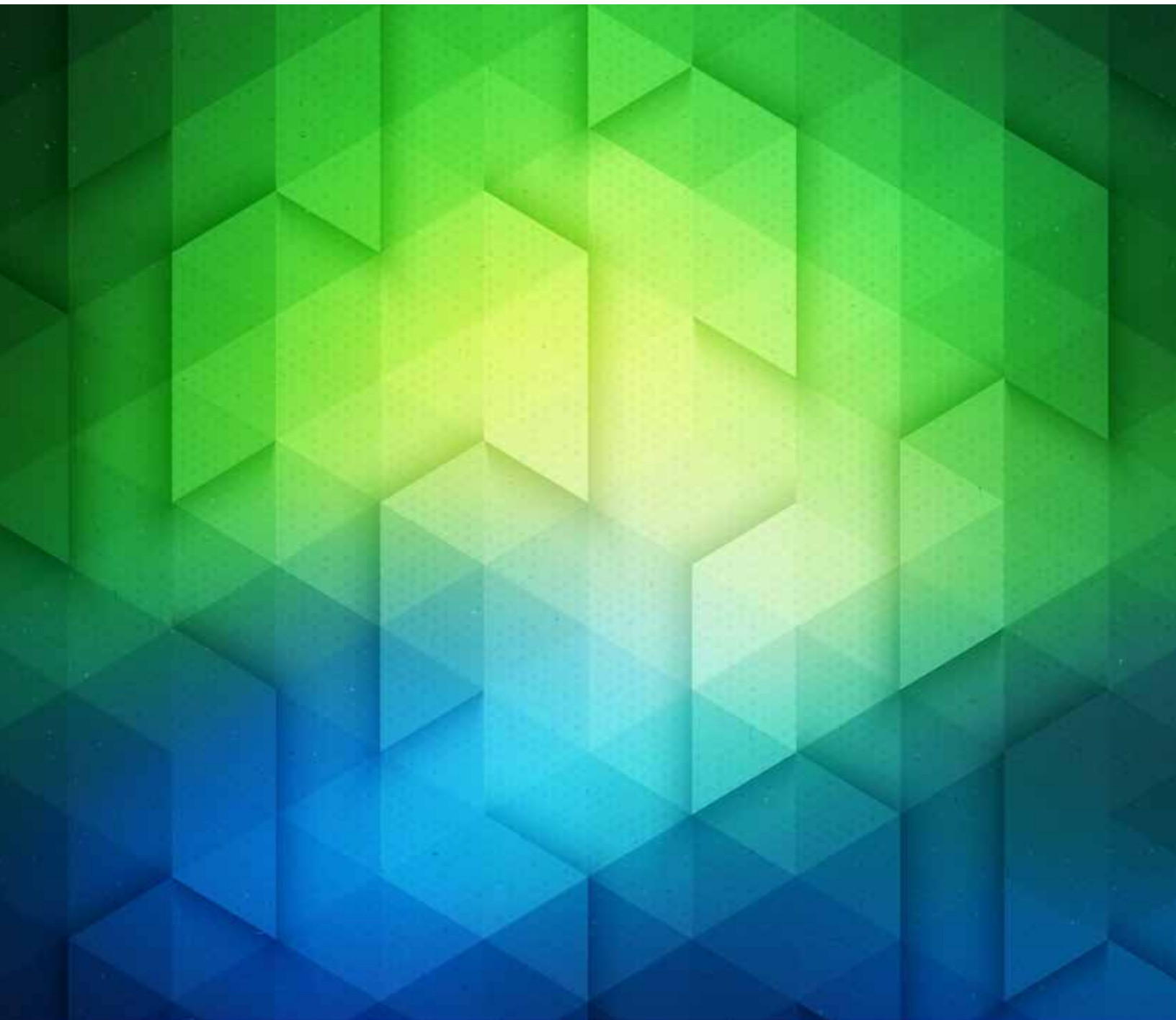


# 2018 Cancer Annual Report – 2017 Data

*Froedtert & the Medical College of Wisconsin  
Clinical Cancer Center at Froedtert 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.



2018 Press Ganey Guardian of Excellence Award winner



## Welcome

These days, our world has become a more divisive place. We see it on the news, the radio and the internet. From politics to gun control, to taking a knee during the national anthem. Police versus African-American communities. Christians versus Muslims, fake news versus real news. Our society feels like it is becoming more fractured instead of a patchwork-but-cohesive quilt as we have always thought about ourselves.



*Amanda Kong,  
MD, MS, FACS*

But in my world, as I step foot into the Froedtert & the Medical College of Wisconsin Clinical Cancer Center at Froedtert Hospital campus on a daily basis, I am shielded from the divisiveness that makes our world more chaotic and less productive. On the contrary, I step into a world where people are working for one common goal: Improving the lives of our cancer patients. And, because of that common goal, I feel fortunate to work in a place that is collaborative with some of the greatest minds working on clinical trials, inventing new treatment techniques and developing pathways for improved patient care. Whether it is working with a radiation oncologist in Fond du Lac, talking to a pharmacist about a cutting-edge drug or sending my patient with myelodysplastic syndrome and breast cancer to Ehab Atallah, MD, for his black raspberry clinical trial, my world, and that of my colleagues, is full of constant collaboration, particularly across disciplines. Our singular goal is to treat cancer the best way we know how while maintaining quality of life and respecting wishes and goals. Underlying all of this, we are finding ways to cure cancer.

