



# 2023 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.

# 2023 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 quarterly to review the administrative responsibilities related to the management of our program and adhere to the standards set forth by the Commission on Cancer (CoC), Optimal Resources for Cancer Care. In addition, several ad hoc committees meet to discuss and report on quality improvements suggested by the Cancer Committee.

The Cancer Program at Hillcrest Hospital was recently surveyed In October 2023 by the Commission on Cancer (CoC) and was awarded 3 year accreditation status. Achieving accreditation provides comprehensive patient-centered care through a multidisciplinary approach, access to information on clinical and new treatment options and psychosocial support and survivorship care.

In addition to the Commission on Cancer (CoC) accreditation, Hillcrest Hospital is also accredited by the National Accreditation Programs for Breast Centers (NAPBC) and National Accreditation Programs for Rectal Cancers (NAPRC). These three quality accreditation programs ensure that the Hillcrest Cancer Center is providing the utmost quality care for our patients.

New Staff for cancer program in 2023:

- Sarah Turcu, MSW, LSW January 2023
- Steven Schulz, M.D. Plastic Surgery August 2023
- Alexandra Harris, NP-C, Medical Oncology September 2023

The Cancer Program accomplished a number of quality improvements for 2023:

• Education provided to all appropriate staff for appropriateness of Ki-67 Test ordering and subsequent usage of abemaciclib in hormone positive, lymph node positive breast cancer.

- Participated in PROMPT study from the National Accreditation Programs for Breast Centers (NAPBC) for patients with aggressive breast malignancies that are in need of neoadjuvant therapy as efficiently as able to optimize survival outcomes. We reviewed our time to treat data in this area.
- Cancer Center Expansion: The project to expand our cancer center continued through 2023. Once complete, this project will expand our cancer services foot print, update our current clinical space, and provide patients with more efficient access to our cancer center departments. The project is expected to be completed in Q2 2024.
- Breast Center Growth: To meet the needs of our patients, we increased the number of providers in our Breast Center by adding an additional Plastic Surgeon for breast reconstruction and adding additional clinic time for our Breast Psychologist.

Tumor conferences, which provide a multidisciplinary approach to the care of patients and education to staff, continued throughout 2023. These patient case presentations provide a forum and opportunity for radiologists, surgeons, pathologists, medical and radiation oncologists and other medical specialties to provide interdisciplinary dialogue by discussing staging with diagnostic and treatment options for cancer patients, thereby improving the quality of care for the patients. For 2023, 308 total patients were presented at the breast conferences, 350 total patients were presented at the general tumor conference and 177 total patients at the thoracic conference.

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 2021 focusing on supportive services, prevention and early detection.

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.

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Henry Blair, MD Co-Director, Cleveland Clinic Cancer Center at Hillcrest Hospital Chairman, Cancer Committee Cancer Liaison Physician

## New Staff



Steven Shultz MD Plastic Surgeon



Alexandra Harris, NP Med ONC

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Sarah Turcu, MSW, LSW

# **Special Amenities**

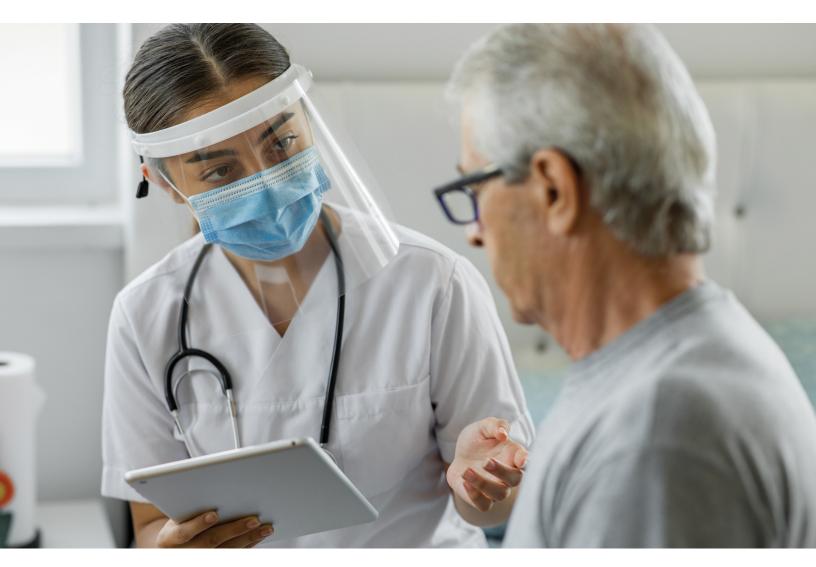
The Cleveland Clinic Cancer Center at Hillcrest Hospital provides a Cancer Resource Center for the educational support to our cancer patients, their family members and caregivers. The Cancer Resource Center offers the most up-to-date cancer information, cancer programs and services, as well as referrals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



# Cancer Center Staff

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.

