



➤ **2012 Cancer Services Annual Report** [2011 Statistical Data]  
**Committed to world-class cancer treatment**





**Rick Wright**  
President and CEO  
McLaren Greater Lansing



**Raymond Y. Demers, MD, MPH**  
President/medical director  
McLaren Cancer Institute

At McLaren Greater Lansing, we're proud to offer the communities we serve high-quality cancer care, including advanced treatments and state-of-the-art technology. We believe foresight is a critical cornerstone to providing world-class cancer care, and our gaze is always focused on the future—and forward momentum. On the other hand, time for reflection is also important, and we'd like to share a couple of highlights from the past year that deserve recognition and praise.

To begin, we're happy to report that McLaren Cancer Institute's program at McLaren Greater Lansing has earned numerous recognitions in 2012 from the American College of Surgeons (ACoS). The program has been fully accredited by the ACoS since 2003. The entire oncology cancer committee team, led by Dr. Anas Al-Janadi and Minerva Najar, should be credited and commended for this prestigious accomplishment, which demonstrates a commitment to obtaining the highest levels of care.

Also noteworthy is the breast program at McLaren Greater Lansing, headed by Dr. Lewis Jones, which has received full accreditation from the National Accreditation Program for Breast Centers. Our program is one of only a few across the state to receive the honor, and this accomplishment underscores our commitment to providing exceptional diagnostic care to women who are screened for breast cancer.

We hope you will browse the pages that follow, which feature more of our initiatives and information regarding our oncology programs. In addition to cancer registry data, you'll find overviews of our cancer services, news about community outreach programs and information about critical resources.

Rick Wright

Raymond Y. Demers

### In remembrance

We would like to pay special tribute to those we've recently lost, including medical oncologist Dr. Larry Stone; pulmonary medicine expert Dr. John Morlock; and radiation oncologist Dr. David DeBiase, who devoted 16 years of his career to establishing and sustaining exceptional radiation oncology services at McLaren Greater Lansing.





**Providing comprehensive cancer services**

McLaren Greater Lansing is very proud to offer area residents leading-edge oncology care from a location that's both convenient and close to home. From world-class medical, radiological and surgical oncology care to highly skilled, experienced physicians to a range of patient support services, we provide some of the finest cancer care our state has to offer.

## » Our cancer programs

### Medical oncology

McLaren Greater Lansing offers high-quality inpatient and outpatient medical oncology services, including services from McLaren Medical Oncology Associates, a full-service, community-based outpatient cancer care facility providing the highest standards in medical oncology to area residents. Breslin Cancer Center, a partnership between McLaren Greater Lansing and Michigan State University, also offers first-rate medical oncology care, including an outpatient chemotherapy/infusion center, access to national clinical trials, and hematologists who are highly skilled and trained in diagnosing and treating all types of cancer.

### Diagnostic imaging

A number of oncologic diagnostic services are offered at McLaren Greater Lansing, including X-ray, computed tomography (CT) and positron emission tomography (PET) scanning, ultrasound, nuclear medicine, digital mammography and magnetic resonance imaging (MRI).

### Tumor boards

McLaren Greater Lansing holds multidisciplinary tumor boards on a regular basis. Types of tumor boards include breast, general and thoracic.

### Breast Care Center

Our Breast Care Center, the region's only breast center accredited by the National Accreditation Program for Breast Centers, is the area's only source for breast MRI and MRI-guided biopsy. Patient-centric care is a priority of the center, with navigators available to help guide patients through every step of treatment.

### Radiation oncology

Radiation Oncology Alliance—an innovative partnership between McLaren Cancer Institute and two Big Ten universities—offers sophisticated radiation therapy technology and treatment planning to patients with cancer, as well as opportunities to participate in the latest clinical trials.

McLaren Proton Therapy Center will be the first to bring cutting-edge proton beam radiation therapy to Michigan. Located in Flint, the center will offer a full complement of radiological treatment options to cancer patients.

### McLaren Lung Cancer Institute

A recognized center of excellence, McLaren Lung Cancer Institute provides medical, radiological and surgical oncology treatments for cancers of the thorax, as well as a patient navigator program that helps to reduce door-to-therapy time and to coordinate all facets of care.



# SUPPORT SERVICES

## Nutrition counseling

Our nutrition counseling services provide instruction, guidance and assistance to patients, helping them improve their health and quality of life. Registered dietitians work with cancer patients to outline individualized health plans based on their needs and habits.

## Support groups

A number of support groups are available through McLaren Greater Lansing. These programs are designed to offer cancer patients and their family members opportunities to share common experiences in a comfortable environment.

## Rehabilitation services

A talented and experienced team of rehabilitation specialists is available to assist with the rehabilitation needs of cancer patients. This team uses a diverse range of rehabilitation tools—including exercise, range-of-motion activities, stretching, thermal modalities, manual techniques and education—to help patients return to the highest levels of activity and functionality possible.

## Home care

McLaren Home Care customizes plans to meet the specific needs of patients. Our highly trained team consists of nurses; physical, occupational and speech therapists; home health aides; medical social workers; and dietitians.

## Palliative care

Palliative care services are available on an inpatient basis at McLaren Greater Lansing or at the patient's home. The goal of palliative care is to relieve pain and improve the quality of life for patients with advanced illnesses.

## Hospice care

McLaren Hospice offers leading hospice services and a talented team of professionals that includes physicians, registered nurses, social workers, counselors, spiritual care coordinators, hospice-certified nursing assistants, dietitians, pharmacists, therapists and volunteers.



## ➤ Community outreach

### Screenings

McLaren Greater Lansing believes in being proactive when it comes to treating cancer. From time to time, we offer cancer screenings to area residents at no cost, including:

- Lung cancer screenings
- Colorectal cancer screenings (held every March in cooperation with McLaren Cancer Institute)
- Skin cancer screenings

### Events

- Pink Tea, a free program designed to educate area residents about breast cancer detection
- Jack Breslin Golf Classic, an annual golf outing that has provided grants benefiting the study, diagnosis and treatment of cancer at McLaren Greater Lansing



## ➤ Cancer research

McLaren Greater Lansing partners with McLaren Cancer Institute, a wholly owned subsidiary of the McLaren Health Care Corporation. McLaren Cancer Institute makes leading-edge cancer care available to patients of community-based cancer centers, hospitals and physicians.

