



# 2019 Annual Report



**METHODIST**  
**JENNIE EDMUNDSON**

Cancer Center

# Methodist's leadership in cancer care continues.

In 2018, the Methodist Jennie Edmundson (MJE) Cancer Center continued its tradition of growing and improving our cancer care program. At the forefront was a focus on increasing our partnerships with MJE medical and hospital staffs, while enhancing relationships with our many community partners.

We've also proudly added a fifth radiation oncology physician to our team as we continue to strengthen our system-wide integration with Methodist Estabrook Cancer Center.

The cancer center increased outreach to western Iowa communities by adding pulmonary consultation through telehealth technology. The MJE Lung Clinic also expanded outreach by offering screenings to patients at risk for lung cancer. These screenings are essential to early diagnosis and improved survival of the disease. Such emphasis on outreach enables patients to receive initial consultations and ongoing treatment by cancer specialists in community-based clinics close to home.

In 2018, the MJE Cancer Center focused heavily on the importance of prevention and research while continuing its mission of providing early identification and treatment. The cancer care team understands the value of research in finding cures for cancers that strike Iowans every day.

We regularly screen patients for eligibility in cancer treatment trials, having achieved 7.5% enrollment. Trial participation offers our patients access to new and innovative cancer treatment options.

MJE implemented a high-risk cancer assessment, which is offered to all mammogram and Breast Health Center patients. The assessment is used to identify individuals who have an increased risk of cancer due to family history, medical and genetic factors, and/or lifestyle influences. Those high-risk individuals are offered genetic testing and counseling with a genetic counselor, and they may need preventative medications, chemoprevention or, in extreme cases, surgery to remove their breasts and ovaries

The MJE cancer care team remains dedicated to educating and supporting our western Iowa communities. We hosted a women's health care education event in collaboration with our partners on the Glenwood Chamber of Commerce. We've continued our partnership with Susan G. Komen Greater Iowa to provide mammograms to the uninsured or underinsured, ensuring all women have access to this important cancer-screening modality.

The Jennie Edmundson Foundation's annual Spirit of Courage event was very successful – we were able to honor four of our cancer survivors as they shared their amazing stories of courage. The community and celebrity attendees ensured a great event while we raised funds to support our cancer patients through treatment.



**Donna Hubbell, BSN, MHA, VP**  
Patient Safety and Quality Cancer  
Program Administrator

The MJE cancer care team is proud to be part of such a great community that provides the financial support necessary for us to focus on excellent patient care. We couldn't do it without you. And to our patients and their families: **THANK YOU** for being the most important members of our team. We are honored that you continue choosing us to receive the true *Meaning of Care*.

# 2018 Cancer Cases

Primary Site	Total Cases
BREAST	93
LUNG/BRONCHUS-NON SM CELL	65
PROSTATE	24
COLON	21
BLADDER	18
RECTUM & RECTOSIGMOID	14
NON-HODGKIN'S LYMPHOMA	13
KIDNEY AND RENAL PELVIS	12
LUNG/BRONCHUS-SMALL CELL	12
OTHER NERVOUS SYSTEM	11
UNKNOWN OR ILL-DEFINED	7
CORPUS UTERI	7
THYROID	6
PANCREAS	5
ESOPHAGUS	5
OTHER ENDOCRINE	4
MELANOMA OF SKIN	4
MYELOMA	4
LARYNX	4
HEMERETIC	3
ANUS, ANAL CANAL, ANOURECTUM	3
TONSIL	3
TONGUE	3
BRAIN	2
OVARY	2
CERVIX UTERI	2
OTHER SKIN CA	2
SOFT TISSUE	2
STOMACH	2
HYPOPHARYNX	2
EYE	1
TESTIS	1

# 2018 Cancer Cases continued

Primary Site	Total Cases
VULVA	1
BONE	1
PLEURA	1
LIVER	1
SMALL INTESTINE	1
PHARYNX & ILL-DEFINED	1
MOUTH, OTHER & NOS	1
SALIVARY GLANDS, MAJOR	1