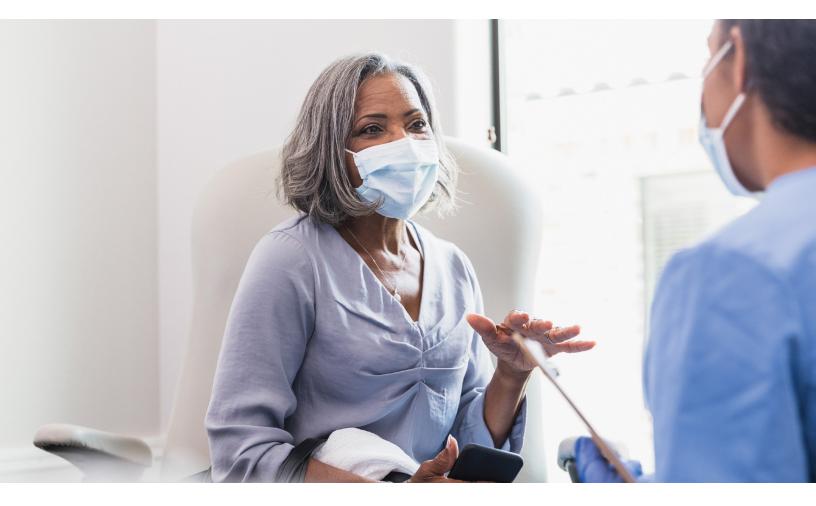
Cancer Center personnel consists of Cleveland Clinic physicians, certified oncology nurses, advance practice nurses, pharmacists, radiation therapists and other professionals.

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 pre-treatment 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.

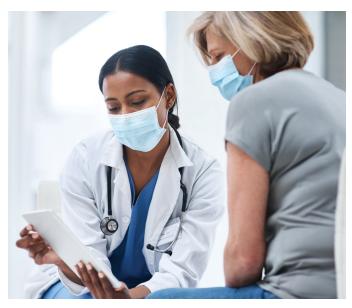
For breast cancer patients considering a lumpectomy, partial accelerated breast radiation therapy procedure involves placing a HDR applicator in the tumor cavity and requires considerably less time to complete than traditional external radiation therapy treatments with minimal exposure to healthy tissue.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

In January 2021 a second 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>/<sub>4</sub>such 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** – Emotional support and referral to community resources create a support system for each patient. An oncology social worker is available to assess, advocate, and support the psychosocial needs of each cancer patient. Oncology specific Psychologists are available for individual therapy by referral through the Taussig 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.

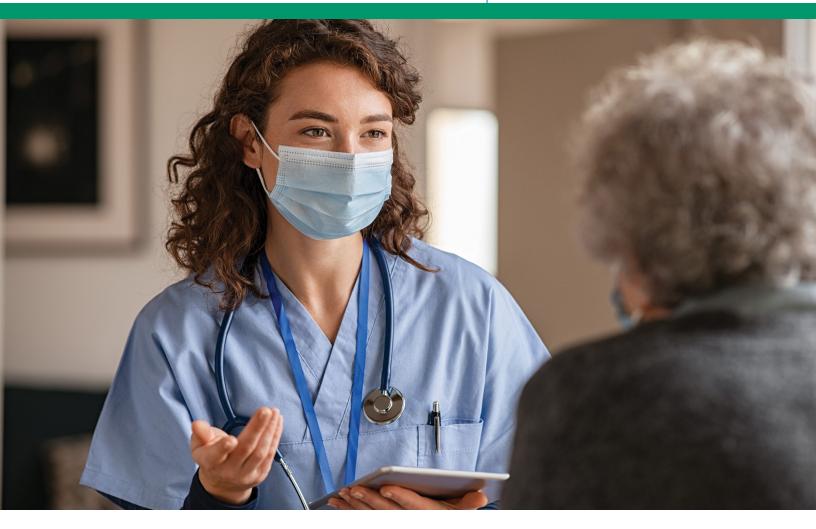
**Tumor Registry** – The tumor registry ensures that the hospital's cancer program is approved by the American College of Surgeons Commission on Cancer and is vital in providing information on the occurrence of cancer and outcomes of treatment.

**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 and The Gathering Place 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

#### Kamille Clever, MS, CGC

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

Emilie Slanoc, RN BSN Angela Kavadas, MPH Jackie Ludwig, RN BSN

#### Sarah Neale, MS

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

Riley Norton, MSW,LSW

#### Christine Hubley, MSW, LISW-S

#### Sarah Turcu, MSW,LSW

Hillcrest Cancer Center has three dedicated clinical oncology licensed social workers that are part of the patients care team. The social workers provide support for the patients with a cancer diagnosis and their families. Initial psychosocial assessments are completed, resources and referrals are made based off individual needs, and ongoing support is provided throughout their treatment course. The social worker can address the adjustments to the diagnosis, identify coping mechanisms, access crisis intervention, and provide resources to community resources. The social work team also assists with completing Ohio Health Care Advanced Directives. The National Comprehensive Cancer Network (NCCN) distress tool is used in each outpatient oncology clinic to assess patients' level of coping with their disease. Based on the score of this screening, social work intervention is offered.

