



# 2018 Annual Report

**Cleveland Clinic Cancer Center at Hillcrest Hospital** 

The Cancer Program at Hillcrest Hospital has been accredited by the American College of Surgeons Commission on Cancer since 1972.

## 2018 Chairman's Report/Cancer Liaison Physician



Henry Blair, MD

The Cancer Program at Hillcrest Hospital has been accredited by the American College of Surgeons Commission on Cancer since 1972.

The Cleveland Clinic Cancer Center at Hillcrest Hospital continues to maintain resources to provide quality and comprehensive cancer care to our patients.

The Cancer Committee acts as the governing body for the oncology program and meets every other month to review

the administrative responsibilities related to the management of our program. In addition, several ad hoc committees meet to discuss and report on quality improvements suggested by the Cancer Committee.

#### New Staff for cancer program:

- Michael Weller, MD, (Radiation Oncologist) started seeing patients in Radiation Oncology at Hillcrest Hospital in 2018.
- Eric Johnson, MD, (Colorectal Surgeon) started seeing patients with colorectal cancer at Hillcrest Hospital. Dr. Johnson, along with Dr. Thomas Garofalo, Dr. James Malgieri, Dr. William O'Brien, and Dr. Walter Cha are available for consultation for patients with colorectal cancer.
- Christopher Siegel, MD, PhD, specializes in oncologic surgery for hepatocellular carcinoma and pancreas cancer and started seeing patients at Hillcrest Hospital in 2018.
- Shazia Goraya, MD, medical breast started seeing patients in November 2017.



The oncology program expanded its services in breast cancer care with the completion of our 1st accreditation for breast programs from the National Accreditation Program for Breast Centers (NAPBC). Hillcrest was awarded a 3 year accreditation. With the addition of this accreditation, a dedicated

breast center was established for the navigation of patients for the best breast cancer care.

### The Cancer Program accomplished a number of quality improvements for 2018:

- The acquisition and installation of a 2nd ABC (Active Breathing Coordinator) unit in Radiation Oncology to reduce the dose of radiation unintentionally delivered to the heart to lower than national guidelines.
- The acquisition and installation a SBRT (Stereotactic Board Radiation Treatment) in radiation oncology to assist in accommodating patient scheduling. The indications include: early stage lung cancer in patients that cannot tolerate lung surgery to remove the cancer. Pancreas cancer and tumors that regrow after definitive treatment.
- New process was developed for evaluation of patient visits to the emergency room. Development of side effect education tool, "Talking points for you and your physician" to be provided to treatment patients at each office visit.

Tumor conferences, which provide a multidisciplinary approach to the care of patients and education to staff, continued throughout 2018.

These patient case presentations provide a forum and opportunity for radiologists, surgeons, pathologists, oncologists and other medical specialties to provide consultative services by discussing staging with diagnostic and treatment options for cancer patients, thereby improving the quality of care for the patients. For 2018, 238 total patients were presented at the breast conferences and 230 total patients were presented at the general tumor conference during 2018.

The Cancer Committee continued to evaluate and increase physician use of stage and evidence-based national treatment guidelines in treatment planning for our cancer patients.

Collaboration with the American Cancer Society (ACS) and The Gathering Place on community outreach activities continued throughout 2018 focusing on supportive services, prevention and early detection.

The continued generous support of Executive Caterers of Landerhaven, allowed the Monthly High Tea Program for oncology patients for the fifth year. This bi-weekly event with trained hospital volunteers provides various comforting teas and pastries to the oncology patients and their families.

The cancer center has multiple fundraisers throughout the year to assist our patients experiencing financial difficulties. The money assists with utility bills, transportation and medication assistance.

Education for the oncology team continued throughout 2018. The cancer program held multiple educational events for continuing education for the cancer program staff. The first event was held on April 19, 2018 titled "Evolving Standards of Care in Metastatic Prostate Cancer" by Robert Dreicer, MD, MACP, FASCO, Section Head Medical Oncology, Deputy Director, University of Virginia Cancer Center, Associate Director for Clinical Research, Co-Director Paul Mellon Urologic Cancer Institute, Professor of Medicine and Urology, University of Virginia School of Medicine.

The second event was held on July 31, 2018 titled "Update on AJCC 8 for Breast Cancer and Treatment Guidelines" by, Diane Radford, MD, Breast Surgical Oncologist, Cleveland Clinic and Hillcrest Hospitals, Medical Director, Cleveland Clinic Hillcrest Hospital Breast Center. Online educational webinars were provided throughout the year.

The Hillcrest Hospital Cancer Center strives to continue providing comprehensive, quality cancer care to our patients through the integration of new supportive patient programs and multidisciplinary services to enhance patient care and experience.

Cancer Liaison Physician

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Henry Blair, MD Co-Director, Cleveland Clinic Cancer Center at Hillcrest Hospital

Chairman, Cancer Committee, Cancer Liaison Physician

## New Staff



#### Michael Weller, MD Radiation Oncology

Dr. Weller graduated from The University of Miami Miller School of Medicine, Miami, Florida, and completed his residency at the Cleveland Clinic. His specialty interests

include: breast, lung, prostate and gastrointestinal cancers, as well as quality of life.



Shazia Goraya, MD Medical Breast

Dr. Goraya graduated from the University of Punjab, Rawalpindi, Pakistan and completed her residency at Mt. Sinai Medical Center in Cleveland, OH. Her specialty

interests include: family history of breast cancer, osteoporosis, preventative medicine, women's health and hereditary cancer risk management.

#### Laurie Robicheaux, NP Medical Oncology

Laurie graduated from Vanderbilt University, Nashville, TN with her Masters of Science in Nursing and completed her certification in Adult and Geriatric Primary Care. She has practiced as a Nurse Pracititioner in Primary Care, Dementia care, Urology and Medical Hematology and Oncology, with a special interest in Public Health.

## **Special Amenities**

The Cleveland Clinic Cancer Center at Hillcrest Hospital provides a Cancer Resource Center for the educational support to our cancer patients, their family members and caregivers. The Cancer Resource Center offers the most up-to-date cancer information, cancer programs and services, as well as referrals to community resources.

The Department of Medical Oncology in conjunction with the Pharmacy Department provides one on one chemotherapy education for patients undergoing chemotherapy treatment. This service provides an opportunity for patients to learn more about their treatment and any potential side effects. This service has proved to be a very valuable resource for our patients.

Patients and physicians have access to an electronic medical record system. This allows for streamlined communication between providers, immediate access to patient resources through a highly secure internal network, efficient coordination of care between multiple sites and providers. Authorized physicians can access a patient's medical record, check medications and monitor quality data at all times, thereby improving the care of our patients. Patients also have access to their medical record through the patient portal, MyChart. MyChart is a secure, online tool that connects patients to personalized health information from the privacy of their homes at any time. Via this portal, patients can request appointments, manage prescription renewals, view a health summary, including test results released by their physician. Additionally, patients receive important health reminders and health questionnaires to support health management.

## Cancer Center Patient Financial Assistance

The Cancer Center continues to provide financial assistance services to our patients, proactively obtaining prior authorization and pre-certification for treatments. Additionally, our finance team manages drug replacement and co-pay assistance opportunities for our patients. Furthermore, through Community Outreach and fundraising events, the Cancer Center has established a fund to address patient's medication assistance needs while undergoing treatment. For more information on this resource, please ask to speak with a Social Worker during your visit.



## When cancer is the diagnosis...

Confidence and hope come from knowing that advanced medical treatment is being provided by highly skilled and compassionate professionals. That's why so many people choose the Cleveland Clinic Cancer Center at Hillcrest Hospital.

Cancer Center personnel consists of Cleveland Clinic physicians, certified oncology nurses, advance practice nurses, pharmacists, radiation therapists and other professionals.

