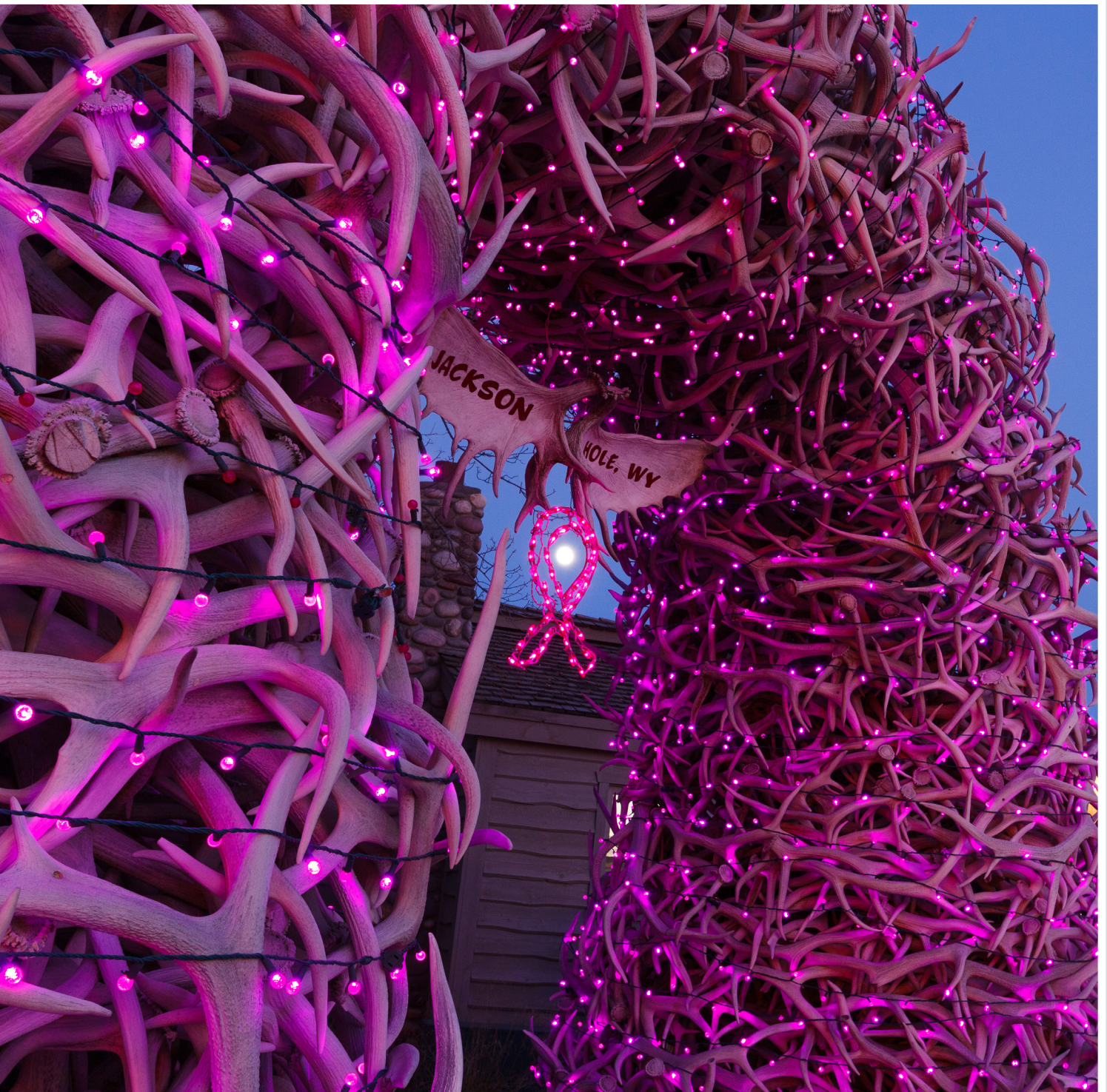


ANNUAL
CANCER REPORT
TO THE COMMUNITY



ANNUAL REPORT TO THE COMMUNITY

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Dear friends and colleagues,

In accordance with the guidelines provided by the American College of Surgeons Commission on Cancer, St. John's Cancer Committee produces a report to outline the activities completed by our cancer program throughout the year. This report highlights some of our achievements during 2018.

