OLYMPIC MEDICAL CANCER CENTER

2020 ANNUAL REPORT

GROWING TO MEET THE NEEDS OF OUR COMMUNITY

The need for cancer care continues to increase and Olympic Medical Cancer Center is expanding our facility, staff and services to meet that need.

Infusion services nurse Deanna Piper cares for patients at Olympic Medical Cancer Center's expanded facility in Sequim.

Facility Expansion

In February of 2019, Olympic Medical Center broke ground on an expansion of the cancer center in Sequim. The project cost approximately $4.5 million, increased the current building by 3,700 square feet and was to be completed in three phases. In December of 2019 the infusion center moved into its new space which included six large private infusion rooms, a medication room, nursing workspace and a dirty utility room. Due to some building delays and the effects of COVID on construction timelines, the new pharmacy (built to meet USP 800 regulations) was completed and occupied in May 2020. The on-site pharmacy more than quadrupled in size and consists of a hazardous compounding room, non-hazardous compounding room, anteroom, storage room and office space for the pharmacy team.

Phase 2 consisted of remodeling the old infusion space and includes four new private infusion rooms, blood draw space, clean room, nourishment center, education room, integrative oncology space and office workspace. Currently underway, Phase 3 will include the conversion of four infusion rooms to four new exam rooms to increase usable exam rooms to nine for the medical oncology clinic. The current nursing triage space will be remodeled and offices arranged so that each medical oncologist will have a small private office. The project is expected to be completed in early 2021. The cancer center team is very appreciative for the generous donations to the OMC Foundation that made this expansion possible to continue to serve Clallam County.

TWO MEDICAL ONCOLOGISTS JOIN THE TEAM

In April 2020 in the midst of the COVID pandemic, two medical oncologists joined the Olympic Medical Cancer Center team.

Dr. Mark Sienko has been practicing medical oncology/ hematology for the past 15 years. His Hematology-Oncology fellowship was at the University of Texas Southwestern Medical Center in Dallas, Texas. Dr. Sienko worked in Dallas and Plano, Texas and most recently in Spokane, Washington at Cancer Care Northwest. He has been a very active and engaged medical oncologist who is board certified in Hematology and Medical Oncology. The Olympic Medical Cancer Center is delighted to have Dr. Sienko on board.

Dr. Binay Shah has been practicing medical oncology/ hematology for the past 16 years. His Hematology-Oncology Fellowship was at the University of Illinois Chicago and he is board certified in Hematology and Medical Oncology. Dr. Shah recently worked at North Puget Cancer Center in Sedro-Woolley, Washington and prior to that was medical director at the Cancer Center and Blood Institute at St. Joseph Regional Medical Center in Lewiston, Idaho. Dr. Shah founded the Binaytara Foundation that promotes health and education among underprivileged populations. He established a cancer hospital and bone marrow transplant center in Nepal, and also has set up hospice programs in India and Nepal. Dr. Shah works for the Olympic Medical Cancer Center two weeks per month and manages his foundation work the other part of the month.

PALLIATIVE CARE PROGRAM

Olympic Medical Cancer Center organized a work group in the third quarter of 2020 to establish an active palliative care program at the cancer center and long term throughout the medical center and within the community. Palliative care can mean different things to different people. The definition of palliative care that we are striving for is the following:

Palliative Care is specialized care for people living with serious illness. Care is focused on relief from the symptoms and stress of the illness and treatment, regardless of the diagnosis. The goal is to improve and sustain quality of life for the patient, loved ones and other care companions. It is appropriate at any age and at any stage in a serious illness and can be provided along with active treatment. Palliative care facilitates patient autonomy, access to information and choice. The palliative care team helps patients and families understand the nature of their illness, and make timely, informed decisions about care.

