

2018 Cancer Annual Report – 2017 Data

*The Froedtert & the Medical College of Wisconsin
Cancer Care Center at Community Memorial Hospital Campus*

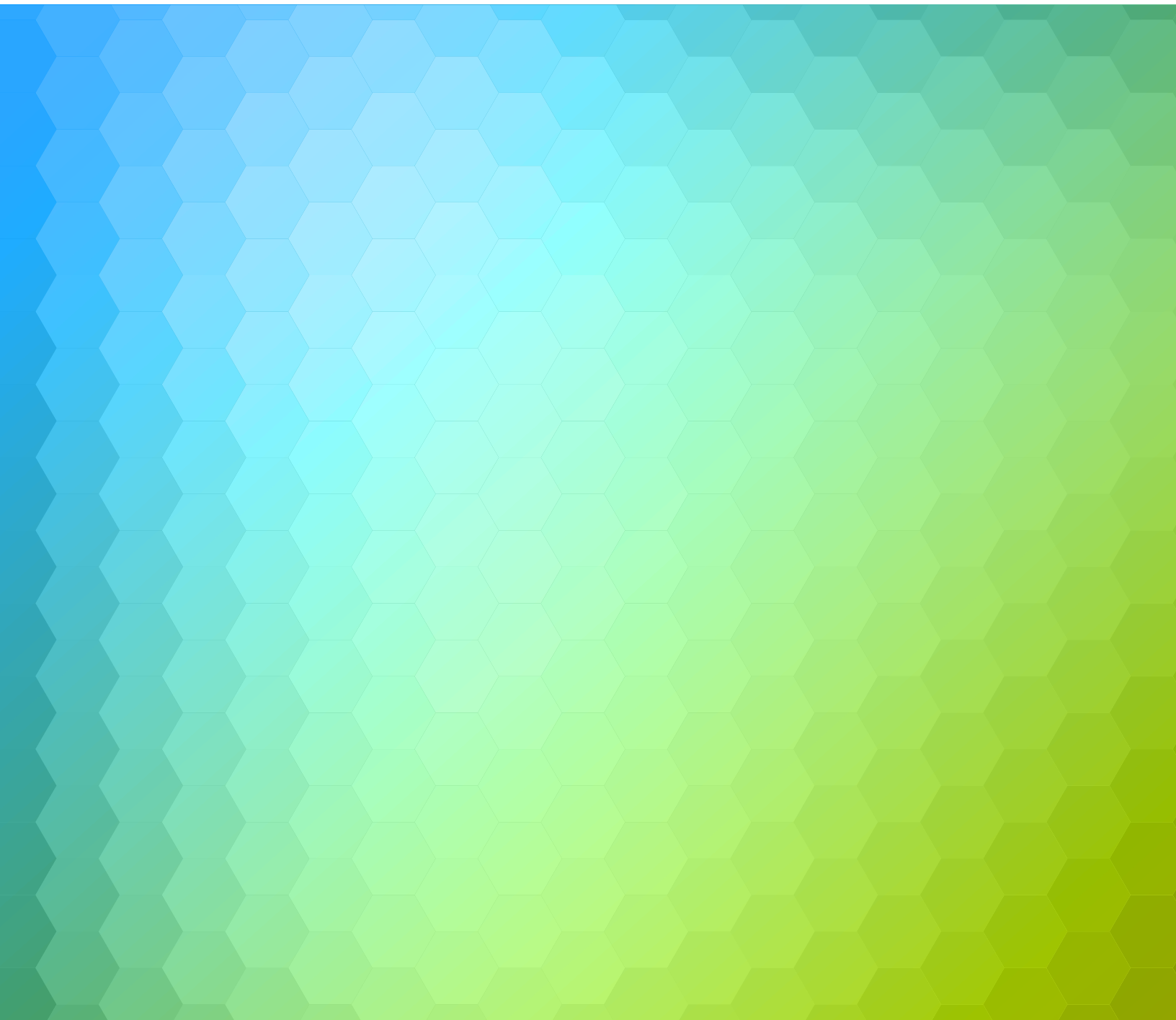


Table of Contents

Welcome 3

Cancer Committee 4

Cancer Registry Report 6

Cancer Care Conferences 8

Cancer Care Team 9

Cancer-Related Services 10

Primary Sites 12

Glossary and Abbreviations 15

**Community Outreach: Providing
Colonoscopies for the Underinsured** 16

The Froedtert & the Medical College of Wisconsin Cancer Network delivers a coordinated system of high-quality cancer care anchored by the specialty expertise of Medical College of Wisconsin physicians and the extensive resources of eastern Wisconsin’s only academic medical center.



A QUALITY PROGRAM
OF THE AMERICAN
COLLEGE OF SURGEONS



A QUALITY PROGRAM
OF THE AMERICAN
COLLEGE OF SURGEONS

Welcome

It is my pleasure to present to you the cancer annual report for the Froedtert & the Medical College of Wisconsin Cancer Care Center at Community Memorial Hospital campus, part of the Froedtert & MCW Cancer Network. This report highlights our cancer services and gives a statistical overview of cancer patients treated here.

During the past year, we obtained Quality Oncology Practice Initiative (QOPI) certification through the American Society of Clinical Oncology. QOPI certification illustrates one more testimony of excellence in addition to our accreditations through the Commission on Cancer, National Accreditation Program for Breast Centers and Breast Imaging Center of Excellence designation by the American College of Radiology.