It is with this mindset that the Medical College of Wisconsin, in collaboration with the Froedtert & MCW health network, sets its sights on developing a fundraiser to cure and treat cancer. Thus, the Cancer Crush was born — a summer-long, progressive run/walk/bike challenge to raise money to advance MCW cancer research. It culminated in a celebratory event on Saturday, Sept. 22, 2018, when providers, survivors, friends, family and staff walked or ran together to bring awareness and support to our common goal. This inaugural event was successful. We hope the Cancer Crush will grow as each year goes by.

In the following pages, we would like to share some of our accomplishments with you. I have chosen a few notable events that, in particular, demonstrate our commitment to our singular goal of dedicating ourselves to improving the lives of our patients:

- On January 18, 2018, we opened our newest satellite location: the Froedtert & MCW Cancer Center at Drexel Town Square Health Center in Oak Creek. The three-story, 109,000 square-foot facility includes not only a cancer center, but also primary care and urgent care services, an outpatient surgery center and specialties like heart and vascular care; ear, nose and throat care; gastroenterology and urology.
- The Froedtert & MCW 24-Hour Cancer Clinic in the Center for Advanced Care won the 2018 Association of Community Cancer Centers Innovation Award. Open seven days a week, it serves as an alternative to the emergency room or urgent care and is available to all of our cancer patients. At the 24-Hour Cancer Clinic, patients are treated by oncology providers for such cancer-related issues as pain or nausea or the need for IV fluids. (The emergency room is still the most appropriate choice for conditions such as heart attack and stroke symptoms.)
- The Froedtert & MCW Blood and Marrow Transplant (BMT) program initiated an institution-unique clinical trial testing chimeric antigen receptor (CAR) T-cell therapy that targets two proteins on cancer cells. This new treatment re-engineers a person's immune system so that it targets and eliminates specific cancer cells only instead of chemotherapy which targets healthy and

cancerous cells. CAR T-cell therapy is a field we're expanding, and more types of CAR T-cell therapy will become available in the future.

- In July, we opened new Inclusion Health clinics, which provide comprehensive primary care and preventive care for members of the LGBTQ community and their families and friends.
- This year, we also started a comfort dog service in the Day Hospital. These canine ambassadors bring a calming presence to patients and staff in stressful situations and can be a source of comfort for those with pain or suffering. They also help relieve loneliness or depression and bring a happy presence to our patients.

We, at the Clinical Cancer Center, sincerely thank you for choosing us to take care of you and your family. We strive to provide the highest level of care in a compassionate setting in our academic cancer center. We do it together in a cohesive team with one unified goal: Take care of our cancer patients and work toward crushing cancer in its path.

## Amanda Kong, MD, MS, FACS

*Associate Professor of Surgery  
Section Chief, Breast Surgery  
Chair, Cancer Committee  
Froedtert & MCW Froedtert Hospital*



*Physicist Allen Li, PhD, (left) and radiation oncologist Christopher Schultz, MD, from the Elekta Unity MR-linac team at Froedtert Hospital, pose with the new technology.*

## FDA Clearance Paves the Way For Patient Treatment with Groundbreaking MR-Linac Technology

In December 2018, Elekta announced FDA clearance of the Elekta Unity MR-linac, a high-field MR-guided linear accelerator. This groundbreaking technology is the world's first radiation therapy technology to combine a 1.5 Tesla MRI scanner with a linear accelerator in a single system - previously thought impossible. With the MR-linac, physicians can image the treatment target area precisely before, during or after every radiation therapy session. Physicians and researchers at the Froedtert & MCW Clinical Cancer Center at Froedtert Hospital campus are members of a global consortium that contributed to testing and research that readied the technology for clinical use. The first patient will be treated at the Clinical Cancer Center using the MR-linac early in 2019. The only other U.S. site with the technology, MD Anderson in Houston, will treat its first patient around the same time. Learn more: [froedtert.com/mrlinac](http://froedtert.com/mrlinac)

## 2017 Cancer Committee

Physician Members	
John Charlson, MD	Hematology and Oncology
Adam Currey, MD	Radiation Oncology
Eric Hohenwalter, MD, FSIR	Vascular and Interventional Radiology
Bryan Hunt, MD	Pathology
David Johnstone, MD	Thoracic Surgery
Julie Jorns, MD	Pathology
Julia Kasprzak, MD	Dermatology (Skin Cancer Center)
David King, MD	Orthopaedic Oncology
Amanda Kong, MD, MS, FACS	Chair, Cancer Committee, Surgical Oncology
Jennifer Knight, MD	Psychosocial Services
Peter Langenstroer, MD, MS	Urologic Oncology
Kirk Ludwig, MD, FACS, FASCRS	Colorectal Surgery
Francisco Quiroz, MD	Diagnostic Radiology
Oksana Sayko, MD	Physical Medicine and Rehabilitation
Denise Uyar, MD	Gynecologic Oncology

## Personalizing Care With Support Services

Cancer is a complicated disease with complex long-term treatments. Getting through it all can be daunting. Our first priority is to make it simple to get started.



