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FranciscanHealth.org/AdvancedCancerIndy

**2016
CANCER REPORT**



LETTER FROM THE CANCER COMMITTEE CHAIRMAN

I am pleased to share the Franciscan Health Cancer Center report for 2016, which presents a summary of our 2015 program activity and statistics. In this issue we highlight our skin cancer screening program and our commitment to providing the community with education and screening opportunities for melanoma.

Melanoma is the most common form of cancer for young adults between 25 and 29 years of age, and one in five Americans will develop skin cancer. The American Cancer Society recommends a skin cancer-related checkup and counseling about sun exposure as a part of any periodic health examination for men and women beginning at age 20. Franciscan Health Cancer Center noticed the need in the community to provide free skin cancer screenings to help educate and detect cancer early. With a multifaceted approach, we've been able to educate the central Indiana community on the ABCDEs of melanoma.

Our cancer program continues to grow and expand across central Indiana and beyond. We welcomed Dr. Sameer Ahmed to Franciscan Physician Network Oncology & Hematology Specialists, where he serves the Franciscan Health Indianapolis and Mooresville hospitals and Putnam County Hospital in Greencastle. We also opened an office in Columbus where oncology and hematology specialists Dr. Meghana Raghavendra, Dr. Eric Rubenstein and Alison LaFlower, ANP, provide services, including chemotherapy and a full range of infusion services to treat cancer and non-cancerous conditions. Additionally, we expanded our medical oncology clinic and infusion center at the Indianapolis campus to better serve our patients.

We continue to advance and expand our services, invest in innovative technology and strengthen our physician network. A few of the 2015 highlights include:

- In partnership with Cancer Support Community, we developed and launched Moving Beyond, a 12-week cancer survivorship program designed to help patients transition back to a life beyond cancer treatment. The program is free and provides a unique and holistic approach combining physical, mental and spiritual health components.
- We held our fifth annual Oncology Symposium where more than 260 physicians, nurses and allied health professionals interested in oncology patient management were invited to join experts who discussed early diagnosis, treatment and management of cancer patients. Merrill Hoge, a former NFL player and Non-Hodgkin's leukemia cancer survivor, was the keynote speaker.
- We received reaccreditation by both the Commission on Cancer and the National Accreditation Program for Breast Centers.
- We continue to see growth in our research program and the number of patients participating in clinical trials. More than 96 patients enrolled in clinical trials in 2015.
- As part of our partnership with the American Cancer Society and Cancer Support Community, we continue to grow and offer patients and their families access to support groups and classes designed to help them with their emotional, physical and spiritual well-being. Additionally, we also are able to provide an educational series for health care providers.
- We have provided cancer education and preventative screenings in the community to more than 1,179 men and women, including our annual Mammoth event, where 395 women received a screening mammogram.
- We opened the new 27,000 square-foot Franciscan Health Hospice House, the only free-standing facility of its kind between the far north side of Indianapolis and Columbus. The facility has several private patient rooms and offers relaxation services, chapel, prayer garden and an environment where the entire family can gather.

The staff and physicians at Franciscan Health Cancer Center are committed to continuing our ongoing service to patients, the community and our professional colleagues across Central Indiana. From research, education and screenings to our multidisciplinary approach and innovative technology, we are uniquely positioned to deliver comprehensive care management and maximize overall quality of life for patients and families.

Sincerely,

Peter Garrett, MD
Chairman, Cancer Committee
Medical Director, Cancer Services
Franciscan Health Cancer Center



The future of melanoma care: A multidisciplinary approach.

For the past three years, Franciscan Health has offered skin cancer screenings to the community. More than 61 percent of those who attend the screening are recommended to follow-up with a dermatologist (See Table 1). As a result of these findings, and in an effort to better care for patients, we added a dedicated melanoma nurse navigator to support our melanoma surgeon, Dr. Juliana Meyer, and the Melanoma Clinic. The navigator will serve as the key point-of-contact for patients and the care team, assisting with the screening program and guiding patients through diagnosis and treatment. In addition, the navigator will help patients interested in seeking a second opinion.

