We are Survivors in the Fight Against Cancer

Mercy Cancer Center...
My day job is as a pharmacist and the rest of my time is spent driving my children to their activities. Except now I am a breast cancer survivor too, and moving forward in life with strength and with positivity. At age 39, I began experiencing sporadic pain in my right breast. Something didn’t feel right. A mammogram found nothing, but an MRI revealed four cancerous spots and three types of cancer. Because I had a 40-60% chance of the cancer recurring, I elected for a double mastectomy followed by chemotherapy and reconstruction surgery. When you first get diagnosed, don’t think too much about it or it will consume and overwhelm you. Try to just think about the next step in the process. I stayed working full-time. I did not sit around and wallow in it. I had kids in second and third grade. You’ve got to keep going.

Chris Petro, 2016
"Brave & Beautiful" Mercy breast cancer survivor

Mercy Cancer Center acknowledges Gatehouse Media – The Repository and ABOUT Magazine – for the use of the "Brave & Beautiful" photos and content from the 2015 and 2016 publications. Mercy Cancer Center was a proud sponsor of both campaigns. 2015 and 2016 photoshoots Mercy Cancer Center was at the heart of "Brave & Beautiful" photoshoots and content from the "Brave & Beautiful" photoshoots and content from the

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It is a pleasure to present the 2015-2016 Annual Cancer Report for Mercy Cancer Center. From the beginning, our mission has never wavered….to reduce the impact of cancer today by being a leader in providing comprehensive cancer care and to assist in eliminating the threat of cancer tomorrow. We continue to do this through innovative treatment and services, cutting-edge technology, involvement in important cancer clinical trials, and a holistic, nurturing environment that helps patients stay close to home during their cancer journey.

It has been another busy and rewarding year and we are excited to share some of the highlights with you. Our commitment to exceptional cancer care has remained steadfast with all disciplines and physicians remaining united together to offer the very best for our patients. This continued commitment is manifested through our continued accreditation as a Comprehensive Community Cancer Center with commendation by the Commission on Cancer. As a three time Outstanding Achievement Award recipient, we take these honors seriously and constantly strive to elevate our level of services.

We hope you will take time to read this report for it allows us to review our processes and to share our outcomes with you. In honesty, much of the content of the report is dictated by the Commission on Cancer standards; however, we strive to present all information in a context that is meaningful to the medical community, patients and families. While the purpose of the report is to examine outcomes, we want the report to be a resource for you so we have included detailed information about our programming. Hopefully, you will see that while our commitment begins and ends with quality cancer care, it also expands to community involvement, early detection, supportive services and innovative cancer research.

In this year’s annual report, we give special attention to patients with breast cancer. Interspersed throughout the report, you will also find stories about breast cancer survivors that will inspire you, foster hope and will celebrate our successes in battling this disease.

It is with great pride and humility that we share this report outlining Mercy Cancer Center’s continuing fight against cancer in our region. We are proud of our efforts and outcomes in cancer care and treatment. We thank all of our patients, their families and loved ones for their trust and support. Our physicians and personnel relish the opportunity to serve you and promise to give you our very best to ensure successful outcomes.
A Message from Cancer Center Leadership
Edward J. Walsh, M.D.
Medical Director, Cancer Services
Dr. Walsh is a radiation oncologist who has served as the Medical Director of Radiation Therapy for the past ten years and has been Medical Director of Cancer Services since 2004. He has been Chairman of Cancer Committee since 2007 and serves on Lung Steering Committee, Protocol Subcommittee, Colorectal Steering Committee and Cancer Quality Committee. Dr. Walsh received his medical education at Case Western Reserve University School of Medicine and completed his post-graduate education at Akron City Hospital and the National Cancer Institute. He is certified by the American Board of Radiology/Oncology.

Aida Safar, M.D.
Cancer Liaison Physician
Dr. Safar is a pathologist, certified by the American Board of Anatomic and Clinical Pathology and the American Board of Hematology. She completed her medical education at Aleppo University School of Medicine and her post-graduate education at MetroHealth Medical Center, University of Nebraska Medical Center and Ohio State University. Dr. Safar is a member of Cancer Committee, Lung Steering Committee, Breast Steering Committee, Colorectal Steering Committee and Cancer Quality Committee. She has served as Cancer Liaison Physician since 2007.

Mitchell Haut, M.D.
Chairman, Cancer Protocol Subcommittee
Dr. Haut is a medical oncologist, certified by the American Board of Internal Medicine, the American Board of Medical Oncology and the American Board of Hematology. He completed his medical education at Mount Sinai School of Medicine and his post-graduate education at the University of Minnesota Hospitals & Clinics, Georgetown University Hospitals and University Hospitals of Cleveland. Dr. Haut is a member of Cancer Committee, Lung Steering Committee, Colorectal Steering Committee and serves as Chairman of Cancer Protocol Subcommittee.

Dina K. Rooney, M.D.
Medical Director, Breast Care Center
Dr. Rooney is a medical oncologist, certified by the American Board of Medical Oncology and the American Board of Hematology. She completed her medical education at Ohio State University and her post-graduate education at the Medical Center Hospital of Vermont and Indiana University Medical Center. She has served as Medical Director, Mercy Breast Center, and serves on Cancer Committee, Breast Steering Committee and Cancer Quality Committee.

Russell L. Ramey, M.D., FACS
Surgical Director, Cancer Services
Dr. Ramey is a general surgeon, certified by the American Board of Surgery. He completed his medical education at Medical College of Ohio and his post-graduate education at Mount Sinai Medical Center, Case Western Reserve University and University Hospitals of Cleveland. He is a member of Cancer Committee and was appointed Surgical Director of Cancer Services in 2008. Dr. Ramey also serves on Breast Steering Committee, Colorectal Steering Committee and Cancer Quality Committee.

Karen S. Coughlin, RN, MSN
Administrative Director, Cancer Services
Ms. Coughlin received her education at Kent State University and The University of Akron. She brings over 23 years of administrative experience and program development to her role. She currently serves on the Stark County Volunteer Leadership Council of American Cancer Society, Supportive Care Coalition for Palliative Care and the Margaret B. Shipley Child Health Clinic. She is a past board member of the Northeast Ohio Susan G. Komen for the Cure and Chair of the Canton Relay for Life. Ms. Coughlin serves on Cancer Committee, Cancer Protocol Subcommittee, Lung Steering Committee, Breast Steering Committee, Colorectal Steering Committee and Cancer Quality Committee.
It is with great admiration that we salute and honor Dina K. Rooney, M.D. as she retires for her dedication to cancer patients, to Mercy Cancer Center, and to the field of medical oncology & hematology. It is hard to imagine breast cancer treatment without the mention of Dr. Rooney’s name. She has played a pivotal role in the development of breast cancer services at Mercy Medical Center, but even more importantly, she has been a recognized leader and respected resource for many years in the treatment of breast cancer. Dr. Rooney has shepherded so many women in our community through the diagnosis of breast cancer, while being both their trusted medical advisor and their supportive companion.

Perhaps what makes Dr. Rooney so special is that she is just like one of us. Not distant or aloof, but always connected to her patients. Not so caught up in complexities of medical science that she forgot the frightened person who just received a life-altering diagnosis. No, Dr. Rooney has always been the local girl who achieved big, but who never forgot her roots. Patients always knew she was in the fight with them.

Dr. Rooney grew up in Canton and attended Jackson High School. From there she attended The Ohio State University College of Medicine, graduating in 1989. During her college days, she gained valuable experience working as a nurse aide and getting great mentorship from her mother Donna, a very wise registered nurse. She received her post-graduate education from the University of Vermont College of Medicine and Indiana University Medical Center. Following fellowship, she returned to her roots and began her practice of medical oncology and hematology in Canton, Ohio.

Dr. Rooney joined the Mercy Medical Staff in 1997 and quickly assumed pivotal roles. She served on Blood Bank Committee, Tissue Committee, Medical Education Committee and was Vice Chairman for the Department of Medicine. More importantly, she was a huge advocate of Mercy Cancer Center, fulfilling numerous leadership roles on Cancer Committee, Protocol Subcommittee, Breast Cancer Steering Committee, Medical Director of Mercy Breast Care Center and Cancer Conference Moderators. Suffice to say that Dr. Rooney has made a successful and lasting imprint on Mercy Cancer Center!

We will be forever grateful for Dr. Rooney’s many contributions and will miss her significantly as she embarks on the next chapter of her life.

**Best Wishes for Your Retirement Dr. Rooney!**

*Thank you for your many years of dedicated service to Mercy Cancer Center and our community!*
Physician Tributes

After many years of serving Mercy Medical Center as a pathologist, we bid farewell to Michael Doyle, M.D. as he hangs up his microscope and sets into a well-deserved retirement.

Dr. Doyle joined the Mercy Medical Center Medical Staff in 1989 and served in a variety of positions within and outside the Department of Pathology. He was a member of the Institutional Review Board, Continuing Medical Education Committee, Blood Bank-Transfusion Committee, Chairman of the Tissue Committee and Medical Quality Review Board, which became the Medical Staff Performance Improvement Committee. As Chairman of the Department of Pathology and Laboratory Medicine from March 2005 through April 2011, he also served on the Medical Executive Committee. He once also served as the Physician Champion for the United Way Annual Campaign.

Dr. Doyle earned his medical degree from University College in Dublin, Ireland. He completed an internship at Meath Hospital in Dublin, and then moved to the United States where he completed pathology residencies at Mercy Hospital (Buffalo, NY); St. Mary’s Hospital (Rochester, NY); Pennsylvania Hospital (Philadelphia, PA) and Robert Wood Johnson College of Medicine. He completed fellowships in Anatomical Pathology and Hematopathology at MD Anderson Hospital in Houston, Texas. He is board certified by the American Board of Pathology, Anatomic and Clinical Pathology and the American Board of Pathology in the sub-specialties of Hematology and Cytopathology.

Always a great supporter of Mercy Cancer Center, Dr. Doyle regularly attended Cancer Conferences and assisted with quality studies that helped improve outcomes. He was a loyal participant in American Cancer Society Relay for Life events. He also was very involved in Continuing Medical Education while at Mercy and was very dedicated to furthering his own education at every stage of his practice.

Thank you Dr. Doyle for your many years of dedicated service to Mercy Cancer Center and to cancer patients within our community!
"Since my mid-30s, I had been tested annually for breast cancer because my mother was diagnosed with the deadly disease in 2001. I was almost due for my next mammogram when I discovered a lump and learned I had breast cancer. Because genetic testing confirmed I possess the gene, I decided to get a double mastectomy. I had chemotherapy prior to surgery to shrink my tumor, followed by a double mastectomy, then a hysterectomy and finally breast reconstruction surgery. I recently celebrated one year of being cancer free and now take fewer things for granted. You may have scars, whether they are emotional or physical, but the most important thing you can do is appreciate life because not everybody does."

Jennifer May, 2016 “Brave & Beautiful” Mercy breast cancer survivor
As an award-winning organization, Mercy Cancer Center provides services through a fully comprehensive and coordinated approach. Mercy Cancer Center physicians and personnel tirelessly work together to ensure patients receive excellence in cancer care while staying close to home. For this reason, we proudly display the many awards that validate our status as a premier cancer center.

