

Cancer Report 2018

### Mary Lanning Healthcare Cancer Program

The Mary Lanning Healthcare Cancer Program is accredited by the American College of Surgeons Commission on Cancer. CoC accreditation provides value through improved patient outcomes across all domains of care: access and service, satisfaction and well-being, quality of care and cancer outcomes. CoC surveys are conducted every three years



to assess compliance with those standards. The Morrison Cancer Center received a three-year with Commendation Gold Level on the most recent survey (2017). That means, not only were the standards being met, but service was above and beyond the standards. Mary Lanning Healthcare is a CoC-accredited cancer program which is dedicated to providing the best in patient-centered care close to home.

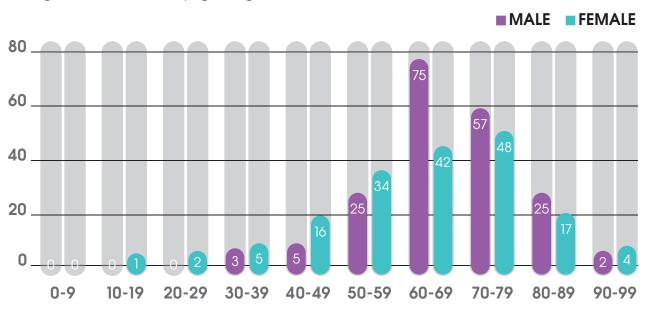
### **Morrison Cancer Center**

The Morrison Cancer Center (MCC) provides evidence-based cancer care through advanced medical oncology and radiation oncology services. Each patient is greeted with a smile and compassionate care from the moment they walk in the door. Each patient has his or her own journey. Patients are always supported through their cancer journey by excellent staff. The physicians and staff at Morrison Cancer Center treat the whole person, not just the cancer. MCC has two board-certified physicians in hematology and oncology and one board-certified physician in radiation oncology. In addition to the top-notch physicians, a nurse practitioner helps manage treatment symptoms. A licensed independent clinical social worker supports the patient's emotional and psychological needs. Human genetics plays a crucial role in targeted treatment therapies. At MCC, genetic counseling is just one of the many services offered. Nutritional, rehabilitative, radiology and laboratory services are offered on site for the patient's convenience. Our staff truly cares about each patient and his or her family. We strive to deliver the best experience.

## 2017 Cancer Age/Gender

Cancer Statistic

In 2017, Mary Lanning Healthcare reported the following numbers of patients with cancer. The figures are broken down by age and gender.



TOTAL MALE CASES: 192
TOTAL FEMALE CASES: 169

### **Cancer Committee**

The Mary Lanning Healthcare Cancer Committee serves as a multidisciplinary board that meets quarterly. Caring for cancer patients requires a multidisciplinary approach from physician members who represent diagnostic and treatment specialties and non-physician members from administrative and supportive service lines. The committee is responsible for setting goals for the cancer program, implementing studies of quality and developing plans to improve where needed. The committee provides physician education programs and public awareness activities. Community outreach and education are coordinated with American Cancer Society and South Heartland District Health Department to promote cancer awareness and early detection. Highlights of the screening and prevention activities include limited skin screenings, colorectal cancer screening and sun safety education.

### **Cancer Prevention and Screening Highlights**

### **Sun Safety Presentations:**

The Morrison Cancer Center, along with the South Heartland District Health Department, carried out a sun safety campaign at five local schools targeted for students ages 12-18.

Two Morrison Cancer Center staff members presented a PowerPoint on "How To Be Sun Safe." Between February 2018 and May 2018, more than 356 students viewed the presentation.

All students completed a pre- and post-questionnaire

- 91% reported they were more likely to use sunscreen after the presentation versus 59% on the pre-questionnaire.
- 99% reported they understood the importance of sun safety after the presentation versus 86% on the pre-questionnaire.

The presentation was well-received by students and teachers with requests to broaden the audience in 2019.