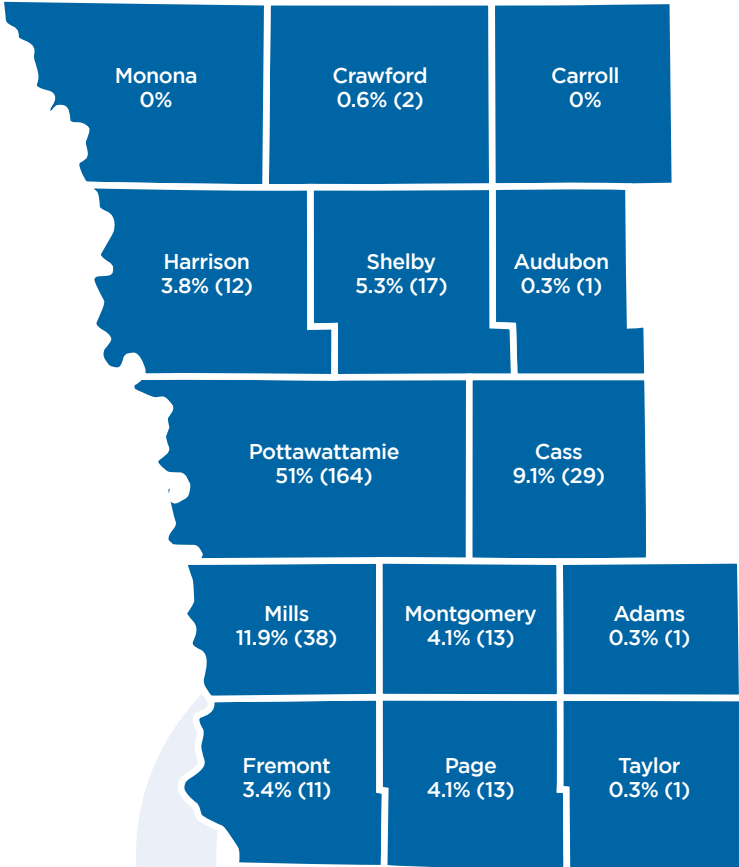
# 2018 Top Ten Cancer Sites, AJCC Stage & Age at Diagnosis

2018 Top Ten Cancer Sites		
BREAST	88	34.0%
LUNG & BRONCHUS	66	25.5%
COLORECTAL	32	12.4%
PROSTATE	18	6.9%
BLADDER	15	5.8%
NON-HODGKIN'S LYMPHOMA	12	4.6%
KIDNEY & RENAL PELVIS	11	4.2%
UNKNOWN/ILL-DEFINED	7	2.7%
CORPUS UTERI	5	1.9%
THYROID	5	1.9%
<b>Totals</b>	<b>259</b>	<b>99.9%</b>

AJCC Stage at Diagnosis		
Stage 0	21	6.5%
Stage I	105	32.7%
Stage II	54	16.8%
Stage III	51	15.9%
Stage IV	51	15.9%
Unknown / Missing	8	2.5%
Not Applicable	31	9.7%

2018 Age at Diagnosis	Male		Female	
10-19	0	0%	1	0.5%
20-29	0	0%	1	0.5%
30-39	2	1.7%	6	3.2%
40-49	5	4.2%	9	4.8%
50-59	13	10.9%	28	15.0%
60-69	37	31.1%	60	32.1%
70-79	38	31.9%	50	26.7%
80-89	21	17.6%	28	15.0%
90-99	3	2.5%	4	2.1%
<b>Totals</b>	<b>119</b>	<b>99.9%</b>	<b>187</b>	<b>99.4%</b>

# 2018 SOUTHWEST IOWA CANCER REFERRALS TO MJE



Other Iowa Counties	
Fayette	0.3% (1)
Kossuth	0.3% (1)
Plymouth	0.3% (1)

Out of State	
Nebraska	4.1% (13)
Kansas	0.3% (1)
California	0.3% (1)

# ACOS NCDB CP3R 2018 Measures

Oncology Metric	MJE	Expected Performance Rate
The ACOS Commission on Cancer has defined eleven Cancer Program Practice Profile Reports (CP3R) that must be evaluated for accreditation.		
BCSRT – Radiation therapy is administered within 1 year of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.	96.4%	>=90% or upper bound of 95% **(89.5 - 100)
HT – Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year of diagnosis for women with AJCC T1c or Stage IB-III hormone receptor positive breast cancer.	100%	>=90% or upper bound of 95%
MASTRT – Radiation therapy is considered or administered following any mastectomy within 1 year of diagnosis of breast cancer for women with >=4 positive regional lymph nodes.	100%	>=90% or upper bound of 95%
MAC – Combination chemotherapy is recommended or administered within 4 months of diagnosis for women under 70 with AJCC T1cN0, or stage IB – III hormone receptor negative breast cancer.	100%	Not Applicable
ACT – Adjuvant chemotherapy is recommended or administered within 4 months of diagnosis for patients under the age of 80 with AJCC stage III (lymph node positive) colon cancer.	100%	Not Applicable
nBx – Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer.	100%	>=80% or upper bound of 95%



