

2019 Cancer Annual Report – 2018 Data

*The Froedtert & the Medical College of Wisconsin
Kraemer Cancer Center at
Froedtert West Bend Hospital Campus*



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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.



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Welcome

With great pride, we are pleased to present the 2019 cancer annual report for the Froedtert & Medical College of Wisconsin Kraemer Cancer Center at Froedtert West Bend Hospital, a member of the Froedtert & MCW Cancer Network. In this report, we describe the breadth of services available at the Kraemer Cancer Center. We also examine new patient cancer statistics benchmarked against state and national data.



Colin Mooney, MD

We are proud to share our Kraemer Cancer Center achievements and advancements, including:

- Radiation Oncology achieved full accreditation through the rigorous American Society for Radiation Oncology Accreditation Program for Excellence (APEX) through January 2023.
- The American Society of Clinical Oncology Quality Oncology Practice Initiative's quality program certified our hematology and oncology services through February 2022.
- The American Cancer Society awarded the Kraemer Cancer Center the 2018 Platinum Award for Completeness due to excellence in timeliness and quality of data we collected in 2016 and 2017.
- Breast cancer patients now have the option of radioactive seed implants for their radiation therapy following lumpectomy.
- Pharmacy modifications moved rapidly forward to achieve new, strict USP800 regulations, which are governed by the United States Pharmacopeial Convention (USP). USP800 regulations represent practice and quality standards for handling hazardous drugs in health care settings while keeping patients, staff and the public safe.
- As a result of a study, we implemented quality improvement projects to reduce the time period from abnormal screening mammograms to diagnostic mammograms and biopsies by hiring a new breast imaging radiologist and breast care technician and expanding appointment availability, including some Saturdays.
- We developed a quality improvement project to reduce unnecessary, stress-inducing mammogram "call-backs" based on a clinical study performed at Froedtert West Bend Hospital.
- Froedtert West Bend Hospital piloted the Lymphoseek® injection to reduce pain associated with the injection portion of the sentinel lymph node evaluation during breast cancer surgery.
- We initiated a new chemotherapy spills protocol to standardize spill kits and staff education.
- Candice Johnstone, MD, MPH, co-authored a peer-reviewed paper presenting the results from the IDEA clinical trial, which enrolled patients from the the Kraemer Cancer Center. She presented that data at the September 2019 American Society of Radiation Oncology international conference. The IDEA trial used tumor biology to determine whether or not some women can avoid radiation therapy after lumpectomy for breast cancer. The trial also examined rates of recurrence using this approach to treatment.
- A skin cancer screening event held in May 2019 resulted in the referral of seven patients with abnormal findings to our dermatology team for follow-up.
- We made cancer care more accessible and travel more cost-efficient by working with local hotels to create lower rates for patients and their families.

Colin Mooney MD

Colin Mooney, MD

Hematologist/Oncologist

Chair, Cancer Committee

Medical Director, Hematology and Oncology

Froedtert West Bend Hospital

Cancer Committee (2018)

Cancer Committee members from the Froedtert & the Medical College of Wisconsin Kraemer Cancer Center at Froedtert West Bend Hospital meet regularly to review and evaluate the quality and direction of the cancer program and make recommendations for improvement.

Physician Members

Colin Mooney, MD	Chair, Cancer Committee; Medical Director, Hematology and Oncology, Kraemer Cancer Center
Roxanna Aldstadt, MD	Obstetrics and Gynecology
Musaddiq Awan, MD	Radiation Oncology
Mark Bosbous, MD	Plastic and Reconstructive Surgery
John Burfeind, MD	Cancer Liaison Physician, Hematology and Oncology
Gerardo Fronda, MD	Pathology
Patrick Gardner, MD	Pathology
Mark Hohenwalter, MD	Diagnostic Radiology
Candice Johnstone, MD, MPH	Medical Director, Radiation Oncology, Kraemer Cancer Center
John 'Mac' Longo, MD	Radiation Oncology
Kaizad Machhi, MD	General Surgery
Darren O'Neill, MD	Diagnostic Radiology
Jared Robbins, MD	Radiation Oncology
Miraj Shah-Khan, MD	Surgical Oncology
Jeffery Smale, MD	Pulmonology
Eric Soneson, MD	General Surgery
Elizabeth Thiel, MD, MS	Palliative Care



