

## Message from the Cancer Institute Chair

### A New Vision for Cancer Care Delivery



We live in a time of unbelievable change and advancement in cancer care. The number of new treatments and diagnostic tools is astounding. We embrace the opportunities for progress at Premier Health Cancer Institute, and affirm our commitment to keep our patients at the center of all we do.

As a certified member of MD Anderson Cancer Network®, a program of MD Anderson Cancer Center, one of the nation's top-ranked cancer centers, we bring their leading cancer expertise to our patients in Southwest Ohio. This means they can receive high-quality cancer care close to home, surrounded by family and friends.

We have improved the consistency of quality care throughout our sites, all accredited through the Commission on Cancer and receiving the prestigious Magnet® Recognition for nursing.

During 2020, we invested in new technologies, streamlined the process of cancer diagnosis and treatment to reduce stress on patients, implemented safety precautions for COVID-19, and introduced in primary care settings genetic counseling and testing for hereditary cancers. As we transformed many aspects of care delivery, we sought to optimize the health and welfare of each person who came to us.

Strong physician relationships – among Premier Health physicians, independent practices, and peer-to-peer consultations with MD Anderson physicians via the network – contributed to creating well-coordinated, unified treatment plans with input from multiple specialists. We continue to recruit talented cancer experts to our staff, and we are delighted to welcome back Jose Rodriguez, MD, FACS, who is the new medical director of thoracic surgical care.

Through the collective efforts of our talented physicians, administrators, nursing staff, nurse navigators, and others, we are transforming the patient experience with our high standards and compassionate care. The Cancer Institute members and I are grateful for the efforts of every team member and the invaluable leadership and wisdom of vice chair and surgical oncologist James Ouellette, DO, FACS, and Ryan Steinmetz, MD, radiation oncology lead.

Together, we're creating a new vision for cancer care.

Please read on for the 2020 Top 10 Things To Know about the vision of our cancer program.

1. Expanding and Improving Specialized Cancer Programs: Disease-Specific Growth Plans
2. Cancer Care Above and Beyond: Our Unique Offerings
3. Leading Cancer Care in Southwest Ohio: MD Anderson Cancer Network Affiliation
4. Cancer Care That Gets Noticed: Clinical Excellence
5. Transforming Our Care: Operational Advances
6. Stopping Cancer Before It Starts: Cancer Prevention Programs

7. Sharing Patient Care Goals: Physician Partnerships
8. Finding Better Ways: Research and Clinical Trials
9. Powering Up the Patient Experience
10. Our Care Lives Here: Cancer Community Outreach

Regards,

**Charles Bane, MD**

MD Anderson Cancer Network Certified Physician  
Chair, Cancer Institute



**Charles Bane, MD**  
MD Anderson Cancer Network Certified Physician  
Chair, Cancer Institute



**James Ouellette, DO, FACS**  
MD Anderson Cancer Network Certified Physician  
Vice Chair, Cancer Institute



**Ryan Steinmetz, MD**  
MD Anderson Cancer Network Certified Physician  
Radiation Oncology Lead

## 1. Expanding and Improving Specialized Cancer Programs: Disease-Specific Growth Plans

*Introducing new technologies. Using genetic data to target cancer treatments.  
Finding a less invasive way to diagnose and treat a tumor.*

Cancer physicians at Premier Health are working with each other and administrators to find better ways to treat different cancer types. Our specialists in lung, blood, brain and spine (neuro-oncology), prostate, and breast cancers have made notable strides in transforming the depth of these individualized cancer services for the people of Southwest Ohio.

Their efforts complement the breadth of cancer care that delivers high quality cancer prevention, diagnosis, treatment, integrative services, and survivorship follow-up care to every person with cancer who comes to Premier Health.

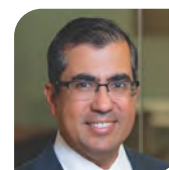
“Our physician leaders are stepping up to guide us in improving outcomes and remaining a strong leader in cancer care in the region,” says **Mikki Clancy**, Premier Health system vice president for oncology services.



Here are highlights of our progress in 2020.

### Lung Cancer

**Jose Rodriguez, MD, FACS**, newly appointed medical director of thoracic surgical care, is working with area pulmonologists to improve diagnosis and treatment for lung cancer. Accomplishments over the past year include:



- Introducing new technologies such as the Monarch™ Platform, a robotic bronchoscopy that provides improved reach, vision, and control for viewing inside of the airways during a lung biopsy. Premier Health is the first in Ohio to use this robotic bronchoscopy technology.
- Forming a system-wide tumor board that brings together a number of specialists who treat lung cancer and provide input on patient treatment plans. The organized conferences have improved dialogue and discussion around treatment for specific lung cancer types.

## Blood Cancer

Collaboration among medical oncologists and pathologists at Premier Health has led to the development of more targeted treatments of blood cancers, including leukemias.

Medical oncologist **Kelly Robbins Miller, MD, PhD**, and her colleagues worked closely with pathologist **Atef Shrit, MD**, and other pathologists to develop protocols for ordering appropriate genetic testing.



“As we learn more about the complex, dynamic nature of blood cancers, we are now able to use genetic data to further classify and effectively treat these diseases,” Dr. Miller says.

Oncologists are also working with hospitalists and primary care physicians to streamline the referral process and achieve earlier diagnosis of blood cancers.

## Neuro-Oncology

For patients with brain and spine cancer that requires both surgery and radiation therapy, neurosurgeon **Ania Pollack, MD**, medical oncologist **Satheesh Kathula, MD**, and radiation oncologist **Ryan Steinmetz, MD**, have established a collaborative treatment planning process that addresses the order of treatments and how to optimize results for the patient.



They and other specialists who treat brain and spine cancer see patients at a weekly neuro-oncology multidisciplinary clinic at Miami Valley Hospital South’s Comprehensive Cancer Center. Patients can see the physicians they need on the same day, without traveling from place to place. This is of great benefit to patients who may have cognitive or physical impairments from cancer.

Premier Health’s neuro-oncology tumor board enables physicians treating patients with brain and spine tumors to come together weekly to discuss cases and propose individualized treatment plans. Each plan addresses all aspects of the individual’s mind, body, and spirit.

## Prostate Cancer

Urologists **Mark Monsour, MD**, and **David Key, MD**, have been instrumental in expanding the usage of the UroNav Fusion Biopsy System in clinic settings to diagnose and help manage prostate cancer. Funded by the Miami Valley Hospital Foundation, the robotic surgery system allows a surgeon great visualization and precision to remove a portion of a prostate tumor without surgery. It can be used to diagnose prostate cancer and is frequently used for treatment planning for robotic surgery and radiation therapy for prostate cancer. UroNav also helps monitor patients with a diagnosis of prostate cancer who are on active surveillance.

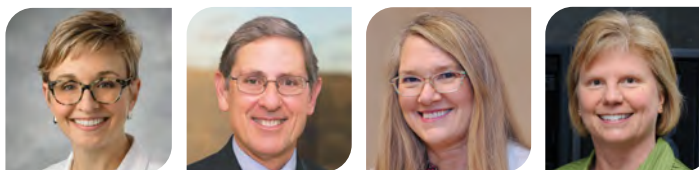


UroNav combines powerful 3T magnetic resonance imaging (MRI) of the prostate with ultrasound-guided biopsy images in real time, allowing radiologists to pinpoint specific areas of the prostate for biopsy.

“This allows us to better identify clinically relevant prostate cancers and focus our biopsy more accurately on these suspicious areas located on MRI,” says Dr. Monsour. “It allows patients to have their cancers identified without having to go through multiple sets of biopsies that were previously done with only ultrasound guidance.”

## Breast Cancer

Breast surgeons **Melissa Roelle, MD, FACS**, and **Thomas Heck, MD, FACS**, along with radiologists **Diane Anderson, DO**, and **Patricia Braeuning, MD**, have worked



together to compress the timeframe for patients going through diagnosis and treatment of breast cancer. By improving communication among physicians and coordinating appointments more efficiently, the breast cancer program aims to shorten the amount of time for women undergoing breast cancer testing and treatment. A nurse navigator is available to streamline the process, as well.

The breast cancer program has also worked diligently in the second half of 2020 to reduce the impact of COVID-19 on routine screenings. Dr. Roelle emphasizes how important it is for women to continue to get mammograms for early detection of breast cancer.

