

# Public Reporting Of Outcomes

2018 Annual Report

CARLE CANCER CENTER

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# Carle Foundation Hospital

## Our Mission

We serve people through high quality care, medical research and education.

## Our Vision

Improve the health of the people we serve by providing world-class, accessible care through an integrated delivery system.

## Our Values

ICARE—Integrity, Collaboration, Accountability, Respect, Excellence.

### NOTABLE AWARDS AND ACCOMPLISHMENTS: 2018

- Notable Healthgrades awards in 2018:
  - America's 50 Best Hospitals Award™ (three years in a row)
  - America's 100 Best Hospitals for Critical Care™ (two years in a row)
  - Top one percent in the nation for consistent clinical quality
  - Distinguished Hospital Award for Clinical Excellence™
- Outstanding Patient Experience Award
- Carle is the only hospital in Illinois recognized for Clinical Excellence and Patient Experience in 2018
- Most Wired health system by Hospitals & Health Networks (six years in a row for both Carle and Hoopston Regional Health Center)
- Top 34 Hospitals for Hip Replacement by Consumer Reports (reported by Becker's Orthopedic Review)
- 100 Great Healthcare Leaders to Know, CEO/President Dr. James Leonard by Becker's Hospital Review
- Magnet Status for excellence in nursing care for Carle Foundation Hospital and Carle Physicians Group.

Additionally, In 2017, Carle provided \$184 million in services, donations and support to our community, including \$32.4 million in free or discounted care to more than 34,500 patients.

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# Chairman's Message



## WELCOME TO THE CARLE CANCER CENTER'S 2018 REPORT.

2018 has seen many new and exciting advancements at Carle Cancer Center.

We continue to make strides in keeping with the Carle mission of serving people through the highest quality care, research and education.

We have expanded our robust team with new physicians in surgical oncology, gynecologic oncology and colorectal surgery. We have a new lung navigator to provide efficient care for our patients with lung cancer. We continue to provide high-quality multidisciplinary care through prospective tumor boards and added new weekly tumor boards in lung cancer and upper gastrointestinal cancer.

We remain accredited by the Commission on Cancer/American College of Surgeons as an academic comprehensive cancer program and by the National Accreditation Program for Breast Cancer. Our lower gastrointestinal multidisciplinary program is thriving. We are moving forward with The National Accreditation Program for rectal cancer. We have most of the standards in place, have made application and await information regarding timing of a site visit.

The radiation oncology department of Carle Cancer Center has made many advancements. In 2018, Carle's Radiation Oncology added deep sedation for patients with gynecological cancers receiving high dose rate (HDR) brachytherapy. We also added a new radiation unit to our department, a state-of-the art technology, Varian True Beam™ with a beam shaper, micro-MLCs designed to deliver stereotactic radiation therapy for patients with primary and metastatic brain tumors, early stage lung cancer, and metastases in other locations in the body (spine, liver, etc.). We also advanced our delivery for stereotactic body radiation therapy (SBRT) for patients with early stage lung cancer with a transition from 3D-based planning to Intensity Modulated Radiation Therapy (IMRT) Planning with Rapid Arc™ technology (Volumetric Arc Therapy, VMAT).

Carle has been nationally recognized for its participation in the National Cancer Institute-sponsored TMIST trial comparing 2D- versus 3D-mammography for breast cancer screening. Carle has enrolled more than 500 patients during the last year earning a spot on the NCI TMIST steering committee.

We have successfully completed recruiting for two cancer-care delivery research (CCDR) trials, the first a Trial Assessing Colony stimulating factor prescribing Effectiveness and Risk (TrACER) and the other an implementation of smoking cessation services within an NCI NCORP community site. Carle Cancer Center continues to participate in collaborative studies with the University of Illinois. Through the Cancer Scholars for Translational and Applied Research (C\*STAR) graduate educational program, Carle has three ongoing trials and three new trials studying glioma, organ-dedicated PET imaging and ultrafast label-free tissue histopathology.

The first class of Carle Illinois College of Medicine commenced in the fall of 2018.

The 2018 Illinois Cancer Symposium at Carle on September 28 was successful, addressing the very important and relevant topic of cost and financial toxicity of cancer care.

While we have made a lot of advancements in 2018, there is always scope for improvement. We look forward to another exciting year providing the best for our patients and our community.

Sincerely,

**Suparna Mantha, MD**

*Chairperson, Carle Cancer Committee*

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# Cancer Conferences

All conferences serve as a multidisciplinary consulting board for presenting cancer cases and making recommendations for the patient's course of diagnosis, treatment and survivorship. The conferences are attended by physicians from all cancer specialties, staff, interns, medical students, residents, nurses, social workers, dietitians, genetic counselors, researchers, cancer registry staff and approved guests. All the conferences are held with the utmost of confidentiality and the underlying goal of ensuring high-quality, seamless care is provided to all patients and their families.

The Carle Foundation is accredited by the Illinois State Medical Society to provide continuing medical education for physicians and staff. The Care Foundation designates each educational activity for a maximum of one AMA PRA Category of 1 Credit.

The Houseworth Conference Room is designed with high tech equipment and capabilities of Skyping within Carle and to outside facilities, physicians and staff who cannot attend the conference in person. All Carle satellite nurses are invited to join in on the conferences. Outside physicians can participate, observe and present cases, in which the multidisciplinary team at Carle can provide their opinions on the outside cases.

## THE FOLLOWING IS A LIST OF OUR CONFERENCES:

### Research Conference

**Frequency:** Every Friday in the Houseworth Conference Room

*Chair: Dr. Kendrith Rowland*

University of Illinois teaching researchers and Carle clinical researchers inform the physicians and staff of the different protocols and clinical trials.

In the research conferences, the researchers and physicians present and discuss new clinical trials coming up for the future and the clinical trials that have opened, closed and would be best for Carle. On occasion, outside speakers present studies and interesting research topics.

### General Cancer Conference

**Frequency:** Every week on Friday in the Houseworth Conference Room

*Chairperson: Dr. Suparna Mantha*

### Upper GI Cancer Conference

**Frequency:** Every week on Friday afternoon in Houseworth Conference Room.

*Chairperson: Dr. Kevin Lowe*

This is a new pilot conference, held in conjunction with General Cancer Conference.

### Lower GI Cancer Conference

**Frequency:** Every Friday at 7 a.m. in the Digestive Health Conference Room.

*Chairperson: Dr. Paul Tender*

This ensures those enduring GI cancers will have access to a multidisciplinary approach with fewer barriers.

### Breast Cancer Conference

**Frequency:** Every Wednesday in the Houseworth Conference Room

*Chairperson: Dr. Maria Grosse-Perdekamp*

### Head and Neck Conference

**Frequency:** First and third Monday of every month in the Houseworth Conference Room

*Chairperson: Dr. Kelly Cunningham*

### Genitourinary (GU) Cancer Conference

**Frequency:** Second and fourth Tuesday of every month in the Houseworth Conference Room.

*Chairperson: GU - Dr. Glen Yang*

### Gynecology (GYN) Cancer Conference

**Frequency:** First, third and possible fifth Tuesday of every month in the Houseworth Conference Room.

*Chairperson: Dr. Ronald Kimball*

The GYN Cancer Conference has become a CME-Credited Conference.