### Cancer-Related Services

- 24-Hour Cancer Clinic
- Cancer survivorship services
- Cardio-oncology
- Fertility preservation
- Genetic testing
- Geriatric cancer care
- Neuro-oncology/cognitive services
- Palliative care
- Plastic and reconstructive surgery

### Support Services

- Advance directives
- Art therapy
- Cancer pharmacy
- Child life specialists
- Complementary medicine
- Financial navigation and financial counseling
- Laboratory (blood draws)
- Nutritional support
- Occupational therapy
- Pain management
- Patient navigator (American Cancer Society)
- Physical therapy
- Psycho-social support
- Quality of Life Center
- Rehabilitation services
- Small Stones Wellness Center
- Smoking cessation
- Social workers (oncology-certified)
- Spiritual support
- Support groups
- Wellness classes

## 2017 Cancer Committee

Clinical Cancer Center and Hospital Operations	
Jennifer Blissitt, BSN, RN	Nurse Manager, Access and Coordination
Lori Chronis, MSW	Social Worker
Jayne Cotter, MS, RN, AOCNS, ACNS-BC	Manager of Nursing Practice
Tina Curtis, MSN, MBA, RN, NEA-BC	Executive Director, Clinical Cancer Services
Yolanda Davis	Quality Management Coordinator
Margaret Donegan, NP, ACHPN	Nurse Practitioner, Palliative Care Center
Tracy Erlitz, BSN, RN, OCN	Clinical Coordinator, Brain and Spine Tumor Program, Sarcoma Program
Sharon Feldmann, MS, PT	Rehabilitation Services
Jennifer Geurts, MS, CGC	Genetic Counselor
Jean Godfroy, BSN, RN, CBCN	Clinical Coordinator, Breast Cancer Program
Monique Graham	Director, Community Engagement
Sally Jansen	Quality Management Coordinator
Lori Jemison, RN, OCN	Clinical Coordinator, Leukemia, Lymphoma and Myeloma Program, Benign Hematology Program
John Koenig	Executive Director, Community Division (Froedtert & MCW Cancer Network)
Donald Kroll	Manager, Rehabilitation Services, Acute
Mary Martinson, BSN, RN	Clinical Coordinator, Head and Neck Cancer Program, Skin Cancer Center, Eye and Orbital Cancer Program
Amy Monroe, BSN, RN, CNOR	Clinical Coordinator, Gynecologic Cancer Program, Endocrine Cancer Program
Debra Nevels	Representative, American Cancer Society
Betty Oleson, BSN, RN, CCRP	Administrative Director, MCW Cancer Center, Clinical Trials Office
Sandy Simuncak, MSN, RN, OCN	Director of Nursing, Blood and Marrow Transplant, Hematology and Oncology, and Palliative Care Inpatient Units
Heidi Stark, BSN, RN, OCN	Clinical Coordinator, Prostate and Urologic Cancer Program
Rev. Steven Stern, M.Div, BCC	Chaplain, Spiritual Services
Melanie Stratman, RHIT, CTR	Cancer Registry Manager
Kathleen Sweeney, MS, RN, ACNS-BC, AOCNS, NE-BC	Director, Cancer Center Patient Support Services
Janine Tucker, MS	Community Engagement, Community Outreach

## Cancer Registry Report

The Froedtert & the Medical College of Wisconsin Cancer Registry is directed by the Cancer Committee and is located in the Froedtert & MCW Clinical Cancer Center at Froedtert Hospital campus. Data collected since 1983 is computerized with a reference date of Jan. 1, 1989. There are 74,685 cases in the computerized database (1989 through 2017). For 2017, newly reported cancers at this facility numbered 4,773 with 3,406 of these classified as analytical patient cases. Physician members of the Cancer Committee review the abstraction of 10 percent of all analytical cases to ensure the quality of the data provided by the Cancer Registry.

### Follow-Up

To assist in research, provide survival and treatment information and to meet the American College of Surgeons Commission on Cancer standard of 80 percent follow-up, all patient cases diagnosed and/or treated at Froedtert Hospital are followed yearly. Ongoing data collection and continued lifetime observation is currently maintained on 24,148 patients. The current follow-up rate is 96 percent for patients diagnosed in the last five years and 93 percent for all patients in the database. Follow-up information is obtained by reviewing the patient's medical record, from the managing physician and (only if necessary) by contacting the patient.

