

Edward Cancer Center

2017 annual report with statistical data from 2016

▶ Introduction

The Edward Cancer Center has made a profound difference in the lives of many cancer patients and their families. Our efforts are far-reaching to provide innovative programming, clinical trials and support groups that educate the community about preventing and treating the disease.

In this annual report, we spotlight achievements and statistical data from 2015. As you'll read, we are many things to many people but more than anything else, we provide hope and promise to fight the battle against cancer.

▶ Psychosocial and Community Outreach

Providing support and education to cancer patients is a key to the success of the Edward Cancer Center. Throughout the year, many community outreach programs were offered to a variety of audiences. The Edward Cancer Center is always trying new ways to increase the community's awareness about the importance of prevention and early detection. This is accomplished through lectures, cooking classes, free screenings, and public awareness programs.

To help cancer patients, the Edward Cancer Center offers support groups for all types of cancers; therapeutic arts and crafts groups; parenting support groups; and a quarterly survivorship group to help patients who are recovering from and surviving cancer. Support groups feature education, complementary therapy and strategies for healthy living. A few of the programs include:

Back on Track

This eight-week exercise class is designed to work with the treatment and management of cancer by enhancing aerobic capacity, muscular strength and flexibility.

American Cancer Society Wig Boutique - Plainfield

Losing your hair is hard; finding a free wig isn't. Brand new wigs are offered at no charge to patients whose insurance does not cover a cranial prosthesis. An American Cancer Society-trained volunteer helps patients choose the "right look" from multiple styles and colors available.

Complementary Therapies: Reiki, CranioSacral, Healing Touch and Massage

These therapies promote balance, relaxation and stress release, and are performed one-on-one by trained practitioners.

▶ **Special Events**

Hoops For Healing

A long standing tradition during Thanksgiving week is the Hoops for Healing Basketball Tournament. The Edward Cancer Center partnered with the Edward Foundation, Naperville North High School and Oswego High School to raise money to support Camp Hope, a camp for kids whose parent or loved one has cancer. Participants in the tournament had a chance to play and gain an awareness of how their efforts can contribute to the good of the community.

Camp Hope

The Edward Cancer Center offered Camp Hope, two, week-long summer camps for kids ages 6-12 whose parent or loved one is facing cancer. Tuition to camp was paid for by donations from the Edward Foundation. Campers participated in traditional summer camp activities and also attended therapeutic sessions including arts and crafts, music therapy/drumming, martial arts, scrapbooking, gardening or yoga. Licensed clinical social workers from the Edward Cancer Center facilitated the sessions and were available throughout each day of camp.

American Cancer Society Sponsorship

The Edward Cancer Center continues to be an active supporter of the American Cancer Society (ACS). Edward had a presence at several ACS Relay for Life events, including South Naperville, North Naperville and Plainfield.

Patient Safety Initiative in the Edward Cancer Center Infusion Area

When it comes to patient safety, being prepared for hypersensitivity reactions in an infusion area becomes the priority. A committee was formed to design an easy, effective way to handle reactions in the infusion center. This group came up with the components to form the Edward Cancer Center's Reaction Protocol. The protocol became a priority after a patient had a hypersensitivity reaction during an infusion. A nurse was called to the room, unaware of the medications that were previously given, when the drug was started or where to find the nurse in charge of this patient. This situation started a process of events that did not need to occur. The doctor was called to the infusion room was not this particular patient's doctor, the correct information was not available quickly and 911 was called. After the correct doctor was informed, different orders were given and 911 cancelled once they arrived. The patient was stabilized and finished the ordered dose of medications.