This past year was filled with several outstanding accomplishments, including implementing our new electronic medical record, treating our first HDR brachytherapy patient, increasing the knowledge and education around immunotherapy, and making improvements to our oncology financial navigation program.

Our comprehensive services cover every phase of the cancer care continuum, from screening and prevention to diagnosis, survivorship, and end-of-life care. In addition to the vast clinical services we are able to provide, we are proud to offer a robust survivorship program, Beyond Cancer, which helps manage emotional, physical, and spiritual challenges, with the goal of making life during and after cancer the best it can be.

St. John's is dedicated to providing patients with the highest quality of care through a multidisciplinary approach. Our specialists include dedicated physicians, surgeons, nurses, a social worker, therapists, dietitians, pharmacists, and other allied professionals. Medical oncology services are provided in collaboration with the Huntsman Cancer Institute, which provides our patients with access to genetic counseling, clinical trials, and the Cancer Learning Center.

We are excited to announce that we have officially submitted the application for the American College of Surgeons Commission on Cancer (CoC) accreditation. The CoC provides important metrics and tools for cancer centers to improve quality and personalize cancer care. Our talented, multidisciplinary team of healthcare professionals have worked diligently over the past two years to meet the required guidelines and standards to drive excellence in cancer care.

**Sincerely,
The Cancer Committee**



ST. JOHN'S CANCER COMMITTEE

The Cancer Committee is a designated multidisciplinary body for the administrative oversight, development, and review of cancer care services at St. John's Medical Center. The committee meets at least quarterly to review all programs and efforts related to cancer care.

MEMBERS:

Dr. Randy Kjorstad | Committee Chair/Cancer Liaison Representative

Dr. John Ward | Medical Oncologist

Dr. Michael Rosenberg | Surgeon

Dr. Ryan Bair | Radiation Oncologist

Dr. Lars Conway | Pathologist

Dr. Sean Haling | Radiologist

Dr. Marty Trott | Physician Liaison

Dr. Paul Beaupré | CEO/Administrative Support

Kerry Carr, FNP-BC, AOCNP | Oncology Certified Nurse Practitioner

Joan Palmer, RN, MA | CNO/Administrative Support

Dondi Rettig, RN, MBA, OCN | Director of Oncology/Cancer Conference Coordinator

Stacy Benjamin | Patient Care Coordinator

Lynnette Gaertner, MSW, LCSW | Social Worker/ Psychosocial Services Coordinator

Whitney Matsen | Quality Improvement Coordinator

Kendra VanGrisven, PharmD, BCPs | Clinical Pharmacist

Laurie Boss, CTR | Cancer Registry/Cancer Registry Quality Coordinator

Michelle Kren | Director of Diagnostic Services

Lindsay Love, PT/DPT, CLT | Oncology Rehabilitation

Emma Williams, OTR/L, CLT | Oncology Rehabilitation

Julia Heemstra | Community Outreach Coordinator

NATIONALLY CERTIFIED ONCOLOGY NURSES

Because of rapid scientific and technological advances in cancer care, nurses must maintain current and highly specialized knowledge to provide quality care. St. John's encourages all its oncology nurses to become nationally certified. Currently, 70% of the oncology nursing staff is nationally certified, with two staff members currently working towards the goal of certification. Oncology nursing certification provides validation of the specialized knowledge and experience required for competent performance. Certification benefits patients

and their families and demonstrates the nurse's commitment to providing the highest quality of care to the patients.

Kerry Carr, FNP-BC, AOCNP

Katie Lane, RN, CPON

Hannah Morris, RN, OCN

Dondi Rettig, RN, OCN

Carol Poole, RN, OCN

Addie Pascal, RN, OCN

Becky Crysler, RN, OCN

CLINICAL AND SUPPORT SERVICES

CLINICAL

Diagnostic Imaging and Interventional Radiology

- » Computerized tomography (CT)
- » CT guided biopsies
- » Digital mammography
- » Magnetic resonance imaging (MRI)
- » Needle localization
- » Nuclear medicine
- » Stereotactic breast biopsy
- » Thoracentesis, paracentesis, and aspirations
- » Ultrasound

Pathology/Laboratory:

- » Complete pathologic tumor staging
- » Comprehensive tumor marker testing
- » Cytologic and tissue cancer diagnosis
- » Intraoperative consults
- » Prognostic tumor analysis

Medical Oncology:

- » Access/ flushing of central venous catheters
- » Blood and platelet transfusions
- » Blood draws for laboratory testing
- » Chemotherapy administration —various types
- » Biotherapy and Immunotherapy infusions
- » Hormonal therapy
- » Therapeutic phlebotomy
- » Specialized oncology certified nurses
- » PICC team

Inpatient and Outpatient Surgery

- » Surgical management of abdominal, breast, endocrine, soft tissue malignancies
- » Endoscopy, bronchoscopy, colonoscopy
- » Sentinel node biopsy
- » Port placement

Radiation Oncology

- » Brachytherapy
- » Follow-up visits with the radiation oncologist from EIRMC, saving a drive to Idaho Falls for surveillance

SUPPORT

Patient Care Navigator

- » Answers questions and provides education about cancer diagnosis and care
- » Empowers patients and families in decision making
- » Assists in coordination of care between services

Social Worker

- » Assists patient through their cancer care journey across all types of services, streamlining care transitions
- » Identifies needs and connects to resources
- » Provides support and advocates for patients' needs during treatment
- » Facilitates support group

Genetic Counseling

- » Remote telehealth consults with Huntsman Cancer Institute genetic counselors
- » Genetic lab draws

Cancer Survivorship Program: Beyond Cancer

- » Cancer rehabilitation (physical therapy, occupational therapy, and speech therapy)
- » Dietitian/nutritional services
- » Social work services, including support group
- » Financial counseling
- » Health and wellness programs
- » Meals with a Mission
- » Spiritual support

2018 GOALS

Each year, St. John's Medical Center sets both clinical and program goals, which provide direction to our cancer program activities. Below is a summary of the goals developed by the cancer committee for 2018 and what was accomplished throughout the year.

01.

As part of an overall initiative at St. John's Medical Center, the Cancer Center successfully built and implemented a new electronic medical record (EMR), using Cerner. The new EMR has improved safety, efficiency, quality of care, and communication among care providers.

- » Oncology-specific regimens were built based on National Comprehensive Cancer Network (NCCN) regimens and Huntsman-specific order sets
- » AJCC staging forms are built into the program, allowing for improved documentation of disease staging
- » Multiple reporting tools are available for data collection
- » Survivorship care plans are built directly into the system
- » Messaging within the system has improved care coordination and communication among providers and the care team

02.

St. John's has developed financial navigation services for the hospital's oncology population. The goal was to reduce financial barriers and improve access to care.

The cancer team has always worked closely with St. John's financial assistance team with our mutual goal being to reduce the stress associated with the financial burden our patients face. We implemented the following initiatives to further streamline this process.

- » A designated oncology team meets twice a month with a designated financial navigator team member to review patients who may need additional assistance.
- » This group is working towards increasing the number of patients enrolled in patient assistance programs.
- » A financial navigator is meeting with newly diagnosed patients to review insurance coverage and provide education on appropriate patient assistance programs.

03.

As the field of immune-oncology expands, it is important that both patients and their providers understand the potential side effects of immunotherapy treatments and how they are managed.

Our goal was focused on improving education around immunotherapy side effect management for both patients and community providers.

- » We are in the process of standardizing patient educational materials.
- » Working with Huntsman Cancer Institute, we will provide education to St. John's emergency department physicians and community providers on how to identify and manage immunotherapy side effects.
- » Oncology nurses will become certified in immunotherapy through a new Oncology Nurses Society course. This will be required in addition to the Chemotherapy/Biotherapy certification they currently maintain.
- » We now provide patients with an immunotherapy wallet card. Patients are instructed to keep this card with them and present it to healthcare providers outside of their cancer team. By identifying that the patient is on an immunotherapy treatment regimen, emergency or primary care physicians can identify and manage side effects more accurately.



