



Excelsa Health
ANNUAL CANCER REPORT
(based on 2014 data)

2015

We have Excellence in health care.

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Health

2015

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Co-Chairman
Radiation Oncology

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

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Radiology

Maged Shenouda, MD
Pathology

Matthew Sulecki, MD
Medical Oncology

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Quality Services

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Cancer Registry

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Inpatient Oncology

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American Cancer Society

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CHTS-IS
Cancer Registry Quality Coordinator
Cancer Registry

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Psychosocial Services Coordinator
Social Services

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Pharmacy

Ray Paronish, CRNP
Inpatient Palliative Care Service

Jodi Ramsey, RN
Inpatient Oncology

Lori Tkach, BS, CTR
Cancer Registry

Diane Trout, RN
Clinical Research Coordinator
Clinical Research

CHAIRMEN'S REPORT

The Cancer Committee remained active in 2014. We continued to follow the American College of Surgeons Commission on Cancer's standards focusing on enhancing patient centered functions and defining performance criteria in quality measurements and outcomes as well as made further progress in implementing three of the new standards related to the continuum of patient care focused on patient navigation, psychosocial distress screening and survivorship that will be required in 2015. This clearly supports the goals of the Excelsa Health system which constantly strives to improve patient care and outcomes.

New initiatives that were implemented by the health system in 2014 included documentation of radiation dose level and exposure times on CT exams and fluoroscopy procedures in order to minimize the risks associated with radiation exposure for our patients and the development of an inpatient palliative care program to help patients manage their care, pain and symptoms. We also experienced continued growth in the utilization of our Move More, Eat Less, Find Success! nutrition education program and Walk-in Wednesday mammogram program.

The medical staff saw the addition of Thoracic Surgeon Dr. Michael Szwerc who specializes in minimally invasive surgery, particularly robotic approaches to lung and esophageal cancer management.

To address the needs of the community, the Excelsa Health system continued to work with the American Cancer Society (ACS) to provide programs and services such as Look Good...Feel Better, Reach to Recovery, Road to Recovery, free wig salons, distribution of information on prevention and early detection at multiple health fairs and events in the community, and transportation and financial assistance. The health system also began collaborating with the Our Clubhouse support program to expand their services into Westmoreland County. This program provides free social, emotional and informational support to cancer patients as well as their friends and family. Participants can take arts and crafts classes, yoga classes, attend education programs and/or join a support group.

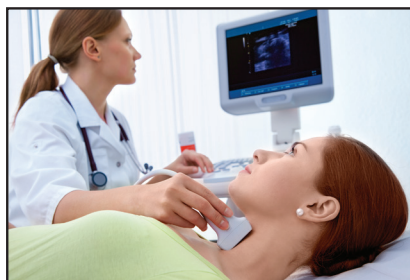
The health system also continued to be involved in the community by participating in the Relay for Life and Westmoreland Walks Against Breast Cancer events.

Through cancer conferences, we offered physician, nursing and ancillary staff education along with presentations on Cervical Cancer Screening and Prevention by Dr. Sarah Barlow and Advances in Thyroid Fine Needle Aspiration (FNA) Testing by Dr. Yuri Nikiforov.

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

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

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



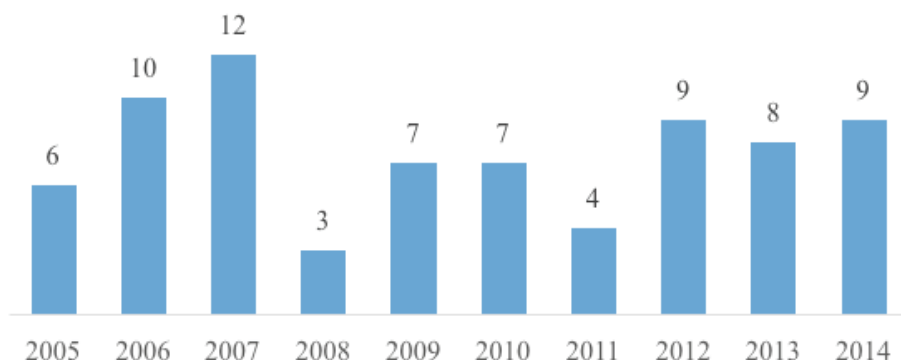
HODGKIN'S AND NON-HODGKIN'S LYMPHOMA

Welcome to this year's annual report from the Excelsa Health System, specifically our multidisciplinary team has brought together a focus on lymphomas subdivided into Hodgkin's and non-Hodgkin's lymphoma. The following report looks at data for the health system from 2005 to 2014.

