

Community Cancer Report

2016 ANNUAL REPORT

Reflecting 2015 Cancer Registry Data



PORT HURON





From the Chief Medical Officer

Michael Tawney, DO

Vice President, Medical Affairs

McLaren Port Huron has been providing high quality cancer care services for the community for decades. In fact, we've been accredited by the American College of Surgeons Commission on Cancer since 1990. But 2016 marked a significant advancement in our capabilities and services, as we opened the Karmanos Cancer Institute - one of just two cancer centers in the state to earn National Cancer Institute designation.

Since opening over the summer, patients with cancer can remain close to home for needed treatment and support services. That means more comfort and less stress for patients who need radiation treatment several times a week, or those who are exhausted from chemotherapy treatment.

Patients seem to be taking notice. Our volumes are up, and above the target goals we set. We are seeing roughly 250 patients a week for chemotherapy and 25 patients a day for radiation therapy.

But local treatment is not the only benefit of the Karmanos Cancer Institute. Having a world-class resource like the Karmanos Cancer Institute here in Port Huron brings sophisticated, personalized treatment planning to meet the specific needs of each patient. It brings access to tumor boards and life-saving research trials. And it brings access to a care team of the highest standards.

I'm proud of the progress achieved this year, and thank the McLaren Port Huron Cancer Committee for their commitment.

From the Chairman

Anthony Boutt, MD

Cancer Committee Chairman

This year's Community Cancer Report includes a special focus on prostate cancer. The incidence rate of prostate cancer statewide, and in St. Clair and Sanilac counties specifically, has been steadily declining over the last 15 years. The most recent five-year average, age-adjusted incidence rate for Sanilac County is 89.4, and for St. Clair County it is 117.1. These rates are below the state average of 137.

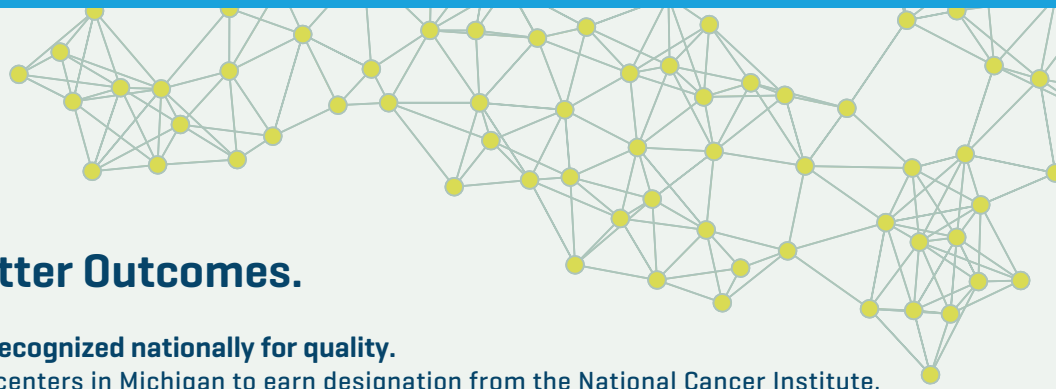
Death rates from prostate cancer also are declining, with five-year averages for St. Clair (17.3) and Sanilac (16.5) counties below the state average of 19.7.

Here at McLaren Port Huron, new technologies for diagnosis and treatment help to support that lowered trend in incidence and death rates. Since opening the Karmanos Cancer Institute earlier this year, patients can remain local for needed chemotherapy and radiation treatment, saving them the stress and strain of travel.

Prostate seed implant also began here in December 2016. With this treatment, physicians place tiny implants, the size of a grain of rice, around or in the tumor. This allows radiation to be precisely directed to the affected area, minimizing damage to surrounding healthy tissue.

Diagnosis, treatment, inpatient and outpatient care, and cancer support services all enhance the comprehensive cancer care now available at McLaren Port Huron. Together, we continue to advance our abilities to serve our patients and their families.





Better Treatment. Better Outcomes.

The Karmanos Cancer Institute is recognized nationally for quality.

Karmanos is one of only two cancer centers in Michigan to earn designation from the National Cancer Institute. There are only 47 in the country. NCI designation involves a stringent review process for quality and outcomes for cancer treatment. Karmanos is the only cancer hospital in the state and the fifth largest in the country.

The Karmanos approach: The right plan for each patient.

The Karmanos clinical team designs care plans based on each patient's individual condition and needs. There is no "standard" care plan. Karmanos offers 13 multidisciplinary teams of specialists focused on a specific type of cancer. The entire clinical path is uploaded automatically in the patient's electronic medical record. The clinical flow is based on nationally supported guidelines. Proposed plan changes are reviewed by the tumor board, which makes decisions based on outcomes.

