



Covenant HealthCare

2016

COVENANT CANCER CARE CENTER
ANNUAL REPORT



MDAnderson
~~Cancer~~Network[®]
Certified Member

Who We Are...

The Covenant Cancer Care Center serves as a vibrant hub of activity, uniting nearly all of the Covenant HealthCare staff and services into one efficient yet comfortable setting. Covenant is a leader in advancing programs that support the full continuum of cancer care. Covenant Cancer Care Center is a certified member of MD Anderson Cancer Network. Covenant utilizes MD Anderson prestigious clinical standards and expertise to elevate quality of care for cancer patients in the region.



At the core, the Covenant Cancer Care Center is an elite team of physicians and nurses who are leaders in the field of oncology and who specialize in treating a variety of cancers. They take a multidisciplinary approach to providing the highest quality of cancer care and work closely to tailor treatment plans to individual needs.



Covenant Cancer Care Center has received national awards and accreditations including:

- Commission on Cancer Accreditation
- National Accreditation Program for Breast Centers
- Member of MD Anderson Certified Network
- American College of Radiology
- Designated Lung Cancer Screening Center



Equally important, Covenant physicians and nurses treat every patient with respect and compassion. They take time to listen, build trust, provide support and alleviate fears – often developing lifetime relationships with patients and families. The Center features the best available treatments in cancer, including the latest and most sophisticated radiation therapy and minimally-invasive da Vinci robotic surgery.

Our Covenant cancer specialists are well connected to the latest research, breakthroughs and medical resources. We participate in leading clinical trials in research studies to advance human understanding of the disease and drive solutions to key problems.



Cancer Committee Report

JOHN BARTNIK, MD, CHAIR OF THE CANCER COMMITTEE

SUSSAN BAYS, MD, MEDICAL DIRECTOR, COVENANT CANCER CARE CENTER

We are proud to present the 2016 Covenant HealthCare Cancer Program Annual Report and the several achievements that resulted in the collaboration of many multidisciplinary professionals. One major accomplishment was the continued collaboration with MD Anderson Cancer Network. This report also outlines the addition of the Versa HD linear accelerator at the Covenant Radiation Center, our new Lung Cancer Screening Program and our broad-spectrum of services available to our cancer patients.

During 2016, the Cancer Committee and the Cancer Registry worked diligently to review, assess and compile the documentation needed to demonstrate compliance with the standards of the American College of Surgeons – Commission on Cancer (ACoS-CoC). Our cancer registry reviewed over 2,213 cases in 2016 of which 1,203 were analytic cases – an increase in twenty-nine new cases from the previous year. Analytic cases are those patients who were diagnosed and/or treated at Covenant for their first course of cancer.

Providing quality care to our cancer patients as well as meeting the ACoS-CoC standards, involves improvement projects and cancer outcome of quality of care studies. A study was completed for non-small cell lung (NSCL) cancer which reviewed compliance with the National Comprehensive Cancer Network (NCCN) guidelines. This study revealed Covenant is compliant with the guidelines and is developing further improvements to ensure our molecular testing meets current standards. The process for EGFR/ALK testing was reviewed and the quality metric target is set at 100% of patients with advanced-stage lung adenocarcinoma having EGFR/ALK testing completed and documented or the reason for not testing documented. Another important study implemented in 2016 was the development of a management protocol for patients receiving treatment for cancer of the head and neck to prevent delays in treatment, infections, hospitalization and the need for IV hydration. This protocol also stresses maintaining the quality of life in survivorship. Specific tumor conferences were also added for colon and lung.

The Cancer Committee, in cooperation with multiple departments throughout Covenant, collaborated efforts to provide the best practice principles of cancer care and education to our patients. Together with other community agencies, such as the American Cancer Society, we were able to bring programs and services to our patients in the Great Lakes Bay Region. Members of the cancer program include physicians, nurses, allied health professionals, chaplains, social workers, dietitians, pharmacists and hospital administrators who work together to provide optimal care for our patients. Our work includes prevention, early detection, state-of-the-art treatment, long-term support and lifetime follow-up of our cancer patients.

