

# Annual Report 2015



*Joan Lunden visiting the Genesis Cancer Care Institute*

**Cancer Care Institute**

1351 West Central Park  
Pavilion 1, 1st Floor  
Davenport, IA 52804

[Genesishealth.com](http://Genesishealth.com)



**Genesis Cancer Care Institute** offers comprehensive services for cancer prevention, detection, diagnosis, treatment, recovery and survivorship. We strive to provide the best cancer-fighting technologies in the region. The human factor of cancer is our priority. We deliver social, emotional, spiritual and educational support to our patients and their loved ones.

### **Radiation Therapy**

At Genesis we offer TomoTherapy Hi-Art treatment system as well as Varian Trilogy.

In November of 2015, the Genesis Cancer Care Institute has integrated our Varian Trilogy with a new ARIA Record and Verify system from Varian. Our new EMR and Varian Eclipse treatment planning system introduced comprehensive and integrated capabilities and provides state of the art treatments using the latest RapidArc treatment delivery. In 2016 we will implement the Sterotactic Radio Surgery Program using the BrainLab ExacTrac 6D Robotic couch.

In 2015, 273 new patients were seen at Genesis Cancer Care Institute. A total of 7995 radiation therapy treatments were administered using external beam therapy.

#### 2015 Radiation Treatments

Trilogy	4210
TomoTherapy	3785
Total treatments	7995

### **Center for Breast Health**

#### **Kenneth H. McKay, M.D., Center for Breast Health**

In 2013 the Kenneth H. McKay, M.D. Center for Breast Health was awarded the National Accreditation Program for Breast Centers (NAPBC) three year accreditation and was designated as a Center of Excellence by the National Quality Measures for Breast Centers Program (NQMBC) in 2015. This is a national program that identifies quality care measures for breast centers. These measures are continually evaluated and monitored to increase the quality of breast health care provided by our breast center.

Using the latest diagnostic technology and treatments, the Kenneth H. McKay, M.D., Center for Breast Health (CBH) is dedicated to the care and treatment of women with breast cancer. We remain committed to provide our patients with highly-trained technologists and registered nurses. CBH physicians are dedicated to the care and treatment of women's health in a coordinated effort with both highly specially trained Radiologists and Surgeons.

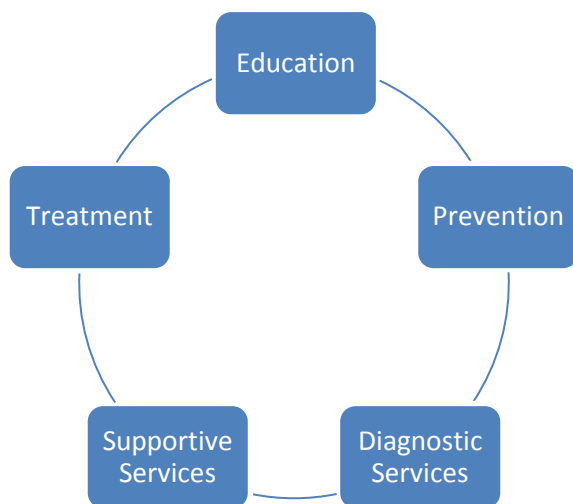
In 2015, the Center implemented Tomosynthesis, the Gold Standard in mammography. The 3-D technology allows for a 41% reduction in false positives and greater accuracy in diagnosing breast disease.

Services provided at various locations:

- ❖ Tomosynthesis
- ❖ Breast Ultrasound and Automated Ultrasound
- ❖ Breast MRI
- ❖ Breast Biopsy
- ❖ Bone Density Scanning
- ❖ Genetic Screening

## ***Outpatient Infusion Services***

Adult patients requiring parenteral therapies on an outpatient basis including, but not limited to: transfusions of blood products, hydration IV's, parenteral pain management therapies, antineoplastic chemotherapies, administration of parenteral antibiotics, management of central lines (ports, passports, Hickman catheters, Groshong catheters), phlebotomy for labs as well as therapeutic phlebotomy, insertion and care of PICC catheters and patients requiring plasmaphoresis exchanges procedures.



