



Mercy
Cancer Services

2016
Annual Report

Mercy 

Your life is our life's work.

Your Life is Our Life's Work

As we reflect on the many accomplishments in 2016 at Mercy Cancer Services, it is clear that Mercy has again well-positioned itself as a leading community cancer care program. Thanks to the hard work of many dedicated physicians, nurses, social workers and other professionals, we have expanded our geographic reach, increased our patient volumes and more importantly, provided our patients with a wide range of cancer treatments and rehabilitation services.



In October, Mercy Hospital St. Louis, in partnership with Anderson Hospital, opened a full-service medical oncology and hematology practice in Maryville, IL, which offers chemotherapy infusion service and, soon, radiation therapy. This is the first Mercy Clinic facility in the state of Illinois and it has provided much-needed services to our patients living in the metro area east of St. Louis.

In 2016, we have seen a significant growth of our urological oncology program. We now have five highly-skilled urologists who are performing a full range of oncological surgeries, including many challenging bladder cancer cases and robotic procedures for patients with kidney and prostate cancers.

One of the most important improvements we made over the last year was our strong emphasis on building a more comprehensive cancer supportive and navigation service. We have developed a more seamless intake process that has allowed us to get new patients in more quickly. A more efficient registration process has minimized the waiting time for our patients going through different treatment departments. We have offered more supportive services this year in palliative care, genetic counseling, physical therapy, dietary consultation and psycho-social support.

Looking ahead, we plan to strengthen our breast cancer, thoracic cancer and gynecological cancer programs in 2017. We will continue the effort to further expand our cancer support service and survivorship program. We are also in the process of developing a more robust marketing campaign to reach out to our communities and increase the public awareness of all the cancer-related services offered at Mercy. Together, we are working toward our goal of making Mercy a more patient-centric and clinical care-oriented cancer center of excellence.

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 2015, the top five most-commonly diagnosed cancers were:

1
BREAST

2
LUNG

3
PROSTATE

4
COLON

5
CORPUS
UTERI

Standard 4.4 Accountability measures

Standard 4.6 Monitoring compliance with evidence-based guidelines

Breast 2015: Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II Breast Cancer.

Purpose: The Commission on Cancer (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

Class of Case 10-14

AJCC Stage 0, I, II

For 2015, 824 Breast cases were diagnosed or treated at Mercy. A total of 454 of these cases are eligible for this study with a breakdown of stage as follows:

Stage 0 = 98 cases

Stage IA = 228 cases

Stage IB = 13 cases

Stage 2A = 80 cases

Stage 2B = 35 cases

Summation:

65 percent (286) of patients in this study received lumpectomy.

15 percent (71) of patients in this study received mastectomy.

19 percent (88) of patients in this study received bilateral mastectomy.

One percent (9) of the patients in this study did not receive surgery.

A total of 159 patients with early stage breast cancer chose mastectomy and out of this total 55 percent (88) had bilateral mastectomy.

Discussion:

On the CoC/NCDB web site are our CP3R breast conservation surgery rates; only 2013 data is available at this time. Based on the results from 2013, our facility showed a 60 percent compliance rate which was in line with a 59 percent rate for our state and a 59 percent rate for our census region. When comparing our current results with 2013 data available, our breast conservation

rate is at 65 percent which is trending upward. NCDB data also shows the national level of breast conservation surgery for 2013 for CoC facilities at 63 percent. 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.

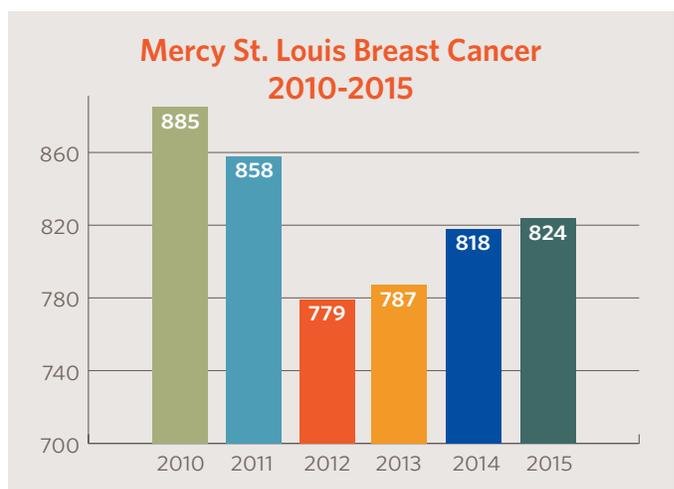
2015 - 55 percent of mastectomy patients

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.