### Staffing

Since 2012, we have partnered with nThrive™ Oncology Data Management Division to manage and staff the Cancer Registry at all Froedtert & MCW Cancer Network locations. The Froedtert Hospital Cancer Registry is staffed by six registrars (6.5 full-time equivalents) who each maintains certified tumor registrar credentials. They are assisted by two oncology data management technicians (1.5 full-time equivalents). Cancer registrars are members of the National Cancer Registrars Association and participate in educational conferences provided by this organization as well as by state affiliate organizations. Oncology data management technicians participate in educational opportunities offered by nThrive™ and have the option of obtaining certified tumor registrar credentials.

### Requests for Data

Clinicians and administrators made 149 requests for information in 2017. Data was submitted to the National Cancer Database and exported to the Wisconsin Cancer Reporting System.

### For More Information

Cancer Registry: **414-805-6597**

### Registry Staff

Melanie Stratman, RHIT, CTR  
*Manager, Cancer Registry*

Shondel Hansen, RHIT, CTR  
*Oncology Data Management Specialist*

Linda R. Smith, CTR  
*Oncology Data Management Specialist*

Becky Risch  
*Oncology Data Management Technician*

Tracy Lilach, CCS-P, CCA  
*Oncology Data Management Technician*

Deborah Dries, RHIT, CTR  
*Oncology Data Management Specialist*

Dee Besch, BA, CTR  
*Oncology Data Management Specialist*

Brittany Eberling, RHIT, CTR  
*Oncology Data Management Specialist*

Jill Meunier, CTR  
*Cancer Registrar*

Rebecca Rader, CTR  
*Cancer Registrar*

## Summary of Multidisciplinary Cancer Conferences

Cancer conferences, formerly known as tumor boards, improve the care of patients with cancer by providing multidisciplinary treatment planning. They also contribute to physician and allied health professional education. In addition to the specialists noted below, a wide variety of individuals attend cancer conferences. These individuals include (but are not limited to): nurses, residents, fellows, allied health professionals and students from various disciplines.

### Maximizing the Impact of Cancer Care Conferences

The Froedtert & the Medical College of Wisconsin Cancer Network continues to utilize documentation discussion within the electronic medical record (Epic). A flowsheet was created in Epic that notes each time a patient is discussed at any cancer conference. A clinical documentation encounter is created in Epic that includes the conference date, provider presenting the case at conference, specialties present, whether clinical trials were considered and other items of interest. Providers can add the discussion and proposed plan for the patient to the documentation. Once this documentation has been created in Epic, it can be formatted into a cancer conference letter that can be sent to referring providers, primary care providers or other interested practitioners. This change has improved and enhanced communication among members of the Froedtert & MCW team as well as with external providers involved in the care of patients.

**Breast Cancer Conferences** are held every Monday. Attendees include physicians and staff from Hematology and Oncology, Radiation Oncology, Radiology, Surgery, Plastic Surgery and Pathology.

**BMT (Blood and Marrow Transplant) Conferences** are held every Tuesday. Discussion includes patients considered for transplant, upcoming and recently transplanted patients and patients who are post-transplant. Conferences are attended by physicians and staff from Hematology and Oncology and Psychology. Nurses and other members of the BMT team also participate.

**Colorectal/Gastrointestinal Cancer Conferences** are held every Tuesday. Attendees include physicians and staff from Hematology and Oncology, Radiation Oncology, Radiology, Surgery and Pathology.

**Endocrine Neoplasia Disposition Conferences** are held every second and fourth Thursday and are attended by physicians and staff from Endocrinology, Radiology, Pathology, Surgery and Vascular and Interventional Radiology. In addition, health professionals from nursing, nuclear medicine and other disciplines attend.

**Gynecologic Cancer Conferences** are held every Thursday and are attended by physicians and staff from Obstetrics and Gynecology, Pathology, Diagnostic Radiology and Radiation Oncology.

**Head and Neck Cancer Conferences** are held every Thursday and are attended by physicians and staff from Hematology and Oncology, Surgery, Radiology, Pathology, Plastic Surgery and Radiation Oncology. Nurses, speech pathologists and dietitians also attend.

**Hematology/Lymphoma Cancer Conferences** are held every Wednesday and on the first and third Mondays of each month. They are attended by physicians and staff from Hematology and Oncology, Radiation Oncology, Radiology and Pathology.

**Hepatic Cancer Conferences** are held every Monday. Attendees include physicians and staff from Gastroenterology and Hepatology, Hematology and Oncology, Radiology, Radiation Oncology, Interventional Radiology, Pathology and Surgery.

**Melanoma Conferences (Multidisciplinary Pigmented Lesion Conferences)** are held the second and fourth Friday of each month. Attendees include physicians and staff from

Dermatology, Surgery, Plastic Surgery, Ophthalmology, Pathology, Radiation Oncology and Hematology and Oncology.

**Musculoskeletal (Sarcoma) Cancer Conferences** are held every Wednesday. Attendees include physicians and staff from Orthopaedic Surgery, Radiology, Pathology, Radiation Oncology and Hematology and Oncology.

**Neuro-Oncology Conferences** are held on Wednesdays and are attended by physicians and staff from Neuro-oncology, Neurosurgery, Pathology, Radiation Oncology and Neuroradiology.

