EXECUTIVE SUMMARY

Completed November 2016
Table of Contents

Cancer Committee Membership ........................................... 3
Cancer Committee Chair Report ......................................... 4-6
Surgical Oncology Report ................................................... 7
Pediatric Oncology Report .................................................. 8
Cancer Registry Report ....................................................... 9
Cancer Registry Statistics .................................................... 10-11
Cancer Education and Prevention Report ............................. 12
Community Outreach Year End Summary ............................. 13-15
Breast Health Navigator Report ......................................... 16
Gastrointestinal Nurse Navigator Report .............................. 17
Lung/Head and Neck Navigator Report ................................. 18
Radiation Oncology Report ............................................... 19-21
Radiology/Breast Imaging Center Report .............................. 22
University Hospice Report .................................................. 23-25
Rehabilitation Medicine Report ........................................... 26
Oncology Research Report ............................................... 27
Glossary of Terms ............................................................ 28
2015 CANCER COMMITTEE MEMBERSHIP

Gabrielle Andrea, American Cancer Society
Lisa Carolan, RN, MHA, PI Program Manager
Nancy Caserta, RN, OCN, Breast Health Navigator
Raimonda Clark, RN, MA, M.ED, VP Oncology Services
Latasha Collo, CTR, Cancer Registry Coordinator
Cynara Coomer, MD, Cancer Liaison Physician
Claudine DeMarco, RN, MSN, Gastrointestinal Nurse Navigator
Frank Forte, MD, Director of Palliative Care Medicine
Kerry Gillespie, Director Complementary Medicine
Nora Goldberg, Manager, Occupational Therapy
Laura Longo, RN, Director of Patient Care Services, Ambulatory Oncology
Michelle Lotito, Health Information Management
Louise Madrigal, RN, BSN, OCN, CRC, Manager Clinical Research
Paula McAvoy, RN, MPA, OCN Adm Director University Hospice Oncology
Avery Miller, MS, CGC, Genetic Counselor
Lynne Opitz, MD Associate Chairman, Pathology
Antonio Picon, MD, Surgical Oncology
Carolyn Raia, MD, Associate Chair, Department of Radiology
Carolyn Simone, LCSW, Manager of Community Education & Marketing
Terenig Terjanian, MD, Chairman Cancer Committee
Denise Torsney, RN, Nurse Manager, 3B
Penny Troiano, MSW, LCSW, OCW-C, Oncology Social Worker
Sarah Vaiselbuh, MD, Pediatric Oncology
Phillip Vigneri, DO, Chairman Radiation Oncology
CANCER COMMITTEE CHAIR REPORT

After 23 years, the Nalitt Institute for Cancer and Blood-Related Disorders was renamed simply as the Cancer Center – SIUH, under the umbrella of the Northwell Health System. The name change was not accompanied by any other structural, functional, organizational or vocational changes. The Center continues to provide comprehensive ambulatory oncology services to patients with cancer and hematologic disorders, in addition to the Radiation Therapy and Surgical departments (see separately).

Cancer management continues to be one of the major targets of healthcare realities. It is estimated that, this year, more than 1.6 million people will be diagnosed with cancer. Thus, in addition to the obligation of providing high quality cancer care to our community, the Cancer Center duty is also to get involved in Cancer research to achieve the final goal of cure of all cancer and not just a few. Definite progress has been made over the last 35 years with an explosion of new and effective treatments achieving not only better survival but also a significant number of cures.

The Cancer Center was established in order to respond to the needs of the Staten Island community, and avoid the hustle and burden of commuting to the city (Manhattan) for their care. For that reason, a comprehensive cancer care program including all of the aspects of management of malignant disorders was created. All of the areas of cancer treatments are available at Staten Island University Hospital: surgery, chemotherapy, radiation therapy, immunotherapy, nutritional and psycho-social services, patient education, cancer screening, physiotherapy and rehabilitation, palliative care program, hospice and community outreach. (Please see the reports about nursing and all of the above mentioned programs separately).

