



Excela Health
ANNUAL CANCER REPORT
(based on 2012 data)

2013

We have Excellence in health care.

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Excela
Health

2013

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Co-Chairman,
Radiation Oncology

Daniel Clark, MD
Co-Chairman and Cancer
Liaison Physician,
General Surgery

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Radiology

Primo Bautista, MD
Pathology

Maged Shenouda, MD
Pathology

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Medical Oncology

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Cancer Registry

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Teresa Segelson, BASW
American Cancer Society

Kerrie Shojaie, RN, BSN, OCN
Hospice/Palliative Care

Lori Tkach, BS
Cancer Registry

Diane Trout, RN
Clinical Research

CHAIRMEN'S REPORT

The Cancer Committee was fairly active in 2012. We implemented new standards through the American College of Surgeons Commission on Cancer which focused more on enhancing patient centered functions and defining performance criteria in quality measurements and outcomes. This clearly supports the goals of the Excelsa Health System which constantly strives to improve patient care and outcomes.

The Cancer Committee set annual goals at the beginning of the year which consisted of increasing attendance to the "Move More, Eat Less, Find Success!" program for breast cancer patients which was previously called "The Power of Low Fat" program. This was in an effort to educate breast cancer patients on the benefits of a low fat diet and exercise in reducing the risk of breast cancer recurrence. Additionally, we standardized collection of human papilloma virus (HPV) testing for oropharyngeal cancers as well as KRAS testing for metastatic colorectal cancers to provide information that would readily be available for the clinicians when making decisions regarding treatment options. Furthermore through cancer conferences, we continued to implement physician education with presentations on Melanoma by Dr. Jose Mejia and Prostate Cancer Updates by Dr. Geoffrey Bisignani.

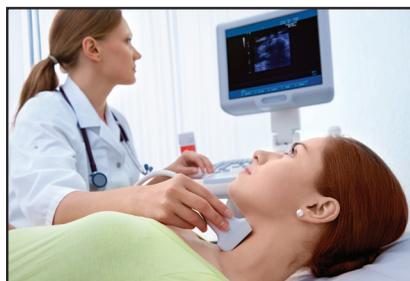
The Excelsa Health System worked with the American Cancer Society (ACS) to develop psychosocial distress screening processes and to support the ACS Survivorship Conference, "Look Good, Feel Better" and "Road to Recovery" programs. Excelsa Health continued to work with the ACS to provide information on prevention and early detection at multiple health fairs and events in the community. The American Cancer Society also provided transportation and financial assistance through the Arnold Palmer Pavilion and numerous patients were able to take advantage of this program. The ACS continued to provide educational opportunities through the Excelsa Health System, namely "The American Cancer Society: Who We Are and How Can We Help Your Patients", as well as free continuing education activities through ACS publications such as "CA: A Cancer Journal for Clinicians".

The Excelsa Health System also continued to be involved in the community by participating in the Relay for Life and Making Strides Against Breast Cancer Walk.

Above are just a few examples of how the Excelsa Health System continues to advance cancer care in Westmoreland County and continues to make strides in all aspects of patient care. We will continue to work with the American Cancer Society to provide supportive services. Additionally, the Excelsa Health System will continue to strive for excellence in cancer care.

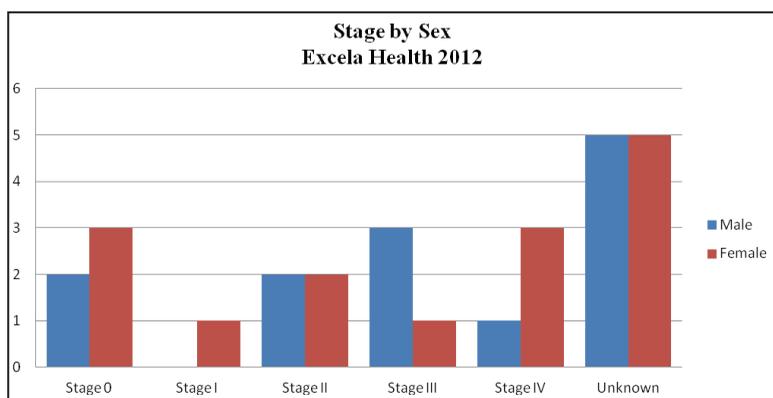
Sanjeev Bahri, MD, FACRO, Cancer Committee Co-Chairman

Daniel Clark, MD, FACS, Cancer Committee Co-Chairman



RECTAL CANCER

Between the years of 2001 to 2010, the death rate from all cancers combined has decreased at an average rate of 1.8% per year for men and 1.4% per year for women. However, we still have a long way to go. Lung, prostate, and colorectal cancers cause the most cancer deaths in men and lung, breast, and colorectal cause the most cancer deaths in women. While the vast majority of lung cancers are caused by smoking, we still do not know the main causes of the other top cancers. While genetics are an exciting area of promise, it is estimated that only approximately 20% or so of all breast cancers are related to genetics. Even less, when we discuss prostate and colorectal cancers. Interestingly, so called “developed” countries such as the U.S. And Europe have a far higher rate of all the cancers mentioned above. Thus, environmental influences in regards to our diet and exposures clearly have a dramatic influence in cancer development. As you can see by the graph below, rectal cancer does not discriminate between men and women, it affects both almost equally in both the incidence and the stage at diagnosis throughout Excela Health.