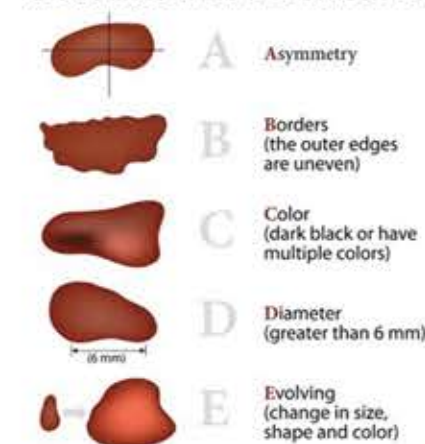
In addition, a multidisciplinary Melanoma Clinic was established in 2016 to further support our skin cancer screening program and streamline the process for newly diagnosed melanoma patients and referring physicians. The clinic allows patients to meet with a surgeon, medical oncologist, radiation oncologist, research team, nurse navigator and other specialists during one clinic visit. This approach will ensure an individualized treatment plan is designed quickly in partnership with the patient and his or her family.

Table 1: Skin Cancer Screenings (2013 – 2015)

Year	Number of People Screened	Follow Up Recommended	% of Suspicious Findings
2013	103	80	78%
2014	56	36	64%
2015	74	25	34%
Total	233	141	61%

Sources: Indiana State Department of Health; Cancer.org; and American Cancer Society

ABCDE rule for the early detection of melanoma



The ABCDEs of Melanoma

Visible warning signs can detect skin cancer early.

A – Asymmetry: One half of a skin lesion is unlike the other half.

B – Border Irregularity: The borders are irregular, ragged, blurred or notched.

C – Color: The color of the mole is varied from one area to another, with differing shades of tan and brown, black, red, blue or white.

D – Diameter: The mole is larger than 6mm (the diameter of a pencil eraser).

E – Evolution: The mole has been growing or changed its shape or color.

A CALL TO ACTION: SKIN CANCER PREVENTION

Understanding skin cancer: Who is at risk?

Skin cancer is the most common form of cancer, affecting more than two million Americans each year. It is highly preventable and the simplest cancer to cure if diagnosed and treated early. The risk of skin cancer increases with exposure to ultraviolet (UV) radiation from the sun or other sources, such as tanning beds.

The two most common forms of skin cancer are basal cell and squamous cell carcinoma, with about 5.4 million people diagnosed each year. Melanoma is the least common type of skin cancer, accounting for less than 2 percent of all skin cancer diagnoses, but it is also the fastest growing and most deadly form of skin cancer.

People of all ages, races and ethnicities can develop skin cancer, although some are more at risk than others. Between 2010 and 2014, more than 67 percent of melanoma cases occurred among Indiana residents ages 50 and older. Melanoma also is on the rise in young adults 25 to 29 years old. In Indiana, it is more common in young women under the age of 50 and more common in men over the age of 50. Melanoma is also more prevalent in fair-skinned individuals than in African-Americans. Other risk factors include:

- having light hair or eye color
- multiple or atypical moles
- a family history of melanoma
- excessive exposure to UV radiation from the sun and tanning beds
- history of sunburns
- having a weak immune system
- working in an environment where exposed to coal tar, pitch, creosote, arsenic compounds, radium or some pesticides

Early detection saves lives: Skin cancer screenings.

Monthly skin exams are the best way to detect skin cancer early. Franciscan Health is committed to providing skin cancer screenings to the community to help people know their risk and to assess any changes or abnormal growths on the skin. During screenings, our specialists examine all major areas of the skin for any new or unusual lesions or a change in appearance of moles. If any suspicious areas are found, the patient is referred to a dermatologist for a follow-up exam that may include a skin biopsy.

In May 2015, Franciscan Health Cancer Center provided two free skin cancer screening events. Of the 74 screenings provided, 25 people were recommended for a follow-up with a dermatologist.