### Thoracic Surgery/Pulmonary Case Conference

**Frequency:** Every Thursday in the Houseworth Conference Room

*Chairperson: Dr. Sinisa Stanic*

# 2018 Cancer Committee Members and their Alternates

Academic Comprehensive Cancer Program Approved 2/6/2018

## CANCER PROGRAM STANDARD 1.3

### 2018 CANCER COMMITTEE MEMBERS

Role	Member	Alternate
Cancer Committee Chair	Dr. Suparna Mantha	Dr. Maria Grosse-Perdekamp
Cancer Liaison Physician	Dr. Pratima Chalasani	Dr. Vamsi Vasireddy
Diagnostic Radiologist	Dr. Martin Kuntz	Dr. James Hlubocky
Pathologist	Dr. Frank Bellafiore	Dr. Ike Uzoaru
Surgeon	Dr. Paul Tender	Dr. Marta Spain
Medical Oncologist	Dr. Suparna Mantha	Dr. Maria Grosse- Perdekamp
Radiation Oncologist	Dr. Kalika Sarma	Dr. Sinisa Stanic
GI Center for Excellence	Dr. Paul Tender	Dr. Michelle Olson
Specialist	Dr. Kendrith Rowland	
Palliative Care	Dr. Michael Aref	Dr. April Yasunaga

Role	Member	Alternate
Cancer Program Adm.	Luke Sullivan	Jason Hirschi
Registered Dietitian	Dr. Anna Arthur	Tammie Heiser
Oncology Nurse Courtney	Courtney Cox, RN	Melissa Tull, RN
Social Worker	Kimberly Harden, LCSW	Kelly Harris, LCSW
Cert. Tumor Registrar	Sharon Jacobson, CTR	Heather Benson, CTR
Cancer Conference Coordinator	Sharon Jacobson, CTR	Stephanie Grote
Quality Improvement Coordinator	Sarah Glenn, RN	Sherry Rose, RN
Ca. Registry Quality Coordinator	Sharon Jacobson, CTR	Heather Benson, CTR
Comm. Outreach Coordinator	Mary VanCleave, RN	Cheryl Murdock, RN
Clinical Research Coordinator	Betsy Barnick, MS	Joshua Ward, BS
Pharmacist	Todd Thompson, RPH	Lauren Trisler, PharmD
Rehabilitation	Renee Daniels	Elizabeth Camp
Radiation Oncology	David Pool, BS	Amy Gerdes, RTT
Pastoral Care	Jeffrey McPike	
Genetics Counselor	Kate Sargent, MS	
American Cancer Society Rep.	Linda Schulz	





**The Cancer Committee selected the following members to represent each of the following cancer committee coordinator specialties:**

- Kimberly Harden, MSW, LCSW - Community Outreach Coordinator
- Betsy Barnick, MS, CCRP - Clinical Research Coordinator
- Mary VanCleave, BSN, RN, OCN - Nurse Navigator Cancer Center
- Sarah Glenn, MSN, RN, OCN - Quality Improvement Coordinator
- Sharon Jacobson, CTR - Cancer Registry Quality Coordinator
- Sharon Jacobson, CTR - Cancer Conference Coordinator

Carle's Cancer Committee has four required quarterly business meetings. They consist of discussing the Commission on Cancer Program Standards, Eligibility Requirements, registry activities, CQIP, CP3R, RQRS and new business. The administrative cancer committee determines the goals, quality studies, improvements, community outreach activities, screening and prevention programs and what will benefit our patients and community.

The Administrative Cancer Committee Meetings are held on second floor in the Houseworth Conference Room on February 5, May 7, August 6 and November 5 in 2018.

**COLORECTAL CANCER SCREENING: A SCREENING EVENT AIMED AT EARLY DETECTION OR COLORECTAL CANCER.**

Carle Cancer Center held two education and prevention session at different locations in our service area on March 20, 2018 and July 31, 2018.

Colorectal education materials were given out along with fecal occult blood tests to those interested. This was in accordance with the Community Needs Assessment. Information is in accordance with the NCCN guideline LCS-1, and if obtained from the American Cancer Society.

A short pre- and post-survey was given to each participant who received a fecal occult blood test to gauge their knowledge or colorectal screening/ colorectal cancer.

A total of 31 people accepted the information with seven receiving the fecal occult blood tests.

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# Clinical Services

## CLINICAL TRIALS

For 35 years, Carle Cancer Center has offered patients access to leading-edge clinical research. Designated by the National Cancer Institute as a National Community Oncology Research Program (NCORP), Carle is one of only 34 healthcare organizations in the nation to have this designation. In partnership with the NCI and academic medical centers like Mayo Clinic, these research initiatives offer new insight into how to prevent cancer, treat cancer, and explore novel screening and imaging modalities. In addition, these trials focus on supportive care, symptom management, surveillance, quality of life and genetics. A more recent addition to Carle's research program centers on how care is delivered. CCDR, or cancer care delivery research, focuses on how organizational structures and processes, care delivery models, financing and reimbursement, health technologies, and healthcare provider and patient knowledge, attitudes, and behaviors can influence quality, cost, and access and ultimately the health outcomes and well-being of patients and survivors. Examples of CCDR currently underway at Carle include how to better implement smoking cessation services, examining the financial burden of patients with colon cancer and using telehealth to address anxiety in rural cancer survivors.

The Carle Cancer Research Program also continues to build collaborations with the University of Illinois. Through initiatives like C\*STAR, also known as the Cancer Scholars for Translational and Applied Research, several trials are underway examining topics like diet and nutrition's impact on quality of life in head and neck cancer survivors, the impact of cholesterol on the ovarian tumor microenvironment and cancer progression, the development of a blood-based microRNA panel to facilitate colon cancer screening, and ultrafast tissue histopathology during breast cancer surgeries. C\*STAR, a jointly funded graduate program initiated in the fall of 2015, matches students with a University of Illinois faculty mentor and a Carle physician mentor. The program fosters translational research and was developed to generate near-term benefits to patients served by Carle and the greater Champaign-Urbana community. C\*STAR projects complement other University of Illinois projects ongoing in the areas of food insecurity, nutrition and imaging.

## NURSE NAVIGATOR

In accordance with the Community Needs Assessment, in which access to care was identified, the navigation program at Carle Cancer Center follows the patient throughout the continuum of care. Carle employs four nurse navigators whose focus is on the care of the cancer patient. Mills Breast Cancer Institute utilizes two of those navigators for the care of the breast cancer patient. One navigator assists the patient in during the tests needed in the radiology department and the other during the treatment aspect of patient care. Each navigator follows specific touchpoints throughout the patient's journey. For the Breast Imaging Navigator, these times are at the abnormal mammography finding through the biopsy period. For the Cancer Center Navigator, the touchpoints are preparation for the multidisciplinary consults, presentation and/or documentation at cancer conference, at the beginning of both chemotherapy and radiation therapy, and at survivorship.

The Breast Imaging Navigator is also responsible for assisting with scheduling and educating patients as they move through the process initiated when a patient has an abnormal mammogram. Once a biopsy and cancer diagnosis has been obtained the Cancer Center Navigator assists with patients gaining access to timely care throughout the cancer care continuum. This begins with diagnosis and access for patients to oncologic care. The follow-up includes tracking patients to be sure they have been offered all the care standard per NCCN guidelines; which is inclusive of timely surgery, chemotherapy, radiation therapy, and pathological molecular analyses.



### **PSYCHO SOCIAL COUNSELING**

The psychosocial aspects of cancer are recognized as an important part of a patient's cancer experience. Carle Cancer Center has two licensed clinical social workers who provide assessment, emotional support, and knowledge of psychosocial resources throughout the continuum of the individual's cancer care from initial diagnosis, throughout treatment, to post-treatment and survivorship. The Cancer Center social workers identify areas of need in patient care by creating programs and facilitating events that provide information, networking and support. The social workers facilitate a total of six support groups for patients and their family members, and host a Survivor's retreat each year.

### **REHABILITATION**

Carle's Rehabilitation Department is a team of approximately 90 physical, occupational and speech therapists from both the inpatient and outpatient settings. They cover acute care patients on the inpatient oncology unit and admit patients into our 20-bed CARF-accredited Inpatient Rehabilitation Unit. After discharge the team manages the rehabilitation needs of patients with ongoing deficits through programs such as Carle Community Re-Entry Program, Lymphedema Clinic, Head and Neck Cancer Speech program, and general outpatient therapy. They work with each of these teams on providing evidence-based practice and keeping up with emerging trends in Oncology Rehabilitation. The Cancer Center doctors, nurses and rehabilitation specialists partner to develop protocols and practice standards, and work to assess patient satisfaction and overall outcomes related to care.