The committee formed to write up the Reaction Protocol, consisted of RNs, APNs, PharmD and the educator. First task was putting dry/erase IV Placards on each IV pole indicating patient initials, MD, allergies, premeds and medications hung with uptimes included. Should a nurse find a patient having a reaction, all the pertinent information is there to make quick decisions in order to contain the reaction and be able to continue the prescribed IV medications. The second part of this project is adding an IV placard that includes class of drug and treatments for particular grades of reaction and how to consistently chart the grade of each reaction. The pharmacist will attach the correct placard to each class of drug when preparing, the nurse will then hang the placard on the IV pole. If the patient has a hypersensitivity reaction to Rituxan, in the monoclonal antibiotic class, the nurse can determine the grade of reaction the patient is experiencing, call the nurse practitioner/physician and start the medications directed on the card with their directive. The grading is included on the back of this card for the nurse to review.

The impact of this project has been positive for the nurse practitioner/physician called to the room for any reason, especially patients having a reaction to drugs. All the necessary information is available on the card, assessing the patient becomes the priority, not hunting down a nurse with questions. This was a new work flow for the nurses and reminders were necessary, most found it helpful in caring for their patients, answering call lights, helping co-workers and feeling confident in decisions during these emergent situations.

Future work on this project will include charting templates and education. A template will provide an easy way for future care of the patient in documenting reactions and auditing. The pharmacist can find a reaction template note and make suggestions of possible drugs to add or decrease. The nurse and physician can anticipate any future reactions based on ease of finding reaction notes. Providing CEs for each new drug and what to do in the event of a hypersensitivity reaction will keep up nursing education fore front and continued interest in this project.

This project is improving with new input from leaders; staff and patient's needs, adding outside physician orders and providing safe care to all patients that come into the Cancer Center are first priority. Lessons learned from this experience include, utilizing all of the experts, infusion nurses, nurse practitioners and pharmacists during the decision making processes. This project is sustained by using the placards for each patient and keeping up to date on each class of drug we give in an infusion center. In the future, providing CEs or education as needed for each new drug and how to handle a hypersensitivity reaction will keep up nursing education fore front and continued interest in this project. Provide surveys to patients and staff, using the feedback in order to improve this safety initiative.

Abstracts were written for this project and accepted to present posters at the Evidenced Base Conference at Edward Hospital, ONS Chicago Western Suburban Chapter, winning the Safety Award and ONS Congress in Washington DC in May 2018.

▶ Cancer Registry

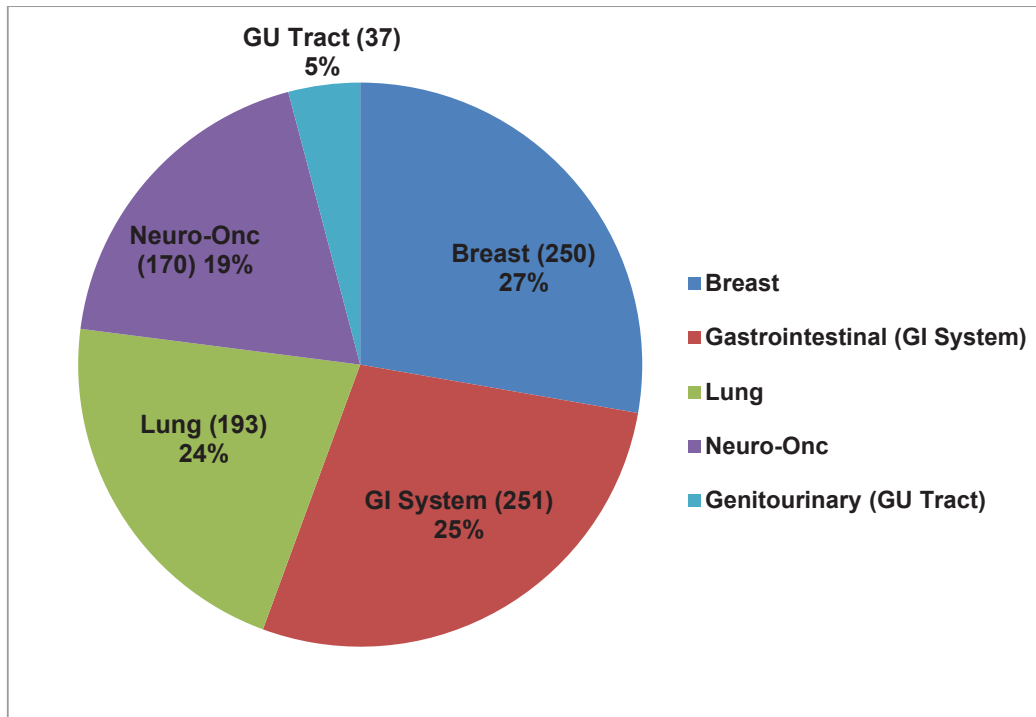
The Cancer Registry at Edward Hospital of Edward-Elmhurst Health Services (EEHS) is a clinical data management system that collects and analyzes all reportable cancers diagnosed and/or treated at Edward Hospital. The database, which includes demographics, diagnosis, state, treatment and survival outcome, is used for research and quality improvement analysis and has a total of 29,082 cases since its inception on January 1, 1982. The Cancer Registry plays an important role in the cancer program by providing data and documentation of the program's activities in order to achieve accreditation as a Comprehensive Community Cancer Program by the American College of Surgeons (ACoS) Commission on Cancer (CoC). The Cancer Registry also provides all data for accreditation by the National Accreditation Program for Breast Centers (NAPBC).

