



Mary Lanning

H E A L T H C A R E

Morrison Cancer Center

**Cancer
Report
2015**

Mary Lanning Cancer Program

The Mary Lanning Healthcare Cancer Program is accredited by the American College of Surgeons Commission on Cancer. MLH/MCC received a Three-year with Commendation (Silver Level) on our latest survey. Our goal is to provide our patients with high-quality cancer care and continually improve our services to offer the best treatment options. A multidisciplinary team approach is used to coordinate the best care for our patients.

Morrison Cancer Center

The Morrison Cancer Center (MCC) creates a strong framework around our patients and their families to address questions and provide answers, support and much-needed care. MCC is equipped to diagnose, treat and follow up with patients from benign to complex cancer and hematological issues. The physicians and staff at the Morrison Cancer Center treat the whole person, not just the disease. They address and support family issues, psychological, financial, emotional and physical needs that may occur during the treatment of cancer.

Medical Oncology received Quality Oncology Practice Initiative (QOPI) certification by the American Society of Clinical Oncology (ASCO). These standards and guidelines validate the quality of care provided at MCC.

Tumor Registry Report

The Tumor Registry collects information about all cancer patients diagnosed and/or treated at Mary Lanning Healthcare and Morrison Cancer Center. Registries are maintained for lifetime patient follow-up, education and research. The registrar ensures the information is complete and accurate. The registry maintains strict confidentiality of patient information.

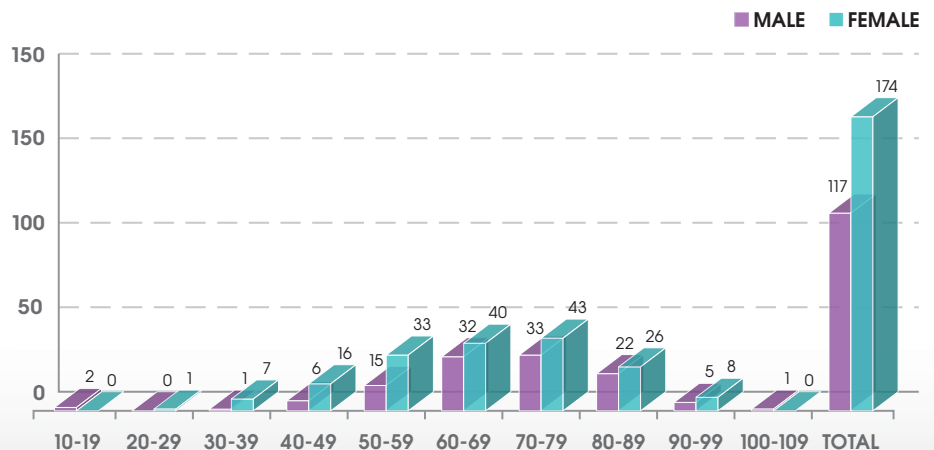
The registry abstracts cases, does annual follow-up of patients and provides statistics and reports for use by the medical staff and Cancer Committee. The registry submits data to the National Cancer Data Base and the Nebraska State Cancer Registry; this data is used in compiling state and national statistical data. Registry functions comply with the American College of Surgeons Commission on Cancer's approvals program.

The Mary Lanning Healthcare Tumor Registry has collected data on patients diagnosed and/or treated at MLH since 1978. During 2015, the registry accessioned 357 new cases, 291 were analytic cases and the remaining 66 were non-analytic cases seen for recurrent or persistent disease.

Cancer Statistics 2015

2015 cancer age/gender

In 2015, Mary Lanning Healthcare reported the following numbers of patients with cancer. The figures are broken down by age and gender.



Cancer Committee

The Cancer Committee serves as a multidisciplinary board that monitors the quality of diagnosis, treatment and care of cancer patients. The Cancer Committee initiates and coordinates activities to improve cancer care at Mary Lanning Healthcare. The Committee provides physician education programs and public awareness activities. Community outreach and education are coordinated with the American Cancer Society to promote cancer awareness and early detection. Screening and prevention activities are held each year.