We would like to thank the Cancer Committee members and our administrative members at Covenant for their dedication and hard work in achieving our goals. A special thanks goes to our Cancer Registry staff, which is a vital organizing force and key component of the cancer program's continued achievement. All members of the Covenant Cancer Program – whether they are providing bedside care, reviewing pathology slides in the laboratory, planning and strategizing in a boardroom or crunching numbers at a computer – contribute to making a difference in the lives for our patients. Our common goal is to improve patient outcomes and ultimately improve the quality of life. I hope this report provides some insight into the cancer care provided at Covenant HealthCare.

SCREENING FOR Lung Cancer with Low Dose CT

On February 5, 2015, the Centers for Medicare & Medicaid Services (CMS) approved the use of Low-Dose Computed Tomography (LDCT) for early detection of lung cancer for those individuals at high risk for the disease. A lengthy decision memo was published by the CMS outlining eligibility guidelines for annual screening of patients and criteria to be used when establishing a lung cancer screening program. Covenant Cancer Care Center accepted the challenge and in 2015 created a program meeting these parameters. Starting with stringent dose requirements for the LDCT and guidelines for reporting of findings, to submission of data to a national registry – there were many facets to implementing this initiative. The goal was to deliver a quality lung cancer screening program to our community. Vital to the program is the support of our physicians who identify appropriate patients and order the testing. The 2016 calendar year marks the first full year of our Lung Cancer Screening program.

Submission of all data from each LDCT to the Lung Cancer Screening Registry is mandatory and has provided some interesting revelations:

- We have completed 330 LDCTs in 2016 - this is a significant increase from the 155 completed in 2015.
- We have discovered seven lung cancers and one bladder cancer. Four of these patients were found to have stage I cancer, better positioning them for long-term survival.

This is a key element in a population of cancer patients where the average one year survival is approximately 44%, with the average five year survival is approximately 17%.^{*} Late stage at detection was and still is, a driving factor in poor survival rates. It is something we hope to improve through more widespread use of LDCT for lung cancer screening.

Once lung cancer has been detected, support for patients is vital. Cases are presented at a dedicated lung cancer tumor board with nurse navigation services provided from first abnormal imaging study through completion of treatment. Educational resources are provided to all patients with coordination of support services. Registered dietitians, oncology social workers and Physical Medicine and Rehabilitation (PM&R) services are engaged to help these patients thrive during treatment or deal with untoward symptoms and situations in a multidisciplinary approach. Treatment summaries and survivorship care plans provided at the end of active treatment help our patient's transition to their new normal when active treatment ends.

^{*}ASCO Cancer.net

COVENANT PREVENTION PROGRAM Smoking Cessation Initiative

The Covenant HealthCare Respiratory Therapy Department has long provided smoking cessation classes to our community. Classes were initiated on an as needed basis and driven by referrals. Our 2015 community needs assessment, which focused on lung cancer, highlighted the need for offering more smoking cessation programs in our area. Additionally, tobacco smoking has also been implicated as a cause in many other cancers causing at least 30% of all cancer deaths.¹ Existing data suggests a link between smoking and an increased risk of cancer recurrence, increased risk for second cancers, poor treatment response, and increased treatment related toxicity.²

Currently, Covenant Cancer Care Center hosts three informational seminars to encourage smoking cessation each year. Seminars are in January, April and September and aimed at maximizing efforts at key times throughout the year, providing consistency in offerings from year to year. Patients meet with our respiratory therapy team and discuss the importance of living a tobacco-free life, as well as checking their current lung health status through use of respiratory screening tools. They learn about options locally available to them to quit smoking and products to assist in the process. Interested parties can sign up for FREE smoking cessation classes based on the American Cancer Society "Smart Move!" program.³ For those wanting more private options, the Michigan Cancer Consortium Quit Line program can be contacted, or can provide additional information. As of December 2016, we have completed two full years of informational sessions and subsequent "Smart Move" classes.

Covenant Cancer Care Center also participates annually in the American Cancer Society "Great American Smokeout," encouraging smoking cessation through social media, local television coverage and print material. Local physicians and organizations are provided an informational session schedule in advance of the new calendar year and are asked to distribute it to patients and the public. Attendees are encouraged to return to the next session of classes as needed to reach their goal of living a tobacco-free life!



¹ Siegel RL, Miller KD, Jemal A. Cancer Statistics, 2015. *CA Cancer J Clin* 2015; 65:5-29.

² Shields PG, Herbst RS, Arenberg D, et al. Smoking Cessation V1.2016. *JNCCN* 2016; Vol. 14, Num 11: 1430-1467.

