Chairman’s message

MercyOne Cancer Center is dedicated to providing state-of-the-art comprehensive cancer care in an environment that envelopes patients and families in a warm embrace of compassion. As an American College of Surgeons’ Commission on Cancer Accredited Cancer Center, MercyOne Cancer Center is committed to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education and the monitoring of comprehensive quality of care. Each calendar year, MercyOne’s cancer committee develops and disseminates a report of patient and program outcomes to the public. This report summarizes and highlights many of MercyOne Cancer Center’s services and activities for calendar year 2019.

Each year, the cancer committee, under the guidance of the Quality Improvement Coordinator, develops, analyzes, and documents studies that measure the quality of care and outcomes for cancer patients. This annual report includes an article by Dr. Neil Horning on evaluating the number of lymph nodes surgically removed when patients undergo definite resection of lung cancer.

Research is an important component of MercyOne Cancer Center. In 2019 the CommonSpirit Health Institute for Research (CIRI) was awarded a 6-year grant from the National Cancer Institute to conduct cancer clinical trials and cancer care delivery studies through the NCORP Community Oncology Research Program. NCORP. MercyOne Des Moines is part of the CIRI program and I serve as the Principal Investigator for the research program. The NCORP program which began in 2014, has 7 Research Base grantees who design the multi-institutional clinical trials. These studies are for adults and children and include trials of cancer control, prevention, screening, and cancer care delivery, as well as quality-of-life studies embedded in treatment and imaging studies. The NCORP grant is particularly important to Iowa and other states with a large rural population. Cancer research needs to be relevant to all populations. This research in Iowa will help contribute to our understanding of the special characteristics of cancer patients in rural settings. In addition to performing cutting-edge research on newly developed investigational drugs, NCORP also sponsors Cancer Care Delivery Research. This is research that focuses on improving outcomes by focusing on the manner in which cancer care is delivered from a hospital-system approach.

Being involved with cancer research is a labor of love as well as science. Community cancer centers that participate in clinical trials research is a manifestation of that center’s dedication to quality care and to improvement. It takes a team of dedicated physicians, nurses, research assistants, and forward-thinking patients to bring a research program to success. I am so proud of our amazing team, and I’m thankful that our patients have given us their trust. The research team is highlighted in this issue.

Philanthropy plays an important role in maintaining and expanding services at a comprehensive community cancer center. In this report, Joan Bindel from the MercyOne Des Moines Foundation describes the role of the Foundation and the role of philanthropy at MercyOne. We are grateful for the philanthropic support that we receive from patients, families, staff and the community.

This annual report also summarizes the new analytic cancer cases for 2019. It highlights the large number and diverse variety of cancer cases seen at our center. Each year the statistics remind us of our responsibility to provide the highest quality of cancer care possible. We are committed to quality and we are committed to the patient experience. In addition to our Commission on Cancer accreditation, and the National Accreditation Program for Rectal Cancer, MercyOne Cancer Center has also earned accreditation by the American College of Radiology in Radiation Oncology and by the National Accreditation Program for Breast Centers.

*None of us is as good as all of us.* MercyOne Cancer Center is a team of dedicated professionals committed to quality care. We are proud to carry on the traditions of the Sisters of Mercy as we adhere to the values of reverence, integrity, compassion, excellence, justice, stewardship and commitment to the poor. I hope that you find the information in this report educational and inspiring.

Sincerely,

Richard L. Deming, MD
Medical Director, MercyOne Cancer Center
Chairman, MercyOne Cancer Committee
MercyOne Des Moines Cancer Center earns six-year federal research grant

The National Cancer Institute has awarded a six-year National Community Oncology Research Program (NCORP) grant to the CommonSpirit Health System, including MercyOne Des Moines Cancer Center. The grant will continue current research and begin future studies to improve cancer care delivery. Cancer Center Medical Director Dr. Richard Deming is the principal investigator for cancer research performed at MercyOne Des Moines Medical Center and 48 other member locations affiliated with CommonSpirit Health.

Dr. Deming says the research being done in Des Moines is important in developing better care and new treatments. “Most people think that cancer research is only done in laboratories at major universities,” said Dr. Deming. “Eighty-five percent of all cancer patients in the United States receive their treatment at community cancer centers. NCORP was developed to expand clinical trial cancer research to the community setting. This grant is particularly important to Iowa and other states with a large rural population.” Dr. Deming shared that “cancer research needs to be relevant to all populations and research performed here will help contribute to the understanding of potential unique characteristics of cancer patients in a rural setting.”