The Cancer Registry is staffed by four full-time Certified Tumor Registrars (CTR) as well as one full-time non-CTR. During 2016, the Cancer Registry activities and achievements included the following:

- Accessioned 1,900 cases of which 1,704 were analytic (diagnosed and/or treated at Edward).
- Maintained a 90% follow-up rate since our reference year of 2004, which exceeds the requirement set forth by ACoS.
- Submitted registry data to ACoS, the American Cancer Society, the Illinois State Cancer Registry (ISCR), and the National Cancer Database (NCDB).
- Coordinated weekly Tumor Board Conferences and Breast Cancer Conference.
- Coordinated Cancer Committee meetings quarterly.
- Coordinated Breast Program Leadership meetings quarterly.
- Provided data for various quality improvement projects.

Edward Cancer Center has 4 weekly Multidisciplinary Tumor Conferences and 1 bi-weekly Conference. The Cancer Registry monitors and tracks the activity at each conference.

2016 Cancer Conference New Cases Presentation



The goal of the Cancer Registry is to continue to be the cornerstone of the cancer program at Edward Health Services by providing valuable data to physicians, nurses, administration, and the community it serves.

Judy Babyar, RHIT, CTR
Supervisor, Cancer Specialist

Oncology Conferences

February 3, 2016
Lung Cancer Screening Update
Maria Quejada, MD, Edward Medical Oncology
Jeff Girardot, MD, Radiology
Kim Rohan, APN, Edward Oncology

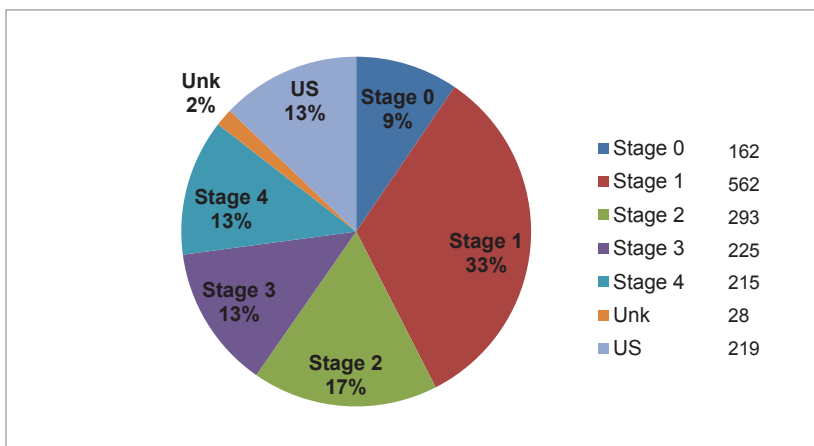
September 14, 2016
Tumor Genomic Profiling, Hereditary Cancer Risks and Genetic Counseling
Elyse Weber, Genetic Counselor