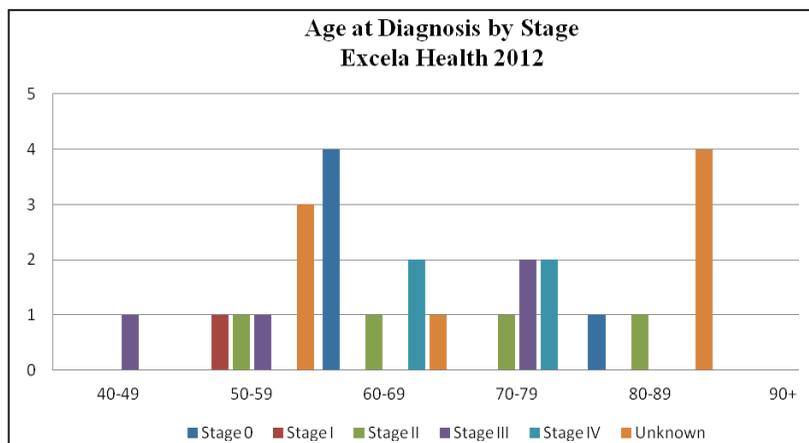


It is estimated that there will be more than 40,000 new diagnoses of rectal cancer in the United States in 2013. Worldwide, it affects men and women equally but African Americans have the highest rate of newly diagnosed rectal cancers of all racial groups, along with the highest mortality, or death rate. That refers to what is known as non-genetic or sporadic rectal cancers. Similar to breast cancer, certain genetic disorders may also lead to rectal cancer, but this accounts for only 10 – 15% of all rectal cancers. Also similar to breast cancer, many of these genetic defects can now be tested for such as Lynch Syndrome or Hereditary Nonpolyposis Colorectal Cancer (HNPP), Familial Adenomatous Polyposis (FAP), Turcot Syndrome, Hyperplastic Polyposis Syndrome, etc. Also, as with breast cancer, this genetic testing is available through Excela Health and has been for several years.

There are other associations that also carry a high risk of development of rectal cancer. These include a personal history of colorectal cancer or polyps, first degree family member with a history of colorectal cancer or polyps, or a personal history of endometrial (uterine), ovarian, or breast cancer. Yet taking into account both the genetic variants and these high risk associations, they still only account for about 23% of all rectal cancers. Yet colorectal cancer is the third leading cause of cancer deaths.

This highlights the importance of screening tests for diagnosis. The symptoms for rectal cancer are similar to colon cancer and are usually nonspecific. They include blood in the stool, change in bowel movements, crampy abdominal discomfort, weight loss, fatigue, change in appetite, etc. The symptoms are very nonspecific and are often disregarded by patients. One symptom more characteristic of rectal cancer is known as tenesmus, or the feeling of incomplete evacuation after a bowel movement. This can also occur with hemorrhoidal disease and again is often disregarded. Unfortunately, younger patients often think that rectal cancer is a disease of the elderly. However, the genetic varieties occur in very young patients. But, even the sporadic form of rectal cancer

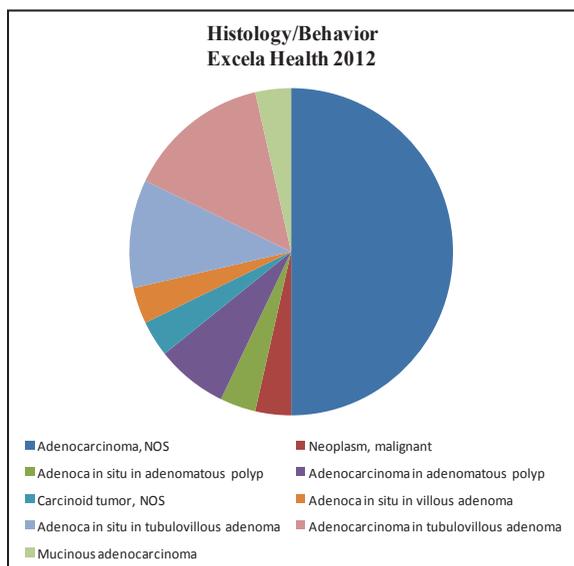
can occur in patients in their 40's. Also unfortunately, the stage of the tumor at diagnosis is often worse as well.



As you can see from the graph above, we need to do a better job of identifying younger patients with rectal cancer at an earlier, more curable stage.

When reviewing intestinal cancers, colon and rectal cancers are most often discussed together. However, this may not be completely appropriate. While the most common type of cancer found in both the colon and the rectum is an adenocarcinoma, the treatment may be dramatically different. In addition, some more unusual cancers such as Carcinoid, Lymphoma, Neuroendocrine tumors, and Gastrointestinal Stromal Tumors are seen more often in the rectum. As with colon cancer, rectal cancer most often arises from a polyp in the lining or mucosa of the rectum. The graph below illustrates the cell type of the rectal cancers seen at Excelsa Health.