All Karmanos doctors and staff meet the highest of standards.

Our cancer doctors, whether based in Detroit or communities served by McLaren Health Care, meet the same high-quality standards of performance measurement and evidence-based practice. Patients can be assured that they will receive the very best care and the most up-to-date treatments found anywhere.

Karmanos patients gain new treatment options by participating in clinical trials.

Progress in the fight against cancer is often made through clinical trials. This kind of advance research creates new alternatives for care and for targeting treatments in a scientific way. Trials are studies widely believed to be among the best options for most cancer patients. In many cases, there may not be another solution outside of trials. Karmanos offers more than 800 clinical trials. Today's standard of care was yesterday's clinical trial. Today's clinical trials will lead to tomorrow's standard of care.

Access to tumor boards raises cancer care to a new level.

Five specific tumor boards are hosted at Karmanos in Detroit. Cases may be presented at any time, enabling second opinions from subspecialists within days. Most hospitals do not make the investment in a tumor board since it's not reimbursed by payors.

Genetic counseling leads to advanced, targeted treatment plans.

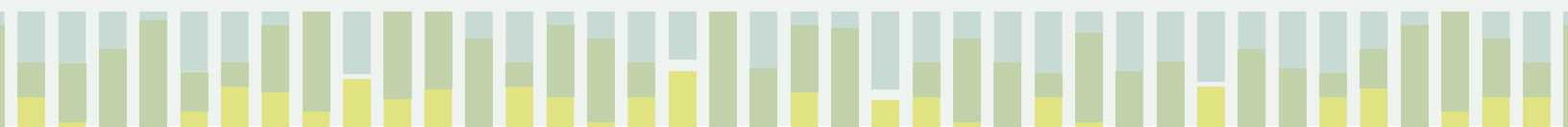
The Karmanos approach includes genetic counseling and testing. We test you before we treat you. We talk through all of the aspects necessary to develop a targeted treatment plan. Karmanos is the only cancer center in Michigan and one of a few in the country to earn the Caris Center of Excellence designation for molecular testing.

Karmanos is a leader in life-saving bone marrow transplants.

The Karmanos bone marrow transplant program is the nation's largest and best in class. For the last three years, Karmanos has been among the top six in the country in bone marrow transplant survival rates. Though conducted in Detroit, patients in Port Huron will have access to this advanced approach. Karmanos maintains one of only two cord blood stem cell banks in Michigan. These cord blood units are registered with the National Marrow Donor Program and are accessible to transplant centers worldwide.

Our patients will also benefit from access to proton beam therapy for tumors that move.

Tumors in the head and neck that move due to breathing are the most challenging to treat. McLaren Port Huron patients will be able to benefit from proton beam therapy, which precisely targets moving tumors and rotates around patient. Proton beam therapy will be available at McLaren Flint in the second quarter of 2017.



2015 Cancer Committee Members

Dr. Boutt, Surgery, (Chair)

