2016 Cancer Program

ANNUAL REPORT

The Jewish Hospital

MERCYHEALTH

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PROVIDING ADVANCED CANCER CARE IN OUR COMMUNITY TODAY

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FRIENDS AND COLLEAGUES,

It's my privilege to share The Jewish Hospital's 2016 Cancer Program Annual Report. It provides an overview of recent achievements in our cancer programs as well as data from the Cancer Registry. This year we've added more information about the services we offer and stories from some of our patients and caregivers.

The Cancer Care Program at The Jewish Hospital continues to gain recognition for excellence. In 2016, the Blood Cancer Center conducted its 2000th bone marrow transplant. The experience of the physicians and clinicians in this program far exceeds blood cancer programs at other local hospitals. The center's overall patient survival rates rival those of the nation's most well-known programs, including The University of Texas MD Anderson Cancer Center, the Cleveland Clinic, Cedars Sinai and the Mayo Clinic.

At The Jewish Hospital, patients benefit from procedures utilizing the Gamma Knife®. Since introducing this technology to Greater Cincinnati more than four years ago, The Jewish Hospital has performed more than 660 procedures. Gamma Knife® uses beams of radiation to target and destroy tumors deep within the brain. It makes precise incisions without affecting healthy tissue.

Through our affiliation with OHC (Oncology Hematology Care), clinicians and patients benefit from access to a nationally recognized clinical trials program conducted in our community. This research will allow us to find new cures for cancer and advance our knowledge of individualized cancer treatments.

Beyond our clinical expertise and modern technology critical to the treatment of cancer, our patients tell us how much they love how they're treated. At The Jewish Hospital patients are at the center of all we do. We strive to ensure the best possible outcomes with respect and compassion. We're honored that patients entrust us with their care during a critical time in their lives.

Pat Davis-Hagens
President and CEO
The Jewish Hospital — Mercy Health

2016 Cancer Program — 2015 Cancer Data

In 2015 more than 1,000 new cancer cases were accessioned into our cancer registry, 889 of which were analytic cases.

The Jewish Hospital — Mercy Health cancer program provides the highest quality of cancer care as evidenced by the ongoing accreditation of our cancer program by the American College of Surgeons, Commission on Cancer (ACoS-CoC), as well as accreditation of our Blood and Marrow Transplant Program by the Foundation for the Accreditation of Cellular Therapy (FACT). In 2014 the transplant program was the second in the country and the only program in the Midwest to earn The Joint Commission's Gold Seal of Approval, a specialty certification of stem cell transplantation. In 2014 the Breast Center received accreditation from the National Accreditation Program for Breast Cancers (NAPBC), recognizing excellence of breast care and services. Meeting and exceeding the standards published by these auspicious organizations, as demonstrated by accreditation, assures our patients, their families and our community that they will receive the highest quality of care across the cancer care continuum.

The Jewish Hospital offers the full spectrum of cancer diagnostic and treatment services, both on-site and through our affiliation with OHC (Oncology Hematology Care), the largest group of oncologists in the Cincinnati area. Diagnostic and treatment services include a nationally accredited comprehensive breast cancer program, a fellowship-trained surgical oncologist specializing in liver and pancreas cancers, state-of-the-art radiation therapy services (including Gamma Knife®) and a wide range of supportive care services. Our support services include: nutritional counseling, psychosocial support, rehabilitation, spiritual support and palliative care.

The cancer program also offers educational programs to the community we serve, sponsors support groups, and, in affiliation with OHC, offers access to clinical trials (see the Appendix for a listing of OHC

clinical trials). The Blood Cancer Center's relationship with the Center for International Blood and Marrow Transplant Research (CIBMTR) and the National Marrow Donor Program (NMDP) ensure blood cancer patients have access to diagnosis and treatment, specific clinical trials and the opportunity to participate in cutting edge hematology research.

Accredited by the Joint Commission, The Jewish Hospital is committed to providing outstanding quality of care, services and outcomes, as evidenced by the many accreditations and awards it has earned. Since 1979, the hospital has been accredited with commendation by the American College of Surgeons Commission on Cancer. It has received special recognition for its quality nursing care, excellent compliance with cancer pathology protocols and high clinical trial enrollments. The Blood Cancer Center has been recognized for excellence by the Foundation for the Accreditation of Cellular Therapy (FACT). FACT accredits bone marrow transplant programs that demonstrate exceptional patient care quality. These, and the many other accreditations and certifications earned by The Jewish Hospital, demonstrate a culture dedicated to medical and operational excellence.

Community Outreach

In 2016, the Health Collaborative released the Community Health Needs Assessment. The comprehensive report provides data from 23 counties in southwest Ohio, northern Kentucky and southeast Indiana to identify the most serious health risks in our region. Based on the data, The Jewish Hospital cancer programs conducted outreach to increase breast screenings and lung CT screenings.

2016 COMMUNITY OUTREACH SUMMARY FOR THE JEWISH HOSPITAL	
Lung CT screenings (increase of 26% since 2015)	111
Total lung screenings	187
Warren County – New breast screenings	121
Warren County – Total breast screenings	844
Hamilton County – Total breast screenings	133
Total number of events	113
Total attendees	22,208
Total FTEs	71
Total hours worked	245.5
Total volunteers	103
Total hours of service	366.5

The Jewish Hospital Cancer Committee

Supporting The Jewish Hospital's commitment to providing safe, quality care and services is The Jewish Hospital Cancer Committee. The committee consists of a multidisciplinary team comprised of hospital employees, staff physicians and members from the American Cancer Society. The committee meets quarterly to monitor the performance of the hospital's cancer program and to review available services and programs. If any gaps in service are identified, the team sets goals to fill them and oversees resulting care-improvement initiatives. The cancer committee is dedicated to ensuring that The Jewish Hospital's cancer program exceeds patients' expectations and provides the highest level of patient-centered care.

PHYSICIAN MEMBERS

Karyn M. Dyehouse, MD, Chair
Medical Oncology, OHC

Shyam Allamaneni, MD
Surgery, Cancer Liaison

Tim Braverman, MD
Pathology

Elizabeth H. Levick, MD
Radiation Oncology, OHC

Elizabeth Weaver, MD
Diagnostic Radiology

CANCER PROGRAM COORDINATORS

Rita Bowman, RN
Quality Improvement Coordinator

Lynn Sontag, PsyD
Psychosocial Services Coordinator

Deb Powell, BSN, RN, OCN
Performance/Quality Improvement

Gina Whitt-Plageman, RHIT, CTR
Cancer Registry Quality Coordinator

ALLIED HEALTH MEMBERS

K-Lynn Andrews
Rehabilitation Services

Mary Lou Cieslak, RN
Navigation

Mike DeVoe
Pharmacy

Casey Faber
American Cancer Society

Kim Gelhaus, RD
Dietary/Nutrition

Rebecca Ingram
Imaging

Tara Mink
Bone Marrow Unit

Kat Muncy
Navigation

Elizabeth Stein
Pastoral Care

CANCER CONFERENCES

The **Blood Cancer Center Multidisciplinary Team Meeting** is held each Wednesday.

The **Breast Cancer Conference** is conducted weekly on the first four Wednesdays of the month.

The **General Cancer Conference** is held on the second Tuesday of every other month.

The **GI Cancer Conference** is held on the second and fourth Fridays of the month.

The **Thoracic Cancer Conference** is held on the first and third Fridays of the month.

The Jewish Hospital — Mercy Health Cancer Conferences

Cancer Conferences provide a multidisciplinary format for the development of a plan of care for the cancer patient. The conferences are integral to improving care and providing education to physicians and hospital staff. Consultative services and education are optimal when physicians representing all oncology-related disciplines participate in the discussion. Patient identities are kept confidential.

The Cancer Conferences are prospective, patient-oriented and multidisciplinary by design. Medical Oncology, Radiation Oncology, Diagnostic Radiology, Pathology, and General Surgery specialties are present to discuss diagnostic evaluations and possible treatment options for the types of cancers presented at the conferences. Physicians from all specialties, including Medical and Surgical residents, are invited to attend.

Treatment options that are based on national guidelines and AJCC staging are the foundations of the discussions. National Comprehensive Cancer Network (NCCN) Practice Guidelines in Oncology, information on open clinical trials, NCDB and cancer registry data are provided for the cancer sites presented.

The Cancer Registry

The Cancer Registry is a vital component of the Cancer Care Program, providing data for programmatic and administrative planning, research, and for monitoring patient outcomes. Data are collected according to the current standards of the Commission on Cancer to create a detailed cancer-focused record for all reportable tumors diagnosed and/or treated at The Jewish Hospital. Each record in the database contains information on the diagnosis, extent of disease, treatment received, recurrence of disease and lifetime follow-up for each patient. Aggregate data is analyzed and published without patient identifiers to protect the confidentiality of each patient in the cancer database according to Ohio state laws and HIPAA regulations.