October 21, 2016
Hematology Symposium
Steven Moll, MD, University of North Carolina Department of Medicine
Maria Quejada, MD, Edward Medical Oncology
Matthew Siegel, MD, Edward Medical Oncology
Rick Anderson, MD, Radiology

December 13, 2016
Breast Reconstruction Indications: A Year in Review
Lucio Pavone, MD, Edward Reconstructive Surgery

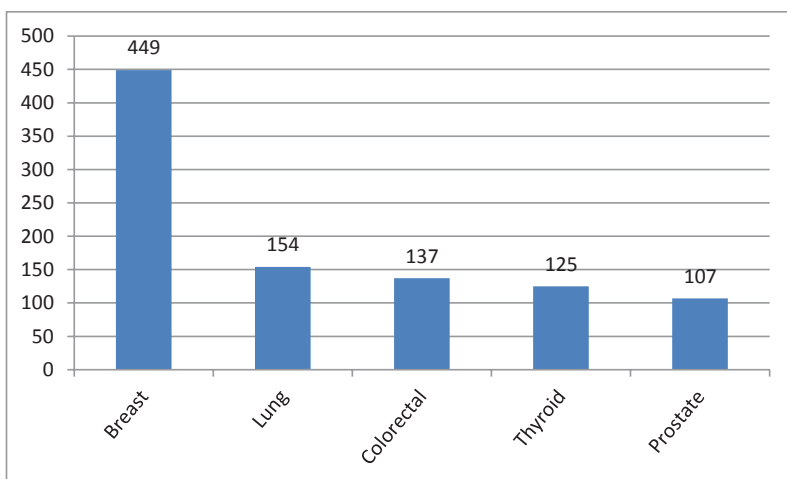
▶ 2016 Stage at Diagnosis

Chart displays AJCC Stage for the 1,666 analytic cancer cases diagnosed at Edward Hospital in 2016.

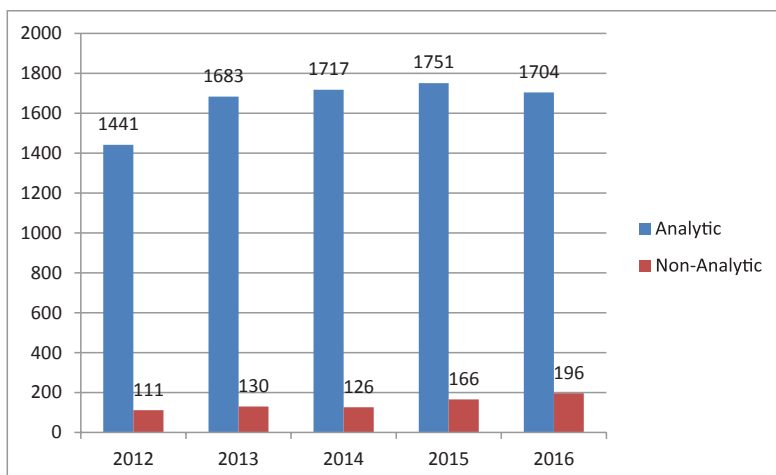


▶ TOP 5 PRIMARY CANCER SITES FOR 2016

The top 5 primary cancer sites diagnosed/treated in 2016 at Edward Health Services, which account for 972 cases or 57% of the 1,704 analytic cases.



