



**Excelsa Health**  
ANNUAL CANCER REPORT  
*(based on 2016 data)*

**2017**

We have Excellence in health care.

You have

**Excelsa**  
Health

2017

# EXCELA HEALTH CANCER COMMITTEE

## **Co-Chairmen:**

Sanjeev Bahri, MD, FACRO  
Co-Chairman  
*Radiation Oncology*

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

## **Physician Members:**

Richard Lucas, MD  
*Radiology*

Maged Shenouda, MD  
*Pathology*

Matthew Sulecki, MD  
*Medical Oncology*

Michael Szwerc, MD, FACS  
*Thoracic Surgery*

## **Non-Physician Members:**

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*Cancer Registry*

Diane Trout, BSN, RN  
*Clinical Research Coordinator  
Clinical Research*

# CHAIRMEN'S REPORT

In 2016, cancer care continued to advance throughout the Excelsa Health System. The Advanced Lung Center at Excelsa Health officially opened on January 18, 2016. Under the direction of Dr. Michael Szwerc, this program offers low dose CT scan 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 program has demonstrated steady growth and was accredited by the Lung Cancer Alliance as a Center of Excellence.

Excelsa Health joined the Clinical Connect Health Information Exchange (CCHIE) which allows access to consolidated health information from participating health systems and promotes continuity of care.

Our cancer program continued to participate in the Rapid Quality Reporting System (RQRS) which provides real clinical time assessment of adherence to quality cancer care measures and allows us to monitor the care our patients are receiving to ensure it is timely and in accordance with evidence-based practices.

We implemented an improvement in patient care through a LEAN event looking at the flow of information for pathology specimens to ensure that the process was streamlined to eliminate any delays in diagnosis, decrease costs and decrease wait times for both the ordering physician and patient. We also reviewed our practice for surgical management of early stage lung cancer and determined that we are in line with established national standards.

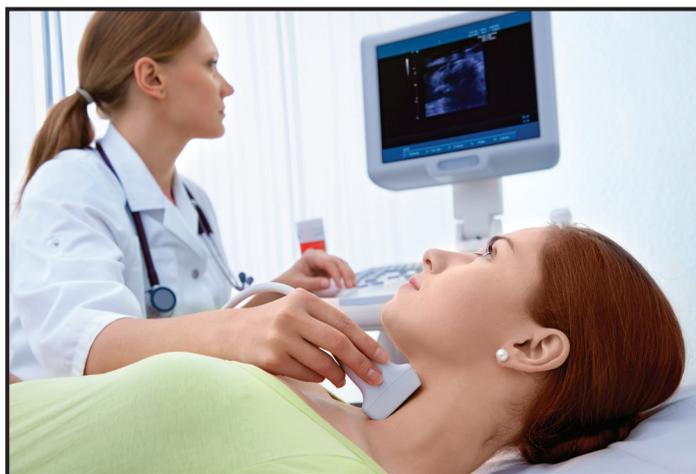
We continued partnerships with the American Cancer Society (ACS) and Our Clubhouse to provide outreach and support to cancer patients and their family and friends. We also continued to be involved in the community with participation in Relay for Life and Westmoreland Walks Against Breast Cancer.

Through the Cancer Conferences and lectures by guest speakers, we offered physician, nurse and ancillary personnel education with presentations on "Lung Cancer Screening" by Dr. Michael Szwerc and "Alternative and Expressive Therapies in Hospice and Palliative Care" through the University of Pittsburgh at Greensburg.

These are just a few examples of how the Excelsa Health System continues to advance cancer care in Westmoreland County. We at the Excelsa Health System continue to strive for Excellence in Cancer Care.

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

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



# INSTITUTIONAL REVIEW OF THE MANAGEMENT OF ESOPHAGEAL CANCER AT EXCELA HEALTH DECEMBER 2014 THROUGH SEPTEMBER 2017

## *Introduction*

The American Cancer Society estimates that there will be 16,940 new cases of esophageal cancer diagnosed in 2017 in the United States. Of these, more than 13,000 cases will occur in men and over 3,000 cases will occur in women. Unfortunately almost an equal number of patients (15,690) will die from esophageal cancer in 2017. Esophageal cancer is four times more likely to occur in men than in women. In the United States, the lifetime risk of esophageal cancer is about 1 in 125 in men and about 1 in 454 in women.

Trends in 5-year survival have improved over time. In the 1970's only about 5% of patients had a 5-year survival rate. Now approximately 21% of patients are fortunate enough to see a 5-year survival. Although survival rates are improved for those diagnosed at earlier stages, these numbers represent patients with all stages of esophageal cancer. The National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) database analyzed diagnosis data between 2007 and 2013. The SEER database does not utilize the AJCC TNM staging but divides esophageal cancers into three summary stages. Localized disease includes AJCC stage I and some stage II tumors (T1, T2, or T3, N0, M0). Five-year survival in this stage is approximately 43%. Regional disease includes T4 tumors and cancers with lymph node spread (N1, N2, or N3). Five-year survival in this stage is around 23%. Distant disease includes all M1 (stage IV) cancers. Five-year survival rate is only about 5% for this stage.