The research program at McLaren Cancer Institute is part of McLaren Clinical Trials Management Program, which works to centralize clinical trials for McLaren Cancer Institute physicians through a centralized institutional review board and contracts/budget department.

McLaren Cancer Institute conducts research under the direction of one principal investigator in cooperation with additional McLaren Cancer Institute investigators at various locations. McLaren clinical research associates assist investigators in conducting research at their locations.

## ➤ Cancer registry report

The National Cancer Data Base (NCDB), a joint program of the Commission on Cancer (COC) of the American College of Surgeons (ACoS) and the American Cancer Society (ACS), is a nationwide oncology outcomes database for more than 1,500 commission-accredited cancer programs in the United States and Puerto Rico.

This data is used to explore trends in cancer care, to create regional and state benchmarks for participating hospitals, and to serve as the basis for quality improvement.

It also provides data applications as a means by which to evaluate and compare the cancer care delivered to patients diagnosed and/or treated at their facility with that provided at state, regional and national facilities.

The most complete available data provided from the NCDB was used to make the comparisons in this report. The primary sites shown by age, American Joint Committee on Cancer (AJCC) stage and first course of treatment were comparisons based on 2009. The five-year survival statistic comparisons use the data made available from the NCDB for years 2003-2005.

### **Data collection**

The cancer registry is responsible for maintaining a computerized database of all patients diagnosed and/or treated at McLaren Greater Lansing and operates under the direction of the cancer committee. This database is used for the collection, management, analysis and follow-up of data on all patients with a diagnosis of malignancy or reportable benign disease. Physicians and allied health personnel use this data for the purpose of research and education. There were a total of 19 requests using the cancer registry data in 2011.

### **Quality control and follow-up**

To make sure that the patients who are diagnosed and/or treated at McLaren Greater Lansing obtain the best possible outcomes, the lifetime survivorships of our patients are routinely tracked. We have collected more than 11,000 patients in the registry's database since our reference year of 1999 and have successfully followed up on 81 percent of these patients. From the five-year reference date, we have a successful follow-up rate of 92 percent.

### **Cancer conferences**

The cancer registry coordinates cancer conferences, which provide consultative services for patients to formulate an effective treatment plan and offer education to physicians and allied health professionals. Throughout the year, the general cancer conference is held weekly and the breast and thoracic cancer conferences are held biweekly. In 2011, a total of 268 cases were discussed at these conferences.





## Focus on data

### Cancer registry 2011 data and statistical outcome analysis

At McLaren Greater Lansing, we strive to take a complete view of cancer treatment and focusing on national and international treatment standards. Additionally, we continually compare our treatment outcomes with the national and the regional data. This allows us to assess the true success of our treatments.

#### 2011 data summary

Total number of cases reviewed	1,503
Total number of completed cases	919
Total number of analytic cases (diagnosed and/or treated at McLaren Greater Lansing)	746
Total number of cases reportable to Michigan Cancer Surveillance Program (e.g., cancer of cervix in situ to meet central registry requirements)	18

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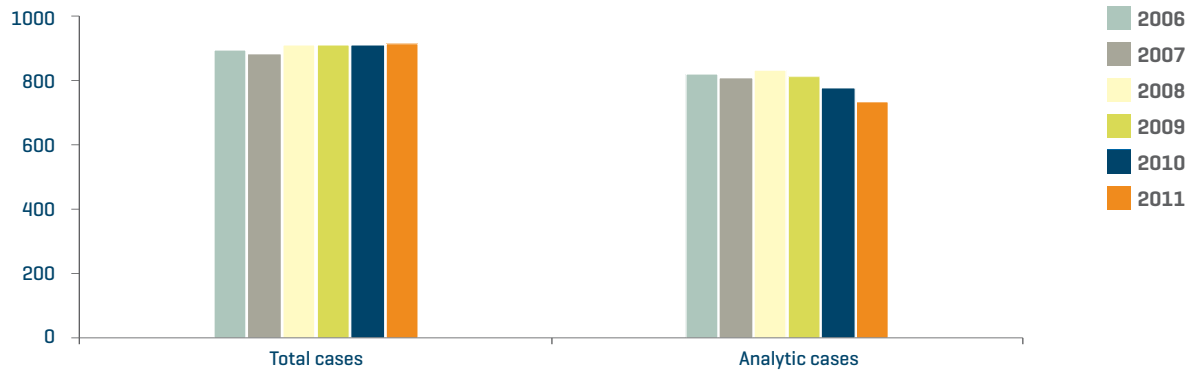
<b>Total number of cases reviewed [but not reportable]</b>	<b>584</b>
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The certified cancer registry staff gathers data on every patient diagnosed or treated at our facilities and submits it into regional and national databases. Cancer registries work together to follow all cancer patients throughout their lifetimes. The data allows specialists to understand cancer trends and population-based changes. Furthermore, it allows our physicians to compare their success with that of other national programs.

Primary site	Total	Percent	Male	Female	Analytic	Nonanalytic
Oral cavity and pharynx	19	2.1%	14	5	14	5
Digestive system	145	15.8%	78	67	129	16
Respiratory system	144	15.7%	70	74	133	11
Soft tissue	9	1.0%	7	2	7	2
Skin excluding basal and squamous	12	1.3%	7	5	8	4
Breast	225	24.5%	1	224	204	21
Female genital system	53	5.8%	0	53	29	24
Male genital system	71	7.7%	71	0	50	21
Urinary system	79	8.6%	53	26	62	17
Brain and other nervous system	9	1.0%	1	8	8	1
Endocrine system	6	0.7%	1	5	4	2
Lymphoma	41	4.5%	21	20	27	14
Myeloma	19	2.1%	7	12	11	8
Leukemia	38	4.1%	24	14	19	19
Mesothelioma	3	0.3%	2	1	3	0
Miscellaneous	46	5.0%	21	25	38	8
<b>Total</b>	<b>919</b>		<b>378</b>	<b>541</b>	<b>746</b>	<b>173</b>

