

# 2018 Oncology Annual Report

St. John Health System



 St. John

 Ascension

# Table of Contents

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St. John Mission, Vision and Values .....	3
Report from the Chief Medical Officer .....	4
Report from the Cancer Committee Chair .....	5
Cancer Committee .....	6
Cancer registry report .....	8
Primary site group .....	9
Cancer census report .....	11
Prevention and screening programs .....	12
Studies of quality .....	12
Special study .....	13
Annual community activities .....	14





## St. John Mission, Vision and Values

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### Mission

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care that sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

### Vision

We envision a strong, vibrant Catholic health ministry in the United States that will lead to the transformation of healthcare. We will ensure service that is committed to health and well-being for our communities and that responds to the needs of individuals throughout the life cycle. We will expand the role of the laity, in both leadership and sponsorship, to ensure a Catholic health ministry of the future.

### Values

We are called to:

- Service of the poor: generosity of spirit, especially for people most in need
- Reverence: respect and compassion for the dignity and diversity of life
- Integrity: inspiring trust through personal leadership
- Wisdom: integrating excellence and stewardship
- Creativity: courageous innovation
- Dedication: affirming the hope and joy of our ministry



# Report from the Chief Medical Officer

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The oncology programs of St. John Medical Center in close association with Oklahoma Cancer Specialists and Research Institute (OCSRI) continue to grow and thrive in many areas. Our volumes in breast cancer, colon cancer, and central nervous system tumors have grown steadily. The addition of two fellowship-trained head and neck surgeons has resulted in enhanced access for Northeast Oklahomans in need of complex surgeries of the head and neck. This summer, St. John Medical Center will have medical staff additions that will further enhance our oncologic expertise. The available therapies for multiple oncologic disease states have undergone marked growth with the rapid expansion of immune modulating drug therapies. This is also coupled to the genetic “profiling” of multiple malignancies.

St. John Medical Center has made significant investment in new technology directly impacting oncologic care. Three new Intuitive Xi Da Vinci robots were added in April. These new surgical robots offer many technical advances in abdominal, pelvic and thoracic surgery.

We are finishing our fifth year as a Certified Member of the MD Anderson Cancer Network®, a program of MD Anderson Cancer Center. Our affiliation has continued to be robust and additive to our cancer programs.

In the next 18 months, we will undergo a site visit by the American College of Surgeons to achieve our reaccreditation as a Comprehensive Community Cancer Center. Our joint venture cancer program partner, Oklahoma Cancer Specialists and Research Institute, recently received accreditation from the American Society of Clinical Oncology, Quality Oncology Practice Initiative.

In short, this is an exciting time in the field of oncology. To be successful, we must strive to improve, innovate and be on the cutting edge of cancer care. Standing still is not an option.



**John B. Forrest, MD, FACS**  
Chief Medical Officer  
St. John Health System

John B. Forrest, MD, FACS  
Chief Medical Officer  
St. John Health System

# Report from the Cancer Committee Chair

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The Cancer Committee is a multidisciplinary committee composed of physicians, nurses, department leaders and administrative staff from both St. John Medical Center and Oklahoma Cancer Specialists and Research Institute. The cancer committee is responsible for goal setting, initiating, implementing, evaluating and improving cancer-related activities in the St. John and OCSRI cancer program.

In 2018, the cancer committee enhanced their existing low dose CT lung screening (LDCT) initiative, working with St. John Medical Center Radiology Department and St. John Clinic to implement new processes for identifying patients who meet CMS' high-risk lung cancer screening criteria. These collaborative efforts resulted in a marked increase in LDCT screening rates for St. John Health System. Additionally, the committee elected to do an evidence-based guidelines study, which reviewed treatment of lymphoma within the cancer program from Jan. 11, 2016, to Nov. 10, 2017. Diagnoses in the sample include chronic lymphocytic leukemia, small lymphocytic lymphoma, diffuse large B-cell lymphoma, classical Hodgkin lymphoma, Burkitt lymphoma, follicular lymphoma, and mantle cell lymphoma. Study results showed that lymphoma cancers were treated according to evidence-based guidelines. Instances of non-concordance were due to external factors.

The annual cancer symposium, "Immuno-oncology: Transforming Cancer Care," featured guest speakers from academic institutions and clinical organizations responsible for research and development of innovative new targeted therapies that further enhance our ability to treat various types of cancer. More than 70 healthcare professionals from Tulsa and surrounding communities attended the free educational event, which helps position Northeast Oklahoma's healthcare community to better manage complex oncologic diagnoses.

