



Excela Health
ANNUAL CANCER REPORT
(based on 2008-2009 data)

**2009
2010**

**Excela
Health**

2009/2010

EXCELA HEALTH CANCER COMMITTEE

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Co-Chairman,
Radiation Oncology

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

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Family Medicine

John Santarlas, MD
Family Medicine

Maged Shenouda, MD
Pathology

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Medical Oncology

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Cancer Registry

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Food and Nutrition Services

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Director, Inpatient Services

Anne Marie Scekeres, MSN, RN,
OCN
Quality Services

Teresa Segelson, BASW
American Cancer Society

Ericca Tufano, CTR
Cancer Registry

CHAIRMEN'S REPORT

In the years 2008 and 2009, the Excelsa Health cancer program was fairly active. Starting in 2008, we underwent a survey by the American College of Surgeons Commission on Cancer on October 23, 2008 and received a Three-year Accreditation with Commendation. Additionally, the Inpatient Hospice Unit was opened at the Jeannette campus on August 11, 2008. We also participated in the National Cancer Database Call for Data by submitting data from 1987, 1992, 1997, 2002, and 2007 without errors. Furthermore, we conducted system-wide studies to look at the quality of care provided with respect to lung biopsies by Interventional Radiology and we also audited the breast MRI program to check for concordance of MRI findings with the diagnosis of breast cancer. Additionally, a follow-up to the head and neck nutritional study was conducted to review the implementation of the nutritional program and its impact on patient care.

Excelsa Health worked in conjunction with the American Cancer Society in 2008 through programs such as Reach to Recovery, the Let's Talk About It Prostate Awareness Program, and I Can Cope workshops in order to provide support to our cancer patients and their families. The American Cancer Society trained volunteer liaisons to help staff and patients at the Arnold Palmer Pavilion. In addition, Excelsa Health participated in the Relay for Life in both 2008 and 2009 with great success.

In 2009, we participated in the National Cancer Database Call for Data by submitting data from 1988, 1993, 1998, 2003, and 2008 without errors. We also had guest lecturer, Dr. Fiona Craig from the University of Pittsburgh Medical Center, give a system-wide presentation on Non-Hodgkin's Lymphoma on April 23, 2009. In conjunction with Seton Hill University, Excelsa Health presented NEXT, a play on breast health on October 22, 2009. Furthermore, we conducted additional follow-up on breast MRI, fine needle aspiration lung biopsy, and head and neck nutritional studies. In addition, lymph node recovery rates for invasive colon cancer were studied. In all cases, we met national standards.

American Cancer Society activities in 2009 included the Let's Talk About It Prostate Awareness Program; the Annual Cancer Survivors conference, the American Cancer Society Cancer Prevention Study; I Can Cope; Reach to Recovery; Look Good, Feel Better, and Man to Man. Additional breast cancer support group workshops titled Embraced by Hope were conducted at the Arnold Palmer Pavilion. Transportation and financial assistance were provided by the American Cancer Society to patients for cancer care in both 2008 and 2009.

Our goals for 2010 and 2011 are continued efforts to combine the tumor registry at all campuses of Excelsa Health and to continue to expand community education, cancer prevention, and early detection programs throughout the region.

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

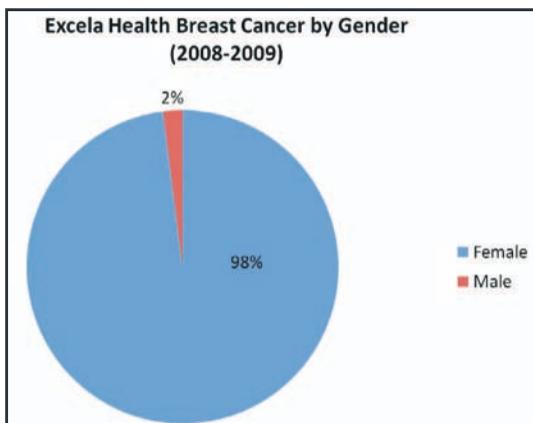
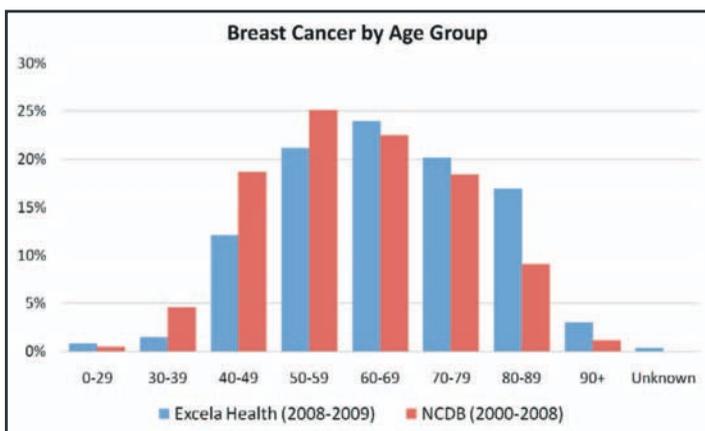


BREAST CANCER

Breast cancer is the most commonly diagnosed malignancy in women after skin cancer. According to the National Cancer Database, 1,632,023 cases of breast cancer were registered in the United States in the years 2000 through 2008. The chance of developing invasive breast cancer at some time in a woman's life is a little less than 1 in 8 (12%). Almost 40,000 American women died from breast cancer in the year 2010, making this malignancy the second leading cause of cancer death in women, exceeded only by lung cancer. The chance that breast cancer will be responsible for a woman's death is about 1 in 35 (about 3%). After increasing for more than two decades, female breast cancer incidence rates decreased by about 2% per year from 1998 to 2007. This decrease was seen only in women age 50 or older, and may be due at least in part, to the declining use of hormone therapy after menopause that occurred as a result of the Women's Health Initiative which was published in 2002. This study linked the use of hormone therapy to an increased risk of breast cancer and heart disease. Death rates from breast cancer have been declining since about 1990, with larger decreases in women younger than 50. These decreases are believed to be the result of earlier detection through screening and increased awareness, as well as improved treatment. At this time there are over 2.5 million breast cancer survivors in the United States.