All these are provided through a coordinated multidisciplinary approach, using the most updated information available, consistent with national guideline recommendations in a dedicated environment that unites the high quality care of an academic and well respected institution and the comfort, convenience, personal touch and dedication of private institutions or practices. For all these reasons, the Cancer Program was accredited for another 3 years with Commendation for a second time in a row in 2014, by the American College of Surgeons Commission on Cancer. That is an honor reserved to only about 75 institutions out of over a thousand.
The multidisciplinary approach is at the heart of the Cancer Program. The intention is not only treatment, but to do so in a relaxing environment with all the necessary ancillary and subspecialty services available, such as gynecologic and urologic oncologic consultations and follow-up provided on site, although the Cancer Center has been principally the home of the Medical Oncology Division since 1991. The center does not discriminate based on insurance coverage. All oncologic and hematologic patients are treated without distinction between “clinic” and “private” patients. The number of patients visits at the Center is over 30,000 per year.

As expected, there have been personnel changes at the attending physicians’ level. Dr. A. Dilawari having moved to Washington D.C., and Dr. F. Forte moving to initiate and direct the newly established Palliative Care Program, there have been 2 new young and energetic physicians (Drs. J.P. Atallah and S. Futuri) joining the remaining ones (Drs. Q Dai, M. Dhar, P. Friscia, S. Gupta, M. Odaimi, T. Terjanian).

**Features of the Cancer Center and Program include the following:**

- Extensive chemotherapy treatment center offering the latest modalities with all the recently available drugs in addition to the traditional treatments, under the supervision of the attending physicians and Oncology certified nurses
- Fully equipped Radiation Oncology program (see report separately)
- Palliative Care consulting services
- Dedicated services for Pediatric Hematology and Oncology under the Direction of Dr. Sarah Vaiselbuh
- Four consultation and 10 examination rooms with 16-chair outpatient chemotherapy unit
- In-patient oncology unit
- On-site laboratory services
- Dedicated oncology pharmacy
Cancer information line

Nutritional services

Nurse navigator programs

Genetic counseling

Social services program to assist patients and families with coverage issues, financial help and counseling

Support groups and patient education programs

Up-to-date Radiologic services (PET-CT, CAT scan, MRI, Nuclear Imaging, Digital Mammogram unit in addition to standard X-rays)

Blood Bank unit with cytopheresis and plasmapheresis capabilities

Cancer Registry Data

Hematology-Oncology Research program with appropriate personnel

Academic activities (lectures, conferences, journal clubs) in the conference center

Complementary Medicine services

ACGME-approved Hematology-Oncology fellowship program housing also a multi-head microscope

Hospice program (although physically, the Hospice offices have moved out)

In addition, there are on-going efforts and early planning for an updated, new Cancer Center. Hopefully, this will be a reality within the next few years.

Terenig Terjianian, MD
Chair, Cancer Committee
SURGICAL ONCOLOGY REPORT (2015)

- The number of cancer related variances decreased from 2.1 % to 2 % in 2014.
- In 2015 Surgical Oncology cases increased from 1,152 to 1,319 (14.5%)
- Surgical attendance at Tumor Board in 2015
  More than 90%
- Cancer Committee set the required attendance at 80%.
  Every effort will be made to keep the surgical attendance at a high level.

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Goals 2015
Tissue Committee:

- Decrease the number of cancer related variances.

- Incorporate the pathology request form to the mandatory preoperative paperwork to be filled out prior to every procedure.

- Enforce pathology slide review from an outside institution for all oncological cases.

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Goals 2016
Surgical Oncology

- Increase the number of Surgical Oncology cases by 5% in 2016.

- Increase and potentiate the role of our nurse navigator to help navigate our cancer patients.

- Incorporate the Cancer Survivorship program onto our practices.

- Create a stronger Gastroenterology - Surgery Multidisciplinary Conference, independent of the medicine-surgery tumor board.

- Recruitment of a new Director for the Cancer Center will help integrate services and create sub-specialization in oncology.

Antonio I. Picon, MD
Director, Surgical Oncology
Pediatric Oncology Outpatient physician visits shows a growth of 54% since 2014, with intensity level of care increased 15% due to emphasis on outpatient chemotherapy instead of hospitalization wherever possible.

In addition, when referring PMDs call with new patient referrals, we have been able accommodate the new patient by scheduling them the same week – by adding to an already full OPC physician schedule - to avoid losing potential new patients. This resulted in a current retention rate of 87% of newly diagnosed oncology patients.