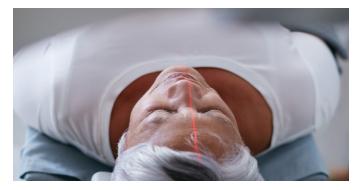
The Cancer Center social workers are recognized by the Association of Oncology Social Work. In the 2012 Patient Center Standards, The Commission on Cancer recognizes and recommends OSW-C. The Association of Community Cancer centers recognizes and recommends Oncology Social Work Certification in their Cancer Program Guidelines.

#### Laboratory/Pathology

#### Nancy Fong, 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

#### Crawford Barnett 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

#### Ed Soeder, PharmD

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.

# 2023 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 1,829 cases in 2022, the Hillcrest registry now has a database consisting of 34,381 cases.

Hillcrest Hospital is the eastern region hospital of the Taussig Cancer Institute. Utilizing the Oncolog software allows Hillcrest Hospital 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 2023. Hillcrest Hospital also was accredited by the National Accreditation Programs for Breast Centers in 2018 and National Accreditation Programs for Rectal Cancer in 2021

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 9,660 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 Lead Oncology Data Specialist, Tumor Registry



# Hillcrest Hospital 2022 Site Distribution

Diagnostic Site	Clas	s of Case	Ge	nder	Stage (Analytic Cases)			es)		Total		
	Analytic	Non-Analytic	Male	Female	0				IV	NA	UNK	Totals
ORAL CAVITY, PHARYNX	10	0	6	4	0	2	3	1	4	0	0	10
Lip	5	0	1	4	0	1	1	1	2	0	0	5
Tongue	3	0	3	0	0	0	0	3	0	0	0	3
Salivary Gland	2	0	2	0	0	0	1	0	1	0	0	2
Floor of Mouth	1	0	1	0	0	0	0	0	1	0	0	1
Gum, Other Mouth	0	0	0	0	0	0	0	0	0	0	0	0
Tonsil	0	0	0	0	0	0	0	0	0	0	0	0
Nasopharynx	0	0	0	0	0	0	0	0	0	0	0	0
Oropharynx	2	0	2	0	0	1	1	0	0	0	0	2
Hypopharynx	0	0	0	0	0	0	0	0	0	0	0	0
Other Oral Cavity and Pharynx	0	0	0	0	0	0	0	0	0	0	0	0
DIGESTIVE SYSTEM	331	0	182	149	2	51	55	91	108	11	13	331
Esophagus	29	0	21	8	0	0	1	14	14	0	0	29
Stomach	28	0	14	14	0	9	4	8	7	0	0	28
Small Intestine	16	0	13	3	0	4	3	1	5	2	1	16
Colon, Rectum, Anus	133	0	64	69	2	16	32	42	34	0	7	133
Colon, Excluding Rectum	88	0	37	51	2	12	27	19	25	0	3	88
Cecum	22	0	8	14	0	0	8	5	9	0	0	22
Appendix	7	0	2	5	2	1	1	1	0	0	2	7
Ascending Colon	16	0	5	11	0	4	4	5	3	0	0	16
Hepatic Flexure	6	0	4	2	0	1	2	2	0	0	1	6
Transverse Colon	9	0	3	6	0	1	4	1	3	0	0	9
Splenic Flexure	1	0	1	0	0	0	0	0	1	0	0	1
Descending Colon	5	0	3	2	0	0	1	2	2	0	0	5
Sigmoid Colon	19	0	10	9	0	5	7	3	4	0	0	19
Large Intestine, NOS	3	0	1	2	0	0	0	0	3	0	0	3
Rectosigmoid, Rectum, Anus	45	0	27	18	0	4	5	23	9	0	4	45
Rectosigmoid Junction	2	0	2	0	0	1	1	0	0	0	0	2
Rectum	40	0	24	16	0	3	4	20	9	0	4	40
Anus, Anal Canal, Anorectum	3	0	1	2	0	0	0	3	0	0	0	3
Liver, Gallbladder, Intrahep Bile Duct	41	0	24	17	0	6	4	10	10	7	4	41
Liver	14	0	9	5	0	4	0	1	3	5	1	14
Gallbladder	4	0	0	4	0	0	0	1	3	0	0	4
Intrahepatic Bile Duct	11	0	7	4	0	1	2	3	2	1	2	11
Other Biliary	12	0	8	4	0	1	2	5	2	1	1	12
Pancreas	79	0	43	36	0	15	11	16	36	0	1	79
Retroperitoneum	1	0	1	0	0	1	0	0	0	10	0	1
Peritoneum, Omentum, Mesentery	2	0	0	2	0	0	0	0	2	0	0	2
Other Digestive Organs	2	0	2	0	0	0	0	0	0	2	0	2