### **SURVIVORSHIP**

Nationally recognized cancer care at Carle includes a collaborative effort, combining the dedication and skill of staff with the determination and courage of our patients, throughout and after treatment. Survivorship care plans are created at the onset of a cancer diagnosis, maintained throughout the process of treatment, and delivered to patients at the end of their treatment process. These SCPs document the care delivery team, treatment path, and a plan for follow-up care, and serve as not only a testament to the patient's personal journey, but also as a clear statement of past, present and future goals for the overall well-being of each individual.

### **FINANCIAL COUNSELING**

Financial Counseling is available to patients and families to help understand the costs of treatment, insurance coverage and financial responsibility. For more information patients can visit Carle's Patient Accounts Office to speak with one a Customer Service Representatives or call (217) 902-5690. Patient Accounts is located on the first floor of the South Clinic Building (by the lab) and is open 8 a.m. to 5 p.m. Patients can find a second location in the Main Hospital by the Lobby. This location is open 7 a.m. to 5 p.m.

### **SPIRITUAL CARE**

Pastoral and spiritual care services at Carle are available for patients and families in their time of need during cancer treatment. Clinically trained chaplains help patients and families use their unique spiritual resources and provide a supportive presence anytime during the course of treatment or after treatment is complete.

### **NUTRITIONAL COUNSELING**

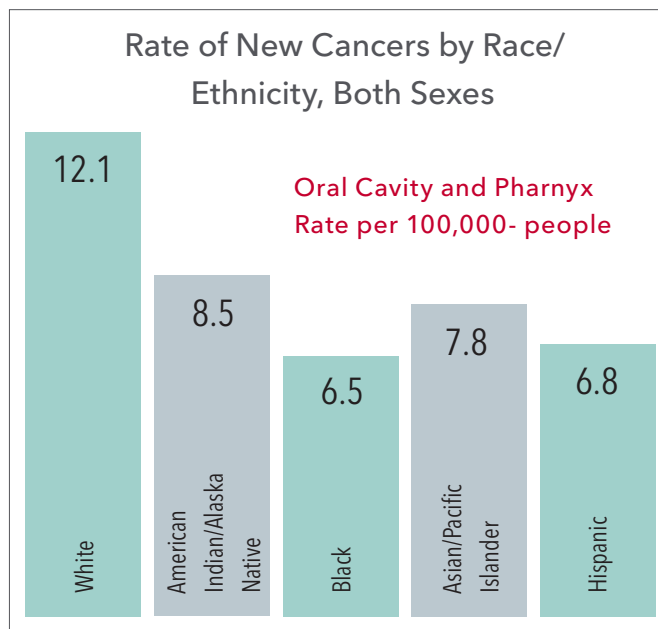
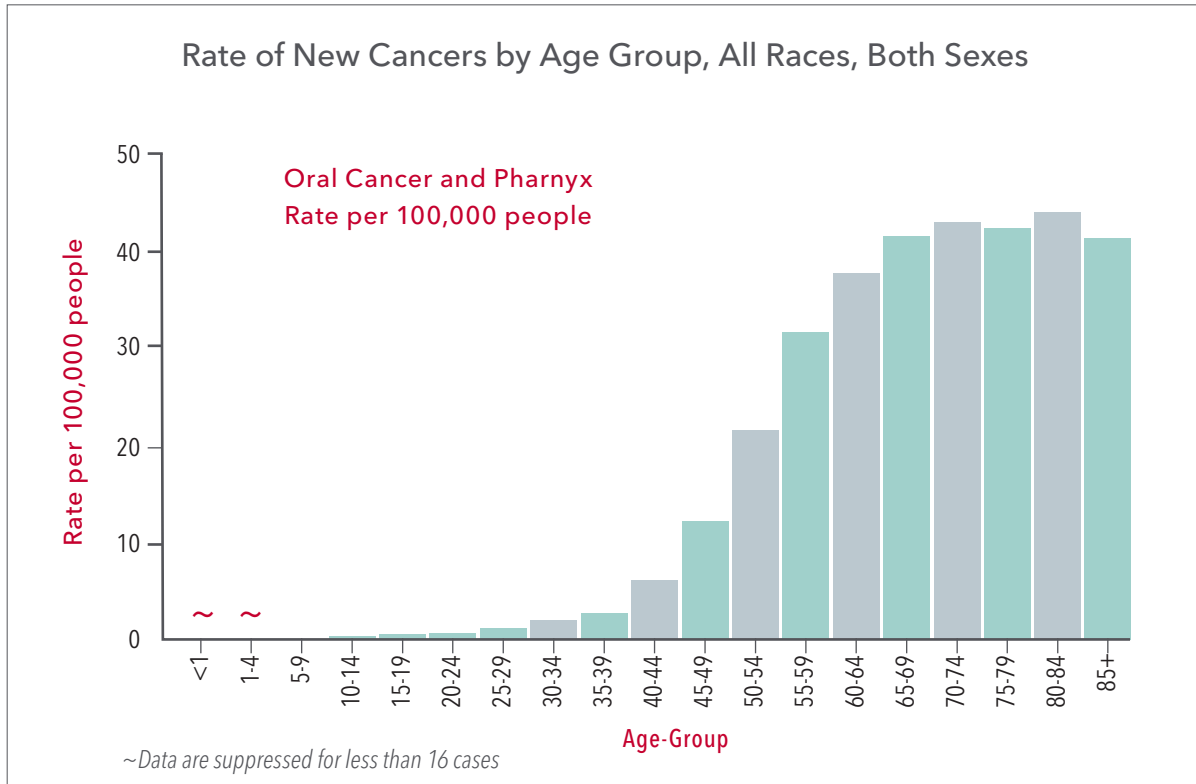
A full-time registered dietitian is available Monday through Friday at Carle Cancer Center for dietary consultation free of charge. The dietitian works as an integral part of the healthcare team to provide assessment, education and support, aiming to optimize patients' nutritional statuses and quality of life. Appointments can be scheduled with any patient service representative at check-in or check-out. The oncology dietitian is specialized in dealing with cancer-related issues and side effects from cancer treatments. Nutrition counseling and surveillance is available before, during and after cancer treatment or surgery.

# Report on Tonsil Cancer

By Dr. Kalika Sarma

## INTRODUCTION

Cancer of the head and neck region include cancers which arise from head and throat, excluding cancers of the brain and eye. According to the CDC, incidence of oral cavity and pharynx cancer in the State of Illinois was reported as 12.3 per 100,000 people for 2015. There were a total of 1,835 oral cavity and pharynx cancers reported. Tonsil is a sub site of pharynx. The majority of tonsil cancers are of the squamous cell variety. Incidence of oropharyngeal cancer, which includes tonsil cancer, has increased mostly among white males.



## RISK FACTORS

Traditionally, risk factors for oropharynx cancer have been alcohol and tobacco. All tobacco products including cigarettes, cigars, pipes, smokeless tobacco are linked to oropharynx cancer. However, more recently, the HPV virus has been implicated in the causation of these cancers. As much as 70 percent of tonsil cancers are now believed to be caused by the HPV virus, which is a common sexually transmitted virus.

Other risk factors include poor oral hygiene and poor diet.

## SIGNS AND SYMPTOMS

Signs and symptoms of tonsil cancer include sore throat, difficulty in swallowing, pain in the ears, swelling or lumps in the neck, bleeding and bad breath.

## DIAGNOSIS

Diagnosis of tonsil cancer is made by obtaining a good history asking for salient symptoms and the use of alcohol and tobacco followed by physical examination, initially. The physical examination may include examination of the neck for any swelling, looking at the back of the throat using a mirror or laryngoscopy and examination of dentition.