**Pancreatobiliary Cancer Conferences** are held every Friday and include, but are not limited to, discussion of cancer patients. Attendees include physicians and staff from Gastroenterology, Surgery, Vascular and Interventional Radiology, Radiation Oncology and Hematology and Oncology.

**Prostate Cancer Conferences** are held on the first Monday of each month. Attendees include physicians and staff from Urologic Oncology, Radiation Oncology and Hematology and Oncology.



## Summary of Multidisciplinary Cancer Conferences (continued)

**Regional Therapies/Gastric Conference** (combined conference) is held every other Tuesday. Attendees include physicians from Diagnostic Radiology, Hematology and Oncology, Radiation Oncology (for gastric cases only), Pathology and Surgery.

**Skin Cancer Conferences for Organ Transplant Patients** are held every other month. Physicians and staff from Dermatology, Radiation Oncology and Hematology and Oncology attend.

**Spine Conferences** are held every other Tuesday. Attendees include physicians and staff from Dermatology, Radiation Oncology and Hematology and Oncology.

**Thoracic/Gastroesophageal-Esophageal Cancer Conferences** are held every Thursday. Attendees include physicians and staff from Thoracic Surgery, Pulmonology, Radiology, Pathology, Radiation Oncology and Hematology and Oncology.

**Urologic Cancer Conferences** are held the third Friday of each month and are attended by physicians and staff from Diagnostic Radiology, Urologic Oncology, Hematology and Oncology, Nuclear Medicine, Pathology, Radiation Oncology and other specialties participating in the care of cancer patients.

Please contact the Cancer Registry at 414-805-6597 for information regarding these conferences.

Cancer Conference	Sessions	Case Discussions
Breast	48	583
Blood and Marrow Transplant	48	607
Colorectal/Gastrointestinal	43	583
Endocrine Neoplasia Disposition	14	58
Gastric	8	15
Gynecologic	44	355
Head and Neck	42	449
Hepatic	46	274
Lymphoma	16	50
Melanoma (Multidisciplinary Pigmented Lesion)	24	77
Musculoskeletal (Sarcoma)	47	338
Neuro-oncology	52	747
Pancreatobiliary	43	315
Prostate	5	138
Regional Therapies	17	72
Skin (for Organ Transplant Patients)	4	68
Spine	7	24
Thoracic/GE-Esophageal	46	256
Urologic	26	84
<b>TOTAL</b>	<b>580</b>	<b>5,093</b>

## 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.

### Cancer Specialists

The physician who diagnoses and treats 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 Coordinator

For each cancer program, a clinical coordinator works with the program team. He or she coordinates patient services and measures the program's quality indicators to make sure indicators meet national and program-specific standards.

### Clinical Pharmacist

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

### 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.

### New Patient Coordinator

A new patient coordinator is the first touch point for cancer patients. He or she gathers medical records, imaging and pathology reports, creates an electronic record and schedules first consultations for a highly coordinated experience.

### Oncology Clinic Nurse

A registered nurse who works with doctors and mid-level providers to help coordinate patient care.

### 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.

### Physician Assistant

A physician assistant is a trained medical provider who is licensed to diagnose and treat illness and disease and to prescribe medications. He or she practices medicine under the direction of a physician.

### 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 treatment, directs care and monitors each patient's ongoing status.

### Surgeon

The physician who performs surgical procedures and helps coordinate care. Plastic and reconstructive surgeons are available to perform reconstruction if needed.

## Primary Sites

### STATISTICAL SUMMARY

In 2017, 4,773 patient cases were added to the Cancer Registry database. Of these patients, 3,406 (71 percent) were classified as analytical, having their diagnosis made and/or receiving all or part of their first course of treatment at Froedtert & the Medical College of Wisconsin Froedtert Hospital. The top five sites of all analytical cases in order of decreasing frequency were: breast (473), prostate (270), lung/bronchus non-small cell (247), hemeretic (195) and pancreas (175). More than 100 analytical patient cases were added to the Cancer Registry in 2017 for each of the following sites: corpus uteri (156), kidney and renal pelvis (153), non-Hodgkin lymphoma (148), multiple myeloma (128), thyroid (127), melanoma (125), brain (119) and colon (106).

The age of patients comprising analytical cases ranged from younger than age 20 (1 percent) to age 90 or older (1 percent). The majority of patients were older than age 50, with the greatest number of cases clustered in the age range of 60-69 (32 percent). Patients younger than age 50 constituted 16 percent of all patients. Of all the analytical patients, 54 percent were female and 46 percent were male. Review of the analytical patient cases by race shows 2,942 patients were Caucasian (86 percent), 384 were African-American (11 percent), and 80 (3 percent) considered themselves to belong to another specified race. Among our analytical patients, 100 (about 3 percent) identified themselves as being of Spanish/Hispanic ethnic origin.

