



Outcomes

2015 Cancer Program Annual Report

WH
Winona Health
Healthy starts here.

A Message from the Committee Chairperson

Greetings—

I take great satisfaction in submitting the annual report of Winona Health's cancer care service, now in its third year of accreditation by the Commission on Cancer. I feel our program adds significant value to the community by giving our cancer patients the option of pursuing their treatment with local healthcare providers who follow standards established by the National Comprehensive Cancer Network. The result is high quality care at a nationally recognized standard in a personable and convenient setting.

Our cancer team consists of the following physicians and support staff:

Richard Ferris, MD, Medical Oncologist

Matthew Broghammer, DO, General Surgery

Lee Trombetta, MD, FACS, General Surgery

Wen-Yu "Vicky" Haines, MD, General Surgery

Karen Perkins, PA-C, General Surgery

Ronald G. England, DO, FCAP, Surgical Pathologist

Hans Serleth, MD, Plastic, Cosmetic and Reconstructive Surgery

Catherine Compton, CNP, Plastic, Cosmetic and Reconstructive Surgery

Steven Evelhoch, MD, DDS, FACS, Maxillofacial, Cosmetic and Reconstructive Surgery

Sandy Gruszynski, RN, Patient Navigator and Cancer Care Coordinator, Cancer Care

Dawn Gronner, LSW, Psychosocial Services Coordinator

William Krueger, DO, Diagnostic Radiologist, Imaging Services

Justin Albanese, MD, Diagnostic Radiologist, Imaging Services

Cheryl Evans, CTR, Cancer Care

Mara Levin, RN, Chemotherapy Infusion Services

Nikki Stabe, RN, Chemotherapy Infusion Services

Anna Hudson, RD, Nutrition Education

Emily Breunig, OTR/L, CLT, CES, Rehabilitation Services

The following 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.

Sincerely,

Ronald England, DO, FCAP

Chairperson, Cancer Committee
Winona Health

Clinical and Administrative Team

Winona Health's Cancer Program provides a team approach to cancer care. Our staff includes general surgeons, reconstructive surgeons and a medical oncologist. Additionally, pathologists and 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.

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.

Cancer Committee

Ronald England, DO, FCAP
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

Cheryl Evans, CTR
Cancer Registrar
Cancer Registry Quality Coordinator

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

Sandy Gruszynski, RN, PNC, CN-BN
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

Dawn Gronner, LSW
Social Services

Emily Breunig, OTR/L, CLT, CES
Rehabilitation Services

Holli Wieser
Continuous Systems Improvement
Facilitator



Members of the Cancer Committee, pictured left to right:

Back Row: J. David Rowekamp, MD; Lee Trombetta, MD, FACS; Dawn Gronner, LSW; Ronald England, DO, FCAP; Richard Ferris, MD; Holli Wieser; Justin Albanese, MD; Sheila Skeels, LSW; Mara Levin, RN; Sara Gabrick, RN, MSN. **Front row:** Karen Perkins, PA-C; Emily Breunig, OTR/L, CLT, CES; Cheryl Evans, CTR; Angie Johannes, RN, BSN; Sandy Gruszynski, RN, PNC, CN-BN; Nicole Stabe, RN.

Not pictured: Matthew Broghammer, DO, FACS.

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

Skin Cancer Screening

Diagnosis Year	2012	2013	2014	2015
# of Screenings	NA	NA	27	NA

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. Please watch for our Skin Cancer Screening date in 2016.

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

Year	2012	2013	2014	2015
# of Attendees	18	15	22	12

Low-dose CT Lung Cancer Screening

Diagnosis Year	2012	2013	2014	2015 (YTD)
# of Screenings	NA	NA	47	48

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 percent 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.”

Mammography Screening

Diagnosis Year	2012	2013	2014	2015 (YTD)
# of Screenings	3,476	3,620	5,654	4,438

Winona Health invests in the equipment and technology to provide outstanding breast screening services for our community.

Since 2013, we’ve offered 3D mammography (tomosynthesis). Breast screening with tomosynthesis when combined with conventional 2D mammography has a 40-percent higher invasive cancer detection rate than conventional 2D mammography alone. Tomosynthesis technology gives radiologists increased confidence with up to a 40-percent reduction in recall rates.