Commission on Cancer (CoC) Accreditation with Commendation

Mercy Cancer Center has been accredited as a Comprehensive Community Cancer Program since 1986 and has earned Accreditation with Commendation since 2004. Accreditation by the CoC is given only to those facilities that have voluntarily committed to providing the highest level of quality cancer care and that undergo a rigorous evaluation process every three years. Only one in four hospitals that treat cancer receives accreditation and an even smaller number receive accreditation with commendation.

Outstanding Achievement Award - Recognized as one of the best times three in a row!

The Outstanding Achievement Award is an honor bestowed upon only the elite of Cancer Centers across the country by the Commission on Cancer. The award is designed to recognize cancer programs that strive for excellence in providing quality care to cancer patients and is awarded to facilities that receive a commendation level of compliance for all critical standards including cancer committee leadership, cancer data management, clinical management, research, community outreach, and quality improvement. Only 22% of accredited Cancer Centers are granted the Outstanding Achievement Award and an even smaller number of Cancer Centers receive the award more than once. That means that Mercy Cancer Center rightfully can claim that it has one of the best community cancer programs in the nation.

Designated as Breast Imaging Center of Excellence by the American College of Radiology

The Breast Imaging Center of Excellence designation is awarded to breast imaging centers that achieve excellence by seeking and earning accreditation in all of the ACR’s voluntary breast-imaging accreditation programs and modules, in addition to the mandatory Mammography Accreditation Program. The designation recognizes Mercy Breast Center for excellence in mammography, breast ultrasound, ultrasound-guided breast biopsy and stereotactic breast biopsy.
Awards & Accreditations

Stereotactic Breast Biopsy Accreditation
This Accreditation provides facilities performing stereotactic breast biopsy procedures with peer review and constructive feedback on their staff’s qualifications, equipment, quality control (QC), quality assurance, accuracy of needle placement, image quality and dose.

CAP 15189SM Accredited by the College of American Pathologists
Mercy Medical Center’s Department of Pathology and Laboratory Medicine was the first hospital in northeast Ohio to achieve CAP 15189SM accreditation based on quality standards outlined by the International Organization for Standardization. Accreditation focuses on improved patient safety and risk reduction for quality and competence particular to medical laboratories.

Certified Professional Caregivers

- Oncology Certified Nurses (OCN) ..............................................

- Certified Chemotherapy and Biotherapy Providers .........................

- Certified Clinical Research Professionals ..................................

- Certified Breast Patient Navigator in Imaging and Cancer (CBPN-IC) .......

- Clinician Certification in Survivorship Training and Rehab .................
Advanced Technology

Mercy Cancer Center is continually expanding our technology to offer the latest in diagnosis and treatment.

Varian Medical System TrueBeam Linear Accelerator
Mercy Cancer Center’s latest weapon in its arsenal is the TrueBeam Linear Accelerator which is a new line of “super” accelerators designed to advance the treatment of lung, breast, prostate, head and neck and many other cancers. TrueBeam performs many advanced forms of radiotherapy to customize the amount of radiation that is sent to different parts of tumors using advanced imaging to visualize and verify the exact position of the tumor and treat it precisely. Over 100,000 data points are monitored continually as treatment progresses. It is finely engineered to be fast and precise with most treatments taking just minutes a day. In fact, even tumors that move (for example, those in the lungs) can be precisely targeted thanks to special tools that compensate for motion during a treatment. This makes it possible to offer greater patient comfort by shortening treatments, and to improve precision by leaving less time for tumor motion during dose delivery.

TomoTherapy
TomoTherapy combines an intensity-modulated radiotherapy device with a 3D CT scanner that allows physicians to visualize a tumor and apply radiation at the same time with pinpoint accuracy. This enhanced precision enables physicians to use tighter margins and higher, more effective radiation doses.

Wide Bore 16-Slice Philips CT Simulator
Mercy Radiation Therapy acquired the Philips Brilliance Big Bore CT Simulator in 2011. This latest investment in cancer-fighting equipment provides the most advanced imaging technology available today to assist in proper positioning and planning of radiation therapy treatments.
Robotic Surgical System

A robotic, minimally invasive approach dramatically enhances visualization, precision and control for surgeons. The Robotic Surgical System enables surgeons to perform even the most complex and delicate procedures through very small incisions which reduces post-op pain, lessens blood loss and scarring and shortens recovery time. Mercy employs two Robotic Surgical Systems which are used for prostate, kidney, colon, thoracic and GYN cancers.

In-House PET/CT

PET/CT measures the metabolic processes in the body and fuses this with images of body structures. It has rapidly become a standard in cancer care because it allows physicians to make more accurate diagnoses, develop more targeted treatment plans and better monitor the effects of treatment. Due to the cost of the technology, many hospitals utilize mobile PET/CT units which visit the hospital intermittently. Because the technology is a critical tool in cancer care, Mercy has invested in a fixed unit. Having PET/CT on-site ensures cancer patients have rapid access to the needed testing.

Wide Bore, 1.5 Tesla High Field MRI Scanner with Breast Biopsy Capabilities

A new MRI scanner was recently purchased that will accommodate patients up to 450 pounds. It has a 70 cm wide bore that allows much more open space inside the bore, thereby alleviating feelings of claustrophobia and improving patient comfort. The scanner is equipped with a breast coil that allows for MRI-guided breast biopsies for lesions that are not visible on mammography or ultrasound.

3D Breast Tomosynthesis

Two Selenia® Dimensions® system’s Genius™ 3D MAMMOGRAPHY™ units by Hologic have been added to our arsenal of breast cancer detection tools. The revolutionary Selenia Dimensions system, which has set the new standard in mammography screening, provides exceptionally sharp images, advanced clinical applications, and ergonomic design for patient comfort and ease of operation. Breast tomosynthesis offers a 41% increase in invasive breast cancer detection advantage over 2D mammography and up to 40% reduction in false positive recalls.
Measuring Quality

Ensuring quality of care is critical to good outcomes and optimal cancer survivorship. But how do patients know if they are receiving good quality healthcare? How do physicians and nurses identify the steps that need to be taken for better patient outcomes? How do insurers and employers determine whether they are paying for the best available care?

Performance measures give the healthcare community a way to assess quality of care against recognized standards. One of the ways that Mercy Cancer Center assesses the quality of care we give our cancer patients is to compare our performance through American College of Surgeons Commission on Cancer (CoC) adopted quality measures and National Quality Forum (NQF) endorsed measures to those of other hospitals in Ohio and the United States. Below you will see how Mercy Cancer Center compares to other hospitals in these critical performance measures.

Accountability and Quality Improvement Measures

(Latest data available from 2013)

**BREAST CANCER PERFORMANCE MEASURES**

**National Standard for Breast Conserving Surgery and Radiation Therapy**
Radiation therapy is administered within one year of diagnosis for women under the age of 70 receiving breast conserving surgery for breast cancer. Mercy data was very favorable, significantly exceeding national and state norms.

**National Standard for Adjuvant Hormonal Therapy for Hormone Receptor Positive Breast Cancer Patients**
Tamoxifen or third generation aromatase inhibitor is considered or administered within one year of diagnosis for women with AJCC T1cN0Mo or Stage I hormone receptor positive breast cancer. Mercy data was fully compliant and significantly exceeding national and state norms.

**National Standard for Chemotherapy in Hormone Receptor Negative Breast Cancer Patients**
Combination chemotherapy is considered or administered within 4 months of diagnosis for women under 70 with AJCC T1cN0M0 or Stage II or Stage III hormone receptor negative breast cancer. Mercy data was slightly below national and state norms. A focus review was conducted which demonstrated only 2 cases that slightly exceeded the 4 month timeframe.

**National Standard for Radiation Therapy Following Mastectomy for Women with 4 or More Positive Regional Lymph Nodes**
Radiation therapy is considered or administered following mastectomy within 1 year of diagnosis for women with 4 or more positive regional lymph nodes. Mercy data was below national and state norms but our volume of patients who qualified for this measure was very low. Only 2 cases did not receive radiation per this standard.
National Standard for Image or Palpation-Guided Needle Biopsy Performed for Diagnosis Breast Cancer
Core or FNA image or palpation-guided needle biopsy is the preferred approach in diagnosis of breast cancer versus surgical excision. Mercy data was very favorable, significantly exceeding state and national rates.

COLON CANCER PERFORMANCE MEASURES
National Standard for Adjuvant Chemotherapy for Node Positive Colon Patients
Adjuvant chemotherapy is considered or administered within 4 months of diagnosis for patients under the age of 80 with AJCC Stage III colon cancer. Mercy data was lower than state and national but only represented 1 patient who received treatment a few days beyond the 4 month timeframe.

National Standard for Regional Lymph Nodes in Surgically Resected Colon Patients
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. Mercy data was essentially the same as state and national norms.

NON SMALL CELL LUNG CANCER PERFORMANCE MEASURES
National Standard for Systemic Chemotherapy Administered 4 Months Prior to Surgery or 6 Months Postoperatively
Systemic chemotherapy administered or considered 4 months prior to surgery or 6 months postoperatively in resected cases with pN1 or pN2. Mercy data was very favorable, significantly exceeding national and state norms.

National Standard for Surgery is Not the First Course of Treatment for NSCLC
Surgery is not the first course of treatment for cN2, M0 cases. Mercy data was very favorable, exceeding state and national norms.

RECTUM CANCER PERFORMANCE MEASURES
National Standard for Chemotherapy and Radiation Therapy is Administered for Resected Rectal Cancers
Chemotherapy and radiation therapy is administered to resected rectal cancers. Mercy data was very favorable, significantly exceeding state and national norms.
To further ensure the quality of our cancer care, Mercy Cancer conducts at least two in-depth quality studies each year to evaluate and identify opportunities for improvements in cancer care.

Quality Study to Evaluate the Care of the Prostate Brachytherapy Patient

METHODOLOGY
All brachytherapy patients treated during 2015 were evaluated as to whether DRE, Gleason score and PSA were completed, clinical risk group identified, treatment options discussed, pre-volume study of the prostate acceptable for brachytherapy, dosimetric planning signed by physician prior to seed placement, dosing per AAPM guidelines, cystoscopy performed post-implant, post-implant directive completed, post-implant dosimetry done within 2 weeks, post-implant dosimetry measurements per guidelines, post-implant patient education completed, and follow-up visit conducted within 3 months of implant.

OUTCOME
A total of 15 patients qualified for the study. Findings demonstrated that most metrics were at 100% compliance. Opportunities for improvement included:

- Post implant dosimetry measure urethral V150 – was not met with any of the cases. Current practice does not include insertion of a urethral catheter for this purpose due to patient discomfort and perceived low occurrence of urethral stricture & stenosis post procedure.
- Post implant dosimetry measure rectal RV100 – was met in all but one case for compliance rate of 93%. The rectum was not contoured on the isoplan in error with this one case. No adverse outcome occurred.
- Post implant patient education – was provided with all cases. However, review of the current education aids revealed need for some revisions to the instructions and need for a more formal process for when education is given and reinforced.

ACTION PLAN
- Consulted urologists and contacted regional facilities regarding their practice with urethral catheter usage and V150 measurements. Found our practice was commensurate with standard practices. No change enacted based on urologist and radiation oncologist input.
- Reviewed post implant dosimetry processes with current dosimetrists.
- Updated current implant patient education materials and revised our department education process to provide more timely and consistent patient education.