Last year, we added a palliative care outpatient clinic and stereotactic body radiation therapy (SBRT) to the specialized services we provide in hematology and oncology, radiation oncology, gynecologic oncology, neuro-oncology, urologic oncology, thoracic surgery, breast surgery and interventional radiology. We continue to expand our cancer services in an effort to bring all available cancer treatment expertise to our patients.

We also provide a variety of supportive services, including genetic counseling, cancer nutritional services, rehabilitation, social worker services, financial counseling, smoking cessation, psychosocial care and spiritual services. We also began a comfort dog program called “Rhoda.”

We continue to offer clinical trials in multiple types of cancer, and we strive to present every new cancer patient for discussion in our multidisciplinary cancer conferences. Our clinical trial enrollment has increased in the past year, reflecting our passion for benefiting our patients through research and advancing care.

We look forward to the coming year as an opportunity to continue serving our community and advancing the high-quality care we provide. If you have any questions regarding this report, or any other inquiries, please call **414-805-0505** or **866-680-0505**. You can learn more about our Cancer Network by visiting froedtert.com/cancer.

Abdel Alqwasmi, MD

Abdel Alqwasmi, MD

Hematologist/Oncologist

Chair, Cancer Committee at

Froedtert & MCW Community Memorial Hospital



Abdel Alqwasmi, MD

2017 Cancer Committee

Cancer Committee members meet regularly to review and evaluate the quality and direction of the cancer program and make recommendations for improvement.

Physician Members	
Abdel Alqwasm, MD	Chair, Cancer Committee; Froedtert & the Medical College of Wisconsin Community Memorial Hospital; Hematology and Oncology
Joseph Bovi, MD	Radiation Oncology
Lubna Chaudhary, MD	Hematology and Oncology
Neil Drake, MD	Pathology
Gerardo Fronda, MD	Pathology
Amy Harker-Murray, MD	Hematology and Oncology
Mark Hohenwalter, MD	Diagnostic Radiology
Candice Johnstone, MD, MPH	Medical Director, Froedtert & MCW Cancer Network; Radiation Oncology
David Lane, MD	Diagnostic Radiology
Kevin Moss, MD	Cancer Liaison Physician; Surgery
Darren O'Neill, MD	Diagnostic Radiology
Miraj Shah-Khan, MD	Surgical Oncology
Monica Shukla, MD	Radiation Oncology
Malika Siker, MD	Radiation Oncology
Elizabeth Thiel, MD, MS	Palliative Care



2017 Cancer Committee

Cancer Center and Hospital Operations	
Sandra Bach, RN, MS, APNP	Manager, Women's Services, Community Hospital Division
Carol Barczak, BSN, RN, OCN	Manager, Hematology and Oncology
Leigh Beyer, PT	Physical Therapist, Rehabilitation
Julie Bluma, BSN, RN	Nurse Coordinator, Thoracic Cancer Program
Samantha Conrad, CTR, MBA	Certified Tumor Registrar, Quality Coordinator, Cancer Registry
Carrie Danhieux-Poole, LPC, ATR-BC	Clinical Therapist/Art Therapist, Psycho-Oncology
Ruth Drazewski, MSN, RN, ACNS-BC, CHPN	Advanced Practice Nurse, Palliative Care
Andy Dresang	Director, Community Engagement/Outreach
Jennifer Esselmann, BSN, RN	Clinical Nurse Coordinator, Colorectal Cancer Program and Breast Program
Kim Felton, BSN, RN, OCN	Nurse, Radiation Oncology
Karen Ferkans-Rupert, MS, RTT	Manager, Radiation Oncology
Randy Frank, M. Div, BCC	Chaplain, Spiritual Services
Jackie Grams, LCSW, OSW-C	Oncology-Certified Social Work
Kristine Hahn, DTR	Clinical Dietetics
Julie Hembel, BSN, RN, OCN, CBCN, CN-BN	Navigator, Breast Program
Cindy Johnson, BSN, RN	Quality Management Coordinator
Nedra Johnson, BSN, RN, CCRP	Clinical Research Nurse
Laura Knoke, BSN, RN, OCN	Lead Charge Nurse, Hematology and Oncology
John Koenig	Executive Director, Community Division (Froedtert & MCW Cancer Network)
Mark Labott, RPh	Pharmacist, Pharmacy Informatics
Sarah Meyer, MSW, CAPSW	Palliative Care Social Worker
Luanne Murray	Aesthetics Wellness Coordinator, Small Stones Wellness Center
Chawndel Nelson, CTR	Survivorship Data Coordinator
Debra Nevels	Representative, American Cancer Society
Anna Ogden	Community Education Coordinator
Mandie Reedy	Program Coordinator, Community Engagement
Christine Restivo-Pritzl, APNP, NP-C	Nurse Practitioner, Psycho-Social Services
Stephen Robischon, PA-C	Physician Assistant, Hematology and Oncology
Karl Schultz	Director of Operations, St. Joseph's Hospital
Samantha Stachowiak, MS, CGC	Certified Genetic Counselor
Heidi Stark, BSN, RN, OCN	Nurse Clinical Coordinator, Prostate and Urologic Cancer Program
Melanie Stratman, RHIT, CTR	Manager, Cancer Registry
Laura Wittlin, MS, RD	Clinical Dietitian, Clinical Dietetics

Cancer Registry Report

Hospital-based cancer registries serve as the nation's primary source of oncology statistics. This comprehensive collection of patient data facilitates comparisons between individual facilities and the state or the nation as a whole.

