



# 2017 ONCOLOGY ANNUAL REPORT

St. John Medical Center

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Oklahoma Cancer Specialists  
and Research Institute

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## ST. JOHN MISSION, VISION AND VALUES

### Mission

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all people, with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care that sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and words.

### Vision

We envision a strong and vibrant Catholic health ministry in the U.S., which will lead to the transformation of healthcare. We will ensure service that is committed to health and well-being for our communities and that responds to the needs of individuals throughout the life cycle. We will expand the role of the laity, in both leadership and sponsorship, to ensure a Catholic health ministry of the future.

### Values

We are called to:

- Service of the poor: Generosity of spirit, especially for those most in need
- Reverence: Respect and compassion for the dignity and diversity of life
- Integrity: Inspiration of trust through personal leadership
- Wisdom: Integration of excellence and stewardship
- Creativity: Courageous innovation
- Dedication: Affirmation of the hope and joy of our ministry

## REPORT FROM THE CHIEF MEDICAL OFFICER

The oncology programs of St. John Medical Center continue to grow both in volume and services. Medical, surgical and radiation oncology services continue to grow with the help of our clinical partners, Oklahoma Cancer Specialists and Research Institute (OCSRI). Our volumes for gynecologic oncology, hematologic malignancies and central nervous system tumors have increased significantly. Furthermore, the addition of an oncology-dedicated hospitalist team has worked to enhance communication, quality and continuity of care for the patients we serve. We anticipate continued expansion in the areas of head and neck malignancies, genetic counseling and the diagnosis and treatment of lung cancer.

Our status as Oklahoma's only certified member of MD Anderson Cancer Network<sup>®</sup>, a program of MD Anderson Cancer Center, is now entering into its fifth year. Through these affiliations, we are able to provide local access to nationally ranked cancer-fighting services. These collaborative relationships are a true benefit to our patients, our caregivers and the community.

Over the past year, St. John Medical Center received notice of reaccreditation as a Comprehensive Community Cancer Center from the American College of Surgeons Commission on Cancer. In addition to this noteworthy achievement, OCSRI recently achieved a 3-year reaccreditation from the Quality Oncology Practice Initiative (QOPI<sup>®</sup>), an affiliate of the American Society of Clinical Oncology. The QOPI Certification Program (QCP<sup>™</sup>) certifies oncology practices that meet nationally recognized standards for cancer care. These certifications affirm our commitment to providing patients with high-quality cancer care. Our intention is to continue these initiatives, while continuing to improve and expand access to the communities we serve.

*John Forrest, MD, FACS  
Chief Medical Officer  
St. John Medical Center*



**John Forrest, MD, FACS**

## REPORT FROM THE CANCER COMMITTEE CHAIRMAN

The Cancer Committee is a multidisciplinary committee composed of physicians, nurses, department leaders and administrative staff from both St. John Medical Center and Oklahoma Cancer Specialists and Research Institute. The cancer committee is responsible for goal setting, planning, initiating, implementing, evaluating and improving all cancer-related activities in the program.

In 2017, the cancer committee, with the help of Charles Strnad, MD, initiated an acute hematologic malignancy program at St. John Medical Center to expand scope of service to care for this patient population. The committee's quality improvement initiatives focused on cancer staging and decreasing the timeframe from suspicious mammogram to completing a biopsy. By addressing communication delays between referring providers and St. John Radiology, the timeframe from mammogram to biopsy was significantly decreased.



Melinda Dunlap, MD

The annual cancer symposium, “Controversies in Prevention, Screening and Treatment of Cervical Cancer and Breast Cancer,” was a success with 137 attendees — the highest attendance since inception. The program engaged in other educational activities throughout the year including grand rounds on immunotherapy and nonsmall cell lung cancer as well as other events held in partnership with the American Cancer Society.

The committee's work in 2017 also focused on needs within the community. The needs that were addressed were access and awareness. Nutritional and transportation needs were the primary focus of the committee and were addressed by the expansion of nutrition services at OCSRI, weekly nutrition classes and the availability of telenutrition services available to the program's satellite facilities in McAlester and Bartlesville. The committee addressed transportation needs by partnering with various transportation services in the community and improving communication to patients about these resources. Monthly “Talk with the Doc” series were held to improve awareness and help patients better understand their disease and how it is managed.