There are two main types of esophageal cancer – squamous cell carcinoma and adenocarcinoma. Squamous cell carcinoma can occur anywhere along the esophagus, however, it is usually seen in the neck region and in the upper two-thirds of the esophagus. It used to be the most common type of esophageal cancer in the United States, however squamous cell now occurs in less than half of esophageal cancers in this country. Adenocarcinoma is more common and it most commonly occurs in the distal (lower third) part of the esophagus.

The most common risk factors for esophageal cancer include age greater than 50 years, male sex (4 times more common), GERD, Barrett's esophagus, tobacco and alcohol abuse, obesity and dietary habits. The most common signs of esophageal cancer include dysphagia, odynophagia, weight loss, cough or hiccups.

Esophageal cancer is often diagnosed in the later stages of the disease when the tumor has metastasized to other sites. The esophagus is a very vascular organ and is surrounded by multiple lymph node chains. These blood vessel and lymph node connections combined with the fact that the esophagus has no serosal lining promote conditions that make it favorable for early cancer cell metastasis.

For most patients, esophageal cancer is treated by chemotherapy, radiation therapy or surgery. The decision to treat patients with any or a combination of these modalities is based on several variables. First, the patient undergoes a clinical assessment of the stage of disease. Second, the patient undergoes an assessment of any relative comorbidities. Finally, this data is used in

conjunction with established clinical guidelines such as those provided by the National Comprehensive Cancer Network or NCCN.

Patients with esophageal cancer require a comprehensive multidisciplinary approach for management. This management requires a closely coordinated assessment to determine the optimal treatment strategy. This is then followed by close longitudinal follow-up by clinicians from gastroenterology, thoracic surgery, medical oncology and radiation oncology.

The focus of this review is to analyze the management of all patients who were diagnosed with esophageal cancer at Excelsa Health from December 2014 through September 2017.

As in many institutions, most patients at Excelsa Health who are diagnosed with esophageal cancer have initially been evaluated by a gastroenterologist. Endoscopic evaluation (EGD with biopsy) confirms the diagnosis. Many of these patients are then referred to the Excelsa Center for Lung and Thoracic Disease where they undergo a comprehensive history and physical examination. Testing to determine clinical stage is performed. The most common initial tests utilized are a CT scan of the chest and abdomen and a PET scan. Additional testing may include a thorough evaluation of the patient's cardiopulmonary reserve such as pulmonary function testing and stress testing. Depending on this initial testing, patients will be sent for endoscopic ultrasound evaluation of the tumor. Endoscopic ultrasound is used to determine the tumor size (T stage) and assess for any regional lymph node involvement. Patients will then be evaluated by medical oncologists and radiation oncologists from UPMC who work in close collaboration with Excelsa Health physicians at either the Arnold Palmer Cancer Center at Mountain View or Excelsa Square at Norwin. A comprehensive review of the testing and consultations will be coordinated by clinicians from the Excelsa Center for Lung and Thoracic Disease and a suitable treatment plan will be offered.

## Results

From December 2014 through September 2017, a total of 71 cases of esophageal cancer were diagnosed at Excelsa Health. The mean age of the group was 70 with a range of 33-93 years (TABLE ONE). Eighty-three percent (83%) were male and 17% were female. The most common site of diagnosis was in the distal third of the esophagus which occurred in 32 cases (45%). Carcinoma occurred in either the lower third or at the gastroesophageal junction in 79% of cases. The histologic diagnosis of adenocarcinoma occurred in 79% of cases (TABLE TWO). The second most common diagnosis was squamous cell carcinoma which occurred in 10 cases or 14%.

Age Range	# Cases	%
30-39	1	1%
40-49	3	4%
50-59	5	7%
60-69	26	37%
70-79	22	31%
80-89	12	17%
90+	2	3%

**TABLE ONE – Age at time of diagnosis**

Histology	# Cases	%
Adenocarcinoma in-situ	1	1%
Adenocarcinoma	56	79%
Squamous cell carcinoma	10	14%
Adenocarcinoma & squamous cell carcinoma	1	1%
Neuroendocrine	2	3%
Carcinoma	1	1%

**TABLE TWO – Histology**

As part of the initial evaluation to help determine clinical stage, 31 cases underwent endoscopic ultrasound (44%). In addition, 54 cases (76%) underwent CT/PET.

The most frequent stage at diagnosis was Stage IV (25 cases) or 35% (TABLE THREE).

Stage at Diagnosis	# Cases	%
Stage 0	1	1%
Stage I	6	8%
Stage II	14	20%
Stage III	18	25%
Stage IV	25	35%
Unknown Stage	6	8%
Stage Pending	1	1%

**TABLE THREE – Stage at Diagnosis**

### Management

Seventeen (59%) of the surgical cases had neoadjuvant therapy. Fifteen patients (21%) had chemotherapy alone. Eight of these cases were for palliative purposes. Twelve patients (17%) had chemotherapy and radiotherapy alone. In two of these patients, the treatment was for palliative purposes. Five patients (7%) had radiation alone and all of these were for palliative purposes. Three patients with presumed early stage disease were referred to other institutions for endoscopic mucosal resection, a procedure not presently offered by gastroenterology at Excelsa Health.