The addition of a 0.5FTE oncology nurse resulted in more clinic hours to assure timely turnover of new patients, as well as increase the OPC workflow with shorter waiting times for our consumers, increasing customer satisfaction.

Our growth in chemotherapy visits in the infusion chairs (87.5% increase in the past two years) is anticipated to increase even further with the opening of the new Kids Against Cancer Pediatric Oncology Center. Outpatient chemotherapy (instead of hospitalization) is a unique feature of the Children’s Cancer center at SIUH that aims at increasing quality of life of both child and parents alike, since they can return home in the evening.

In the past four years, the division of Pediatric Hem/Onc has developed policies and procedures, trained a team of mid-level providers and created training programs for nurses to put SIUH on the map for the care of children with oncologic disorders. In the realm of education, pediatric hemato-oncology became a core-rotation of the peds residency program with daily active mentoring and guidance of rotating residents. To further impact the academic productivity of Dept of Pediatrics and resident trainees at SIUH, Dr Romanos plays a key role as co-chair of the research and scholarship committee and Dr Vaiselbuh is a principal investigator of her laboratory in exosomes leukemia research at FIMR. Both attendings had multiple abstracts accepted for poster and/or oral presentations at national meetings, as well had peer-reviewed papers published in major PHO journals.

- Cancer Committee set the acquired attendance at 80%. The PHO attendance level has been persistently at 80% or above.
- Goals 2016:
  - increase the number of outpatient chemotherapy visits as well as outpatient visits by transitioning from inpatient chemo to outpatient chemotherapy in collaboration with visiting nurse service for home overnight hydration in the comfort in the childrens’ own bed.
  - Work on research collaborations for patient enrollment for PI initiated basic science studies across Northwell Health cancer services

Sarah R. Vaiselbuh, MD

Director Pediatric Hemato-Oncology
The Cancer Registry is a database established to improve cancer care through the collection, maintenance, analysis, and production of reports from oncology data. The entire database includes all cancer cases diagnosed and treated at Staten Island University Hospital since the registry’s reference date of 2002.

In 1989 the Cancer Registry converted to a computerized system of data entry and retrieval. Security measures for insuring confidentiality of data are strictly followed by the staff.

The Cancer Registry frequently provides oncology data for clinical studies as well as for the purpose of both short-term and long-term planning for the institution. It also serves as a review of hospital utilization and quality of cancer care. To insure complete and accurate data abstracting and reporting, the registry staff and the Cancer Committee chairman perform an on-going quality control and review of completed cancer cases.

The Cancer Registry is also responsible for maintaining a 90% follow up rate on all eligible cancer patients, a requirement of the American College of Surgeons, Commission on Cancer. In addition, and 80% follow-up rate for all eligible living patients is required. In order to maintain the current follow-up rate monthly follow-up letters are sent to physicians and patients. Follow-up is maintained annually on each patient. Complete and accurate follow-up information is essential for compliance with standards of the Commission on Cancer and to provide high quality survival data.

Latasha Collo, CTR
Cancer Registry Coordinator
CANCER REGISTRY STATISTICS

In 2015, 1,681 new cancer cases were added to our current Cancer Registry database. Of the new 1,681 cases accessioned, 1,436 were analytic cases, (newly diagnosed and/or treated at Staten Island University Hospital) and 243 were non-analytic cases, (previously diagnosed and treated elsewhere but treated at SIUH for recurrent or persistent disease.

COMPARISON OF CASES BY YEAR

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>324</td>
<td>22.6%</td>
</tr>
<tr>
<td>Bronchus &amp; Lung</td>
<td>183</td>
<td>12.7%</td>
</tr>
<tr>
<td>Bladder</td>
<td>112</td>
<td>7.8%</td>
</tr>
<tr>
<td>Hematopoietic &amp; Reticuloendothelial System</td>
<td>95</td>
<td>6.6%</td>
</tr>
<tr>
<td>Prostate</td>
<td>73</td>
<td>5.1%</td>
</tr>
<tr>
<td>All Other Sites</td>
<td>649</td>
<td>45.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,436</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

In 2015 the five major cancer sites (analytic cases) treated here were:
Distribution of cases by AJCC Stage includes unknown stage (patients initially diagnosed at SIUH but not enough information for accurate staging) and tumors that do not have AJCC staging (such as bone marrow and brain).

