

**LANDMARK MEDICAL CENTER
CANCER PROGRAM
YEAR IN REVIEW
2013**

Landmark Medical Center offers a comprehensive cancer care services to our patients. LMC Cancer program is committed to ensure that patients receive the specialized care they need. These include state of the art oncologic surgery, chemotherapy/biotherapy and radiation therapy. Diagnostic imaging on site includes CT/PET scanning, digital mammography, MRI and interventional radiology capabilities. The Cancer Committee at Landmark Medical Center has worked together this year to maintain the quality of patient care that we feel necessary to uphold our Commission on Cancer Accreditation status. The most recent survey by the Commission on Cancer was held in October 2012 for which Landmark was awarded a 3 Year Approval with Commendations.

*Ahmed Nadeem, M.D.
Cancer Committee Chair*

OUTPATIENT ONCOLOGY SERVICES

Oncology services continue to be provided on site at the Northern Rhode Island Hematology/Oncology Program under the Direction of Ahmed Nadeem, M.D. In October 2013 an additional medical oncologist joined the staff at Landmark, Dr. Ambreen Ijaz. We have specialty oncology nurses trained to administer chemotherapy and to care for patients with cancer diagnoses.

RADIATION ONCOLOGY SERVICES

A radiation oncology joint venture with Southern New England Regional Cancer Center offers quality radiation treatments to patients on site as well. This is performed under the direction of Timothy Shafman, M.D.

TUMOR CONFERENCES

Landmark Medical Center continues to conduct weekly Tumor Conferences throughout the year to discuss treatment of our patients diagnosed and/or treated at Landmark. In 2012 we held a total of 43 Tumor Conferences and during that time had discussed a total of 183 cases. As appropriate NCCN guidelines are referenced in treatment planning of our patients as well as the stage of the case at diagnosis. During one session presentation on Y90 Directed Liver Therapy was given with two cases specific to this type of therapy.

CANCER REGISTRY

The Cancer Registry collects data on type, stages of cancer and treatment results as well as conducts lifelong follow up on patients' diagnosed and/or treated for cancer at Landmark Medical Center. Collecting and maintaining this data is the key component of the Cancer Registry. This provides the physicians at Landmark the tools needed to evaluate the treatment given our patients. This data is reported to the Rhode Island State Cancer Registry as well as to the National Cancer Database-one of the privileges with being accredited by the Commission on Cancer.

During 2012 the Cancer Registry entered 253 new cases into the registry database; 234 were analytic which are new cases either diagnosis and or treated at Landmark. The remaining 19 were non-analytic which indicates that they were diagnosed elsewhere and treated elsewhere for first course of therapy and are now receiving treatment or treatment planning at Landmark for persistent or recurrent disease. The cancer registry follows all patients each year as well. We have a total of 2,290 patients currently being followed annually. Listed below is the breakdown of cancer sites diagnosed and/or treated at Landmark for 2012:

<i>SITE</i>	<i># Cases</i>	<i>SITE</i>	<i># Cases</i>
Lung and bronchus	52	Gallbladder	2
Breast	38	Small intestine	2
Colon excluding rectum	23	Gum and other mouth	2
Urinary bladder	20	Testis	1
Other ill-defined sites	15	Vagina	1
Rectum and rectosigmoid	10	Cervix uteri	1
Non-Hodgkin's lymphoma	9		
Pancreas	9		
Corpus uteri	7		
Leukemias	6		
Kidney and renal pelvis	5		
Prostate gland	5		
Soft tissue	5		
Vulva	4		
Ovary	4		
Melanomas of the ski	4		
Liver	4		
Stomach	4		
Esophagus	4		
Multiple myeloma	3		
Thyroid gland	3		
Pharynx other buccal mucosa	3		
Tongue	3		
Uterus NOS	2		
Larynx	2		

HEALTH FAIRS

Landmark Medical Center and RHRI conducted a health fair which was open to employees as well as the public. This included DermaScan skin screening as well as colorectal hemoccult cards along with cancer screening, diagnostic material from the ACS.

Phyllis Kelliher, RNP, Oncology Nursing Specialist spoke about breast cancer at some of the area high schools. At UPS in January Ms. Kelliher spoke to employees about prostate cancer and returned again in May to speak about skin cancer. Printed materials were also given out to employees.