AWARDS



5 STAR AWARD
by Centers for Medicare and Medicaid Services (CMS)



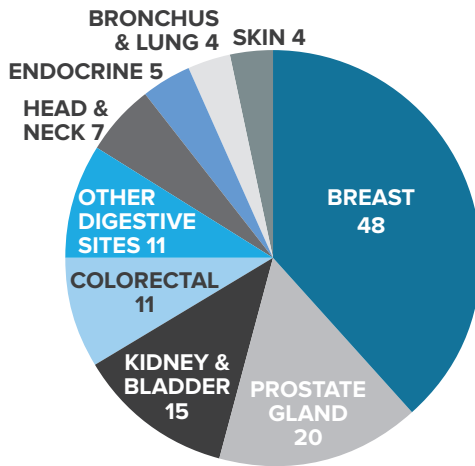
2019 OUTSTANDING CLINICAL LEADERSHIP AWARD
given to Kerry Carr, FNP-BC, AOCNP, by University of Utah Health



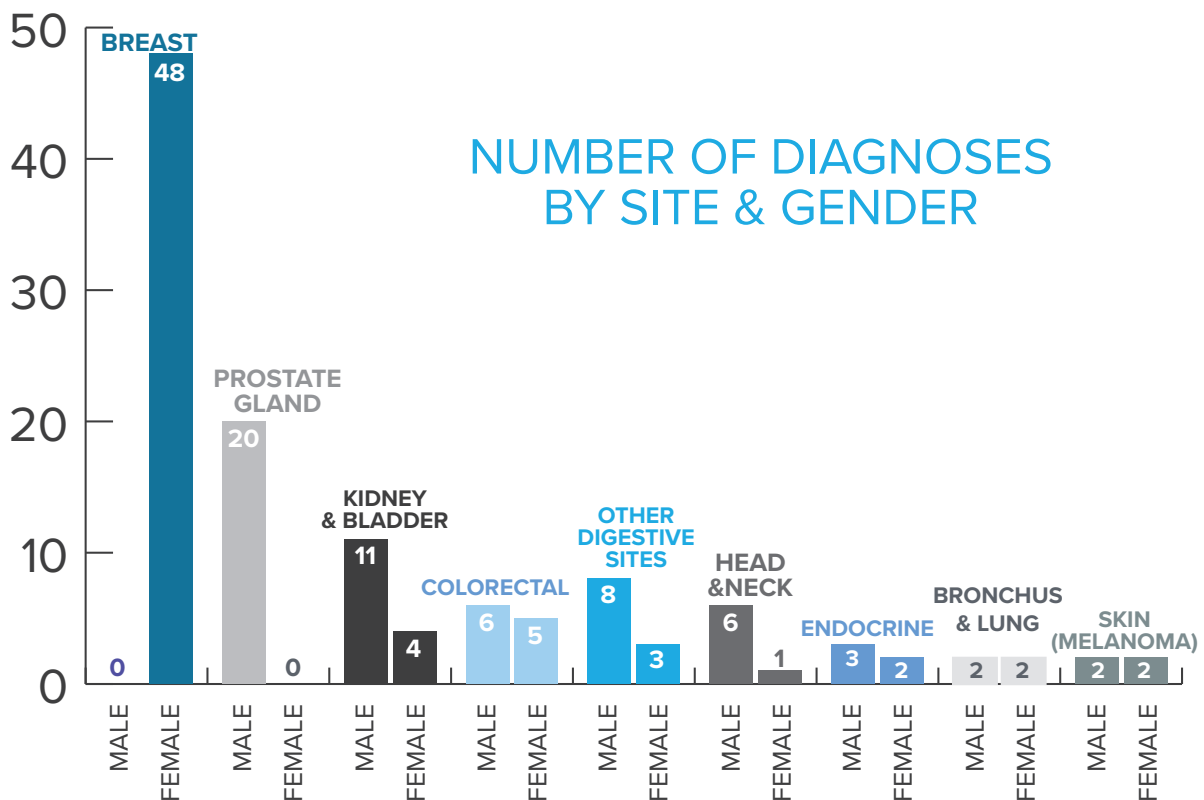
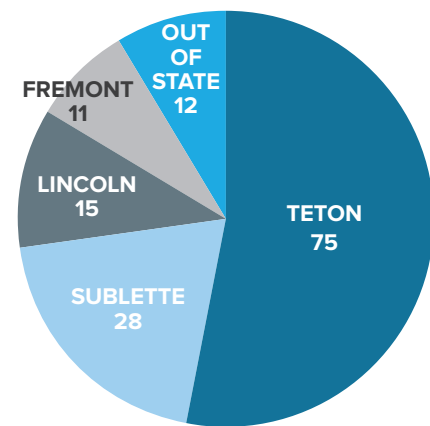
#1 CANCER PROGRAM IN WYOMING
for Medical Excellence by CareChex

