

Stillwater Medical

2017 Oncology Annual Report



Stillwater Medical Center
1323 West Sixth Ave
Stillwater, OK
(405) 372-1480

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Vision Statement

Stillwater Medical Center is a regional healthcare center for Payne County and adjacent counties providing a fully coordinated range of services consistent with community needs, being distinguished by its quality, service and patient satisfaction.

Mission Statement

Our mission is to provide compassionate and quality healthcare services. In our commitment to excellence, we will be responsive to the needs of people in the region we serve and will do so in a financially sound matter.

Value Statement

To achieve the mission of Stillwater Medical Center, we uphold these essential values:

- Strive for performance improvement.
- Respect the dignity of every individual.
- Promote an environment that is receptive to new and creative ways to achieve excellence in the services we provide.

Compassion, mutual trust and cooperation is the foundation on which these values are built.

Report from the Committee Chair

Akin Ogundipe, MD

MEDICAL ONCOLOGY, HEMATOLOGY AND INTERNAL
MEDICINE



I am honored to be leading the cancer committee at Stillwater Medical. During 2017, we have accomplished many tasks toward reaching our goal of American College of Surgeons Commission on Cancer Accreditation. Our team of multi-disciplinary professionals has a vision of providing world class, evidence based cancer care in our community. My role as committee chair is to not only lead the team through the process and tasks necessary to achieve accreditation, but also to improve the care we provide to our patients and their families.

The past year has seen many changes and exciting new ventures. Stillwater Medical partnered with Oklahoma Cancer Specialist and Research Institute to plan and implement comprehensive care locally for our patients so they do not have to leave town for services. By partnering with OCSRI, we are able to combine our resources and create a streamlined process that begins with our primary care and specialty physicians. Patients are able to receive excellent preventative diagnostic services, surgical care, medical and radiation oncology therapy, gynecologic oncology, genetic counseling, palliative care, nutrition services, social work and hospice care. Our patients have also had the opportunity to participate in clinical trials at one of several locations such as: MD Anderson, University of Arkansas for Medical Sciences and University of Nebraska.

Looking forward to 2018, we are thrilled to be relocating to our new remodeled and expanded Cancer Center that will house all oncology specialties in one location. The collaboration with both OCSRI team members and our local physicians and professionals will prove very valuable in the coming months and years ahead, and we thank you for allowing Stillwater Medical to care for you and your family.

Cancer Committee Members

Dr. Akin Ogundipe/Dr. Kevin Sue Weibel

Dr. Charles Horner/ Dr. Phil Russell

Dr. Ashley Gable/ Dr. Tamera Chaney

Dr. Jerrod Vaughn/Dr. Cara Pence

Dr. Nathan Uy

Dr. Cara Pence/Dr. Jerrod Vaughn

Vicki Branstetter/Liz Michael

Catherine Brown/Mindy Mayo

Tonya Ingram/Danny Gracey

Dana Lloyd/Liz Hyde

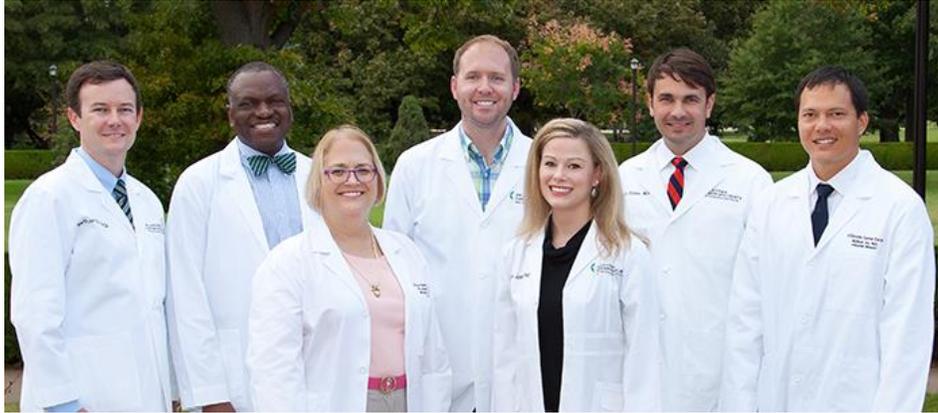
Tina Bakken/Carla Montgomery (4th quarter-Christy Barnes/Jason Ervin)