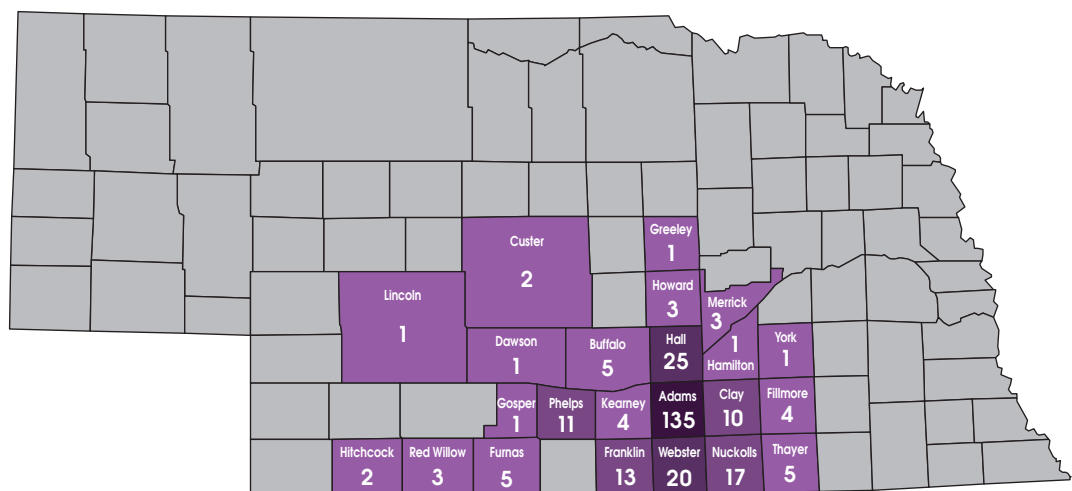
Multidisciplinary Oncology Conferences are held bi-monthly. Conferences are designed to contribute to patient management and provide education for the medical staff. Each conference is patient-oriented and includes presentations of the patient's medical history, physical findings, clinical course and radiology and pathology findings. Stage of disease, treatment options and outcomes are discussed. Major cancer sites diagnosed and/or treated at MLH are presented as well as unusual presentations and rare types of malignancies

Cancer Committee members

Pornchai Jonglertham, MD, Medical Oncology, Chairman
Adam Horn, MD, Pathology, Cancer Liaison Physician
Shamila Garg, MD, Medical Oncology, Breast Cancer Specialist
Thomas Zusag, MD, Radiation Oncology
Jonathan Hart, MD, Radiology
Shellie Faris, MD, General Surgery
Caleb Schroeder, MD, General Surgery
Mark Callahan, Administration/COO
Heidi DeGodt, Social Worker
Tonya Peterson, RN, Oncology Nurse
Charlene Sanders, Vice President of Quality
Colleen Vacek, RN, Hospice
Viola Burkett, RN, Clinical Trial Coordinator
Chandra Muske, Community Outreach Coordinator
Jaci Nore, RN OCN, Director Morrison Cancer Center
Carlene Springer, APRN, Morrison Cancer Center
Bronson Riley, MS, Certified Genetic Counselor
Jackie Shafer, RHIT, CTR, Tumor Registry

