

# Outcomes

2016 Cancer Program Annual Report



*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 fourth 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
- Sandy Gruszynski, RN, Patient Navigator and Cancer Care Coordinator, Cancer Care
- Dawn Gronner, LSW, Psychosocial Services Coordinator
- Justin Albanese, MD, Diagnostic Radiologist, Imaging Services
- Cheryl Evans, CTR, Cancer Care
- Theresa Hoyles, RD, LD, CDE, Dietitian, Diabetes and 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

**Ronald England, DO, FCAP**  
*Pathologist, Chairperson*

**J. David Rowekamp, MD**  
*Cancer Liaison Physician*

**Richard Ferris, MD**  
*Oncologist*

**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*

**Jackie Scholl, RN**  
*Oncology Nurse*

**Michelle Freng, RN**  
*Oncology Nurse*

**Sheila Skeels, LSW**  
*Social Services,  
Palliative Care Team Member*

**Dawn Gronner, LSW**  
*Social Services,  
Psychosocial Services Coordinator*

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

## Commission on Cancer site visit

Winona Health President/CEO Rachelle Schultz and several members of Winona Health's Cancer Committee met with Commission on Cancer surveyor Stephen L. Seagren, MD, during a site visit on October 11, 2016. Left to right: Rachelle Schultz, CEO; Dawn Gronner, LSW; Cheryl Evans, CTR; Ronald England, DO, FCAP; Stephen L. Seagren, MD; Angela Johannes, RN, BSN; Justin Albanese, MD; Sandy Gruszynski, RN, PNC, CN-BN; Matthew Broghammer, DO; Lee Trombetta, MD, FACS.



## 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.

## 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 2016, free skin cancer screening was offered. If you have a question about screening or prevention programs, call 507.494.7378.

### SCREENINGS

SKIN CANCER	2013	2014	2015	2016
# of screenings	NA	27	NA	41

Head-to-toe skin cancer screenings were offered to the public December 14, 2016. Screenings were by appointment and we gave preference to those who had never had a skin cancer screening. Appointments filled quickly and we had a wait list. People on the wait list will be contacted for our next screening date. Educational material from the American Cancer Society and the American Academy of Dermatology was provided to all attendees. Of the 41 people who received screenings, 11 patients were referred to Winona Health providers for further biopsies or treatment.

SMOKING CESSATION	2013	2014	2015	2016 YTD
Total attendees	15	22	12	21

Four-week classes were offered four times throughout the year.

LUNG CANCER *	2013	2014	2015	2016 YTD
Total screenings	NA	47	48	57

\* Low-dose

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	2013	2014	2015	2016 YTD
Total screenings	3,620	5,654	4,438	4,082

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

“Winona Health has the best of the best in mammography technology. We use computer-aided, 3D technology for screening and every aspect of breast care—so if there is an issue, our radiologists can examine it ‘spot on’ from every angle,” says Claudine Van Meeteren, director of Imaging Services at Winona Health. “It’s like being able to read every word in a book without opening the cover.”

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 Van Meeteren. “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 Support

- The *Way to Wellness Expo* in February 2016 offered seminars about health and wellness-related topics including nutrition, active living, mental health and cooking demonstrations. Approximately 300 community members attended.
- Free Health Talk: *Mole Mystery* presented in May 2016 by Dermatologist Michael White, MD. Dr. White shared tips for detecting clues that indicate whether a mole is just a mark or something that needs to be put under the microscope.
- *Wine & Gyn: A Women's Health Event* was held twice (spring and fall). Women’s health experts answered questions and discussed topics such as the importance of screenings and signs indicating a visit with a women’s health expert was necessary. Presenters included Troy Shelton, MD; Scott Birdsall, MD; Suzanne Cooley, CMN; and Kristi Raadt, MPT.
- *Men's Health Event: A Drink with the Docs* was held in November and presented by Matthew Broghammer, DO, and Nicholas Modjeski, MD. The event was in conjunction with No-Shave November. Men were invited to get answers to frequently asked questions and information about health screenings and issues important to men.
- *Sparkle!* Women of all ages were invited to an evening of fun and information about health and wellness. Informational booths included Winona Health Mammography staff and presenters included Laurel Quinn, MD, Ophthalmologist and Hans Serleth, MD, Plastic, Cosmetic and Reconstructive Surgeon. The event’s *Dessert with a Doc* feature was an opportunity for women to ask specialists questions about a topic of their choice.