▶ ANNUAL CANCER CASES 2012 – 2016, EDWARD HEALTH SERVICES

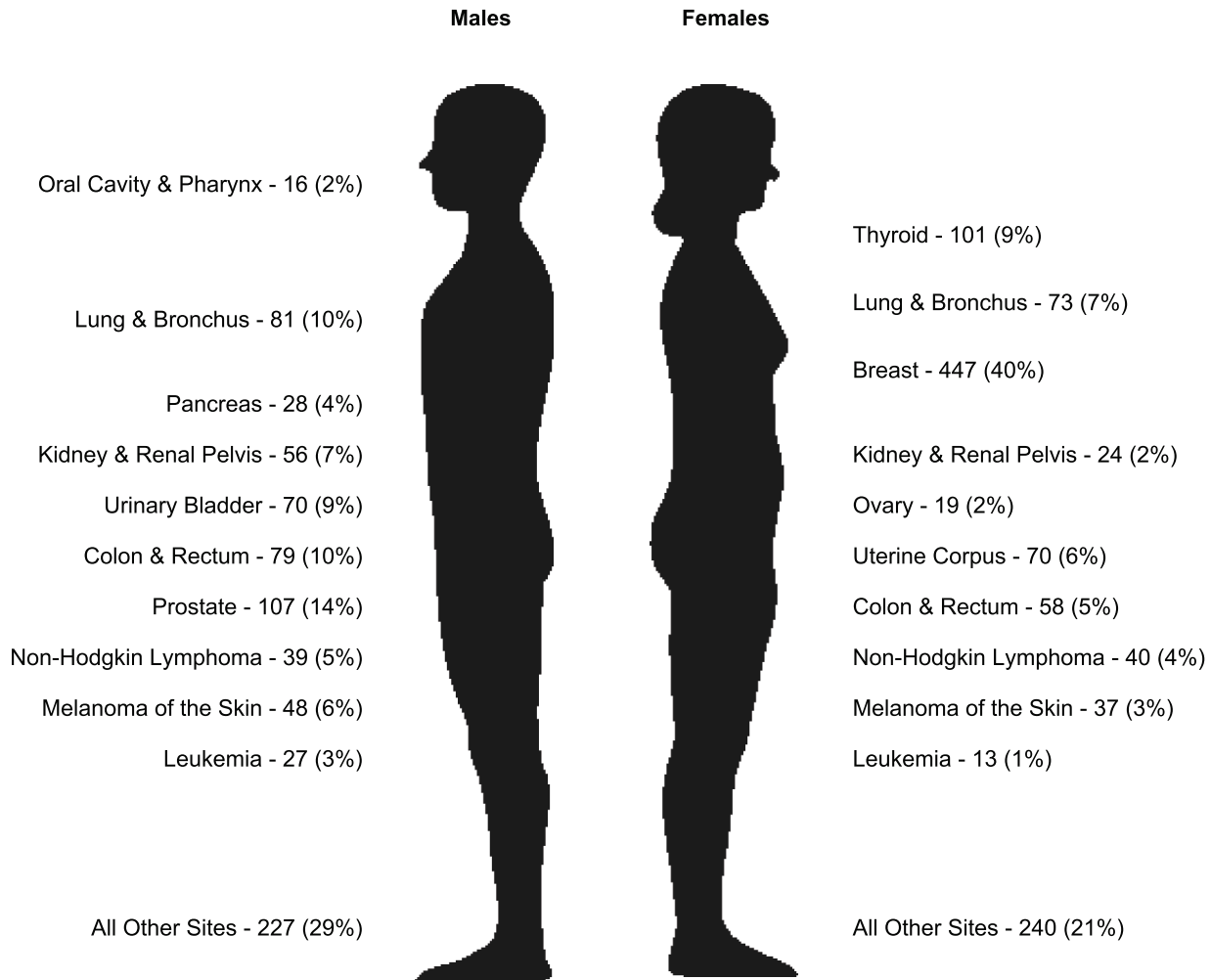


Summary by Body System, Sex, Class, Status and Best AJCC Stage Report

Filter(s): Quick Filter: Year:1ST CONTACT YEAR 2016-2016

Primary Site	Total (%)	Sex		Class of		Status		Stage Distribution - Analytic Cases Only							Unk	Blank/Inv
		M	F	Analy	NA	Alive	Exp	Stg 0	Stg I	Stg II	Stg III	Stg IV	88			
ORAL CAVITY & PHARYNX	28 (1.5%)	16	12	22	6	26	2	1	5	3	2	9	1	1	0	
Lip	2 (0.1%)	0	2	1	1	2	0	0	1	0	0	0	0	0	0	
Tongue	10 (0.5%)	6	4	9	1	9	1	1	3	0	1	3	0	1	0	
Salivary Glands	6 (0.3%)	4	2	5	1	5	1	0	0	3	1	1	0	0	0	
Floor of Mouth	1 (0.1%)	0	1	0	1	0	0	0	1	0	0	0	0	0	0	
Gum & Other Mouth	1 (0.1%)	1	0	0	1	1	0	0	0	0	0	0	0	0	0	
Tonsil	4 (0.2%)	4	0	2	2	4	0	0	0	0	0	2	0	0	0	
Hypopharynx	3 (0.2%)	1	2	3	0	3	0	0	0	0	0	3	0	0	0	
Other Oral Cavity & Pharynx	1 (0.1%)	0	1	1	0	1	0	0	0	0	0	0	1	0	0	
DIGESTIVE SYSTEM	288 (15.2%)	159	129	247	41	217	71	4	51	51	62	71	2	6	0	
Esophagus	12 (0.6%)	10	2	11	1	8	4	0	2	1	6	2	0	0	0	
Stomach	24 (1.3%)	15	9	20	4	14	10	0	5	3	5	5	0	2	0	
Small Intestine	14 (0.7%)	5	9	14	0	12	2	0	2	1	3	7	1	0	0	
Colon Excluding Rectum	98 (5.2%)	57	41	83	15	86	12	3	16	22	23	19	0	0	0	
Cecum	27	17	10	22	5	21	6	0	3	3	8	8	0	0	0	
Appendix	13	5	8	10	3	12	1	0	2	2	3	3	0	0	0	
Ascending Colon	14	10	4	12	2	10	4	0	3	3	4	2	0	0	0	
Hepatic Flexure	4	2	2	3	1	4	0	0	0	1	2	0	0	0	0	
Transverse Colon	8	5	3	8	0	8	0	3	2	1	1	1	0	0	0	
Splenic Flexure	3	2	1	3	0	3	0	0	0	3	0	0	0	0	0	
Descending Colon	5	3	2	5	0	5	0	0	2	1	1	1	0	0	0	
Sigmoid Colon	21	11	10	19	2	20	1	0	4	8	4	3	0	0	0	
Large Intestine, NOS	3	2	1	1	2	3	0	0	0	0	0	1	0	0	0	
Rectum & Rectosigmoid	39 (2.1%)	22	17	33	6	35	4	1	9	4	8	7	0	4	0	