### Surgical Management – Esophagectomy

In eighty-two percent of the patients who were felt to be surgical candidates for esophageal resection and reconstruction, the procedures were performed at Excelsa Health. Of the patients treated at Excelsa Health, 17 of the patients (89%) underwent minimally invasive robotic assisted procedures. The mean age of the group was 67 with a range 48-84 years. Sixteen of the 18 (88%) patients were treated with neoadjuvant chemotherapy and radiotherapy. The procedures performed included 13 robotic assisted Ivor Lewis esophagectomies and 3 robotic assisted three field esophagectomies. There was one laparoscopic total gastrectomy and distal esophagectomy and one open three field esophagectomy. Of the minimally invasive procedures (17 out of 18 total), there were no conversions to open procedures. There was no perioperative mortality. The median LOS of the entire group was 6 days with a range of 3-24 days. For the robotic procedures (16/18 cases), the median LOS was 6 days. In addition 5/16 of the robotic procedures were discharged on postoperative day 3 or 4.

Twelve of the 18 patients had no postoperative complications. Three of the 18 patients were readmitted within 30 days of the procedure. There were no readmissions in the last 12 patients and only one of the last 9 patients had a minor postoperative complication (atrial fibrillation).

## Follow-Up

Thirty-four patients (48%) are alive and 16 (47%) of them are cancer free. Fifteen patients still have disease and in three cases, the status of their disease is lost to follow-up. Thirty-six patients (51%) have expired.

## Conclusion

This review of esophageal cancer management at Excelsa Health from the period of December 2014 through September 2017 demonstrates several things. First, it appears that every effort is made by clinicians from UPMC radiation oncology, medical oncology and thoracic surgeons from Excelsa Health conform to established clinical guidelines such as those provided by the National Comprehensive Cancer Network or NCCN. Second, the outcomes with surgical management of esophageal cancer at Excelsa appear favorable. Most of the patients were offered minimally invasive robotic assisted procedures and all had a R0 resection. There was no perioperative mortality in the entire group. There was only one minor complication in the last nine patients who underwent surgery. The median length of stay of the entire group was 6 days. Forty-four percent of the patients were discharged in 5 or fewer days. By comparison, the median LOS of all esophagectomies as reported by The Society of Thoracic Surgeons Thoracic Surgery Database (May 2017) is 10 days. TABLE FOUR shows a comparison of LOS from other institutions.

UPMC	2011	MIE	8 days
Columbia	2012	MIE	9 days
Mayo	2001	Open	11 days
Brigham	2001	Open	13 days
Memorial MSKCC	2013	RAL	10 days
Lehigh Valley	2013	RAL	5.5 days

**TABLE FOUR – Comparative LOS for esophagectomy – published or presented data**

## References

American Cancer Society. (2017). Cancer facts and figures. Atlanta: American Cancer Society. Retrieved from: <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2017/cancer-facts-and-figures-2017.pdf>

American Cancer Society, (2017). Esophagus cancer. Retrieved from: <https://www.cancer.org/cancer/esophagus-cancer.html>

STS General Thoracic Surgical Database Harvest May 2017

Michael F. Swerc, MD, FACS  
Medical Director, Advanced Lung Center  
Medical Director, The Center for Lung and Thoracic Disease  
Director of Robotic Surgery

# AMERICAN CANCER SOCIETY SUPPORT SERVICES



The American Cancer Society offers support in our community and online to help patients during and after cancer treatment. Visit [www.cancer.org](http://www.cancer.org) or call 1-800-227-2345 for more information and to connect with us for support – 24 hours a day, seven days a week.

Free cancer information cancer – The American Cancer Society National Cancer Information Center offers help as you're dealing with cancer by connecting you to our caring, trained staff to answer questions

about a diagnosis, identify resources, or provide a listening ear and guidance. We offer a clinical trials matching service, health insurance assistance, American Cancer Society programs and services, and referrals to other services. We can assist in English, Spanish, and more than 200 other languages via a translation service. Additionally, our free printed materials help patients and caregivers understand diagnosis, treatment, and potential side effects.

Access to care – When transportation and lodging is a concern, our Road to Recovery program offers free rides to cancer patients who may have difficulty getting to their cancer-related appointments, thanks to volunteer drivers (as available) who donate their time and often use of their personal vehicles. Our Hotel Partners Program lets patients and caregivers stay for free or at reduced rates in hotels close to where they get treatment.

