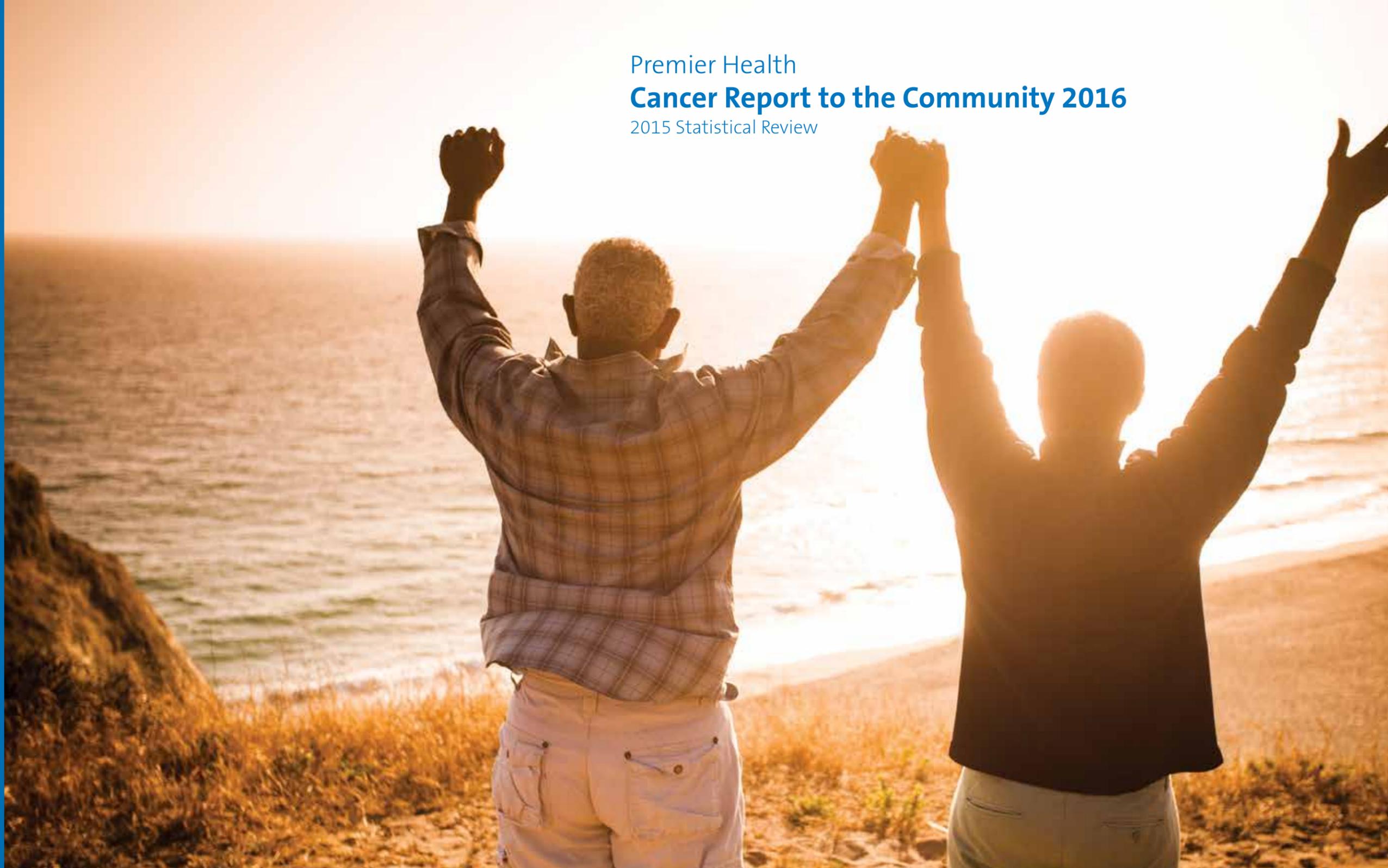




Premier Health
Cancer Report to the Community 2016
2015 Statistical Review

*There is nothing like staying
at home for real comfort.*
—Jane Austen



110 N. Main St.
Dayton, OH 45402

premierhealth.com/cancer



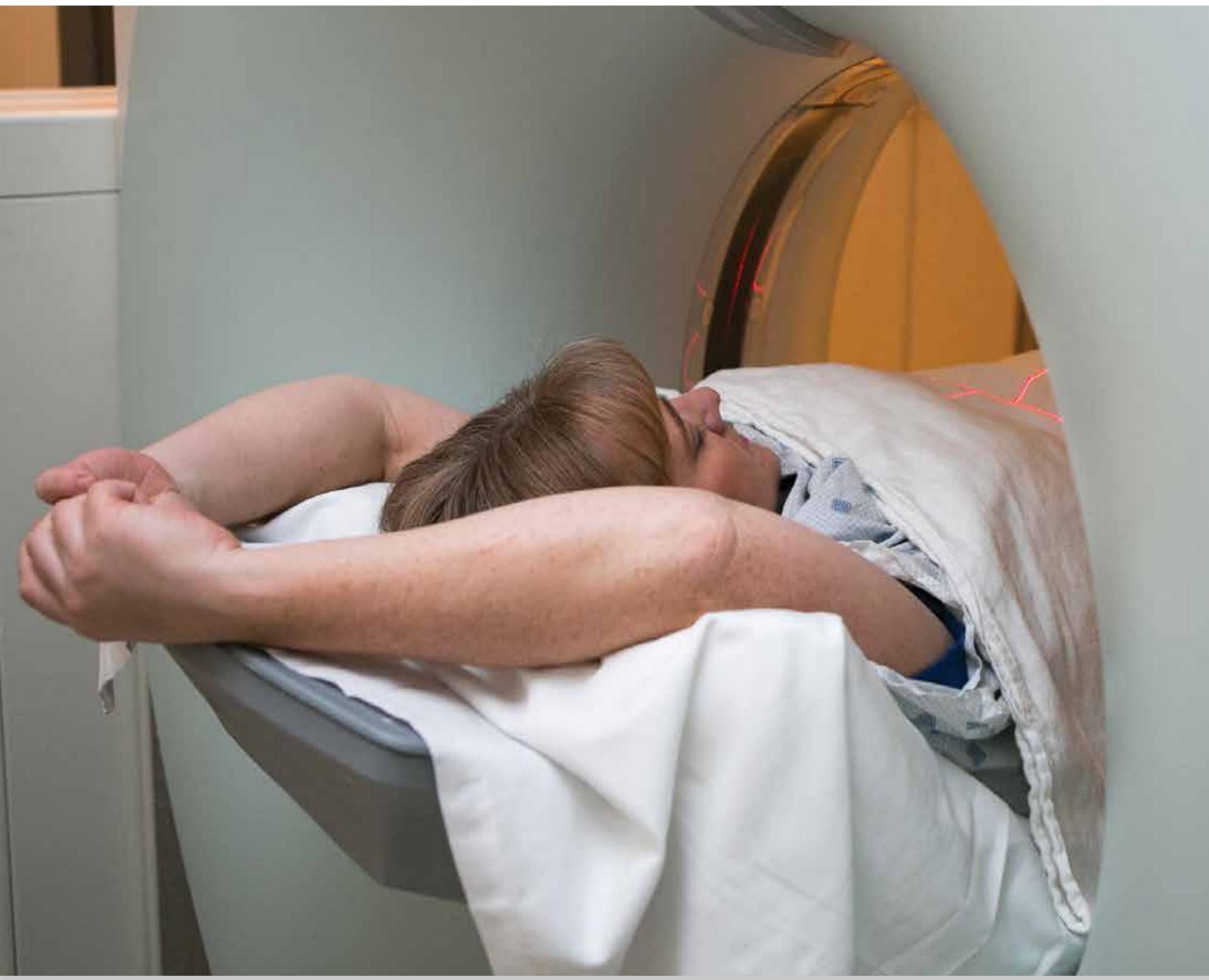


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Charles L. Bane, MD

Premier Health Cancer Institute Leadership

This has been a truly remarkable year for the Premier Health Cancer Institute. Though we continue to witness great progress as we work to defeat cancer in all of its forms, one thing has remained unchanged. Together we maintain a steadfast commitment to serve our patients and their families, and to keep their needs as our top priority even as we focus on clinical excellence.

The Institute has been specifically designed to accomplish this goal by bringing various medical specialties together which influence and touch every aspect of a patient's treatment. This multidisciplinary approach encourages collaboration and offers a wide range of expert perspectives to truly enhance patient care. Together we are united in our goal to improve the health of the people we serve, and to increase their opportunities to gain access to education, supportive services, survivorship programs, and to offer greater levels of participation in clinical trials and research.

In 2016, these goals were further realized as Premier Health became a certified member of MD Anderson Cancer Network®, a program of MD Anderson Cancer Center, the leading cancer center in the nation. This affiliation has given us unique access to a wide range of multidisciplinary care resources, including disease-specific guidelines, treatment plans and best practices that we can deliver to our patients and their families, right here in our community.

MD Anderson has helped evaluate our current programs and identify ways to enhance and standardize the quality of our oncology care. In addition, we have also partnered with other like-minded organizations such as the Dayton Clinical Oncology Program, and Wright State University to expand the region's research capacity and provide patients with greater access to clinical trials.

