



Paducah - Lourdes Hospital

2018 ANNUAL CANCER REPORT

Year in Review

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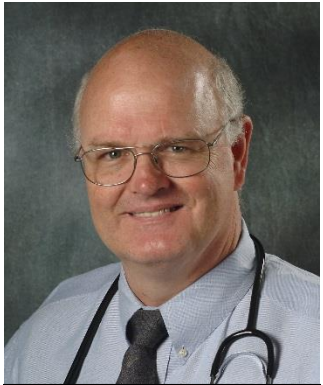


John J. Montville, MBA,
FACHE, FACMPE, CAAMA
Executive Director/Oncology

A Message from the Executive Director of Oncology Mercy Health - Paducah

2018 has been a year where we have continued to build on our substantial oncology foundation in the creation of a comprehensive cancer program to serve the patients of Mercy Health – Paducah. The most important step came toward the end of 2018 – start of 2019 with the opportunity to partner with the best Medical Oncology group in the region, the practice of Dr. William L. Skinner and Dr. Wederson Claudino. We are very excited to work together to build upon the superior work they have done in providing cancer care to the patients of our region. I am hopeful we will learn from each other as we continue to create an oncology program that will offer the best in treatment, support services, access to clinical trials; all the while never losing our focus on the patients we serve. We have become a mainstay

in the community, doing all that we can to improve the cancer health of the communities we serve – with education at health fairs, screening efforts, and providing free resources for those attempting to quit smoking. But, with all of our achievements, we will never stop in our goal to do all we can in the fight against cancer – from education to screening to treatment to survivorship. All of this will continue to be driven by the true passion and commitment in providing care to our oncology patients and fighting cancer from every angle.



William L. Skinner, MD
Hematology/Oncology
Mercy Health – Paducah Medical
Oncology and Hematology
Cancer Committee Chair
Mercy Health - Paducah

A Message from the Cancer Committee Chair Mercy Health - Paducah

The cancer program with Mercy Health Paducah at Lourdes Hospital was given unbelievable opportunities in 2018. Building on past years’ accomplishments, we have been faithful with the talents given to us and have continued to build, expand and improve our capabilities, delivering coordinated and comprehensive services to the Western Kentucky and tri-state area.

The Christ centered mission of compassionate patient care remains firm and paramount in our efforts to confront the challenge of preventing, healing and palliating the unfortunate individuals and families faced with the terrible threat of cancer.

Under the leadership of our Oncology Director, John Montville, the program continues to reach goals that are impacting our community in a positive way.

Bimonthly multidisciplinary tumor board meetings are efficiently meeting the target expectations of the required number of patients presented working toward American College of Surgeons (ACS) certification and providing CME to

participants.

Community health cancer awareness and screening continue to reach new benchmarks. Lourdes Hospital provides the 7-week American Lung Association Freedom From Smoking class about 3–4 times per year with encouraging attendance. Educational events throughout the community regarding prostate cancer, colorectal cancer, breast cancer and familial genetic testing awareness programs are an extension of the Mercy Health mission. Lourdes Hospital is also partnering with Baptist Hospital in skin cancer awareness program presentations.

The tumor Registry program is exploding with the increasing cancer patient load and will require increased manpower in 2019. This is a good problem to have.

In 2018, Mercy Health - Lourdes received Breast Center of Excellence designation by the American College of Radiology (ACR) and National Quality Measures for Breast Centers (NQMBC) accreditation. We anticipate National Accreditation Program for Breast Centers (NAPBC) accreditation by the American College of Surgeons (ACS) in 2020. These milestones are truly meaningful accomplishments reflecting the hard work of all involved.

The combined determination of local administration and corporate management from Bon Secours Mercy Health – Lourdes Hospital has achieved a very important and long-awaited partnership with the Paducah Cancer and Blood Center (Paducah CBC) and its staff. It is our sincere desire and prayer that this alliance will augment and enhance

the services that both pursue diligently to provide the needed services required by some of the most vulnerable that are entrusted into our care. We are hopeful that this relationship will be the capstone that will encourage, facilitate and propel our efforts in becoming the premiere complete and comprehensive center for the delivery of cancer care in the area. Our resolve is strengthened as we determine to achieve the goals set out for 2019.