Appearance related side effects – Some women wear hats, wigs, breast forms, and special bras after a mastectomy and hair loss. The "tlc" Tender Loving Care publication ([www.tlcdirect.org](http://www.tlcdirect.org) or 1-800-850-9445) offers affordable hair loss and mastectomy products, along with advice on how to use these products. Additionally, the American Cancer Society Free Wig Salon program provides free wigs to patients in cancer treatment who are experiencing hair loss – offered locally at Arnold Palmer Pavilion - Mt. View. The Look Good Feel Better program provides free make up and tutorials in a group support session led by licensed volunteer beauty professionals. This program is offered monthly at the Arnold Palmer Pavilion - Mt. View, twice a year at Arnold Palmer Medical Oncology at Excelsa Square at Norwin, and quarterly at Excelsa Health Frick Hospital.

Breast Cancer Support – if you have breast cancer, our Reach to Recovery program matches trained volunteers with those facing or living with a breast cancer diagnosis to provide a more personal, one-on-one support.

Survivorship – Visit [www.csn.cancer.org](http://www.csn.cancer.org) to join the Cancer Survivors Network, our online community for people with cancer and their families. Find and connect with others in treatment, long-term survivors, or caregivers through our membership search, discussion boards, chat rooms and private Cancer Survivors Network email. Additionally, Springboard Beyond Cancer enables patients to create personalized Action Decks, collections of selected information to help them better communicate with caregivers and their care teams to manage their physical and emotional care after diagnosis. This collaboration with the National Cancer Institute is available at [www.smokefree.gov/springboard](http://www.smokefree.gov/springboard).

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# BREAST CENTER REPORT

## EXCELA HEALTH BREAST IMAGING SERVICES 2016

Screening mammograms performed	26,193
Diagnostic mammograms performed	4,983
Breast ultrasounds performed	4,026
Breast MRI's performed	422
Stereotactic breast biopsies performed	234
Ultrasound guided cyst aspirations/biopsies performed	596
MRI guided biopsies performed	8

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

In 2016, 141 cases were presented at Latrobe Hospital, representing 27% of the total number of new analytic cancer patients and 117 cases (18%) 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 Community Education Center South Conference Room, Noon
Westmoreland Hospital	Every Tuesday   Memorial Conference Center, Noon

\*Conferences are also offered via WebEx.

# 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. In 2016 (pending final case reconciliation), there were 1,185 analytic patients, or those who were diagnosed and/or treated at Excelsa Health, accessioned into the registries and 185 patients added that were seen for recurrent or progressive disease. 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.

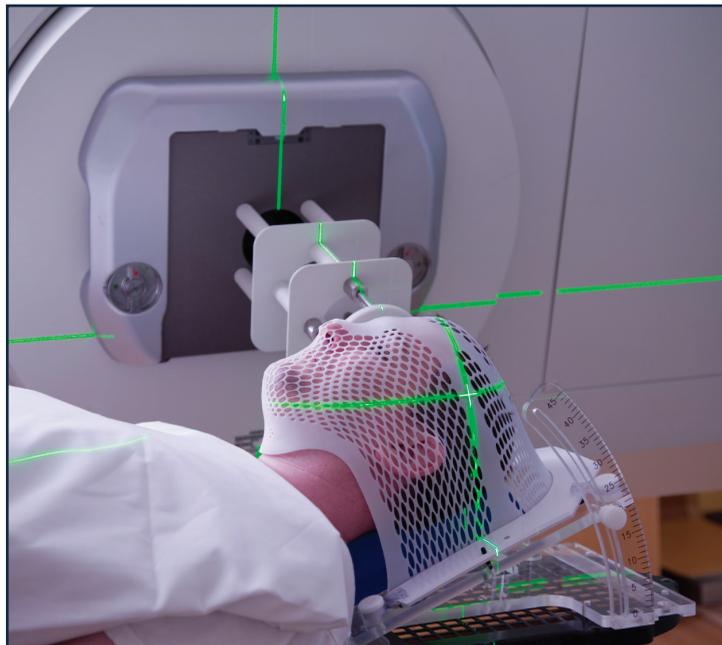
The registry staff has continued to meet the changing regulations and requirements of the American College of Surgeons Commission on Cancer (CoC), the Pennsylvania Cancer Registry (PCR), and the software vendor, ELEKTA IMPAC. To maintain current information and skills, the registrars attended the Pennsylvania Association of Cancer Registrars (PACR) Annual Conference, hospital lectures on lung cancer screening and interventional radiology and multiple on-line webinars offered by the CoC, American Joint Committee on Cancer (AJCC), PCR and software vendor.

Excelsa Health Cancer Registry staff:

Beth Janoski, MS-HSL, RHIA, CTR, CHTS-IS

Diane Bartels, BS, CTR

Lori Tkach, BS, CTR



# 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 or better way to treat patients with cancer. Clinical trials also can reduce or alleviate side effects of chemotherapy, manage the long-term side effects associated with treatment, and, lastly, prevent cancer.

Through a partnership with the Arnold Palmer Cancer Center at Mountain View and the UPMC CancerCenter, 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 that 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 a research group of patients receiving the trial treatment.