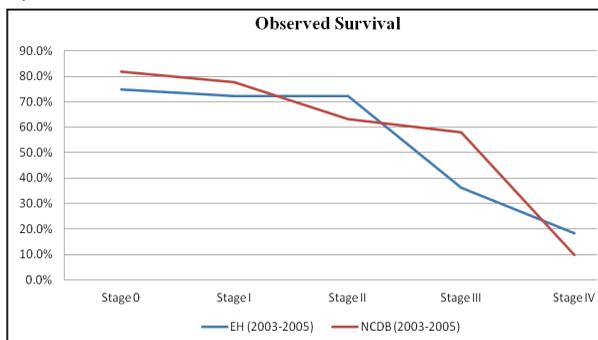
Most colon cancers are treated with surgery as the primary and initial treatment. Often there are excellent results, assuming the tumor is caught early enough. With rectal cancer however, surgery is often not the recommended initial treatment and proceeding with surgery immediately may actually lead to higher recurrence rates in the rectum. With our improved understanding of



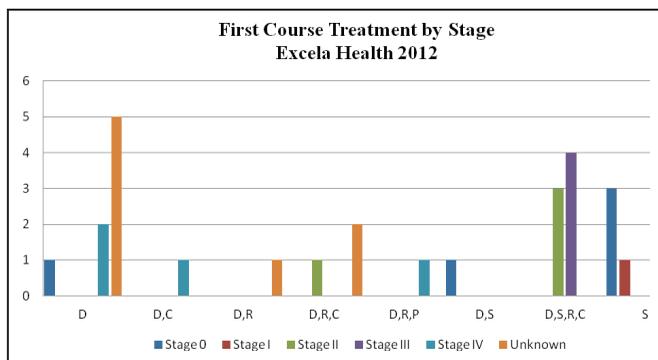
are lymph nodes involved, then it is considered a Stage 3 cancer overall (T1-4, N1-2, M0). N1 indicates there are 3 or less nodes involved while N2 is more than 3. Finally, if there is spread to other organs, then the cancer is a Stage 4 overall (T1-4, N0-2, M1). The liver and

the peculiarities of the rectum we now have a better understanding of how to best treat cancer from this area. Colon and rectal cancers are staged in a similar way to other cancers known as the T, N, M staging system. The T is for tumor size, N is for lymph node spread, and M is for metastasis or spread to other organs elsewhere in the body. If the cancer involves only the tip of a polyp, it is then considered a carcinoma in situ and is a Stage 0 overall (Tis, N0, M0). If the cancer is confined to the mucosa of the rectum alone, then it is considered a Stage 1 overall (T1, N0, M0). If the cancers extends into or through the rectal wall, it is considered a Stage 2 overall (T2-4, N0, M0). However, if there

the lung are the most common sites for spread with both colon and rectal cancer. As illustrated by the graph below, survival for rectal cancer is very dependent on the stage of the cancer. The graph also illustrates how well we compare nationally at Excelsa Health in relation to the National Cancer Data Base (NCDB). This data is even a bit old and our treatments have advanced in the interim which should convey into even better outcomes



The main difference with intestinal tumors is in the T stage. Instead of measuring the overall size at the cancer's maximal dimension, the T stage in colon and rectal cancer refers to the depth of penetration into or through the bowel wall. Stage T0 is a microscopic cancer that is found in the tip of a polyp and has not extended into the colon at all. Stage T1 is a cancer that is confined to the mucosa or most inner layer of the rectum. Stage T2 infers that the cancer has penetrated beyond the mucosal layer and into the muscular layers of the colon wall, but it is still confined within the colon wall. Stage T3 means it has penetrated all the way through the colon wall and perhaps is even into the fat around the colon. Stage T4 is when the cancer has invaded adjacent structures. In rectal cancer, this could mean the sacral bone, the prostate, the vagina, or the uterus. It is critical to know the T stage of a rectal cancer before beginning any treatment regimen. In the past, this was done simply by the physician performing a rectal exam and trying to see if he/she could move the tumor. That meant it was not a T4 and we could proceed with surgery. If it was fixed to surrounding structures, then surgery could not remove it completely and we would recommend preop radiation. Unfortunately, even T3 tumors that extended through the rectal wall could be resected with inadequate radial margins. That is the amount of cancer free tissue beyond the tumor outside the wall of the rectum. This led to a higher local recurrence rate and subsequently, a higher mortality from rectal cancer. Along with this, rectal cancer recurrences are often painful and difficult to control, as they can invade the bones of the rectum. Fortunately, we now have a better way of assessing a rectal cancer before proceeding with surgery. We now recommend a preop test known as an Endo-Rectal Ultrasound. With this test, a small probe with ultrasound capabilities is placed into the rectum. The ultrasound is sensitive enough to see the different layers of the rectum and diagnose the T stage of the tumor. In addition, it may also see enlarged or abnormal lymph nodes near the rectum, signifying spread of the cancer. This is the N stage of the tumor. If there is cancer extending beyond the rectal wall (T3 or T4), or there are abnormal lymph nodes (N stage) then we know that surgery is not the recommended initial therapy. If this is the case, then doing preop radiation will shrink the cancer, making it easier to do a complete radial resection and leads to a much lower recurrence rate. In addition, adding chemotherapy to the radiation further improves the outcome as the two treatments are additive with each other on their effects in treating rectal cancer. Thus, we can now "downstage" rectal cancers with preop treatment of chemo and radiation, leading to far better outcomes in regards to survival and recurrence. The graph below illustrates the First Course of Treatment that was done throughout Excelsa Health for rectal cancer by the stage at diagnosis. D = biopsy or polypectomy. In the case of Stage 0 disease, polypectomy is often all that is needed. S = surgery, R = radiation, C = chemotherapy, and P = palliative care. Palliative care refers to supportive or comfort care. This is sometimes the best treatment for the most advanced tumors or in patients who are very elderly or have severe, complicating medical conditions. Although we can do miraculous things, sometimes it is hardest for us to realize that there is nothing we can do. Unfortunately, we are sometimes faced with that reality.



