Community Cancer Report

2015 ANNUAL REPORT

Reflecting 2014 Cancer Registry Data







From the Chief Medical Officer

Mike Tawney, DO Vice President, Medical Affairs

As the Blue Water area's leader in healing, McLaren Port Huron has taken bold steps in the fight against cancer. Since 1990, our well-respected, communitybased cancer program has earned accreditation from the American College of Surgeons Commission on Cancer. A 2015 survey resulted in the renewal of this accreditation.

Progress in the fight against cancer can be seen in the declining rate of invasive cancer mortality in St. Clair County, which has been tracked since 1985. The most recent available figures show a 31% decline in cancer mortality since its peak in 1986. Early detection has contributed to that progress. However, both the cancer incidence and mortality rates in St. Clair County trend higher than the state average, highlighting the need to advance cancerfighting efforts in our region.

In 2015, we took a giant step forward in our cancer-fighting efforts by breaking ground on a new Karmanos Cancer Institute here at McLaren Port Huron. It's inspiring to see this new center come to life. The center will begin to provide radiation therapy and medical oncology services by the summer of 2016 with full occupancy expected by the end of 2017.

The center will be managed locally and staffed by the same clinicians, technicians and administrative staff that have contributed to our successes to date. And, by becoming part of the Karmanos team, we are now better armed than ever before to win the fight. A summary of the Karmanos advantages and approach is on page 3. We are excited about our future and the hope it will bring to the community. We thank you for your support.

From the Chairman

Anthony Boutt, MD Cancer Committee Chairman

With construction beginning on the new Karmanos Cancer Institute, it has been a landmark year in our community's fight against cancer. As chairman of the McLaren Port Huron Cancer Committee, I would like to thank the committee members for their hard work, dedication and commitment in 2015. It's also very gratifying to see the tremendous support the committee receives from the hospital administration and medical staff.



This year's Community Cancer Report includes a focus on colon cancer - a deadly disease, often without symptoms, affecting both men and women. There were roughly 100 new cases of colon-rectum cancer in St. Clair County from 2008 - 2012, a 5% increase over the previous period.

The fight against cancer requires a team effort. Screening tests and healthy lifestyles have an impact. The McLaren Port Huron Cancer Committee is committed to ensuring that our community has access to the best cancer care available. Our ultimate goal is to cure cancer. Together, we can make a difference.





Better Treatment. Better Outcomes.

The Karmanos Cancer Institute is recognized nationally for quality.

Karmanos is one of only two cancer centers in Michigan to earn designation from the National Cancer Institute. There are only 45 in the country. NCI designation involves a stringent review process for quality and outcomes for cancer treatment. Karmanos is the only cancer hospital in the state and the fifth largest in the country.

The Karmanos approach: The right plan for each patient.

The Karmanos clinical team designs care plans based on each patient's individual condition and needs. There is no "standard" care plan. Karmanos offers 13 multidisciplinary teams of specialists focused on a specific type of cancer. The entire clinical path is uploaded automatically in the patient's electronic medical record. The clinical flow is based on nationally supported guidelines. Proposed plan changes are reviewed by the tumor board, which makes decisions based on outcomes.

All Karmanos doctors and staff meet the highest of standards.

At all Karmanos centers, doctors, nurses, social workers and therapists must meet a certain set of guidelines. Stringent review processes ensure the highest of standards. Being part of the Karmanos team means ongoing access to the most advanced team of cancer care specialists and the best methods and technology available.

Karmanos patients gain new treatment options by participating in clinical trials.

Progress in the fight against cancer is often made through clinical trials. This kind of advance research creates new alternatives for care and for targeting treatments in a scientific way. Trials are studies widely believed to be among the best options for most cancer patients. In many cases, there may not be another solution outside of trials. Karmanos offers more than 800 clinical trials. Today's standard of care was yesterday's clinical trial. Today's clinical trials will lead to tomorrow's standard of care.

