

Mercy Cancer Services

2015 Cancer Annual Report



Your life is our life's work.

YOUR LIFE IS OUR LIFE'S WORK

Welcome to our 2015 Mercy Cancer Services Annual Report, which provides updates on our cancer services and programs for patients at Mercy. I would like to highlight some of our accomplishments this year.



In February, Mercy Clinic Oncology and Hematology expanded its outpatient practice to Mercy Jefferson. Dr. Bhaskara Gadi and Dr. Syed Huq are currently providing a full range of oncology care serving our patients in the south St. Louis County and Jefferson County areas.

In mid 2015, the David C. Pratt Cancer Center began to offer a low-dose CT lung cancer screening program. Following national guidelines, this program provides a safe, reliable and affordable screening test to individuals who are at high risk of developing lung cancer. Over the last few months, we have detected several early stage lung cancers and provided highly effective treatments for those patients.

Over the last few decades, cancer care has become an increasingly complicated, financially burdensome and often life-long process. As a major cancer center in the St. Louis metropolitan region, Mercy has developed a comprehensive cancer support and rehabilitation program to help our patients cope with their diseases and manage treatment complications.

In 2016, we are introducing new and improved services, including new patient orientation sessions, additional cancer support groups, chemotherapy education programs, expanded cancer rehabilitation and psychosocial counseling services, as well as a robust patient assistance program. We have recently introduced a cancer survivorship planning program, one of the first in the St. Louis area designed to guide our patients who are recovering from their cancer treatments and to help them transition back to a normal lifestyle.

We would not have accomplished those without working closely with our community. As we strive to take our cancer services to the next level, we are counting on your continued support and participation. Together, we are determined to make cancer curable, treatable and livable!

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 2014, the top five most-commonly diagnosed cancers were:



MERCY CANCER SERVICES PATIENT RESOURCES

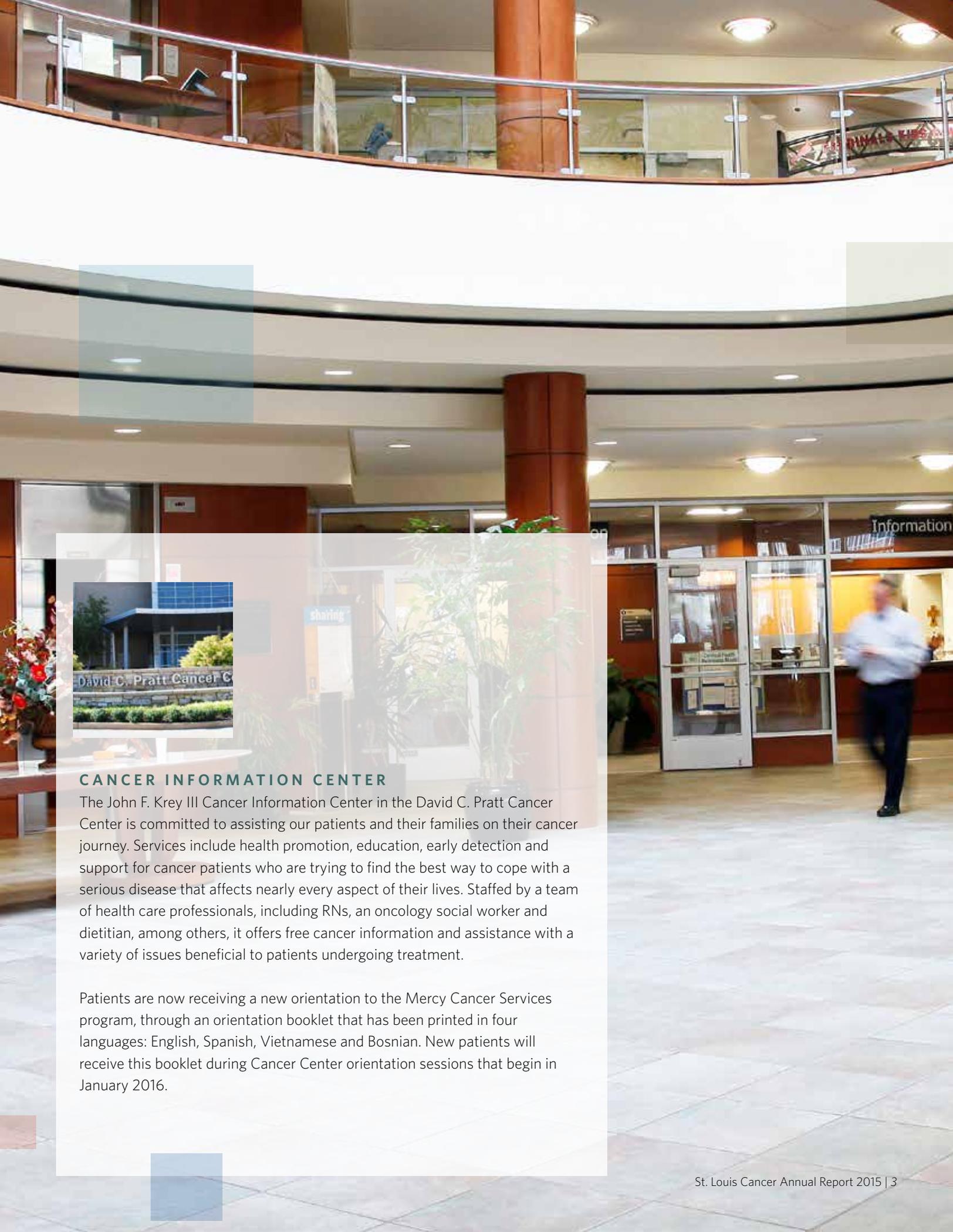
We're committed to supporting our patients as they journey through diagnosis, treatment and beyond. In addition to medical treatment, we offer patients and families a variety of resources and support.

