



**Excelsa Health**  
ANNUAL CANCER REPORT  
*(based on 2011 data)*

**2012**

We have Excellence in health care.

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**Excelsa**  
Health

2012

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Daniel Clark, MD  
Co-Chairman and Cancer  
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Primo Bautista, MD  
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Lori Tkach, BS  
*Cancer Registry*

Ericca Tufano, CTR  
*Cancer Registry*

# CHAIRMEN'S REPORT

In 2011, cancer care continued to advance throughout the Excelsa Health system. We went through the American College of Surgeons Commission on Cancer survey with commendations in the areas of NCDB error-free data submissions, multiple screening and prevention programs offered to the community, and accrual to clinical trials through the Arnold Palmer Pavilion/UPMC Cancer Center. Excelsa Health continues to work toward system-wide accreditation by the Commission on Cancer.

There was continued adaptation of advanced technologies such as Digital Mammography, MRI guided breast biopsies, and Robotic Surgery for urologic, gynecologic, colorectal and general surgical procedures. There has been expansion of Radiological facilities throughout Excelsa Health with the opening of the Lung Center which offers low-cost screening and follow up for patients at high risk for lung cancer. Screening allows for early detection and treatment giving patients a better outlook with respect to quality of life and cure. The Pathology department implemented in-house performance of Estrogen receptor, Progesterone receptor, and Her-2/neu staining for breast cancer which allowed for more expedient therapeutic intervention. Additionally, all of the campuses of Excelsa Health were connected with multimedia conferencing equipment to allow for multi-modality cancer conferences in an effort to improve cancer care throughout the system. We exceeded the expectations of the Commission on Cancer in prospective review of patients diagnosed with cancer allowing for a real impact on patient care management.

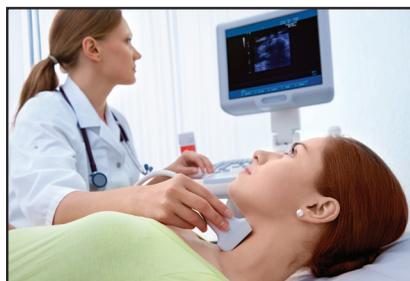
We successfully completed multiple studies as part of our annual goals. These included our continuation of the lung biopsy initiative, lymph node recovery rate for invasive colorectal cancers, standardization of thyroid fine needle aspiration pathologic reports, and review of CP3R data for 2004-2008. Additionally, we implemented improvements in patient care by working with the American Cancer Society (ACS) to improve referrals for support services and survivorship conferences. Additional ACS activities included Daffodil Days, "I Can Cope" Support group which was incorporated into the Arnold Palmer Pavilion Cancer support group meetings, "Look Good ... Feel Better" and "Road to Recovery". Education programs for physicians included "Updated Screening Guidelines for Prostate Cancer," "The Physician's Role in Eliminating Racial and Ethnic Disparities in Health Care," and "The American Cancer Society: Who We Are and How We Can Help Your Patients".

Excelsa Health continued to be involved in the community with participation in Relay for Life and the Making Strides Against Breast Cancer Walk.

Through the Cancer Conferences we continued to implement physician education with presentations on "Breast Cancer for the Primary Care Physician" by Dr. Pacheco and "Updates in Management of Metastatic and Osteoporotic Compression Fractures of the Vertebrae" by Dr. Hrbek.

These are just a few examples of how Excelsa Health continues to advance cancer care in Westmoreland County. We continue to make strides in all aspects of patient care with surgical innovations, improvements in Radiation Oncology technology and services, as well as improvements in clinical trial availability in Medical Oncology through the Arnold Palmer Pavilion and UPMC Cancer Center. We continue to work with the ACS to provide supportive services. We at Excelsa Health continue to strive for Excellence in Cancer Care.

Sanjeev Bahri, M.D., Cancer Committee, Co-Chairman  
Daniel Clark, M.D., Cancer Committee, Co-Chairman



# THYROID CANCER

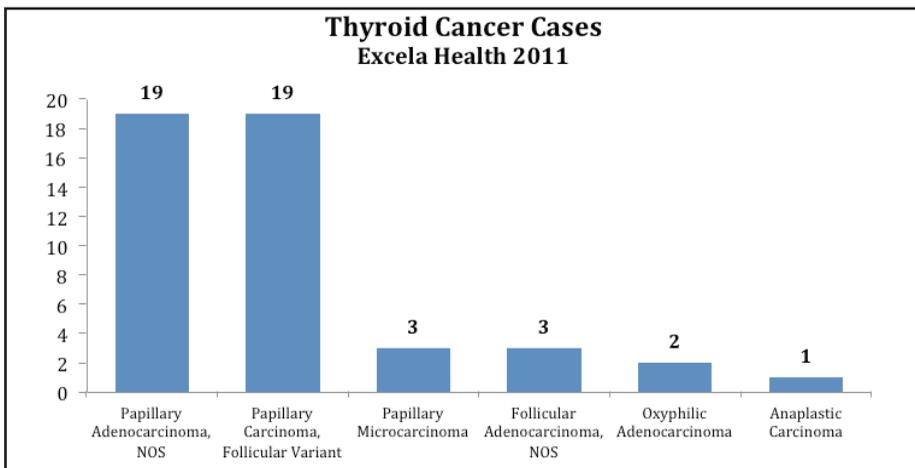
## OVERVIEW

From 1975 to 2008, thyroid cancer rates in the United States have nearly tripled from 4.85 to 12.97 cases per 100,000. Since overall mortality has remained stable, the increased incidence is likely due to earlier detection of subclinical disease. In 2011, approximately 1700 cancer deaths were attributable to thyroid cancer in the United States and 48,000 new cases were diagnosed, reflecting the low mortality rate of the disease.

There have been several published clinical guidelines for the diagnosis and treatment of thyroid cancer since 2005, including those from the Society of Radiologists in Ultrasound, National Cancer Institute, American Thyroid Association, and National Comprehensive Cancer Network. Their emergence reflects a need for clarity and consensus in the evaluation and management of thyroid nodules.