Access to tumor boards raises cancer care to a new level.

Five specific tumor boards are hosted at Karmanos in Detroit. Cases may be presented at any time, enabling second opinions from subspecialists within days. Most hospitals do not make the investment in a tumor board since it's not reimbursed by payors.

Genetic counseling leads to advanced, targeted treatment plans.

The Karmanos approach includes genetic counseling and testing. We test you before we treat you. We talk through all of the aspects necessary to develop a targeted treatment plan. Karmanos is the only cancer center in Michigan and one of a few in the country to earn the Caris Center of Excellence designation for molecular testing.

Karmanos is a leader in life-saving bone marrow transplants.

The Karmanos bone marrow transplant program is the nation's largest and best in class. For the last three years, Karmanos has been among the top six in the country in bone marrow transplant survival rates. Though conducted in Detroit, patients in Port Huron will have access to this advanced approach. Karmanos maintains one of only two cord blood stem cell banks in Michigan. These cord blood units are registered with the National Marrow Donor Program and are accessible to transplant centers worldwide.

Our patients will also benefit from access to proton beam therapy for tumors that move.

Tumors in the head and neck that move due to breathing are the most challenging to treat. McLaren Port Huron patients will be able to benefit from proton beam therapy, which precisely targets moving tumors and rotates around patient. Proton beam therapy will be available at McLaren Flint in the second quarter of 2017. No other facility in Michigan offers it.

2014 Cancer Committee Members

Anthony Boutt, MD (Chair)....................... General Surgery Samir Alsawah, MD Medical Oncology David Tracy, MD..... Radiology Kanu B. Dalal, MD Radiation Oncology Walid Demashkieh, MD..... General Surgery Mohammad Al-Nouri, MD Anesth/Pain Mgt. Lisa Geffros, MD Pathology Youssef Hanna, MD. Medical Oncology Anup Lal, MD Medical Oncology Michael Tawney, MD Officer Kathleen Fabian, DO OB/GYN Emily Saoud...... ACS Representative Stacie Campbell, RD Dietary Julie Dickinson, RN, ONC.................................. Oncology Case Manager Mary Pool-Belyea, BA, MSA Quality Assurance Janet Hayes, CTR..... Cancer Registry Lisa Seaford, RN...... Oncology Nursing Linda Witzke, MSW Social Work Christie Sansom, RN, MSN Oncology Director Sara Rutkofske, LPTA Rehab Sherry Petersen, RN Oncology Nursing Kathleen Smith, RNC, BSN, MSM Director Ambulatory & Clinic Services Kelly DiNardo, RN Community Outreach



2014 Cancer Committee Accomplishments

- Coordinated monthly multidisciplinary cancer conferences exceeding guidelines set by the Cancer Committee and Commission on Cancer.
- Sponsored Woman's Cancer Support Group for woman diagnosed with all types of cancers.
- Performed 2014 CAP Guideline review exceeding Commission on Cancer requirements of 95% accuracy.
- Performed NCDB comparison lung cancer in-depth studies with age at diagnosis, stage at diagnosis and treatment planing analysis. Presented at cancer committee and presented in annual cancer program web report.
- Supported American Cancer Society's Healthcare Agreement program providing cancer patients with a Personal Health Management kit.
- Continued support of Breast Consultative Service program providing women with breast cancer an opportunity to meet with all the cancer care specialists in one setting for treatment recommendations.
- Supported the McLaren Port Huron's "Cure Seekers" American Cancer Society Relay for Life team, raising money for cancer research and services.
- Provided numerous programs and free screening mammograms in honor of Breast Cancer Awareness Month.
- Exceeded all measures on breast cancer and colon cancer the Commission on Cancer CP3R reports.
- Supported development of new American Cancer Society sponsored Cancer Resource Center on site to provide access of cancer information to our patients and their families.
- Exceeded 2% commendation level on clinical trial accrual.
- Offered free skin cancer screening to the community in May 2014.
- Offered free colorectal cancer screening kits at an event about colon cancer.
- Completed McLaren Port Huron's Patient Navigation process.
- Completed McLaren Port Huron's Community Health Needs Assessment.
- Developed a patient survivorship plan.
- Updated the psychosocial distress screening process.
- Increased oncology nursing education opportunities.