Our commitment to providing high quality compassionate care from diagnosis, to treatment, and through survivorship is indicated by our over 30 year successful, uninterrupted accreditation by the American College of Surgeons Commission on Cancer.

#### Prevention

A healthy diet and lifestyle can reduce the chance of developing some forms of cancer. Cleveland Clinic provides a series of programs that can help:

• **Tobacco Treatment Clinic** – Cleveland Clinic offers assistance to cancer patients who want to quit smoking and improve their health. To contact the treatment program call the Cancer Answer Line at 866.223.8100.

- Screening Services Community programs and clinical services for breast, skin, and colorectal cancers.
- Wellness Seminars Featured topics cover a range of controllable risk factors and lifestyle changes, such as nutrition, exercise and environment.

### Early Detection and Diagnosis

Hillcrest Hospital Cancer Center offers advanced technology for early and accurate diagnosis including:

- CT Scan
- PET/CT Scan
- Ambient MRI (Magnetic Resonance Imaging)
- Nuclear of Isotope (bone) Scan
- Digital Mammography
- Colonoscopy

#### Treatment

Cleveland Clinic medical, radiation, gynecologic (GYN) and urologic oncologists work in partnership with surgical specialists to provide patients with the highest level of comprehensive care. A superior team of health professionals



support physicians in the coordination of patient care. When a hospital stay is required, the Hillcrest inpatient oncology unit is dedicated to the unique needs of cancer and blood disorder patients. All patients receive individual consultations with their oncologist and other medical staff to ensure that they understand their individualized treatment plans.

#### Surgery

Surgery was the first form of cancer treatment and continues to be a vital part of diagnosing and treating cancer. Surgeons renowned for their training and skills utilize clinical advances in non-invasive and invasive surgical techniques to improve patient outcomes. For many cancers that have not spread to other body parts, surgery is the most likely possibility for a cure.

- Hillcrest Hospital surgical oncologists specialize in GYN, breast and urological cancers.
- Hillcrest Hospital is the only community hospital on the east side of Cleveland to offer robotic surgery for prostate and GYN cancers. Robotic surgery offers the benefits of smaller incisions, a shorter hospital stay and a faster recovery.

### Medical Oncology and Hematology

Infusion and chemotherapy services are provided under the direct supervision of medical oncologists and administered by oncology certified nurses.

- Each patient undergoing active chemotherapy is offered an individualized consultation with a clinical pharmacist or clinical educator. This allows the patient and family members the opportunity to fully understand the administration of a chemotherapy regimen and common side effects of their treatment.
- Individual treatment areas feature reclining chairs and televisions for personal privacy and comfort.
- Hematology services for blood diseases are also offered.

#### **Radiation Oncology**

More than half of all cancer patients will require radiation therapy during the course of their illness. Hillcrest Hospital's Radiation Oncology Department is staffed by Cleveland Clinic physicians, nurses, physicists, medical dosimetrists, radiation therapists who collaborate to create a plan for radiation therapy treatments. The first step to prepare a course of radiation therapy is the simulation, where we use a Philip's Brilliance CT simulator which can image the area to be treated in 3D or 4D setting. The result is the ability to spare normal tissue.

Radiation therapy can be delivered via external (teletherapy) or internal (brachytherapy) route. Brachytherapy can be delivered with a low dose rate (LDR) or high dose rate (HDR). Some patients with low to moderate risk prostate cancer are eligible for LDR brachytherapy with a permanent placement of radioactive seeds into the prostate gland. Some patients with breast, cervix and uterus cancer are eligible for HDR brachytherapy with a temporary implant in the tumor area. Image-guided radiation therapy (IGRT) is a method to deliver highly concentrated external beam radiation therapy using intensity-modulated radiation therapy (IMRT) with pretreatment imaging with the goal of targeting the tumor while sparing normal tissue and reducing side effects. Stereotactic body radiation therapy (SBRT) is a method to deliver highly concentrated external beam radiation therapy in considerably less time than IGRT.

For breast cancer patients considering a lumpectomy, partial accelerated breast radiation therapy procedure involves placing a HDR applicator in the tumor cavity and requires considerably less time to complete than traditional external radiation therapy treatments with minimal exposure to healthy tissue. This has been available at Hillcrest Hospital since 2004.

In January 2016, a technologically advanced linear accelerator was added to the department offering IGRT and SBRT. To ensure the best possible patient care, we continually upgrade our record and verify system, brachytherapy equipment, and treatment planning and immobilization devices. The continued growth in our technologies has allowed Hillcrest to remain one of the most advanced community based Radiation Oncology departments on the east side of Cleveland.

#### Gynecologic Oncology

Gynecologic (GYN) oncologists undergo special training and certification in surgery, chemotherapy and GYN cancers. Advanced practice nurses and oncology certified nurses assist them on the treatment of cancers of the cervix, uterus, ovaries, fallopian tubes, vagina and vulva.

- Hillcrest Hospital has the only GYN Oncology program at a community hospital on the east side of Cleveland.
- Services include minimally invasive surgery including standard multiport, robotic and single incision laparoscopy.

• This highly specialized team of clinical professionals understands and addresses the various impacts of cancer on a woman's life including sexuality, child bearing, and emotional well-being.

#### **Breast Oncology**

Our breast surgeons offer multiple progressive surgical options in the treatment of breast cancer. Choices include breast conservation surgery (lumpectomy/partial mastectomy) and mastectomy (including skin-sparing and nipple-sparing techniques) with or without breast reconstruction. Our skilled plastic surgery team offers various methods for reconstruction including implant-based procedures<sup>3</sup>/4such as insertion of tissue expanders<sup>3</sup>/<sub>4</sub>and autologous tissue reconstruction. Plastic surgeons trained in microsurgical techniques offer unilateral and bilateral DIEP reconstruction, and lymphaticovenous bypass. Treatment at Cleveland Clinic Hillcrest Hospital is delivered using a multidisciplinary approach which includes input from breast surgery, medical oncology, radiation oncology, plastic surgery, genetic counseling, nurse navigation, care coordination, social work, and clinical trial coordination.



### Urologic Oncology

Our urologists provide leading edge treatment for kidney, prostate, bladder and testicular cancers, using a multidisciplinary approach to care, as well as the latest technology. Services include robotic surgery for prostate, kidney and bladder cancer, MRI guided prostate biopsy and genetic analysis of prostate cancer biopsies.

### Supportive Services

A variety of unique services at Hillcrest Hospital are designed to enhance the care of cancer patients and their families:

**Clinical Research** – Physicians are dedicated to providing patients innovative cancer treatment options. Hillcrest Hospital participates in numerous local and national research efforts designed to answer scientific questions and determine if promising new therapies are safe and effective. Through Cleveland Clinic's Taussig Cancer and Women's Health Institutes, patients gain access to treatments usually available only at major medical educational institutions in a community setting.

**Hereditary Cancer Risk Assessment** – A genetic counselor meets with individuals concerned about their family or personal history to assess their cancer risk. Genetic testing may be offered, and if necessary, screening and management strategies are implemented.



**Financial Services** – A financial counselor is available for uninsured or under-insured patients. A reimbursement specialist can assist with insurance verification and precertification.

**Social Services** – Support groups and community resources create a support system for each patient. An oncology social worker is available to assess and support the psychosocial needs of the cancer patient. One-on-one counseling sessions are also available for patients and their family.

**Cancer Resource Center** – Magazines, videos and brochures on cancer information, cancer programs and services, survivorship and referrals to community resources are available in the Cancer Center.

**Dietary Consultation** – A registered dietitian assesses and educates patients on healthy nutrition during and after treatment.

