Quality Report
Cancer Care
December, 2016
About FMC’s Cancer Program

• **Fairfield Medical Center’s Cancer Program** proudly holds accreditation with the Commission on Cancer through the American College of Surgeons.

**What Does it Mean To Be An Accredited Program?**

• Accreditation requires that evidenced based standards of care are used to drive quality in all aspects of care provided to patients.

• Performance measures allow providers like FMC to compare performance to other cancer care providers.

• The quality measures provide a platform for promoting continuous practice improvement to improve quality of patient care at the local level.
About the Commission on Cancer

Mission
• The Commission on Cancer (CoC) is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care.

History
• Established by the American College of Surgeons (ACoS) in 1922, the multidisciplinary CoC establishes standards to ensure quality, multidisciplinary, and comprehensive cancer care delivery in health care settings; conducts surveys in health care settings to assess compliance with those standards; collects standardized data from CoC-accredited health care settings to measure cancer care quality; uses data to monitor treatment patterns and outcomes and enhance cancer control and clinical surveillance activities; and develops effective educational interventions to improve cancer prevention, early detection, cancer care delivery, and outcomes in health care settings.
What You Should Know About Breast Cancer

The American Cancer Society's* estimates for breast cancer in the United States for 2016 are:

- About 246,660 new cases of invasive breast cancer will be diagnosed in women
- About 61,000 new cases of carcinoma in situ (CIS) will be diagnosed (CIS is non-invasive and is the earliest form of breast cancer)
- About 40,450 women will die from breast cancer

What is breast cancer?

- Breast cancer starts when cells in the breast begin to grow out of control. These cells usually form a tumor that can often be seen on an x-ray or felt as a lump. The tumor is malignant (cancerous) if the cells can grow into (invasive) surrounding tissues or spread (metastasize) to distant areas of the body. Breast cancer occurs almost entirely in women, but men can get it, too.

What are the risk factors for breast cancer?

- Most women who have one or more breast cancer risk factors never develop breast cancer, while many women with breast cancer have no known risk factors (other than being a woman and growing older). Even when a woman with risk factors develops breast cancer, it’s hard to know just how much these factors might have contributed.
- Some risk factors, like a person's age or race, can't be changed. Other risk factors are linked to cancer-causing factors in the environment or to personal behaviors, such as smoking, drinking, and diet. Some factors affect risk more than others, and your risk for breast cancer can change over time, due to things like aging or lifestyle.

Certain inherited genes

- About 5% to 10% of breast cancer cases are thought to be hereditary, meaning that they result directly from gene defects (called mutations) passed on from a parent.
What You Should Know About Breast Cancer

Having a family history of breast cancer

• Note that most women (about 8 out of 10) who get breast cancer do not have a family history of the disease, but:
• Women who have close blood relatives with breast cancer have a higher risk of the disease.
• Having a first-degree relative (mother, sister, or daughter) with breast cancer almost doubles a woman’s risk. Having 2 first-degree relatives increases her risk about 3-fold.
• Women with a father or brother who have had breast cancer also have a higher risk of breast cancer.
• Overall, less than 15% of women with breast cancer have a family member with this disease.

Having a personal history of breast cancer

• A woman with cancer in one breast has a higher risk of developing a new cancer in the other breast or in another part of the same breast. (This is different from a recurrence or return of the first cancer.) This risk is even higher for younger women
What You Should Know About Breast Cancer

**Signs and symptoms of breast cancer**

- Knowing how your breasts normally look and feel is an important part of keeping up with your breast health.
- The most common symptom of breast cancer is a new lump or mass. A painless, hard mass that has irregular edges is more likely to be cancerous, but breast cancers can be tender, soft, or rounded. Other possible symptoms of breast cancer include:
  - Swelling of all or part of a breast (even if no distinct lump is felt)
  - Skin irritation or dimpling
  - Breast or nipple pain
  - Nipple retraction (turning inward)
  - Redness, scaliness, or thickening of the nipple or breast skin
  - Nipple discharge (other than breast milk)
- Sometimes a breast cancer can spread to lymph nodes under the arm or around the collar bone and cause a lump or swelling there, even before the original tumor in the breast tissue is large enough to be felt. Swollen lymph nodes should also be reported to your doctor.
- Although any of these symptoms can be caused by things other than breast cancer, if you have them, they should be reported to your doctor so that he or she can find the cause.
- Because mammograms do not find every breast cancer, it is important for you to be aware of changes in your breasts and to know the signs and symptoms of breast cancer.
Breast Cancer Treatment

Which treatments are used for breast cancer?

• There are several ways to treat breast cancer, depending on its type and stage.

• **Local treatments:** Some treatments are called *local therapies*, meaning they treat the tumor without affecting the rest of the body. Types of local therapy used for breast cancer include:
  – Surgery
  – Radiation therapy

• These treatments are more likely to be useful for earlier stage (less advanced) cancers, although they might also be used in some other situations.