Physical examination is followed by imaging studies, which may include CT scan of the head and neck, MRI of the head and neck, CT scan of the chest, barium swallow, PET scan and finally a biopsy of the tumor to confirm a diagnosis of cancer. Biopsy is in the form of fine needle aspirate of a neck lump or a punch biopsy of the tumor in the tonsil. Currently P16 status is determined in all oropharyngeal cancers.



## STAGING

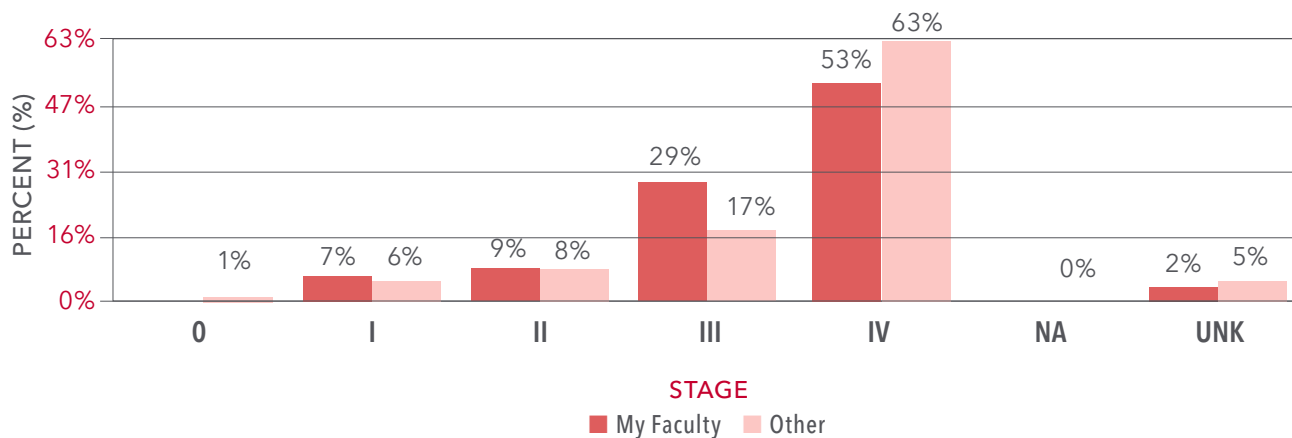
All tonsil cancers are now staged per AJCC 8th edition using TNM criteria.

### Stage of Tonsil Cancer Diagnosed in 2006-2015

Carle Foundation Hospital, Urbana IL vs. Academic Cancer Program Hospitals in All States

Dx and all/part 1st crx. Rx at reporting facility

Data from 276 Hospitals



	0	I	II	III	IV	NA	UNK
<b>My Facility</b>		7%	9%	29%	53%		2%
<b>Other</b>	1%	6%	8%	17%	63%	0.00%	5%

### Stage of Tonsil Cancer Diagnosed in 2006-2015

Carle Foundation Hospital, Urbana IL vs. Academic Cancer Program Hospitals in All States

Dx and all/part 1st crx. Rx at reporting facility

	Stage	My (N)	Oth. (N)	My (%)	Oth. (%)
1.	0	.	125	.	1.27%
2.	I	3	635	6.67%	6.47%
3.	II	4	768	8.89%	7.83%
4.	III	13	1642	28.89%	16.73%
5.	IV	24	6173	53.33%	62.90%
6.	NA	.	11	.	0.11%
7.	UNK	1	460	2.22%	4.69%
	<b>Col. Total</b>	<b>45</b>	<b>9814</b>	<b>100.00%</b>	<b>100.00%</b>

#### Addendum: 2016/2017

Stg I	1
Stg II	1
Stg III	3
Stg IV	3

## P16 STATUS

Since 2013, P16 status has been available.

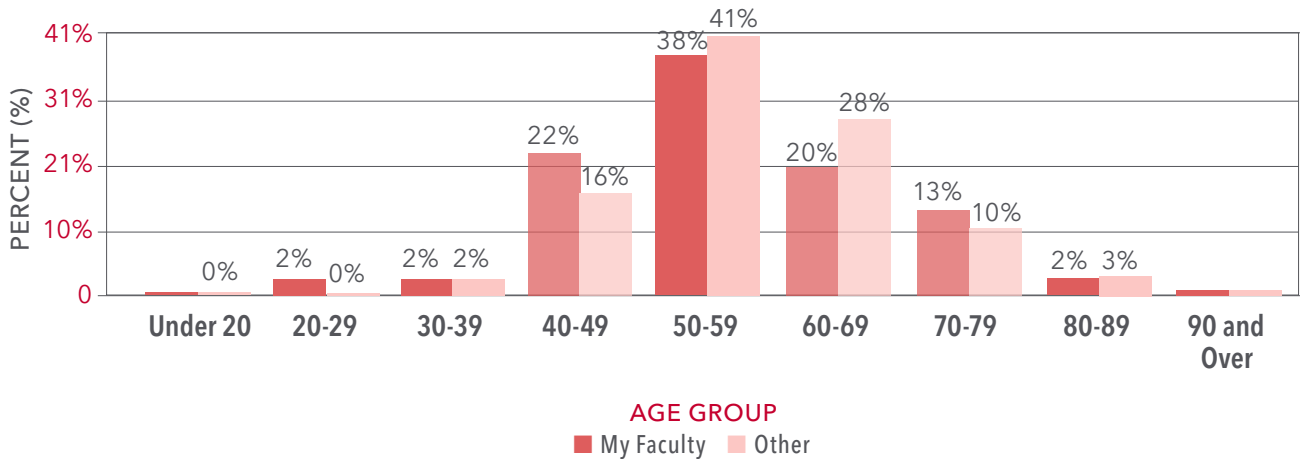
19/22 patients with cancer tonsil were positive for P16.

### Age Group of Tonsil Cancer Diagnosed in 2006-2015

Carle Foundation Hospital, Urbana IL vs Academic Cancer Program Hospitals in All States

Dx and all/part 1st crx. Rx at reporting facility

Data from 276 Hospitals



	Under 20	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90 and over
<b>My Facility</b>		2%	2%	22%	38%	20.00%	13%	2%	
<b>Other</b>	0%	0%	2%	16%	41%	28.00%	10%	3%	0%

### Age Group of Tonsil Cancer Diagnosed in 2006-2015

Carle Foundation Hospital, Urbana IL vs Academic Cancer Program Hospitals in All States

Dx and all/part 1st crx. Rx at reporting facility

#	Age Group	My (N)	Oth. (N)	My (%)	Oth. (%)
1	Under 20	.	4	.	0.04%
2	20-29	1	8	2.22%	0.08%
3	30-39	1	190	2.22%	1.94%
4	40-49	10	1579	22.22%	16.09%
5	50-59	17	4028	37.78%	41.04%
6	60-69	9	2756	20.00%	28.08%
7	70-79	6	971	13.33%	9.89%
8	80-89	1	262	2.22%	2.67%
9	90 and over	.	16	.	0.16%
	<b>Col. Total</b>	<b>45</b>	<b>9814</b>	<b>100.00%</b>	<b>100.00%</b>