HODGKIN'S LYMPHOMA

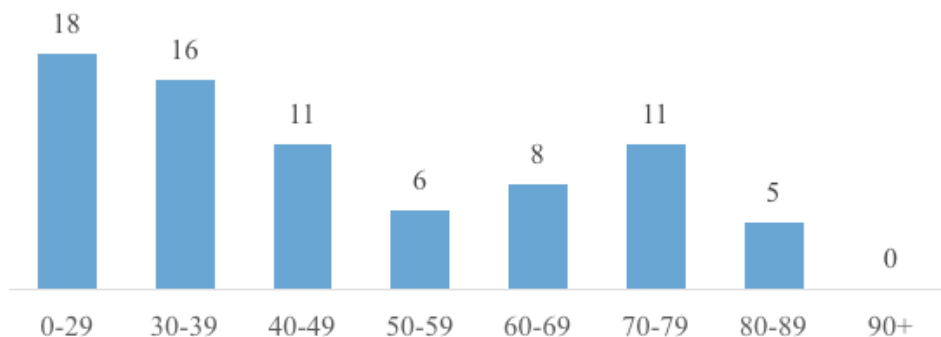
The incidence of Hodgkin's lymphoma revealed the number of new cases in 2005 to be 6 and 10 in 2006. 2007 was the highest with 12 new cases and 2008 the lowest with 3. 2009 and 2010 both had 7 new cases, 2011 had 4, 2012 had 9, 2013 had 8 and 2014 again had 9 new cases.

Incidence of Hodgkin's Lymphoma
(Excelsa Health 2005-2014)



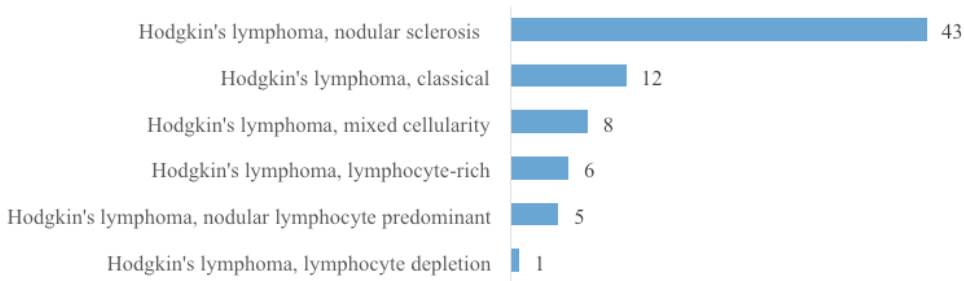
The age of diagnosis for Hodgkin's lymphoma varied from the age ranges of 0 to 29 to 90+. The 0-29 range was the highest at 18 with subsequent drops to 16 for the 30-39 range, 11 for 40-49 and 6 for 50-59. There were 8 cases for the 60-69 range, 11 for 70-79 and 5 for 80-89. There were no cases for the 90+ range.

Age at Diagnosis for Hodgkin's Lymphoma Cases
(Excelsa Health 2005-2014)



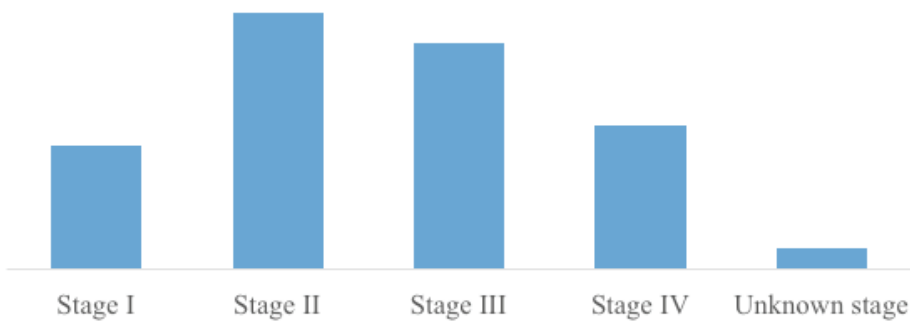
The histologic subtypes for Hodgkin's lymphoma included nodular sclerosis with 43 total cases, classical type with 12, mixed cellularity with 8, lymphocyte-rich with 6, nodular lymphocyte predominant with 5 and lymphocyte-depleted with 1 case.