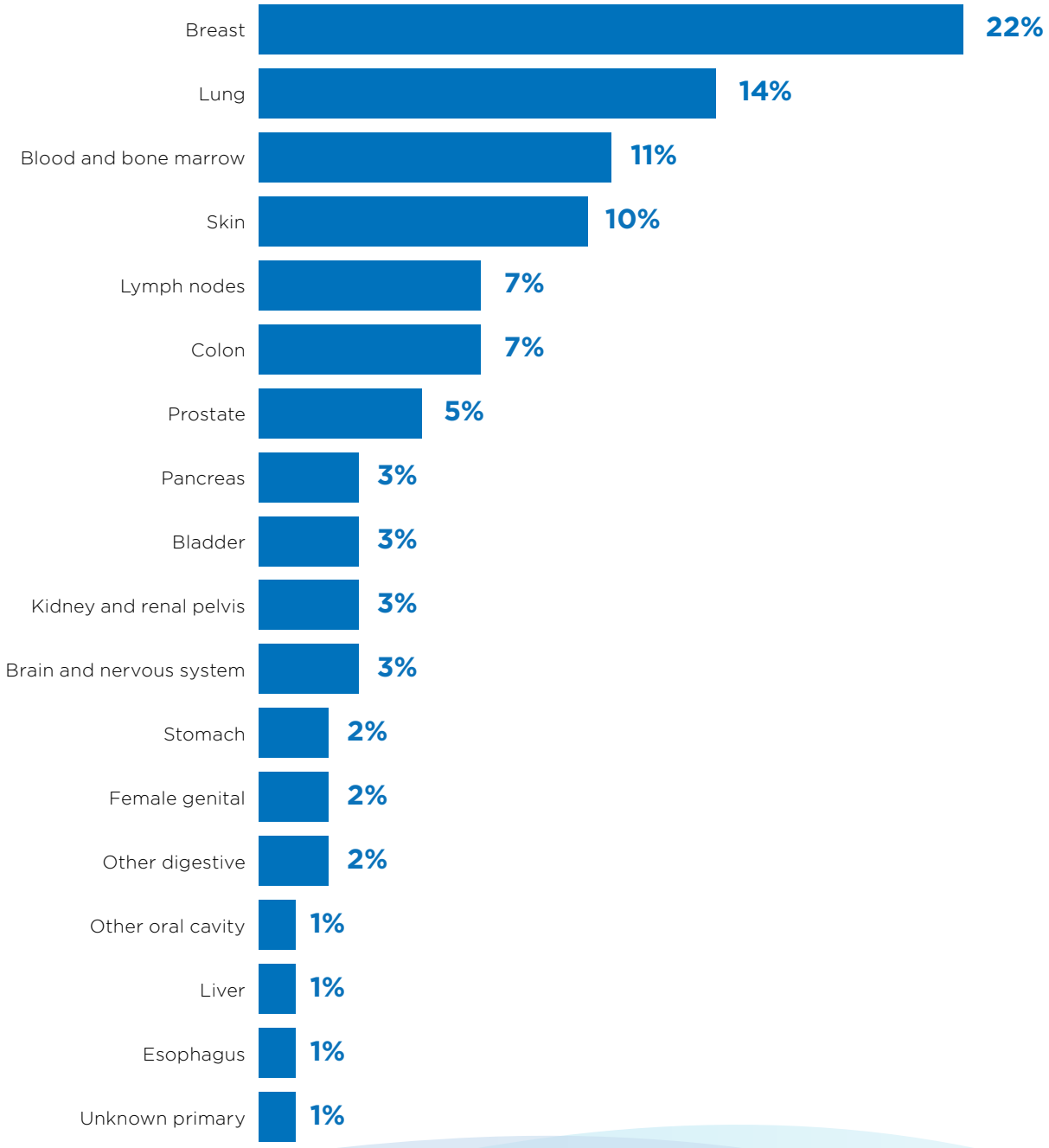
A Cancer Registrar performs the collection, interpretation, analysis and reporting of cancer data. The National Cancer Registrars Association defines Cancer Registrars as “data management experts who collect and report cancer statistics for various healthcare agencies.” Registrars work closely with physicians, administrators, researchers and healthcare planners to provide support for cancer program development, ensure compliance with reporting standards, and serve as a valuable resource for cancer information with the goal of preventing and controlling cancer. The Cancer Registrar is involved in managing and analyzing clinical cancer information for education, research and outcome measurement.

All approved cancer care programs are required by the Commission on Cancer to submit registry data that is error free to the National Cancer Data Base (NCDB) annually. Data submission to the NCDB allows the programs to benchmark their performance and outcomes to that of regional, state and national patterns. Major differences in facility and national data are reviewed to identify areas of improvement.

Cancer data is also submitted to the Ohio Cancer Incidence Surveillance System (OCISS). All reported data is used to support research, track trends, initiate epidemiologic studies, generate journal articles and provide data for allocation of services. The data is analyzed to identify opportunities for community cancer awareness and screening where higher stages (III-IV) of cancers are seen. This data also provides a means of identifying possible cancer clusters within the state. The Blood Cancer Center also reports registry data to the Center for International Blood and Marrow Transplant Research (CIBMTR) per federal requirements of the Stem Cell Transplant Outcomes Database (SCTOD), which allows analysis of center-specific outcomes and patient access to transplants.

2015 Cancer Data Summary and Comparisons

THE JEWISH HOSPITAL — MERCY HEALTH
PERCENTAGE OF NEWLY DIAGNOSED CASES IN 2015



Cancer Sites in 2015

In the U.S. in 2015, top cancer sites in men were prostate (26%), lung (14%), colon/rectum (8%) and bladder (7%), with skin, Non-Hodgkin lymphoma and kidney at 5%. For women, the top cancer sites were lung (26%), breast (15%), colon/rectum (8%) and blood and bone marrow (5%), with Non-hodgkin lymphoma and bladder at 4%.

At The Jewish Hospital, the top cancer sites in 2015 were: breast (223 cases/22%), lung (136 cases/14%), blood and bone marrow (113 cases/11%), skin (98 cases/10%) and lymph nodes (71 cases/7%).

Distribution of cases by gender reveals that breast cancer is the top site for females (40%) while blood and bone marrow (14%) and lung cancer (14%) were the top sites for males. The table demonstrates the percentage of cases seen at The Jewish Hospital compared to the national average incidence for each cancer site.

2015 TOP CANCER SITES BY SEX
UNITED STATES vs THE JEWISH HOSPITAL — MERCY HEALTH

Male	US	TJH
Blood & bone marrow	4%	14%
Lung & bronchus	14%	14%
Skin	5%	13%
Prostate	26%	11%
Colon & rectum	8%	9%
Non-Hodgkin lymphoma	5%	9%
Bladder	7%	6%
Kidney	5%	4%
Stomach		3%
Pancreas		3%

Female	US	TJH
Breast	15%	40%
Lung & bronchus	26%	13%
Blood & bone marrow	5%	9%
Skin		7%
Colon & rectum	8%	5%
Non-Hodgkin lymphoma	4%	4%
Brain/other nervous system		3%
Female genital		3%
Kidney	3%	2%
Bladder	4%	1%

American Cancer Society. Cancer Facts & Figures 2015. Atlanta: American Cancer Society; 2015.

2015 Lung Cancer Screening Findings

Findings of patient lung screenings at The Jewish Hospital, 2015

Lung cancer is a significant health problem in the U.S. Approximately 235,000 new cases are diagnosed each year, and nearly 170,000 people with lung cancer die annually. In Ohio alone, nearly 10,000 individuals will be diagnosed with lung cancer and almost 8,000 a year will die as a result. The mortality rate from lung cancer in Mercy Health — Cincinnati's four-county service area (Hamilton, Clermont, Butler and Warren counties) averages 58 per 100,000.

The United States Preventative Services Task Force has recommended that people at risk for lung cancer receive low-dose CT scanning for early detection of lung cancer to help reduce the number of lung cancer deaths. Yearly lung cancer screenings are recommended for people ages 55–79 years old who have smoked a pack a day for 30 years and either continue to smoke or who have quit in the last 15 years.

THE JEWISH HOSPITAL — MERCY HEALTH INITIATED ITS LUNG CANCER SCREENING PROGRAM IN 2014. RESULTS FOR 2014 ARE PRESENTED BELOW.

2014	
Total lung screenings	84
Results: normal/yearly follow up only (LRAD 1–2)	54
Results: recommended follow up in 3–6 months (LRAD 3–4)	30
Cancer detected	2
Stage 2	1
Stage 4	1
*Current smoker	39

A study of the effectiveness of lung cancer screening was recently conducted by the National Cancer Institute. The initial results of this eight-year National Lung Screening Trial (NLST) prove that low dose CT scans can help save the lives of people at high risk for lung cancer. The trial found 20% fewer deaths among participants screened with low dose CT.

Nurse navigators play a vital role in the Mercy Health Lung Cancer Screening Program. The navigator coordinates the care of the screening patient to ensure continuity and quality care. While a patient can be referred to the program through a variety of providers, their referral into the program opens the door to a continuum of services for pulmonary health and primary care. The navigator screens the patient and ensures adherence to screening guidelines. The navigator ensures patient follow up with yearly screening and monitoring CTs. By sending reminder letters and making phone calls to patients and PCPs, the navigator will increase the return screening rate. Twenty-five percent of patients requiring a 3–6 month follow-up returned due to nurse navigator intervention.

From a patient point of view, screening gives them peace of mind. They appreciate the extra time and attention the navigator takes to explain test results and their monitoring plan. As part of an effective screening program, we offer smoking cessation classes to all participants. The navigators spend the required time with patients to help them develop a successful plan to quit smoking … time their PCP doesn't always have.

The navigator is a complement to the medical team, ensuring follow up, tracking data for program quality management, and enhancing the patient perspective. Collectively the navigator can elevate the health of our patients as we strive to "Be Well." It is what we were meant to do.

Cancer Information Resources

The Jewish Hospital — Mercy Health Cancer Program is committed to making a difference in our community. While we offer many educational and screening programs to the community, we want to be sure patients, families and community members are looking at the best sources of cancer information when searching online. Listed below are websites we consider credible and reliable.