Quality Study to Evaluate Red Blood Cell Transfusions in Cancer Patients

METHODOLOGY
All outpatient oncology patients receiving blood transfusions in 2015 were reviewed according to NCCN Guidelines for RBC transfusion of cancer patients. Criteria included:

- **Asymptomatic**: Transfusion goal for hemodynamically stable chronic anemia without acute coronary syndrome = maintain hemoglobin 7-9 g/dL.
- **Symptomatic** – Transfusion goal for acute hemorrhage with evidence of hemodynamic instability or inadequate oxygen delivery = correct hemodynamic instability and maintain adequate oxygen delivery. The transfusion goal for symptomatic anemia (including tachycardia, tachypnea, postural hypotension) and hemoglobin < 10 g/dL = maintain hemoglobin at 8-10 g/dL as needed for prevention of symptoms. The transfusion goal for anemia in the setting of acute coronary syndromes or acute myocardial infarction = maintain hemoglobin ≥ 10 g/dL.

NCCN Guidelines for use of ESAs and intravenous iron products were also reviewed and utilized in the evaluation.

OUTCOME
A total of 378 transfusions were reviewed. All blood transfusion orders from medical oncologists met medical necessity and all 378 transfusion visits met NCCN Clinical Guidelines for Red Blood Cell Transfusion. Ninety-nine percent of the transfusions were leukocyte-poor packed red blood cells. Fifty-six percent of patients receiving blood transfusions were ages 61-80 and 85% of patients were ages 61-90. The Study revealed patients received ESAs appropriately per Guidelines but it was not possible to demonstrate a correlation between lack of ESAs and need for transfusions. The Study conclusion was that oncologists are following NCCN Clinical Guidelines for red blood cell transfusions with cancer patients.

ACTION PLAN
No specific action was needed; however, it was noted that not all physician transfusion orders routinely include the current hemoglobin value. Cancer Committee recommended that all transfusion orders include the hemoglobin and/or hematocrit value. Medical staff education was instituted.
CLINICAL GOALS:
1. Improve patient satisfaction scores to 85% or higher in Radiation Therapy for indicator related to how often the patient's pain was at an acceptable level for them

OUTCOME
Pain scores improved throughout the year with the question “How often did the nurses, therapists and doctors do everything they could to help you with your pain?” averaging 94%. Interestingly enough, the indicator question “How often was your pain at an acceptable level for you?” scored only an average of 65%. Physicians and personnel realized that setting realistic pain goals at the onset of care is key to managing patient pain expectations. Actions were taken to establish realistic pain goals at the onset of care and then have personnel and physicians all speak directly to this goal throughout the patient’s treatment. Efforts are ongoing at more closely lining patient pain expectations with the reality of their particular diagnosis and treatment.

PROGRAMMATIC GOALS:
2. Establish a Cancer Quality Committee to oversee quality issues and recommend action to Medical Staff Quality Improvement Committee (MSPIC)

OUTCOME
Cancer Quality Committee was established with memberships from medical oncology, radiation oncology, pathology, radiology and surgery, as well as ad hoc members as necessary. A Committee charter was established with a quarterly meeting schedule. The Committee reviews quality concerns, monitors and makes recommendations for quality metrics and evaluates the quality of cancer care throughout the institution. The Committee has been an effective avenue for ensuring appropriate medical personnel evaluate cancer care.

3. Enhance/modify current LDCT Lung Screening Program to comply with new CMS rules

OUTCOME
Several webinars were attended and a literature search was conducted. CMS announcements were monitored and reviewed to ensure all aspects of our program met compliance. We adopted the ACR Registry for reporting and developed tools for physician use that addressed shared decision-making and order requirements. Our LDCT Lung Screening Program is fully compliant and operational under CMS rules.
Faith in God and strong family ties have gotten me through life and never so much as recently during my battle with breast cancer. I worked in several positions in Canton City Schools but I also served as events coordinator for the Canton Negro Oldtimers Club. It was there I met the people from Mercy Cancer Center because they hosted some breast cancer events there. I had no idea they would be helping me someday. My father always quoted scripture Philippians 4:13 that says, ‘I can do all things through Christ that strengthens me.’ I turned to Scriptures and my family to help me through my breast cancer. I wish every woman would get a mammogram and go to the doctor. Don’t wait for a lump. Have your mammograms done. Minority women especially. Breast cancer is not a death sentence, but you cannot sit back and ignore it.”

Cathy McAlpine,
2016 “Brave & Beautiful” Mercy breast cancer survivor

“The irony in fighting breast cancer…any cancer…is that the struggle demands the best of you at a time when your life seems to be at its worst. As a single mother of 3 grown sons, I’ve always been a big believer in getting yourself checked. I was diagnosed last year on a routine mammogram that found a 9 millimeter invasive ductal carcinoma, Stage 1. I was just kind of numb, asking myself, ‘OK, now what do I do?’ Immediately, my physicians and the supportive team at Mercy took over. I had surgery followed by radiation treatments and because the cancer was caught so early, I was spared chemotherapy. Initially, there was fright but then I determined that it wasn’t going to beat me. My remission has enhanced my determination to become involved in spreading the word about cancer and the need to follow screening recommendations. If talking about this and sharing helps one person, then everything I’ve been through is worthwhile.”

Jeanne Markley,
2016 “Brave & Beautiful” Mercy breast cancer survivor
MERCY CANCER CENTER 2015: TOP 5 SITES BY AJCC STAGE AT DIAGNOSIS

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<th>Stg III</th>
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<td>16</td>
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Source: Mercy Cancer Registry, 2015

2015 Site Percentage Cancer Incidence: Mercy Cancer Center vs ACS National

Male

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<td>4</td>
</tr>
<tr>
<td>Oral Cavity &amp; Pharynx</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Leukemia</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Non-Hodgkins Lymphoma</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Kidney &amp; Renal Pelvis</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Uterine Corpus</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Colon &amp; Rectum</td>
<td>8</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: Mercy Cancer Center Registry, 2015

American Cancer Society Facts and Figures, 2015
**MERCY CANCER CENTER PRIMARY SITE TABLE: 2015 ANALYTIC CASES**

<table>
<thead>
<tr>
<th>Primary Site (Total # of Cases)</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tongue (13)</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Salivary Glands (3)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Floor of Mouth (2)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Gum &amp; Other Mouth (9)</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Tonsil (9)</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Hypopharnx (2)</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Esophagus (8)</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Stomach (10)</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Small Intestine (2)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Colon Excluding Rectum (63)</td>
<td>38</td>
<td>25</td>
</tr>
<tr>
<td>Rectum &amp; Rectosigmoid (21)</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>Anus, Anal Canal &amp; Anorectum (7)</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Liver &amp; Intraheptic Bile Duct (6)</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Gall Bladder (5)</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Other Biliary (1)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total (984)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Site (Total # of Cases)</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pancreas (13)</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Larynx (14)</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Lung and Bronchus (149)</td>
<td>88</td>
<td>61</td>
</tr>
<tr>
<td>Soft Tissue (3)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Soft Tissue- Including Heart (3)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Melanoma—Skin (43)</td>
<td>22</td>
<td>21</td>
</tr>
<tr>
<td>Other Non-Epithelial Skin (2)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Breast (204)</td>
<td>2</td>
<td>202</td>
</tr>
<tr>
<td>Cervix Uteri (7)</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Corpus &amp; Uterus NOS (45)</td>
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<td>45</td>
</tr>
<tr>
<td>Ovary (18)</td>
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</tr>
<tr>
<td>Vulva (4)</td>
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<td>4</td>
</tr>
<tr>
<td>Prostate (83)</td>
<td>83</td>
<td>0</td>
</tr>
<tr>
<td>Testis (4)</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Urinary Bladder (53)</td>
<td>38</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total (984)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mercy Cancer Center 2015: Top 10 Sites by Gender Distribution**

<table>
<thead>
<tr>
<th>Site</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>0.97%</td>
<td>99.03%</td>
</tr>
<tr>
<td>Bronchus &amp; Lung</td>
<td>2.10%</td>
<td>5.90%</td>
</tr>
<tr>
<td>Prostate Gland</td>
<td>8.93%</td>
<td>91.92%</td>
</tr>
<tr>
<td>Colon</td>
<td>71.70%</td>
<td>28.30%</td>
</tr>
<tr>
<td>Bladder</td>
<td>71.70%</td>
<td>28.30%</td>
</tr>
<tr>
<td>Skin</td>
<td>52.17%</td>
<td>47.83%</td>
</tr>
<tr>
<td>Unknown Primary Site</td>
<td>52.17%</td>
<td>47.83%</td>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>100.00%</td>
<td></td>
</tr>
<tr>
<td>Thyroid Gland</td>
<td>83.78%</td>
<td></td>
</tr>
<tr>
<td>Lymph Nodes</td>
<td>69.70%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Mercy Cancer Center Registry, 2013
Mercy Cancer Center 1998-2015 Cases: Age & Gender Distribution

Source: Mercy Cancer Registry, 2016


Source: Mercy Cancer Registry, 2015

MERCY CANCER CENTER 1998-2015: TOP 5 ANALYTIC CASES BY STAGE

Source: Mercy Cancer Registry, 2015

<table>
<thead>
<tr>
<th>Source</th>
<th>Mercy Cancer Registry, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Stg 0</td>
</tr>
<tr>
<td>Breast</td>
<td>668</td>
</tr>
<tr>
<td>Bronchus &amp; Lung</td>
<td>6</td>
</tr>
<tr>
<td>Prostate Gland</td>
<td>0</td>
</tr>
<tr>
<td>Colon</td>
<td>83</td>
</tr>
<tr>
<td>Bladder</td>
<td>366</td>
</tr>
</tbody>
</table>
To maintain the expertise of our Cancer Center Team, specialized education programs are offered throughout the year. Topics are coordinated by the Cancer Education Subcommittee based on input from the medical staff and the professional staff.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TOPIC</th>
<th>SPEAKER / EDUCATOR</th>
</tr>
</thead>
</table>
| 9/2015     | Oncology 102: Treatment, Staging, Oncology Assessments | Nicole Haines, RN, BSN, OCN  
Self Learn Packet / Mercy Cancer Center |
| 12/2015    | Oncology 103: Safe Handling of Chemotherapeutic Agents | Dianna Ellison, RN, OCN  
Self Learn Packet / Mercy Cancer Center |
| 9/11/15    | Patient-Focused Care in Advanced NSCLC           | Jonathan Dowell, M.D.  
University of Texas Southwestern |
| 9/2015     | Port Competency                                 | Sandra Bunker, RN, IV Team  
Competency Class / Mercy Cancer Center |
| 12/4/15    | Advances in Systemic Therapy Options for Melanoma | Keith T. Flaherty, M.D., ECOG-ACRIN StudyChair, Match Trial  
Massachusetts General Hospital Cancer Center |
| 2015       | Chemotherapy & Biotherapy Provider Course       | Oncology Nursing Society  
Oncology Nursing Requirements |
| 3/2016     | Management & Care of PleurX                     | Nicole Haines, RN, BSN, OCN / Bobbi Freeman, RN, OCN  
Self Learn Packet / Mercy Cancer Center |
| 4/2016     | Radiation Therapy: What Caregivers Need to Know  | Edward J. Walsh, M.D. / Sarah Grabowski, M.D.  
1-Hour Class |
| 6/2016     | Oncology 104: Chemotherapy Administration        | Nicole Haines, RN, BSN, OCN  
Self Learn Packet / Mercy Cancer Center |
| 8/5/16     | Advances in the Diagnosis of Hepatocellular Carcinoma and Related Entities | Lisa Yerian, M.D.  
Cleveland Clinic Lerner College of Medicine |
| 9/2016     | Nursing Takeaways from Tumor Conference         | Dianna Ellison, RN, OCN  
Self Learn Packet / Mercy Cancer Center |
| 10/2016    | Port Competency                                 | Sandra Bunker, RN, IV Team  
Competency Class / Mercy Cancer Center |
| 10/7/16    | New Therapeutic Era in b-Cell Malignancies       | Loretta Nastoupil, M.D.  
The University of Texas MD Anderson Cancer Center |
| 10/28/16   | Informed Decision-Making in Advanced NSCLC       | Corey Langer, M.D.  
University of Pennsylvania |
| 2016       | Chemotherapy & Biotherapy Provider Course       | Oncology Nursing Society  
Oncology Nursing Requirement |

“I had no symptoms but thought I felt something when taking a shower. I had breast cancer and I had a lumpectomy, 6 months of chemotherapy and 6 weeks of radiation. I lost my hair during treatment, but hair does not make the woman. It is not about how you look. Your hair will grow back and your body will return to normal. I made up my mind that I would put my burden in God’s hands. I believe in the strong powers of the Lord. It is very important for people to get their mammograms. I am living testimony that it is important to check your body.”