Ross Jones, MD
Gastroenterology
Cancer Committee Physician
Liaison
Mercy Health - Paducah

A Message from the Cancer Committee Physician Liaison Mercy Health - Paducah

As Cancer Committee Physician Liaison for the Cancer Program of Mercy Health - Lourdes, I am proud to share the results of our 2018 Annual Data Studies. This year's studies included a review of end of life care utilization within our program and a study of Pancreatic Cancer rates within the region we serve. For the initial work around end of life care, we agreed to only focus on inpatient services at this time. Some key points from the initial data study included:

- ▶ Some minor improvement in the utilization of Hospice services for inpatients identified with cancer but still a great deal of room for improvement.
- ▶ The time periods between consultation with Hospice and death decreased, not moving in the direction we would hope; as more time in the period between initiation of end of life care and death has been noted to provide a better experience for both patients and loved ones. In studies presented by James Long, MD FACP, our Medical Director of Hospice/Palliative Care, early intervention to end of life care has actually been proven to extent life span, in

addition to several other positive benefits. To improve these circumstances, Inpatient Palliative Care Consults have been instituted.

Data around the use of these services; in both Inpatient and Outpatient care; is continuing to be collected and will be especially helpful as we are beginning implementation of additional services from our Hospice/Palliative Care team.

Additionally, we completed a Tumor Registry Study/Review of Pancreatic Cancer Rates in our region. Some key takeaways included:

- ▶ Local Pancreatic Cancer rates are at 23.0 cases per 100,000 population; when compared with Kentucky, at 15.8 per 100,000 and National rates at 13.0 per 100,000. Our Tumor Registry department is doing further research on this and working with colleagues in Kentucky and nationally to both back up these figures and to report in anticipation of some further study into these rates of a relatively rare but locally concerning cancer.

As our Cancer Committee Physician Liaison, I continue to share our many accomplishments in oncology; acting as the communication bridge between the various parts of our program and the many providers affiliated with Mercy Health – Lourdes. The future of our cancer program continues to be very bright and we are doing things every day to improve oncology care throughout the region.

2018 Lourdes Cancer Program Cancer Committee Members

William L. Skinner, MD - Medical Oncology, Cancer Committee Chair

Ginger Helton – Manager, Pathology Associates of Paducah
Rita Kelly, MT(ASCP) – Administrative Director, Clinical Laboratories and Pathology
Courtney LeNeave, RN, BSN, CN-BN – Nurse Navigator, Breast Cancer and Genetics
Amy Manley, RN, CN-BN – Nurse Navigator, Breast Cancer and Lung Cancer
Jodi Wainscott – Director of Quality
Kay Williams – Director of Home Health Services
Cyndy Kern, FACHE, CPHQ – Director of Care Management
Janece Everett – Cancer Control Specialist, Kentucky Cancer Program
Rachael King - Senior Director, Hospital Systems, American Cancer Society
James Long, MD FACP – Medical Director, Hospice/Palliative Care
Celia Parrott, PA-C – Breast Surgical Oncology and Genetics
Talia Moore, RN, BSN, OCN - Clinical Nurse Educator
Ross Jones, MD - Gastroenterology, Cancer Committee Physician Liaison
Sarah Shanks, RN, BSB/eB - Manager, CarePATH/Clinical Informatics, Mercy Health Meaningful Use
John J. Montville, MBA, FACHE, FACMPE, CAAMA - Executive Director of Oncology
Eliza Hill, RN – Oncology Nursing Leadership
Janet Simerly, RN – Chief Nursing Officer, Lourdes
Marsha Tucker, CTR – Cancer Registry
Adrian Miller, MD, FABR – Radiology - Radiology Group of Paducah
Bart Outzen, RT, RT(N), NMTCB, BSRT – Director of Radiology
Cindy Hagan, RT (R)(M), CN-BI – Women’s Imaging Manager
Terrance D. Adams, MBA - Director of Orthopedics and Rehab Services
Elizabeth Bennett, MS, RD, LD - Clinical Nutrition Manager
Michelle Higgins, CPCS- Medical Staff Services Manager
Christopher Green, MD – Pathology - Pathology Associates of Paducah
James O’Rourke, MD, Mercy Thoracic Surgery

Cancer End of Life Care at Mercy Health - Lourdes – Study and Recommendations

1. Inpatient: Hospice utilization for neoplasm as a primary diagnosis category on the claim went up to 23.8% for 2nd quarter 2018 rolling 12-month period (an increase of 3.8% from the previous rolling 12-month period. In the same periods, time in Hospice moved from 15 days (time between admit to death) to 12 days. It is noted that the numbers are very small in the cancer category for inpatient admits to Hospice Care and included (Medicare cases only):

3 rd Quarter 2017	4 th Quarter 2017	1 st Quarter 2018	2 nd Quarter 2018
27 total neoplasms	23 total neoplasms	23 total neoplasms	15 total neoplasms

During this entire period, only 20 neoplasm cases were admitted to Hospice, inpatient, and 19, outpatient, within 30 days of acute discharge.

During this period, Inpatient Palliative Care consults were introduced and providers were made aware and showed increasing utilization of the service.

2. Outpatient: Hospice utilization for neoplasm as a primary diagnosis category on the claim increased to 2.0% for the 2nd quarter rolling 12-month period from 1.7% in the previous 12-month rolling period. During the same periods, length of stay in Hospice moved from 27 days (time between admit and death) to 23 days.