The three major subtypes of thyroid cancer are differentiated (includes papillary, follicular, and hurthle), medullary, and anaplastic (undifferentiated) carcinomas. Since the differentiated carcinomas account for greater than 90% of thyroid cancers, they will be the focus of this review.

At Excela Health, a total of 47 new cases of thyroid cancer were noted in the database for 2011. 41 cases were categorized as papillary carcinoma (including 19 follicular variant), 3 as follicular, and 2 as hurthle or oxyphilic, for a total of 46 differentiated thyroid cancers. 1 anaplastic carcinoma was diagnosed.



## DIAGNOSIS

The majority of thyroid nodules are discovered incidentally during an imaging study. Since approximately 95% of nodules are benign, effective pre-operative evaluation is critical to prevent overtreatment and unnecessary morbidity.

Published guidelines uniformly recommend measurement of TSH and ultrasonography in the evaluation of thyroid nodules brought to clinical attention. Based on those results, a subgroup of nodules should be further evaluated by fine needle aspiration (FNA) cytology. General guidelines delimiting a threshold, based on ultrasonography, for undergoing FNA is published by NCCN. (Figure 1)

Figure 1

NCCN Guidelines Version 3.2012  
 Thyroid Carcinoma – Nodule Evaluation

SONOGRAPHIC FEATURES		Threshold for FNA	FNA, if indicated or Observe
Solid nodule			
• With suspicious sonographic features		≥ 1.0 cm	→
• Without suspicious sonographic features		≥ 1.5 cm	
Mixed cystic-solid nodule			
• With suspicious sonographic features		≥ 1.5-2.0 cm	
• Without suspicious sonographic features		≥ 2.0 cm	
Spongiform nodule		≥ 2.0 cm	
Simple cyst		Not indicated	
Suspicious cervical lymph node		FNA node ± FNA associated thyroid nodule(s)	

The above criteria serve as general guidelines. In patients with high-risk clinical features, evaluations of nodules smaller than listed may be appropriate depending upon clinical concern. Allowance for informed patient desires would include excisional biopsy (lobectomy or thyroidectomy) for definitive histology, especially in larger nodules (>4 cm) or higher risk clinical situations.

New diagnostic terminology and morphologic criteria for thyroid FNA cytology were established at the NCI state of the science conference in 2007. The Department of Pathology at Excelsa Health adopted these criteria. In general, FNA results of carcinoma or suspicious for malignancy or follicular/hurthle neoplasm undergo total or partial thyroidectomy. Non-diagnostic/unsatisfactory or benign results are followed by observation or repeat FNA. The category of follicular lesion/atypia of undetermined significance is an optional category, and its use should be minimized. Nodules in this category may benefit from molecular testing for BRAF, RAS, and RET mutation/ rearrangement.

STAGING

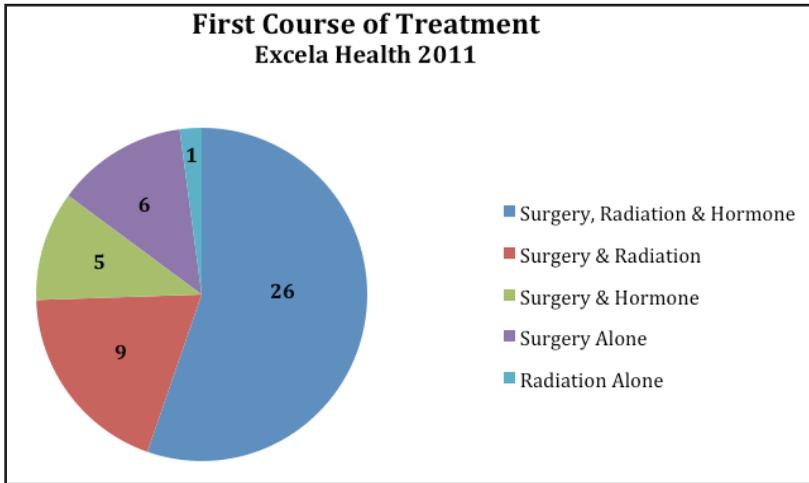
Unlike most solid tumors, TNM staging is not a primary determinant of management of thyroid cancers. Rather, many patient and tumor characteristics contribute, including patient age, history of irradiation, tumor size, and local nodal and distant metastases.

Thyroid cancers are staged differently for the 2 groups of patients, those less than 45 years and those equal to or greater than 45 years of age. At Excelsa, 15 of the 47 patients were less than 45 at diagnosis.

AJCC Staging for Thyroid Cancer Papillary or Follicular (Differentiated)			
Under 45 years			
Stage Group	T	N	M
I	Any T	Any N	M0
II	Any T	Any N	M1
45 years or older			
Stage Group	T	N	M
I	T1	N0	M0
II	T2	N0	M0
III	T3	N0	M0
	T1	N1a	M0
	T2	N1a	M0
IVA	T3	N1a	M0
	T4a	N0	M0
	T4a	N1a	M0
	T1	N1b	M0
	T2	N1b	M0
	T3	N1b	M0
IVB	T4a	N1b	M0
	T4b	Any N	M0
IVC	Any T	Any N	M1

## TREATMENT

Surgical resection, whenever possible, is the preferred treatment for thyroid cancer. According to the NCCN, “decisions surrounding the extent of thyroidectomy should be individualized and undertaken in consultation with the patient.” Since the 10 year survival of patients with papillary carcinoma is 93%, much emphasis is placed on reducing potential morbidity. The rates of long-term recurrent laryngeal nerve injury and hypoparathyroidism, respectively, are 3% and 2.6% after total thyroidectomy, and 1.9% and 0.2% after subtotal thyroidectomy. Completion thyroidectomy has a complication rate similar to that of total thyroidectomy.