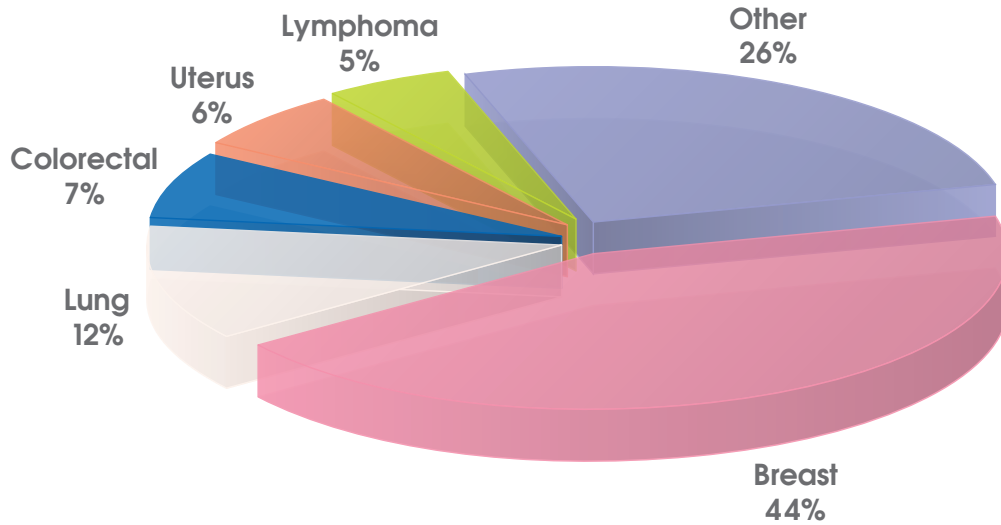
Cancer Statistics

2015 cancer cases by county of residence

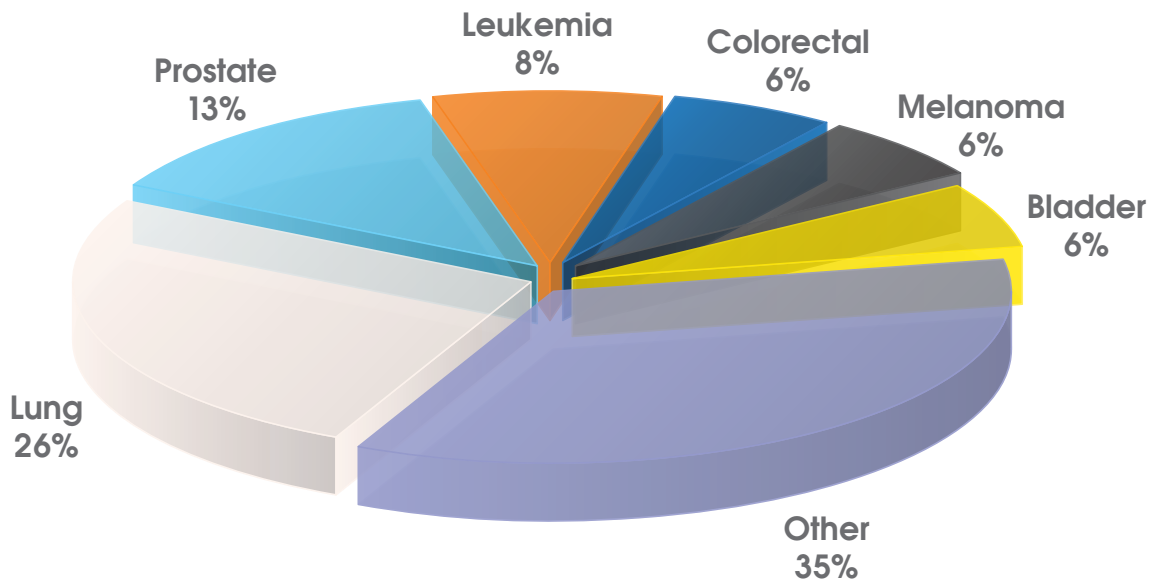


18 cases came from counties outside of the state of Nebraska.