As with all cancer registries, the role of the Cancer Registry at Froedtert & the Medical College of Wisconsin Community Memorial Hospital continues to grow and evolve. With advances in cancer-related research, technology and treatments, the Cancer Registry collects more detailed information than ever before. Information collected and analyzed includes demographics, personal and family histories, risk factors, diagnostic procedures, primary site, histology, tumor markers, prognostic indicators, stage of disease, treatment, follow-up and survival data for each patient case.

The Cancer Registry is an integral part of our cancer program and functions in accordance with guidelines set by the American College of Surgeons Commission on Cancer and the Wisconsin Cancer Reporting System. The Cancer Registry has a beginning reference date of Jan. 1, 1991, and is under the management and direction of Community Memorial Hospital and its Cancer Committee. In 2017, the number of patient cases in our Cancer Registry database totaled 15,693, with 659 newly reported cases added in 2017. Of these, 569 were analytical patient cases.

The Cancer Registry works with the Wisconsin Cancer Reporting System, submitting and updating case data on a monthly basis. Cases are submitted to the National Cancer Database in January of each year. The Cancer Registry maintains the confidentiality of private health information and does not release personal patient information in any cancer data statistics.

The Cancer Registry works with hospital physicians, administrators and health care planners to provide coordination and support for cancer program development. The Cancer Registry also tracks quality of care and treatment by monitoring compliance with national, evidence-based guidelines. Data is also used by the hospital for cancer conference presentations and administrative reports, as well as to evaluate staffing and equipment needs and guide the development of educational and screening programs for patients and the community. Cancer Registry staff maintains and submits the required documentation to ensure the cancer program complies with all standards established by the Commission on Cancer to maintain accreditation as a Comprehensive Community Cancer Program and to ensure compliance with Wisconsin reporting standards.

Follow-Up

Follow-up can help promote optimal patient care and provide a valuable record of patient outcomes. The primary purposes of follow-up are to ensure continued medical surveillance; to determine treatment outcomes; and provide documentation of continued disease-free status, residual disease or its spread and recurrence. The Commission on Cancer standard requirement is 80 percent yearly follow-up on all cases diagnosed and/or treated at Community Memorial Hospital since the Cancer Registry reference date of 1991, and a 90 percent follow-up rate for patients diagnosed in the last five years. Ongoing data collection and continued lifetime observation is currently maintained on 5,494 patients.

The current follow-up rate is 95 percent for patients diagnosed since the Cancer Registry reference date and 96 percent for patients diagnosed in the last five years.

Follow-up information is obtained by reviewing patient medical records and/or by gathering updated information from the managing physician.

Data Requests

The Cancer Registry fulfills requests for cancer data from staff physicians, allied health professionals and other hospitals or institutions. It also fulfills requests for treatment and follow-up information from other Wisconsin cancer registries. All data requests are handled with the utmost care for the patient's confidentiality. Registry data can be used in the process of determining the incidence and etiology of malignant neoplasms and/or evaluating measures designed to eliminate, alleviate or reduce the impact of cancer. The Cancer Registry received 71 data requests in 2017.

Staffing

The Cancer Registry serves as a valuable resource for information with the ultimate goal of preventing and controlling cancer. Since 2012, we have partnered with the nThrive™ Oncology Data Management Division to manage and staff our Cancer Registry. It is staffed by three registrars (1.5 full-time equivalents) who maintain certified tumor registrar (CTR) credentials. They are assisted by one oncology data management technician (0.5 full-time equivalent). Cancer registrars are members of the National Cancer Registrars Association and participate in educational conferences provided by this organization as well as by its state affiliate organizations. Oncology data management technicians participate in educational opportunities offered by nThrive and have the option of obtaining the CTR credential.

For More Information

Cancer Registry
262-257-5144

Registry Staff

Samantha Conrad, CTR, MBA
Lead Certified Tumor Registrar/Oncology Data Management Consultant

