

## **Mercy Cancer Services Annual Report 2017**

2017 was another year of success at Mercy Cancer Services. We continue to see a steady increase of patient volume at all locations with higher patient satisfaction. Several cancer programs were expanded. In mid-2017, Kevin Easley, MD, and Mark Doherty, MD, joined Mercy Clinic GYN Oncology and have been instrumental in re-establishing Mercy as the regional leader in treating gynecological malignancies. Mercy Clinic Breast Surgery added another fellowship-trained breast surgeon, Abigail Hoffman, MD, who has helped to further strengthen our breast cancer services at Clayton-Clarkson and Tower A on the hospital campus. These key additions to our cancer program highlighted our strong commitment to enhance Mercy's clinical expertise as a comprehensive cancer center.

In 2017, we have also focused on improving cancer supportive services. Michelle Schultz, MD, and her team have started a palliative care clinic at David C Pratt Cancer Center. They offer a wide range of symptom management services to our cancer patients who are experiencing cancer or treatment-related complications. They have received highly positive feedback from our patients. Michele Nobs, NP, MSN, OCN, and Laura Cooper, AGNP-C, MSN, have spearheaded our survivorship education program and provided the much needed guidance for our patients to recover from their cancer treatment. In 2018, we plan to expand our patient navigation and intake coordination process to further streamline the cancer center's operation.

We are very excited about the recent merger between St. Anthony's Medical Center and Mercy. By combining the two major cancer care providers in the region, Mercy Cancer Services is well positioned to provide comprehensive cancer treatment for our patients in the South County and West County regions of St. Louis. With this merger, we look forward to expanding our referral base, maximizing our resources, and leveraging Mercy's traditional strength in care coordination and quality control.

In 2018, Mercy Cancer services will continue to work closely with St. Louis metro communities to provide excellent care to our patients and improve their treatment experiences. We would like to thank you for the strong support to Mercy Cancer Services and wish you a healthy and prosperous new year!

Shawn Hu, MD  
Chairman of Oncology Services  
Chief of Oncology and Hematology  
Mercy East Community

### **Top Five Most-Commonly Diagnosed Cancers**

At Mercy Cancer Services in St. Louis, we treat a full range of cancers. In 2016, the top five most-commonly diagnosed cancers were:

1. Breast
2. Lung
3. Prostate
4. Colon
5. Corpus Uteri

### **Standard 4.3 Cancer Liaison Responsibilities**

### **Standard: 4.4 Accountability Measures**

### **Standard 4.6 Monitoring Compliance with Evidence-Based Guidelines**

**Breast 2016**-Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II Breast Cancer.

**Purpose:** The CoC requires accredited cancer programs to treat cancer patients according to nationally accepted quality improvement measures indicated by the CoC quality reporting tool, Cancer Program Practice Profile Reports (CP3R). The function of the quality improvement measure is to monitor the need for quality improvement or remediation of treatment provided. Accountability measures promote improvements in care delivery. The quality improvement measure function is to monitor the need for quality improvement. Surveillance measures generate information for decision making and/or monitor patterns and trends of care.

**Criteria:**

- Primary site C50.0-C50.9
- Diagnosed in 2015
- All histology that meet AJCC staging guidelines
- AJCC Stage 0, I, II

**For 2016 there were 704 Breast cases diagnosed or treated at Mercy. A total of 594 of these cases are eligible for this study with a breakdown of stage as follows.**

- Stage 0= 135 cases
- Stage IA= 280 cases
- Stage IB= 6 cases
- Stage 2A=105 cases
- Stage 2B= 68 cases

**Stage 0=135 patients**

- 83 Lumpectomy/Radiation
- 20 Lumpectomy
- 18 Mastectomy
- 14 Bilateral Mastectomy

**Stage 1A=280 patients**

- 167 Lumpectomy/Radiation
- 6 Lumpectomy only/Declined Radiation
- 42 Mastectomy
- 63 Bilateral
- 2 None -1 patient (63) traumatic brain injury family chose holistic approach, 1 patient (91) age/health problems,

**Stage 1B= 6 patients**

- 4 Lumpectomy/Radiation
- 2 Mastectomy

### **Stage 2A=105 patients**

- 47 Lumpectomy/Radiation
- 5 Lumpectomy
- 26 Mastectomy
- 24 Bilateral
- 3 None- 1 age/health (86), 1 (41) refused then progressed 2 cot bilateral mastectomy, 1 (70) no breast primary identified mets to axilla only.

