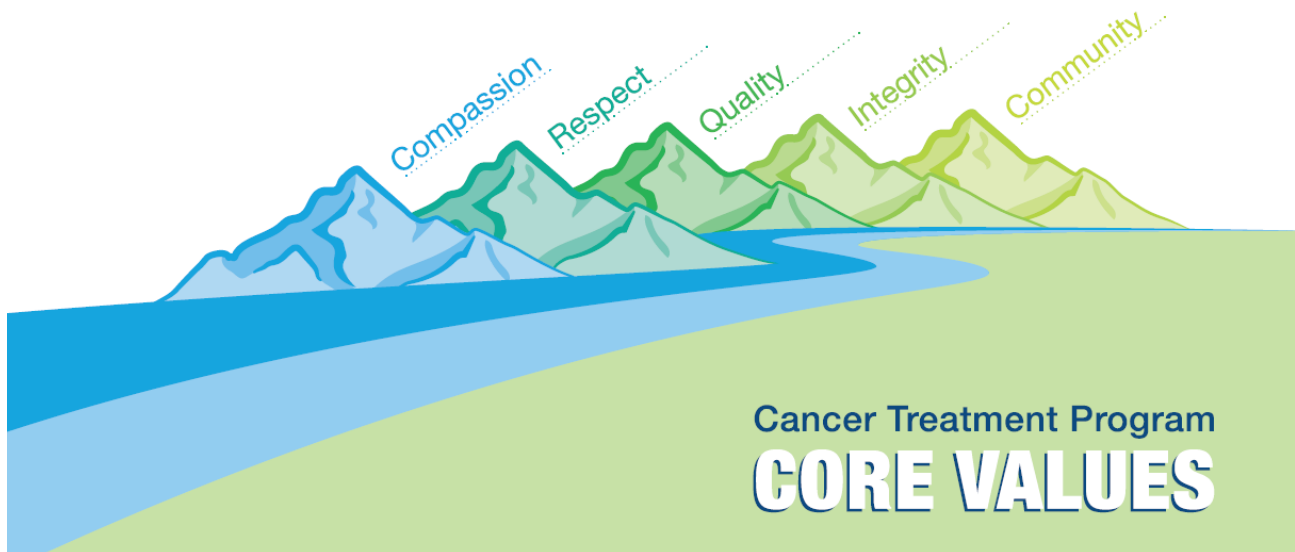




2015 Cancer Service Line | *Annual Report*



Core Values



During 2015, the Cancer Treatment Program of Confluence Health developed Core Values, representing the values held by all members of the service line, with input from Cancer Committee, Medical Oncology, Radiation Oncology, and Ancillary services of the Cancer Treatment Program. We value Community, Integrity, Quality, Respect, and Compassion in all we do.

Cancer Committee Members

Julie C. Smith, MD
Chair Cancer Committee,
Medical Director Oncology Service Line

Mary Gunkel, RN
Co-Chair Cancer Committee,
Director Oncology Service Line,
Cancer Program Administrator,
Tumor Registry Quality Coordinator

Jeanine Allen, SR
VP Specialty Care

Cici Asplund, MD
Primary Care

Susie Ball, MS, GC
Genetic Counselor

Rachelle Boyd
Tumor Registry

Megan Brown, RN
Practice Manager
Medical Oncology and Infusion

Jane Budden
Quality Improvement Coordinator

Thomas Carlson, MD
Radiation Oncology

Diane Davis
Oncology Research,
Clinical Research Coordinator

Ed DePersio, MD
Radiation Oncology

Carl Kjobech, MD
Wellness Place

Sharmen Dye, CTR
Tumor Registry,
Cancer Conference Coordinator

Keta Evans
Practice Manager Radiation Oncology,
Community Outreach Coordinator

Susan Fletcher, RD
Nutrition/Dietician

Anna Hansen, MD
Radiology, Women's Imaging

Ginny Heintz, RN
Palliative Care

Darren Hess, MD, PhD
General Surgery,
Cancer Liaison Physician

Louise Jackson, MD
General Surgery,
Cancer Liaison Physician

Jody Conner
American Cancer Society

Jennifer Jorgensen, MD
Gastroenterology

Barbara Kane, RN
Hospice

Katie Kemble, DNP
Medical Oncology,
Survivorship Program

Daniel Kerr, MD
Pathology

Jennifer Mason, RN
Inpatient Oncology

Thomas Tucker, MD
Medical Oncology

Mary Vargas, MSW
Oncology Social Work,
Psychosocial Services Coordinator

Devin Wall, RN
Oncology Nurse Navigation

Celeste Van Houten, MA-C
Breast Care Coordinator

Accreditation

The Confluence Health Cancer Program was awarded full accreditation by the American College of Surgeons Commission on Cancer with several areas of commendations in 2014. The areas of commendation were in:

- **Clinical Trial Accrual**
- **Nursing Care**
- **Public Reporting** of our outcomes

- **Adherence** to the College of American Pathologist Protocols
- **Accuracy** of our data

- **Education** of Cancer Registry Staff
- **Participation** in Rapid Quality Reporting System

Our Approach

The Cancer Program at Confluence Health offers a full range of medical services along with a multidisciplinary team approach to patient care. Our program and treatment center is affiliated with the Seattle Cancer Care Alliance, and accredited by the Commission on Cancer, which sets stringent guidelines to improve patient outcomes and promotes consultation among surgeons, medical and radiation oncologists, pathologist, and other cancer specialists.

We provide state of the art pretreatment evaluation, staging, treatment and clinical follow-up for many hundreds of patients each year.

We recognize that cancer is a complex group of disease and that each diagnosis is a life-changing event for every patient. This is why we firmly believe in setting quality goals, monitoring activity, and evaluating our services are critical components to improve patient care.