Rectosigmoid Junction	6	5	1	6	0	6	0	1	2	1	1	1	0	0	0	
Rectum	33	17	16	27	6	29	4	0	7	3	7	6	0	4	0	
Anus, Anal Canal & Anorectum	5 (0.3%)	1	4	5	0	5	0	0	1	3	1	0	0	0	0	
Liver & Intrahepatic Bile Duct	19 (1.0%)	10	9	17	2	11	8	0	5	1	4	6	1	0	0	
Liver	15	10	5	14	1	9	6	0	4	0	4	5	1	0	0	
Intrahepatic Bile Duct	4	0	4	3	1	2	2	0	1	1	0	1	0	0	0	
Gallbladder	5 (0.3%)	0	5	4	1	2	3	0	0	0	2	2	0	0	0	
Other Biliary	10 (0.5%)	8	2	9	1	7	3	0	3	4	1	1	0	0	0	
Pancreas	54 (2.8%)	28	26	45	9	33	21	0	8	12	5	20	0	0	0	
Retropertoneum	3 (0.2%)	1	2	3	0	1	2	0	0	0	3	0	0	0	0	
Peritoneum, Omentum & Meses	5 (0.3%)	2	3	3	2	3	2	0	0	0	1	2	0	0	0	
RESPIRATORY SYSTEM	167 (8.8%)	92	75	138	29	119	48	1	46	8	32	49	1	1	0	
Nose, Nasal Cavity & Middle E.2	1 (0.1%)	1	1	1	1	2	0	0	0	0	1	0	0	0	0	
Larynx	10 (0.5%)	9	1	10	0	10	0	0	8	1	0	0	0	1	0	
Lung & Bronchus	154 (8.1%)	81	73	126	28	106	48	1	38	7	30	49	1	0	0	
Trachea, Mediastinum & Other 1	1 (0.1%)	1	0	1	0	1	0	0	0	0	1	0	0	0	0	
BONES & JOINTS	3 (0.2%)	2	1	0	3	2	1	0	0	0	0	0	0	0	0	
Bones & Joints	3 (0.2%)	2	1	0	3	2	1	0	0	0	0	0	0	0	0	
SOFT TISSUE	26 (1.4%)	20	6	18	8	18	8	0	6	2	5	4	0	1	0	
Soft Tissue (including Heart)	26 (1.4%)	20	6	18	8	18	8	0	6	2	5	4	0	1	0	
SKIN EXCLUDING BASAL & SQUAMOUS	55 (5.1%)	41	14	84	12	89	7	5	51	14	10	2	2	0	0	
Melanoma -- Skin	48 (4.5%)	37	11	48	12	49	7	5	49	12	8	2	0	0	0	
Other Non-Epithelial Skin	7 (0.6%)	4	3	7	0	7	2	0	2	2	2	0	2	0	0	
BASAL & SQUAMOUS SKIN	2 (0.1%)	2	0	0	2	1	0	0	0	0	0	0	0	0	0	
Basal/Squamous cell carcinoma2	2 (0.1%)	2	0	0	2	1	1	0	0	0	0	0	0	0	0	
BREAST	449 (23.6%)	2	447	434	15	438	11	107	170	115	30	12	0	0	0	
Breast	449 (23.6%)	2	447	434	15	438	11	107	170	115	30	12	0	0	0	
FEMALE GENITAL SYSTEM	112 (5.9%)	0	112	104	8	94	18	1	58	7	20	14	0	4	0	