Patient navigation in cancer care refers to specialized assistance for the community, patients, families and caregivers to assist in overcoming barriers to receiving care and facilitating timely access to clinical services and resources. As identified within the Community Needs Assessment, access to care was established as an area of focus and future improvement. Through collaboration between Outpatient Physical Therapy and St. John Breast Center a questionnaire was developed and distributed to all St. John Breast Center patients at time of exam (screening, diagnostic mammography, and DEXA scan) to identify patients with functional impairments that could benefit from physical therapy. These efforts improved access to physical therapy services for patients with functional impairments.

The multidisciplinary approach of St. John Health System, OCSRI and the cancer committee, allows citizens of Northeast Oklahoma an opportunity to receive high quality, state-of-the-art cancer care, right here at home.



**Melinda Dunlap, MD**  
Chair, Cancer Committee  
Oklahoma Cancer Specialists and  
Research Institute

Melinda Dunlap, MD  
Chair, Cancer Committee  
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## Cancer Committee

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The St. John Cancer Committee is composed of representatives from a variety of medical disciplines and support services involved with the care of cancer patients. The committee met four times in 2018 under the leadership of the chair, Melinda Dunlap, MD, Medical Oncologist at Oklahoma Cancer Specialists and Research Institute.

The committee is involved in overseeing the entire spectrum of care for cancer patients seen at St. John Medical Center. Committee responsibilities include:

- Developing and evaluating annual goals and objectives for the clinical, educational and programmatic activities related to cancer
- Promoting a coordinated, multidisciplinary approach to patient management
- Ensuring educational and consultative cancer conferences that cover all major sites and related issues
- Ensuring an active supportive care system is in place for patients, families and staff
- Monitoring quality management and improvement through completion of quality management studies that focus on access to care and outcomes
- Promoting clinical research
- Supervising the cancer registry and ensuring accurate and timely abstracting, staging and follow-up reporting
- Performing quality control of registry data
- Encouraging data usage and regular reporting by planning and conducting a minimum of two patient care evaluation studies annually, one to include survival and comparison data, if available
- Upholding medical ethics standards

## 2018 Cancer Committee membership

Melinda Dunlap, MD.....	Cancer Committee Chair
Jason Ervin, MBA / Ron Hoffman.....	Oncology Administration
Ruth Dunn, RN, BSN, OCN / Amy Arnold, RN.....	Oncology Nurse
Kanwaljit Aulakh, MD / Adam Hoffhines, MD.....	Pathologist
Kanwaljit Aulakh, MD / Guido Sclabas, MD.....	Cancer Liaison Physician
Jan Byerly, RN / Melissa Powell, RN.....	Clinical Research Coordinator
Kelly Berry, PT.....	Rehabilitation Services Manager
John Hendrix, MD / Terri Ratz, APRN.....	Palliative Care Representative
Jodi Hudson.....	American Cancer Society Representative
Jason Davis, MSW / Sammye Valenzuela.....	Psychosocial Services Coordinator
Peggy Marr, CTR / Penny Gillett, CTR.....	Cancer Registry Quality Coordinator
Cordell Privat, MD / James Rittimann, MD.....	Diagnostic Radiologist
JoAnn Rushenberg, RN / Anne Moser, RN, MPH.....	Quality Improvement Coordinator
Monica Davis, RD.....	Registered Dietitian
Daron Street, MD / Cole Davis, MD.....	Surgeon
Melinda Dunlap, MD / Charles Strnad, MD.....	Medical Oncologist
Matt Taliaferro.....	Oncology Pharmacist
Ron Tremblay.....	Pastoral Care Representative
Kimberly Will.....	Community Outreach Coordinator
Penny Gillett, CTR / Peggy Marr, CTR.....	Cancer Conference Coordinator