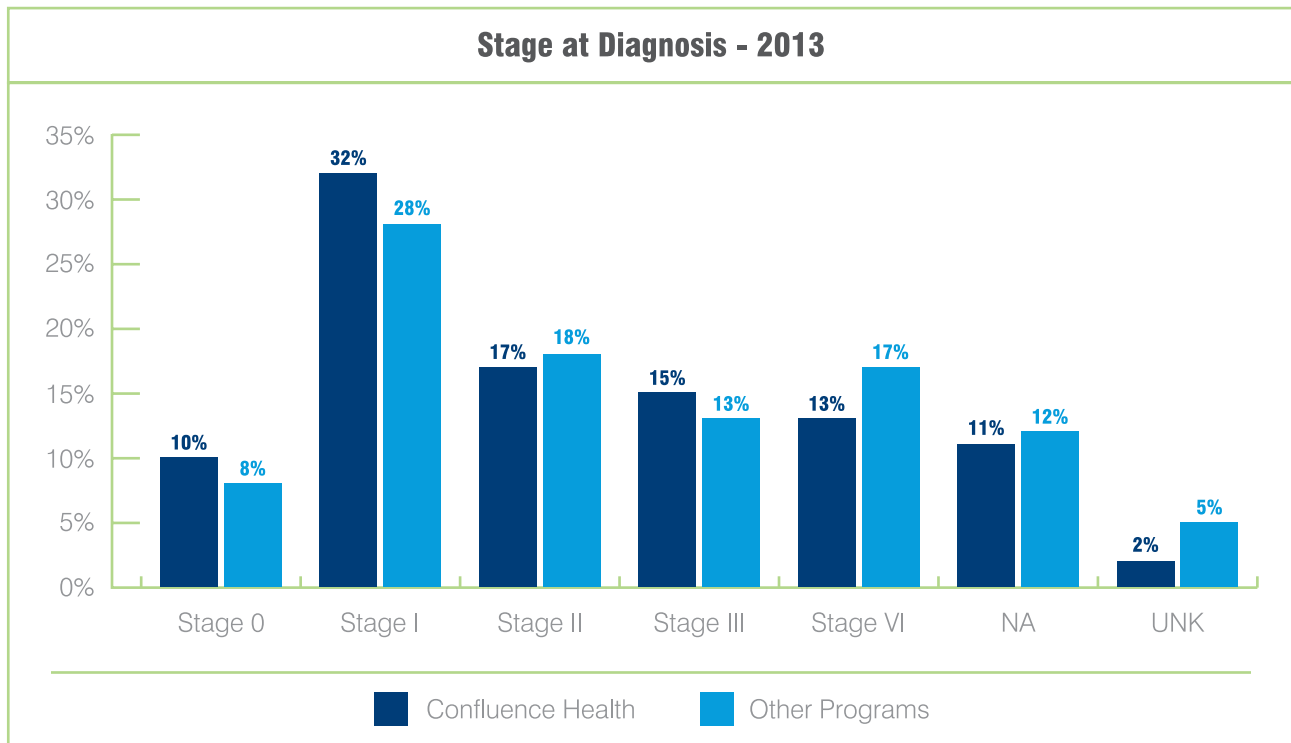
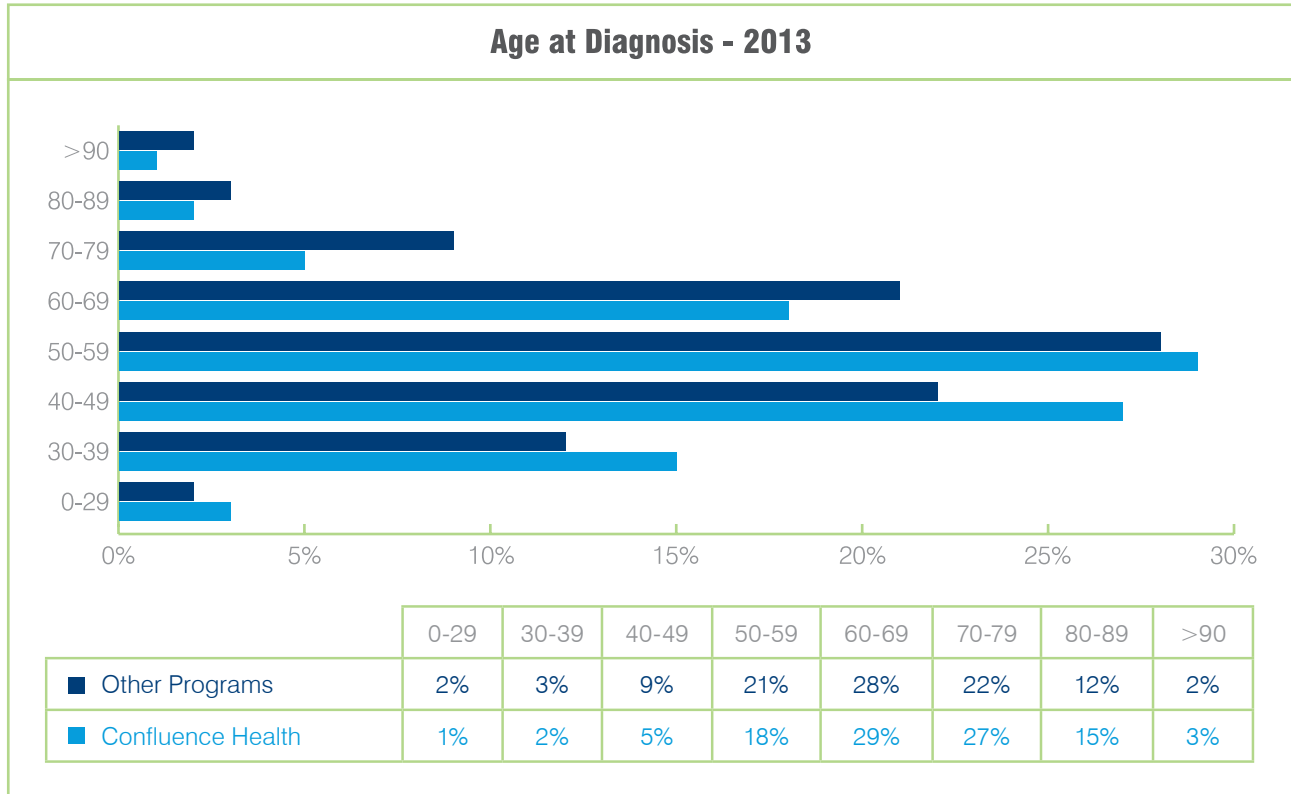
Cancer Committee 2015 Quality Dashboard