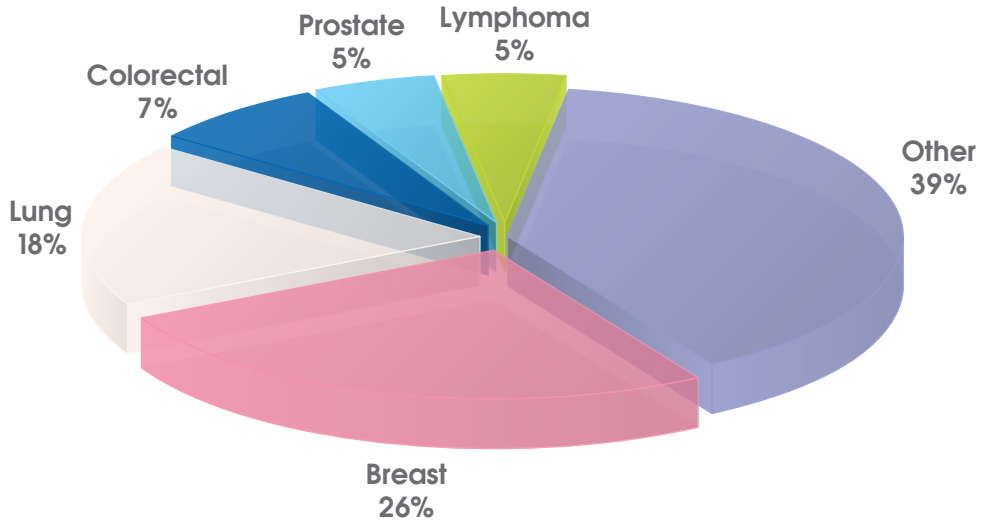
2015 top female cancer sites at Mary Lanning Healthcare



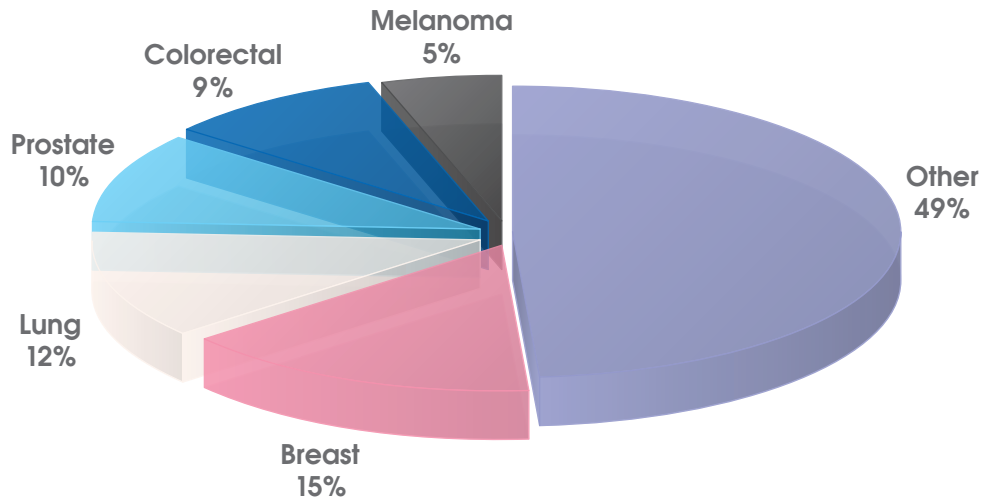
2015 top male cancer sites at Mary Lanning Healthcare



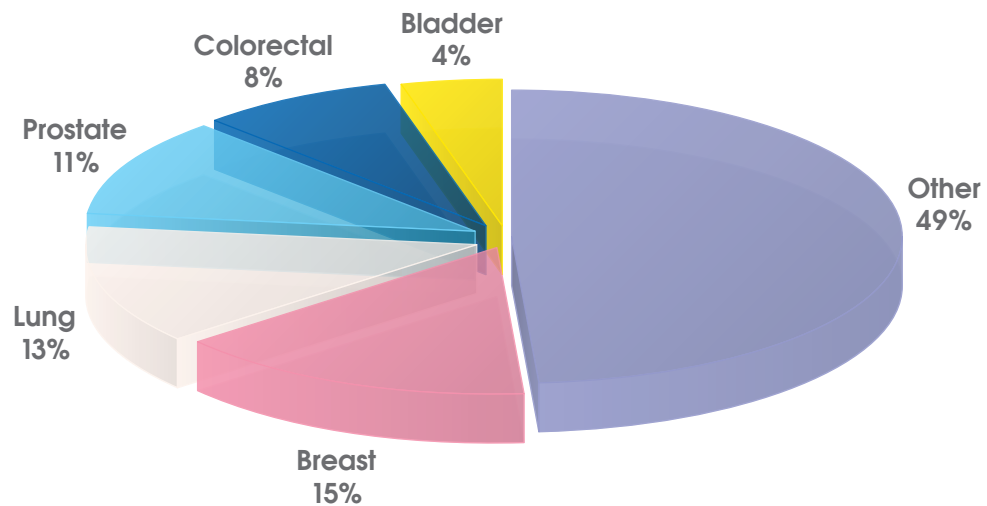
2015 top cancer sites at Mary Lanning Healthcare