Dr. Al-Nouri, Pain Management

Dr. Alsawah, Oncology

Dr. Clark-Paul, Surgery

Dr. Dalal, Radiation/Oncology

Dr. Demashkieh, Surgery

Dr. Fabian, OB/GYN

Dr. Frazier, Radiation/Oncology

Dr. Geffros, Pathology

Dr. Goldfarb, Pathology

Dr. Hanna, Oncology

Dr. Lal, Oncology

Dr. Matich, Family Medicine

Dr. Shogren, Radiology

Dr. Tawney, Chief Medical Officer

Dr. Tracy, Radiology

Dr. Zyrek, Pathology

Max Amstutz, Spiritual Care

Ellen Bach, Dietary

Luann Black, Women's Wellness Place

Stacie Solis Campbell, MS, RD, Nutrition Services

Julie Dickinson, Oncology Nursing

Kelly DiNardo, Community Education and Outreach

Kate Harrington, Social Work

Janet Hayes, Cancer Registry

Chris Hurley, McLaren Home Care

Belinda Hutchens, Nursing

Pat Keigher, McLaren Regional Director

Jennifer LaMay, Quality

Jennifer Mehlberg, McLaren Home Care

Jennifer Montgomery, President and CEO

Mindi Odom, American Cancer Society Representative

Sherry Petersen, Oncology Nursing

Krystal Pickering, Women's Wellness

Mary Pool-Belyea, Quality

Sara Rutkofske, Rehab

Christie Sansom, VP of Nursing

Emily Saoud, American Cancer Society Representative

John Schwehofer, Oncology Nursing

Lisa Seaford, Oncology Nursing

Kathy Smith, Women's Wellness Place

Linda Witzke, Social Work

2015 Cancer Committee Accomplishments

- ❖ Coordinated monthly multidisciplinary cancer conferences exceeding guidelines set by the Cancer Committee and Commission on Cancer
- ❖ Sponsored Women's Cancer Support Group for women diagnosed with all types of cancers
- ❖ Performed 2015 CAP Guideline review exceeding Commission on Cancer requirement of 95% accuracy
- ❖ Supported American Cancer Society's Healthcare Agreement program providing cancer patients with a personal health management kit
- ❖ Supported the McLaren Port Huron's American Cancer Society Relay for Life team, raising money for cancer research and services
- ❖ Provided numerous programs on prevention and screening:
 - o Smoking cessation education provided annually
 - o Drs. Boult and Coury spoke on colorectal and prostate cancer at the men's health event held in October 2015
 - o FIT colorectal screening kits were distributed at the men's health event in October 2015
 - o Free screening mammograms offered in October 2015 in honor of Breast Cancer Awareness Month
- ❖ Exceeded all Commission on Cancer required CP3R measures on breast cancer and colon cancer
- ❖ Supported development of the ACS sponsored Cancer Resource Center on site to provide access of cancer information to our patients and their families
- ❖ Exceeded the 4% requirement on clinical trial accrual
- ❖ Implemented McLaren Port Huron's patient navigation process
- ❖ Implemented McLaren Port Huron's Community Health Needs Assessment
- ❖ Implemented patient survivorship plan
- ❖ Increased oncology nursing education opportunities
- ❖ Implemented Compassionate Touch massage for outpatient infusion and inpatient oncology patients

2015 Cases Primary Site Table

Primary Site	Total Cases	Analytic	NA	Male	Female	Stg 0	Stg 1	Stg II	Stg III	Stg IV	Unk/NA
Oral Cavity & Pharynx	1	1	0	1	0	0	1	0	0	0	0
Tongue	1	1	0	1	0	0	1	0	0	0	0
Digestive System	69	60	9	41	28	3	7	11	8	11	20
Esophagus	12	11	1	10	2	1	0	0	0	2	8
Stomach	10	8	2	7	3	0	3	0	0	2	3
Small Intestine	5	4	1	1	4	0	1	0	1	0	2
Colon Excluding Rectum	31	29	2	16	15	1	3	9	7	5	4
Rectum, Rectosigmoid Junction	3	3	0	2	1	1	0	1	0	1	0
Anus, Anal Canal	2	0	2	1	1	0	0	0	0	0	0
Liver & Bile Duct	3	3	0	3	0	0	0	0	0	0	3
Pancreas	3	2	1	1	2	0	0	1	0	1	0
Respiratory System	50	46	4	28	22	0	8	1	5	26	6
Larynx	5	5	0	4	1	0	1	0	0	0	4
Lung & Bronchus	45	41	4	24	21	0	7	1	5	26	2
Soft Tissue	1	0	1	0	1	0	0	0	0	0	0
Skin	6	3	3	1	5	0	1	0	0	0	2
Melanoma	6	3	3	1	5	0	1	0	0	0	2
Breast	84	81	3	2	82	14	31	25	5	1	5
Female Genital System	38	18	20	0	38	0	3	1	1	2	11
Cervix Uteri	10	1	9	0	10	0	1	0	0	0	0
Corpus and Uterus, NOS	16	9	7	0	16	0	1	0	0	0	8
Ovary	6	5	1	0	6	0	1	0	1	2	1
Vagina	1	1	0	0	1	0	0	0	0	0	1
Vulva	4	1	3	0	4	0	0	0	0	0	1
Other Female Genital Organs	1	1	0	0	1	0	0	1	0	0	0
Male Genital System	36	26	10	36	0	0	1	8	11	2	4
Testis	6	5	1	6	0	0	1	1	0	0	3
Prostate	30	21	9	30	0	0	0	7	11	2	1
Urinary System	19	17	2	14	5	8	4	3	1	0	1
Urinary Bladder	13	11	2	10	3	7	3	1	0	0	0
Other Urinary Organs	1	1	0	1	0	0	0	0	0	0	1
Kidney & Renal Pelvis	5	5	0	3	2	1	1	2	1	0	0
Endocrine System	14	14	0	2	12	0	11	1	0	0	2
Thyroid	14	14	0	2	12	0	11	1	0	0	2
Lymphomas	26	21	5	13	13	0	4	0	8	7	2
Hodgkin	3	3	0	3	0	0	2	0	1	0	0
NonHodgkin	23	18	5	10	13	0	2	0	7	7	2
Multiple Myeloma	7	6	1	3	4	0	0	0	0	0	6
Leukemias	6	6	0	4	2	0	0	0	0	0	6
Mesothelioma	2	2	0	2	0	0	0	0	0	0	2
Misc. / Ill-Defined/Unspecified	20	20	0	15	5	0	0	0	0	0	20
Totals	379	321	58	162	217	25	71	50	39	49	87

NA = Nonanalytic cases diagnosed and treated elsewhere w/subsequent treatment at MPH.



