



Mercy Cancer Services  
2017 Annual Report

Mercy 

*Your life is our life's work.*



## Your life is our life's work.

2017 was another year of success for Mercy Cancer Services patients. As we care for the whole patient using the latest advances in medical science, expertise and technology, we balance that with an equal measure of kindness and respect.

We're seeing more and more patients at all locations, with higher patient satisfaction. To better meet the region's needs, we've expanded several cancer programs. In mid-2017, Kevin Easley, MD, and Mark Doherty, MD, joined Mercy Clinic GYN Oncology and have helped re-establish Mercy as the regional leader in treating gynecological cancers. Mercy Clinic Breast Surgery added another fellowship-trained breast surgeon, Abigail Hoffman, MD, who further strengthens our breast cancer services in St. Louis at Clayton-Clarkson and at Tower A on the hospital campus. These key additions highlight Mercy's dedication to our patients.

In 2017, we 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 services to our patients experiencing cancer or treatment-related complications. In return, our patients give them highly positive feedback. Michele Nobs, NP, MSN, OCN, and Laura Hooper, AGNP-C, MSN, have spearheaded our survivorship education program and provided the much-needed guidance for patients as they recover from treatment. In 2018, we plan to expand our patient navigation and intake coordination process to better serve the patients in our care.

We're very excited about the recent merger between St. Anthony's Medical Center and Mercy. By combining two major cancer care providers in the region, Mercy Cancer Services is able to provide complete cancer treatment for 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 using Mercy's core 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 a remarkable treatment experience. We would like to thank you for the strong support to Mercy Cancer Services and wish you a healthy and prosperous year ahead.



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

# Raising Standards for Care

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 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

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 to course of treatment 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 website, 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.

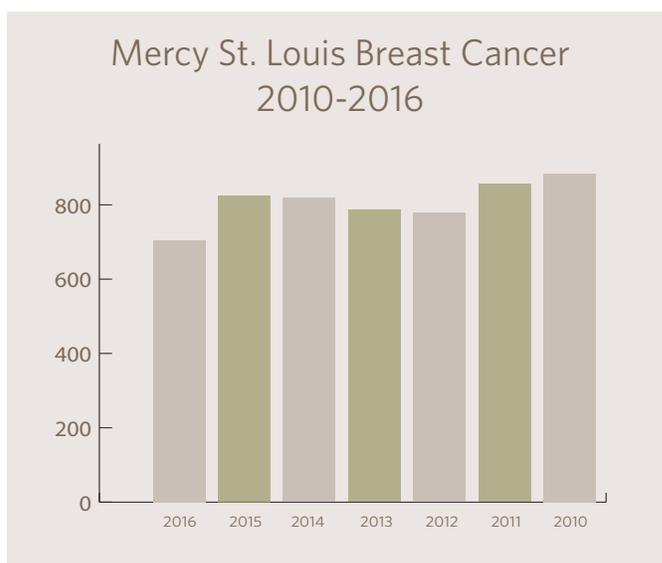
Of the patients choosing mastectomy, we continue to see these patients opt for bilateral mastectomy. Among the patients choosing mastectomy as the treatment of choice, Mercy saw the following percent choose bilateral procedures.

- 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.



# Connecting With Cancer Patients

## The Cancer Information Center

Located in the David C. Pratt Cancer Center, we assist cancer patients and their family members. Our services include health promotion, patient education, early detection and support for cancer patients trying 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 others, the Cancer Information Center offers free information and assistance with a variety of issues for patients and their loved ones.

## Nurse Navigators are Here to Help

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. They are a valuable resource for guidance, support and answers to questions patients may have about treatment. Patients and families rely on our oncology nurse navigators to:

- Provide education, advocacy and guidance to better understand their diagnosis
- Clarify medical terminology
- Be there for emotional support
- Get patients timely access to quality medical psychosocial care
- Serve as essential links between patients and their health care providers
- Provide resources within Mercy Cancer Services

## Caring Through Patient Resources

We're committed to supporting our patients as they journey through diagnosis, treatment and beyond. In addition to medical treatment, patients and families have access to 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



# 2017 Cancer Prevention Events

## March

Colon Cancer Awareness Booth. The Mercy Hospital lobby hosted an informational booth to provide education and scheduling tips to visitors and co-workers.