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

Diagnostic radiologist William Krueger, DO, said, “We believe breast tomosynthesis will benefit all screening and diagnostic mammography patients, and is especially valuable for women receiving a baseline screening, those who have dense breast tissue and/or women with a personal history of breast cancer.”

In 2015, we upgraded our MRI unit and can now conduct breast MRI screening as necessary. Breast MRI is used to screen women at higher-than-average risk for developing breast cancer and for imaging following diagnosis or after treatment.

“We are committed to winning the fight against breast cancer,” said Claudine Van Meeteren, director of Imaging Services at Winona Health. “In offering breast tomosynthesis digital mammography and with our new breast MRI capabilities, we have the most advance technology available to detect the presence of cancer in the breast.”

Community Education

Prevention and Wellness: Each year, Winona Health participates in awareness and prevention programs throughout the community. We also include information in our community publications and provide content for breast cancer awareness features in local newspapers.

Community Education Support

- A free health talk, Guidelines for the Girls, was presented in April 2015 (awareness and support)
- The Winona State University Student Athletic Advisory Committee (SAAC) held Think Pink events and raised \$2,234.81 for the Winona Health Mammography Department (awareness and support)
- Area high schools held breast cancer awareness events (awareness)
- Breastfest, a local fundraiser to help people receiving breast cancer treatment, has been held annually since October 2013 (awareness and support)
- Smoking Cessation programs were offered at no charge (prevention, support and awareness)
- A Winona Health Foundation Casual for a Cause employee fundraiser was held to purchase chemo blankets (support)
- Winona and Cochrane-Fountain City volley ball teams held breast cancer awareness events and raised \$1,294 (awareness and support)
- The Winona Health Foundation received 127 gifts for cancer-related causes

Departments Providing Cancer Care or Support

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

Care that makes the difference

By anyone's measure, Winona resident Kelly Wind, 47, has had a rough year.

Her husband was diagnosed with an aggressive lung cancer, then she learned that she had breast cancer.

Faced with caring for her husband, and with her youngest daughter, age 13, at home, she was relieved to learn that she could receive all her treatment right here at Winona Health.

After discussing the findings of her mammogram with diagnostic radiologist, Justin Albanese, MD, Kelly met with general surgeon Matthew Broghammer, DO, and cancer care coordinator Sandy Gruszynski, RN. She also met with oncologist Richard Ferris, MD, about follow-up care.

"They explained my options and answered all my questions. And they did it with genuine care and compassion," says Kelly. "I knew I was in good hands, and that feeling has grown with the entire team throughout my treatment."

Kelly chose to have a bilateral mastectomy followed by breast reconstruction. "Thinking about what my husband and I were going through and what I wanted to avoid in the future, this was the best decision for me," she said.

Kelly's husband lost his battle with lung cancer in April. "We would have been married 25 years this year," says Kelly. "What can I do? I have to keep going."

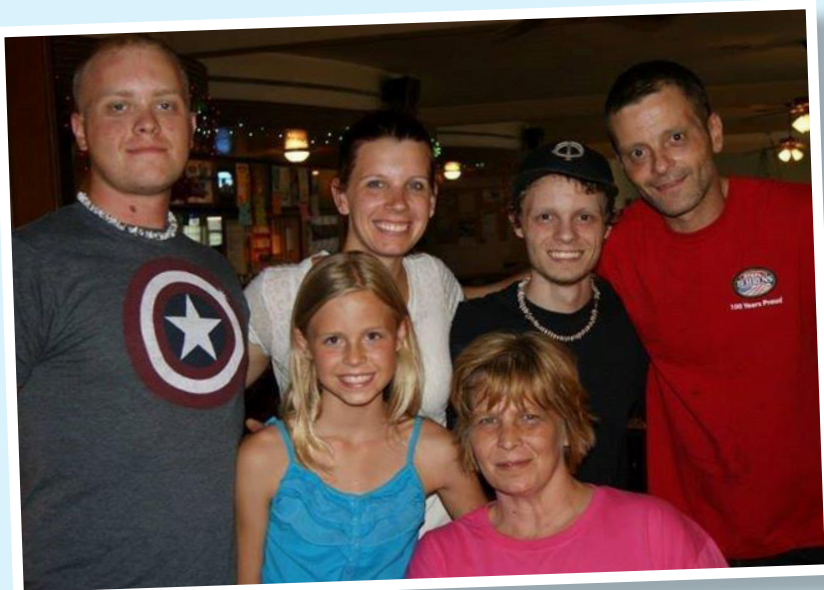
Kelly is now cancer free and will remain on an oral medication for the next five years. And she is nearly through the breast reconstruction process thanks to the expertise of plastic, cosmetic and reconstructive surgeon Hans Serleth, MD, who joined Winona Health in 2014.