We added a new cancer educational program in 2015, in addition to the other educational and support groups we already offer to patients and families:

Survivorship Series is a monthly program for patients who have completed treatment. The program focuses on topics related to physical and emotional changes as well as creating a wellness plan for a healthy lifestyle. The program is overseen by a registered nurse and oncology social worker and is presented by various health care professionals.

[Learn More About Cancer Support Groups.](#)





CANCER INFORMATION CENTER

The John F. Krey III Cancer Information Center in the David C. Pratt Cancer Center is committed to assisting our patients and their families on their cancer journey. Services include health promotion, 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 RNs, an oncology social worker and dietitian, among others, it offers free cancer information and assistance with a variety of issues beneficial to patients undergoing treatment.

Patients are now receiving a new orientation to the Mercy Cancer Services program, through an orientation booklet that has been printed in four languages: English, Spanish, Vietnamese and Bosnian. New patients will receive this booklet during Cancer Center orientation sessions that begin in January 2016.



CARDINALS KIDS CANCER CENTER

In late 2015, the Cardinals Kids Cancer Center became a hospital-based infusion department. The physicians' offices expanded to clinic areas next door for examination rooms, leaving the previous exam rooms for infusion for children and adolescent patients.

Also in 2015, the patio area behind the Cancer Center was transformed into a children's play area, with painted areas for children's bikes, basketball and other games, such as hopscotch. The area will be fully furnished with tricycles and other play equipment in the early spring.



NEW PHYSICIANS WITH MERCY CANCER SERVICES

We have four new physicians who have joined Mercy Cancer Services: Bhaskara Gadi, MD, has joined Mercy Clinic Oncology and Hematology-Jefferson, providing a full range of oncology care in the South St. Louis County and Jefferson County areas.

We have also expanded our urological oncology program with the addition of Gregory McLennan, MD, and Gautum Agarwal, MD. They joined Mercy Clinic Urology focusing on treating genitourinary malignancies, including prostate, kidney, bladder and testicular cancers.

Matthew Johnson, MD, recently joined our radiation oncology department to strengthen our radiation services in Creve Coeur, Clarkson Valley and Washington.

Caring *Goes Beyond Traditional Treatment*

OUR ONCOLOGY NURSE NAVIGATOR

An oncology nurse navigator, an RN, is available to all cancer patients, and serves as an educator, advocate and guide. The navigator helps patients through detection, diagnosis and treatment, and is a resource for guidance, support and answers.

Patients and families rely on the oncology nurse navigator to:

- Provide education, advocacy and guidance to further their diagnosis understanding
- Clarify medical terminology
- Be there for emotional support
- Facilitate timely access to quality medical and psychosocial care
- Serve as an essential link between patients and their health care providers
- Provide resources within Mercy Cancer Services

MERCY STAR® 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 Survivorship Training and Rehabilitation Program, known as STAR®.

This nationally-recognized survivorship program focuses on helping 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 STAR®, or their physicians may refer them to specific therapies, based on their needs.