Sally O'Mealey/Cheryl Wilkinson

Dana Lloyd/Judy Ward-Brown

Shyla Eggers/Joy Haken

Danny Gracey/Tonya Ingram



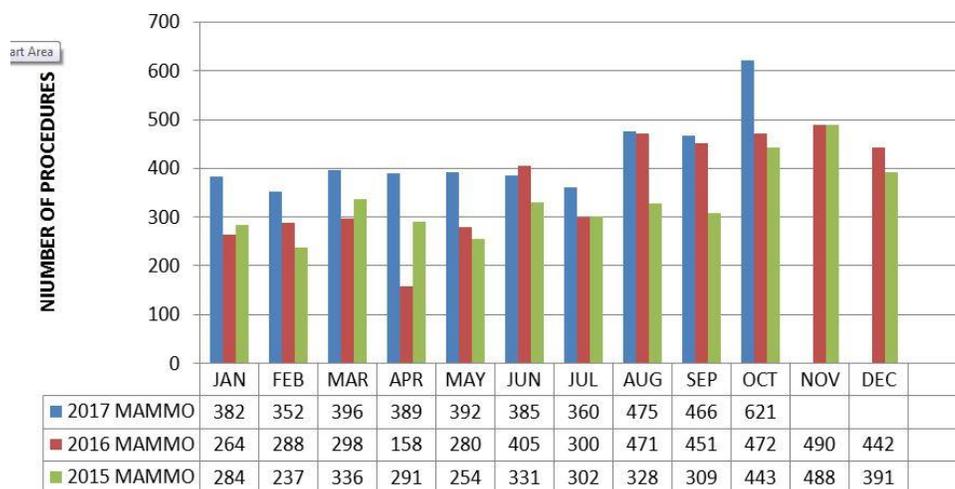
Prevention and Screening Programs

Genetic Testing – A new tool for screening in 2017 is Genetic Testing. Genetic testing consists of a mouthwash or blood test. Analysis of the sample can determine if you inherited a gene mutation that contributed to your diagnosis of cancer. Genetic testing might also help determine if you are at greater risk of developing the same cancer again or of developing another type of cancer.

Skin Cancer Screening Event (5/18/17) – 2017 skin cancer screening yielded 45 participants. There was low volume due to severe weather in the area. However, 23 participants were referred for further evaluation. The screenings follow the American Academy of Dermatology guidelines.

3D Mammography – the implementation of 3D Digital Mammography has greatly increased the number of screening exams at Women’s First. In addition to 3D Mammo, SMC has also invested in 3D stereotactic biopsy to allow women fast, better results in a more comfortable setting.

WF MAMMO 2017



Community Events

SHS Pink Out Event (9/4/17) - The Stillwater High School Volleyball program and Stillwater Medical Center (SMC) partnered to host the second annual Pink Out Week, to promote public awareness of National Breast Cancer Awareness Month. The SHS volleyball teams wore special pink jerseys donated by SMC, and there was a variety of prizes and giveaways for those who attended. Stillwater Medical Center also hosted educational booths at the game highlighting breast cancer awareness, women's health issues and more.

Relay for Life team raised nearly \$20,000 in 2017. They helped push the Stillwater event to the highest Relay for Life fundraising event in Oklahoma and will soon receive an award for being one of the 6 top teams in the state.

Bereavement Program One of our goals at the Cancer Center at SMC is to offer comprehensive cancer care. This means that we must approach our caregiving roles from not only a biological standpoint, but from a psychological and sociological standpoint as well (Du Pre, 2010). Many of our patients and their caregivers develop relationships with us throughout their treatment and, in many cases; we become one of their primary support systems.

In 2017, the program provided services to 81 of our 133 families.

Tobacco Cessation – For our employees, our Healthy Initiative Team provided quit kit bags and Proud to be Tobacco Free lungs to staff during our Employee Celebration November 7th and during the rest of the week in the cafeteria for staff and visitors. They also provided information on the BLOG during the week of the Great American Smoke Out (GASO) related to the Helpline, Third hand smoke, what SMC insurance provides at no cost for Tobacco Cessation and GASO flyers with new theme of building a plan versus going cold turkey.