2014 Cases Primary Site Table

Primary Site	Total Cases		Case	S	ex	Stag	ge Distr		- Analyti		
		Analytic	NA	Male	Female	Stg 0	Stg 1	Stg II	Stg III	Stg IV	Unk/NA
Oral Cavity & Pharynx	9	7	1	6	3	0	0	0	0	5	2
Tongue	4	3	1	3	1	0	0	0	0	2	0
Tonsil	1	1	0	1	0	0	0	0	0	1	0
Oropharynx	2	2	0	2	0	0	0	0	0	1	0
Hypopharynx	1	1	0	0	1	0	0	0	0	1	0
Digestive System	62	54	8	31	31	2	13	4	9	12	14
Esophagus	7	5	2	6	1	0	1	0	2	1	3
Stomach	3	3	0	2	1	0	0	0	0	2	1
Colon Excluding Rectum	35	34	1	16	10	2	10	4	8	5	5
Rectum & Rectosigmoid Junction	n 7	5	2	4	3	0	1	0	0	1	3
Anus, Anal Canal	3	2	1	1	2	0	0	0	0	1	1
Liver & Bile Duct	2	2	0	1	1	0	1	0	0	0	1
Pancreas	5	3	2	1	4	0	0	1	1	2	0
Respiratory System	61	59	2	35	26	1	7	6	10	32	3
Nose, Nasal Cavity, Middle Ear	1	1	0	1	0	0	0	0	0	0	1
Larynx	4	4	0	4	0	1	0	1	0	0	2
Lung & Bronchus	56	54	2	30	26	0	7	5	10	32	0
Soft Tissue	1	1	0	0	1	0	1	0	0	0	0
Skin	<u>.</u> 5	1	4	3	2	1	0	0	0	0	0
Melanoma	5	1	4	3	2	1	0	0	0	0	0
Breast	99	95	4	2	97	10	37	31	4	5	8
Female Genital System	36	19	17	0	36	0	9	0	1	1	8
Cervix Uteri	12	1	11	0	12	0	1	0	0	0	0
Corpus and Uterus, NOS	19	15	4	0	19	0	7	0	0	0	8
Ovary	2	2	0	0	2	0	0	0	1	1	0
Vagina	<u>-</u> 1	0	1	0	1	0	0	0	0	0	0
Vulva	2	1	1	0	2	0	1	0	0	0	0
Male Genital System	27	22	5	27	0	0	1	12	1	5	3
Testis	2	2	0	2	0	0	0	0	0	0	2
Prostate	25	20	5	25	0	0	1	12	1	5	0
Urinary System	23	21	2	15	8	4	4	6	5	1	1
Urinary Bladder	14	12	2	10	4	3	3	4	1	0	0
Ureter	1	1	0	0	1	1	0	0	0	0	0
Kidney & Renal Pelvis	8	8	0	5	3	0	1	2	4	1	0
Endocrine System	8	8	0	0	8	0	7	1	0	0	0
Thyroid	8	8	0	0	8	0	7	1	0	0	0
Lymphomas	23	23	0	13	10	0	8	5	3	5	1
Hodgkin	3	3	0	2	1	0	0	0	2	1	0
NonHodgkin	20	20	0	11	9	0	8	5	1	4	1
Multiple Myeloma	20	20	0	0	2	0	0	0	0	0	2
Leukemias	15	14	1	10	5	0	0	0	0	0	14
Mesothelioma	4	4	0	3	1	0	0	1	0	0	3
	22	19	3	<u>3</u> 	11	0	0	0	0	0	19
Misc. / III-Defined/Unspecified		19	3	11	11	U	U	U	U	U	19

