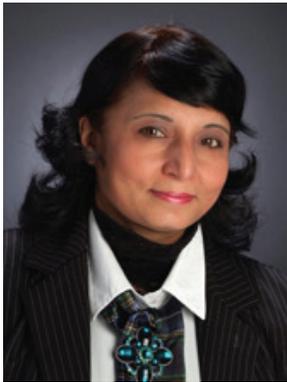


2013 CANCER ANNUAL REPORT



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Focused on our community

In recent years, Mercy Memorial Hospital System has taken huge steps forward in our continuing mission of delivering the most advanced, patient-centered cancer care to our community.

One key focus has been in strengthening our efforts to educate our community about the importance of early cancer detection. We provide several screening and prevention programs – including our annual prostate cancer screening event – that help to increase awareness and save lives.

Since Mercy Memorial Hospital System’s Cancer Accreditation from the American College of Surgeons’ Commission on Cancer in 2010, and renewed with commendation in 2013, the hospital is continuing to seek out the most effective and up-to-date treatments. This includes clinical trials that explore new radiation oncology, medical oncology and surgical therapies. These options are all discussed at the weekly, multidisciplinary tumor board meetings, where each patient case is reviewed to determine the most appropriate treatment plan for each individual.

For prostate cancer patients, we are now offering the most advanced surgical treatment available, robotic prostatectomy. Mercy Memorial began performing this less-invasive procedure in 2013, and will add a new MRI scanner in 2014 for less-invasive detection and monitoring of prostate cancer. Two low-dose radiation CT scanners are also being installed in 2014, to provide safe, high-quality imaging to our patients.

Patients who are diagnosed with cancer may be referred to the Monroe Cancer Center, the area’s only integrated facility that offers coordinated outpatient radiation therapy and chemotherapy in one convenient location. This program, Mercy Memorial’s joint venture with ProMedica and Karmanos Cancer Institute, helps streamline our patients’ care.

We are honored to be a part of Monroe, and will continue to think about the health and well-being of our community as we develop even more treatments, outreach programs and services that can help to support our cancer patients and their families.

Cancer Registry Summary 2012

The cancer registry is an essential component of the Commission on Cancer (CoC) accredited cancer program. The Cancer Program at Mercy Memorial Hospital System is a strategic partner with CHAMPS Oncology who staff the registry with credentialed Certified Tumor Registrars (CTRs) and CoC consultants. CHAMPS personnel help programs achieve their goals by collecting and reporting quality cancer data in support of their business planning and outreach initiatives.

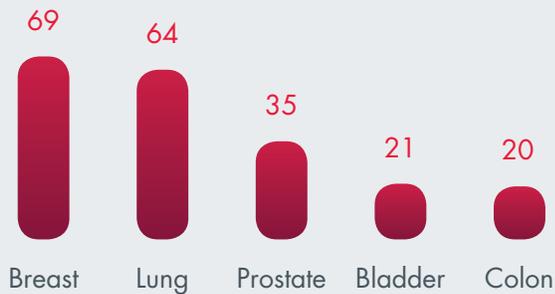
Data collected by the cancer registry is an invaluable tool in the fight against cancer. The registry collects demographic and disease-specific data elements on each cancer patient presenting for

diagnosis or treatment. The information collected is utilized by physicians, administration and other health care professionals. Among the many uses are:

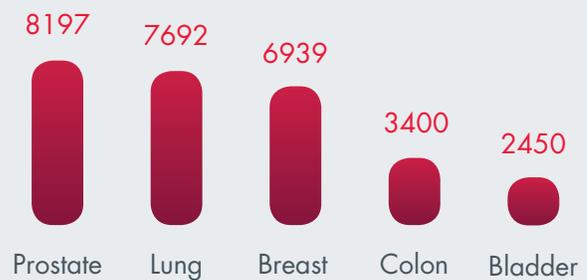
- **MEASURING** quality outcomes
- **TRACKING** community outreach initiatives
- **SUPPORTING** clinical, diagnostic and treatment research
- **EVALUATING** the effectiveness of current treatment modalities
- **PRESENTING** data for individualized patient treatment planning
- **SUBMITTING** to local and national databases for incidence and outcome comparison

2012 DATA SUMMARY

Mercy Memorial Hospital's cancer registry accessioned 320 new cases (289 of them analytic) for 2012. The following graph illustrates the most frequent primary sites (analytic cases only) seen at this facility.



2012 MERCY MEMORIAL HOSPITAL SYSTEM TOP 5 SITES



***2008 STATE OF MICHIGAN TOP 5 SITES**

**2008 is the most recent data year available.*

Cancer Registry Summary 2012

Each case accessioned into the registry database is assigned a class of case based on the location of initial diagnosis and/or treatment, which allows for the evaluation of referral patterns. Class of case analysis can also be a valuable tool in the planning and allocation of resources at the facility.