AMERICAN CANCER SOCIETY PROGRAMS AND SCREENING GUIDELINES

cancer.org
or call 800-ACS-2345 (800-227-2345)

INFORMATIONAL WEBSITES

National Cancer Institute
800-4-CANCER or cancer.gov

People Living with Cancer:
The official patient information website of the **American Society of Clinical Oncology**
cancer.net/portal/site/patient

National Comprehensive Cancer Network
nccn.org/patients

American Cancer Society
800-ACS-2345 or cancer.org

National Library of Medicine
nlm.nih.gov/medlineplus/healthtopics.html

US TOO! International, Inc.
ustoo.org

National Coalition for Cancer Survivorship
canceradvocacy.org

Leukemia and Lymphoma Society
lls.org

Ohio Department of Health
odh.ohio.gov

Cancer Support Community
cancersupportcincinnati.org

Cancer Family Care
cancerfamilycare.org

CLINICAL TRIAL INFORMATION

American Cancer Society, Clinical Trials Matching Service (a free, confidential program)
800-303-5691 or visit cancer.org

National Cancer Institute (NCI) website
cancer.gov/clinicaltrials/search

Coalition of Cancer Cooperative Group
cancertrialshelp.org

OHC Clinical Trials
OHCare.com/patient- resources/clinical-trials/#clinical-trials

REFERENCES/SOURCES

American College of Surgeons
American Cancer Society
National Cancer Institute
Electronic Registry System

The Blood Cancer Center at The Jewish Hospital — Mercy Health

Healing power close to home

The Blood Cancer Center at The Jewish Hospital provides cutting-edge treatment and excellent outcomes for patients. It provides the most advanced adult blood and bone marrow transplant program in the Tri-State, nationally recognized and accredited by the Foundation for the Accreditation of Cellular Therapy (FACT). The center also earned the Gold Seal of Approval® from the Joint Commission, a disease-specific care certification.

Mercy Health partners with OHC (Oncology Hematology Care), the largest group of independent medical oncologists, hematologists, radiation oncologists and gynecology oncologists in Greater Cincinnati, to provide the highest quality of care for patients. These providers work with Mercy Health's multidisciplinary team of healthcare professionals to provide comprehensive, coordinated treatment and support at The Jewish Hospital.

Innovative facilities with a caring touch

Created for patient and family convenience, the 28-bed step-down and intensive care unit located on the third floor of the new, state-of-the-art patient tower at The Jewish Hospital — Mercy Health is designed to make every aspect of treatment as stress free as possible. All the services patients need are located on site, many of them on the same floor.

The inpatient unit includes:

- 22 private HEPA-filtered patient rooms with private bathrooms
- Six full intensive care unit rooms, large enough to handle all equipment needed by a patient with complications requiring closer monitoring
- Full cardiac monitoring capabilities in all rooms
- Cable television and HDMI connectivity in each room
- Laundry facilities
- A Nutrition Center/kitchen for families and patients stocked with a wide variety of soups, snacks and frozen items
- Spacious accommodations for family members including fold out beds in all rooms
- Free wireless internet access
- A family room equipped with DVDs, books, magazines, puzzles, games, and a large screen TV
- A stationary bike and treadmill available for patients who wish to get more vigorous exercise while in the hospital
- A viewing area for patients to visit with children and family members who may not be able to safely enter the unit
- A family waiting room just outside the unit equipped with a television, table and chairs
- A family lounge/kitchen area located outside the unit equipped with a microwave, recliners and couches, laundry facilities, lockers and a restroom with shower facilities

The unit's capabilities provide for all patient needs including any complications. Patients remain in the Blood Cancer Center for their entire treatment with nurses and other caregivers who understand their special needs.

Clinical research and outcomes

From the first evaluation, Blood Cancer Center patients are offered the opportunity to participate in clinical research. In coordination with OHC clinical trials program, they're evaluated for eligibility in numerous treatment protocols and clinical trials, including pharmaceutical studies on chemotherapy drugs, antibiotics, antifungal drugs and drugs that affect cell counts.

The Blood Cancer Center at The Jewish Hospital participates in trials conducted by (and report our research and outcomes data to):

- Eastern Cooperative Oncology Group (ECOG)
- National Marrow Donor Program (NMDP)
- American Society for Blood and Marrow Transplantation (ASBMT)
- Ohio Bone Marrow Transplant Consortium
- Blood and Marrow Transplant Clinical Trials Network (BMTCTN)
- Southwest Oncology Group (SWOG)
- CIBMTR (Center for International Blood and Marrow Transplant Research)

Outcomes

Among the nation's leaders in survival outcomes, The Blood Cancer Center is the place where expert treatment, compassionate care and world-class facilities meet to produce extraordinary outcomes. Based on a report from the Center for International Blood and Marrow Transplant Research (CIBMTR), not only is The Jewish Hospital's Blood Cancer Center's patient survival rate ahead of noted regional facilities such as Cleveland Clinic, MD Anderson and Ohio State, but the patient survival rate also exceeds those of noted facilities across the U.S.

Transplant Center	# pts reported outcomes	Actual 1yr survival %	Predicted 1yr survival %
The Jewish Hospital	**101**	**71.2%**	**61.9-79.1%**
Ohio State	249	68.8%	63.6-73.3%
St. Francis IBMT	76	66.8%	62.7-82.4%
Indiana University	119	64.9%	62.5-75.2%
Cleveland Clinic	221	64.5%	63.4-75.2%
University of Kentucky	91	63.4%	60.2-78.3%
MD Anderson	1069	63.1%	64.6-70.1%
Penn State	197	61.2%	64.2-76.7%
Duke University	251	61.1%	57.6-69.0%
Mt Sinai	120	55.7%	54.0-70.4%
University of Louisville	61	55.5%	54.1-76.4%
Sarah Cannon at Centennial Medical Center	45	46.7%	54.8-80.6%
Cancer Treatment Centers of America	42	45.2%	49.7-77.3%

CIBMTR data — One-year survival (First allogeneic transplant 1/2012-2/2014)
Source: bloodcell.transplant.hrsa.gov accessed 4/3/2017

WHAT IS MULTIPLE MYELOMA?

Multiple myeloma is a rare cancer of the bone marrow plasma cells. There are usually multiple patches or areas in the bone where these cancer cells grow. The cells are found in the hollow area within the bones of the spine, skull, pelvis, rib cage, and the areas around the shoulders and hips in an adult.

"The nurses were exceptional – every single one of them. They met my every need and I'm so grateful."

Stacey Cass: 2000th Bone Marrow Transplant Recipient

In May of 2016 Stacey Cass had an MRI. Only an hour after returning home, Stacey received a call directing her to the nearest hospital's emergency department. The next round of tests led to a referral to OHC oncologist Dr. James H. Essell, the director of the Blood Cancer Center at The Jewish Hospital, who practices hematology-oncology. Stacey had more tests and was diagnosed with multiple myeloma.

Stacey was advised to have a bone marrow transplant. She found out that she was the 2000th patient the day of her transplant, but that wasn't what she remembers most about her experience. After the procedure, Stacey could only comment on the kind and compassionate care she received. She said "The nurses were exceptional – every single one of them. They met my every need and I'm so grateful."

The Breast Cancer Center & Jewish Women's Center at The Jewish Hospital — Mercy Health

Advanced diagnostics for early detection

The Breast Cancer Center is staffed by professionals with years of breast imaging experience and advanced training. The team includes board-certified radiologists, dedicated breast surgeons, licensed mammography technologists, certified breast ultrasound technologists and RN patient care navigators.

The Center offers a full range of services including digital mammography, 3D/CV mammography (which allows for the lowest possible radiation dose), high-resolution ultrasound, breast magnetic resonance imaging, as well as a full complement of biopsy techniques using stereotactic, ultrasound and MRI guidance.

The Breast Cancer Center is accredited by the National Accreditation Program for Breast Centers, a program of the American College of Surgeons and an indicator of quality. It also is recognized as a Center for Excellence by the American College of Radiology.

As a mammography department that achieves the highest standards in caring for the needs of patients, the center has earned the Women's Choice Award as one of America's Best Breast Centers.

Because early diagnosis ensures a better outcome for patients, the center offers a Heredity Risk Assessment Program. Having a family history of breast cancer, particularly women with a mother, sister or daughter who has or had breast cancer, may double their cancer risk. Genetic testing reveals the presence of potential genetic problems and allows for closer care by the center's dedicated breast surgeons.

Low cost and free screenings

The staff at Mercy Health provides breast screening programs to all women in Greater Cincinnati and Northern Kentucky via the Mobile Mammography Program. A fleet of self-contained 40-foot units visit corporate and community sites around the Tri-State, providing more than 10,000 women a year with convenient mammograms.

The Breast Cancer Center extends more than $6000 a year in low cost or free screenings for low income families.

Working together to improve outcomes

A breast cancer diagnosis can be stressful and overwhelming. The breast cancer specialists at the NAPBC-accredited Jewish Hospital – Mercy Health Breast Cancer Center recognize the importance of providing a multi-disciplinary team approach when caring for patients.

Mercy Health fellowship-trained breast surgeon Hilary Shapiro-Wright, DO, along with OHC board-certified medical oncologist Karyn M. Dyehouse, MD and OHC board-certified radiation oncologist Elizabeth H. Levick, MD meet with newly diagnosed breast cancer patients to discuss options and answer patients' questions about their treatment plan and overall health and wellness. "We open up the lines of communication with this dynamic, interactive forum and help the patient navigate their treatment options," said Dr. Dyehouse.

Left to right:
Karyn M. Dyehouse, MD; Hilary Shapiro-Wright, DO;
and Elizabeth H. Levick, MD

In addition to Drs. Shapiro-Wright, Dyehouse and Levick, the patient's team also can include surgeons, radiologists, pathologists, primary care physicians, gynecologists, nurse navigators, infusion room nurses, social workers, patient advocates and genetic risk counselors, depending on the needs of the individual patient. "Our multidisciplinary approach affords patients a dedicated, highly trained team of physicians and healthcare professionals who are up-to-date on all of the newest treatments and technologies," said Dr. Shapiro-Wright.

The experts of the Breast Cancer Center bring special training and experience to provide patients with leading edge treatments, including clinical trials access, nurse navigation, and genetic counseling to improve patient outcomes and breast cancer survival. "Breast cancer is treated much differently than it was even five years ago," said Dr. Levick. "Targeted chemotherapy drugs, tumor sequencing and advanced radiologic treatments now offer patients more options and, in many cases, a cure for breast cancer."