## 2. Cancer Care Above and Beyond: Our Unique Offerings

To keep patients close to home for cancer care, we at Premier Health know we have to go above and beyond in bringing advanced technologies and programs to Southwest Ohio.

In 2020, we were particularly proud to offer these services to our community.

### Monarch Robotic Bronchoscopy

Premier Health was the first in Ohio to use the Monarch Platform™, a robotic bronchoscope (scope used to view the lungs) that enables pulmonary specialists to navigate and search the delicate, distant branches of the lungs. Monarch allows them to obtain tissue samples from hard-to-reach nodules for biopsy.

The improved reach and vision of this innovative technology offered at Miami Valley Hospital provides a chance for earlier diagnosis and treatment of lung cancer. Lung cancer typically has no symptoms in its early stages, so this gives new hope for finding cancer early, before it spreads.

Pulmonary specialists use a controller to guide the flexible robotic bronchoscope down the patient’s throat and into a lung. Doctors can see images inside the lung throughout the

procedure, enabling them to precisely remove tissue samples for study. The Miami Valley Hospital Foundation provided funds for the new equipment.

### Liver Cancer Center of Ohio

Many liver cancers aren't discovered until an advanced stage, often making them more challenging to treat. To ease the burden on patients facing this diagnosis, we bring together the team engaged in the fight against liver cancer. Patients who come to the Liver Cancer Center of Ohio see both a surgical oncologist and interventional radiologist in the same visit at Premier Surgical Oncology in Centerville.

**James Ouellette, DO, FACS**, and **Matthew Doepker, MD**, our surgical oncologists and **Shannon Kauffman, MD**, our interventional radiologist, as well as advanced practice providers and other staff work closely with a patient's established oncologists, gastroenterologists, primary care physicians, and other care providers to create a personalized treatment plan for each individual.



Depending on the origin of the tumor, a unique plan will be created for patients that encompasses advanced treatments available through the program, including surgical options, ablation, liver directed radiation and chemotherapy or other evolving approaches.

Our multidisciplinary approach with surgical oncology and interventional radiology makes us the only program in Ohio – and one of only a few in the country – to combat liver cancer in this coordinated way.

### Head and Neck Cancer Program

Dayton's first and only comprehensive head and neck cancer program is led by **Sameep Kadakia, MD**. He has advanced training in both head and neck cancer and reconstructive plastic surgery. He specializes in cancers of the skull base, thyroid, tongue, jaw, throat, sinuses, esophagus, and anything connected with the head and neck. He uses special techniques to surgically manage advanced head and neck cancer. Dr. Kadakia also removes cancers that recur after treatment and performs complex and challenging reconstructive surgeries.



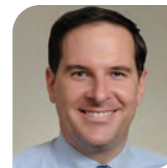
"I can perform the full gamut of head and neck reconstruction, including local and regional [skin] flaps," Dr. Kadakia says. "My expertise also includes microvascular free tissue reconstruction, whereby I can reconstruct any head and neck defect using various muscle, skin, and bone grafts from different parts of the body to restore function to the operated area."

Dr. Kadakia works closely with neurosurgeons, radiation oncologists, and pathologists to thoroughly understand the cancer and develop a treatment plan that strives to produce a positive result for the patient. For his most complex cases, Dr. Kadakia consults with MD Anderson physicians via MD Anderson Cancer Network, to receive their input and suggestions.

### Advanced Prostate Cancer Center

In collaboration with Dayton Physicians Network, Premier Health cares for men experiencing advanced stages of prostate cancer at our Advanced Prostate Cancer Center, located at Miami Valley Hospital South. Advanced prostate cancer means it has spread to other parts of the body, most often to bone, lymph nodes, and liver.

We have urologists, oncologists, radiation oncologists, and a nurse navigator all coming to the center and working together to provide men with high quality care. Treatment options include advanced robotic surgery with urologist **Erik Weise, MD**; chemotherapy; palliative radiation (comfort care); immunotherapy that stimulates the body's own immune system; bone strengthening drugs to increase bone mass and lower the risk of bone fracture; and other medicines that help slow the growth of cancer cells or kill prostate cancer cells that are in the prostate or have traveled to other parts of the body.



To provide additional support to men with advanced prostate cancer, the center offers a workout program and multiple support groups.

### Linear Accelerator Upgrades

Upgraded tumor-fighting linear accelerators were installed at multiple Premier Health sites in 2019 and 2020 in partnership with Radiation Oncology Services, which is composed of Dayton Physicians Network, Premier Health, and Wayne HealthCare. The upgraded machines deliver radiation treatment more efficiently and reduce side effects in patients. By providing up-to-date technology in a variety of neighborhoods, Premier Health aims to reduce travel time for patients and enable them to find treatment options close to home.

Locations of the upgraded linear accelerators include:

- Atrium Medical Center in Middletown
- Greater Dayton Cancer Center in Kettering
- Upper Valley Medical Center in Troy
- Wayne Cancer Center in Greenville

### Gynecologic Oncology Center

**Michael Guy, MD**, gynecologic oncologist, and his associates work together to personalize a treatment plan for each woman who has a gynecologic cancer – whether it's cervical, endometrial, ovarian, uterine, vaginal, or vulvar.



All care and treatment, except for radiation therapy, is provided at our Miami Valley Hospital South location. For radiation therapy, we have several locations throughout Southwest Ohio to make radiation treatments more convenient for patients.

Our gynecologic cancer specialists routinely hold multispecialty tumor conferences to review and discuss patient cases. This gives patients the benefit of several expert perspectives on how

to best treat the cancer. For the most challenging cases, they may consult with an MD Anderson cancer expert or present at an MD Anderson Multidisciplinary Planning Conference.

Numerous clinical trials are available to eligible Premier Health cancer patients thanks to our partnerships with Wright State University, Dayton Clinical Oncology Program, and Gynecologic Oncology Group (GOG) Foundation. In 2020, we offered more than 110 individual trials, which gives our patients access to treatment options not readily available elsewhere.

### 3. Leading Cancer Care in Southwest Ohio: MD Anderson Cancer Network Affiliation

Cancer care that adheres to national standards and the standards of one of the leading cancer centers in the nation is available right in Southwest Ohio.

Premier Health's status as a certified member of MD Anderson Cancer Network<sup>®</sup>, a program of the MD Anderson Cancer Center, makes this high quality of care possible.

Following the lead of the network, Premier Health's team of cancer physicians have access to best practices in cancer treatment, prevention, early detection, and follow-up care. Our facilities and processes undergo regular review to ensure we adhere to the network's quality standards and national cancer care protocols.

Through this affiliation, Southwest Ohio patients who need cancer care can stay close to home, surrounded by the support of family and friends. They receive the best of what we provide locally with the expertise of the nation's leading cancer center.

#### How Does the Relationship Work?

As a member of the network, Premier Health's local certified physicians have access to MD Anderson faculty and best practices.

They can discuss challenging cases with MD Anderson physicians one-on-one or with a multidisciplinary panel of providers.

For example, a Premier Health physician working with a man who has a complex, advanced prostate cancer can have the patient's case reviewed by a panel of national cancer experts. The Premier Health cancer specialist reviews the most current data and treatments and presents the case to a weekly Multidisciplinary Planning Conference, including MD Anderson faculty and certified physicians across the country. Cancer experts at MD Anderson then recommend or confirm suggestions to help guide the care. The patient can be reassured that he is receiving the optimal treatment for his specific case.

Premier Health physicians certified by MD Anderson Cancer Network also benefit from chart reviews by MD Anderson staff who provide feedback for quality improvement and ensure that national treatment guidelines are being followed.



“Because we are a member of MD Anderson Cancer Network, patients have the best of both: access to local physicians certified by one of the leading cancer centers in the nation, and the comfort of receiving care close to home,” summarizes **Emily Townsend, MSN, RN, OCN**, oncology program manager. “The confidence and peace of mind this brings is priceless.”



## 4. Cancer Care That Gets Noticed: Clinical Excellence

Premier Health’s growing reputation for advanced cancer care can be seen in the increasing number of Ohioans who seek our services. Clinical excellence strongly contributes to this reputation and recently was triple verified through well-respected national recognition programs. Our excellence is underscored by a commitment to comprehensively serve each patient’s unique needs from diagnosis through survivorship.