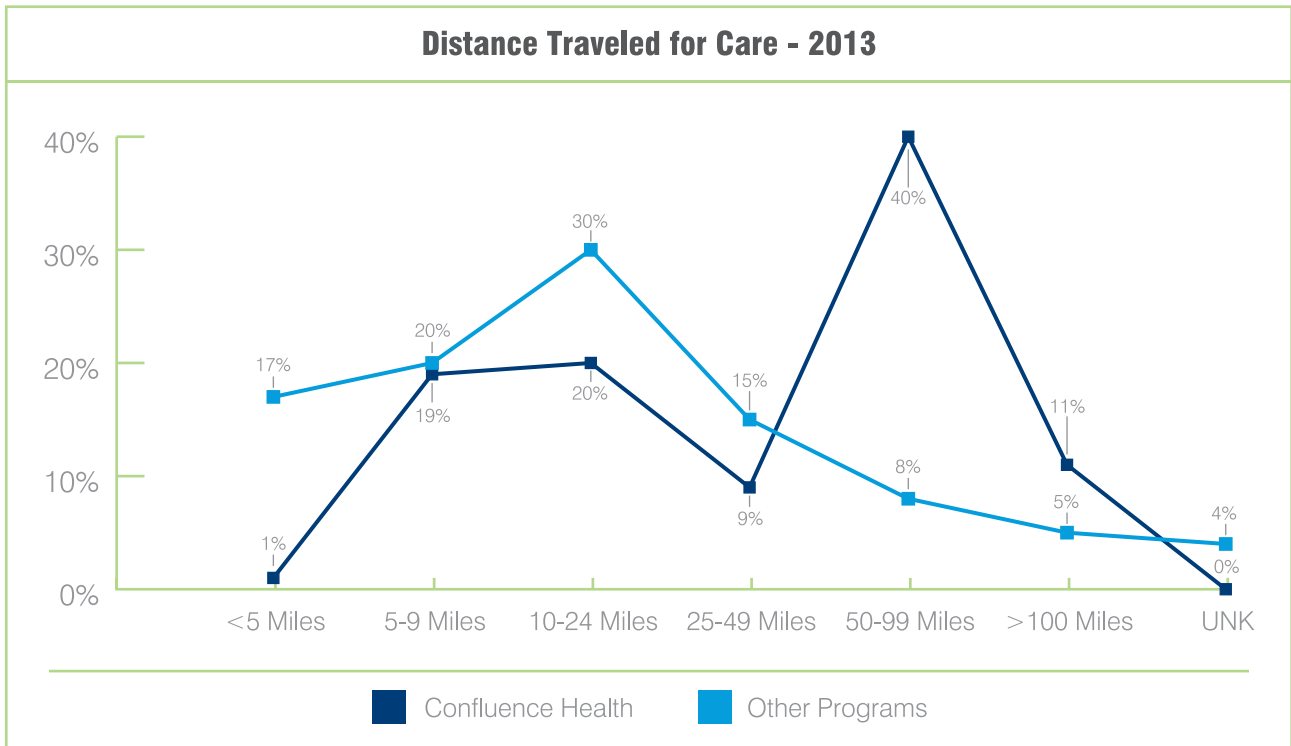
WVH&C Cancer Care Quality Measures Dashboard 2008 - 2015 Data

Surgery	ROTC	Oncology	Oncology	Oncology	
>12 Regional Ln's removed and pathologically examined for resected Colon Cancer - CWH Surgery analytical for WVMC	XRT administered within 1 year of the diagnosis for women <70 receiving breast conserving surgery for Breast Cancer	Percentage of time combination is considered or administered with 4 months of diagnosis for women <70, stage 1C - stage III Hormone Receptor Negative Breast Cancer	Percentage of time Tamoxifen or third generation AI considered or administered within 1 year of diagnosis for women with Stage 1C - Stage III hormone receptor Positive Breast Cancer	Percentage of time adjunctive chemotherapy is considered or administered within 4 months of diagnosis for patients age <80 with Stage III node positive Colon Cancer	
92%	87%	90%	97%	100%	1/22/2015
96%	96%	90%	97%	100%	7/25/2015
96%	94%	100%	97%	100%	10/25/2015