For the community, we partnered with the Tobacco Settlement Endowment Trust (TSET) for Downtown Halloween to give away bubbles for “Blow Bubbles not Smoke.” We also worked with rural schools of Yale and Ripley for a small presentation provided by TSET and SMC provided the bubbles.

Brandi Bishop, RN, completed Tobacco Treatment Specialist Training at Mayo Clinic in Rochester and received provisional certification and after 250 service hours will have full certification.

Cancer Registry

Established by Congress through the Cancer Registries Amendment Act in 1992, and administered by Centers for Disease Control and Prevention (CDC), the National Program of Cancer Registries (NPCR) collects data on cancer occurrence (including the type, extent, and location of the cancer), the type of initial treatment, and outcomes.

Cancer registries provide the data-driven foundation for cancer control efforts in the United States. Data collected by local cancer registries enable public health professionals to understand and address the cancer burden more effectively. CDC provides support for states and territories to maintain registries that provide high-quality data.

The information that cancer registries collect helps them with identification of groups of people who are more likely to get a certain kind of cancer. Other groups can use this information to try to figure out why. They may find that some people aren't getting the cancer screening tests they need, or they're doing things that make them more likely to get cancer, or that something in their home or workplace is causing cancer.

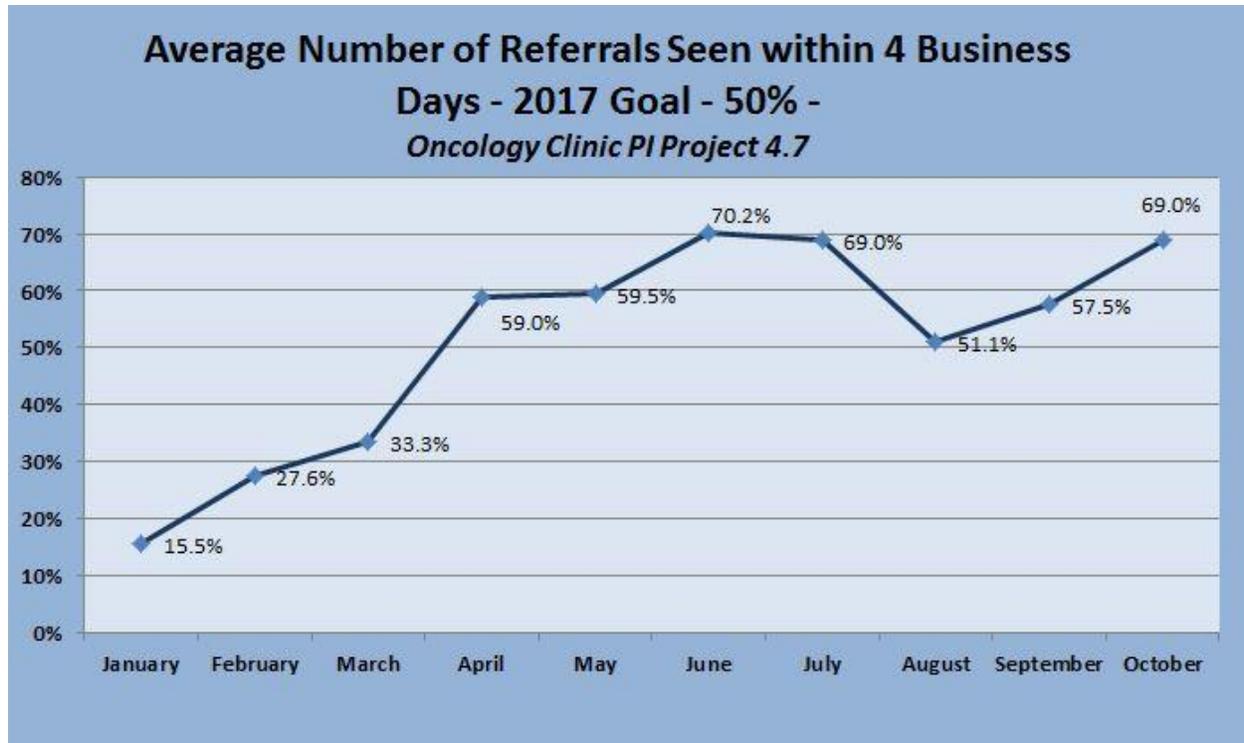
Cancer Census Report

Disease Name	Total	Unique Patient Total
(unspecified)	908	814
Breast Cancer	390	370
Digestive System: Colon Cancer	98	96
Genitourinary: Prostate Cancer	60	59
Thorax: Non-Small Cell Lung Cancer	48	48
Lymphoma: Non-Hodgkin's (adult)	43	43
Thorax: Small Cell Lung Cancer	37	34
Skin: Carcinoma	32	31
Lymphoma: Large Cell	32	14
Skin: Melanoma	31	30
Multiple Myeloma/Plasmacytoma	31	30
Lymphoma: Mantle Cell	18	6
Gynecologic: Corpus Uteri Cancer (Carcinomas)	17	17
Anemia: Nutritional	17	17
Digestive System: Esophagus and	15	15

Esophagogastric		
Lymphoma: Hodgkin's Disease	14	14
Gynecologic: Ovarian Cancer	13	12
Head & Neck: Lip and Oral Cavity	12	12
Genitourinary: Testis Cancer	11	11
Encounters for Neoplastic and immunotherapy	11	11
Genitourinary: Kidney Cancer	10	10
Digestive System: Rectal Cancer	10	10
Digestive System: Pancreatic (Endo & Exocrine)	10	10