• **Systemic treatments:** Breast cancer can also be treated using drugs, which can be given by mouth or directly into the bloodstream. These are called *systemic therapies* because they can reach cancer cells anywhere in the body. Depending on the type of breast cancer, several different types of drugs might be used, including:
  – Chemotherapy
  – Hormone therapy
  – Targeted therapy

• Many women will get more than one type of treatment for their cancer.

Provided by the American Cancer Society www.cancer.org
Breast Cancer Care - Fairfield Medical Center Quality Performance

As an accredited cancer program, FMC tracks performance in cancer care based on national standards developed by the Commission on Cancer, American College of Surgeons reported as Cancer Program Practice Profile Reports (CP3R). The following details performance in 4 key performance measures for breast cancer:

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<tr>
<td>For women under the age of 70 who have had breast conserving surgery, radiation therapy is performed within 1 year (365 days) of their diagnosis</td>
<td>100%</td>
<td>80%</td>
<td>88%</td>
<td>100%</td>
<td>90%</td>
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(Breast conserving surgery—only part of the breast tissue is removed rather than the entire breast)

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<td>For women with stage IB- stage III hormone receptor positive breast cancer (or AJCC T1c)-that the drug Tamoxifen or 3rd generation aromatase inhibitor is recommended or administered within 1 year (365 days) of their diagnosis</td>
<td>91.5%</td>
<td>66.7%</td>
<td>96.6%</td>
<td>100%</td>
<td>90%</td>
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Some breast cancer cells need estrogen and/or progesterone (female hormones produced in the body) to grow. These cancer cells have special proteins inside, called hormone receptors.

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<tr>
<td>For women who had breast mastectomy with 4 or more positive regional lymph nodes, radiation therapy is recommended or performed within 1 year (365 days) of their diagnosis</td>
<td>100%</td>
<td>80%</td>
<td>88%</td>
<td>100%</td>
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<td>To determine a breast cancer diagnosis, an image or palpation-guided needle biopsy is performed at the primary site</td>
<td>86.2%</td>
<td>81.8%</td>
<td>82.8%</td>
<td>98.4%</td>
<td>80%</td>
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If the area is easily felt, the biopsy needle may be guided into the tumor while feeling (palpating) the lump.
What You Should Know About Colon Cancer

How common is colorectal cancer?
• Excluding skin cancers, colorectal cancer is the third most common cancer diagnosed in both men and women in the United States. The American Cancer Society’s estimates for the number of colorectal cancer cases in the United States for 2016 are:
  • 95,270 new cases of colon cancer
  • 39,220 new cases of rectal cancer

Southern Ohio Among Regions With Higher Colon Cancer Rates*
• Despite the nationwide decrease in mortality from colorectal cancer, there are three regional "hot spots" where death rates are still high -- and one of them is in Ohio and adjoining states, a new study finds.
• According to The Washington Post, researchers from the American Association for Cancer Research determined that death rates from colon cancer in west central Appalachia, which comprises Southern Ohio, Eastern Kentucky and Western West Virginia (along with several counties in Indiana), ranked 18% higher than the rest of the country during 2009 to 2011.

What is colorectal cancer?
• Colorectal cancer is a cancer that starts in the colon or the rectum. These cancers can also be named colon cancer or rectal cancer, depending on where they start. Colon cancer and rectal cancer are often grouped together because they have many features in common.
• Cancer starts when cells in the body begin to grow out of control. Cells in nearly any part of the body can become cancer, and can spread to other areas of the body.
What You Should Know About Colon Cancer

What are the risk factors for colorectal cancer?

- Risk factors increase your chances of getting colorectal cancer. The following are risk factors you can impact:

  **Being overweight or obese**
  - If you are overweight or obese (very overweight), your risk of developing and dying from colorectal cancer is higher. Being overweight raises the risk of colon cancer in both men and women, but the link seems to be stronger in men.

  **Physical inactivity**
  - If you are not physically active, you have a greater chance of developing colorectal cancer. Being more active might help lower your risk.

  **Certain types of diets**
  - A diet that is high in red meats (such as beef, pork, lamb, or liver) and processed meats (such as hot dogs and some luncheon meats) can raise your colorectal cancer risk.
  - Cooking meats at very high temperatures (frying, broiling, or grilling) creates chemicals that might raise your cancer risk, but it’s not clear how much this might increase your colorectal cancer risk.
  - Diets high in vegetables, fruits, and whole grains have been linked with a lower risk of colorectal cancer, but fiber supplements have not been shown to help.
  - It’s not clear if other dietary components (for example, certain types of fats) affect colorectal cancer risk.
What You Should Know About Colon Cancer - Risk Factors

**Smoking**

- People who have smoked for a long time are more likely than non-smokers to develop and die from colorectal cancer. Smoking is a well-known cause of lung cancer, but it is also linked to other cancers, like colorectal cancer.