Cancer Committee (2018)

Kraemer Cancer Center and Hospital Operations	
Carol Barczak, BSN, RN, OCN	Manager, Hematology and Oncology
Lisa Bruesch, PTA, CMT	Cancer Rehabilitation
Samantha Conrad, CTR, MBA	Certified Tumor Registrar, Quality Coordinator, Cancer Registry
Carrie Danhieux-Poole, LPC, ATR-BC	Clinical Therapist/Art Therapist, Psycho-Oncology
Morgan Depas, MS, CGC	Certified Genetic Counselor
Jennifer Esselmann, BSN, RN	Clinical Nurse Coordinator, Colorectal Cancer Program; Breast Cancer Program
Karen Ferkans-Rupert, MS, RTT	Manager, Radiation Oncology
John Fuchs	Chaplain, Spiritual Services
Jackie Grams, LCSW, OSW-C	Oncology Certified Social Worker
Martina Hartwell, BSN, RN, OCN	Nursing Supervisor
Amy Johnson, MSW, LCSW	Clinical Therapist
Cindy Johnson, BSN, RN	Quality Management Coordinator
Nedra Johnson, BSN, RN, CCRP	Clinical Research Nurse
Sue Knuth, PT	Director, Rehabilitation
John Koenig	Executive Director, Cancer Network
Amy Maurer	Program Specialist, Community Engagement
Sarah Meyer, MSW, CAPSW	Social Worker, Palliative Care
Tracy Morales-Diaz, BSN, RN, OCN	Oncology-Certified Nurse, Hematology and Oncology
Luanne Murray	Aesthetics Wellness Coordinator, Froedtert & MCW Small Stones Wellness Center
Chawndel Nelson, CTR	Data Coordinator, Survivorship
Debra Nevels	Representative, American Cancer Society
Nancy Roecker, BSN, RN, OCN	Oncology-Certified Nurse, Radiation Oncology
Eric Smith, BS, RT(T), MBA	Director, Froedtert & MCW Radiation Oncology
Heidi Stark, BSN, RN, OCN	Oncology-Certified Nurse Coordinator, Prostate and Urologic Cancer Program
Rebecca Stark, PharmD	Clinical Pharmacist
Melanie Stratman, RHIT, CTR	Manager, Cancer Registry
Gina Wilson, BSN, RN, CBCN	Navigator, Breast Care
Laura Wittlin, RD	Registered Dietitian, Clinical Dietetics

Cancer Registry Report

Hospital-based cancer registries serve as the nation's primary source of oncology statistics. The Cancer Registry's comprehensive collection of patient data facilitates comparisons between individual medical centers and the state or the nation. As with all cancer registries, the role of the Cancer Registry at Froedtert & the Medical College of Wisconsin Froedtert West Bend 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 is collected and analyzed from many aspects, including demographics, personal and family histories, risk factors, diagnostic procedures, cancer site and histology, tumor markers, prognostic indicators, staging, treatment, follow-up and survival data for each patient.

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, 2008, and is under the management and direction of Froedtert West Bend Hospital and its Cancer Committee. In 2018, the number of patient cases in our Cancer Registry database totaled 5,308. Of the 579 newly reported cases added in 2018, 476 were analytical patient cases. The Cancer Registry works with the Wisconsin Cancer Reporting System, submitting and updating data each month. It also submits patient cases to the National Cancer Database annually in January. 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 coordinate and support cancer program development. It tracks quality of care and treatment by monitoring compliance with national, evidence-based guidelines. The hospital uses this data for cancer conference presentations and administrative reports, 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 required documentation to ensure the cancer program complies with all standards established by the Commission on Cancer to maintain accreditation as a Community Cancer Program and ensure compliance with Wisconsin reporting standards.

Staffing

The Cancer Registry serves as a valuable resource for cancer 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 the Cancer Registry at Froedtert West Bend Hospital. The Cancer Registry is staffed by two registrars (1.5 full-time equivalents) who maintain certified tumor registrar credentials. They are assisted by an 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 their state affiliate organizations.