### **Stage 2B-68 patients**

- 15 Lumpectomy/Radiation
- 1 Lumpectomy
- 19 Mastectomy
- 31 Bilateral
- 2 None- 1 patient age (96), 1 patient (86) age/health problems.

### **Summation:**

- 5.4 percent (32) of the total patients in this study received Lumpectomy only.
- 53 percent (316) of the total patients in this study received Lumpectomy/Radiation
- 40 percent (239) of the total patients in this study received Mastectomy
- A total of 239 patients with early stage breast cancer chose Mastectomy and out of this total 55 percent (132) had Bilateral Mastectomy.
- 1.2 percent (7) of the total patients in this study had no surgical treatment due to age/health.

### **Discussion:**

On the CoC/NCDB web site our CP3R breast conservation surgery rates; 2014 data is available at this time. Based on the results from 2014 our facility showed a 61.5% compliance rate which was in line with a 60.5% rate for our state and a 61.4% rate for our census region. Mercy follows NCCN treatment guidelines for breast cancer.

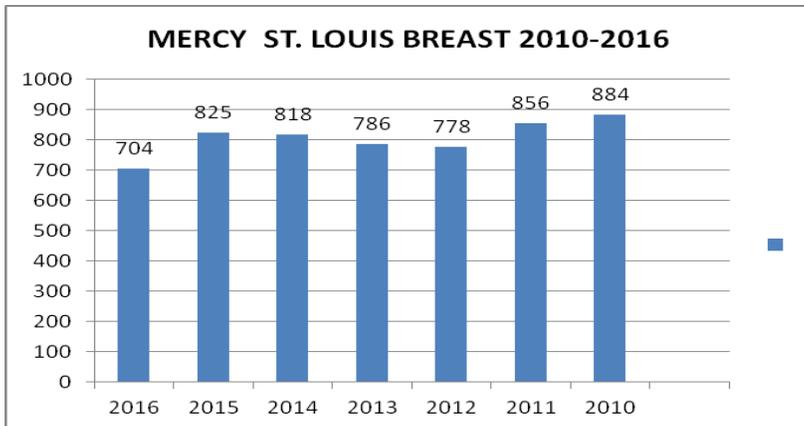
Of the patients choosing mastectomy, we continue to see these patients opt for bilateral mastectomy. Among the patients choosing mastectomy as the treatment of choice, Mercy saw the following percent choose bilateral procedures.

- 2016-55 percent of mastectomy patients
- 2015-55 percent of mastectomy patients
- 2014-54 percent of mastectomy patients
- 2013-52 percent of mastectomy patients

Reasons for choosing bilateral mastectomy were; high risk factors, second primary in opposite breast, history of breast cancer, patient preference, and social media. In all patients reviewed, the option of lumpectomy was discussed and documentation of treatment options mastectomy vs., lumpectomy with negative margins followed by radiation treatment was equivalent, unless the tumor was multifocal or recurrent.

Early detection and education on screenings and self breast exams is making a difference in patients being diagnosed at an early stage of their cancer. Mercy is one of the largest Breast Centers in Missouri and when we look at our total case load for 2016 (704) approximately 84% (594) were diagnosed at an early stage cancer (stage 0, I, II) and this greatly increases overall survival rates.

Physicians have reviewed the data and have concluded recommendations for treatment were in accordance with NCCN Clinical Practice Guidelines in Oncology.



### **Cancer Information Center**

The Cancer Information Center in the David C. Pratt Cancer Center assists cancer patients and their family members. Our services include health promotion, patient education, early detection and support for cancer patients who are trying to find the best way to cope with a serious disease that affects nearly every aspect of their lives. Staffed by a team of health care professionals, including nurses, an oncology social worker, dietitians, a psychologist and many others, it offers free cancer information and assistance with a variety of issues beneficial to patients undergoing treatment.