Digestive System: Anal Canal Cancer	10	10
Digestive System: Liver Cancer	9	9
Lymphoma: Follicular	9	9
Leukemia: Chronic Lymphocytic	8	8
White cell disorders (other)	8	8
Central Nervous System (brain/spinal cord)	7	7
Anemia: Others (IE: sideroblastic)	7	7
Digestive System: Stomach Cancer	6	6
Lymphoma: B-Cell	6	4
Lymphoma: Marginal Zone	6	2
Musculoskeletal: Osteosarcoma	6	6
Purpura and Thrombocytopenia	6	6
Head & Neck: Pharynx (Hypopharynx) Cancer	6	6
Head & Neck: Salivary Gland Cancer	5	5
Sarcoma: Soft Tissue	5	5
Leukemia: Chronic Myelogenous	5	5
Skin: Merkel Cell	4	2
Head & Neck: Pharynx (Oropharynx) Cancer	4	4
Leukemia: Acute Myeloid (adult)	4	4
Digestive System: Ampulla of Vater Cancer	4	4
Anemia: Aplastic	4	4
Anemia in Chronic Kidney disease	4	4
Ca in Situ	4	4
Carcinoid (Colon or Rectum)	4	4
Benign Neoplasm: Bone and articular cartilage	3	2
Genitourinary: Renal Pelvis and Ureter Cancer	3	3
Head & Neck: Pharynx (Nasopharynx) Cancer	3	2
MDS	3	3
Other	43	43

2,064	1,900
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Studies of Quality



Study on carcinoma of the lung

GOAL OF THE STUDY:

To ensure that evaluation and treatment of carcinoma of the lung, conforms to evidence based medical treatment guidelines.

This site was chosen based on an identified concern that surgical treatment of lung cancer which is widely accepted to be the most effective treatment for early stage lung cancer, is not available locally

MATERIALS AND METHODS:

Data was obtained from the tumor Registry covering patients with carcinoma of the lung diagnosed in 2016. All cases were reviewed to determine that the diagnostic evaluation was adequate and of the treatment plan was concordant with the NCCN guidelines.

RESULTS OF THE STUDY:

There were 23 patients diagnosed with carcinoma of the lung during this period.

DISCUSSION:

Review of the Registry information confirm that the treatment of patients with non-small cell lung cancer mostly conform to the guidelines. Exceptions included refusal of recommended treatment.

Review of the information also highlights the unfortunate tendency for the initial diagnosis of this disease to be in an advanced stage, further studies to evaluate utilization of screening may be worth considering. Despite not having a thoracic surgeon locally, 3 patients still underwent appropriate resection of the primary lung cancer. Consideration could be given to performing a partnership with a thoracic surgical group to facilitate evaluation for surgery where appropriate.