Oncology data management technicians participate in educational opportunities offered by nThrive™ and have the option of obtaining certified tumor registrar credentials.

Cancer Registry Report (continued)

Follow-Up

Follow-up helps promote optimum patient care and provides a valuable record of patient outcomes. The primary purposes of follow-up are to ensure continued medical surveillance, determine outcomes of treatment and to provide documentation of continued disease-free status, residual disease or its spread and recurrence. The Commission on Cancer standard requirement is 80% yearly follow-up on all patients diagnosed and/or treated at Froedtert West Bend Hospital since the Cancer Registry reference date of Jan. 1, 2008. The Commission on Cancer standard also requires 90% follow-up for patients diagnosed or treated in the last five years. The Cancer Registry maintains ongoing data collection and continued lifetime observation on 2,034 patients. The current follow-up rate is 96% for patients diagnosed since the Cancer Registry reference date and 98% 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, other hospitals or institutions and 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. 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. In 2018, the Cancer Registry received 67 data requests.

For More Information

Cancer Registry: **262-836-7218**

Registry Staff

Samantha Conrad, CTR, MBA

Lead Certified Tumor Registrar, Clinical and Cancer Registry Consultant

Kayla Evans

Clinical and Cancer Registry Technician

Patty Wettstein, RHIT, CTR

Clinical and Cancer Registry Specialist

Cancer Care Conferences

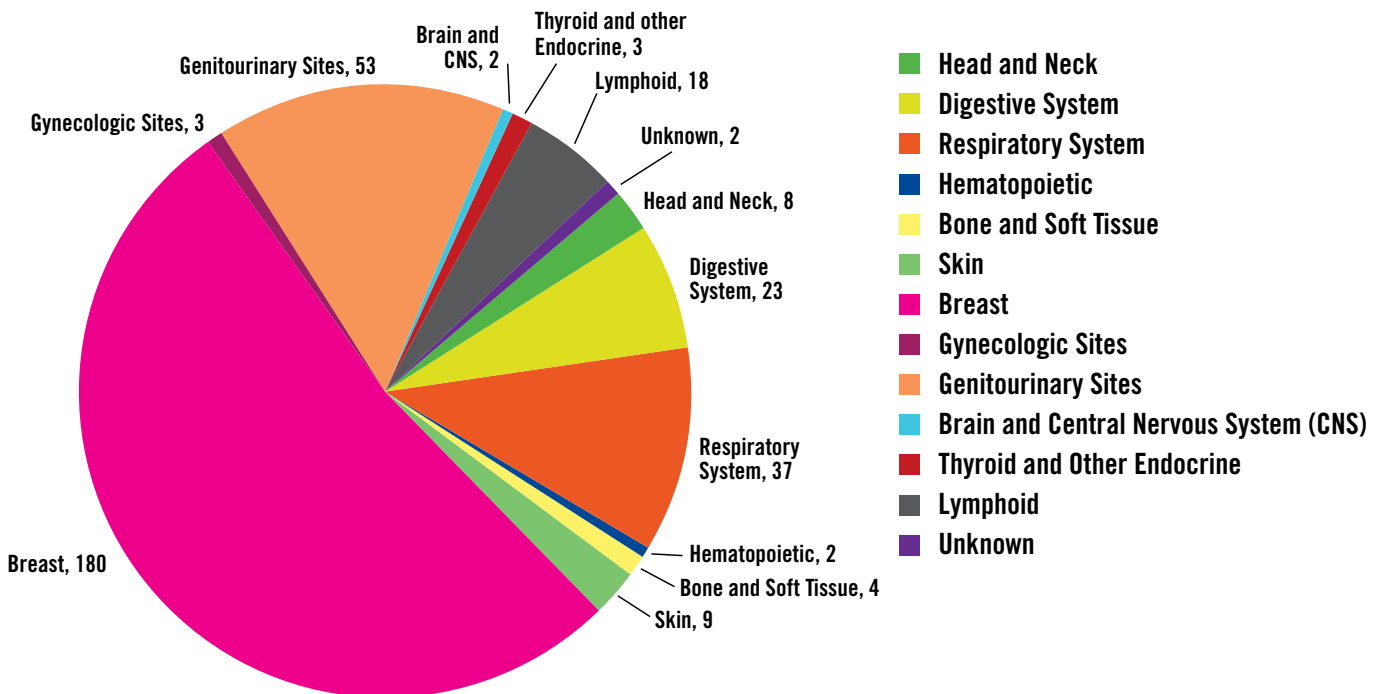
Cancer care conferences are a key component to the multidisciplinary approach for an American College of Surgeons Commission on Cancer accredited program. The conferences allow the cancer team — including surgeons, medical oncologists, radiation oncologists, pathologists and diagnostic radiologists — to consult and discuss recently diagnosed patients, challenging 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. 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.