Diagnostic Site	Class	s of Case	Ge	nder	Stage (Analytic Cases)			es)		Total		
	Analytic	Non-Analytic	Male	Female	0				IV	NA	UNK	Totals
RESPIRATORY SYSTEM	237	0	106	131	1	73	21	40	90	12	0	237
Nose, Nasal Cavity, Middle Ear	3	0	0	3	0	0	0	1	0	2	0	3
Larynx	2	0	2	0	0	1	1	0	0	0	0	2
Pleura	0	0	0	0	0	0	0	0	0	0	0	0
Lung and Bronchus	232	0	104	128	1	72	20	39	90	10	0	232
Non-Small Cell	196	0	89	107	1	68	18	32	67	10	0	196
Small Cell	30	0	14	16	0	1	0	7	22	0	0	30
Other Lung	6	0	1	5	0	3	2	0	1	0	0	6
Trachea	0	0	0	0	0	0	0	0	0	0	0	0
Mediastinum, Other Resp.	0	0	0	0	0	0	0	0	0	0	0	0
BONES, JOINTS	2	0	1	1	0	1	0	0	0	1	0	2
SOFT TISSUE INCLUDING HEART	6	0	3	3	0	1	1	1	0	3	0	6
SKIN	7	0	3	4	2	2	0	2	1	0	1	7
Skin: Melanoma	6	0	2	4	2	2	0	1	1	0	0	6
Skin: Other Non-Epithelial	1	0	1	0	0	0	0	1	0	0	0	1
Epithelial Skin	0	0	0	0	0	0	0	0	0	0	0	0
BREAST	408	0	1	407	64	224	61	24	17	4	14	408
Female Breast	407	0	0	407	64	223	61	24	17	4	14	407
Male Breast	1	0	1	0	0	1	0	0	0	0	0	1
FEMALE GENITAL SYSTEM	127	0	0	127	0	64	2	27	22	1	11	127
Cervix Uteri	14	0	0	14	0	4	0	1	9	0	0	14
Corpus Uteri, NOS	84	0	0	84	0	53	1	15	10	0	5	84
Corpus Uteri	81	0	0	81	0	52	1	15	8	0	5	81
Uterus, NOS	3	0	0	3	0	1	0	0	2	0	0	3
Ovary	15	0	0	15	0	3	0	7	2	0	3	15
Vagina	0	0	0	0	0	0	0	0	0	0	0	0
Vulva	9	0	0	9	0	4	1	2	0	0	2	9
Other Female Genital Organs	5	0	0	5	0	0	0	2	1	1	1	5
MALE GENITAL SYSTEM	301	0	301	0	0	41	110	94	35	0	21	301
Prostate	289	0	289	0	0	37	107	92	35	0	18	289
Testis	12	0	12	0	0	4	3	2	0	0	3	12
Penis	0	0	0	0	0	0	0	0	0	0	0	0
Other Male Genital Organs	0	0	0	0	0	0	0	0	0	0	0	0
URINARY SYSTEMS	199	0	143	56	52	64	22	20	28	2	11	199
Urinary Bladder	102	0	81	21	45	27	14	2	9	0	5	102
Kidney	74	0	44	30	0	32	7	18	14	0	3	74
Renal Pelvis	13	0	11	2	4	1	1	0	4	0	3	13
Ureter	8	0	5	3	3	4	0	0	1	0	0	8
Other Urinary Organs	2	0	2	0	0	0	0	0	0	2	0	2
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