Jennifer: Mobile mammogram recipient, breast cancer survivor

Jennifer Becker ran the health and wellness program where she worked. After looking at her organization's data, she had The Jewish Hospital's Mobile Mammography Unit visit her workplace. Because it was the unit's first visit, she decided to get a mammogram to show her support and encourage colleagues to get screened. Five days later, she received a call to come in for additional testing.

The mammography screening showed tiny calcium deposits and, after additional screening, her physician recommended a re-check in six months. "Being 35 years old, having no history of breast cancer in my family and no symptoms or lumps, I really didn't worry much about the initial mammogram," Jennifer said. When she went back in six months, the screening showed that the number of calcium deposits had doubled. With that much activity, her physician ordered a biopsy, which showed she had stage 2 breast cancer.

Jennifer decided to have a double mastectomy. "It's been a journey with ups and downs," she said. "However, looking at myself now, I feel great, I look great and I can do almost everything that I was able to do before my surgery."

GI, Liver and Pancreatic Oncology at The Jewish Hospital — Mercy Health

Committed to improving outcomes and quality-of-life treatments

At the GI, Liver and Pancreatic Oncology department we want patients with liver and pancreatic disease or cancer to find hope after their diagnosis. We coordinate treatment strategies with the patient and referring physician designed to improve outcomes and quality of life. We integrate clinical practice, education and research, to provide the best care to every patient.

PHYSICIAN SPOTLIGHT

Surgical oncologist Dr. Shyam Allamaneni

Shyam S. Allamaneni, MD is a board-certified surgeon who specializes in oncology with a focus on the gastrointestinal (GI) tract, including the esophagus, stomach, small intestines, large intestines and rectum. He also addresses parts of the body that surround the GI area such as the liver, pancreas and gall bladder.

Working with an experienced multidisciplinary team at The Jewish Hospital, Dr. Allamaneni provides guidance and surgical management of more advanced diseases always with the goal of achieving clear and clean margins of the cancer. When it is not possible to remove a whole tumor, Dr. Allamaneni performs debulking procedures to relieve pain, bowel obstruction and minimize bleeding. He also offers complete tumor removal and heated intraperitoneal chemotherapy (HIPEC) for patients with peritoneal cancer and peritoneal metastases from other cancers.

The GI, liver and pancreatic cancer care team is multi-disciplinary, composed of surgeons, oncologists, gastroenterologists, nurse practitioners, pathologists, radiologists, nurse navigators, nurses, and physical and occupational therapists.

Providing care to complex patients and performing minimally invasive surgeries

The Jewish Hospital's GI, liver and pancreatic cancer multidisciplinary team is at the forefront of cancer care within the Tri-State, addressing complex cases and performing minimally invasive surgical techniques such as laparoscopic liver and pancreatic surgeries. These precision-based procedures target tumors while creating smaller incisions, resulting in quicker recoveries. For patients with advanced cancers, Dr. Allamaneni performs intraperitoneal chemotherapy, a comprehensive and immediate treatment done during surgery. Prior to surgery, he meets with the team and all aspects of care are reviewed and discussed. The team knows the patient "inside and out" before ever arriving for surgery.

The team stays in close contact with patients, monitoring their health throughout the entire treatment journey, not just surgery. For many patients, surgery will be combined with other cancer treatments such as chemotherapy, radiation therapy or hormone therapy. These nonsurgical treatments may be administered before surgery (neoadjuvant therapy) or after surgery (adjuvant therapy) to help address cancer growth, spread or reoccurrence.

Because no two cancer patients' situations are the same, Dr. Allamaneni and the multi-disciplinary team welcome opportunities to talk with fellow physicians and clinicians and with patients and their families about potential approaches to cancer treatment. Dr. Allamaneni provides expert consultation far beyond Cincinnati, talking with physicians and patients across the world.

Dr. Allamaneni's specialties include:

- Stomach and small intestine cancer
- Colorectal cancer
- Esophageal cancer
- Gallbladder and biliary tract cancer
- Liver cancer
- Pancreatic cancer
- Adrenal gland tumors
- Neuroendocrine tumors
- Peritoneal malignancies
- Sarcoma

Nurse Navigator: Mark Kroger, RN

Mark Kroger plays an important role on the GI, liver and pancreatic cancer care multi-disciplinary team. He's the nurse responsible for monitoring and coordinating care for patients receiving treatment. His job is to educate and empower both the patient and their families so they can make the best decisions possible during a critical time in their lives.

Mark is responsible for making sure that all the patient's medical history is in one place before treatment is started. This includes images, consult notes, labs, etc. that were performed at outside facilities. Compiling this data can be a huge burden for patients and families, so Mark handles it for them.

Before becoming a navigator, Mark worked as a floor nurse at The Jewish Hospital for 15 years. "When I was a floor nurse, I was dedicated to making sure patients understood what was happening with their care," Mark said. "If a patient had questions or wasn't sure what their physician had discussed with them, I'd make sure the doctor came back to talk to them. As a nurse navigator, a huge part of my job is keeping patients informed and facilitating discussions with Dr. Allamaneni or other clinicians."

As a cancer survivor, Mark appreciates the concerns and anxieties patients may have as they progress through their cancer care. His friendly, non-threatening approach is evident with every interaction he has with patients and their families. He checks on them at home, in the office, in the hospital and then after they're discharged. Mark loves his job and treats his patients like they are part of his family.

Beverly: Unanticipated surgery leads to a bigger surprise

September 2016, Beverly Peckhem went to her primary care physician when she began to experience nausea, vomiting and a loss of appetite. Her doctor noticed that her abdomen was non-tender but firm. An ultrasound showed a large upper abdominal mass, and a CT scan indicated that an abnormal growth of tissue had encompassed most of Beverly's pelvis. Beverly was referred to a Gynecologic Oncologist and a biopsy of the mass confirmed that Beverly had leiomyomas: benign tumors that arise from the overgrowth of smooth muscle and connective tissue in the uterus. After reviewing the results, the Gynecologic Oncologist contacted Dr. Allamaneni to discuss the results.

Due to the size and complexity of the mass, a multidisciplinary team of doctors was assembled. Key areas of discussion included the patient's age, the size of the mass and potential complications. Beverly was finally ready for surgery. "I was so scared," she said. "Dr. Allamaneni explained everything to me. In fact, he called me the night before surgery to see how I was doing."

Beverly was admitted to The Jewish Hospital on December 1, 2016. "Dr. Allamaneni had arranged for a vascular surgeon to be in the operating room in case additional expertise was required." During surgery, a 20 pound, 12-inch long mass was removed from Beverly's abdomen.

Beverly was discharged six days after surgery from the medical/surgical floor. "I'd never been to The Jewish Hospital before," said Beverly. "The nurses were great. Everyone was so nice."

Beverly's recuperation was free of complications. She was able to return to work in February 2017.

Joan: Liver cancer survivor, vivacious soul

Joan had her first liver cancer surgery in 2011. Four years later her lab markers identified an area of concern and she underwent surgery again. Dr. Allamaneni removed a grapefruit-sized tumor. While she continues to be closely monitored by her oncologist, Joan's health is good and her lab markers for liver cancer have normalized.

Throughout the second occurrence of cancer Joan says she felt no anxiety. "I was at peace. I felt God was working through the doctors and all would be fine. I prayed for my family, not for myself."

As she recovered from her surgery, Joan appreciated the care she received. "The amount of compassion on the floor is beyond belief … it is spectacular," she said.

While recuperating, Joan became friends with nurse practitioner, Lisa Broun. "Lisa's laugh is infectious. Her personality makes patients feel relaxed and comfortable." Joan's respect and appreciation extends to Dr. Allamaneni. "He is a remarkable young man," she said. "He's thinking all the time about the patient's best interest. He takes the hard cases … and just blooms."

Joan's gratitude also extends to her close-knit family, especially daughter-in-law, Mary who cared for while she was healing. Along with Joan's young grandchildren, Mary would arrive at Joan's house before 7 a.m. and they'd leave after 10 p.m. every night for weeks. "I was in pain sometimes and it was hard moving around. I did a lot of talking to God. The more I moved around, the better I felt. The more I'd see the humor in things, the better I felt. The more I became thankful, the better I felt."

The Jewish Hospital — Mercy Health Oncology Radiation department

Precise, specialized treatments for lung cancer

Lung cancer is by far the leading cause of cancer death among both men and women; about one out of four cancer deaths are from lung cancer. The most prevalent type of lung cancer is non-small cell lung cancer (NSCLC). Depending on the stage of the cancer and other factors, treatment options for people with NSCLC can include surgery, radiofrequency ablation, radiation therapy, chemotherapy, targeted therapies and immunotherapy.

The Jewish Hospital — Mercy Health Oncology Radiation department offers leading edge treatment and works with the patient to determine which type of treatment is best for their diagnosis. Types of radiation treatment offered include 3-D Conformal, Gamma Knife® Radiosurgery, Intensity Modulated Radiation Therapy (IMRT), Image Guided Radiation Therapy (IGRT) and Stereotactic Body Radiation Therapy (SBRT).

The evolution of radiation therapy has made dramatic strides when it comes to its application and treatment of many cancers. The ability to target a tumor with enhanced precision and sparing of healthy surrounding tissue has resulted in improved patient outcomes and a reduction in side effects that can occur from the treatment. OHC board-certified radiation oncologists Dr. Peter Fried, Dr. Elizabeth Levick, Dr. Marc Mosbacher and Dr. David Pratt support the team at The Jewish Hospital — Mercy Health Radiation Oncology Department.

Radiation therapy is a type of cancer treatment that uses ionizing radiation to destroy or slow the growth of cancer cells. The most commonly used radiation therapy is external beam radiation therapy (EBRT). In external radiation treatments, a beam of radiation is administered to a precise part of the body, using a machine called a linear accelerator.