In 2011, a dedicated breast cancer conference was started at the Froedtert & the Medical College of Wisconsin Kraemer Cancer Center at Froedtert West Bend campus. In 2018, 164 patients were discussed at the general cancer conferences and 180 patients were discussed at breast conferences. Breast cancer patients are usually discussed before and after surgery. General cancer conferences are held on Friday mornings and breast cancer conferences are held on Monday mornings.

Summary of Multidisciplinary Cancer Conferences

Conferences	Sessions	Patient Discussions
Breast Conferences	36	180
General Tumor Board	34	164
Total	70	344

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

The Froedtert & the Medical College of Wisconsin Kraemer Cancer Center at Froedtert West Bend Hospital campus is recognized by the Commission on Cancer of the American College of Surgeons for offering the highest-quality cancer care. Since 2003, the Kraemer Cancer Center has proudly brought comprehensive, multidisciplinary cancer care to our patients close to home.

Radiology (Diagnostic, Interventional)

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:

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

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
- 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. This includes:

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

Cancer-Related Services (continued)

Radiation Oncology

Board-certified radiation oncologists deliver high-energy X-rays to kill cancer cells. Radiation therapy technology includes:

- Image-guided radiation therapy (IGRT)
- Intensity-modulated radiation therapy (IMRT)
- 3D conformal radiation therapy
- Clinical trials
- Computed tomography simulation
- Electron beam
- External beam radiation therapy
- Stereotactic body radiation therapy
- Systemic radioisotopes
- Additional radiation therapy technologies are offered at Froedtert Hospital when needed, such as brachytherapy, Gamma Knife®, Elekta Unity MR-linac 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
- Stomal services/wound care

Support Services

A variety of resources is available to help patients cope with having cancer and the treatment process, help minimize treatment side effects, provide stress relief, address anxiety and depression and help enhance the immune system, including:

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

Community Education

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

- Breast health
- Cancer nutrition
- Prostate cancer screening
- Skin cancer prevention and screening
- Smoking cessation

Primary Sites

STATISTICAL SUMMARY

In 2018, 579 new cancer patient cases were added to the Cancer Registry database. Of these, 476 (82%) were classified as analytical.

Analytical refers to patients who have had their diagnosis made and/or have received all or part of their first course of treatment at Froedtert & the Medical College of Wisconsin Froedtert West Bend Hospital. It could also include patients who are diagnosed elsewhere but choose to have all or part of their treatment at Froedtert West Bend Hospital.

The top 10 sites of analytical patient cases in order of decreasing frequency were: breast (116), prostate (69), lung/bronchus non-small cell (45), non-Hodgkin's lymphoma (26), colon (21), kidney and renal pelvis (17), corpus uteri (17), melanoma of skin (16), bladder (15) and malignant hematology (15).

Of all analytical cancer patients diagnosed and/or treated at Froedtert West Bend Hospital, 47% were male and 53% were female.

In 2018, patients seen at Froedtert West Bend Hospital for diagnosis and/or treatment of cancer ranged in age from 20-29 (1%) to 90 and older (1%). The majority of patients were older than age 50. Most of our patients were in the age range of 60-69 (32%) and 70-79 (27%). Patients younger than age 50 constituted 9% of all patients.

Review of patient cases by race showed that nearly 100% of our cancer patients were Caucasian. African-American patients made up less than 1% of our cases and the remaining patients (less than 1%) represented other races.