Outpatient Palliative Care consults are in development.

3. Advanced Cancer Patients Can Live Longer With Palliative Care, Tulane Study Says
4. Discussion of data and metrics to determine success. Discussion of national benchmarks.

PANCREATIC CANCER INCIDENCE COMPARISONS

LOCAL	REGIONAL	STATE	NATIONAL
23.0	20.8	15.8	13.0

Pancreatic Cancer Case Counts*

Mercy Health – Paducah

2012	28
2013	20
2014	18
2015	27
2016	33
2017	44

*The above case counts were collected from patient lists submitted by the offices of William Skinner, MD, Wederson Claudino, MD, and Ross Jones, MD as well as the Mercy Health Lourdes Cancer Registry.

McCracken County

In recently released data from the KY Cancer Registry, McCracken County's elevated incidence rate of pancreatic cancer puts it within the top 25 counties in the state of Kentucky. McCracken County's crude rate, at the conclusion, of 2016 was 23.0. This indicates a finding of 23 newly diagnosed pancreatic cancer each year per 100,000 in population. The age adjusted rate per 100,000 is 16.8. The state reports 75 new cases of pancreatic cancer recorded between 2012 and 2016 in McCracken County.

Purchase Area Development District

The Purchase Area Development District includes McCracken, Ballard, Carlisle, Hickman, Fulton, Graves, Marshall and Calloway Counties. The total population at risk for developing cancer in the Purchase Area Development District is approximately 981,850 or 196,300 people per year. 204 actual pancreatic cancers were diagnosed in the Purchase ADD from 2012-2016. This is a Crude rate of 20.8 per 100,000 people in the purchase. The age adjusted rate is 14.9 per 100,000 people. Based on data released November 2018 by the Kentucky Cancer Registry. The Purchase region has the 3rd highest incidence of Pancreatic cancer in Kentucky.

Kentucky Statewide Incidence

Between 2012-2016, Kentucky recorded 3,480 actual cases of Pancreatic Cancer. The statewide average totals a Crude rate of 15.8 per 100,000 and an age adjusted rate of 13.3 per 100,000.

North America

According of North America totals, Kentucky is one of the top 10 states for incidence of Pancreatic cancer. Neighboring state Illinois is also included in the top 10. Between 2011 and 2015 the North America age adjusted rate was an average 12.55 per 100,000 population.

United States

The American Cancer Society's estimates for pancreatic cancer in the United States for 2018:

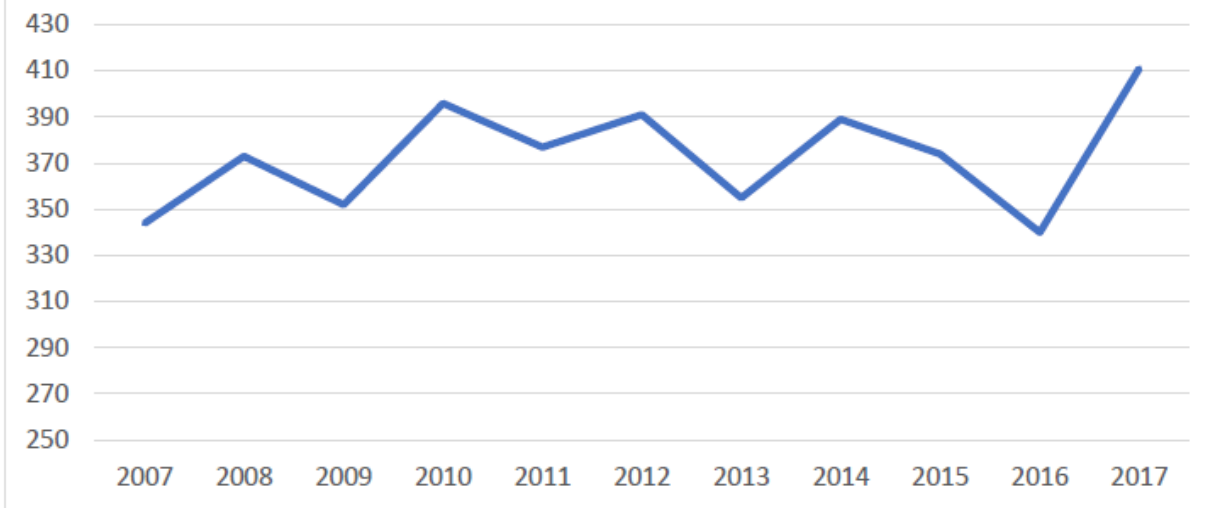
About 55,440 people (29,200 men and 26,240 women) will be diagnosed with pancreatic cancer

About 44,330 people (23,020 men and 21,310 women) will die of pancreatic cancer.