Stereotactic Body Radiation Therapy (SBRT) for early stage lung cancer

External beam radiation, in particular SBRT, is most often the modality of choice for early lung cancer, especially non-small cell lung cancer (NSCLC) and is sometimes used if the cancer has spread to other organs. Depending on the stage of NSCLC and other factors, radiation therapy might be used:

- As the primary treatment (sometimes along with chemotherapy), especially if the lung tumor can't be removed because of its size or location, if a person isn't healthy enough for surgery, or if a person doesn't want surgery
- After surgery (alone or along with chemotherapy) to try to kill any small areas of cancer that surgery might have missed
- Before surgery (usually along with chemotherapy) to try to shrink a lung tumor to make it easier to operate on
- To treat a single area of cancer spread, such as a tumor in the brain or an adrenal gland (this might be done along with surgery to treat the main lung tumor)
- To relieve (palliate) symptoms of advanced lung cancer such as pain, bleeding, trouble breathing, or problems caused by spread to other organs such as the brain

Before treatments start, The Jewish Hospital and OHC multi-disciplinary radiation team will take careful measurements to determine the correct angles for aiming the radiation beams and the proper dose of radiation. This planning session, called simulation, usually includes getting imaging tests such as CT scans.

Instead of giving a small dose of radiation each day for several weeks, SBRT uses very focused beams of high-dose radiation given in fewer (usually 1 to 5) treatments. Several beams are aimed at the tumor from different angles. To target the radiation precisely, the patient is put in a specially designed body frame for each treatment. This reduces the movement of the lung tumor during breathing. Like other forms of external radiation, the treatment itself is painless.

Results with SBRT for smaller lung tumors have been very promising. Some studies show local control rates up to 90 percent compared to surgical intervention and lower complication rates. In addition, studies are being conducted that evaluate SBRT treatment of tumors that have spread to other parts of the body, such as the bones and liver. SBRT techniques also have been shown to help doctors treat lung cancers more accurately while lowering the radiation exposure to nearby healthy tissues.

The Gamma® Knife

The Gamma Knife® team at The Jewish Hospital — Mercy Health has treated more than 660 patients with a variety of brain tumors and other lesions of the brain. Today, it remains Greater Cincinnati's only Gamma Knife®, one of only 300 Gamma Knife® treatment locations in the nation. Patients have traveled to The Jewish Hospital for treatment from as far away as Montana and Virginia.

Gamma Knife® surgery uses beams of radiation that precisely target and destroy tumors deep within the brain without incisions and without affecting healthy tissue. It can also treat other neurological conditions and vascular disorders. Gamma Knife® procedures last several minutes to several hours depending on the size of the area needing treatment and most patients can go home the same day. Because Gamma Knife® procedures are incision-free, patients benefit from quicker recovery times as well as a reduced chance of infection. Some Gamma Knife® patients have previously undergone traditional brain surgery that failed to remove patients' tumors in their entirety.

The Gamma Knife® team, including physicists and nurses, is supported by neurosurgeons Dr. Ronald Warnick and Dr. George Timothy Mandybur, as well as OHC board-certified radiation oncologists Dr. Peter Fried, Dr. Elizabeth Levick, Dr. Marc Mosbacher and Dr. David Pratt. Our team of experts work collaboratively to create the patient's treatment plan and perform the procedure. Together, they have treated patients with:

- Brain metastases, cancer that has spread to the brain from elsewhere in the body
- Trigeminal neuralgia, a painful condition of the nerve responsible for most facial sensation that is sometimes called the "suicide disease" because of the excruciating pain it causes
- Meningiomas, a series of tumors that arise from the meninges or membrous tissue that surrounds the central nervous system
- Acoustic neuromas, tumors that grow on the nerve connecting the ear to the brain
- Pituitary tumors known as adenomas
- The neurological disorder known as essential tremors
- Glioblastomas, which are common, aggressive brain tumors
- Hemangioblastomas, which are tumors of the central nervous system.

The Gamma Knife® also is used to address arteriovenous malformation (AVM). AVM is an abnormal tangle of arteries and veins that disrupts normal blood flow in the brain. Most people don't know that they have an AVM until they experience symptoms such as headaches, seizures, weakness, numbness, deteriorating vision or hemorrhage. The Gamma Knife® procedure cuts off the arteries that feed the AVM.

"The Gamma Knife® at The Jewish Hospital continues to have a strong beneficial impact on the men and women suffering from a range of

disorders, including tumors and lesions impacting the skull, sinuses, eyes and neck and the nerves and arteries that support them," said Peter R. Fried, MD, radiation oncologist with OHC (Oncology Hematology Care) and co-director of the Gamma Knife® program at The Jewish Hospital. "It's very satisfying to know that with this innovative tool, we've helped hundreds of people."

Gamma Knife® treatment has little risk of potential morbidity, such as hemorrhage and infection, which are associated with conventional surgery. More than 30 years of clinical studies documented in more than 2,500 published medical papers reveal the effectiveness of Gamma Knife® surgery.

Tricia: Gamma Knife® gave me my life back

When I was treated with Gamma Knife® at The Jewish Hospital, I had stage-4 melanoma. It had spread to my brain. I was surprised because I hadn't had a reoccurrence since 2013. I was referred to my oncologist to have Gamma Knife® treatment and Dr. Ron Warnick was the physician that he recommended.

I didn't know what to expect but the team explained everything to me very thoroughly in my initial consult and put my mind at ease. When I came in for the treatment, it was flawless. From the anesthesiologist to the physicist to the technician who did my scan, the procedure was seamless. I was impressed by how much everybody cared about me.

Gamma Knife® took only one day out of my life...for brain cancer! I have scans every two months and since the Gamma Knife® treatment, the lesions in my brain disappeared and I have had no more since.

I would definitely recommend Gamma Knife®. It's a painless, easy procedure and when you leave, you're done! After my Gamma Knife® procedure, I went home and took a nap and then took my dog for a three-mile walk. The next day, I met my friends and did a 6-mile run.

Gamma Knife® gave me my life back.

Neuro-oncology at The Jewish Hospital — Mercy Health

Vincent DiNapoli, MD, PhD

The Jewish Hospital partners with Mayfield Brain and Spine to provide a full spectrum of neuro-oncologic care. The hospital serves as Mercy Health — Cincinnati's neurosurgery center of excellence. The neuro-oncology program at The Jewish Hospital is committed to providing caregivers with the best available technology, promoting continuous improvement, ensuring patient safety and achieving patient satisfaction.

Working in partnership with The Blood Cancer Center, radiation oncologists and neuro-oncologists, the neurosurgery team cares for patients with a wide range of neuro-oncologic diseases, including primary brain tumors, meningioma, metastatic disease to the central nervous system and blood cancers (lymphoma and leukemia).

Highlights of the program include:

- Mercy Health recently invested in the Brainlab Airo intra-operative CT and navigation system, the first such system to be installed in Ohio. The acquisition ensures that The Jewish Hospital's surgeons are supported by state-of-the-art technology when performing delicate cancer operations.
- The Jewish Hospital offers the benefits of the Gamma Knife® radiosurgery suite. This technology allows surgeons to provide safe, precisely targeted radiation treatment for metastatic and primary disease involving the central nervous system, as well as adjuvant radiation following tumor removal surgery.
- The continuum of tertiary care at The Jewish Hospital also includes expertise from dedicated specialists in oncology hematology care and area neuro-oncologists, who oversee the chemotherapy phase of treatment for patients.

Through its partnership with neurosurgical provider Mayfield Brain and Spine, The Jewish Hospital also has made significant investments in education. Vincent DiNapoli, MD, PhD and Michael Kachmann, MD provided a hands-on "Neuro 101" course to more than 50 nurses who work on the neurosurgical floor, in the ICU and in the operating room. The course was part of a continuing initiative to grow a culture of excellence in neuroscience care. "A patient-focused culture of precision, teamwork and compassion is critical in creating a safe environment for complex neuro-oncology patients, especially in the peri-operative setting," said Dr. DiNapoli.

"I'm grateful that I had such a fine neurosurgeon. He was the one I needed for sure. Not only do I feel he saved my life, but he also saved my quality of life. My work is part of my story — two months after surgery, I went back. That meant everything to me."

Sylvia: Back to work after a brain tumor

Sylvia suffered a dramatic generalized seizure early on a Sunday morning. She was transported by ambulance to Mercy Health – Anderson Hospital and was admitted. An MRI revealed a mass inside her right parietal lobe. Sylvia was transferred to The Jewish Hospital where she met Vincent DiNapoli, a neurosurgeon and brain tumor specialist.

Dr. DiNapoli explained that surgery could not be avoided. A benign, slow-growing tumor had breached a threshold. One of Sylvia's major concerns about surgery involved her religious objection to receiving a blood transfusion. Dr. DiNapoli assured her that her surgery could be accomplished without a transfusion. "That comforted me," Sylvia said. "Things like that really matter, and you want your religious beliefs to be honored."

It turned out that Sylvia's tumor had invaded a larger section of the covering of the brain, called the dura, than the MRI had suggested. "This created the need for a more extensive resection of the membrane to completely remove the tumor and its attachments," Dr. DiNapoli said. "Given the atypical features of her tumor on intra-operative pathology, this was important to allow for the lowest possible chance of recurrence."

"I really credit Dr. DiNapoli," Sylvia said. "I consider him a genius, I truly do."

When Sylvia awoke after surgery, she was elated. She felt good and experienced very little pain. Two days later, she went home to continue her recovery.

Her greatest challenge in the weeks ahead was coping with the side-effects of steroids and anti-seizure medications. Under Dr. DiNapoli's guidance, she gradually reduced her dose and eventually discontinued the medications altogether.

Today, Sylvia could not be more grateful. "The whole staff at Mayfield and The Jewish Hospital treated me so well. I was very scared, terrified, but everyone calmed me down—even when they took the staples out in the office. It was painless. I appreciated the care, especially at the time when I needed it. I felt totally vulnerable, but I was well taken care of. I appreciate that.