Histology Types for Hodgkin's Lymphoma Cases (Excela Health 2005-2014)



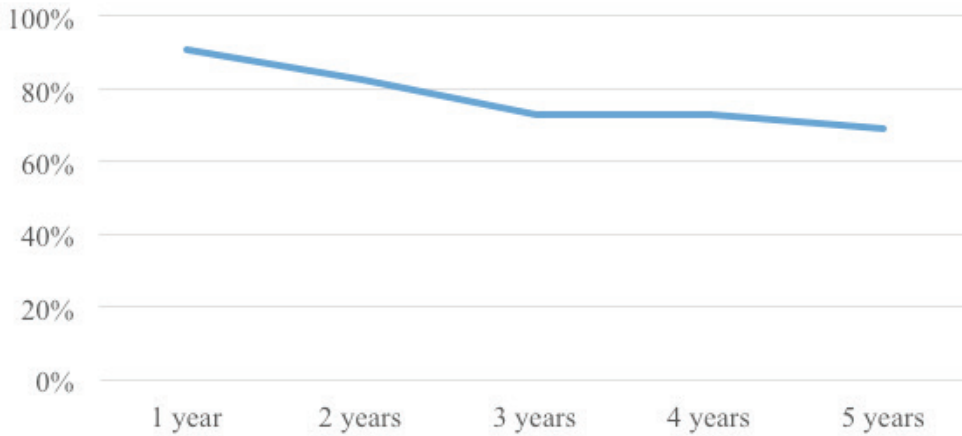
The highest stage for Hodgkin's lymphoma was stage II, next was stage III. Stage I and stage IV were fairly equivocal and there was a small percentage of cases where the stage was unknown.

Stage at Diagnosis for Hodgkin's Lymphoma Cases (Excela Health 2005-2014)



Observed survival for Hodgkin's lymphoma averaged from a 1-year survival of 91% down to a 5-year survival of 69%.

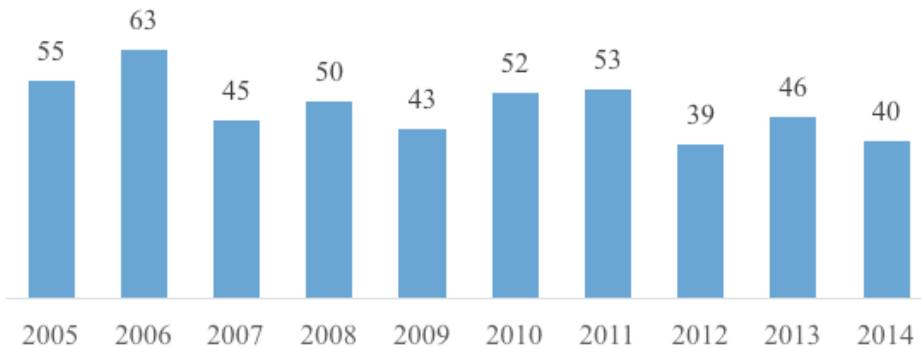
Observed Survival for Hodgkin's Lymphoma Cases (Excela Health (2004-2008))



NON-HODGKIN'S LYMPHOMA

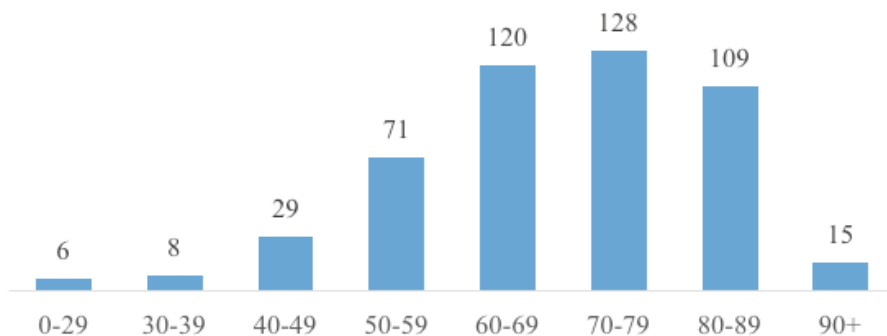
The incidence of non-Hodgkin's lymphoma revealed the number of new cases in 2005 to be 55. 2006 was the highest with 63 new cases and 2012 the lowest with 39. There were 45 new cases in 2007, 50 in 2008, 43 in 2009, 52 in 2010, 53 in 2011, 46 in 2013 and 40 in 2014.