## POST-SURGICAL EVALUATION

If there is no gross residual disease, TSH and thyroglobulin and antithyroglobulin antibodies are assessed post-operatively. Radioiodine therapy may be indicated depending on various clinical factors.

If there is unresectable disease, total body radioiodine imaging is performed. Radioiodine treatment may be undertaken if there is adequate uptake. Lacking radioiodine uptake, external beam radiation therapy may be performed.

## SURVEILLANCE AND MAINTENANCE

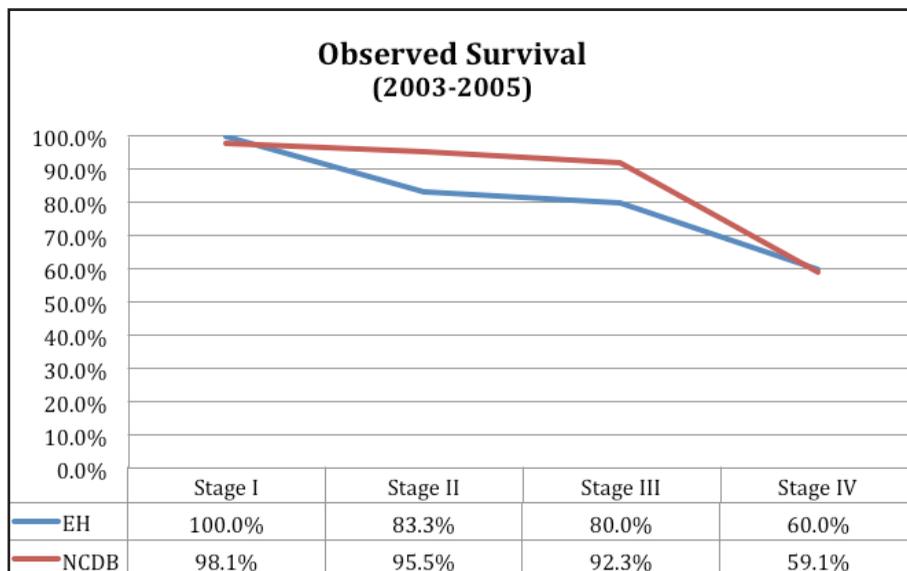
Physical examination, TSH and thyroglobulin measurement, and antithyroglobulin antibodies are recommended at 6 and 12 months, then annually if disease-free. It is recommended that thyroglobulin levels be performed at the same laboratory since there may be a significant variation in the assay from lab to lab.

## TREATMENT OUTCOME

Of the 47 patients diagnosed with thyroid cancer in 2011 at Excela Health, 39 underwent total thyroidectomy, 7 patients had lobectomy or subtotal thyroidectomy, and 1 patient with metastatic anaplastic carcinoma did not undergo resection due to advanced stage of disease at diagnosis.

30 patients had a record of pre-operative fine needle aspiration (FNA), the remainder of patients either refused FNA or it was not recommended for other clinical reasons. 7/30 cases had a cytologic diagnosis of papillary carcinoma, and an additional 8 cases were interpreted as suspicious for papillary carcinoma or follicular neoplasm, categories which usually justify surgical resection. Therefore, FNA contributed to the diagnosis in 15 of 30 cases, for a sensitivity of 50%. Specificity of FNA was not measured.

A number of cancers were incidental or unexpected findings at surgery, “incidentalomas”. These are typically stage 1, less than 1 cm. Treatment of small papillary cancers is controversial, since the likelihood of metastasis is nearly zero.



## FUTURE DIRECTIONS

Treatment of thyroid cancer starts with the proper evaluation of thyroid nodules, either clinically apparent, or found via imaging studies. Guidelines for determining by ultrasonography which thyroid nodules should undergo FNA are published by NCCN.

The sensitivity of FNA might be increased by judicious use of molecular testing. Approximately 50% of papillary cancers demonstrate one of the BRAF, RAS, or RET mutations. One 2011 case had such testing documented.

The yield of FNA could also be increased by technical improvements. The presence of a cytotechnologist to assess specimen adequacy at the time of the procedure, such as at a thyroid FNA “clinic”, has been shown to reduce the number of unsatisfactory specimens or specimens with scarce cellularity.

Charles Choi, MD  
Pathology

Reference:

Commission on Cancer, American College of Surgeons, NCDB Survival Reports

# BREAST CENTER REPORT

## EXCELA HEALTH BREAST IMAGING SERVICES 2011

Screening mammograms performed	26,532
Diagnostic mammograms performed	5,705
Breast ultrasounds performed	2,683
Breast MRI's performed	122
Stereotactic breast biopsies performed	273
Ultrasound guided cyst aspirations/biopsies performed	418
MRI guided biopsies	3

## CANCER CONFERENCES

The cancer conferences at Excelsa Health offer a multidisciplinary patient-oriented forum with the goal being to exchange information among participating physicians to guide ongoing patient therapy. This is done to improve the care of cancer patients, to identify treatment options, make recommendations for patient care and to educate treating physicians. Often, at these informal and interactive conferences, nearly every specialty is represented. This allows the local specialists to share their expertise based on their own experience, as well as knowledge of current literature. The primary care physicians are invited to attend and can take advantage of the opportunity to discuss a case prospectively with their colleagues. At the conference, computerized audio-visual equipment is used, which allows all participants to view high quality radiological images and laboratory slides. The images and slides are presented, and a radiologist and/or pathologist discuss the findings. In addition to the treating physicians and specialists, family medicine residents, medical students and allied health care professionals attend the conferences. This further facilitates consistent and comprehensive care of cancer patients.

In 2011, 138 cases were presented at Latrobe Hospital, representing 27% of the total number of new analytic cancer patients for 2011 and 118 (20%) were presented at Westmoreland Hospital.