"I'm grateful that I had such a fine neurosurgeon," she continued. "He was the one I needed for sure. Not only do I feel he saved my life, but he also saved my quality of life."

For Sylvia, retaining quality of life meant getting back to what was most important to her: caring for her grandchildren and working as a greenskeeper at a golf course. "My work is part of my story," she said. "Two months after surgery, I went back. That meant everything to me."

Skin Cancer Care at The Jewish Hospital — Mercy Health

The Dermatology Department at Mercy Health Physicians is comprised of a team of specialists dedicated to offering the most up-to-date and comprehensive skin cancer care for patients. The team includes four specialty-trained dermatologists who screen thousands of patients each year for skin cancer with the goal of diagnosing skin cancer at its earliest manifestation. Diagnostic care includes photography, dermatoscopy and skin biopsies.

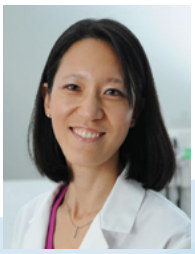
Helping patients navigate a diagnosis of skin cancer is a key focus of the dermatology team, which consistently achieves high levels of satisfaction in patient surveys. Services provided include skin cancer excision and repair, destruction/curettage, topical chemotherapy, photodynamic therapy, oral targeted therapies and Mohs micrographic surgery. Treatment plans are individualized for each patient and take into consideration the tumor (including size and histopathologic characteristics), location on the body and medical comorbidities. Patient care is enhanced by close collaboration and communication among Mercy Health's dermatology experts. They collaborate closely with a fellowship-trained dermatologic surgeon who has specialized training in skin cancer management techniques. Dr. Allamaneni, surgical oncologist, works closely with dermatologists to provide surgical resection of skin cancers and sentinel lymph node biopsy when indicated.

Follow up skin cancer screenings allow for close surveillance for new tumors and recurrences and are tailored to patient risk factors and prior tumors. Precancerous lesions (actinic keratoses) are also treated to remove ultraviolet induced skin damage to mitigate risk of malignant transformation. Lesions are treated with destructive measures, topical chemotherapy creams and photodynamic therapy.

Matthew Meier, MD

Rachel Gustin, MD

Emily Fisher, MD



Pamina Kim, MD

Emily Moosbrugger, MD

2016 STATISTICS

In 2016 2,020 tumors were detected/diagnosed by Mercy Health's general dermatologists:

1413 Basal cell carcinomas

496 Squamous cell carcinomas

29 Invasive melanomas

79 Melanoma in situ

Other tumors: dermatofibroma sarcoma protuberans, atypical fibroxanthoma, metastatic adenocarcinoma

Total skin cancer excisions: 358

Destruction of skin cancers: 4,254

MOHS NUMBERS FOR 2016

1021 tumors were treated with Mohs micrographic surgery

57% male patients

43% female patients

Our oldest patient was 98

Our youngest patient was 28

74% were basal cell carcinoma (10% infiltrative features on histology)

20% were squamous cell carcinoma

5% were squamous cell carcinoma in situ

Other tumors treated by the Mohs technique: Verrucous carcinoma of the foot, atypical fibroxanthoma, and dermatofibroma sarcoma protuberans

35 Lentigo malignas were excised with permanent sections.

63% of tumors were cleared with the first layer

Repairs:

68% were closed using a linear repair

25% were closed using a flap

2% were closed using a graft

4% were left to heal by second intention

MERCYHEALTH
Foundation
Greater Cincinnati

DEAR FRIEND OF MERCY HEALTH,

For many patients, gratitude is part of the healing process. Patients and their family members are generous in expressing their appreciation for the compassionate care and state-of-the-art treatments provided at The Jewish Hospital — Mercy Health to improve or save their lives.

In my work with the Mercy Health Foundation, I've seen that gratitude become philanthropy. That's what happened with Ben Jackson, the Blood Cancer Center's 1,500th bone marrow patient, and his wife, Ginny. As he was going through treatment, Ben and Ginny realized that for some patients financial hardship was making their fight against cancer much more challenging.

After Ben passed away, Ginny wanted to find a way to help patients who faced the hardships that she and Ben had observed. Out of that desire grew the Ben Jackson Memorial Fund. The fund assists families with household expenses when the financial burden of cancer treatment or loss of wages is unbearable.

In this year's Cancer Report, it's my privilege to recognize the individuals who, in 2016, made donations to support cancer-related programs at The Jewish Hospital including the Mobile Mammography Program, the Blood Cancer Center and the Ben Jackson Memorial Fund. We extend our heartfelt appreciation for their desire to help others and to support the physicians, nurses and staff of The Jewish Hospital in providing outstanding cancer care and services.

Be Well,

Jon Labbe
President,
Mercy Health — Cincinnati Foundation

A gift of true healing

Donating to cancer care programs

At The Jewish Hospital, we provide our patients with the most advanced treatments and compassionate care regardless of their financial resources. True healing is physical, emotional and spiritual. It is more than the medical care we provide. It is helping patients get back to living their best lives.

Many patients and their family members show their gratitude for excellent care by making a charitable gift. Some are inspired to donate because they simply want to help others who are less fortunate. These donors enhance our ability to provide the best care and to offer special assistance for patients with financial hardships. All donors make a positive impact on true healing.

You can choose to make a specific impact by directing your gift to one of many cancer care programs:

- Breast Cancer Care and Women's Health
- Blood Cancer Center
  - Ben Jackson Memorial Fund
  - Blood Cancer Center Fund
  - Patient Enrichment Fund
- General Oncology Care
- GI/Liver/Pancreas Cancer Care
- Lung Cancer Care
- Neuro-Oncology

Ways you can give to oncology programs at The Jewish Hospital

- Mail your gift in the reply envelope
- Make a gift online by visiting foundation.mercy.com/cincinnati/give
- Donate a memorial gift in lieu of flowers
- Include The Jewish Hospital cancer care programs in your will or estate plan. Contact Jon Labbe, Mercy Health Foundation President, for details 513-952-4018.

The Jewish Hospital — Mercy Health and The Mercy Health Foundation extend a warm and heart-felt thanks to the following donors who supported cancer care programs in 2016.

Deborah R. Adkins
Alecia's Jewelry Box
Raymond L. Allgeier
Mary Allhoff
Janet E. Beck
James P. Bernard
Lorraine Blanchard
Heather Boyd
Lisa Brackmann
Barbara L. Brockmann
Dusti Browning
John Broyles
Margaret P. Bryan
Rick L. Campbell
Central Coast Dive Center
Celgene Corporation
Patricia Centers
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Bonnie E. Cochran
Susan Colding
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Roseanne Considine
Deborah L. Davidson
Kathryn A. DeBrosse
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Megan Earhart
Carol Edwards
Michael Fain
Dorothy B. Francis Charitable Foundation
Theodore Fried
Gettler Family Foundation
Heidi Graf
Judy Groszek
Laura C. Haas
Julie Hamburg
Garfield W. Hartman
The HealthCare Connection
Suzanne M. Henson
Earl J. Hilvers
Juanita Hunn
Virginia B. Jackson
Mary A. Jansen
Jazz Pharmaceuticals
Lula F. Jones
Annette M. Karhoff
Jessica Kennell
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C. Schuler
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William Shepherd
Gordon Smith
John M. Sparks
George P. Spurlock
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Mary J. Stegman
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TCA Holdings
Thomas A. Tenhundfeld
Catherine Tierney
Thomas R. Vajen
George A. Vandal
Nicole Vogelsang
Steven D. Vordenberg
Tim Wells
Charles F. Wiedenmann
S.J. Wiwi
Richard D. Yenser

Accuracy is a high priority for the Mercy Health Foundation.
We apologize for any errors. Please call 513-952-4012 for corrections.

Appendix – OHC Clinical Trials

BRE 261: GO29831 (**BAM Only**)
Phase Ib; Therapeutic; MPDL3280A provided
A Phase Ib, Randomized, Two-Arm Study Evaluating the Safety and Pharmacokinetics of MPDL328A (Anti-PD-L1 Antibody) in Combination with Trastuzumab Emtansine or Trastuzumab and Pertuzumab in Patients with HER2-Positive Breast Cancer

GI 219: BBI608-246 (**BAM Only**)
Phase Ib; Therapeutic; BBI608 providedA Phase Ib Clinical Study of BBI608 in Combination with Standard Chemotherapies in Adult Patients with Advanced Gastrointestinal Cancer

BRE 261: GO29831 (**BAM only**)
Phase Ib; Therapeutic; MPDL3280A provided
A Phase Ib, Randomized, Two-Arm Study Evaluating the Safety and Pharmacokinetics of MPDL328A (Anti-PD-L1 Antibody) in Combination with Trastuzumab Emtansine or Trastuzumab and Pertuzumab in Patients with HER2-Positive Breast Cancer

BRE 16208: MK-3475-522 Pending Feb 2017
Phase III; Therapeutic; Pembrolizumab provided
A Phase III Randomized, Double-blind Study to Evaluate Pembrolizumab plus Chemotherapy vs Placebo plus Chemotherapy as Neoadjuvant Therapy and Pembrolizumab vs Placebo as Adjuvant Therapy For Triple Negative Breast Cancer (TNBC)

BRE 273: FRV-002
Phase IIA; Therapeutic; FR and GM-CSF provided
A Randomized Controlled Multicenter Phase II
A Trial to Evaluate the Safety and Immunogenicity of Two Doses of Vaccination with Folate Receptor Alpha Peptides with GM-CSF in Patients with Triple Negative Breast Cancer

METASTATIC

BRE 11025: CBKM120ZUS39T ***Star***
Phase II; Therapeutic; BKM120 provided
Phase II Multicenter Single-arm Study of BKM120 plus Capecitabine for Breast Cancer Patients with Brain Metastases