Incidence of Non-Hodgkin's Lymphoma (Excela Health 2005-2014)



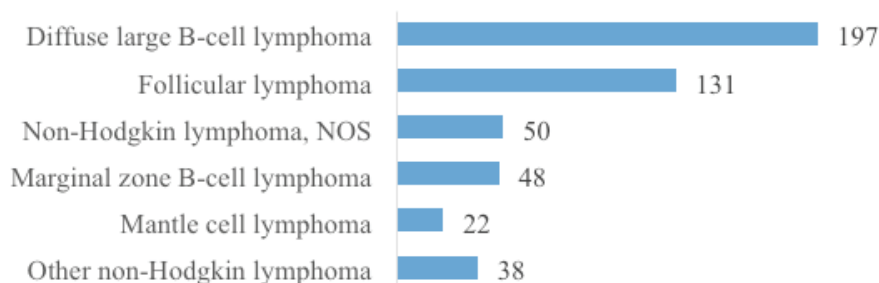
The age of diagnosis for non-Hodgkin's lymphoma was the lowest for the 0-29 age range with 6 cases with subsequent increases to 8 for 30-39, 29 for 40-49, 71 for 50-59 and 120 for 60-69. The highest age range was 70-79 with 128 cases. There were 109 cases for ages 80-89 and 15 for the 90+ range.

Age at Diagnosis for Non-Hodgkin's Lymphoma Cases (Excela Health 2005-2014)



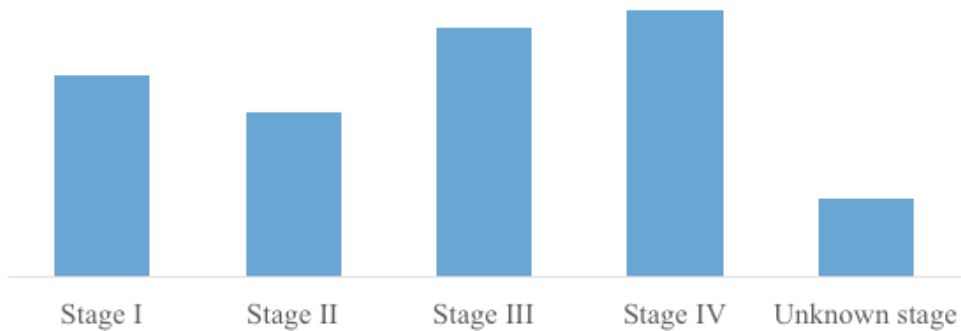
The histologic subtypes for non-Hodgkin's lymphoma included diffuse large B-cell with 197 total cases, follicular with 131, non-Hodgkin's lymphoma not otherwise specified with 50, marginal zone B-cell with 48, mantle cell with 22 and other non-Hodgkin's lymphoma with 38 cases.

Histology Types for Non-Hodgkin's Lymphoma Cases (Excela Health 2005-2014)



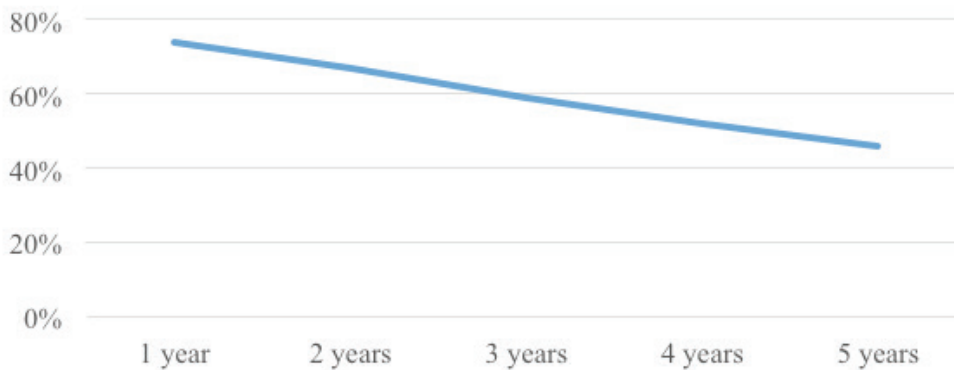
The highest stage for non-Hodgkin's lymphoma was stage IV, next was stage III, then stage I followed by stage II and finally a smaller number of cases where the stage was unknown.

Stage at Diagnosis for Non-Hodgkin's Lymphoma Cases (Excela Health 2005-2014)



Observed survival for non-Hodgkin's lymphoma averaged from a 1-year survival of 74% down to a 5-year survival of 46%.