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2018

#### Addendum: 2016/2017

40-49	1
50-59	4
60-69	3

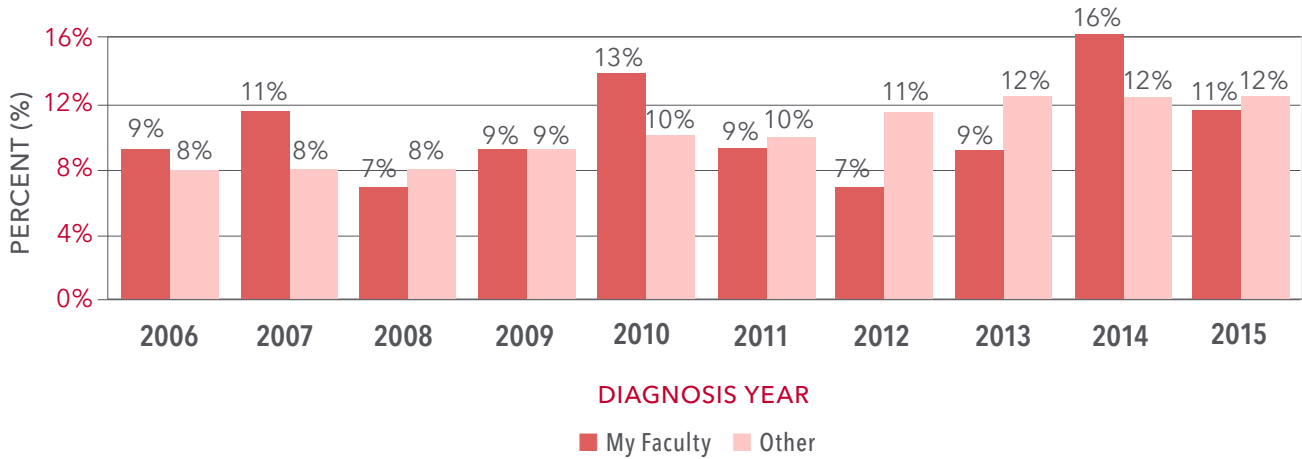


## Diagnosis Year of Tonsil Cancer Diagnosed in 2006-2015

Carle Foundation Hospital, Urbana IL vs Academic Cancer Program Hospitals in All States

Dx and all/part 1st crx. Rx at reporting facility

Data from 276 Hospitals



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
<b>My Faculty</b>	9%	11%	7%	9%	13%	9%	7%	9%	16%	11%
<b>Other</b>	8%	8%	8%	9%	10%	10%	11%	12%	12%	12%

## Diagnosis Year of Tonsil Cancer Diagnosed in 2006-2015

Carle Foundation Hospital, Urbana IL vs Academic Cancer Program Hospitals in All States

Dx and all/part 1st crx. Rx at reporting facility

#	Insurance Status	My (N)	Oth. (N)	My (%)	Oth. (%)
1	2006	4	767	8.89%	7.82%
2	2007	5	768	11.11%	7.83%
3	2008	3	800	6.67%	8.15%
4	2009	4	907	8.89%	9.24%
5	2010	6	953	13.33%	9.71%
6	2011	4	1002	8.89%	10.21%
7	2012	3	1080	6.67%	11.00%
8	2013	4	1174	8.89%	11.96%
9	2014	7	1184	15.56%	12.06%
10	2015	5	1179	11.11%	12.01%
	<b>Col. Total</b>	<b>45</b>	<b>9814</b>	<b>100.00%</b>	<b>100.00%</b>

### Addendum:

2016	6
2017	2

## First Course Treatment of Tonsil Cancer Diagnosed in 2006-2015

Carle Foundation Hospital, Urbana IL vs Academic Cancer Program Hospitals in All States

Dx and all/part 1st crx. Rx at reporting facility

#	Insurance Status	My (N)	Oth. (N)	My (%)	Oth. (%)
1	Surgery Only	2	1264	4.44%	12.88%
2	Radiation Only	2	505	4.44%	5.15%
3	Surgery & Radiation	13	951	28.89%	9.69%
4	Surgery & Chemotherapy	.	107	.	1.09%
5	Radiation & Chemotherapy	15	3570	33.33%	36.38%
6	Chemotherapy Only	.	258	.	2.63%
7	Surgery, Radiation and Chemotherapy	10	2215	22.22%	22.57%
8	Surgery, Radiation and Hormone Therapy	.	2	.	0.02%
9	Surgery & Hormone Therapy	.	2	.	0.02%
10	Surgery, Radiation, Chemotherapy & Hormone Therapy	.	8	.	0.08%
11	Surgery, Chemotherapy & Hormone Therapy	.	3	.	0.03%
12	Surgery & BRM	.	1	.	0.01%
13	Chemotherapy & Hormone Therapy	.	3	.	0.03%
14	Chemotherapy & BRM	.	9	.	0.09%
15	Surgery, Chemotherapy & BRM	.	5	.	0.05%
16	Active Surveillance	.	4	.	0.04%
17	Other Specified Therapy	1	350	2.22%	3.57%
18	No 1st Course Rx	2	557	4.44%	5.68%
	<b>Col. Total</b>	<b>45</b>	<b>9814</b>	<b>100.00%</b>	<b>100.00%</b>

## First Course Treatment of Tonsil Cancer Diagnosed in 2006-2015

Carle Foundation Hospital, Urbana IL vs Academic Cancer Program Hospitals in All States

Dx and all/part 1st crx. Rx at reporting facility

Data from 276 Hospitals

	Surgery Only	Radiation Only	Surgery & Radiation	Surgery & Chemotherapy	Radiation & Chemotherapy	Chemotherapy Only	Surgery, Radiation & Chemotherapy	Surgery, Radiation, & Hormone Therapy
<b>My Facility</b>	4%	4%	29%		33%		22%	
<b>Other</b>	13%	5%	10%	1%	38%	3%	23%	0%

### Addendum: 2016/2017

Radiation and Chemotherapy	5
Surgery and Radiation	1
Surgery, Radiation and Chemotherapy	1

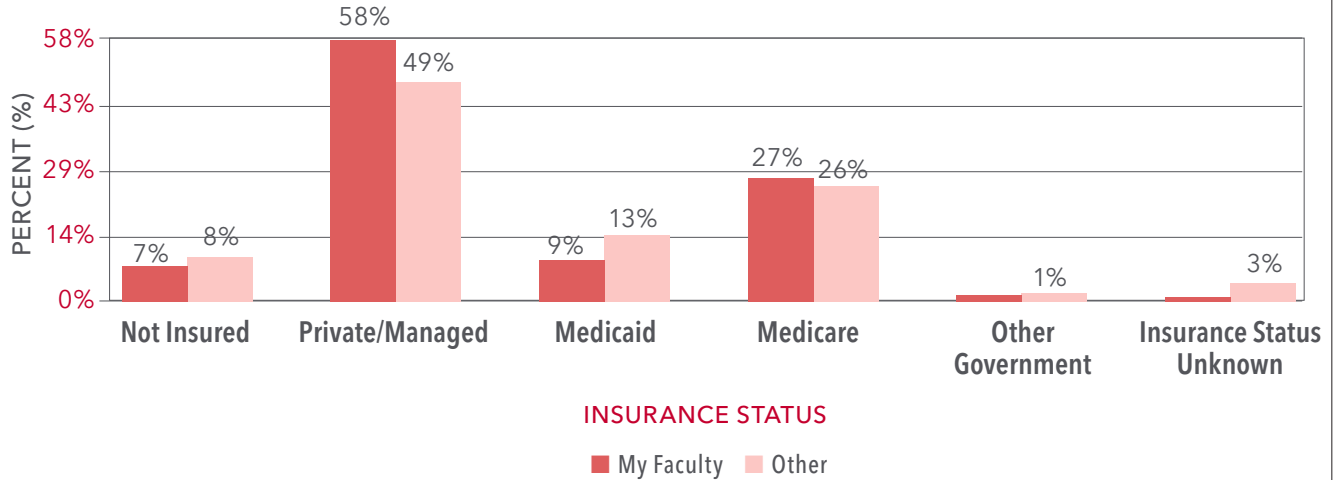
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## Insurance Status of Tonsil Cancer Diagnosed in 2006-2015

Carle Foundation Hospital, Urbana IL vs. Academic Cancer Program Hospitals in All States

Dx and all/part 1st crx. Rx at reporting facility

Data from 276 Hospitals



	Not Insured	Private/Managed	Medicaid	Medicare	Other Government	Insurance Status Unknown
<b>My Facility</b>	7%	58%	9	27%		
<b>Other</b>	8%	49%	13%	26%	1.00%	3%