### **Oncology Nurse Navigators**

Our oncology nurse navigators are available to all cancer patients and serve as educators, advocates and guides to our patients. They help patients through screening processes, diagnoses and treatment and are a resource for guidance, support and answers to any questions they may have about treatment.

Patients and families rely on our oncology nurse navigators to:

- Provide education, advocacy and guidance to further their understanding of their diagnosis
- Clarify medical terminology
- Be there for emotional support
- Facilitate timely access to quality medical psychosocial care

- Serve as essential links between patients their health care providers
- Provide resources within Mercy Cancer Services

## **Patient Resources**

We're committed to supporting our patients as they journey through diagnosis, treatment and beyond. In addition to medical treatment, we offer patients and families a variety of resources and support.

New patient education programs offered in 2017 included:

- Frankly Speaking About Cancer: Breast Reconstruction
- Frankly Speaking About Cancer: Metastatic Breast Cancer
- Frankly Speaking About Cancer: Treatments and Side Effects
- Essential Estate Planning for Everyone
- Medicare 101

## **Cancer Prevention Events for 2017**

**March** - *Colon Cancer Awareness Booth*- Booth was set up in Mercy Hospital lobby to provide information and scheduling materials to visitors and coworkers.

Colorectal Awareness – Mercy Dress in Blue Day- Mercy co-workers were encouraged to dress in blue for Colon Cancer Awareness Month.

The *Colon Cancer Alliance Undy Run /Walk* was held on March 25, 2017, in Forest Park, with a Mercy team of patients and staff members, who manned a booth with information about colon cancer prevention, in addition to participating in the 5K Run-Walk. This year, Mercy was a Blue Hope partner with the Colon Cancer Alliance, so we received a portion of the money raised (\$5,848) for a continuing education grant for our nurses in the Mercy Endoscopy Centers.

**June** - *Komen Race for the Cure-Missouri* (St. Louis race), June 10, 2017 – Mercy co-workers and patients joined a team of 2,000 walkers with the St. Louis Cardinals and the CBS radio stations to bring more awareness of breast cancer to the community. At the halfway point, called the Oasis of Mercy, we distributed lip balm to the walkers.

**October** - *Sista Strut*, October 7, 2017 – Mercy co-workers staffed a booth prior to the walk, handing out information about breast cancer and monthly schedules of our mobile mammography van. Sista Strut is a breast cancer awareness walk for women of color, organized by the iHeart radio stations in St. Louis with approximately 10,000 participants. One of our breast surgeons, Jovita Oruwari, MD, was a featured speaker before the walk, encouraging women to get annual mammograms.

*Co-worker Benefits Fair* – GI and Endoscopy Center staff provided education on the risk factors and symptoms of colon cancer during the day-long health fair for Mercy co-workers.

**Throughout the year** - *Smoking Cessation Counseling-Mercy-Road to Freedom*- One on One counseling sessions with an RN that is certified through the Mayo Clinic as a Certified Tobacco Treatment Specialist-For the first three quarters in 2017, 15 pts have completed the program and 23 have quit smoking.

**Throughout the year**-(started reporting last quarter) *HPV Vaccination Administration*- Participating pediatricians armed with education and data elect to implement a minimum of one intervention per project cycle in their clinic to increase HPV immunization rates. Last quarter-5,143 vaccines were administered. Patients with no HPV vaccination went down 3.34 percent, patients that received HPV 1 increased 1.88 percent, patients that received HPV 2 increased 1.33 percent, and patients that received HPV 3 increased 0.14 percent.