As we look to the future, we will continue to leverage these vital affiliations to build healthier communities through prevention and early detection, and to create a seamless experience for our patients to simplify and navigate each stage of their care. Together, we are stronger than ever before as we take this opportunity to give new hope to our friends, family, and neighbors. I look forward to working together with you in this great endeavor.

Charles L. Bane, MD

Chair
Premier Health Cancer Institute





Premier Health Service Integration Leadership



**Frank Sawyer,
MHA**

I am honored to introduce this year's edition of the Premier Health Cancer Institute's Annual Report. We strive to provide exceptional treatment for patients across the entire continuum of care, from cancer prevention and detection, to supportive and palliative care.

At Premier Health, building a healthier community is firmly rooted in a philosophy that focuses upon caring for the whole person. We seek to be a trusted and compassionate resource each step of the way.

We work to accomplish this by partnering with various physicians and like-minded organizations to have a positive impact upon our patients and their families, whether they are undergoing treatment or healing in their homes and in their communities.

Affiliations such as our membership with MD Anderson Cancer Network®, a program of MD Anderson Cancer Center, has been vital as we not only pursue a cure, but also offer sought-after care for families living right here in our own region. This affiliation also gives our physicians greater access to clinical trials and studies, as well as the ability to consult directly with a variety of cancer experts to

ensure patients receive the highest level of care.

As we look to the future, our vision is to continue to enhance the services for patients and to seamlessly connect them with outstanding resources, both internally and in the community. Our cancer coordinators are key to this effort, serving as expert clinical resources who can answer specific questions and act as a direct connection between patients and their physicians.

As we walk side-by-side with our patients, we also seek to partner more effectively with the full range of specialists who are involved in their care. This allows us to be in tune with the needs of the patient and better coordinate our efforts to meet those needs.

We are grateful for the opportunities to work with you as we impart healing and hope to the families in our region. Thank you for your continued support.

Frank Sawyer, MHA
Vice President, Service Integration
Cancer Institute
Premier Health

Cancer Institute Physicians

Charles Bane, MD - Chair

James Ouellette, DO - Vice Chair

Wincha Chong, MD

Jennifer Clune, MD

Nick Davis, MD

Douglas Ditzel, DO

Matthew Garrett, MD

Michael Guy, MD

Phil Hall, MD

Thomas Heck, MD

Jason Hedrick, MD

Daniel Hood, MD

Rajkamal Jit, MD

Shannon Kauffman, MD

Stewart Lowry, MD

Nkeiru Okoye, MD

Chirag Patel, MD

Ania Pollack, MD

Jose Rodriguez, MD

James Sabiers, MD

Erik Weise, MD

Burhan Yanes, MD

Premier Health Accomplishments and Activities

The Premier Health Cancer Institute continues to provide integrated, multidisciplinary oncology care by strengthening its comprehensive, system-wide approach to service delivery. This is accomplished through the collaborative efforts of its cancer programs at Miami Valley Hospital, Good Samaritan Hospital, Atrium Medical Center and Upper Valley Medical Center.

Affiliated with a National Leader

In 2016, Premier Health became a certified member of MD Anderson Cancer Network®, a program of MD Anderson Cancer Center. This affiliation with the network applies to all Premier Health hospitals. In addition, numerous physicians across our system are now certified as part of this collaboration. Premier Health's affiliation with the network allows our physicians to have peer-to-peer consultations, usually within 24 hours, with physicians at MD Anderson. These consultations provide peace of mind for patients, knowing that experts, both locally and at the nation's leading cancer center, are consulting on their treatment plan. In addition, weekly treatment conferences are held with other physician members across the nation for treatment discussions and recommendations. For more information about this affiliation, visit UnitedAgainstCancer.com.

Cancer Call Line

In conjunction with the launch of the affiliation with the network, Premier Health established a single call line for cancer. The call line is available Monday through Friday to address questions about our affiliation, help people find physicians certified through the network, and for general information about cancer support services and programs. The number is **(844) 316-HOPE (4673)**.

National Accreditation Program for Breast Centers (NAPBC)

The NAPBC accredits breast cancer programs throughout the country by evaluating each program's quality of diagnostic and treatment

services, as well as related services such as genetic counseling, rehabilitation, clinical trials, care coordination and survivorship. Three of our four hospitals are now accredited by the NAPBC.

Lung Cancer Screening

Our lung cancer screening program has locations throughout the region and is available to individuals who meet criteria and have a physician's order. Initially this program was self-pay but is now an insured service. Implemented in 2014, 200 individuals received this service. This year, there will be over 400 individuals screened.

Breast and Cervical Cancer Program at Premier Community Health

This grant program, controlled by the Ohio Department of Health, has previously been focused on providing breast and cervical cancer screenings, diagnostic testing and treatment for underserved and underinsured women who qualify for services. Since most women are now covered under the Affordable Care Act, this program's focus changed in 2016. Services now focus on educating women about screenings, screening locations, how to find a physician, use of insurance and available community resources. Premier Community Health administers this grant, which covers 16 counties.

Fidelity Health Care

The Premier Health Advanced Illness Management program works as part of a multi-disciplinary team focusing on quality of life for patients with advanced illnesses and their families. These interventions are based on a

palliative care model. Dr. Abi Katz, certified in palliative medicine, is the medical director for this program and provides services to patients in their homes by physician referral. For more information contact FidelityHealthCare.org or **(937) 208-6400**.

Community Screenings and Events

In recognition of Skin Cancer Awareness Month, free skin cancer screenings were held system-wide. Screenings were offered through Premier Community Health, Wright State University Boonshoft School of Medicine and Wright State Dermatology. This year, 377 screenings were performed throughout the region.

In June, Premier Health held a "Collaborating Against Cancer" conference. The symposium provided educational offerings for clinical staff and community members and was attended by approximately 600 people. Topics from the conference included: prevention and screening for breast, gynecologic, colon and lung cancers; latest treatments and staging for breast cancer; and end-of-life resources for patients and caregivers. The event featured a keynote

presentation from Dr. Jennifer Arnold, a cancer survivor and star of TLC's docu-drama, *The Little Couple*.

In recognition of Breast Cancer Awareness Month, Premier Health held four Brake for Breakfast events throughout the region. This event, which started at Good Samaritan Hospital in 2009, raises awareness about the importance of annual mammography and early detection of breast cancer. This year more than 1,700 people attended, an eight percent increase in participation over the prior year.

Premier Health co-hosted an event with the Pink Ribbon Girls at Miami Valley Hospital South. This educational day focused on women's cancers with physician lectures on early detection and screening for breast and gynecologic cancers. The day included a cooking demonstration, chair massages and tours of the cancer center.

During Lung Cancer awareness Month, Premier Health sponsored its third Shine a Light on Lung Cancer event, to bring awareness and to celebrate survivors and others touched by this disease. The event included presentations by a thoracic surgeon and a dietician, and a lighting ceremony to honor those who have been impacted by lung cancer.

Premier Health continues to be a strong supporter of local cancer awareness events. Event support ranges from monetary to onsite educational offerings, with the purpose of raising awareness throughout the region. Events supported include four Relay for Life events, as well as high school and college cancer awareness sporting events throughout the year. Through our partnership with the American Cancer Society, Premier offers programs such as Look Good Feel Better, Reach to Recovery and Road to Recovery.





Education

Throughout the year, Premier uses social media to share educational content on various cancer topics. Topics included breast, lung, colorectal, and gynecologic cancer. In October, Premier sponsored a special section in the newspaper highlighting facts about breast cancer, risks and what you need to know regarding prevention and screening. In 2016 Premier also launched an interactive consumer website that features articles and education on breast, lung and colorectal cancer, as well as other topics. It also includes risk assessments and a listing of health events available in the community. To learn more, visit WellWiseWoman.com.

Hospital-Specific Accomplishments and Activities

In addition to system-wide initiatives, each Premier hospital has a Cancer Committee designed to establish goals, make program

improvements, conduct quality studies, and participate in local activities and events. While each hospital's cancer program accomplishes many things, here is a sample of some accomplishments for each hospital.

Atrium Medical Center

- Earned re-accreditation by the American College of Surgeons' Commission on Cancer.
- Held local skin cancer screening program with 117 participants. Results showed 30 potentially cancerous or pre-cancerous lesions.

Good Samaritan Hospital

- Relocated and completely redesigned a new oncology pharmacy.
- Made changes in response to a study on types of distress experienced by cancer patients, including: re-establishing a dedicated chaplain in the cancer center, identifying a new resource person for financial counseling, and increasing awareness of oncology rehabilitation services for fatigue.

Miami Valley Hospital

- Implemented weekly smoking cessation classes for patients.
- Offered Tour of Hope programs for children and grandchildren of cancer patients. Three events held with average attendance of 10 children per event.

Upper Valley Medical Center

- Participated in a national clinical trial for the treatment of insomnia in cancer survivors.
- Increased physician participation and broader discussion of best treatment options during cancer conferences by adding Skype capability.

United Against Cancer



Why is the Affiliation Important?

Patients will have access to nationally recognized cancer care protocols and best practices while receiving their care close to home.