Less well known, is the incidence of breast cancer among men. Male breast cancer is a rare condition, accounting for only about 1% of all breast cancers. The American Cancer Society estimates that each year about 1,970 new cases of breast cancer in men are diagnosed and about 390 deaths per year in men can be attributed to breast cancer.

Fortunately, there have been significant advances in the past few years resulting in better treatments. More and more patients are being diagnosed and treated at an earlier stage. The review of Excela Health's database shows that there were 396 cases of breast cancer in the years 2008 and 2009. Most commonly, breast cancer has been diagnosed between ages 60 to 69 (24%) and ages 50-59 (21.2%) which varies slightly from the national average of 22.5% and 25.1% respectively according to the National Cancer Database. In addition, 8 of the 396 total breast cancer cases (2%) were diagnosed in men as opposed to the national average of 1%.



HISTOPATHOLOGY

The breast is an organ of the anterior chest composed of various parts including skin, dermal tissue, subcutaneous fibroadipose tissue, fibrovascular tissue, and ductal and lobular elements. Any of these parts can be subjected to malignant transformation. Malignancies of the skin of the breast are not included in the statistics for breast cancer. Malignancies from the other remaining parts including subcutaneous fibrovascular and fibroadipose tissue and ducts and lobules are considered malignancies of the breast.

The ducts and lobules are arborizing structures which terminate in the skin in and around the nipple. The female breast has a more florid proliferation of ducts with the presence of lobules. Male breast tissue includes ductal structures without lobular structures.

The vast majority of breast cancer is epithelial in origin and considered to be true carcinomas. There are rare other malignant neoplasms which are seen in the breast such as sarcomas. At Excela Health in 2008 and 2009, 391 of the 396 malignancies of the breast were carcinoma. The other 5 malignant neoplasms included 1 sarcoma, 1 malignant myoepithelioma, 1 malignant Phyllodes tumor and 2 malignant neoplasms not otherwise specified.

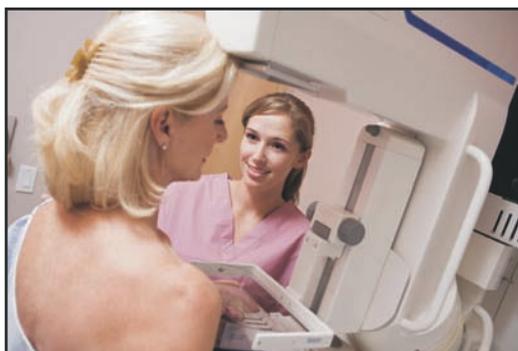
Carcinomas of the breast include two major subtypes: lobular and ductal, with the vast majority of these being ductal carcinomas.

Ductal and lobular carcinomas advance from an in-situ stage where the neoplasm is bound by a basement membrane. This stage includes ductal carcinoma in-situ and lobular carcinoma in-situ. Once the neoplasm invades beyond the ductal or lobular basement membrane, the neoplasm is considered to be invasive or infiltrating ductal or lobular carcinoma.

At Excela Health during the years 2008 and 2009, 311 of the 391 breast carcinomas had features of either in-situ ductal carcinoma or invasive ductal carcinoma, 38 breast carcinomas had features of either in-situ lobular carcinoma or invasive lobular carcinoma, and 33 cases of breast carcinoma had mixed features including lobular and ductal characteristics. In addition, there were 9 cases of carcinoma, not otherwise specified.

EXCELA HEALTH MALIGNANT NEOPLASMS OF THE BREAST 2008-2009

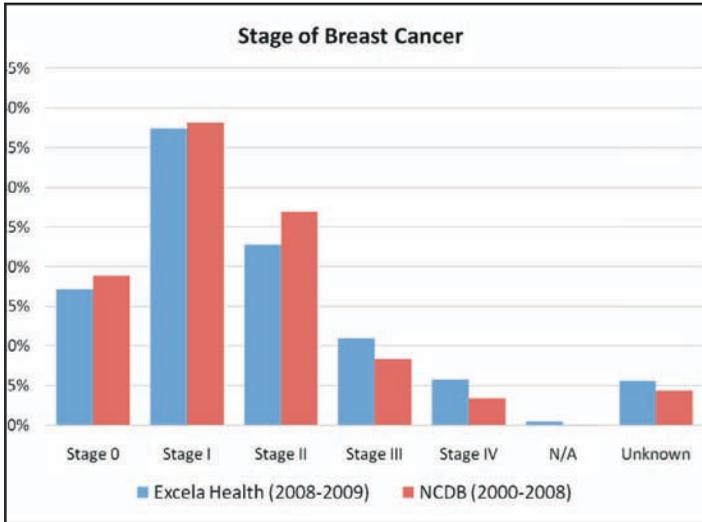
Invasive Ductal	Count (N)	Percent (%)
Not Otherwise Specified (NOS)	224	56.6%
Mixed with other types	20	5.1%
Mixed with other types in-situ	8	2.0%
Mucinous	4	1.0%
Tubular	3	0.8%
With Paget's Disease	2	0.5%
Micropapillary	1	0.3%
Medullary	1	0.3%



	Count (N)	Percent (%)
Ductal Carcinoma In-situ		
NOS	17	4.3%
Comedo	15	3.8%
Solid	6	1.5%
Cribriform	4	1.0%
Papillary	3	0.8%
Micropapillary	1	0.3%
With Paget's disease	1	0.3%
Invasive Lobular		
NOS	29	7.3%
Mixed with other types of carcinoma	3	0.8%
Lobular Carcinoma In-situ		
NOS	6	1.5%
Mixed Ductal/Lobular Carcinoma		
Invasive ductal and lobular	28	7.1%
Ductal and Lobular carcinoma in-situ	5	1.3%
Carcinoma		
NOS	4	1.0%
In-situ NOS	3	0.8%
Adenocarcinoma NOS	1	0.3%
Inflammatory	1	0.3%
With neuroendocrine differentiation	1	0.3%
Other		
Malignant Neoplasm	2	0.5%
Sarcoma	1	0.3%
Malignant Myoepithelioma	1	0.3%
Malignant Phyllodes Tumor	1	0.3%
	396	100.0%