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

The distribution by the AJCC stage at diagnosis chart demonstrates that for analytical patient cases, more than half of patients had stage 0, I or II cancers (56%). Patients with stage III disease represented 12% of analytic cases and 19% had stage IV cancers. AJCC staging was not applicable for 4% of analytic cases, and 9% of patients had an unknown stage of cancer.

GENDER (Analytical Patient Cases)		
	Number	Percent
Male	222	47
Female	254	53
TOTAL	476	100

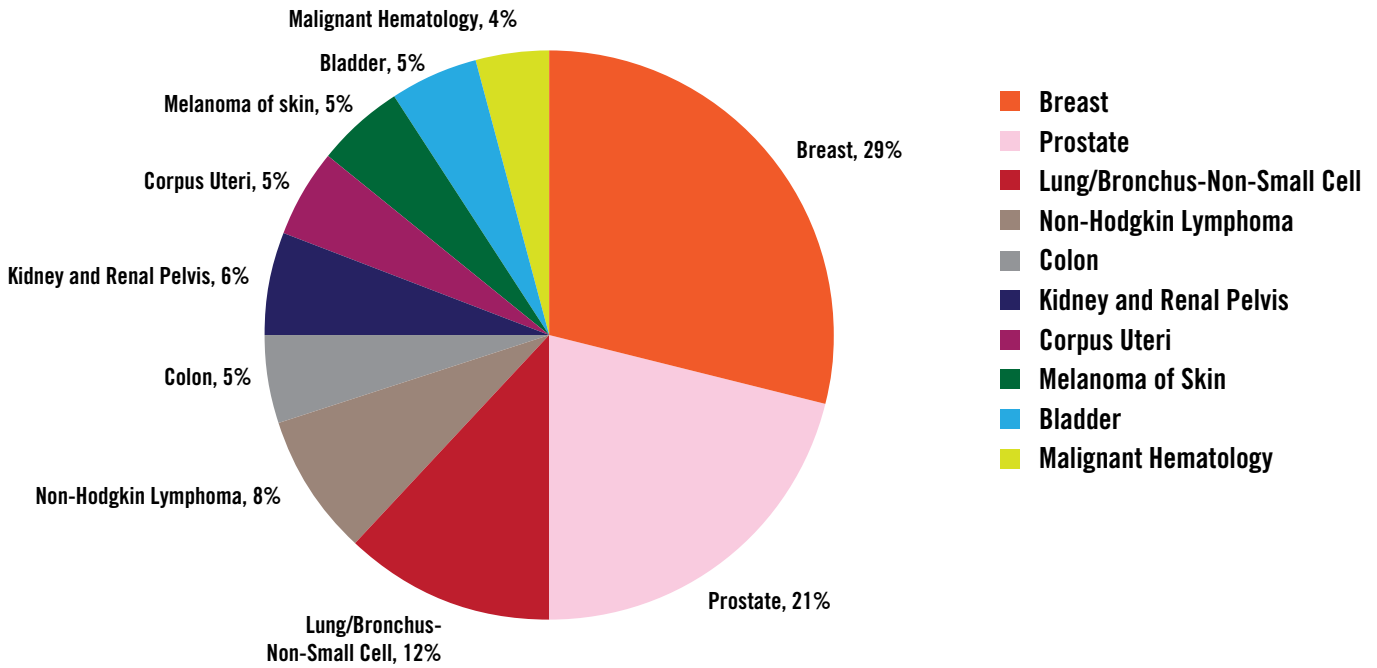
AGE AT DIAGNOSIS (Analytical Patient Cases)		
<i>*0 indicates a number less than 1 percent</i>	Number	Percent
20-29 years	4	1
30-39 years	8	2
40-49 years	34	7
50-59 years	87	18
60-69 years	154	32
70-79 years	128	27
80-89 years	58	12
90-99 years	3	1
TOTAL	476	100

RACE (Analytical Patient Cases)		
<i>*0 indicates a number less than 1 percent</i>	Number	Percent
Caucasian	472	100
African-American	1	*0
Native American	1	*0
Asian Other/NOS	1	*0
Other	1	*0
TOTAL	476	100

