Message from the Medical Director

Marymount Hospital earned its 11th three-year accreditation from the Commission on Cancer (CoC) of the American College of Surgeons in August, 2015 with commendations as a community cancer program. Our community cancer program has been accredited since 1987. CoC accreditation provides value through improved patient outcomes across all domains of care: access and service, satisfaction and well-being, quality of care and cancer outcomes.

Hospitals that earn the CoC accreditation take a multidisciplinary approach to treating cancer as a complex group of diseases that requires consultation among surgeons, medical and radiation oncologists, diagnostic radiologists, pathologists, and other cancer specialists. When patients receive care at Marymount Hospital, they know they will be provided with:

- Comprehensive, patient-centered care through a multidisciplinary team approach.
- Access to clinical trials and up-to-date, evidence-based treatment options.
- On-going monitoring of care and lifelong patient follow-up.
- Psycho-social support and survivorship care.
- Continuous quality improvements in patient care.
- Rapid referral and access to resources available through our partnership with Taussig Cancer Institute.

Marymount Hospital has demonstrated an important commitment to providing all patients with access to services they need from diagnosis through treatment, rehabilitation, and survivorship care. Marymount Hospital maintains a Cancer Registry and contributes data to the National Cancer Data Base (NCDB), a joint program of the CoC and American Cancer Society. This nationwide oncology outcomes database is the largest clinical disease registry in the world. Data on all types of cancer are tracked and analyzed through the NCDB and used to explore trends in cancer care. Simply put, all these activities strengthen the ability of our cancer treatment and support team to have a profound effect on cancer patients and their families.

Cancer is a very complex disease requiring multidisciplinary care. Our affiliation with the Commission on Cancer continually helps us improve and grow our already extraordinary cancer program, assuring we provide all of the necessary clinical and psychosocial support our patients require. I am very proud of our team. Each day our dedicated, talented group of cancer experts and support staff focus on making sure our patients receive the most appropriate, comprehensive care with the goal of improving outcomes and saving lives.

Bachar Dergham, MD
Chairperson, Cancer Committee 2015
Physician Focus: Surgical Approach to Cancer Treatment

Surgical management remains the forefront of cancer treatment. In his clinical work, Christian Massier, MD, approaches the surgical treatment of cancer with these imperatives: provide personalized therapy that improves outcomes and preserve quality of life using an interdisciplinary approach.

Dr. Massier organizes his clinical practice to deliver the following characteristics of care to his patients:

- Timeliness from biopsy to definitive treatment
- Appropriate selection of diagnostic procedures to gather best information to guide the optimal surgical approach.
- Thoughtful discussion with patient and their families to allow for informed decision making
- Up front consideration and involvement of other members of the cancer care team

Dr. Massier believes symptom management and supportive care are as important to the surgical and medical approaches we provide. He states: “For all patients, it is imperative that they are connected to the right specialist at the right time so we can successfully manage this multi-faceted disease. I am fortunate to have access to a great team at Marymount Hospital and vast resources within the Cleveland Clinic system.”

A recent patient writes: “He was great, the whole team ensured I was educated on the whole process and he was very helpful in determining and discussing the best options for the situation.”
Multidisciplinary Cancer Conferences

Cancer conferences review and discuss treatment options available for specific malignant processes. The conferences are multidisciplinary and include physicians from Medical Oncology, Radiation Oncology, Surgery, Radiology and Pathology. The specialists review diagnostic information and share ideas, discuss management, and review national treatment guidelines and the latest research findings, in order to create the best treatment plan or management plan for individual patients.

In 2015, under the direction of Dr. B. Dergham, Marymount Hospital cancer program had 31 cancer conferences. All of the 129 case presentations were prospectively reviewed. Cases presented at cancer conferences represent at least 38 percent of the annual analytic cases (n=334) accessioned into the Cancer Registry database and include cases from the five major sites seen at Marymount Hospital.

2015 Cancer Conference Case Mix Summary

<table>
<thead>
<tr>
<th>TOP FIVE SITES</th>
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<tbody>
<tr>
<td><strong>Site</strong></td>
</tr>
<tr>
<td>Breast</td>
</tr>
<tr>
<td>Colon</td>
</tr>
<tr>
<td>Lung</td>
</tr>
<tr>
<td>Bladder</td>
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<tr>
<td>Lymphoma</td>
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2015 Cancer Conference Attendance by Specialty

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<tr>
<th><strong>Specialty</strong></th>
<th><strong>Attendance Rate(%)</strong></th>
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<tbody>
<tr>
<td>Surgery</td>
<td>93.5</td>
</tr>
<tr>
<td>Radiation Therapy</td>
<td>100</td>
</tr>
<tr>
<td>Medical Oncology</td>
<td>100</td>
</tr>
<tr>
<td>Radiology</td>
<td>100</td>
</tr>
<tr>
<td>Pathology</td>
<td>100</td>
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The conferences are certified as continuing medical education for physicians and nurses. Multidisciplinary cancer conferences meet weekly on Wednesdays. Physicians are encouraged to contact the Cancer Registry at: 216.476.7305 to schedule case reviews.
Clinical Trial Accruals

Cancer clinical trials advance evidence based medicine. Clinical trials are available in collaboration with Cleveland Clinic and the Case Comprehensive Cancer Center at Case Western Reserve University.