STAGING

Stage of disease is a key characteristic in all kinds of cancer and it is no different when analyzing breast cancer. Stage of disease is the description of the extent of spread of a disease. Generally, lower stage means less advanced spread. Stage of disease spans from Stage 0 to Stage IV, with Stage 0 equivalent to in-situ cancer and Stage IV implying widespread disease. At Excelsa Health, during the years 2008 and 2009, 77.3% of breast cancers were Stage 0, Stage I or Stage II as compared to the National Cancer Database breast cancers years 2000-2008 which were 83.8% of breast cancers at the time of pathologic evaluation. In addition, breast cancers at Excelsa Health during the years 2008 and 2009 characterized by Stage III and IV disease constituted 16.7% of breast cancers vs. the National Cancer Database breast cancers for the years 2000-2008 of 11.7%. It is apparent by the statistics that fewer lower stage breast cancers are identified at Excelsa Health than the national average and more high stage breast cancers are recognized at Excelsa Health than the national average.



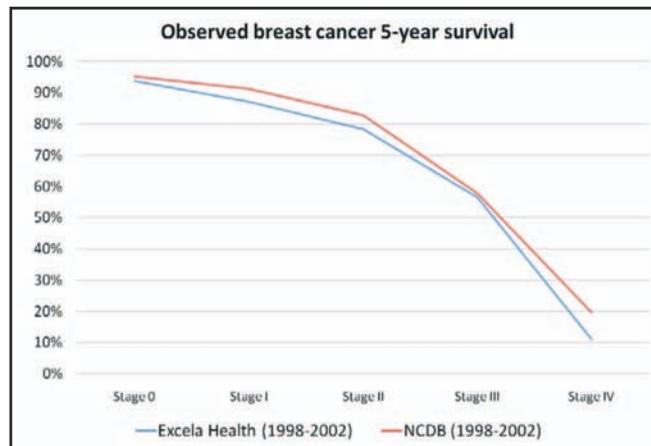
Mammogram has essentially revolutionized the diagnosis of breast cancer. Prior to its routine use, it was uncommon to find an early stage breast cancer. Now, the vast majority of the tumors are detected before they can even be felt. This has led to improved survival. The fact that a higher percentage of high stage breast cancers are diagnosed at Excelsa Health suggests that screening mammography may not be reaching an optimum number of the population among the residents in the Excelsa Health service region.

The key to survival of breast cancer is early detection and treatment. The key to this is monthly self breast exams and clinical breast exams done by a physician every three years, beginning at age 20, until the age of 40. Although 95% of breast cancers occur after the age of 40, it can occur at younger ages as well. A baseline mammogram should then be done at age 35. At age 40, screening should include yearly mammography, monthly self breast exams, and an annual clinical breast exam. Although mammogram is a critical part of these recommendations, the importance of monthly self breast exams cannot be overstated. A lot of changes can occur in the breast over a year. Since the key to survival is early detection, a year is too long to wait for an exam. In addition, mammography will not detect a significant percentage of breast cancers. Thus, it is critical to combine physical exam with mammography for a complete screening. Many women state that their breasts are so lumpy that they do not know what they are feeling. However, by doing a self breast exam every month at the same time each month, they will become very familiar with their breast contours. This will enable them to detect a subtle change that even a physician may miss on yearly exam.

SURVIVAL

No discussion about breast cancer is complete without discussing survival. That is the ultimate goal; to improve survival of all stages of breast cancer. Observed breast cancer five-year survival rates at Excelsa Health closely mirror survival rates of the national average. With low-stage disease, there are better survival rates nationally and at Excelsa Health; thus the importance of early detection of breast cancer by self-exam, physical exam by a physician, and screening mammography.

In patients diagnosed locally with stage 0 breast cancer (i.e. in-situ carcinoma) during the years 1998 to 2002 (before the advent of Excelsa Health), the five-year survival rate is above 90% much like it is nationally. For stage 1 and stage 2 breast cancer patients, survival rates locally have been approximately 87% and 78% respectively as opposed to the national average of approximately 91% and 83% respectively. For stage 3 and stage 4 breast cancer patients diagnosed locally, the five-year survival rates are approximately 56% and 11% respectively as opposed to the national averages of approximately 58% and 20%.



After the diagnosis of breast cancer and assessing the stage of the disease, the course of treatment plays a significant role in intervening in the natural course of the disease. The various modalities of treatment include surgery, radiation, chemotherapy, and hormone therapy. Each of the modalities is tailored to the specific needs of each individual patient.

For example: regarding surgery, lumpectomy vs. mastectomy is a standard choice for the surgeon and patient to make. Generally, for larger lesions, mastectomy is the surgical treatment of choice; however, even with smaller lesions having certain characteristics such as the presence or absence of certain genetic characteristics like the presence of BCRA1 or BCRA2 gene mutation, mastectomy may be a viable option.

At Excela Health, treatment of breast cancer closely mirrors the national trends. The percentage of patients treated with surgery alone at Excela Health is 24.2% vs. 25.2% nationally. Patients treated in a multimodal manner including the surgery with radiation, chemotherapy, and hormone therapy is 9.8% at Excela Health vs. 8.3% nationally.

The trend in breast cancer diagnosis and treatment is to subcategorize lesions to more individualized and more clinically relevant categories. The treatment of breast cancer, much like the treatment of other cancer types, is undergoing a revolution. The relatively simple division of breast cancer between lobular and ductal carcinoma is yielding to a much more complex categorization. At Excela Health, the oncologists, surgeons, and pathologists are coming together to bring the most advanced diagnostic therapy tools available in their fight against breast cancer.