Linda Campbell,
2015 “Brave & Beautiful” Mercy breast cancer survivor
Mercy Cancer Center’s dedication to those experiencing cancer extends beyond our hospital walls into the community by leading people to better cancer awareness and prevention practices.

**Akron Komen Race for Cure**
Mercy personnel attended this annual 5K race/walk held on August 2, 2015 at Firestone Stadium. A survivor ceremony followed at Firestone Country Club.

**Making Strides for Breast Cancer**
Mercy Cancer Center was a major sponsor of the event held on October 25, 2015 at McKinley High School. Besides our corporate sponsorship, Cancer Center personnel also raised an additional $1,400 for the cause.

**Relay for Life**
Mercy Cancer Center was again a major sponsor of the Canton Relay for Life held on June 6, 2015 and on June 11, 2016 at Jackson High School Stadium. Approximately 150 employees and family members comprised five Mercy teams, raising considerable money for the cause.

**Polar Bear Plunge for American Cancer Society**
Eleven brave Mercy plungers took the challenge and dove into the frigid waters of Atwood Lake in March 2016 to raise money for the American Cancer Society. The Mercy team not only survived, but they raised close to $5,000!

**National Cancer Survivor Day...**
was celebrated with a Cancer Center-sponsored event called Your Future in Focus on June 10, 2015 in Mercy Hall Auditorium from 6:00-8:00PM. The program was free for cancer survivors and their guest. Approximately 100 people attended the event which included refreshments, Lilly Oncology on Canvas Art display, an interactive presentation using photography to help deal with emotions and challenges in life, and a photo booth for participants to capture fun-filled moments with their survivor friends.

**Mercy ANGEL Network**
All women are at risk for breast cancer, but statistics show that although there is a lower incidence of breast cancer in African American women, there is a much higher mortality rate as compared to women of other races. Mercy Cancer Center formulated the ANGEL Network (African American Women Nurturing and Giving Each Other Life) to address this issue. Mercy’s ANGEL Network encourages African American women to take charge of their breast health through early detection programs, access to screenings and education about breast health practices. Now 92 strong, Mercy
ANGELs volunteer their time to be breast health advocates in the community. Known by their bright purple shirts, they join Mercy personnel at health fairs and host breast health events at churches and other venues.

ANGELs work side by side with Cancer Center personnel at community health fairs and educational events. ANGELs also participate in cancer awareness events including Komen Race for the Cure and Relay for Life. They have been instrumental in encouraging African American women to obtain screening mammography and in helping to educate the general public about factors that foster disparities in health care. Mercy ANGELs are extremely important members of the Mercy Cancer Center team and we are incredibly grateful for their part in helping to improve breast health for all people.

**Lilly Oncology on Canvas Art Display**

Mercy Cancer Center hosted a week-long viewing of *Oncology on Canvas*, an exhibit presented by Lilly Oncology, in partnership with the National Coalition for Cancer Survivorship (NCCS). The artwork prints are created by those diagnosed with cancer and their friends, family and caregivers. Employees and the public were invited to view the artwork displayed in the Cancer Center rotunda.

**Survivor Tree of Life**

It is an ever-growing emblem of cancer survivorship. Created in 2010 with the help of a local artist, the wall hanging consists of a tree with symbolic leaves painted by survivors to commemorate their cancer journey. The hanging is portable and periodically moves throughout the Cancer Center for viewing.

**Cancer Survivor Garden**

Mercy Cancer Center, in collaboration with the American Cancer Society, established *Reflections of Hope, A Cancer Survivor Garden* in 2004. Mercy Cancer Center maintains this garden which is located along the walking track at Price Park in North Canton and features plants that bloom throughout the season.

**Giant Colon Display**

Mercy Cancer Center hosted free tours of a giant inflatable colon in May 2016 in an effort to raise awareness and encourage the community to get colorectal cancer screenings. The event was held as part of the 80% by 2018 Campaign which Mercy supports. WHBC’s Ron Ponder Show helped advertise the event by broadcasting live from the event site. Over 400 people visited the colon and learned about the benefit of early detection through screening.
Tobacco Cessation Classes

January 1: 1:1 Sessions x 1
January 22: Open Group
January 29: Open Group
February 2: Open Group
February 9: Open Group
February 16: Open Group
February 23: Open Group
March 1: 1:1 Sessions x 5
April 1: 1:1 Sessions x 4
April 8: Open Group
May 5: Open Group
June 1: 1:1 Sessions x 1
June 2: Open Group
June 9: Open Group
June 16: Open Group
June 23: Open Group
June 30: Open Group
July 7: Open Group
July 14: Open Group
July 21: Open Group
August 3: Open Group
August 10: Open Group
August 17: Open Group
August 24: Open Group
August 31: Open Group
September 1: 1:1 Sessions x 2
September 14: Open Group
September 21: Open Group
September 28: Open Group
October 1: 1:1 Sessions x 4
October 5: Open Group
October 12: Open Group
October 19: Open Group
October 26: Open Group
November 1: 1:1 Sessions x 1
November 2: Open Group
November 9: Open Group
November 16: Open Group
November 23: Open Group
November 30: Open Group
December 7: Open Group
December 14: Open Group
December 21: Open Group
December 28: Open Group
January 1: 1:1 Sessions x 3
January 4: Open Group
January 18: Open Group
January 25: Open Group
February 1: 1:1 Sessions x 4
February 8: Open Group
February 15: Open Group
February 22: Open Group
February 29: Open Group
March 1: 1:1 Sessions x 1
March 7: Open Group
March 14: Open Group
March 21: Open Group
March 28: Open Group
April 1: 1:1 Sessions x 3
April 4: Open Group
April 18: Open Group
April 25: Open Group
May 1: 1:1 Sessions x 2
May 9: Open Group
May 15: Open Group
May 23: Open Group
June 20: Open Group
July 1: 1:1 Sessions x 1
July 11: Open Group
July 18: Open Group
July 25: Open Group
August 1: 1:1 Sessions x 4
August 1: Open Group
August 15: Open Group
August 22: Open Group
August 29: Open Group
September 1: 1:1 Sessions x 4
September 5: Open Group
September 12: Open Group
September 19: Open Group
September 26: Open Group

Tobacco Awareness Programs

November 19: Great American Smoke-Out at Mercy Cafeteria
November: E-Cigarette Newsletter and Website Article
April 1: Smoking Education at High School
April 12: Smoking Education at Elementary School
April 23: Smoking Education to Brothers & Sisters Event at McKinley Grand Hotel

Community Health Fairs

March 12: Head Start Health Fair
March 20: Electra-Cord Health Fair
March 25: Crown Cork & Seal Health Fair
April 22: Mercy Employee Health Fair
April 22: Tremcar USA Health Fair
April 30: Stark County Uninsured Health Fair
May 7: National Health Fair
May 20: Brewster Dairy Health Fair
May 21: Standard Printing Health Fair
June 3: Arizona Health Fair
July 25: Cruisin for Cancer Health Fair
August 20: Farmer’s Market Breast Health Booth
September 4: First Friday Breast Health Education Booth
September 17: Senior Citizens Forum at Cultural Center – Breast Health Booth
October 10: Church of the Lakes Health Fair
October 17: Jackson Township Health Fair
November 7: Canton Rotary Health Fair
December: General Cancer Awareness Month
December: Increase Your Cancer IQ in PULSE – Financial Resources for Cancer Care
April 14: Union Metal Health Fair
April 20: Mercy Employee Health Fair
April 30: Canton Rotary Health Fair
May 4: Senior Wellness Event
August 13: Aleris Rolled Products Health Fair
August 17: United Rolls Health Fair
August 24: Gerber Health Fair
August 27: Cruisin for Cancer Health Booth

Miscellaneous Programs

January: Cervical Cancer Awareness Month and HPV Vaccines
January: Increase Your Cancer IQ – Finding Hope and How the Cancer Center can help
February: Gall Bladder & Bile Duct Cancer Awareness Month
February: Employee Email – National Cancer Prevention Month & 8 Steps to Prevent Cancer
February 16: ANGEL Network Breast Health Update
March: Colon & Kidney Cancer Awareness Month
March: Increase Your Cancer IQ – A Plate Full of Cancer Prevention
March 28: ANGEL Breast Recertification Class
April: Testicular, Head & Neck, Esophageal Cancer Awareness Month
April: Increase Your Cancer IQ – Clinical Trials Awareness
April: Employee Email – How To Do Testicular Self Exams
May: Skin and Brain Cancer Awareness Month
May 18: ANGEL Network Breast Health Update
June: Survivorship Awareness Month
June: Increase Your Cancer IQ – Don’t Fry Day and Skin Cancer Education
July: Sarcoma & Bladder Cancer Awareness Month
July: Increase Your Cancer IQ – How to Find Adequate Support
August: Increase Your Cancer IQ – Chemotherapy & Targeted Therapies for Cancer Treatment
August: General Cancer & GYN Cancer Awareness Month
August 17: ANGEL Breast Health Update
September: Prostate, GYN, Leukemia & Lymphoma Awareness Month
September: Increase Your Cancer IQ – Childhood Cancer Awareness
September 24: Faith in Action at Massillon Rec Center – Breast Education Booth
October: Increase Your Cancer IQ – Can Men Get Breast Cancer?
October: Breast and Liver Cancer Awareness Month
October 6: Volley for the Cure at Perry High School – Breast Health Booth
October 7: Pink Duck Night at Progressive Chevrolet – Breast Health Booth
November: Increase Your Cancer IQ – Stereotactic Body Radiation Therapy
November: Lung & Prostate Cancer Awareness Month
December: Increase Your Cancer IQ – Financial Resources for Cancer Care
January: Cervical Cancer Awareness Month
January: Increase Your Cancer IQ – Don’t Be Scared of Palliative Care
February: National Cancer Prevention Month
February: Increase Your Cancer IQ – National Cancer Prevention Month – Protect the Ones You Love
February 15: ANGEL Breast Health Update
March: Colon & Kidney Cancer Awareness Month
March: Increase Your IQ – Healthy Diet and Colorectal Cancer Prevention
April: Clinical Trials and Testicular, Head & Neck, and Esophageal Cancer Awareness Month
April: Increase Your Cancer IQ – Why Health Claims on Vaping & E-Cigarettes Are a Dangerous Smoke Screen
May: Melanoma and Brain Cancer Awareness Month
May: Increase Your Cancer IQ – Sun Safety – Not Just For Vacation
May 16: ANGEL Breast Health Update
June: Cancer Survivorship Awareness Month
June: Increase Your Cancer IQ – Giant Colon and Screening Tips
July: Increase Your Cancer IQ – Cancer Survivorship including Patient Story
July: Sarcoma and Bladder Cancer Awareness Month
August: Awareness Topic: Mercy Cancer Services
August: Increase Your Cancer IQ – Finding Your Source of Cancer Support with Patient Story
August 15: ANGEL Breast Health Update
September: Prostate, GYN, Leukemia, Lymphoma, Myeloma & Thyroid Cancer Awareness Month
September: Increase Your Cancer IQ – Prostate Cancer and a Physician’s Personal Story After Diagnosis