Debbie Dries, RHIT, CTR
Oncology Data Management Specialist

Jill Meunier, CTR
Oncology Data Management Specialist

Rebecca Rader, CTR
Oncology Data Management Technician

Cancer Care Conferences

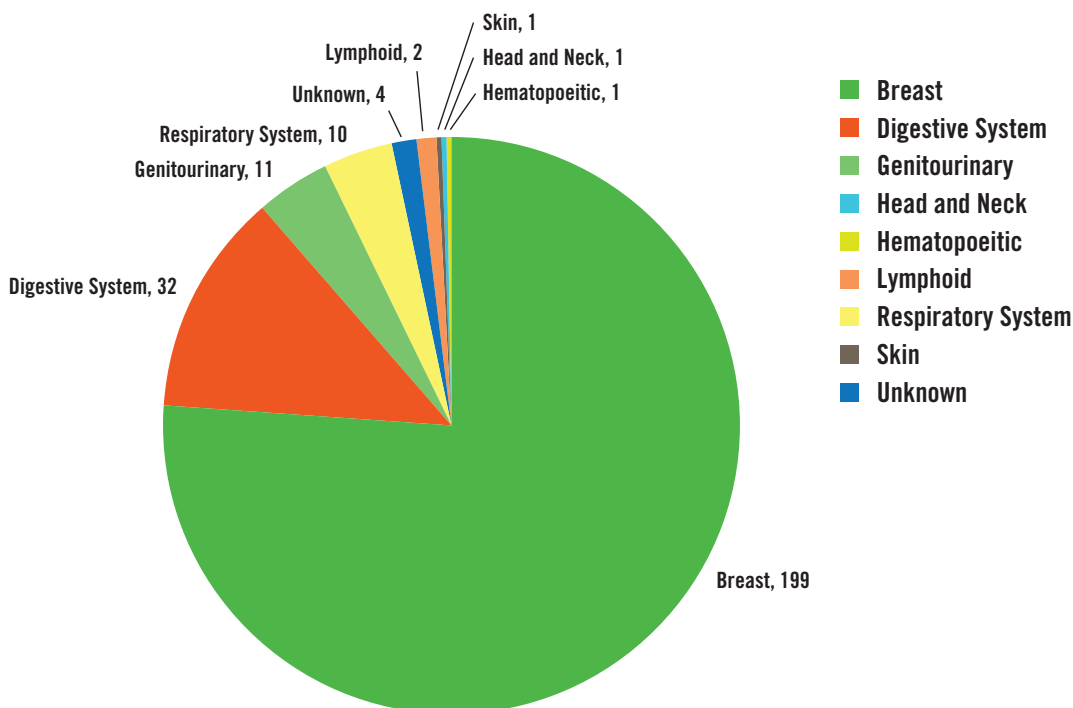
Cancer conferences are a key component of the multidisciplinary approach for an American College of Surgeons Commission on Cancer accredited program. The conferences allow the cancer team — including surgeons, medical oncologists, radiation oncologists, pathologists and diagnostic radiologists — to consult and discuss recently diagnosed patient cases, difficult cases and cases of interest. A synoptic report is presented to the team, and pathology slides and imaging studies are reviewed for each patient when applicable. Nurses, navigators, genetic counselors and clinical research nurses also attend cancer conferences. In this way, patients benefit from the collective expertise and experience of multiple physicians and health care specialists who discuss treatment options for their patients and share information on current developments and studies available in cancer diagnosis and treatment. Discussions include patient history, diagnostic testing, surgical procedures, stage of disease at diagnosis, treatment options including clinical trials, evidence-based guidelines and survival outcomes. Cancer conferences are also used to educate the medical staff in new techniques and technology in the field of cancer diagnosis and treatment.

Breast cancer conferences are held on the first and third Fridays of each month, and a general cancer conference is held on the second and fourth Fridays of each month. The timeliness of these weekly discussions ultimately leads to improved patient care.

Summary of Multidisciplinary Cancer Conferences

Conference	Sessions	Case Discussions
Breast Cancer	25	199
General	15	62
Total	40	261

2017 Cancer Conferences by Site



Cancer Care Team

From diagnosis through treatment and recovery, our dedicated cancer specialists work together to deliver the most effective treatment for our patients and their individual needs.

Anesthesiologist

The physician who administers medicine to put patients to sleep or to numb the area on which patients will be operated.

Breast Care Navigator

Experienced oncology nurse with advanced training in cancer care who works closely with breast cancer patients and families to coordinate all aspects of care.

Cancer Specialists

Physicians who diagnose and treat specific cancers such as breast, colorectal, lung or prostate cancers.

Case Manager

The social worker or nurse who discusses what to expect during a patient's hospital stay and sets up support services for when patients return home.

Clinical Pharmacist

The pharmacist who works with the medical oncologist to plan chemotherapy and other infused therapy regimens for cancer patients.

Dietitian

A health care professional who assesses individual dietary and nutritional needs to keep cancer patients healthier during and after treatment and helps to reduce the overall risk of cancer.

Genetic Counselor

A certified genetic counselor provides personalized consultations regarding a person's risk for genetically linked disease, how genes are linked to disease, how disease is inherited, guidance for genetic testing and options for early disease detection and prevention.

Infusion Nurse

A registered nurse who is an experienced and skilled professional with extensive training in infusion therapy and administering chemotherapy.

Medical Oncologist

The physician who plans chemotherapy and other infused treatments, directs care and monitors each patient's ongoing status.

Oncology Nurse Practitioner

A registered nurse who has completed advanced training that allows him or her to provide direct patient care, including physical exams and ordering medications, lab tests and X-rays.

Pathologist

The physician who examines tissue removed during a colonoscopy or a procedure to evaluate malignancies and assists in making the diagnosis.

Psychologist/Psychiatrist

Specialists in the study and treatment of mental health, which can include emotional and other issues related to cancer and its treatment.

Radiation Oncologist

The physician who plans and oversees radiation therapy, directs care and monitors each patient's ongoing status.

Radiation Therapist

An experienced, skilled professional who has extensive training in administering prescribed doses of radiation to specific areas of the body.

Surgeon

The physician who performs surgical procedures and helps coordinate care. For breast cancer patients, board-certified plastic and reconstructive surgeons are available to perform breast reconstruction if needed.

Cancer-Related Services

Community Memorial Hospital's cancer program has been recognized by the Commission on Cancer of the American College of Surgeons for offering the highest-quality cancer care. Since 1991, Froedtert & the Medical College of Wisconsin Community Memorial Hospital has been proud to bring in comprehensive, multidisciplinary cancer care to our patients close to home.