### National Recognition

Recent national recognitions place us in good company with other well-respected cancer programs. From nursing excellence to our dedication to improving cancer survival and quality of life, we’re helping the people of Southwest Ohio access quality cancer care close to home.

### Magnet Recognition

In 2019, Premier Health became the second health care system in Ohio to achieve Magnet<sup>®</sup> Recognition as a health system. This means each of our hospital locations has met or exceeded standards required by this honor, which is awarded by the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association.

Magnet status is nationally recognized as the highest standard for excellence in nursing care, and only 8 percent of U.S. hospitals hold this esteemed four-year designation. Premier Health hospitals are the only Dayton-area adult hospitals to hold Magnet status. Miami Valley Hospital is the fifth-longest sustaining Magnet-designated hospital in Ohio, having first been designated in 2004.

Research has shown that Magnet-designated hospitals provide safer environments with better outcomes for patients, including fewer complications and injuries, as well as lower mortality rates. The program evaluates such areas as collaborative work environments, nurse and patient satisfaction, nurse education and research, patient outcomes that exceed national benchmarks, and more.

### Commission on Cancer Accreditation

Premier Health’s oncology program continues its history of accreditation by the American College of Surgeon’s Commission on Cancer (CoC), most recently with Atrium Medical Center’s 2019 re-accreditation. All our cancer centers are accredited and undergo a rigorous on-site survey every three years to maintain accreditation. The CoC establishes standards to ensure quality, multidisciplinary, and comprehensive cancer care delivery while addressing both survival and quality of life.

Accreditation by CoC is not mandated, explains **Debbie Hatter, MSN, APRN, FNP-BC, OCN, CTTS**, manager, oncology services. “It’s something we pursue to make sure we’re following best practices, meeting standards, and using benchmarking and educational resources that help us achieve optimal outcomes for our patients.”



Our successful, multi-site oncology program continues to achieve reaccreditation thanks to a history of nursing excellence, cancer prevention, screening and outreach, clinical leadership, palliative care services, patient navigation, distress screening, survivorship care planning, quality studies, and quality improvement measures.

### U.S. News & World Report

In July, Miami Valley Hospital was ranked eighth among all Ohio hospitals by U.S. News & World Report and had the best performance among all hospitals in the Dayton metropolitan area. The recognition included “high-performing” designation in 11 areas of care, including colon cancer surgery and lung cancer surgery. This honor reflects the level of excellence our compassionate team of physicians, providers, nurses, and clinical and support professionals bring to our hospital every day.

### Improved Distress Screening for Greater Patient Support

Screening patients for psychosocial distress is a critical component of cancer care. It’s also a requirement for hospitals seeking accreditation by the Commission on Cancer. Recent improvements in Premier Health’s distress screening tool are helping our team more efficiently connect social workers with patients who have a need.

“We evaluated our inpatient and outpatient services and operations, both internally within Premier Health and externally with Dayton Physicians Network and Wright State Physicians, to ensure we’re capturing all cancer patients no matter what form of treatment they’re having first,” explains **Alison Potts, MSN, RN**, director of nursing. The goal is to implement a more standardized and consistent screening approach. Efforts also include a more robust patient packet that better communicates screening benefits.



Psychological, emotional, social, and/or spiritual concerns can interfere with a patient’s ability to cope effectively with cancer, its physical symptoms, and treatment. Screening and identification of distressed patients, along with appropriate referral, may help improve levels of distress, anxiety, and depression.

“These improvements will help us better identify social, emotional, and physical barriers to having a successful cancer journey,” Potts says.

## 5. Transforming Our Cancer Care: Operational Advances

Our cancer-fighting tools work even harder when we transform care to bring the right team, services, and information together at the right time for each patient. Recent operational transformations at Premier Health have inspired improvements from direct patient care to the data we use to inform our care.

### Faster Breast Imaging Access

Our mammography team has decreased the time between procedures when multiple breast imaging studies are needed. These operational changes have improved patient access in the scheduling windows of screening mammograms to diagnostic mammograms, and diagnostic mammograms to breast biopsies:

- **Scheduling.** We reviewed access via available patient time slots and staffing, allocating additional time for diagnostic appointments aligned with radiologist availability.
- **Staffing.** We trained our team for competence at multiple locations, leading to more flexibility with our coverage model.
- **Referrals.** We partnered with referring primary care providers to streamline steps required when a diagnostic mammogram results in the need for breast biopsy.

### Finding Palliative Care Needs Earlier

With an increasing focus on the palliative care needs of cancer patients, we began work in early 2020 on an improved screening tool for identifying these patients and doing so earlier in a disease process. We focused some of that work in the emergency department to better capture the palliative care needs of patients who present with poor prognoses. Other work included getting social workers more involved in identifying patient stressors that may indicate palliative care discussion and/or referral.

### Improved Pathology Communication

Our pathologists have been working to improve several aspects of pathology results reporting. A key goal has been accelerating results to ordering physicians to aid in treatment decisions and planning. Faster results help cancer specialists better coordinate treatment timing, including surgeries, and help ease patient anxiety. The effort also has produced:

- A process for providing verbal updates/explanations to physicians whose orders are taking longer than expected
- Reformatted, standardized reports that better highlight pathology diagnoses
- Expanded reports access for nurse navigators, enhancing their timely follow-up with patients with positive pathology results

### **New Tools: OncoLog/OncoNav**

A new software tool implemented in early 2020 – OncoNav – is helping optimize the work of our nurse navigators for greater impact and patient satisfaction. It replaced a facility-specific documentation process that limited report generation, patient information sharing and identification of barriers to care. Most importantly, OncoNav gives our nurse navigators a better tool for journeying with cancer patients. It helps them identify barriers to care – financial, transportation, social, and cultural – as well as document these barriers across the system for better understanding and program improvement. In addition, OncoNav improves data collection and report generation abilities, aiding in the Commission on Cancer certification process.

During research of OncoNav, Premier Health found opportunity to update its cancer registry software as well, choosing OncoLog. This total-solution software pairs with OncoNav to improve case finding for navigators and eliminate data entry duplication.

### **Oncology Registry Restructuring**

With the selection of our new cancer registry software, OncoLog, our patient database has become connected system wide, replacing independent, facility-specific registries. The new registry software helps create more consistency in data collection and abstraction across our health system. In addition, we now have a system registry supervisor who oversees registry operations at all Premier Health locations.

### **Streamlined Cancer Conferences**

The increasingly virtual world of 2020 sparked a rethink in how Premier Health conducts cancer conferences. An effort is underway to present specific disease conferences, starting with lung cancer, system-wide instead of at a single hospital location. The benefits include improved standardization and efficiency, as well as enhanced physician access to a broader range of specialists associated with a specific cancer type. Having an entire system of cancer specialists reviewing a patient’s case can bring more opportunities for patient care and treatment, as well.

“With the implementation of a secure videoconferencing tool and with COVID-19, we were really forced to use our technology and to go 100 percent virtual,” explains Alison Potts, MSN, RN, director of nursing. In the future, conferences will be a combination of in-person and virtual, making it easier for physicians from any Premier Health location to present their cases and have more specialized conversation than they might at a more generally focused conference. In addition, the newly implemented secure technology makes it easier to share CTs, X-rays, and PET scans.

## 6. Stopping Cancer Before It Starts: Cancer Prevention Programs

In Premier Health's quest to build healthier communities, we are taking an innovative approach to cancer prevention and early detection modeled after an MD Anderson program.

We introduced myRisk® hereditary cancer testing in more than a dozen Premier Health primary care and gynecology practices in 2020. Developed by Myriad Genetic Laboratories, myRisk screens for 35 different genetic mutations.

With this tool, we can identify patients at increased risk for developing a hereditary cancer. Armed with this knowledge, their doctors can discuss with them whether to have increased or earlier screenings and potentially preventive interventions.

### Genetic Testing and Counseling During an Annual Checkup

The genetic testing process being piloted in Premier Physician Network's family practices, internal medicine offices, and gynecology offices is simple and convenient:

1. During a routine physical, the patient answers a few screening questions about family and personal history of cancer. About 10 percent of people will answer yes to one of the questions.
2. If the patient answers yes to one of the questions, then they will watch a three-minute video while waiting for the physician to come into the exam room. Based on a person's responses to the questionnaire just completed, the physician advises on whether the individual should have genetic counseling as part of the appointment.
3. If the doctor recommends genetic counseling, the patient can have a telehealth session with a certified genetic counselor in the same visit. The counselor asks about family medical history and recommends whether to have genetic testing. There is no cost for the counseling.
4. If the counselor recommends testing and the patient agrees, blood will be drawn and sent to Myriad Genetic Laboratories for analysis.
5. When results come in, the patient has the option to have a follow-up conversation with the counselor, at no charge. The doctor and patient can formulate a plan based on test results.