Observed Survival for Non-Hodgkin's Lymphoma Cases (Excela Health (2004-2008))



Gauri J. Kiefer, M.D.
Medical Oncology

BREAST CENTER REPORT

EXCELA HEALTH BREAST IMAGING SERVICES 2014

Screening mammograms performed	24,685
Diagnostic mammograms performed	5,715
Breast ultrasounds performed	3,518
Breast MRI's performed	225
Stereotactic breast biopsies performed	219
Ultrasound guided cyst aspirations/biopsies performed	603
MRI guided biopsies performed	3

CANCER CONFERENCES

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

In 2014, 131 cases were presented at Latrobe Hospital, representing 23% of the total number of new analytic cancer patients and 111 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 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 who utilize METRIQ registry software. In 2014, there were 1,260 analytic patients, or those who were diagnosed and/or treated at Excelsa Health, accessioned into the registries and 190 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, the Pennsylvania Cancer Program, and the software vendor, ELEKTA IMPAC. To maintain current information and skills, the registrars attended the National Cancer Registrars Association (NCRA) Convention, the Pennsylvania Association of Cancer Registrars (PACR) Annual Conference and regional seminar, a hospital lecture on thyroid fine needle aspiration testing, and multiple online webinars offered by the Commission on Cancer 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/better way to treat patients with cancer.

Through a partnership with UPMC CancerCenter through the Arnold Palmer Cancer Center, 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 includes 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 2014, 39 patients enrolled in a clinical trial at the Palmer site, with more than 250 patients continuing to be followed for survival. Trial enrollment at this site was about 5-6 percent, which is within the national average of 5-7 percent.

Clinical trials play a key role in the progress against cancer. These trials are one of the final stages in a long, careful research process and provide an important tool for the development of new approaches to prevent, detect, diagnose and treat cancer.

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



COMMUNITY OUTREACH

(July 2014 through June 2015)

SCREENING PROGRAMS

- Wellness Checks
- Skin Cancer
- Breast Cancer
- Lung Cancer
- Prostate Cancer
- Colon Cancer
- Ovarian Cancer

Total Number of Participants: 2,974

HEALTH FAIRS

- Senator Don White & State Representative Tim Kreiger Senior Expo
- Westinghouse Health Fair
- George Dunbar Health Expo
- Senator Kim Ward Senior Expo
- Representative Mike Reese Senior Expo

Total Number of Attendees: 1,780

OTHER COMMUNITY OUTREACH

- Blairsville Community Days
- Our Clubhouse Free Cancer Support Group
- AccessAbilities 5K Run, Walk N Roll
- Westmoreland Walks Against Breast Cancer
- Breast Cancer Awareness Educational Display
- Live Remote to Promote Walk-in Wednesdays 99.7 Wish
- Westmoreland County Children's Bureau
- Dormont Manufacturing Company Breast Cancer Awareness Presentation
- Women's Expo
- Women to Women Health Event
- Look Good Feel Better
- Breathe Deep 5K Walk
- Relay for Life

Total Number of Attendees: 9,549



HOSPICE AND PALLIATIVE CARE

The Excelsa Health Hospice and Palliative Care Program continues to serve patients throughout Westmoreland County and parts of Allegheny, 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, as well.

The Hospice program includes all 4 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 is comprised of an interdisciplinary group which includes: Physicians, Nurses, Social Workers, Bereavement Counselors, Spiritual Care Counselors, Home Health Aides, Therapists, Volunteer Coordinator and currently 74 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 877 Hospice patients. The average length of stay for these patients was 31.2 days. Of the Hospice patients, 345 (39.3%) were patients with a cancer diagnosis. We also served a total of 686 Palliative Care patients. Of the Palliative Care patients, 380 (55.5%) were patients with a cancer diagnosis.

Education is a large priority and we provide many in-services to our own staff as well as 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 300 people on October 26, 2014. This year's Memorial Service will take place on October 25, 2015. We held a program for the Parade of Trees on December 9, 2014 and decorated trees with ornaments made by patients' loved ones in memory of those who have passed this past year. Close to 450 ornaments were sent in and close to 100 people were in attendance at the program.

Throughout the year there are multiple support groups to assist in coping with loss that run for six weeks at a time. These include: Adult Child Loss, Widows/Widowers, Loss of Parents, Holiday Support Group, Grief Book Clubs, Cooking for One, Help to Heal Teen Loss Program and many community in-services offered to local schools, churches, colleges, seminary students and cancer survivors. As part of the 13-month bereavement support that Excelsa Hospice offers to families after their loved one passes away, the Excelsa Hospice bereavement counselors are now offering the "New Beginnings" program. The program is targeted toward people who are nearing the end of the 13-month bereavement support. The purpose of the program is to allow participants to have some form of closure with the process while at the same time letting them know that the bereavement counselors are still available to support them if they feel additional support is needed. In addition, attendees are educated about different volunteer opportunities with Excelsa Health Hospice in the event they feel the desire to "give something back" for the care and support they have received.