In addition to providers, the MercyOne Des Moines Cancer Center research team includes nurses; Jill Wolken, Shannon Harden, nurse lead Dr. Jessica Ellensohn and clinical research associate Jeanette Stonebraker. The team is presently managing around 60 different studies. They are continually opening new studies, including industry research trials. The team works closely with a variety of providers including surgeons, medical and radiation oncologists, any of whom could be the principal investigator for a research trial. The research team assists providers and patients by making patients aware of current research studies, coordinating all mandated trial requirements and providing care oversight for the duration a patient is on a trial. Cancer trial participants may be actively followed by the team for several years dependent upon study specifications. The MercyOne Des Moines Cancer Center is also nationally recognized as a leader in cancer care delivery research (CCDR) accrual. Dr. Ellensohn currently coordinates all CCDR activities for CommonSpirit Health.

Dr. Deming believes studies are vital. “Research is a fundamental part of cancer care that is synonymous with improvement in cancer care,” he said.

“I am extremely proud of our amazing team, and I’m thankful that our patients have given us their trust.”

- Dr. Richard Deming

Enrollments 2015-2019
Number of lymph nodes pathologically examined for surgical resection of NSCLC

Identify the problem

Per the guidelines established by NCDB CP3R measure 10RLN, at least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IA, IB, IIA, and IIB resected non-small-cell lung carcinoma (NSCLC). Literature reviewed shows at least 10 lymph nodes removed is associated with improved survival. Review of our CP3R historical data shows we are below 50%.

Define how the study will be conducted

Target all patients who undergo lung cancer resection for NSCLC diagnosed in 2018. Data will be pulled from the cancer registry to include histology and number of lymph nodes removed.

Conduct study

A report was generated from the cancer registry data base to identify all surgical resections of NSCLC diagnosed in 2018. The report included the surgeon and the number of lymph nodes examined. The path reports for any patients with less than 10 lymph nodes removed was printed to verify.

Compare data results following completion with national benchmark or guideline

Numerous articles have been published demonstrating overall survival improves with an increased number of lymph nodes removed/examined. For the purposes of this study we used the CoC CP3R measure 10RLN, at least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IA, IB, IIA, and IIB resected NSCLC. We used this benchmark as we evaluated all of our 2018 diagnosed lung cases. We found that we did not meet the benchmark in 55% of our cases. We analyzed the cases to determine if the results were related to the various personnel involved in the cases (surgeons or pathology techs). There is no correlation that would indicate any particular individual in surgery or pathology is associated with a higher or lower compliance rate.

Corrective Action Plan

We developed a plan to inform and educate all parties involved in lung cancer surgery and pathology (thoracic surgeons, pathology techs, pathology PAs and pathologists) about the standard regarding necessary number of lymph nodes removed and evaluated. We have delivered the education and training to the pertinent personnel. We have monitored our lung cases closely in real time during 2019 to access compliance. All the cases from 2019 will be reviewed.

Analysis summary of study findings/results

There was a total of 31 surgical resections. Seventeen, or 55%, had fewer than ten lymph nodes pathologically examined.

Analysis of the 17 noncompliant cases shows:

Dr. A performed eight of the surgeries with only one of those being an open procedure.

Dr. B performed nine surgeries all open procedures.

Two of the procedures were wedge resections (one each physician) with the remaining 15 being lobectomies.

Five cases were squamous histology and 12 were adenocarcinoma.

The PA on six of the cases was A and B was on the other 11 cases.

Analysis of the 14 compliant cases shows:

Dr. A performed seven of the surgeries with only one of those being an open procedure.

Dr. B performed seven surgeries all open.

Two of the procedures were pneumonectomies and the remaining 12 were lobectomies.

Six cases were squamous histology, seven were adenocarcinoma, and one was adenosquamous.

The PA on six of the cases were A and B on the remaining eight cases.
MercyOne Cancer Center Annual Report 2019

MercyOne Cancer Center Annual Report 2019

Our vision for the MercyOne Richard Deming Cancer Center is to create a center of excellence, which encompasses multidisciplinary, patient-centered compassionate care cancer care for all Iowans in need.

A $12 million fundraising campaign — initiated with a generous lead gift of $2 million from the Comfort Family Foundation — will realize this vision of a center of excellence, which is a designation based on a remarkably high concentration of expertise and related resources, and delivering care in an interdisciplinary, patient-centered and comprehensive manner.