"Dr. Serleth is just amazing," says Kelly. "I'm not shy about anything, and I ask a lot of questions. He explains everything so well. There is so much I didn't even know could be done."

To those who think you have to go to a big organization for cancer care, Kelly would say, "Treatment is treatment. My husband received his care at a large healthcare facility. I didn't want big. I wanted personal. At Winona Health, I stayed with the same team of experts through it all. They understood what I was going through, and I could feel how much they cared."

"They explained my options and answered all my questions. And they did it with genuine care and compassion. I knew I was in good hands, and that feeling has grown with the entire team throughout my treatment."

— Kelly Wind



Kelly's family, front: Kelly's daughter Taylor with Kelly; **back:** son, Christopher; daughter, Stephanie; son, Joseph; and late husband, Kenneth.

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 1,173 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 status.

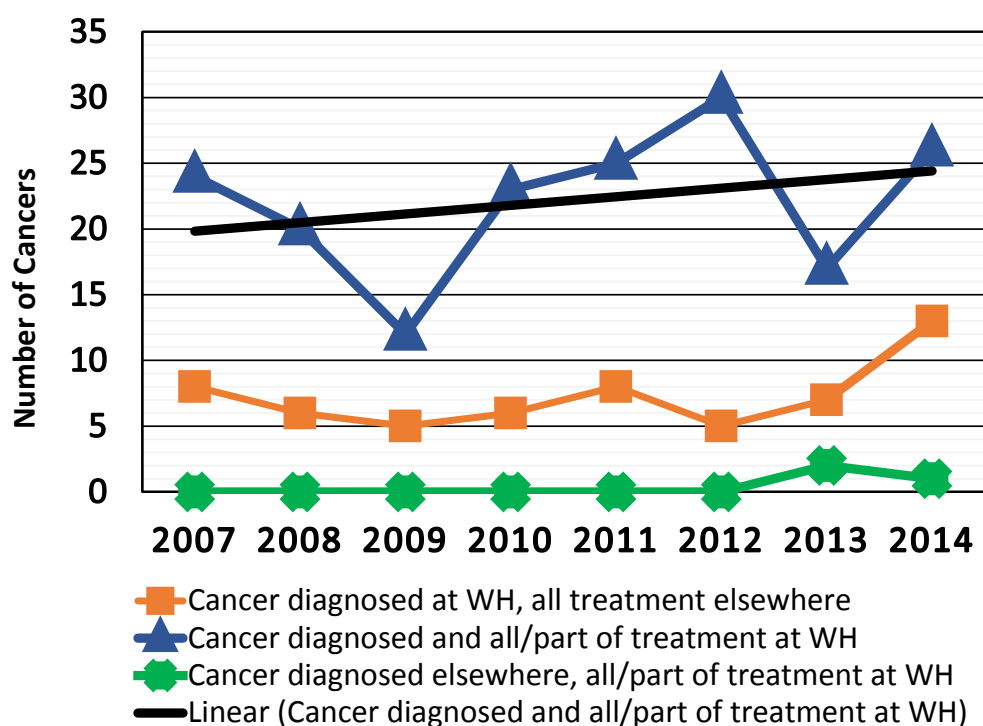
Currently, our follow-up rate for patients since the registry reference date is 97 percent and follow-up rate for recent patients is 98 percent — both rates exceed the 80 and 90 percent minimum rate established by the Commission on Cancer.