We offer lovely photos done in black and white of hands being held with the patient and are presented to the family in a frame for remembrance. In addition, through our Bear Buddies Program, volunteers sew bears with the external material/clothing belonging to the patient for remembrance sake and as something tangible for the family to hold. In FY2015, volunteers created more than 850 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. Excelsa Health Hospice expanded programming toward veterans and their families. Hospice patients who are veterans receive a Certificate of Appreciation to thank them for their military service. In addition, Excelsa Health Hospice staff participate in veteran-specific training to better equip them to care for our veteran patients. Excelsa Health Hospice is committed to expanding services to veterans as we continue to work within the NHPCO We Honor Veterans program framework.

Excelsa Health Hospice also launched a new Video Life Review Program. In partnership with the Communications Department of the University of Pittsburgh at Greensburg, Excelsa Health Hospice provides the opportunity for Hospice patients to be interviewed about their life. The interview will be captured on DVD to be presented back to the family as a legacy piece for the patient. Many of our volunteer programs were strengthened by ongoing relationships with local colleges and universities including St. Vincent College, Seton Hill University and University of Pittsburgh at Greensburg.

Excelsa Health Hospice and Palliative Care was chosen to participate in a national research project called "Increasing Access to Hospice Care for Older African Americans – A National Study" which is being conducted by Duke University. The research project focuses on improving access to Hospice and Palliative Care for older minorities with advanced serious illness. The goal of the research project is to identify best practices that may be disseminated throughout the Hospice field.

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

Jim Joyce, MBA, MHA
Hospice and Palliative Care Manager



INPATIENT PALLIATIVE CARE SERVICE

In November 2014, the Excelsa Health system implemented an inpatient palliative care consultative service. The Inpatient Palliative Care Service was initially piloted at Westmoreland Hospital and expanded to Latrobe Hospital in the summer of 2015. Plans are in place to continue expansion of the service to Frick Hospital.

The Inpatient Palliative Care Service is currently staffed by Dr. Carol Fox, Dr. Randy Cook and Palliative Care Nurse Practitioner Ray Paronish.

Since the Inpatient Palliative Care Service was started, there have been more than 300 consults to the service. Approximately 50% of the patients referred to the palliative care service have a cancer diagnosis. The main reasons for referral to the palliative care service include 1) discussions related to goals of care, 2) pain management and 3) management of other symptoms (dyspnea, nausea, etc.).

The Inpatient Palliative Care Service has shown great success in managing patient hospital readmissions. In the latest data that has been collected, 25% of patients had experienced a readmission to the hospital in the last 30 days prior to referral to the palliative care service. After referral to the palliative care service (via inpatient consultation), only 5% of these patients had a readmission to the hospital within 30 days.

The palliative care steering committee will continue to explore opportunities to advance palliative care services throughout the Excelsa Health system.

Ray Paronish, CRNP
Excelsa Health Palliative Care Nurse Practitioner

NUTRITION SERVICES

In 2014, nutrition therapy services were expanded to the Arnold Palmer Cancer Center sites of Oakbrook and Mt. Pleasant, along with continued service to Mountain View. Services were provided to outpatients diagnosed with head and neck, lung, breast and other cancers. Patients are seen by referrals from physicians, ancillary services, registered nurses or family and patient request. New screening criteria was implemented for dietitian referrals. Dietitians from Excelsa Health provided 22 hours of weekly nutrition services including initial assessments, revisits and classes.

“Move More, Eat Less, Find Success” classes for breast cancer patients continue to be offered to all patients with this diagnosis. The program provides participants with the tools and support to help decrease dietary fat, promote weight loss and encourage exercise in an effort to decrease relapse rate. During 2014, participants received education on exercise from an exercise physiologist and a pedometer was provided. Two special topics are offered quarterly by dietitians.

“Ask the Dietitian,” an informal question and answer session conducted in the lobby of the Arnold Palmer Cancer Center-Mountain View, provides educational material and support. Also, nutrition education material was presented at the Breast Cancer Support Group and Our Clubhouse.

Goals for 2015 include:

- Dietitian involvement in the Moving Forward nutrition segment for Our Clubhouse.
- Increased hours from 22 to 24 hours per week.
- Expansion of nutrition care to Palliative and Hospice patients.

The primary goals of nutrition intervention are 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 oncology patients is provided during their treatment at the hospital, at the Arnold Palmer Cancer Center and in the patient home via telephone contact. A dietitian continues to serve on the Excelsa Health Cancer Committee.

Diane M. Coleman, RD, LDN
Anita Gallagher, MS, RD, LDN, CNSC
Excelsa Health Nutrition Services

REHABILITATION SERVICES

The Physical Medicine and Rehabilitation Services at Frick, Latrobe and Westmoreland Hospitals and at all 12 outpatient centers provide 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 ensure quality service provision.