# ACOS NCDB CP3R 2018 Measures

Oncology Metric	MJE	Expected Performance Rate
12RLN - At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.	90%	>=85% or upper bound of 95% **(76.9 - 100)
RECRTCT- Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer.	100%	>=85% or upper bound of 95%
G15RLN - At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer.	(no cases qualified)	>=80% or upper bound of 95%
LNoSurg - Surgery is not the first course of treatment for cN2, MO lung cases	100%	>=85% or upper bound of 95%
LCT - Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC.	(no cases qualified)	>=85% or upper bound of 95%

\*All measures meet or exceed the defined Confidence Interval, given the number of cases classified for the measures by the NCDB.

\*\*Program's Calculated Performance Rate (95%) from CoC National Cancer Database (NCDB)

# Community Outreach Activity Summary 2018

## **Standard Summary 1.8**

### *Monitoring Community Outreach*

Community Outreach Coordinator monitors the effectiveness of community outreach activities on an annual basis. The activities and findings are documented in a community outreach activity summary that is presented to the Cancer Committee annually.

## **Standard Summary 4.1**

### *Prevention Programs*

Each year, the cancer committee provides at least 1 cancer prevention program that is targeted to meet the needs of the community and should be designed to reduce the incidence of a specific cancer type. The prevention program is consistent with evidence-based national guidelines for cancer prevention. (ACS and NCCN screening and prevention recommendations used as reference.)

## **Standard Summary 4.2**

### *Screening Programs*

Each year, the cancer committee provides at least 1 cancer screening program that is targeted to decreasing the number of patients with late-stage disease. The screening program is based on community needs and is consistent with evidence-based national guidelines and evidence-based interventions. A process is developed to follow up on all positive findings.

**Cancer Prevention Program / Education** - Cancer prevention programs identify risk factors and use strategies to modify attitudes and behaviors to reduce the chance of developing cancer. When applicable, pre and post evaluation scores are obtained (i.e. Brief Symptom Inventory 18 and Perceived Health Status).

### 2018 Prevention Programs:

Audience	Program	Location	Date	Number of Participants
Wings of Hope Spa Day	Healthy Smoothies	Wings of Hope Council Bluffs, IA	4/26/18	40
Methodist PTA Program	Physical Therapy for Cancer Patients	Methodist College Omaha, NE	9/13/18	20
Wings of Hope A Time to Heal Program	Refuel for Health & Energy	Wings of Hope Council Bluffs, IA	10/2/18	8
Wings of Hope A Time to Heal Program	Renewing My Body, Regaining My Strength	Wings of Hope Council Bluffs, IA	10/16/18	10
Wings of Hope A Time to Heal Program	Adventures / Misadventures in Supplement Jungle	Wings of Hope Council Bluffs, IA	10/23/18	10
Iowa Western Community College Conference	Considerations in Safety, Comfort, and Mobility in End of Life Patients	IWCC Council Bluffs, IA	10/27/18	68

## Survey Patient Follow-up Process:

Satisfaction surveys are provided post events at Wings of Hope Cancer Support Center. Participants are encouraged to provide feedback and of the participants responding, they evaluated the Spa Day effectiveness as the following:

- 100% of participants felt staff were friendly, communicated clearly and answered questions.
- 98% felt the chair massages, Healing Touch, paraffin dip, music meditation, and smoothies allowed them to relax and felt that it was a useful addition to their treatment and/or recovery.
- “Look forward to this every year.” “Yoga was wonderful.” “It was a great day and so relaxing.”

The A Time to Heal Classes post survey results are as follows:

- 100% of participants were satisfied with the classes, felt that needs were met and would recommend the program.
- 100% of participants felt their expectations were met and the classes were helpful in helping them on their cancer journey.
- “Received great advice from other participants.” “I made wonderful friends.” “Appreciated the interaction and discussion.”

The Hope for Tomorrow Support Program post survey results are as follows:

- 100% felt this was a quality program and would recommend to others.
- 95% reported that the program was easy to understand and helpful.
- “I love the speakers, they bring a great deal of knowledge.” “Meeting other cancer patients is very helpful.” “Being able to express myself and getting answers to questions.” “Love the variety of topics.”