Research staff at Arnold Palmer include two full-time Clinical Research Coordinators (CRC), who are RNs, and one full-time 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 2016, 76 patients enrolled in a clinical trial at the Palmer site (interventional, non-interventional and radiation trials), with more than 100 patients continuing to be followed for survival. The national average of adults with cancer who participate in clinical trials is less than 5 percent. Trial enrollment at this site is above average, at about 5 to 6 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. A clinical trial can provide an important tool for the development of new approaches to prevent, detect, diagnose and treat cancer.

Diane L. Trout, BSN, RN  
Clinical Research Coordinator  
Arnold Palmer Cancer Center



# COMMUNITY OUTREACH

To promote community health and wellness, Excela Health provides a variety of community-based health screenings, wellness events, outreach programs, support groups and educational events. In 2016, Excela Health offered screening, prevention and awareness programs on:

- Breast Cancer
- Lung Cancer
- Colon Cancer
- Prostate Cancer
- Thyroid Cancer

The following support groups were also available in 2016:

- Breast Cancer Education and Support Group
- Look Good, Feel Better
- US TOO Prostate Cancer Support Group

## OUR CLUBHOUSE REPORT

Our Clubhouse is a 501(c)3 non-profit organization that provides free cancer support for anyone living with cancer in Western Pennsylvania, as well as the family and friends who care for them. Our innovative programs are an essential complement to medical care, providing support groups, workshops, educational lectures, and social activities that emphasize wellness.

In the Fall of 2015, Our Clubhouse opened a satellite location in Westmoreland County at 4893 East State Route 30, Greensburg, PA 15601. Currently, the facility is open Tuesdays and Thursdays from 12:30-8:00 p.m. Membership to the clubhouse is free. Potential members are asked to visit the website at [www.ourclubhouse.org](http://www.ourclubhouse.org) or call the clubhouse to become a member.

The “Coffee and Chat” and “The Leukemia and Lymphoma” support groups are offered twice each month. Yoga, Art, Meditation and Reiki are a few examples of our workshops. Educational lectures with guest speakers and social activities occur at least one time per month.

The “Living Life Post Cancer Treatment” Program is a nine-week program that helps bridge the gap between cancer treatment and life following cancer. The 2.5-hour program focuses on exercise, healthy eating, social and emotional support and medical management. This program is offered periodically throughout the year.

“CLIMB” is a six-week support program for children and teens who have a parent or close family member with cancer. During each two-hour session, children/teens engage in therapeutic art and play and discover how to express their feelings, learn basic information about cancer, and develop coping skills.

We are here to support the patient and family after diagnosis, through treatment, and the transition to living beyond cancer.

For more information, visit [www.ourclubhouse.org](http://www.ourclubhouse.org) or call 724-221-6182.

Colleen Dwyer, LCSW  
Director of Outreach and Program Development



# HOSPICE AND PALLIATIVE CARE

The Excelsa Health Hospice and Palliative Care Program continues to serve patients throughout Westmoreland County and parts of Fayette and Indiana counties. The program provides a holistic approach encompassing physical, psycho-social, spiritual care and bereavement support for not only the patient but 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 Excelsa 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 86 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 819 Hospice patients. The average length of stay for these patients was 40.03 days. Of the Hospice patients, 306 (37.4%) were patients with a cancer diagnosis. We also served a total of 701 Palliative Care patients. Of the Palliative Care patients, 324 (46.2%) were those with a cancer diagnosis.

Education is a 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 450 people on October 2, 2016. This year's Memorial Service will take place at the St. Vincent Basilica on October 1, 2017. We held a program for the Parade of Trees on December 6, 2016, and decorated trees with ornaments made by patients' loved ones in memory of those who have passed this past year. Close to 300 ornaments were sent in and close to 75 people were in attendance at the program.

Throughout the year there are multiple grief support groups to assist in coping with loss that run for six weeks at a time and are geared to a variety of different audiences including widows, widowers, parents who have lost a child and children who have lost a loved one. These include: Grief and the Holidays Workshop and Support Group, Men's Group, Ceramics, Art Therapy, Reiki, and many community in-services offered to local schools, churches, colleges, seminary students, and cancer survivors. In addition, there has been an ongoing monthly Art Therapy Support Group held at Our Clubhouse specifically for patients and family members who have been impacted by cancer.



We offer lovely photos done in black and white of hands being held with the patient, which are presented to the family in a frame for remembrance. In addition, through our Bear Buddies Program, volunteers sew bears using material/clothing belonging to the patient for remembrance and something tangible for the family to hold. In FY2017, volunteers created nearly 1,000 Bear Buddies for the families of our former hospice patients.

We continue to offer innovative programming to our patients and families through our volunteer services department. Excela Health Hospice expanded programming towards veterans and their families. Hospice patients who are veterans receive a Certificate of Appreciation to thank them for their military service. In addition, Excela Health Hospice staff participate in veteran-specific training to better equip them to care for our veteran patients. Excela Health Hospice is committed to expanding services to veterans as we continue to work within the NHPCO We Honor Veterans program framework.