Diagnostic Radiology

Board-certified, specialty-trained radiologists use state-of-the-art imaging technologies, which result in more accurate and comprehensive diagnoses. These medical imaging advances include:

- Dual source multi-detector computed tomography (CT)
- Mammography, including 3D mammography (tomosynthesis)
- Nuclear medicine technologies including positron emission tomography/computed tomography (PET CT) fusion imaging
- Magnetic resonance imaging (MRI), including breast MRI and biopsies
- Advanced ultrasound technologies
- Image-guided biopsies and treatment (Interventional Radiology)
- Fluoroscopy and conventional X-ray services

Surgery

Board-certified surgeons have the clinical expertise to deliver cancer-related specialized care in multiple areas. Additional surgical specialties are available through the Froedtert & MCW Clinical Cancer Center at Froedtert Hospital campus.

- Breast surgery
- Ear, nose and throat surgery
- Laparoscopic surgery, including gynecologic surgery
- Neurosurgery
- Plastic and reconstructive surgery
- Thoracic surgery, including lung and esophageal surgeries
- Urologic surgery
- Vascular surgery

Hematology and Oncology

Board-certified medical oncologists plan treatment and direct care for patients with hematologic malignancies and benign blood disorders using expertise in multiple areas in collaboration with physicians, pharmacists, social workers, genetic counselors, oncology nurses and other members of the patient's care team.

- Biological response modifiers
- Chemotherapy
- Clinical trials
- Hormonal therapy

Radiation Oncology

Board-certified radiation oncologists deliver therapy that uses high-energy X-rays to kill cancer cells. Radiation therapy technology at Community Memorial Hospital includes:

- 3D conformal radiation therapy
- IGRT (Image-guided radiation therapy)
- IMRT (Intensity-modulated radiation therapy)
- SBRT (Stereotactic body radiotherapy)
- Clinical trials
- Computed tomography simulation
- Electron beam
- External beam radiation therapy
- Systemic radioisotopes
- Additional radiation therapy technologies are offered at Froedtert Hospital when needed, such as brachytherapy, Gamma Knife® and Radixact™

Rehabilitation Services

A wide range of rehabilitation therapies are available on an inpatient/outpatient basis for patients of all ages, including:

- Lymphedema management
- Occupational therapy
- Pain rehabilitation
- Physical therapy
- Speech therapy

Cancer-Related Services (continued)

Support Services

A variety of resources is available to help patients cope with the stressors of cancer and the treatment process.

- Breast cancer navigator
- Cancer support groups
- Clinical therapists
- Counseling
- Financial navigators and counselors
- Genetic counselors
- Home health agency services
- Hospice
- Nursing
- Nutrition services
- Palliative care consultations
- Psycho-oncology
- Social workers (oncology-certified)
- Spiritual Services
- Survivorship Education

Community Education

Patients and others can learn about topics such as: cancer risk factors, signs and symptoms, screening guidelines, prevention and control strategies, new treatments and living with cancer. Examples include:

- Breast health
- Cancer nutrition
- Smoking cessation

Other Patient Care Services

Additional services are available to help minimize potential side effects of treatment, provide stress relief, address anxiety and depression and help enhance the immune system.

- Healing garden for stress relief
- Lymphedema treatment
- Prostate cancer screening
- Skin cancer prevention and screenings

Primary Sites

Statistical Summary

In 2017, 659 new cancer patient cases were added to the Cancer Registry database for Froedtert & the Medical College of Wisconsin Community Memorial Hospital. Of these, 569 (78 percent) were classified as analytical — patients who had their diagnosis made and/or received all or part of their first course of treatment at Community Memorial Hospital. The top 10 sites of analytical patient cases in order of decreasing frequency were: Breast (145), prostate (95), lung/bronchus-non-small cell (48), bladder (41), hemeretic (29), colon (22), kidney and renal pelvis (19), brain (18), non-Hodgkin's lymphoma (18) and corpus uteri (15).

Of all analytical cancer patient cases diagnosed and/or treated at Community Memorial Hospital, 46 percent were male and 54 percent were female.

In 2017, patients seen at Community Memorial Hospital for diagnosis and/or treatment of cancer ranged in age from 20s (1 percent) to 90 and older (4 percent). The majority of our patients were older than age 50. Most patients were in the age range of 60-69 (27 percent) followed by patients in the 70-79 (25 percent) age range. Patients younger than age 50 constituted 8 percent of all patients.

Review of patient cases by race showed that 94 percent of our cancer patients were Caucasian. African-American patients made up 5 percent of our cases and the remaining 1 percent represented Asian, other or non-specified races.

The AJCC staging system is a classification system developed by the American Joint Commission on Cancer for describing the extent of disease progression in cancer patients. It uses the TNM scoring system: **T**umor size, **N**ymph **N**odes affected, **M**etastases.

Distribution by the AJCC stage at diagnosis for Community Memorial Hospital demonstrates that for analytical cases, more than half of the patients (63 percent) had stage 0, I or II cancers. Patients with stage III disease represented 10 percent of our analytical cases, and 14 percent had stage IV cancers. AJCC staging was not applicable for nearly 10 percent of analytical patient cases and 3 percent of patients had an unknown stage.