"Genetics research is constantly advancing," says Emily Townsend, MSN, RN, OCN, oncology program manager. "In the past, a woman with a high risk for breast cancer may only have been tested for BRCA1 and BRCA2 genes. Today we are using a 35-gene panel to help identify and manage the risk of these women. At Premier Health, we are committed to preventing cancer or catching it at an early stage to improve our patients' outcomes."

## Making a Plan for High-Risk Patients

Only a small percentage of people will have one of the mutations identified by a myRisk screening. For that group, however, the information can be lifesaving.

For example, a man identified with a gene for prostate cancer might lower his risk of getting cancer by making lifestyle changes in nutrition, weight, and physical activity. Some women with a family history of breast cancer and an identified breast cancer gene may choose to have their breasts removed as a preventive measure against cancer.

In general, someone who is identified as high risk will make a plan with his or her physician, including:

- Making a schedule for important cancer screenings, such as mammograms or colonoscopies
- Assessing lifestyle issues such as nutrition, alcohol use, smoking, weight management, preventive medicines, and vaccines

Family practitioner **Joseph Allen, MD, FAAFP**, is a primary care physician who is piloting the program in his office. He has helped create protocols for the genetic testing program and is making connections with obstetricians/gynecologists, pulmonologists, and gastroenterologists so patients will have smooth transitions if they need to follow up with specialists.



## Early Detection of Cancer

Not all cancers can be prevented. Catching cancer in its early stages is one of the best ways to treat it effectively and achieve a good result. Premier Health offers several screening options for early detection:

- Lung cancer screenings
- Colon cancer screenings
- Mammograms, breast MRI and breast ultrasound
- Breast Cancer Family History Assessment
- Pap test and HPV test
- Skin cancer screenings
- Prostate cancer screenings
- Endometrial cancer screenings: yearly transvaginal ultrasounds and endometrial biopsies for women at increased risk
- Ovarian cancer screenings for women at high risk of developing ovarian cancer
- Liver cancer screenings for people at high risk of having liver cancer

The Breast and Cervical Cancer Early Detection Project, funded by the Ohio Department of Health and administered locally by Premier Community Health, offers free mammograms, Pap tests, and other services to uninsured women in Southwest Ohio.

## 7. Sharing Patient Care Goals: Physician Partnerships

Strong physician partnerships contribute to the excellence and effectiveness of Premier Health's vast system of cancer care. A key priority of our Cancer Institute is to stay closely connected with physicians, so we're unified in treating cancer. This includes consistency in our care guidelines and practices, which can help reduce patient anxiety and boost confidence.

"We're collaborating with physicians across the region, whether employed by Premier Health or not," notes Mikki Clancy, Premier Health system vice president for oncology services, "to be sure patients have the same outstanding, compassionate, and high quality care experience no matter which Premier Health location they visit."

At the same time, we're transforming many operations – such as cancer conferences and our cancer registry – to be more system-focused. This will help patients and physicians also benefit from similar and consistent quality experiences across all Premier Health locations.

### Epic Tool for Oncology Nurse Navigator Referral

As we continue to expand our oncology nurse navigator program, our hope is to support more patients sooner in their cancer journeys, ideally before a diagnosis is made. To help boost this important effort, we're partnering with physicians to make referral for navigator support more convenient.

Last year, we developed a tool in Epic, our electronic medical record, that's helping physician offices more easily send referrals to our navigators. Previously, navigators identified patients for support by searching through Epic for cancer diagnoses as a first step.

With this stronger physician referral partnership, navigators can now assist patients in a timelier and more efficient way. They can spend more time navigating patients through care for potentially smoother cancer journeys.

Our physician relations managers also have been active in explaining the navigator role to physician offices and making sure they're aware of the referral process.

### Cancer Care Referral Guide

We recently strengthened our efforts in keeping physicians informed of the many services, competencies, and specialties of our cancer program through our online Cancer Care Referral Guide. The guide outlines Premier Health cancer services by tumor type, lists open oncology clinical trials, and provides an online physician directory of MD Anderson certified physicians. It also includes information on supportive care and Premier Health's status as a certified member of MD Anderson Cancer Network®, a program of MD Anderson Cancer Center.

To access our Cancer Care Referral Guide, visit [PremierHealth.com/CancerReferral](https://PremierHealth.com/CancerReferral).

## 8. Finding Better Ways: Research and Clinical Trials

A touchstone of comprehensive cancer programs is the ability to provide patients advanced options in care, which includes clinical trials. Last year, we made great strides in expanding and optimizing the clinical trials program at Premier Health.

We expanded our cancer clinical trials in 2020, providing an even higher level of quality cancer care close to home. We offer a wide variety of clinical trials to our cancer patients thanks to relationships with Wright State University, the Dayton Clinical Oncology Program, and Gynecologic Oncology Group (GOG) Foundation.

“We’re working to expand our program so our patients can stay in their same city and access these trials that other larger cities are offering,” explains **Amanda Musser, MSN, RN**, director of nursing, Miami Valley Hospital South. “They can stay here with providers they trust and with whom they’ve already built relationships.”



### Expanded Gynecological Trials

Part of expanding patient access to clinical trials is forming new partnerships. In 2019, Premier Health became a member of the Gynecologic Oncology Group Foundation. This group pursues industry collaborations that allow pharmaceutical companies to sponsor trials outside the National Cancer Institute framework.

In early 2020, through our GOG membership, Premier Health became the first site in the United States to offer the Phase III KEYLYNK-001 trial, which studies a new drug combination for women newly diagnosed with Stage III or IV BRCA negative ovarian cancer. The new medications are combined with standard chemotherapy to provide insight into their ability to improve outcomes.

The trial is important to women in our community who are newly diagnosed with advanced ovarian cancer because it offers an additional care option for this disease.

We also recently added clinical trials that study new treatment options for recurrent ovarian cancer as well as newly diagnosed, advanced, or recurrent endometrial cancer. A fourth gynecological trial is set to open by early 2021.

### Working As One Research Program

“We’ve aligned our clinical trials practice to create greater consistency across our health system,” Musser says. Processes, documentation, and communication are becoming more standardized. “So, it’s charting, how we screen patients for trials, and how we manage their care.”

These improvements help provide seamless care for patients in clinical trials. They produce greater continuity for physicians who may have clinical trial patients at different Premier Health hospitals. In addition, new processes make it easier for physicians to engage with oncology research nurses regarding new clinical trial opportunities for their patients.



## 9. Powering Up the Patient Experience

Our focus on easing the journey of cancer patients was put to the test in 2020 amidst the COVID-19 pandemic. We were ready for the challenge.

In fact, Premier Health was well-positioned to support our cancer patients during this time. Several efforts underpinned our primary goal to provide each cancer patient as positive an experience as possible.

### Expanded Nurse Navigator Program

By early 2020, Premier Health offered over 30 percent more nurse navigators supporting patients in their cancer journeys. The expanded program has increased our ability to navigate more cancer types beyond breast and lung – specifically at Miami Valley Hospital, where a larger cancer patient volume has challenged our ability to support more cancer types until now.

These additional positions also have provided an opportunity to place navigators in outpatient settings – where a significant amount of treatment occurs – for increased face-to-face patient interaction.

In addition, we've been working with providers to encourage earlier referral across all our cancer centers. A review of referrals revealed patients often weren't getting connected to navigators until after diagnosis or even surgery. The goal is to connect patients with navigators before a cancer diagnosis, so they have that person in their life already to help alleviate anxiety, coordinate care, and provide education. Early referral provides greater opportunity for patient support and identification of barriers that can prevent a smooth patient experience.

Ultimately, the goal is to have enough navigators so that any patient who needs one, gets one, according to **Sarah Jones, MS, APRN, ACNS-BC, AOCNS, VA-BC**, nurse manager, UVMC cancer center. So far, the navigator program has added more support for gastrointestinal and head and neck cancers, with hopes of expanding to gynecologic, blood, and genito-urinary cancers (prostate, bladder, kidney, testicular).