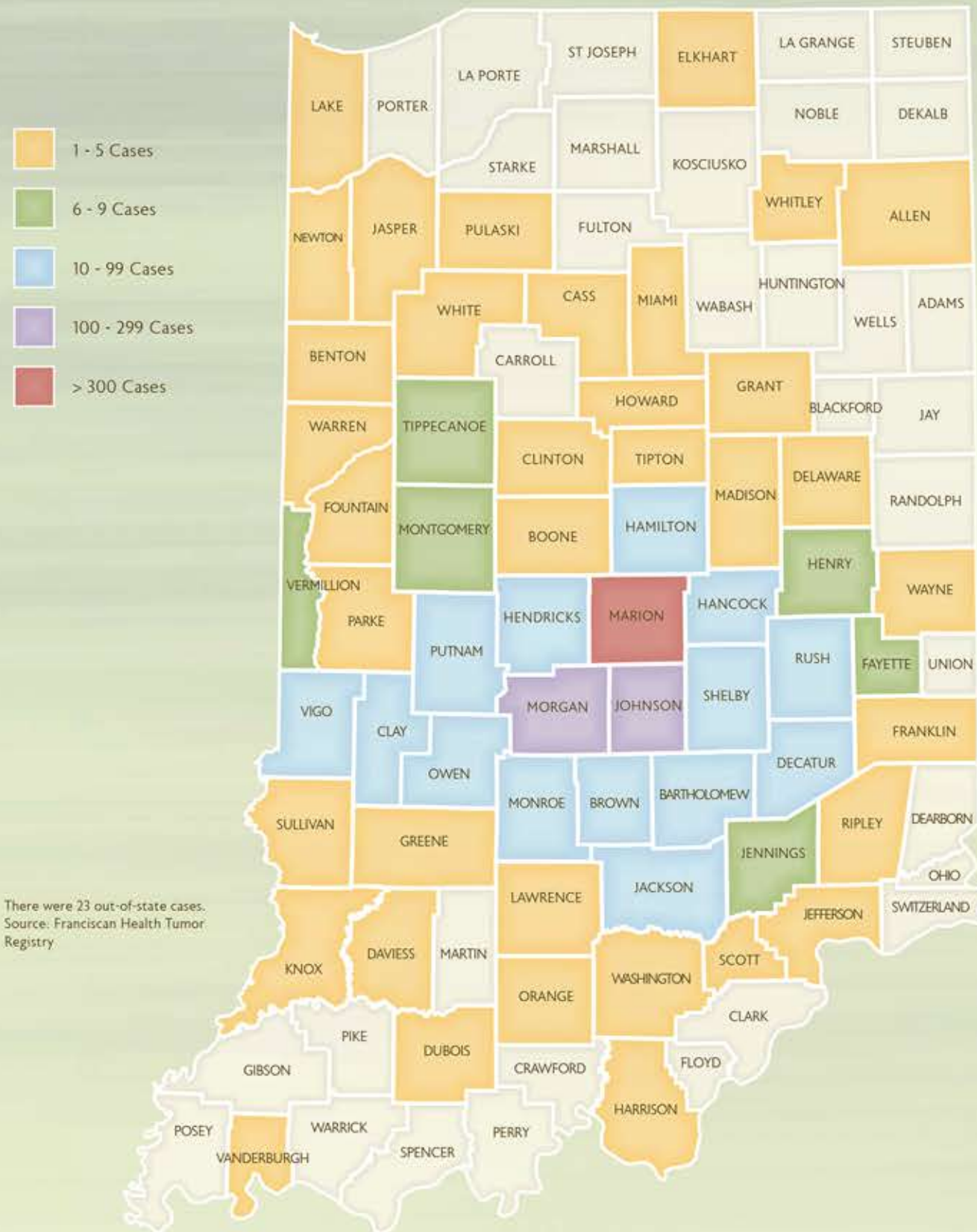
PRIMARY SITE TABLE (2015)