The work group is led by the Chair, Advanced Care Planning Coordinator and Cancer Administrative Director and consists of the director of home health, chief nursing officer, oncology nurse manager, oncology nurse practitioner, pharmacist, patient navigator, behavioral health specialist, integrative oncology coordinator, rehab specialist, dietitian, chaplain, office supervisor, clinical informatics specialist, quality data and a project coordinator.

SUPPORT SERVICES ENHANCE THE PATIENT EXPERIENCE

Integrative Oncology Support Added in 2020

OMCC recognizes that many patients with cancer want to do everything they can to combat the disease, manage its symptoms, and cope with the side effects of treatments.

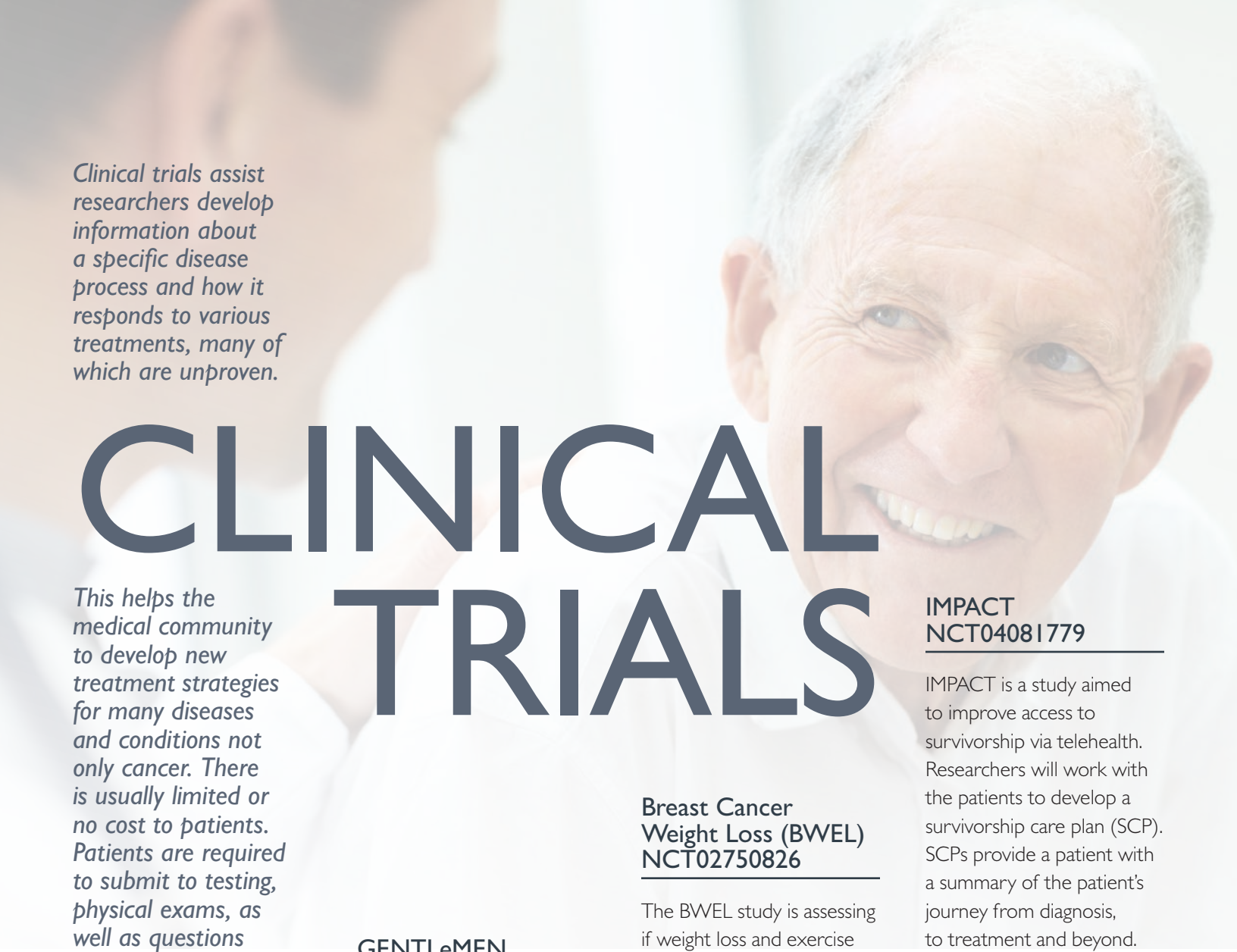
World-class cancer care provides holistic, patient-centered support for healing in body, mind and spirit. Integrative oncology is an approach to cancer care that acknowledges some patients may benefit from using nontraditional therapies such as acupuncture, massage, meditation, yoga and botanicals alongside conventional treatments.