CLASS OF CASE DEFINITIONS AND 2012 DISTRIBUTION

Analytic (n = 289) / Non-Analytic (n = 31)

<p>CLASS 00 N = 120</p>	<p>Diagnosis at the accessioning facility and the entire first course of treatment was performed elsewhere or the decision not to treat was made at another facility.</p> <ul style="list-style-type: none"> • Patients diagnosed at the accessioning facility that choose to be treated elsewhere. • Patients diagnosed at the accessioning facility that are referred elsewhere for treatment.
<p>CLASS 1 N = 155</p>	<p>10 – Initial diagnosis at the reporting facility or in a staff physician’s office AND part or all of first course treatment or a decision not to treat was at the reporting facility, NOS (Not otherwise specified). 11 – Initial diagnosis in staff physician’s office AND part of first course treatment was done at the reporting facility. 12 – Initial diagnosis in staff physician’s office AND all first course treatment or a decision not to treat was done at the reporting facility. 13 – Initial diagnosis at the reporting facility AND part of first course treatment was done at the reporting facility. 14 – Initial diagnosis at the reporting facility AND all first course treatment or a decision not to treat was done at the reporting facility.</p>
<p>CLASS 2 N = 14</p>	<p>20 – Initial diagnosis elsewhere AND all or part of first course treatment was done at the reporting facility, NOS. 21 – Initial diagnosis elsewhere AND part of first course treatment was done at the reporting facility. 22 – Initial diagnosis elsewhere AND all first course treatment or decision not to treat was done at the reporting facility.</p>
<p><i>Non-Analytic (n = 31)</i></p>	
<p>CLASS 3 N = 17</p>	<p>30 – Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup (for example, consult only, staging workup after initial diagnosis elsewhere). 31 – Initial diagnosis and all first course treatment elsewhere AND reporting facility provided in-transit care. 32 – Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease recurrence or persistence. 33 – Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease history only (these cases are not reported). 35 – Case diagnosed before program’s Reference Date AND initial diagnosis AND all or part of first course treatment by reporting facility. 37 – Case diagnosed before program’s Reference Date AND initial diagnosis elsewhere AND all or part of first course treatment by facility. 38 – Initial diagnosis established by autopsy at the reporting facility, cancer not suspected prior to death.</p>
<p>CLASS 4 N = 14</p>	<p>40 – Diagnosis AND all first course treatment given at the same staff physician’s office. 41 – Diagnosis AND all first course treatment given at two or more different staff physicians’ offices. 42 – Nonstaff physician or non-CoC accredited clinic or other facility, not part of reporting facility, accessioned by reporting facility for diagnosis and/or treatment by that entity (for example, hospital abstracts cases from an independent radiation facility). 43 – Pathology or other lab specimens only. 49 – Death certificate only.</p>

PRIMARY SITE

The following table details the number of analytic cases by primary site for 2012.

	289 Total	33 Stg 0	62 Stg I	62 Stg II	41 Stg III	61 Stg IV	22 n/a	8 Unk
Breast	69	12	22	21	5	7	2	
Lung & Bronchus	64	9	5	17	33			
Prostate	35	9	18	2	5	1		
Urinary Bladder	21	17	3	1				
Colon (Excluding Rectum)	20	5	8	5	2			
Corpus & Uterus, NOS	9	6	1	2				
Rectum & Rectosigmoid	8	1	3	2	1	1		
Non-Hodgkin's Lymphoma – Nodal	8	2	1	3	2			
Brain & Other Nervous System	7	7						
Oral Cavity & Pharynx	5	1	2	1	1			
Leukemia	5	5						
Melanoma – Skin	4	2	1	1				
Pancreas	4	4						
Stomach	4	1	2	1				
Multiple Myeloma	3	3						
Other Digestive	3	3						
Larynx	2	1	1					
Hodgkin's Lymphoma	2	1	1					
Kidney & Renal Pelvis	1	1						
Thyroid	1	1						
Ovary	1	1						
Other Endocrine (Including Thymus)	1	1						
Other Male Genital Organs	1	1						
Vulva	1	1						
Esophagus	1	1						
Mesothelioma	1	1						
Soft Tissue (Including Heart)	1	1						
All Other	7	1	6					

FOLLOW-UP

Meaningful survival and outcome measures require reliable tracking of disease, recurrence and vital status for the lifetime of each patient record. Accurate follow-up data enables Mercy Memorial to compare outcomes with regional, state or national statistics. The successful follow-up rate at Mercy Memorial since the established registry reference year (2007) is 94 percent. The rate is well above the CoC requirement of 90 percent.

2012 MALE/FEMALE TOP 5 SITES

The top 5 sites for all patients at Mercy Memorial Hospital System are breast, lung, prostate, bladder and colon. The gender distribution for those sites is represented in the graph at right.



New detection and treatment methods for prostate cancer

Prostate cancer is the most common non-skin cancer in men and the third most common deadly cancer.

A few decades ago, prostate cancer was mostly diagnosed when it was in an advanced stage and treatment was not possible. However, since the discovery of blood prostate specific antigen (PSA), which is a protein mainly produced by the prostate to liquefy the semen, most prostate cancers are identified at a much earlier phase, when a cure is more likely.