NA = Nonanalytic cases diagnosed & treated elsewhere w/subsequent treatment at McLaren Port Huron & Pathology only cases





Primary Site Table Statistical Review

Youssef Hanna, MD Cancer Liaison Physician

- Review of the McLaren Port Huron 2014 Primary Site Table shows that 2014 analytic cases (350) increased compared to (327) cases in 2013.
- The top five cancers diagnosed in 2014 were breast, lung, colon, lymphoma and prostate.
- Breast cancer was the leading cancer diagnosed at McLaren Port Huron in 2014. The majority of our breast cancer cases were diagnosed at stage 0 and 1.
- Breast cancer cases increased from 77 analytic cases in 2013 to 95 cases in 2014.
- Lung cancer was the second leading cancer diagnosed at McLaren Port Huron in 2014 and was the number one leading cancer for men. Lung cancer cases decreased from 57 cases in 2013 to 54 cases in 2014.
- Colorectal cancer was the third highest cancer diagnosed at McLaren Port Huron in 2014. Cases decreased from 47 analytic in 2013 to 34 analytic cases in 2014. The majority of 2014 analytic cases were diagnosed at stages 0, 1.
- Lymphoma was the fourth highest cancer diagnosed at McLaren Port Huron in 2014. Cases increased from 22 cases in 2013 to 23 in 2014. Three patients were diagnosed with Hodgkin's lymphoma and 20 were diagnosed with Non-Hodgkin's lymphoma.
- Urinary system cancers increased from 11 in 2013 to 21 in 2014. The majority of urinary system cancers were male.

TOP FIVE CANCER SITES 2014 Analytic Cases

All Cancer Cases N=350	Female N=210	Male N=140
Breast	Breast	Lung/Bronchus
Lung/Bronchus	Female Genital System	Prostate
Colorectal	Lung/Bronchus	Colon
Lymphoma	Lymphoma	Lymphoma
Unknown Primary	Unknown Primary	Urinary System



From the American Cancer Society

Colorectal cancer is the third most common cancer in both men and women and, when men and women are combined, the second most common cause of US cancer deaths. Early colorectal cancer usually has no symptoms. Warning signs typically occur with more advanced disease and may include rectal bleeding, blood in the stool, a change in bowel habits, or cramping pain in the lower abdomen.

Risk Factors

- Men and women are similarly affected.
- More than 90% of colorectal cancers are diagnosed in people 50 and older.
- African Americans have the highest rates of colorectal cancer of all racial and ethnic groups in the United States. Jews of Eastern European descent (Ashkenazi Jews) also have a higher rate of colon cancer.
- Heredity Fewer than 10% of colorectal cancers are caused by inherited gene mutations.
- Personal history of colorectal polyps, previously treated colorectal cancer, or inflammatory bowel disease.

Other Risk Factors

- Men and women are similarly affected.
- More than 90% of colorectal cancers are diagnosed in people 50 and older.
- African Americans have the highest rates of colorectal cancer of all racial and ethnic groups in the United States. Jews of Eastern European descent (Ashkenazi Jews) also have a higher rate of colon cancer.
- Heredity Fewer than 10% of colorectal cancers are caused by inherited gene mutations.
- Personal history of colorectal polyps, previously treated colorectal cancer, or inflammatory bowel disease.

Detection

Screening tests, for people ages 50 or older who are at average risk or without symptoms, offer the most powerful opportunity to prevent colorectal cancer or detect the disease early.