## ***Summary of Services:***

### ***Genetics Counseling***

Cancer risk assessment, genetic counseling and testing services are the process to identify and counsel people at risk of familial or hereditary cancer syndromes. Identifying patients increased risk of developing cancer because of a family history of cancer or a known hereditary cancer syndrome can have a dramatic effect on early detection and cancer outcomes. An ARNP provides Genetics Counseling and Risk Assessment for affected and unaffected patients. To take a brief quiz to learn if you are at risk [Genetic Testing Quiz](#) . Genetics Counseling can be reached at 563-421-8460.

### ***Nurse Navigation***

#### ***Your one-one guide through complex cancer care***

You've gotten the news from the doctor and it's not what you wanted to hear. You've been diagnosed with the big "C" and your world has been turned up-side-down in an instant. You have been given an overwhelming amount of information about your cancer and treatment options, and you have no idea what to make of all this. Then you meet your Cancer Nurse Navigator.

At Genesis Cancer Care Institute, a registered nurse serving as a Cancer Nurse Navigator provides one-on-one assistance with the patient and their loved ones to help them understand the complex information that is part of cancer treatment. These navigators specialize in helping the patients move or "navigate" through the health care system throughout the continuum of care, from diagnosis, through treatment and survivorship. They also help the patient build relationships with their healthcare team by maintaining effective communication and providing truly patient-centered care.

### ***How Can Cancer Nurse Navigators Help?***

The Genesis Cancer Nurse Navigators are trained in the necessary skills to assist with the following:

- Guiding the patient through the health care system to eliminate the confusion associated with multiple tests, appointments, procedures and treatments.
- Directing patients and families to valuable educational resources, such as the Genesis Cancer Treatment & You an online class.
- Providing information and access to hospital, community and/or national resources, such as our Genesis Cancer Resource Room, local support groups, Gilda's Club and the American Cancer Society.
- Education and reinforcement of information the patient has received about their diagnosis, the recommended treatments, side effects and survivorship.
- Identifying barriers that may keep patients from getting the care they need, including transportation, financial, or support issues.
- Referrals to supportive care services including the cancer dietitian, cancer social worker, spiritual care, cancer rehabilitation, and clinical trials.

The Genesis Cancer Care Institute Nurse Navigators are available to help **any** cancer patient in need.

### ***Palliative Care***

Palliative Care programs are committed to improving quality of life, supporting decision making and attending to the management of pain and symptoms. The benefit to the patient is having the assistance of a multi-disciplinary team in identifying, clarifying and communicating their goals for care and having those goals met.

Palliative Care specialists work with a patient's primary physician to deliver care while the patient is receiving other treatments, at all stages of illness. At Genesis, our Palliative Care team consists of

two physicians, two nurse practitioners, and a social worker and provides both inpatient and outpatient services.

### ***Oncology Social Worker***

Social Workers are involved in the care of our oncology patients. Oncology Social Workers have a Masters degree in social work and are trained in individual and family counseling. They provide a broad range of services including emotional support, coping skills, cancer education and advocacy. They also assist with financial concerns, home care services, transportation, long-term care and other community resources.

### ***Dietitian***

Registered Dietitians offer nutritional counseling and support to both inpatients and outpatients as part of maintaining health and well being during active cancer treatment and afterward.

### ***Oncology Rehab***

Oncology Rehab consists of two distinct programs:

- Cancer outpatients who are referred due to muscle weakness, loss of balance, fatigue and gait abnormalities. This affects quality of life and increases patient risk of falls. The goal of this program is to strengthen muscles, perhaps help patient obtain an orthotic for better walking, decrease risk of falls with better balance.
- Lymphedema Management Program. Lymphedema, a complication of cancer treatment, is an abnormal accumulation of lymphatic fluid and may cause swelling mainly in the arm or leg. The goal of the program is to help decrease swelling and allow for the patient to manage their condition through use of light manual lymphatic massage, bandaging, remedial exercise and skin care.

## ***Spiritual Care Support***

Staff chaplains are available to personally minister to patients and their families and friends.