³ American Cancer Society.

Primary Site Table 2015

| Report Retrieved 11/21/16 | | | Sex | | Class of Case | Status | | | Stage Distribution | | | | | | |
|-------------------------------------|-------------|---------------|------------|------------|---------------|------------|------------|-----------|--------------------|------------|------------|------------|-----------|-----------|--|
| Primary Site | Number | Total% | M | F | Analytic | Alive | Exp | Stg 0 | Stg I | Stg II | Stg III | Stg IV | 88 | Unk | |
| Anus, Anal Canal & Anorectum | 1 | 0.1% | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | |
| Bones and Joints | 1 | 0.1% | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | |
| Brain | 6 | 0.5% | 4 | 2 | 6 | 1 | 5 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | |
| Breast | 266 | 22.1% | 1 | 265 | 266 | 258 | 8 | 51 | 109 | 80 | 14 | 9 | 0 | 4 | |
| Cervix Uteri | 20 | 1.7% | 0 | 20 | 20 | 19 | 1 | 0 | 12 | 1 | 5 | 2 | 0 | 0 | |
| Colon Excluding Rectum | 64 | 5.3% | 31 | 33 | 64 | 55 | 9 | 9 | 10 | 21 | 9 | 13 | 0 | 2 | |
| Corpus & Uterus, NOS | 111 | 9.2% | 0 | 111 | 111 | 100 | 11 | 0 | 86 | 5 | 8 | 6 | 0 | 6 | |
| Cranial Nerves Other Nervous System | 3 | 0.2% | 1 | 2 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | |
| Esophagus | 8 | 0.7% | 5 | 3 | 8 | 2 | 6 | 0 | 1 | 1 | 1 | 4 | 0 | 1 | |
| Gum & Other Mouth | 1 | 0.1% | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | |
| Hodgkin Lymphoma | 2 | 0.2% | 2 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | |
| Hypopharynx | 1 | 0.1% | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | |
| Kidney & Renal Pelvis | 49 | 4.1% | 24 | 25 | 49 | 42 | 7 | 1 | 33 | 2 | 5 | 7 | 0 | 0 | |
| Larynx | 7 | 0.6% | 4 | 3 | 7 | 6 | 1 | 0 | 2 | 3 | 0 | 2 | 0 | 0 | |
| Liver & Intrahepatic Bile Duct | 11 | 0.9% | 9 | 2 | 11 | 1 | 10 | 0 | 1 | 1 | 2 | 3 | 2 | 2 | |
| Lung & Bronchus | 139 | 11.6% | 63 | 76 | 139 | 51 | 88 | 1 | 30 | 6 | 32 | 66 | 0 | 4 | |
| Lymphocytic Leukemia | 8 | 0.7% | 4 | 4 | 8 | 4 | 4 | 0 | 0 | 0 | 0 | 0 | 8 | 0 | |
| Melanoma -- Skin | 22 | 1.8% | 16 | 6 | 22 | 21 | 1 | 9 | 6 | 3 | 0 | 1 | 0 | 3 | |
| Mesothelioma | 2 | 0.2% | 2 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | |
| Miscellaneous | 33 | 2.7% | 17 | 16 | 33 | 14 | 19 | 0 | 0 | 0 | 0 | 0 | 33 | 0 | |
| Myeloma | 22 | 1.8% | 16 | 6 | 22 | 21 | 1 | 0 | 0 | 0 | 0 | 0 | 22 | 0 | |
| Myeloid & Monocytic Leukemia | 13 | 1.1% | 4 | 9 | 13 | 8 | 5 | 0 | 0 | 0 | 0 | 0 | 13 | 0 | |
| Non-Hodgkin Lymphoma | 51 | 4.2% | 32 | 19 | 51 | 37 | 14 | 0 | 6 | 5 | 3 | 23 | 0 | 14 | |
| Nose, Nasal Cavity & Middle Ear | 2 | 0.2% | 0 | 2 | 2 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | |
| Oropharynx | 2 | 0.2% | 2 | 0 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | |
| Other Biliary | 2 | 0.2% | 1 | 1 | 2 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | |
| Other Endocrine including Thymus | 1 | 0.1% | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | |
| Other Female Genital Organs | 1 | 0.1% | 0 | 1 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| Other Non-Epithelial Skin | 2 | 0.2% | 1 | 1 | 2 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | |
| Ovary | 50 | 4.2% | 0 | 50 | 50 | 38 | 12 | 0 | 13 | 3 | 18 | 13 | 0 | 3 | |
| Pancreas | 22 | 1.8% | 14 | 8 | 22 | 9 | 13 | 0 | 1 | 5 | 1 | 15 | 0 | 0 | |
| Peritoneum, Omentum & Mesentery | 2 | 0.2% | 1 | 1 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | |
| Prostate | 127 | 10.6% | 127 | 0 | 127 | 120 | 7 | 0 | 16 | 83 | 7 | 10 | 0 | 11 | |
| Rectum & Rectosigmoid | 31 | 2.6% | 18 | 13 | 31 | 28 | 3 | 4 | 7 | 7 | 3 | 6 | 0 | 4 | |
| Salivary Glands | 2 | 0.2% | 0 | 2 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | |
| Small Intestine | 2 | 0.2% | 2 | 0 | 2 | 2 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | |
| Soft Tissue | 5 | 0.4% | 1 | 4 | 5 | 3 | 2 | 0 | 2 | 1 | 0 | 1 | 0 | 1 | |
| Stomach | 17 | 1.4% | 10 | 7 | 17 | 6 | 11 | 0 | 5 | 1 | 2 | 6 | 0 | 3 | |
| Testis | 7 | 0.6% | 7 | 0 | 7 | 7 | 0 | 0 | 4 | 1 | 2 | 0 | 0 | 0 | |
| Thyroid | 17 | 1.4% | 7 | 10 | 17 | 16 | 1 | 0 | 9 | 3 | 3 | 1 | 0 | 1 | |
| Tongue | 6 | 0.5% | 4 | 2 | 6 | 6 | 0 | 1 | 1 | 0 | 4 | 0 | 0 | 0 | |
| Tonsil | 5 | 0.4% | 4 | 1 | 5 | 5 | 0 | 0 | 0 | 0 | 1 | 4 | 0 | 0 | |
| Ureter | 1 | 0.1% | 1 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Urinary Bladder | 37 | 3.1% | 25 | 12 | 37 | 31 | 6 | 16 | 4 | 7 | 2 | 3 | 0 | 5 | |
| Vagina | 2 | 0.2% | 0 | 2 | 2 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | |
| Vulva | 19 | 1.6% | 0 | 19 | 19 | 15 | 4 | 0 | 13 | 1 | 3 | 0 | 0 | 2 | |
| Total | 1203 | 100.5% | 465 | 738 | 1203 | 944 | 259 | 93 | 376 | 244 | 128 | 200 | 92 | 70 | |