GENDER (Analytical Patient Cases)

	Number	Percent
Male	259	46
Female	310	54
TOTAL	569	100

AGE AT DIAGNOSIS (Analytical Patient Cases)

	Number	Percent
<i>*0 indicates a number less than 1 percent</i>		
Under 20 years	1	*0
20-29 years	8	1
30-39 years	9	2
40-49 years	31	5
50-59 years	105	19
60-69 years	159	28
70-79 years	144	25
80-89 years	90	16
90-99 years	22	4
TOTAL	569	100

RACE (Analytical Patient Cases)

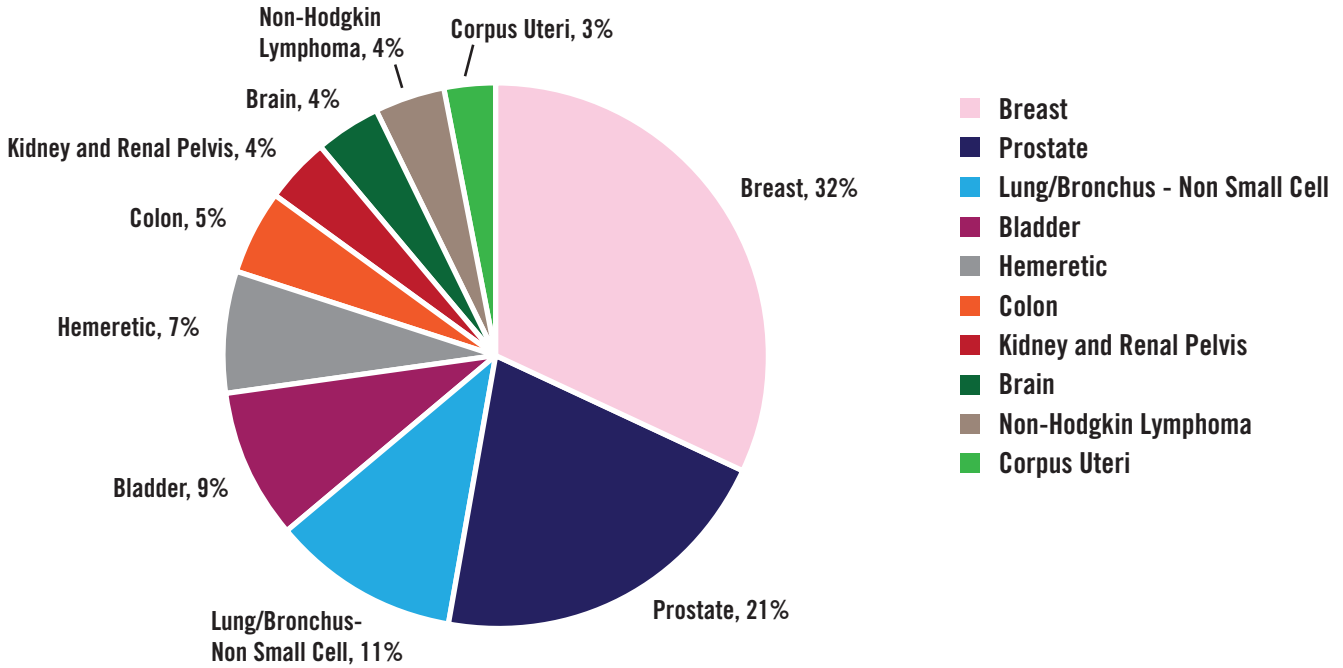
	Number	Percent
Caucasian	534	94
African-American	26	5
American Indian	1	0
Asian Indian	1	0
Asian Other/NOS	3	1
Other	3	0
Unknown	1	0
TOTAL	569	100

AJCC STAGE AT DIAGNOSIS (Analytical Patient Cases)