## **Cancer Screenings**

### **Skin Cancer Screening**

A skin cancer screening was conducted at the David C. Pratt Cancer Center at Mercy St. Louis on May 13, 2017. This free service was offered to the general public and uninsured patients, sponsored by Mercy, the American Cancer Society, and the American Academy of Dermatology. Dermatological physicians Jason Amato, MD; Jeffery Reed, MD; Katherine Moritz, MD; and Wei Wei Huang, MD, conducted the screenings, assisted by Kathy Bumberry, RN, and volunteers. These are the findings from the skin cancer screening:

- 76 patients were screened for skin cancer
- 23 patients were referred for follow-up of skin lesions
- All patients who were referred indicated they had insurance
- Biopsy was recommended for 14 lesions
- Presumptive cancer diagnoses were:
  - Basal cell carcinoma in three lesions
  - Melanoma in one lesion
- Other presumptive diagnoses included:
  - Seborrheic keratosis in 28 lesions
  - Actinic keratosis in 10 lesions
  - Dysplastic nevus in three lesions
  - Mole/nevus in 18 lesions
- Other non- malignant dermatological conditions in 22 lesions

## **Breast Cancer Screening**

Mercy Cancer Services serves those in need. Our breast screening and education outreach program provides breast self-awareness education, free breast screening and diagnostic services to women who either have no insurance or are underinsured.

We receive funding for screening and providing breast services to women ages 40 – 49 from the Susan G. Komen Missouri Affiliate. Show Me Healthy Women provides funding for mammograms for women ages 50 – 64, as well as for women ages 35 and up if they have issues requiring diagnostic mammograms. We offer breast screening and education events at Mercy facilities and in the community with our mobile mammography van. We also partner with community agencies and churches to provide services.

## **3D Mammography**

Mercy Breast Center offers 3D tomosynthesis mammography for women who are at high risk for breast cancer or who have dense breast tissue. A 3D tomosynthesis mammogram can detect breast cancer at early stages because it provides more images for the radiologist to review. It also helps reduce the number of false positives for breast cancer, so women don't have to return for additional screenings as often.

Women who have a history of breast cancer should ask for a 3D mammogram when they schedule their annual mammogram. It's available at Mercy Breast Center in Tower A on the Mercy Hospital St. Louis campus, at the Mercy Breast Center at Mercy Clayton-Clarkson in Ballwin and the Mercy Cancer Center in Washington.

## **Ultrasound Breast Screening (ABUS)**

Since 2016, the Mercy Breast Center in Medical Tower A has been offering ABUS – ultrasound breast screening for women with dense breasts. This machine is an advancement in preventive and diagnostic breast screening for women, using sound waves instead of X-rays.

Thanks to generous grants from these organizations and a Sista Strut grant, we screened 619 uninsured or underinsured women in the first three quarters of 2017; 18 breast outreach patients were diagnosed with breast cancer. In 2016, we screened a total of 739 uninsured women; of those, 18 were positive for cancer.

## **Colonoscopies**

At Mercy's four Endoscopy Centers in the St. Louis area, gastroenterologists conducted 5,807 colonoscopies in the first three quarters of 2017. Of those, 23 were positive for cancer.

## **Lung Screenings – Low Dose CT Screening**

Mercy has been offering the Low-dose CT Lung Cancer Screenings since 2015. Low-dose CT chest scans are available to the most at-risk population for lung cancer – those who have been heavy smokers over the past 15 years, or those who are previous smokers. CT scans have been proven to be three times more effective in detecting lung cancer than a standard X-ray. Patients receive a very low-dose of radiation – much less than the average person receives from background radiation in six months.

The referring physician receives the results of the screening. Those patients who show positive results are referred to cancer physicians for follow-up treatment.

First three quarters of 2017: 427 screenings were conducted and three were positive for cancer.

## 2017 Community Outreach Report

### Screenings

	Q1	Q2	Q3	Q4 (Oct-Nov)	Totals
Breast	152	163	127	127	569
Lung	81	85	82	TBD	248
Skin		76			76
Colon	1834	2091	1882	1277	7084