Diagnostic Site	Clas	s of Case	Ge	nder			Stage (	Analyt	ic Case	es)		Total
	Analytic	Non-Analytic	Male	Female	0		II		IV	NA	UNK	Totals
BRAIN, OTHER NERVOUS SYSTEM	6	0	3	2	0	0	0	0	0	6	0	6
Brain: Malignant	4	0	3	1	0	0	0	0	0	4	0	4
Cranial Nerves, Other Nervous System	2	0	0	2	0	0	0	0	0	2	0	2
Brain-CNS: Benign, Borderline	0	0	0	0	0	0	0	0	0	0	0	0
ENDOCRINE SYSTEM	21	0	9	12	0	7	8	0	1	4	1	21
Thyroid	16	0	7	9	0	7	8	0	1	0	0	16
Thymus	1	0	1	0	0	0	0	0	0	0	1	1
Adrenal Gland	1	0	0	1	0	0	0	0	0	1	0	1
Other Endocrine	3	0	1	2	0	0	0	0	0	3	0	3
Endocrine: Benign, Borderline	0	0	0	0	0	0	0	0	0	0	0	0
LYMPHOMA	77	0	39	38	0	11	16	20	22	2	6	77
Hodgkin Lymphoma	10	0	5	5	0	2	4	1	2	0	1	10
*Hodgkin – Nodal	10	0	5	5	0	2	4	1	2	0	1	10
*Hodgkin – Extranodal	0	0	0	0	0	0	0	0	0	0	0	0
Non-Hodgkin Lymphoma	67	0	34	33	0	9	12	19	20	2	5	67
*NHL – Nodal	44	0	21	23	0	4	7	16	11	1	5	44
*NHL – Extranodal	23	0	13	10	0	5	5	3	9	1	0	23
MYELOMA	18	0	11	7	0	3	2	1	0	12	0	18
LEUKEMIA	23	0	12	11	0	3	0	0	0	14	6	23
Lymphocytic Leukemia	10	0	4	6	0	3	0	0	0	1	6	10
*Acute Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0	0
*Chronic Lymphocytic Leukemia	9	0	4	5	0	3	0	0	0	0	6	9
*Other Lymphocytic Leukemia	1	0	0	1	0	0	0	0	0	1	0	1
Non-Lymphocytic Leukemia	12	0	8	4	0	0	0	0	0	12	0	12
*Acute Myeloid Leukemia	8	0	5	3	0	0	0	0	0	8	0	8
*Acute Monocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0	0
*Chronic Myeloid Leukemia	4	0	3	1	0	0	0	0	0	4	0	4
*Other Myeloid-Monocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0	0
Other Leukemia	1	0	1	0	0	0	0	0	0	1	0	1
*Other Acute Leukemia	0	0	0	0	0	0	0	0	0	0	0	0
*Aleukemic, subleukemic and NOS	1	0	0	1	0	0	0	0	0	1	0	1
MESOTHELIOMA	2	0	2	0	0	0	0	0	2	0	0	2
KAPOSI SARCOMA	0	0	0	0	0	0	0	0	0	0	0	0
MISCELLANEOUS	21	0	8	13	0	0	0	0	0	21	0	21
OTHER SITE: BENIGN, BORDERLINE	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	1796	0	830	966	121	547	301	321	330	93	83	1796

# Rapid Cancer Reporting System (RCRS) For Breast, Colon, Gastric, Lung and Rectal Cancers

The Rapid Cancer Reporting System (RCRS) is a quality data platform of the Commission on Cancer's (CoC) National Cancer Database (NCDB). RCRS is a web-based data collection and reporting system that advances hospital-based quality improvement by providing measures of high quality, coordinated patient care.

The National Cancer Data Base (NCDB) provides data from cancer programs. 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.

Breast Measures		2021		2022				
	Hillcrest	Ohio	National	Hillcrest	Ohio	National		
For patients with AJCC Clinical Stage I-III breast cancer, the first therapeutic surgery in a non-neoadjuvant setting is performed within and including60 days of diagnosis. (BCSdx)	80.60%	80.29%	81.34%	75.00%	76.23%	77.51%		
For patients undergoing breast-conserving surgery without adjuvant chemo or immunotherapy for clinical stage I-III breast cancer, radiation therapy, when administered, is initiated <= 60 days of definitive surgery. (BCSRT)	70.00%	69.21%	69.59%	75.34%	68.63%	66.96%		
Combination chemotherapy or chemo-immunotherapy (if HER2 positive) is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cNOMO or Stage IB - Stage III hormone receptor-negative breast cancer. (MAC)	95.83%	94.50%	90.78%	90.91%	94.04%	91.45%		
Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cNOMO or Stage II or Stage III hormone receptor-negative breast cancer. (MAC) (Accountability)	100%	96.38%	93.00%	100%	97.09%	93.59%		
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)	91.18%	94.36%	91.58%	96.25%	93.18%	90.89%		
Colon Measures		2021	2022					
	Hillcrest	Ohio	National	Hillcrest	Ohio	National		
For surgically managed gastric adenocarcinoma cancer patients, at least 16 regional lymph nodes are removed and pathologically examined during resection for curative intent therapy. (G16RLN)	100%	70.48%	61.63%	NA	69.13%	68.69%		
For surgically managed patients age 18-79 with gastroesophageal junction or esophageal cancer cT2 with poor differentiation, or cT>3, or N>1, or gastric cancer cT>2 or N>0, neoadjuvant chemotherapy and/or chemo/radiationis administered within 120 days preoperatively or recommended. (GCTRT)	100%	75.00%	73.05%	81.82%	69.13%	68.74%		
Gastric Measures		2021		2022				
	Hillcrest	Ohio	National	Hillcrest	Ohio	National		
At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (G15RLN) (Quality Improvement)	100%	70.59%	71.31%	100%	73.64%	70.86%		

