



Cleveland Clinic
Marymount Hospital

2017 Cancer Program Public Report



Accredited with Commendation
August 26, 2015 – September, 2018

Message from the Medical Director



Bachar Dergham, MD

Marymount Hospital's cancer program has been accredited by the American College of Surgeon's Commission on Cancer since 1987. We have leveraged resources available with Cleveland Clinic Health System to bring quality cancer care to where our patients and their families live and work.

In 2017, we strengthened our clinical services by:

- Standardizing biomarker testing for non-small lung cancer cases.
- Ensuring analytic thyroid cancer cases at Marymount were reviewed at cancer conference.
- Verifying that our malnutrition screening tool appropriately identified at risk oncology patients.
- Providing timely and early mobilization of lung cancer patients.
- Developing strategies to decrease hospitalization and emergency department visits for patients who received high to moderately emetogenic chemotherapy.

Marymount Hospital remains committed to providing the best cancer care to our community.

A handwritten signature in black ink, appearing to read "B. Dergham". The signature is fluid and cursive, written in a professional style.

Bachar Dergham, MD

Chairperson, Cancer Committee 2017

Physician Focus: Dr. Aju Thomas



Aju Thomas, MD

Dr. Aju Thomas is a radiologist and member of the Cleveland Clinic's Imaging Institute since 2007. He received his medical school training at Trivandrum Medical College, University of Kerala Trivandrum, Kerala, India. Dr. Thomas went on to complete his internship at the University of Virginia Medical Center Charlottesville, VA. He completed two residency programs at Northwestern Memorial Hospital Chicago, IL and University of Missouri Hospitals & Clinics Columbia, MO. He remained at the University of Missouri Hospitals & Clinics Columbia, MO to complete his fellowship.

Dr. Thomas leverages the resources of the Cleveland Clinic's Imaging Institute to provide patients and the cancer treatment team at Marymount Hospital with the latest advances and knowledge in diagnostic imaging. He is board-certified by both the American Board of Radiology and the American Board of Nuclear Medicine. Specialty interests include PET/CT Imaging, Nuclear Cardiology, Nuclear Medicine, Molecular Imaging, Abdominal CT and MRI.

Dr. Thomas believes that radiologists across the country are playing critical roles on cancer conferences. "Everybody who is a stakeholder in that disease process tries to attend our tumor boards. All the disciplines are represented. Working as part of a multidisciplinary team to plan patient care is part of the larger movement toward personalized medicine. Radiology is critical to cancer care."

Radiology's Vital Role in Cancer Care

Radiology is one of the cornerstones of any hospital. It is a key diagnostic branch of medicine essential for the initial diagnosis of cancer and has an important role in monitoring a patient's treatment and predicting outcome. Long considered "the physician's physician", it is the specialty that functions as the "eyes" and "ears" of medicine. However, because radiologists are often behind the scenes, reading images of the inside of the human body and providing results to other doctors, many are unaware of their vital role in helping patients live longer and healthier.

Radiology directly impacts the care of a cancer patient. Cancer patients undergo a variety of different scans throughout the course of their treatment, including MRIs, CT and PET scans, and x-rays. Our radiologist will review these scans and inform oncologists if the current treatment is either helping or not beneficial to the patient. If the current treatment is not effective, a radiologist, along with an oncologist, will recommend a different course of treatment.

Dr. Thomas is keenly aware of his responsibility in overall radiological protection of cancer patients. He makes sure that each medical exposure is justified in consultation with the referring physicians. He makes sure that the exposure of patients is the minimum required to achieve the intended objective, taking into account relevant diagnostic reference levels for medical exposure.

Non-Small Lung Cancer: An Evaluation of Concordance with National Comprehensive Cancer Network [NCCN] Guidelines

Bachar Dergham, MD

Patty JurecKo, CTR

RoSemary B. Field, MS, APRN, AOCNS

Integral to quality and outcome evaluation of cancer treatment is determining adherence to national treatment guidelines. Each year, physician members of our cancer committee complete a study to determine whether patients diagnosed at Marymount Hospital are evaluated and treated according to evidence based treatment guidelines. In 2017, we retrospectively reviewed clinical care provided to 58 of the 66 primary lung cancer patients diagnosed at Marymount Hospital from May, 2015 through December, 2016.

Lung Cancer Cases by Sub-type

Lung Cancer Sub-type	No. of Cases
Adenocarcinoma	27
Squamous	16
Non-small cell	11
Pleomorphic	2
Bronchoalveolar	1
Mucinous	1

Lung Cancer Cases by Stage

Stage	No. of Cases
I	14
II	6
III	11
IV	27

Method. Data from the Marymount Hospital cancer registry was reviewed to determine whether patients within the program are evaluated and treated according to NCCN Non-small cell lung cancer version 5.2017 guidelines. In addition, the electronic medical record was reviewed to: 1) confirm the cancer stage, 2) identify prognostic factors affecting treatment choice, 3) compared treatment provided with the guidelines, and 4) identify reason[s] for deviation from guidelines.

All lung cancer cases diagnosed in the time period reviewed received appropriate evaluation and treatment that were concordant to NCCN Non-small cell lung cancer version 5.2017 guidelines. Prognostic indicators were factored in treatment plans and were considered in the determination of the appropriateness of treatment.

Patients with metastatic non–small-cell lung cancer have a substantial symptom burden and may receive aggressive care at the end of life. Integrating palliative care for patients with metastatic lung cancer is our greatest opportunity for performance improvement in the years ahead.

LET'S GET YOU MOVING



For our lung cancer patients, our focus in 2017 was to prevent the loss in their ability to perform the basic activities of daily living and ambulation. Physical therapist led an improvement to get lung cancer patients with attention to those patient who had undergone surgical procedures. Physical therapist developed a procedure to identify these patients early so they can pro-actively communicate and intervene instead of waiting for a consultation order for their services. By reviewing key attending physician patient lists, most of our patients were up and moving around as early as 24 hour after their procedure.

Encouraging Lifelong Cancer Prevention in our Youth

More than 50% of cancer cases can be prevented by living a healthy lifestyle: avoiding tobacco, practicing sun safety, eating healthy foods, exercising, getting vaccinations, and being screened for cancer.

Personal behavior choices, such as practicing sun safety, eating healthy foods, exercising and avoiding tobacco are often difficult to practice, especially at a young age.

We have focused our attention in the youth of our community because:

- Melanoma is one of the most common cancers in adolescents and young adults and has risen with alarming frequency over the past 40 years.
- Our youth go through many physical and social changes as they grow into adults. These changes create unique opportunities for cancer prevention. By addressing certain exposures and behaviors among today's youth, we can reduce their chances of getting cancer in the future.

In 2017, through our community partnerships we reached adolescent where they are – in schools and communities – with an educational recipe for a lifetime of healthy living. The Cleveland Clinic's Teen Cancer program is a high school education program on cancer prevention and the importance of self-exams. Our community educators at Marymount Hospital leveraged that program and developed Cancer 101, an education series targeting 8th and 9th grade pupils at Trinity High School.

Our community educator discusses what habit to develop to decrease their risk for breast, lung and skin cancers. This year we worked with school districts to teach students about nutrition, exercise, sun safety and the dangers of tobacco. It is our belief that addressing certain exposures and behaviors today, we can influence their chances of getting cancer in the future.



2017 Cancer Program Committee

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