### Education and Prevention Programs

	Q1	Q2	Q3	Q4 (Oct-Nov)	Totals
ACS Look Good Feel Better	15	14	13	18	60
ACS Reach to Recovery	0	10	8	2	20
ACS Personal Health Managers	99	111	90	15	315
Survivorship Series	10	35	25	0	70
Smoking Cessation: Road to Freedom (new patients)	8	12	7	1	28
HPV Vaccination Administration			5143	1783	6926
Am Lung Assn. - Lung Cancer Awareness and Prevention Info Table		100+			0
Intro to Life After Treatment	13			2	15
Cancer and Fatigue					0
Living with Uncertainty			44		44
Managing Late Effects of Treatment		22			22
Frankly Speaking: Treatment and Side Effects			10		10
Frankly Speaking: Metastatic Breast Cancer					0
Frankly Speaking: Breast Reconstruction	11				11
Frankly Speaking: What Do I Tell the Kids				4	4
Colon Cancer Awareness Booth	115				115
Essential Estate Planning for Everyone			9		9
Medicare 101			18		18
Practical Relaxation	6	9			15
Relax and Rejuvenate Retreat				23	23
Cancer Center Orientation	0	0	0	2	2
Komen Race for the Cure		500+			0
Stories of Hope				45	45
<b>Total participants</b>					<b>775</b>

## Support Groups

	Q1	Q2	Q3	Q4 (Oct-Nov)	Totals
Breast cancer	37	25	39	33	134
Prostate cancer	48	52	58	30	188
Thyroid cancer	22	12	39	19	92
Head & Neck cancer	26	7	29	8	70
Young Adult Cancer Survivors	19	19	2	5	45
Lymphedema	9	10	6	1	26
Needlework	60	60	60	60	240
Fun, Friends and Food	14	12	9	11	46
<b>Total participants</b>					<b>841</b>

## Integrative Medicine

Integrative medicine focuses on a patient's spiritual health, emotional health and physical well-being.

Mercy offers the most comprehensive Integrative Medicine program in St. Louis. Acupuncture, chiropractic, guided imagery, healing touch, lymphedema, massage therapy, nutritional counseling, physical therapy and reflexology are among the services offered through Mercy's Integrative Medicine program. Patients may use these services to help in achieving healing during and following their cancer treatments.

A new type of therapy was added in 2017 to help patients who are experiencing pain as a result of their chemotherapy treatment. Calmare is an FDA- approved device that uses small surface electrodes to deliver a very low current of electrical stimulation through the skin and nerve fibers. It is administered by trained chiropractic doctors. It is a non-invasive, drug- free solution for pain control for many chronic pain conditions, with no side effects. This treatment has been shown to be effective in successfully reducing pain in 80 percent of patients treated in clinical trials.

These integrative therapies help patients who may be experiencing pain, nausea, neuropathy, headaches, fatigue, weakness, restricted range of motion, swelling, difficulty performing activities of daily living and issues with sleep and anxiety or stress. Following these treatments, patients may feel more relaxed and have less stress.

## Mercy Oncology Rehab and Survivorship Program

Completing their treatments is just the beginning for cancer survivors. They may suffer side effects caused by their chemotherapy and radiation treatments. To help our cancer survivors, Mercy offers a multi-faceted Oncology Rehabilitation and Survivorship Program.

The Mercy survivorship program helps cancer survivors heal physically, emotionally and spiritually through an interdisciplinary approach. Caregivers from many different specialties work together to help patients increase their strength and energy, alleviate pain and improve their quality of life after cancer. The goal of the program is to return patients to their pre-treatment lives and activities.

Patients may self-refer to this program, or their physicians may refer them to specific therapies, based on their needs.

## **Palliative Care**

Palliative care, an integral part of our oncology program at Mercy, is specialized medical care that is focused on managing the pain and other distressing symptoms of serious illness. The goal is to ease suffering and to enable the best possible quality of life for patients and their families. Patients can receive palliative care at the same time as active cancer treatment, independent of life expectancy. Mercy's Palliative Care team includes physicians, nurse practitioners, social workers and chaplains who work together with our patients' other doctors to provide consistent medical treatments and coordinated care that is tailored to individual patients' needs.

Palliative care consultation is now available two days per week, Tuesday and Friday afternoons for outpatients at the David C. Pratt Cancer Center with Michelle Schultz, MD, and Gail Hurt, ANP. Referral to palliative care early in the course of cancer treatment has been shown to improve quality of life for patients and their families. It helps people carry on with their daily lives and improves their ability to tolerate cancer treatments. Patients gain more control over their care by improving understanding of treatment options and matching their goals to those options.