**Rehabilitation** – Services include physical, occupational and speech therapy services.

**Pain Management** – Options are available that include medications and medical care that eliminates or reduces pain associated with symptoms related to cancer.

**Tumor Registry** – The tumor registry ensures that the hospital's cancer program is approved by the American College of Surgeons Commission on Cancer and is vital in providing information on the occurrence of cancer and outcomes of treatment.

**Transportation** – Transportation can be difficult for people who are undergoing cancer treatments. We are pleased to offer courtesy round-trip van service to those patients who qualify. Please ask your nurse or social worker for information if you are interested in this service.

**Community Outreach** – Hillcrest Hospital partners with local organizations such as: American Cancer Society, The Gathering Place and Speaking of Women's Health to promote cancer prevention, early detection and survivorship. Multiple collaborative events are held throughout the year to address community needs and overcome barriers focused on the most commonly diagnosed cancers in the Cleveland East side region.

**Spiritual Care** – Representatives from various denominations are available to meet patients' spiritual needs.

**Special Conveniences** – Complimentary services include free snacks, musical entertainment, high tea and more.



## **Supportive Services**

### Genetics

#### Rebekah Moore, LGC

In collaboration with the Center for Personalized Genetic Healthcare, a Licensed Genetic Counselor provides hereditary cancer risk assessment, education, and coordination of genetic testing for patients and family members. Genetic counseling services are offered to individuals with a personal and/or family history of cancer. The majority of cancer occurs by chance, or is sporadic. However, some cancers are caused by an inherited gene mutation, or are hereditary. Identifying a hereditary predisposition to cancer allows individuals and families to personalize cancer screening guidelines, medical management and treatment options. Genetic counselors work closely with the treating physicians to provide collaborative care.

### Research

Traci Stafford, RN Donna Latch, RN

#### Jacqueline Ludwig, RN

The most advanced current treatment plans include clinical trial options for patients that can assist in the development of new medications and/or cancer treatments. Cleveland Clinic Cancer Center at Hillcrest Hospital participates in research studies through Cleveland Clinic Taussig Cancer Institute. We work to provide the most advanced medical care to patients, while allowing them to receive that care in the community setting, closer to home. Hillcrest offers studies in Medical, Radiation, and GYN Oncology. Our staff of physicians, along with specially trained research nurses, are excited to offer these up and coming treatments to patients in their own community.

### Social Work Services

#### Azia Morgan, LISW-S

#### Diana Simsic, LISW-S, OSW-C

Hillcrest Cancer center has 2 dedicated clinical oncology licensed social workers to provide support for patients with a cancer diagnosis and their families. One – on one counseling sessions with a licensed independent social worker is available for patients and their families. The social worker can address the adjustment to the diagnosis ,identify coping mechanisms, access crisis intervention , and provide referrals for various community resources. The National Comprehensive Cancer Network (NCCN) distress tools is currently utilized in each of the outpatient oncology clinics to assess patients' level of coping with their disease . Based on this tool and additional psychosocial assessments , the social worker provides services to the patient.

The Cancer Center social workers is recognized by the Association of Oncology Social Work. In the 2012 Patient Center Standards , The Commission on Cancer recognizes and recommends

OSW-C. The Association of Community Cancer centers recognizes and recommends Oncology Social Work Certification in their Cancer Program Guidelines.

### Laboratory/Pathology

#### Jennifer Jeung, MD

Laboratory and pathology services provide a full range of testing for oncology patients. Routine testing is performed in the Hillcrest Hospital Laboratory, and more esoteric testing such as advanced coagulation studies, flow cytometry, cytogenetic and molecular studies are provided by Cleveland Clinic laboratories. Pathologists with expertise in hematology interpret bone marrow specimens and are available for consultation.

To provide effective reporting of surgical pathologic findings necessary to provide quality patient care, pathology reports on patients with a cancer diagnosis include the scientifically validated data elements as defined by the College of American Pathologists. Templates are utilized to incorporate the reporting of these elements.

### Radiology

#### Leonard Kahn, MD

Cleveland Clinic Imaging Institute and its group of subspecialty radiologists at Hillcrest Hospital provide patients with the most up-to-date diagnostic resources for diagnosing and assessing tumor burden. We have the newest technologies in CT and



MRI including an open Ambient<sup>™</sup> MRI that is available for patients with a fear of claustrophobia as well as offering calming music and lighting techniques for all patients to choose from. SPECT-CT was added in 2015, and we continue to offer PET-CT.

### Pain Management

#### Teresa Dews, MD

Medications and nerve blocks, as well as non-drug methods such as relaxation are utilized by highly-trained specialists in an effort to minimize or control the acute, chronic and incidental pain patients with cancer may experience. The Cleveland Clinic Pain Management Center at Hillcrest Hospital offers each patient an individualized treatment plan that may include one or more of the following therapeutic strategies:

- Pharmacotherapy
- Rehabilitative therapy
- Psychologic therapy
- Neural blockade and injection therapies
- Radiofrequency ablation
- Neuraxial analgesia, such as epichrol infusions
- Spinal cord stimulation (SCS)
- Implanted intraspinal infusion pumps

#### Pharmacy

#### Nicholas Link, PharmD, BCOP

The Hillcrest Hospital Pharmacy is conveniently located with the medical oncology department. This allows the pharmacist to be easily accessible for the dispensing of chemotherapy medication. The pharmacist provides drug information resources, medication counseling, patient education, and assistance with insurance coverage submissions for medications and drug-specific enrollment programs.



## **Outpatient Medical Oncology/Patient Experience**

#### Shared Governance

Shared Governance is a body of nursing representatives that come together on behalf of the department and focus on nursing and patient opportunities. It provides a voice for the nursing body through the voting structure. The council focuses on projects that centers on nursing, patient and staff satisfaction. We are excited as the group continues to gain momentum the positive additions it will have to the unit! Projects completed include scheduling reorganization and process improvements.

#### Inpatient/Outpatient Huddle

The oncology inpatient/outpatient huddle, originally formed in 2013, has continued to prove a valuable asset between units. The interdisciplinary approach has strengthened continuity of care and fortified the patient centered model towards oncology care at Hillcrest Hospital. Palliative Medicine joined and a special focus was emphasized on appropriate patients being referred to Palliative Medicine. Representatives from three different areas are present biweekly: inpatient social work, case managers and nurse managers; outpatient care coordinators, social work and nurse manager; and Palliative Medicine social worker. Discussions of patient needs, history, and updates are shared between the group; each adding their unique perspective that provides everyone a fuller understanding of how best to treat the patient. The concept of a huddle between inpatient and outpatient units is a newer approach to healthcare. The development and sustaining abilities of the huddle has been shared at multiple regional conferences and cancer centers since the formation.

### **RN** Specialty Certification

Nurses in the cancer center are strongly encouraged to obtain oncology certification within two years of employment. Oncology nursing certification (OCN) is a rigorous test and validates a nurse has met stringent requirements for knowledge and experience related to oncology. Recertification is required every four years. These nurses have proven qualified to give high quality of oncology care to patients. OCN certification benefits patients and their families, nurses, and employers.

### Chemotherapy/Biotherapy Education Visits

Every patient scheduled to start chemotherapy and/or biotherapy treatment has an education session with an oncology trained pharmacist. The one-on-one teaching involves reviewing the patient's individualized treatment regimen including possible side effects, measures to help prevent potential complications, and what to expect during the treatment visits. Each patient receives a treatment binder resource guide and a listing of important symptoms that require immediate intervention. The clinical pharmacist performs a medication review of all medications or herbal remedies the patient is taking and makes any necessary recommendations for changes to the managing oncologist.