[Learn more about Mercy's STAR® Program.](#)

INTEGRATIVE MEDICINE

Integrative medicine focuses on a patient's spiritual and emotional health, in addition to their physical well-being. Integrative medicine may include massage therapy, physical therapy, lymphedema therapy, reflexology, chiropractic care and healing touch. Patients may also want to try acupuncture, guided imagery and nutritional counseling to achieve healing following their cancer treatments.

These integrative therapies help patients who may be experiencing pain, nausea and stress. Following these treatments, patients may feel more relaxed and have less stress.

[Learn more about Integrative Medicine.](#)

Palliative Care

improves quality of life

Palliative care, specialized medical care for people with serious illnesses, is an integral part of our oncology program at Mercy. It provides relief from the symptoms, pain and stress of illness, improving the quality of life for both patient and family.

Palliative care's focus is on managing and relieving the underlying symptoms of disease but it can be combined with healing treatments. Mercy's palliative care team includes physicians, nurses, specialists and others who work with the patient's doctors to offer an extra layer of support depending upon the patient's changing needs.

[Learn More About Palliative Care.](#)

We offer specialized pediatric palliative care, too.

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.

[Learn more about Pediatric Palliative Care.](#)



SURVIVORSHIP PLANNING

Due to the improvement of cancer treatment, more and more people are surviving cancer. Mercy began a program in 2015 to help patients with survivorship planning. Patients are no longer concerned merely with how long they live – they are concerned about the quality of their life after treatment.

Oncologists and oncology-certified nurses help prepare patients for life beyond cancer. While some survivors return to their lives without difficulty, others have lives that are significantly changed by their cancer experience. The challenge for every survivor is how to return to everyday life while adjusting to the possible lingering effects of their cancer and its treatment. Cancer treatment summaries and survivorship care plans can be the start of this journey. It is recommended that all patients receive a treatment summary and survivorship care plan once their immediate treatment is completed.

Cancer treatment summaries and survivorship plans highlight or summarize a patient's diagnosis and treatment. Survivorship planning helps identify any current problems they may be experiencing as a result of their treatment. Their problems can then be addressed and they can be referred to specialists if needed.

Survivorship planning can also help foster communication and coordination of care with the patient, their oncology team, primary care provider, gynecologist and other specialists. It can help guide discussion of surveillance and specify who will be responsible.

The plan also includes discussion of any future concerns or issues a patient may face post-treatment. It can help identify and manage long-term effects as a result of treatment.

The plan includes: the names of the physicians, nurse navigator, nurse practitioner and other

team members; the pathology information, cancer type, location and stage; plus any surgical procedure and date of procedure. Chemotherapy and any targeted therapy received are also part of the plan. Clinical trials are listed as well. If a patient underwent radiation, the site, dosage and number of treatments are listed, plus ongoing therapy – the plan, duration and expected side effects.

Follow-up visits to physicians are also an important part of the plan. If a patient underwent genetic testing, the results will be there, along with any planned follow-up. The treatment summary and survivorship plan also evaluates current issues such as emotional, spiritual and mental health issues. Identification and management of ongoing and possible long-term side effects and late effects of treatment are critical. Health promotion strategies are covered to help reduce the chance of recurrence and the risk of developing other cancers and the late effects of treatment.

Referrals are then made to the Mercy STAR® Program, support groups, counselors, social workers or other specialists as needed. The treatment summary and survivorship plan is then shared with all of a patient's health care professionals to help with continuity of care.

It is hoped that survivors who receive a treatment summary and survivorship plan will have increased knowledge about their surveillance plan, with the hope that problems can be addressed earlier.

Cancer treatment summaries and survivorship plans are available for all individuals with early stage breast cancer, lung cancer, colon cancer, endometrial cancer and prostate cancer. Cancer treatment summaries and survivorship plans for other cancers will be added in the near future.

We Treat Many Types of Cancer

One Person at a Time

STEREOTACTIC RADIOSURGERY AND STEREOTACTIC BODY RADIOTHERAPY

Stereotactic Radiosurgery (SRS) is precisely targeted radiation treatment used to treat intracranial tumors and other less common neurological diseases. Radiosurgery doesn't involve surgery, but is the delivery of a dose of radiation with the precision of surgery. Treatment is highly precise and painless. Treatment is given on an outpatient basis at a dedicated radiosurgery suite. Because there is no surgical incision, patients are able to go home the same day and return to their usual activities within 24 hours. SRS procedures are administered by a team of physicians including a radiation oncologist, neurosurgeon and medical physicist.