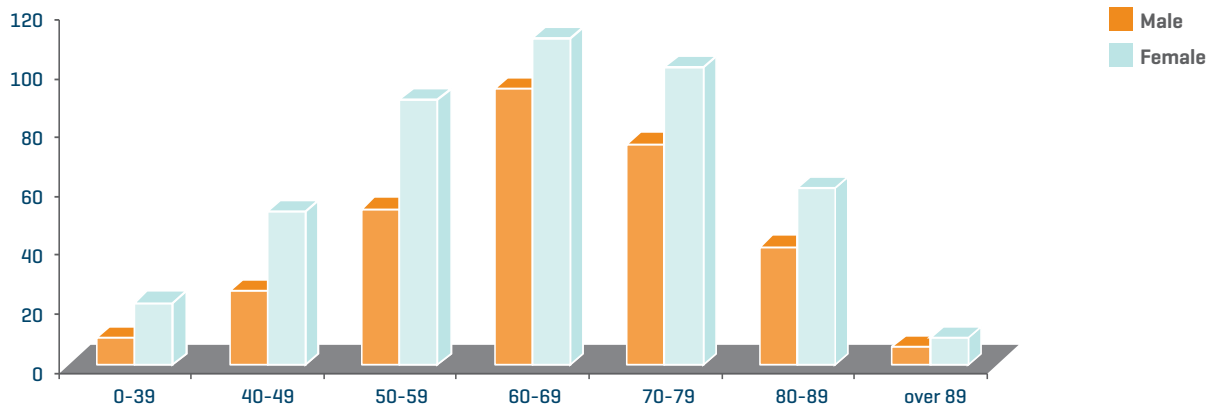
# McLaren Greater Lansing

Total analytic cancer cases

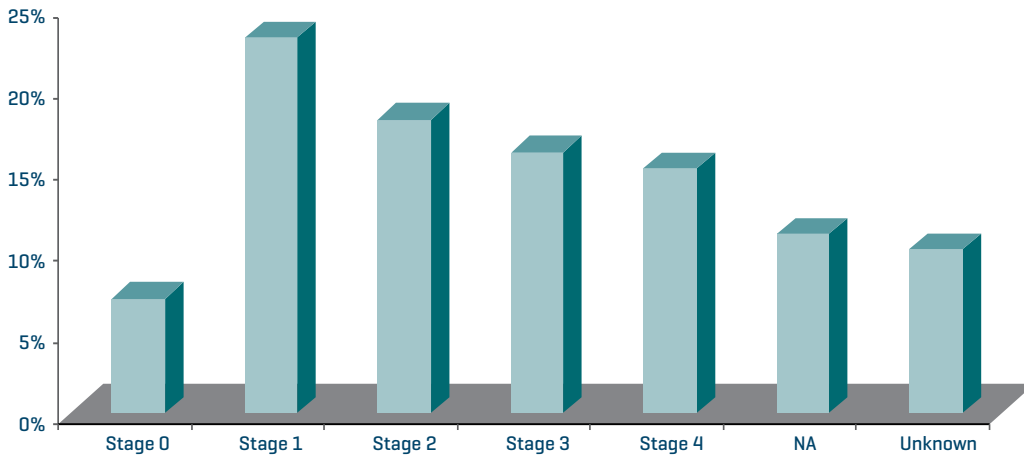


Alive	Expired	Stage 0	Stage I	Stage II	Stage III	Stage IV	N/A	Unknown
17	2	0	3	3	0	6	1	1
91	54	0	17	22	26	32	3	29
66	78	0	21	9	39	45	1	18
8	1	0	1	3	2	0	1	0
12	0	0	1	0	1	2	1	3
211	14	32	86	49	22	8	0	7
47	6	0	14	3	9	2	0	1
67	4	0	11	28	7	4	0	0
63	16	24	9	11	8	5	0	5
5	4	0	0	0	0	0	8	0
6	0	0	1	0	1	0	1	1
34	7	0	12	6	1	6	0	2
14	5	0	0	0	0	0	11	0
26	12	0	0	0	0	0	19	0
1	2	0	0	0	0	0	0	3
23	23	0	0	0	0	0	38	0
<b>691</b>	<b>228</b>	<b>56</b>	<b>176</b>	<b>134</b>	<b>116</b>	<b>110</b>	<b>84</b>	<b>70</b>

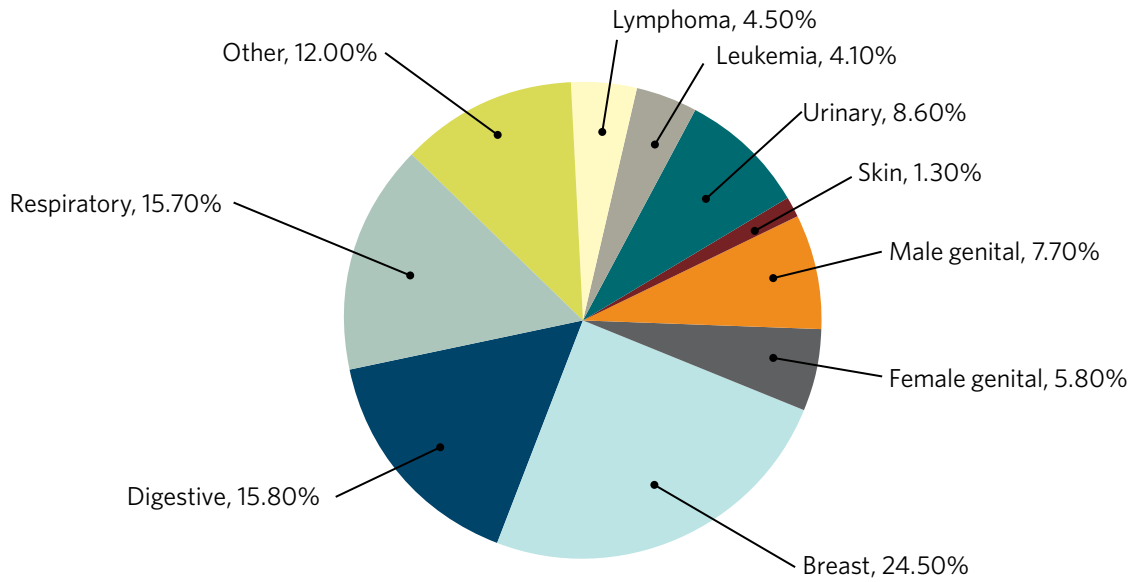
2011 total analytic cancer cases by age and sex