There was a health fair conducted by Greigstone Yearwood, M.D. which included but not limited to information on screening material for colorectal cancer and Dermascan to view sun-damaged skin. Patients in the community were given packets to take home for colon cancer screening.

Landmark hosted a program open to the public in November at which Dr. Nadeem spoke to the attendees about lung cancer and smoking cessation. This program was very well attended.

An open house was also held during November to bring awareness to the public as well as the employees of the services offered by the Gloria Gemma Pink Bus visits to Landmark. All attendees learned of the benefits of the program which they can take advantage of as well as the staff's ability to refer patients for support services on site.

QUALITY IMPROVEMENT

Each year it is the responsibility of the Cancer Committee to review the quality of care given to our cancer patients.

In 2013 a review was undertaken to look at Oncotype DX testing for breast cancer patients at Landmark Medical Center. The summary of the review and the results of this study are attached.

Comparing our performance rates from the Commission on Cancer's National Cancer Database Cancer Program Practice Profile Reports (CP3R) for our treatment of breast and colorectal cancer is a quality initiative that is performed yearly. These standards are set in place by the National Quality forum and are required reporting and accountability measures for the accreditation of the Cancer Program at Landmark Medical Center.

Landmark Medical Center has exceeded the performance measures for the treatment of breast and colorectal cancer over the other facilities in the groups.

These CP3R measures are illustrated below for the most current year documented:

Colon Cancer Measures **Diagnosis year 2011**

Adjuvant chemotherapy is considered or administered within 4 months of diagnosis for patients under age 80 with AJCC Stage III lymph node positive colon cancer

	Performance Rate	# Facilities
Landmark Medical	100%	1
Rhode Island	94.4%	11
New England Region	93.1%	92
All CoC Approved Programs	90.2%	1,319

Colon Cancer Measures **Diagnosis year 2011**

At least 12 regional lymph nodes removed & pathologically examined for resected colon cancer

	Performance Rate	# Facilities
Landmark Medical	90%	1
Rhode Island	83.5%	12
New England	88.4%	99
All CoC Approved Programs	87.8%	1,357

Colon Cancer Measures **Diagnosis year 2011**

Radiation therapy is considered or administered within 6 months of diagnosis for patients under the age of 80 with clinical or pathologic AJCC T4N0M0 or Stage III receiving surgical resection for rectal cancer

	Performance Rate	# Facilities
Landmark Medical Center	100%	1
Rhode Island	96.3%	8
New England	94%	63
All CoC Approved Programs	93.7%	1,051

Breast Cancer Measures**Diagnosis year 2011**

Radiation therapy is administered within 1 year of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer

	Performance Rate	# Facilities
Landmark Medical Center	100%	1
Rhode Island	94.1%	11
New England	95.1%	97
All CoC Approved Programs	92%	1,342

Breast Cancer Measures**Diagnosis year 2011**

Combination chemotherapy is considered or administered within 4 months of diagnosis for women under 70 with AJCC T1cN0M0 or Stage II or III hormone receptor negative breast cancer

	Performance Rate	# Facilities
Landmark Medical Center	100%	1
Rhode Island	100%	8
New England	93.8%	84
All CoC Approved Programs	92.4%	1,269

Breast Cancer Measures**Diagnosis year 2011**

Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year of diagnosis for women with AJCC T1cN0M0 or Stage II or III hormone receptor positive breast cancer

	Performance Rate	# Facilities
Landmark Medical Center	100%	1
Rhode Island	95.4%	11
New England	94.6%	97
All CoC Approved Programs	89.8%	1,349

COMMUNITY HEALTH NEEDS ASSESSMENT

During 2013 a Community Health Needs Assessment was conducted at Landmark Medical Center the complete findings of which are posted on our website.

Goal of Landmark medical Center's Community Health Needs Assessment were:

- Improve access to services for persons with co-occurring mental health And substance abuse by increasing access to appropriate, primary care And behavioral health services.
- Improve coordination of care and outcomes among persons diagnosed With co-occurring diseases including diabetes, heart disease, COPD, Mental health and substance abuse.

When prioritizing community issues the number one issue was mental health with an average rating of 4.94 followed by cancer (specifically lung and breast) with an average rating of 4.33.

Landmark will take a comprehensive approach to addressing the most urgent needs in the communities it serves. As with all Landmark programs and services, it will continue to monitor community needs and adjust programming and services accordingly.