MRI: A LESS-INVASIVE APPROACH

Prostate biopsy, which traditionally has been the only way to diagnose prostate cancer, features some risks to the patient, but the field of prostate cancer is rapidly progressing toward less-invasive detection and treatment methods. One promising discovery is the use of magnetic resonance imaging (MRI) to detect and follow prostate cancer so that prostate biopsy and the risks inherent in this method can be completely avoided. Mercy Memorial will be adding MRI detection for prostate cancer in 2014.

THE BENEFITS OF ROBOTIC PROSTATECTOMY

Typically, treatment for prostate cancer involves removing the cancerous prostate gland and the surrounding tissue. In 2013, Mercy Memorial Hospital System began performing robotic prostatectomies for the treatment of prostate cancer. Mercy Memorial uses the most advanced robotic technology available, the da Vinci® Si Robotic Surgical System. This system combines the effectiveness of traditional, or open, surgery with the benefits of minimally invasive procedures. The robotic surgical system is also used at Mercy Memorial for general surgery, gynecological, ENT and colon cancer cases.

Advantages of robotic prostatectomy include:

- Smaller incisions
- Less discomfort
- Less scarring
- Lower risk of infection and post-surgical complications
- Shorter hospital admissions
- Faster return to daily routine
- Very good clinical outcomes
- Greater overall satisfaction with the surgical experience

MRI and robotic surgery are just some of the developments that show promise for revolutionizing prostate cancer diagnosis and treatment.

PROSTATE SIGNS AND RISKS

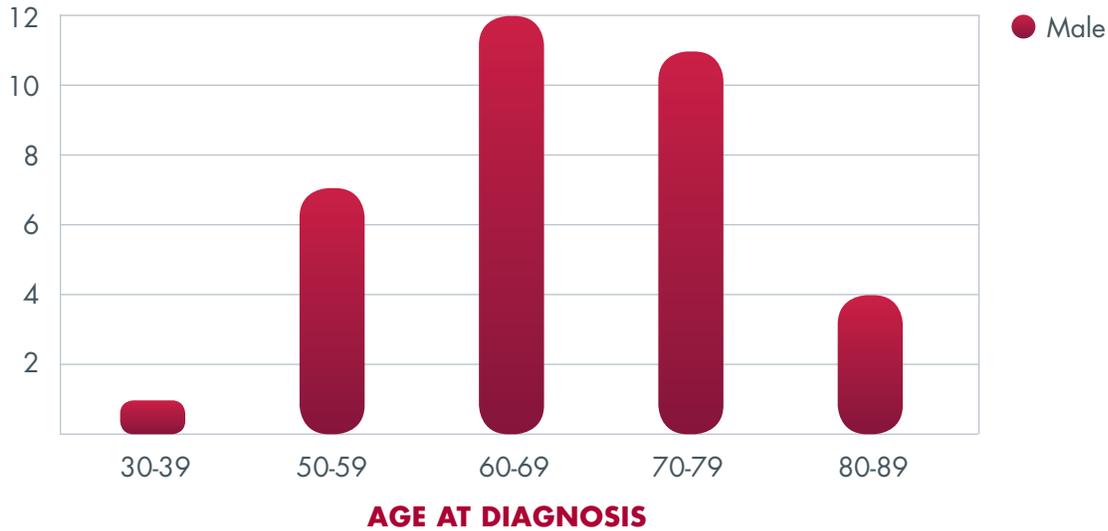
In its early stages, prostate cancer does not always cause signs or symptoms. As the tumor progresses, it is usually the cause of the symptoms. Men should make an appointment with their doctor if they are experiencing any of the following:

- Trouble urinating
- Decreased force of urine stream
- See blood in their urine or semen
- Feel general pain in lower back, hips, thighs or bones
- Have discomfort in the pelvic area
- Experience erectile dysfunction

Prostate cancer typically affects men of an advanced age, are of African-American heritage, have a family history of prostate cancer or who are obese. Men should have a baseline exam at age 50, earlier if they have high risk factors.

PROSTATE CANCER CASES BY AGE

The following table details the age at diagnosis for prostate cancer.



PROSTATE CANCER CASES BY STAGE

Primary Site	Stg 0	Stg I	Stg II	Stg III	Stg IV	Unk	Blank/Inv	Total
Male Genital System	0	9	18	2	5	1	0	35
Prostate	0	9	18	2	5	1	0	35
Total	0	9	18	2	5	1	0	35

FREE ANNUAL PROSTATE SCREENING HELPS FIGHT CANCER

Mercy Memorial Hospital System is committed to helping our community fight cancer, and one of the most effective ways to do this is to promote awareness, prevention and the importance of early detection. Every fall, Mercy Memorial hosts a free prostate screening event open to all men in the community, where two staff urologists conduct a digital exam and prostate specific antigen (PSA) blood test, with no appointment

necessary. The results are mailed directly to participants' homes, and high-risk participants are contacted three months after the screening.

In 2012, the event was held at the Corporate Connection clinic, located at 901 N. Macomb Street, Suite 1, in Monroe. Mercy Memorial urologists S. R. Nair, M.D., and Ashwin Shah, M.D., screened 161 men for prostate cancer.



*A multidisciplinary program of the
American College of Surgeons*



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