And because we believe all children deserve the medical care and emotional support they need to live life to its fullest, our palliative care team also includes a board-certified pediatric palliative care specialist, Mary Beth Chismarich, MD. As one of just a few in her field, Dr. Chismarich is specially trained to coordinate with other pediatric specialists, focus all aspects of care upon the child's illness and provide guidance and support to families.

## **Mercy Pastoral Services**

Religion and spirituality can have both positive and negative effects in cancer care as shown by many recent studies. Positive effects of spiritual care include better quality of life, self-esteem and optimism, better coping skills, less social alienation, decreased anxiety and lower levels of discomfort. Cancer patients experiencing religious/spiritual struggle (e.g., feeling abandoned by or punished by God) experienced poorer quality of life, greater emotional distress, anxiety, higher levels of depression, poorer outcomes and increased disability. The National Comprehensive Cancer Network recommends that every cancer patient be screened for spiritual distress. The goal of screening is to identify patients with distress, including spiritual distress, and to ensure they are referred to trained professionals.

Mercy chaplains are available 24/7 both in the ambulatory setting as well as the in-patient setting. Chaplains are available to respond with face- to- face contacts, by telephone or by e-chaplaincy. Contact with a Mercy chaplain or for additional information on our spiritual care outreach is available at our Pastoral Services Office at Mercy Hospital St. Louis, 314.251.6470 or at the David C. Pratt Cancer Center, 314.251.6947.

## **Cancer Treatment at Mercy**

### **Infusion Therapy**

Mercy offers patients the convenience of three infusion centers: David C. Pratt Cancer Center, Mercy Clayton and Clarkson building and Mercy Clinic Oncology and Hematology - Chippewa. All three centers offer a complete array of infusion services in light-filled, comfortable and supportive settings.

Services include:

- Complex biologicals
- Immunotherapy
- Blood products (Pratt Cancer Center and Clarkson locations only)
- IV Fluids
- Antiemetic
- Antibiotics
- Analgesics
- Injectable medications
- Investigational therapies

### **Chemotherapy**

- Preparation. All chemotherapy medications are prepared onsite at each location using DoseEdge technology, a software program which is integrated with the pharmacy application of our electronic health record system, to ensure safe and accurate preparation of chemotherapy. Every step of the process, from selection of the drug, to measurement, to compounding, is captured using bar code technology and digital imaging for verification by a pharmacist prior to dispensing the medication. Only then is the chemotherapy sent to a nurse to be administered to the patient.
- Administration. Patient safety is paramount and proper administration of chemotherapy requires very strict protocols.
- We operate under the guidelines of the Oncology Nursing Society for the administration of all chemotherapy. All nurses have completed chemotherapy certification training.
- Mercy's Electronic Health Record (EHR) allows our patients to receive services across the system seamlessly. This is especially helpful to patients using our infusion centers as it allows them to go wherever is most convenient for them – and not always to the same center – and their records are instantly ready and waiting. This affords our patients tremendous flexibility at a time when they especially appreciate it.

- Social workers are available at all three locations to provide counseling and assist with applications for financial resources, transportation, housing and accessing community resources. Patients may self-refer to this program, or their physicians may refer them to specific therapies, based on their needs.

## **Radiation Oncology**

David C. Pratt Cancer Center offers a full range of radiation therapy options, including both stereotactic radiosurgery (SRS) and stereotactic body radiotherapy (SBRT). SRS refers to treatments within the brain, while SBRT refers to treatments given to sites in the body outside of the brain (lung, liver, pancreas, spine, head and neck region, adrenal gland, pelvis and bone).

Both treatments do not involve invasive surgery, but rather refer to the precise, high doses of radiation that are delivered. Treatment is highly accurate and painless. Treatment is given on an outpatient basis at a dedicated radiosurgery suite, and takes only one to five treatment sessions as compared to several weeks for traditional radiation therapy. As there is no surgical incision, patients are able to go home the same day and return to their usual activities within 24 hours. SRS/SBRT procedures are administered by a team, including a radiation oncologist, neurosurgeon, medical physicist and radiation therapists.

SBRT also includes the use of advanced technology for accurate and precise tumor targeting. For example, in some patients with tumors that move with breathing, an active breathing coordinator can be used to manage tumor motion. Multiple beams are used, allowing the shape and dose of the radiation to precisely treat the target – and spare surrounding healthy tissue. The SRS/SBRT system utilizes a specially designed robotic table to aid in precise localization of the tumor.