The cancer committee takes a multidisciplinary approach, viewing cancer as a complex group of diseases that requires consultation among surgeons, medical and radiation oncologists, diagnostic radiologists, pathologists, and other allied health professionals. When cancer patients choose to seek care at St. John Medical Center and Oklahoma Cancer Specialists and Research Institute, they are gaining access to comprehensive, state-of-the-art cancer care close to home. This multidisciplinary partnership results in improved patient care.

*Melinda Dunlap, MD*  
*Board Certified Medical Oncologist*  
*Chair, Cancer Committee*  
*Oklahoma Cancer Specialists and Research Institute*



Daron Street, MD, FACOG

## CANCER COMMITTEE

The St. John Cancer Committee is composed of representatives from a variety of medical disciplines and support services involved with the care of cancer patients. The committee met four times in 2017 under the leadership of the chairman, Melinda Dunlap, MD, medical oncologist at Oklahoma Cancer Specialists and Research Institute.

The committee is concerned with the entire spectrum of care for cancer patients seen at St. John Medical Center. Committee responsibilities include:

- Developing and evaluating annual goals and objectives for the clinical, educational and programmatic activities related to cancer.
- Promoting a coordinated, multidisciplinary approach to patient management.
- Ensuring educational and consultative cancer conferences that cover all major sites and related issues.
- Ensuring an active supportive care system is in place for patients, families and staff.
- Monitoring quality management and improvement through completion of quality management studies that focus on access to care and outcomes.
- Promoting clinical research.
- Supervising the Cancer Registry and ensuring accurate and timely abstracting, staging and follow-up reporting.
- Performing quality control of registry data.
- Encouraging data usage and regular reporting by planning and conducting a minimum of two patient care evaluation studies annually, one to include survival and comparison data, if available.
- Ensuring content of the annual report meets requirements.
- Upholding medical ethical standards.

## Committee Members

Melinda Dunlap, MD . . . . .	<i>Cancer Committee Chairman</i>
Jason Ervin, MBA / Kathy Smarinsky VP Oncology . . . . .	<i>Oncology Administration</i>
Ruth Dunn, RN, BSN, OCN / Amy Arnold, RN . . . . .	<i>Oncology Nurse</i>
Kanwaljit Aulakh, MD / Adam Hoffhines, MD . . . . .	<i>Pathologist</i>
Kanwaljit Aulakh, MD / Guido Sclabas, MD . . . . .	<i>Cancer Liaison Physician</i>
Jan Byerly, RN / Melissa Powell, RN . . . . .	<i>Clinical Research Coordinator</i>
Kelly Berry, PT . . . . .	<i>Rehabilitation Services Manager</i>
John Hendrix, MD / Terri Ratz, APRN . . . . .	<i>Palliative Care Representative</i>
Jodi Hudson . . . . .	<i>American Cancer Society Representative</i>
Jason Davis, MSW / Sammye Valenzuela . . . . .	<i>Psychosocial Services Coordinator</i>
Peggy Marr, CTR / Mark Cissna, CTR . . . . .	<i>Cancer Registry Quality Coordinator</i>
Cordell Privat, MD / James Rittimann, MD . . . . .	<i>Diagnostic Radiologist</i>
JoAnn Rushenberg, RN / Anne Moser, RN, MPH . . . . .	<i>Quality and Performance Improvement Coordinator</i>
Grace Ballew, RD . . . . .	<i>Registered Dietitian</i>
Daron Street, MD / Cole Davis, MD . . . . .	<i>Surgeon</i>
Melinda Dunlap, MD / Charles Strnad, MD . . . . .	<i>Medical Oncologist</i>
Matt Taliaferro . . . . .	<i>Oncology Pharmacist</i>
Ron Tremblay . . . . .	<i>Pastoral Care Representative</i>
Kimberly Will . . . . .	<i>Community Outreach Coordinator</i>
Frederick Willison, MD / Alex Mirakian, MD . . . . .	<i>Cancer Conference Coordinator / Radiation Oncologist</i>