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 on March 25 in Forest Park. A Mercy team of patients and co-workers staffed 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. Mercy co-workers and patients joined a team of 2,000 walkers, along with the St. Louis Cardinals and 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. Mercy co-workers staffed a booth prior to the walk, handing out information about breast cancer and 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 all-day health fair for Mercy co-workers.



## Throughout the Year

Smoking Cessation Counseling: Mercy Road to Freedom. One-on-one counseling sessions with an RN who's certified through the Mayo Clinic as a Certified Tobacco Treatment Specialist. For the first three quarters in 2017, 15 patients have completed the program and 23 have quit smoking.

## Throughout the Year (started reporting last quarter)

HPV Vaccination Administration. Participating pediatricians have offered to perform a minimum of one intervention in their clinic per project cycle to increase HPV immunization rates. Last quarter, Mercy administered 5,143 vaccines. Patients with no HPV vaccination went down 3.34 percent, patients who received HPV 1 increased by 1.88 percent, patients who received HPV 2 increased by 1.33 percent and patients who received HPV 3 increased by 0.14 percent.



## 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, Mercy 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 had 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 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. During screening, patients receive a very low-dose of radiation – much less than the average person receives from background radiation in six months.

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

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

# 2017 Community Outreach

## Community Screenings

	Q1	Q2	Q3	Q4 (Oct-Nov)	Totals
Breast	152	163	127	127	569
Lung	81	85	82	109	357
Skin		76			76
Colon	1834	2091	1882	1277	7084

## 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 and 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
Total participants	841				

## 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
Total participants	775				

# Treating the Whole Patient

## Integrative Medicine

Integrative medicine focuses on a patient's spiritual health, emotional health and physical wellbeing.

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 with 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 pain control solution 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.

Integrative therapies help patients who may be experiencing pain, nausea, neuropathy, headaches, fatigue, weakness, restricted range of motion, swelling, anxiety, difficulty performing activities of daily living and issues with sleep or stress. Following these treatments, patients often feel more relaxed and prepared to move forward.



## Mercy Oncology Rehab and Survivorship Program

Completing 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. 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 program's goal is to return patients to their pre-treatment lives and activities.

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

## Palliative Care Helps Survivors Heal

Palliative care, an integral part of Mercy's oncology program, is specialized medical care that's focused on managing pain and other distressing symptoms of a 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's tailored to each patient's needs.

Palliative care consultation is now available two days per week 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.



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 Help with Healing

Religion and spirituality affect each cancer patient differently, 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 for all patients in Mercy's care. Chaplains can respond with face-to-face contact, by telephone or by e-chaplaincy.

## 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

All chemotherapy medicines are prepared onsite at each location using DoseEdge technology, a software program that's integrated with the pharmacy portion of our electronic health record system, to ensure safe and accurate preparation of chemotherapy. Every step of the process, from medicine selection to measurement and compounding, is captured using barcode technology and digital imaging for verification by a pharmacist prior to dispensing the medicine. Only then is the chemotherapy sent to a nurse to be administered to the patient.

Patient safety is our most important priority 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 since 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).

Neither treatment involves invasive surgery. "Radiosurgery" refers instead 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 allow the shape and dose of the radiation to precisely treat the target – and spare surrounding healthy tissue. The SRS/SBRT system uses a specially designed robotic table to aid in precise localization of the tumor.

The ideal tumor for SRS/SBRT is relatively small with well-defined 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 and 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. After acquiring a robotic surgical system in 2003, we now have three such systems. Our patients receive significant advantages: 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're 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:

- Mercy 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

## 2017 Cancer Committee

Mercy's 2017 Cancer Committee is a multi-specialty committee that includes board-certified doctors, members of the administration, nursing, social services, radiology, quality assurance, pastoral care, cancer registry and other related 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.

## Multi-Specialty Cancer Conferences

The David C. Pratt Cancer Center holds cancer conferences to bring together physician sub-specialists and other health care professionals to examine specific cases and suggest the most appropriate treatment. Patients benefit from these collaborations as each member brings a unique view 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 

*Your life is our life's work.*

Truven Health Analytics | IBM Watson Health

**15 TOP  
HEALTH SYSTEMS**

2017