In addition to offering these community events, Winona Health:

- Provided editorial content to a local paper for October Breast Cancer Awareness feature.
- Produced educational videos about cancer-related nutrition tips.

## Cancer Care and Support Departments

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



## What our patients are saying about our cancer care and our cancer care coordinator/nurse navigator...

"Very reassuring and helpful. Winona Health is first class!"

"She was pleasant, understanding, compassionate, and answered all my questions and took care of my needs."

"I felt as if I could ask her anything!"

"My experience with breast cancer was dealt with extreme care, concern and compassion by all of the caregivers at Winona Health throughout the entire process."

"It was so nice to have a familiar face instead of someone different at every appointment. She set up my appointments for treatment wherever I needed to go!"

"Everyone seemed to genuinely care."

"She was just super great with a wonderful personality. I thoroughly enjoyed working with her!"

"If she couldn't answer my question, she always took the time to find out and call me back."

"She was very helpful to me in explaining all the procedures before and after my surgery. She helped me to relax and answered all of my questions."

"Very comforting.... Polite and caring!"

"I was happy to have the informational binder. I used it through the whole process. I was glad to be able to call Sandy any time I had a question. She was so very helpful! She was with me every step of the way through all of my appointments, surgery and follow up. Well done. Thank you!"

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 1,317 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.

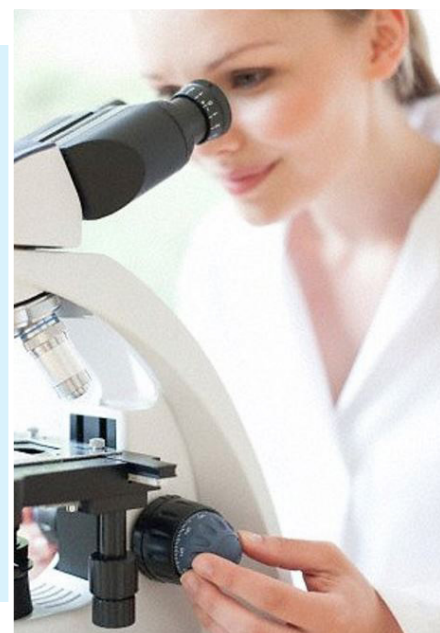
Currently, our follow-up rate for patients since the beginning of our cancer registry data collection (2007) is 97 percent and the follow-up rate for patients for the past five years (2011 to present) is 98 percent—both rates exceed the 80 and 90 percent minimum standards established by the Commission 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.