### **Skin Cancer Screening**

Nurse practitioners performed limited skin screening for participants at the Vital Signs Health Fair in March 2018. Along with limited skin screenings, there was a variety of educational material for the public regarding sun safety and skin cancer.

- 209 limited skin screenings were performed.
- 27 abnormal skin lesions were identified.
- 5 lesions were biopsied; all were benign.
- 178 evaluations were returned with 89% of the respondents stating they were more likely to use sunscreen.
- 99% stated the educational materials were helpful.

### **Colorectal Screening**

South Heartland District Health Department provided an end-of-year update for distribution and results of Fecal Occult Blood Test (FOBT) kits. Three hundred and ninety-four FOBT kits were distributed across the district.

- 39% were distributed to men
- 61% were distributed to women
- 71% were distributed at the Vital Signs Health Fair
- 6% indicated they were of Hispanic origin
- 86% reported having health insurance

FOBT kits were completed and sent for analysis. FOBT Test Results:

- 4 positive results
- 244 negative results



### **Cancer Conference**

Cancer conferences are held bi-monthly at Mary Lanning Healthcare and are open to all local physicians and allied health professionals. These conferences are a time for physicians to collaborate using a multidisciplinary approach to discuss treatment plans for current patients who have recently been diagnosed or present with disease progression. Medical history, physical findings, clinical course, radiology and pathology findings are reviewed for each case presented. Staging, prognostic indicators and clinical trials are discussed with treatment options and outcomes. Conferences are designed to promote discussion and high quality patient management along with education for the medical staff.

### **Quality Improvement Measures**

The NCDB released new Cancer Program Practice Profile Reports (CP3R) in the fourth quarter of 2017. The most recent data includes information from cases diagnosed through 2015 on our facility's Estimated Performance Rate (EPR) when compared to CoC standards. MLH is exceeding standards set by the CoC for breast, lung and rectal measures.

CP3R provides feedback to CoC accredited programs to:

- Improve quality of data across several disease sites.
- Draw awareness to the importance of charting and coding accuracy.
- Improve clinical management and coordination of patient care in a multidisciplinary setting.
- Estimated Performance Rates (EPR) shown in the charts below provide an estimate of the proportion of patients meeting the measure criteria by diagnosis year.

### Summary Of Breast Measures at Mary Lanning Healthcare

Breast Measure Description	Target EPR%	2012	2013	2014	2015
Radiation is administered within one year (365 days) of diagnosis for women under age 70 receiving breast conservation surgery for breast cancer (accountability).	90%	100	100	100	100
Tamoxifen or third-generation aromatose inhibitor is of diagnosis for women under age 70 receiving recommended or administered within one year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer (accountability).	90%	100	100	100	95.7
Radiation therapy is recommended or administered of diagnosis for women under age 70 receiving following any mastectomy within one year (365 days) of diagnois of breast cancer for women with >= four positive regional lymph nodes (accountability).	90%	100	100	100	100
Image or palpation-guided needle biopsy to the of diagnosis for women under age 70 receiving primary site is performed to establish diagnosis of breast cancer (quality improvement).	80%	94.1	95.1	97.3	100

### Summary of Lung Measures at Mary Lanning Healthcare

Lung Measure Description	Target EPR%	2012	2013	2014	2015
Systemic chemotherapy is administered within four months to day preoperatively or day of surgery to six months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC (quality improvement).	85%	100	no data	100	no data
Surgery is not the first course of treatment for cN2m, M0 lung cases (quality improvement).	85%	100	100	100	100

### Summary of Rectum Measures at Mary Lanning Healthcare

Rectum Measure Description	Target EPR%	2012	2013	2014	2015
Preoperative chemo and radiation are administered for clinical AJCC T3N0,T3N0 or Stage III; or postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0,T4N0 or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer (quality improvement).	85%	100	100	100	100