### Improved Social Worker Referral Process

All Premier Health cancer centers offer social workers on site. These professionals offer important support to patients and families through support groups as well as patient and caregiver counseling. In addition, social workers help connect patients and caregivers to social services. However, knowing which patients need such resources isn't always immediately clear.

Improvements this year in our distress screening tool – provided to all cancer patients – are helping us more efficiently connect social workers with patients who have a positive screen. Our goal is to screen patients in a consistent manner, no matter what form of treatment they undergo first. This helps ensure timely referrals to social workers, enabling them to better assist in making each patient's cancer journey as smooth and successful as possible.

### Compassionate COVID-19 Response

Quality cancer care necessitates a team approach. In early spring, our “all hands on deck” mentality reached new levels as we quickly responded to new work processes and increased safety protocols at our campuses in the wake of COVID-19.

In the early days of the pandemic, our compassionate cancer team worked tirelessly to have verbal conversations with patients to help ease any concerns. Nurse navigators working from home were integral to these efforts. They reached out to patients to assess any health issues or concerns around continuing their treatments.

On the facility side of care, we developed internal workflows to add extra precautions for our immunocompromised patients. We had continuing conversations around infection control practices and keeping our patients safe. Distress screening also was critically important, especially in the initial months of the pandemic, to ensure our team was able to identify opportunities to help patients who needed additional support.

### Patient Care Experience Committee

A joint effort with Dayton Physicians Network, a Premier Health partner, to elevate patient care experiences resulted in the formation of the Dayton Physicians Network/Premier Health Patient Care Experience Committee last year. A key focus of the committee involves aligning patient satisfaction surveys and results to capture a unified patient care experience. The effort works in tandem with the Cancer Institute's care delivery transformation.

### Broader Integrative Services Reach

In the spirit of “Our Care Lives Here,” last year we began an effort to make a broader range of integrative services more accessible across all Premier Health geographic markets. To achieve this, we evaluated our offerings at each campus location to determine geographic gaps for certain integrative therapy offerings. Through this work, we're planning changes so our patients everywhere can benefit from these opportunities that help promote well-being and an overall greater patient experience.

## 10. Our Care Lives Here: Cancer Community Outreach

Our communities, places of work, and families are full of cancer survivor stories and yes, stories about the warriors who lost their fights. Premier Health extends its reach into our community where life happens. We bring prevention, hope, inspiration, and support. Our care lives here, in these spaces, where lives intersect with cancer. Where we're working to reduce cancer's impact.

### **BCCP, Mobile Mammography Remove Barriers**

The Breast and Cervical Cancer Project (BCCP) continues to remove barriers to wellness for women in Southwest Ohio through free cancer screenings and diagnostics. A program of the Ohio Department of Health and administered by Premier Community Health, BCCP served 1,172 uninsured women in a 16-county area during the 2019-20 grant year with free mammograms and Pap tests. Premier Community Health's voucher program served an additional 84 women who fell outside BCCP eligibility. Upon cancer diagnosis, BCCP pairs patients with nurse navigators who connect them with health care providers, social workers, and additional resources.

Another way we remove barriers to wellness is through our mobile mammography coach, owned and operated by Atrium Medical Center. Last year, we reached more than 2,200 women in Southwest Ohio through visits to businesses and public venues such as schools, churches, and events.

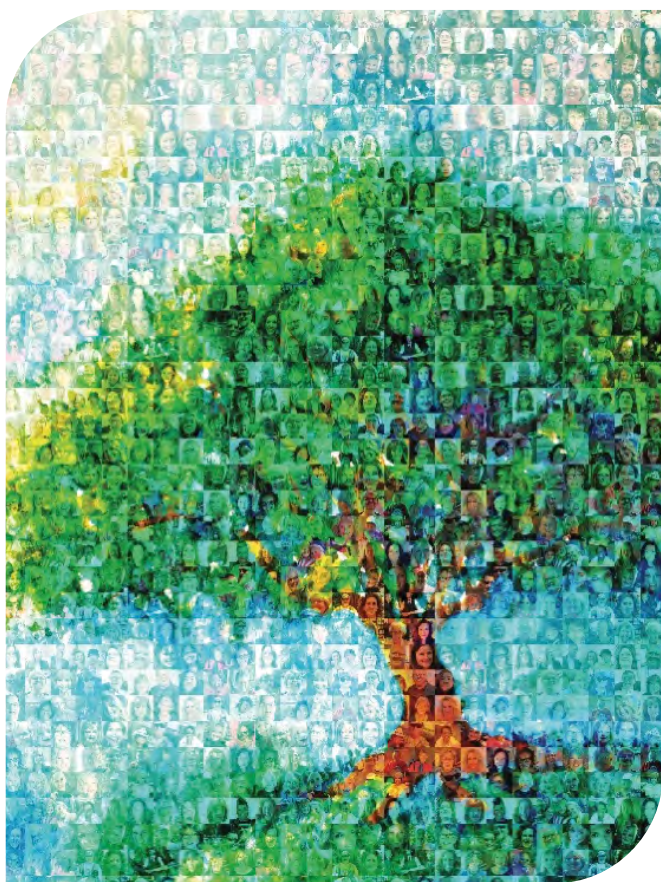
### **Brake for Breakfast Promotes Breast Health**

Premier Health's annual Brake for Breakfast event didn't let off the gas this year. As an outdoor drive-through event, it coexisted with COVID-19 in October to continue a strong message of breast health awareness and early detection of breast cancer. Motorists drove through Premier Health hospital locations during the event to pick up a free breakfast bag and educational breast health information that included the importance of annual mammograms for women over 40. Both motorists and staff followed safety guidelines and contactless measures due to COVID-19.

### Cancer Survivors Day/Tree of Life

Premier Health and Dayton Physicians Network specialists hosted a June 5 live webinar, “Fitness and Food to Survive and Thrive,” as part of this year’s National Cancer Survivors Day®. The free webinar offered insights into the essential role diet and exercise play in cancer survivorship, with practical tips for incorporating into daily life.

We also created a *Tree of Life display* to celebrate survivors. The beautiful tree mosaic was creatively designed using submitted photos of cancer survivors, caregivers, and cancer care providers for a truly unique piece of art.



### Foundation Support and Impact

Community contributions to Premier Health hospital foundations, in support of our cancer centers, have a powerful impact on cancer care throughout our region. Among the areas funded by donor support are integrative therapies. These programs are designed specifically for cancer patients and taught by trained instructors. Examples include specialized massage and exercise programs, yoga and tai chi, therapeutic art, healing touch and mindfulness courses, acupuncture, and many more classes. In tandem with quality clinical care, integrative therapies enhance the health and well-being of patients thanks to donor support.

### **Gala of Hope Grant Benefits**

Phase 2 distribution this year of the Gala of Hope Foundation grant further expanded integrative therapies at Premier Health cancer centers. Thanks to this generous grant, we're now able to offer the evidence-based oncology exercise and nutrition classes from Maple Tree Cancer Alliance® at each of our hospitals. The grant also has helped Premier Health expand other integrative services across all locations to elevate quality of life for our cancer patients.

### **Leukemia and Lymphoma Society**

A closer relationship with the Leukemia and Lymphoma Society (LLS) is providing more information to our social workers and nurse navigators regarding ways LLS can support our blood cancer patients and their families. In addition, to assist LLS in its important work, Premier Health became a first-year sponsor of a virtual LLS Light the Night event Oct. 15.

### **Portraits of Hope**

The fifth annual Portraits of Hope event took place at Miami Valley Hospital South Saturday, Aug. 1, under COVID-19 safety precautions that included separate entrance and exit areas. Thirty families took advantage of the event's free portrait sessions for cancer patients, survivors, and their families, provided by Laveck Photography. The community education fair highlighting resources for cancer patients and survivors was cancelled for the safety of all involved.

### **Pink Ribbon Girls**

Premier Health continued its support of Pink Ribbon Girls, an all-volunteer group that provides healthy meals, rides to treatment, housecleaning, and peer support to patients with breast and gynecological cancers. Support included hosting the annual pink fire truck visits to all facilities as well as fundraisers. Premier Health System Vice President for Oncology Services Mikki Clancy is vice chair of the Pink Ribbon Girls board.