# Cancer registry report

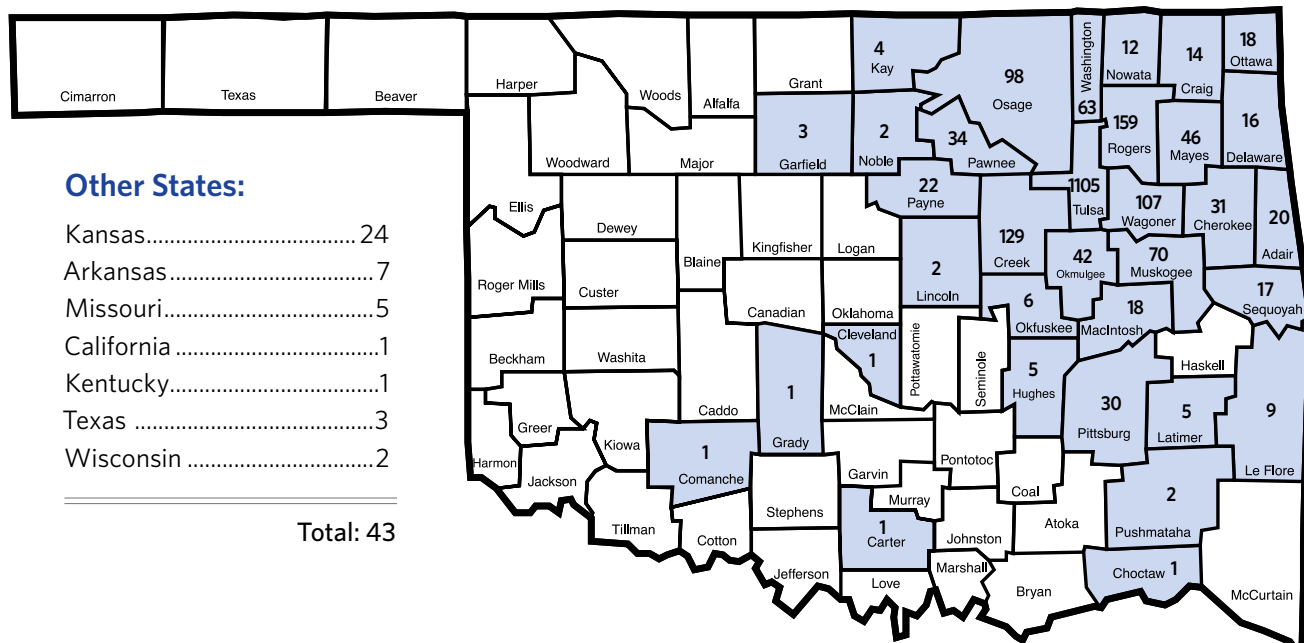
The St. John Cancer Registry maintains a data system designed for the collection of all cancer cases diagnosed and/or treated throughout St. John Health System (SJHS). Nearly 34,000 cases have been accessioned since the registry's reference date of 2000. Four full-time cancer registrars, one part-time cancer registrar and one secretary are responsible for collecting and maintaining complete and accurate data, including annual follow-up information for all cancer patients diagnosed and/or treated at St. John Health System.

## During 2017, the cancer registry:

- Abstracted 3,050 cases into the database
- Abstracted the required 90% within a six-month time frame
- Registered 911 non-reportable cases
- Coordinated and attended weekly Cancer Conference presentations
  - General Cancer Conference
  - Breast Cancer Conference
  - Thoracic/General/Head and Neck Cancer Conference
  - Neuro Cancer Conference
  - GYN Cancer Conference
  - Colorectal Cancer Conference
- Coordinated and attended Cancer Committee meetings
- Prepared the Annual Report
- Responded to seven data requests for studies or information from various departments, physicians and administrators
- Submitted all required cases to the National Cancer Data Base
- Submitted all required cases to the Oklahoma Central Cancer Registry
- Participated in staff education meetings
- Maintained membership with the National Cancer Registrars Association

There were 2,139 analytic cases diagnosed or treated at St. John Medical Center in 2017. Of the cases diagnosed or treated at St. John Medical Center, 2,095 were from Oklahoma, and 43 were from other states. The case totals for Oklahoma counties are shown below:

## Oklahoma





# Primary site group

## 2017 analytic case site group:

Body system site group	Count	Percent
<b>Lip, oral cavity and pharynx</b>		
Lip	1	0.05
Tongue	7	0.33
Tonsil	3	0.14
Oropharynx	4	0.19
Hypopharynx	3	0.14
Salivary glands	2	0.09
Nose, nasal cavity and middle ear	1	0.05
<b>Digestive organs</b>		
Esophagus	17	0.80
Stomach	20	0.94
Small intestine	7	0.33
Appendix	14	0.65
Ascending colon	33	1.54
Cecum	17	0.80
Hepatic flexure	2	0.09
Transverse colon	10	0.4
Splenic flexure	2	0.09
Descending colon	9	0.42
Sigmoid colon	22	1.03
Large intestine	5	0.23
Rectosigmoid junction	14	0.65
Rectum	27	1.26
Anus and anal canal	3	0.14
Liver and intrahepatic bile ducts	35	1.64
Gallbladder	5	0.23
Other parts of biliary tract	7	0.33
Pancreas	36	1.68
Other digestive organs	2	0.09
<b>Respiratory system and intraoracic organs</b>		
Larynx	13	0.61
Bronchus and lung	304	14.22
Pleura	1	0.05
<b>Bones, joints, and cartilage</b>	1	0.05
<b>Soft tissue</b>	7	0.33
<b>Skin (excludes basal and squamous)</b>	102	4.77
Skin other	6	0.28
<b>Retroperitoneum and peritoneum</b>	5	0.23
<b>Breast</b>	455	21.28

Body system site group	Count	Percent
<b>Female genital organs</b>		
Cervix	21	0.98
Corpus uteri	140	6.55
Uterus NOS	4	0.19
Ovary	67	3.13
Vagina	3	0.14
Vulva	8	0.37
Other female genital organs	5	0.23
<b>Male genital organs</b>		
Prostate	109	5.10
Testis	10	0.47
Penis	1	0.05
Other male genital organs	1	0.05
<b>Urinary tract</b>		
Urinary bladder	75	3.51
Kidney and renal pelvis	128	5.99
Ureter	8	0.37
Other urinary organs	3	0.14
<b>Eye, brain and parts of the central nervous system</b>		
Eye and orbit	2	0.09
Brain	40	1.87
Cranial nerves and other nervous system	67	3.13
Thyroid and other endocrine glands		
Thyroid	65	3.04
All other endocrine including thymus	19	0.89
<b>Lymph nodes</b>		
Hodgkin-nodal	3	0.14
Nhl- nodal	34	1.59
Nhl-extranodal	27	1.26
Myeloma	12	0.56
Acute lymphocytic leukemia	5	0.23
Chronic lymphocytic leukemia	4	0.19
Acute myeloid leukemia	12	0.56
Chronic myeloid leukemia	5	0.23
Other acute leukemia	1	0.05
Aleukemic, sub leukemic & NOS	2	0.09
Mesothelioma	3	0.14
<b>Unknown primary sites</b>		
Miscellaneous	52	2.43
<b>Total</b>	<b>2,138</b>	<b>100.00%</b>



## Cancer census report

During 2017, St. John Medical Center was busy with the growth of the oncology program, seeing a wide variety of cancer diagnoses. Most of the cases comprised five major types of cancer: breast, lung, uterine, colon and kidney. Newly diagnosed in 2017 were 455 cases of breast, 304 lung, 140 uterine, 127 colon and 128 kidney cancers.

### Top primary sites for 2017

#### Male

Lung .....	143
Kidney .....	76
Colorectal .....	65
Breast .....	0
Uterine .....	0

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Total: 284

#### Female

Breast .....	455
Lung .....	161
Uterine .....	140
Colorectal .....	61
Kidney .....	53

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Total: 870

#### Combined

Breast .....	455
Lung .....	304
Uterine .....	140
Kidney .....	128
Colorectal .....	127

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Total: 1,154

# Prevention and screening programs

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## Prevention programs

Cancer prevention programs identify risk factors and use strategies to modify attitudes and behaviors to reduce the chance of developing cancer.

The prevention activity selected by the cancer committee for 2018 was HPV vaccination. St. John Clinic developed a monthly report on HPV vaccination rates to analyze screening rates after educational documents and signage were posted in St. John Clinic primary practices. As a result of these efforts, HPV vaccination rates increased within the St. John Clinic patient population. In addition to these efforts, cancer program staff attended community events to distribute educational information explaining the role of HPV vaccination in prevention of various types of cancer. The cancer committee will continue to assess HPV vaccination rates throughout 2019. In addition to the primary prevention initiatives, the cancer program focused on smoking cessation and skin cancer prevention throughout 2018.

## Screening programs

Cancer screening programs apply evidence-based screening guidelines to detect cancers at an early stage, which improves the likelihood of increased survival and decreased morbidity.