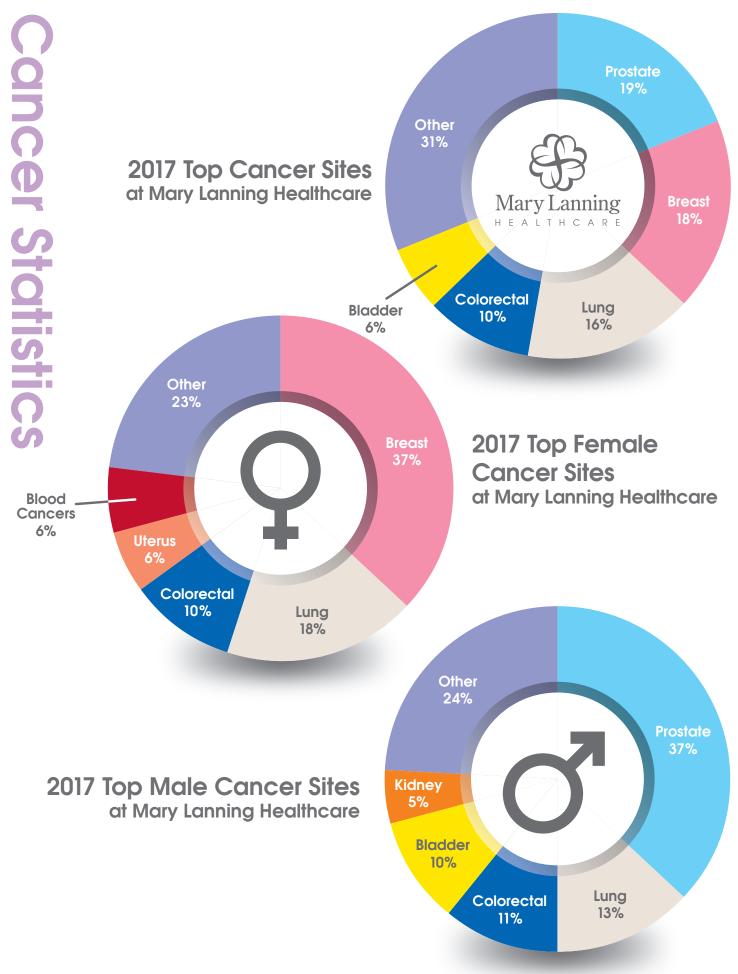
### Cancer Registry Report

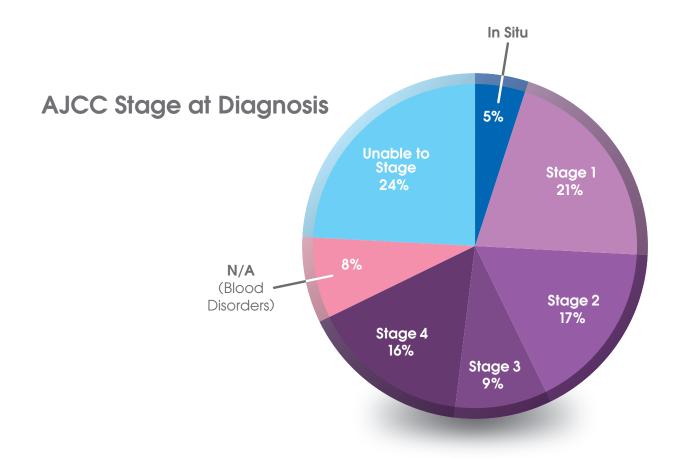
Mary Lanning Healthcare established the cancer registry in 1978. A cancer registry is an informational system designed for the collection, management and analysis of data on patients with a malignant diagnosis. When a patient has been diagnosed and/or received treatment for cancer at Mary Lanning Healthcare, that data is required to be reported to the state of Nebraska, as well as the National Cancer Database for the Commission on Cancer. The registry maintains strict confidentiality of patient information and complies with the American College of Surgeons Commission on Cancer standards. The data collected is used for compiling cancer statistics for the state and nation. Healthcare providers, public health officials and researchers use the data to evaluate treatment effectiveness, conduct research on etiology and diagnosis of cancer, as well as develop targeted education and screening programs.