## 2018 Prevention Programs:

**Cancer Prevention Program Smoking Cessation** - Methodist Jennie Edmundson provides a cancer prevention program targeted to meet the needs of the community designed to reduce the incidence of tobacco use and related sequelae. This prevention program was chosen due to the prevalence of tobacco usage in Pottawattamie and surrounding counties. According to the IA Department of Public Health (2018), the tobacco related disease burden is as follows:

Tobacco Related Disease Burden in 2018			
County	Estimated Number of Cancer Deaths in Iowa	Adult Cigarette Smoking Prevalence %	Youth any Tobacco Use Prevalence %
Cass	35	15	29
Crawford	35	13	13
Fremont	20	17	n/a
Harrison	30	22	15
Mills	25	17	18
Montgomery	25	24	23
Page	40	16	23
Pottawattamie	200	22	14
Shelby	30	21	n/a
State of Iowa	6,160	19.5	17

The MJE Family Resource Center (FRC), has developed an educational packet that includes a list of community smoking cessation resources, and the following information:

- American Cancer Society - When Smokers Quit: Benefits of Quitting, Set Yourself Free, Deciding How to Quit, A Smoker’s Guide, Smart Move! A Stop Smoking Guide
- Quitline Iowa – When You’re Ready to Quit Smoking, We’re Here
- Krames - Why Do You Smoke?, The Health Effects of Smoking, Smoking Cessation Programs, Planning to Quit Smoking, When Smokers–Benefits of Quitting Set Yourself Free–Deciding How to Quit: A Smokers Guide

In 2018, the FRC nurse received a total of 1,637 requests for educational information on smoking cessation which increased 34%, from 1,218 in 2017. Of these 1,637 requests, 100% are generated when a patient presents to the hospital and is identified as a smoker through the admitting process, a physician’s order, or self-referral. In addition, the Low-Dose CT Screening program educated 268 patients on smoking cessation. Educational packets are also distributed at hospital cancer screening events and health fairs. All those who receive smoking cessation information are encouraged to contact Quitline IA. According to Quitline Iowa, the counts of registered participants are as follows:

Quitline Iowa Registered Participants FY 2018	
County	Registered Participants
Cass	25
Crawford	5
Fremont	16
Harrison	10
Mills	27
Monona	12
Montgomery	25
Page	23
Pottawattamie	165
Shelby	12
State of Iowa	2,975

**Effectiveness:** MJE data shows that 141/1,637 or 9% of identified patients actually sign the fax referral request to Quitline Iowa after smoking cessation education by the FRC nurse. Of these referrals, 34/141 or 24% have accepted services by Quitline Iowa.

According to the Iowa Tobacco Cessation Program Evaluation: FY2018, the Quitline Iowa program of registered participants report that 60% of current smokers have attempted to quit smoking in the past 13 months and have successfully reduced the number of cigarettes smoked per day by 7.1. A key finding reported is that 25% of the registered users have not smoked cigarettes, or used other tobacco products in the past 30 days and have successfully quit.

## 2018 Screening Programs

Methodist Jennie Edmundson provides Cancer Screenings for 5 different anatomic sites annually. These sites correspond to the top incidence of cancers reported at our institution. The cancer screenings follow NCCN and other guidelines appropriate to the specific site screened (i.e. American Society of Colon and Rectal Surgeons, American Academy of Dermatology, American College of Obstetrics and Gynecology, and American Urological Association). Cancer screenings are intended to address the access to care barrier, and decrease the number of patients diagnosed with late-stage disease by detecting the cancer at an earlier stage.

Participants at these events are provided with educational information specific to the cancer type (i.e. healthy diet, exercise, tobacco cessation, sun protection, and self-health awareness).

The annual summaries of cancer screening results are as follows:

Screening Type	Location	Date	Number of Participants	Number Requiring F/U
Colorectal	MJE	March-May, 2018	19	1
Oral, Head, & Neck	MJE	4/3/18	33	9
Skin	MJE	6/28/18	159	53
Prostate	MJE	9/29/18	11	1
Binational Health Week AllCare Family Fair	All Care Community Health Center	10/6/18	85	0
Binational Health Week Women's Event - Breast	MJE	10/10/18	35	2

Based upon the 2015-2017 Community Needs Assessment, Cancer screenings address the following barriers to care: Access to Health Services, Cancer Prevention focus on Smoking Cessation, Nutrition and Weight Status, Physical Activity, Sexually Transmitted Diseases, and Substance Abuse.