**Heavy alcohol use**

- Colorectal cancer has been linked to heavy alcohol use. Limiting alcohol use to no more than 2 drinks a day for men and 1 drink a day for women could have many health benefits, including a lower risk of colorectal cancer.
What You Should Know About Colon Cancer

Factors That Are Less Easily Controlled

A personal history of colorectal polyp or colorectal cancer
- If you have a history of adenomatous polyps (adenomas), you are at increased risk of developing colorectal cancer.
- If you have had colorectal cancer, even though it has been completely removed, you are more likely to develop new cancers in other areas of the colon and rectum.

A personal history of inflammatory bowel disease
- If you have inflammatory bowel disease (IBD), including either ulcerative colitis or Crohn’s disease, your risk of colorectal cancer is increased.
- IBD is a condition in which the colon is inflamed over a long period of time. People who have had IBD for many years often develop dysplasia. Dysplasia is a term used to describe cells in the lining of the colon or rectum that look abnormal (but not like true cancer cells) when seen with a microscope. These cells can change into cancer over time.
- If you have IBD, you may need to start being screened for colorectal cancer when you are younger and be screened more frequently.
- Inflammatory bowel disease is different from irritable bowel syndrome (IBS), which does not increase your risk for colorectal cancer.
What You Should Know About Colon Cancer

Colorectal cancer signs and symptoms

- Colorectal cancer might not cause symptoms right away, but if it does, it may cause one or more of these symptoms:
- A change in bowel habits, such as diarrhea, constipation, or narrowing of the stool, that lasts for more than a few days.
- A feeling that you need to have a bowel movement that is not relieved by doing so
  - Rectal bleeding
  - Blood in the stool, which may make it look dark
  - Cramping or abdominal (belly) pain
  - Weakness and fatigue
  - Unintended weight loss
- Colorectal cancers can often bleed into the digestive tract. While sometimes the blood can be seen in the stool or make it look darker, often the stool looks normal. But over time, the blood loss can build up and can lead to low red blood cell counts (anemia). Sometimes the first sign of colorectal cancer is a blood test showing a low red blood cell count.
- Most of these problems are more often caused by conditions other than colorectal cancer, such as infection, hemorrhoids, or irritable bowel syndrome. Still, if you have any of these problems, it’s important to see your doctor right away so the cause can be found and treated, if needed.
What You Should Know About Colon Cancer

Factors That Are Less Easily Controlled

*A family history of colorectal cancer or adenomatous polyps*

- People with a history of colorectal cancer in a first-degree relative (parent, sibling, or child) are at increased risk. The risk is even higher if that relative was diagnosed with cancer when they were younger than 45, or if more than one first-degree relative is affected.
- The reasons for the increased risk are not clear in all cases. Cancers can “run in the family” because of inherited genes, shared environmental factors, or some combination of these.
- Most people with colorectal cancer have no family history of colorectal cancer. Still, as many as 1 in 5 people who develop colorectal cancer have other family members who have been affected by this disease.
- Having family members who have had adenomatous polyps is also linked to a higher risk of colon cancer. (Adenomatous polyps are the kind of polyps that can become cancerous.)
- If you have a family history of adenomatous polyps or colorectal cancer, talk with your doctor about the possible need to begin screening before age 50. If you have had adenomatous polyps or colorectal cancer, it’s important to tell your close relatives so that they can pass along that information to their doctors and start screening at the right age.
Colon Cancer Treatment

*Colorectal cancer treatment*

- If you’ve been diagnosed with colorectal cancer, your cancer care team will discuss your treatment options with you. It’s important that you think carefully about each of your choices. You will want to weigh the benefits of each treatment option against the possible risks and side effects.

*Which treatments are used for colorectal cancer?*

- There are several ways to treat colorectal cancer, depending on its type and stage.
- Surgery (the type of surgery will depend on whether it is for colon or rectal cancer)
  - Radiation therapy
  - Chemotherapy
  - Targeted therapy
- For advanced colon and rectal cancer, ablation or embolization may also be used.
- Depending on the stage of the cancer and other factors, different types of treatment may be combined at the same time or used after one another.

Provided by MedBen www.medben.com
American Cancer Society www.cancer.org
Colon Cancer- FMC Quality Performance

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<td>For patients that have surgical colon resection, at least 12 regional lymph nodes are removed and pathologically examined for cancer cells</td>
<td>92.3%</td>
<td>93.1%</td>
<td>100%</td>
<td>90.9%</td>
<td>85%</td>
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Questions?

• If you have specific questions about the performance measures or any questions about cancer care, please contact:

• Ivy O’Neal, Manager Cancer Care and Infusion Services

• Telephone Number:
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  740-687-8956 fax