Benefits for Physicians:

- Premier Health physicians have direct access to MD Anderson physicians through peer-to-peer consults
- Access to the pioneering evidence-based guidelines, treatment plans and best practices developed by the experts at MD Anderson
- Physicians from multiple specialties across the country gather regularly for multidisciplinary cancer conferences to discuss recommended courses of treatment
- Treatment plans for even the most challenging forms of cancer

Benefits for Patients:

- Enhances our already high-quality clinical care
- Provides access to the expertise at the leading cancer center in the nation
- World-renowned cancer care delivered close to home
- Confidence knowing two leading teams are working toward one mission: to end cancer

No matter which Premier Health cancer care location you visit, you are receiving the same standard of care.

Miami Valley Hospital
Miami Valley Hospital South

Good Samaritan Hospital – Dayton
Good Samaritan North Health Center

Atrium Medical Center
Upper Valley Medical Center



Call Premier Health at:
(844) 316-HOPE (4673)
Monday through Friday
8 a.m. to 5 p.m.

premierhealth.com/cancer



Beating the Odds: Surviving Pancreatic Cancer

In 2008, Eunice Watson knew by the look on her daughter's face that the news wasn't good. Tests had been done after Eunice was admitted to Miami Valley Hospital with severe vomiting. Eunice's daughter, Karen Donegan, a registered nurse, was bedside when her mom heard the diagnosis: exocrine pancreatic cancer.

"I wasn't sure what pancreatic cancer was, but I soon found out," Eunice says.

Pancreatic cancer is one of the deadliest cancers, and exocrine pancreatic cancer has a five-year survival rate of only five percent.

Many Americans associate pancreatic cancer with entertainer Patrick Swayze, who lost his battle with the vicious disease in 2009 at the age of 57.

But for Eunice, the outcome was extraordinary. Eight years later, she is cancer-free, living independently in her Dayton house, enjoying visits from not only three grandkids but also two great-grandchildren.

"There are two people who should be thanked for my defeat of pancreatic cancer: God – and Dr. Ouellette," she says with a smile of gratitude. "I wouldn't be here without them."

James Ouellette, DO, surgical oncologist and vice chair of the Premier Health Cancer Institute, performed surgery on Eunice in September 2008, at Miami Valley Hospital. "I removed the entire tumor and all the lymph nodes surrounding the pancreas," he says. "With a successful surgery,

the survival rate of pancreatic cancer goes from five percent to 20 to 30 percent. Surgery is really the only curative approach for this cancer."

Following recovery from surgery, Eunice did receive a few treatments of Gemzar, an anti-cancer chemotherapy, which seems to nearly double the cure rate of pancreatic cancer patients with a resected tumor (removed through surgery), according to Eunice's oncologist Basel Yanes, MD. But Eunice had to discontinue the treatment because of adverse side effects she experienced.

"Normally she would have had chemo for six months," says Dr. Yanes. "Her reaction to it was very unusual because it's a well-tolerated chemotherapy drug. But even the short course of treatment she had might have been of benefit. Dr. Yanes adds that newer treatments may be more effective.

Eunice had an excellent recovery and is grateful she was able to care for her husband who had Parkinson's disease and dementia. He passed away six years ago.

"I'm the oldest of nine children," Eunice says. "I grew up believing I could do anything, and that attitude has seen me through these last eight years."

"A positive attitude can be an enormous help in dealing with cancer," Dr. Ouellette says. "It's easy to give up but pushing through and overcoming difficulties that cancers bring is extremely important."

Even More Advances in Pancreatic Cancer Treatment

Long after Eunice battled her pancreatic cancer, a new weapon was introduced to help people diagnosed with the deadly disease. "When a tumor cannot be removed, we use a form of ablation, called electroporation, to extend the life of the patient," says Dr. Ouellette.

This irreversible electroporation procedure uses what's called the NanoKnife® to kill cancer cells while healthy tissue remains unharmed. In 2010, Miami Valley Hospital became the first hospital in Ohio to start using the NanoKnife.

Cancer treatments and technologies are constantly changing. Premier Health offers many advanced cancer fighting tools and technologies to help area patients. To learn more about these advancements, visit Premier online at PremierHealth.com/cancer.



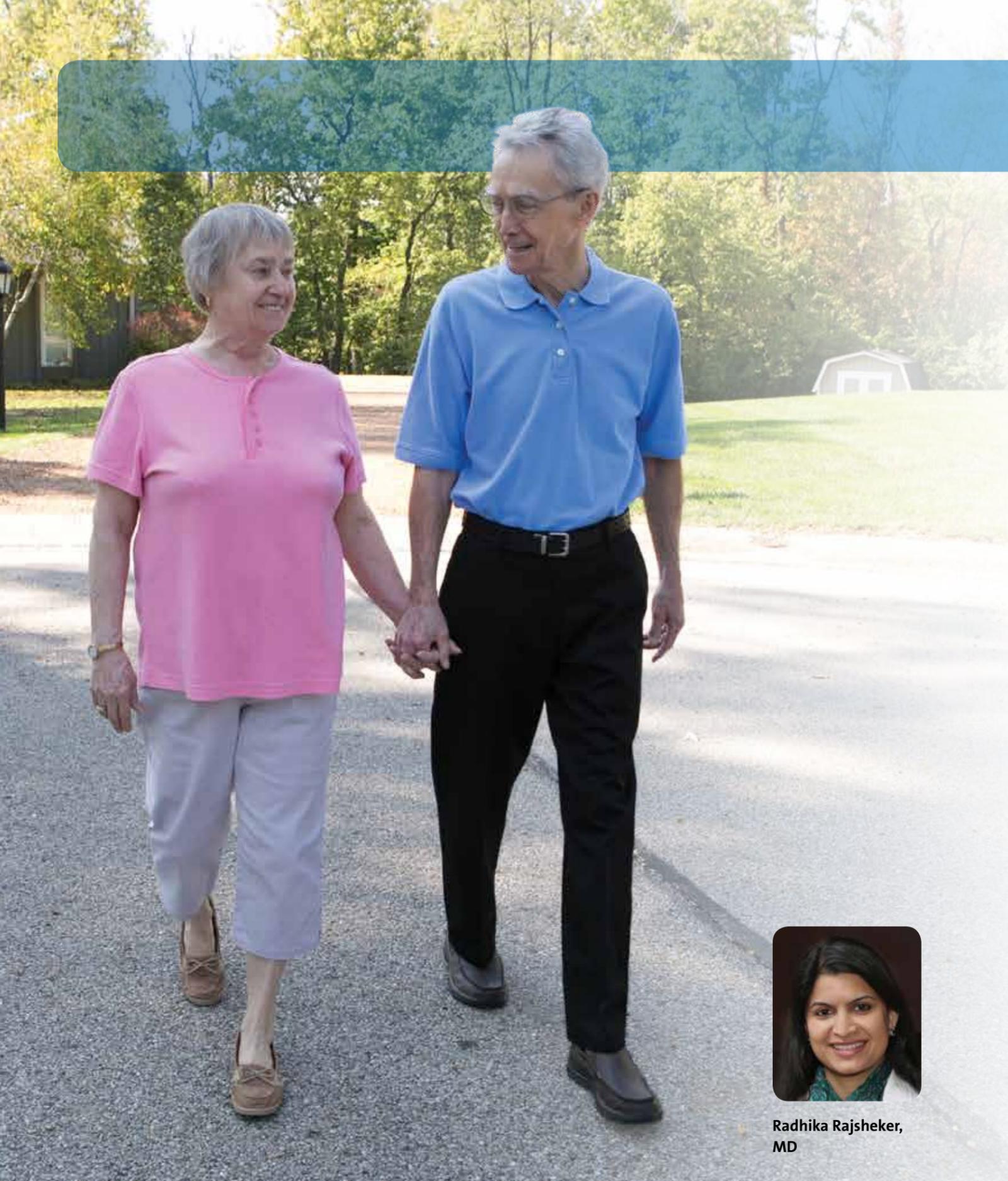
James Ouellette, DO



Basel Yanes, MD



Paying it Forward with Clinical Trials



Some cancer patients participate in a clinical trial to increase their odds of fighting their cancer successfully.

For William “Dale” Harrison of Middletown, his reason for taking part in a clinical trial is a bit more reflective. “The way I figure, the chemo drugs I’m getting today were in clinical trials years ago,” he says. “Other people did that for me. Now it’s my turn to help out.”

Earlier this year, Dale, who is 73, was diagnosed with lymphoma, a cancer that starts in the lymphatic system. His cancer is mantle cell lymphoma, an aggressive non-Hodgkin lymphoma that accounts for only about five percent of lymphoma cases.

Dale has agreed to participate in a National Cancer Institute clinical trial known as “E1411.” For the first part of the trial, Dale is receiving the standard chemotherapy protocol for elderly people with mantle cell lymphoma. At the Compton Center at Atrium Medical Center, Dale is getting two chemotherapy drugs: Rituximab and Bendamustine.

“We’re seeing good results from this chemo,” says his oncologist, Radhika Rajsheker, MD at Atrium Medical Center. “We see significant response as his lymph nodes are shrinking.”

Next, following six months of this chemotherapy, Dale will begin the experimental portion of the study and will take an oral medication, a lenalidomide pill, for two years. Will lenalidomide, already a proven drug for other uses, help mantle cell lymphoma patients? Dale’s results will help answer that question.



