



Public Reporting of Outcomes  
**CANCERCARE CENTER**

Minot, North Dakota

2016

## TRINITY HEALTH STATISTICS – 2016

There are 11,790 cancer primaries in the Trinity Health cancer registry from 1990 (assessment year) through 2016. This number represents cancer primaries diagnosed and/or treated at Trinity Health.

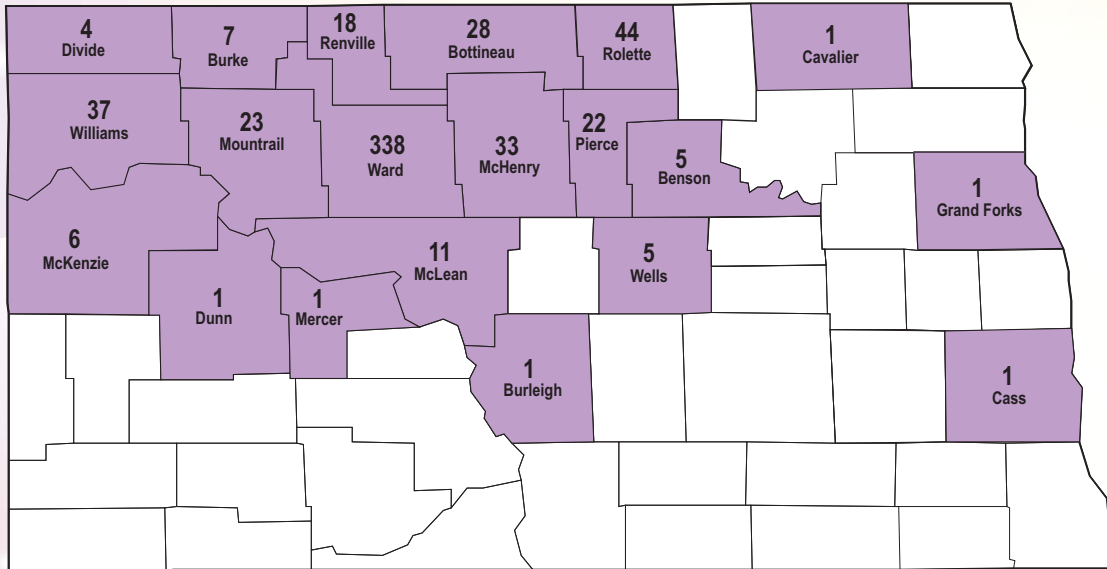
The following map shows the geographic distribution.

North Dakota – 587

Out-of-State – 8

Canda – 1

Total – 596



In 2016, the number of those cases was 596.

According to *Cancer Facts & Figures 2016*, from the American Cancer Society, about 86% of all cancers are diagnosed in persons 50 and older.

In 2016, approximately 86% of all cancers diagnosed at Trinity Health were in persons 50 and older.



Age Distribution	Male Total	Female Total
0-29	8	10
30-39	11	8
40-49	21	23
50-59	51	62
60-69	90	70
70-79	76	64
80-89	34	45
90+	8	14
Unknown	0	1
<b>Total</b>	<b>299</b>	<b>297</b>

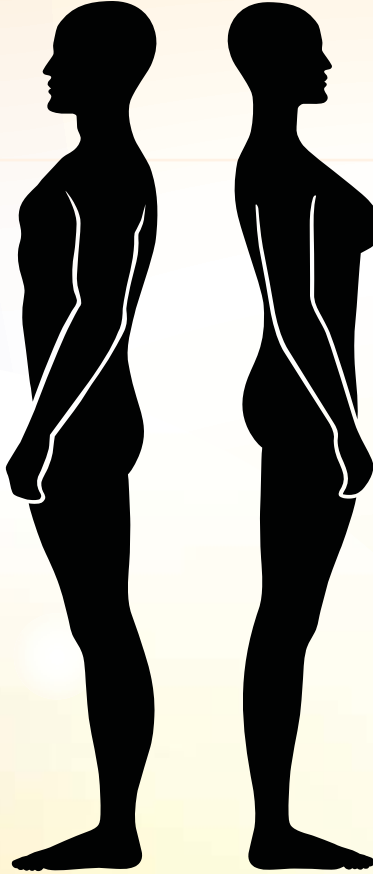
# LEADING SITES OF NEW CANCER CASES

## 2016 Trinity Health

These tables demonstrate that the 10 most common malignancies for 2015 at Trinity Health are consistent with those estimated by the American Cancer society as top sites nationwide for 2016. These 10 sites comprised approximately 70% of all malignancies seen at Trinity Health in 2016.