SPECIAL COMMUNITY EVENTS
January 23: Palliative Care Forum for Community & Legislators
March 6: Dress in Blue Day at Mercy for Colorectal Cancer Awareness
March 16: Prostate & Cervical Cancer Presentation to Community of Life Church
May 18: Well Women Inaugural Summit – Cervical Cancer Presentation
May 26: WHBC Health Matters Radio Show on Cancer Survivorship
May 28: Cancer Survivorship – Lilly Oncology on Canvas Showing
June 10: National Cancer Survivorship Day Celebration – Your Future in Focus
October 7: Breast Cancer 101 at Hendrickson Tractor Trailer
October 26: Faith in Pink Breast Health Event for Minorities at Mercy
February 29: Female-Related Cancers Presentation for Women Rockin Good Health at Walsh University
March 4: Dress in Blue Day at Mercy for Colorectal Cancer Awareness
April 13: Skin Cancer Presentation to Senior Friends
May 13: WHBC Health Matters Radio Show about 80% by 2018 Campaign and Colorectal Cancer
May 20: Giant Colon Display in Parking Lot at Mercy for Employees and Community with WHBC Ron Ponder Show Onsite with Live Broadcast
May 28: ANGEL Morning Brew Breast Health Program at Rehoboth Rivers Living Waters Church
June 1-10: Lilly Oncology on Canvas Art Exhibit by Cancer Survivors displayed at Mercy for Employees and Community
June 3: WHBC Health Matters Radio Show About Cancer Survivorship
July 29: Lunch & Learn About Cancer Screenings & Early Detection at St. Paul’s Square
August 12: Prostate Cancer Presentation at Embassy Suites

CANCER PREVENTION & SCREENING PROGRAMS: 2015 THROUGH SEPTEMBER 2016

<table>
<thead>
<tr>
<th>DATE</th>
<th>EVENT</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 18, 2015</td>
<td>Skin Cancer Screening by Shield Wikas, D.O., Dermatologist</td>
<td>56 individuals screened / 22 abnormal findings</td>
</tr>
<tr>
<td>Oct. 5, 2015</td>
<td>Skin Cancer Screening by Shield Wikas, D.O., Dermatologist</td>
<td>44 individuals screened / 21 recommended for follow-up care</td>
</tr>
<tr>
<td>Nov. 2, 2015</td>
<td>Oral Cancer Screening by Mercy Medical Center Dental Residency Program</td>
<td>17 individuals screened / 14 with negative results / 3 recommended for follow-up</td>
</tr>
<tr>
<td>2015</td>
<td>Free Screening Mammography for Uninsured/Under-insured Women</td>
<td>Provided via grant by Komen for the Cure: 30 mammography screenings performed / 3 screenings required biopsies with 1 LCIS and 2 atypical ductal hyperplasia</td>
</tr>
<tr>
<td>2015</td>
<td>LDCT Lung Cancer Screenings</td>
<td>203 screenings with 8 lung cancers found</td>
</tr>
<tr>
<td>May 5, 2016</td>
<td>Skin Cancer Screening by Shield Wikas, D.O., Dermatologist</td>
<td>64 individuals screened / 32 recommended for follow-up</td>
</tr>
<tr>
<td>2016 - Sept.</td>
<td>Free Screening Mammography for Uninsured/Under-insured Women</td>
<td>Provided via grant by Komen for the Cure: 26 mammography screenings performed YTD/ 1 screening required biopsy with 1 being DCIS</td>
</tr>
<tr>
<td>2016 - Sept.</td>
<td>LDCT Lung Cancer Screenings</td>
<td>213 screenings YTD with 4 lung cancers found</td>
</tr>
</tbody>
</table>
Mercy Cancer Center extends heartfelt thanks to all the donors who help us provide the resources that assist cancer patients and their families.

Thank you for sharing in our mission!

Ms. Kathleen Sickles
Mr. and Mrs. Paul L. Sims III
Mr. and Mrs. Joseph Sirgo
Mr. and Mrs. Dale R. Smith
Ms. Laceon Spears
Stark County Sheriff’s Office
Ted’s Auto Sales, Inc.
The Mustard Man Inc.
Tri-County Hematology & Oncology Association
Edward J. Walsh, M.D.
Mr. Ted Watko
Wayne Savings Community Bank
Ms. Shirley A. Werner
Ms. Patricia J. Winslow
Yoder Collision Depot Inc.
Yoder’s Auto Service
Zorzi Painting

Mrs. Rosalie A. Ballway
Mr. and Mrs. David Baloun
Ms. Tara L. Barker
Mr. and Mrs. Donald S. Beard
Ms. Megan J. Betty
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Ms. Veda A. Harris
Mr. James Heinricher
Mr. and Mrs. Mark Hickey
Ms. Doris Karras
Ms. Joie K. Keele
Kay Kobbe and Geoff Miles
Mr. and Mrs. Lee A. Kramer
Lake Community Federal Credit Union
Ms. Tracey A. Majors
McGuire Machine LLC
Mr. and Mrs. Douglas L. Meister
Mr. and Mrs. Jack D. Miller
Mr. Vaibhav Mittal
MY101.7 Pink Duck promotion
Mrs. Tonya Myers
Ms. Kathleen O’Lone
Ms. Kathleen Ott
Mr. and Mrs. Larry Parks
Mr. and Mrs. Herbert Pfieffer
Ms. Beth A. Phillips
Premier Bank & Trust
Princess House Products
Progressive Chevrolet Company
Mr. and Mrs. John Ramsey
Ms. Elizabeth A. Rettew
Mr. and Mrs. Kenneth E. Ringer
RKL eSolutions LLC
Roaming Gnomes, Inc.
Mr. and Mrs. John E. Ropelewski
Mr. and Mrs. F. Thomas Ryan
Dr. Aida Safar and Dr. Mohamed M. Al Jaberi
Ms. Carolyn Scheetz
Special thanks go to our good friends who hosted successful events that direct proceeds to Mercy Cancer Center to aid in the care of cancer patients in our community...

The 7th Annual Cruisin for Cancer was held on July 30, 2016 at Metzger Park in Louisville. The Cruisin was started 7 years ago by Rhonda & Perry Griffin as a way to give back and pay it forward for other cancer patients. The event had something for everyone including music by a DJ, bake sale, raffle baskets, door prizes, food and of course...... really cool cars! The event in 2016 marks the third year that the Stark County Sheriff’s Office, under the lead of Sheriff George T. Maier and Deputy Chris Newman, has spearheaded a campaign to raise money in association with the Cruisin. Their efforts are also phenomenal including their newest edition of a bright pink Sheriff’s department cruiser! A presentation was held on September 14, 2016 at which a check for $11,000 was given to Mercy Cancer Center and Breast Center. This latest deposit brings the total donations from this event to $50,073 over the 7 years it has been held. We are extremely grateful to Rhonda, Perry, their family and friends, and the Stark County Sheriff’s Office for their tremendous support!

Haute Route Bike Challenge was the second such undertaking of Mercy IT specialist Chris Christian. In 2014, Chris biked 2,014 kilometers on his Tour de Mercy through Italy and France to raise awareness about cancer and to raise funds for our cancer center. His newest adventure was Haute Route Mercy which was an 800-kilometer endurance road bike challenge consisting of seven stages of very difficult mountain climbs over seven days. The event started in France on August 28, 2016 and ended in Switzerland on September 3, 2016. Chris took on this challenge because cancer has touched almost every part of his life, affecting many friends and family members. He hopes this effort — which pushed him to his limits — will benefit people in our community pushed to their limits by cancer. Mercy Cancer Center employees and physicians are extremely grateful for Chris’ efforts. He truly is a champion for cancer patients!
Radiation Therapy

Mercy Radiation Therapy offers state-of-the-art technology in a comfortable and bright setting. The Center is staffed by two full-time radiation oncologists who work in partnership with a physicist, dosimetrists and radiation therapists to deliver a variety of radiation therapies. Registered nurses and a medical assistant are dedicated to care of radiation patients also. The department is technologically advanced with a Varian Medical Systems TrueBeam Linear Accelerator, TomoTherapy, Record & Verify, image-guided radiation therapy treatments and a 16-slice wide bore Philips CT simulator that can accommodate patients up to 650 pounds. Referrals can be made by calling 330-489-1278.

Outpatient Infusion Center

Mercy Outpatient Infusion Center is located just steps away from the Cancer Center entrance with dedicated parking or valet service available. The Infusion Center has 14 beds and is designed to offer patient privacy with each cubicle providing a comfortable treatment recliner and a television. Staffed with oncology-certified registered nurses, the Outpatient Infusion Center is open Monday - Friday from 8:00 a.m to 4:00 p.m. Treatments ordered by a physician can easily be scheduled by contacting the Central Scheduling Office at 330-489-1300.

Inpatient Oncology Unit

The Inpatient Oncology Unit is a 17-bed area that cares for patients admitted for chemotherapy, symptom management, testing and diagnosis, oncologic emergencies, radium implants, inpatient hospice and end-of-life care. The unit additionally is the designated area for inpatient palliative patients as space permits. Specially trained oncology nurses work with an interdisciplinary team of physicians, nurses, dieticians, pastoral care, social workers, discharge planners and therapy personnel that focus on the needs of both the patient and family. The unit offers flexible visiting hours with comfortable sleep chairs for family members of critically ill patients.
Diagnostic Imaging

Staffed by 12 Board Certified Radiologists with many subspecialties including musculoskeletal, cardiac and neuro, Mercy offers an advanced array of imaging tests utilized in the diagnosis of cancer including:

- Nine (9) Computed Tomography Units (CT) – including 64-slice cardiac CT scanner
- The only in-house PET/CT in Stark County
- Ultrasound with the latest advanced software
- Two (2) High Field Magnetic Resonance Imaging (MRI) Scanners plus 1 open bore MRI scanner for claustrophobic or obese patient comfort.
- New wide bore 1.5 Tesla high field MRI Scanner which will accommodate patients up to 450 pounds. This scanner has the capability of doing MRI-guided breast biopsies.
- Nuclear Medicine Scanners with latest software upgrades
- Two (2) new 3D Tomosynthesis Mammography Units

Interventional Radiology

Mercy Interventional Radiology Services provide a wide array of interventions to assist physicians in the diagnosis and treatment of cancer patients. Services include gastrointestinal, musculoskeletal, venous, arterial, hemodialysis, gynecologic and urinary interventions. Other interventions include oncologic biopsies and drainage, venous access and image-guided tumor ablations.