METASTATIC, FIRST-LINE, HER2+

BRE 261: GO29831 (**BAM only**)
Phase Ib; Therapeutic; MPDL3280A provided
A Phase Ib, Randomized, Two-Arm Study Evaluating the Safety and Pharmacokinetics of MPDL328A (Anti-PD-L1 Antibody) in Combination with Trastuzumab Emtansine or Trastuzumab and Pertuzumab in Patients with HER2-Positive Breast Cancer

METASTATIC, FIRST-LINE, TNBC

BRE 14133: WO29522
Phase III; Therapeutic; MPDL3280A provided
A Phase III, Multicenter, Randomized Placebo-Controlled Study of MPDL3280A (Anti-PD-L1 Antibody) in Combination with Nab-Paclitaxel Compared with Placebo with Nab-Paclitaxel for Patients with Previously Untreated Metastatic Triple Negative Breast Cancer

METASTATIC, SECOND- OR THIRD-LINE, BRCA MUTANT

BRE 13112: EORTC-1307-BCG ***Star***
Phase III; Therapeutic; Niraparib provided
A Phase III, Randomized, Open Label, Multicenter, Controlled Trial of Niraparib verus Physician's Choice in Previously Treated, HER2 Negative, Germline BRCA Mutation-Positive Breast Cancer Patients

METASTATIC, REFRACTORY, HER2+

BRE 261: GO29831 (**BAM only**)
Phase Ib; Therapeutic; MPDL3280A provided
A Phase Ib, Randomized, Two-Arm Study Evaluating the Safety and Pharmacokinetics of MPDL328A (Anti-PD-L1 Antibody) in Combination with Trastuzumab Emtansine or Trastuzumab and Pertuzumab in Patients with HER2-Positive Breast Cancer

METASTATIC, HR+

BRE 267: CBYL719C2301 (BRE 15020) ***Star*** (**KWD only**)
Phase III; Therapeutic; Alpelisib/placebo provided
A Phase III Randomized Double-Blind, Placebo-Controlled Study of Alpelisib in Combination with Fulvestrant versus Placebo plus Fulvestrant as First- or Second-Line Treatment for Post-Menopausal Women and Men with Hormone Receptor Positive, HER2-Negative, Advanced Breast Cancer Previously Treated with Endocrine Therapy

CHOLANGIO CLINICAL TRIALS

GI 219: BBI608-246 (**BAM only**)
Phase Ib; Therapeutic; BBI608 provided
A Phase Ib Clinical Study of BBI608 in Combination with Standard Chemotherapies in Adult Patients with Advanced Gastrointestinal Cancer

GI 16006: INCB 54828-202 ***Star***
Phase II; Therapeutic; INCB054828 provided
A Phase 2, Open-Label, Single Arm, Multicenter Study to Evaluate the Efficacy and Safety of INCB054828 in Subjects with Advanced/Metastatic or Surgically Unresectable Cholangiocarcinoma Including FGFR2 Translocations Who Failed Previous Therapy

COLORECTAL/RECTAL CLINICAL TRIALS

METASTATIC, SECOND-LINE

GI 219: BBI608-246 (**BAM only**)
Phase Ib; Therapeutic; BBI608 provided
A Phase Ib Clinical Study of BBI608 in Combination with Standard Chemotherapies in Adult Patients with Advanced Gastrointestinal Cancer

HEAD AND NECK CLINICAL TRIALS

HN 16204: KN412 Pending Feb 2017
Phase III; Therapeutic; Pembrolizumab provided
A Randomized Phase III Study of Pembrolizumab given concomitantly to chemoradiation and as maintenance therapy versus chemoradiation alone in patients with locally advanced squamous cell carcinoma of the head and neck

KIDNEY CLINICAL TRIALS

ADVANCED, FIRST-LINE

GU 16145: E7080-G000-307 Pending Feb 2017
Phase II; Therapeutic; Lenvatinib provided
A Multicenter, Open-label, Randomized, Phase 3 Trial to Compare the Efficacy and Safety of Lenvatinib in Combination with Everolimus or Pembrolizumab versus Sunitinib Alone in First-Line Treatment of Subjects with Advanced Renal Cell Carcinoma

ESOPHAGEAL/GASTRIC CLINICAL TRIALS

METASTATIC

GI 219: BBI608-246 (**BAM only**)
Phase Ib; Therapeutic; BBI608 provided
A Phase Ib Clinical Study of BBI608 in Combination with Standard Chemotherapies in Adult Patients with Advanced Gastrointestinal Cancer

METASTATIC, FIRST-LINE

GI 15089: GS-US-296-1080
Phase III; Therapeutic; GS-5745/placebo
A Phase 3 Randomized, Double-Blind, Placebo-Controlled Study to Evaluate the Efficacy and Safety of GS-5745 Combined with mFOLFOX6 as First Line Treatment in Patients with Advanced Gastric or Gastroesophageal Junction Adenocarcionoma

METASTATIC, SECOND-LINE

GI 201
Phase II; Therapeutic; Abraxane and Paclitaxel provided
A Phase II Study of nab-Paclitaxel plus Ramucirumab for the Second-Line Treatment of Patients with Metastatic Gastroesophageal Cancer

GI 15133: KEYNOTE-181 ***Star***
Phase III; Therapeutic; Pembrolizumab provided
A Phase III Randomized Open-label Study of Single Agent Pembrolizumab vs Physician's Choice of Single Agent Docetaxel, Paclitaxel, or Irinotecan in Subjects with Advanced/Metastatic Adenocarcinoma and Squamous Cell Carcinoma of the Esophagus that have Progressed after First-Line Standard Therapy

METASTATIC, THIRD-LINE

GI 15132: MK-3475-180 Star Call Prj Mgr
Phase II; Therapeutic; Pembrolizumab provided
A Phase II Study of Pembrolizumab Monotherapy in Third-Line Previously Treated Subjects with Advanced/Metastatic Adenocarcinoma or Squamous Cell Carcinoma of the Esophagus or Advanced/Metastatic Siewert Type I Adenocarcinoma of the Esophagogastric Junction (KEYNOTE-180)

LIVER CLINICAL TRIALS

GI 219: BBI608-246 (**BAM Only**)
Phase Ib; Therapeutic; BBI608 provided
A Phase Ib Clinical Study of BBI608 in Combination with Standard Chemotherapies in Adult Patients with Advanced Gastrointestinal Cancer

LUNG – NON SMALL CELL CLINICAL TRIALS

LUN 15204: REVOLUTION Pending Feb 2017;
Observational; No drug provided
Registry for the EVolution Of LUng cancer Therapy Implementation and Outcomes Now

METASTATIC, FIRST-LINE

LUN-13206: ABI-007-NSCL-003
Phase III; Therapeutic; Abraxane provided
A Phase III, Randomized, Open-Label, Crossover, Multi-Center, Safety and Efficacy Study to Evaluate nab-Paclitaxel (Abraxane) as Maintenance Treatment After Induction with nab-Paclitaxel plus Carboplatin in Subjects with Squamous Cell Non-Small cell Lung Cancer (NSCLC)

LUN 15014: GO29437
Phase III; Therapeutic; MPDL3280A provided
A Phase III, Open-Label, Multicenter, Randomized Study Evaluating the Efficacy and Safety of MPDL3280A (Anti-PD-L1 Antibody) in Combination with Carboplatin + Paclitaxel or MPDL3280A in Combination with Carboplatin + nab-Paclitaxel Versus Carboplatin + Paclitaxel in Chemotherapy-Naïve Patients with Stage IV Squamous Non-Small Cell Lung Cancer

LUN 16156: CA209-817 Pending
Phase IIIb/IV; Therapeutic; Nivolumab/Ipilimumab provided
A Phase IIIb/IV Safety Trial of Flat Dose Nivolumab in Combination with Ipilimumab in Participants with Advanced Malignancies

METASTATIC, FIRST-LINE, ALK+

LUN 15231: AP26113-13-301 Star (**BAM/MWM only**)
Phase III; Therapeutic; Brigatinib provided
A Phase 3 Multicenter Open-Label Study of Brigatinib (AP26113) versus Crizotinib in Patients with ALK-positive Advanced Lung Cancer

METASTATIC, MAINTENANCE

LUN 319: CA209-370 (LUN 14158)
Phase II; Therapeutic; Nivolumab Provided
Sustain – A Phase II Study of Nivolumab in Maintenance or as Monotherapy or in Combination with Standard of Care Therapies in Stave IV NSCLC Subjects

LUN 16156: CA209817 Pending
Phase IIIb/IV; Therapeutic; Nivolumab provided
A Phase IIIb/IV Safety Trial of Flat Dose Nivolumab in Combination with Ipilimumab in Participants with Advanced Malignancies

METASTATIC, SECOND-LINE

LUN 15203: CA209384
Phase IIIb/IV; Therapeutic; Nivolumab provided
A Dose Frequency Optimization, Phase IIIB/IV Trial of Nivolumab 3 mg/kg Every 2 Weeks vs Nivolumab 6 mg/kg every 4 weeks in Subjects with Previously Treated Advanced or Metastatic Non-small Cell Lung Cancer who Received 4 Months of Nivolumab at 3 mg/kg Every 2 Weeks CheckMate 384: CHECKpoint pathway and nivoluMAb clinical Trial Evaluation 384

LUN 16156: CA209817 Pending
Phase IIIb/IV; Therapeutic; Nivolumab provided
A Phase IIIb/IV Safety Trial of Flat Dose Nivolumab in Combination with Ipilimumab in Participants with Advanced Malignancies

MESOTHELIOMA

MES 15175: 1199.93 ***Star***
Phase II/III; Therapeutic; Nintedanib provided
Double blind, Randomized, Multicentre, Phase II/III Study of Nintedanib in Combination with Pemetrexed/Cisplatin Followed by Continuing Nintedanib Monotherapy versus Placebo in Combination with Pemetrexed/Cisplatin Followed by Continuing Placebo Monotherapy for the Treatment of Patients with Unresectable Malignant Pleural Mesothelioma