## 2018 Tumor Registry Report

The Tumor Registry is an essential component of the Commission on Cancer (CoC) accredited cancer program and operates under the supervision of the Cancer Committee and maintains a complete database of all cancer cases as well as other reportable diseases diagnosed and/or treated at this facility. With the addition of 1,543 cases in 2018, the Hillcrest registry now has a database consisting of 26,587 cases.

Hillcrest Hospital is part of a two-hospital registry system that also includes data from South Pointe Hospital. Utilizing the Oncolog software allows the East Region Cleveland Clinic hospitals to share and merge data while at the same time report data independently. The registry is staffed by certified tumor registrars who are dedicated to quality database management and strive to obtain complete and accurate data on all information entered into the database. Numerous quality measures are in place so as to assure the most accurate data reporting.

The Tumor Registry is responsible for coordinating and monitoring the cancer program for continuous compliance with the American College of Surgeons Commission on Cancer standards for accreditation. Hillcrest Hospital has maintained accreditation since 1972 and was again awarded approval in 2016.

The Registry continues to maintain current follow-up information on all eligible living patients and has consistently exceeded the minimum follow-up rates as required by the

American College of Surgeons Commission on Cancer. Approximately 9,222 patients are currently followed.

The Tumor Registry coordinates weekly breast and general tumor conferences. Physicians are encouraged to present cases of interest. Tumor conferences are certified for Category I CME credit. These conferences are a vital component of cancer patient care and provide the opportunity for multidisciplinary consultative services, which are integral to improving the care of cancer patients. Weekly videoconferences from the Cleveland Clinic Foundation are also offered to physicians and other allied health professionals to promote education and for the care of the cancer patient.

The Tumor Registry provides statistical data to interested parties and encourages the use of data for outcome analysis. Data from the registry is submitted for inclusion in the Ohio Cancer Incidence and Surveillance System database as well as the National Cancer Data Base (NCDB). Cancer registry data is instrumental in resource allocation, survival data and evaluation the effectiveness of treatment modalities.

Continuing education is an important factor for the Tumor Registry. The Tumor Registry staff attends local, regional, state and national meetings to enhance their knowledge of all aspects related to cancer care. All CTR's are active members of the National Cancer Registrar's Association.

Justine Leinweber, CTR Supervisor, Tumor Registry



## Hillcrest Hospital 2017 Site Distribution

Diagnostic Site	Gei	nder	Class	of Case			Stage (	Analy	ic Cas	es)		Total	
	Male	Female	Analytic	Non-Analytic	0	1	11	III	IV	NA	UNK	Totals	
ORAL CAVITY, PHARYNX	3	1	4	0	0	0	0	0	4	0	0	4	
Lip	0	0	0	0	0	0	0	0	0	0	0	0	
Tongue	0	0	0	0	0	0	0	0	0	0	0	0	
Salivary Gland	1	0	1	0	0	0	0	0	1	0	0	1	
Floor of Mouth	0	0	0	0	0	0	0	0	0	0	0	0	
Gum, Other Mouth	1	0	1	0	0	0	0	0	1	0	0	1	
Tonsil	0	1	1	0	0	0	0	0	1	0	0	1	
Nasopharynx	0	0	0	0	0	0	0	0	0	0	0	0	
Oropharynx	0	0	0	0	0	0	0	0	0	0	0	0	
Hypopharynx	1	0	1	0	0	0	0	0	1	0	0	1	
Other Oral Cavity and Pharynx	0	0	0	0	0	0	0	0	0	0	0	0	
DIGESTIVE SYSTEM	104	112	213	3	0	48	45	51	51	5	13	216	
Esophagus	8	0	8	0	0	0	1	3	4	0	0	8	
Stomach	8	7	15	0	0	6	2	5	1	0	1	15	
Small Intestine	1	5	6	0	0	1	1	2	1	0	1	6	
Colon, Rectum, Anus	64	63	125	2	0	33	28	34	20	0	10	127	
Colon, Excluding Rectum	44	47	89	2	0	27	22	20	15	0	5	91	
Cecum	7	9	16	0	0	4	2	6	3	0	1	16	
Appendix	3	4	7	0	0	5	1	0	0	0	1	7	
Ascending Colon	7	16	23	0	0	5	9	6	3	0	0	23	
Hepatic Flexure	1	3	4	0	0	1	1	1	1	0	0	4	
Transverse Colon	5	1	6	0	0	2	2	1	0	0	1	6	
Splenic Flexure	0	2	2	0	0	0	0	0	2	0	0	2	
Descending Colon	6	2	8	0	0	3	2	1	1	0	1	8	
Sigmoid Colon	14	8	21	1	0	7	5	5	4	0	0	22	
Large Intestine, NOS	1	2	2	1	0	0	0	0	1	0	1	3	
Rectosigmoid, Rectum, Anus	20	16	36	0	0	6	6	14	5	0	5	36	
Rectosigmoid Junction	2	3	5	0	0	0	0	3	2	0	0	5	
Rectum	16	8	24	0	0	5	4	9	3	0	3	24	
Anus, Anal Canal, Anorectum	2	5	7	0	0	1	2	2	0	0	2	7	
Liver, Gallbladder, Intrahep Bile Duct	4	9	13	0	0	2	3	2	4	2	0	13	
Liver	3	0	3	0	0	0	1	1	1	0	0	3	
Gallbladder	0	5	5	0	0	1	2	1	1	0	0	5	
Intrahepatic Bile Duct	1	1	2	0	0	1	0	0	1	0	0	2	
Other Biliary	0	3	3	0	0	0	0	0	1	2	0	3	
Pancreas	17	25	41	1	0	5	10	5	20	0	1	42	
Retroperitoneum	1	1	2	0	0	1	0	0	1	0	0	2	
Peritoneum, Omentum, Mesentery	0	0	0	0	0	0	0	0	0	0	0	0	
Other Digestive Organs	1	2	3	0	0	0	0	0	0	3	0	3	

Diagnostic Site	Ge	nder	Class	of Case			Stage (	Analy	ic Cas	es)		Total
	Male	Female	Analytic	Non-Analytic	0		11	III	IV	NA	UNK	Totals
RESPIRATORY SYSTEM	85	77	158	4	1	28	18	38	71	0	2	162
Nose, Nasal Cavity, Middle Ear	0	0	0	0	0	0	0	0	0	0	0	0
Larynx	3	1	4	0	1	2	1	0	0	0	0	4
Pleura	0	0	0	0	0	0	0	0	0	0	0	0
Lung and Bronchus	81	76	153	4	0	26	17	37	71	0	2	157
Non-Small Cell	70	66	133	3	0	26	16	30	60	0	1	136
Small Cell	11	9	19	1	0	0	1	6	11	0	1	20
Other Lung	0	1	1	0	0	0	0	1	0	0	0	1
Trachea	0	0	0	0	0	0	0	0	0	0	0	0
Medistinum, Other Resp.	1	0	1	0	0	0	0	1	0	0	0	1
BONES, JOINTS	1	0	1	0	0	0	0	1	0	0	0	1
SOFT TISSUE INCLUDING HEART	1	3	3	1	0	0	0	1	1	1	0	4
SKIN	8	6	14	0	0	8	0	3	2	0	1	14
Skin: Melanoma	7	6	13	0	0	8	0	3	1	0	1	13
Skin: Other Non-Epithelial	1	0	1	0	0	0	0	0	1	0	0	1
Epithelial Skin	0	0	0	0	0	0	0	0	0	0	0	0
BREAST	3	349	352	0	57	173	85	20	13	0	4	352
Female Breast	0	349	349	0	57	171	84	20	13	0	4	349
Male Breast	3	0	3	0	0	2	1	0	0	0	0	3
FEMALE GENITAL SYSTEM	0	125	125	0	1	68	11	21	7	1	16	125
Cervix Uteri	0	7	7	0	0	3	4	0	0	0	0	7
Corpus Uteri, NOS	0	88	88	0	0	57	2	12	5	0	12	88
Corpus Uteri	0	87	87	0	0	57	2	12	4	0	12	87
Uterus, NOS	0	1	1	0	0	0	0	0	1	0	0	1
Ovary	0	21	21	0	0	7	4	7	2	0	1	21
Vagina	0	0	0	0	0	0	0	0	0	0	0	0
Vulva	0	6	6	0	1	1	1	1	0	0	2	6
Other Female Genital Organs	0	3	3	0	0	0	0	1	0	1	1	3
MALE GENITAL SYSTEM	262	0	240	22	0	25	101	76	29	0	9	262
Prostate	247	0	225	22	0	22	101	73	29	0	0	247
Testis	14	0	14	0	0	3	0	2	0	0	9	14
Penis	1	0	1	0	0	0	0	1	0	0	0	1
Other Male Genital Organs	0	0	0	0	0	0	0	0	0	0	0	0
URINARY SYSTEMS	139	38	172	5	47	68	14	17	17	4	5	177
Urinary Bladder	87	15	97	5	44	28	11	4	10	0	0	102
Kidney	44	15	59	0	0	39	1	13	4	1	1	59
Renal Pelvis	4	4	8	0	3	0	2	0	2	0	1	8
Ureter	1	3	4	0	0	1	0	0	1	0	2	4
Other Urinary Organs	3	1	4	0	0	0	0	0	0	3	1	4