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

	2008	2009	2010	2011	2012	2013	2014
Total Breast Cancers	26	17	29	33	35	26	40
Cancer diagnosed at WH, all treatment elsewhere	6	5	6	8	5	7	13
Cancer diagnosed and all/part of treatment at WH	20	12	23	25	30	17	26
Cancer diagnosed elsewhere, all/part of treatment at WH	0	0	0	0	0	2	1



Cancer Sites by Stage and Gender at Winona Health

2014 Top Five Cancer Sites by Stage at Winona Health

Diagnosis Site		Stage							Totals	% Total
		0	I	II	III	IV	NA	UNK		
1	Breast	9	14	16	1	0	0	0	40	24.39
2	Melanoma skin	10	11	2	2	0	0	0	25	15.24
3	Lung	0	1	0	3	10	0	1	15	9.15
4	Colorectal	1	1	1	5	6	0	0	14	8.54
5	Prostate	0	3	6	0	3	0	0	12	7.32

2014 Top Five Cancer Sites by Gender Distribution at Winona Health

Diagnosis Site		Gender	
		Male	Female
1	Breast	0	40
2	Melanoma skin	13	12
3	Lung	6	9
4	Colorectal	10	4
5	Prostate	12	NA

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).

Winona Health (WH) New Cancer Cases for 2014 compared to the American Cancer Society (ACS) Estimates

Site	WH New (Analytic) Cases 2014		ACS ¹ *Estimates			
			*Minnesota 2014		*National 2014	
Breast, female ¹	32	19.6%	3,825	13.0%	232,670	14.0%
Melanoma skin ¹	15	9.2%	1,030	3.5%	76,100	4.6%
Lung	15	9.2%	3,070	10.5%	224,210	13.5%
Colorectal ¹	13	8.0%	2,240	7.6%	136,830	8.2%
Prostate	12	7.4%	3,870	13.2%	233,000	14.0%
Uterus	11	6.7%	950	3.2%	52,630	3.2%
Non-Hodgkin Lymphoma	4	2.5%	1,240	4.2%	70,800	4.3%
Cervix	0	0.0%	130	0.4%	12,360	0.7%
Bladder	1	0.6%	1,220	4.2%	74,690	4.5%
Leukemia	3	1.8%	1,050	3.6%	52,380	3.2%
TOTALS	164 [†]	64.6%	29,340	63.5%	1,665,540	70.0%

¹ New cases exclude basal cell and squamous cell skin cancers and in situ carcinomas except urinary bladder. According to the 2014 ACS estimates, approximately 62,570 carcinoma in situ of the female breast and 63,770 melanoma in situ would be newly diagnosed.

* Estimates. American Cancer Society. *Cancer Facts & Figures 2014*. Atlanta: American Cancer Society; 2014.

[†] Total WH analytic cases for 2014 includes in situ carcinomas and reportable benign brain and central nervous system tumors.

Diagnosis Frequencies 2014

Diagnosis Group/Site	Totals	
ORAL CAVITY AND PHARYNX		4
• Lip	1	
• Tongue	1	
• Gum and Other Mouth	1	
• Tonsil	1	
DIGESTIVE SYSTEM		32
• Esophagus	3	
• Stomach	3	
• Colon and Rectum	14	
• Anus, Anal Canal and Anorectum	2	
• Liver and Intrahepatic Bile Duct	2	
• Gallbladder	2	
• Pancreas	6	
• Peritoneum, Omentum and Mesentery	1	
RESPIRATORY SYSTEM		15
• Lung and Bronchus	15	
BONES AND JOINTS		1
SKIN		25
• Melanoma of the Skin	25	
BREAST		40
FEMALE GENITAL SYSTEM		14
• Corpus and Uterus, NOS	11	
• Ovary	3	
MALE GENITAL SYSTEM		13
UNINARY SYSTEM		4
• Urinary Bladder	1	
• Kidney and Renal Pelvis	3	
BRAIN/OTHER NERVOUS SYSTEM		3
• Brain-CNS, Benign and Borderline	3	
ENDOCRINE SYSTEM		1
• Thyroid	1	
LYMPHOMA		4
• Non-Hodgkin Lymphoma	4	
MYELOMA		3
LEUKEMIA		3
MISCELLANEOUS unknown primary		2
TOTALS		164

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



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