2015 top cancer sites in Nebraska



2015 top cancer sites in the nation

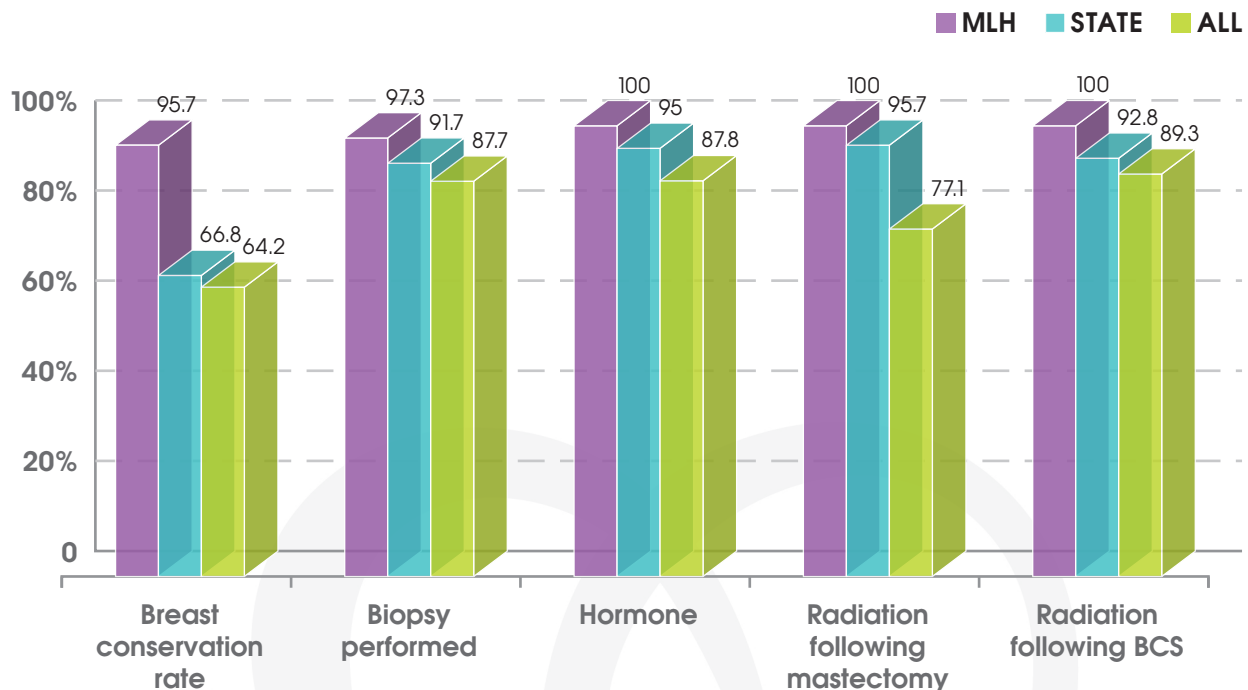


Quality of Patient Care - Cancer Program Practice Profile Reports (CP³R)

The Cancer Program Practice Profile Reports have been implemented for the purpose of promoting quality improvement at cancer programs. These measures provide the facility with comparison performance rates to improve quality of data collection and improve clinical management and coordination of patient care in the multidisciplinary setting