Physicians wishing to present or suggest cases or topics for discussion may contact the Cancer Registry at:

Frick Hospital	724-547-1072
Latrobe Hospital	724-537-1286
Westmoreland Hospital	724-832-4064

### CONFERENCE SCHEDULE:

Frick Hospital	Every Thursday via videoconference with Latrobe Hospital   Board Room, Noon
Latrobe Hospital	Every Thursday   Alex G. McKenna Education Center   Auditorium B, Noon
Westmoreland Hospital	Every Tuesday   Memorial Conference Center, Noon

Conferences are also videoconferenced with the Arnold Palmer Pavilion.

# CANCER REGISTRY REPORT

The Cancer Registry is an information system designed to collect, manage and analyze data on patients with a diagnosis of malignant or neoplastic disease. The intent of the registry is to encourage lifetime medical follow-up of cancer patients and to provide a database for epidemiological, clinical, research and cancer program management. Information is abstracted from the medical record. Data collected includes demographic and historical data, tumor characteristics, therapies received, diagnostic procedures, responses to treatment, duration of disease, and length and quality of survival.

The Cancer Registries at Frick Hospital, Latrobe Hospital and Westmoreland Hospital are under the Quality Division at Excelsa Health. The reference date for the registry is 1985 for Westmoreland Hospital, 1987 for Latrobe Hospital, and 1990 for Frick Hospital. The registry at Latrobe was first accredited by the American College of Surgeons in January 1974 and has maintained accreditation since that time. Confidentiality of patient data is strictly maintained and information is only provided to those individuals with a legitimate need for the information.

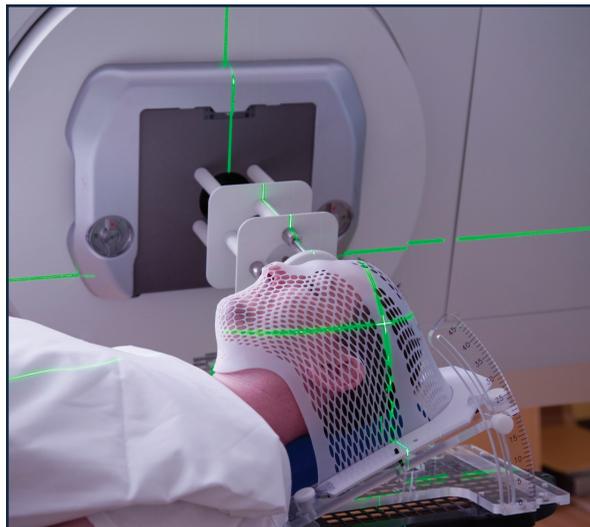
The registry staff consists of three full-time registrars that utilize METRIQ registry software. Pending final reconciliation of 2011 cases, there were 1,236 analytic patients, or those who were diagnosed and/or treated at Excelsa Health, accessioned into the registries and 141 patients added that were seen for recurrent or progressive disease. These numbers are projected to be even higher once state reconciliation is completed. In addition to collecting data for the cancer database, the registry staff also completes the Pennsylvania state data collection abstract mandated by Act 224, the Pennsylvania Cancer Control, Prevention and Research Act. This provides epidemiological data for analysis by the Pennsylvania Department of Health. Cancer registry staff also provides the clerical support for the weekly Cancer Conferences and the quarterly Cancer Committee, coordinates the publication of the annual report and assists with internal registry auditing processes.

The registry staff has continued to meet the changing regulations and requirements of the American College of Surgeons, the Pennsylvania Cancer Program, and the software vendor, ELEKTA IMPAC. To maintain current information and skills, the registrars attended the Pennsylvania Association of Cancer Registrars (PACR) Annual Conference, the PACR Collaborative Staging Update and Introduction to 2012 Cancer Program Standards seminar, hospital lectures on Updates in Metastatic and Osteoporotic Compression Fractures and Breast Cancer for the Primary Care Physician, and participated in the 2011 Collaborative Staging Reliability Study and multiple online seminars offered by the Commission on Cancer and software vendor.

Also in the registry in 2011, some changes occurred to the staffing. After 37 years of service, Erica Tufano, the registrar at Frick retired in June. Her many years of dedicated services were greatly appreciated and she will be missed. With Tufano's retirement, a new face has joined the registry. Lori Tkach became the registrar at Frick in May 2011 and is training to sit for the CTR certification exam.

Excelsa Health Cancer Registry staff:

Beth Janoski, MS-HSL, RHIA, CTR  
Ericca Tufano, CTR  
Diane Bartels, BS, CTR  
Lori Tkach, BS



# CLINICAL TRIALS REPORT

Clinical trials have been the foundation on which the most advanced diagnosis, treatment, and care of patients with cancer have occurred. These advances have led to cures for patients with some types of cancer and for others, better ways to treat their cancer.

Clinical trials study the effects of cancer treatments such as chemotherapy, biological therapy, radiation therapy and surgery. A trial may improve an existing treatment (standard of care), test a new drug, or find a new/better way to treat patients with cancer.

Through a partnership with the Arnold Palmer Pavilion and the University of Pittsburgh Cancer Centers, Excela Health patients have the opportunity to participate in Phase I, Phase II, and Phase III clinical trials. Available disease specific clinical trials include chemotherapy, targeted therapy, radiation or a combination.

- Phase I Trials determine the highest dose of a new drug/agent that is safe and learn/monitor the drug's side effects.
- Phase II Trials evaluate the effectiveness of the new drug/agent in controlling/stopping tumor cell growth.
- Phase III Trials evaluate whether the new or standard of care treatment is better.

Research staff at Arnold Palmer includes a Clinical Research Coordinator (CRC), who is a registered nurse, and a Research Associate (RA). Another CRC is available for support when needed. The CRC coordinates the care while the patient is on a clinical trial; direct oversight is provided by the Medical and/or Radiation Oncologist. Data collection and submission is provided by the RA.

In 2011, 22 patients enrolled in a clinical trial at the Palmer site, with more than 200 patients continuing to be followed for survival. Trial enrollment at this site was about 2.8 percent, which is below the national average of 3 percent.

Clinical trials play a key role in the progress against cancer. These trials are one of the final stages in a long, careful research process and have brought great advances in the diagnosis, prevention, treatment, and care of patients with cancer.