Diagnostic Site	Gei	nder	Class	of Case			Stage	Analyt	ic Cas	es)		Total
	Male	Female	Analytic	Non-Analytic	0	I	Ш	111	IV	NA	UNK	Totals
EYE, ORBIT	0	0	0	0	0	0	0	0	0	0	0	0
Eye, Orbit: Non-Melanoma	0	0	0	0	0	0	0	0	0	0	0	0
Eye, Orbit: Melanoma	0	0	0	0	0	0	0	0	0	0	0	0
BRAIN, OTHER NERVOUS SYSTEM	5	12	16	1	0	0	0	0	0	16	0	17
Brain: Malignant	5	8	13	0	0	0	0	0	0	13	0	13
Cranial Nerves, Other Nervous System	0	0	0	0	0	0	0	0	0	0	0	0
Brain-CNS: Benign, Borderline	0	4	3	1	0	0	0	0	0	3	0	4
ENDOCRINE SYSTEM	3	10	13	0	0	6	2	0	0	3	2	13
Thyroid	1	9	10	0	0	6	2	0	0	0	2	10
Thymus	2	1	3	0	0	0	0	0	0	3	0	3
Adrenal Gland	0	0	0	0	0	0	0	0	0	0	0	0
Other Endocrine	0	0	0	0	0	0	0	0	0	0	0	0
Endocrine: Benign, Borderline	0	0	0	0	0	0	0	0	0	0	0	0
LYMPHOMA	14	32	44	2	0	10	6	8	12	0	8	46
Hodgkin Lymphoma	2	2	4	0	0	0	1	0	1	0	2	4
*Hodgkin – Nodal	2	2	4	0	0	0	1	0	1	0	2	4
*Hodgkin – Extranodal	0	0	0	0	0	0	0	0	0	0	0	0
Non-Hodgkin Lymphoma	12	30	40	2	0	10	5	8	11	0	6	42
*NHL – Nodal	8	23	30	1	0	7	4	6	8	0	5	31
*NHL – Extranodal	4	7	10	1	0	3	1	2	3	0	1	11
MYELOMA	13	13	26	0	0	0	0	0	0	26	0	26
LEUKEMIA	8	6	13	1	0	0	0	0	0	13	0	14
Lymphocytic Leukemia	4	2	6	0	0	0	0	0	0	6	0	6
*Acute Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0	0
*Chronic Lymphocytic Leukemia	4	2	6	0	0	0	0	0	0	6	0	6
*Other Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0	0
Non-Lymphocytic Leukemia	4	4	7	1	0	0	0	0	0	7	0	8
*Acute Myeloid Leukemia	3	3	6	0	0	0	0	0	0	6	0	6
*Acute Monocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0	0
*Chronic Myeloid Leukemia	0	1	1	0	0	0	0	0	0	1	0	1
*Other Myeloid-Monocytic Leukemia	1	0	0	1	0	0	0	0	0	0	0	1
Other Leukemia	0	0	0	0	0	0	0	0	0	0	0	0
*Other Acute Leukemia	0	0	0	0	0	0	0	0	0	0	0	0
*Aleukemic, subleukemic and NOS	0	0	0	0	0	0	0	0	0	0	0	0
MESOTHELIOMA	1	0	1	0	0	0	1	0	0	0	0	1
KAPOSI SARCOMA	0	1	1	0	0	0	0	0	0	1	0	1
MISCELLANEOUS	21	17	38	0	0	0	0	0	0	38	0	38
OTHER SITE: BENIGN, BORDERLINE	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	671	802	1434	39	106	434	283	236	207	108	60	1473

# Cancer Program Practice Profile Reports (CP3R) For Breast, Cervical, Colon, Endometrial, Gastric, Lung, Ovarian and Rectal Cancers

The National Cancer Data Base (NCDB) provides data from cancer programs. The Web-based Cancer Program Practice Profile Reports (CP3R) offer providers comparative information to assess adherence to and consideration of standard of care therapies for major cancers. This reporting tool provides a platform from which to promote continuous practice improvement to improve quality of patient care at the local level and also permits hospitals to compare their care for these patients relative to that of other providers. (American College of Surgeons, Commission on Cancer, NCDB)

Breast Measures		2014		2015			
	Hillcrest	Ohio	National	Hillcrest	Ohio	National	
Breast conservation surgery rate for women with AJCC clinical stage 0, 1, or II breast cancer. (BCS) (Surveillance)	65.5%	68.2%	66.3%	64.2%	68.2%	67.5%	
Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer. (nBx) (Quality Improvement)	86.2%	91%	92.9%	86.4%	93.7%	92.1%	
Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with $>= 4$ positive regional lymph nodes. (MASTRT) (Accountability)	86.7%	94.7%	90.7%	75%	89.6%	88.4%	
Radiation therapy is administered within 1 year (365 day) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. (BCS/RT) (Accountability)	98.6%	93.5%	92.6%	92.8%	93.6%	91.8%	
Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cNOM0 or Stage II or Stage III hormone receptor-negative breast cancer. (MAC) (Accountability)	84%	94.8%	93.3%	100%	95.7%	93.3%	
Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cNOMO or Stage II or Stage III hormone-receptor positive breast cancer. (HT) (Accountability)	92.4%	95.5%	93.6%	96%	96.5%	92.9%	

Cervix Measures		2014		2015			
	Hillcrest	Ohio	National	Hillcrest	Ohio	National	
Radiation therapy completed within 60 days of initiation among women diagnosed with any stage cervical cancer (CER RT) (Surveillance)	60%	82.9%	80.1%	100%	86.2%	81.3%	
Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer (CBR RT) (Surveillance)	83.3%	77.2%	73.1%	0%	77.9%	73.7%	
Chemotherapy administered to cervical cancer patients who received radiation for stages 1B2-IV cancer (Group 1) or with positive pelvic nodes, positive surgical margin, and/or positive parametrium (Group 2) (CER CT) (Surveillance)	85.7%	92.9%	90.1%	100%	91.9%	89.7%	