- Breast conservation surgery rate with AJCC clinical stage 0, I, or II breast cancer.
- Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer.
- Tamoxifen or third generation aromatase inhibitor is recommended or administered within one year (365 days) of diagnosis for women with AJCC T1c or stage IB – III hormone receptor positive breast cancer.
- Radiation therapy is considered or administered following any mastectomy within one year (365 days) of diagnosis of breast cancer for women with > = four positive regional lymph nodes.
- Radiation is administered within one year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer

CP³R performance rate comparisons for all eligible cases - 2015



2015 Summary – All Analytic Cases

Primary Site	All Cases	AJCC Stage						9	Male	Female
		0	I	II	III	IV				
Buccal cavity and pharynx	9	0	1	0	0	8	0	6	3	
Lip	1	0	1	0	0	0	0	0	1	
Tongue	3	0	0	0	0	3	0	3	0	
Floor of mouth	1	0	0	0	0	1	0	0	1	
Gum and other mouth	1	0	0	0	0	1	0	1	0	
Tonsil	2	0	0	0	0	2	0	1	1	
Oropharynx	1	0	0	0	0	1	0	1	0	
Digestive system	32	0	5	4	10	11	2	13	19	
Esophagus	2	0	1	0	0	0	1	2	0	
Stomach	3	0	1	0	1	1	0	1	2	
Colon excluding rectum	16	0	2	3	5	6	0	6	10	
Rectum and rectosigmoid	3	0	0	0	2	0	1	1	2	
Liver	1	0	1	0	0	0	0	1	0	
Gallbladder	1	0	0	0	1	0	0	0	1	
Pancreas	6	0	0	1	1	4	0	2	4	
Respiratory system	58	0	9	7	13	28	1	34	24	
Nasal cavity sinuses	2	0	0	0	0	1	1	0	2	
Larynx	5	0	2	1	2	0	0	4	1	
Lung and bronchus	51	0	7	6	11	27	0	30	21	
Soft tissue	1	0	1	0	0	0	0	0	1	
Skin (exc basal & sq ca)	9	1	3	2	2	1	0	8	1	
Melanomas of skin	8	1	3	2	1	1	0	7	1	
Merkel cell	1	0	0	0	1	0	0	1	0	
Breast	77	14	33	20	6	2	2	0	77	
Female genital system	18	0	7	2	7	1	1	0	18	
Cervix uteri	4	0	0	1	2	0	1	0	4	
Corpus uteri	10	0	7	1	1	1	0	0	10	
Ovary	4	0	0	0	4	0	0	0	4	
Male genital system	18	0	7	6	2	3	0	18	0	
Prostate gland	15	0	5	5	2	3	0	15	0	
Testis	2	0	2	0	0	0	0	2	0	
Penis	1	0	0	1	0	0	0	1	0	
Urinary system	13	2	4	5	0	2	0	10	3	
Urinary bladder	9	1	4	4	0	0	0	7	2	
Kidney and renal pelvis	3	0	0	1	0	2	0	3	0	
Ureter	1	1	0	0	0	0	0	0	1	
Brain	3	0	0	0	0	0	3	2	1	
Endocrine system	8	0	4	1	2	0	1	2	6	
Thyroid gland	8	0	4	1	2	0	1	2	6	
Lymphomas	14	0	5	3	2	4	0	6	8	
Non-Hodgkin's lymphoma	14	0	5	3	2	4	0	6	8	
Multiple myeloma	1	0	0	0	0	0	1	1	0	
Leukemias	13	0	0	0	0	0	13	10	3	
Chronic lymphocytic	8	0	0	0	0	0	8	7	1	
Acute myeloid	1	0	0	0	0	0	1	1	0	
Chronic myeloid	3	0	0	0	0	0	3	1	2	
Other leukemia	1	0	0	0	0	0	1	1	0	
Other ill-defined & unknown	17	0	0	0	0	0	17	7	10	
All Sites Combined	291	17	79	50	44	60	41	117	174	