Tests that find polyps and cancer:

- Flexible sigmoidoscopy every 5 years*, or
- Colonoscopy every 10 years, or
- Double-contrast barium enema every 5 years*, or
- CT colonography (virtual colonoscopy) every 5 years*

Tests that primarily find cancer:

- Yearly guaiac-based fecal occult blood test (gFOBT)**,* or
- Yearly fecal immunochemical test (FIT)**,* or
- Stool DNA test (sDNA), every 3 years*
- * If the test is positive, a colonoscopy should be done.
- ** Highly sensitive versions of these tests should be used with the take-home multiple sample method.

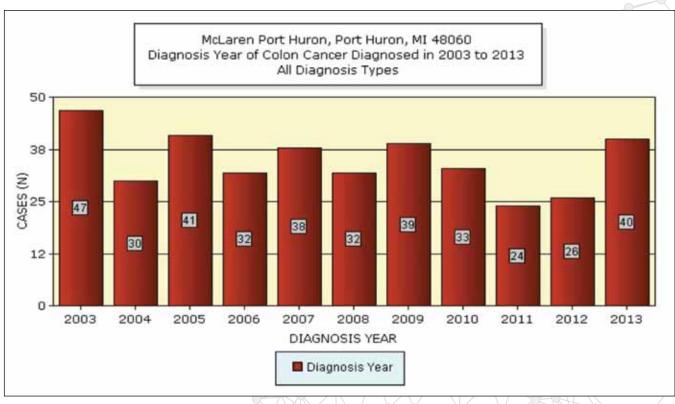
A gFOBT or FIT done during a digital rectal exam in the doctor's office is not adequate for screening.

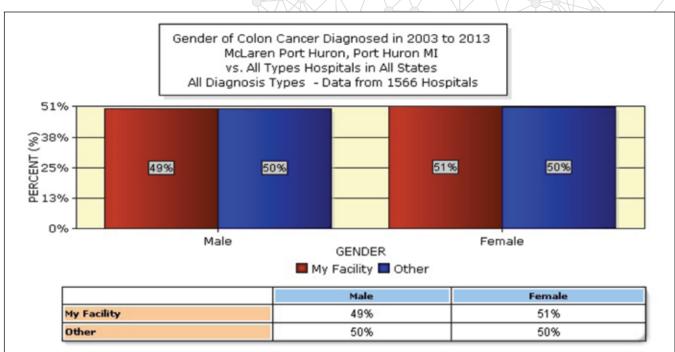
Treatment

Surgery is the most common treatment for colorectal cancer, usually for cancer that has not spread. Chemotherapy or chemotherapy plus radiation is given before or after surgery for patients whose cancer has spread beyond the colon. Regular follow-up exams and blood tests may be recommended for patients who have been treated for colorectal cancer because if the cancer is going to recur, it tends to happen in the first two to three years after treatment.