Diane L. Trout, RN  
Clinical Research Coordinator  
Arnold Palmer Pavilion



# COMMUNITY OUTREACH FISCAL 2012

(July 1, 2011 through June 30, 2012)

## Support Groups

Breast Cancer Education and Support Group  
Cancer Education and Support Group  
Stay Smart Tobacco Cessation Support Group  
Look Good Feel Good Support Group  
Us Too Prostate Cancer Support Group

## Community Screenings, Health Fairs and Speaking Engagements

### JULY

Vintage Voyager Seniors – Norwin Christian Church (Breast Cancer Awareness)  
Senator Don White and Representative Tim Krieger's Senior Expo (Breast Cancer Awareness & PSA Screen)  
Jazz Night – Irwin (Breast & Skin Cancer Health Awareness)  
Dick's Sporting Goods Employee Health Fair (Breast Cancer Awareness)

### AUGUST

Downtown Irwin Concerts in the Park (Skin Cancer Health Awareness)  
St. Anne's Health Fair (Breast Cancer Awareness)  
Faith Race Benefits Genre's Kids with Cancer – Irwin  
Baldock Heath Care & Representative George Dunbar Senior Expo (Skin and Breast Cancer Awareness, Tobacco Cessation)  
North Huntingdon Township Summer Celebration (Skin Cancer Health Awareness)

### SEPTEMBER

Wellness Check – Blairsville (PSA Screen)  
Senator Kim Ward Senior Expo – Four Points (Breast and Skin Cancer Awareness)  
Scottdale Fall Festival & Parade (Skin Cancer Awareness)  
Westmoreland Auxiliary Skin Screening Event – Greensburg  
Second Chance Walk – Twin Lakes (Skin and Breast Cancer Awareness, Tobacco Cessation)  
American Red Cross Blood Drive – O&M (PSA Screen)  
Mt. Pleasant Glass Festival (Skin and Breast Cancer Awareness)  
Dunbar Community Festival (PSA Screen)  
Wellness Check – Greensburg (PSA Screen)  
Annual Member Appreciation Day – Norwin Chamber of Commerce (PSA Screen and Breast Cancer Awareness)

### OCTOBER

Westmoreland Walks 2011 – Twin Lakes (Breast Cancer Awareness)  
Holiday Fashion Fantasy – Greensburg Garden and Civic Center (Breast Cancer Awareness)  
Eastern Westmoreland Career and Technology Center - Latrobe (Robotic Surgery)  
Excela Health Breast Center– Latrobe Hospital (Breast Cancer Awareness)  
Wellness Check – Murrysville (PSA Screen)  
Latrobe Senior Center (Breast Cancer Awareness)  
Wellness Check – Scottdale Rotary (PSA Screen)  
Breast Cancer Awareness – Frick Hospital  
Representative Mike Reese Senior Citizens Expo (PSA Screen)  
Wellness Check – Mountain View (PSA Screen)  
Area Agency on Aging Senior Expo – Greensburg (PSA Screen, Breast Cancer Awareness, Tobacco Cessation)

### NOVEMBER

Latrobe Chamber Radio Program WCNS 1480 (Robotic Surgery)  
Wellness Check Latrobe Rotary – Derry (PSA Screen)  
Health & Wellness Fair - Redstone Highlands (Breast Cancer Awareness)  
Wellness Check – Mount Pleasant (PSA Screen)

## JANUARY

Robotics at the Galleria Mall – Johnstown  
Home Care and Hospice – O&M (Cancer Awareness)  
Indiana Chamber Health and Business Expo (Robotic Surgery)

## FEBRUARY

Wellness Program – Rite Aid at Scottsdale (PSA Screen, Breast Cancer Awareness, Tobacco Cessation)  
Homecare & Hospice – Juniper Village at North Huntingdon  
Race for Grace 5K (Cancer Awareness)  
WTAE Winterfest – Seven Springs (Robotic Surgery, Tobacco Cessation)  
Blairsville Community Health Fair (PSA Screen)

## MARCH

Yough School District Health and Science Fair (Robotic Surgery)  
Latrobe Business & Professional Women (Breast Cancer Awareness)  
Wellness Check & Stroke Screening – Donegal (PSA Screen)  
Caregiver Resources Expo – North Huntingdon  
Wellness Check & Stroke Screening – Scottsdale (PSA Screen)  
Daffodil Days – Greensburg  
Women's Health Fair – Greensburg (Breast Cancer Awareness)  
American Cancer Society Gift of Hope – Westmoreland Hospital  
Wellness Check and Stroke Screening – Blairsville (PSA Screen)  
Fifth Annual Women's Expo (Breast Cancer, Robotic Surgery)

## APRIL

Breast Cancer Support Group (Breast Cancer Awareness)  
Wellness Check and Health Fair – Greensburg (PSA Screen, Breast Cancer Awareness, Tobacco Cessation)  
Latrobe Hospital Aid Society Spring Luncheon – Latrobe Country Club (Robotic Surgery)  
Mountain Laurel Chamber of Commerce Business/Community Fair – Donegal (Breast Cancer Awareness, Tobacco Cessation)  
Blairsville Wellness Fair – United Presbyterian Church (PSA Screen)  
Wellness Check and Stroke Screening – Ligonier (PSA Screen)  
WCNS Latrobe Senior Lifestyle Show Home Care and Hospice (Breast Cancer Awareness, Tobacco Cessation)  
Wellness Check and Stroke Screening – Latrobe (PSA Screen)

## MAY

Wellness Check and Stroke Screening – Latrobe (PSA Screen)  
First Energy Health Fair – Greensburg (Breast Cancer Awareness, Tobacco Cessation)  
Wellness Check and Stroke Screening – Latrobe (PSA Screen, Tobacco Cessation)  
Laurel Valley Senior Citizens Health Fair – Ligonier (Breast Cancer Awareness)  
Wellness Check, Stroke Screening and Health Fair – Murrysville (PSA Screen, Skin Cancer Awareness, Tobacco Cessation)  
Elliot Company Women's Health – Jeannette (Breast Cancer Awareness)  
Wellness Check & Stroke Screening – Mount Pleasant (PSA Screen)  
Altoona Radio Show – WFBG (Robotic Surgery)