National Comparison Data

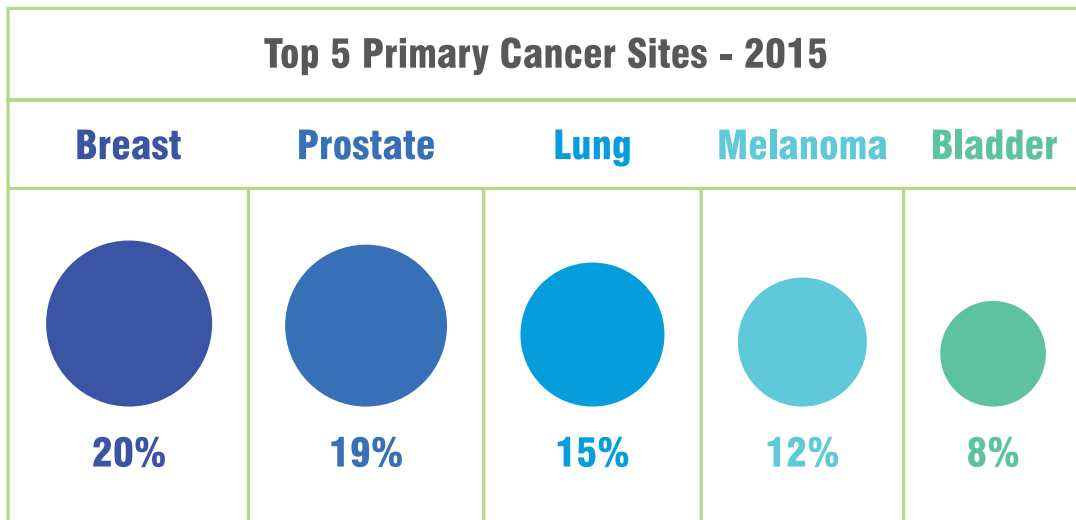
Our cancer statistics, in comparison to national data, as published by American College of Surgeons Commission on Cancer are shown here. Our Cancer program has an active tumor registry, with local data, case by case abstracting, staging, treatments, and outcomes reported to the Commission on Cancer. Shown below are comparison tables of age of cancer, stage of cancer, and distance traveled by patients to receive care in North Central Washington.





Top sites of cancer diagnosed at Confluence Health

Similar to other Comprehensive Community Cancer programs within the United States, our top five sites of cancer diagnosis include: Breast Cancer (20% of cases), Prostate Cancer (19% of cases), Lung Cancer (15% of cases), Melanoma (12% of cases), and Bladder Cancer (8% of cases). In 2015, 181 patients were diagnosed with Breast Cancer, 168 patients diagnosed with Prostate Cancer, 133 patients diagnosed with Lung Cancer, 105 patients diagnosed with Melanoma, and 68 patients diagnosed with Bladder Cancer.



Site Specific Study - Prostate Cancer

Focus on Prostate Cancer and Radiation Therapy following Prostatectomy



John Register, MD
Julie Smith, MD

Prostate Cancer is the cancer with the highest incidence of diagnosis in men, and with the second highest mortality rate both at Confluence Health, and the United States. The screening, diagnosis, and treatment of prostate cancer continues to evolve, with many more men choosing observation in early stage, low risk, asymptomatic disease. As first line therapy for localized prostate cancer, treatment options include observation, surgery (prostatectomy), radiation therapy, hormone therapy, or other localized treatments.

After surgical removal of the prostate, many men are cured. However, some will develop a recurrence. Certain high-risk pathologic features predict for increased rates of recurrence, perhaps greater than 60%, including involvement of the surgical margins, extracapsular extension (invasion through the prostatic capsule) or invasion of the seminal vesicles. Data from clinical trials and retrospective studies suggests that for these high risk patients, the addition of radiation (RT) reduces the risk of biochemical (PSA) recurrence by approximately 50%, reduces the risk of local recurrence (approximately 8% with RT vs 20% without RT) and reduces

the risk of clinical progression of prostate cancer. In patients with a detectable PSA or local recurrence after prostatectomy in whom there is no evidence of distant metastasis, RT reduces the risk of biochemical (PSA) recurrence by approximately 50% and reduces the rate of developing distant metastasis by approximately 25%.

RT can be directed at the prostate operative bed and sometimes the regional pelvic lymph nodes, in attempt to kill residual microscopic cancer cells. When RT is utilized after surgery in the absence of a detectable PSA, it is called “adjuvant RT”, whereas if the patient has a detectable PSA level it is classified as “salvage RT”.

Indications for adjuvant RT include pathologic stage pT3 disease, tumor involvement of the surgical margins, Gleason score 8–10 or tumor invasion of seminal vesicles. Adjuvant RT is typically initiated within 5 months to 12 months after surgery, ideally after operative side effects have stabilized. In GENERAL, the largest benefit for adjuvant radiation was found in patients with positive surgical margins.

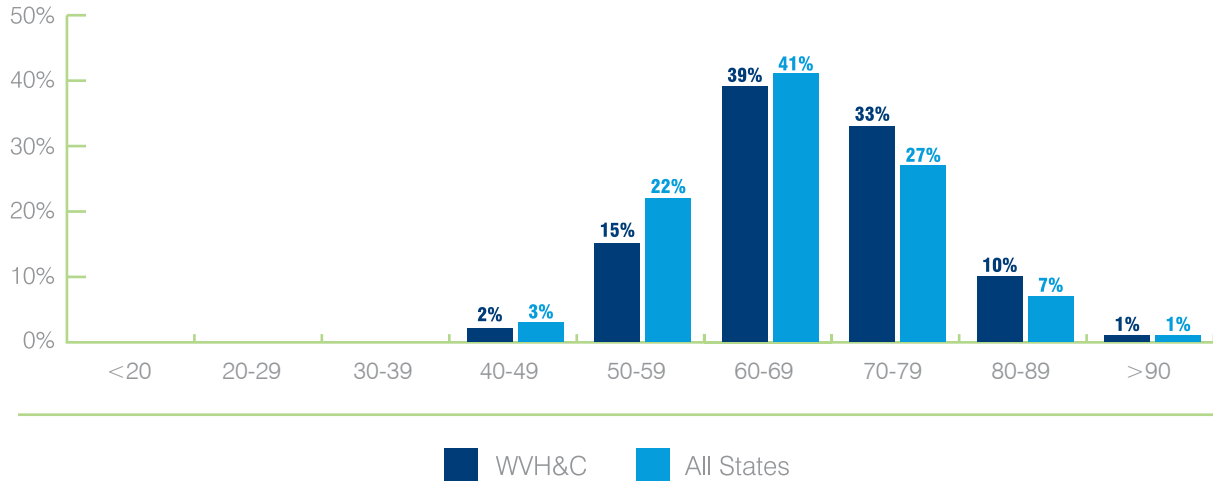
Indications for salvage RT after surgery include a PSA that becomes detectable with a