This graph also illustrates that we have room to improve in regards to the best initial treatment. Often, this is due to patient resistance to have chemo and radiation before surgery due to a poor understanding of the benefits. Unfortunately, it may also be due to some more traditional thinking by physicians as well. The goal would be for all surgeons, physicians, and patients involved in rectal cancer care to be aware of the dramatic benefits of preoperative chemotherapy and radiation when applied to the proper setting.

Once the Endo-rectal Ultrasound is done and we have determined the best course of treatment, then surgery is still required. It will be done approximately 2 months after chemotherapy and radiation are completed or immediately if they are not necessary. There are two main types of surgery for rectal cancer. One is a low anterior resection where the rectum is removed and the colon is reattached just above the anus. The other is known as an Abdominal Perineal Resection. This is done when the cancer is too close to the anus to reattach the colon and results in a permanent colostomy. This is often where preoperative chemo and radiation can make a difference. The traditional method for the surgery is through an incision in the mid-line of the abdomen, known as the open technique. Minimally Invasive Surgery has improved on the outcomes with rectal cancer. Recent studies reveal that laparoscopic surgery leads to fewer transfers post operatively to transitional care centers for further rehab and nursing homes, while providing the same cancer outcomes as traditional surgery. However, operating in the pelvis is difficult to do laparoscopically. The rectum does not go straight to the anus. It takes an upward or anterior turn. With laparoscopic instruments, they are straight and the mobility is limited by the pubic bone anteriorly making it difficult to get the last bit of rectum mobilized for resection. This leads to a higher conversion rate from laparoscopic to open surgery. However, the advent of robotic surgery has dramatically improved the conversion rate. Now, the instruments with the robotic approach are fully wristed, eliminating the problem of reaching the distal rectum. In addition, with laparoscopic surgery, the camera has 4x's magnification with high definition, but flat panel visualization. The da Vinci Robotic camera offers 10x's magnification and 3-D visualization which now gives a much better visualization of the pelvis with depth perception as well. As a result, we are now able to dissect much lower in the pelvis, all the way to the pelvic floor muscles at the anus. This has already translated into being able to save at least 2 patients from a permanent colostomy that would have been done with either the open or laparoscopic procedure. We are also fortunate at Excelsa Health that our surgeons at Latrobe Hospital are some of the most experienced robotic surgeons in western PA. Our robotic program was one of the first in the region, beginning over 4 years ago. We were also the first health system in western PA to do any colorectal surgery robotically. One of our surgeons is a national proctor or teacher of robotic surgery and has trained regional, national, and Canadian general and colorectal surgeons in the robotic technique. Thus, there is no reason to look beyond Excelsa Health for Excellence in Colon and Rectal Surgery.

Daniel C. Clark, M.D., F.A.C.S.
 Co-Chair, Excelsa Health Cancer Committee
 National Cancer Liaison, American College of Surgeons, Commission on Cancer
 General, Minimally Invasive, and Robotic Surgeon

BREAST CENTER REPORT

EXCELA HEALTH BREAST IMAGING SERVICES 2012

Screening mammograms performed	26,103
Diagnostic mammograms performed	5,043
Breast ultrasounds performed	2,564
Breast MRI's performed	127
Stereotactic breast biopsies performed	264
Ultrasound guided cyst aspirations/biopsies performed	457
MRI guided biopsies	7

CANCER CONFERENCES

The cancer conferences at Excela 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 practice residents, medical students and allied health care professionals attend the conferences. This further facilitates consistent and comprehensive care of cancer patients.

In 2012, 124 cases were presented at Latrobe Hospital, representing 24% of the total number of new analytic cancer patients and 111 (16%) 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 WebEx with Latrobe Hospital | Board Room, Noon

Latrobe Hospital Every Thursday | Alex G. McKenna Education Center | South Conference Room, Noon

Westmoreland Hospital Every Tuesday | Memorial Conference Center, Noon

Conferences are also offered via WebEx with the Arnold Palmer Cancer 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 who utilize METRIQ registry software. Pending final reconciliation of 2012 cases, there were 1,028 analytic patients, or those who were diagnosed and/or treated at Excelsa Health, accessioned into the registries and 115 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 CoC 2012 Standards Seminar, hospital lectures on Melanoma and Prostate Cancer and multiple online webinars offered by the Commission on Cancer and software vendor.

Excelsa Health Cancer Registry staff:
Beth Janoski, MS-HSL, RHIA, 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 Cancer Pavilion and the University of Pittsburgh Cancer Institute, Excelsa 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. These trials usually include those patients who have advanced cancer that cannot be treated effectively with an existing treatment.
- Phase II Trials evaluate the effectiveness of the new drug/agent in controlling/stopping tumor cell growth. These trials include those who may or may not have already received the standardized method of care.
- Phase III Trials evaluate whether the new or standard of care treatment is better. These trials include both a control group of patients receiving the method of care and research group of patients receiving the trial treatment.