Mercy continues to see our breast volumes increase annually.



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 2015 (824) approximately 88 percent (724) were diagnosed at an early stage cancer (stage 0, I, II) and this greatly increases overall survival rates.

Mercy Cancer Program Improvements 2016

Lung Study-Palliative Care

Awareness/Intervention for Stage IV Lung Cancer

A study was conducted in 2015 using data from our previous year. Results showed that only 42 percent of our Stage IV Lung cancer inpatients were receiving a Palliative Care consult. None of the outpatients received a Palliative Care consult. We also reviewed the time frame for intervention. Based on these results, for 2016 we have increased Palliative Care presence at interdisciplinary team meetings, created an open dialog with the oncologist group to assess needs, hired additional Palliative Care providers, opened a satellite Palliative Care location in the David. C. Pratt Cancer Center in the summer of 2016 and continue to improve the inpatient and outpatient practice.

External Beam Radiotherapy for Bone Metastases: (EBRT)

Reduce the rate of External Beam Radiation services overuse:

Address the Measure Application Partnership (MAP) priority of palliative cancer care Support the National Quality Strategy (NQS) domain of effective clinical care Reduce the rate of EBRT services overuse-identify performance gap in treatment variation Support CMS commitment to promoting patient safety.

Scheduling/Registration

We reviewed the process for scheduling patients for service in the David C. Pratt Cancer Center.

We adjusted block scheduling and are staggering patients to provide better flow. Registration co-workers are located in the lobby to register patients as soon as they walk in. Registering patients in lobby reduces wait times by 80 percent. Relocating a clinic printer saved unit secretaries 2,384 steps (70 minutes per day).

Lab

We reviewed the process for how lab patients are scheduled as well as looking at how labs are drawn, processed and entered.

We moved all lab services to one location. This has resulted in a reduction in confusion and frustration for our patients. We no longer batch labs. All Cancer Center labs are ordered and run stat (we send blood work to the lab as soon as it is drawn), which saves three hours and 30 minutes per lab.

Denials

We reviewed authorization process, insurance denial notification and denial reversal.

Medical assistants now check orders and insurance authorization two days before a patient's appointment. Checking for insurance authorizations before a patient arrives saves one hour per patient in waiting authorizations. We also have resources allocated for financial assistance.

Clinic/Infusion

We reviewed the process for seeing patients in the clinic and treating patients in the infusion center.

We added another check-out desk to decrease wait times for scheduling a patient's next appointment and checking out. We added an extra check-out desk, which decreased the average wait time from three minutes 30 seconds to no wait time at all. We also moved incoming clinic phone calls to the billing office (rather than the front desk) to decrease wait times and interruptions at the front desk. We updated the phone tree and reduced the total time to get a live person by more than three minutes. We created a pod system in infusion to better assign patients to RNs and decrease wait times. Pod assignments save the patient one hour of wait time for treatment to be started. Scales placed in all clinic rooms also decrease wait times.

Nurse Navigation

Nurse Navigators track all patients and reach out to patients earlier in treatment. Breast Center patients continue nurse navigation with Breast Center Navigators. Cancer Center information materials have been placed in all locations so patients no longer need to drive to another facility to get needed information. Physicians enter a referral for nurse navigation. Nurse navigators save one hour per day. They no longer need to look for potential patients now that they receive referrals.

Mercy Hospital Children's Infusion Center Armband Compliance

Goal is 100 percent compliance with identification band placement for patients with intravascular devices (peripheral) or central line access devices receiving infusion therapy, lab draws or medication administration. Interim goal = 80 percent within one month.

Plan: 50 percent of patients on the daily schedule with intravascular access devices (peripheral) or central line access devices receiving infusion therapy, lab draws or medication administration will be observed to determine if an identification band has been applied prior to the infusion, lab or medication administration. Observations were to be conducted by the RN coordinator or designee.

At the start of our measure on April 11, 2016, we were at 64 percent compliance. On July 11, 2016, we obtained 100 percent compliance and continue to remain at that level.





AFTER YOUR UNCLE PLAYS
A TINY PEASIA P...
SMILE!

