Dear Community and Health Care Team Members,

As the leading provider of comprehensive care, Centegra Health System is proud to present our 2016 Cancer Program Annual Review that summarizes data from the year 2015.

The team at Centegra Health System considers it a privilege to be part of each cancer patient’s journey. We are proud to provide education and screenings about prevention and early detection of cancer. We strive to demonstrate our passion for cancer care and continually search for ways to improve the patient and caregiver experience. Robust support groups, survivor’s day celebrations, screenings, educational events and partnerships help us to provide a full range of cancer care. Our partnership with the American Cancer Society allows us to bring wigs and makeup tips to our patients.

This year we performed screenings, including lung, colon, skin, prostate, oral, head and neck, pelvic, breast, and bone density screenings, on more than 1500 community members.

Free educational workshops were attended by more than 600 community members on topics including: smoking cessation, skin cancer, modifiable risk factors to reduce cancer incidence, cancer prevention through nutrition, and cancer screening guidelines.

Continuing education was offered to physicians and allied health care professionals at Centegra on topics like colon cancer and esophageal preservation therapies.

We understand the words “you have cancer” are life changing but the Centegra Cancer Program team of experts brings leading treatments to the community and provide guidance on the most advanced treatment options close to home.

Providing comprehensive cancer care close to home is our goal and we look forward to continuing to meet those needs in the future.

Sincerely,

Rachel Sebastian
Senior Vice President, Chief Operating Officer
Centegra Hospital–McHenry

Amy Moerschbaecher
Director, Oncology and Medical Ancillaries
FROM DR. DESAI

In 2015, the cancer program at Centegra Health System continued its commitment towards providing advanced multidisciplinary cancer care in the local community setting by either growing or enhancing several components of the oncology service line.

Changes made in 2015 include the purchase of a medical oncology software program for Mosaiq to improve safety, documentation and scheduling of the chemotherapy patients at Sage Cancer Center. In addition, Sage Cancer Center’s commitment to improve the comprehensive supportive care it provides was further enhanced by initiation of the psychosocial distress screening. This program was utilized by almost 450 patients in 2015, and the information gained was used to provide adequate referrals for supportive care services for the patients and their families.

The cancer program also implemented the Survivorship Care Plan for breast cancer patients who are given a comprehensive follow up plan at the completion of their primary therapy. This program will continue to be expanded further based on the positive feedback that was provided by the patients.

The low-dose CT lung screening program was expanded to increase the screening opportunities available to the community. A complementary lung conference is held each month where several cases are reviewed to provide ongoing guidelines based clinical care recommendations.

Our cancer program continued to participate in the S.T.A.R. rehabilitation program and Rapid Quality Reporting System (RQRS) in 2015. RQRS is designed to promote evidence-based care for patients by actively monitoring compliance with National Quality Forum endorsed measures of cancer care and surveillance.

The Cancer Committee also completed a study on “Hospice Referral to Date of Death.” Upon review and analysis of the data the committee decided to focus more efforts to further enhance the available palliative care services in the health care system.
The committee also decided to implement more education programs for physicians and health care associates directed at improving understanding and communication about this important component of cancer care.

We continue to maintain a strong partnership with the American Cancer Society to provide valuable services via the partnership to patients in our community.

The cancer program continues to hold its monthly multidisciplinary General Cancer Conferences along with weekly Breast Conferences. These conferences always include discussion of proper staging including American Joint Committee on Cancer staging. NCCN guidelines are also reviewed as part of the management discussions.

The Cancer program at Centegra also holds education programs to provide continuing education opportunities for physicians and allied health healthcare providers.
FROM DR. LIU

Accountability Measures & Quality Improvement

The cancer program at Centegra remains robust in 2015. We continued our efforts in analyzing and comparing our data to national trends. This year was the second year we participated in the Rapid Quality Reporting System (RQRS). The cancer registrars have been very diligent in submitting the required monthly data, and responding to the alerts when received. We continue to follow reports from Cancer Program Practice Profile Reports (CP3R), which offer local providers comparative information to assess adherence to standard of care therapies for major cancers. Our outcomes data has continued to compare well and in many cases exceed local and national trends.

We carefully reviewed Centegra’s annual cancer case volume, hospital services and resources and released this data for display on the Commission on Cancer (CoC) Hospital Locator on the CoC website for public viewing. We also reviewed at length the new requirements for node dissections in colon and lung cases and discussed these requirements with the respective surgical specialists so they are aware of future expectations. We also reviewed the treatment standards for malignant melanoma, including new targeted and immunotherapies that have brought new hope of conquering this disease, and are looking into opportunities to bring more melanoma patients to treatment sites within our system.