## Insurance Status of Tonsil Cancer Diagnosed in 2006-2015

Carle Foundation Hospital, Urbana IL vs Academic Cancer Program Hospitals in All States

Dx and all/part 1st crx. Rx at reporting facility

#	Insurance Status	My (N)	Oth. (N)	My (%)	Oth. (%)
1	Not Insured	3	777	6.67%	7.92%
2	Private/Managed	26	4796	57.78%	48.87%
3	Medicaid	4	1311	8.89%	13.36%
4	Medicare	12	2546	26.67%	25.94%
5	Other Government	.	117	.	1.19%
6	Insurance Status Unknown	.	267	.	2.72%
	<b>Col. Total</b>	<b>45</b>	<b>9814</b>	<b>100.00%</b>	<b>100.00%</b>

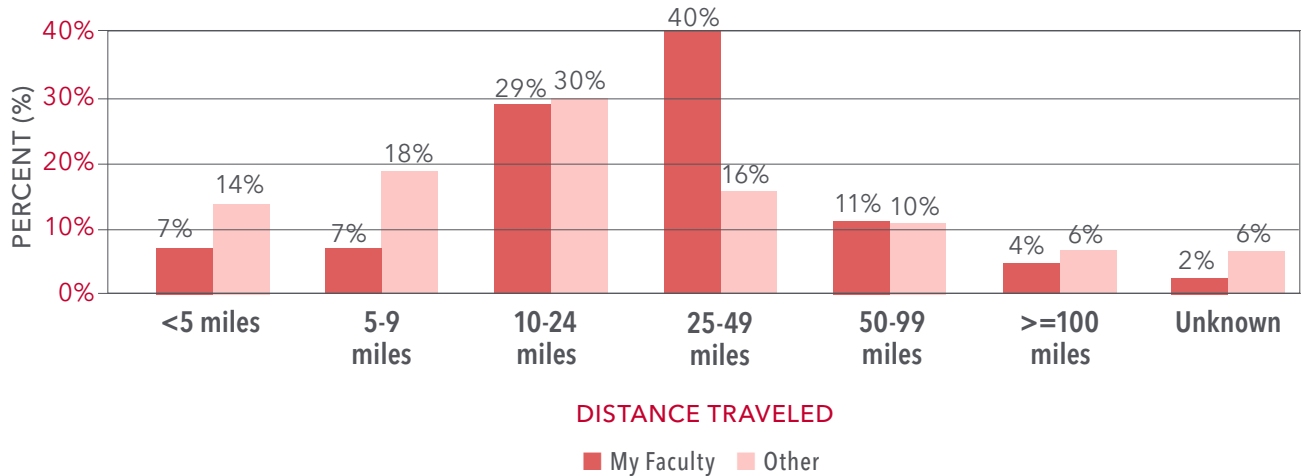
Addendum:	
Private/Managed	5
Medicare	3

## Distance Traveled of Tonsil Cancer Diagnosed in 2006-2015

Carle Foundation Hospital, Urbana IL vs. Academic Cancer Program Hospitals in All States

Dx and all/part 1st crx. Rx at reporting facility

Data from 276 Hospitals



	< 5 Miles	5-9 Miles	10-24 Miles	25-49 Miles	50-99 Miles	>=100 Miles	Unknown
<b>My Faculty</b>	7%	7%	29%	40%	11%	4%	2%
<b>Other</b>	14%	18%	30%	16%	10%	6%	6%

## Distance Traveled of Tonsil Cancer Diagnosed in 2006-2015

Carle Foundation Hospital, Urbana IL vs Academic Cancer Program Hospitals in All States

Dx and all/part 1st crx. Rx at reporting facility

#	Distance Traveled	My (N)	Oth. (N)	My (%)	Oth. (%)
1		3	1330	6.67%	13.55%
2	5-9 Miles	3	1810	6.67%	18.44%
3	10-24 Miles	13	2905	28.89%	29.60%
4	25-49 Miles	18	1525	40%	15.54%
5	50-99 Miles	5	1013	11.11%	10.32%
6	>=100 Miles	2	615	4.44%	6.27%
7	Unknown	1	616	2%	6.28%
	<b>Col. Total</b>	<b>45</b>	<b>9814</b>	<b>100.00%</b>	<b>100.00%</b>

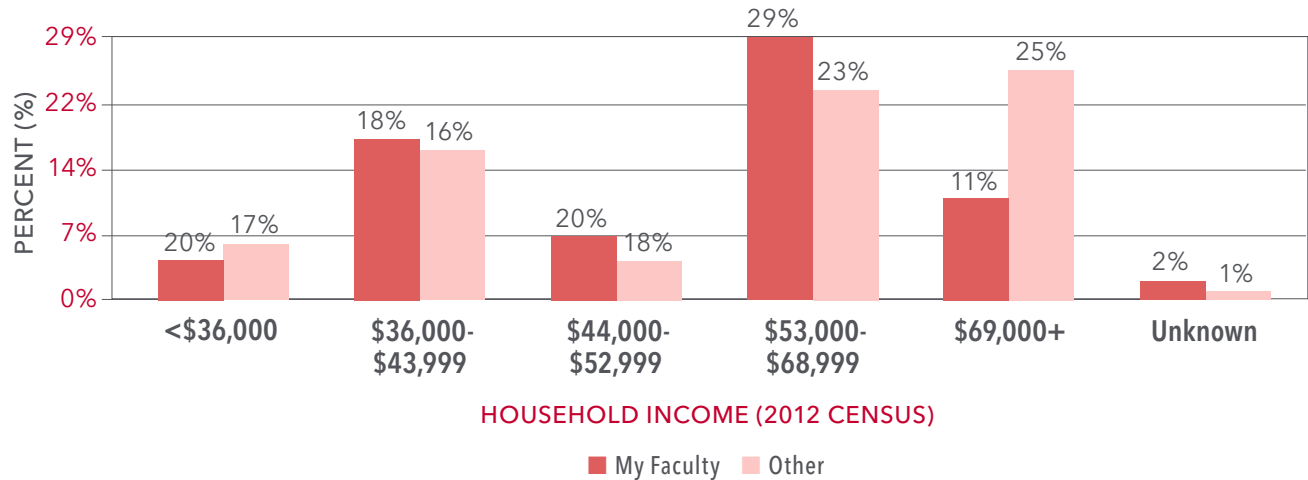
Addendum: 2016/2017	
5-9 miles	1
10-24	3
25-49	1
50-99	3

## Household Income (2012 Census) of Tonsil Cancer Diagnosed in 2006-2015

Carle Foundation Hospital, Urbana IL vs. Academic Cancer Program Hospitals in All States

Dx and all/part 1st crx. Rx at reporting facility

Data from 276 Hospitals



	<\$36,000	\$36,000-\$43,999	\$44,000-\$52,999	\$53,000-\$68,999	\$69,000+	Unknown
<b>My Facility</b>	20%	18%	20%	29%	11%	2%
<b>Other</b>	17%	16%	18%	23%	25%	1%

## Household Income (2012 Census) of Tonsil Cancer Diagnosed in 2006-2015

Carle Foundation Hospital, Urbana IL vs Academic Cancer Program Hospitals in All States

Dx and all/part 1st crx. Rx at reporting facility

#	Household Income (2012 Census)	My (N)	Oth. (N)	My (%)	Oth. (%)
1	< \$36,000	9	1672	20.00%	17.04%
2	\$36,000 - \$43,000	8	1612	17.78%	16.43%
3	\$44,000 - \$52,999	9	1733	20.00%	17.66%
4	\$53,000 - \$68,999	13	2241	28.89%	22.83%
5	69,000+	5	2472	11.11%	25.19%
6	Unknown	1	84	2.22%	0.86%
	<b>Col. TOTAL</b>	<b>45</b>	<b>9814</b>	<b>100%</b>	<b>100%</b>



## Radiation Therapy of Tonsil Cancer Diagnosed in 2006-2015

Carle Foundation Hospital, Urbana IL vs. Academic Cancer Program Hospitals in All States

