

# 2015 Annual Report



SALEM HEALTH  
*An OHSU Partner*





# Welcome

2015 was an exciting year for Salem Health as our organization became an OHSU Partner. With our cancer program affiliated with OHSU Knight Cancer Institute since 2007, the Salem Cancer Institute has been a model for greater collaboration. Through this important partnership, cancer specialists from Salem and OHSU combine efforts and expertise to strengthen a comprehensive, coordinated cancer program.

We also saw our innovative Low Dose Lung Cancer Screening pilot grow into a Lung Cancer Alliance Center of Excellence with data sent to a national registry to help us all better understand this disease. Community outreach efforts continue to grow. We have seen advocacy on our campus for lung cancer patients and survivors, held a women's health screening in conjunction with community providers, and increased our focus on wellness after cancer.

Health care is in a time of rapid change and we at Salem Cancer Institute are constantly on the lookout for greater opportunities to best serve our patients and our community.

Sincerely,

Nancy Boutin, MD  
Medical Director,  
Salem Cancer Institute

Beverly Smith, MSN, RN, OCN  
Director,  
Cancer Services

## National accreditation

We are proud to be accredited by the American College of Surgeon's Commission on Cancer (CoC) and National Accreditation Program for Breast Centers (NAPBC). Programs recognized with these accreditations are dedicated to providing the best in patient-centered care.

As required by the CoC, our multidisciplinary Cancer Committee is the governing body of our cancer program. This group guides our work and ensures we are meeting our accreditation standards. Thank you to our Cancer Committee members for your dedication to the continued success of our program.



Eric Laro, MD  
Cancer Committee Chair



## Lung Cancer Screening

The Lung Cancer Screening Program at Salem Health started as a pilot in 2013. Over the first two years, 743 unique patients were enrolled into the program with approximately 200 of those in 2015 alone. Fourteen patients were diagnosed with potentially curable lung cancer.

The pilot provided these lung cancer screenings to patients for a low \$99 fee, thanks to the support of Salem Health and its Foundation. In 2015, as the efficacy of low-dose lung cancer screening became evident nationwide, insurance companies began covering this as a preventative screening. As a result, the Lung Cancer Screening pilot portion of the program concluded on Sept. 31, 2015. Lung Cancer Screening is still available to all eligible patients on an annual basis following the updated criteria below. We continue to schedule an average of 80-100 initial and subsequent screenings per month. As part of the reimbursement requirements, Salem Health is now part of the accredited national American College of Radiology Lung Cancer Screening Registry.



### Screening Eligibility Criteria:

*Low Dose CT Lung Screening Scans may be offered to high-risk patients who:*

- Are between 55 and 80 years old (Medicare patients age 78-80 are eligible for screening as self-pay).
- Have smoked at least 30 pack-years.
- Currently smoke or have quit within the last 15 years.
- Have no symptoms of a lung condition at the time of screening.

For more information, please call 503-814-1458.

## Required Cancer Committee Positions

Cancer Committee Chair _____	Eric Laro, MD
Cancer Liaison Physician _____	Nancy Boutin, MD
Diagnostic Radiologist _____	Scott Ambruster, MD
Medical Oncologist _____	William Pierce, MD
Pathologist _____	Mark Magilner, MD
Radiation Oncologist _____	Matthew Gordon, MD
Surgeon _____	Beth Dayton, MD
Cancer Conference Coordinator _____	Carrie Rupp, Cancer Registry
Cancer Program Administrator _____	Beverly Smith, RN, OCN, MSN
Cancer Registry Quality Coordinator _____	Ted Williamson, MD
Certified Tumor Registrar _____	Jodi Phillips, CTR
Clinical Research Coordinator _____	Alison Eshleman, RN, OCN
Community Outreach Coordinator _____	Andi Petrone, BS
Oncology Nurse _____	Willie Weber, RN, OCN, BSN
Palliative Care team member _____	Nancy Boutin, MD
Performance / Quality Improvement Coordinator _____	Carrie Whitlock, MOL, BS, RT (R)(T)
Psychosocial Services Coordinator _____	Wayne Halle, MSW, LCSW, OSW-C

# Program Highlights

## Gynecologic Oncology

Our team of dedicated OHSU Gynecologic Oncology specialists see patients in clinic and perform surgery on a weekly basis at Salem Health. Providing specialty service in Salem means patients and their families don't have to travel to Portland for care. With the addition of Amanda Bruegl, MD, in November 2015, the clinic serves the community with three surgeons including Melissa Moffitt, MD, and Koenraad De Geest, MD. Also part of the team is nurse practitioner Meagan McFarland, a full-time Salem Health provider who sees patients in clinic and assists in surgery as a Registered Nurse First Assistant. The clinic is supported by Oncology Certified nurses and collaborates with Salem Cancer Institute support services.