Our data shows relatively stable numbers of patients in recent years. We continue to monitor patient migrations, both in and out of the systems to see what improvements we could make to increase our retention rate.

From a technology standpoint, our radiation oncology department is working towards installing a new linear accelerator, which likely will take place in 2017. We also started providing radionuclide therapy with radium-223 dichloride (Xofigo) for treating patients with metastatic prostate cancer with skeletal metastasis.

Overall, our cancer program continues to prosper. We anticipate further growth with the opening of Centegra Hospital-Huntley. In 2017 we will pursue CoC accreditation and begin reporting data for Huntley as an independent site to the CoC.

The performance rates shown on the next page provide information on the programs’ concordance with measure criteria for diagnosis year 2013, the most current year for which data is available. It shows how we compare to other CoC approved programs and other hospitals in the state of Illinois. In order to meet the Standard, cancer programs must meet the estimated performance rates either with their EPR or the upper bound of the 95% confidence interval.
<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Measure Type</th>
<th>Measure Description</th>
<th>CoC Estimated Performance Rate</th>
<th>Centegra Hospital-McHenry</th>
<th>Centegra Hospital-Woodstock</th>
<th>Illinois State</th>
<th>All CoC Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breast</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCSRT</td>
<td>Accountability</td>
<td>Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer (NQF #219).</td>
<td>Standard 4.4 90%</td>
<td>100%</td>
<td>80% (CI 44.9 – 100)</td>
<td>93.1%</td>
<td>93%</td>
</tr>
<tr>
<td>MAC</td>
<td>Accountability</td>
<td>Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or stage IB - III hormone receptor negative breast cancer (NQF #0559).</td>
<td>NA</td>
<td>100%</td>
<td>100%</td>
<td>93%</td>
<td>92.9%</td>
</tr>
<tr>
<td>HT</td>
<td>Accountability</td>
<td>Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB - III hormone receptor positive breast cancer (NQF #0220).</td>
<td>Standard 4.4 90%</td>
<td>96.7%</td>
<td>100%</td>
<td>93.2%</td>
<td>92.7%</td>
</tr>
<tr>
<td>MASTRT</td>
<td>Accountability</td>
<td>Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with &gt; or = 4 positive regional lymph nodes.</td>
<td>Standard 4.4 90%</td>
<td>100%</td>
<td>No data</td>
<td>90.4%</td>
<td>90.6%</td>
</tr>
<tr>
<td>nBx</td>
<td>Quality Improvement</td>
<td>Image or palpation-guided needle biopsy (core or FNA) to the primary site is performed to establish diagnosis of breast cancer.</td>
<td>Standard 4.5 80%</td>
<td>98%</td>
<td>100%</td>
<td>93.8%</td>
<td>91.3%</td>
</tr>
<tr>
<td>BCS</td>
<td>Surveillance</td>
<td>Breast conservation surgery rate for women with AJCC clinical stage 0, I or II breast cancer.</td>
<td>NA</td>
<td>60.30%</td>
<td>76.5%</td>
<td>65.6%</td>
<td>62.7%</td>
</tr>
<tr>
<td><strong>Colon</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACT</td>
<td>Accountability</td>
<td>Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer (NQF#0223)</td>
<td>Standard 4.4 90%</td>
<td>100%</td>
<td>100%</td>
<td>95.4%</td>
<td>90.8%</td>
</tr>
<tr>
<td>12RLN</td>
<td>Quality Improvement</td>
<td>At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (NQF#0225)</td>
<td>Standard 4.5 85%</td>
<td>92.3%</td>
<td>100%</td>
<td>91.7%</td>
<td>90.1%</td>
</tr>
</tbody>
</table>
QUALITY

QUALITY IMPROVEMENTS

• Tomotherapy and High Dose Rate radiation delivery systems were upgraded to a highly advanced system which will reduce treatment times and give clinicians the ability to target more precisely.

• Gavers Foundation donations made it possible to add two more patient express vans and allow for additional screening initiatives for the community.