Cervix Uteri	13 (0.7%)	0	13	11	2	12	1	0	3	3	3	1	0	1	0	
Corpus & Uterus, NOS	70 (3.7%)	0	70	67	3	64	6	0	47	4	9	6	0	1	0	
Corpus Uteri	67	0	67	64	3	62	5	0	46	4	9	4	0	1	0	
Uterus, NOS	3	0	3	3	0	2	1	0	1	0	2	0	0	0	0	
Ovary	19 (1.0%)	0	19	17	2	9	10	0	5	0	3	7	0	2	0	
Vagina	1 (0.1%)	0	1	1	0	1	0	0	1	0	0	0	0	0	0	
Vulva	5 (0.3%)	0	5	4	1	4	1	1	1	0	2	0	0	0	0	
Other Female Genital Organs	4 (0.2%)	0	4	4	0	4	0	0	1	0	3	0	0	0	0	
MALE GENITAL SYSTEM	127 (6.7%)	127	0	107	20	119	8	0	13	60	18	14	0	2	0	
Prostate	107 (5.6%)	107	0	88	19	99	8	0	2	57	14	14	0	1	0	
Testis	20 (1.1%)	20	0	19	1	20	0	0	11	3	4	0	0	1	0	
URINARY SYSTEM	171 (9.0%)	126	45	157	14	151	20	43	68	15	11	14	0	6	0	
Urinary Bladder	91 (4.8%)	70	21	83	8	76	15	42	24	6	3	7	0	1	0	
Kidney & Renal Pelvis	80 (4.2%)	56	24	74	6	75	5	1	44	9	8	7	0	5	0	
EYE & ORBIT	1 (0.1%)	0	1	0	1	0	1	0	0	0	0	0	0	0	0	
Eye & Orbit	1 (0.1%)	0	1	0	1	0	1	0	0	0	0	0	0	0	0	
BRAIN & OTHER NERVOUS	81 (4.3%)	33	48	71	10	65	16	0	0	0	0	0	71	0	0	
Brain	28 (1.5%)	19	9	24	4	17	11	0	0	0	0	0	24	0	0	
Cranial Nerves Other Nervous	53 (2.8%)	14	39	47	6	48	5	0	0	0	0	0	47	0	0	
ENDOCRINE SYSTEM	135 (7.1%)	29	106	132	3	133	2	0	91	6	18	5	8	4	0	
Thyroid	125 (6.6%)	24	101	124	1	123	2	0	91	6	18	5	0	4	0	
Other Endocrine including Thy1	10 (0.5%)	5	5	8	2	10	0	0	0	0	0	0	8	0	0	
LYMPHOMA	92 (4.8%)	47	45	83	9	83	9	0	19	16	19	26	0	3	0	
Hodgkin Lymphoma	13 (0.7%)	8	5	11	2	13	0	0	3	5	0	3	0	0	0	
Non-Hodgkin Lymphoma	79 (4.2%)	39	40	72	7	70	9	0	16	11	19	23	0	3	0	
NHL - Nodal	63	32	31	56	7	57	6	0	8	9	18	19	0	2	0	
NHL - Extranodal	16	7	9	16	0	13	3	0	8	2	1	4	0	1	0	
MYELOMA	25 (1.3%)	9	16	23	2	20	5	0	0	0	0	0	23	0	0	
Myeloma	25 (1.3%)	9	16	23	2	20	5	0	0	0	0	0	23	0	0	
LEUKEMIA	40 (2.1%)	27	13	34	6	27	13	<								