## CANCER REGISTRY

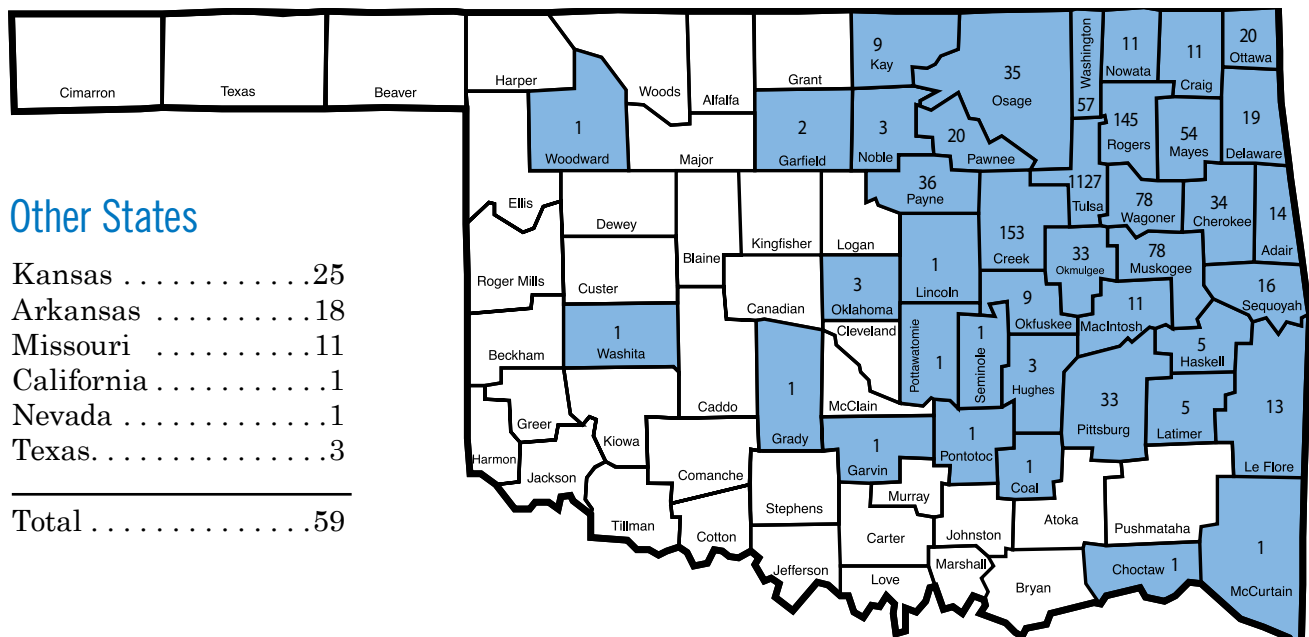
The St. John Cancer Registry maintains a complete database of all cancer cases diagnosed and/or treated throughout St. John Health System (SJHS). More than 31,644 cases have been accessioned since the registry’s reference date of 2000. In addition, 15,774 nonanalytic cases have been registered. Three full-time cancer registrars, three contract cancer registrars and one follow-up secretary are responsible for collecting and maintaining complete and accurate data, including annual follow-up information for all cancer patients diagnosed and/or treated at St. John.

During 2016, the cancer registrars:

- Abstracted 2,101 cases into the database.
- Abstracted the required 90 percent within a six-month time frame.
- Registered 1,217 nonreportable cases.
- Prepared for the weekly Cancer Conference presentations.
- Prepared for the Cancer Committee.
- Prepared the annual report.
- Responded to 18 requests for studies or information from various departments, physicians and administrators.

### Analytic Cases by County

There were 2,101 analytic cases diagnosed or treated at St. John Medical Center (SJMC) in 2016. Of the cases diagnosed or treated at St. John Medical Center, 2,042 were from Oklahoma, and 59 were from other states. The case totals for Oklahoma counties are shown below:





## PRIMARY SITE GROUP

### 2016 Analytic Case Site Group

Body Site	Count (N)	Percent (%)
Breast	426	20.29%
Lung & Bronchus	315	15.00%
Kidney & Renal Pelvis	144	6.86%
Corpus Uteri	129	6.14%
Melanoma Skin	108	5.14%
Prostate	83	3.95%
Urinary Bladder	73	3.48%
Cranial Nerves & Other Nervous System	67	3.19%
Ovary	56	2.67%
Thyroid	55	2.62%
Brain	49	2.33%
Miscellaneous	48	2.29%
NHL Nodal	47	2.24%
Rectum	45	2.14%
Pancreas	27	1.29%
NHL Extranodal	26	1.24%
Cecum	24	1.14%
Ascending Colon	24	1.14%
Liver	22	1.05%
Vulva	22	1.05%
Sigmoid Colon	21	1.00%
Stomach	20	0.95%
Other Endocrine including Thymus	19	0.90%
Myeloma	18	0.86%
Esophagus	16	0.76%
Cervix Uteri	16	0.76%
Rectosigmoid Junction	15	0.71%
Small Intestine	14	0.67%
Acute Myeloid Leukemia	12	0.57%
Soft Tissue (including Heart)	10	0.48%
Anus, Anal Canal & Anorectum	9	0.43%
Hepatic Flexure	8	0.38%
Transverse Colon	8	0.38%
Other Biliary	8	0.38%
Descending Colon	7	0.33%
Other Female Genital Organs	7	0.33%

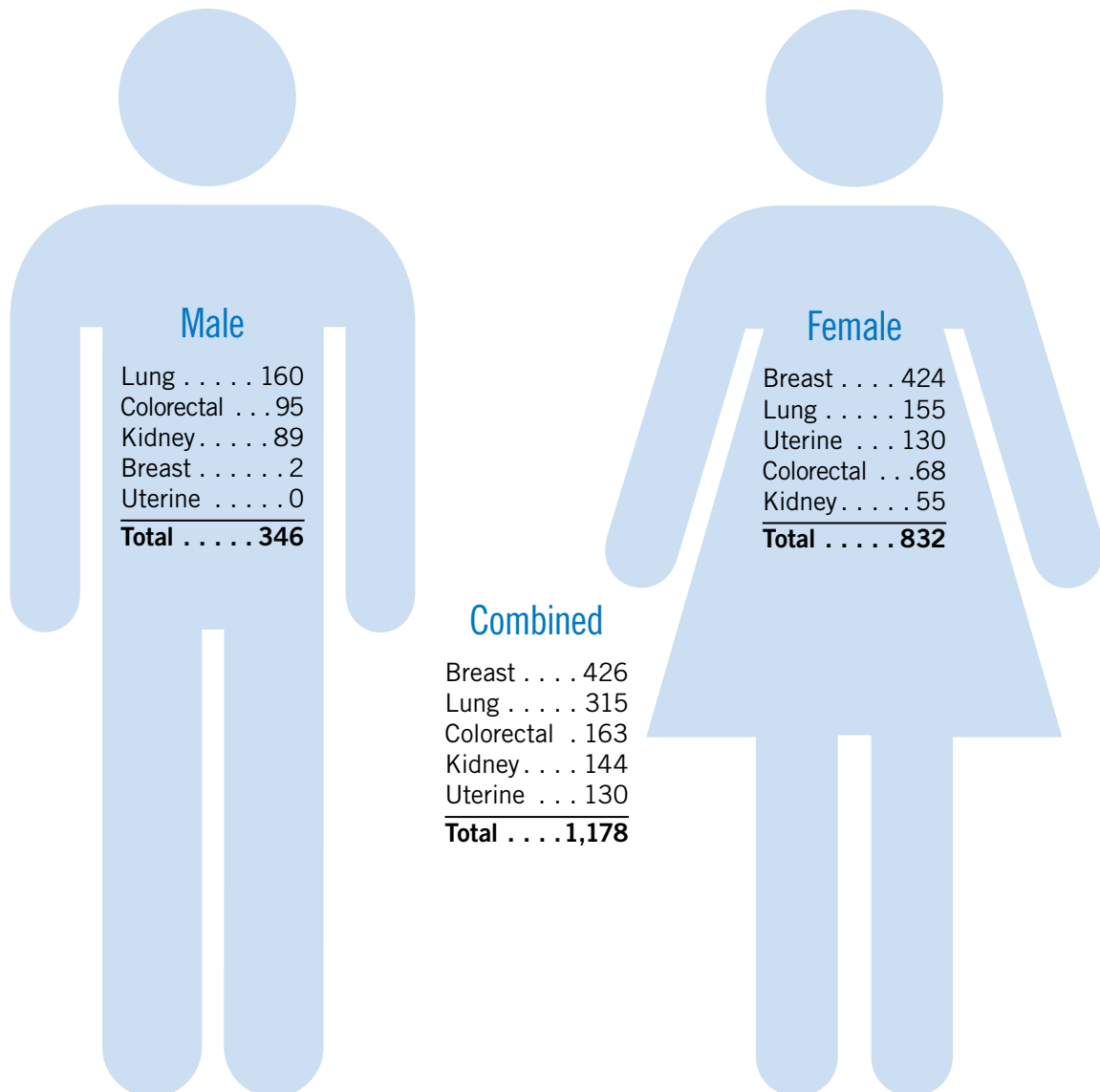
Body Site	Count (N)	Percent (%)
Larynx	6	0.29%
Testis	6	0.29%
Hodgkin Nodal	6	0.29%
Splenic Flexure	5	0.24%
Large Intestine, NOS	5	0.24%
Intrahepatic Bile Duct	5	0.24%
Gallbladder	5	0.24%
Other Digestive Organs	5	0.24%
Chronic Lymphocytic Leukemia	5	0.24%
Tongue	4	0.19%
Salivary Glands	4	0.19%
Vagina	4	0.19%
Tonsil	3	0.14%
Oropharynx	3	0.14%
Hypopharynx	3	0.14%
Other Non Epithelial Skin	3	0.14%
Ureter	3	0.14%
Chronic Myeloid Leukemia	3	0.14%
Mesothelioma	3	0.14%
Lip	2	0.10%
Nasopharynx	2	0.10%
Peritoneum, Omentum & Mesentery	2	0.10%
Trachea, Mediastinum & Other Respiratory Organs	2	0.10%
Other Urinary Organs	2	0.10%
Acute Lymphocytic Leukemia	2	0.10%
Other Buccal Cavity & Pharynx	1	0.05%
Appendix	1	0.05%
Retroperitoneum	1	0.05%
Nose, Nasal Cavity & Middle Ear	1	0.05%
Uterus, NOS	1	0.05%
Penis	1	0.05%
Other Lymphocytic Leukemia	1	0.05%
Acute Monocytic Leukemia	1	0.05%
Other Myeloid/Monocytic Leukemia	1	0.05%
Kaposi Sarcoma	1	0.05%
Miscellaneous	48	2.29%
<b>TOTAL</b>	<b>2,101</b>	<b>100%</b>