• A joint collaboration between inpatient and outpatient oncology nursing, pharmacy, and patient access resulted in great improvements to the admission time to start of inpatient chemotherapy. This process improvement increased ease of admission, as all inpatient chemotherapy patients at Centegra Hospital–McHenry with planned chemotherapy admissions start in the cancer center where they are admitted, have lines accessed and labs drawn, and are then taken to their inpatient room. This has shown to greatly expedite the start of treatment resulting in a reduced length of stay. Also, nursing satisfaction has increased due to more communication between the inpatient and outpatient oncology nursing staff and oncology pharmacy.

• Centegra Sage Cancer Center added a financial counselor who specializes in oncology treatment related financial concerns.

• Mosaiq Medical Oncology software was implemented at the Sage Cancer Center and allows for all chemotherapy regimens to have care plans that align with NCCN guidelines. Chemotherapy orders are transcribed and tracked electronically allowing for recording cumulative dose. Nurses have electronic double check of chemo at chairside and a quality check list to ensure chemotherapy orders are correct the day before appointment. Orders are sent electronically to physicians for approval and scheduling is now completed by staff at the front office.
EVALUATING COMPLIANCE WITH EVIDENCE-BASED GUIDELINES FOR MANAGEMENT OF MELANOMA OF THE SKIN

Overview

• Study conducted based on National Comprehensive Cancer Network (NCCN) Guidelines for Melanoma of the Skin

• All analytic melanoma cases Stage 0 through Stage IV diagnosed and/or treated in 2014 and 2015 at Centegra Hospitals

• Retrospective chart review of 49 cases conducted with NCCN Guidelines addressed:
  • Physical examination, skin evaluation
  • Lymph node basin examination
  • Pathological evaluation
  • Surgical approach, sentinel node evaluation
  • Imaging, laboratory evaluation
  • Adjuvant therapy discussion and offering
MELANOMA OF THE SKIN—STAGE AT DIAGNOSIS

Analytic Cases Seen at CH–M and CH–W in 2014-2015 (n=49)
### Diagnostic and Treatment Evaluation

#### Stage 0 (in situ)

<table>
<thead>
<tr>
<th>Procedure</th>
<th># of Cases</th>
<th># Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical examination, skin evaluation</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Lymph node basin examination</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Pathological evaluation</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Surgical approach—re-excision / wide excision</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Sentinel node evaluation—not recommended</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Imaging, laboratory evaluation—not recommended</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Adjuvant therapy discussion and offering</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### Stage IA and IB < or = 0.75mm thick

<table>
<thead>
<tr>
<th>Procedure</th>
<th># of Cases</th>
<th># Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical examination, skin evaluation</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Lymph node basin examination</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Pathological evaluation</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Surgical approach—re-excision / wide excision</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Sentinel node evaluation—discuss and consider only for Stage IA &gt;0.75mm thick</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Imaging, laboratory evaluation—recommended only to evaluate specific signs or symptoms</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Adjuvant therapy discussion and offering</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Stage IB >0.75mm thick, with ulceration or miotic rate > or = 1/mm² or >1mm thick
Stage II >1mm thick

## Stage III

<table>
<thead>
<tr>
<th>Procedure</th>
<th># of Cases</th>
<th># Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical examination, skin evaluation</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Lymph node basin examination</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Pathological evaluation</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Surgical approach—re-excision / wide excision</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Sentinel node evaluation—recommended</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Imaging, laboratory evaluation—recommended</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Adjuvant therapy discussion and offering</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

## Stage IV

<table>
<thead>
<tr>
<th>Procedure</th>
<th># of Cases</th>
<th># Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical examination, skin evaluation</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Lymph node basin examination</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Pathological evaluation</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Surgical approach—resectable vs. unresectable</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Sentinel node evaluation—not recommended</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Imaging, laboratory evaluation—recommended</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Adjuvant therapy discussion and offering</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Number of Analytic Melanoma Cases Compliant with NCCN Guidelines (n=49)
SUMMARY

- Diagnostic work-up and treatment for Melanoma of the skin was compliant with NCCN guidelines with the exception of two Stage II cases where no Sentinel Lymph Node biopsy was performed (Compliance Rate of 96%).

- No areas for improvement were identified. A recommendation was submitted to have biopsy reports from the physician office on the patient chart prior to any surgery at Centegra.

References:

- National Comprehensive Cancer Network (NCCN), Clinical Practice in Oncology Guidelines for Melanoma
- AJCC Cancer Staging Handbook, 7th Edition
- Commission on Cancer, Cancer Program Standards: Ensuring Patient-Centered Care
Centegra Hospital–McHenry (CH–M) is a Comprehensive Community Cancer Program and Centegra Hospital–Woodstock (CH–W) is a Community Hospital Cancer Program approved by the American College of Surgeons Commission on Cancer (ACoS CoC).