Excela Health Hospice has been fortunate to partner with Seton Hill University's Art Therapy Program and had three Art Therapy Interns working this past fiscal year with our hospice patients and their families. Art Therapy is an expressive therapy that ultimately allows for the expression and processing of the feelings that have no words. Art Therapy provides a safe environment in which a person can gently approach the internal struggles of life (and death) and give "voice" to those struggles through the use of multiple mediums (paint, clay, markers, found objects etc.). The process of making art can guide individuals towards a sense of wholeness and healing. For our purposes we utilize this therapy for those who are approaching the end of life and for those who have suffered the death of a loved one. Art Therapy invites expression of feelings, meaning making, connection to loved ones and a type of visual journal to help participants see their struggle in a new way as well as their progress in working through those feelings over time.

Excela Health Hospice was chosen to participate in a national program called Pet Peace of Mind and awarded a grant to assist in getting the program up and running. Excela Health Hospice is only one of two hospice programs in the state of Pennsylvania that has been chosen to participate in the program. The Pet Peace of Mind Program focuses on the care of our hospice patients' pets. People have come to bond with their pets in much the same way they bond with people. Pets are treated and loved like family members and they comfort their owners much like a close friend or relative. During one of the most important and challenging life stages — the end-of-life journey — pets can play a critical role. The role of the Pet Peace of Mind Volunteer is to provide support to the hospice patient by assisting with daily/weekly care of the patient's pets – walking, feeding, transporting to veterinarian appointments, etc. – to allow the patient the ability to keep their pet in their home with them. As this program continues to grow within Excela Health Hospice, we are confident that patients and their families will find it invaluable in keeping the patient and their pet together.

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.

Jim Joyce, MBA, MHA  
Hospice and Palliative Care Manager



**Excela**  
**Health**  
HOME CARE AND HOSPICE

# NUTRITION SERVICES

In 2016, nutrition therapy was provided through the Arnold Palmer Cancer Center at Mountain View, Mt. Pleasant and Norwin. Services were provided to outpatients with head and neck, lung, breast and other cancer diagnoses. Patients are seen by referrals from physicians, ancillary services, registered nurses or family and patient request. Contact information on the registered dietitian services are provided in the initial consult packet. Dietitians from Excelsa Health provide 24 hours of weekly nutrition services including initial assessments, revisits and classes.

Move More, Eat Less, Find Success classes for breast cancer patients 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 decrease the relapse rate of breast cancer. Participants receive education on exercise from an exercise physiologist. Two special topics are offered quarterly by dietitians.

Ask the Dietitian, an informal question and answer class conducted in the lobby of Arnold Palmer Cancer Center, provides educational material and support. Also, nutrition education material was presented at Breast Cancer Support Group and Our Clubhouse. The two classes presented at Our Clubhouse are Food for Thought and Get Healthy; Get Real.

Total contacts: individual and group - 1327 patient contacts

Goals for 2017 are:

- Continue dietitian involvement in the Nutrition Beyond Cancer segment for Our Clubhouse.
- Continue to incorporate nutrition focused physical exams into the nutrition assessment of high risk patients.
- 2017 Cancer Committee Clinical Goal
- Continue to provide nutrition care to palliative and hospice patients.
- Update nutrition education materials.
- Provide handouts on Frequently Asked Questions About Cancer and Nutrition and Tips for Eating more Calories and Protein/Food Safety Recommendation

The primary goal of nutrition intervention is to prevent or correct nutrition deficiencies, achieve and maintain optimal body weight and improve outcome to treatment. Dietitians enhance the quality of life and the outcomes of oncology patients through assessment, care planning, appropriate education and reassessment. Continuity of nutrition care for the oncology patients is provided during their treatment at the hospital, at the Arnold Palmer Cancer Center and in the patient home via telephone conversation. A dietitian continues to serve on the cancer committee.

Diane M. Coleman, RD, LDN

Randi Cianciotti, RD, LDN

Anita Gallagher, MS, RD, LDN, CNSC

Pamela Ray, MBA, RD, LDN

Excelsa Health 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 Excelsa Health dietitians and exercise physiologists at the Arnold Palmer Pavilion, a UPMC Cancer Center, a joint venture with Excelsa 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.
- Healthy 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.

**Why Should I attend?**

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

**Diet and Exercise Basics**

Tuesday, September 22, 2015 - 2 to 2:45 p.m.  
Thursday, October 15, 2015 - 9 to 10:45 a.m.  
Thursday, November 12, 2015 - 2 to 2:45 p.m.  
Tuesday, December 8, 2015 - 10 to 10:45 a.m.  
Thursday, January 14, 2016 - 2 to 2:45 p.m.

**Cooking Tips, Label Reading, Menu Help**

Thursday, October 1, 2015 - 2 to 2:45 p.m.  
Tuesday, October 20, 2015 - 10 to 10:45 a.m.  
Tuesday, November 17, 2015 - 2 to 2:45 p.m.  
Tuesday, January 19, 2016 - 2 to 2:45 p.m.