## CANCER CENSUS REPORT

During 2016, St. John Medical Center was busy with the growth of the oncology program seeing a wide variety of cancer diagnoses. The bulk of the cases were composed of five major types of cancer: lung, breast, colorectal, skin and kidney. Newly diagnosed in 2016 were 315 cases of lung cancer, 426 cases of breast cancer, 163 cases of colorectal cancer, 144 cases of kidney cancer and 130 uterine cases.

Newly diagnosed cancers in Oklahoma continue to increase each year. In 2016, the state reported a subtotal of 20,859 new cancer cases (not all facilities have reported their 2016 cases to the Oklahoma Central Cancer Registry at this time).

### Primary Sites for 2016





## PREVENTION AND SCREENING PROGRAMS

### Prevention Programs

Cancer prevention programs identify risk factors and use strategies to modify attitudes and behaviors to reduce the chance of developing cancer.

The prevention activity selected by the cancer committee for 2017 is HPV vaccination. The cancer committee discussed methods used to reach potential patients or family members and modalities used to educate them on the benefits of HPV vaccination as a form of cancer prevention. The committee discussed the need for St. John vaccination data to determine if prevention efforts were fruitful. Michael Gold, MD, (GYN ONC, OCSRI) wrote a letter addressed to St. John Clinic providers with supporting data from the CDC, MD Anderson and ACS that showed support for the vaccination as a form of cancer prevention. These letters and documents were shared with providers across the system to increase compliance with recommending the vaccination. St. John Clinic provided preliminary data on vaccination rates so it can be monitored for improvement. HPV vaccine education was provided at various community events. An educational poster was displayed at various community events and surveys were handed out

for feedback on the information. Survey cards with three questions were handed out at the events. The questions were:

1. I learned something about HPV that I did not previously know.
2. I would consider having my child(ren) vaccinated for HPV to help prevent cancer.
3. I would recommend the HPV vaccine to loved ones.