CANCER CONFERENCES AND COMMITTEE MEETINGS

• Four Cancer Committee meetings were held in 2015 with an attendance rate of 100% for required members.

• 45 conferences were held at CH–M with 288 cases presented, representing 51% of the analytic caseload including:
  • 12 monthly General Cancer Conferences with 87 cases presented. 100% of the cases were prospective presentations.
  • 33 Breast Conferences with 201 cases presented. 100% of the cases were prospective presentations.
  • 12 monthly General Cancer Conferences were held at CH–W with 88 cases presented representing 36% of the analytic caseload. 100% of the cases were prospective presentations.

CANCER DATA MANAGEMENT

• 599 cases were accessioned at CH–M with 563 of those being analytic cases.

• 252 cases were accessioned at CH–W with 243 of those being analytic cases.

• CoC Standard 5.3 – For all eligible analytic cases, an 80 percent follow up rate is maintained from the cancer registry reference date. CH–M follow up rate was 88%; CH–W was 90%.
CoC Standard 5.4 – A 90 percent follow up rate is maintained for all eligible analytic cases diagnosed within the last five years. CH–M follow up rate was 91%; CH–W was 92%.

38 requests for data were completed at CH–M and CH–W.

Data submitted to the National Cancer Database from CH–M and CH–W met all quality criteria on initial submission.

All required cases were submitted to the Illinois State Cancer Registry.

PROFESSIONAL EDUCATION

Two system-wide educational programs about oncology were offered to physicians and allied health care professionals at Centegra, one entitled “Targeted Therapy of Colon Cancer” and the other “Contemporary Management of Esophageal CA – From Esophageal Preservation to Neoadjuvant Therapy & Minimally Invasive Esophagectomy”.

PRESENTATIONS AND WORKSHOPS

Free educational presentations are offered to community organizations who request information on cancer-related topics.

Partnered with the McHenry County Health Department to offer Freedom from Smoking classes for smoking cessation.

Educated participants about free low-dose CT lung screening criteria and provided education about nutrition.

Fresh Start Tobacco Cessation program launched in September in collaboration with the American Cancer Society (ACS). Offered nutrition lectures to promote healthy eating as a non-tobacco user as well as promoted the free low-dose CT Lung screening to eligible participants.

Attendees at the Centegra Health Strong Woman Event received American Academy of Dermatology skin cancer prevention materials, sunscreen packets and general cancer screening information. Over 500 people attended the event.

American Institute for Cancer Research presentation on Cancer Prevention was presented to Spring Grove municipal employees, 35 participants.

Provided 20 participants the Relay for Life Kick Off event presentation about modifiable risk factors to reduce cancer incidence.

Colorectal Cancer Prevention through Nutrition presented to 26 attendees at Del Webb/Sun City in Huntley.

Educational Lecture presented to Elderwerks seniors on cancer prevention, eating healthy and cancer screening guidelines, 20 in attendance.
SCREENINGS

Screenings provide an opportunity to distribute to community members cancer prevention materials, appropriate cancer screenings recommendations and signs and symptoms of cancer. The following materials are provided to screening participants.

- **Colon Cancer:** FOBT kits were distributed at five Centegra locations during working hours, including: Centegra Hospital-McHenry, Centegra Hospital-Woodstock, Crystal Lake Medical Arts, Centegra Health Center-Huntley, Centegra Sage Cancer Center and McHenry County College. A total of 42 kits were distributed, 21 returned as of 6/9/15, 50% return rate, 0 positive for occult blood. Test results are mailed to each person. Positive findings are personally called and follow up discussed.

- **Oral, Head and Neck Cancer:** Six screenings were performed in partnership with Oral, Head and Neck Cancer Alliance resulting in two referrals for follow up with otolaryngologists. Patients receive immediate referral for positive findings.

- **Skin Cancer:** Seven screening events hosted in partnership with American Academy of Dermatology. A variety of doctors and PA-Cs performed 136 skin cancer screenings; 61 findings required follow up or biopsy. Patients receive immediate referral for positive finding.