Our Integrative Oncology Coordinator meets with interested patients to help them navigate such options safely, in collaboration with our other supportive care services, and with the approval of the clinical oncology care team. The Integrative Oncology Coordinator – part educator, part facilitator – strives to inform, guide, and refer patients to evidence-based therapies and practitioners to enhance wellness and quality of life.

Supportive Care

Olympic Medical Cancer Center offers several additional supportive care services, spearheaded by patient navigation staff:

- nutritional guidance
- behavioral health support
- chaplain services
- pet therapy
- financial support
- advance care planning



Clinical trials assist researchers develop information about a specific disease process and how it responds to various treatments, many of which are unproven.

CLINICAL TRIALS

This helps the medical community to develop new treatment strategies for many diseases and conditions not only cancer. There is usually limited or no cost to patients. Patients are required to submit to testing, physical exams, as well as questions about their mental status and physical condition. There may be unwanted side effects and participants may leave the study at any time of their choosing. These studies are open to OMC patients in conjunction with Seattle Cancer Care Alliance, Fred Hutchinson Cancer Research Center, and Virginia Mason Medical Center.

GENTLeMEN Prostate Study NCT03503097

The GENTLeMEN study was developed to determine if online genetic education, counseling and testing is an effective and suitable method of delivering genetic testing and counseling to men diagnosed with prostate cancer. Patients are required to submit saliva for genetic testing, agree to online and/or telephone questionnaires, genetic education and genetic counseling.

Breast Cancer Weight Loss (BWEL) NCT02750826

The BWEL study is assessing if weight loss and exercise have an impact on breast cancer recurrence in women. They aspire to accrue 3,000 women with breast cancer who have a BMI≥27 in the US and Canada who will commit to a health education program that includes webinars, teleconferences, weight loss, cancer screening, nutrition and exercise. Patients will be followed every six months for three years and then annually for a total of 10 years from enrollment, unless recurrence or disease progression is noted.

IMPACT NCT04081779

IMPACT is a study aimed to improve access to survivorship via telehealth. Researchers will work with the patients to develop a survivorship care plan (SCP). SCPs provide a patient with a summary of the patient's journey from diagnosis, to treatment and beyond. Detail of the patient's histopathologic cell type, primary location, surgical interventions, chemotherapy, immunotherapy, biologic response modifiers, hormonal treatment (androgen depravation and aromatase inhibitors) and radiation treatment are listed, as well as members of the care team and any pertinent dates. Patients with primary cancers of the breast, lung, colorectal, prostate or lymphoma are included. Inclusion in this study is by invitation.

ADDITIONAL GROWTH IN 2021

Based upon an 11% growth of radiation oncology patients in 2019, the cancer center leadership identified a need to evaluate purchasing a second linear accelerator (linac). The original Truebeam installed in 2011 was a brand-new model for Varian. This linac is under a robust service contract and still functions at a high level. The increased treatment needs led to a market evaluation by a consulting firm to confirm that future volumes dictated the purchase of a second linac.

The board approved to begin the process for setting up a project manager, bidding and preparation for architecture/ engineering proposals in the fourth quarter of 2020.

Olympic Medical Center continues to build for the future to meet the cancer care needs of Clallam County and the North Olympic Peninsula.