**Radhika Rajsheker,
MD**



The Road Back Home

Dale, retired from Richards Electric, became a research subject in a slightly round-about way, including a trip to Cleveland.

After first being diagnosed by Dr. Rajsheker, Dale was already being evaluated by Atrium’s research staff to see if he was a candidate for the E1411 trial. But Dale was going to take a detour.

“I was very satisfied that I could fight my cancer locally but my son, daughter, and granddaughter strongly encouraged me to get a second opinion at the Cleveland Clinic, so I did that for them,” he says.

In Cleveland, Dale saw a renowned hematologist and oncologist. This specialist confirmed Dr. Rajsheker’s diagnosis and treatment protocol for Dale. He also said Dale should consider being part of a clinical trial – the same one Atrium had offered to him.

“Turns out everything I needed was right in my hometown: a great doctor, the right chemo, and the chance to be in a clinical trial,” says Dale, who lives with his wife, Janet, about 10 minutes from Atrium.

Nearly 100 Clinical Trials Available Locally

Clinical trials are research studies that involve patients volunteering to test a treatment element – a new drug or vaccine, or a new way to do surgery or give treatments.

For more than 30 years, patients at Premier Health hospitals have had the opportunity to participate in clinical trials through the Dayton Clinical Oncology Program, a cancer research consortium with a long and reputable track record. Many of the clinical trials are funded by the National Cancer Institute, the largest sponsor of cancer research in the world.

Clinical trials aren’t appropriate for everyone. For some, such as Dale, there is a trial ready and waiting for his diagnosis. For others, there may not be a trial available given their cancer stage or treatment history. If you or a loved one are interested in exploring a clinical trial, talk to your physician to see if there is a local clinical trial appropriate for you.

A Reason for Hope: Targeted Cancer Therapies

Why me? It's a question many people understandably ask after they are diagnosed with cancer.

Not Germaine Smith. "Looking back, I realize I never asked that question," the Harrison Township woman said. "I've discovered that I've actually been asking, 'Why not me?' I've been given such an opportunity to encourage others and show them how they can walk through it."

It's been an emotional journey for Germaine, who had the opportunity recently to reflect on the first anniversary of her HER2 positive breast cancer diagnosis. Though there have been many challenges along the way, these emotions have been eclipsed by gratitude, joy, and the hope of a cancer-free lifestyle.

Hope has not always seemed within reach for many patients facing a similar diagnosis, but recent advancements in research and development have begun to improve long-term outcomes.

"Women who are HER2 positive tend to have a higher recurrence rate as well as a decreased survival rate," said J. Scott Wilcher, MD, surgeon at Good Samaritan Hospital. "However, genetic testing tends to allow us to drive a more aggressive and targeted approach."

Early detection also is key to a more hopeful prognosis, and it proved instrumental in Germaine's own recovery following a full mastectomy by Dr. Wilcher. Thankfully, a sentinel node biopsy revealed her cancer had not spread, allowing her to begin a targeted course of treatment that had not been available to patients until just a few years ago.

Germaine would undergo traditional chemotherapy and also begin receiving Herceptin, which had once only been used to treat recurrent forms of breast cancer in advanced stages.

"Today's testing lets us detect certain genetic changes and determine if there are characteristics that make it behave aggressively," said Charles Bane, MD, medical

oncologist and chair of Premier Health Cancer Institute. "Thankfully, Herceptin targets that specific cancer in a way that makes it more effective. It's tremendous to be able to understand a specific genetic signature and create a detailed plan for the patient."

Germaine soon discovered her detailed treatment plan would include not just the medicine, but also the team who would tailor her therapy to meet her ongoing needs.

"My infusion nurses at Premier were so nice," Germaine said. "There was even camaraderie between patients and their families as we got to know each other. In some ways I even looked forward to it, knowing the treatment was targeted to treat my specific issue. It helped me get through it very well."

Targeted therapies such as these continue to emerge as researchers learn more about the genetic signatures of different cancers. However, many of these advancements have only been made possible through the willingness of patients to participate in important clinical trials.

"Participating in trials helps future patients benefit from the knowledge that is gained through them, and Herceptin is a perfect example," said Dr. Bane. "It's because of them that the likelihood of surviving and becoming cancer free is greatly enhanced."

Germaine remains grateful for all the research and for those who have contributed to her care, both past and present.

"I'm so happy I'm here," Germaine said. "I've gotten very emotional remembering all that's taken place over the last year. Things we often think are so important really aren't. What's important is to realize that every day you are here is a gift from God."

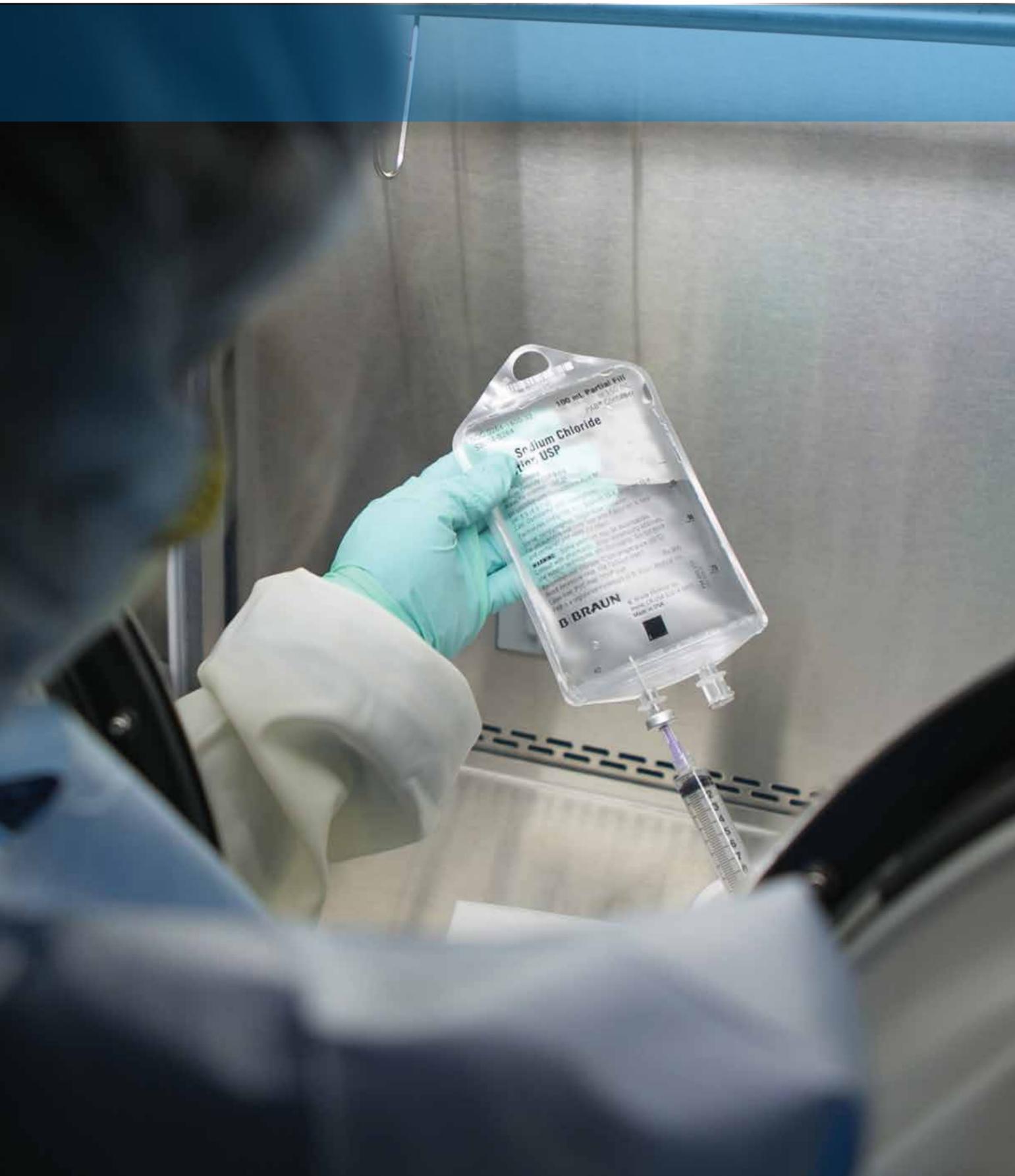
Genetic counseling is available at all Premier Health facilities. If you would like more information about genetic counseling and its benefits, talk to your doctor.



J. Scott Wilcher, MD



Charles Bane, MD



Controlling Cancer Close to Home

A positive cancer diagnosis never affects just one person. Almost always, there are others who have to cope with the weight of its impact along with the patient.

“When we talk about cancer, we are really talking about two groups of people,” said Rajeev Kulkarni, MD, medical oncologist. “Not only do we need to consider the patient, but we also have to consider the person or group of people who are providing support. Someone has to take them to get their treatments, and that may involve needing to take time off of work to do that. Thankfully, the majority of cancer patients we treat don’t have to travel to get the right care they need.”