Dx and all/part 1st crx. Rx at reporting facility

Data from 276 Hospitals

	No Radiation Treatment	Beam Radiation	Brachytherapy	Radioisotopes	Radiation Therapy, NOS	Unknown if Radiation Therapy Recommended or Administered
<b>My Facility</b>	9%	87%			4%	
<b>Other</b>	23%	75%	0%	0%	1%	1%

## Radiation Therapy of Tonsil Cancer Diagnosed in 2006-2015

Carle Foundation Hospital, Urbana IL vs Academic Cancer Program Hospitals in All States

Dx and all/part 1st crx. Rx at reporting facility

#	Radiation Therapy	My (N)	Oth. (N)	My (%)	Oth. (%)
1	No Radiation Treatment	4	2224	8.89%	22.66%
2	Beam Radiation	39	7405	86.67%	75.45%
3	Brachytherapy	.	18	.	0.18%
4	Radioisotopes	.	3	.	0.03%
5	Radiation Therapy, NOS	2	112	4.44%	1.14%
6	Unknow if Radiation Therapy Recommended or Administered	.	52	.	0.53%
	<b>Col. TOTAL</b>	<b>45</b>	<b>9814</b>	<b>100%</b>	<b>100%</b>

### Addendum: 2016/2017

Beam Radiation	7
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## CONCLUSION

A total of 53 cases of tonsil cancers were managed at Carle Cancer Center since 2006. All cases are evaluated at multidisciplinary tumor boards attended by ear nose and throat, oral and maxillofacial surgeons, medical oncologists, radiation oncologists, radiologists, pathologists, nurses, Cancer Registry staff, nutrition services, social workers, clinical research coordinators and pharmacy staff.

Head and Neck Cancer Support Group meets on a regular basis.



# Cancer Registry

**MISSION STATEMENT**

Carle Cancer Registry is dedicated to accurately abstracting cancer information from medical records and maintaining a Certified Cancer Registry. Patients diagnosed and/or treated with cancer are followed annually with the utmost compliance of confidentiality for their lifetime.

Cancer Registry abstracts, collects and maintains all cancer patient information at Carle. The Cancer Registry staff follows the cancer patient for their lifetime if they are diagnosed and/or treated at Carle. The abstracted information provides the registry with measurement of outcomes and cancer patient survival. Our annual analytic caseload is over 1,300 cases.

*Table 1: Follow up Rates as required by Commission on Cancer/American College of Surgeons:*

	Requirement	Actual Rate
Reference Year (2000)	80%	89.22%
5 year	90%	94.39%

2018 Cancer Registry Staff	Outsourced Registry Staff
Sharon Jacobson, CTR, Cancer Program Coordinator	Dawn Grabowski, CTR
Sarah Glenn, MSN, RN, OCN, Quality Improvement Coordinator	Heather Benson, CTR
Julie McClain, CTR, Cancer Program Coordinator	Brandy Lewis, CTR
Stephanie Grote, Cancer Registry Specialist	Talisha Ballard, CTR
Kym Gibson, Accreditation and Quality Specialist	Tiffany Ervin, CTR

# Commission on Cancer (CoC) Standards 4.7 & 4.8

## Studies of Quality and Quality Improvement

### QUALITY STUDY

The Commission on Cancer “is dedicated to improving survival and quality of care for cancer patients through standard-setting, prevention, research, education and the monitoring of comprehensive quality of care.”

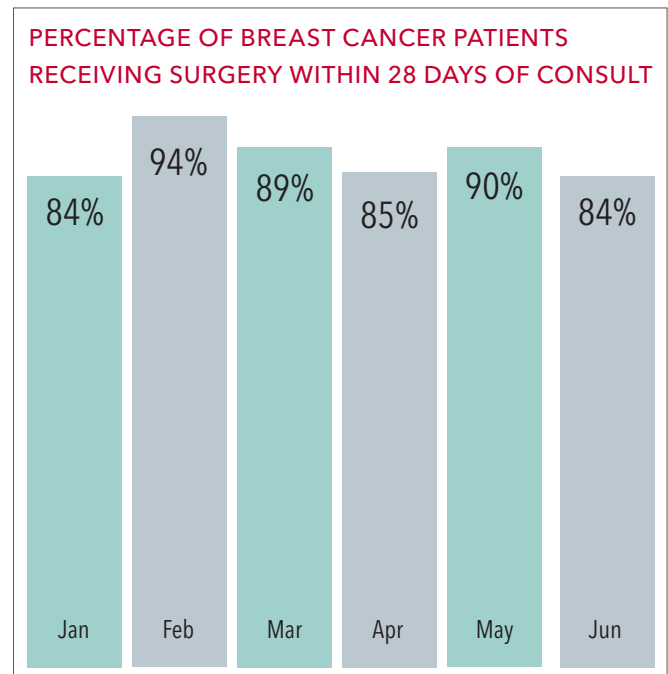
The Carle Cancer Center 2018 study of quality is looking at the care for patients with head and neck cancer. Carle Cancer Center’s goal is to ensure all patients that have head and neck cancer and need concurrent chemotherapy and radiation start treatment on the same day. A review of the processes needed to ensure successful concurrent treatment of these patients is specifically looking at the following areas:

- How is the coordination of visits performed and achieved?
- How are medical oncology and radiation oncology consults ordered?

Six months of data show there are inconsistencies with how the orders are placed within our electronic medical record system. One of the inconsistencies includes orders for one specialty but not the other specialty involved in the patient’s concurrent treatment. In addition, to ensure patient treatments are properly scheduled, staff often work around the current electronic record. Unknown delays also occur with no apparent reason for the delay.