Research staff at Arnold Palmer includes two Clinical Research Coordinators (CRC), who are RNs, and one Research Associate (RA). A third 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 Oncologist and/or Radiation Oncologist. Data collection and submission is provided by the RA.

In 2012, 36 patients enrolled in a clinical trial at the Palmer site, while more than 200 patients continue to be followed for survival. Trial enrollment at this site was about 5 percent, which is above 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 provide an important tool for the development of new approaches to prevent, detect, diagnose and treat cancer.

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



COMMUNITY OUTREACH FISCAL 2013

(July 2012 through June 2013)

COMMUNITY INVOLVEMENT

Health Fairs
Community Festivals
Speakers Bureau

Special Events
Support Groups

SUPPORT GROUPS

Breast Cancer Education and Support Group

- 1st Tuesday of the month
- Meet at Westmoreland Hospital
- Support for those recovering from breast cancer

Stay Smart Tobacco Cessation Support Group (Telephone)

- 4th Tuesday of the month
- Members call into meetings
- Support for those who have quit smoking or are trying to quit

Tobacco Cessation Support Group

- 6 week programs
- Meet at Westmoreland Hospital
- Support for those actively trying to quit smoking

Look Good Feel Good Support Group

- Scheduled as patients express interest
- Meet at various locations
- Support for female cancer patients that teaches women how to understand and care for changes in skin and hair that may occur during treatment
- Program is offered in partnership with the National Cosmetology Association and The Personal Care Products Council Foundation

Us Too Prostate Cancer Support Group

- 4th Thursday of the month
- Meet at Westmoreland Hospital
- For prostate cancer patients, survivors and their spouses/partners and families

FIRST QUARTER

July-September 2012

- Senator Don White and State Representative Tim Krieger Senior Expo – (Skin and Breast Cancer Awareness)
- Downtown Irwin Jazz Night – (Skin and Breast Cancer Awareness)
- Norwin Community Center Ice Cream Social – (Skin and Breast Cancer Awareness)
- Norwin Community Center Meet Your Neighbor Picnic – (PSA Awareness)
- Home Care and Hospice End of Life Issues and Ethnicities
- Downtown Irwin Jazz Night – (Skin and Breast Cancer Awareness)
- Dick's Sporting Good Employee Health Fair – (Skin, Breast and Smoking Cessation Awareness)
- Crown Cork & Seal Health Fair – (Skin, Breast and Smoking Cessation Awareness)
- Westinghouse Employees Health and Wellness Fair – (Skin, Breast and Smoking Cessation Awareness)
- Blairsville Quota Club Wellness Check – (PSA Screening)
- Monroeville Convention Center Health Fair – (Skin, Breast and Smoking Awareness)
- George Dunbar Health Fair – (Breast Awareness)
- Know Your Stats – Prostate Screening with Dr. Norman Gebrosky Speakers Bureau at Elliott Company, Jeannette
- Scottdale Fall Festival – (Skin, Breast and Smoking Cessation Awareness)
- Penn Township Fall Festival – (Skin, Breast and Smoking Cessation Awareness)
- Hot Pink Pittsburgh – (Breast Cancer Awareness)
- Greensburg Rotary Wellness Check and Health Fair – (Breast Awareness and PSA Screening)
- Mt. Pleasant Glass Festival – (Skin, Breast and Smoking Cessation Awareness)

Lives Touched: 75,288

SECOND QUARTER

October-November 2012

- Breast Cancer Awareness Month throughout Community – Marketing Campaign
- Vivace to benefit Westmoreland Symphony – (Breast Cancer Awareness)
- Westmoreland Walks – (Breast Cancer Awareness)
- Murrysville Rotary Wellness Check – (PSA Screening)
- Healthful Eating for Breast Cancer Care
- Skin Screening for Cancer with Westmoreland Auxiliary
- Women's Health Fair Norwin Community Center – Breast Cancer Awareness)
- Senator Kim Ward Senior Fair – (Breast Cancer Awareness)
- Ligonier VFD Wellness Check (PSA Screening)
- Area on Aging Health and Education Expo – (Skin, Breast Cancer Awareness)
- Rep. Mike Reese Senior Expo – (Breast Cancer Awareness)
- Mountain View Wellness Check – (PSA Screening)
- Latrobe Wellness Check – (PSA Screening)
- Girls Night Out Downtown Irwin – (Breast Cancer Awareness)
- Mt. Pleasant Rotary Wellness Check – (PSA Screening)

Lives Touched: 15,565

THIRD QUARTER

January-March 2013

- Coaches vs. Cancer Event – (Cancer Awareness)
- Westmoreland County Employee Wellness Fair – (Breast and Smoking Cessation Awareness)
- Westinghouse Waltz Mill Wellness Fair – (Breast and Smoking Cessation Awareness)
- Greensburg Women's Club – (Breast Cancer Awareness)
- Norwin Career Fair – (Breast Cancer Awareness)
- First Responders Wellness Check – (PSA Screening)
- Scottdale Rotary Wellness Check – (PSA Screening)
- White Oak Rotary – (PSA Screening)
- Daffodil Days throughout Excelsa Health
- Blairsville Ladies Auxiliary Wellness Check – (PSA Screening)
- American Cancer Bears Days