### **American Cancer Society**

With a long history of supporting American Cancer Society (ACS) events, including the annual Making Strides walk, Premier Health made another leap of support this year by helping ACS grow its Real Men Wear Pink Dayton campaign. Mikki Clancy chaired the October campaign, which featured recruitment of distinguished men from our community (10 from Premier Health). Their roles were to raise awareness for breast cancer and \$100,000 through varying fundraisers. Our own Charles Bane, MD, chair of the Premier Health Cancer Institute, joined the more than 30 community leaders recruited.

## Premier 2019 Quality Measures

The estimated performance rates shown below provide cancer programs with an indication of the percentage of patients treated according to the recognized standards of care.

Each year more measures are added for review. You will note that not all measures show that 100 percent of patients were treated according to the standard. There are many reasons for this. There may have been health considerations to resolve before a certain treatment could begin, an emergency surgery that did not allow for the full collection of lymph nodes, or a patient may have chosen to delay treatment until after a special event.

The Commission on Cancer does not expect that programs will achieve 100 percent compliance on all measures. It is, however, each program's responsibility to review the cases that did not meet the standard and determine if there are ways to improve the likelihood that patients will receive the recommended care, or that the situations described above were avoidable.

Quality Improvement Measure	Performance Rates 2019		
	AMC	MVH	UVMC
<b>Colon</b> At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.	100%	94%	91%
<b>Rectal</b> Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is considered; for patients under the age of 80 receiving resection for rectal cancer.	100%	100%	100%
<b>Breast</b> Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.	100%	90%	100%
<b>Cervix</b> Chemotherapy administered to cervical cancer patients who received radiation for stages IB2-IV cancer (Group 1) or with positive pelvic nodes, positive surgical margins, and/or positive parametrium (Group 2).	100%	NA	NA
<b>Lung</b> Surgery is not the first course of treatment for cN2, M0 lung cases.	100%	100%	100%
<b>Gastric</b> At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer.	NA	100%	NA

# Premier Health

## Site Summary Table for New Cases 2019

SITE	GENDER			AJCC STAGE GROUP							
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown	% of Occurrence
<b>Head and Neck</b>											
Lip	2	1	1	1	0	0	1	0	0	0	0.05%
Tongue	35	28	7	0	11	4	3	11	5	1	0.96%
Salivary Gland	17	9	8	0	3	5	8	1	0	0	0.47%
Floor of Mouth/Gum/Other	20	11	9	0	5	2	5	8	0	0	0.55%
Nasopharynx	6	5	1	0	1	2	3	0	0	0	0.16%
Tonsil	16	14	2	0	6	4	2	2	2	0	0.44%
Oropharynx	6	5	1	0	2	1	0	2	0	1	0.16%
Hypopharynx	5	5	0	0	0	1	1	2	1	0	0.14%
<b>Digestive System</b>											
Esophagus	37	30	7	0	3	7	12	8	4	3	1.02%
Stomach	35	20	15	0	6	5	7	5	0	12	0.96%
Small Intestine	23	16	7	0	1	9	2	7	4	0	0.63%
Colon	175	88	87	5	20	48	46	35	1	20	4.80%
Rectosigmoid Junction	16	11	5	0	6	3	4	2	0	1	0.44%
Rectum	47	30	17	2	3	9	12	11	0	10	1.29%
Anus/Anal Canal/Anorectum	17	3	14	0	0	4	8	1	0	4	0.47%
Liver	54	38	16	0	18	4	10	8	8	6	1.48%
Intrahepatic Bile Duct	17	6	11	0	3	0	4	8	2	0	0.47%
Gallbladder	7	3	4	0	2	2	0	3	0	0	0.19%
Other Biliary	14	7	7	0	1	0	0	3	6	4	0.38%
Pancreas	111	55	56	0	20	16	18	51	0	6	3.05%
Retroperitoneum	5	2	3	0	2	0	3	0	0	0	0.14%
Peritoneum/Omentum/Mesentery	3	1	2	0	0	0	1	2	0	0	0.08%
Other Digestive Organs	1	0	1	0	0	0	0	0	1	0	0.03%
<b>Respiratory System</b>											
Nose/Nasal Cavity/Middle Ear	6	4	2	1	1	0	1	2	1	0	0.16%
Larynx	38	29	9	1	17	3	5	5	0	7	1.04%
Lung/Bronchus	537	257	280	2	139	37	96	215	13	35	14.73%
Trachea/Mediastinum/Other	1	0	1	0	0	0	0	0	1	0	0.03%
<b>Bones and Joints</b>											
	1	1	0	0	0	0	0	0	0	1	0.03%
<b>Soft Tissue Including Heart</b>											
	21	12	9	0	5	1	1	0	11	3	0.58%
<b>Skin</b>											
Melanoma	218	123	95	58	72	35	19	13	0	21	5.98%
Other Non-Epithelial Skin	13	7	6	0	3	0	2	0	5	3	0.36%
<b>Breast</b>											
	707	1	706	141	383	83	38	21	22	19	19.40%
<b>Female Genital System</b>											
Cervix	24		24	0	6	9	1	3	1	4	0.66%
Corpus & Uterus	124		124	0	89	2	12	10	2	9	3.40%
Ovary	26		26	0	4	1	6	11	0	4	0.71%
Vagina	2		2	0	1	0	0	0	0	1	0.05%
Vulva	22		22	0	8	2	3	1	2	6	0.60%
Other Female Genital Organs	4		4	0	0	0	1	1	2	0	0.11%
<b>Male Genital System</b>											
Prostate	380	380		0	78	153	93	44	0	12	10.43%
Testis	14	14		0	8	1	2	0	1	2	0.38%
Penis	2	2		0	1	0	0	0	0	1	0.05%
<b>Urinary System</b>											
Bladder	168	133	35	80	42	21	10	11	1	3	4.61%
Kidney/Renal Pelvis	147	86	61	3	86	6	21	24	2	5	4.03%
Ureter	12	8	4	4	0	3	1	2	0	2	0.33%
Other Urinary Organs	2	2	0	1	0	0	1	0	0	0	0.05%
Eye and Orbit	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Brain and CNS</b>											
Brain	117	49	68	0	0	0	0	0	117	0	3.21%
Cranial Nerves/Other Nervous System	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Endocrine</b>											
Thyroid	86	24	62	0	72	8	0	0	4	2	2.36%
Other Endocrine including Thymus	12	8	4	0	0	0	0	0	12	0	0.33%
<b>Lymphoma</b>											
Hodgkin's	10	5	5	0	0	6	2	2	0	0	0.27%
Non-Hodgkin's	135	68	67	0	22	13	26	40	9	25	3.70%
Myeloma	32	17	15	0	0	0	0	0	32	0	0.88%
<b>Leukemia</b>											
Acute Lymphocytic Leukemia	3	2	1	0	0	0	0	0	3	0	0.08%
Chronic Lymphocytic Leukemia	4	1	3	0	0	0	0	4	0	0	0.11%
Other Lymphocytic Leukemia	2	2	0	0	0	0	0	0	2	0	0.05%
Acute Myeloid Leukemia	29	14	15	0	0	0	0	0	29	0	0.80%
Chronic Myeloid Leukemia	6	2	4	0	0	0	0	0	6	0	0.16%
Other Leukemia	4	3	1	0	0	0	0	0	4	0	0.11%
<b>Mesothelioma/Kaposi Sarcoma</b>											
Mesothelioma	3	2	1	0	1	0	0	1	0	1	0.08%
Kaposi Sarcoma	1	1	0	0	0	0	0	0	1	0	0.03%
<b>Miscellaneous</b>											
	63	26	37	0	0	0	1	0	60	2	1.73%
<b>Total:</b>	<b>3645</b>	<b>1671</b>	<b>1974</b>	<b>299</b>	<b>1151</b>	<b>510</b>	<b>492</b>	<b>580</b>	<b>377</b>	<b>236</b>	<b>100%</b>