The plan for 2021 is to name the architecture/engineering firm, start the design process, designate a contractor for the vault construction, and layout the schedule for the vault construction and shielding followed by linac purchase and installation. Completion is projected for Fall of 2021. The addition of the second linac will allow for enough treatment capacity to meet the community need for years to come for Radiation therapy.

OLYMPIC MEDICAL CANCER COMMITTEE

The Cancer Committee at Olympic Medical is a multidisciplinary group of medical professionals that are responsible for the administrative oversight, development, and implementation of the cancer program and American College of Surgeons, Commission on Cancer accreditation standards. The group meets quarterly and oversees goal setting, planning, initiating, evualating, and improving all cancer related activities at OMC.

Required Physician Members

Lindsay Jensen, MD, Cancer Committee Chair, Cancer Liaison Physician, Radiation Oncologist
Michael Fishman, MD, Diagnostic Radiology
Al Masangkay, MD, Pathologist
Sandra Tatro, MD, General Surgeon
Kevin Weeks, MD, Medical Oncologist
Patrick Jewell, MD, Radiation Oncologist

Required Non-Physician Members

Dean Putt, Cancer Program Administrator
Katie Orth, RN, Oncology Nurse
Sarah Conway, LICSW-A, Social Worker
Sheryl Greer, CTR, Certified Tumor Registrar

Required Coordinators

Sheryl Greer, CTR, Cancer Conference Coordinator
Liz Uraga, JD, Quality Improvement Coordinator
Sue Kenney, CTR, Cancer Registry Quality Coordinator
Tatyana Buzdnitskaya, RN, Clinical Research Coordinator
Mikel Townsley, Psychosocial Services Coordinator
Kay C. Hobbs, RN, Survivorship Program Coordinator (in 2021)

Recommended Members

Terese Wallace, RDN, MS, Nutrition
Michael Lessor, RDN, Nutrition
Karen Rushby, PT, MscHA, CLT-LANA, Rehabilitation
Angela Byars, OTR/L, CLT, Rehabilitation
Brandon Snedeger, PharmD, Pharmacy
Ryan Whisnant, American Cancer Society
Sandra Ulf, RN, Palliative Care
Scott Bennett, Pastoral Care
TBD, Genetics

QUALITY *of* CARE MEASURES

The Commission on Cancer's (CoC) Cancer Program Practice Profile Reports (CP3R) offer CoC-Accredited cancer programs, such as Olympic Medical Center (OMC), a platform from which to promote continuous practice improvement of quality of patient care and also permits hospitals to compare their care for cancer patients relative to that of other providers. The goal is to identify potential gaps in care and delivery and to implement the best practices that will diminish disparities in cancer care. The CoC has developed 23 measures for breast, colon, gastric, lung, rectal, ovarian, endometrium, cervical, bladder and kidney cancer. All CoC accredited facilities are required to measure their programs performance and expected to show compliance with those measures.

MEASURE COC GOAL
DESCRIPTION OF MEASURE
OLYMPIC MEDICAL CENTER RESULTS

BLADDER

BL2RLN No Benchmark
DESC At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy.
RESULT No Cases, cystectomy not performed at OMC.

BLCSTRI No Benchmark
DESC Radical or partial cystectomy; or Tri-modality therapy (Local tumor destruction/excision with chemotherapy and radiation) for clinical T2,3,4 N0 M0 patients, first treatment within 90 days of diagnosis.
RESULT 1 eligible case identified, which was concordant with the measures

BLCT No Benchmark
DESC Neo-adjuvant or adjuvant chemotherapy offered or administered for patients with muscle invasive cancer undergoing radical cystectomy.
RESULT No Cases, cystectomy not performed at OMC.

BREAST

BCSRT 90%
DESC Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. (Standard 4.4)
RESULT 21 cased identified. All cases received radiation within 1 year of diagnosis. All cases are concordant (100%).