### **Winona Health's nationally accredited Cancer Care Program provides:**

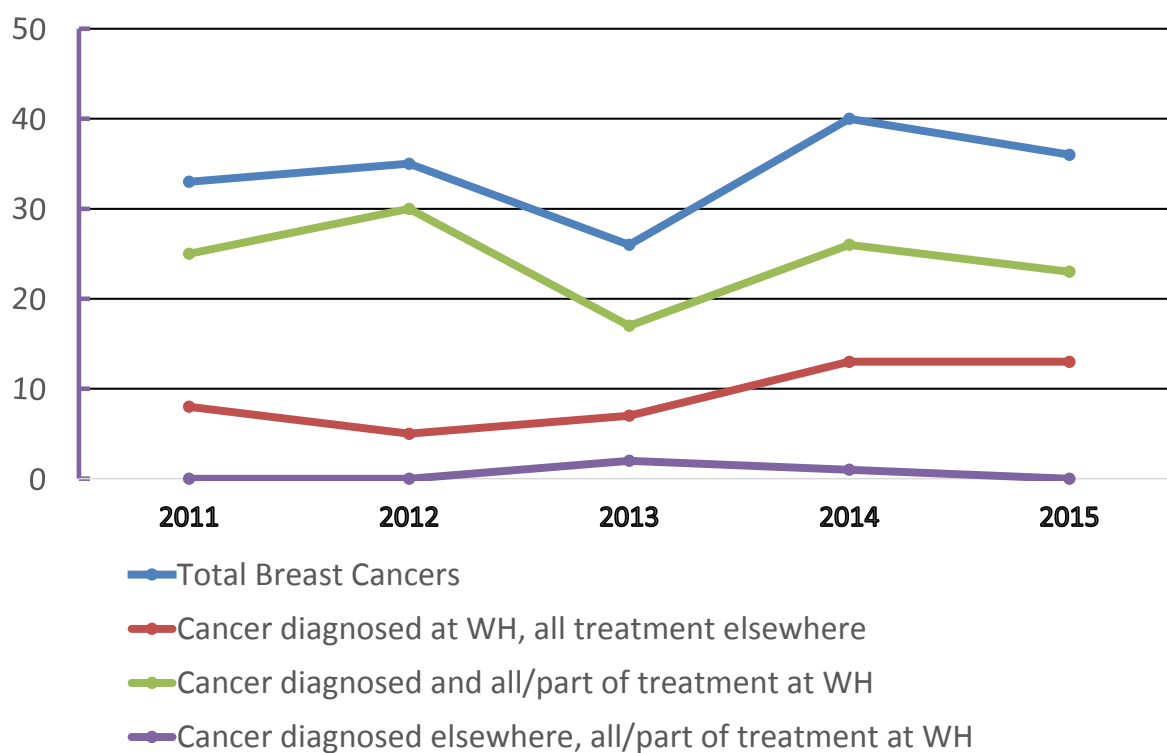
- A multidisciplinary, team approach for the best cancer treatment options.
- Access to information, education and personalized services.
- Options for genetic assessment and counseling and palliative care services.
- Ongoing monitoring and improvement of care.
- Assessment of treatment planning based on evidence-based national treatment guidelines.
- Information about clinical trials and new treatment options.
- Follow-up care including a survivorship care plan.
- A cancer registry that collects data on cancer type, stage, and treatment results, and offers lifelong follow-up.



## Breast Cancer Cases at Winona Health

# 2015

CASES	2011	2012	2013	2014	2015
Cancer diagnosed at WH, all treatment elsewhere	8	5	7	13	13
Cancer diagnosed and all/part of treatment at WH	25	30	17	26	23
Cancer diagnosed elsewhere, all/part of treatment at WH	0	0	2	1	0
<b>Total Breast Cancer Cases</b>	<b>33</b>	<b>35</b>	<b>26</b>	<b>40</b>	<b>36</b>



*"We cannot direct the wind, but we can adjust the sails."*

— Author Unknown



## Top 5 Cancer Sites by STAGE

		STAGE								
DIAGNOSIS SITE		0	I	II	III	IV	NA	UNK	TOTALS	% TOTAL
1	Breast	5	17	12	0	2	0	0	36	28.35
2	Melanoma skin	7	13	3	1	1	0	0	25	19.69
3	Lung	0	4	0	0	3	0	0	7	5.51
4	Uterine	0	6	0	0	0	0	1	7	5.51
5	Colorectal	0	3	0	2	2	0	0	7	5.51

## Top 5 Cancer Sites by GENDER

		GENDER	
DIAGNOSIS SITE		Male	Female
1	Breast	0	36
2	Melanoma skin	16	9
3	Lung	3	4
4	Uterine	NA	7
5	Colorectal	4	3

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).