value of 0.2 ng/ml or higher that is subsequently confirmed by a second elevated PSA level. Treatment is most effective when pre-treatment PSA is < 1ng/ml and the PSA doubling time (a measure of rate of PSA elevation) is slow. In general, the effectiveness of RT for PSA recurrence is greatest when given at lower levels of PSA.

Compared to historical 3-D conformal radiation therapy techniques, treatment using modern radiotherapy technique such as intensity modulated radiation (IMRT) have reported lower rates of acute (temporary) side effects such as urinary frequency, discomfort with urination, increased frequency of bowel movements, etc. and less common late (longer lasting) occurring side effects such as urinary frequency, rectal bleeding and gastrointestinal frequency, rare urinary incontinence and erectile dysfunction for example.

At Confluence Health, the age of men with prostate cancer is similar to that of other community cancer centers in the country as shown here, with the majority of men diagnosis between the ages of 60 and 79:

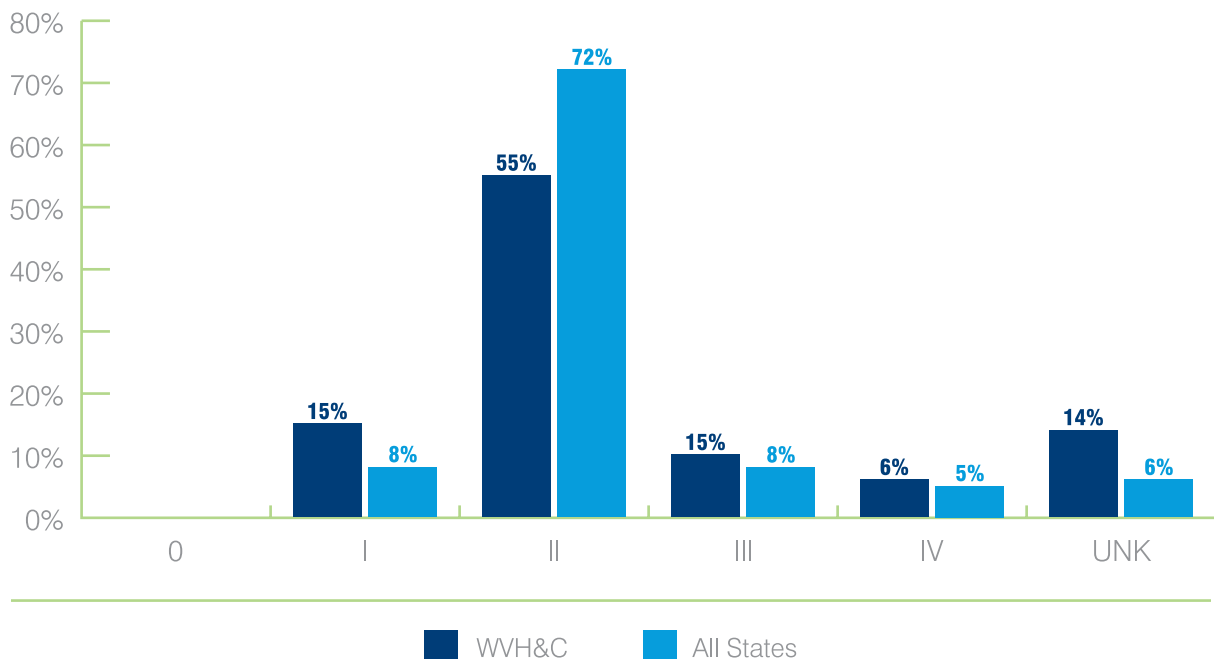
Age of Prostate Cancer Diagnosed 2003 to 2014 Wenatchee Valley Hospital & Clinics vs. Comprehensive Community Cancer Program Hospitals in All States



Graph is shown in percentages. Data source: ACoS Commission on Cancer. Data from 679 hospitals.