## ***Clinical Research***

Genesis Cancer Care Institute participates in cancer research also known as clinical trials. Clinical trials may test new drugs, new approaches to surgery or radiation therapy, new combinations of treatment, or new methods such as gene therapy or targeted therapy. Local oncologists bring people with cancer advanced medicine by offering clinical trials covering a wide range of areas such as breast, colon, lung, kidney and prostate cancer as well as others. These trials are conducted by recognized research organizations affiliated with the National Cancer Institute and through the pharmaceutical industry. The Genesis research affiliations with the National Cancer Institute include:

- SWOG through an affiliation with Loyola University Medical Center
- NRG Oncology through an affiliation with the University of Iowa
- Cancer Trials Support Unit (CTSU)

People receiving cancer care at Genesis Cancer Care Institute have the benefit of participating in state-of-the-art research protocols without leaving the local community.

The development of more effective cancer treatments requires that new and innovative therapies be evaluated in people with cancer. Each clinical trial is designed to find new or better ways to treat people with cancer. In oncology, clinical trials are especially important because, in the absence of high cure rates, nearly all

therapeutic approaches are the result of clinical trials. A clinical trial is one of the final stages of a long and carefully constructed cancer research process.

George Kovach, M.D, Iowa Cancer Specialists is the Principal Investigator.

Patients are monitored closely by physicians at the forefront of cancer research and may be the first to benefit from new treatments. In addition, both the study's sponsor and the Genesis Health System Institutional Review Board, a group of people who review research to protect patient rights and welfare, monitor research patients' safety.

A research or clinical trials nurse is an integral member of the Genesis multidisciplinary team that implements the clinical trials. The research nurse is responsible for teaching the patient about the trial, implementing the physician's orders as described in the protocol and evaluating patient responses and toxicities. Patients who are eligible for a clinical trial and choose to participate are followed closely by the research team and data on their case is carefully recorded.

## ***The National Breast and Cervical Cancer Early Detection Program (NBCCEDP)***

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) were federally legislated in 1990 and are administered by the Centers for Disease Control and Prevention (CDC). Its goal is to reduce deaths from breast and cervical cancer by providing screening, diagnostic and case management services to eligible women.

Program eligibility varies by state within guidelines set by CDC. Client services are provided through contractual relationships with healthcare providers, labs, mammography facilities and hospitals.



Genesis Medical Centers at Davenport, DeWitt, Illini, Aledo and Genesis Health Group are providers for both the Iowa and the Illinois BCCEDP.

### ***Iowa Breast and Cervical Cancer Early Detection Program (Care For Yourself)***

The Iowa program has been funded since 1993 by a grant from the Iowa Department of Public Health (IDPH). Unlike other states, Iowa receives little state funding to augment the federal funds. Assistance to pay for mammograms and computer-aided detection has been provided by the four Komen Affiliates in Iowa, either through IDPH directed grants or locally-targeted grants. IDPH currently contracts with 26 Boards of Health for statewide implementation and local program management. Most Iowa coordinators accept women who meet all of the following criteria:

- Are age 40 and over
- Are under age 40 that has breast symptoms, either self-reported or discovered on a clinical exam.
- Have a self reported income at or below 250% of federal poverty level.
- Are under-insured or uninsured. Those with Medicaid or Medicare Part B are not eligible.
- Eligibility is not contingent on US citizenship.

Local programs have the autonomy to modify these guidelines to align their eligibility pool with the IDPH grant funds allotted to their program area.

### ***Scott County Breast and Cervical Cancer Early Detection Program Care for Yourself - Scott County***

(Formerly known as the "MAPS" Program) is now coordinated in conjunction with the Clinton and Jackson County Care for Yourself Program through Genesis VNA.

Since program inception in July of 1996, IDPH has contracted with the Scott County Board of Health, who in turn subcontracts to Genesis Medical Center to provide day-to-day program management and coordinate services. Locally, the program is referred as Care for Yourself - Scott County, formerly known as "MAPS." For several years, Scott County has been the 2<sup>nd</sup> largest program in Iowa, surpassed only by Polk County.

The local coordinator reports to the Scott County Health Department and the Genesis Cancer Care Institute director. BCCED programs throughout eastern Iowa and western Illinois work very closely to coordinate services and transfer clients as state/county residency changes. Much of the success of our program in Scott County is due to the strong relationships built within the community and across the state. We are extremely indebted to our large provider base that has generously agreed to accept program reimbursement for covered services as payment in full.