In May 2016, 33-year-old Ben Zimpfer and his family experienced this firsthand when they took him to the emergency room after he experienced excruciating pain in his chest and his back. Though physicians initially suspected a gall bladder infection, they soon discovered something far more serious when tests revealed he had a cancerous tumor in his midsection. The mass had, in fact, grown so large that it was putting pressure on his spine and had caused a blood clot near his heart.

For Ben, it was an all-too-familiar enemy he thought he had defeated years earlier.

“I had originally been diagnosed with testicular cancer back in 2002 during a routine physical for high school track,” Ben said. “I had surgery to remove it soon after and was declared cancer free within seven years.”

In his most recent cancer fight, Ben went to a regional university hospital specializing in treating his specific type of tumor. After his initial visit, however, he learned there was no need to travel as all the treatment he needed was near his home under the care of Dr. Kulkarni at Upper Valley Medical Center.

“It’s a perception that a bigger or university-affiliated hospital is a better option for the patient,” said Dr. Kulkarni. “Though there are some instances where this might be true, you don’t have to travel to bigger cities or hospitals to be managed very well. By caring for patients locally, it helps spare them from having one more problem to be concerned about.”

Dr. Kulkarni decided against doing surgery first since Ben’s cancer was very sensitive to chemotherapy. Instead, a plan was implemented to use the treatments to shrink the tumor before removing it surgically. Living so close to Upper Valley Medical Center conveniently allowed Ben’s family to get him to his treatments without any significant disruption to their schedules.



Rajeev Kulkarni, MD

“Chemotherapy went much better than I ever expected,” Ben said. “My team of nurses was just great. They were right there if I ever needed anything or simply had a question and I was able to go straight to UVMC for all of my check-ups.”

Ben’s health has improved and he was recently able to return to work, nearly five months since his recent diagnosis.

“We want patients like Ben to have access to the best possible care so we strive to keep them close to their home and family,” said Dr. Kulkarni. “They don’t want or need the stress of traveling to other places.”

When beginning treatment for cancer, do your homework and determine if you can receive the same exact treatment in your community that you would receive farther away. Over time, the greater the distance traveled, the greater the stress and fatigue you and your family will experience.

Cancer Program Practice Profile Reports (CP3R) 2015

The estimated performance rates shown below provide cancer programs with an indication of the percentage of patients treated according to the recognized standards of care.

Each year more measures are added for review. You will note that not all measures show that 100% of patients were treated according to the standard. There are many reasons for this. There may have been health conditions to resolve

before a certain treatment could begin, an emergency surgery that did not allow for the full collection of lymph nodes, or a patient may have chosen to delay treatment until after a special event.

The Commission on Cancer does not expect that programs will achieve 100% compliance on all measures for these

reasons. It is, however, each program's responsibility to review the cases that did not meet the standard and determine if there are ways to improve the likelihood that patients will receive the recommended care, or that the situations described above were unavoidable.

MEASURES	Performance Rates 2015			
	AMC	GSH	MVH	UVMC
B R E A S T				
Breast conservation rate for women with clinical stage 0, I, or II breast cancer.	77.0%	61.3%	66.7%	83.0%
Combination chemotherapy is recommended or administered within four months of diagnosis for women under age 70 with T1cN0 or stage IB-III hormone receptor negative breast cancer.	100.0%	88.9%	100.0%	100.0%
Image or palpation-guided needle biopsy to the primary site is performed to establish a diagnosis of breast cancer.	94.8%	100.0%	100.0%	89.0%
C O L O N				
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.	92.3%	100.0%	93.2%	94.0%
R E C T A L				
Preoperative chemotherapy and radiation are administered for clinical stage T3N0, T4N0 or stage III; or treatment is considered for patients under the age of 80 receiving resection for rectal cancer.	100.0%	83.0%	100.0%	100.0%
C E R V I X				
Radiation therapy is completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer.	100.0%	100.0%	100.0%	100.0%

Site Summary Table for New Cases 2015

SITE	GENDER			AJCC STAGE GROUP								% of Occurrence
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown		
Head and Neck												
Tongue	23	17	6	1	2	1	6	9	0	4	0.61%	
Salivary Gland	11	7	4	0	3	2	0	5	0	1	0.29%	
Floor of Mouth/Gum/Other	10	7	3	0	6	1	1	1	0	1	0.27%	
Nasopharynx	3	3	0	0	1	1	0	1	0	0	0.08%	
Tonsil	20	12	8	0	0	1	3	15	0	1	0.53%	
Oropharynx	3	2	1	0	0	0	0	3	0	0	0.08%	
Hypopharynx	2	0	2	0	0	0	0	1	0	1	0.05%	
Digestive System												
Esophagus	46	38	8	0	7	9	13	15	0	2	1.22%	
Stomach	55	36	19	0	7	14	12	18	0	4	1.46%	
Small Intestine	14	8	6	0	2	3	5	4	0	0	0.37%	
Colon	210	91	119	5	57	42	57	45	0	4	5.57%	
Rectosigmoid Junction	18	14	4	0	3	4	7	4	0	0	0.48%	
Rectum	73	40	33	1	18	18	24	9	0	3	1.93%	
Anus/Anal Canal/Anorectum	21	4	17	1	3	5	8	2	0	2	0.56%	
Liver	48	37	11	0	12	4	4	16	2	10	1.27%	
Intrahepatic Bile Duct	12	8	4	0	0	1	0	6	2	3	0.32%	
Gallbladder	9	4	5	0	1	0	1	7	0	0	0.24%	
Other Biliary	19	11	8	1	3	4	1	6	3	1	0.50%	
Pancreas	93	45	48	0	17	17	5	52	0	2	2.46%	
Retroperitoneum	4	2	2	0	2	0	2	0	0	0	0.11%	
Peritoneum/Omentum/Mesentery	9	3	6	0	0	1	1	3	3	1	0.24%	
Respiratory System												
Nose/Nasal Cavity/Middle Ear	0	0	0	0	0	0	0	0	0	0	0.00%	
Larynx	35	25	10	0	10	7	5	9	0	4	0.93%	
Lung/Bronchus	662	308	354	2	139	65	147	298	2	9	17.55%	
Trachea/Mediastinum/Other	2	1	1	0	1	0	0	1	0	0	0.05%	
Bones and Joints												
	1	1	0	0	0	0	0	0	0	1	0.03%	
Soft Tissue Including Heart												
	19	6	13	0	5	4	4	1	0	5	0.50%	
Skin												
Melanoma	139	68	71	28	66	20	10	9	1	5	3.68%	
Other Non-Epithelial Skin	3	1	2	0	1	0	0	0	2	0	0.08%	
Breast	844	12	832	201	337	212	58	32	1	3	22.37%	

Site Summary Table for New Cases 2015

SITE	GENDER			AJCC STAGE GROUP								% of Occurrence
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown		
Female Genital System												
Cervix	25	0	25	0	8	7	6	3	0	1	0.66%	
Corpus & Uterus	143	0	143	1	99	6	19	12	1	5	3.79%	
Ovary	33	0	33	0	3	4	13	11	0	2	0.87%	
Vagina	1	0	1	1	0	0	0	0	0	0	0.03%	
Vulva	25	0	25	5	12	0	4	0	0	4	0.66%	
Other Female Genital Organs	5	0	5	3	1	0	0	1	0	0	0.13%	
Male Genital System												
Prostate	276	276	0	0	28	169	39	39	0	1	7.32%	
Testis	16	16	0	0	8	3	3	0	0	2	0.42%	
Penis	3	3	0	0	2	1	0	0	0	0	0.08%	
Urinary System												
Bladder	159	111	48	65	41	25	12	12	0	4	4.21%	
Kidney/Renal Pelvis	171	108	63	1	101	12	28	22	0	7	4.53%	
Ureter	8	4	4	2	1	3	1	0	0	1	0.21%	
Other Urinary Organs	3	3	0	1	1	0	0	0	1	0	0.08%	
Brain and CNS												
Brain	65	41	24	0	0	0	0	0	65	0	1.72%	
Cranial Nerves/Other Nervous System	61	24	37	0	0	0	0	0	61	0	1.62%	
Endocrine												
Thyroid	34	4	30	0	25	1	5	1	0	2	0.90%	
Other Endocrine including Thymus	15	7	8	0	0	0	0	0	15	0	0.40%	
Lymphoma												
Hodgkin's	13	8	5	0	2	5	4	2	0	0	0.34%	
Non-Hodgkin's	140	69	71	0	31	25	34	46	1	3	3.71%	
Myeloma	30	17	13	0	0	0	0	0	30	0	0.80%	
Leukemia												
Acute Lymphocytic Leukemia	4	1	3	0	0	0	0	0	4	0	0.11%	
Chronic Lymphocytic Leukemia	12	8	4	0	0	0	0	0	12	0	0.32%	
Other Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
Acute Myeloid Leukemia	31	16	15	0	0	0	0	0	31	0	0.82%	
Chronic Myeloid Leukemia	8	4	4	0	0	0	0	0	8	0	0.21%	
Other Leukemia	5	3	2	0	0	0	0	0	5	0	0.13%	
Mesothelioma/Kaposi Sarcoma												
Mesothelioma	6	5	1	0	0	0	1	2	2	1	0.16%	
Kaposi Sarcoma	0	0	0	0	0	0	0	0	0	0	0.00%	
Miscellaneous												
	73	41	32	0	0	0	0	0	73	0	1.93%	
Total:	3773	1580	2193	319	1066	697	543	723	325	100	100%	