The registry is located at the Morrison Cancer Center and maintained by a certified tumor registrar (CTR). A CTR is a data information specialist who has a special certification and training to capture a complete history, diagnosis, treatment and follow-up for cancer patients

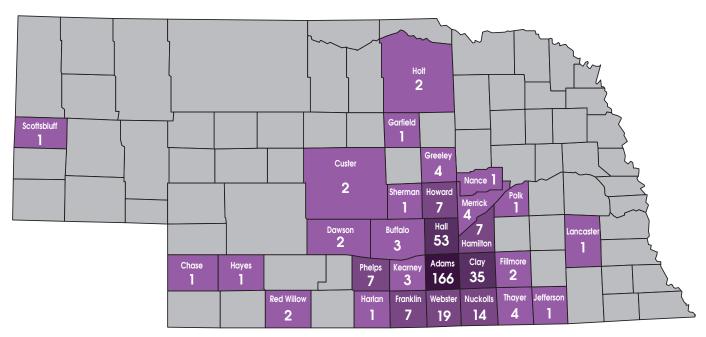
During 2017, MCC reported a total of 361 cancer cases.

- 309 patients were either diagnosed and/or treated at Mary Lanning Healthcare for their first occurrence of malignancy.
- 52 patients were seen for diagnostic service or treatment of recurrent disease.





# 2017 MLH Cancer Cases by County of Residence

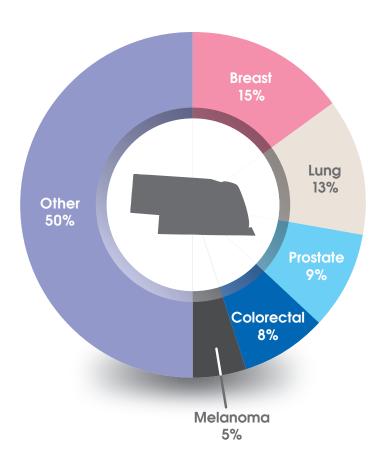


3 cases came from counties outside of the state of Nebraska.

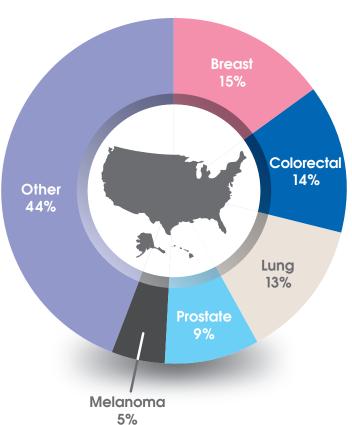
# **Cancer Statistics**

# 2017 Cancer Cases by Primary Site

Primary Site	Analytical	Non-Analytical	Total
Lip	3	1	4
Nasopharynx	1	1	2
Esophagus	2	0	2
Stomach	2	0	2
Small Intestine	1	0	1
Colorectal	19	8	27
Rectum	10	0	10
Liver	3	1	4
Biliary Tract	1	0	1
Pancreas	3	1	4
Digestive	1	0	1
Larynx	2	0	2
Lung	51	5	56
Blood System	14	0	14
Skin	6	3	9
Connective	2	1	3
Breast	61	2	63
Cervix Uteri	2	2	4
Ovary	3	1	4
Female Genital	1	0	1
Penis	1	1	2
Prostate	55	15	70
Testis	2	1	3
Kidney	12	0	12
Ureter	3	0	3
Bladder	20	2	22
Meninges	3	0	3
Thyroid	8	0	8
Lymph Node	5	1	6
Unknown	8	0	8
Total	309	52	361



# 2018 Estimated New Cases in Nebraska



2018 Estimated
Top Cancer Sites
in The United States

<sup>\*</sup>These estimates rates from American Cancer Society Website, Estimated Number of New Cases for Selected Cancers by State, US, 2018.