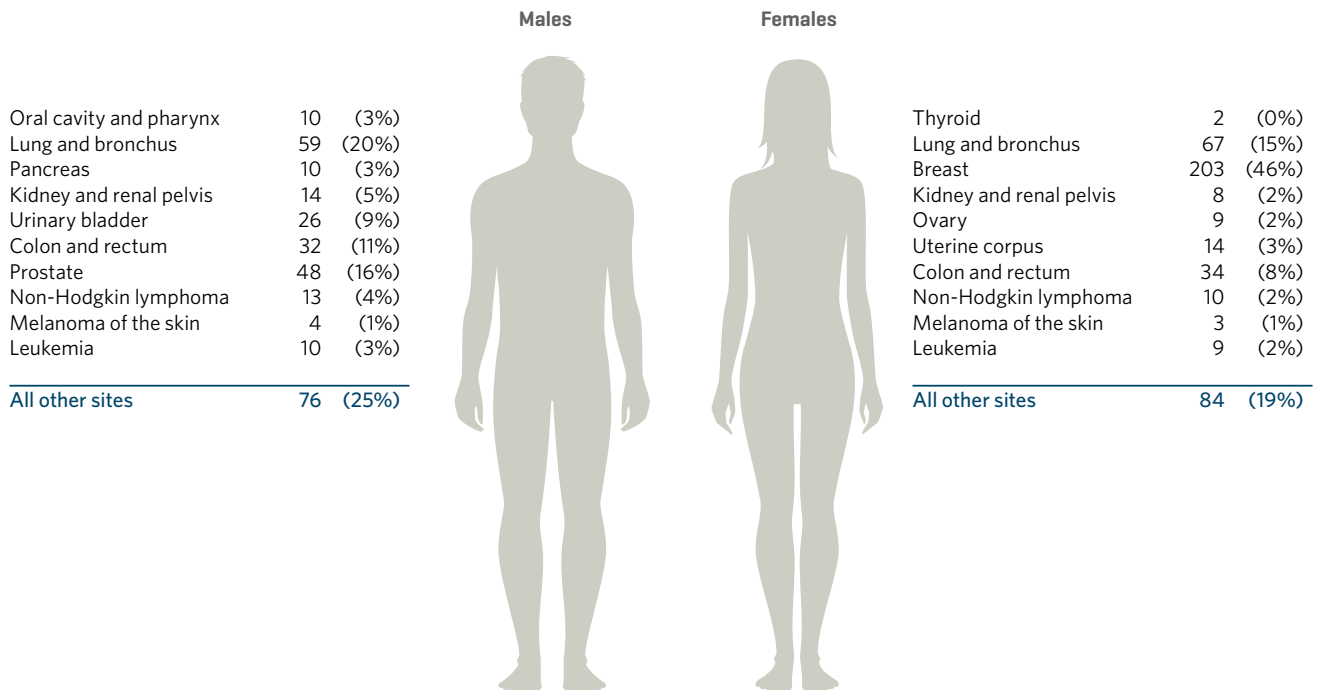
2011 total analytic cancer cases by AJCC stage



**2011 distribution of cancers [746 analytic cases]**



**2011 summary of cancers diagnosed by male and female at McLaren Greater Lansing**



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## › Network collaboration

As part of our continual focus on quality in 2011, McLaren Greater Lansing participated in two cancer studies in collaboration with other facilities throughout McLaren Cancer Institute, formerly Great Lakes Cancer Institute (GLCI). These studies utilized 2010 data from the McLaren Greater Lansing cancer registry.

### **Study 1: Use of PET/CT in the diagnostic work-up for clinical stage I and stage II breast cancer**

This study evaluated the use of PET/CT for diagnosing stage I and II breast cancer patients. The 2011 criteria are set forth by the National Comprehensive Cancer Network (NCCN); PET/CT use is not indicated in the staging work-up for stage I and II breast cancer.

#### **Use of PET/CT in stage I and II breast cancer staging**

Site	Number of cases compliant	Total number of cases reviewed	Compliance percentage
McLaren Greater Lansing	52	52	100%
McLaren Cancer Institute system (formerly GLCI)	268	298	87%

The study concluded that 75 percent of member organizations did not use PET/CT in performing a diagnostic work-up for a rate above 90 percent of the stage I and II breast cancer patients in 2010. The findings indicate a relatively high level of practice standard adherence throughout McLaren Cancer Institute, even prior to the institution of the new national standards. For McLaren Greater Lansing, compliance was 100 percent, with 52 of 52 cases studied not using PET/CT.

### **Study 2: Evaluation of surgical axillary staging practices for clinical stage I and stage II breast cancer**

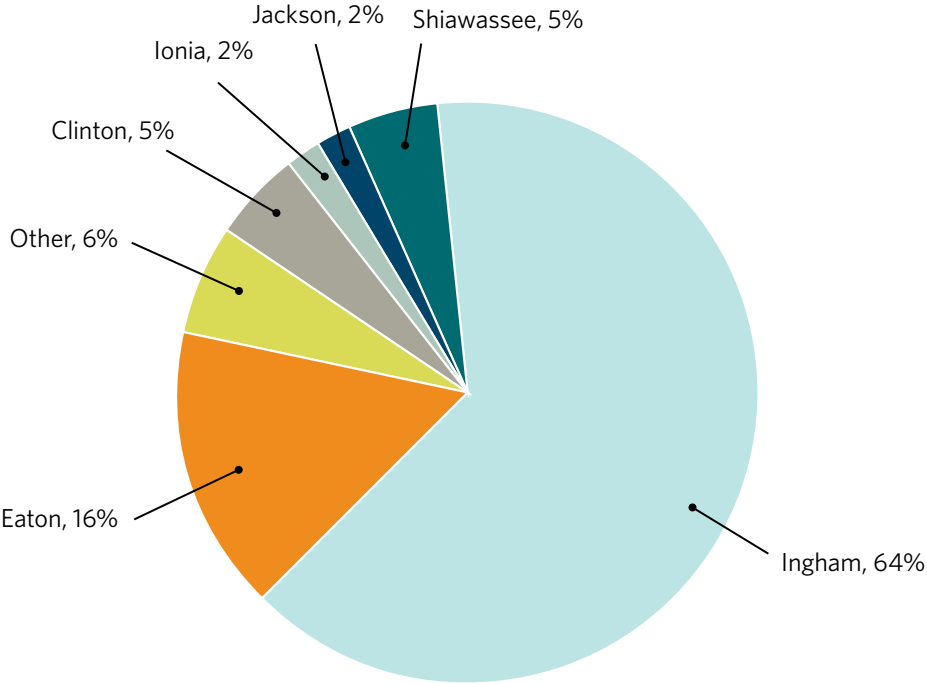
This study evaluated the use of sentinel lymph node biopsy as a method of axillary lymph node staging in clinically node negative stage I and II breast cancer patients. The new 2011 NCCN standards have identified this as the preferred method, as compared to axillary node dissection alone.