MAC No Benchmark
DESC Combination chemotherapy is recommended or administered within 4 months of diagnosis for women under 70 with stage IB - III hormone receptor negative breast cancer.
RESULT No eligible cases identified at OMC.

HT 90%
DESC Tamoxifen or aromatase inhibitor therapy is considered within one year of diagnosis for women with T1c, IB, II, or III hormone receptor positive breast cancer. (Standard 4.4)
RESULT 38 eligible cases. 37 cases received aromatase inhibitor within one year of diagnosis, yielding a 97% concordance rate, which exceeds the CoC Standard of 90%.

MASTRT 90%
DESC Radiation is considered following mastectomy within one year of diagnosis for women with 4 or more positive lymph nodes. (Standard 4.4)
RESULT 2 eligible cases were identified. Both cases received radiation therapy within one-year of diagnosis, yielding 100% concordance rate. This exceeds the CoC Standard of 90%.

NBX 80%

DESC Needle biopsy to the primary site is performed to establish the diagnosis of breast cancer. (Standard 4.5)

RESULT 82 eligible cases were identified, of which 79 patients utilized needle biopsy to establish the diagnosis of cancer. This yields a concordance rate of 94%, which exceeds the CoC Standard of 80%.

BCS No Benchmark

DESC Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer.

RESULT 46 eligible cases were identified; 42 of which had breast conservation surgery and 4 opted for mastectomy, yielding a 91% concordance rate. There is no benchmark from the CoC.

CERVIX

CBRRT No Benchmark

DESC Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer

RESULT 2 cases were identified, of which, 1 opted for brachytherapy, yielding a 50% concordance rate. There is no benchmark from the CoC.

CERRT No Benchmark

DESC Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer

RESULT 20 cases were identified, of which 15 completed radiation therapy within 60 days of initiation of radiation therapy for cervical cancer, yielding a 75% concordance rate. There is no benchmark from the CoC.

CERCT No Benchmark

DESC Chemotherapy administered to cervical cancer patients who received radiation for stages IB2-IV cancer or with positive pelvic nodes, positive surgical margin, and/or positive parametrium

RESULT 3 cases were identified, of which all received chemotherapy and radiation, yielding a 100% concordance rate. There is no benchmark from the CoC.

COLON

ACT No Benchmark

DESC Adjuvant chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer.

RESULT 4 eligible cases identified, of which all received chemotherapy or chemo was recommended within 4 months of diagnosis, yielding a 100% concordance rate. There is no benchmark from the CoC.

12RLN 85%

DESC At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.

RESULT 12 eligible cases identified, 11 cases met the criteria for the standard, yielding 92% concordance rate. This exceeds the benchmark of 85% set by the CoC.

GASTRIC

G15LN 80%

DESC At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer. (Standard 4.5)

RESULT No eligible cases were identified. OMC does not perform gastric resections.

Of the 23 measures, five measures were not applicable to services provided at OMC. OMC does not perform cystectomies for bladder cancer, lung resections for lung cancers, gastric resections for stomach cancer and kidney resections for pediatric kidney cancers. Five measures did not yield an eligible patient population that met all the required criteria for the specific measure for various reason. The remaining 13 measures were analyzed for inclusive patient population and measurement criteria. Seven measures had eligible patients, however, there is no established benchmark for compliance set by the CoC. Of the remaining six measures, OMC met or exceeded the compliance requirement for all measures.

"Our staff can take pride in this demonstration that our care meets or exceeds that offered at the best hospitals in the nation."

The results from this year's CP3R standards once again demonstrate outstanding compliance with the American College of Surgeons Commission on Cancer Quality of Care Measures. OMC met or exceeded all standards that had expected performance rates in all quality measures. Our staff can take pride in this demonstration that our care meets or exceeds that offered at the best hospitals in the nation. Our patients can be assured that the care at Olympic Medical Center and Olympic Medical Cancer Center is optimal for their individual outcomes of therapy.