Joni Beckman, OTR/L CLT
Excela Health Occupational Therapist

SOCIAL WORK SERVICES

Oncology social work services through Excela Health are provided by 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, the Arnold Palmer Cancer Center.

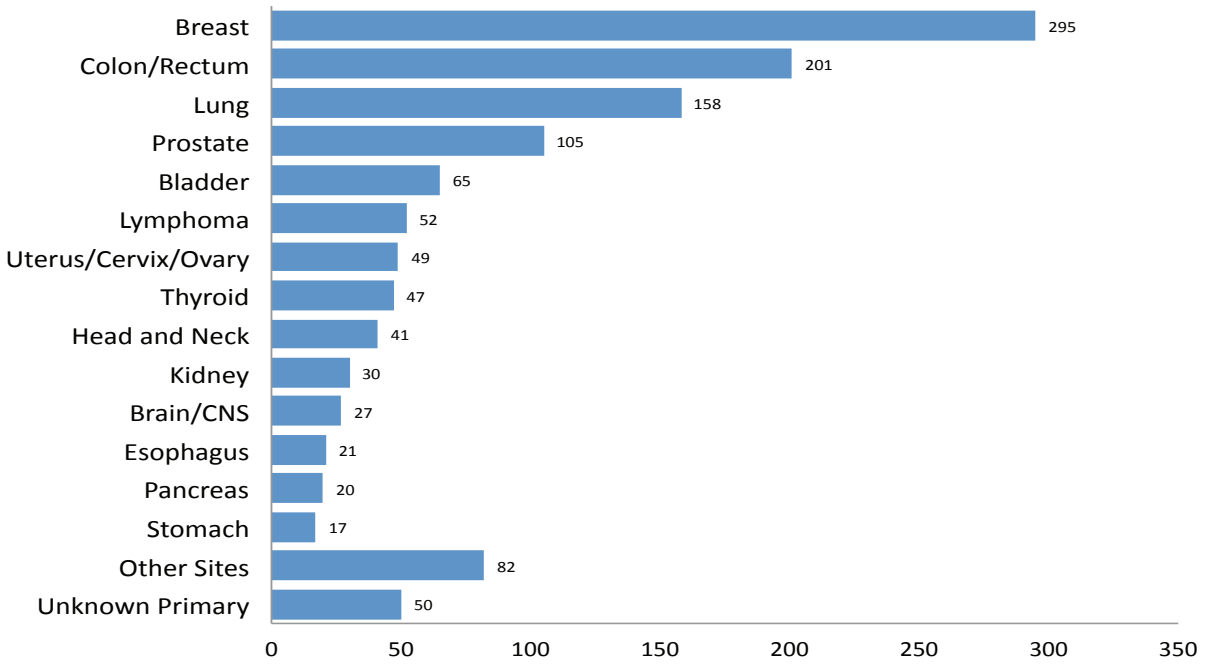
The goal of the social worker in any setting is to link patients with the resources they need to be successful before, during and after treatment. These resources may address financial concerns, educational information, allocating local supports, caregiving resources or insurance concerns. The social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

A majority of our oncology patients come in contact with the social worker at the Arnold Palmer Cancer Center - Mountain View location. Social work services at the Arnold Palmer are performed by Katie Kalp, MSW, LSW, OSW-C. 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 consult packet. This is a free service offered through the joint venture.