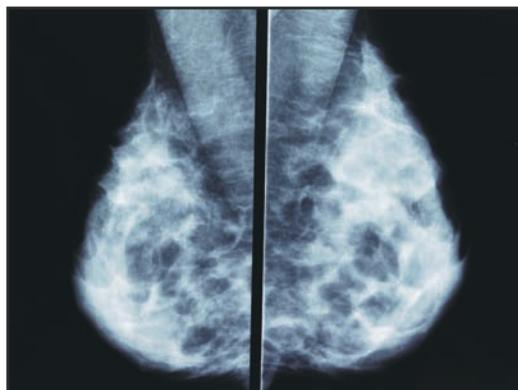
Just as size of the primary lesion and stage of the disease is a primary driver of treatment choice, so also are other characteristics such as the presence or absence of certain histologic characteristics like estrogen receptor status (ER), progesterone receptor status (PR), and Her-2/Neu status. At Excela Health an image analysis system is in place to bring more precise and reproducible results for ER, PR, and Her-2/Neu status. In fact, at Excela Health through its reference lab network, any clinically relevant and molecular or genetic characteristic for breast cancer is available for use in aiding clinicians in treatment options.

CONCLUSION

In summary, breast cancer diagnosis and treatment at Excela Health is mirroring the trends nationally. There are some challenges locally where there is room for improvement. Early detection of breast cancer, particularly in young women may be helpful in improving survival in the local population. A comprehensive screening program including promotion of self-breast examination, physician breast examination, and screening mammography, may yield increased diagnosis at an earlier stage, particularly among young women.

James Pisano, MD
Pathology

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A TRIBUTE TO JOANN MILLER



Joann Miller was the Cancer Registrar at Excelsa Health Latrobe, serving the facility as a loyal employee for 23 years, with almost 20 years as the cancer registrar. She was a dedicated employee who carried out the tasks of her profession in an exemplary manner, including being the facilitator of the Annual Cancer Report for many years.

Joann lost her courageous battle with breast cancer on March 14, 2008, at the age of 42. Throughout her illness, she continued to work and be an inspiration to those around her. She is fondly remembered by the physicians who attended Tumor Board which she facilitated each week. One physician described her as “Radar”, the loyal M.A.S.H. character who quietly but dutifully functioned behind the scenes. Joann kept the cancer registry organized for many years at Latrobe and coordinated the Cancer Committee as well.

Joann was a professional, a colleague and a friend. She is truly missed by her family at Excelsa Health.

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 in order 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 2008, 185 cases were presented at LH, representing 34% of the total number of new analytic cancer patients for 2008 and 94 (16%) were presented at WH. In 2009, 152 (33%) were presented at LH and 110 (15%) were presented at WH. Lectures included:

Dr. Shannon Puhalla, Magee Women’s Hospital
“Update on Metastatic Breast Cancer” — WH

Dr. Fiona Craig, UPMC
“Non-Hodgkin Lymphoma” — FH, LH and WH

Dr. Lee Krug, Memorial Sloan-Kettering Cancer Center
“Emerging Treatment Paradigms in Non-Small Cell Lung Cancer” — WH

Randy Pausch, Ph.D., Carnegie Mellon
“The Last Lecture Video” — FH, LH and WH

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 Community Education Center, Auditorium B, Noon
Westmoreland Hospital	Every Tuesday, Memorial Conference Center, Noon

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. In 2008, there were 946 analytic patients, or those who were diagnosed and/or treated at Excelsa Health, accessioned into the registries and 183 patients added that were seen for recurrent or progressive disease. In 2009, there were 1,319 analytic patients accessioned and 196 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, 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 Annual Conference and participated in multiple on-line seminars offered by the Commission on Cancer and software vendor.

Excelsa Health Cancer Registry staff:
Beth Janoski, MS-HSL, RHIA, CTR
Ericca Tufano, CTR
Diane Bartels, BS, CTR

BREAST CENTER REPORT

Excelsa Health Breast Imaging Services 2008

Screening mammograms performed	24,013
Diagnostic mammograms performed	5,810
Breast Ultrasounds performed	2,482
Breast MRI's performed	181
Stereotactic breast biopsies performed	278
Ultrasound guided breast cyst aspiration/biopsies	413
MRI guided breast biopsies	17

Excelsa Health Breast Imaging Services 2009

Screening mammograms performed	25,552
Diagnostic mammograms performed	5,767
Breast Ultrasounds performed	3,041
Breast MRI's performed	333
Stereotactic breast biopsies performed	268
Ultrasound guided breast cyst aspirations/biopsies	468
MRI guided breast biopsies	20

NUTRITION SERVICES

The primary goal of nutrition intervention is 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 patients is provided during their treatment at the hospital, the Arnold Palmer Pavilion and in the patient's homes via telephone conversation.

In 2009 nutrition care was provided through the Arnold Palmer Pavilion to outpatients diagnosed with head and neck, and lung cancer, as well as referrals from physicians, ancillary services and patients. Dietitians from both Westmoreland and Latrobe campuses provided 16 hours of weekly nutrition services.

The Power of Low Fat classes for breast cancer survivors continue 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 of breast cancer. The dietitians also provided 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 morning and afternoon to reach out to as many patients and family members as possible. Educational information and samples of supplements are provided. Additionally, a dietitian presented the topic of "Anti-Cancer Foods" to patients attending the Cancer Support Group and an educational display at the annual Relay for Life.

A performance improvement (PI) study, The Impact of Nutrition on Weight Loss and Swallowing Dysfunction in the Head and Neck Cancer Patient, was conducted in 2009. This prospective study compared weight loss in head and neck cancer patients receiving radiation and chemotherapy during treatment and six weeks post treatment to a study conducted in 2007. In 2009 the dietitians provided intensive medical nutrition therapy and follow-up to these patients, along with an educational handout developed specifically for this group. Comparative results showed a significant improvement in weight loss during treatment (12% to 5.14%) from 2007 to 2009. Average weight loss six weeks post treatment was similar both years. The dietitians presented these findings as a poster session at the annual Pennsylvania Dietetic Association meeting.

Diane M. Coleman, RD, LDN
Paula Piper, RD, CDE, LDN
Anita L. Gallagher, MS, RD, CNSD, LDN
Food and Nutrition Services-Excelsa Health

HOSPICE AND PALLIATIVE CARE

The program continues to serve patients throughout the entire county of Westmoreland, parts of Indiana, Fayette and a small piece of Allegheny counties as well. The Hospice program provides a holistic approach encompassing physical, emotional and spiritual care including not only the patient but their entire support system as well. The focus on being true community providers is what drives our care.