- **September 26, 2015 – Men’s Screening** event offered DRE, PSA tests, skin screenings, oral, head and neck screenings, FOBT colon cancer screenings and low-dose CT lung screenings to eligible men. Cancer screening and prevention educational materials were offered. Outcomes were as follows:
  - 66 registered, 49 attended (74%)
  - 45 DRE, 2 abnormal
  - 49 PSA draws, 2 elevated
  - 3 lung CT scans, 3 with findings requiring 12 months follow up each
  - 41 oral exams, 1 positive oral finding
  - 34 skin exams, 8 positive findings
  - 45 FOBT kits taken, 8 returned and all negative

- **October 17, 2015 – Women’s Screening** event offered clinical breast exams, mammograms to eligible women, pelvic exams, PAP/HPV tests, skin cancer screenings, oral, head and neck screenings, low-dose CT lung screenings to eligible women, FOBT colon cancer screenings, genetic risk questionnaires and heel bone density screenings. Cancer screening and prevention educational materials were offered. Outcomes were as follows:
  - 26 registered, 20 attended (77%)
  - 12 PAP/HPV exams, all normal
  - 17 pelvic exams, 1 abnormal
  - 1 CT lung scan, negative

ACCOMPLISHMENTS CONTINUED
• 20 oral exams, 1 positive finding
• 20 skin exams, 8 positive findings
• 13 mammograms, 1 call back
• 11 FOBT kits taken, none returned

• **Lung Cancer:** the Lung CT Community program was started in 2013 and as of 12/14/15, a total of 1,288 low-dose CT lung screenings were performed on 617 males and 671 females, 55yrs – 64yrs: 658, 65yrs – 80yrs: 630. Outcomes: 24 diagnosed with cancer (1.8%).

**PARTNERSHIPS**

**American Cancer Society**

• Provided educational materials during our Colorectal Cancer Awareness FOBT screening in March.

• Centegra sponsorship of Relay for Life on June 5th in Crystal Lake/Cary, June 6th in Huntley and June 27th in Richmond/McHenry

• Provided brochures for patient nutrition consultations including “Nutrition for the Person with Cancer” and “What to Eat During Cancer Treatment.” Brochures and educational materials were provided for cancer prevention and site-specific cancers, and included male and female recommendations.

**Oral, Head and Neck Cancer Alliance**

• Provided educational materials and screening exam forms for screening event. Announcement of our screening event was included on Oral, Head and Neck Cancer Alliance website.

**American Academy of Dermatology**

• Provided educational materials and screening exam forms. Results are reported to the American Academy of Dermatology.

**Prostate Conditions Education Council**

• As a registered screening site, Centegra uses promotional and educational materials provided by Prostate Conditions Education Council and reports back findings to the Council.

**HEALTH FAIRS**

Associates distributed educational materials at six health fairs and had conversations with community members about cancer prevention, cancer screenings, cancer signs and symptoms and cancer treatments available at Centegra Sage Cancer Center.
DEDICATED CANCER SUPPORT SERVICES

The Centegra Cancer Program, comprised of hospital-based programs, Centegra Sage Cancer Center and Centegra Gavers Breast Center, offers various support services for patients and their family members, including:

- Financial & Medication Assistance
- Individual, Group and Family Counseling
- Wig Program (in partnership with the American Cancer Society and Styling Services)
- Look Good ... Feel Better (in partnership with the American Cancer Society)
- Breast Cancer Support Groups
- Caregiver Support Groups and Education Programs
- Bereavement Group
- Pathfinders Treatment Support Group
- Survivorship Groups and Programs
- WellBridge Program offering Free Group Fitness Classes to help build strength
- Emotional and Spiritual Support
- Cancer Resource Library

COMPLEMENTARY PROGRAMS INCLUDE YOGA

- Home Health Care
- Hyperbaric Wound Management
- Pain Management
- Rehabilitation Services
- Patient Express transportation for individuals receiving services at Centegra Health System
- Hospice and Palliative Services via referral
- Complementary programs such as Yoga, Water Fitness and Expressive Arts
- National Cancer Survivors Day Celebration
Figure 1 shows the number of analytic cases seen at Centegra Hospital-McHenry (CH–M) and Centegra Hospital-Woodstock (CH–W) from years 2006 through 2015. In the last year, we have seen a decrease in the number of cases seen at CH–M, with minor changes in the number of cases at CH–W.