Lung Measures		2021	2022				
	Hillcrest	Ohio	National	Hillcrest	Ohio	National	
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)	100%	92.02%	90.36%	100%	90.09%	90.51%	
Surgery is not the first course of treatment for cN2, M0 lung cases (LNoSurg) (Quality Improvement	100%	93.44%	94.18%	100%	95.72%	94.91%	
Melanoma Measures		2021			2022		
	Hillcrest	Ohio	National	Hillcrest	Ohio	National	
For surgically managed pathologic stage IIIB-D melanoma patients, adjuvant systemic therapy was initiated within 6 months of surgery or recommended	0%	86.91%	83.02%	100%	90.36%	85.78%	
Rectum Measures		2021			2022		
	Hillcrest	Ohio	National	Hillcrest	Ohio	National	
For patients undergoing surgical resection for rectal cancer, the Circumferential Margin is greater than 1mm from the tumor to the inked, non-serolsalized resection margin. (RCRM)	57.14%	91.69%	88.84%	75.00%	86.24%	85.37%	
Preoperative chemo and radiation 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)	75.00%	86.57%	88.84%	91.67%	86.24%	85.37%	

# Analysis of RCRS Data

Current data reflects data from 2021-2022. 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 to 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 live or recorded 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; promote coping skills; and provide



Stephanie Morris Music Therapist emotional support.

Music Therapy at Hirsch Cancer Center is offered Monday-Friday from 9am-1pm in the chemotherapy infusion suites with follow-up in the inpatient hospital as needed.

To make a referral please contact Stephanie Morris, MMT, 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.

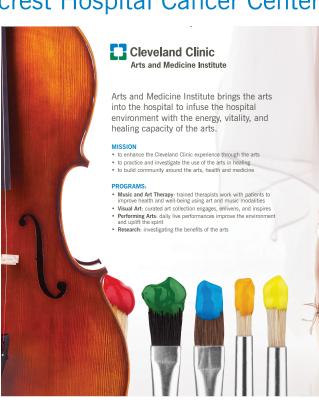


Kelly Pecl Dreamer Art Therapist

#### Art Therapy

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.









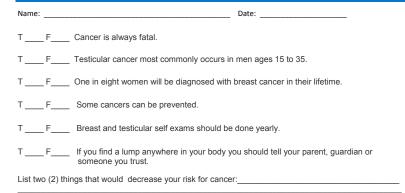
# **Community Outreach**

#### Mayfield High School Teen Cancer Program

Hillcrest Hospital Health Care Professionals provided approximately 200 local high school students with a teen cancer prevention education program. This program included the following topics: HPV, and the vaccine, vaping along with Breast Cancer Prevention, and Testicular Cancer Prevention with evaluations pre and post program to check their knowledge of cancer prevention.

### **Cleveland Clinic**

#### Teen Cancer 101 Survey (Post Assessment)



### Cleveland Clinic

#### Teen Cancer 101 Survey (Post Assessment)

Name:	Date:
	_ Cancer is always fatal.
T F	Testicular cancer most commonly occurs in men ages 15 to 35.
T F	One in eight women will be diagnosed with breast cancer in their lifetime.
T F	Some cancers can be prevented.
TF	_ Breast and testicular self exams should be done yearly.
TF	If you find a lump anywhere in your body you should tell your parent, guardian or someone you trust.
List two (2) th	ings that would help decrease your risk for cancer:



### Tuesday, October 17 & Thursday, October 19

IUESUAS, SCHL 8:30 a.m. 2:30 p.m. Willoughby Hills Family Health Center 2:570 SOM Center Road, Willoughby Hills, Ohio 44094 > No Insurance, no problem > Manmogram screening offered by appointment

# Mammogram screening unreted by appointment Call to schedule mammogram at 216.444,2626 or em TaussigCommOutreach@ccf.org

EUSSIC UNLINEAR SEC.

# **Breast Cancer Screenings 2022**

#### Mammogram Screening event October 17, 19

- 54 women scheduled
- 46 screening mammograms completed
- 6 women had abnormal findings & were scheduled for diagnostic mammograms by Taussig navigators
- **0** women with abnormal findings had a breast cancer diagnosis after their diagnostic mammograms

### Spotlight on Accreditation Commission on Cancer (CoC) National Accreditation Programs for Breast Centers (NAPBC) National Accreditation Programs for Rectal Cancer (NAPRC)

#### Value of Accreditation

As part of the American College of Surgeons (ACoS), it recognizes cancer care programs for their commitment to providing comprehensive, high-quality, and multidisciplinary patient centered care. The CoC, NAPBC and NAPRC are a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care.

Accreditation provides real value to cancer programs. Programs can proudly demonstrate to their communities, providers, payors, and the government that they have invested in systems aimed toward cancer patients receiving high-quality, coordinated care, and that they have made the efforts for supportive services and resources addressing the full continuum of care are available in their communities.

Cleveland Clinic Hillcrest Hospital Cancer Programs are proud to be accredited by the CoC, NAPBC and NAPRC.