The Cancer Committee chose low-dose CT (LDCT) lung cancer screening as the primary screening initiative for 2018, continuing the project from 2017. To improve LDCT screening rates, St. John Clinic and St. John Medical Center radiology department held collaborative meetings to determine the best way to capture patients who meet CMS high-risk criteria and would qualify for the lung screening program. With that, the group developed prompts in the electronic medical record that would more easily identify patients who meet high-risk criteria. These efforts resulted in an increase in LDCT lung screening rates of 202% over the previous year.

# Studies of quality

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The annual evaluation of the care of cancer patients provides a baseline to measure quality and an opportunity to correct or enhance care and quality outcomes. Quality improvement efforts focus on evaluating areas of cancer care and must include multidisciplinary representation from clinical, administrative, and patient perspectives.

## Title: **Preventive Care and Screening for Clinical Depression and Follow-up**

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Assessing depression in patients recently diagnosed with cancer is an essential component of comprehensive cancer care. Patients who face a cancer diagnosis will experience many stresses and emotional upheavals. Challenges include fear of death, interruption of life plans, changes in body image and self-esteem, changes in social roles, lifestyle, financial issues, and medical bills which could hinder or affect potential outcome.

As part of the Oncology Medical Home Project (OCM), OCSRI implemented a depression screening program. CMS' target was a completion rate of no less than 75%.

OCSRI initially completed this screening at all cycle 3 - day 1 chemotherapy patient visits. Barriers were found in consistently gathering the patient assessment and restrictions on when a depression screening could be performed. Performance for the first reporting period showed a completion rate below the CMS target.

OCSRI requested committee support to begin evaluating and improving the process to increase depression screening performance. In 2018, the existing depression screening process was assessed based on CMS' modifications to the depression screening requirements



that occurred in the second quarter of 2018. OCSRI changed the screening process on Oct. 15, 2018, to ensure every patient who had a provider visit received a Patient Self-Assessment Questionnaire and those responses were

then entered in the EMR. As a result of these updates in the process, depression screening rates increased to a 71% completion rate as of Nov. 15, 2018.

**Title: Radiation Oncology Simulation to Start Timeframe**

The cancer committee selected radiation oncology simulation to start times as a study of quality for 2018. The committee gathered data for all new patients each month. The patients’ electronic calendar was also reviewed to determine the exact simulation day and treatment start date. This information was categorized by physician, location, and group. Review of the EMR and calendar was to determine if there were delays in treatment. The delays not included in the study statistics were (1) financial clearance delays, (2) patient request delays, and (3) non-staff related treatment initiation delays. Targets were: Non-IMRT patients would start treatment within five days of simulation 90 percent of the time. The IMRT patients would start treatment within ten days of simulation, also 90 percent of the time. The 90 percent goal was selected for volume fluctuations.

**The results are presented in the percentage of patients meeting the 90% goal.**

Date	Non-IMRT	IMRT
May 2017	80%	92%
June 2017	78%	86%
July 2017	80%	87%
August 2017	78%	80%
Average	79%	86%

Recommended actions to improve the simulation to treatment initiation:

- Tracking document for awareness of patient status
- Electronic radiation orders in Mosaiq (EMR)
- Weekly head and neck multidisciplinary committee
- Weekly neuro multidisciplinary committee
- Monthly reporting of rates to physicians
- Whiteboard patient status in radiation department

The recommended actions were implemented and as a result the radiation service line saw a marked improvement in performance.

**The results are presented in the percentage of patients meeting the 90% goal.**

Date	Non-IMRT	IMRT
July 2018	95%	96%
August 2018	98%	100%
September 2018	100%	100%
Average	98%	99%

## Special study

**Title: DCIS Special Study**

In 2018, St. John Medical Center participated in the Commission on Cancer’s (CoC) Special Study - Comparison of Operative vs. Medical Endocrine Therapy for Low Risk DCIS: The COMET Trial. The study was led by Dr. Shelley Hwang, Duke University. The study was a collaboration between Duke University and the NCDB. 1,400 CoC accredited sites participated in the study.

The CoC selected 20 retrospective DCIS breast cases to be reviewed and information entered into their study format. The DCIS cases were selected from the years 2008-2014. All St. John Medical Center cases selected by the CoC were completed and submitted.

# Annual community activities

## Celebrating the Art of Healing

Celebrating the Art of Healing is an annual collaboration with other cancer care organizations in the community to provide a day of inspiration and education to cancer survivors, caregivers and medical professionals. In 2018, most attendees were cancer survivors, so activities were focused on continuum of care rather than cancer prevention. One of the workshops available to attendees was led by a St. John expert on spiritual care.