**Effectiveness:** Overall, 342 patients participated in these cancer screening events with 8 cancers identified, which are now seeking care for their disease. The participation rate is increased 23% from 2017, with 262 participants and 2 cancers identified. There were a total of 66 abnormal findings identified. These cancer screening participants were notified by letter of any abnormal findings, and were then followed with a phone call to encourage the patient to seek additional medical care.

Cancer screening participants are encouraged to complete an evaluation summary to assess screening usefulness and effectiveness. 75/342 or 22% completed the evaluation forms and 99% responded favorably that the cancer screenings were excellent, well organized, met a community service need, and provided access to care.



## 2018 Accomplishments

- Implemented SBRT treatments in Radiation Oncology
- Achieved 7.5% patient enrollment in clinical research trials of the total number of patients screened
- Collaborated with the Glenwood Chamber of Commerce to host a Women's Educational Conference
- Participated in community wide Pink-out events
- Annual Spirit of Courage fundraiser events to benefit Cancer Center patients
- Participated in the Annual ACS Relay for Life events
- Continued partnership with the Susan G. Komen of Greater Iowa
- Added an additional Radiation Oncologist
- Cancer Registry combined software and abstracting services across the Health System



Dr. Maureen Boyle, Dr. Andrew Coughlin and Dr. Nicole Nolan

## 2018 Accomplishments continued

- Improved communication between physician specialties as related to breast specimen nomenclature, margins, and orientation
- Opioid improvement project to decrease post-operative opioid prescriptions
- Introduced Vocera devices to improve communication between nursing and ancillary services
- Achieved CoC three-year re-accreditation
- Launched weekly head and neck clinic
- Developed “Earn Your Ticket Home” program to encourage colon surgery patient’s involvement to set and meet discharge goals
- Participated in Antibiotic Stewardship program to improve correct antibiotic prescription usage
- Implemented a cancer High-Risk Assessment Program in Mammography and the Breast Health Center



Dr. Michael Zlomke

# 2018 Cancer Committee Members



**Jean Thomsen, MD**  
*Chairman*



**Michael Zlomke, MD**  
*Cancer Liaison Physician*

## Complete Cancer Committee

### **Jean Thomsen, MD**

*Chairman\**  
*Pathologist\**

### **NatalieJean Ahrens**

*Oncology Nurse*  
*Navigator Lung Clinic*

### **Kathryn Bartz**

*Clinical Research*  
*Representative\**

### **Rick Blodgett**

*Volunteer Chaplain*

### **Scott Bomgaars, MD**

**Pat Ahrens, MD**  
*Vice President*  
*Medical Affairs*

### **Becky Bussey**

*Physical Therapist*

### **Annabel Galva, MD**

*Diagnostic Radiologist\**

### **Mindi Hively**

*Breast Health Center /*  
*Radiation Oncology Nurse*

### **Donna Hubbell**

*Cancer Program*  
*Administrator*  
*Quality Improvement*  
*Coordinator\**

### **Sakeer Hussain, MD**

*Medical Oncologist\**

### **Tammy Johnson**

*Breast Health*  
*Nurse Navigator*

*\* Designates individuals or positions that are required by the American College of Surgeons Cancer accreditation program.*

# 2018 Cancer Committee Members

**Michelle Kaufman**

*Community Outreach  
Coordinator\**

**Barbara Kricsfeld**

*Oncology Nurse /  
Radiation Oncology*

**Carol Kroft**

*Cancer Registry  
Quality Coordinator\**

**Jodi Ludington**

**Amy Orstad**

*Cancer Conference  
Coordinator\**

**Mary Jo Mattheis**

*Oncology Nurse /  
Medical Oncology*

**Sumit Mukherjee, MD**

*Pulmonologist*

**Nicole Nolan, MD**

*Radiation Oncologist\**

**Carol Reeder**

*Dietitian*

**Melanie Ryan**

*Pharmacist*

**Anh Tran, MD**

*Colon & Rectal Surgeon*

**Brent Wakefield, MD**

*Urologist*

**Dee Wicks**

*Social Work / Psychosocial  
Services Coordinator\**

**Michael Zlomke, MD**

*Cancer Liaison Physician\**

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JENNIE EDMUNDSON  
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Jennie Edmundson Hospital  
933 East Pierce Street  
Council Bluffs, IA 51503