#### Commission on Cancer (CoC)



Cleveland Clinic Hillcrest Hospital has maintained accreditation from the CoC since 1972 and adheres to the standards set forth from the Commission on Cancer Optimal Resources for Cancer Care, 2020 Standards Manual.

Accreditation Site Visits are maintained every 3 years. Hillcrest Hospital's most recent site visit was held on October 26, 2023. Hillcrest Hospital was awarded Accreditation status valid through December 1, 2026.

Our cancer program is comprised of medical oncology, radiation oncology, gynecologic oncology, urologic oncology, breast health center, palliative medicine and thoracic services. In addition we provide supportive services in clinical research, hereditary cancer risk assessment, social work, dietary consultation, art and music therapy, pain management, spiritual care, community outreach and patient financial navigation.

#### National Accreditation Programs for Breast Centers (NAPBC)



National Accreditation Program for Breast Centers American College of Surgeons

The National Accreditation Program for Breast Centers (NAPBC) is a quality program of the American College of Surgeons, assisted by representatives from other national professional organizations focused on breast health. The NAPBC is dedicated to the improvement of quality outcomes for patients with breast disease and breast cancer through the implementation of multidisciplinary care guided by evidence-based accreditation standards, and comprehensive professional and patient education.

Cleveland Clinic Hillcrest Hospital Breast Program provides breast imaging, breast navigation, breast surgery and plastics clinics, medical breast clinic and a breast psychiatry clinic as well multidisciplinary care from medical and radiation oncology, genetics, breast rehabilitation, nutrition, and psychosocial services.

Cleveland Clinic Hillcrest Hospital Breast Clinic was established in 2012 and received initial accreditation on December 11, 2018. Our program adheres to the standards forth from the National Accreditation Program for Breast Centers, Optimal Resources for Breast Care 2024 Standards Manual.

Accreditation Site Visits are maintained every 3 years. Hillcrest Hospital's most recent NAPBC site visit was held on November 8, 2022. Hillcrest Hospital was awarded Accreditation status valid through December 10, 2025.

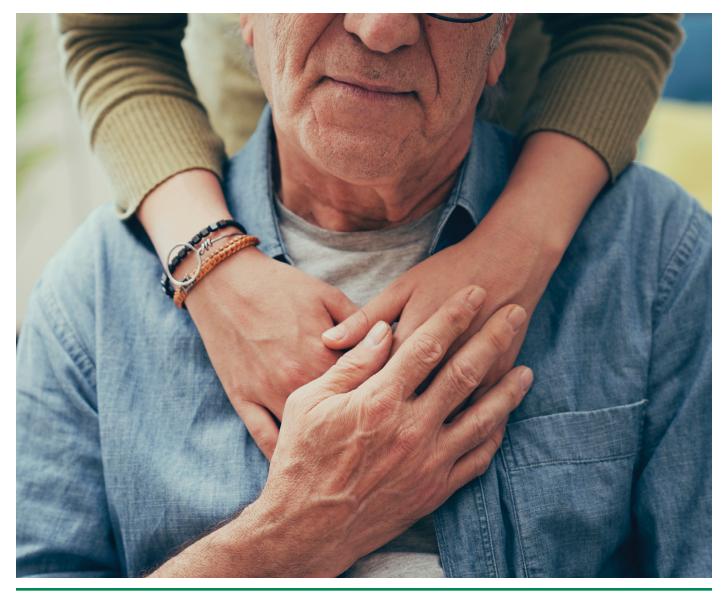
# National Accreditation Programs for Rectal Cancer



The National Accreditation Program for Rectal Cancer (NAPRC) is a quality program of the American College of Surgeons and adheres to the standard set forth in the Optimal Resources for Rectal Cancer Care 2020 Standards Manual. The National Accreditation Program for Rectal Cancer (NAPRC) was developed through collaboration between the OSTRiCh Consortium (Optimizing the Surgical Treatment of Rectal Cancer) and the Commission on Cancer (CoC), a quality program of the American College of Surgeons (ACS).

Cleveland Clinic Hillcrest Hospital Rectal Program provides multidisciplinary care from colorectal surgery, medical oncology, radiation oncology, pathology, radiology. In addition, we provide supportive services in clinical research, genetics and psychosocial supportive services.

Cleveland Clinic Hillcrest Rectal Program received initial accreditation on September 2, 2021. Accreditation Site Visits are maintained every 3 years. Hillcrest Hospital will be going through re-accreditation on July 11, 2024.