VARSITY
2015

Cardinals
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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

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 2016, in addition to the other educational and support groups we already offer to patients and families:

Cancer Center Orientation teaches patients starting cancer treatment what to expect from treatment. This includes coping with side effects, a tour of the Cancer Center and an orientation booklet that has been printed in four languages: English, Spanish, Vietnamese and Bosnian.

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.

Cancer Prevention Events for 2016

January – *Cervical Cancer Awareness and Education* - A bulletin board display with cervical cancer prevention education and early detection was set up in the Cancer Center. RNs were available for questions and more information. We provided awareness bracelets and brochures.

March – *Colon Cancer Awareness Month* – A booth was set up in Mercy Hospital lobby to provide information and scheduling materials to visitors and co-workers.

The Undy Run Walk was held on March 19, 2016 in Forest Park, with a Mercy team of nearly 100 patients and staff members, who manned a booth with information about colon cancer prevention, in addition to a 5K walk-run.

May – *Skin Cancer Awareness and Education* - A bulletin board display was set up in the Cancer Center with skin cancer prevention education and early detection. RNs were available for questions and more information. We provided brochures and sunscreen samples. Screenings for skin cancer were provided by Mercy dermatologists at the Cancer Center for free to underprivileged patients who cannot afford these screenings.

June – *Komen Race for the Cure-Missouri (St. Louis race)*, June 11, 2016 – Mercy co-workers and patients joined a team of 3,000 walkers with the St. Louis Cardinals and the CBS radio stations to bring awareness of breast cancer to the community. At the halfway point, called the Oasis of Mercy, we distributed sunscreen packets to all the walkers to prevent sunburn and skin cancer.



August - *Lymphoma Cancer Awareness and Education* - A bulletin board display with lymphoma education and early detection was set up in the Cancer Center. We also provided cancer awareness bracelets and brochures. RNs were available for questions and more information.

September - *Gynecological/Prostate Cancer Awareness and Education* - Bulletin board display with gynecological and prostate- related education and early detection. We provided cancer awareness bracelets and brochures. RNs were available for questions and more information.

Colorectal Cancer display ("Strollin' Colon") was set up on Sept. 7 in St. John's Plaza, with GI and Endoscopy Center staff providing education on the risk factors and symptoms of colon cancer. This inflatable colon demonstrated why early detection is important.

October - *Breast Cancer Awareness and Education* - A bulletin board display with breast cancer prevention education and early detection was set up in the Cancer Center. RNs were available for questions and more information. We provided awareness bracelets and brochures.

Sista Strut, held on October 1 in downtown St. Louis - Mercy was a major sponsor of this annual walk to bring awareness and education about breast cancer to women of color. One of our breast surgeons, Dr. Jovita Oruwari, discussed the importance of mammograms on radio programs that reached women of color, and urged them to get annual mammograms as a preventive measure.

Nidec Health Fair - An RN was onsite at Nidec Company Health Fair with display table of cancer information focused on cancer preventions and screening.

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.

November - *Lung Cancer Awareness and Education* - A bulletin board display with lymphoma education and early detection was set up in the Cancer Center. We provided cancer awareness bracelets and brochures. RNs were available for questions and more information.

Great American Smoke Out information booth - A booth was set up in the lobby of the Cancer Center. We provided information on lung cancer prevention and tobacco cessation. Reps from Lung Cancer Alliance organization were there to answer questions.

Blow Up Lung Cancer - Representatives from Lung Cancer Alliance provides patients and visitors the chance to blow up a balloon, love your lungs and that breath that seems so automatic, and honor a lung cancer patient who struggles for each breath.



Screenings and Education 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 812 uninsured or underinsured women in 2015; fourteen of them were diagnosed with breast cancer.

Mercy Offers 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.

IN 2016, the Mercy Breast Center in Medical Tower A also began 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.

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 2016:

- 61 patients were screened for skin cancer
- 29 patients were referred for follow-up of skin lesions
- All patients who referred without insurance received Mercy Financial Assistance applications
- Biopsy was recommended for 17 lesions
- Presumptive cancer diagnoses were:
 - Basal cell carcinoma in 5 lesions
 - Squamous cell in 5 lesions
 - Melanoma in 1 lesion
- Other presumptive diagnoses included:
 - Seborrheic keratosis in 21 lesions
 - Actinic keratosis in 12 lesions
 - Dysplastic nevus in 10 lesions
 - Congenital nevus in 2 lesions
 - Mole/nevus in 25 lesions
- Other non malignant dermatological conditions in 15 lesions

Low-Dose CT Lung Cancer Screenings

Mercy has 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 treatment.