Colon Measures		2014			2015			
	Hillcrest	Ohio	National	Hillcrest	Ohio	National		
Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under age 80 with AJCC Stage III (lymph node positive) (ACT) (Accountability)	92.9%	92.4%	89.5%	83.3%	92.2%	88.8%		
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. (12 RLN) (Quality Improvement)	91.7%	93.1%	92.3%	97.5%	92.9%	92.9%		

Endometrium Measures	2014			2015			
	Hillcrest	Ohio	National	Hillcrest	Ohio	National	
Chemotherapy and/or radiation administered to patients with Stage IIIC or IV endometrial cancer (ENDCTRT) (Surveillance)	100%	86.5%	84.1%	100%	89.1%	84.2%	
Endoscopic, laparoscopic, or robotic performed for all endometrial cancer (excluding sarcoma and lymphomas), for all stages except stage IV (ENDLRC) (Surveillance)	87.5%	70.2%	77.9%	93.3%	76.9%	80.9%	

Gastric Measures	2014			2015			
	Hillcrest	Ohio	National	Hillcrest	Ohio	National	
At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (G15RLN) (Quality Improvement)	66.7%	58.7%	61.6%	100%	62.4%	65.1%	

Lung Measures		2014			2015	
	Hillcrest	Ohio	National	Hillcrest	Ohio	National
At least 10 regional lymph nodes are removed and pathologically examined for 1A, 1B, 2A, 2B resected NSCLC (10RLN) (Surveillance)	0%	48.8%	48%	45.8%	54.5%	49.2%
Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is considered for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC (LCT) (Quality Improvement)	66.7%	94.9%	92.6%	75%	93.3%	91.7%
Surgery is not the first course of treatment for cN2, M0 lung cases (LNoSurg) (Quality Improvement	100%	93.8%	92.9%	100%	93%	93.3%

Ovary Measures	2014			2015		
	Hillcrest	Ohio	National	Hillcrest	Ohio	National
Salpingo-oophorectomy with omentectomy, debulking/cytoreductive surgery, or pelvic exenteration in Stages I-IIIC ovarian cancer (OVSAL) (Surveillance)	33.3%	73.3%	71.5%	50%	73.7%	69.7%

Rectum Measures		2014		2015			
	Hillcrest	Ohio	National	Hillcrest	Ohio	National	
Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer RECRTCT) (Quality Improvement)	57.1%	89%	88.7%	91.7%	91.5%	88.5%	

## Analysis of CP3R Data

Current data reflects data from 2016-2016. The cancer program at Hillcrest Hospital tracks these measures on an annual basis and are reported to the cancer committee quarterly. The data reflects that measures at Hillcrest Hospital are comparable if not a little higher than state and national measures for all cancers.

## Arts & Medicine Institute at Hillcrest Hospital Cancer Center

Cleveland Clinic's Arts & Medicine Institute was created for the purpose of integrating the visual arts, music, performing arts and research to promote healing and to enhance the lives of our patients, families, visitors and employees.

#### **Music Therapy**

Music therapy is the use of music by a board-certified music therapist to assist in the healing process. It combines music and therapeutic techniques to address the needs and goals of individual patients, groups of patients, or of patients and families. Music therapists assess and provide therapy in many ways, including listening to music, playing music, and encouraging patients to join in if they are able and willing. Music therapy can help to decrease pain, suffering, and anxiety. It can also help to manage stress and promote relaxation; promote well-being; provide an opportunity for self-expression; and promote positive coping skills.



is offered Monday-Friday from 9am-1pm in the chemotherapy infusion suites. Environmental music therapy is offered one hour on every other Thursday in the radiation oncology waiting room.

Music therapy at Hirsch Cancer Center

Stephanie Morris Music Therapist

To make a referral please contact Stephanie Morris, MT-BC by phone at 440.312.1294 or by email at morriss4@ccf.org, or ask your infusion nurse or other medical team member to make a referral.

### Art Therapy



Kelly Pecl Dreamer Art Therapist

Art Therapy is engaging in the creation of art, with the help of an Art Therapist, to assist with both emotional and physical healing and growth. Anyone can benefit from art therapy, it does not depend upon talent or technical ability. The art therapist will discuss with you, your interests and goals for the session, and then suggest art tasks. This may

include painting, simple sculpting, drawing, collage or craft work. Hillcrest Hospital Art Therapists are professionals who possess a Master's Degree in the field of Art Therapy.









## **Community Outreach**

#### Screenings and Education

Hillcrest Hospital had over 2076 participants in our 2017 cancer community outreach prevention, early detection and screening events. Community need is assessed annually by the Community Outreach Coordinator, Cancer Committee and Leadership team, using Community Needs Assessment data from Cleveland Clinic, as well as county level data. A annual Community Outreach plan proposal is submitted to Cancer committee for review and approval. Programming is aligned to address specific barriers identified in communities within the Hillcrest Hospital service region.

### Colorectal Cancer Awareness

Multiple events focused on prevention, early detection and screening for Colorectal Cancer are hosted in the month of March. In 2018, the Hillcrest Hospital Cancer Center partnered



with the Cleveland Clinic Digestive Disease Institute and Lake County Rotary Clubs to bring multiple opportunities to the community to learn and improve their health. Events held at the Willoughby Rotary Club and Mentor Rotary Club brought education to community stake holders, as well as an opportunity to navigate patients into appropriate screenings.

## Skin Cancer Screening/Melanoma Screenings

Hillcrest Hospital, in partnership with The American Academy of Dermatology (AAD) offers free screenings to detect signs of skin cancer and other skin abnormalities. Screenings are open to women and men of all ages. The screening is held annually in the Spring. Skin Cancer prevention education was presented at three



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separate events, with specific outreach to Geauga County. 537 community members participated in the Skin Cancer education offerings.

The Hillcrest Hospital Skin Cancer Screening in 2018 assessed 222 participants screened for melanoma. Participants were navigated through the follow up process by the Community Outreach coordinator to ensure access to appropriate care.

### Teen Cancer Awareness Program

Teen Cancer Awareness is a 2 part series focusing on breast cancer and testicular cancer education. The program was designed by Hillcrest Hospital and was recently expanded across all Cleveland Clinic Hospitals and service areas. Community Outreach Coordinators teach 2 days (one spring, one winter semester) in 10th grade health programs within the respective high schools. Students are taught incidence, genetic influence and screening recommendations for breast and testicular cancers. Students are given take home materials to share with parents and family Additional outreach efforts

Hillcrest has participated in other events where we helped raise funds for the Leukemia and Lymphoma Society and the American Cancer Society.

Hillcrest also collaborates with other hospitals such as South Pointe and Cleveland Clinic main campus supporting their community events and assisting with the development of community outreach programs.

### Breast Cancer Education and Screening

Multiple community based breast cancer education and screening events were held in 2018 by the Hillcrest Hospital Cancer Center. In total, breast cancer education including: breast self exam, mammography guidelines and risk factors were presented to 785 women.

### Hillcrest Breast Fair

Collaborative community event hosted by the Hillcrest Cancer Center, also including: Radiology, Occupational Therapy, The American Cancer Society and The Gathering Place. One on one education provided to 100+ participants regarding breast self-exam/ awareness and screening guidelines.

#### Mammograms and Manicures

Expanded in 2018 was a collaborative event with the Willoughby Hills Family Health Center's Walk In Mammography Clinic. Hillcrest Hospital Cancer Center hosted a two day mammography event. 102 women received screening mammograms at the



event. All follow up care was provided by Cleveland Clinic Radiology services, per policy.

#### HPV Collaborative

In 2018, Hillcrest Hospital and the Cleveland Clinic pledge participation to the Northeast Ohio HPV Collaborative, sponsored by the American Cancer Society. This partnership of NE Ohio hospitals, universities, governmental agencies and pharmaceutical companies aims to increase adhereance



MERCK

AAP guidelines for the use of the HPV vaccine for the prevention of cancer. Baseline data rates and institutional assessments were the goal of 2018, and Hillcrest Hospital Cancer Center completed theirs by November 2018. Partnerships with other facilities and the community are planned for 2019.