### 2015 Analytic Cancer Cases Stage Distribution

<table>
<thead>
<tr>
<th>AJCC Stage</th>
<th>Total Cases</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 0</td>
<td>150</td>
<td>10%</td>
</tr>
<tr>
<td>Stage 1</td>
<td>439</td>
<td>31%</td>
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<tr>
<td>Stage 2</td>
<td>205</td>
<td>14%</td>
</tr>
<tr>
<td>Stage 3</td>
<td>128</td>
<td>9%</td>
</tr>
<tr>
<td>Stage 4</td>
<td>251</td>
<td>18%</td>
</tr>
<tr>
<td>NA</td>
<td>104</td>
<td>7%</td>
</tr>
<tr>
<td>Unk Stage</td>
<td>159</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>1,436</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
The Cancer Education department is committed to early cancer detection by providing free screenings and educational seminars to the community. Screenings are scheduled for breast, skin, head and neck, oral and colorectal cancer. Educational seminars and health fairs are scheduled to provide education and awareness to the community.

The Cancer Education department works with the American Cancer Society to provide community awareness and cancer prevention with educational lectures and activities such as: Making Strides Against Breast Cancer, Staten Island Quits, and Look Good…Feel Better. In addition, the Cancer Education department works with The Leukemia & Lymphoma Society and participates in their annual Light the Night Walk.

To help with the emotional needs of our patients, Cancer Services provides monthly support groups for breast cancer, men's health, oral, head and neck, a general cancer support group and a caregiver support group.

The Cancer Education department has a “Cancer Information Line” available to the public to call and obtain information on our services, brochures, and about upcoming events. The telephone number is 718-226-8888. We also offer a program for patients to receive support groups, screenings and patient programs via e-mail. In addition, we post a calendar of upcoming events on the SIUH website.

Throughout the year, we participated in local and national events to recognize survivors of cancer. The main event held yearly is the National Cancer Survivors Day, a day of recognition for all survivors of cancer and their families.

Carolyn Simone, LCSW
Manager of Community Education
And Marketing
Staten Island University Hospital 2015 screenings and prevention programs

Staten Island University Hospital Head & Neck Cancer Screening was on

Wednesday, May 6, 2015 and here are the results:

16 Participants

Out of the 16 participants screened 8 were NORMAL

8 were ABNORMAL

<p>| | | |</p>
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</table>

TOTAL 8 8

Head and neck Follow-up

The community outreach coordinator worked in collaboration with SIUH ENT department to coordinate and supervise a head and neck screening. The ENT, Dr. Hiltzik was the examiner for the May 6, 2015 Head and Neck Screening and examined 16 participants. Out of the 16 participants, 8 had normal examinations and 8 were referred for further ENT evaluation. The ENT physician, Dr. Hiltzik, informed the patients of the results immediately following examination. If there is an abnormal finding, the ENT physician made recommendations for follow-up. These recommendations include but are not limited to, a referral to an ENT physician with or without biopsy.
Effectiveness of Access and Referral Process

Head and Neck screenings are effective because it provides early detection of head and neck cancers. Participants are able to access these free services when it is advertised in the community. The referral process is effective because the participants receive their results and recommendations immediately. Furthermore, a referral is made by the physician.

Staten Island University Hospital Skin Cancer Screening was on Tuesday, June 16, 2015 and here are the results:

**23 Participants**

Out of the 23 participants screened, 20 were NORMAL

3 were ABNORMAL

<table>
<thead>
<tr>
<th>ZIP CODES</th>
<th>NORMAL</th>
<th>ABNORMAL</th>
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<td>10314</td>
<td>2</td>
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</table>

TOTAL 20 3

Skin Screening Follow-Up

The community outreach coordinator worked in collaboration with the American Academy of Dermatology to coordinate and supervise a skin cancer screening. The dermatologist was the examiner for the June 16, 2015 skin cancer screening and performed a visual examination on 23 participants. The dermatologist informed the patients of the results immediately following the examination. If there is an abnormal finding, the dermatologist made recommendations for follow-up. These recommendations include, but are not limited to, a referral to a dermatologist with or without biopsy.
Effectiveness of Access and Referral Process

Skin cancer screenings are effective because it provides early detection and prevention of skin cancer. Participants are able to access these free services when it is advertised in the community. The referral process is effective because the participants receive their results and recommendations immediately. Furthermore, a referral is made directly by the physician.