The program includes all 4 levels of Hospice Care (Routine, Continuous, Inpatient and Respite). We are afforded the luxury of a 10 bed Inpatient Hospice Center located at the Jeannette campus which provides a very comfortable home away from home environment for the patients and their families. The Hospice Team is comprised of an interdisciplinary group which includes: Physicians, Nurses, Masters of/Licensed Social Workers, Bereavement Counselors, Spiritual Care Providers, Hospice and Home Health Aides, Therapists, Volunteer Coordinator and currently 85 volunteers.

Dr. John Waas serves as the Medical Director for the outpatient component of the program and Dr. George Hunter serves as the Medical Director over the Inpatient Unit.

Care is available 24 hours a day, 7 days a week. This past fiscal year we served a total of 800 (539 outpatient and 261 inpatient) Hospice patients. The average length of stay was 34.61 days. Of the Hospice patients, 710 were comprised of patients with a cancer diagnosis. We also served a total of 574 Palliative Care patients who had an average length of stay of 59.96 days. Of the Palliative Care patients, 479 were comprised of patients with a cancer diagnosis.

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Education is a large priority and we provide many in-services that include 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. We aspire to have all of the staff certified in end-of-life care and currently have 9 nurses certified and have an education plan that occurs quarterly to certify more staff.

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 400 people November 7 (current fiscal year). We held a program for the Parade of Trees on November 30 (current fiscal year) 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 nearly 100 people were in attendance. Throughout the year there are multiple opportunities to assist in coping with loss that run for 6 weeks at a time. There are additional specialized support groups that 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, Cancer Survivors. There is Music Therapy and Art Therapy utilized to help with the healing process as well. This is all to support our Hospice program.

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.

Kerrie Shojaie RN, BSN, OCN
Hospice and Palliative Care Manager

2009/2010

COMMUNITY OUTREACH FISCAL 2008-2009

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

- Parent Wise Ice Cream Blast (Breast Health Literature and Tobacco Cessation)
- American Red Cross Blood Drive at Frick Hospital (PSA Screen)

AUGUST

- Red Hat Ladies Meeting (Breast Health Speaker)
- American Red Cross Blood Drive at Owens & Minors (PSA Screen)
- American Red Cross Blood Drive at Westmoreland Hospital at Jeannette (PSA)

SEPTEMBER

- Blairsville Rotary Multiphasic (PSA Screen)
- American Red Cross Blood Drive at Frick (PSA Screen)
- Sharing & Caring Foundation Breast Cancer Walk (Breast Health)
- First Commonwealth Bank Employee Health Fair (Breast Health)

OCTOBER

- St. Vincent Seminary Class (Oncology Dept. at Latrobe)
- Westmoreland Walks Breast Cancer (Breast Health)
- Mountain View Rotary Multiphasic (PSA Screen)
- Elliott Employee Health Fair (Hospice)
- Ligonier Rotary Multiphasic (PSA Screen)
- Norwin Town House Flu Clinic (Breast Health and Hospice)
- Scottdale Kiwanis Multiphasic (PSA Screen)

NOVEMBER

- St. Vincent Seminary Class (Hospice)
- Latrobe Rotary Multiphasic (PSA Screen)
- Mom's Shower (Tobacco Cessation)
- Redstone Highlands Employee Health Fair (Tobacco Cessation)
- Mt. Pleasant Rotary Multiphasic (PSA Screen)

DECEMBER

- Jeannette High School Speaker (Breast Health)

JANUARY

- Pepsi Bottling Company (Youngwood) (Tobacco Cessation)
- Health and Wellness Event at Huntingdon Village (Tobacco Cessation)

FEBRUARY

- Westmoreland County School Nurses (Breast Health)
- Norwin Fashion Bug Women's Health Expo (Breast Health)
- Westmoreland Walks Meeting (Breast Health)

2009/2010

MARCH

American Cancer Society Daffodil Days
Greensburg Salem High School Health Fair (Tobacco Cessation)
Harrison City Woman's Club (Breast Health)
Markvue Manor Woman's Club (Breast Health)
Southmoreland School District Community Health Fair (Tobacco Cessation)
Scottdale Rotary Wellness Check (PSA Screen)
Blairsville Quota Club Wellness Check (PSA Screen)
Head Start Parents Meeting (Tobacco Cessation)
Seton Hill Wellness Week (Tobacco Cessation)

APRIL

Latrobe Hospital Aid Society (Breast Health)
Women's Expo (Breast Health)
New Alexandria Senior Center (Hospice)
Latrobe Senior Lifestyle Expo (Breast Health)
Ligonier Fireman Wellness Check (PSA Screen)

MAY

Kim Ward & Don White Senior Expo (Breast Health)
Latrobe Rotary Wellness Check (PSA Screen)
Westmoreland County Teen Pregnancy Prevention Coalition (Tobacco Cessation)
Westmoreland Drug & Alcohol Health Expo (Tobacco Cessation)
Tri-County Breast Coalition (Breast Health)
Mt. Pleasant Wellness Check (PSA Screen)

JUNE

Westinghouse Health Fair (Tobacco Cessation)
Weatherwood Manor Senior Fair (Hospice)
Dick's Sporting Goods Health Fair (Breast Health)
Allegheny Energy Health Fair (Tobacco Cessation)
Relay for Life (Breast Health and Tobacco Cessation)
Laurel Highlands Senior Community Fair (Hospice)
Ridgeview Senior Fair (Hospice)
Derry Senior Fair (Hospice)