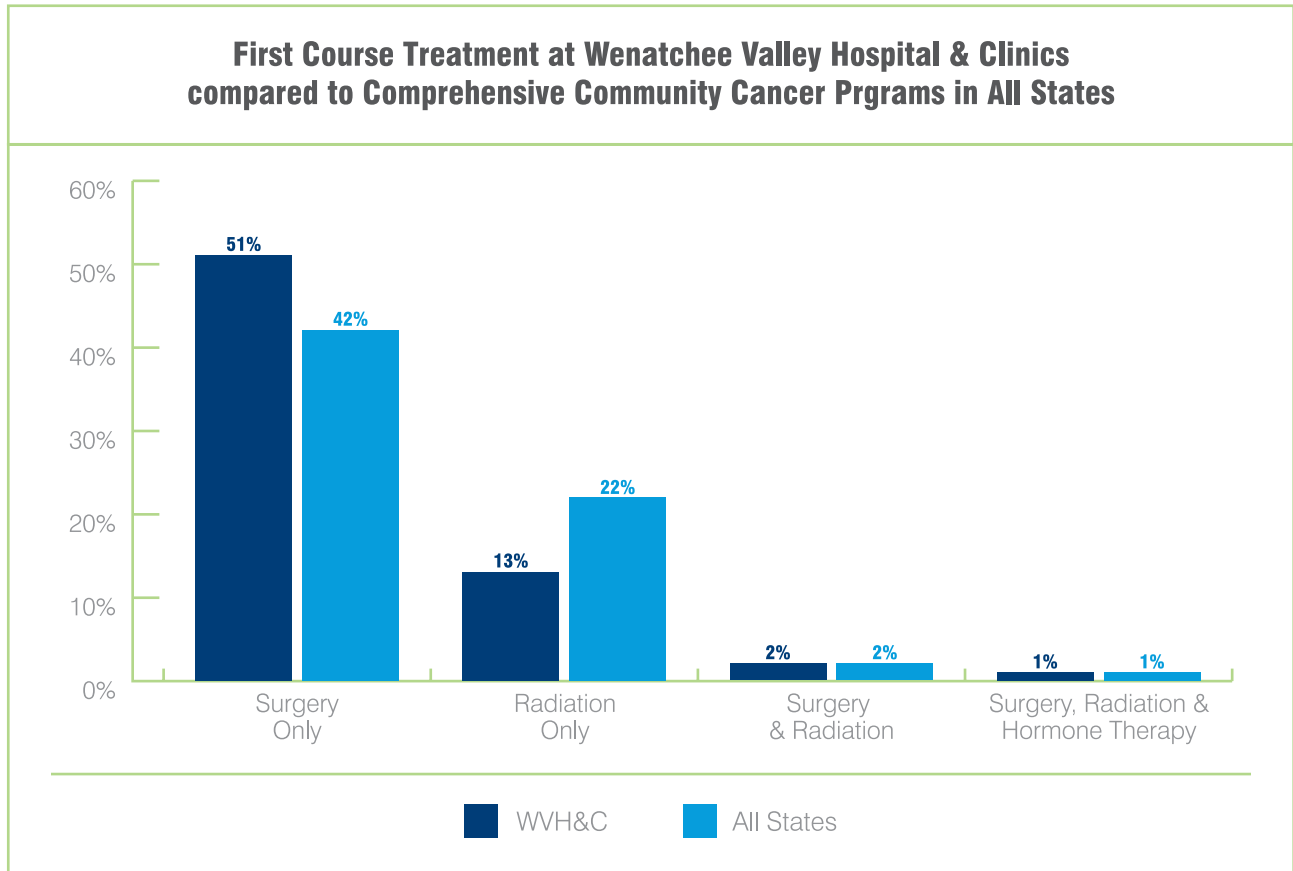
The stage at time of diagnosis of prostate cancer is similar at Confluence Health in comparison to community cancer centers as shown below, with 70% of men or greater with stage 1 or stage 2 disease at diagnosis.

Stage of Prostate Cancer Diagnosed 2003 to 2014, Wenatchee Valley Hospital & Clinics compared to Comprehensive Community Cancer Programs in All States.



Shown Above: This is shown in percentages, with data source: ACoS Commission on Cancer. Data from 679 hospitals

Where there is a slight difference for patients treated within the Confluence Health system in comparison to that of other community cancer centers in the United States is in the first course of therapy chosen, with 51% of men choosing surgery as first line therapy, versus 42% in other facilities, and 13% choosing radiation therapy as first line therapy, versus 22% of men elsewhere choosing radiation therapy as first line therapy.



Graph is shown in percentages. Data source: ACoS Commission on Cancer. Data from 679 hospitals.

We have a noticeable difference in the distance traveled for patients to receive treatment for prostate cancer, with >48% of our patients traveling an average of 50-100 miles or greater “one way” to receive therapy, versus 15% traveling 50-100 miles or greater “one way” elsewhere in the country in similar community cancer centers. We do believe that this is a factor that may influence the choice of first line of therapy for many men with prostate

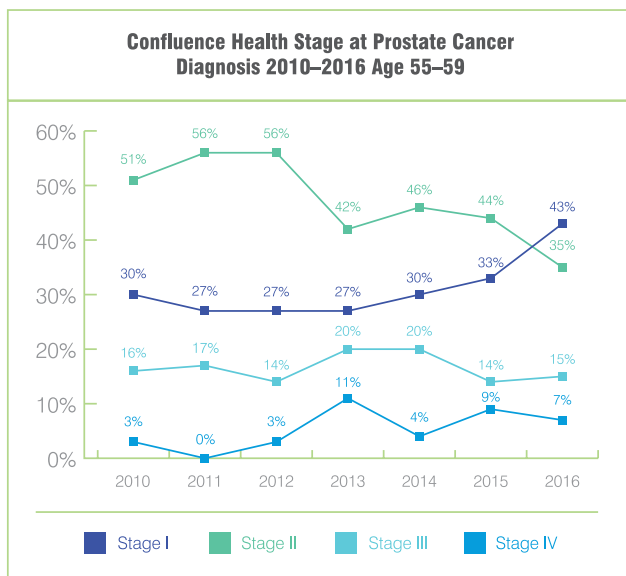
cancer. We believe that educating patients regarding their stage of factors, and not limited to the distance a patient lives from the treatment facility. cancer, and treatment options is of high importance not only at the time of diagnosis, but throughout the disease continuum. For these reasons, at the time of diagnosis of Prostate Cancer, consultation with both Urology and Radiation Oncology is felt to aid patients as they make informed decisions.