### ***National Breast and Cervical Cancer Prevention & Treatment Act (BCCPTA)***

NBCCEDP legislation does not include provisions for financial assistance for cancer treatment. In December of 2000, Congress passed the National Breast and Cervical Cancer Prevention & Treatment Act which provides limited funding to a state's Medicaid program when the state agrees to accept BCCEDP women for breast or cervical cancer treatment.

National eligibility guidelines mandate that the woman be uninsured, a US citizen, under age 65 and received screening services paid with funds from the BCCEDP. Iowa's BCCPTA also includes women who had breast-related screening or diagnostic services paid by a Komen funded program. At the current time, women in Iowa and Illinois receive full Medicaid benefits under the BCCPTA, not just coverage for their cancer care.

BCCPTA is one of two Medicaid options that the Iowa legislature has permitted to have access to Presumptive Eligibility (PE). PE allows women immediate, temporary access to Medicaid benefits. The Scott County BCCEDP coordinator, as an agent for Genesis Medical Center, an authorized PE Medicaid provider, processes BCCPTA applications for women from throughout eastern Iowa. Referrals are then made to the Department of Human Services when Medicaid coverage is needed beyond the PE time limit.

Guidelines are always subject to change based on demand and available funding. For more information regarding the Breast and Cervical Cancer Early Detection Program, please contact 563-421-1913 or 563-244-4925.

***The Voucher Program (VP)***  
***Funded by a grant from Susan G. Komen Quad Cities***  
***Programs administered by Genesis Medical Center,***  
***Davenport, Iowa***

Genesis Medical Center holds a grant from Susan G. Komen Quad Cities for administration of a program whose primary purpose is to promote early detection and to eliminate cost as a barrier to receiving breast cancer screenings. The VP has been in place under this arrangement since January 1, 2001.

The program covers mammograms, screening or diagnostic; computer-aided detection and tomosynthesis (3D) associated with mammography; breast ultrasound, manual or automated and 3D image reconstruction associated with automated ultrasound. Services continue to be provided by imaging facilities and radiologists throughout the 8 county service areas who agree to accept program reimbursement as payment in full. Reimbursement continues to be based on Iowa Medicare Part B rates and may vary annually according to available funding and demand for assistance.

Currently, the only eligibility guideline is that the voucher recipient resides within the 8 county service area of Susan G. Komen Quad Cities and has a self-reported need for financial assistance.

***Community Outreach***

Genesis Cancer Care Institute reaches out to the local community to provide education and health screenings for a variety of types of cancer. In 2015 Genesis provided the following free screenings:

- Colorectal Screening (prevention) through a grant “Iowa Get Screened” from the Iowa Department of Public Health
- Skin Screening
- Pulmonary Screening
- Care For Yourself and The Voucher Program
- Genesis Cancer Care Institute Low Dose CT Lung Cancer Screening program

Genesis Cancer Care Institute partners with many other cancer-oriented community groups. These include, but are not limited to:

- American Cancer Society
  - Relay for Life
  - Look Good/Feel Better
- Gilda’s Club of the Quad Cities
  - Intimate Conversations with Joan Lunden
  - Noogiefest
  - Transitions Classes
- Tobacco Free Quad Cities
- Iowa Department of Public Health
- Local Support Groups - Breast, Prostate and Brain
- Komen Quad Cities Race for the Cure

Educational materials and one-to-one contact with staff are provided at both screenings and health fairs. “Cancers We treat” located at [www.genesishealth.com/services/cancer](http://www.genesishealth.com/services/cancer) , provides general information about treatments and support services for cancer patients and their families.



Inflatable Male Pelvis at Genesis Medical Center during Prostate Awareness Month

### **Prevention/Screening**

Each year Genesis Cancer Care participates in screening and prevention programs based from a Community Needs Assessment (CNA) and/or NCI data. In 2015 Obesity was selected as the prevention program and the Low Dose CT Lung Cancer was the screening.