	Total	Class	SEX		AJCC STAGE						
			M	F	0	I	II	III	IV	UNK	N/A
ALL SITES	1674	1674	737	937	79	429	234	229	305	126	272
Oral Cavity	39	39	26	13	0	5	4	8	19	1	2
Tongue	12	12	8	4	0	3	1	5	3	0	0
Oropharynx	4	4	3	1	0	1	0	0	2	1	0
Hypopharynx	1	1	0	1	0	0	1	0	0	0	0
Other	22	22	15	7	0	1	2	3	14	0	2
Digestive System	317	317	183	134	26	63	53	59	66	37	13
Esophagus	17	17	14	3	0	2	5	4	5	1	0
Stomach	11	11	7	4	0	3	2	0	4	2	0
Colon	99	99	44	55	16	27	19	23	9	5	0
Rectum	86	86	52	34	9	9	15	24	16	13	0
Anus/Anal Canal	14	14	7	7	1	3	6	2	0	2	0
Liver	20	20	18	2	0	6	0	1	7	5	1
Pancreas	40	40	20	20	0	9	4	1	24	2	0
Other	30	30	21	9	0	4	2	4	1	7	12
Respiratory System	314	314	181	133	2	88	25	60	130	7	2
Nasal/Sinus	1	1	0	1	0	0	0	0	0	0	1
Larynx	18	18	15	3	1	8	2	2	5	0	0
Lung/Bronchus	289	289	160	129	1	79	23	57	122	7	0
Other	6	6	6	0	0	1	0	1	3	0	1
Blood & Bone Marrow	145	145	85	60	0	3	0	1	0	0	141
Leukemia	78	78	49	29	0	3	0	1	0	0	74
Multiple Myeloma	34	34	21	13	0	0	0	0	0	0	34
Other	33	33	15	18	0	0	0	0	0	0	33
Connect/Soft Tissue	7	7	3	4	0	1	1	4	0	1	0
Skin	50	50	22	28	7	13	13	10	1	6	0
Melanoma	48	48	21	27	7	13	13	9	1	5	0
Other	2	2	1	1	0	0	0	1	0	1	0
Breast	195	195	2	193	15	89	59	17	9	6	0
Female Genital	180	180	0	180	9	84	8	30	16	29	4
Cervix Uteri	19	19	0	19	0	13	0	4	1	1	0
Corpus Uteri	98	98	0	98	0	57	6	9	7	19	0
Ovary	27	27	0	27	0	3	2	10	7	5	0
Vulva	24	24	0	24	8	9	0	3	0	4	0
Other	12	12	0	12	1	2	0	4	1	0	4
Male Genital	74	74	74	0	0	7	41	7	16	3	0
Prostate	69	69	69	0	0	7	40	5	16	1	0
Testis	3	3	3	0	0	0	0	1	0	2	0
Other	2	2	2	0	0	0	1	1	0	0	0
Urinary System	107	107	58	49	20	33	8	6	21	19	0
Bladder	44	44	32	12	18	10	4	3	5	4	0
Kidney/Renal	62	62	25	37	2	22	4	3	16	15	0
Other	1	1	1	0	0	1	0	0	0	0	0
Brain & CNS	72	72	26	46	0	0	0	0	0	0	72
Brain (Benign)	4	4	2	2	0	0	0	0	0	0	4
Brain (Malignant)	11	11	8	3	0	0	0	0	0	0	11
Other	57	57	16	41	0	0	0	0	0	0	57
Endocrine	59	59	14	45	0	27	4	6	5	11	6
Thyroid	52	52	10	42	0	27	4	5	5	11	0
Other	7	7	4	3	0	0	0	1	0	0	6
Lymphatic System	79	79	47	32	0	16	18	19	22	4	0
Hodgkin's Disease	9	9	6	3	0	0	4	4	0	1	0
Non-Hodgkin's	70	70	41	29	0	16	14	15	22	3	0
Unknown Primary	24	24	11	13	0	0	0	0	0	0	24
Other/III-Defined	12	12	5	7	0	0	0	2	0	2	8

Number of cases excluded: 0

This report INCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases

2015 TOTAL CASE DISTRIBUTION BY COUNTY OF RESIDENCE (at time of diagnosis)



2015 TOP NEW CANCER CASES BY SEX

Primary Site	Males		Females		
	Franciscan Health	National	Franciscan Health	National	
Lung	22.4%	13.6%	Breast	19.9%	28.6%
Prostate	9.7%	26.0%	Lung	14.4%	13.0%
Leukemia	9.0%	3.6%	Corpus	10.9%	6.8%
Rectum	7.2%	2.7%	Colon	5.7%	5.8%
Non-Hodgkin's	5.8%	4.7%	Leukemia	5.3%	2.9%
Colon	5.6%	5.4%	Brain & CNS	5.1%	1.2%
Bladder	4.5%	6.6%	Thyroid	4.7%	5.8%
Brain & CNS	3.7%	1.5%	Kidney/ Renal Pelvis	3.9%	2.9%
Kidney/Renal Pelvis	3.5%	4.5%	Rectum	3.6%	2.0%
Multiple Myeloma	3.0%	1.7%	Non-Hodgkin's Lymphoma	3.2%	3.9%

*Rounded to nearest tenth; estimated new cases exclude basal cell and squamous cell skin cancer and in situ carcinoma except urinary bladder. There were fifteen in situ breast cases and seven melanoma in situ cases in 2015. National data is based on the Estimated New Cancer Cases by Sex in the U.S., 2015, Cancer Facts & Figures 2015, American Cancer Society, Inc., Surveillance Research. Estimated new cases are based on 1995-2011 cancer incidence rates reported by the North American Association of Central Cancer Registries (NAACCR).