CANCER REGISTRY REPORT AND ANALYTIC DATA

TOP 9 DIAGNOSES BY SITE



DIAGNOSES BY COUNTY



ST. JOHN'S NOW OFFERS HDR BRACHYTHERAPY SERVICES

One of our most exciting accomplishments of 2018 was the development and implementation of our new brachytherapy program. St. John's added high dose rate (HDR) brachytherapy to the other cancer treatment options in an effort to provide patients with high quality, evidence-driven care. St. John's Medical Center is now able to treat cancers of the prostate, breast, cervix, and uterus, as well as non-melanoma skin cancers.

St. John's began the construction on the HDR brachytherapy suite in mid-July. Approval was received by the state to begin patient treatment on December 3, and St. John's treated the first brachytherapy patient on December 21, 2018.

The HDR enclosure, or vault, has a total weight of 61,000 pounds. It is fully transportable, being made of 14 panels, each weighing 4,000 pounds. It has a very small footprint of 75 square feet. It sits on an eight-foot concrete slab.

St. John's has the first HDR enclosure in Wyoming. It has audio entertainment and a virtual window featuring a view of the Tetons and the Moulton barn. These features are unique compared to typical brachytherapy vaults.

Brachytherapy is made possible in part by the generous pledge of \$250,000 by the St. John's Auxiliary and the Teton Pines Women's Golf Association.

Dr. Ryan Bair, from Gamma West Cancer Services, is the medical director of St. John's new brachytherapy program. Dr. Bair is a board-certified radiation oncologist specializing in HDR brachytherapy. Dr. Bair earned his fellowship at Brigham and Women's Hospital in Boston and Harvard Medical School, completed residency at the University of Chicago Medical Center, and graduated from medical school with honors from the University of Utah.

Dr. Bair is working closely with a multidisciplinary team, which includes: surgeon, urologist, medical oncologist, radiologist, pathologist, gynecologist, cancer care navigator, and specially trained nursing staff.

WHAT IS BRACHYTHERAPY?

Brachytherapy is a specialized form of radiation therapy that involves placing a sealed radioactive source close to, or inside, the tumor. The advantage of brachytherapy is that it uses a higher dose of radiation in a more targeted area for a shorter period of time than is possible with traditional radiation therapy. This minimizes the effects of radiation on the surrounding tissue and organs.

Brachytherapy has a long history in the treatment of cancer. The first reported successful application of radioisotopes occurred shortly after the discovery of radium in 1898. Over the next century, the evolution of brachytherapy became a firmly established treatment of many types of cancer. Brachytherapy has been proven to be a highly successful treatment for cancer of the prostate, cervix, skin, breast, and uterus.

CLINICAL BENEFITS OF HDR BRACHYTHERAPY

PROSTATE CANCER

HDR brachytherapy is the most conformal way to deliver radiation to the prostate. Conformal radiation treatment delivers a higher dose of radiation to the cancer while the dose to the surrounding tissue is minimal. Some advantages of HDR prostate brachytherapy include the delivery of a very high radiation dose in a very short period of time, which is especially

important for faster growing tumors. Urinary side effects are relatively short, and no radiation precautions need to be followed because it is a temporary implant. Brachytherapy is cost efficient and, as an outpatient procedure, convenient for the patient. Patients are able to resume normal activity within a day.

.....

BREAST CANCER

Conventional treatment of early stage breast cancer involves either a total mastectomy (removal of the breasts and lymph nodes) or a lumpectomy (breast conservation therapy) followed by external beam radiation of the whole breast. Brachytherapy can be a treatment option for women with early stage (I or II) breast cancer, thus reducing radiation treatment time and local tissue damage.