Colorectal Cancer Awareness Seminar

March 31, 2015

This seminar increases awareness about colorectal cancer in the community. There were 25 attendees. This seminar focused on early prevention and detection. The attendees learned how to access and obtain a referral for a free colonoscopy through the Cancer Services program. In addition, colorectal informational tables were set up in the lobbies at the North and South site to further educate the community on colorectal cancer.

Great American Smoke Out

November 19, 2015

At Staten Island University Hospital, patches as well as education were provided to employees and visitors. At the North Site, there were 27 participants and at the South Site, there were 13 participants. All participants will receive a follow-up phone call.

Effectiveness of access and referral process

Participants are able to access this service as it is advertised in the community. It is offered at two locations to target a larger part of the community. A referral is made for ongoing education, resources and support for those who have or are trying to quit smoking.

Carolyn Simone, LCSW
Manager of Community Education
And Marketing
Nurse Navigators

The Nurse Navigators at Staten Island University Hospital act as personal advocates for newly diagnosed breast cancer patients. Our nurse navigators provide their patients with counseling services so patients can effectively cope with the impact of breast cancer and subsequent lifestyle changes that occur as a result of their illness.

Nurse Navigators assist the breast patients with following:

- Organizing appointments and navigating through the healthcare system
- Provides necessary education and information on available options, informed decision making process, and realistic goal setting in order to empower the patient and their family to actively participate in their plan of care
- Provide support and educational materials
- Answer questions regarding patients upcoming treatment plan
- Collaborate with patients and their family
- Providing support to pre and post surgical patients during hospitalization
- Facilitate the weekly multidisciplinary conferences

Nancy Caserta, RN, OCN
Breast Health Navigator
Gastrointestinal Nurse Navigator Report

The Gastrointestinal Navigation Program was instituted in the fall of 2013. The Nurse Navigator promotes timely quality care via personal guidance through the health care continuum. The primary goal of the Nurse Navigator is to decrease barriers to cancer care.

The Nurse Navigator will assist you with the following:

- Orient patients to the cancer care system
- Coordination of appointments, procedures and testing with necessary sub specialties in a timely manner
- Collaboration with the multidisciplinary team to facilitate the treatment plan
- Pre and post op support
- Providing patient and family education related to diagnosis, treatment, chemotherapy Protocols, recovery, community resources as well as survivorship
- Development and facilitation of the Survivorship care plan
- Advocate on the patients behalf

Claudine DeMarco, RN, MSN
Gastrointestinal Nurse Navigator
The Nurse Navigator provides multidisciplinary support ensuring timely coordination of comprehensive care. The goal of the Navigator is to coordinate standard of care practice. The Nurse Navigator assists in coordination of multidisciplinary care from initial screening, to final diagnosis. Included in this coordination of care is patient education and assistance with psychosocial issues arising from the barriers created by the cancer diagnosis.

- Increase the number of patients participating in the interdisciplinary navigation process by providing support to the multidisciplinary team of PMD, Radiologist, Otolaryngologists, Pulmonologists, Thoracic Surgeons, Radiation Oncologists and Oncologists.

- Actively assist in the coordination of the self-pay Lung Cancer Screening currently being offered at Verrazano Radiology

- Maintaining active membership for the “Lung Cancer Alliance” thus affording us the opportunity to be identified as a “Center of Excellence”

- To continue supporting the efforts and coordination of the weekly Multidisciplinary CME Category I approved Lung Conference and monthly Head & Neck Conference

Maria A. Rapuzzi, RN, MPA
Lung Health Nurse Navigator
Head/Neck Nurse Navigator
CONSULTATIONS: For 2015 there was a small overall dip, which was primarily on the out-patient side. However to year total was still the second highest.