Data Source: Olympic Medical Center, Metriq Database, filtered to Date of First Contact: January 1, 2019 to December 31, 2019

ENDOMETRIUM

ENDCTRT No Benchmark
- **DESC** Chemotherapy and/or radiation administered to patients with Stage IIIC or IV Endometrial cancer
- **RESULT** No eligible cases identified at OMC due to the assessment item requiring total hysterectomy or more extensive resection at this facility.

ENDLRC No Benchmark
- **DESC** Endoscopic, laparoscopic, or robotic surgery performed for all Endometrial cancer for all stages except stage IV.
- **RESULT** 1 case met the criteria and was concordant, yielding a 100% concordance rate. There is no benchmark from the CoC.

KIDNEY

PD1RLN No Benchmark
- **DESC** Pediatric Measure: At least 1 regional lymph node is removed and pathologically examined for primarily resected unilateral nephroblastoma
- **RESULT** No eligible cases were identified. OMC does not perform pediatric kidney resections.

LUNG

10RLN No Benchmark
- **DESC** At least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IA, IB, IIA, and IIB resected NSCLC
- **RESULT** No eligible cases were identified. OMC does not perform lung resections.

LCT 85%
- **DESC** Systemic chemotherapy is considered within 4 months preoperatively or 6 months post operatively for pN+ M0 non-small cell lung cancer cancer. (Standard 4.5)
- **RESULT** No eligible cases were identified. OMC does not perform lung resections.

LNOSURG 85%
- **DESC** Surgery is not the first course of treatment for cN2, M0 lung cancers. (Standard 4.5)
- **RESULT** 3 eligible cases were identified were concordant, yielding a 100% rate. This exceeds the benchmark set by the CoC.

OVARY

OVSAL No Benchmark
- **DESC** Salpingo-oophorectomy, with omentectomy, debulking; cytoreductive surgery, or pelvic exenteration in Stages I – III C Ovarian cancer
- **RESULT** No eligible cases were identified.

RECTUM

RECRTCT 85%
- **DESC** Preoperative chemotherapy and radiation are administered to T3 N0 and T4 N0 or stage III, or postoperatively considered for pT3, pT4, and stage III rectal cancer in patients under the age of 80. (Standard 4.5)
- **RESULT** No eligible cases were identified.

2020 & 2019 INCIDENCE RATES

2020 STATS

	Olympic Medical Center 465 total		Washington State 36,290 estimated total		United States 1,806,590 estimated total	
Site	Total Case	Percent of Total	Total Cases	Percent of Total	Total Cases	Percent of Total
Breast	89	19%	6690	18.4%	279100	17.5%
Lung	85	18.3%	4790	13.2%	228820	13%
Prostate	56	12%	4040	11.1%	191930	11%
Bladder	27	6%	1930	5.3%	81400	5%
Colorectal	31	7%	2970	8.1%	156540	9%

Rounded to the nearest 1110. Washington State and US estimated numbers based off American Cancer Society Cancer Facts & Figures 2020. OMC data based off OMC current cancer registry data 2020. It is anticipated that incidence numbers are lower due to COVID-19.

2019 STATS

	Olympic Medical Center 606 total		Washington State 39,160 estimated total		United States 1,762,450 estimated total	
Site	Total Case	Percent of Total	Total Cases	Percent of Total	Total Cases	Percent of Total
Breast	128	21.1%	5,840	15%	271,270	15.4%
Prostate	91	15%	2,470	6.3%	174,650	10%
Lung	70	12%	4,770	12.2%	228,150	13%
Colorectal	43	7.1%	2,800	7.2%	153,900	9%
Bladder	35	6%	1,910	5%	80,470	5%

Rounded to the nearest 1110. Washington State and US estimated numbers based off American Cancer Society Cancer Facts & Figures 2019. OMC data based off OMC cancer registry data 2019.