The Gynecologic Oncology Program welcomed Amanda Bruegl, MD in 2015.

## Inpatient Medical Surgical Oncology

The integrated inpatient oncology unit has 16 oncology certified nurses making up over 30% of their nursing staff. In addition, nurses hold certifications in medical-surgical oncology, and hospice and palliative care. In 2015, integrative therapies including aromatherapy and Reiki were piloted on this unit with positive benefits noted for patients including reduced stress and increased overall well-being.

## Radiation Oncology

The Radiation Oncology team, led by Medical Director, Dr. Nancy Reyes-Molyneux, works closely with referring providers to deliver radiation therapy based on each patient's individual needs. Our program offers the latest technology, such as Trilogy® Rapid Arc, TrueBeam® stereotactic radiosurgery, adding Calypso® for reduced side effects, and the Varian® Real-time Position Management™ system allowing the treatment of breast cancer with a lower dose than previously achievable. The scope and dimension of this technology parallels cancer centers across the country.

## Clinical Research

The Salem Health Clinical Research department offers a variety of treatment and quality-of-life clinical trials. In 2015,

the Lung Cancer Screening quality of life study concluded with 119 participants and provided invaluable insight to the anxiety levels and smoking behaviors of high-risk patients who are screened for lung cancer. The Clinical Research team includes Dr. John Strother as the physician champion, three certified oncology nurses, and a research coordinator who are constantly working to expand the available clinical trials through multi-provider collaboration.

## Thank you to The Salem Health Foundation

The Salem Health Foundation continued their generous support of cancer services in 2015. Contributions of \$50,700 supported patient assistance programs such as lung cancer screening, transportation, pharmacy cards, chemotherapy, and one-time small cash grants for cancer patients in need. Another \$12,900 provided ongoing support for Salem Cancer Institute programs, including education materials, art therapy classes, Chemo Bags, and SOFTEE recovery camisoles for women recovering from breast cancer surgery. In addition, support of over \$5,300 was provided for community education including a weekly yoga class for cancer patients and a special breast cancer awareness event for young women at Willamette University utilizing funds from the Alyssa Malchow Breast Cancer Fund.

## Care Coordination and Support Services

Cancer nurse navigators are certified oncology nurses with decades of experience. They help patients identify needs, solve problems, connect with resources, and understand diagnosis and treatment options.

Social workers help patients and families with emotional wellness by providing counseling, coping strategies and support. They may also assist with insurance questions, financial concerns, and practical issues such as utilities, housing, transportation, and medical equipment.

Registered dietitians are available to evaluate nutrition needs, combat treatment-related side effects, and provide helpful hints for eating and cooking.

Support groups and education opportunities are offered regularly for patients and family members.



## Survivorship Services

Our survivorship program was designed to better meet the needs of patients following treatment and has seen great success in its first two years. In 2015, 201 patients met with one of our dedicated providers to review a treatment summary, discuss long term side effects and address barriers to quality of life. As the concept of survivorship continues to gain momentum, our team is committed to promoting wellness and increasing quality of life after cancer by connecting patients to:

- Physical therapists and physical activity programs
- Emotional support
- Registered dietitians
- Financial counselors
- Education, classes and support groups
- Activities to strengthen the mind-body connection
- Integrative therapies like acupuncture and massage

## Palliative Care

With the introduction of Palliative Care as an outpatient clinic, the team of physicians, nurse practitioners, nurses, social workers and chaplains have had the opportunity to touch the lives of 326 more patients in 2015.

A highlight of 2015 was collaborating with cardiology to expand Palliative Care services beyond oncology. This partnership decreased readmissions of heart failure patients and welcomed cardiologist, Dr. James Lowry, back to Salem Health after recently completing a fellowship in Palliative Care.

Palliative Care provides an extra layer of support at any stage of disease.

- Managing the physical, emotional, and spiritual needs of our patients.
- Helping families have difficult conversations.
- Coordinating communication with members of the care team, including family.
- Helping patients and families understand treatment options.