### Male

### Female



Oral Cavity & Pharynx - 14 (5%)

Thyroid - 9 (3%)

Lung & Bronchus - 36 (12%)

Lung & Bronchus - 35 (12%)

Pancreas - 4 (1%)

Breast - 106 (36%)

Kidney/Renal Pelvis - 15 (5%)

Kidney/Renal Pelvis - 8 (3%)

Urinary Bladder - 23 (8%)

Ovary - 5 (2%)

Colon & Rectum - 33 (11%)

Uterine Corpus - 15 (5%)

Prostate - 58 (19%)

Colon & Rectum - 19 (6%)

Non-Hodgkin Lymphoma - 11 (4%)

Non-Hodgkin Lymphoma - 5 (2%)

Melanoma of the Skin - 11 (4%)

Melanoma of the Skin - 10 (3%)

Leukemia - 8 (3%)

Leukemia - 6 (2%)

All Other Sites - 86 (29%)

All Other Sites - 79 (27%)

## 2016 Estimates – American Cancer Society

### Estimated New Cases\*

#### Male

#### Female

Oral Cavity & Pharynx 34,780 (4%)	Urinary Bladder 58,950 (7%)
Colon 47,710 (5%)	Kidney & Renal Pelvis 39,650 (4%)
Rectum 23,110 (2%)	Thyroid 14,950 (1%)
Liver & Intrahepatic Bile Duct 28,410 (3%)	Hodgkin Lymphoma 4,790 (1%)
Pancreas 27,670 (3%)	Non-Hodgkin Lymphoma 40,170 (4%)
Lung & Bronchus 117,920 (14%)	Leukemia 34,090 (4%)
Melanoma of the Skin 46,870 (5%)	All Sites 841,390 (100%)
Prostate 180,890 (21%)	

Oral Cavity & Pharynx 13,550 (1%)	Uterine Corpus 60,050 (7%)
Colon 47,560 (5%)	Urinary Bladder 18,010 (2%)
Rectum 16,110 (1%)	Kidney & Renal Pelvis 23,050 (2%)
Liver & Intrahepatic Bile Duct 10,820 (1%)	Thyroid 49,350 (1%)
Pancreas 25,400 (3%)	Hodgkin Lymphoma 3,710 (1%)
Lung & Bronchus 106,470 (12%)	Non-Hodgkin Lymphoma 32,410 (3%)
Melanoma of the Skin 29,510 (3%)	Leukemia 26,050 (3%)
Breast 246,660 (29%)	All Sites 843,820 (100%)

\* Excludes basal and squamous cell skin cancers and in situ carcinoma except urinary bladder.

## Trinity Health offers Annual Head & Neck Screening Clinic

The American Cancer Society 2017 Facts and Figures is estimating 49,670 new cases of oral cavity and pharynx cancer and estimate deaths from these diagnoses to be 9,700 in 2017 which is up from 2015's data. Head and neck cancer continues to be a common topic at Trinity CancerCare as we continue to see patients presenting with advanced stage disease. Two of the most common risk factors of developing a head and neck cancer are alcohol and tobacco use although the incidence due to the human papilloma virus continues to increase. Those that use both tobacco and alcohol are at a greater risk than those that use alcohol or tobacco alone.

Symptoms of head and neck cancer may include a sore or lump that does not heal, sore throat that does not go away with time, difficulty swallowing, or a change in the voice such as hoarseness.

Trinity Health's cancer committee initially moved forward in 2015 to offer a no-cost head and neck screening clinic. Representatives from Trinity Health's ENT and Oncology departments participated. The results from that clinic can be found in the 2015 Trinity Health Public Reporting of Outcomes. The results from this clinic were very informative in showing the need for even further screening opportunities. It was again discussed and approved by the cancer committee to provide another screening clinic in 2016. This screening clinic was again put together with collaboration between Trinity ENT and CancerCare physicians. All necessary equipment needed to provide this screening clinic was taken to Trinity CancerCare in an effort to provide as thorough of an exam as possible. Any additional procedures found during the screening were again scheduled as follow-up with ENT physicians.