Lives Touched: 10,232

FOURTH QUARTER

April-June 2013

- Westmoreland County Haz-Mat Team – (PSA Screening)
- Race for Grace – (Breast Cancer Awareness)
- Women's Expo of Westmoreland County – (Breast Cancer Awareness)
- Greensburg Rotary Wellness Check – (PSA Screening)
- Seton Hill Women's Event – (Breast Cancer Awareness)
- Westmoreland Walks Against Breast Cancer Meeting – (Breast Cancer Awareness)
- Leukemia and Lymphoma Walk – (Cancer Awareness)
- Ligonier VFD Wellness Check – (PSA Screening)
- WCNS Senior Expo – (Breast Cancer Awareness)
- Latrobe Rotary Wellness Check – (PSA Screening)
- Mt. Pleasant Hallmark Girls Day Out – (Breast Cancer Awareness)
- Elliott Company Health Fair – (PSA Screening)
- Latrobe Rotary Wellness Check – (PSA Screening)
- Homecare and Hospice Breast Cancer Education
- Latrobe Rotary Wellness Check – (PSA Screening)
- Murrysville Rotary Wellness Check – (PSA Screening)
- Mt. Pleasant Rotary Wellness Check – (PSA Screening)
- American Cancer Society Relay for Life – (Cancer Awareness)
- Downtown Irwin Jazz Night – (Breast Cancer Awareness)

Lives Touched: 12,435

Total Lives Touched: 113,520



2013

HOSPICE AND PALLIATIVE CARE

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

The hospice 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 Excela Hospitals as well as contracted skilled nursing facilities in the area. The Hospice Team comprises an interdisciplinary group which includes Physicians, Nurses, Social Workers, Bereavement Counselors, Spiritual Care Counselors, Home Health Aides, Therapists, a Volunteer Coordinator and currently 73 volunteers.

Dr. Rachel Shipley serves as the Hospice 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 779 Hospice patients. The average length of stay was 38 days. Of the Hospice patients, 289 (37 percent) were patients with a cancer diagnosis. We also served a total of 711 Palliative Care patients. Of the Palliative Care patients, 445 (63 percent) were patients with a cancer diagnosis.

Education is a large priority and we provide many in-services to not only our own staff but the 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.

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. This year's Memorial Service will take place on October 20, 2013. We held a program for the Parade of Trees on December 4, 2012 and decorated trees with ornaments made by patients' loved ones in memory of those who have died during the last year. Close to 250 ornaments were sent in and more than 100 people were in attendance at the program.



Throughout the year, there are multiple support groups to assist in coping with loss that run for 6 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 photos done in black and white of hands being held with the patient that are presented to the family in a frame for remembrance. In addition, we offer to sew bears from material belonging to their loved one for remembrance sake and something tangible to hold.

We were able to expand our volunteer services to include a number of new programs including: veteran programming, pet therapy programs, massage therapy/reiki services, music therapy, art therapy and patient life reviews/legacy building exercises. Many of these new programs were strengthened by ongoing relationships with local colleges and universities including St. Vincent College, Seton Hill University and the University of Pittsburgh at Greensburg.

Our program within the Excela Hospitals to create a more "home-like" setting for patients and families who access the inpatient hospice benefit at an Excela Health Hospital continues to be well received. With some simple room modifications, we transform the room from a "normal" hospital room to a room that feels much more inviting. These modifications include more comfortable furniture for family members who may be staying overnight, softer lighting in the room, availability of compact disc players and compact discs with soothing music, light refreshments for family members who are visiting the patient and donated blankets and journals to add a certain level of comfort to the room. Since January 2013, more than 250 blankets have been donated to the program by Excela Health Hospice Volunteers.

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 this education, the hope is to have better utilization of services and in a more timely fashion. Many people do not reap the full benefit of our programs because of when they enter 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 Excela Health System in the future.

We are also contracted with Highmark for its Advanced Illness Services Program specifically intended to reach patients who are in the true Palliative Stage of their illnesses. We offer support and counseling during this time to help guide and educate them about their illness path.

Jim Joyce, MBA, MHA
Hospice and Palliative Care Manager



FOOD AND NUTRITION SERVICES

The primary goals of nutrition intervention are to prevent or correct nutritional deficiencies, achieve and maintain optimal body weight and improve tolerance to treatment. Dietitians enhance 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 patient is provided during treatment at the hospital, the Arnold Palmer Cancer Pavilion and in patient homes via telephone conversation. A dietitian continues to serve on the cancer committee.

In 2012, nutrition care was provided through the Arnold Palmer Cancer Pavilion to outpatients diagnosed with head and neck and lung cancer, along with other cancer diagnoses. Patients are seen by referrals from physicians, ancillary services, RN or self referral from the patients. Dietitians from both the Westmoreland and Latrobe campuses provided 16 hours of weekly nutrition services including initial assessments, revisits and classes.

Move More, Eat Less, Find Success classes for breast cancer survivors have continued to be offered to all breast cancer patients. The program provides participants with tools and support to decrease dietary fat, weight loss and encourage exercise in an effort to improve relapse rates for breast cancer. An exercise physiologist was added to the program as a lecturer and a pedometer is provided to participants. Attendance for the breast cancer nutrition education program in 2012 was increased 70 percent, achieving the 2012 Cancer Program clinical goal.