The distribution by the American Joint Commission on Cancer (AJCC) stage at diagnosis demonstrates that about half of the analytical patients had stage 0, I or II cancers (51 percent). Patients with stage III disease represented 11 percent of cases, while 16 percent had stage IV cancers. AJCC staging information was insufficient for about 4 percent of all analytical patient cases and not applicable for about 18 percent of all analytical patient cases.

### AGE AT DIAGNOSIS (Analytical Patient Cases)

	Number	Percent
0-19 years	35	1
20-29 years	63	2
30-39 years	135	4
40-49 years	296	9
50-59 years	703	21
60-69 years	1,090	32
70-79 years	784	23
80-89 years	260	7
90-99 years	40	1
<b>TOTAL</b>	<b>3,406</b>	<b>100</b>

### GENDER (Analytical Patient Cases)

	Number	Percent
Male	1,578	46
Female	1,825	54
<b>TOTAL</b>	<b>3,406</b>	<b>100</b>

### RACE (Analytical Patient Cases)

	Number	Percent
Caucasian	2,942	86
African-American	384	11
Other	80	3
<b>TOTAL</b>	<b>3,406</b>	<b>100</b>

### AJCC STAGE (Analytical Patient Cases)

	Number	Percent
Stage 0	205	6
Stage I	1,008	30
Stage II	522	15
Stage III	370	11
Stage IV	538	16
Not applicable	631	18
Unknown	132	4
<b>TOTAL</b>	<b>3,406</b>	<b>100</b>

Site Group	Total Cases	Class		Gender			Stage							
		Analytical	Nonanalytical	M	F	Oth	Stage 0	Stage I	Stage II	Stage III	Stage IV	Unk	N/A	Missing
<b>HEAD AND NECK</b>														
LIP	11	11	0	6	5	0	2	6	3	0	0	0	0	0
TONGUE	46	46	0	29	17	0	0	14	6	6	18	2	0	0
SALIVARY GLANDS, MAJOR	16	16	0	7	9	0	0	6	0	4	6	0	0	0
GUM	13	13	0	5	8	0	2	3	3	1	4	0	0	0
FLOOR OF MOUTH	12	12	0	9	3	0	0	4	3	1	4	0	0	0
MOUTH, OTHER AND NOS	21	21	0	11	10	0	1	6	5	2	7	0	0	0
TONSIL	22	22	0	20	2	0	0	2	2	1	17	0	0	0
OROPHARYNX	8	8	0	6	2	0	0	0	0	1	7	0	0	0
HYPOPHARYNX	4	4	0	3	1	0	0	1	0	2	1	0	0	0
<b>DIGESTIVE SYSTEM</b>														
ESOPHAGUS	29	29	0	21	8	0	3	6	9	4	5	2	0	0
STOMACH	43	43	0	31	12	0	1	12	7	4	11	8	0	0
SMALL INTESTINE	21	21	0	10	11	0	1	4	5	4	5	2	0	0
COLON	106	106	0	50	56	0	9	19	18	19	30	11	0	0
RECTUM AND RECTOSIGMOID	67	67	0	37	30	0	1	10	12	19	20	5	0	0
ANUS, ANAL CANAL, ANORECTUM	13	13	0	6	7	0	0	3	6	2	1	1	0	0
LIVER	86	86	0	60	26	0	0	31	20	9	10	3	13	0
GALLBLADDER	7	7	0	6	1	0	0	0	2	2	2	0	1	0
BILE DUCTS	19	19	0	13	6	0	1	6	2	4	3	2	1	0
PANCREAS	175	175	0	92	83	0	1	65	26	13	65	4	1	0
RETROPERITONEUM	5	5	0	1	4	0	0	3	1	0	0	0	1	0
PERITONEUM, OMENTUM, MESENT	5	5	0	1	4	0	0	1	0	2	1	1	0	0
OTHER DIGESTIVE	2	2	0	0	2	0	0	0	0	0	0	0	2	0
<b>RESPIRATORY SYSTEM AND THORAX</b>														
NASAL CAVITY, SINUS, EAR	12	12	0	8	4	0	1	1	2	0	7	0	1	0
LARYNX	37	37	0	26	11	0	3	15	3	7	9	0	0	0
LUNG/BRONCHUS-SMALL CELL	34	34	0	14	20	0	0	4	0	12	17	1	0	0
LUNG/BRONCHUS-NON SMALL CELL	247	247	0	109	138	0	0	88	14	51	80	6	7	1
PLEURA	1	1	0	0	1	0	0	0	0	0	0	1	0	0
<b>MUSCULOSKELETAL AND SOFT TISSUE SITES</b>														
BONE	8	8	0	4	4	0	0	6	1	0	0	1	0	0
SOFT TISSUE	53	53	0	26	27	0	0	11	8	13	11	7	3	0
<b>SKIN</b>														
MELANOMA OF SKIN	125	125	0	70	55	0	36	52	16	17	1	3	0	0
KAPOSI'S SARCOMA	2	2	0	2	0	0	0	0	0	0	0	0	2	0
OTHER SKIN CANCER	12	12	0	6	6	0	0	4	2	2	0	1	3	0
<b>BREAST</b>														
BREAST	473	473	0	4	469	0	107	221	110	21	12	1	1	0
<b>GYNECOLOGIC SITES</b>														
CERVIX UTERI	26	26	0	0	26	0	0	11	5	7	2	1	0	0
CORPUS UTERI	156	156	0	0	156	0	1	114	7	15	8	11	0	0
UTERUS NOS	1	1	0	0	1	0	0	0	0	0	1	0	0	0
OVARY	48	48	0	0	48	0	0	10	3	23	9	2	1	0
VAGINA	2	2	0	0	2	0	0	0	0	1	1	0	0	0
VULVA	7	7	0	0	7	0	0	5	1	0	1	0	0	0
OTHER FEMALE GENITAL	8	8	0	0	8	0	0	2	0	3	3	0	0	0
<b>GENITOURINARY SITES</b>														
PROSTATE	270	270	0	270	0	0	0	46	149	26	40	8	0	1
TESTIS	11	11	0	11	0	0	0	3	2	1	0	5	0	0
PENIS	1	1	0	1	0	0	0	0	0	1	0	0	0	0
BLADDER	77	77	0	60	17	0	30	13	20	6	7	1	0	0
KIDNEY AND RENAL PELVIS	153	153	0	91	61	1	4	88	10	24	16	7	4	0
URETER	2	2	0	2	0	0	1	0	0	0	1	0	0	0
OTHER URINARY	1	1	0	1	0	0	0	0	0	0	0	0	1	0
<b>EYE</b>														
EYE	28	28	0	13	15	0	0	9	10	0	0	3	6	0
<b>BRAIN AND CENTRAL NERVOUS SYSTEM</b>														
BRAIN	119	119	0	68	51	0	0	0	0	0	0	0	119	0
OTHER NERVOUS SYSTEM	57	57	0	11	46	0	0	0	0	0	0	0	57	0
<b>THYROID AND OTHER ENDOCRINE GLANDS</b>														
THYROID	127	127	0	31	96	0	0	82	5	19	14	7	0	0
OTHER ENDOCRINE	50	50	0	28	22	0	0	0	0	0	0	1	49	0
<b>LYMPHOID NEOPLASMS</b>														
HODGKIN DISEASE	21	21	0	12	9	0	0	1	7	5	6	2	0	0
NON-HODGKIN LYMPHOMA	148	148	0	88	60	0	0	19	17	16	75	16	5	0
<b>HEMATOPOIETIC</b>														
HEMERETIC	195	195	0	120	75	0	0	1	0	0	0	4	190	0
MYELOMA	128	128	0	68	60	0	0	0	0	0	0	0	128	0
OTHER HEMATOPOIETIC	5	5	0	3	2	0	0	0	0	0	0	0	5	0
<b>UNKNOWN OR ILL-DEFINED</b>														
UNKNOWN OR ILL-DEFINED	30	30	0	8	22	0	0	0	0	0	0	0	30	0
<b>TOTAL</b>	<b>3,406</b>	<b>3,406</b>	<b>0</b>	<b>1,579</b>	<b>1,826</b>	<b>1</b>	<b>205</b>	<b>1,008</b>	<b>522</b>	<b>370</b>	<b>538</b>	<b>130</b>	<b>631</b>	<b>2</b>