Patients diagnosed at Marymount are screened to determine eligibility in clinical trials. In 2015, our oncology physicians enrolled 3.5 % of patients diagnosed with cancer at Marymount Hospital to a treatment, prevention, screening, or genetics clinical trial.

In 2016, the Commission on Cancer will require a minimum of 4% of patients be enrolled in clinical trials. Marymount Hospital cancer program continues to meet this requirement; demonstrating our steadfast commitment to advance the science of cancer care.

Byron Coffman, M.D.
Bachar Dergham, MD

Study assistants:
Patty Jurecko, CTR
RoSemary B. Field, MS, RN, AOCNS

Adherence to national treatment guidelines is integral to quality and outcomes evaluation of cancer treatment. Each year, physician members of our cancer committee complete a study to determine whether patients within the program are evaluated and treated according to evidence based treatment guidelines. In 2015, we retrospectively reviewed clinical care provided to 51 primary lung cancer patients diagnosed at Marymount Hospital in 2014 and between January 1-August 12, 2015. The review determined the degree to which evaluation and treatment of lung cancer conformed to evidence-based national treatment guidelines using AJCC stage and appropriate prognostic indicators. National Comprehensive Cancer Network (NCCN) Guidelines for Lung cancer [2014] was used for this review.

Method. Data from the Marymount Hospital cancer registry was reviewed to determine whether patients within the program are evaluated and treated according to NCCN guidelines.

Findings: All lung cancer cases diagnosed in the time period reviewed received appropriate evaluation and treatment that conformed to evidence based national treatment guidelines. Prognostic indicators were factored in treatment plans and were considered in the determination of the appropriateness of treatment.
2015 Cancer Program Community Events

As a dedicated steward of community health, Marymount Hospital is committed to helping individuals through educational programs, support services and partnerships with community-based organizations. Our community outreach program provides workshops, lectures, seminars and screenings. This year we worked with school districts to teach students about nutrition, exercise and the dangers of tobacco.

2015 Health Promotion and Risk Reduction Community Outreach Activities

Five programs provided information about health promotion and cancer risk reduction. These programs were also used to promote and register participants to the August 29, 2015 prostate cancer screening.

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<tr>
<th>Event</th>
<th>Date</th>
<th>Results</th>
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| Maple Heights Senior Center                | 8/5/2015 or 8/19/2015 | 10:30 – 11:30 a.m.  
Status: 40 participants |
| Garfield Heights Safety Summer Fest        | 8/23/2015        | 2 – 3 p.m.  
Status: 200 participants |
| For Men’s Only Event: Day of Education     | 8/29/2015        | Status: 228 registrants;  
112 men attended the prostate cancer education session  
25 of the 112 lived in MMH top 5 in-patient population zip codes [44125, 44105, 44137, 44146, 44128] |
Trinity High School: 30  
Eagle Academy: 40  
Strongsville High School: 150 |

Our new community education program, Teen Cancer 101 Course, was designed to inform teens about life style choices to decrease their risk for Breast, Testicular, Skin and Lung Cancer. The physical and social changes experienced by teens provide a good opportunity to proactively address certain exposures and behaviors that can reduce their risk of getting cancer in the future.
2015 Screening Program: Prostate Cancer

Prostate cancer screening was held August 29, 2015. The screening procedure consisted of: Digital rectal exam (DRE), Prostate Specific Antigen (PSA) blood test and education. Participants with positive findings, were referred Taussig Cancer Center’s Patient Navigation Program for follow-up. The Patient Navigators connected with the participants to make sure they had scheduled of follow-up exams and evaluated barriers to accessing on-going care. Steps to remove identified barriers were taken, when needed.

133 men were screened. 19 of the men screened needed follow-up due to suspicious findings.
Cancer Cases Diagnosed and/or Treated at Marymount Hospital, 2015

- 36% Thyroid Cancer
- 12% Lung Cancer
- 14% Breast Cancer
- 8% Prostate Cancer
- 8% Bladder Cancer

- 5% Lymphomas
- 2% Oral Cavity
- 1% Digestive System
- 1% Respiratory System
- 1% Blood & Bone Marrow
- 1% Skin
- 1% Breast
- 1% Male Genital
- 1% Urinary System
- 1% Brain & CNS
- 1% Endocrine
- 1% Lymphatic System
- 1% Other/Ill-defined

10% Digestive system includes colon (n=10) and rectal (n=3)
2015 Cancer Program Committee

Bachar Dergham, MD
Co-Chair, Cancer Committee
Cancer Conference Coordinator
Hematology/Medical Oncology

Laura Rabinowitz, MD
Co-chair, Cancer Committee
Pathology

Anne Sierk, MD
Pathology

Shukri Elkhairi, MD
Surgery

Lenea Keller, MD
Radiation Oncology

Byron Coffman, MD
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Hematology/Medical Oncology

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Hematology/Medical Oncology

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Pharmacy

Julie D'Annunzio, RD, LD
Food and Nutrition Services

Joseph Rinderknecht
Pastoral Care Services

Tiffany Williams
American Cancer Society