University Hospitals

**A** PROMEDICA

America Cancer Society

### Look Good Feel Better

Look Good Feel Better is a non-medical, brand-neutral program that teaches beauty techniques to cancer patients to help them manage the appearance-related side effects of cancer treatment. Group programs are open to all women with cancer who are undergoing chemotherapy, radiation, or other forms of treatment. Local volunteer beauty professionals support Look Good Feel Better and are trained and certified by



the Personal Care Products Council Foundation, the American Cancer Society, and the Professional Beauty Association. Hillcrest Hospital offers group Look Good Feel Better classes every other month on the second floor of the West Tower in the Cancer Center conference room from 1:30 to 3 p.m.

#### Ladies Night Out/Ask The Experts

Hillcrest Hospital participates in Speaking of Womens health in the East side of Cleveland Communities. Complimentary screenings and wellness information were provided along with breast examination demonstrations. Registered nurses discussed the importance of prevention techniques and was available to answer any questions related to breast cancer.

#### Drive Out Cancer Golf Outing

32 community based corporations participated in the Annual Drive Out Cancer Golf Outing on September 10, 2018. Donations raised support the Molly Loney Patient Assistance Fund. For additional information on donations, please contact Katie Vriezen, Community Outreach Coordinator at vriezek@ccf.org.

#### Molly Loney Patient Assistance Fund

The Molly Loney Patient Assistance Fund provides financial resources for patients

currently undergoing cancer treatment at Hillcrest Hospital. Need is assessed by licensed oncology social workers and provided by the Fund.

Cleveland Clinic



Ohio

## Spotlight On: Breast Oncology

The breast program at Cleveland Clinic Hillcrest Hospital underwent many advances in 2018, one of the highlights of which was recognition by the National Accreditation Program for Breast Centers (NAPBC), a quality program of the American College of Surgeons. The program was surveyed on December 11, 2018 and was awarded full three-year accreditation with no deficiencies in any of the 28 NAPBC Standards.

Diane M. Radford MD, FACS, FRCSEd is the Director of the Breast Program, having been appointed to that role in February 2017. The multidisciplinary Breast Program Leadership Committee meets quarterly to review adherence to NAPBC standards and discuss quality initiatives. The NAPBC standards address:

- Breast Program Leadership level of responsibility and accountability
- Multidisciplinary breast care conference (held weekly, at which all new breast cancer cases are presented)
- Evaluation and management guidelines for benign and malignant breast disease
- Multidisciplinary patient
  management
- Patient navigation throughout the treatment process
- Breast conservation rates
- Sentinel node biopsy rates
- Breast cancer surveillance (follow up)
- Breast cancer staging and documentation thereof
- Pathology (adherence to College of American Pathologists guidelines and review of outside cases)
- Breast imaging
- Needle biopsy rates

- Ultrasonography
- Stereotactic core needle biopsy
- Radiation oncology
- Medical Oncology
- Nursing care (and nursing training)
- Support and rehabilitationGenetic evaluation and
- management
- Educational resources for patients
- Reconstructive surgery
- Breast cancer survivorship care
- Availability of clinical trial information
- Accrual to clinical trials
- Education, prevention, and early detection programs (community outreach)
- Continuing education of breast care team members
- Quality and outcomes

The Cleveland Clinic Hillcrest Hospital Breast Care Center has relocated to the Atrium. This new location allows easy access for patients to and from breast imaging. The newly-appointed space (with artwork specially chosen by the Arts & Medicine Institute) provides a restful atmosphere for healing. Services that utilize the new space include breast surgery, plastic surgery, medical breast (high-risk and breast cancer surveillance), and psychology. In addition, our social worker and clinical trial coordinator will meet with patients in the new space as needed. Plans are underway to expand services even further.

The NAPBC requires the frequency of multidisciplinary breast care conferences based on the annual volume of analytic breast cancer cases. Programs with an analytic case load of 251 and above are required to hold weekly conferences.









Cleveland Clinic Hillcrest Hospital Breast Center grand opening January 29, 2019

## An Emphasis on Comfort

#### Palliative Care

Palliative Care is interdisciplinary care for patients with a complex or serious medical illness. The palliative care team works collaboratively with oncology to address the comprehensive needs of patients and their families. Primary aims include: 1) The relief and prevention of suffering in all its forms at any stage of illness; 2) Improving quality of life by managing pain and other distressing symptoms; 3) Helping patients and families determine the most appropriate goals of care when faced with difficult and complex decisions.

Palliative Care is provided simultaneously with other medical therapies, like chemotherapy, radiation, or advanced therapies for heart and lung diseases. The palliative care team attends to the physical, emotional, spiritual and social concerns of patients and their families. This team facilitates discussion with patients and families regarding medical decision-making, quality of life, and goals of care. Through close collaboration with ancillary hospital staff, the Palliative Care team aims to optimize patient care.

#### Palliative Care Consultation Program

The Hillcrest Hospital Palliative Care Consultation Program now includes a physician, nurse practitioner and social worker. The existing consultation program was augmented by the addition of a Hospice and Palliative Medicine board certified physician in May, 2015. The physician and nurse practitioner team was further complemented by the addition of an experienced and dedicated social worker in November of 2015.

#### Hospice Care

Hospice is not a place; it is a philosophy of care when curative measures are no longer beneficial. The emphasis is on providing comfort, not cure; on family, not just the patient; on quality of life, not duration.

The goal is to assist patients and their families to prepare physically, spiritually and emotionally for the end of life. Hospice strives to make dying a life experience. It allows patients to maintain control over their lives, prepare for death in their own way and live their final months in a familiar environment, with a sense of personal dignity.

#### When a Cure Is No Longer Possible

Hospice care is valuable when:

• a person is diagnosed with a terminal illness and has a life expectancy measured in months rather than years

- the goal of treatment is comfort and symptom management
- curative treatments are no longer beneficial

#### Our Support Team

Hospice care is provided to the patient and family by dedicated support professionals, utilizing a team approach. Each member of the team provides expertise in developing a plan of care to meet the patient's specific needs.

The specially trained (in end of life care) team includes:

- · Personal physician
- Physicians with expertise in palliative medicine, who are available to consult with the patient's personal physician and act as a resource for pain and symptom management.
- Registered nurses, who collaborate with the hospice team to develop a plan of care that will meet the individual needs of each patient/family. Nurses provide expertise in assessment and pain and symptom management.
- Home health aides, who provide bathing and personal care services, light housekeeping and assistance with activities of daily living.
- Medical social workers who provide emotional support and counseling. Social workers also help with financial concerns and coordinate community resource needs.
- Volunteers, who offer helping hands with errands and provide companionship.
- Chaplains, who offer support and guidance in matters of spirituality and bereavement.
- Music and art therapists.

#### Additional services provided by Hospice at Home include:

- 24-hour-a-day, seven-day-a-week access to a hospice registered nurse for support and coordination of care
- medications for controlling symptoms
- medical supplies
- durable medical equipment

#### **Hospice Care Settings**

Although hospice care is usually provided in the patient's home, care can be provided in a number of alternative settings:

#### Inpatient

When symptoms cannot be managed at home and hospitalization is needed, patients can get medical care at contracted facilities including Cleveland Clinic hospitals.

#### **Alternative Home Setting**

Hospice care can be provided to patients residing in various nursing facilities, such as skilled nursing facilities, independent and assisted living facilities and nursing homes.

#### **Respite Care**

In the event the primary caregiver needs a rest from caregiving responsibilities, hospice may provide short-term care in contracted facilities.