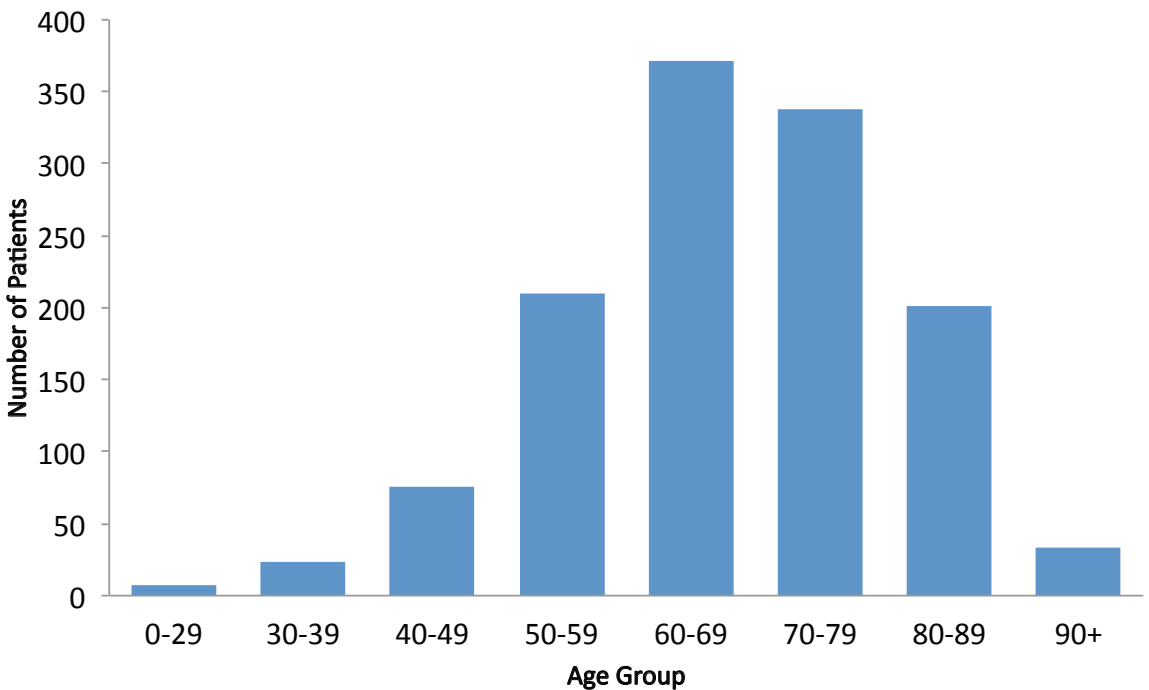
Katie Kalp, MSW, LSW, OSW-C
Excela Health Home Care and Hospice
Arnold Palmer Cancer Center



Combined Primary Site Distribution 2014 Excelsa Health Analytic Cases

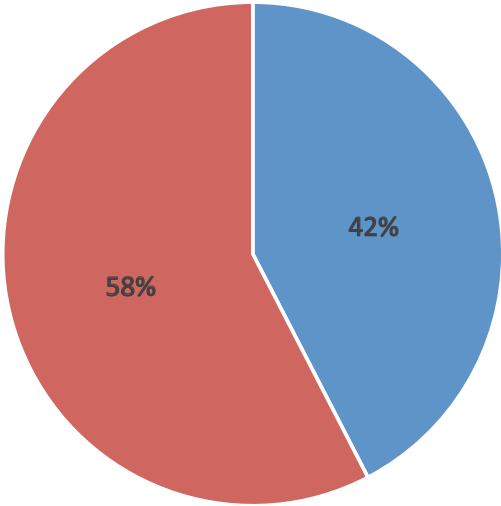


Combined Age Distribution 2014 Excelsa Health Analytic Cases



Combined Gender Distribution

2014 Excelsa Health Analytic Cases



■ Male ■ Female



NATIONAL CANCER DATABASE

The National Cancer Database (NCDB), a joint program of the Commission on Cancer (CoC) and the American Cancer Society (ACS), is a nationwide oncology outcomes database that collects data from CoC accredited cancer programs. This data is used to track trends in cancer care, create regional and state benchmarks for participating hospitals, and serves as the basis for quality improvement. CoC accredited cancer programs can evaluate and compare the cancer care delivered at their facilities with that provided at state, regional and national levels. Quality tools currently available for CoC accredited facilities through the NCDB focus on the quality of care provided to breast and colorectal cancer patients. Additional quality tools have recently been added for gastric and non-small cell lung cancer patients and the NCDB is in the process of expanding the available measures even further by adding quality tools that focus on cervical, endometrial and ovarian cancer patients.

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

For the most recent data collection (2013), the quality tools for breast cancer (Table 1) and colorectal cancer (Table 2) show 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

CP3R Measures for 2013 Data	LH PR	State PR	National PR	CoC EPR
Image or palpation-guided needle biopsy (core or FNA) of the primary site is performed to establish diagnosis of breast cancer (nBx)	100%	87.4%	83.9%	80% or greater
Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB - III hormone receptor positive breast cancer (HT)	96.4%	90.6%	80.7%	90% or greater
Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with > = 4 positive regional lymph nodes (MASTRT)	100%	82.9%	72.9%	90% or greater
Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer (BCSRT)	95%	92.4%	84.6%	90% or greater
Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0, or stage IB - III hormone receptor negative breast cancer (MAC)	100%	93.2%	87.1%	90% or greater

Table 2

CP3R Measures for 2013 Data	LH PR	State PR	National PR	CoC EPR
Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC stage III (lymph node positive) colon cancer (Accountability) (ACT)	100%	92%	87.8%	90% or greater
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement) (12RLN)	100%	87.9%	85.9%	85% or greater

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