Patients were scheduled in 15-minute time slots split between Dr. Mark Noel and Dr. Michael Grant of Radiation Oncology. These patients were given a questionnaire upon arrival asking them of past history in regard to alcohol and tobacco use as well as any past family history of cancer. These patients could also list any concerns they were having in regard to this screening.

### Results from 2016 Head and Neck Screening Clinic:

- Total number of patients screened: 22
  - Total number referred for routine follow-up: 14
  - Total number referred for further H&N Evaluation: 8
1. Had already been scheduled: 1
  2. Follow-up 4-6 weeks: 5
  3. Follow-up as needed: 2

Patients were again given a survey to complete following their exam. The success of this screening clinic continues to show the need for screening, thus Dr. Noel has stressed the need to offer two screening clinic opportunities in 2017 with dates to be determined.

For more information regarding head and neck cancer please visit the American Cancer Society website: <http://www.cancer.org/>

## Trinity CancerCare Undergoes Front Entrance Renovation

Trinity CancerCare Center completed its renovation and expansion of the existing center in 2012. This expansion and renovation internally included but was not limited to a new linear accelerator treatment vault, spacious lobby to include a fireplace, new medical oncology patient office suites and a dedicated infusion center. Externally, the renovation included a covered drive-up area to provide patients better access to the center as well as a beautiful rock display with trees and plants.

Shane Jordan, Trinity CancerCare Center Director, said this renovation and expansion has really helped to take our center to the next level from a technology and treatment standpoint. We are able to provide radiation and medical oncology treatments on the same level as a major academic institution. Patient access has also improved when compared to the initial design of the Cancer Center in 1999.

One thing that was noted in late 2015 was that patients whom were arriving at the center by themselves or families and caregivers after dropping patients off were having to walk a great distance to get from the parking lot to the front entrance. Once dropping patients off, families and caregivers were having to walk all the way around the front rock display in order to get access. This was complicated further during the winter months due to the inclined topography and snow/ice creating potential for slippery surfaces.

Early in 2016, it was discussed the importance of improving the overall access to the front entrance for all was discussed. Out of these discussions came the opportunity to modify the current front entrance display to include steps through the middle with a concrete pad at the top for the incorporation of a seating area. In conjunction with the Trinity Health Foundation, renovation to the front display was started in July 2016 which included modifying the current sidewalk approaches, removing of much of the large rocks replacing with grass, and ultimately concrete stairs through the center with the seating area at the top.

This renovation has greatly improved and made a positive change to the quality and accessibility of our center for all, Jordan said. This modification continues to show our dedication to ensuring our patients are cared for in the safest environment possible.

## Improvements Made in Radiation Oncology Patient Treatment Schedules

Each year Trinity Health sets standards and goals to identify any opportunities for improvement in various aspects of health care. One of those aspects continually monitored for improvement revolves around patient satisfaction. In May of 2016, Trinity CancerCare staff noted that patients receiving Radiation Oncology treatments were not getting their treatments on their scheduled times. This was causing delayed schedules and patients having to wait extended time for treatment. This led to patient dissatisfaction and difficulty with following treatment necessities such as bladder fullness. It was discussed and decided that during the month of June, a goal be set in order to track data throughout the month. The decided goal was “Radiation Therapy patients will be brought back to the treatment suite no later than 5 minutes beyond their scheduled treatment times.” Each scheduled patient treatment actual time was documented and compared against the scheduled time daily for the month of June. If the goal was missed, reason was supplied and tracked for trends.

The month of June highlighted 80 occurrences of patients not being brought back to the treatment suite no later than 5 minutes beyond their schedule treatment time. The top trending reasons were that patients were either showing up late or right on their scheduled time for treatment. To help improve this aspect, discussion took place among the radiation therapy staff with a goal of providing better education up front to the scheduling process for patients. This discussion led to the following action items being incorporated:

- Focus being placed on patient education related to scheduled appointments.
- Adding a “Please check in 10 Minutes prior to your scheduled time” on the scheduling cards.
- Created a “What to Expect When Receiving Radiation Therapy Treatments” document to provide to patients at time of consult/simulation. This “What to Expect Document” explains in great detail the radiation therapy treatment process with emphasis on the importance of appointment scheduling.