NEUROENDOCRINE

LUN 15079: Ipsen-A-US-52030-328 ***Star***
Phase III; Therapeutic; Lanreotide Autogel/Depot provided
A Phase 3, Prospective, Randomized, Double-Blind, Multi-Center, Study of the Efficacy and Safety of Lanreotide Autogel/Depot 120 mg plus BSC vs. Placebo plus BSC for Tumor Control in Subjects with Well-Differentiated, Metastatic and/or Unresecteable Typical or Atypical Lung Neuroendocrine Tumors (Spinet)

LUNG – SMALL CELL CLINICAL TRIALS

EXTENSIVE STAGE, UNTREATED

LUN 331: GO30081
Phase III; Therapeutic; Atezolizumab provided
A Phase I/III, Randomized, Double-Blind, Placebo-Controlled Study of Carboplatin Plus Etoposide With or Without Atezolizumab (Anti PD-L1 Antibody) in Patients With Untreated Extensive-Stage Small Cell Lung Cancer

EXTENSIVE STAGE, MAINTENANCE

LUN 318: CA209-451
Phase III; Therapeutic; Nivolumab provided
A Randomized, Multicenter, Double-Blind, Phase 3 Study of Nivolumab, Nivolumab in Combination with Ipilimumab, or Placebo as Maintenance Therapy in Subjects with Extensive-Stage Disease Small Cell Lung Cancer (ED-SCLC) After Completion of Platinum-based First Line Chemotherapy

MOLECULAR PROFILING

PRO 02: ML28897
Phase IIa; Therapeutic; Erlotinib, Vismodegib, Pertuzumab, Trastuzumab, and Vemurafenib provided
MY PATHWAY: An Open-Label Phase IIA Study Evaluating Trastuzumab/Pertuzumab, Erlotinib, Vemurafenib, and Vismodegib in Patients who have Advanced Solid Tumors with Mutations or Gene Expression Abnormalities Predictive of Response to one of these Agents

NEUROENDOCRINE

GI 195
Phase II; Therapeutic; Carfilzomib provided
A Phase II Study of Carfilzomib for the Treatment of Patients with Advanced Neuroendocrine Cancers

GI 15051: Ipsen A-US-52030-340
Observational; No drug provided
Prospective Observational Studies in Patients with Locally Advanced or Metastatic Gastroenteropancreatic Neuroendocrine tumors Treated with Lanreotide Depot in a US Community Oncology Setting

OVARIAN CLINICAL TRIALS

FIRST-LINE

GYN 16080: B9991010
Phase III; Therapeutic; Avelumab provided
A Randomized, Open-Label, Multicenter, Phase 3 Study to Evaluate the Efficacy and Safety of Avelumab (MSB0010718C) in Combination with and/or Following Chemotherapy in Patients with Previously Untreated Epithelial Ovarian Cancer

SECOND-LINE

GYN 12232: ET743-OVC-3006
Phase III; Therapeutic; Doxil and Trabectedin provided
A Randomized, Open-Label Study Comparing the Combination of Yondelis and Doxil/Caelyx with Doxil/Caelyx Monotherapy for the Treatment of Advanced/Relapsed Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Cancer

THIRD-LINE

GYN 12232: ET743-OVC-3006
Phase III; Therapeutic; Doxil and Trabectedin provided
A Randomized, Open-Label Study Comparing the Combination of Yondelis and Doxil/Caelyx with Doxil/Caelyx Monotherapy for the Treatment of Advanced/Relapsed Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Cancer

UROTHELIAL

FIRST-LINE

GU 16217: Pending Feb 2017
Phase II; Therapeutic; MOXR0916 provided
A Phase II, Multicenter, Randomized, Placebo-Controlled, Double-Blind Study of MOXR0916 in Combination with Atezolizumab versus Atezolizumab Alone in Patients with Untreated Locally Advanced or Metastatic Urothelial Carcinoma who are Ineligible for Cisplatin-Based Therapy

FIRST-LINE

GU 15228:INCB 54828-201 ***Star***
Phase II; Therapeutic; INCB054828 provided
A Phase 2, Open-Label, Single-Agent, Multicenter Study to Evaluate the Efficacy and Safety of INCB054828 in Subjects with Metastatic or Surgically Unresectable Urothelial Carcinoma Harboring FGF/FGFR Alterations

HEMATOLOGICAL MALIGNANCIES

CHRONIC LYMPHOCYTIC LEUKEMIA (CLL)

FIRST-LINE

CLL 15229: UTX-TGR-304 Pending Feb 2017
Phase III; Therapeutic; TGR-1202 provided
A Phase 3, Randomized Study to Assess the Efficacy and Safety of Ublituximab in Combination with TGR-1202 Compared to Obinutuzumab in Combination with Chlorambucil in Patients with Chronic Lymphocytic Leukemia (CLL)

PREVIOUSLY TREATED

CLL 15229: UTX-TGR-304 Pending Feb 2017
Phase III; Therapeutic; TGR-1202 provided
A Phase 3, Randomized Study to Assess the Efficacy and Safety of Ublituximab in Combination with TGR-1202 Compared to Obinutuzumab in Combination with Chlorambucil in Patients with Chronic Lymphocytic Leukemia (CLL)

RELAPSED/REFRACTORY

CLL 15222: ACE-CL-208 ***Star***
Phase II; Therapeutic; ACP-196 provided
A Phase 2 Study of the Efficacy and Safety of ACP-196 in Subjects with Relapsed/Refractory CLL and Intolerant of Ibrutinib Therapy

CHRONIC MYELOGENOUS LEUKEMIA (CML)

CML 18: CA18 0-399
Phase IV; Therapeutic; BMS-354825
An Open Label, Randomized Phase IV Study of Dasatinib vs Imatinib in the Treatment of Subjects with Chronic Phase Chronic Myeloid Leukemia who have not Optimally Responded to 3 Months of Therapy with 400 mg Imatinib

GVHD

ACUTE

BMT 19: INCB 18424-271 Pending Feb 2017
Phase II; Therapeutic; Ruxolitinib provided
A Single-Cohort, Phase 2 Study of Ruxolitinib in Combination with Corticosteroids for the Treatment of Steroid-Refractory Acute Graft-versus-Host Disease

CHRONIC

BMT 17: KD025-208 (**KWD Only**)
Phase IIa; Therapeutic; KD025 provided
A Phase 2a, Dose-Escalation, Open-Label Study to Evaluate the Safety, Tolerability, and Activity of KD025 on Subjects with Chronic Graft Versus Host Disease

HODGKIN'S LYMPHOMA

LYM 16100: CA209-655
Observational; No Drug provided
Hodgkin Lymphoma Molecular Profiling and Clinical Outcomes in U.S. Community Oncology Practices

MULTIPLE MYELOMA

FIRST-LINE

E1A11 (**KWD only**)
Phase III; Therapeutic; Carfilzomib provided
Randomized Phase III Trial of Bortezomib, LENalidomide and Dexamethasone (VRd) Versus Carfilzomib, Lenalidomide and Dexamethasone (CRd) Followed by Limited or Indefinite DURation Lenalidomide MaintenANCE in Patients with Newly Diagnosed Symptomatic Multiple Myeloma (ENDURANCE)

MM 16084: 54767414MMY2012
Phase II; Therapeutic; Daratumumab provided
Daratumumab plus Cyclophosphamide, Bortezomib and Dexamethasone (Dara-CyBorD) in Previously Untreated and Relapsed Subjects with Multiple Myeloma

RELAPSED/REFRACTORY

MM 16084: 54767414MMY2012
Phase II; Therapeutic; Daratumumab provided
Daratumumab plus Cyclophosphamide, Bortezomib and Dexamethasone (Dara-CyBorD) in Previously Untreated and Relapsed Subjects with Multiple Myeloma

NON-HODGKIN'S LYMPHOMA

PREVIOUSLY TREATED, DLBCL

LYM 16065: UTX-TGR-205
Phase IIb; Therapeutic; TGR-1202, Ublituximab provided
A Phase 2b Randomized Study to Assess the Efficacy and Safety of the Combination of Ublituximab + TGR-1202 and TGR-1202 alone in Patients with Previously Treated Diffuse Large B-Cell Lymphoma

MYELOFIBROSIS

MF 16092: INCB-MA-MF-401 Pending Feb 2017
Phase IV; Observational; No drug provided
Prospective Myelofibrosis Low Risk Observational Study in US Clinical Practices (MOST)

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA

PNH 08160: M07-001 ***Star***
Observational; No drug provided
PNH Registry

TRANSPLANT

BMT-16: PT-001
Phase I/II; Therapeutic; No drug provided
A Phase 1 Non-randomized/2 Randomized Study of ProTmune (ex vivo Programmed Mobilized Peripheral Blood Cells) for Allogeneic Hematopoietic Cell Transplantation in Adult Patients with Hematologic Malignancies

BMT-18: TV44688-ONC-30054 Pending Feb 2017
Phase III; Therapeutic; No drug provided
A Single-Arm Study of the Effect of a 5-day Schedule of Tbo-Filgrastim 10 g/kg of Body Weight Administered Subcutaneously on Peripheral Stem Cell Mobilization in Healthy Donors

BMT CTN 07LT (**KWD only**)
Phase III; Therapeutic; Lenalidomide
Continued, Long-Term Follow-Up and Lenalidomide Maintenance Therapy for Patients on BMT CTN 0702 Protocol

The Jewish Hospital

MERCYHEALTH

The Jewish Hospital is a community hospital faithful to its Jewish Heritage and grounded in the Jewish and Catholic traditions of service to the community. Our purpose is to reveal God's love for all, especially the poor and vulnerable, through the delivery of compassionate healthcare services and education of healthcare professionals.

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