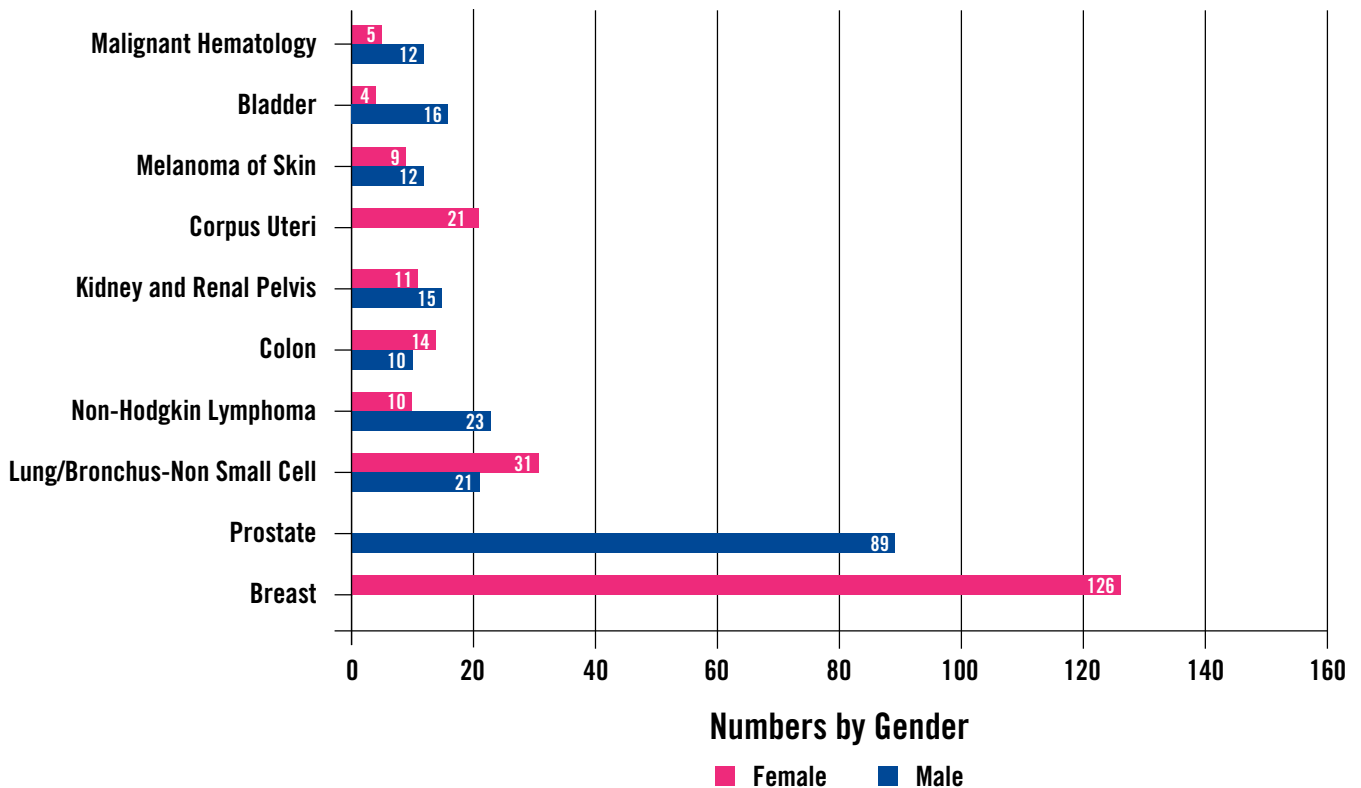
AJCC STAGE AT DIAGNOSIS (Analytical Patient Cases)		
	Number	Percent
Stage 0	47	10
Stage I	146	31
Stage II	76	16
Stage III	58	12
Stage IV	90	19
Not Applicable	18	4
Unknown	41	8
TOTAL	476	100