Clinical Laboratory & Pathology

The Department of Pathology & Laboratory Medicine is a full-service laboratory equipped with state-of-the-art instrumentation that provides rapid results to physicians. The Anatomic Pathology section offers routine testing and many special stains and immuno-histo chemical stains on-site to assist in differentiation of disease states and to identify the primary site of metastatic carcinomas. The Laboratory is under the direction of Aida Safar, M.D., Medical Director and includes pathologists Brooks Bolyard, M.D., Khatib Jafri, M.D. and Francisco Paras, Jr., M.D. The Department was the first Laboratory in Northeast Ohio to receive the CAP 15189 accreditation. The Department is also accredited by the College of American Pathologists and the American Association of Blood Banks. Recently, the Microbiology section introduced PCR/Molecular testing for many viral and bacterial pathogens which expedites treatment for patients.
Surgical Services

Mercy Surgical Services offers advanced technology and 15 state-of-the-art surgical suites that are staffed by a highly trained surgical team and board certified anesthesiologists. The Center incorporates the latest equipment, such as Neoprobe gamma technology accurately pinpointing targeted tissue for removal, employs two daVinci Robotic Surgical Systems, and utilizes the most up to date techniques for specific regions/procedures of the body. The Surgery Center is located in the same building as the Cancer Center with convenient patient access and designated parking.

Pain Management

Mercy Pain Management offers a wide variety of treatment options to minimize or eliminate cancer pain. Two pain specialists, David Gutlove, M.D. and Jamesetta Lewis, D.O. provide care along Beth Canfield, MSN, ACNS-BC and Jennifer Fautas, MSN, ACNS-BC. The department is conveniently located in the same building of the Cancer Center. Referrals can be arranged by calling 330-489-1478.

Palliative Care

The interdisciplinary palliative care team consisting of a physician, certified nurse practitioner, nurses, social workers, dieticians and chaplains focuses on relieving suffering, controlling symptoms, providing spiritual and psychosocial support and achieving optimal quality of life for patients with chronic or life-threatening diseases. Palliative care is different from Hospice in that there are no restrictions on eligibility regarding life expectancy or continuation of aggressive medical treatment. The team strives to improve communication between patients/families and health care providers and to improve patient/family/physician support. For more information, contact the Mercy Palliative Care at 330-203-3228.
Hospice

Mercy Hospice is a community-based Hospice that has a commendable reputation in quality, continuity and compassionate care. Mercy Hospice provides 24/7 care to terminally ill patients and their families in Stark and surrounding counties. Our interdisciplinary team of caring, professional staff and volunteers specialize in physical, emotional, social and spiritual needs of our patients, their families and friends. Bereavement services are available up to one year after the death of a loved one. Mercy Hospice provides medications, medical equipment, biologicals, ancillaries and medical supplies related to the terminal diagnosis. For more information or to initiate a hospice referral, contact Mercy Hospice at 234-203-3223.

Mercy Boutique

The Boutique is a retail shop located in the Mercy Cancer Center that offers a wide range of products for cancer patients including wigs, mastectomy bras, breast prostheses, lymphedema products, skin care products and cancer awareness items. Certified fitters are on staff. The Boutique is open Monday through Friday with additional hours by appointment. Call 330-456-9930.

Pastoral Care

A broad array of services and programs are provided by chaplains who are certified by the Board of Chaplaincy Certification, Inc., an affiliate of the Association of Professional Chaplains or the National Association of Catholic Chaplains. Seeds of Hope, a free 8-week bereavement support group is available with day and evening sessions. For more information, contact 330-489-1143.

“My cancer journey started at the age of 19 with a diagnosis of Hodgkins disease followed by breast cancer 25 years later. Seven years later, at age 51, I was diagnosed with breast cancer again. Still, I consider myself luckier than some. I’m OK. I’ve got my dad, my brothers, my morkie named Woody Hayes and more friends than I ever thought I could ever find. I’m the kind of person who goes to chemotherapy treatments and then to work afterwards. I don’t like to be slowed down. I love these guys at Mercy. My physicians made me feel so comfortable.”

Laura Weisgarber,
2015 “Brave & Beautiful” Mercy breast cancer survivor
The Cancer Registry was established in 1983 and is under the supervision of the Cancer Committee. The Registry collects all data on cancer diagnosed and/or treated at Mercy Medical Center. All statistical information is available to hospital employees and medical staff for research, quality improvement, educational evaluation, program development and in determining allocation of hospital resources and staffing.

During 2015, the Cancer Registry completed 1,079 newly diagnosed cancer abstracts, 984 analytic cases and 95 non-analytic cases, with 448 (45.53%) male patients and 536 (54.47%) female patients. Ninety-four percent of the cases were Caucasian and 5% African American.

The Cancer Registry submits all eligible cases to the Ohio Cancer Incidence Surveillance System (OCISS) through the Ohio Department of Health. Collection and maintenance of accurate data continues to be achieved through our affiliation with ELEKTA/METRIQ Oncology Data Management System. The Cancer Registry continues to be compliant with the American College of Surgeons guidelines for approved Cancer Programs.

Support from administration, the Departments of Pathology and Radiology, and our medical staff enables the Cancer Center to continue our bi-monthly Breast Conferences, bi-monthly Lung Conferences, and our weekly General Cancer Conferences. We successfully presented 277 prospective cases through the combination of all our cancer conferences.

Respectfully submitted,

Carol A. Mulheim, CTR
Breast Care Center

Mercy Breast Care Center offers comprehensive screening and diagnostic services through a coordinated approach of an interdisciplinary team of radiologists, surgeons, pathologists, nurses and technologists. The Breast Center offers screening and diagnostic mammography, including digital mammography and 3D breast tomosynthesis. Other technologies include ultrasound, ultrasound-guided biopsy, needle localizations, stereotactic core biopsy, breast MRI and MRI-guided breast biopsies. The Breast Center has 6 convenient locations including the main campus, Alliance, Carrollton, Jackson, Louisville, Massillon and North Canton plus a mobile van that offers both digital mammography and tomosynthesis. For an appointment, contact our Breast Imaging schedulers at 330-489-1493. Mercy Breast Care Center is staffed by board certified radiologists who specialize in mammography. Mercy is one of an elite number of facilities to earn the Breast Center of Excellence Award by the American College of Radiology. A full-time Breast Nurse Navigator offers individualized support and education to patients and families. Specialized Breast Pathology Conferences are conducted bi-weekly to review breast cancer cases and discuss the best treatment options. A Breast Surgery Education Class is provided for patients undergoing breast surgery for cancer. For more information, you can contact 330-580-4727.

Plastic and Reconstructive Surgery

Plastic surgery and reconstructive surgery have the power to repair, to restore and to renew your body’s form and function. If you’ve been diagnosed with cancer, Mercy Plastic Surgery can offer you hope and healing. Michael P. McCormack, D.O., Mercy’s experienced, fellowship-trained and board-certified plastic surgeon, uses today’s most advanced surgical techniques. He specializes in reconstructive surgery, including breast reconstruction, treatment of skin cancer and other skin lesions, wound care and general reconstruction for any other cancer related problems.

Lung Care Center

Mercy Lung Center provides an innovative approach to improving outcomes of patients with lung cancer. The Lung Team provides a multidisciplinary approach to care and includes pulmonologists, medical oncologists, pathologists, thoracic surgeons, radiologists, radiation oncologists and a dedicated Lung Nurse Navigator. For referrals or information, call 330-458-4214.

CT Lung Screening: Mercy offers low dose Lung CT for individuals considered high risk for developing lung cancer. Lung cancer kills 159,480 people annually in the US – a tragically high death rate often due to late-stage diagnosis. In Stark, Tuscarawas, Carroll, Holmes & Wayne Counties alone, we average approximately 500 new lung cancer cases per year. Mercy Lung Center has performed over 416 LDCT lung screening exams during 2015 through September 2016 with 12 lung
cancers diagnosed. Determination of high risk eligibility is defined by CMS guidelines and includes patients between the ages of 55-77 and asymptomatic who are current smokers or who have stopped smoking within the last 15 years. Our Lung Team is expert at evaluating these screenings and guiding patients in decision-making. Early detection can save lives so if you think you may be high risk, contact us at 330-458-4214 for more information.

Our Physician Specialists

Mercy Cancer Center is proud to be affiliated with an elite group of physicians who specialize in the treatment of cancer. Our team includes medical oncologists, radiation oncologists, radiologists, pathologists, surgeons, pulmonologists, palliative/hospice practitioners and others. Physicians are board certified in their specialties and work collaboratively in the care of cancer patients.
Cancer Nurse Navigators

Cancer Nurse Navigators are available to assist patients and families through their cancer journey. One part medical guidance, one part cheerleader, one part organizer - these oncology nurses are available to assist patients and families through the cancer maze. If you are facing a cancer diagnosis, ask your physician to make a referral to the Cancer Nurse Navigators or contact a Navigator yourself and we’ll facilitate the communication with your physician. Cancer Nurse Navigators will work with you and your physicians to:

- Help you understand your diagnosis and treatment options
- Coordinate your tests and medical appointments
- Identify additional needs you may have as you go through your treatment
- Connect you to resources to help maintain your quality of life
- Provide the knowledge you need to make well-informed decisions
- Provide emotional support and assistance for you and your caregivers
- Address and assist you with financial concerns related to cancer care

Contact one of the Mercy Cancer Nurse Navigators for any of your needs.

Cancer Survivor Services

The National Coalition for Cancer Survivorship (NCCS) defines a cancer survivor as “an individual from the time of diagnosis through the balance of his or her life. Family members, friends, and caregivers are also impacted by the survivorship experience and are therefore included in this definition.” Mercy Cancer Center recognizes that your journey with cancer is personal and so too is your journey as a survivor. Mercy Cancer Center has developed extensive survivor programming that includes an array of supportive services and educational offerings to help cancer survivors and their loved ones. Services include educational programming, one-on-one assistance, and intermittent community events. More importantly, Cancer Nurse Navigators are available to support you as you begin your “new normal.” One of the ways your Navigator may help reassure you that you are doing well post-treatment is to make sure you have access to a Survivorship Care Plan. This document is a summary of the treatment you had and is also a surveillance guide, reminding you and your doctors what symptoms to watch for and what routine monitoring you will need. The care plan...
is reassuring because it reminds you that you are not simply waiting. You are fighting your cancer, but you are fighting it differently. Now, you are pursuing a healthy lifestyle and focusing on recovery. These steps are just as important now as chemotherapy, radiation, and surgery were when your cancer journey began. For more information about cancer survivor services, call one of the Cancer Nurse Navigators listed.

Cancer Research

Clinical research trials answer specific questions about new ways to improve cancer care and to assess the safety and efficacy of new approaches to prevent, detect, diagnose and treat cancer. Standard cancer treatments used today are the direct result of clinical trials of the past. Often, enrollment in a clinical trial can provide access to newer drugs that might not otherwise be available for the treatment of certain cancers. Other trials utilize currently available drugs in different regimes that appear more promising than standard therapy. Mercy Cancer Center participates in national cancer research through its affiliation with CTSU, NRG Oncology and ECOG-ACRIN Cancer Research Group. Additionally, numerous pharmaceutical sponsored clinical trials are also available. To learn more about clinical trials, call Joan Edwards, RN, OCN at 330-489-1274 or Jane Westfall, RN, BSN, OCN at 330-588-4589.

Complementary Medicine

Complementary therapies are offered free or very low cost to cancer patients and their caregivers to help reduce anxiety, relieve symptoms, ease treatment side effects and improve quality of life. A monthly calendar of offerings is available that includes massage, reiki, guided imagery and other therapies. For more information, call 330-430-2788.