2015 Primary Site Table Statistical Review

Youssef Hanna, MD
Cancer Liaison Physician

- ❖ Review of McLaren Port Huron 2015 Primary Site Table shows that 2015 analytic cases decreased from 350 in 2014 to 321 in 2015.
- ❖ The top five cancers diagnosed in 2015 were breast, lung, colon, prostate, and lymphoma.
- ❖ Breast cancer was the leading cancer diagnosed in 2015. Majority of our breast cancer cases were diagnosed at stage 0, 1 and 2. Our breast cancer cases decreased from 95 in 2014 to 81 in 2015.
- ❖ Lung cancer was the second highest cancer diagnosed 2015. Unfortunately, majority of lung cases were diagnosed at stage 3 and 4. Lung cancer cases decreased from 54 cases in 2014 to 41 cases in 2015.
- ❖ Colon cancer was the third highest cancer diagnosed 2015. Majority of our colon cases were diagnosed at stage 1 and 2. Cases decreased from 34 analytic in 2014 to 29 cases in 2015.
- ❖ Prostate cancer was our fourth highest cancer diagnosed in 2015. Majority of our prostate cancer were diagnosed at stage 2. Our prostate cancer cases increased from 20 in 2014 to 21 in 2015.
- ❖ Lymphoma was our fifth highest cancer diagnosed in 2015. Cases decreased from 23 in 2014 to 21 in 2015. Three patients were diagnosed with Hodgkin's lymphoma and 18 were diagnosed with Non-Hodgkin's lymphoma.

TOP FIVE CANCER SITES 2015 Analytic Cases

All Cancer Cases N=321	Female N=181	Male N=140
Breast	Breast	Lung
Lung/Bronchus	Female Genital System	Prostate
Colon	Lung	Colon
Lymphoma	Colon	Lymphoma
Prostate	Lymphoma	Bladder

From the American Cancer Society

How common is prostate cancer?

Other than skin cancer, prostate cancer is the most common cancer in American men. The American Cancer Society's estimates for prostate cancer in the United States for 2016 are:

- About 180,890 new cases of prostate cancer
- About 26,120 deaths from prostate cancer

Risk of prostate cancer

About 1 man in 7 will be diagnosed with prostate cancer during his lifetime.

Prostate cancer develops mainly in older men. About 6 cases in 10 are diagnosed in men aged 65 or older, and it is rare before age 40. The average age at the time of diagnosis is about 66.

Deaths from prostate cancer

Prostate cancer is the second leading cause of cancer death in American men, behind only lung cancer. About 1 man in 39 will die of prostate cancer.

Prostate cancer can be a serious disease, but most men diagnosed with prostate cancer do not die from it. In fact, more than 2.9 million men in the United States who have been diagnosed with prostate cancer at some point are still alive today.

Risk factors

A risk factor is anything that affects your chance of getting a disease such as cancer. Different cancers have different risk factors. Some risk factors, like smoking, can be changed. Others, like a person's age or family history, can't be changed.

But having a risk factor, or even several, does not mean that you will get the disease. Many people with one or more risk factors never get cancer, while others who get cancer may have had few or no known risk factors. Researchers have found several factors that might affect a man's risk of getting prostate cancer.

‣ Age

Prostate cancer is rare in men younger than 40, but the chance of having prostate cancer rises rapidly after age 50. About 6 in 10 cases of prostate cancer are found in men older than 65.

‣ Race/ethnicity

Prostate cancer occurs more often in African-American men and in Caribbean men of African ancestry than in men of other races. African-American men are also more than twice as likely to die of prostate cancer as white men. Prostate cancer occurs less often in Asian-American and Hispanic/Latino men than in non-Hispanic whites. The reasons for these racial and ethnic differences are not clear.

continued...

From the American Cancer Society

› Geography

Prostate cancer is most common in North America, northwestern Europe, Australia, and on Caribbean islands. It is less common in Asia, Africa, Central America, and South America.