As a result of discussions with St John Clinic (SJC) leaders, SJC will be distributing 500 HPV flyers from MD Anderson and 200 HPV CDC flyers in an effort to increase their HPV vaccination compliance. Approximately 1,022 patients received the HPV vaccination at St. John Clinic locations in 2016. The cancer committee will continue to report on vaccination rates throughout 2018.

OCSRI began offering bi-weekly smoking cessation classes on Jan. 17, 2017.

### Screening Programs

Cancer screening programs apply screening guidelines to detect cancers at an early stage, which improves the likelihood of increased survival and decreased morbidity.

For 2017, SJMC and OCSRI focused on the Lung Cancer Screening Program. The 2017 low dose CT (LDCT) lung screening results were deemed to be a success. Total low dose CT lung screenings: OCSRI 27 total screenings (19 baseline, 8 annual follow-up). SJMC 174 total screenings (143 baseline, 31 annual follow-up).

Low dose CT lung screening is a St. John/Ascension and OCSRI strategic goal for 2018. The service line growth goal is to increase the number of patients that receive lung cancer screening across all SJHS and related entities based on FY2017 actual results by five percent in 2018.

## STUDIES OF QUALITY

The annual evaluation of cancer patient care provides a baseline to measure quality and an opportunity to correct or enhance care and quality outcomes. Quality improvement is a multidisciplinary effort and must include support and representation from all clinical, administrative and patient perspectives.

### Title: Assessment of Surgical Time for Treatment of Breast Cancer Diagnosed at the St. John Breast Center

In 2017, the Cancer Committee chose breast cancer as the basis of the study for monitoring compliance with evidence-based guidelines. Breast cancer is the most common cancer excluding skin cancer for women. Time to surgery is becoming a measure of quality to assess patient care. A recent publication in JAMA (JAMA Oncol. 2016;2(3):330-339) reviewing two databases, SEER and NCDB, has demonstrated survival is improved when surgery is performed within 30 days of diagnosis, particularly for stage I and II disease. This drive to expedite surgery is balanced by appropriate preoperative evaluation of patients. The path to surgery after diagnosis involves laboratory studies, radiographic studies, genetic testing when appropriate, possible breast MRI and at times coordination with plastic surgery for immediate breast reconstruction. This year, a consensus statement from the American Society of Breast Surgeons has recommended against routine MRI for newly diagnosed breast cancers. One of the reasons for this is the potential delay of surgery and conversion to mastectomy when lumpectomy would otherwise be performed. This is due to the higher false positive rate and need for call backs after breast MRI. There are many other reasons related to delay of surgery including coordination of surgical schedules for patients requiring reconstruction, time to obtain genetic testing when indicated, and at times other comorbidities or findings that must be evaluated prior to surgery. All of these can delay surgery and perhaps decrease survival rates.



This analysis evaluated 120 patients who were diagnosed with breast cancer by the St. John Medical Center Breast Center in 2016-2017. The date of biopsy showing disease was utilized as date of diagnosis. Date of definitive surgical treatment was then reported. Time to surgery was then calculated from the date of diagnosis to the date of the definitive surgical treatment for those having surgery as the first course of treatment. Additionally, if the patient was having neoadjuvant treatment as the first line of therapy instead of surgery this was reported. Patient charts were reviewed for date of MRI if done, possible additional tests resulting from the MRI which may delay surgery, genetic testing when ordered, plastic surgery consultation, and when delay as requested by the patient was noted. Insurance issues that caused delay to surgery were also recorded when recognized. Finally, if the patient requested or caused the delay for multiple opinions or personal reasons this was noted as well. Patients were excluded if they were unable to undergo either surgery or neoadjuvant treatment.

Our findings show information for 105 evaluable patients. Of these, 91 had surgery as the first course of treatment. Fourteen patients had neoadjuvant treatment, either chemotherapy or endocrine therapy, as the first course of treatment. For patients having surgery as the first course of therapy, the range was 12-110 days, excluding those patients who were diagnosed at the first definitive surgery. The average days to surgery from diagnosis was 37. Forty-eight percent of patients in this sample had surgery within 30 days or less from



diagnosis. The 14 patients having neoadjuvant therapy rather than surgery as the first line of therapy, usually had a more advanced disease stage or a molecular subtype (HER2 positive or triple negative disease) in order to gain benefit from chemotherapy up front. The average time to initiation of neoadjuvant treatment was 31 days.