Stereotactic Body Radiotherapy (SBRT) is precisely-targeted radiation treatment used to treat tumors in the lung, liver, pancreas, spine, head and neck region, adrenal gland, pelvis and bone. Treatment is precise, painless and takes only one to five treatment sessions as compared to several weeks for traditional radiation therapy.

In some patients with lung or abdominal tumors, an Active Breathing Coordinator (ABC) is used to produce repeated deep breath holds that immobilizes the tumor during treatment. Multiple beams are used, allowing the shape and dose of the radiation to precisely treat the target - and spare surrounding healthy tissue. SBRT is a non-invasive, outpatient procedure. Because there is no surgical incision, patients are able to return to their usual activities immediately.

SRS and SBRT treatments are performed using a sophisticated system specifically designed to deliver highly-precise treatment - in a dedicated radiosurgery suite at the David C. Pratt Cancer Center. Unlike traditional linear accelerators, this system includes a specially designed robotic table which ensures the target is precisely localized.

The ideal tumor for SRS/SBRT is relatively small with well-circumscribed borders that are accurately imaged by MRI or CT. SRS/SBRT is ideal for specific tumors, including melanoma, renal cell carcinoma and soft tissue sarcoma. SRS/SBRT has been most extensively studied for tumors of the brain, lung, liver and spine.

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 both within Mercy Hospital St. Louis and across the country.

- 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.

In 2014:

We facilitated more than 120 clinical trial enrollments.

Adults were enrolled in 25 different cancer studies.

Twenty pediatric patients were enrolled in Children's Oncology Group protocols.

We plan to offer additional options to increase participation in clinical research through improved access and education for our patients.



Screenings and Educational Programs



BREAST CANCER SCREENING

Continuing the mission of the Sisters of Mercy before us, 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 a Susan G. Komen St. Louis Affiliate, now *Susan G. Komen Missouri. 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.



Thanks to generous grants from these organizations, we screened 719 uninsured or underinsured women in 2014; ten of them were diagnosed with breast cancer.

MERCY OFFERS 3D MAMMOGRAPHY

Mercy Breast Center now 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.

[Learn more Mercy Breast Center Medical Tower A.](#)



SKIN CANCER SCREENING

Each May, we conduct a free skin cancer screening for the public. Last year's was sponsored by Mercy, the American Cancer Society and the American Academy of Dermatology. This screening was offered to the general public and the uninsured.

In May 2015:

- 55 patients were screened for skin cancer
- 25 patients were referred for follow-up of skin lesions
- All patients referred indicated they had insurance
- Biopsy was recommended for 13 lesions
- Presumptive cancer diagnoses were:
 - Basal cell carcinoma in 8 lesions
- Other presumptive diagnoses included:
 - Seborrheic keratosis in 19 lesions
 - Actinic keratosis in 14 lesions
 - Dysplastic nevus in 6 lesions
 - Mole/nevus in 15 lesions
- Other non malignant dermatological conditions in 6 lesions

COLONOSCOPIES - COLON CANCER SCREENINGS

At Mercy's four Endoscopy Centers in the St. Louis area, gastroenterologists conducted 6,442 colonoscopies in the first three quarters of 2015.

Of those, there were 12 positive screenings for cancer.

New in 2015

LOW-DOSE CT LUNG CANCER SCREENINGS

Mercy began offering the Low-dose CT Lung Cancer Screenings in 2015. These 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.

According to most insurance guidelines, this includes patients who are ages 55-79, in generally good health and have shown no signs, symptoms or a personal history of lung cancer. They must have smoked one pack of cigarettes a day for 30 years or two packs a day for 15 years.

Mercy's oncology nurse navigators receive orders for scans from primary care physicians and then screen the patients to be sure they meet the criteria. Patients are responsible for calling their insurance carrier to determine if the CT scan is covered. If they choose to self-pay, the cost is \$200. Mercy has grant money available from the St. Louis Men's Group Against Cancer for those who may qualify for the test, but can't afford the cost of the screening. The nurse navigator sends the patient to Interventional Radiology for scheduling and then tracks the results for the Cancer Committee.

Patients receive a very low-dose of radiation - much less than the average person receives from background radiation in six months. The test takes about one minute.