Cancer Support Groups

Cancer Support Group meetings are held monthly on the second Thursday from 6:00 p.m. – 8:00 p.m. and are open to cancer patients, family and friends. Breast Cancer Support Group meets monthly on the second Monday from 6:00 p.m. - 7:30 p.m. Both groups meet in the Cancer Resource Library. For more information, call 330-430-2788.
Cancer Resource Library

Provides free literature and brochures regarding cancer issues. Books, relaxation tapes and DVDs are available for lending. Open Monday-Friday from 8:00 a.m. - 4:30 p.m. or by appointment.

Cancer Well-Fit

Current research links physical activity with improved quality of life in cancer patients undergoing active treatment, especially with fatigue and physical functioning. Cancer Well-Fit is an exercise program designed for cancer patients and monitored by trained fitness experts. For more information call 330-966-8997.

Lymphedema Management

Consultations and referrals can be arranged with a physician’s order by calling 330-489-1135.

Look Good, Feel Better

Mercy Cancer Center facilitates this program which teaches beauty techniques to women undergoing active cancer treatment to help combat appearance-related side effects. The program is offered both in the morning and evening for patient convenience. Classes are from 10:00 a.m.-12 noon on the second Monday every other month beginning in January. Evening classes are offered from 6:00 p.m.-8:00 p.m. on the third Monday of every other month beginning in February. To register, call 330-490-2788.

“I discovered a lump myself in June 2014 that came back inconclusive so I was sent for a mammogram and they actually found a different lump. When they told me that I had breast cancer….I kind of felt like that lump was a blessing from God. I wasn’t 40 yet and therefore wasn’t due to have a mammogram. Without that mammogram, that second lump wouldn’t have been discovered until who knows when. I’ve had two mastectomies, six rounds of chemo, 33 rounds of radiation, and reconstructive surgery. I would encourage young women to be proactive and do self exams. The moment you get your diagnosis, you feel like the world is spinning around you and you’re alone. But then you realize that there’s a whole sisterhood around you, a whole world wanting to help you. There’s a whole world wanting you to win.”

Despina Paxos-Morgan, 2015 “Brave & Beautiful” Mercy breast cancer survivor
Breast cancer is the most common cancer amongst American women with the exception of basal and squamous cell skin cancers, with an incidence of about 1 in 8 or 12%. This incidence in both Ohio and the country has been fairly stable over the years from 2003 to 2013, although the incidence has increased slightly in black women (0.3%). Prior to 2000, breast cancer incidence had been steadily increasing for two decades and then we saw a significant drop in the years 2002-2003. Part of this decline is felt to be the result of a reduction in use of estrogen for menopausal women after the Women’s Health Initiative study results were published showing an increased risk of breast cancer and heart disease with use of hormone therapy. It is estimated that there will be 246,660 new female breast cancers and 2,600 new male breast cancers in the US in 2016. Fourteen percent of Ohio’s 66,020 estimated new cancers in 2016 will be female breast cancers. There are an additional 61,000 noninvasive breast cancers expected in the country this year as well.

Breast cancer is the second leading cause of cancer death in women. About 40,450 women will die from breast cancer in the US in 2016. Another 440 men will also die from breast cancer. The risk of a woman dying from breast cancer is about 3% or 1 in 36. Death rates from breast cancer have been declining about 2% per year since about 1989, with the largest decline in women under 50. These decreases are believed to be the result of finding breast cancers earlier with screening, the use of estrogen blockade to prevent breast cancer in high risk women, and the availability of better treatments. In Ohio the mortality rates due to female breast cancer have decreased from 27.1 to 22.7 per 100,000 between 2004 and 2013, a 16% improvement.

Many risk factors for breast cancer are not modifiable. Female gender and aging are the biggest risk factors. Family history of breast or ovarian cancer or presence of breast cancer susceptibility genes such as BRCA 1 & 2, substantially increase risk. A history of benign breast disease, i.e. atypical hyperplasia or noninvasive breast cancer such
as DCIS or LCIS, increases the risk of developing invasive breast cancer. Other factors that increase risk include the early onset of menarche or late menopause, use of oral contraceptives, first childbirth after age 30, and nulliparity, i.e. never having children.

Modifiable risks for breast cancer include significant weight gain between age 18 and menopause or obesity after menopause, use of menopausal combined estrogen/progesterin hormone therapy, and lack of exercise. Fat produces estrogen, hence obese women have higher estrogen levels. Alcohol consumption can also increase estrogen levels and thus increases the risk as well.

Screening with mammography is crucial for early detection of breast cancer. The 5-year survival rate for early stage small localized breast cancers without spread to lymph nodes is 99%. This number falls as tumors get larger and spread to lymph nodes or to other parts of the body. Current American Cancer Society mammography screening guidelines for women at average risk of breast cancer recommend discussion and potential annual mammography for women aged 40-44, annual mammography for women 45-54, and yearly or every other year mammograms for women over 55. Women at higher risk often start screening at a younger age and may be offered annual breast MRI as well. Across the United States, 80% of women over 40 report they get their mammograms every 1-2 years. In Ohio 72.2% of women over 40 get their mammograms, ranking Ohio 30th of 50 states.

Last year at Mercy Medical Center we had 204 cases of breast cancer diagnosed. Twenty percent (20%) of these cases were noninvasive cancers or Stage 0. About 45% were Stage I localized cancers with good prognosis. Another 31% were Stage II and III where long term survival is still good for many women with appropriate therapy. Comparatively, the National Cancer Database (NCDB) showed 2013 national breast cancer data by stage at diagnosis with a distribution of 21% at Stage 0, 42% Stage I, 32% Stage II & III. Ohio 2013 breast cancer data by stage as reported from the NCDB was 18% Stage 0, 43% Stage I, and 33% Stage II & III. This 2013 data was the most recent data available at this time from the NCDB.

As stage increases, the treatment intensity increases and the potential for long term survival decreases; so early detection is important. Five-year survival with localized node negative breast cancer is 98.8% as opposed to 85% with spread to lymph nodes or skin. Mercy Cancer Center is committed to encouraging compliance with screening mammography recommendations for all women in our community. We have been able to provide many uninsured/underinsured women with free diagnostic services through funding from grants by Susan G. Komen Northeast Ohio. Our Breast Center also works with the Pink Ribbon program to help uninsured women access cancer screening and treatment. The Mercy ANGEL Network, an inspired group of African American women, also assists by advocating for early detection throughout our community. Lastly, Mercy is now reaching even more women by providing mobile mammography screenings in underserved neighborhoods as well.

Breast Cancer: Stage at Diagnosis (Mercy vs. NCDB National)

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Source: National Cancer Database, 2009 - 2013

From an oncology standpoint, treatment of breast cancer has to be tailored to tumor stage and biology, hormone receptor status (ER/PR), and the patient’s age, menopausal status and medical comorbidity. Tumor stage is determined by surgical resection and appropriate radiological studies. Surgical
management is usually completed before other therapies. Early stage ER/PR positive tumors can often be treated using radiation and estrogen blockade such as tamoxifen or aromatase inhibitors. Use of Oncotype testing that utilizes PCR technology to assess genes within a breast tumor can predict 5-year risk of distant recurrence and the likelihood of benefit of adding chemotherapy to a patient’s treatment for stage I and II cancers. It has allowed us to avoid use of chemotherapy in many women who were previously treated for a very small benefit.

Chemotherapy is typically used to reduce the risk of recurrent breast cancer in women with ER/PR negative tumors, larger tumors or tumors with spread to lymph nodes. Radiation therapy is added to assure local control of disease in patients who have lumpectomies and for larger and node positive stage III tumors even after mastectomy.

In the last couple of years, the most significant advances in treatment have been made in hormone receptor positive and HER-2 positive breast cancers. Perjeta and Kadcyla are new anti-Her2 drugs that have improved progression-free and overall survival respectively in metastatic Her2+ breast cancers, while causing very little toxicity. Both are being evaluated as to whether they may contribute in treatment of earlier stage cancers. Everolimus and palbociclib are new targeted agents that have doubled progression-free survival in metastatic receptor positive breast cancers when added to standard estrogen blockade.

These agents have become available because hundreds of patients have participated in clinical trials across the country and world to assess their efficacy and tolerance. Mercy Cancer Center has an active Clinical Trials Program with access to national cooperative group trials and pharmaceutical company sponsored trials. Research staff is available in the offices of our local oncologists to provide easier patient access and education.

Mercy Cancer Center strives to provide state-of-the-art, coordinated multidisciplinary care to all of our breast cancer patients. A Breast Pathology Conference meets twice monthly at which every new breast cancer is presented and discussed by a group of physicians representing radiology, pathology, surgery, oncology, radiation therapy and plastic surgery. Our Nurse Research Coordinators are also in attendance. A dedicated Breast Nurse Navigator helps to coordinate and direct patients through our system from the time they need a biopsy through treatment. Our Cancer Center staff provides Survivorship Plans to patients after they complete their therapy that summarize their diagnosis, stage, and treatment and include follow-up recommendations. We also offer complementary services such as massage, reiki and other therapies at low cost to help our patients cope with the stress of their illness during and after treatment.

Every member of our Mercy Cancer Center team is committed to providing a high level of multidisciplinary care that allows patients to stay in our community throughout their cancer journey.

Breast Cancer: Top Histology Types (Mercy vs. NCDB National)
Breast cancer remains the most commonly diagnosed cancer in American women besides skin cancers. One in eight women will be diagnosed with breast cancer in their lifetime. Although there will be an estimated 246,660 new invasive breast cancer diagnosed in 2016, there has been a steady decrease in the death rates from the disease since 1989, especially in women under age 50. This decline is attributed to both improvements in treatment and through early detection.

Unfortunately, disparity still exists with regards to mortality between black and white women with breast cancer. Here at Mercy Cancer Center, we strive to alter this disparity by reaching out to the African American community through our ANGEL Network (African American Women Nurturing and Giving Each Other Life). These 75 plus trained volunteer breast advocates focus on reducing the number of breast cancer deaths through early detection programs, screening access and breast health education. As a result, we are seeing more African American women coming in for their mammograms and this is a real testament to the efforts of our ANGEL volunteers. Together we are working together to reduce breast cancer deaths in our community.

We know that early detection is key to finding breast cancer when it is at its earliest stage and most curable. Mercy Cancer Center offers all of the latest cutting edge screening technologies in that attempt at early diagnosis. These modalities include digital mammography, high quality ultrasonography and breast MRI. The latest addition is 3-D digital breast tomosynthesis, which is different from traditional mammography much in the same way a ball is different than a circle. One is 3-dimensional, where the other is flat. By scanning the breast with multiple images, we are able to find lesions that might have been hidden in overlapping tissue on conventional mammograms. This is especially helpful in women with dense breast tissue.