The reasons for this are not clear. More intensive screening in some developed countries probably accounts for at least part of this difference, but other factors such as lifestyle differences (diet, etc.) are likely to be important as well. For example, Asian Americans have a lower risk of prostate cancer than white Americans, but their risk is higher than that of men of similar backgrounds living in Asia.

› Family history

Prostate cancer seems to run in some families, which suggests that in some cases there may be an inherited or genetic factor. (Still, most prostate cancers occur in men without a family history of it.)

Having a father or brother with prostate cancer more than doubles a man's risk of developing this disease. (The risk is higher for men who have a brother with the disease than for those who have a father with it.) The risk is much higher for men with several affected relatives, particularly if their relatives were young when the cancer was found.

› Gene changes

Several inherited gene changes seem to raise prostate cancer risk, but they probably account for only a small percentage of cases overall. For example:

- › Inherited mutations of the BRCA1 or BRCA2 genes raise the risk of breast and ovarian cancers in some families. Mutations in these genes (especially in BRCA2) may also increase prostate cancer risk in some men.
- › Men with Lynch syndrome (also known as hereditary non-polyposis colorectal cancer, or HNPCC), a condition caused by inherited gene changes, have an increased risk for a number of cancers, including prostate cancer.

Other inherited gene changes can also raise a man's risk of prostate cancer.

Factors with less clear effect on prostate cancer risk:

- › Diet
- › Obesity
- › Smoking
- › Chemical exposures

continued...

From the American Cancer Society

➤ Detection

Screening is testing to find cancer in people before they have symptoms. For some types of cancer, screening can help find cancers at an early stage, when they are likely to be easier to treat.

Prostate cancer can often be found before symptoms arise by testing the amount of prostate-specific antigen (PSA) in a man's blood. Another way to find prostate cancer is the digital rectal exam (DRE), in which the doctor puts a gloved, lubricated finger into the rectum to feel the prostate gland.

If the results of either one of these tests are abnormal, further testing is often done to see if a man has cancer. If prostate cancer is found as a result of screening with the PSA test or DRE, it will probably be at an earlier, more treatable stage than if no screening were done.

There is no question that screening can help find many prostate cancers early, but there are still questions about whether the benefits of screening outweigh the risks for most men. There are clearly both pros and cons to the prostate cancer screening tests in use today.

➤ For more information, visit <http://www.cancer.org/cancer/prostatecancer>

Oncology Providers

Medical Oncology:



Samir Alsawah, MD



Youssef Hanna, MD



Anup Lal, MD

Radiation Oncology:



Neal H. Bhatt, MD



Stephen Franklin, MD

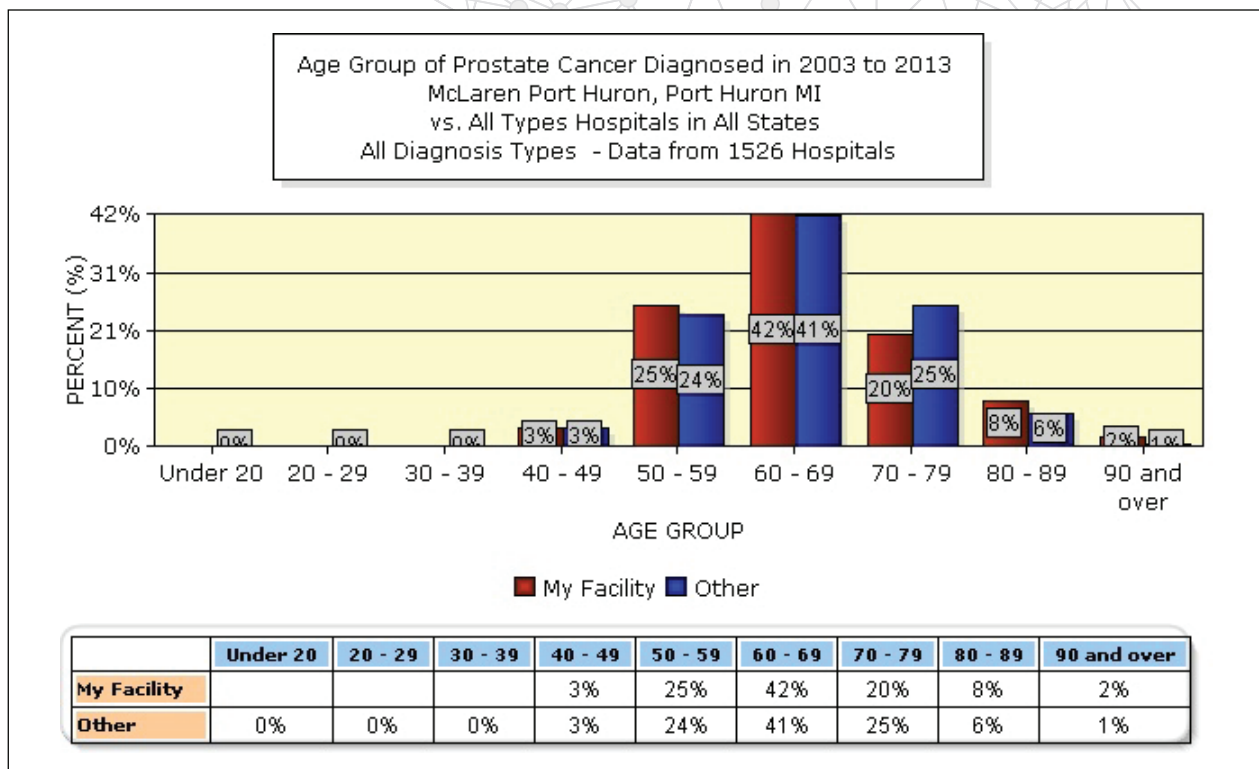
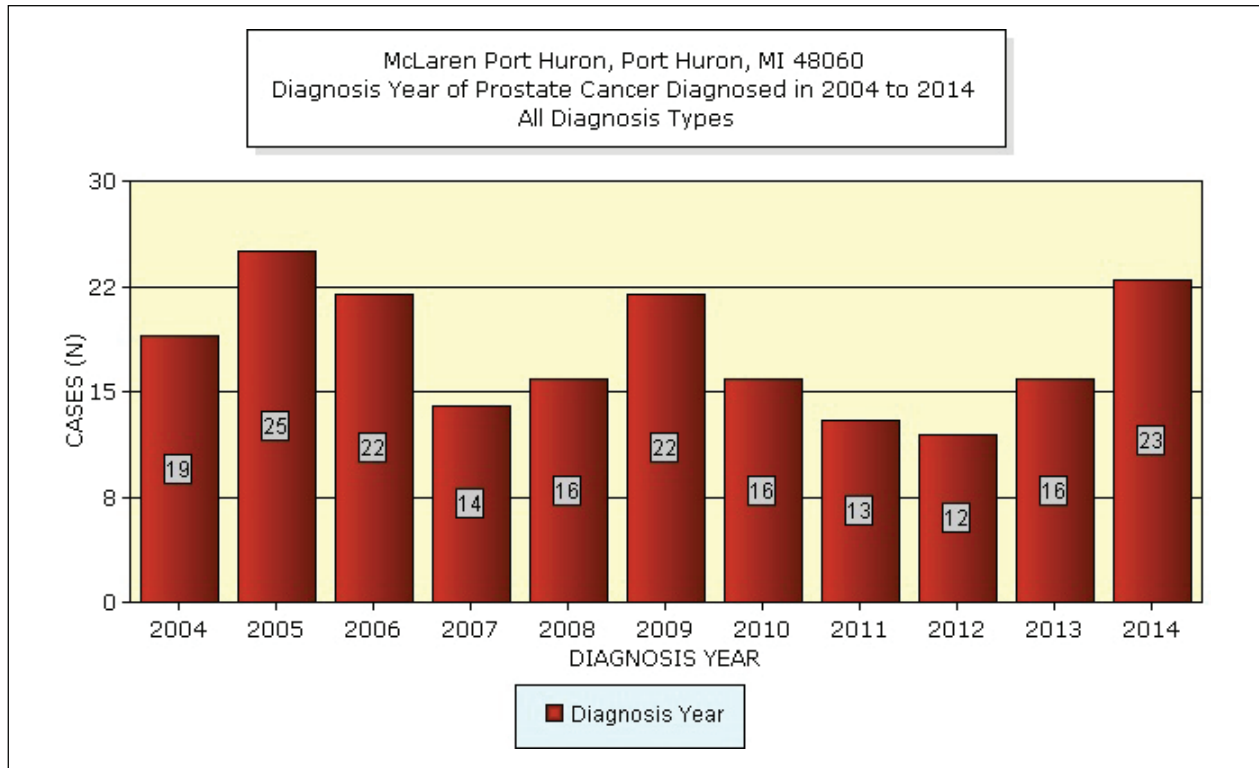