**Exercise with Exercise Physiologist**

Tuesday, October 6, 2015 - 2 to 3 p.m.  
Thursday, November 5, 2015 - 10 to 11 a.m.  
Thursday, December 3, 2015 - 2 to 3 p.m.  
Tuesday, January 5, 2016 - 10 to 11 a.m.

**Special Topics**

Monday, December 1, 2015, Healthy Holiday Dining, 10 to 10:45 a.m.

Hold 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 **Excelsa Health**

  [www.excelsahealth.org](http://www.excelsahealth.org)

# REHABILITATION SERVICES

The Physical Medicine and Rehabilitation Services at Frick, Latrobe and Westmoreland Hospitals and at all 12 outpatient centers reflect 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 Center.

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.

Joni Beckman, OTR/L CLT  
Excela Health Occupational Therapist

# SOCIAL WORK SERVICES

Oncology social work services through Excela Health consist of multiple staff members in different settings. Social workers can be seen or requested to be seen in the hospital setting, through home care or palliative care or at the health system's joint venture with UPMC CancerCenter at the Arnold Palmer Cancer Center.

The goal of the social worker in any setting is to link patients with the resources they need to be successful before, during and after treatment. These resources may address financial concerns, educational information, allocating local supports, care giving resources and survivorship. The social worker also can help a patient navigate the health care system or even help to coordinate care between the different disciplines.

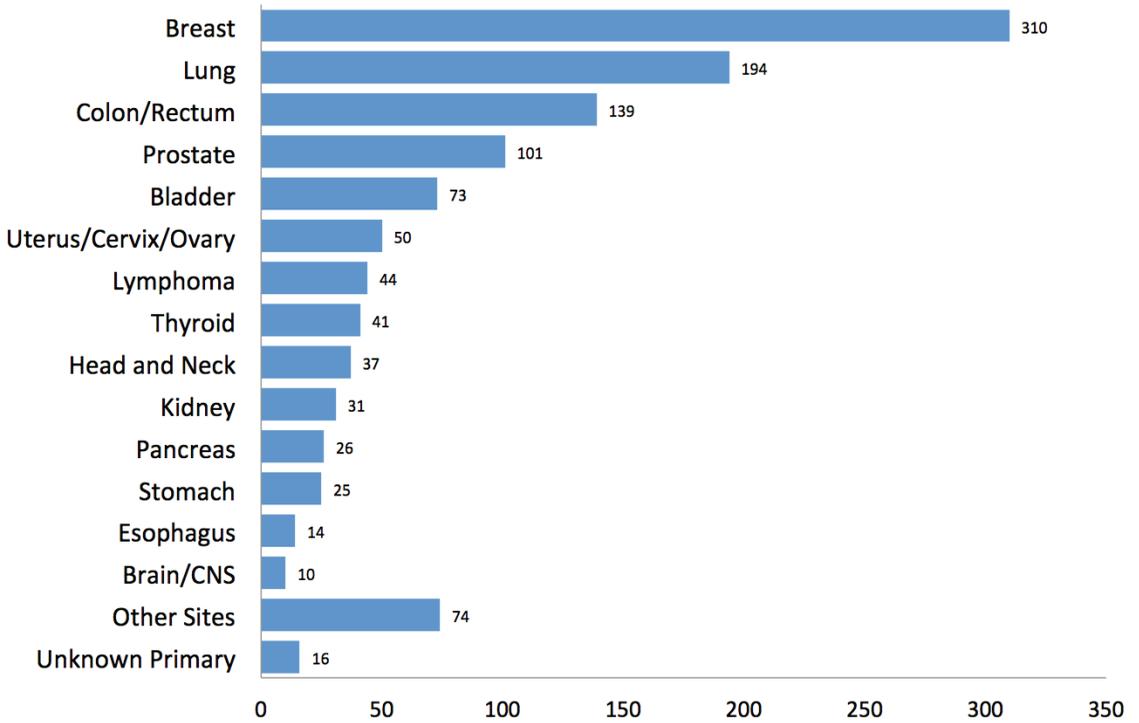
Community outreach and education are also an important part of this department. Presentations have been given in the community and at local support groups to educate on oncology and social work in oncology. Opportunities also exist to facilitate local groups that impact our client population.

A majority of our oncology patients come in contact with the social worker at the Arnold Palmer Cancer Center at the Mountain View location. Social work services here are performed by Katie Kalp, MSW, LSW. Sixteen hours a week are spent at the treatment center and are covered on Mondays and Wednesdays from 8 a.m. to 4:30 p.m. Contact information and education on social work services are given to each patient in the initial consultation packet. This is a free service offered through the joint venture to all patient and their loved ones.