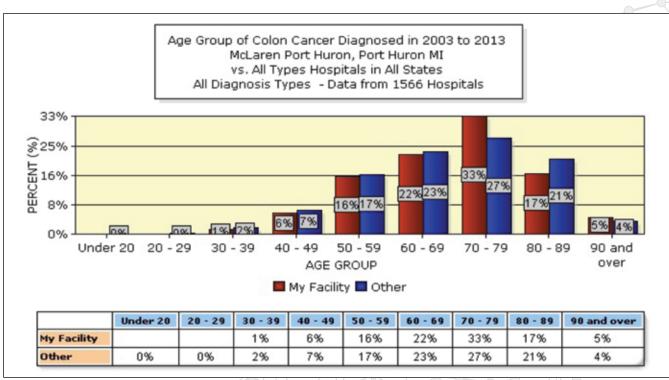
Colon Cancer Information

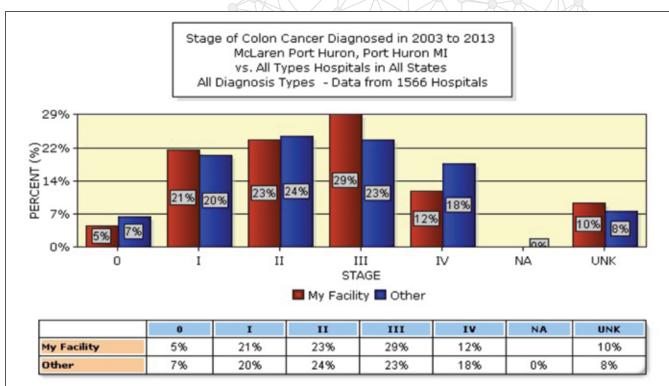






Colon Cancer Information







Colon Cancer Information

First Course Treatment of Colon Cancer Diagnosed in 2003 to 2013

McLaren Port Huron, Port Huron MI

vs. All Types Hospitals in All States

All Diagnosis Types - Data from 1566 Hospitals

All Diagnosis Types - Data from 1566 Hospitals							
#	First Course Treatment	My (N)	Oth. (N)	My (%)	Oth. (%)		
1.	Surgery Only	246	471975	64.4%	58.35%		
2.	Radiation Only	1	1435	0.26%	0.18%		
3.	Surgery & Radiation	2	1737	0.52%	0.21%		
4.	Surgery & Chemotherapy	86	212595	22.51%	26.28%		
5.	Radiation & Chemotherapy		2223		0.27%		
6.	Chemotherapy Only	4	26838	1.05%	3.32%		
7.	Surgery, Radiation & Chemotherapy	4	10695	1.05%	1.32%		
8.	Surgery, Radiation & Hormone Therapy		11		0%		
9.	Radiation & Hormone Therapy		16		0%		
10.	Surgery & Hormone Therapy		131		0.02%		
11.	Surgery, Radiation, Chemotherapy & Hormone Therapy		42		0.01%		
12.	Hormone Therapy Only		26		0%		
13.	Surgery, Chemotherapy & Hormone Therapy		750		0.09%		
14.	Surgery & BRM		102		0.01%		
15.	Chemotherapy & Hormone Therapy		118		0.01%		
16.	Chemotherapy & BRM		1384		0.17%		
17.	Chemotherapy, Hormone Therapy & BRM		1		0%		
18.	Surgery, Chemotherapy & BRM	1	3228	0.26%	0.4%		
19.	Active Surveillance		352		0.04%		
20.	Other Specified Therapy	4	15217	1.05%	1.88%		
21.	No 1st Course Rx	34	60017	8.9%	7.42%		
	Col. TOTA	L 382	808893	100%	100%		



McLaren Port Huron Cancer Resources

	McLaren Port Huron HealthAccess Information Line	(800) 228-1484
	Cancer Registry, Janet Hayes, CTR	(810) 989-3143
	Oncology Unit	(810) 989-3533
	Oncology Nurse Manager – John Schweihofer, RN	(810) 989-3531
	Outpatient Chemotherapy Services (Wismer 3 rd Floor)	(810) 989-3283
	Woman's Wellness Place Breast Consultative Services - Krystal Pickering, RN	
	Wound Healing	
	Pain Clinic	
	Cancer Support Group for Woman - Kelly DiNardo, RN, BSN	(810) 989-3121
	Nutrition Counseling	(810) 989-5307
	Oncology Counseling – Linda Witzke, MSW	(810) 989-3597
	Lang Resource Library	(810) 989-5107
	American Cancer Society (www.cancer.org)	
5	"Reach to Recovery" American Cancer Society	(800) 513-9930
	"Look Good, Feel Better" American Cancer Society	(800) 513-9930
	McLaren Homecare - Hospice Division	(866) 323-5974
	Port Huron Area Blue Water Hospice	(810) 982-8809
	Diagnostic Services	
	Lab/X-ray - Outpatient (Walk-In)	(810) 989-3285
	MRI Services	(810) 987-2428
	PET & PET-CT Scans	
	Digital Mammography	
	Ultrasound	
	Mammotome & Sentinel Node	
	McLaren Pharmacy - Outpatient	(810) 989-3455