# Data collection

Salem Cancer Institute sees more than 2,000 cancer cases each year. Our cancer registry gathers data on each case to help evaluate patient outcomes, treatment trends and efficacy. Physicians use registry information to improve treatment planning, staging and continuity of care. Our registry provides data on survival, treatment and extent of disease to the National Cancer Data Base, the CoC and the Oregon State Cancer Registry.

Salem's Cancer Registry is among the oldest in the U.S., established in 1960. The registry is the cornerstone of achieving the coveted status of CoC accreditation from the American College of Surgeons.

## Significant volumes

### Case Distribution

Primary Site	New cases* seen in 2014	New cases* seen in 2015	Total of cases in registry 2000-2015
Breast	336	357	5,424
Colorectal	128	174	2,423
Lung	235	269	3,511
Lymphoma/Leukemia	152	149	2,082
Prostate	219	257	4,279
Other/Undefined	813	852	10,816
Total	1,883	2,058	28,535

\*New Cases: Total number of new cases seen at Salem Health that utilized services – includes all Class of Cases.

## Exemplary outcomes

The combination of highly skilled physicians and specialists, comprehensive treatment options, significant volume and advanced technology has made Salem Cancer Institute a leader in treatment outcomes. The chart below summarizes key data points from the CoC's National Cancer Data Base.

### Profile Reports

Performance Rates, 2014\*

	Salem Cancer Institute	All CoC-approved programs**
<b>Breast cancer - Select measures</b>		
Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II Breast Cancer. [BCS]	68.6%	62.6%
Needle biopsy to establish diagnosis of cancer precedes surgical excision/resection. [nBx]	92.8%	91%
Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >=4 positive regional lymph nodes. [MAST/RT]	100%	89.5%
Radiation therapy is administered within one year of diagnosis for women under age 70 receiving breast-conserving surgery for breast cancer. [BCS/RT]	98.9%	92.2%
Combination chemotherapy is considered or administered within four months of diagnosis for women under age 70 with AJCC T1c N0 M0, or Stage II or III ERA and PRA positive breast cancer. [MAC]	100%	92.7%
Tamoxifen or third-generation aromatase inhibitor is considered or administered within one year of diagnosis for women with AJCC T1c N0 M0, or Stage II or III ERA and/or PRA positive breast cancer. [HT]	97.7%	92.2%
<b>Colon cancer - Select measures</b>		
Adjuvant chemotherapy is considered or administered within four months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer. [ACT]	100%	90%
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. [12RLN]	93.8%	90.1%
<b>Rectal cancer - Select measures</b>		
Radiation therapy is considered or administered within six months (180 days) of diagnosis for patients under the age of 80 with clinical or pathologic AJCC T4 N0 M0 or Stage III receiving surgical resection for rectal cancer. [REC/RT]	100%	87.2%

\*Latest performance data available nationally.

\*\*Rates computed based on data directly reported to the NCDB using specifications endorsed by the National Quality Forum.

# Physician engagement and collaboration

Our physicians are dedicated to improving cancer care through a collaborative approach. They spend hundreds of hours each year engaged in multidisciplinary tumor site committees focusing on quality, communication, clinical outcomes, and patient satisfaction.



## Breast committee

Beth Dayton, MD, Chair  
Natasha Tiffany, MD, Vice-Chair

- Met ten times during 2015 with physicians representing the full spectrum of cancer care.
- Reviewed quality standards and performance at each meeting.
- Welcomed certified breast care nurse, Liz Colwell, RN, OCN, to the committee to partner with Kathy Wolfe, RN.
- Developed clinical practice guidelines for hormone therapy consideration and Oncotype testing in DCIS patients.
- Reviewed and updated the Breast Cancer Survivorship Passport.
- Created a letter to community providers in response to the new breast cancer screening guidelines.
- Initiated a study to assess patients that received mantle chest radiation that may be at increased risk for second malignancies and need enhanced breast screening. Patients and their providers were notified as appropriate.