## JUNE

Health & Wellness Fair – West Newton (Breast Cancer Awareness, Tobacco Cessation)  
Altoona Curve (Robotic Surgery)  
Health and Wellness Fair – Westinghouse Well Being Center (Tobacco Cessation)  
Congressman Tim Murphy Senior Expo Home Care, Hospice and Diabetes – Delmont (Tobacco Cessation)  
JB Bright Beginnings Health and Safety Fair – Greensburg (Tobacco Cessation)  
Mount Pleasant Girl Scout Troup Tour of Frick Hospital (Tobacco Cessation)  
Smoke Free Air Affair – Idewild Park (Tobacco Cessation)

# HOSPICE AND PALLIATIVE CARE

The Excelsa Health Hospice and Palliative Care Program continues to serve patients throughout Westmoreland County and parts of Indiana, Fayette and Allegheny counties. The program provides a holistic approach encompassing physical, psycho-social and spiritual care for not only the patient but the entire support system as well.

The program includes all four levels of Hospice Care (Routine Care, Continuous Care, Inpatient Care and Respite Care). The inpatient level of care is provided to our patients at the three Excelsa hospitals as well as contracted skilled nursing facilities in the area. The Hospice Team comprises an interdisciplinary group: Physicians, Nurses, Social Workers, Bereavement Counselors, Spiritual Care Providers, Home Health Aides, Therapists, Volunteer Coordinator and currently 65 volunteers.

Dr. Rachel Shipley serves as the Medical Director. We currently have two physician extenders, Maryann Dowling, CRNP and Mandee Mikeska, CRNP.

Care is available 24 hours a day, 7 days a week. This past fiscal year we served a total of 761 Hospice patients. The average length of stay was 42 days. Of the Hospice patients, 313 (41%) were people with a cancer diagnosis. We also served a total of 669 Palliative Care patients. Of the Palliative Care patients, 343 (51%) were those with a cancer diagnosis.

Education is a large priority and we provide many in-services to our own care team and community, skilled nursing facilities, personal care homes and assisted living facilities, acute care settings, physician and resident education, funeral directors and staff across the entire health system. By the end of November 2012, three of the nurses from the Excelsa Health Hospice and Palliative Care Team will be Certified ELNEC (End-of-Life Nursing Education Consortium) Trainers. Our hope is that in early 2013, we will be able to offer the ELNEC training to nurses across the entire Excelsa Health system to promote hospice and palliative care awareness and understanding.

Our bereavement program follows the families and caregivers for 13 months after the Hospice patient's death. In addition we hold an annual Memorial Service which was attended by more than 325 people on September 9, 2012. We held a program for the Parade of Trees on November 29, 2011, and decorated trees with ornaments made by patients loved ones in memory of those who have passed this past year. Close to 250 ornaments were sent in and more than 100 people were in attendance. Throughout the year there are multiple support groups to assist in coping with loss that run for six weeks at a time. These include: Adult Child Loss, Widows/Widowers, Loss of Parents, Holiday Support Group, Grief Book Clubs, Cooking for One, Help to Heal Teen Loss Program and many community in-services offered to local schools, churches, colleges, seminary students, and cancer survivors. We offer lovely black and white photos of the patient and their loved ones holding hands as a way to capture that moment in time and provide the family with a loving memory that they may always cherish. In addition, we offer to sew "Bear Buddies" with the external material belonging to their loved one for remembrance sakes and something tangible to hold.

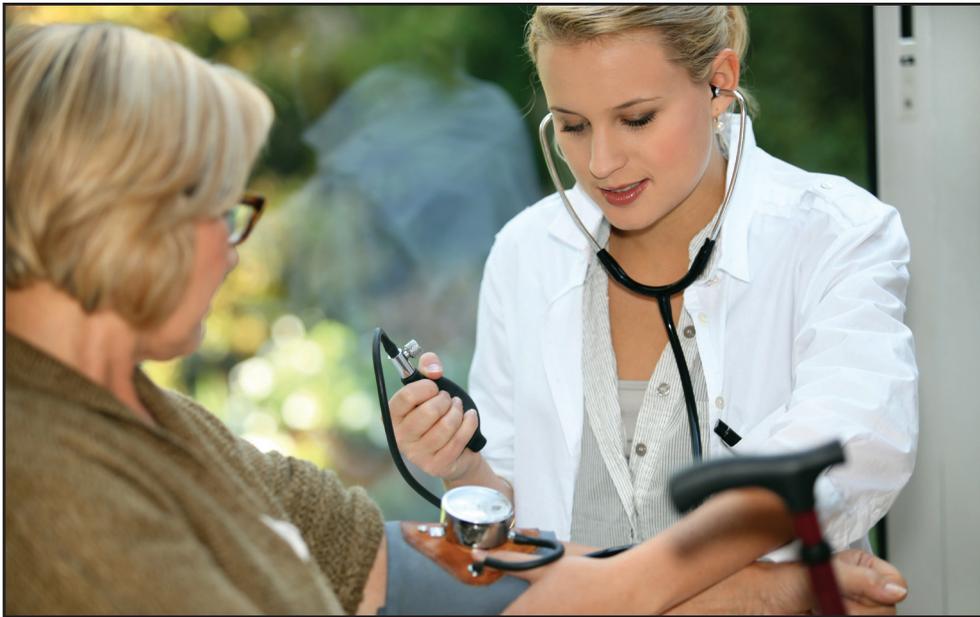
Our Palliative Care program is offered to patients who have chronic illnesses such as cancer who continue to seek active treatment. Many times these patients transition into Hospice Care. We have been doing aggressive education to explain to many entities the difference between Hospice and Palliative care. With the education, the hope is to have better utilization of services and in a more timely fashion. Many people do not get to reap the full benefit of our programs because of when they are entering our program. We continue to plant seeds of education with each contact we make in our day to day activities. We also continue to look for opportunities to expand palliative care services throughout the entire Excelsa Health system in the future.