Today, women found to have abnormalities at screening requiring biopsy have many options. Most can be done utilizing minimally invasive techniques that result in less discomfort, less disability and lower cost. These include core needle biopsy using ultrasound guidance, stereotactic vacuum-assisted core biopsy and even MRI-guided needle biopsy for particularly difficult lesions. Open surgical biopsy can now be reserved for specific indications saving many women multiple trips to the operating room. This is all facilitated by close cooperation between our radiologists and surgeons. On average, 84% of patients at Mercy Cancer Center receive core needle biopsies. Surgery still remains the primary treatment for most people diagnosed with breast cancer. Most women have choices in how to treat their breast cancer. The majority can be treated with lumpectomy followed by radiation therapy, with this mode of treatment having equivalent survival to...
complete mastectomy. The Mercy Breast Team understands that this is a very personal decision and so we strive to provide the information that patients need to make good decisions. Most of our breast cancer cases are presented at a multidisciplinary conference where our breast surgeons, plastic surgeons, radiologists, pathologists, medical oncologists and radiation oncologists discuss each case and try to arrive at consensus regarding the optimal available treatment options. Options can range from simple lumpectomy to mastectomy with plastic surgical reconstruction to even recommending preoperative or neoadjuvant chemotherapy.

In addition to treating the disease locally in the breast, an additional role of surgery is to provide staging information, especially regarding axillary lymph node involvement. Great strides have been made in our management of these nodes. In the past, we would remove all of the nodes under the arm on the involved side. However, we now understand that two-thirds of women have normal nodes and don’t need to have them removed. Through the coordinated efforts of our surgeons, radiologists and pathologists, sentinel node biopsy allows us to sample only a few nodes in most patients, thus reducing risks of lymphedema (swelling of the arm) and also decreasing hospital stays and postoperative discomfort. Even some women with minimal nodal involvement receiving lumpectomy with radiation, no longer require complete axillary lymph node dissection. This can now be reserved for only those who truly need it.

Even our use of postoperative chemotherapy can now be individualized and reserved for only those who can truly expect to benefit from it. Several testing modalities now exist that look at the genetic make-up of a tumor and predict the risk of a cancer recurring. This has gone a long way in helping us guide and advise women with early stage, estrogen positive tumors.

Finally, our Breast Cancer Program at Mercy Cancer Center would be a mere shadow of itself without our outstanding Nurse Navigator Program. Following patients from the moment an abnormal imaging study is identified, our Navigation Program assures that every patient is appropriately directed through the biopsy process and then, if diagnosed with cancer, given education as to what to expect at the time of surgery and postoperatively.

Our Navigation Program assures that every patient is appropriately directed through the biopsy process and then, if diagnosed with cancer, given education as to what to expect at the time of surgery and postoperatively.

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**NCDB CP³R Data:**

Breast conservation surgery rate for women with AJCC clinical stage 0, I or II breast cancer

Source: American College of Surgeons Cancer Program Practice Profile Reports (CP³R), 2013 (Most recent data available)
Groups, complementary therapies, cancer survivorship programs and the Mercy Boutique, where our patients can find trained, compassionate staff to assist in restoring normalcy to life after cancer.

Everyone at Mercy Cancer Center is proud to be an accredited Comprehensive Community Cancer Center by the Commission on Cancer (CoC) of the American College of Surgeons, who also awarded us our third consecutive Outstanding Achievement Award for Excellence in cancer care, an honor fewer than 15% of cancer programs in the United States attain. By working together as a team of surgeons, plastic surgeons, radiologists, pathologists, medical oncologists and radiation oncologists in conjunction with our nursing colleagues, we are committed to offering the best possible care and outcomes for the patients and families we serve.

“At age 60, I learned I had breast cancer. Cancer punches a hole in your life for a whole year. I thought, they’ll take it out and zap it and I’ll just move on. What an education. I had a lumpectomy, 6 chemo treatments, and 33 radiation treatments. I had a lot of support from my husband, family, friends, coworkers and the team of physicians and staff at Mercy. I didn’t want to be known as ‘Ellyn with…’ All I can say is to try to live your life as normally as you possibly can. I was so thankful I was able to work. Even if I had a bad day, I was so thankful. Everyone at Mercy was wonderful. They made you feel like there’s light at the end of the tunnel.”

Ellyn Robinson, 2015 “Brave & Beautiful” Mercy breast cancer survivor
Breast cancer, as with many cancers today, is best treated with a multidisciplinary approach. This includes treating not only the physical disease, but the psychological and emotional impact on the patient as well. Today, more women are having reconstruction after mastectomy than they were 15 years ago. The plastic surgeon plays an important role from the time of diagnosis through the completion of reconstruction and beyond. Even patients who choose breast conservation therapy could potentially require a plastic surgeon, for either an oncoplastic reduction approach to the partial mastectomy, or for the correction of a lumpectomy defect. Needless to say, the importance of the breast and the feminine form for the female breast cancer patient’s overall wellbeing is a much better appreciated part of the treatment plan in this day and age.

The main goal in any reconstructive plan is to create a symmetric and natural appearing breast in a bra and clothing. Just as there are multiple surgical treatment approaches to breast cancer, there are also multiple types of reconstructive options, and every patient’s reconstructive approach is unique. Different areas that are discussed at the initial consultation are the timing of the reconstruction, the type of reconstruction, and related procedures. Most breast reconstructive procedures are performed on an immediate basis, meaning the reconstructive process is at least started immediately after the mastectomy under the same anesthetic. This has the benefit of combining operating time and recovery time, and typically allows for a better cosmetic outcome. Rarely, based on either the type of tumor, patient’s comorbidities, or patient preference, is the reconstruction performed on a delayed basis, or after the mastectomy and all adjuvant treatment is complete.

The two main types of reconstructive procedures are tissue-based and implant-based. Tissue-based procedures use the patient’s own tissues to reconstruct the breast. These techniques utilize a flap, or a combination of tissues that utilize the same blood supply and are transferred from one part of the body to another. In this case, the flap is typically composed of skin, the fatty layer under the skin, and the underlying muscle (which carries the main blood vessel). These techniques have the benefit of sometimes not requiring a prosthetic implant and are at times completed in one procedure. On the other hand, these are typically longer and more complex procedures, with a longer and more difficult recovery, and potential for donor site complications. A subset of the flap procedures are free flaps. These procedures employ microvascular techniques to transfer the donor tissue by completely detaching it from its main blood supply and sewing the small perforating vessels that branch from the main vessel directly into an accepting vessel in the chest. Free flaps can decrease the morbidity at the donor site by leaving most or all of the muscle in its anatomic position and performing its intended function. There is a strict patient criteria for these procedures, however, and they do come with their own unique set of potential complications.

The other main type of breast reconstruction is implant-based, which uses a breast implant, or a tissue expander and then an implant, to reconstruct the breast. These
techniques have become increasingly popular over the past several years, likely due to improvements in technique and breast implants, leading to better outcomes. Typically, a pocket is created under the pectoralis major muscle on the chest, and either a silicone implant or a tissue expander is placed into the pocket. One improvement is the utilization of a human dermal matrix graft, which has taken the place of other muscles that were traditionally used to cover the inferior aspect of the implant. It allows the surgeon to have better control over the position and shape of the pocket, is incorporated by the patient's body, and decreases the incidence of certain potential complications, including infection and implant-related problems. It ultimately allows for a better cosmetic outcome. The implant-based procedures are typically shorter than the tissue-based, and have a shorter and less difficult recovery. However, most of the time, multiple procedures are required to achieve the final result.

Oncoplastic surgery combines oncologic tumor resection with traditional or innovative plastic surgical techniques to achieve local surgical tumor control and a better cosmetic outcome. The most common oncoplastic approach combines a lumpectomy with breast reduction in the breast cancer patient with mammary hypertrophy. This widens the indications for breast conservation and provides this patient population with multiple benefits, including improving the effectiveness of radiation therapy, relieving back and neck pain, and decreasing the potential for complications. The lumpectomy specimen is typically larger in an oncoplastic reduction than a traditional lumpectomy, which decreases the incidence of positive margins and need for re-operation. Oncoplastic techniques can also be employed to correct breast deformities, which sometimes occur after lumpectomy and radiation.

There are a host of related procedures in breast reconstruction, including revision, symmetry procedures and nipple reconstruction. Revision procedures are often necessary to achieve the final result, regardless of which primary reconstructive technique is employed. For example, a flap may require liposuction to correct a contour deformity, or an implant reconstruction may require fat grafting or transfer to fill a defect or hollowed area. Revision procedures are highly individualized to each patient. Although the incidence of bilateral and prophylactic mastectomy is increasing, the majority are unilateral. Most of the time, a symmetry procedure on the contralateral breast is necessary. Symmetry procedures include breast augmentation, reduction, or lift, and are often performed in conjunction with either the initial procedure or during placement of the permanent implant. Nipple reconstruction and/or areola tattoo techniques can give the patient who desires a sense of completeness to the reconstruction, although the surgical nipple has no properties of the native nipple. About half of reconstruction patients have a nipple reconstruction or tattoo, whereas the other half feel whole and complete without.

As evidenced by the wide range of procedures discussed above, breast reconstruction is a dynamic field which can be incorporated into many breast cancer treatment plans today. Maintaining a sense of femininity and self throughout the difficult journey through breast cancer treatment can give patients peace of mind. Also, providing piece of mind is the Women's Health and Cancer Rights Act. This federal law, passed in 1998, requires insurance providers to cover breast reconstruction and all related procedures. In today's multidisciplinary approach to breast cancer, the plastic surgeon is a valued member of the team, providing care to the patient from the time of diagnosis throughout treatment and beyond.
Resources for Patients, Families and Physicians

**Administrative Director, Cancer Services**
330-458-4230

**Blood Donor Room**
330-489-1076

**Breast Care Center**
330-580-4727 (Nurse Navigator)
330-489-1493 (Appointments/Mammography Scheduling)

**Cancer Information Line**
330-430-2788
1-888-293-4673 (toll free)

**Cancer Navigators**
330-430-2777 (All Cancers)
330-588-4674 (All Cancers)
330-580-4727 (Breast Cancer)
330-458-4214 (Lung Cancer)

**Cancer Registry**
330-489-1000 ext. 1861

**Cancer Research Coordinators**
330-489-1274
330-588-4589
330-588-4588

**Cancer Support Groups and Complementary Medicine Program**
330-430-2788

**Cancer Well Fit**
330-966-8997

**Seeds of Hope Grief & Loss**
330-489-1143

**Homecare**
234-203-3211

**Hospice**
234-203-3223

**Inpatient Oncology Unit**
330-489-1244

**Lung Center**
330-458-4214

**Mercy Boutique**
330-456-9960

**Nutritional Services**
330-489-1199

**Occupational Therapy**
330-489-1135

**Outpatient Infusion Center**
330-489-1375

**Palliative Care Service**
234-203-3224

**Pastoral Care**
330-489-1143

**Physical Therapy**
330-489-1135

**Physician Referral**
330-489-1333 (local)
1-800-223-8662 (toll free)

**Professional Pharmacy**
330-489-1400

**Radiation Oncology**
330-489-1278

**Social Services**
330-489-1377

**Speech Therapy**
330-489-1135
“I am a wife, mother, daughter, friend, nurse. I was 34 and caring for my mom who had cancer when I found an indentation on my breast and learned I had breast cancer. Because of my family history, I chose a double mastectomy with reconstructive surgery. My mom was a woman of God and a no nonsense person. She would say, ‘OK, it is time to pull up your big girl panties and do what you need to do. You get a day to cry and now we fight. You don’t need to cry every single day about things you cannot change.’ I think that attitude came in pretty handy. People ask me how I feel about losing my hair and my breasts. I tell them I am not attached to my hair or my breasts. They are attached to me. My husband was amazing and very supportive. This diagnosis has made us closer and we appreciate each other even more.”

Brandi McCoy, 2015 “Brave & Beautiful” Mercy breast cancer survivor