#### **Use of sentinel node biopsy in stage I and II breast cancer**

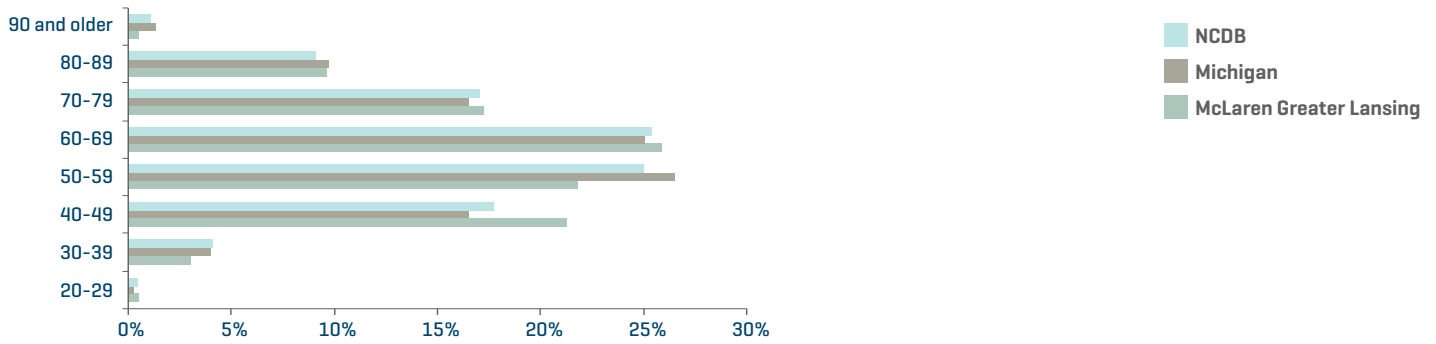
Site	Number of cases compliant	Total number of cases reviewed	Compliance percentage
McLaren Greater Lansing	45	50	90%
McLaren Cancer Institute system (formerly GLCI)	247	279	89%

The study showed that McLaren Cancer Institute members already used sentinel node biopsy for staging 89 percent of their patients in 2010. At McLaren Greater Lansing, compliance was already 90 percent (45 of 50 patients with stage I/II breast cancer underwent sentinel node biopsy), even before the implementation of the new 2011 NCCN guidelines.

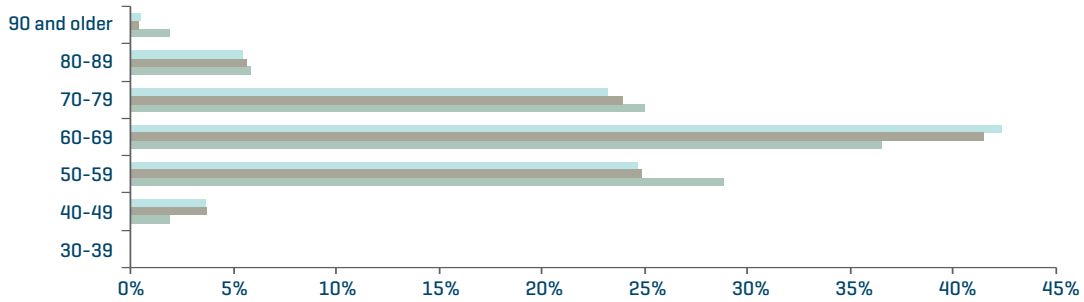
2011 cases by county distribution



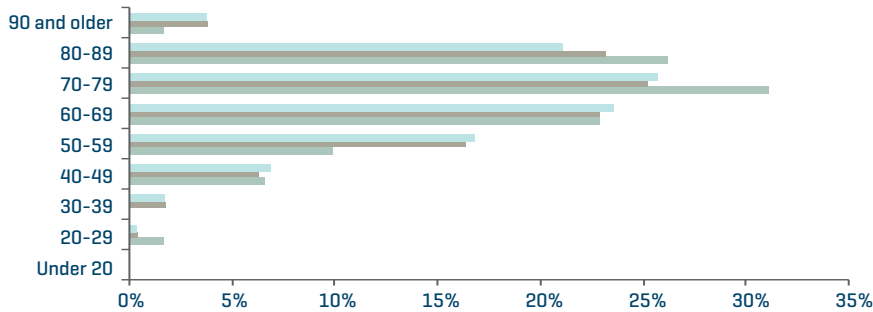
### Breast cancer by age 2009 comparison



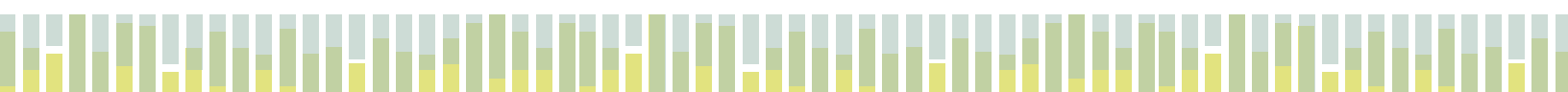
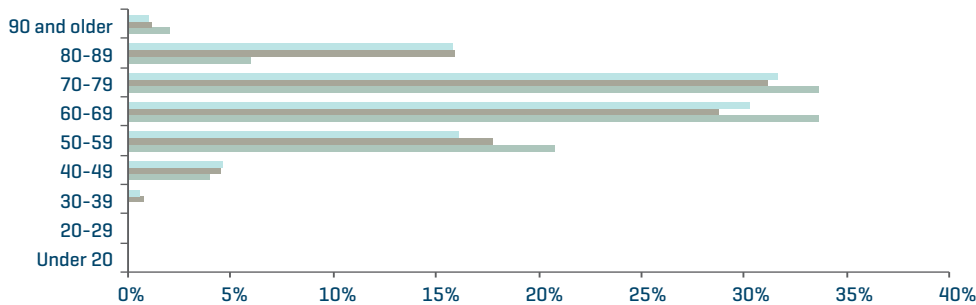
### Prostate cancer by age 2009 comparison