Honoring Richard Deming, M.D.
Dr. Deming’s first encounter with cancer was as a teenager, when his mother was diagnosed with incurable lung cancer and brain metastases. She died at age 52 while he was in his second year of medical school. This experience influenced his life’s journey and provided him with a fundamental understanding of the importance of compassionate care.

Over the past 30 years, he has steadily redefined what it means to provide compassionate care for his own patients and the entire MercyOne Des Moines community. He emulates a favorite quote from Sir William Osler, the Johns Hopkins Hospital founder, who believed that “the good physician treats the disease; the great physician treats the patient.”

To honor his dedication to his patients and to MercyOne Des Moines Medical Center, the MercyOne Richard Deming Cancer Center will be named the MercyOne Richard Deming Cancer Center. Inside the center, each provider, health care worker and staff member continues to provide personalized and compassionate care for each patient.

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A leader in research and innovation: $2 million

As the need continues to grow, we plan to expand our clinical research office to facilitate more trials. Currently, MercyOne participates in more than 50 trials sponsored by the National Cancer Institute, but more opportunities will emerge in the future. Our patients should have access to as many options as possible.

To stay on the cusp of cutting-edge advancements, we will build a technology-advanced conference room for provider forums and tumor boards, in which a team of expert physicians meet to review and discuss complex cancer cases. This will enable our providers to share research with other experts from around the world, and it will also allow for teleconference meetings with providers and patients, so distance is no obstacle for personalized care.

We expect to enhance our services with innovative intraoperative radiation therapy, which uses therapeutic levels of radiation on the tumor area while it is exposed during surgery.

We are particularly eager to lead the way into precision medicine, an approach that allows doctors to prescribe personalized treatments based on genetic testing.

Today, most patients receive the same treatment as other patients with the same type of cancer, even though different people respond differently. Scientists see a future when genetic tests will help decide which treatments a tumor is most likely to respond to, sparing the patient from treatments that are unlikely to help.

Compassion Care: $5 million

Compassion combined with outstanding medical care has become the driving force behind our healing ministry. Treating patients with compassion — true, deeply felt compassion that springs from the desire to provide healing — has the capacity to positively impact outcomes and quality of life.

In direct response to increasing need, MercyOne Richard Deming Cancer Center will hire more nurse navigators to guide patients through every step of their treatment, from diagnosis to recovery. Since we began this program in 2010 with a National Cancer Institute grant, patients and staff alike have appreciated the benefits these caring experts bring to the process.

We will renovate our radiation oncology suite and equip it with healing and nurturing upgrades that our specialists can immediately integrate into all aspects of their work.

As we continue to treat the whole person in addition to the disease, we plan to offer comprehensive palliative care to provide compassion, quality of life-enhancing services for patients with incurable cancer, every step along their journey. We want to provide more financial assistance.

We want to offer robust services for Iowa’s 172,000 cancer survivors, to ease their fears of remission and help them lead longer, healthier and more vibrant lives.

We also plan to incorporate integrative medicine services into our cancer center. This approach combines traditional cancer treatments that include surgery, chemotherapy and radiation with other healing practices that focus on quality of life. Integrative practices include acupuncture, meditation, massage therapy, music therapy and art therapy.

We will expand our survivorship program, which helps cancer survivors set goals and practice skills to optimize their health and wellness after treatment.

A $12 million fundraising campaign — initiated with a generous lead gift of $2 million from the Comfort Family Foundation — will realize this vision of a center of excellence, which is a designation based on a remarkably high concentration of expertise and related resources, and delivering care in an interdisciplinary, patient-centered and comprehensive manner.

A vision for the future

Campaign Priorities

Multidisciplinary Patient-Centered Care: $5 million

In this data-proven model, the patient is always our primary focus. It is our goal over the span of just one or two days (and within one week of referral), that the patient would meet all specialists involved in care at the MercyOne Richard Deming Cancer Center. Patients may undergo radiographic studies, laboratory tests, history, physical exams and consultations with support services. A multidisciplinary coordinator or nurse navigator will help patients traverse the complex health care system and serve as dedicated and consistent points of contact for referrals, weekly schedules and more. Dynamic discussions amongst physicians can be enhanced with complete patient histories, diagnostic testing and pertinent procedures to create a comprehensive scope of patient needs. Importantly, the comprehensive treatment plan is expected to be available for physician collaboration about cancer-related topics specifically related to our patients. We also plan to enhance all of our cancer treatment services into a single location at MercyOne’s downtown Des Moines facility.