Nurse Navigation has been instituted for Genital-Urinary Cancers to facilitate timely consultations, and to aid and support patients through their cancer journey. In addition, by working with community partners including the American Cancer Society and Wellness Place, lodging and travel assistance is now available for patients, so that appropriate treatment decisions can be made based on many Factors.

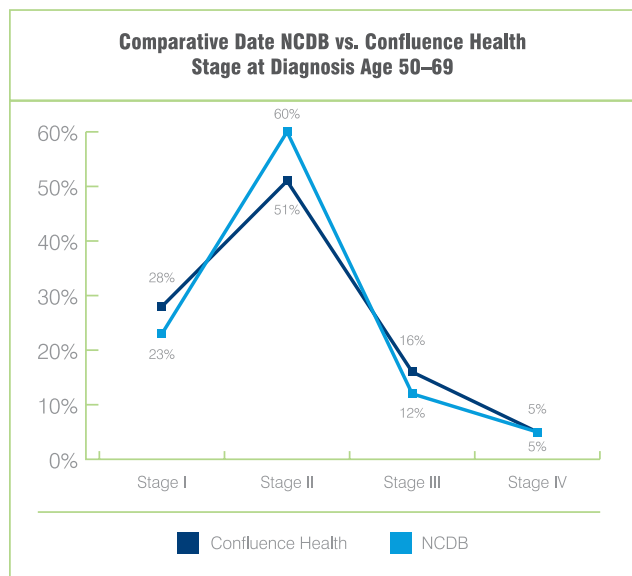
Metastatic Prostate Cancer, Local and National Trends, 2016

BY **Sharmen Dye, CTR**

In a report issued in the CoC Brief on July 19, 2016, it was suggested that the number of new cases of metastatic prostate cancer have climbed 72 percent in the past decade from 2004 to 2013, as reported by a new Northwestern Medicine study. The report considers whether a recent trend of fewer men being screened may be contributing to the rise, or whether the disease has become more aggressive—or both. The largest increase in new cases was among men 55 to 69 years old, which rose 92 percent in the past decade. Data was analyzed with information from the National Cancer Data Base from 1,089 facilities nationwide who had been diagnosed with prostate cancer between 2004 and 2013. It was stated that in 2013 men who presented with metastatic disease had much higher PSAs than similar men in 2004, which hints that disease that is more aggressive is on the rise.



* Graph I



* Graph II

What our specific data shows at Confluence Health from 2010 through 2016 is a steady trend of most new prostate cancers diagnosed being found at stage II or below. For stage IV disease, there was a jump from 3% in 2012 to 11% in 2013, which is interesting. Subsequent years show for stage IV disease, downward trend of 4% in 2014, slight increase to 9% in 2015 and currently 7% in 2016. *Graph 1

From a comparative aspect nationally, we are quite consistent with stage at diagnosis across the board for all stages. Our percentage of stage IV prostate cancer was 5%, identical to the NCDB national data. **Graph II

Overall, this is something we will continue to monitor moving forward to evaluate rates. We could look deeper at our iPSA's for advanced and metastatic prostate cancers and see if there truly is a screening PSA trend revealing higher PSA's related to the change of guidelines.

Full article:

<http://medicalxpress.com/news/2016-07-metastatic-prostate-cancer-cases-skyrocket.html>

Current ACS screening guidelines suggest [American Cancer Society recommendations for prostate cancer early detection](#).

Confluence Health Cancer Service Line Outreach

The Oncology Service Line at Confluence Health includes providers in Medical Oncology and Radiation Oncology. Chemotherapy and Infusion services are delivered at the main campus in Wenatchee, in Moses Lake Clinic, and in Omak Clinic.

Medical Oncology services are delivered in Wenatchee, with outreach to both Moses Lake Clinic and Omak Clinic. Our Medical Oncology team of

providers includes **Margaret Ellings DNP, Katie Kemble DNP, Mitchell Garrison MD, Lindsay Overton MD, Thomas Tucker MD, and Sandra Youngworth ARNP.** Medical Oncology has had a strong outreach presence in North Central Washington for several decades, with **Dr. Overton, Dr. Smith, Dr. Tucker, and Margaret Ellings DNP** traveling to Moses Lake on a weekly basis, with the goal of treating patients in the

communities in which they live. **Dr. Garrison, Katie Kemble DNP, and Sandra Youngworth ARNP** each travel to Omak Clinic on a weekly basis.

Radiation Oncology services are delivered in Wenatchee, with follow up outreach clinic in Moses Lake also available. Our Radiation Oncology team of providers includes **Dr. Nicholas Kummer, and Dr. Thomas Carlson.**

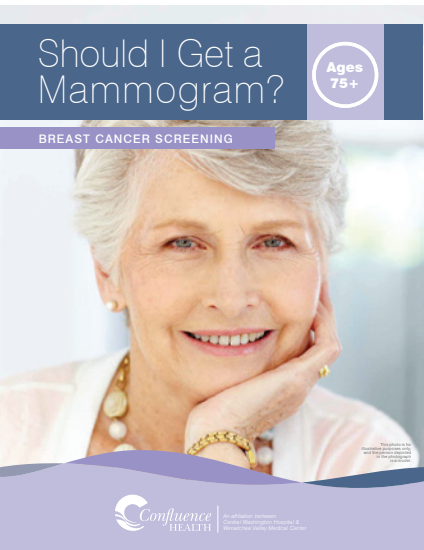
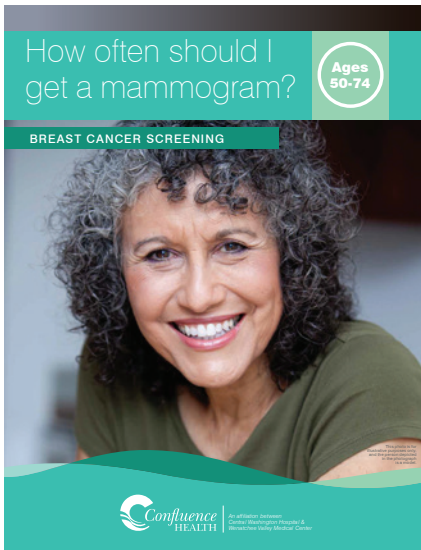
Screening and Prevention