Figure 2 shows the gender and age at which patients were diagnosed with cancer and seen at Centegra in 2015. Of the analytic cases, 60% were female and 40% were male. The greatest number of cases clustered in the age range of 60-79 representing 52% of all patients.
FIGURE 3 shows the stage at diagnosis for the five most common sites seen at CH–M in 2015. These sites account for 62% of all cases seen at CH–M. Breast cancer is the top site and is diagnosed at earlier stages (Stage 0, I and II) while lung cancer is the second top malignancy the majority of cases were diagnosed at later stage (Stage IV).

FIGURE 4 shows the stage at diagnosis for the five most common sites seen at CH–W in 2015. These sites account for 57% of all cases seen at CH–W with breast cancer being the top site. Lung cancer was the second most common malignancy seen at CH–W. The majority of lung cancer patients had advanced disease at time of diagnosis.
**Figure 5** represents the primary site distribution of cancers seen at CH–M and CH–W in 2015 for all analytic cases.

**Figure 6** compares major sites as a percentage of the total cases seen at Centegra in 2015 to other Commission on Cancer accredited hospitals in the National Cancer Data Base (NCDB). This comparison shows that Centegra had a slightly higher percentage of breast and lung cancer cases than the State of Illinois or the national averages from the NCDB. The percentage of colon, lymphoma and bladder cancer cases were comparable to national data.
2015 CANCER COMMITTEE

Apurva A. Desai, MD (alt. Aslam S. Zahir, MD)
Medical Oncology / Palliative Care
Chairman

Joseph P. Imperato, MD
Radiation Oncology
Cancer Liaison Physician

2015 CANCER COMMITTEE
Terrence J. Bugno, MD  
Radiation Oncology

Philip W. Gilroy, MD  
Diagnostic Radiology

Brian M. Keuer, MD  
Urology

Jerry X. Liu, MD  
Medical Oncology

Alexandra B. Roginsky-Tsesis, MD  
General Surgery

Mark S. Schiffer, MD  
Diagnostic Radiology

Michael B. Soble, MD  
Medical Oncology

Chad C. Spangler, MD  
Gastroenterology

Wendy L. Ward, MD  
Pathology

Thomas D. Weyburn, DO  
Medical Oncology / Clinical Research

Aslam S. Zahir, MD  
Medical Oncology

Amy Moerschbaecher, RN, BSN, MA  
Oncology Administration

John Heinrich  
Medical Imaging

Lora Anderson, RD, CSO, LDN  
Nutritional Services / Community Outreach

Jill Benedeck, RN, BSN, OCN  
Oncology Nursing

Kathleen DeRoche, LCSW, OSW-C  
Oncology Social Work

Mary Dunlop, BS, CTR  
Cancer Registry

Rita Goode, RN, OCN  
CHW Nursing

Lynn Griesmaier, RN, MS  
Women’s Health

Joyce Kirk, RN  
Organizational Performance Improvement

Ashley Lach  
American Cancer Society

Joseph Majercik  
Rehabilitative Services

Soraya Scroggs, RHIT, CTR  
Cancer Registry

Ashwin Shah, PharmD  
Pharmacy

Marianna Wolfmeyer, JD, LCPC, CT, DCC  
Spiritual Care / Palliative Care
Grief/Bereavement Services
815-759-4459
Home Health Care
815-344-6602
Journey Care
847-467-7423
Centegra Clinical Laboratories (CH–H, CH–M, CH–W)
815-759-4807
Medical Records
815-334-3111
Medication Assistance Program
815-759-4043
Nutritional Counseling
815-759-4454
Patient Express
815-759-3456
Counseling and Spiritual Care
815-759-4459
Support Services
815-759-4461

MEDICAL IMAGING CENTERS
Centegra Gavers Breast Center–Crystal Lake
815-356-6149
Centegra Health Center–Huntley
815-334-5566
Centegra Health Center–North McHenry
815-344-6473
Centegra Hospital–McHenry
815-759-4300
Centegra Hospital–Woodstock
815-338-2500
Centegra Crystal Lake Medical Arts
815-477-3400
Centegra Imaging Center–West Dundee
815-338-6600

MEDICAL ONCOLOGY/HEMATOLOGY PRACTICES
Illinois Cancer Specialists–McHenry
815-363-0066
North Shore Oncology/Hematology Associates, Ltd.–Crystal Lake
815-759-9260
Northwest Suburban Oncology & Hematology, Ltd.
815-307-8075

OTHER
American Cancer Society
800-ACS-2345 (800-227-2345)
Illinois Tobacco Quitline
866-QUIT-YES (866-784-8937)
National Cancer Institute Info
800-4-CANCER (800-422-6237)