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 Cancer Pavilion. The class rotates mornings and afternoons to reach out to as many patients and family members as possible. Educational information and support are provided. Also, nutrition education material was provided at the American Cancer Society's Relay for Life event in Latrobe.

Goals for 2013 are to implement screening criteria for dietitian referrals. Services for the Oakbrook and Mt. Pleasant medical offices are being reviewed. The breast cancer program will offer individual weight loss counseling and follow-up visits.

Diane M. Coleman, RD, LDN
Anita Gallagher, MS, RD, CNSD, LDN
Paula Piper, RD, LDN
Food and Nutrition Services



Breast Cancer Nutrition

"Move More, Eat Less, Find Success!"

Recent research has shown that healthy lifestyle changes that include weight loss and a low fat intake, along with consistent exercise, may decrease breast cancer recurrence. Based on these study findings and oncologist recommendations, a special exercise and nutrition program is offered by Excela Health dietitians and exercise physiologists at the Arnold Palmer Pavilion, a UPMC Cancer Center, a joint venture with Excela Health.

What is involved in the program?

- One introductory group session outlining study results, benefits, program objectives and diet.
- One individualized personal coaching session with a registered dietitian.
- Two individualized follow-up diet sessions.
- One group session reviewing exercise recommendations with an exercise physiologist.
- Monthly group sessions covering label reading, recipe modification and dining out.
- Regular group sessions on timely special topics including: Healthy holiday eating, a guide to healthy fats and organic foods.
- A pedometer will be provided.

Why should I attend?

- Your doctor has referred you to the program. • FREE of charge.

Introduction to Program

Tuesday, November 13, 2012 - 2 to 2:45 p.m.
Tuesday, December 4, 2012 - 10 to 10:45 a.m.
Thursday, January 10, 2013 - 2 to 2:45 p.m.
Thursday, February 7, 2013 - 2 to 2:45 p.m.

Reading Food Labels and Recipe Modification

Tuesday, November 6, 2012 - 2 to 2:45 p.m.
Tuesday, December 11, 2012 - 10 to 10:45 a.m.
Tuesday, January 15, 2013 - 2 to 2:45 p.m.
Tuesday, February 12, 2013 - 2 to 2:45 p.m.

Exercise

Tuesday, November 27, 2012 - 2 to 3 p.m.
Thursday, December 20, 2012 - 10 to 11 a.m.
Tuesday, January 22, 2013 - 2 to 3 p.m.
Thursday, February 21, 2013 - 2 to 3 p.m.

Special Topics

Healthy Holiday Eating: Thursday, December 6, 2012 - 10 to 10:45 a.m.
Healthy Restaurant Dining: Tuesday, January 8, 2013 - 10 to 10:45 a.m.
A Guide to Healthy fats: Tuesday, February 19, 2013 - 10 to 10:45 a.m.

Held at the Arnold Palmer Pavilion,
Mountain View Medical Park
200 Village Drive, east of Greensburg on Route 30

After discussing with your physician, call for more information and class registration, 724-832-4416 or 724-537-1281

We have Excellence in health care.
You have **Excela Health**

www.excelahealth.org

REHABILITATION SERVICES

The Physical Medicine and Rehabilitation Services at Frick, Latrobe and Westmoreland Hospitals and at all 10 outpatient centers offer comprehensive therapy by skilled professionals. Patients receive rehabilitation services during the acute phase of their illness. Continued care is then offered on an outpatient basis 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. 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 is offered to the general public at Arnold Palmer Cancer 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 insure quality service provision.

Joni Beckman, OTR/L CLT

SOCIAL WORK SERVICES

The goal of the social worker at the Arnold Palmer Cancer 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 also can help a patient navigate the health care system or even help to coordinate care between the different disciplines.

Social work services at the Arnold Palmer Cancer 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 are given to each patient in their initial consult packets. Patients have the contact information to reach the social worker even on days when she is not at the treatment facility. On average in 2012, 98 patients were served monthly by the social worker.