Primary Sites

Top 10 Analytical Sites



Top 10 Cancer Sites by Gender



Site Group	Total Cases	Class		Gender		Stage						
		Analytic	Non Analytic	M	F	Stage 0	Stage I	Stage II	Stage III	Stage IV	Unknown	N/A
HEAD AND NECK												
LIP	3	3	0	2	1	1	2	0	0	0	0	0
TONGUE	5	4	1	3	2	0	0	0	3	1	0	0
TONSIL	4	4	0	2	2	0	3	1	0	0	0	0
HYPOPHARYNX	2	2	0	2	0	1	0	0	0	1	0	0
DIGESTIVE SYSTEM												
ESOPHAGUS	9	7	2	9	0	0	0	2	3	2	0	0
STOMACH	3	3	0	2	1	0	0	0	0	2	1	0
COLON	24	21	3	10	14	0	0	7	5	8	1	0
RECTUM & RECTOSIGMOID	12	10	2	7	5	0	1	3	3	2	1	0
ANUS, ANAL CANAL, ANORECTUM	1	1	0	1	0	0	0	1	0	0	0	0
LIVER	9	7	2	5	4	0	1	1	3	2	0	0
PANCREAS	15	13	2	8	7	0	3	2	1	7	0	0
RETROPERITONEUM	1	1	0	1	0	0	0	0	0	0	0	1
PERITONEUM, OMENTUM, MESENT	1	1	0	0	1	0	0	0	1	0	0	0
RESPIRATORY SYSTEM AND THORAX												
NASAL CAVITY, SINUS, EAR	1	1	0	0	1	0	0	0	0	0	0	1
LARYNX	1	0	1	1	0	0	0	0	0	0	0	0
LUNG/BRONCHUS-SMALL CELL	10	9	1	1	9	0	0	0	3	6	0	0
LUNG/BRONCHUS-NON SMALL CELL	52	45	7	21	31	2	15	4	8	14	1	1
PLEURA	2	2	0	2	0	0	0	0	1	1	0	0
HEMATOPOIETIC												
MALIGNANT HEMATOLOGY	17	15	2	12	5	0	1	0	0	3	0	11
MYELOMA	8	7	1	5	3	0	0	0	0	0	0	7
BONE AND SOFT TISSUE												
SOFT TISSUE	3	1	2	3	0	0	0	0	0	0	0	1
SKIN												
MELANOMA OF SKIN	21	16	5	12	9	5	6	3	2	0	0	0
OTHER SKIN CANCER	2	2	0	1	1	0	1	0	1	0	0	0
BREAST												
BREAST	127	116	11	1	126	28	69	11	2	4	0	2
GYNECOLOGIC SITES												
CERVIX UTERI	4	2	2	0	4	0	0	0	1	1	0	0
CORPUS UTERI	21	17	4	0	21	0	3	2	2	1	9	0
UTERUS NOS	4	3	1	0	4	0	0	0	0	3	0	0
OVARY	14	8	6	0	14	0	2	0	4	0	2	0
VULVA	2	2	0	0	2	0	1	1	0	0	0	0
GENITOURINARY SITES												
PROSTATE	89	69	20	89	0	0	21	31	6	11	0	0
TESTIS	5	2	3	5	0	0	1	0	0	0	1	0
PENIS	1	1	0	1	0	0	0	0	0	1	0	0
BLADDER	20	15	5	16	4	10	4	0	1	0	0	0
KIDNEY AND RENAL PELVIS	26	17	9	15	11	0	7	2	1	6	1	0
URETER	1	1	0	1	0	0	1	0	0	0	0	0
EYE												
EYE	2	1	1	1	1	0	0	0	0	0	0	1
BRAIN AND CENTRAL NERVOUS SYSTEM												
BRAIN	5	3	2	5	0	0	0	0	0	0	0	3
OTHER NERVOUS SYSTEM	7	7	0	4	3	0	0	0	0	0	0	7
THYROID AND OTHER ENDOCRINE GLANDS												
THYROID	4	3	1	2	2	0	0	2	0	1	0	0
OTHER ENDOCRINE	4	4	0	3	1	0	0	0	0	0	0	4
LYMPHOID NEOPLASMS												
HODGKIN DISEASE	3	3	0	3	0	0	1	1	1	0	0	0
NON-HODGKIN LYMPHOMA	33	26	7	23	10	0	3	2	6	13	1	1
UNKNOWN OR ILL DEFINED												
UNKNOWN OR ILL-DEFINED	1	1	0	0	1	0	0	0	0	0	0	1
ALL SITES	579	476	103	279	300	47	146	76	58	90	18	41

M = male; F = female; N/A=not applicable, UNK = unknown. PLEASE NOTE: Tabulations for stage distribution include analytical cases only.