PARTIAL BREAST IRRADIATION (PBI)- Updates from the TARGiT trial has raised some caution because of higher local failures in that trial. However that has not been our experience here. Even so for 2015 the utilization rates were

- Patients treated with IORT- 25
- Patients treated with SAVI catheter- 29
- Total patients treated with PBI- 54
### PBI CASES PER YEAR

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2016</th>
<th>Total</th>
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<tr>
<td></td>
<td>33</td>
<td>32</td>
<td>38</td>
<td>61</td>
<td>54</td>
<td>218</td>
</tr>
</tbody>
</table>

### SBRT (FOCUSED TREATMENT) FOR STAGE I LUNG CANCER

SBRT for medically inoperable stage I lung cancer continued to gain acceptance. All patients were discussed at the multidisciplinary thoracic conference.

### ARIA UPGRADE

Our record and verify system, electronic medical record and treatment planning software (Eclipse) were upgraded and moved to the “cloud” as part of a service line initiative. This will establish a system wide data base. It will also allow system wide peer review via Smart Rounds.

### MEDICAL PHYSICS

With the department of Seetha Ayyala, MD, our chief physicist, medical physicist duties were assumed by the Northwell Department of Medical Physics.

### RESEARCH

Our efforts were in abeyance pending a protocol nurse.

### NEW RADIATION ONCOLGIST

The department was pleased to recruit Chika Madu, MD as an attending radiation oncologist. Dr. Madu trained at the University of Pennsylvania and was an attending at Georgetown University in Washington, DC. We are pleased to welcome her to the department.
ACCELERATOR REPLACEMENT: A workgroup was established as preparations for installing a True Beam accelerator in 2016 began. The current machine (Linac 5) was decommissioned in late December. The new machine should be available for clinical use in early summer.

PERFORMANCE IMPROVEMENT Ongoing projects:

- Reviewing comments on patients satisfaction surveys
- Achieving patient satisfaction survey rate of 81%
- Post-treatment call by nurses
- Ongoing tracking of OTV completion
- Aggressive H&N hydration to avoid ER visit
- Review of pacemaker/defibrillator policy
- Fill protocol nurse position.

Philip M. Vigneri, DO, FACRO
Chairman, Radiation Oncology
INTRODUCTION: In 2015 there were several technologic advances and upgrades in the Breast Imaging Center as well as further staff development.

TECHNOLOGY: In February 2015 we went live with our Mammography Information System (Magview). Magview assists in standardization of reports, improved departmental flow, advancement toward a paperless department, improved tracking and improvement in the ability to data mine for potential clinical research. We also investigated and chose a vendor for tomosynthesis equipment.

CLINICAL VOLUMES: The department performed 17,272 screening mammograms, 4949 diagnostic mammograms, 4462 breast ultrasounds, 1075 interventional breast procedures. 170 breast cancer diagnoses were made, 97 of which were screen detected.

2015 AUDIT AND BENCHMARKS:

<table>
<thead>
<tr>
<th></th>
<th>RESULT</th>
<th>BENCHMARK</th>
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<tbody>
<tr>
<td>CALL BACK RATE</td>
<td>10.2%</td>
<td>5-12%</td>
</tr>
<tr>
<td>SCREEN-DETECTED CANCER RATE</td>
<td>5.6/1000</td>
<td>&gt;2.5/1000</td>
</tr>
<tr>
<td>PPV1</td>
<td>5.75%</td>
<td>3-8%</td>
</tr>
<tr>
<td>PPV3</td>
<td>28.8%</td>
<td>20-40</td>
</tr>
</tbody>
</table>

GOALS FOR 2016:
- installation of our 1st tomosynthesis mammography unit
- renovation of reception and waiting area to be in line with décor of Comprehensive Breast Center
- work toward purchase of 2nd tomosynthesis unit
- work toward purchase of tomosynthesis capable biopsy equipment
- investigate vendors for automated whole breast ultrasound

Carolyn Raia, MD
Associate Chair, Department of Radiology
Medical Director, Breast
Mission Statement
The mission of University Hospice is to meet the needs of terminally ill patients, their families and loved ones, by providing comprehensive palliative care focusing on physical, social, emotional and spiritual support.