# Atrium Medical Center

## Site Summary Table for New Cases 2019

SITE	GENDER		AJCC STAGE GROUP									% of Occurrence
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown		
<b>Head and Neck</b>												
Lip	1	1	0	1	0	0	0	0	0	0	0.21%	
Tongue	5	4	1	0	2	1	1	0	1	0	1.03%	
Salivary Gland	0	0	0	0	0	0	0	0	0	0	0.00%	
Floor of Mouth/Gum/Other	0	0	0	0	0	0	0	0	0	0	0.00%	
Nasopharynx	0	0	0	0	0	0	0	0	0	0	0.00%	
Tonsil	1	1	0	0	1	0	0	0	0	0	0.21%	
Oropharynx	2	2	0	0	1	0	0	0	0	1	0.41%	
Hypopharynx	1	1	0	0	0	0	0	0	1	0	0.21%	
<b>Digestive System</b>												
Esophagus	5	5	0	0	0	2	3	0	0	0	1.03%	
Stomach	3	3	0	0	0	0	1	1	0	1	0.62%	
Small Intestine	3	2	1	0	0	1	0	2	0	0	0.62%	
Colon	37	19	18	1	1	9	15	7	1	3	7.61%	
Rectosigmoid Junction	2	2	0	0	0	0	1	1	0	0	0.41%	
Rectum	7	5	2	0	0	2	3	1	0	1	1.44%	
Anus/Anal Canal/Anorectum	6	1	5	0	0	1	4	0	0	1	1.23%	
Liver	5	5	0	0	3	0	0	1	1	0	1.03%	
Intrahepatic Bile Duct	4	1	3	0	0	0	1	2	1	0	0.82%	
Gallbladder	1	0	1	0	0	1	0	0	0	0	0.21%	
Other Biliary	3	2	1	0	0	0	0	1	2	0	0.62%	
Pancreas	9	6	3	0	0	2	3	4	0	0	1.85%	
Retroperitoneum	1	0	1	0	1	0	0	0	0	0	0.21%	
Peritoneum/Omentum/Mesentery	0	0	0	0	0	0	0	0	0	0	0.00%	
Other Digestive Organs	1	0	1	0	0	0	0	0	1	0	0.21%	
<b>Respiratory System</b>												
Nose/Nasal Cavity/Middle Ear	2	2	0	0	0	0	0	1	1	0	0.41%	
Larynx	9	8	1	1	3	0	2	1	0	2	1.85%	
Lung/Bronchus	105	56	49	0	30	8	24	35	5	3	21.60%	
Trachea/Mediastinum/Other	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Bones and Joints</b>												
	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Soft Tissue Including Heart</b>												
	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Skin</b>												
Melanoma	8	5	3	1	2	3	0	2	0	0	1.65%	
Other Non-Epithelial Skin	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Breast</b>	113	0	113	29	59	13	7	3	2	0	23.25%	
<b>Female Genital System</b>												
Cervix	3		3	0	0	1	1	0	0	1	0.62%	
Corpus & Uterus	4		4	0	4	0	0	0	0	0	0.82%	
Ovary	0		0	0	0	0	0	0	0	0	0.00%	
Vagina	0		0	0	0	0	0	0	0	0	0.00%	
Vulva	1		1	0	1	0	0	0	0	0	0.21%	
Other Female Genital Organs	1		1	0	0	0	0	0	1	0	0.21%	
<b>Male Genital System</b>												
Prostate	47	47		0	7	24	9	6	0	1	9.67%	
Testis	0	0		0	0	0	0	0	0	0	0.00%	
Penis	0	0		0	0	0	0	0	0	0	0.00%	
<b>Urinary System</b>												
Bladder	17	13	4	6	3	2	4	2	0	0	3.50%	
Kidney/Renal Pelvis	23	11	12	0	9	2	6	4	2	0	4.73%	
Ureter	1	1	0	0	0	0	1	0	0	0	0.21%	
Other Urinary Organs	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Brain and CNS</b>												
Brain	2	1	1	0	0	0	0	0	2	0	0.41%	
Cranial Nerves/Other Nervous System	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Endocrine</b>												
Thyroid	14	5	9	0	10	3	0	0	1	0	2.88%	
Other Endocrine including Thymus	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Lymphoma</b>												
Hodgkin's	1	1	0	0	0	1	0	0	0	0	0.21%	
Non-Hodgkin's	18	7	11	0	4	3	3	5	1	2	3.70%	
Myeloma	9	5	4	0	0	0	0	0	9	0	1.85%	
<b>Leukemia</b>												
Acute Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
Chronic Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
Other Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
Acute Myeloid Leukemia	3	0	3	0	0	0	0	0	3	0	0.62%	
Chronic Myeloid Leukemia	1	1	0	0	0	0	0	0	1	0	0.21%	
Other Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Mesothelioma/Kaposi Sarcoma</b>												
Mesothelioma	0	0	0	0	0	0	0	0	0	0	0.00%	
Kaposi Sarcoma	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Miscellaneous</b>												
	7	3	4	0	0	0	0	0	7	0	1.44%	
<b>Total:</b>	<b>486</b>	<b>226</b>	<b>260</b>	<b>39</b>	<b>141</b>	<b>79</b>	<b>89</b>	<b>79</b>	<b>43</b>	<b>16</b>	<b>100%</b>	



# Miami Valley Hospital

## Site Summary Table for New Cases 2019

SITE	GENDER		AJCC STAGE GROUP								
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown	% of Occurrence
<b>Head and Neck</b>											
Lip	1	0	1	0	0	0	1	0	0	0	0.04%
Tongue	26	21	5	0	8	3	2	10	2	1	0.92%
Salivary Gland	14	7	7	0	3	4	6	1	0	0	0.50%
Floor of Mouth/Gum/Other	19	11	8	0	5	2	5	7	0	0	0.68%
Nasopharynx	4	3	1	0	0	1	3	0	0	0	0.14%
Tonsil	11	10	1	0	5	4	1	1	0	0	0.39%
Oropharynx	4	3	1	0	1	1	0	2	0	0	0.14%
Hypopharynx	4	4	0	0	0	1	1	2	0	0	0.14%
<b>Digestive System</b>											
Esophagus	27	21	6	0	2	5	9	5	4	2	0.96%
Stomach	31	16	15	0	6	5	5	4	0	11	1.10%
Small Intestine	16	11	5	0	1	6	2	4	3	0	0.57%
Colon	118	58	60	3	17	33	24	25	0	16	4.19%
Rectosigmoid Junction	14	9	5	0	6	3	3	1	0	1	0.50%
Rectum	30	18	12	1	2	7	7	7	0	6	1.07%
Anus/Anal Canal/Anorectum	8	1	7	0	0	3	2	1	0	2	0.28%
Liver	47	32	15	0	15	4	10	6	6	6	1.67%
Intrahepatic Bile Duct	13	5	8	0	3	0	3	6	1	0	0.46%
Gallbladder	6	3	3	0	2	1	0	3	0	0	0.21%
Other Biliary	11	5	6	0	1	0	0	2	4	4	0.39%
Pancreas	92	46	46	0	18	12	15	41	0	6	3.27%
Retroperitoneum	4	2	2	0	1	0	3	0	0	0	0.14%
Peritoneum/Omentum/Mesentery	3	1	2	0	0	0	1	2	0	0	0.11%
<b>Respiratory System</b>											
Nose/Nasal Cavity/Middle Ear	3	1	2	0	1	0	1	1	0	0	0.11%
Larynx	23	15	8	0	8	3	3	4	0	5	0.82%
Lung/Bronchus	376	186	190	1	106	24	62	153	4	26	13.37%
Trachea/Mediastinum/Other	1	0	1	0	0	0	0	0	1	0	0.04%
<b>Bones and Joints</b>											
	1	1	0	0	0	0	0	0	0	1	0.04%
<b>Soft Tissue Including Heart</b>											
	21	12	9	0	5	1	1	0	11	3	0.75%
<b>Skin</b>											
Melanoma	205	116	89	57	67	32	19	11	0	19	7.29%
Other Non-Epithelial Skin	12	7	5	0	3	0	2	0	4	3	0.43%
<b>Breast</b>											
	499	1	498	96	270	56	25	15	19	18	17.74%
<b>Female Genital System</b>											
Cervix	20		20	0	6	7	0	3	1	3	0.71%
Corpus & Uterus	110		110	0	81	2	10	9	2	6	3.91%
Ovary	26		26	0	4	1	6	11	0	4	0.92%
Vagina	2		2	0	1	0	0	0	0	1	0.07%
Vulva	19		19	0	7	2	3	1	1	5	0.68%
Other Female Genital Organs	3		3	0	0	0	1	1	1	0	0.11%
<b>Male Genital System</b>											
Prostate	299	299		0	55	123	76	35	0	10	10.63%
Testis	11	11		0	5	1	2	0	1	2	0.39%
Penis	2	2		0	1	0	0	0	0	1	0.07%
<b>Urinary System</b>											
Bladder	119	96	23	56	33	18	6	4	0	2	4.23%
Kidney/Renal Pelvis	118	70	48	3	74	4	13	19	0	5	4.19%
Ureter	9	6	3	4	0	2	0	1	0	2	0.32%
Other Urinary Organs	2	2	0	1	0	0	1	0	0	0	0.07%
<b>Eye and Orbit</b>											
	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Brain and CNS</b>											
Brain	114	47	67	0	0	0	0	0	114	0	4.05%
Cranial Nerves/Other Nervous System	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Endocrine</b>											
Thyroid	68	19	49	0	59	4	0	0	3	2	2.42%
Other Endocrine including Thymus	12	8	4	0	0	0	0	0	12	0	0.43%
<b>Lymphoma</b>											
Hodgkin's	8	4	4	0	0	5	1	2	0	0	0.28%
Non-Hodgkin's	103	57	46	0	17	9	20	32	7	18	3.66%
<b>Myeloma</b>											
	21	10	11	0	0	0	0	0	21	0	0.75%
<b>Leukemia</b>											
Acute Lymphocytic Leukemia	3	2	1	0	0	0	0	0	3	0	0.11%
Chronic Lymphocytic Leukemia	4	1	3	0	0	0	0	4	0	0	0.14%
Other Lymphocytic Leukemia	2	2	0	0	0	0	0	0	2	0	0.07%
Acute Myeloid Leukemia	26	14	12	0	0	0	0	0	26	0	0.92%
Chronic Myeloid Leukemia	5	1	4	0	0	0	0	0	5	0	0.18%
Other Leukemia	4	3	1	0	0	0	0	0	4	0	0.14%
<b>Mesothelioma/Kaposi Sarcoma</b>											
Mesothelioma	3	2	1	0	1	0	0	1	0	1	0.11%
Kaposi Sarcoma	1	1	0	0	0	0	0	0	1	0	0.04%
<b>Miscellaneous</b>											
	55	23	32	0	0	0	1	0	52	2	1.96%
<b>Total:</b>	<b>2813</b>	<b>1306</b>	<b>1507</b>	<b>222</b>	<b>900</b>	<b>389</b>	<b>356</b>	<b>437</b>	<b>315</b>	<b>194</b>	<b>100%</b>