Through the Low Dose CT Lung screening program to date there have been approximately 501 lung cancer screenings. In 2015 there were six newly diagnosed lung patients, one recurrence and one diagnosed with another type of cancer. A follow up process is in place with results and recommendations for possible repeat LDCT in three to six months. The effectiveness of the LDCT program has allowed for an increase in lung screening participants and early diagnosis since implementation. An Inflatable Lung along with pulmonary function tests were available on Great American Smoke out day at Genesis. LDCT guidelines were also available

During 2015 the prevention standard focused on Obesity and Cancer. Prevention – Obesity: The 2012 Community Needs Assessment identified that being overweight and obese have emerged as new risk factors for developing certain cancers. Continued focus on preventing weight gain will lead to lower rates of cancer. A ten-week Naturally Slim session for employees included information on the link between obesity and cancer such as the American Cancer Society infographic, “Body Weight and Cancer Risk” which shows the impact of nutrition, exercise and body weight in cancer and the American Institute of Cancer Research infographic “Adding Pounds Adds Risk.” The program has pre and post measurements taken of weight, waist size and other measurements of Metabolic Syndrome demonstrating the effectiveness of the program for weight loss which in turn has a positive effect on cancer risk.

#### Results of Naturally Slim: Based on 54 participants

	Pre Program	Post Program	Total Lost
Weight total	12,698 lbs	11,787 lbs	16.8 lbs per person
Waist measurement	2,354 inches	2,170 inches	3.4 inches per person

The National Cancer Institute Obesity and cancer Risk fact sheet (2012) states if every adult reduced their BMI by 1% this would prevent the increase in the number of cancer cases and result in the avoidance of 100,000 new cases of cancer.



## Accountability Measures

CP3R reports give a summary of treatment that are used by facilities to monitor the use of evidence based guidelines. The table below contains the most recent data from the National Cancer Database (NCDB).

Image or palpation guided needle biopsy of the primary site is performed to establish diagnosis of breast cancer:

Genesis Medical Center	CoC Programs	State of Iowa
95%	90%	93%

Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer.

Genesis Medical Center	COC Programs	State of Iowa
69%	63%	60%

Radiation is administered within 1 year of diagnosis for women under the age of 70 receiving breast conservation surgery.

Genesis Medical Center	COC Programs	State of Iowa
95%	91%	95%

Colon at least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.

Genesis Medical Center	COC Programs	State of Iowa
94%	87%	88%

## Quality Improvement

Many quality improvements were implemented in the Cancer program during 2015.

Documenting standard procedures for daily patient data backup on the Tomotherapy machine for standard work documentation to help streamline continuity and efficient workflow.

The Center for Breast health (CBH) worked with Central Scheduling to decrease the number of scheduling errors. Most recently completed the portion of the project that allowed for the updating of clinical pathways that explicitly outline the type of test, information required before the test, etc. This electronic prompt will enable the schedulers to know what to schedule and when to schedule.

A process change was implemented in six month follow up process. In July, averaged eighteen no-shows per week for follow up mammograms. A reminder call system that allowed for a reminder call at ten days pre-test and five days pre-test. And a recall system that allowed for the patient to schedule the exam much closer to the actual exam date. Both of these process changes have resulted in a significant decrease in no-show rates. In November, there were six no-shows per week, down from the eighteen per week in July.

## Monitoring Evidence Based Guidelines

Each year a physician member of the Cancer Committee is designated to complete an in-depth analysis to assess and verify that cancer program patients are evaluated and treated according to evidence-based national treatment guidelines and treatment is appropriate for AJCC stage.

Reason for Study: To evaluate how effective our current method is in ensuring all appropriate patients are being identified for AND being offered genetic testing prior to initial first-line therapy utilizing the NCCN evidence-based national guidelines. Positive test results can potentially change the surgical treatment plan for many patients, as their lifetime risk of breast cancer, and possibly ovarian or other cancers (depending on the type of genetic mutation or deletion), can significantly increase. These patients may elect to undergo prophylactic bilateral mastectomies instead of a lumpectomy or single mastectomy, as well as prophylactic removal of the ovaries. There are also implications for family members, as they may have

inherited the gene, putting them at higher risk for developing breast cancer or other cancers.

Goal of Study: The goal of the study is to identify what proportion of all newly diagnosed breast cancer patients consulting with a surgeon at CBH are being evaluated for and, when appropriate, are being offered genetic testing PRIOR to initiation of treatment utilizing NCCN genetic testing guidelines; and to evaluate if the current method of identifying the appropriate patients is effective. The goal for CBH is to identify and offer genetic testing to 100% of the appropriate, newly diagnosed breast cancer patients.