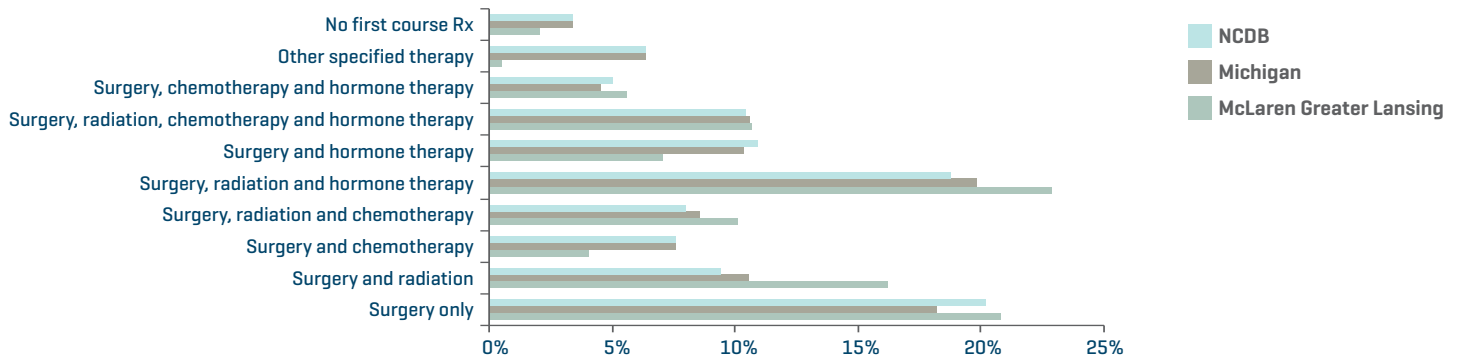
### Colon cancer by age 2009 comparison



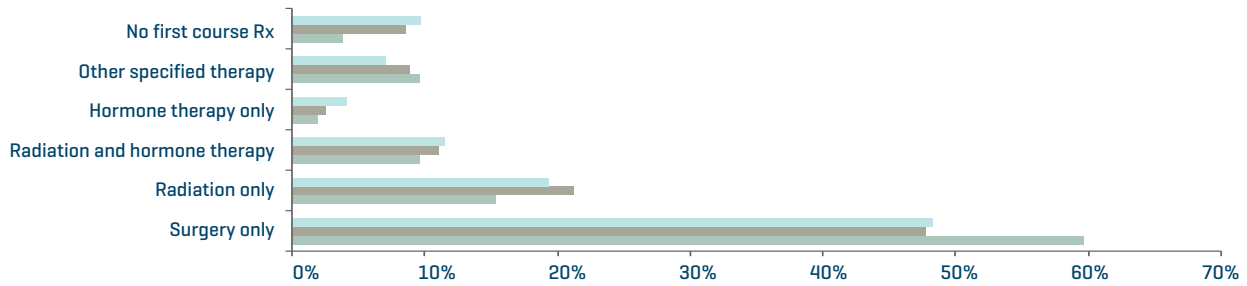
### Lung cancer by age 2009 comparison



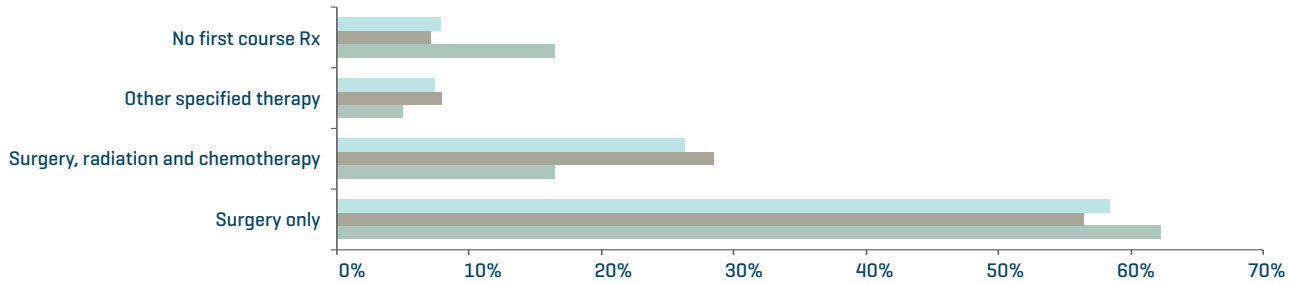
### Breast cancer by first course of treatment 2009 comparison



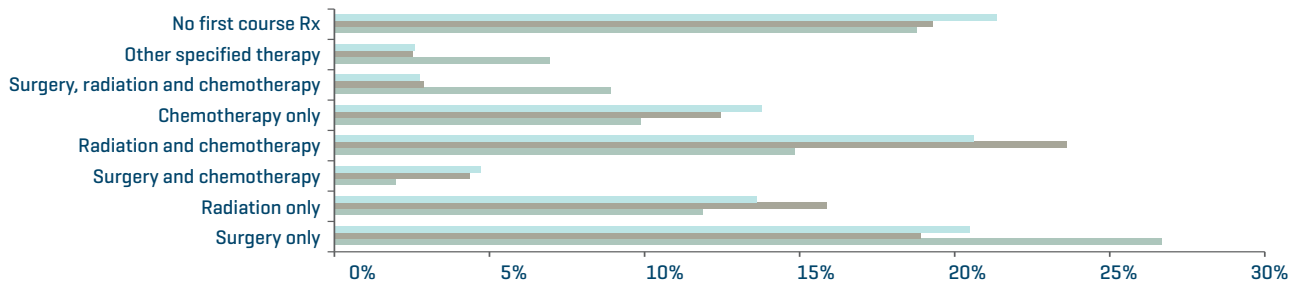
### Prostate cancer by first course of treatment 2009 comparison