Glossary

Analytical

Cancers diagnosed and/or receiving all or part of the first course of treatment at Froedtert West Bend Hospital.

Nonanalytical

Cancer patients at Froedtert West Bend 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

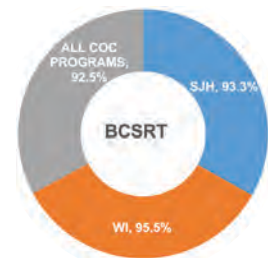
N/A, Non-Appl/Unk = not applicable or unknown

NOS = not otherwise specified

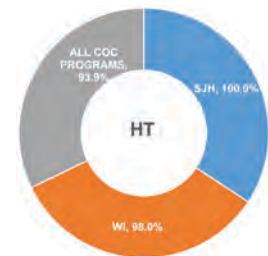
CP3R Performance

Cancer Program Practice Profile Reports (CP3R) offer local providers comparative information to assess adherence to and consideration of standard of care therapies for major cancers. This reporting tool provides a platform from which to promote continuous practice improvement to enhance quality of patient care at the local level. It also permits hospitals to compare their care for these patients relative to that of other providers. Data is compiled through the National Cancer Database using information submitted via cancer registries at all Commission on Cancer accredited hospitals nationwide. The data compiled are from 2016.

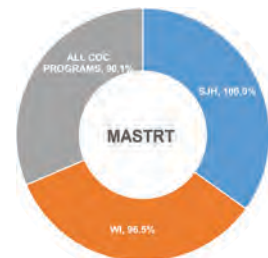
Breast cancer surgery with radiation therapy (BCSRT): Radiation therapy is administered within one year (365 days) of diagnosis for women younger than age 70 who are receiving breast conservation surgery for breast cancer. While Froedtert West Bend Hospital is in compliance for this measure at 93%, our rate of compliance is lower than the state average (96%) of Commission on Cancer accredited programs. Our rate of compliance is above the national average of 93%.



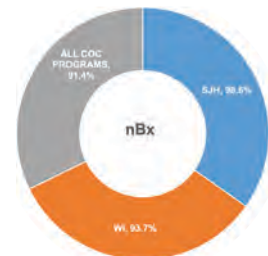
Hormone therapy (HT): Tamoxifen or a third generation aromatase inhibitor is recommended or administered within one year (365 days) of diagnosis for women with AJCC stage T1c or stage IB-III hormone receptor-positive breast cancer. Froedtert West Bend Hospital does very well in complying with this measure at 100% compared with the state average of 98% and the national average of 94%.



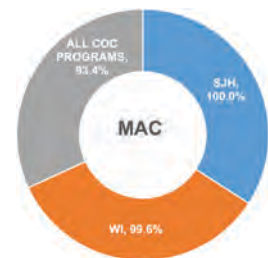
Mastectomy with radiation therapy (MASTRT): Radiation therapy is recommended or administered following any mastectomy within one year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes. Froedtert West Bend Hospital exceeds compliance with this measure at 100% compared with the state average of 97% and the national average of 90%.



Needle biopsy (nBx): Image-guided or palpation-guided needle biopsy of the primary site is performed to establish a diagnosis of breast cancer. Froedtert West Bend Hospital does very well in complying with this measure at 99%. This rate of compliance is above the state average of 94% and exceeds the national average of 91%.



Multiple Agent Chemotherapy (MAC): Combination chemotherapy is recommended or administered within four months (120 days) of diagnosis for women younger than age 70 with AJCC stage T1cN0 or stage IB-III hormone receptor-negative breast cancer. Froedtert West Bend Hospital is in compliance with this measure at 100% compared to the state average of nearly 100%. Our compliance rate is well above the national average of 93%.



Froedtert Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, isability 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)

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