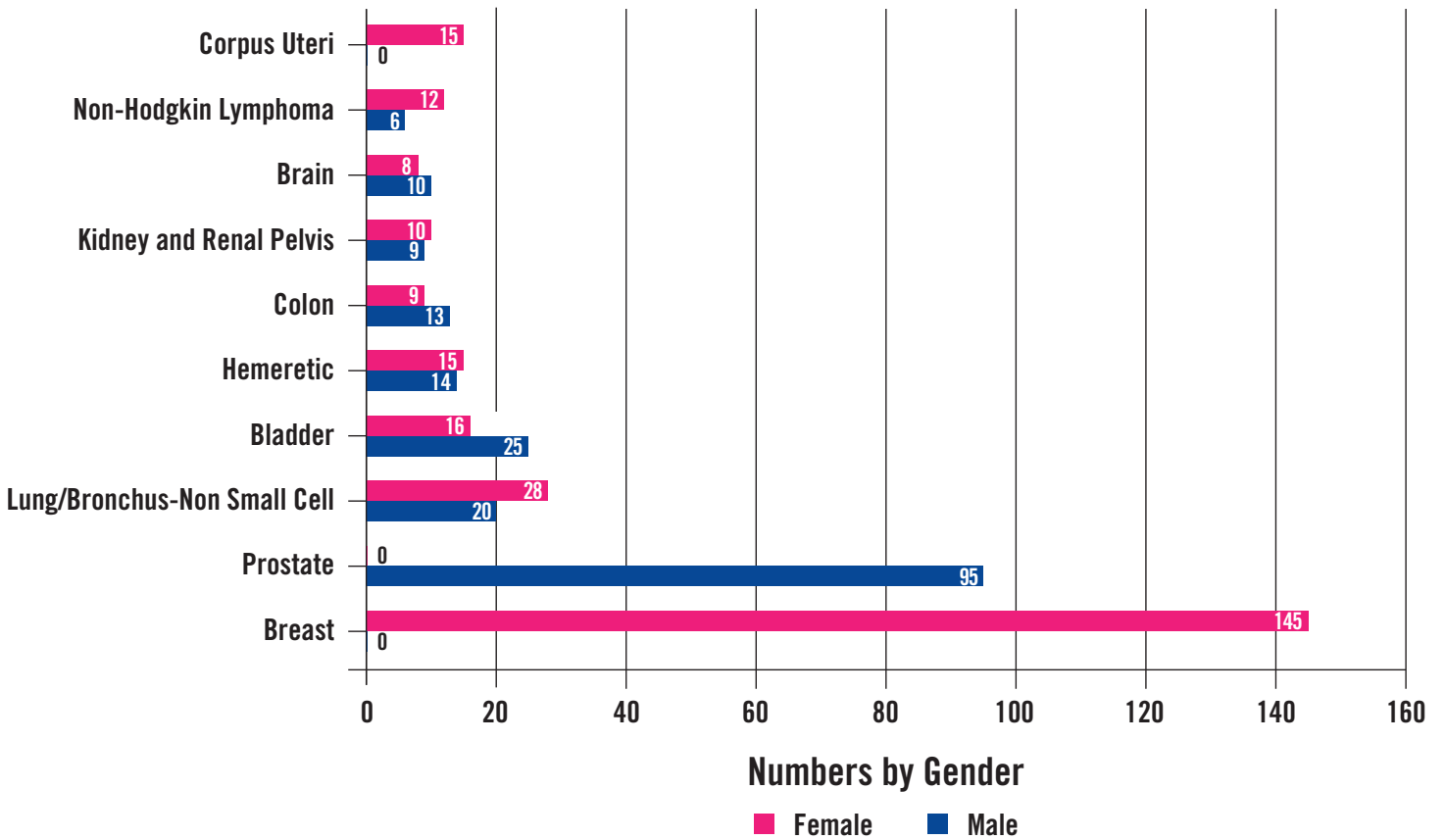
	Number	Percent
Stage 0	71	13
Stage I	155	27
Stage II	132	23
Stage III	59	10
Stage IV	79	14
Not Applicable	57	10
Unknown	16	3
TOTAL	569	100

Primary Cancer Sites

Top 10 Analytical Sites



Top 10 Cancer Site Groups by Gender



Primary Cancer Sites Using AJCC Staging

Cancer Care Center Annual Report – 2017 Data

PLEASE NOTE: Tabulations for stage distribution include analytical cases only.

Site Group	Total Cases	Class		Gender			Stage						
		Analytic	Non-Analytic	M	F	Other	Stage 0	Stage I	Stage II	Stage III	Stage IV	Unknown	N/A
HEAD AND NECK													
LIP	1	1	0	1	0	0	0	0	0	0	1	0	0
TONGUE	2	2	0	1	1	0	0	0	0	1	1	0	0
GUM	2	2	0	1	1	0	0	0	0	0	2	0	0
FLOOR OF MOUTH	1	1	0	0	1	0	0	1	0	0	0	0	0
MOUTH, OTHER AND NOS	1	1	0	1	0	0	0	0	1	0	0	0	0
TONSIL	3	3	0	3	0	0	0	0	0	0	3	0	0
OROPHARYNX	1	1	0	1	0	0	0	0	0	0	1	0	0
HYPOPHARYNX	1	1	0	0	1	0	0	0	0	0	1	0	0
DIGESTIVE SYSTEM													
ESOPHAGUS	4	4	0	2	2	0	0	0	1	1	1	1	0
STOMACH	10	10	0	10	0	0	0	1	2	0	4	3	0
SMALL INTESTINE	3	3	0	3	0	0	0	0	1	0	2	0	0
COLON	23	22	1	13	10	0	2	2	11	4	2	1	0
RECTUM AND RECTOSIGMOID	12	12	0	8	4	0	1	2	1	4	4	0	0
ANUS, ANAL CANAL, ANORECTUM	3	2	1	0	3	0	1	1	0	0	0	0	0
LIVER	5	4	1	4	1	0	0	1	0	1	1	0	1
GALLBLADDER	1	1	0	0	1	0	0	0	0	1	0	0	0
BILE DUCTS	4	4	0	3	1	0	0	1	1	1	1	0	0
PANCREAS	11	8	3	3	8	0	0	2	1	2	3	0	0
RETROPERITONEUM	1	1	0	1	0	0	0	0	0	0	1	0	0
PERITONEUM, OMENTUM, MESENT	1	1	0	0	1	0	0	0	0	0	0	1	0
RESPIRATORY SYSTEM AND THORAX													
NASAL CAVITY, SINUS, EAR	1	1	0	1	0	0	0	0	0	0	1	0	0
LARYNX	2	2	0	2	0	0	0	1	0	0	1	0	0
LUNG/BRONCHUS-SMALL CELL	4	4	0	2	2	0	0	0	0	0	4	0	0
LUNG/BRONCHUS-NON SMALL CELL	58	48	10	21	37	0	0	14	7	11	15	0	1
HEMATOPOIETIC													
PLEURA	2	2	0	1	1	0	0	1	0	1	0	0	0
HEMERETIC	32	29	3	16	16	0	0	0	0	1	0	1	27
MYELOMA	7	6	1	1	6	0	0	0	0	0	0	0	6
BONE AND SOFT TISSUE													
BONE	1	1	0	1	0	0	0	0	1	0	0	0	0
SKIN													
MELANOMA OF SKIN	19	14	5	15	4	0	4	5	2	2	1	0	0
OTHER SKIN CANCER	1	1	0	1	0	0	0	1	0	0	0	0	0
BREAST													
BREAST	159	145	14	0	159	0	36	74	27	7	1	0	0
GYNECOLOGIC SITES													
CERVIX UTERI	3	3	0	0	3	0	0	2	0	1	0	0	0
CORPUS UTERI	19	15	4	0	19	0	0	11	0	4	0	0	0
OVARY	10	9	1	0	10	0	0	0	0	5	3	1	0
VAGINA	2	1	1	0	2	0	0	0	0	0	0	1	0
VULVA	3	3	0	0	3	0	1	1	1	0	0	0	0
GENITOURINARY SITES													
PROSTATE	111	95	16	111	0	0	0	10	67	6	9	3	0
TESTIS	1	1	0	1	0	0	0	1	0	0	0	0	0
BLADDER	44	41	3	28	16	0	25	5	4	2	4	1	0
KIDNEY AND RENAL PELVIS	21	19	2	11	10	0	1	11	1	2	2	2	0
URETER	1	1	0	0	1	0	0	0	0	0	1	0	0
EYE													
EYE	5	0	5	4	1	0	0	0	0	0	0	0	0
BRAIN AND CENTRAL NERVOUS SYSTEM													
BRAIN	24	18	6	13	11	0	0	0	0	0	0	0	18
OTHER NERVOUS SYSTEM	7	3	4	3	4	0	0	0	0	0	0	0	3
THYROID AND OTHER ENDOCRINE GLANDS													
THYROID	3	2	1	2	1	0	0	0	1	0	1	0	0
LYMPHOID NEOPLASMS													
HODGKIN DISEASE	3	3	0	3	0	0	0	1	0	1	0	1	0
NON-HODGKIN LYMPHOMA	24	18	6	9	14	1	0	6	2	1	8	0	1
UNKNOWN OR ILL-DEFINED													
UNKNOWN OR ILL-DEFINED	2	0	2	2	0	0	0	0	0	0	0	0	0
TOTAL	659	569	90	303	355	1	71	155	132	59	79	16	57