### Colon cancer by first course of treatment 2009 comparison

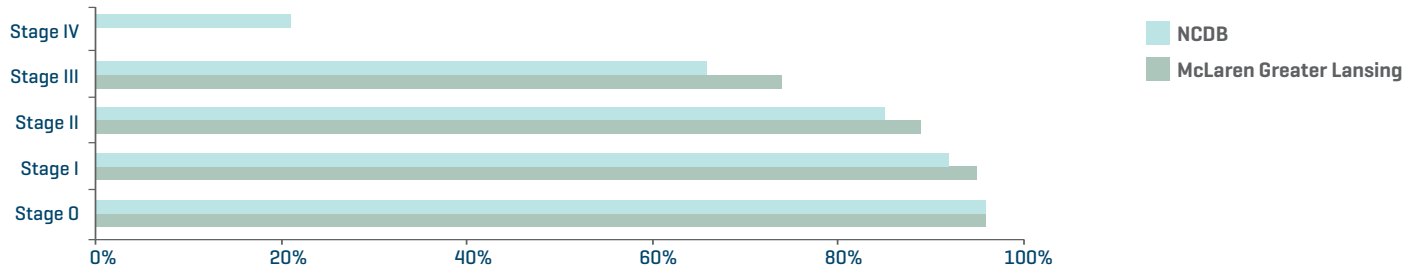


### Lung cancer by first course of treatment 2009 comparison

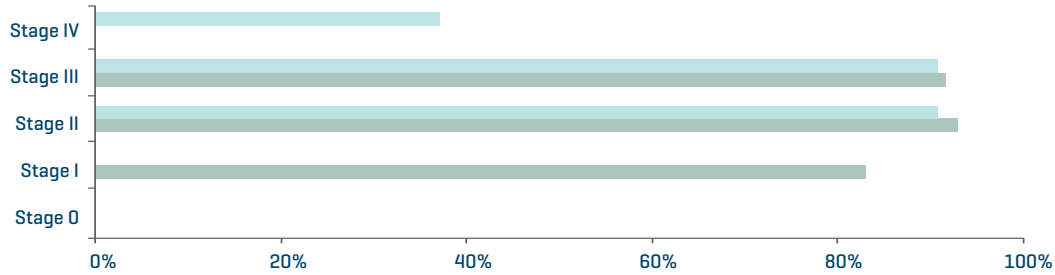




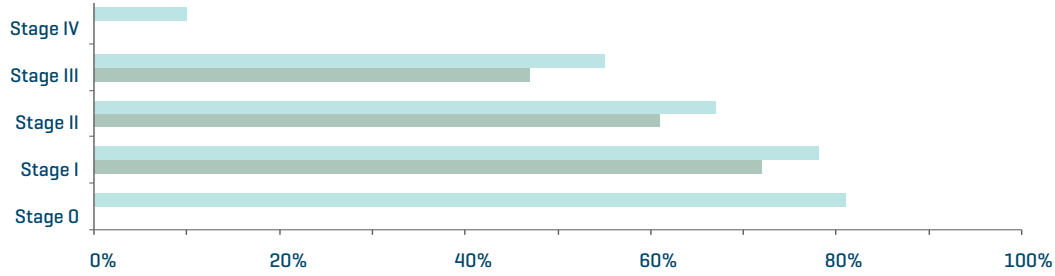
**Breast cancer five-year survival by AJCC stage 2003-2005\***



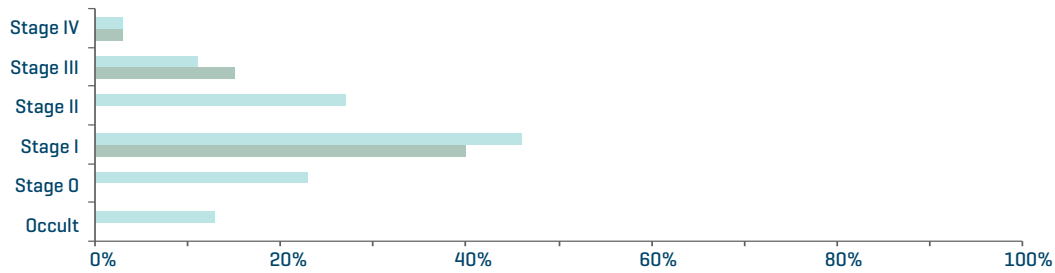
**Prostate cancer five-year survival by AJCC stage 2003-2005\***



**Colon cancer five-year survival by AJCC stage 2003-2005\***

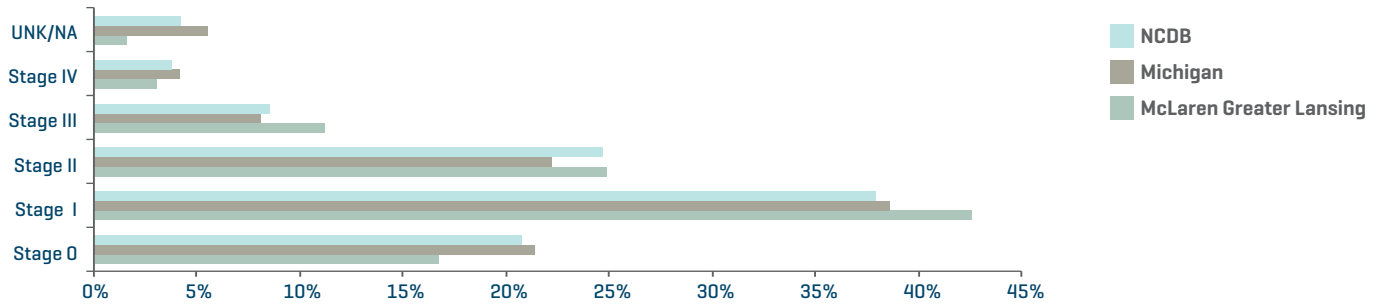


**Lung cancer five-year survival by AJCC stage 2003-2005\***

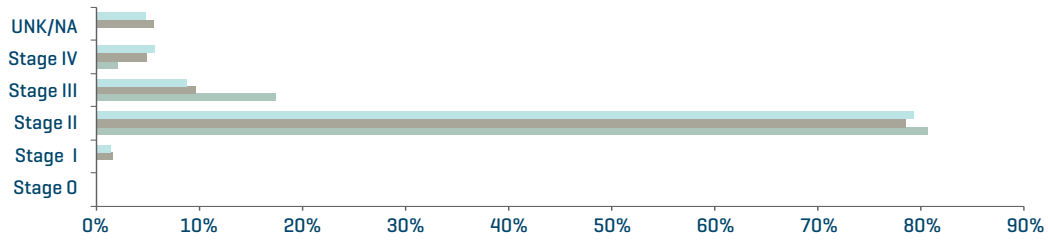


\*Blank indicates insufficient cases to display survival information.  
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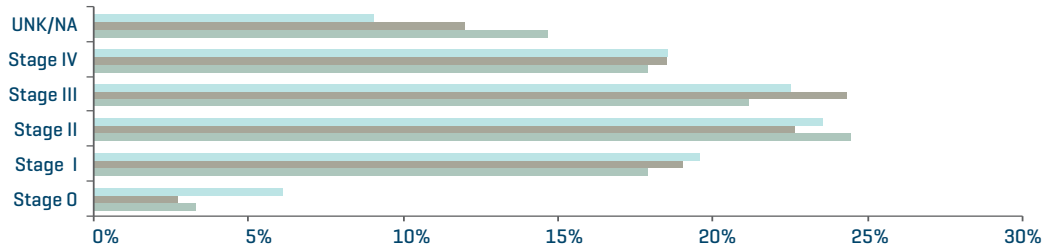
### Breast cancer by AJCC stage 2009 comparison