2019 CANCER SITE TABLE

PRIMARY SITE	TOTAL	%
ORAL CAVITY & PHARYNX	**13**	**2.1%**
6 Tongue		
2 Salivary Glands		
2 Tonsil		
2 Oropharynx		
1 Hypopharynx		
DIGESTIVE SYSTEM	**91**	**15.0%**
12 Esophagus		
6 Stomach		
2 Small Intestine		
Colon Excluding Rectum		
4 Cecum		
2 Appendix		
7 Ascending Colon		
1 Hepatic Flexure		
1 Transverse Colon		
6 Sigmoid Colon		
4 Large Intestine, NOS		
Rectum & Rectosigmoid		
3 Rectosigmoid Junction		
9 Rectum		
6 Anus, Anal Canal & Anorectum		
9 Liver & Intrahepatic Bile Duct		
3 Gallbladder		
3 Other Biliary		
13 Pancreas		

PRIMARY SITE	TOTAL	%
RESPIRATORY SYSTEM	**76**	**12.5%**
6 Larynx		
70 Lung & Bronchus		
SKIN5		**0.9%**
4 Melanoma – Skin		
1 Basal/Squamous cell carcinomas of Skin		
BREAST	**128**	**21.1%**
128 Breast		
FEMALE GENITAL SYSTEM	**33**	**5.4%**
4 Cervix Uteri		
18 Corpus & Uterus, NOS		
7 Ovary		
3 Vulva		
1 Other Female Genital Organs		
MALE GENITAL SYSTEM	**93**	**15.3%**
91 Prostate		
1 Testis		
1 Penis		

PRIMARY SITE	*TOTAL*	*%*
URINARY SYSTEM	**53**	**8.7%**
35 Urinary Bladder		
18 Kidney & Renal Pelvis		
BRAIN & NERVOUS SYSTEM	**29**	**4.8%**
9 Brain		
20 Cranial Nerves / Other Nervous System		
ENDOCRINE SYSTEM	**10**	**1.7%**
3 Thyroid		
7 Other Endocrine including Thymus		
LYMPHOMA	**19**	**3.1%**
1 Hodgkin Lymphoma		0.2%
Non-Hodgkin Lymphoma		
10 Non-Hodgkin Lymphoma - Nodal		
8 Non-Hodgkin Lymphoma - Extranodal		
MYELOMA	**5**	**0.8%**
LEUKEMIA	**22**	**3.6%**
Lymphocytic Leukemia		
1 Acute Lymphocytic Leukemia		
8 Chronic Lymphocytic Leukemia		
2 Other Lymphocytic Leukemia		
Myeloid & Monocytic Leukemia		
4 Acute Myeloid Leukemia		
4 Chronic Myeloid Leukemia		
1 Other Myeloid/Monocytic Leukemia		
2 Other Leukemia		
MISCELLANEOUS	**29**	**4.8%**
TOTAL	***606***	

Olympic Medical Center Tumor Board Stats

In 2020,

103 cases presented

representing 22% of

OMC analytical cases.

23 of 24 scheduled

tumor boards occurred.

In 2019,

113 cases presented

representing 19% of

OMC analytical cases.

23 of 24 scheduled

tumor boards occurred.

OLYMPIC
MEDICAL
CANCER CENTER

A Comprehensive Community Cancer Program (CCCP)
American College of Surgeons Commission on Cancer

Commission on Cancer®

Olympic Medical Cancer Center is voluntarily accredited by the American College of Surgeons Commission on Cancer Standards as a Community Cancer Program.

DNV·GL
ACCREDITED
Hospital
Quality & Patient Safety

By demonstrating compliance with national standards for health care quality and safety, Olympic Medical Center has earned DNV Healthcare accreditation.

Seattle Cancer Care Alliance
Fred Hutch · Seattle Children's · UW Medicine
NETWORK MEMBER

Our affiliation with the Seattle Cancer Care Alliance provides local patients access to leading edge therapies.

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