COMMUNITY OUTREACH FISCAL 2009-2010

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

- 7/15 Murrysville Community Days (Breast Health Literature)
- 7/22 Norwin Senior Health Fair (Breast Health Literature and Tobacco Cessation)
- 8/27 North Huntingdon Senior Fair (Breast Health Literature)
- 9/1 Laurel Highlands Senior Center (Hospice Speaker)
- 9/12 Blairsville Quota Club Wellness Check (PSA Screen)
- 9/18 Penn Township Festival (Breast Health Literature)
- 9/22 Latrobe Hospital daVinci Open House Presentation
- 9/23 Frick Hospital daVinci Open House Presentation
- 9/24 Westmoreland Hospital daVinci Open House Presentation
- 9/25 Mt. Pleasant Glass Festival (Breast Health Literature)
- 9/26 Greensburg Rotary Wellness Check (PSA Screen)
- 9/30 Masonic Hall Health Fair (Breast Health Literature)
- 10/3 Westmoreland Walks (Breast Health Literature)
- 10/3 Mt. View Rotary Wellness Check (PSA Screen)
- 10/10 Scottdale Kiwanis Wellness Check (PSA Screen)
- 10/15 Latrobe Business & Professional Women Meeting (Breast Health Literature)
- 10/16 Hempfield Area School District Staff Wellness Day (Breast Health Literature)
- 10/22 NEXT presentation (Breast Health)
- 10/24 Ligonier VFD Wellness Check (PSA Screen)
- 10/24 Passion for Prevention – Cancer Event
- 11/7 Latrobe Rotary Wellness Check (PSA Screen)
- 11/9 Prostate Cancer Public Presentation (Dr. Bisignani) – Norwin Medical Commons
- 11/14 Mt. Pleasant Rotary Wellness Check (PSA Screen)
- 11/16 Ligonier Town Hall Public Forum (Dr. D. Clark)
- 12/2 Latrobe/Derry Rotary Speakers Presentation (Dr. D. Clark)
- 12/5 Westmoreland @ Jeannette Hospital Wellness Check (PSA Screen)
- 12/15 Laurel Highlands Chamber of Commerce Speakers Presentation (Dr. D. Clark)
- 1/21 Elliott Company Speakers Presentation (Dr. N. Gebrosky)
- 1/26 Prostate Cancer Public Presentation Latrobe Hospital (Dr. N. Gebrosky)
- 2/9 Greensburg Rotary Speakers Presentation (Dr. D. Clark)
- 2/25 Bullsken Township Lioness Club (Breast Health Presentation)
- 3/13 Scottdale Kiwanis Wellness Check (PSA Screen)
- 3/16 Eastern Westmoreland Career and Technology Center, Latrobe, Speakers Presentation (Dr. D. Clark)
- 3/17 In The Pink Breast Health Program hosted by LAHAS
- 3/18 American Cancer Society Daffodil Days
- 3/20 Westmoreland @ Jeannette Wellness Check (PSA Screen)
- 3/27 Westmoreland Women's Expo @ Four Points (Breast Health)
- 3/27 Blairsville Quota Club Wellness Check (PSA Screen)
- 3/30 Why a Colonoscopy? Public Presentation (Dr. R. Johns & Dr. A. Tandin)
- 4/10 Connellsville HS Health Fair (Breast Health)
- 4/17 Ligonier VFD Wellness Check (PSA Screen)
- 4/24 Greensburg Rotary Wellness Check (PSA Screen)
- 4/28 Public Presentation Frick Hospital (Dr. J. Domit)
- 5/1 Latrobe Rotary Wellness Check (PSA Screen)
- 5/8 Latrobe Rotary Wellness Check (PSA Screen)
- 5/15 Latrobe Rotary Wellness Check (PSA Screen)
- 5/19 Hysterectomy: More Options Faster Recovery @ Norwin Medical Commons (Dr. K. DeVgood)

- 6/5 Penn Township Wellness Check (PSA Screen)
- 6/18 First United Methodist 150th Anniversary (Breast Health)
- 6/19 ACS Relay for Life Event
- 6/25 Smoke Free Air Affair (Tobacco Cessation)

SOCIAL WORK SERVICES

For the year 2008-2009 the social worker at the Arnold Palmer Pavilion was Sue Carnahan, MSW, ACSW, LSW. Sue was available to patients and their families for assessments and referrals to community resources. She assessed the patient's physical, cognitive, financial and emotional well-being. She provided a broad range of services to help meet these needs.

Another aspect of her role was to facilitate the monthly education and support group at the facility. The group met the second Tuesday of each month. Patients, their loved ones, and cancer survivors were all welcome to attend. Topics covered during the year include cancer fatigue, symptom management, nutrition, relaxation techniques and coping.

At the end of 2009, Sue Carnahan retired from her social work position. Renea Hammerman took over an interim role as social worker starting in January 2010.

Katie Kalp, LSW

REHABILITATION SERVICES

The Physical Medicine and Rehab Services at all three hospitals and 11 outpatient centers offer comprehensive therapy by skilled professionals. Patients receive rehabilitation services during the acute phase of the illness. Continued care is then offered as an outpatient or as an inpatient on the inpatient rehab.

Our specialized services include: lymphedema management, treatment of head and neck cancers, post mastectomy and breast reconstruction care, 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.