### QUALITY IMPROVEMENT

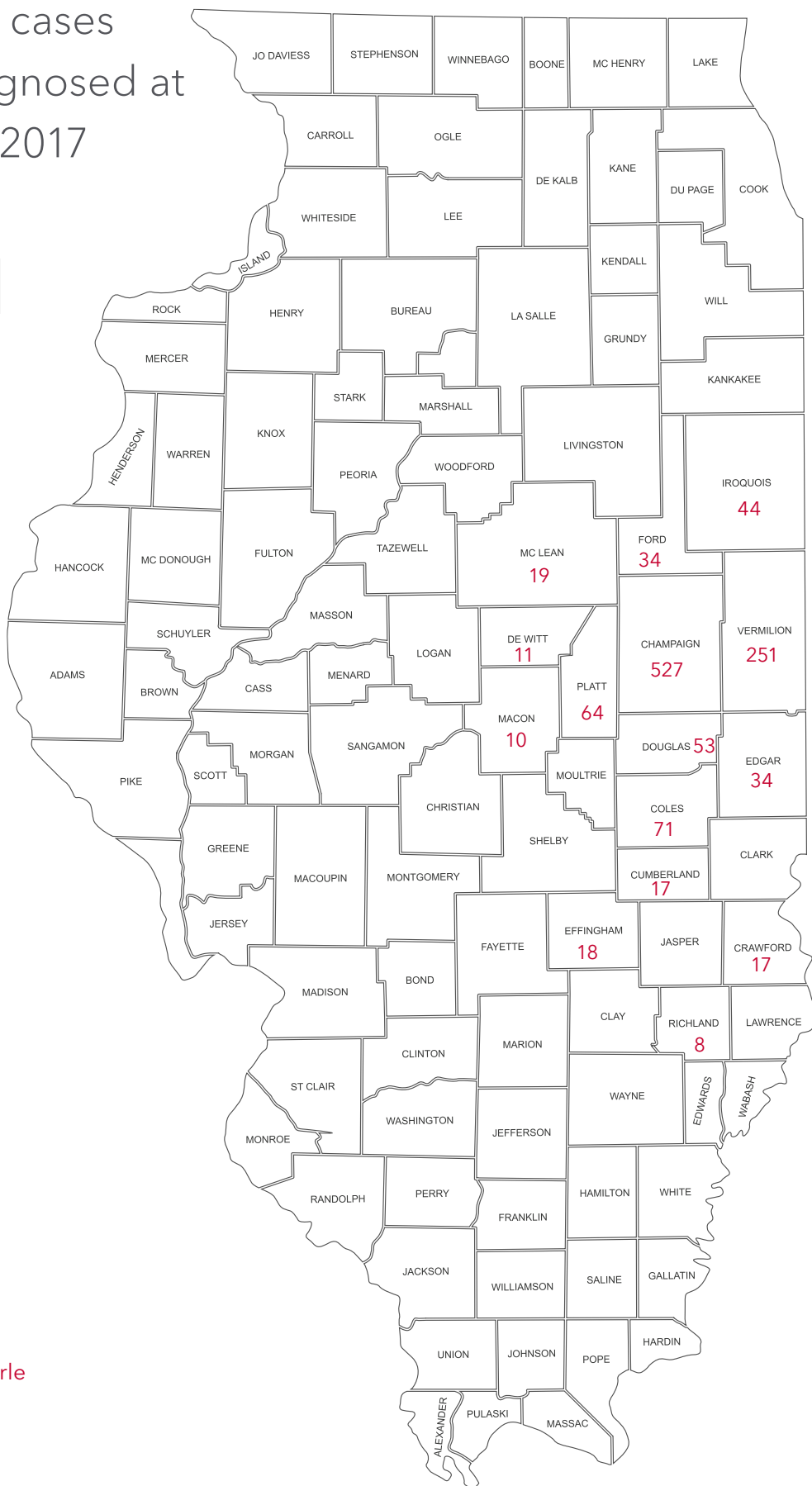
Prompt surgical treatment of breast cancer is essential for securing the best possible prognosis and patient satisfaction. And, for example, by minimizing wasted resources, facilitating entry of new patients and expediting any subsequent treatments, a breast center can increase institutional efficiency. A quality study performed in 2017 by Anna Higham, MD, showed the number of days from diagnosis to treatment was at 32 with a range from six to 140 days; the goal is 28 days or less. Obstacles can delay this initiative and the 2018 quality improvement will review our progress to improve patient-visit timelines. Data from the first six months show that we are above our goal of 75 percent for each month for 2018.



# Counties with new cases treated and/or diagnosed at Carle Facilities for 2017

## TOP COUNTIES OF ORIGIN

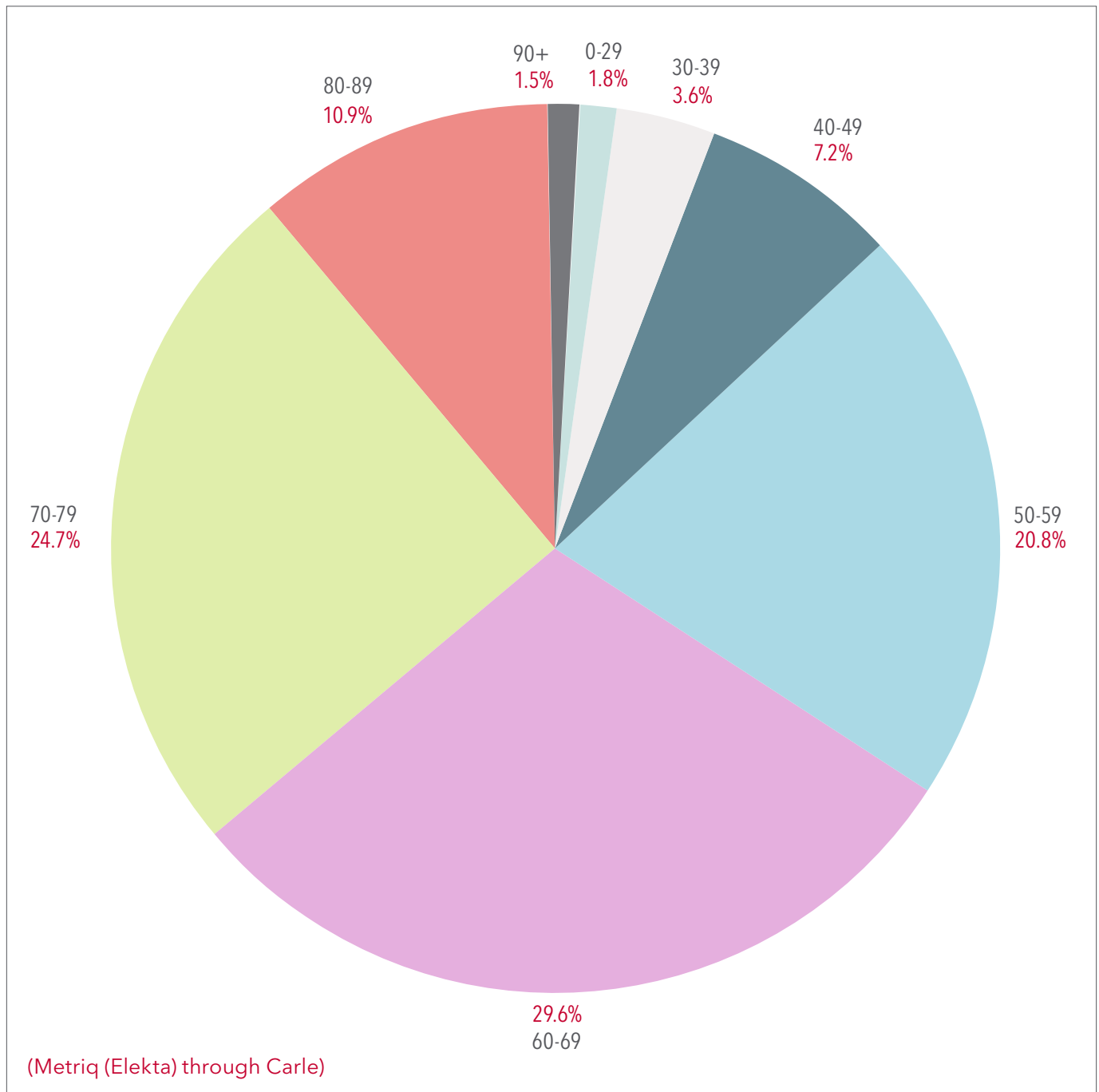
County at Diagnosis	# of New Cases
IL - Champaign	527
IL - Vermilion	251
IL - Coles	71
IL - Piatt	64
IL - Douglas	53
IL - Iroquois	44
IL - Edgar	34
IL - Ford	34
IL - Mclean	19
IL - Effingham	18
IL - Crawford	17
IL - Cumberland	17
IL - DeWitt	11
IL - Macon	10
IL - Richland	8



Carle Physician Group satellites are located in all these counties.

Source: Metriq (Elekta) through Carle

# Age at Diagnosis (In Years)





# Summary of Body System and Sex Report

## Males

Oral Cavity & Pharynx - 38 (6%)  
Lung & Bronchis - 80 (13%)  
Pancreas - 25 (4%)  
Kidney & Renal Pelvis - 36 (6%)  
Urinary Bladder - 43 (7%)  
Colon & Rectum - 61 (10%)  
Prostate - 119 (20%)  
Non-Hodgkin Lymphoma - 29 (5%)  
Melanoma of the Skin - 55 (9%)  
Leukemia - 16 (3%)  
  
All other sites - 120 (20%)



## Females

Thyroid - 31 (4%)  
Lung & Bronchis - 79 (11%)  
Breast - 234 (33%)  
Kidney & Renal Pelvis - 23 (3%)  
Ovary - 17 (2%)  
Uterine Corpus - 59 (8%)  
Colon & Rectum - 40 (6%)  
Non-Hodgkin Lymphoma - 17 (2%)  
Melanoma of the Skin - 34 (5%)  
Leukemia - 10 (1%)  
  
All other sites - 159 (23%)

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(Metriq (Elekta) through Carle)