The same goal was again tracked in July to assess the effect of the action items described above. During the month of July, the occurrences of not meeting this goal dropped to 38 with a very small portion of these occurrences due to patients being late or showing up right at their scheduled time. This improvement in patients getting back to the treatment suite at their schedule time has led to a better overall patient experience and treatment necessities such as bladder fullness are much improved when compared prior to this study. This improvement continues to be tracked on an active basis.

## **Trinity CancerCare Continues to Increase Patient Assistance Opportunities**

An item that continues to be highlighted in patient surveys surrounding barriers to oncology treatment is financial distress. We live in a world where health care costs are higher than they have ever been and patients requiring oncology services are not exempt from that. In fact, the costs of oncology care continue to rise and can stem far beyond the actual treatments themselves. Patients needing radiation and medical oncology services often times find themselves having to make daily trips to the center. Many of these patients live outside the city of Minot thus accrue the expenses of travel, food and sometimes even lodging in addition to their treatment costs. There are also times when patients are forced to step away from work in order to have treatments or to recuperate. All of this leads to a situation of financial distress on patients and their families.

Trinity CancerCare continues to revise and improve the current financial assistance programs available to patients. In the past, patients having oncology services at Trinity CancerCare Center were provided \$200 on an annual basis based on their distress screening completed by patient navigation as well as a program where donated gas stamps are provided to patients. The addition of providing no-cost compression garments to patients at risk for lymphedema started in 2015 and continues to this day. Patients receiving oncology services also have access to the Trinity CancerCare Cottage. All of these items have been found to be a great option but further improvement/enhancement was still needed.

In 2016, Trinity CancerCare staff worked in conjunction with the Trinity Health Foundation to design and incorporate a new and improved Patient Assistance Program. With this new program, qualifying patients now have access to substantially more financial support than ever before. This program was completed the first part of October 2016 and to date has already provided over \$30,000 to patients to help with finances while receiving oncology related services. This far exceeds the past opportunities for patients and something we are very proud to be able to offer, says Shane Jordan, Director of Trinity CancerCare. We are very fortunate to live and work in a community that is so giving and supportive of our center and the patients we treat. It is due to the wonderful support from these donors that we are able to offer such a great financial opportunity for our patients, he added.

For more information on financial assistance opportunities through Trinity CancerCare Center or Trinity Health, please contact the Trinity CancerCare Center or the Trinity Health Foundation.

## Trinity CancerCare Center Patient Education Manual Improved

Patient education is paramount in helping to make sure patients and families feel comfortable and informed about their oncology services. In order to accomplish this task, the Trinity CancerCare Center originally created a patient education manual in 2008 to help provide patients with the necessary information needed while under treatment. This patient education tool was a comprehensive manual meant to introduce the patient to the center and what services were offered to oncology patients. In addition, it served as an at home resource to patients who were to start medical oncology services at the center. This manual included but was not limited to items such as office hours, contact information, physician information, side effect management, and financial information.

In early 2016, this education manual was reviewed by Trinity CancerCare staff and with the changing landscape of oncology, an update recommended. A multidisciplinary team was put together to work on updating this manual. The new update included input from the oncology providers, leadership, nursing, radiation therapists, secretaries, researchers, navigators, social work, registry, pharmacy, dietician, and graphics/printing. Many changes and updates were made to the manual. For example, the medical oncology nurse practitioner was able to update the symptom management section for patients to use as a home reference for any symptoms which might occur, and find advice concerning when and how to call their physician about the symptoms. The dietician revised the nutritional section to include teaching pieces she uses with many new chemotherapy and radiotherapy patient nutritional consults. Updates were made by leadership related to weather and holiday related closures, parking locations, as well as increasing the amount of listed support team members and their described function within the center. Graphic design staff created an updated front cover and a modified overall look to the manual to highlight the front entrance renovation. Overall, each team member was highly involved and provided input or information that is now included. "This manual has taken a large step forward in helping further educate our patients and to help them understand some of the things they may encounter during their oncology experience, says Shane Jordan, Director of Trinity CancerCare Center. We are very proud to be able to offer this kind of educational material to our patients."