Atrium Medical Center

Site Summary Table for New Cases 2015

SITE	GENDER			AJCC STAGE GROUP							% of Occurrence
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown	
Head and Neck											
Tongue	1	1	0	0	0	0	0	0	0	1	0.23%
Salivary Gland	0	0	0	0	0	0	0	0	0	0	0.00%
Floor of Mouth/Gum/Other	1	1	0	0	1	0	0	0	0	0	0.23%
Nasopharynx	0	0	0	0	0	0	0	0	0	0	0.00%
Tonsil	2	1	1	0	0	0	0	2	0	0	0.46%
Oropharynx	0	0	0	0	0	0	0	0	0	0	0.00%
Hypopharynx	0	0	0	0	0	0	0	0	0	0	0.00%
Digestive System											
Esophagus	4	3	1	0	0	0	1	2	0	1	0.92%
Stomach	4	3	1	0	1	1	0	2	0	0	0.92%
Small Intestine	2	2	0	0	0	1	1	0	0	0	0.46%
Colon	37	16	21	0	7	10	9	11	0	0	8.51%
Rectosigmoid Junction	3	2	1	0	1	1	1	0	0	0	0.69%
Rectum	7	5	2	0	0	1	4	1	0	1	1.61%
Anus/Anal Canal/Anorectum	2	0	2	0	0	2	0	0	0	0	0.46%
Liver	4	4	0	0	1	0	0	2	0	1	0.92%
Intrahepatic Bile Duct	1	1	0	0	0	0	0	1	0	0	0.23%
Gallbladder	2	0	2	0	1	0	0	1	0	0	0.46%
Other Biliary	1	0	1	0	0	0	1	0	0	0	0.23%
Pancreas	6	3	3	0	0	1	0	5	0	0	1.38%
Retroperitoneum	0	0	0	0	0	0	0	0	0	0	0.00%
Peritoneum/Omentum/Mesentery	1	1	0	0	0	0	0	0	1	0	0.23%
Respiratory System											
Nose/Nasal Cavity/Middle Ear	0	0	0	0	0	0	0	0	0	0	0.00%
Larynx	2	0	2	0	2	0	0	0	0	0	0.46%
Lung/Bronchus	87	44	43	1	21	5	20	38	0	2	20.00%
Trachea/Mediastinum/Other	0	0	0	0	0	0	0	0	0	0	0.00%
Bones and Joints											
	0	0	0	0	0	0	0	0	0	0	0.00%
Soft Tissue Including Heart											
	3	3	0	0	1	1	1	0	0	0	0.69%
Skin											
Melanoma	4	2	2	0	2	0	0	2	0	0	0.92%
Other Non-Epithelial Skin	0	0	0	0	0	0	0	0	0	0	0.00%
Breast	103	0	103	19	42	26	9	5	0	2	23.68%

Atrium Medical Center

Site Summary Table for New Cases 2015

SITE	GENDER			AJCC STAGE GROUP							% of Occurrence
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown	
Female Genital System											
Cervix	6	0	6	0	0	2	1	3	0	0	1.38%
Corpus & Uterus	9	0	9	0	6	1	1	1	0	0	2.07%
Ovary	1	0	1	0	0	0	0	1	0	0	0.23%
Vagina	0	0	0	0	0	0	0	0	0	0	0.00%
Vulva	3	0	3	0	1	0	0	0	0	2	0.69%
Other Female Genital Organs	1	0	1	1	0	0	0	0	0	0	0.23%
Male Genital System											
Prostate	28	28	0	0	6	16	5	1	0	0	6.44%
Testis	4	4	0	0	3	0	1	0	0	0	0.92%
Penis	0	0	0	0	0	0	0	0	0	0	0.00%
Urinary System											
Bladder	32	23	9	14	6	4	4	2	0	2	7.36%
Kidney/Renal Pelvis	20	14	6	0	16	0	2	2	0	0	4.60%
Ureter	1	0	1	0	0	1	0	0	0	0	0.23%
Other Urinary Organs	0	0	0	0	0	0	0	0	0	0	0.00%
Brain and CNS											
Brain	5	3	2	0	0	0	0	0	5	0	1.15%
Cranial Nerves/Other Nervous System	0	0	0	0	0	0	0	0	0	0	0.00%
Endocrine											
Thyroid	4	0	4	0	4	0	0	0	0	0	0.92%
Other Endocrine including Thymus	1	0	1	0	0	0	0	0	1	0	0.23%
Lymphoma											
Hodgkin's	5	3	2	0	1	2	2	0	0	0	1.15%
Non-Hodgkin's	12	3	9	0	1	3	2	6	0	0	2.76%
Myeloma	9	6	3	0	0	0	0	0	9	0	2.07%
Leukemia											
Acute Lymphocytic Leukemia	1	0	1	0	0	0	0	0	1	0	0.23%
Chronic Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%
Other Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%
Acute Myeloid Leukemia	3	0	3	0	0	0	0	0	3	0	0.69%
Chronic Myeloid Leukemia	3	1	2	0	0	0	0	0	3	0	0.69%
Other Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%
Mesothelioma/Kaposi Sarcoma											
Mesothelioma	1	1	0	0	0	0	0	0	1	0	0.23%
Kaposi Sarcoma	0	0	0	0	0	0	0	0	0	0	0.00%
Miscellaneous											
	9	5	4	0	0	0	0	0	9	0	2.07%
Total:	435	183	252	35	124	78	65	88	33	12	100%

Good Samaritan Hospital Site Summary Table for New Cases 2015

SITE	GENDER			AJCC STAGE GROUP								% of Occurrence
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown		
Head and Neck												
Tongue	7	7	0	0	0	1	2	4	0	0	0.67%	
Salivary Gland	3	2	1	0	1	0	0	2	0	0	0.29%	
Floor of Mouth/Gum/Other	1	1	0	0	1	0	0	0	0	0	0.10%	
Nasopharynx	1	1	0	0	0	1	0	0	0	0	0.10%	
Tonsil	8	6	2	0	0	1	1	6	0	0	0.76%	
Oropharynx	2	1	1	0	0	0	0	2	0	0	0.19%	
Hypopharynx	0	0	0	0	0	0	0	0	0	0	0.00%	
Digestive System												
Esophagus	13	10	3	0	1	2	6	4	0	0	1.24%	
Stomach	19	11	8	0	3	5	3	7	0	1	1.81%	
Small Intestine	8	3	5	0	2	1	3	2	0	0	0.76%	
Colon	61	24	37	1	18	13	13	14	0	2	5.83%	
Rectosigmoid Junction	4	3	1	0	1	1	0	2	0	0	0.38%	
Rectum	15	6	9	0	5	5	4	1	0	0	1.43%	
Anus/Anal Canal/Anorectum	7	1	6	0	0	1	6	0	0	0	0.67%	
Liver	7	5	2	0	3	0	0	4	0	0	0.67%	
Intrahepatic Bile Duct	2	1	1	0	0	1	0	1	0	0	0.19%	
Gallbladder	4	2	2	0	0	0	0	4	0	0	0.38%	
Other Biliary	5	2	3	0	0	1	0	3	1	0	0.48%	
Pancreas	28	11	17	0	2	5	4	17	0	0	2.67%	
Retroperitoneum	2	1	1	0	1	0	1	0	0	0	0.19%	
Peritoneum,/Omentum/Mesentery	3	1	2	0	0	1	0	2	0	0	0.29%	
Respiratory System												
Nose/Nasal Cavity/Middle Ear	0	0	0	0	0	0	0	0	0	0	0.00%	
Larynx	12	9	3	0	2	3	3	4	0	0	1.15%	
Lung/Bronchus	223	95	128	0	55	24	56	87	1	0	21.30%	
Trachea/Mediastinum/Other	1	0	1	0	1	0	0	0	0	0	0.10%	
Bones and Joints												
	0	0	0	0	0	0	0	0	0	0	0.00%	
Soft Tissue Including Heart												
	3	1	2	0	0	0	2	1	0	0	0.29%	
Skin												
Melanoma	5	2	3	1	2	0	0	2	0	0	0.48%	
Other Non-Epithelial Skin	0	0	0	0	0	0	0	0	0	0	0.00%	
Breast	313	4	309	79	120	84	18	11	1	0	29.89%	