**Study Conclusion:** The evaluation and management of breast cancer patients in the St. John Health System is concordant with evidence-based national treatment guidelines.

## ANNUAL COMMUNITY ACTIVITIES

### Celebrating the Art of Healing

Celebrating the Art of Healing is an annual collaboration with other cancer care organizations in the community to provide a day of inspiration and education to cancer survivors, caregivers and medical professionals. In 2017, the event was hosted by Cancer Treatment Centers of America Tulsa, with 131 attendees. Six workshops focusing on the continuum of care were available to attendees. An OCSRI expert led a workshop on mind/body connection. A St. John expert led a workshop on numbness and fall risk after chemotherapy.

### Relay for Life of Tulsa

St. John and Oklahoma Cancer Specialists and Research Institute (OCSRI) together sponsored the event on June 23, 2017. An OCSRI radiation oncologist spoke at the survivor dinner. St. John

and OCSRI's joint Relay for Life sponsorship and campaign raised more than \$23,500 which went towards local American Cancer Society programs for transportation assistance, support groups, headwear (wigs, scarves and hats) and more. The St. John/OCSRI team raised almost \$12,000 and was recognized as the No. 1 fundraiser in Tulsa for 2017.

### Komen Tulsa Race for the Cure

As sponsors of Komen Tulsa Race for the Cure, St. John and OCSRI provided educational materials on breast self-exams and an oncologic breast surgeon was present to answer questions. St. John and OCSRI each sponsored at the \$5,000 level, which in turn will allow many in the community to benefit from Komen's local breast health programs.

### Cancer Symposium

St. John Medical Center hosts a free cancer symposium for healthcare professionals, annually. The 2017 symposium, "Controversies in Prevention, Screening and Treatment of Cervical Cancer and Breast Cancer," had 137 attendees and featured speakers from The University of Texas MD Anderson Cancer Center, The University of Oklahoma as well as medical, radiation and surgical oncologists from OCSRI.

### Cancer Policy Forum

St. John and OCSRI sponsored and helped plan the American Cancer Society Cancer Action Network's second annual cancer policy forum for the State. Free and open to the public, the forum featured remarks from legislative and health care leaders and allowed for an open discussion on cancer prevention programs and public policy opportunities that could further advance the health of Oklahomans. The event had about 50 attendees.

### Other Sponsorships

St. John and/or OCSRI also sponsored Relay for Life events in other communities we serve (Owasso, Broken Arrow, Sapulpa and Bartlesville), Cattle Baron's Ball and Making

Strides Against Breast Cancer, all benefiting the American Cancer Society, as well as Boots & Blues benefiting Joy in the Cause, Great 100 Nurses Celebration of Oklahoma benefiting the Great 100 Nurses Foundation, Light the Night Walk benefiting the Leukemia & Lymphoma Society, Winterset benefiting the Osteopathic Founders Foundation, and more.

## Additional Services

In 2017, OCSRI increased their service offering by adding an outpatient supportive care clinic, same-day clinic, acupuncture, nutrition classes as well as other integrative therapies. Additionally, OCSRI improved its support group offering, with the addition of a Men's Support Group, Anna's Belle's Ovarian Cancer Support Group and Project 31 — Breast Cancer Support Group. Many St. John and OCSRI patients receive additional services through the American Cancer Society. The number of patients at St. John/OCSRI served during 2017 was 853; 535 patients were newly diagnosed: 39 Road to Recovery patients provided 314 rides to treatment.

Services provided included:

- Look Good Feel Better workshops – 155 participants
- Hotel Partner Program – 35 patients were provided lodging
- Personal health manager – 689 participants
- Wigs and other head coverings – 91 wigs provided



## Talk with the Doc

OCSRI held Talk with the Doc, informative sessions available for patient and caregivers to learn more about specific diseases and ask questions. Topics are chosen through past patient surveys, feedback from patient classes/activities, patient appreciation lunches, patient advisory council, support groups, etc. These sessions are promoted through the use of mailers targeting patients with the specific diagnosis that is being discussed, website postings, Facebook postings and event fliers on the OCSRI campus.

Listed below are the discussions held with the number participating:

- Clinical Trials – 9
- Multiple Myeloma – 39
- Chronic Lymphocytic Leukemia – 10
- Non-Hodgkin's Lymphoma – 20
- Acute Leukemia – 8



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