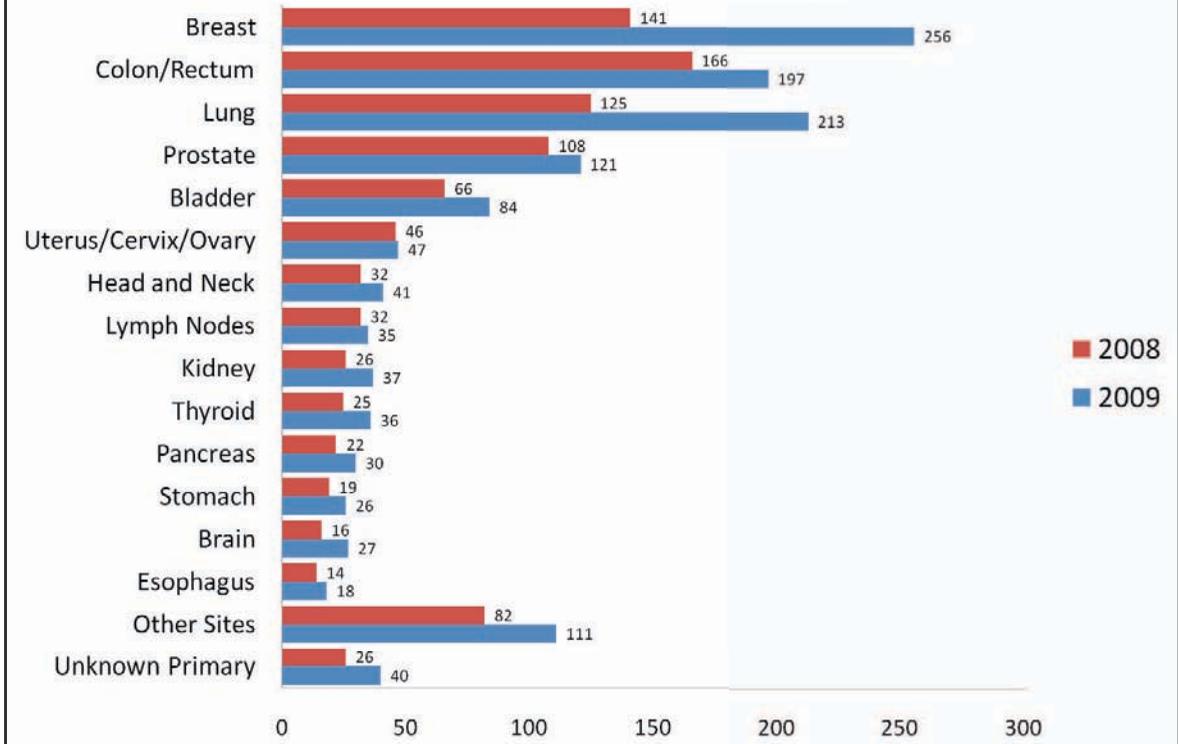
The team of occupational, physical and speech therapists work collaboratively with the patients and their caregivers, physicians, nurses, and case managers to insure quality service provision.

