site	WH New (Analytic) Cases 2013		ACS ¹ *Estimates			
			*Minnesota 2013		*National 2013	
Breast ¹	21	15.7%	4,260	15.0%	232,340	14.0%
Melanoma skin ¹	15	11.2%	1,020	3.6%	76,690	4.6%
Colorectal	14	10.4%	2,220	7.8%	142,820	8.6%
Lung	12	9.0%	3,860	13.6%	228,190	13.7%
Prostate	12	9.0%	4,090	14.4%	238,590	14.4%
Uterus	10	7.5%	890	3.1%	49,560	3.0%
Non-Hodgkin Lymphoma	4	3.0%	1,210	4.3%	69,740	4.2%
Cervix	2	1.5%	120	0.4%	12,340	0.7%
Bladder	2	1.5%	1,190	4.2%	72,570	4.4%
Leukemia	1	0.7%	950	3.3%	48,610	2.9%
TOTALS	134 [†]	77.5%	28,410	69.7%	1,660,290	70.6%

¹ New cases exclude basal cell and squamous cell skin cancers and in situ carcinomas except urinary bladder. According to the 2013 ACS estimates, approximately 64,640 carcinoma in situ of the female breast and 61,300 melanoma in situ would be newly diagnosed.

* Estimates. American Cancer Society. Cancer Facts & Figures 2013. Atlanta: American Cancer Society; 2013.

[†] Total WH analytic cases for 2013 includes in situ carcinomas and reportable benign brain and central nervous system tumors.

Diagnosis Frequencies 2013

Diagnosis Group/Site	Gender		Totals
	Male	Female	
ORAL CAVITY AND PHARYNX	1	1	2
• Lip	0	1	1
—Tonsil	1	0	1
DIGESTIVE SYSTEM	8	9	17
• Colon and Rectum	6	8	14
— Colon excluding Rectum	3	8	11
• Cecum	0	1	1
• Appendix	0	2	2
• Ascending Colon	1	3	4
• Transverse Colon	0	1	1
• Splenic Flexure	1	0	1
• Sigmoid Colon	1	1	2
— Rectum and Rectosigmoid Junction	3	0	3
• Liver and Intrahepatic Bile Duct	1	0	1
• Gallbladder	1	0	1
• Pancreas	0	1	1
RESPIRATORY SYSTEM	7	5	12
• Lung and Bronchus	7	5	12
SKIN	10	9	19
• Melanoma of the Skin	10	9	19
BREAST	0	26	26
FEMALE GENITAL SYSTEM	0	13	13
MALE GENITAL SYSTEM	12	0	12
• Prostate	12	0	12
URINARY SYSTEM	5	4	9
• Urinary Bladder	1	1	2
• Kidney and Renal Pelvis	4	3	7
BRAIN/OTHER NERVOUS SYSTEM	2	4	6
ENDOCRINE SYSTEM	0	2	2
• Thyroid	0	2	2
LYMPHOMA	3	1	4
MYELOMA	1	1	2
LEUKEMIA	2	1	3
MISCELLANEOUS	4	3	7
TOTALS	55	79	134

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



PO Box 5600 • 855 Mankato Ave. • Winona, MN 55987 • winonahealth.org