#### **Requesting Hospice Care**

Hospice care can be requested by the patient, as well as by family members, physicians, friends or clergy on behalf of the patient, by calling 216.444.HOME (4663) or tollfree, 800.263.0403, 24 hours a day, seven days a week. A hospice team member will discuss patient needs, explain available services and review insurance coverage options. Services generally start within 24 hours of the initial call.

#### Paying for Care

Hospice care is a defined benefit under both the Medicare and Medicaid programs. Most major insurance plans also provide for hospice care.

#### **Charitable Donations**

Cleveland Clinic Hospice at Home accepts memorial donations to assist in providing care to individuals regardless of their ability to pay.

#### **Bereavement Services**

A component of the philosophy of hospice is that we need not walk alone after the death of a loved one. As part of the healing process, our bereavement support meetings offer emotional support in a caring environment with others who share a similar experience.

#### Why Choose Cleveland Clinic?

Experience: Cleveland Clinic Hospice at Home is backed by the resources of Cleveland Clinic, which is consistently ranked one of the top hospitals in the United States.

Access: Hospice at Home staff can be reached 24 hours a day, seven days a week.

Convenience: We directly bill insurance companies, Medicare and Medicaid for services.

Credentials: Cleveland Clinic Hospice at Home is accredited by The Joint Commission and is certified by the state of Ohio to participate in the Medicare/Medicaid program. In addition, the World Health Organization has recognized our Palliative Medicine Program as "a unique model of a much-needed service."

We recognize that this is a difficult time. We listen to our patients and caregivers' concerns and answer their questions so that they can make an informed decision.

### Partnerships with the American Cancer Society and The Gathering Place

The partnership between the American Cancer Society and Hillcrest Hospital has thrived since the signing of the initial Collaborative Action Plan in March 2010 (updated June 2013). Hillcrest hosts American Cancer Society programs and refers patients to the wide range of services the Society offers. Aside from patient care, Hillcrest employees have been involved in the American Cancer Society Cancer Action Network, working with legislators to maintain funding for cancer research and on legislation that directly affects cancer patients. The Gathering Place is a caring community that supports, educates and empowers individuals and families touched by cancer through programs and services provided free of charge. Programs include support groups, counseling, free wigs, exercise and hands-on cooking classes, lectures and workshops and services for children, teens and families.

To learn more about The Gathering Place visit touchedbycancer.org.

the gathering place



## **Cleveland Clinic Cancer Center at Hillcrest Hospital** Staff Directory

#### Medical Oncology





Cleveland Clinic Cancer Center at Hillcrest Hospital Specialty interests: all cancers, head/ neck cancer, lung cancer



#### Aneel Chowdhary, MD

Staff Directory Section: Specialty Interests: Solid tumor oncology, Thoracic and Gastrointestinal malignancies



#### Neha Mitra, MD Specialty interests: all cancers, breast

cancer, genitourinary cancers



#### Michael Nemunaitis, MD

Specialty interests: all cancers, gastrointestinal cancers, colorectal cancer

Vitaliy Pishchik, MD Staff Directory Section: Specialty Interests: Medical Oncology, Hematology Oncology Vanessa Farrow, PA-C

No Photo Available

Laurie

Robicheaux, NP

No Photo Available

### **Radiation Oncology**



#### Co-Director, Cleveland Clinic

Henry Blair, MD

Cancer Center at Hillcrest Hospital Specialty interests: breast cancer, prostate cancer,

lung cancer, brain cancer, bladder cancer, gastrointestinal cancer



Specialty interests: breast cancer, head/neck cancer, bladder cancer, gastrointestinal



#### Michael Weller, MD

Specialty interests: breast, lung, prostate and gastrointestinal cancers, as well as quality of life

### Palliative Care



Kimberlee Fong, DO

#### Kathrvn Richards, MD



#### Laura Shoemaker, DO

Specialty interests: internal medicine, palliative medicine



cancers, gynecologic cancers, lung cancer, lymphoma

## **Breast Center**

### **Breast Surgery**



FACS, FRCSEd Specialty interests: Breast cancer, malignant neoplasm, breast nodules, breast abscess,

Diane M.

Radford MD.

breast mass, lumps or swelling, breast disease breast infections, breast pain

### **General Sugery**



breast, breast and endocrine, breast cancer, breast diagnostics, breast diseases, breast surgery, breast surgical oncology

Specialty interests: breast, breast and endocrine, breast cancer, breast diagnostics, breast diseases, breast surgery

#### Medical Breast



Shazia Goraya, MD Specialty interests: family history of breast cancer, osteoporosis, preventative medicine, women's health and hereditary cancer risk management.

### **Plastic Surgery**



Risal Djohan, MD Specialty interests: breast surgery, aesthetic surgery

#### Graham Schwarz, MD

Specialty interests: breast cancer, breast surgery, Microsurgical breast reconstruction (DIEP, SIEA, SGAP, TUG flaps), aesthetic surgery of the breast



## James Malgieri, MD Specialty interests:

William

O'Brien, MD

Cleveland Clinic Cancer Center at Hillcrest Hospital | 23

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**Genetic Counseling** 

Rebekah

Moore, MS, LGC

## Women's Health Institute

### Gynecological Oncology



#### Robert DeBernardo, MD

Specialty interests: cervical cancer, cervical dysplasia, cervical tumors, endometriosis, fibroids and leiomyoma,

gestational trophoblastic tumor, hereditary gynecologic cancers, advanced and recurrent ovarian, fallopian tube and peritoneal cancer, HIPEC, intra-peritoneal chemotherapy, minimally invasive surgery



#### Chad Michener, MD

Specialty interests: cervical cancer, endometrial cancer, gynecologic oncology, ovarian cancer, vulvar cancer



#### Stephanie Ricci, MD

Specialty interests: cervical cancer, endometrial cancer, ovarian cancer. uterine cancer, vulvar cancer. minimally invasive surgery and robotic surgery.

Suzanne Elliott, CNP



No Photo

Available

Jeanne Walker, CNP

Jacqueline

Stewart, CNP

## Glickman Urological and Kidney Institute

Urology/Urologic Oncology



#### Ryan Berglund, MD

Specialty interests: open and laparoscopic kidney surgery, open and laparoscopic surgery for bladder cancer, open, laparoscopic,



#### Michael

Gong, MD, PhD Specialty interests: bladder cancer, prostate cancer, laparoscopic surgery,

and robotic assisted surgery for prostate cancer, urinary reconstructive techniques, urologic oncology



## 2018 Cancer Committee Comprehensive Community Cancer Program

**Ryan Berglund, MD** Genitourinary Surgical Oncology

Henry Blair, MD Chair, Cancer Committee Cancer Liaison Physician

Crawford Barnett, MD Radiation Oncology Pain Management

Debra Dale, MSM, RT Radiation Oncology Michael Garlisi, MBA VP, Oncology Services

Jennifer Jeung, MD Pathology

Leonard Kahn, MD Radiology Justine Leinweber, CTR Cancer Registry

Nicholas Link, PharmD Pharmacy

Vinit Makkar, MD Medical Oncology

Chad Michener, MD Gynecologic Oncology

Lisa Mirossay, CCRP Research

Darryl Mittelstadt, PT Rehab Services

Rebekah Moore, GC Genetics

Diane Radford, MD General Surgery Kathryn Richards, MD Palliative Medicine

Susan Shirey Quality Management

Diana Simsic, LISW, OSW Oncology Social Worker

Lynn Szoka, RN, MSN, OCN Outpatient Oncology Manager

Kristina Austin Gathering Place

Kathryn Vriezen, RN, MSN Community Outreach

Tiffany Williams American Cancer Society



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