Arthur Frazier, MD, FACRO



Matthew D. Johnson, MD

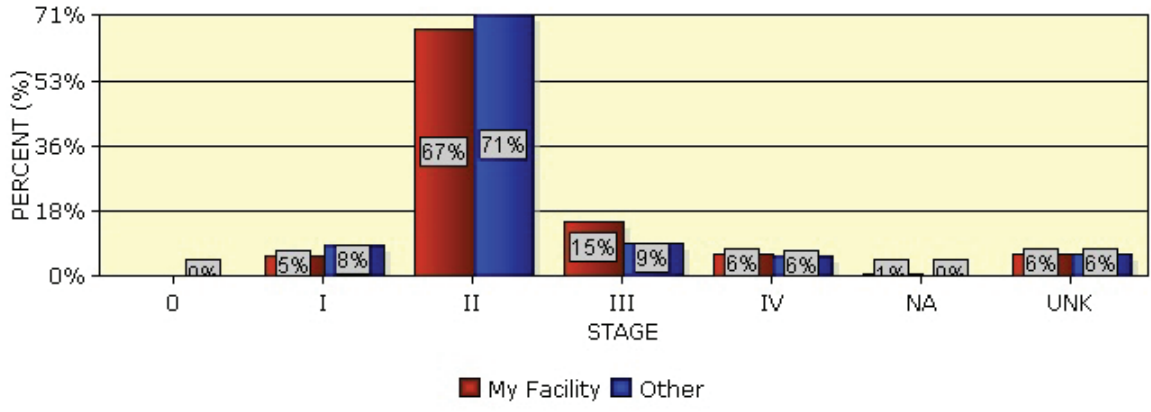
Prostate Cancer Information



	Under 20	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	90 and over
My Facility				3%	25%	42%	20%	8%	2%
Other	0%	0%	0%	3%	24%	41%	25%	6%	1%

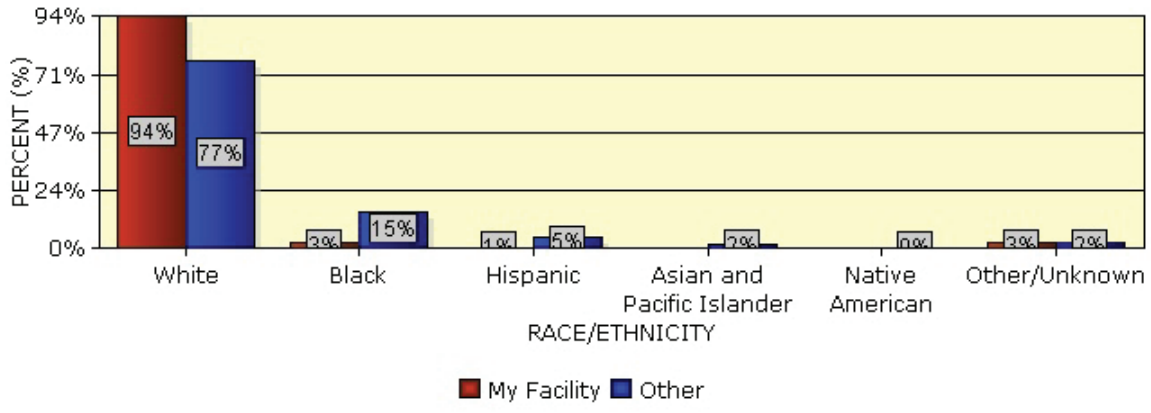
Prostate Cancer Information

Stage of Prostate Cancer Diagnosed in 2003 to 2013
 McLaren Port Huron, Port Huron MI
 vs. All Types Hospitals in All States
 All Diagnosis Types - Data from 1526 Hospitals