Good Samaritan Hospital Site Summary Table for New Cases 2015

SITE	GENDER			AJCC STAGE GROUP								% of Occurrence
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown		
Female Genital System												
Cervix	3	0	3	0	1	0	2	0	0	0	0.29%	
Corpus & Uterus	13	0	13	0	6	1	4	2	0	0	1.24%	
Ovary	2	0	2	0	0	0	0	2	0	0	0.19%	
Vagina	0	0	0	0	0	0	0	0	0	0	0.00%	
Vulva	3	0	3	0	2	0	1	0	0	0	0.29%	
Other Female Genital Organs	0	0	0	0	0	0	0	0	0	0	0.00%	
Male Genital System												
Prostate	67	67	0	0	9	36	5	17	0	0	6.40%	
Testis	2	2	0	0	1	0	1	0	0	0	0.19%	
Penis	1	1	0	0	0	1	0	0	0	0	0.10%	
Urinary System												
Bladder	50	31	19	24	16	5	2	3	0	0	4.78%	
Kidney/Renal Pelvis	13	10	3	0	2	1	1	7	0	2	1.24%	
Ureter	0	0	0	0	0	0	0	0	0	0	0.00%	
Other Urinary Organs	1	1	0	1	0	0	0	0	0	0	0.10%	
Brain and CNS												
Brain	17	9	8	0	0	0	0	0	17	0	1.62%	
Cranial Nerves/Other Nervous System	23	11	12	0	0	0	0	0	23	0	2.20%	
Endocrine												
Thyroid	2	0	2	0	2	0	0	0	0	0	0.19%	
Other Endocrine including Thymus	3	2	1	0	0	0	0	0	3	0	0.29%	
Lymphoma												
Hodgkin's	4	3	1	0	0	1	2	1	0	0	0.38%	
Non-Hodgkin's	33	17	16	0	4	8	13	7	1	0	3.15%	
Myeloma	4	3	1	0	0	0	0	0	4	0	0.38%	
Leukemia												
Acute Lymphocytic Leukemia	1	0	1	0	0	0	0	0	1	0	0.10%	
Chronic Lymphocytic Leukemia	7	4	3	0	0	0	0	0	7	0	0.67%	
Other Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
Acute Myeloid Leukemia	12	10	2	0	0	0	0	0	12	0	1.15%	
Chronic Myeloid Leukemia	1	1	0	0	0	0	0	0	1	0	0.10%	
Other Leukemia	1	1	0	0	0	0	0	0	1	0	0.10%	
Mesothelioma/Kaposi Sarcoma												
Mesothelioma	0	0	0	0	0	0	0	0	0	0	0.00%	
Kaposi Sarcoma	0	0	0	0	0	0	0	0	0	0	0.00%	
Miscellaneous												
	27	13	14	0	0	0	0	0	27	0	2.58%	
Total:	1047	396	651	106	261	203	153	219	100	5	100%	

Miami Valley Hospital

Site Summary Table for New Cases 2015

SITE	GENDER			AJCC STAGE GROUP								% of Occurrence
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown		
Head and Neck												
Tongue	15	9	6	1	2	0	4	5	0	3	0.74%	
Salivary Gland	7	4	3	0	2	2	0	3	0	0	0.35%	
Floor of Mouth/Gum/Other	8	5	3	0	4	1	1	1	0	1	0.40%	
Nasopharynx	2	2	0	0	1	0	0	1	0	0	0.10%	
Tonsil	5	3	2	0	0	0	1	4	0	0	0.25%	
Oropharynx	1	1	0	0	0	0	0	1	0	0	0.05%	
Hypopharynx	2	0	2	0	0	0	0	1	0	1	0.10%	
Digestive System												
Esophagus	22	19	3	0	4	6	4	7	0	1	1.09%	
Stomach	27	19	8	0	1	7	9	7	0	3	1.34%	
Small Intestine	3	2	1	0	0	1	0	2	0	0	0.15%	
Colon	84	41	43	2	18	18	29	15	0	2	4.17%	
Rectosigmoid Junction	7	6	1	0	1	1	3	2	0	0	0.35%	
Rectum	45	27	18	1	8	12	16	7	0	1	2.23%	
Anus/Anal Canal/Anorectum	10	2	8	1	3	2	1	1	0	2	0.50%	
Liver	34	25	9	0	8	4	4	9	0	9	1.69%	
Intrahepatic Bile Duct	9	6	3	0	0	0	0	4	2	3	0.45%	
Gallbladder	3	2	1	0	0	0	1	2	0	0	0.15%	
Other Biliary	13	9	4	1	3	3	0	3	2	1	0.64%	
Pancreas	54	29	25	0	15	11	1	25	0	2	2.68%	
Retroperitoneum	2	1	1	0	1	0	1	0	0	0	0.10%	
Peritoneum/Omentum/Mesentery	5	1	4	0	0	0	1	1	2	1	0.25%	
Respiratory System												
Nose/Nasal Cavity/Middle Ear	0	0	0	0	0	0	0	0	0	0	0.00%	
Larynx	19	15	4	0	6	4	1	4	0	4	0.94%	
Lung/Bronchus	305	154	151	1	59	33	60	145	1	6	15.13%	
Trachea/Mediastinum/Other	1	1	0	0	0	0	0	1	0	0	0.05%	
Bones and Joints												
	1	1	0	0	0	0	0	0	0	1	0.05%	
Soft Tissue Including Heart												
	13	2	11	0	4	3	1	0	0	5	0.64%	
Skin												
Melanoma	125	60	65	26	60	19	10	5	0	5	6.20%	
Other Non-Epithelial Skin	2	0	2	0	1	0	0	0	1	0	0.10%	
Breast												
	350	6	344	88	140	84	24	14	0	0	17.36%	

Miami Valley Hospital

Site Summary Table for New Cases 2015

SITE	GENDER			AJCC STAGE GROUP								% of Occurrence
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown		
Female Genital System												
Cervix	12	0	12	0	6	4	2	0	0	0	0.60%	
Corpus & Uterus	112	0	112	1	81	4	12	9	1	4	5.56%	
Ovary	28	0	28	0	3	4	13	7	0	1	1.39%	
Vagina	1	0	1	1	0	0	0	0	0	0	0.05%	
Vulva	18	0	18	5	9	0	3	0	0	1	0.89%	
Other Female Genital Organs	4	0	4	2	1	0	0	1	0	0	0.20%	
Male Genital System												
Prostate	164	164	0	0	13	101	28	21	0	1	8.13%	
Testis	9	9	0	0	3	3	1	0	0	2	0.45%	
Penis	2	2	0	0	2	0	0	0	0	0	0.10%	
Urinary System												
Bladder	72	53	19	25	18	15	6	7	0	1	3.57%	
Kidney/Renal Pelvis	125	77	48	1	76	9	24	11	0	4	6.20%	
Ureter	7	4	3	2	1	2	1	0	0	1	0.35%	
Other Urinary Organs	2	2	0	0	1	0	0	0	1	0	0.10%	
Brain and CNS												
Brain	40	27	13	0	0	0	0	0	40	0	1.98%	
Cranial Nerves/Other Nervous System	37	13	24	0	0	0	0	0	37	0	1.84%	
Endocrine												
Thyroid	25	2	23	0	18	1	4	1	0	1	1.24%	
Other Endocrine including Thymus	11	5	6	0	0	0	0	0	11	0	0.55%	
Lymphoma												
Hodgkin's	4	2	2	0	1	2	0	1	0	0	0.20%	
Non-Hodgkin's	85	44	41	0	26	12	13	33	0	1	4.22%	
Myeloma	17	8	9	0	0	0	0	0	17	0	0.84%	
Leukemia												
Acute Lymphocytic Leukemia	2	1	1	0	0	0	0	0	2	0	0.10%	
Chronic Lymphocytic Leukemia	5	4	1	0	0	0	0	0	5	0	0.25%	
Other Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
Acute Myeloid Leukemia	16	6	10	0	0	0	0	0	16	0	0.79%	
Chronic Myeloid Leukemia	3	1	2	0	0	0	0	0	3	0	0.15%	
Other Leukemia	4	2	2	0	0	0	0	0	4	0	0.20%	
Mesothelioma/Kaposi Sarcoma												
Mesothelioma	4	3	1	0	0	0	1	2	0	1	0.20%	
Kaposi Sarcoma	0	0	0	0	0	0	0	0	0	0	0.00%	
Miscellaneous												
	33	20	13	0	0	0	0	0	33	0	1.64%	
Total:	2016	901	1115	158	600	368	280	363	178	69	100%	

Upper Valley Medical Center

Site Summary Table for New Cases 2015

SITE	GENDER			AJCC STAGE GROUP								% of Occurrence
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown		
Head and Neck												
Tongue	0	0	0	0	0	0	0	0	0	0	0.00%	
Salivary Gland	1	1	0	0	0	0	0	0	0	1	0.36%	
Floor of Mouth/Gum/Other	0	0	0	0	0	0	0	0	0	0	0.00%	
Nasopharynx	0	0	0	0	0	0	0	0	0	0	0.00%	
Tonsil	5	2	3	0	0	0	1	3	0	1	1.82%	
Oropharynx	0	0	0	0	0	0	0	0	0	0	0.00%	
Hypopharynx	0	0	0	0	0	0	0	0	0	0	0.00%	
Digestive System												
Esophagus	7	6	1	0	2	1	2	2	0	0	2.55%	
Stomach	5	3	2	0	2	1	0	2	0	0	1.82%	
Small Intestine	1	1	0	0	0	0	1	0	0	0	0.36%	
Colon	28	10	18	2	14	1	6	5	0	0	10.18%	
Rectosigmoid Junction	4	3	1	0	0	1	3	0	0	0	1.45%	
Rectum	6	2	4	0	5	0	0	0	0	1	2.18%	
Anus/Anal Canal/Anorectum	2	1	1	0	0	0	1	1	0	0	0.73%	
Liver	3	3	0	0	0	0	0	1	2	0	1.09%	
Intrahepatic Bile Duct	0	0	0	0	0	0	0	0	0	0	0.00%	
Gallbladder	0	0	0	0	0	0	0	0	0	0	0.00%	
Other Biliary	0	0	0	0	0	0	0	0	0	0	0.00%	
Pancreas	5	2	3	0	0	0	0	5	0	0	1.82%	
Retroperitoneum	0	0	0	0	0	0	0	0	0	0	0.00%	
Peritoneum/Omentum/Mesentery	0	0	0	0	0	0	0	0	0	0	0.00%	
Respiratory System												
Nose/Nasal Cavity/Middle Ear	0	0	0	0	0	0	0	0	0	0	0.00%	
Larynx	2	1	1	0	0	0	1	1	0	0	0.73%	
Lung/Bronchus	47	15	32	0	4	3	11	28	0	1	17.09%	
Trachea/Mediastinum/Other	0	0	0	0	0	0	0	0	0	0	0.00%	
Bones and Joints												
	0	0	0	0	0	0	0	0	0	0	0.00%	
Soft Tissue Including Heart												
	0	0	0	0	0	0	0	0	0	0	0.00%	
Skin												
Melanoma	5	4	1	1	2	1	0	0	1	0	1.82%	
Other Non-Epithelial Skin	1	1	0	0	0	0	0	0	1	0	0.36%	
Breast	78	2	76	15	35	18	7	2	0	1	28.36%	