## Glossary

### **Analytical**

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

### **Nonanalytical**

Cancer patients at Froedtert 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

# Report on Outcomes: Cancer Screening and Prevention

By Janine Tucker, MS; Griselda Sanchez; Cancer Outreach Coordinators

In 2018, the Froedtert & the Medical College of Wisconsin Clinical Cancer Center at Froedtert Hospital campus provided two cancer screenings and one cancer prevention program in the community. These efforts focused on African-American and Latino populations in Milwaukee County.

## Screening Programs

Screenings were offered for breast and prostate cancer. Clinical Cancer Center outreach staff screened 87 people: 35 were screened for breast cancer and 52 were screened for prostate cancer.

## 2018 Community Cancer Screening Events

### Women’s Health, Breast Screening and Pampering Event

On Wednesday, Aug. 15, 2018, the Froedtert & MCW Cancer Network and Progressive Community Health Centers co-hosted a health fair, mammography screening and pampering event at Progressive Community Health Centers’ Lisbon Avenue location. More than 10 booths at the health fair offered education and health resources for attendees. Three hundred residents in the Washington Park neighborhood and surrounding community attended this event. Thirty-five women received screening mammograms and stayed to learn more about breast cancer and healthy lifestyles. Of those 35 women, 24 had normal mammogram findings and 11 had abnormal findings, requiring follow-up. Of the 11 women who needed follow-up with diagnostic imaging, two had normal findings, two were awaiting results and seven had not followed up for diagnostic screening within four weeks of the event.