Glossary

Analytical

Cancer patients diagnosed and/or receiving all or part of the first course of treatment at Froedtert & the Medical College of Wisconsin Community Memorial Hospital.

Nonanalytical

Cancer patients at Community Memorial Hospital who receive care for recurrent or persistent disease, those who seek second opinions or patients who receive care for other reasons (who cannot be classified as analytical).

Stage of Disease

Determination of the extent of disease at time of diagnosis.

TNM Stage: American Joint Commission on Cancer Staging System, Seventh Edition

T = Size and extent of the tumor

N = Involvement of regional lymph nodes

M = Distant metastasis

Please note: Tabulations for stage distribution include analytical cases only.

First Course of Treatment

The initial plan for tumor-directed treatment or series of treatments, usually initiated within four months after diagnosis.

Abbreviations

A = analytical

N/A = nonanalytical (includes patients seen for second opinion consultations)

M = male

F = female

N/A, Non-Appl/Unk = not applicable or unknown

NOS = not otherwise specified

Free Colonoscopies Bring the Advantage of Colorectal Cancer Prevention and Early Detection to the Underinsured

Since 2008, Bobbie Nick Voss Charitable Funds Inc. has partnered with Froedtert & the Medical College of Wisconsin Community Memorial Foundation to promote prevention and early detection of colorectal cancer. Since inception, this partnership has allowed the Community Outreach Health Clinic at Froedtert & MCW Community Memorial Hospital to provide colonoscopies to more than 149 uninsured, low-income people identified as at risk for colorectal cancer. The majority of these patients had polyps removed. In some cases, the patient was diagnosed and treated for another illness that placed him or her at risk for cancer or other health crises.

In 2018, seven patients had colonoscopies (four women and three men). Colonoscopy results showed that none of the patients had cancer. However, several had other conditions, including a precancerous polyp in the mid-sigmoid colon, hyperplastic polyps (four), polyps (nine), colitis and internal hemorrhoids. Ten patients who were referred for a screening colonoscopy haven't completed the screening test to date.

“Screening colonoscopies actually help prevent colon cancer,” said Syed Mehdi, MD, a gastroenterologist. “We have also found colon cancer in some patients who then had surgery to remove the cancer, thus preventing their death. We are finding precancerous polyps in younger people, and colonoscopies are a very important tool for colon cancer prevention.”

“Not everyone has access to screening colonoscopies, mainly due to financial hardships,” added Christino Canga, MD, gastroenterologist. “The Bobbie Nick Voss grant continues to help these patients, making colonoscopies available to them so they, too, can benefit from screenings and early detection.”

The Bobbie Nick Voss Charitable Funds has also supported community awareness efforts, educating thousands of people throughout the community about symptoms, prevention and the importance of early diagnosis.

Other partners in this project include the Froedtert & MCW health network and its affiliated gastroenterologists. Dr. Mehdi and Dr. Canga perform the colonoscopies for patients receiving this screening through Bobbie Nick Voss Charitable Funds Inc.

Froedtert Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. **Attention:** If you speak another language, assistance services, free of charge, are available to you. Call: 414-805-3000 (TTY: 1-800-947-3529) **Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al: 414-805-3000 (TTY: 1-800-947-3529) **Hmoob (Hmong):** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau: 414-805-3000 (TTY: 1-800-947-3529)

MK12188659