## Get Your Rear in Gear

St. John participated in the Get Your Rear in Gear event on March 10, 2018. St. John Colorectal surgery participated by offering colon/rectal cancer screening and prevention information as well as free hemoccult tests. Ten attendees over the age of 50 were tested for colon cancer. As part of this community sponsorship, St. John donated \$3,000 to the Colon Cancer Coalition to improve colon/rectal cancer awareness in the community.

## Relay for Life of Tulsa

St. John and OCSRI participated in the 2018 ACS Relay for Life event on June 15, 2018. St. John and OCSRI's sponsorship and fundraising campaign resulted in more than \$21,000 in funds benefiting local American Cancer Society programs. These programs consist of transportation assistance, support groups, headwear (wigs, scarves and hats) and more. The St. John OCSRI Relay team was recognized as the No. 2 fundraiser for 2018.

## Komen Tulsa Race for the Cure

St. John and OCSRI sponsored booths at the race on Sept. 29, 2018. Sixty-two free breast self-exam pamphlets were given out and an oncologic breast surgeon was available to answer all questions about breast cancer screening, prevention and treatment. St. John and OCSRI each sponsored at the \$5,000 level, which in turn will allow many in the community to benefit from Komen's local breast health programs.



## Cancer Symposium

St. John Medical Center hosts a free cancer symposium for healthcare professionals, annually. The 2018 symposium, "Immuno-Oncology: Transforming Cancer Care," had a total of 73 attendees: 18 physicians, 20 RNs, 5 PTs, 17 various others, 13 unknown attendees. The symposium featured speakers from Bristol-Myers Squibb, Foundation Medicine, the associate professor of gynecologic oncology at the University of Oklahoma Health Sciences Center as well as an internal medicine, medical oncologist, hematology and hospice/palliative care specialist from OCSRI.

## Cancer Policy Forum

St. John and OCSRI helped plan the American Cancer Society Cancer Action Network cancer policy forum on Nov. 29, 2018. The forum had roughly 50 attendees. This event was free and open to the public. There were high-level discussions and interactions with Oklahoma legislators who help affect cancer-related policies, specifically ones focused on prevention. Included as panelists were an OCSRI medical oncologist and the OCSRI smoking cessation program manager. Discussions were centered around tobacco use, smoking cessation, tobacco impact on health, and policies to reduce tobacco use.

## Other sponsorships

The Broken Arrow Community Health Fair on Aug. 4, 2018 was a very successful event. St. John shared information regarding the various healthcare resources provided within the community. OCSRI shared information regarding HPV vaccination as a form of cancer prevention. The health fair had noticeable attendance by the Hispanic population, which is in higher need of free healthcare resources, according to St. John's latest community health needs assessment.

## Additional services

In 2018, OCSRI continued to offer smoking cessation classes for the community. Though attendance to the classes was low, two patients quit smoking due to clinic visits with a smoking cessation practitioner.

Other activities included 941 individual skin cancer information packets handed out to the public in May, June and October. Also, 50 skin self-exam handouts were given to attendees of the Union Health Fair. SJMC participated in a 3-minute segment on News on 6 outlining skin cancer prevention. St. John's post metrics on Facebook received 8 reactions, 6 shares and 2,288 impressions.

Mammography direct mailers went out to women over age 40, resulting in 7,312 appointments in the breast

center. Mammogram screenings for women over 40 totaled 16,899. Mammogram reminders on Facebook for Breast Cancer Awareness Month in October received 5 reactions, 19 shares, 1 comment, and 2,210 impressions.

Literature on prostate cancer, given out during Prostate Cancer Awareness Month in September, received media coverage in the Tulsa World. St. John's prostate cancer posts on Facebook received 93 reactions, 12 shares, 3 comments, and 3,532 impressions.

## Talk with the Doc

OCSRI held Talk with the Doc, informative sessions available for patient and caregivers to learn more about specific diseases and ask questions. Topics are chosen through past patient surveys, feedback from patient classes/activities, patient appreciation lunches, patient advisory council, support groups, etc. These sessions are promoted using mailers targeting patients with the specific diagnosis that is being discussed, website postings, Facebook postings and event fliers on the OCSRI campus.



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 **St. John**

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