# Upper Valley Medical Center

## Site Summary Table for New Cases 2019

SITE	GENDER			AJCC STAGE GROUP							
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown	% of Occurrence
<b>Head and Neck</b>											
Tongue	4	3	1	0	1	0	0	1	2	0	1.16%
Salivary Gland	3	2	1	0	0	1	2	0	0	0	0.87%
Floor of Mouth/Gum/Other	1	0	1	0	0	0	0	1	0	0	0.29%
Nasopharynx	2	2	0	0	1	1	0	0	0	0	0.58%
Tonsil	4	3	1	0	0	0	1	1	2	0	1.16%
Oropharynx	0	0	0	0	0	0	0	0	0	0	0.00%
Hypopharynx	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Digestive System</b>											
Esophagus	5	4	1	0	1	0	0	3	0	1	1.45%
Stomach	1	1	0	0	0	0	1	0	0	0	0.29%
Small Intestine	4	3	1	0	0	2	0	1	1	0	1.16%
Colon	20	11	9	1	2	6	7	3	0	1	5.78%
Rectosigmoid Junction	0	0	0	0	0	0	0	0	0	0	0.00%
Rectum	10	7	3	1	1	0	2	3	0	3	2.89%
Anus/Anal Canal/Anorectum	3	1	2	0	0	0	2	0	0	1	0.87%
Liver	2	1	1	0	0	0	0	1	1	0	0.58%
Intrahepatic Bile Duct	0	0	0	0	0	0	0	0	0	0	0.00%
Gallbladder	0	0	0	0	0	0	0	0	0	0	0.00%
Other Biliary	0	0	0	0	0	0	0	0	0	0	0.00%
Pancreas	10	3	7	0	2	2	0	6	0	0	2.89%
Retroperitoneum	0	0	0	0	0	0	0	0	0	0	0.00%
Peritoneum/Omentum/Mesentery	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Respiratory System</b>											
Nose/Nasal Cavity/Middle Ear	1	1	0	1	0	0	0	0	0	0	0.29%
Larynx	6	6	0	0	6	0	0	0	0	0	1.73%
Lung/Bronchus	56	15	41	1	3	5	10	27	4	6	16.18%
Trachea/Mediastinum/Other	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Bones and Joints</b>											
<b>Soft Tissue Including Heart</b>											
<b>Skin</b>											
Melanoma	5	2	3	0	3	0	0	0	0	2	1.45%
Other Non-Epithelial Skin	1	0	1	0	0	0	0	0	1	0	0.29%
<b>Breast</b>	<b>95</b>	<b>0</b>	<b>95</b>	<b>16</b>	<b>54</b>	<b>14</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>27.46%</b>
<b>Female Genital System</b>											
Cervix	1		1	0	0	1	0	0	0	0	0.29%
Corpus & Uterus	10		10	0	4	0	2	1	0	3	2.89%
Ovary	0		0	0	0	0	0	0	0	0	0.00%
Vagina	0		0	0	0	0	0	0	0	0	0.00%
Vulva	2		2	0	0	0	0	0	1	1	0.58%
Other Female Genital Organs	0		0	0	0	0	0	0	0	0	0.00%
<b>Male Genital System</b>											
Prostate	34	34		0	16	6	8	3	0	1	9.83%
Testis	3	3		0	3	0	0	0	0	0	0.87%
Penis	0	0		0	0	0	0	0	0	0	0.00%
<b>Urinary System</b>											
Bladder	32	24	8	18	6	1	0	5	1	1	9.25%
Kidney/Renal Pelvis	6	5	1	0	3	0	2	1	0	0	1.73%
Ureter	2	1	1	0	0	1	0	1	0	0	0.58%
Other Urinary Organs	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Brain and CNS</b>											
Brain	1	1	0	0	0	0	0	0	1	0	0.29%
Cranial Nerves/Other Nervous System	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Endocrine</b>											
Thyroid	4	0	4	0	3	1	0	0	0	0	1.16%
Other Endocrine including Thymus	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Lymphoma</b>											
Hodgkin's	1	0	1	0	0	0	1	0	0	0	0.29%
Non-Hodgkin's	14	4	10	0	1	1	3	3	1	5	4.05%
Myeloma	2	2	0	0	0	0	0	0	2	0	0.58%
<b>Leukemia</b>											
Acute Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%
Chronic Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%
Other Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%
Acute Myeloid Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%
Chronic Myeloid Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%
Other Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Mesothelioma/Kaposi Sarcoma</b>											
Mesothelioma	0	0	0	0	0	0	0	0	0	0	0.00%
Kaposi Sarcoma	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Miscellaneous</b>											
	1	0	1	0	0	0	0	0	1	0	0.29%
<b>Total</b>	<b>346</b>	<b>139</b>	<b>207</b>	<b>38</b>	<b>110</b>	<b>42</b>	<b>47</b>	<b>64</b>	<b>19</b>	<b>26</b>	<b>100%</b>

## Cancer Institute Physicians



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Cancer Network  
Certified Physician



**Rajkamal Jit, MD**



**Ania Pollack, MD**  
MD Anderson  
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**James Ouellette, DO, FACS**  
Vice Chair  
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**Sameep Kadakia, MD**  
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**Jose Rodriguez, MD, FACS**  
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**Praveena Cheruvu, MD**  
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**L. Stewart Lowry, MD, FACS**



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**Melissa Grilliot, MD**



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**Ryan Steinmetz, MD**  
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**Michael Guy, MD**  
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**Nkeiru Okoye, MD**  
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**Erik Weise, MD**  
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**Daniel Palomino, MD**

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Cancer Liaison Physician/Cancer Committee  
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Quality Improvement Coordinator  
Manager, Medical Surgical Unit

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Cancer Registry Quality Coordinator/Cancer  
Registry

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Research/Clinical Trials

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Radiologist

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Premier Health - Cancer Report to the Community 2020  
2019 Statistical Review

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American Cancer Society

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**Susan Wetzel, CTR**  
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**Burhan Yanes, MD**  
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