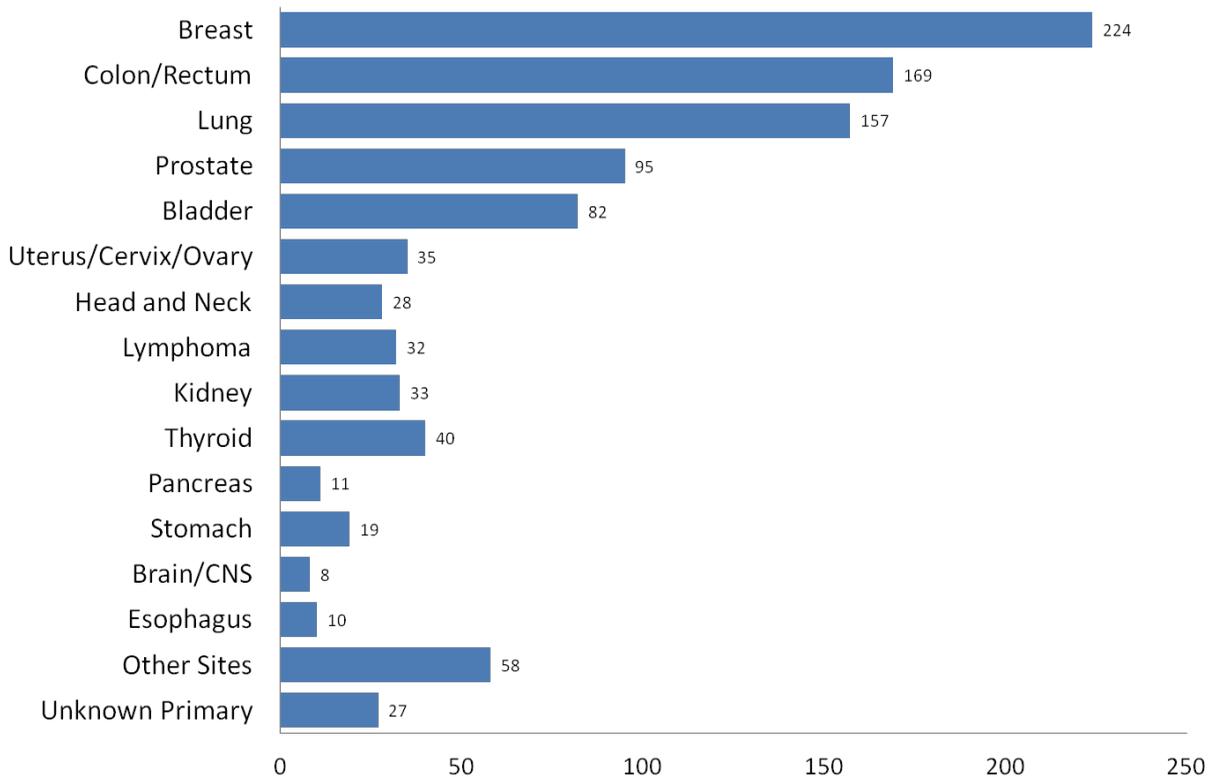
An educational cancer support group is run by the social worker and held the third Friday of each month from 1:30 to 2:30 pm. Continuing projects that were started in 2012 include collaboration with the American Cancer Society to create a patient navigation system that would better address the needs of our cancer patients and help those in crisis.

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



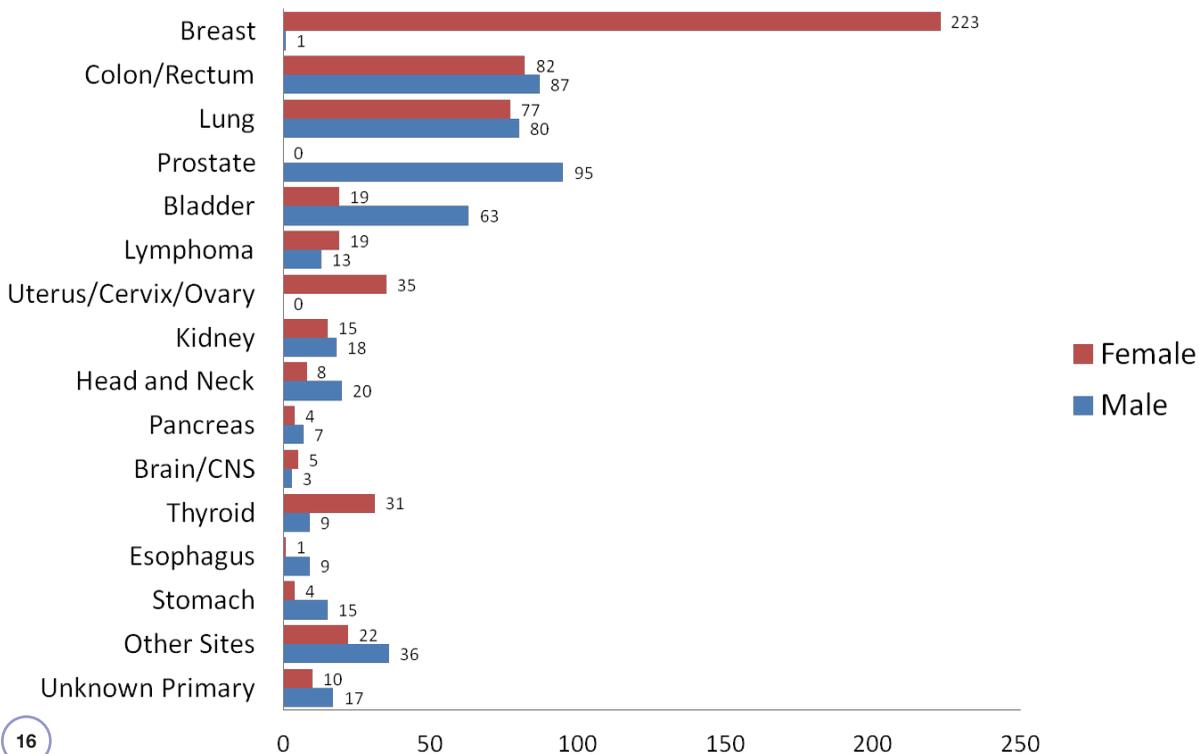
Combined Primary Site Distribution

2012 Excela Health Analytic Cases



Combined Site Distribution by Sex

2012 Excela Health Analytic Cases



Combined Age Distribution

2012 Excela Health Analytic Cases