Joni Beckman, OTR/L CLT



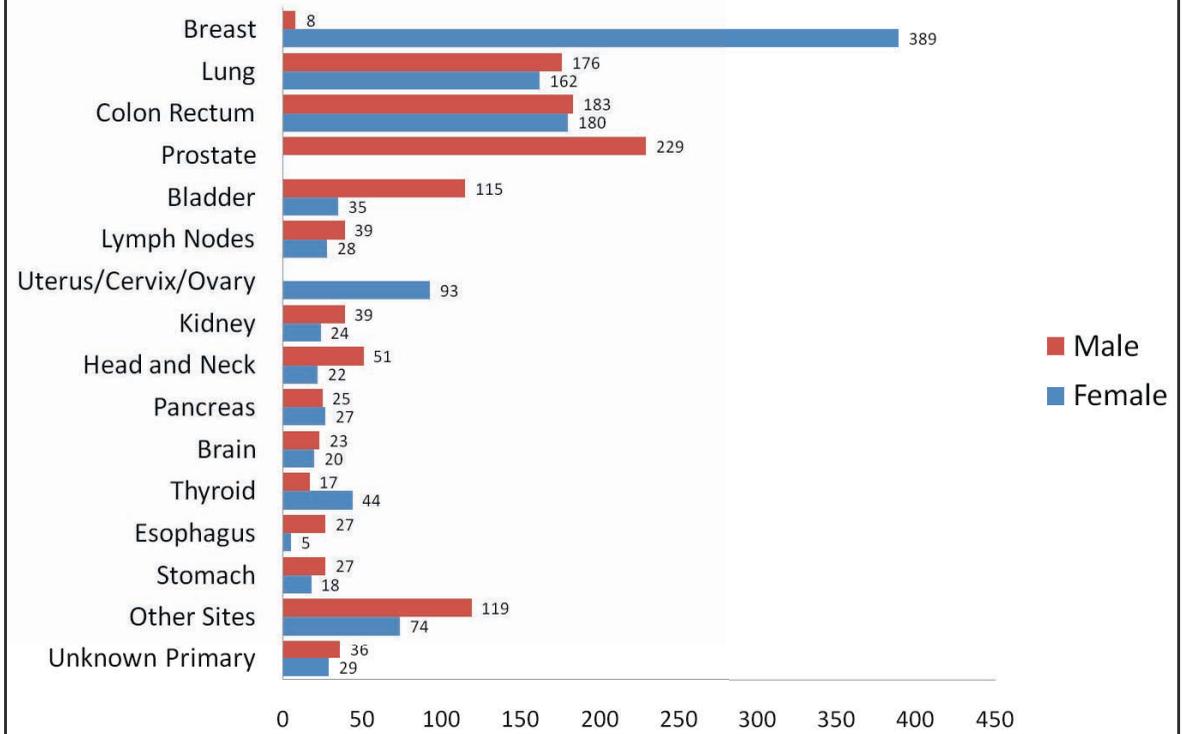
Combined Primary Site Distribution

2008-2009 Excelsa Health Analytic Cases



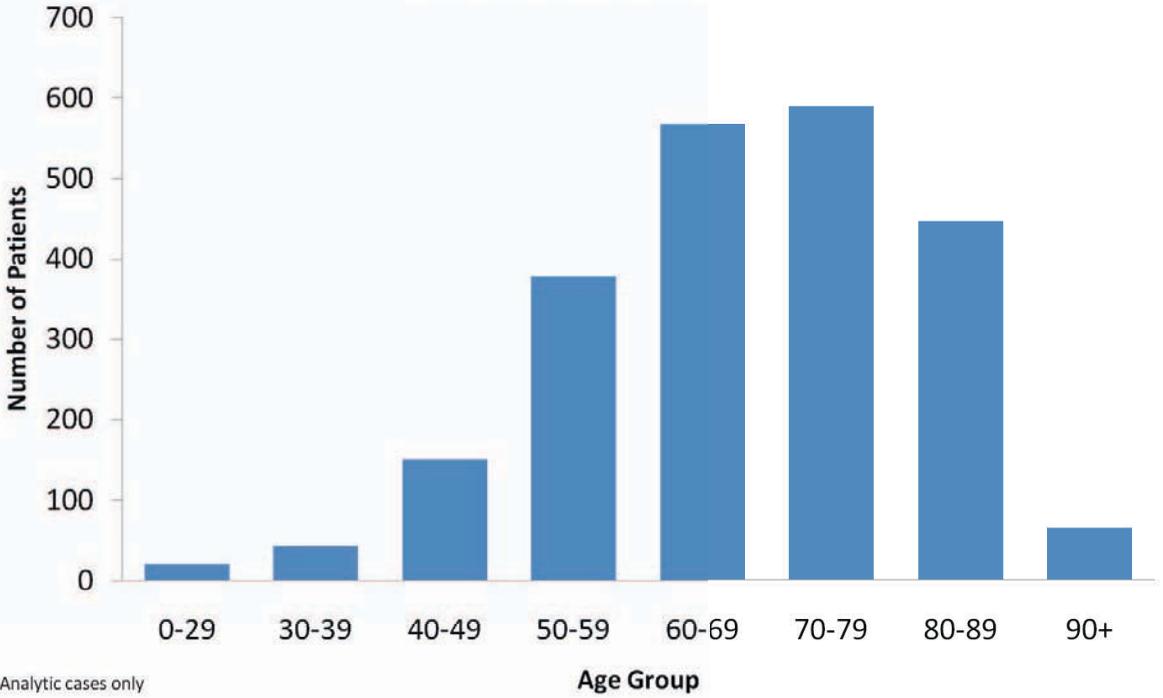
Combined Site Distribution by Sex

2008-2009 Excelsa Health Analytic Cases



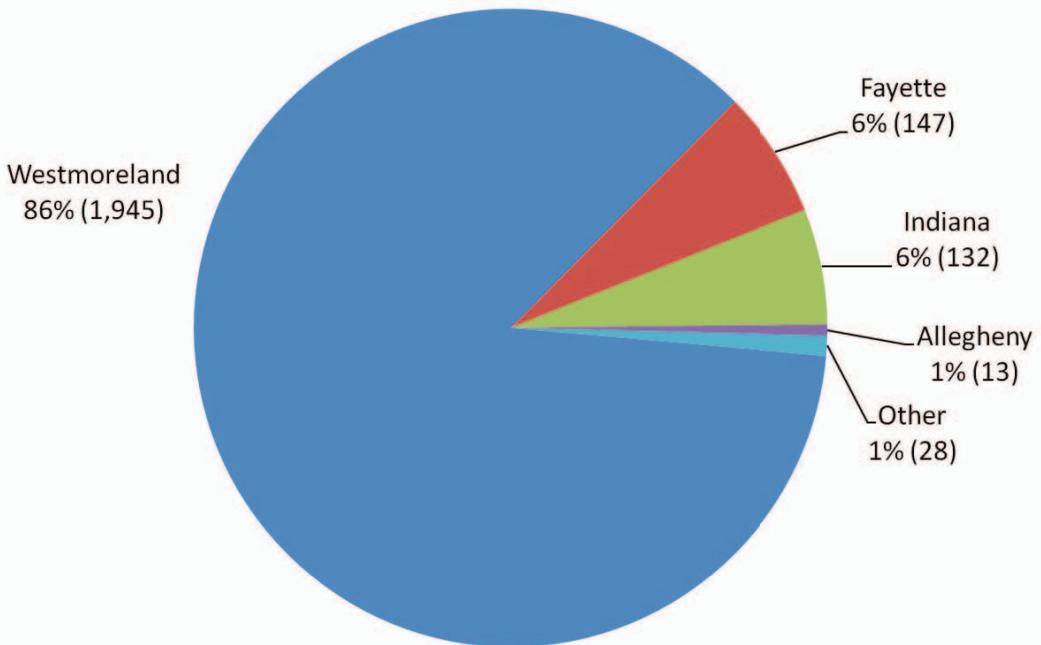
Combined Age Distribution

2008-2009 Excelsa Health



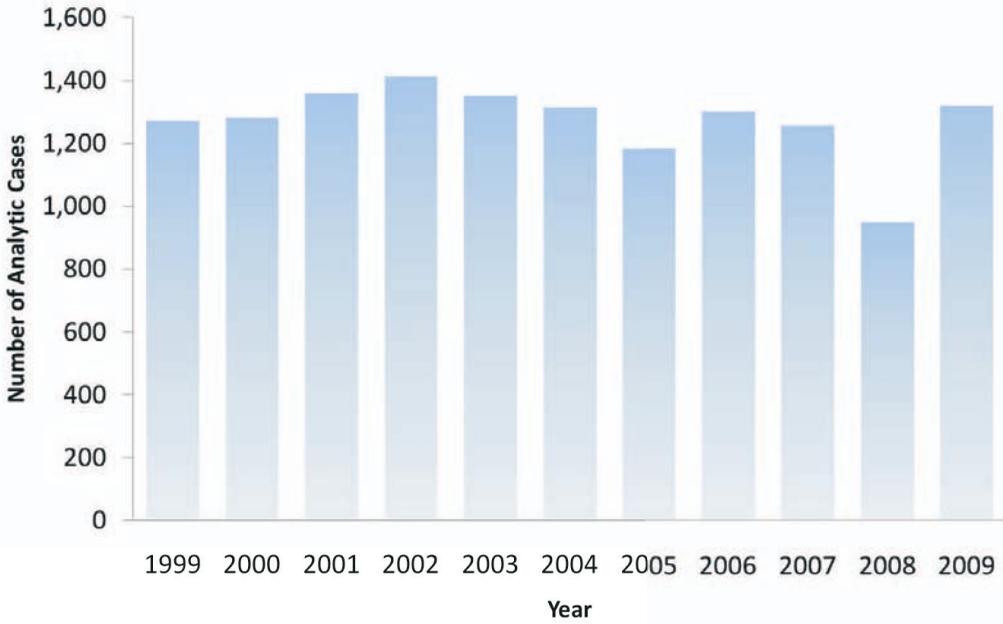
County at Diagnosis

2008-2009 Excelsa Health



Excela Health Case History

1999-2009



2009/2010