We are also contracted with Highmark currently which has an Advanced Illness Services Program specifically intended to reach out to patients who are in the true Palliative stage of their illnesses and offers support and counseling during this time to help guide and educate them about their illness path.

There are plans to expand our volunteer services to include a number of new programs including: veteran volunteer programs, pet therapy programs, massage therapy/Reiki services, music therapy, art therapy and patient life reviews/legacy building exercises.

We will also be piloting a program within the Excelsa hospitals to create a more “home-like” setting for patients and families who will be accessing the inpatient hospice benefit at the hospital. With some simple room modifications, we will transform the room from a “normal” hospital room to a room that feels much more comfortable and inviting. Based on the feedback from patients/families regarding the pilot program, our hope is to expand this service to all Excelsa hospitals in the future.

Jim Joyce, MBA, MHA  
Hospice and Palliative Care Manager



## NATIONAL CANCER DATABASE

The National Cancer Database (NCDB), a joint program of the Commission on Cancer (CoC) and the American Cancer Society (ACS), is a nationwide oncology outcomes database that collects data from CoC accredited cancer programs. This data is used to track trends in cancer care, create regional and state benchmarks for participating hospitals, and serves as the basis for quality improvement. CoC accredited cancer programs can evaluate and compare the cancer care delivered at their facilities with that provided at state, regional and national levels. Quality tools currently available for CoC accredited facilities through the NCDB focus on the quality of care provided to breast and colorectal cancer patients. The NCDB is looking to add additional quality tools that will focus on upper gastrointestinal, non-small cell lung and prostate cancers in the near future.

As part of the accredited program at our Latrobe campus, data is submitted annually to the NCDB from the registry. Each year, the data that is submitted has been error-free on initial submission which indicates the quality of the data collected in the registry. This has earned our program commendation consistently when surveyed by the CoC.

For the most recent data collection (2010), the quality tools for breast and colorectal cancers show that our program is performing above the expected rate set by the CoC on all measures as well as above other programs in the state and on the national level. We are committed to monitoring these tools on an ongoing basis as well as new measures as they become available to ensure that we are providing the highest level of quality care to our cancer patients.

Beth Janoski, MS-HSL, RHIA, CTR  
Lead Cancer Registrar

# NUTRITION SERVICES

In 2011, nutrition care was provided through the Arnold Palmer Pavilion to outpatients diagnosed with head/neck and lung cancer, along with other diagnoses. Patients are seen by referrals from physicians, ancillary services, nursing or self referral from the patients. Dietitians from both Westmoreland and Latrobe campuses provided 16 hours of weekly nutrition services including initial assessments, revisits and classes.

The Power of Low Fat classes for breast cancer survivors have continued to be offered to all breast cancer patients. The program provides participants with the tools and support to decrease dietary fat in an effort to improve relapse rates for breast cancer. The dietitians also provided several other educational programs, including an informal monthly question and answer session titled "Ask the Dietitian" which is conducted in the lobby of the Arnold Palmer Pavilion. The class rotates mornings and afternoons to reach out to as many patients and family members as possible. Educational information and samples of supplements are provided. Also, a dietitian presented a nutrition lecture at the Breast Cancer Support Group.

Goals for 2012 are to improve attendance at the classes offered for breast cancer patients, along with a restructure of the classes. The class has been renamed "Move More, Eat Less, Find Success," and emphasizes a low fat diet and exercise as a possible way to reduce breast cancer recurrence.

The primary goal of nutrition intervention is to prevent or correct nutritional deficiencies, achieve and maintain optimal body weight, and improve tolerance to treatment. Care provided by the dietitian enhances both the quality of life and the outcomes of oncology patients through assessment, care planning and appropriate nutrition education. Continuity of nutrition care for the oncology patients is provided during their treatment at the hospital, the Arnold Palmer Pavilion, and in the patient's homes via telephone conversation. A dietitian continues to serve on the cancer committee.

Diane M. Coleman, RD, LDN  
Anita Gallagher, MS, RD, LDN, CNSC  
Paula Piper, RD, LDN, CDE



# REHABILITATION SERVICES

The Physical Medicine and Rehab Services at all three hospitals and 10 outpatient centers offers comprehensive therapy by skilled professionals. Patients receive rehabilitation services during the acute phase of their illness. Continued care is then offered as an outpatient or as an inpatient on the inpatient rehab unit.

Our specialized services include: lymphedema management, treatment of head and neck cancers, post mastectomy and breast reconstruction care, and treatment of pelvic floor pain and dysfunction related to urogynecological cancers. Patients who have lost function related to all types of cancers may benefit from exercise and mobility training on land or in the aquatics pool. Education about lymphedema was offered to the general public at Arnold Palmer Pavilion.

The Excela Health team of occupational, physical and speech therapists work collaboratively with the patients and their caregivers, physicians, nurses and case managers to ensure quality service provision.