## Gastrointestinal (GI) committee

Robert Ponec, MD, Chair

- Met five times during 2015 with physicians representing the full spectrum of cancer care.
- Reviewed quality standards and performance at each meeting.
- Welcomed dedicated GI nurse navigator, Lisa Rausch, RN, OCN, to the committee.
- Reviewed and approved follow-up guidelines for colon cancer.
- Participated in a GI Cancer Symposium in collaboration with OHSU in Newberg.
- Discussed MRI in the pre-treatment evaluation of rectal cancer patients.
- Initiated quarterly GI/Surgery collaborative meetings on shared topics of interest.
- Implemented an immunonutrition pilot project to improve pre-surgical nutrition for colon cancer patients.





### Genito-Urinary (GU) committee

Nancy Reyes-Molyneux, MD, Co-Chair  
Jaffer Bashey, MD, Co-Chair

- Met three times during 2015 with physicians representing the full spectrum of cancer care.
- Reviewed quality standards and performance at each meeting.
- Developed follow-up guidelines for prostate cancer.
- Collaborated with OHSU to hold a dinner symposium for physicians to discuss prostate cancer.
- Reviewed and initiated updates on the Prostate Cancer Screening Community Guidelines.
- Discussed future goals of the GU Committee and agreed to meet monthly.



### Thoracic committee

Natasha Tiffany, MD, Chair

- Met nine times during 2015 with physicians representing the full spectrum of cancer care.
- Reviewed quality standards and performance at each meeting.
- Provided education to community providers on changes to lung cancer screening program reimbursement and CMS Guidelines for Shared Decision Making.
- Reviewed and approved follow-up guidelines for small cell and non-small cell lung cancer.
- Addressed timeliness to treatment for lung cancer patients through multiple tests of change including a dedicated lung nurse navigator, Kellie Liudahl, RN, OCN, and an algorithm for non-small cell lung cancer from biopsy to treatment.
- Held a community event, Shine a Light on Lung Cancer, to provide education and awareness.

# Community Outreach

## National Cancer Survivors Day Celebration

Salem Cancer Institute celebrated our first annual National Cancer Survivors Day on Monday, June 8, 2015. The festivities were held in our newly remodeled lobby with over 300 people visiting table displays, enjoying refreshments, and honoring cancer survivors. Various wellness activities were offered throughout the day including creative drawing, expressive writing, brain agility, yoga, and a smoothie demonstration. We received positive feedback from physicians, staff, patients, and visitors alike, and intend to make this an annual celebration for our community!

## Survivor Artist Showcase

Salem Cancer Institute invites survivors to share their artwork in a special display located in the lobby of Building C on the Salem Health campus. One survivor is featured at a time with their work on display for 6-8 weeks. In 2015, eight artists participated, brightening the Salem Cancer Institute lobby, and sharing messages of hope, healing, and inspiration for patients, visitors, and staff to enjoy. All mediums are considered from painting and photography to sculptures, glasswork, poetry and more.

## Breast & Cervical Cancer Screening

A community breast and cervical cancer screening was held on Saturday, Oct. 17, 2015, in partnership with the Salem Free Clinic, Oregon ScreenWise Program, Marion-Polk Medical Foundation, Pacific Pathology, and many community providers. A total of 33 women participated in the screening who may not have sought preventative screening otherwise. One woman was diagnosed with an early stage breast cancer and the Salem Cancer Institute breast nurse navigators played a key role in helping this woman access care through the Oregon Breast Cancer Treatment Program.

## Skin Cancer Screening

Oregon continues to have some of the highest incidence of melanoma in the nation, making skin cancer education and screening a priority for Salem Cancer Institute. Two community skin cancer screenings were held in Aug. 2015 in partnership with the Dermatology Clinic, P.C. and Silver Falls Dermatology. A total of 42 people participated with 11 needing further follow-up. Salem Cancer Institute works to ensure patients receive the recommended follow-up. There was one confirmed melanoma diagnosed through these efforts.



Artist and cancer survivor, Addyse Lane Palágyi, poses with her display at Salem Cancer Institute.

## A team of cancer care specialists

Our community cancer specialists are committed to providing quality care for each patient. They work closely with referring providers to ensure the best clinical outcomes. Visit [www.salemhealth.org](http://www.salemhealth.org) to find local providers in the following specialties:

**Gastroenterology**

**General surgery**

**Thoracic surgery**

**Genetics**

**Gynecologic oncology**

**Medical oncology**

**Neurosurgery**

**Otolaryngology**

**Palliative care**

**Pathology**

**Plastic surgery**

**Pulmonary medicine**

**Radiation oncology**

**Radiology**

**Interventional radiology**

**Urology**



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