► **Summary by Body System (continued)**



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▶ 2016 Edward Cancer Committe Members

Rameez Alasadi, MD
Gastroenterology

Judith Babyar, RHIT, CTR
Cancer Registrar

Paul Backas, MD
Diagnostic Radiology

F. B. Barhamand, M.D.
Hematology/Oncology

Mansoina Baweja, MD
Cancer Liaison Physician
Hematology/Oncology

Linda Conlin, LCSW
Social Services, Cancer Center

Kathleen Evans, PhD
Pharmacy

Jackie Ford, RN
Manager Inpatient Oncology

Sue Garrard, RTT, BS
Manager Radiation Oncology

Cathryn Goldberg, MD
Director Pathology

Alexander Hantel, MD
Hematology/Oncology
Medical Director of Oncology Services

Elizabeth Harvey, MD
Surgery

Charles Kim, MD
Anesthesiology/Palliative Care

Vasudha Lingareddy, MD, FACRO
Radiation Oncology

Kimberly Rohan, RN, CNS, ACON, APN
Hematology/Oncology

George Salti, MD
Director Surgical Oncology

Kathy Seymour, RN, BSN, OCN, CCRP
Mngr, EEH Cancer Center Research

Julie Thomas, RN, BSN, OCN
Clinical Educator/Quality Improvement
Coordinator

Samir Undevia, MD
Chairman, Cancer Committee/Assoc
Medical Director Hematology/Oncology

Jenna VanGilder, RN, BSN, OCN
Director, Cancer Services

Elyse Weber, MS, CGC
Genetic Counselor

Beverly Wendell, NP
Palliative Care

Jill Wozny, RN, BSN, OCN
Breast Program Navigator

Alternates:

Joseph Kash, MD
Hematology/Oncology

Sharon Kelleher, LCSW
Social Services, Cancer Center

Mohammed Khan, MD
Anesthesiology

Oh-Hoon Kwon, MD
Radiation Oncology

Dawn Kunz, APN
Palliative Care

Barbara Merek, RN
Inpatient Oncology

Dwight Morrow, MD
Pathology

Karen Pekelder, CTR
Cancer Registrar

Peter Petratos, MD
Surgery

Jessica Schnase, RN
Research

Mathew Siegel, MD
Hematology/Oncology