Bolded sites represent the top five sites (colon, rectum and rectosigmoid are combined)

- **Spring Cancer Survivors Event.** Twenty women attended a private event about cancer and cancer treatments that affect their sexuality.
- **Pink Wave at SVSU.** Fifty-six breast cancer survivors honored and \$2,700 donated back to the Covenant "CARE Fund."
- **Covenant Lung Cancer Screening Program Received the American College of Radiology Designation.** This is a voluntary program that recognizes facilities that have committed to practice safe, effective diagnostic care for individuals who are at the highest risk for lung cancer. To receive this elite distinction, facilities must be accredited by the ACR in computed tomography in the chest module, as well as undergo a rigorous assessment of its lung cancer screening protocol and infrastructure. Also required are procedures in place for follow-up patient care, such as counseling and smoking cessation programs.
- **Received a Three Year Recertification with Commission on Cancer (CoC).** The CoC, a program of the American College of Surgeons (ACoS), recognizes cancer care programs for their commitment to providing comprehensive, high-quality and multidisciplinary patient-centered care. The CoC is dedicated to improving survival and quality of life for cancer patients through standard setting, prevention, research, education and monitoring of comprehensive quality care.
- **Second Annual Cancer Care Symposium: Advances in Oncology.** Focus on Breast Cancer: National and local expert faculty discussed the advances in breast care; 84 medical professionals attended.
- **Free Breast Cancer Screening.** Thirty-one women received a free digital mammogram and clinical breast exam. Three women were called back for additional testing and one required a biopsy.
- **American Cancer Society's Making Strides Against Breast Cancer Walk.** Over 1,000 in attendance, the Covenant Team Strolling Stars raised over \$9,500.
- **Fall Women's Cancer Survivors Event.** 850 cancer survivors and caregivers enjoyed an evening of laughter and enjoyment as presenter Donna Hartley shared her story of survivorship.
- **Dr. Sussan Bays Named Covenant Cancer Care Center Medical Director.**
- **Covenant Cancer Care Center Welcomed Oncologist Dr. Sue Tobin.**
- **Implemented Dedicated Multidisciplinary GI and Lung Tumor Conferences.**
- **Survivorship Care.** Survivorship Care Plans and treatment summaries offered to patient at completion of treatment.
- **Community Events.** Discussions on cancer prevention, education, screening and survivorship – affecting over 8,712 in the community.
- **Staff Trained and Started Using CRad System for Surface Mapping.** Surface image-guided radiation therapy for online patient tracking before and during treatment delivery, ensuring the best possible treatment outcomes.
- **Implementation of Radiation Stereotactic Program.** Allows high-focal radiation delivered to the lesion without damaging vital areas of the brain and spine.
- **Enrolled in Radiation Oncology Incident Learning System.** The program facilitates safer and higher quality care in radiation oncology by providing a mechanism for shared learning in a secure environment.
- **Hired New Radiation Oncologist** James Fugazzi, MD as Medical Director on January 1, 2017.