Upper Valley Medical Center

Site Summary Table for New Cases 2015

SITE	GENDER			AJCC STAGE GROUP								% of Occurrence
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown		
Female Genital System												
Cervix	4	0	4	0	1	1	1	0	0	1	1.45%	
Corpus & Uterus	9	0	9	0	6	0	2	0	0	1	3.27%	
Ovary	2	0	2	0	0	0	0	1	0	1	0.73%	
Vagina	0	0	0	0	0	0	0	0	0	0	0.00%	
Vulva	1	0	1	0	0	0	0	0	0	1	0.36%	
Other Female Genital Organs	0	0	0	0	0	0	0	0	0	0	0.00%	
Male Genital System												
Prostate	17	17	0	0	0	16	1	0	0	0	6.18%	
Testis	1	1	0	0	1	0	0	0	0	0	0.36%	
Penis	0	0	0	0	0	0	0	0	0	0	0.00%	
Urinary System												
Bladder	5	4	1	2	1	1	0	0	0	1	1.82%	
Kidney/Renal Pelvis	13	7	6	0	7	2	1	2	0	1	4.73%	
Ureter	0	0	0	0	0	0	0	0	0	0	0.00%	
Other Urinary Organs	0	0	0	0	0	0	0	0	0	0	0.00%	
Brain and CNS												
Brain	3	2	1	0	0	0	0	0	3	0	1.09%	
Cranial Nerves/Other Nervous System	1	0	1	0	0	0	0	0	1	0	0.36%	
Endocrine												
Thyroid	3	2	1	0	1	0	1	0	0	1	1.09%	
Other Endocrine including Thymus	0	0	0	0	0	0	0	0	0	0	0.00%	
Lymphoma												
Hodgkin's	0	0	0	0	0	0	0	0	0	0	0.00%	
Non-Hodgkin's	10	5	5	0	0	2	6	0	0	2	3.64%	
Myeloma	0	0	0	0	0	0	0	0	0	0	0.00%	
Leukemia												
Acute Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
Chronic Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
Other Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
Acute Myeloid Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
Chronic Myeloid Leukemia	1	1	0	0	0	0	0	0	1	0	0.36%	
Other Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
Mesothelioma/Kaposi Sarcoma												
Mesothelioma	1	1	0	0	0	0	0	0	1	0	0.36%	
Kaposi Sarcoma	0	0	0	0	0	0	0	0	0	0	0.00%	
Miscellaneous												
	4	3	1	0	0	0	0	0	4	0	1.45%	
Total:	275	100	175	20	81	48	45	53	14	14	100%	

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Pam Wilson, LSW
Social Services

Amy Yoder, HIT
Cancer Conference Coordinator

Cancer Committee Chairs

Premier Health has taken an integrated, comprehensive approach to cancer services. This brings together a collaboration for the four Premier Health hospitals and the committee chairs for the hospitals.



Mark A. Marinella, MD, FACP
Miami Valley Hospital



Gregory M. Rasp, MD
Good Samaritan Hospital

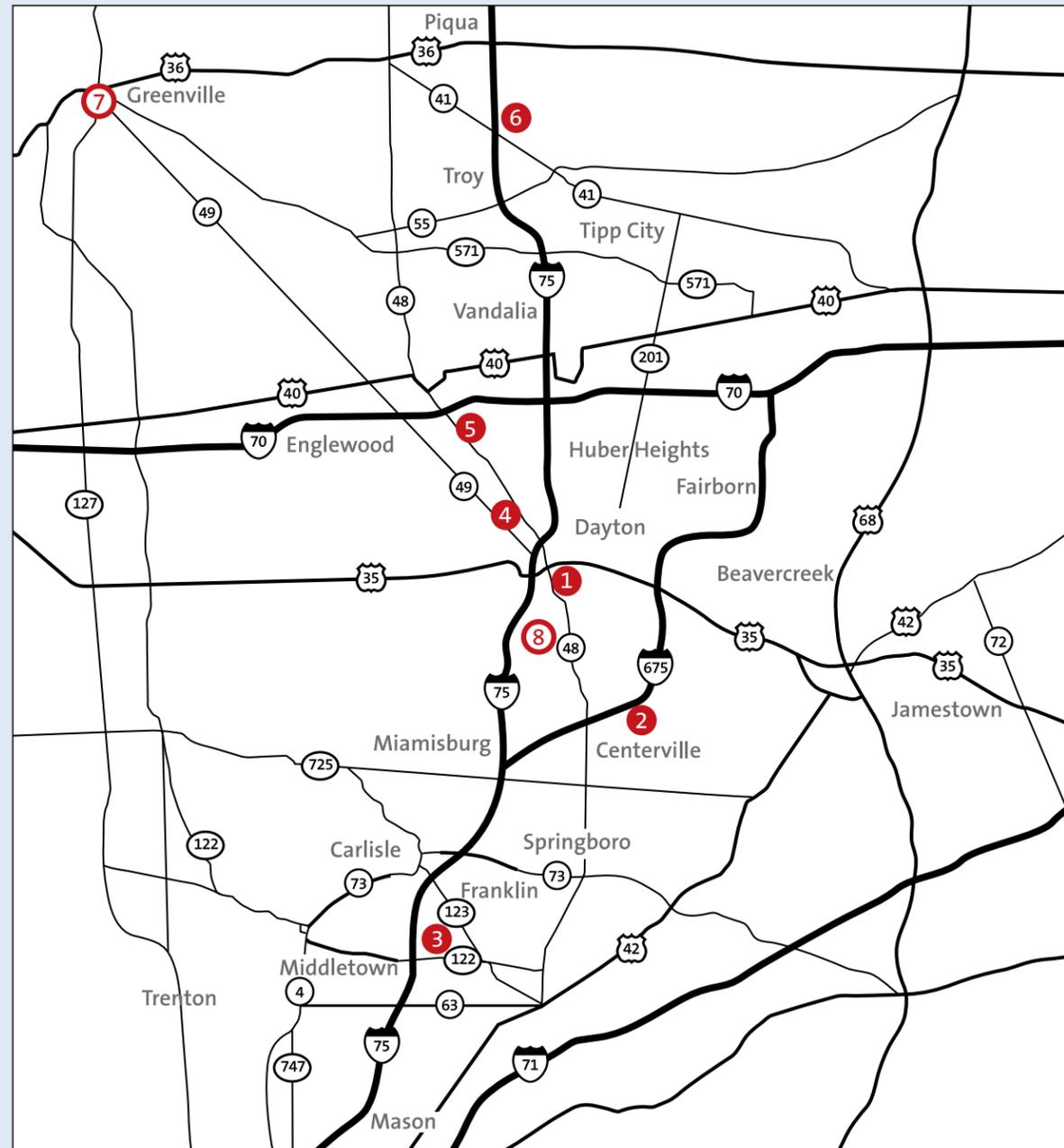


Ryan Steinmetz, MD
Atrium Medical Center



Ronald K. Setzkorn, MD
Upper Valley Medical Center

Premier Health offers multiple cancer centers across the region that are conveniently located for you and your family.



Premier Health Cancer Center Locations:

- 1 Miami Valley Hospital**
One Wyoming St.
Dayton, OH 45409
- 2 Miami Valley Hospital South**
2400 Miami Valley Dr.
Centerville, OH 45459
- 3 Atrium Medical Center**
One Medical Center Dr.
Middletown, OH 45005
- 4 Good Samaritan Hospital – Dayton**
2222 Philadelphia Dr.
Dayton, OH 45406
- 5 Good Samaritan North Health Center**
9000 N. Main St.
Englewood, OH 45415
- 6 Upper Valley Medical Center**
3130 N. County Rd. 25A
Troy, OH 45373
- 7 Wayne Cancer Center***
1111 Sweitzer St.
Greenville, OH 45331
- 8 Greater Dayton Cancer Center***
3120 Governor's Place Blvd.
Kettering, OH 45409

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