Brachytherapy is delivered as a part of breast conservation therapy, which consists of a lumpectomy surgery followed by radiation delivered via a catheter. Two significant advantages of HDR brachytherapy include

- » reducing treatment time from several weeks to just 5 days
- » sparing healthy tissue from radiation

CERVICAL AND ENDOMETRIAL CANCER

Brachytherapy is a key component of treatment for both cervical and endometrial cancers. Patients with inoperable Stage IA1 and IA2 may be treated solely with tandem-based brachytherapy. Patients are treated with brachytherapy

regardless of lymph node status, grade, age, tumor size, or histology. Studies have unequivocally demonstrated that brachytherapy achieved the best dose conformity and preservation of surrounding tissue when compared to external beam radiation.

SKIN CANCER

Brachytherapy provides an alternative to surgery with highly rated cosmetic results. It has demonstrated excellent local control rates for early stage non-melanoma skin cancers. This treatment may be preferable in the elderly, for anyone who has a medical condition that impacts the healing process, or for individuals on blood thinners. It is non-invasive, so there is no need for skin grafting, and

it is a painless procedure, so no anesthetics are needed. It is especially useful for skin lesions on the face, neck, nose, ear, lip, and eyelid, which are difficult to remove surgically. This may bypass the need for future reconstructive procedures. The treatment time is significantly less than external beam radiotherapy, and recovery times are faster than invasive techniques.

With studies supporting the overall survival benefits of brachytherapy in the treatment of prostate and cervical cancer, as well as a proven and successful treatment for non-melanoma skin cancer, this new service will greatly benefit the people in our community. Patients who are eligible for brachytherapy will now be able to get this treatment close to home and will no longer need to travel to another facility for treatments that can last up to 8 weeks. Other patient-focused considerations include fewer treatment sessions, fewer side effects, short to no recovery period, and increased convenience and cost effectiveness (as compared to LDR and external beam radiation).

ABOUT SKIN CANCER

Cancers of the skin (including basal cell, squamous cell, and melanoma) are the most common of all types of cancer. One in five Americans will develop skin cancer during their lifetime. There are an estimated 3.5 million non-melanoma skin cancers occurring in about 2.2 million Americans. Non-melanoma skins cancers are highly curable and are generally detected in the early stage.

Wyoming has one of the highest incidences of skin cancer in the US, because of its higher elevation and presence of snow, which reflects up to 80 percent of UV light.

CANCER SUMMIT

Cancer specialists from the Huntsman Cancer Institute and St. John’s Medical Center presented at the Cancer Summit in October 2018 in Jackson. Huntsman researcher and radiation oncologist Jonathan Tward, MD, PhD, discussed advances in prostate cancer diagnosis and treatment. A physician panel described the services available for the diagnosis, staging, and treatment of cancer, including brachytherapy.



GENETIC COUNSELING

St. John's works closely with the Huntsman genetic counseling team. In 2018, 40 patients were referred for genetic counseling.

RED FLAGS FOR HEREDITARY CANCER

An individual with a personal or family history of any ONE of the following:

01. A combination of multiple cancers on the same side of the family

- » 2 or more: breast/ovarian/prostate/pancreatic cancer
 - » 2 or more: colorectal/endometrial/ovarian/gastric/pancreatic
 - » 2 or more: melanoma/pancreatic
-

02. Young age

- » Any of the following cancers at age 50 or younger: breast cancer, colorectal cancer, endometrial cancer
-

03. Rare: Any one of these rare presentations at any age

- » Ovarian cancer
 - » Breast: male breast cancer or triple negative cancer
 - » Colorectal cancer with abnormal MSI/IHC, MSI associated histology
 - » Endometrial cancer with abnormal MSI/IHC
 - » 10 or more gastrointestinal polyps
-

CLINICAL TRIALS

Clinical trials are medical studies that help find new ways to prevent, detect, or treat diseases that are safe and effective. Choosing to participate in a clinical study is an important personal decision. Understanding what they are can help you decide if a clinical trial might be an option for you. Below is the number of patients referred from the local community to Huntsman for clinical trial enrollment.

Year	Patients sent to Huntsman
2013	2
2014	4
2015	4
2016	4
2017	2
2018 YTD	8

For generalized information on clinical trials in the USA, visit

Clinicaltrials.gov This site provides current information about clinical research studies to patients, their families, and caregivers.