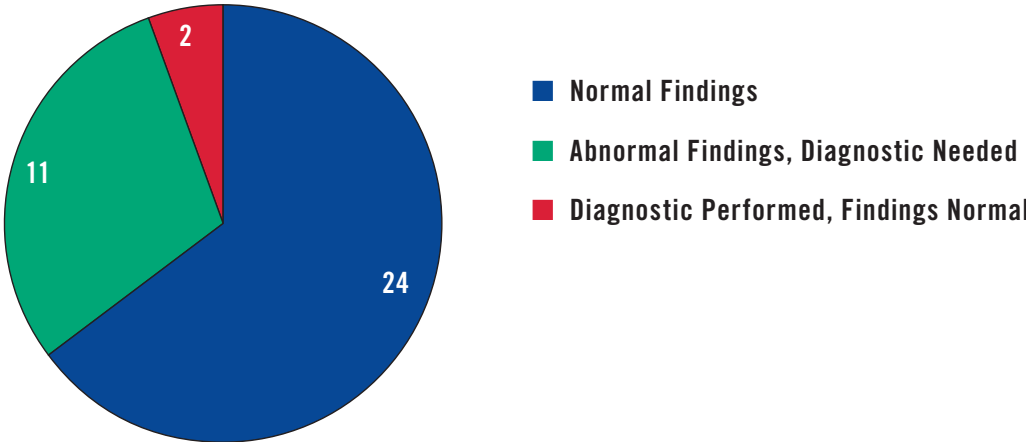


Griselda Sanchez



Janine Tucker

## Mammography Screening



### Prostate Screening and Education Event

On Saturday Sept. 29, 2018, the Cancer Network hosted a free prostate cancer screening and education event at Pilgrim Missionary Baptist Church in Milwaukee in partnership with the Prostate Health Education Network Inc. and Wisconsin Diagnostic Laboratories. An assessment tool was used to engage men in discussions about screening and to identify screening candidates. Each man who qualified was offered free prostate-specific antigen (PSA) screening. This event offered an educational component with talks by medical experts, church leaders and a panel of prostate cancer survivors. Eighty-seven people attended. Fifty-two men were assessed, and all 52 were screened. Of those screened, one had a high PSA level and was encouraged to schedule an appointment with a primary care provider for further work-up.

### Prevention Program Event

A community cancer prevention event was held at Hadley Terrace Senior Apartments in Milwaukee on Thursday, July 26, 2018. Hadley Terrace Senior Apartments are open to adults ages 62 and older who meet HUD federal low-income eligibility guidelines. This event focused on cancer prevention and education with a goal of increasing knowledge of available cancer screenings, the steps people can take to prevent cancer and the importance of early detection.

The event was staffed by our Clinical Cancer Center team including registered nurses, a physical therapist (cancer rehabilitation services) and community outreach coordinators. Sixteen people attended, all of whom were African-American. Thirteen participants completed a pretest questionnaire at the beginning of the event to assess their knowledge about cancer screening. At the end of the event, 13 people completed another questionnaire to test their knowledge after receiving information and education during the event. This helped our team assess whether or not knowledge and attitudes about cancer screening and prevention changed after the event.

To advance our goal, we offered education on the following:

- Breast, gynecologic, lung, testicular, prostate and colorectal cancers
- Identifying risk factors
- Cancer screening guidelines
- Information on healthy food choices and how those choices relate to cancer prevention and wellness
- Information on exercise guidelines/recommendations and how it relates to cancer prevention and wellness

Our cancer prevention event also included:

- Educational displays, interactive visuals, handouts, demonstrations and activities
- Handouts on cancer screening recommendations
- Interactive visuals on how healthy (nonsmoking) and unhealthy (smoking for 20+ years) lungs function and how smoking increases risk for all cancers

### Outcomes of Knowledge Questionnaires

#### Pretest Data

##### Awareness of cancer screening guidelines

- Five participants were aware that there are cancer screening guidelines
- Eight participants were not aware that there are cancer screening guidelines

## Posttest Data

The results from the posttest data show that participants' knowledge and awareness of cancer screening, prevention and early detection was improved. Posttest data also showed motivation for healthy lifestyle changes after attending the event.

- Number of participants who plan to eat more fruits and vegetables: 100 percent
- Number of participants who were aware that smoking increases risk for developing cancer: 100 percent
- Number of participants who identified that having a heavier body weight increases risk for cancer: 100 percent

Participants were asked about ways they could start exercising. Their answers included:

- Walking
- Stretching
- Joining a gym
- Doing chair exercises with bands
- Lifting weights
- Bowling
- Doing water aerobics
- Doing leg lifts
- Aerobic exercise

Participants were asked to identify one way to help reduce their risk of cancer, lower blood pressure and lower blood sugar. Their answers included:

- Quit smoking
- Eat healthy foods
- Take medication
- Get regular check-ups and screenings
- Exercise
- Lose weight
- Drink more water

Participants were asked to identify one important cancer screening. Their answers included:

- Mammograms
- Prostate cancer screenings
- Colonoscopies

Future screening and prevention events will continue within Milwaukee County to focus on underserved areas in Milwaukee where there are known cancer disparities related to timely diagnosis, timely treatment and mortality.

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