Pancreatic cancer accounts for about 3% of all cancers in the US and about 7% of all cancer deaths.

According to the Centers for Disease Control, in 2015, the latest year for which incidence data is available, 48,242 new cases of Pancreatic Cancer were reported and 41,615 people died of Pancreatic cancer in the United States. For every 100,000 people, 13 new Pancreatic Cancer cases were reported and 11 died of cancer. Once again, Kentucky and Illinois are among the top ten states for pancreatic incidence in the United States.

Mercy Health - Paducah Tumor Registry Cases 2007-2017



Site	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lip	0	1	0	1	3	0	3	7	1	0	0
Tongue	1	3	6	5	5	4	5	2	1	0	0
Salivary glands	1	0	0	1	1	0	0	0	1	0	1
Gum & hard palate	0	2	2	0	1	0	0	0	0	0	0
Floor of mouth	2	2	0	0	3	0	0	0	0	1	0
Buccal mucosa	0	2	1	1	0	1	0	0	0	0	0
Oropharynx	3	2	5	6	1	4	1	2	0	0	0
Nasopharynx	0	1	0	0	1	1	0	0	0	0	0
Hypopharynx	1	1	0	0	0	0	0	0	0	0	0
Other oral cavity	0	0	1	2	0	0	0	1	0	0	0
Esophagus	5	4	3	6	3	1	4	7	3	3	3
Stomach	7	5	8	8	6	5	11	3	4	4	11
Small Intestine	3	0	0	1	1	3	3	3	1	6	0
Colon	26	45	41	26	38	43	37	33	22	21	26
Rectum/Anus	12	13	10	18	15	17	10	13	16	6	10
Liver	1	1	2	5	0	2	0	5	5	4	2
Gallbladder	0	1	0	1	1	3	2	3	1	3	6
Pancreas	5	6	2	4	6	5	4	6	6	9	16
Other digestive tract	1	0	1	1	0	0	2	0	0	2	1
Nasal cavities, sinuses, ear	0	0	0	1	1	0	0	0	0	0	0
Larynx	3	7	6	4	6	9	5	4	1	3	4
Trachea, bronchus, lung-small	4	29	15	18	14	15	7	11	10	8	11

Trachea,bronchus,lung-NSC	73	67	73	68	65	56	38	81	54	48	47
Other respiratory	0	1	1	2	1	3	0	0	3	2	2
Bone	0	0	0	0	1	0	0	0	0	0	0
Connective & soft tissue	1	0	0	1	1	0	0	0	1	1	0
Malignant melanoma	19	14	16	21	22	26	18	21	5	7	8
Other skin	0	0	0	0	1	0	1	0	0	0	1
Breast, female & male	55	54	57	76	88	105	118	102	130	115	122
Cervix	1	0	2	3	1	2	1	2	1	1	0
Endometrium (corpus uteri)	4	7	2	2	2	9	4	4	4	8	4
Ovary	1	3	2	6	1	2	3	3	3	5	1
Other female genital organs	1	2	0	1	1	0	1	6	0	0	2
Prostate	8	10	7	9	5	6	5	5	9	24	47
Testis	2	1	3	2	3	1	1	1	2	2	3
Other male genital organs	0	0	0	0	0	0	0	0	0	1	0
Bladder	20	23	11	20	13	14	12	15	20	17	30
Kidney	11	9	6	11	9	3	4	5	6	9	13
Other urinary organs	1	2	2	1	2	2	1	2	3	2	4
Brain	2	3	0	1	3	2	2	0	0	1	4
Other CNS	0	0	1	0	0	0	0	0	0	0	0
Thyroid	7	4	10	7	5	3	6	1	0	1	2
Other endocrine	1	0	0	0	0	0	0	0	0	0	0
Hodgkin's	2	1	1	1	2	1	2	2	2	0	2
Non-Hodgkin's Lymphomas	15	17	19	13	12	13	18	10	28	12	15
Plasma cell tumors	2	3	2	2	6	4	2	7	3	3	3
Lymphocytic leukemias	2	1	1	1	1	1	5	1	6	0	2
Myeloid leukemias	7	4	1	5	3	4	2	3	8	3	1
Other leukemias	1	1	1	0	1	0	2	0	2	1	0
Myeloprolif. & myelodysplas.	12	4	3	3	3	0	2	4	0	0	0
Other hematopoietic diseases	0	1	0	0	0	0	0	1	0	0	0
Other & ill-defined sites	2	0	1	0	0	0	0	0	0	0	0
Unknown primary	6	4	9	11	5	10	5	8	7	6	3
Benign/borderline brain,cns	13	12	18	20	14	11	8	5	5	1	4
Total	344	373	352	396	377	391	355	389	374	340	411