Evidence-Based National Guidelines Utilized: NCCN Genetic/Familial High-Risk Assessment: Breast and Ovarian Guidelines Version 2.2015

Methods Used for Study, including Tracking/Analyzing Data:

- Nursing staff and CBH surgeons evaluate the patient's personal and family history at the initial consultation and reference the NCCN genetic testing guidelines to effectively determine which patients are appropriate for testing
- A check box is utilized on the initial H & P assessment form to indicate if a patient meets NCCN criteria for testing, prompting the surgeon to discuss the genetic testing options with the patient.
- The surgeon utilizes a check box, writes in the H & P notes and/or dictates the discussion with the patient regarding genetic testing options for tracking purposes
- Registry list to identify our newly diagnosed breast cancer patients consulted by surgeons at CBH in 2015
- Review of surgeon's H & P forms containing check boxes which indicate whether a patient meets NCCN criteria for

genetic testing and documentation of genetic testing discussion.

- Tracking the data on the Breast Cancer Multidisciplinary Conference Spreadsheet and chart audit
- Analyzing data utilizing the information from the registry, conference spreadsheet and chart audits for review of documentation and proper identification of appropriate patients

Outliers:

- Patients that were diagnosed at CBH, but did not have consultation with CBH surgeon
- Patients having a diagnosis of LCIS, Stage 0, with no invasive component

Data Analysis Summary:

In 2015, a total of 141 newly diagnosed breast cancer patients were eligible for review for this study after removing the outliers. Patients that had their initial surgical consultation at CBH but had Stage IV, metastatic disease or those who required neo-adjuvant therapy were also included in these findings. The review of the 2015 data and chart audits indicate that all 141 patients were evaluated to determine if they met the evidence-based NCCN criteria for genetic testing. A total of 63 out of 141 patients (45%) seen in consultation met criteria for genetic testing. A total of 62 out of 63 patients (98%) had documentation indicating the patient was offered genetic testing. The total number of patients that completed the genetic testing or the type of surgery they chose after genetic testing was not tracked or studied, as the goal of this study was to ensure that all appropriate patients were being identified for genetic testing and were being offered the opportunity to have genetic testing as part of their treatment plan prior to initiating first-line therapy. Our data indicates

that we have an effective method of identifying and tracking the appropriate patients.

Recommendations:

- Ongoing education for the Genetics Specialist-ARNP, the CBH nursing staff and the CBH surgeons related to updates and changes in NCCN genetic testing guidelines to ensure the most up-to-date, evidence-based guidelines continue to be utilized
- Continued documentation of the evaluation and discussion of genetic testing for appropriate patients

Follow-Up:

- Annual chart audits to monitor documentation and utilization of evidence-based NCCN genetic testing guidelines

### **Cancer Registry**

The Cancer Registry was established to collect data for all hospital patients diagnosed and treated at the facility for cancer.

Data collection of cancer diagnosis and treatment is an important part of successful cancer program to

- Monitor patient care outcomes
- Cancer data is used by doctors and researchers to learn more about causes of cancer
- Treatment choices are based on accurate cancer data

A Certified Tumor Registrar (CTR) collects demographics, pathology, radiology, and treatment information on each cancer patient diagnosed and treated at the Genesis Cancer Care Institute, Davenport, Iowa and Genesis Medical Center, Silvis. All information recorded in the cancer registry is maintained on a confidential basis and is reported to the State Health Registry of Iowa (SHRI) and the National Cancer Database (NCDB). Follow up data on patients is also obtained from the cancer registry database.

In 2014, there were approximately 1,208 cases abstracted.

Of those cases 823 were analytic cases with initial diagnosis and/or first course of treatment done at Genesis – Davenport campus.

An additional 385 cases were non-analytic cases of recurrent and progressive disease diagnosed and initially treated at another facility or seen only in a medical oncologist’s office or identified by pathological report only.

The top sites abstracted at Genesis-Davenport in 2014 was breast, lung, colorectal, prostate, and the urinary system.

### **Registry Data - 2014**

Site	Analytic	NonAnalytic
Digestive System	115	59
Lung	118	26
Breast	235	63
Prostate	109	58
Urinary System	66	52
Lymphomas	31	21