The ideal tumor for SRS/SBRT is relatively small with well-circumscribed borders that can be accurately imaged by MRI or CT. SRS/SBRT is also ideal for specific tumor types, including melanoma, renal cell carcinoma and soft tissue sarcoma.

## **Surgical Treatment**

Mercy Cancer Services has two world-class surgery centers: Mercy Hospital St. Louis and a second outpatient surgery center at Mercy Clayton-Clarkson.

We offer many types of surgery for the treatment of oncology patients and their specific diagnoses. Our surgeons work closely with each individual patient to discuss treatment options and propose the best choice available.

Mercy is a leader in robotic surgery. We were the first hospital in St. Louis to acquire the da Vinci Surgical System in 2003 and now have three da Vinci systems. Our patients realize significant advantages: using da Vinci, surgeons work with robotic arms through small incisions – resulting in less blood loss, fewer effects from surgery and faster recovery times.

## **Clinical Trials**

Clinical trials offer cancer patients new hope for successful treatment. They are an important aspect of care at Mercy Cancer Services. We're committed to making a variety of opportunities available to patients who are interested in participating in research studies.

Mercy's Oncology Research Department provides clinical and administrative support for clinical trials sponsored by various organizations:

- We participate in trials offered by the National Cancer Institute (NCI) through the National Community Oncology Research Program (N-CORP). This program provides more than 50 NCI Phase II, III and IV trials in cancer prevention, treatment and supportive care to our adult and pediatric patients.
- We offer a selection of industry-sponsored trials to complement our N-CORP studies.
- We support local studies initiated by our own investigators.

In 2016:

- We facilitated more than 90 clinical trial enrollments.
- Adults were enrolled in 25 different cancer studies.
- Twenty-six pediatric patients were enrolled in Children's Oncology Group protocols.

### **Cancer Committee**

Mercy's 2017 Cancer Committee is a multidisciplinary committee that includes board-certified physicians, members of the administration, nursing, social services, radiology, quality assurance, pastoral care, cancer registry and other related ancillary specialty staff. The chair for 2017 is John Finnie, MD, medical oncologist, and the co-chair is Jeffrey Craft, MD, radiation oncologist. Robert Frazier, MD, radiation oncologist, is cancer liaison.

### **Multidisciplinary Cancer Conferences**

The David C. Pratt Cancer Center holds site-specific cancer conferences to bring together physician subspecialists and other health care professionals to examine specific cases and suggest the most appropriate treatment. These conferences benefit patients by encouraging collaboration while each member brings a unique view of the different aspects of the patient's disease process and available treatment options.

Cancer conferences include:

- Breast Conference
- GI Conference
- GYN Conference
- Head and Neck Conference
- Hematology/Oncology
- Neurology Conference
- Pediatric Conference
- Speaker Presentation
- Surgical Oncology Conference
- Thoracic Conference
- Urology Conference

### **Mercy: Fully Accredited. Clearly Committed**

Professional accreditations are evidence that patients can expect the highest quality of care at Mercy – innovative, comprehensive care.

We earned a three-year accreditation with commendations from the Commission on Cancer of the American College of Surgeons. This distinction is given to fewer than 20 percent of all cancer programs in the country. Eight standards were eligible for commendation and we received the exemplary rating of “commendation” on all eight. Mercy has been accredited by the American College of Surgeons Commission on Cancer since 1984 and is also accredited by The Joint Commission.

We also hold a three-year term of accreditation in breast ultrasound from the American College of Radiology (ACR). The ACR gold seal of accreditation represents the highest level of image quality and patient safety and is awarded only after peer evaluation by board-certified physicians and medical physicists.

Mercy is also proud to have been named a Breast Imaging Center of Excellence (BICOE) by the American College of Radiology (ACR). The BICOE designation is awarded to breast imaging centers that achieve excellence by seeking and earning accreditation in all the ACR’s voluntary breast-imaging accreditation programs and modules in addition to the mandatory Mammography Accreditation Program.