By teaming up with MD Anderson Cancer Network, a program of MD Anderson Cancer Center, Covenant is now combining the best of what we provide locally with the renowned cancer expertise of MD Anderson.

Certified membership is a national quality improvement and best practices program based on the MD Anderson approach to multidisciplinary cancer care. It offers members access to MD Anderson clinical practice guidelines and best practices, as well as nationally accepted quality indicators, with the goal of improving and standardizing the quality of their oncology program.

Covenant followed an extensive evaluation process to ensure that we met the highest standards for clinical quality, safety and patient care. Our oncologists are also evaluated and certified by the network.

Covenant adopted MD Anderson's evidence-based guidelines and treatment plans. In addition to diagnosis and treatment, we also have access to guidelines for cancer prevention, early detection and follow-up care. Our membership offers our certified physicians the ability to consult with MD Anderson physicians on patient treatment and an easy referral of patients if necessary for treatment at MD Anderson.

Our regular video conferences with MD Anderson disease-specific experts allow our physicians to present their most challenging cases and receive validation on their diagnoses, staging and treatment plans. That multidisciplinary approach has been proven to make a difference in our patient outcomes.

AS A CERTIFIED MEMBER, COVENANT HEALTHCARE benefits include:

- Comprehensive quality and best practices in medical, surgical and radiation oncology
- Concordance review of major cancer types
- Case peer review assessment by MD Anderson faculty
- Certification of participating physicians
- Multidisciplinary treatment planning conference
- Opportunity to have access to select MD Anderson clinical trials
- Patient referrals to MD Anderson
- Educational, video conference and CME opportunities
- Speakers bureau
- Annual cancer symposium

Technology . . . TO AID IN THE FIGHT AGAINST CANCER



In November of 2015, Covenant HealthCare continued our commitment to the fight against cancer by unveiling the latest radiation therapy system in our newly renovated Covenant Radiation Center. Versa HD by Elekta allows staff to safely and efficiently deliver conventional radiation treatment to treat a broad spectrum of tumors throughout the body. It also allows treatment of highly complex cancers that require extreme targeting precision. The expanded capabilities of this technology present new opportunities to provide state-of-the-art cancer treatment to more patients in our community.

With Versa HD, Covenant HealthCare has opened the door to innovative cancer treatments for patients in the Great Lakes Bay Region and beyond.

Versa HD leverages the latest technology to enable sophisticated approaches to traditionally challenging cases. The system's patented technology allows precise targeting of the tumor, allowing Covenant Radiation Center clinicians to administer higher doses that can enhance treatment effectiveness, while protecting critical structures such as the heart, spine, or bladder. The result is highly precise treatments with shorter treatment times, and the ability to offer highly advanced treatments while minimizing side effects and enhancing our patients' quality of life.



COVENANT PHYSICIANS AND NURSES
treat every patient with
respect and compassion.

They take time to listen, build trust, provide support and alleviate fears – often developing lifetime relationships with patients and families.