For clinical trials that are open at HCI, visit

<https://healthcare.utah.edu/huntsmancancerinstitute/clinical-trials/search.php>

ST. JOHN'S HOSPITAL FOUNDATION & CANCER PATIENT SUPPORT FUND

Thanks to generous donations from throughout the community, the Cancer Patient Support Fund allows us to offer resources to patients and families going through active treatment. In 2018, \$26,677 was used to provide lodging, travel, medications, gas cards, assistance with bills, and other resources to over 40 patients and families. For additional information regarding the St. John's Hospital Foundation, please contact president John Goettler at 307.739.7516.

CANCER SCREENING AND PREVENTION

The Commission on Cancer requires programs to organize and offer at least one cancer screening program and one cancer prevention program every year. Although cancer cannot always be prevented, reduction of risk factors and early detection are often critical to long-term survival and health.

SCREENING

In 2018, St. John's Medical Center and Teton County Public Health conducted their annual Community Health Needs Assessment (CHNA). The CHNA process included comprehensive assessments, community meetings, a survey of 1,335 residents, an examination of existing health data, and consultations with health professionals and human service organizations from across Teton County. One of the top 10 prioritized health issues identified for Teton County included cancer screening. Ongoing efforts have been made by St. John's Medical Center to increase rates of routine screening for both colorectal cancer and breast cancer.

As an affiliate of Huntsman Cancer Institute, St. John's follows their recommended guidelines. These guidelines are based on the NCCN screening guidelines for average risk patients. Patients identified as increased or high risk are encouraged to discuss specific cancer screening options with their physician.

■ COLORECTAL SCREENING

Average Risk Patients

- Adults 50 years and older
- No history of adenomatous polyp or sessile serrated polyp or colorectal cancer
- Negative family history for colorectal cancer

Recommended screening for colon and rectal cancer:

Colonoscopy every 10 years or sigmoidoscopy every five years or fecal occult blood test every year

- » SJMC efforts to increase colorectal screenings have included marketing, education, and increasing awareness of the financial resources available to assist with the cost of screening.
- » The marketing team developed a dedicated page for colonoscopies on the public website that contains patient education and scheduling opportunities.

- » SJMC employees also distributed information about colonoscopies and answered residents' questions at the annual Community Health Fair.
- » Information was also available about financial assistance opportunities available for colorectal screening through the Wyoming Colorectal Screening Program, the SJMC patient assistance program, and the St. John's Hospital Foundation Women's Health Care Fund.

BREAST CANCER SCREENING

Average Risk Patients

- No history of breast cancer
- No history of prior thoracic radiation
- Negative family history of breast cancer
- Ages 20 to 39: clinical breast exam every 1 to 3 years
- Ages 40+ clinical breast exam every year and mammogram every year
- » SJMC has focused on financial barriers, community education, and facility capacity in its efforts to increase the percentage of Teton County women who meet screening requirements for mammograms.
- » St. John's continued its community-wide education and awareness efforts during October through Light the Town Pink.
- » St. John's Cancer Patient Support Fund and Women's Health Care Fund offer free screening mammograms to individuals who qualify. Information about these financial programs was distributed at the Health Fair, Light the Town Pink, and in May with the support of program partner Soroptimist of Jackson Hole.
- » For FY18: 2,061 mammograms have been performed

ADDITIONAL SCREENINGS

St. John's also focused on the following screening programs for 2018 during the community health fair: prostate screening, which included digital rectal exams by local urologist; skin cancer screening by Teton Dermatology; and wellness blood screening.

PREVENTION

At its annual community health fair, St. John's partnered with Huntsman Cancer Institute outreach coordinator to provide cancer prevention information related to diet and healthy lifestyle, limited sun exposure, and the use of sunscreen.

St. John's also employs a Mayo Clinic Certified Tobacco Treatment Specialist (CTTS) who is available to consult with patients and community members, free of charge. The CTTS specialist provides treatment for individuals seeking to stop using tobacco through individual counseling, helps the individual stay motivated to avoid or address relapse, and helps them gain confidence in their ability to stay tobacco-free. The individual may also be referred to the Wyoming Quit Tobacco Program where they can receive free or subsidized nicotine replacement therapies. FY18 baseline: 6 clients served.



An
Affiliate
Of



tetonhospital.org/oncology

307.739.6195

625 E. Broadway | Jackson, WY

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