Become a part of this compelling vision today!

You may consider the following ways to give to the MercyOne Richard Deming Cancer Center:

• An outright gift or pledge paid over three to five years
• A gift of appreciated stock or property
• A planned gift in the form of a bequest or estate gift through trusts, annuities, life insurance or retirement plans
• An online donation at MercyOne.org/desmoinesfoundation
• A designated gift through United Way of Central Iowa

For more information, please contact Senior Director of Development, Joan M. Bindel, CFRE, at jbindel@mercydesmoines.org or 515-643-8020.
In 2018, MercyOne Des Moines Cancer Center earned the prestigious National Accreditation Program for Rectal Cancer certification (NAPRC) from the American College of Surgeons (ACS). MercyOne was one of just five programs in the nation to achieve this designation, and the first non-pilot hospital to be accredited. Currently, only fifteen hospitals across the country have received the NAPRC accreditation.

To earn the voluntary NAPRC accreditation, MercyOne Des Moines Cancer Center met 19 standards, including the establishment of a rectal cancer multidisciplinary team (RC-MDT) that includes clinical representatives from surgery, pathology, radiology, radiation oncology and medical oncology.

Dr. Shankar Raman, Director of MercyOne’s Rectal Cancer Program was asked to speak at the 2019 American College of Surgeons (ACS) Quality and Safety Conference in Washington, D.C. Dr. Raman, also an accreditation committee member, shared his knowledge on how to establish a National Accreditation Program for Rectal Cancer (NAPRC) at a Community Hospital.

Dr. Raman shared, “It is very exciting as the first non-pilot program to be selected to share our expertise at the ACS national conference. The fact that we developed an accredited program shows we have the knowledge, clinical ability and resources to deliver groundbreaking cancer care to meet the health needs of our patients. Our ACS colleagues were impressed by our teamwork and asked us to share our knowledge.”

Additionally, Dr. Raman will also be a part of a speaker’s panel sharing best practices and how to build an accredited program for community hospitals at the upcoming June 2020 American Society of Colon and Rectal Surgeons (ASCRS) Annual Scientific Meeting in Boston, Massachusetts. The 2020 ASCRS Annual Scientific Meeting is the largest conference of colon and rectal surgeons in the Americas.

“It is very exciting as the first non-pilot program to be selected to share our expertise at the ACS national conference.”
- Dr. Shankar Raman
Prepping for recertification

The Katzmann Breast Care Center is preparing for their second recertification as a certified National Accreditation Program for Breast Centers (NAPBC) Comprehensive Breast center.

Dr. Beck and Dr. Torstensen are certified in Breast Ultrasound through the American Society of Breast Surgeons (ASBS) and recognized by the American College of Radiology (ACR).

NAPBC-accredited centers demonstrate the following services:

- A multidisciplinary team approach to coordinate the best care and treatment options available
- Access to breast-specific information, education, and support
- Breast center data collection on quality indicators for subspecialties involved in breast cancer diagnosis and treatment
- Ongoing monitoring and improvement of care
- Information about participation in clinical trials and new treatment options

New Commission on Cancer (CoC) standards that will be implemented for breast cancer cases include synoptic operative summaries. To date, these reports are not required by NAPBC 2018 standards. We will be implementing the synoptic operative summaries as a quality improvement measure at this time.
Our services
MercyOne Cancer Center is proud to offer the following services to our patients and their families:

- Comprehensive team of oncology specialists
- Radiation oncology
- Medical oncology
- Surgical oncology
- Katzmann Breast Care
- Clinical trials and research
- Nurse navigators
- Cancer resource center
- Nutritional counseling and support
- Lung screening program
- Lung cancer clinic
- Family and genetic risk assessment
- Survivorship services
- Wellness programs
- Support groups
- Individual counseling
- Wigs, head covering and self-esteem boutique
- Palliative care
- Home care
- Hospice

Summary by body system and first contact year report

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<th>Body System</th>
<th>First Contact Year %</th>
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<tr>
<td>Oral cavity &amp; pharynx</td>
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<td>Digestive system</td>
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<td>Respiratory system</td>
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<td>Male genital system</td>
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Peer reviewed publications