# 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



Vinit Makkar, MD Co-Director, Cleveland Clinic Cancer Center at Hillcrest Hospital Specialty interests: all cancers, head/ neck cancer, lung cancer



#### Aneel Chowdhary, MD

Specialty Interests: Solid tumor oncology, Thoracic and Gastrointestinal malignancies



Vitaliy Pishchik, MD

Staff Directory Section: Specialty Interests: Medical Oncology, Hematology Oncology



Vanessa Farrow, PA-C

Daniel Silbiger, DO



Kristi Mele, APRN, PA



Neha Mitra, MD Specialty interests: all cancers, breast cancer, genitourinary cancers



Joel Saltzman, MD



Laurie Aiken, NP



Sudish Murthy, MD, PhD Section Head, Thoracic Surgery



Willem Van Heeckeren, MD



Amanda Reinert, NP



Michael Nemunaitis, MD Specialty interests: all cancers, gastrointestinal cancers, colorectal cancer



Jessica Cutler, **CNP** Medical Oncology



Danielle Seeman, NP



#### **Radiation Oncology**



Henry Blair, MD

Co-Director, Cleveland Clinic Cancer Center at Hillcrest Hospital Specialty interests: breast cancer, prostate cancer,

lung cancer, brain cancer, bladder cancer, gastrointestinal cancer



#### Betty Obi, MD Specialty interests: breast cancer, head/neck cancer,

head/neck cancer, bladder cancer, gastrointestinal cancers, gynecologic cancers, lung cancer, lymphoma



#### Michael Weller, MD Specialty interests:

breast, lung, prostate and gastrointestinal cancers, quality of life

#### Palliative Care



Kimberlee Fong, DO



Kathryn

Laura

**Richards**, MD

**Shoemaker, DO** Specialty interests:

internal medicine,

palliative medicine

**J** Brandon

Walters, MD





#### Genetic Counseling



Kamille Clever MS, CGC

# **Breast Center**

#### **Breast Surgery**



#### Julie Lang MD Specialty interests:

General Surgery, Cancer Biology

#### **General Surgery**



James Malgieri, MD Specialty interests: breast, breast and endocrine, breast cancer, breast diagnostics, breast diseases, breast surgery, breast surgical oncology

#### William O'Brien, MD Specialty interests: breast, breast and endocrine, breast cancer, breast diagnostics, breast diseases, breast

#### Medical Breast





surgery

#### Shazia Goraya, MD

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

#### **Plastic Surgery**



Bryan



Michelow, MD

Graham



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



**Thoracic Surgery** 

Andrew

Sudish

Murthy, MD, PhD



Monisha Sudarshan, MD

Raymond, MD

Daniel

**Psychology** 



Kathleen Ashton, PhD, ABPP Specialty interests: psychosocial aspects of breast cancer, survivorship, and hereditary risk for breast cancer.



Feczko, MD





Siva Raja, MD, PhD

# 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,

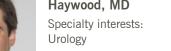
and robotic assisted surgery for prostate cancer, urinary reconstructive techniques, urologic oncology



Samuel Haywood, MD



Zeyad Schwen, MD Specialty interests: Urology



### Women's Health Institute

#### Gynecological Oncology



Lindsey Beffa, MD



#### Chad Michener, MD

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

Kelly Aldredge, CNP



Natalia Estrada, CNP



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





Jacqueline Stewart, CNP

# 2023 Cancer Committee Comprehensive Community Cancer Program

**Ryan Berglund, MD** Genitourinary Surgical Oncology

Henry Blair, MD Chair, Cancer Committee Radiation Oncology

Aneel Chowdhary, MD Medical Oncology

Nancy Fong, MD Pathology

Thomas Garofalo, MD Colorectal Surgery NAPRC Director

Leonard Kahn, MD Radiology

Julie Lang, MD Breast Surgery

Vinit Makkar, MD Medical Oncology Chad Michener, MD Gynecologic Oncology

Betty Obi, MD Radiation Oncology Cancer

William O'Brien, MD

Breast Surgery Liaison Physician Kathryn Richards, MD

Palliative Medicine Daniel Silbiger, DO Medical Oncology

NAPBC Director

Radiation Oncology Cancer Liaison Physician

Cory Caranci, RN, MSN Outpatient Oncology Manager

Kamile Clever, GC Genetics Natalie Crtalic, RD Nutrition

**Jennifer Hunter, RN** Outpatient Oncology Asst Nurse Manager

Megan Firman, RN Research

Michael Garlisi, MBA Senior Director Oncology Services

Jennifer Hunter, RN Outpatient Oncology

Angela Kavadas Research

Ashley Lawson, RN Inpatient Oncology

Justine Leinweber, CTR Cancer Registry

Mary Beth Mack, RN Community Outreach Alisa Mahan ACS Representative

Carla Merrick, NP-C NAPRC Coordinator

Darrel Mittelstaedt, PT Rehab Services

Laurel Neitling, RN Quality Improvement

Riley Norton, LISW Social Work

Marie Shimko, RN Survivorship

Emily Rankin, RTT Radiation Oncology

Emilie Slanoc, RN Research

Jeff Stanicki Gathering Place



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