Scope of Service
- University Hospice provides palliative care for terminally ill patients and their families in Staten Island, Brooklyn & Queens.
- Care is provided by an interdisciplinary team 24 hours a day, 7 days a week.
- An interdisciplinary team approach to symptom management is utilized, focusing on comfort and quality of life.
- Inpatient care is available for patients requiring acute symptom management or respite care at SIUH.
- University Hospice has an extensive hospice nursing home program—the first in New York City.
- Extensive bereavement services are available including support groups, grief classes, children’s programs, memorial services, and a library-media center.
- A volunteer program providing training three times a year with opportunities for volunteers in the home, nursing home, inpatient, office setting and Addeo Residence.
- Music Therapy
- Pet Therapy
- A Speakers Bureau is available for professionals and members of the community.
- University Hospice is Joint Commission accredited.
- An 8 bed Hospice Residential facility is available on the campus of Eger Rehabilitation Center

Patient Care Statistics
Total Referrals 1312
Total Admissions 617
Total Patient Days 27,572
Average LOS 42
Median LOS 14

Bereavement Stats

<table>
<thead>
<tr>
<th></th>
<th>Events/Meetings</th>
<th>Participants</th>
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<tbody>
<tr>
<td>Adult Bereavement Groups</td>
<td>44</td>
<td>456</td>
</tr>
<tr>
<td>Children’s Bereavement Groups</td>
<td>22</td>
<td>40</td>
</tr>
</tbody>
</table>

Memorial Services

<table>
<thead>
<tr>
<th></th>
<th>Events/Meetings</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring Memorial Service</td>
<td>1</td>
<td>72</td>
</tr>
<tr>
<td>Tree of Remembrance December 2014</td>
<td>1</td>
<td>85</td>
</tr>
</tbody>
</table>
Hospice Volunteers
Active Volunteers 34
Total Volunteer Hrs. 2069
There were three volunteer training programs in 2015

Education & Outreach
• Attendance 1620 (including estimates at fairs)
• Programs 42

Fundraising
Efforts from the Annual Fundraiser, Holiday Ribbons and Memorial gifts.
$53,019

Performance Improvement
The performance Improvement Plan of University Hospice is designed to objectively and systematically monitor, evaluate and improve patient care and administrative efficiency.

The National Hospice Organization Family Evaluation of Hospice Care (FEHC) was discontinued at the end of 2014. The FEHC will be replaced by the CMS HCAHPS survey to be collected through a Press Ganey agreement.

New for 2015 was
• Quality Improvement activities began to utilize HCAHPS survey data in the second quarter of 2015, but significant differences in the two surveys will not allow for a comparison with prior FEHC data.
• Compliance review of LOS in Assisted Living Facilities
• Collection of 7 NQF measures required by CMS
• Improvement project to capture 100% of caregiver information for both survey and bereavement activities.
• Annual analysis of PEPPER Scores
• Continuation of Advanced Illness initiatives with Palliative Care and NSLIJ Home Care
• October 2015 implementation of significant CMS charge capture requirements involving, medication and diagnosis code capture.
Plan for 2016
- Establish reliable benchmarks for use of HCAHPS data, specifically setting goals for likelihood to recommend, Hospice 0-10 rating, pain and breathing questions.
- Continued Palliative Care and Hospice Collaboration

Initiatives/Challenges

A Hospital based Palliative Care initiative begun in 2013 seeing 596 new consults in 2014, and 813 in 2015. The program continues to expand but has significantly decreased in/pt. Hospice days.

Roll out and comply with NYS E-prescribing requirements.

University Hospice is participating in a project to provide Palliative Care Education to Staten Island long term care facilities through the New York State Department of Health Delivery System Reform Incentive Payment Program (DSRIP.) Formal training regarding Palliative Care will begin in early 2016. The initiative utilizes the 2014 IOM publication “Dying in America” and seeks to establish palliative care services in 10 Staten Island Long Term Care facilities utilizing the “National Consensus Project” guidelines.