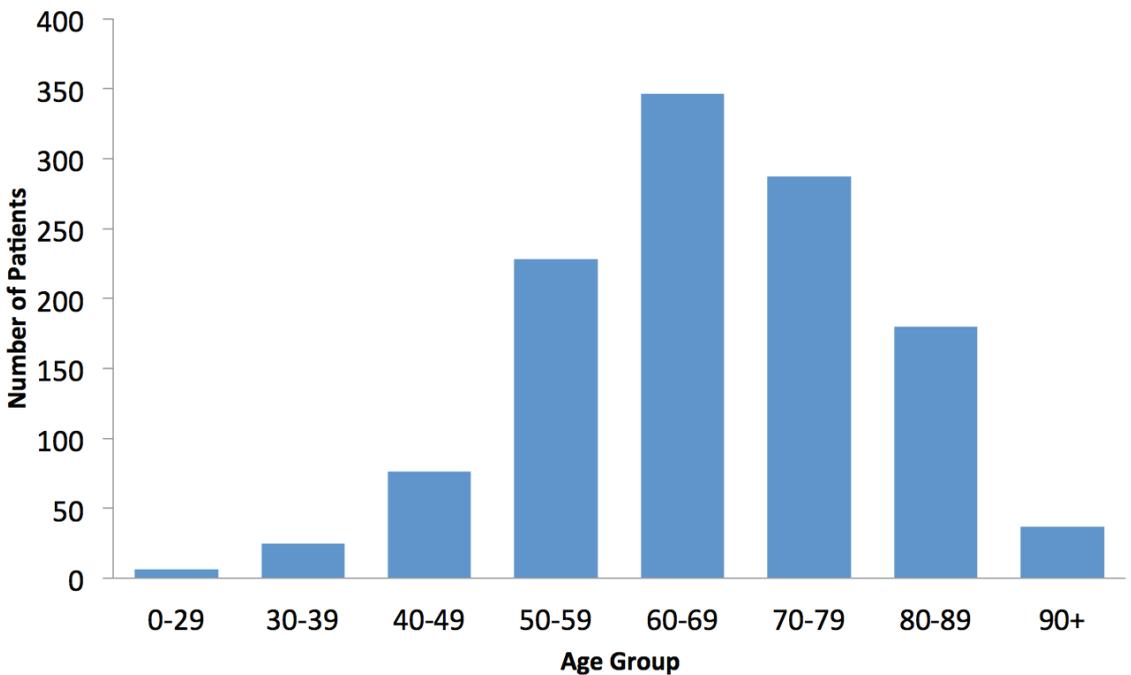
Katie Kalp, MSW, LSW  
Excela Health Home Care and Hospice and the Arnold Palmer Cancer Center



## Combined Primary Site Distribution 2016 Excela Health Analytic Cases

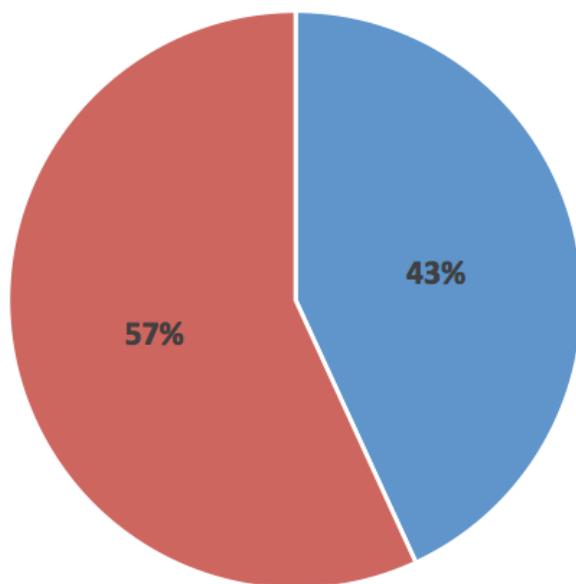


## Combined Age Distribution 2016 Excela Health Analytic Cases



# Combined Gender Distribution

## 2016 Excelsa Health Analytic Cases



■ Male ■ Female



# NATIONAL CANCER DATABASE/ RAPID QUALITY REPORTING SYSTEM

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, colorectal, cervical, endometrial, ovarian, gastric, non-small cell lung and bladder cancer patients. The NCDB is in the process of expanding the available measures even further by adding quality tools that focus on melanoma of the skin.

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.

Based on the 2014 data that is available on the NCDB website (2015 data is pending), the quality tool for rectal cancer (Table 1) shows that our program's performance rate (PR) is above the expected performance rate (EPR) set by the CoC 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.

**Table 1**

<b>CP3R Measures for 2014 Data</b>	<b>LH PR</b>	<b>State PR</b>	<b>National PR</b>	<b>CoC EPR</b>
Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer (RECRCT)	<b>100%</b>	<b>91.8%</b>	<b>89.3%</b>	<b>85% or greater</b>

Beginning in August of 2015, our program enrolled in the Rapid Quality Reporting System (RQRS). This system is a reporting and quality improvement tool which provides real clinical time assessment of adherence to quality of cancer care measures at the hospital level. Registry data is submitted on a monthly basis. RQRS allows our program to monitor the care our cancer patients are receiving to ensure it is timely and in accordance with evidence-based practices.

Beth Janoski, MS-HSL, RHIA, CTR, CHTS-IS  
Excelsa Health Lead Cancer Registrar