*“Don’t count the days, make the days count.”*

— Muhammad Ali



## Winona Health (WH) New Cancer Cases

compared to the American Cancer Society (ACS) Estimates

# 2015

SITE	WH NEW CASES <sup>†</sup> (Analytic)		ACS <sup>1</sup> ESTIMATES *			
			Minnesota *		National *	
Breast, female <sup>1</sup>	31	27.0%	3,900	13.1%	231,840	14.0%
Melanoma skin <sup>1</sup>	18	15.7%	1,190	4.0%	73,870	4.5%
Colorectal (excluding anus)	6	5.2%	2,140	7.2%	132,700	8.0%
Lung and Bronchus	7	6.1%	3,250	10.9%	221,200	13.3%
Prostate	3	2.6%	3,740	12.6%	220,800	13.3%
Uterus	7	6.1%	990	3.3%	54,870	3.3%
Non-Hodgkin Lymphoma	5	4.3%	1,330	4.5%	71,850	4.3%
Bladder	1	0.9%	1,270	4.3%	74,000	4.5%
Leukemia	3	2.6%	1,120	3.8%	54,270	3.3%
Other Sites	34	29.6%	10,800	36.3%	522,970	31.5%
<b>TOTALS <sup>1</sup></b>	<b>115</b>		<b>29,730</b>		<b>1,658,370</b>	

<sup>1</sup> Excludes basal cell and squamous cell skin cancers and in situ carcinomas except urinary bladder. According to the ACS, approximately 60,290 carcinoma in situ of the female breast and 63,440 melanoma in situ will be newly diagnosed in 2015.

<sup>†</sup> Total number of all new WH analytic cases for 2015 is 127, which includes carcinoma in situ of the female breast and melanoma.

\* Estimates. American Cancer Society. Cancer Facts & Figures 2015. Atlanta: American Cancer Society; 2015.



### Statistics at a Glance: The Burden of Cancer in the United States \*

- In 2016, an estimated 1,685,210 new cases of cancer will be diagnosed in the United States and 595,690 people will die from the disease.
- The most common cancers in 2016 are projected to be breast cancer, lung and bronchus cancer, prostate cancer, colon and rectum cancer, bladder cancer, melanoma of the skin, non-Hodgkin lymphoma, thyroid cancer, kidney and renal pelvis cancer, leukemia, endometrial cancer, and pancreatic cancer.
- The number of new cases of cancer is 454.8 per 100,000 men and women per year (based on 2008-2012 cases).
- The number of people living beyond a cancer diagnosis reached nearly 14.5 million in 2014 and is expected to rise to almost 19 million by 2024.

\* Cancer Statistics. (2016, March 14). Retrieved from <https://www.cancer.gov/about-cancer/understanding/statistics>.

DIAGNOSIS GROUP/SITE	TOTAL	
<b>ORAL CAVITY, PHARYNX</b> (Tongue, Gum, Tonsil)		4
<b>DIGESTIVE SYSTEM</b>		13
— Esophagus	2	
— Small Intestine	1	
— Colon, Rectum, Anus	7	
— Liver, Gallbladder, Intrahepatic Bile Duct	1	
— Pancreas	2	
<b>RESPIRATORY SYSTEM</b> (Larynx, Lung & Bronchus)		8
<b>SOFT TISSUE INCLUDING HEART</b>		1
<b>SKIN</b>		26
— Skin: Melanoma	25	
— Skin: Other Non-Epithelial	1	
<b>BREAST</b>		36
<b>FEMALE GENITAL SYSTEM</b>		10
— Uterine	7	
— Ovary, Vulva, Other Female Genital Organs	3	
<b>MALE GENITAL SYSTEM</b>		5
— Prostate	3	
— Testis	2	
<b>URINARY SYSTEM</b> (Urinary Bladder, Kidney, Renal Pelvis)		5
<b>BRAIN, OTHER NERVOUS SYSTEM</b>		2
— Brain-CNS: Benign, Borderline	2	
<b>ENDOCRINE SYSTEM</b> (Thyroid, Endocrine-Benign, Borderline)		2
<b>LYMPHOMA</b>		5
— Non-Hodgkin Lymphoma	5	
<b>LEUKEMIA</b>		1
<b>MESOTHELIOMA</b>		1
<b>MISCELLANEOUS</b> (Unknown Primary)		8
<b>TOTAL</b>		<b>127</b>

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

## What Cancer Cannot Do

Cancer is so limited...  
It cannot cripple love  
It cannot shatter hope  
It cannot corrode faith  
It cannot destroy peace  
It cannot kill friendship  
It cannot suppress memories  
It cannot silence courage  
It cannot invade the soul  
It cannot steal eternal life  
It cannot conquer the spirit

*- Author Unknown*



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