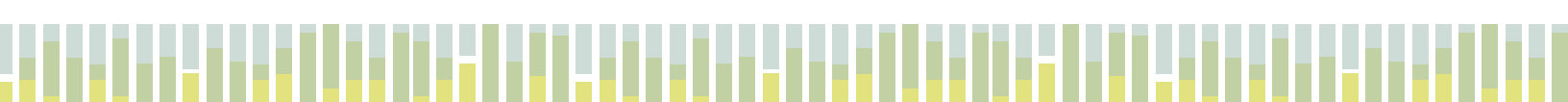
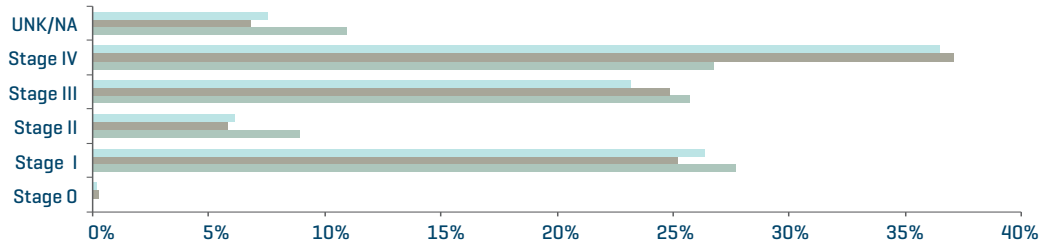
### Prostate cancer by AJCC stage 2009 comparison



### Colon cancer by AJCC stage 2009 comparison



### Lung cancer by AJCC stage 2009 comparison



## > 2012 cancer committee members

**Anas Al-Janadi, MD**

Chair, cancer committee  
Medical oncology/hematology

**Kelli Cotter, PharmD, RPh**

Pharmacy

**Raymond Demers, MD, MPH**

President/medical director  
McLaren Cancer Institute

**Patricia DeRose, RN**

Director of oncology  
Cancer registry quality coordinator

**Mehboob Fatteh, DO**

Pathology

**Kimberly Fritz, RHIT**

Cancer registry

**Lori Eastman**

American Cancer Society

**Divyakant Gandhi, MD**

Surgery

**Borys Hrinczenko, MD**

Clinical trials director  
Medical oncology/hematology

**Cindy Hutchins**

Manager, radiation oncology

**Lewis Jones, MD**

Radiology

**Srinivas Kavuturu, DO**

Cancer liaison physician  
Surgery

**Elizabeth Layhe, DO**

Medical oncology/hematology

**Elizabeth Leyrer**

Palliative care

**Becky Loomis, RN**

Thoracic oncology coordinator, navigator

**Maria Maier, CTR**

Cancer registry

**Cheryl Martin**

Dietary

**Minerva Najar**

Cancer registry  
Cancer conference coordinator

**Jessica Nevins**

Community educator  
Community outreach coordinator

**John Patterson, RRT**

Director of rehabilitation

**Susan Penl, RN**

Oncology nursing

**Helen Roffle, RN, CRA**

Quality improvement

**Patrick Salow**

Chief operating officer  
Quality improvement coordinator

**Jennifer Webb, MD**

Radiation oncology

**Barbara Zielinski, LMSW**

Inpatient social worker  
Psychosocial services coordinator

## > Resources

**Admissions**

(517) 975-6200

**Breast Care Center**

(517) 975-6425

**Breast care navigator**

**Kathy Olsen**  
(517) 975-6432

**Cancer services  
Administration**

(517) 975-6253

**Cancer conferences/tumor boards**

(517) 975-3052

**Cancer registry**

(517) 975-3053

**Clinical trials**

(810) 342-1026

**Health education**

(517) 975-6600

**Home care management**

(517) 975-7220

**Laboratory**

(517) 975-7000

**Medical social work**

(517) 975-7200

**Nutritional services**

(517) 975-7910

**Palliative care**

(517) 975-8957

**Pastoral care**

(517) 975-6010

**Pharmacy**

(517) 975-7925

**Radiology**

(517) 975-6382

**Radiation oncology**

(517) 975-7800

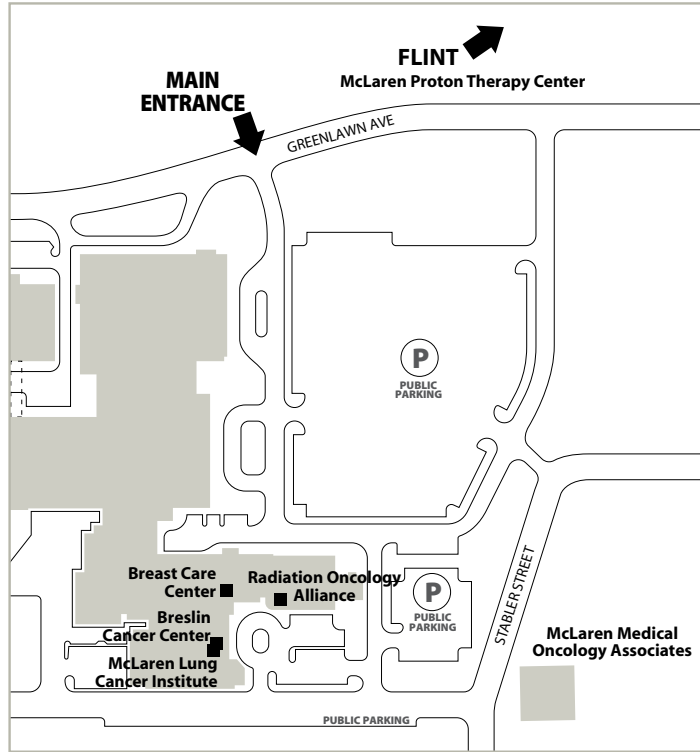
**Rehabilitation services**

(517) 975-6402

**Thoracic nurse navigator**

**Becky Loomis**  
(517) 975-8030

**McLAREN GREATER LANSING'S GREENLAWN CAMPUS**



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