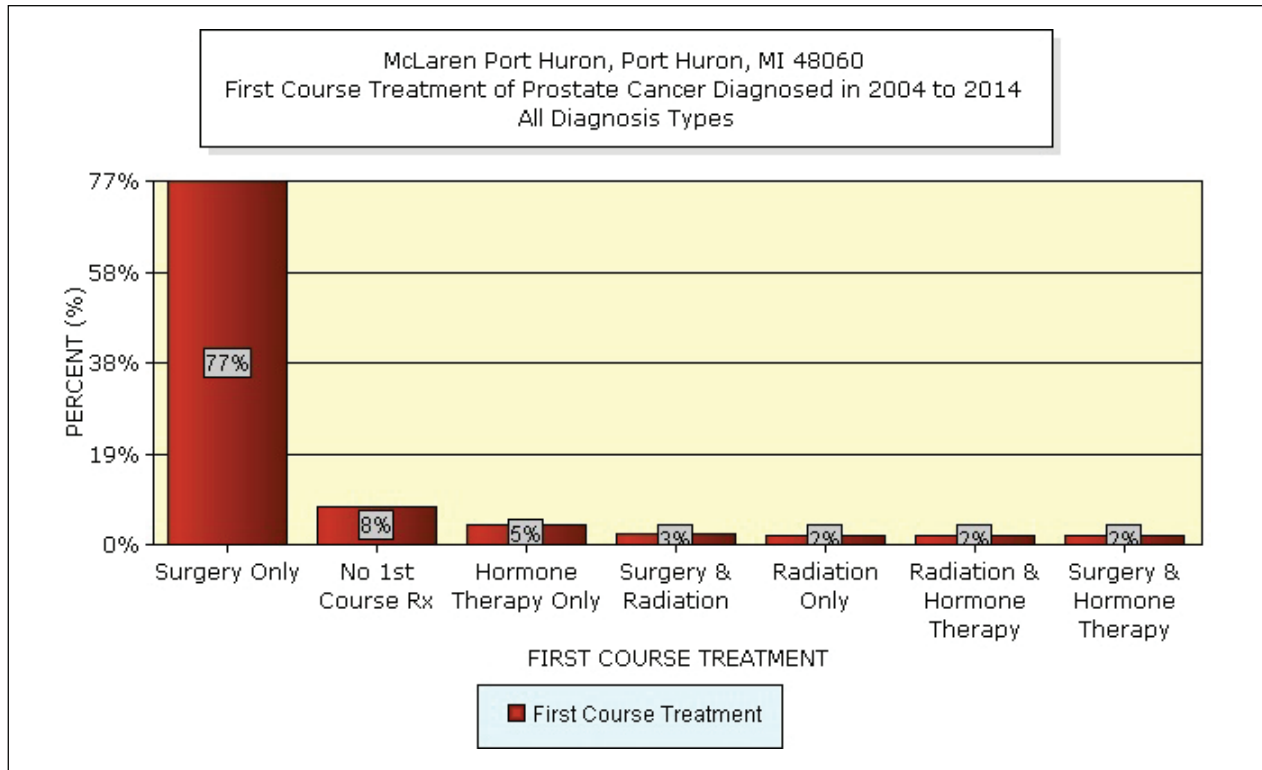
	0	I	II	III	IV	NA	UNK
My Facility		5%	67%	15%	6%	1%	6%
Other	0%	8%	71%	9%	6%	0%	6%

Race/Ethnicity of Prostate Cancer Diagnosed in 2004 to 2014
 McLaren Port Huron, Port Huron MI
 vs. All Types Hospitals in All States
 All Diagnosis Types - Data from 1470 Hospitals



	White	Black	Hispanic	Asian and Pacific Islander	Native American	Other/Unknown
My Facility	94%	3%	1%			3%
Other	77%	15%	5%	2%	0%	2%

Prostate Cancer Information



McLaren Port Huron Cancer Services

McLaren Port Huron HealthAccess Information Line	(800) 228-1484
Inpatient Oncology Unit	(810) 989-3533
Oncology Nurse Manager - John Schweihofer, RN	(810) 989-3531
KCI Outpatient Radiation Oncology Services	(810) 989-3322
KCI Outpatient Chemotherapy Services	(810) 989-5200
Outpatient Chemotherapy Services - 3rd Floor Wismer	(810) 989-3283
Woman's Wellness Place	(810) 985-2663
Breast Consultative Services - Krystal Pickering, RN	(810) 985-2663
Wound Healing	(810) 989-3330
Pain Clinic	(810) 989-3283
Cancer Support Group for Women - Kelly DiNardo	(810) 989-3121
Nutrition Counseling	(810) 989-5307
Inpatient Oncology Counseling - Linda Witzke, MSW	(810) 989-3597
Oncology Nurse Navigator - Julie Dickinson, RN	(810) 989-3788
Oncology Social Worker - Stacey Krause, LMSW	(810) 989-1006
Oncology Financial Counselor - Angela Montoya-Sharrow, LPN II, HIT	(810) 989-1007
American Cancer Society (www.cancer.org)	(800) ACS-2345
"Reach to Recovery" American Cancer Society	(800) 513-9930
"Look Good, Feel Better" American Cancer Society	(800) 513-9930
McLaren Homecare - Hospice Division	(866) 323-5974
Diagnostic Services	
Lab/X-ray - Outpatient (Walk-In)	(810) 989-3285
MRI Services	(810) 987-2428
PET & PET-CT Scans	(810) 989-3270
Digital Mammography	(810) 985-2663
Ultrasound	(810) 985-2663
Mammotome & Sentinel Node	(810) 985-2663
McLaren Pharmacy - Outpatient	(810) 989-3455



PORT HURON

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mclaren.org/porthuron