The Cancer Program at Confluence Health has ongoing involvement in screening and prevention programs, including active participation in the development of Confluence Health's Screening Mammography guidelines, developed in 2014-2015, and finalized in 2015. These guidelines have an emphasis on shared decision making between a patient and their

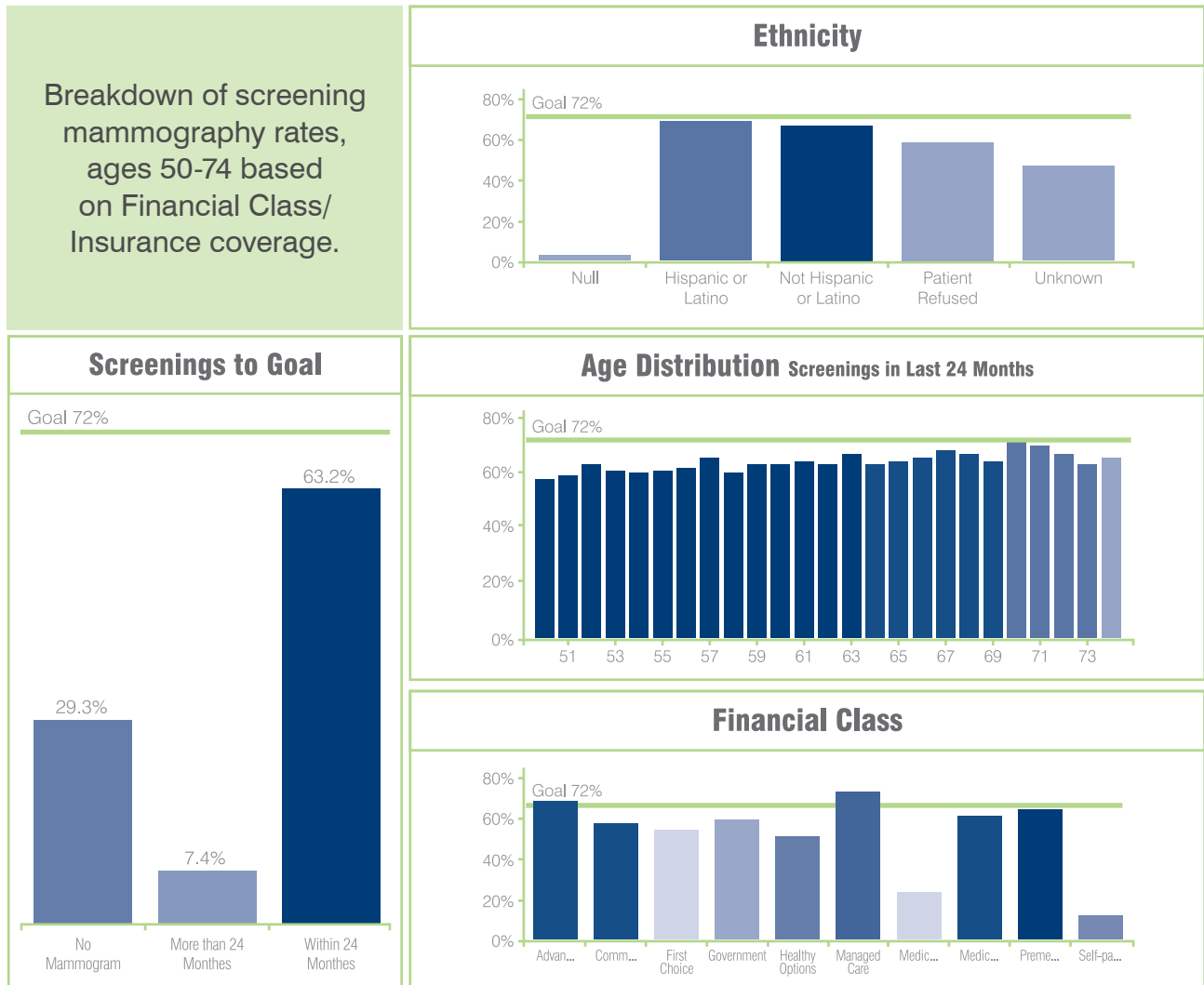
provider. These guidelines are available to patients, community, staff, providers, physicians, and referring providers. Education has been performed to the community, providers, and staff. These guidelines are available in written and electronic form. Patients receive communication regarding screening mammography on the date of the birthday each year. These screening

mammography guidelines were presented in May 2016 to the Washington Patient Safety Coalition, and have also been presented at the Network Affiliate Summit of the Seattle Cancer Care Alliance, June 2015.

Visuals of the patient education books are shown below:



Listed below are current rates of screening mammography within Confluence Health, for ages 50-74. Also shown are breakdowns of screening mammography rates within this age group for ethnicity, financial class, and age. Source of data: internal audit of electronic medical record data.



During 2015, Confluence Health developed a Medicare Certified Lung Cancer Screening Program, which includes a shared decision-making visit to review the risks and benefits of screening, scheduling of a low dose chest CT scan, and education and support for tobacco cessation. The development of this program has been a collaborative effort between Diagnostic Radiology, Pulmonary Medicine, Primary Care, and the Quality Department of Confluence Health.