The referring physician receives the results of the screening. Those patients who show positive results are referred to cancer physicians for treatment. For more information on the low-dose CT lung cancer screenings, please call 314-251-6400.

For the 199 screening conducted up until the end of November 2015, we had 5 positive screening for lung cancer.

Committed to Our Patients

Community Screenings

(Note - Q4 is October and November data only and does not contain detail for December. Therefore TBD is noted in the chart for Q4.)

	Q1	Q2	Q3	Q4	Total
Breast	154	213	179	148	694
Lung	6	69	59	65	199
Skin	n/a	55	n/a	n/a	55
Colon	2,002	2,171	2,269	3,273	9,715

Education and Prevention Programs

	Q1	Q2	Q3	Q4	Totals
Reach for the Stars - STAR Program	20	14	4	n/a	38
ACS Look Good Feel Better	12	17	12	5	46
ACS Reach to Recovery	12	3	4	4	23
ACS Personal Health Managers	153	94	104	109	460
Survivorship Series	n/a	39	10	n/a	49
Food for Thought	15	8	14	n/a	37
Mercy Road to Freedom - Smoking Cessation	n/a	5	9	TBD	14
Show Me You Can Quit Week	n/a	100	n/a	n/a	100
Colon Cancer Awareness Booth	20	n/a	n/a	n/a	20
Undy Run/Walk	85	n/a	n/a	n/a	85
CSC Steps 4 Hope Run/Walk	n/a	50	n/a	n/a	50
Health Fairs	65	n/a	135	n/a	200
Cancer Transitions	24	23	28	n/a	75
Understanding Genetics	n/a	n/a	10	n/a	10
Where Do I start When Treatment Ends?	7	n/a	n/a	n/a	7
Frankly Speaking: Treatment and Side Effects	n/a	n/a	n/a	n/a	0
Power of Mindfulness	19	n/a	20	n/a	39
Relax and Rejuvenate Retreat	n/a	n/a	n/a	20	20

Support Groups

	Q1	Q2	Q3	Q4	Total
Breast	25	19	5	13	62
Prostate	44	37	53	66	200
Thyroid	14	10	6	11	41
Head & Neck	15	16	19	18	68
Young Adult Cancer Survivors	22	18	12	13	65
Lymphedema	20	23	10	7	60
Needlework (meets weekly)	72	72	72	72	288
Fun, Friends and Food	17	20	18	44	99



2015 Cancer Committee

A multidisciplinary committee composed of board-certified physicians, members from administration, nursing, social services, radiology, quality assurance, pastoral care, cancer registry and other related ancillary specialty staff.

John Finnie, MD

Medical Onc/Hem
Cancer Committee Chair

Jaymeson Stroud, MD

Radiation Oncology, Co-Chair

Robert C. Frazier, MD

Radiation Oncology, Cancer Liaison

Luis Anglo, MD

Urology

Julie Binder, RN, MSN

Quality Management

Mark Blucher, MD

Surgery/Thoracic

James Boyd, MD

Surgery/Otolaryngology

Paul Buse, MD

Gastroenterology

Helen Cassidy, RN, CHPN

Hospice

Doris Conn, RN, AOCN, CNS

Oncology, Inpatient Unit

Jeffrey Craft, MD

Radiation Oncology

Amy Flakes, RN, BSN

Oncology, Inpatient Unit

Kathryn Galie, MD

Surgery

Sue Garrett, RN, BS, CCRP

ONC Research

Carrie Harrison

Executive Director
Home Services

Kerri Harting, MD

Radiology

Paul Hintze, MD

Administration

Shawn Hu, MD

Medical Onc/Hem

Gail Hurt, ANP-BC

Palliative Care

Christine Janney, MD

Pathology

Susan Luedke

Medical Onc/Hem

Kim McGrath, RN, MSN

Oncology

Michele Nobs, NP, MSN, OCN

Medical Oncology

Joe Pecoraro

Executive Director
Radiation Oncology

Susan Pearson, DO

Palliative Care

Ken Potzman

Pastoral Care

Katie Robinson, RD, LD

Nutrition Services

Angie Ruppel, LMSW

Cancer Information Center

Jason Skyles, MD

Radiology

Mark Stiffler, VP

Operations

Michelle Smith, DC

Integrative Medicine and
Therapy Services

Emily Summers, PharmD

Pharmacy

Edie Vallo, CTR

Cancer Registry

Susan H. Westfall, MD

Surgery

Katie Wren

American Cancer Society

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