For the 234 screening conducted until the end of November 2016, we had two positive screening for lung cancer.

Colonoscopies - Colon Cancer Screenings

At Mercy's four Endoscopy Centers in the St. Louis area, gastroenterologists conducted 7,131 colonoscopies in the first three quarters of 2016.

Of those, there were 42 positive screenings for cancer.



Committed to Our Patients

Community Screenings

(* October/November data for Q4 only)

	Q1	Q2	Q3	Q4	Total
Breast	196	202	155	143*	760
Lung	40	54	47	45*	186
Skin	n/a	61	n/a	n/a	61
Colon	2,389	2,364	2,378	1,386*	7,131

Education and Prevention Programs

	Q1	Q2	Q3	Q4	Totals
ACS Look Good Feel Better	11	20	13	10	54
ACS Reach to Recovery	4	4	0	2	10
ACS Personal Health Managers	42	121	72	39	274
Survivorship Series	31	12	19	n/a	62
Food for Thought	n/a	n/a	2	n/a	2
Colon Cancer Awareness Booth	n/a	5	9	TBD	14
Lymphoma Education	n/a	100	n/a	n/a	100
Gynecological/Prostate Education	20	n/a	n/a	n/a	20
Breast Education	85	n/a	n/a	n/a	85
Lung Education	n/a	50	n/a	n/a	50
Skin Cancer Education	65	n/a	135	n/a	200
Health Fairs	24	23	28	n/a	75
Cancer Transitions	n/a	n/a	10	n/a	10
Understanding Genetics	7	n/a	n/a	n/a	7
Cancer and Forgiveness	n/a	n/a	n/a	n/a	0
Frankly Speaking	19	n/a	20	n/a	39
Power of Mindfulness	n/a	n/a	n/a	20	20
Relax and Rejuvenate Retreat	n/a	n/a	n/a	18	18
Cancer Center Orientation	7	1	6	2*	16
CAN Cancer Wellness Event	100	n/a	n/a	n/a	100
Stories of Hope	n/a	n/a	na/	53	53

Support Groups

	Q1	Q2	Q3	Q4	Total
Breast	19	23	18	17*	77
Prostate	52	57	50	36*	191
Thyroid	16	19	24	18*	77
Head & Neck	17	21	35	9*	82
Young Adult Cancer Survivors	25	16	5	17*	63
Lymphedema	n/a	16	12	3*	31
Needlework (meets weekly)	60	60	60	60*	240
Fun, Friends and Food	3	15	14	10*	42



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.

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 therapies that were part of STAR[®] in the past are still being offered by Mercy.

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 is an integral part of our oncology program at Mercy. It is specialized medical care that is focused on managing the pain and other distressing symptoms of serious illnesses. 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. We offer both inpatient and outpatient consultation services.

In 2016, Palliative Care opened a satellite office at the David C. Pratt Cancer Center, to further extend their care to the patients who are receiving outpatient care, such as infusion and radiation oncology. A Palliative Care physician and nurse practitioners meet with cancer patients twice a week in the offices of the Mercy Clinic Oncology and Hematology physicians.

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.

Infusion Therapy

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

Services include:

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

Chemotherapy

* Preparation. All chemotherapy medications are prepared on site 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 facility at Mercy Clayton and Clarkson.

We offer many types of surgery for the treatment of oncology patients and their specific diagnoses. Our physicians 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.

Mercy Oncology Research

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 2015:

We facilitated more than 155 clinical trial enrollments.

Adults were enrolled in 25 different cancer studies.

Fifteen 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.

Awards and Accreditations

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.

Additionally, we're fully accredited by the National Accreditation Program for Breast Centers (NAPBC) which is administered by the prestigious American College of Surgeons. Mercy was the first center in Missouri to receive this designation.

2016 Cancer Committee

Mercy's 2016 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 2016 is John Finnie, MD, medical oncologist, and the co-chair is Jaymeson Stroud, MD, radiation oncologist.

Multidisciplinary Cancer Conferences

The David C. Pratt Cancer Center holds site-specific cancer conferences to bring together physician sub-specialists 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.

Regular cancer conferences include:

- Breast Conference
- Hematopoietic Conference
- GI Conference
- Head and Neck Conference
- Neurology
- Surgical Oncology Conference
- Thoracic Conference
- Urology Conference





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