Paula McAvoy, RN, MPA, OCN
Administrative Director University Hospice
Department of Rehabilitation Medicine

Annual Cancer Report 2015

Speech Language Pathology Oncology Services

Overall, the focus of 2015 was on collaboration among the speech department and respiratory therapy, pulmonary, ENT, and nursing staff development regarding education of staff for voice prosthesis, laryngectomy, and tracheostomy care. The speech department participated in continuing education courses focusing on patients with head and neck cancer and hosted on-site multidisciplinary education.

Occupational Therapy

- Provided 213 visits for treatment of Upper Extremity lymphedema in 2015
- Participated in Breast Cancer Month Fund Raising Event at SIUH in October. Rehab department donated a stress relief basket to fund raising bake sale.
- Lymphedema Specialist OT, Kimberly Collins attended an in-Service on New Lymphedema Garments, given by Medi, in September.
- Provided 112 Occupational Therapy visits to patients on Hospice Service

Physical Therapy

- In 2015 Physical Therapy, Lymphedema Specialist saw 21 patients with LE Lymphedema, providing 206 treatments for the calendar year.
- Provided 295 Physical Therapy visits for Patients on Hospice service.

Neuropsychology

In 2015, we continued to follow-up the three pediatric cases referred earlier in the year and we treated the sibling of one oncology patient for emotional issues.

Pediatric Rehab

2 patients were seen for ongoing outpatient PT, 1 patient for ongoing OT, and 1 patient for both PT and OT services for 2x weekly sessions in the Peds Rehab area.

There were additionally 2 patients referred. One never came, because they were re-hospitalized. One came for 1 PT session and then family self discharged.

Staff Education

1. Effects of Brain Cancer therapy on Quality of Life in Pediatric population.
2. Pediatric Cancer Outcomes… Part 1 Leukemia
3. Pediatric Cancer Outcomes… Part 2 Tumor types, Anatomy, Physiology, Medical Treatment Strategies

Nora Goldberg
Manager, Occupational Therapy
The Department of Research within Medical Oncology continues to collaborate with the patient care team to enroll patients into oncology related clinical trials. We continue to offer our patient population access to clinical trials through cooperative group affiliations, industry sponsored studies and internal investigator initiated research.

Our Oncologists maintain active National Cancer Institute Investigator identification numbers and continue as members of our Oncology Clinical Investigations Committee (OCIC) which serves as a forum for discussing new studies, enrollment/screening statistics and other important research developments. We are proud to report that our Research Nurse and Manager of Clinical Research maintain certification with the Association of Clinical Research Professionals (ACRP).

The total # of analytical cases for 2015 was reported to the Department of Research on August 12, 2016 as 1,432. Enrolling 6% of our analytic cases equates to 86 enrollments.

Our enrollment breakdown in 2015 is as follows:

<table>
<thead>
<tr>
<th>Study</th>
<th># of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-095 QOL</td>
<td>16</td>
</tr>
<tr>
<td>12-049 Xoft</td>
<td>3</td>
</tr>
<tr>
<td>12-034 Exosome</td>
<td>12</td>
</tr>
<tr>
<td>Cooperative Group studies</td>
<td>10</td>
</tr>
<tr>
<td>Survey Study</td>
<td>50</td>
</tr>
<tr>
<td>REVEAL</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>96</strong></td>
</tr>
</tbody>
</table>

Louise Madrigal, RN, BSN, OCN, CRC
Manager, Clinical Research
Glossary of Terms

Accession: Adding a case into the Cancer Registry database

Analytic: Cases diagnosed and/or receiving all or part of their first treatment at SIUH

Class of Case: Divides data into analytic and non analytic categories

First Course of Treatment: Cancer related therapy planned and Administered within four months of the date of diagnosis

Non-Analytic: Cases diagnosed and receiving first course of treatment at a health care facility other than SIUH

Unknown Primary: Information not sufficient to assign an organ of origin or stage of disease

Stages of Disease:

In Situ: Tumor that fulfills all the microscopic criteria for malignancy without invasion

Localized: Tumor that appears to be confined entirely to the organ of origin

Regional: Tumor that extends beyond the limits of the organ directly into the surrounding organs or tissues or into regional lymph nodes

Distant: Tumor that has spread to parts of the body remote from the primary site

TNM Staging:

T(tumor) Tumor size
N(nodes) Node metastasis
M(metastasis) Spread to distant sites