Joni Beckman, OTR/L CLT

# SOCIAL WORK SERVICES

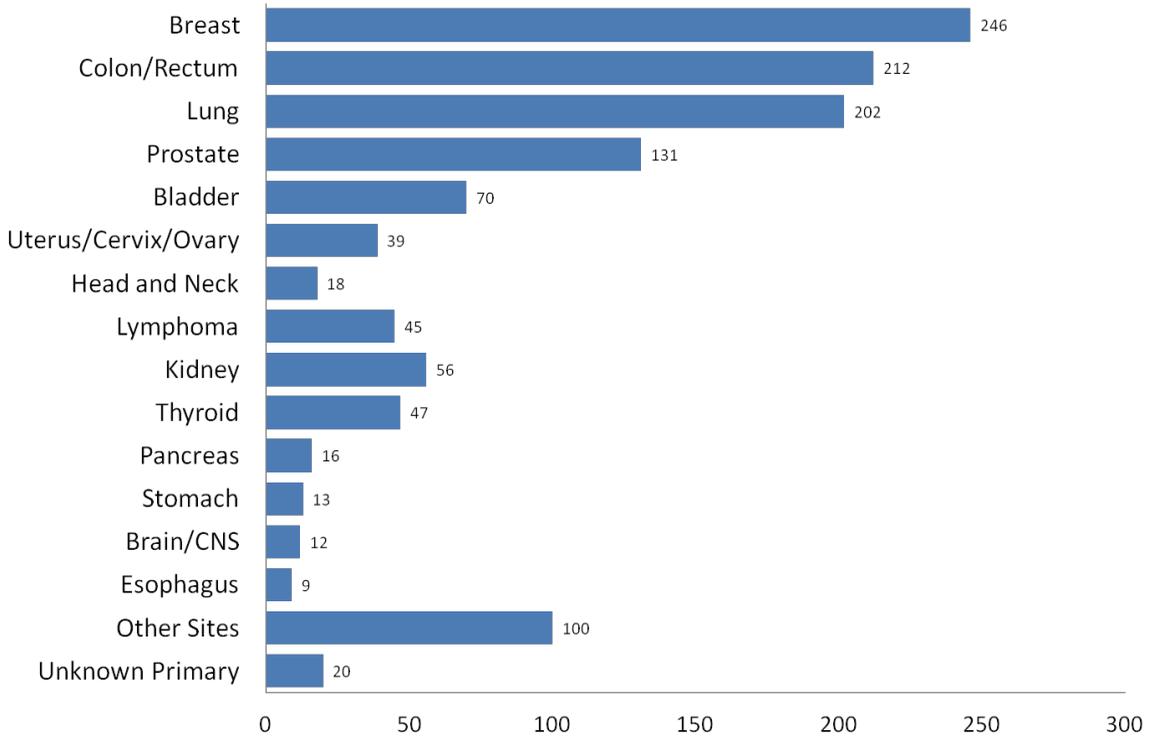
The goal of the social worker at the Arnold Palmer Pavilion, Mountain View Medical Park, is to link patients with the resources they need to be successful during treatment. These resources may address financial concerns, educational information, allocating local supports, care giving resources and insurance concerns. Whatever the issue is, the social worker will assist the patient in finding an answer. The social worker can also help a patient navigate the health care system or even help to coordinate care between disciplines.

Social work services at the Arnold Palmer Pavilion are performed by Katie Kalp, LSW. Sixteen hours a week are spent at the treatment center and are covered on Monday, Wednesday and Friday of each week from 10 a.m. to 3:30 p.m. Contact information and education on social work services is given to each patient in the initial consult packets. On average, 118 patients were served monthly by the social worker. An educational cancer support group hosted by the social worker is held the third Friday of each month from 1:30 p.m. to 2:30 p.m.

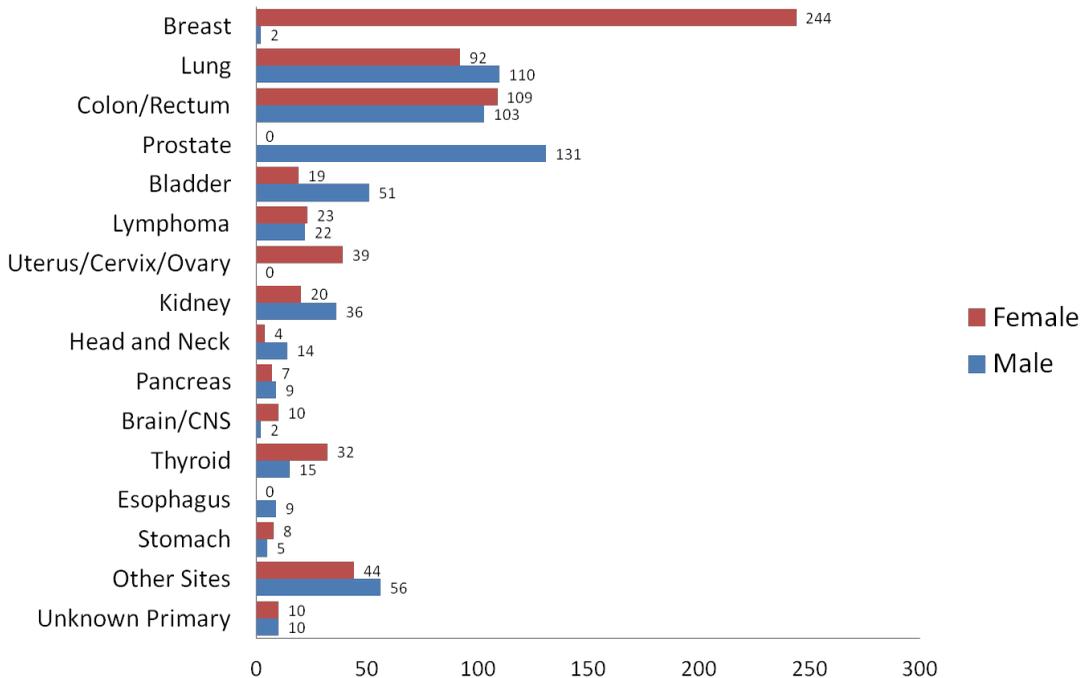
Social Work Services at Excela Health Latrobe Hospital is covered by Dave O'Brien, LSW, ACSW. Excela Health Westmoreland Hospital is covered by Megan Regina, BSW. Social work staff coordinate between the campuses to help patients navigate the health care system and to receive optimal treatment.



## Combined Primary Site Distribution 2011 Excela Health Analytic Cases



## Combined Site Distribution by Sex 2011 Excela Health Analytic Cases



## Combined Age Distribution 2011 Excelsa Health

