



Summa Health  
Cancer Institute

# 2022 Outcomes Report





### A message from leadership

We are pleased to present to you the 2022 Annual Outcomes report for the Summa Health Cancer Institute. As we look back over 2022, we continue to see Summa Health Cancer Institute develop and progress the care and support we provide cancer patients.

Most people don't have the luxury of knowing their lifetime risk of developing cancer. However, for people diagnosed with cancer or those with a family history of inherited cancers, predictive genetic testing can help determine if they have an inherited genetic mutation that puts them at a higher risk of developing certain types of cancers or guide the treatment plan of their cancer diagnosis. In 2022, Summa Health collaborated with Akron Children's Hospital genetic specialists to provide genetic counseling and testing to our patients by a licensed and certified cancer genetic counselor. Read more about this initiative in the following pages.

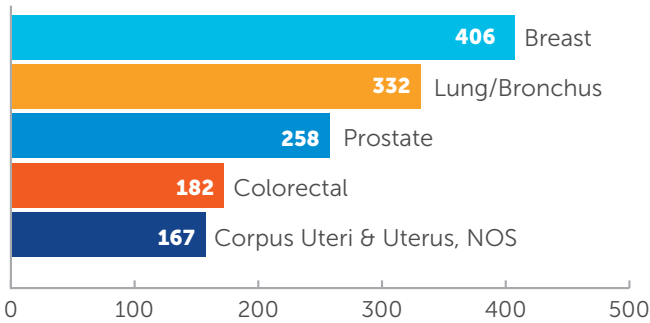
In addition, in 2022 we identified and addressed a barrier to care for head and neck cancer patients. This patient population is more likely to experience a nutritional deficit, lymphedema, depression and anxiety. Summa Health improved care so that this patient population could receive timely access to an outpatient oncology dietitian and speech and swallow rehabilitation services. Read our results regarding this innovative program on page 6.

We are committed to offering our patients every significant advantage in their battle against cancer. We remain relentless in our pursuit of delivering the best cancer care possible in the region.

**Sameer Mahesh, M.D.**  
Medical Director, Summa Health Cancer Institute  
The Vincent and Nancy DiGirolamo Chair in Oncology

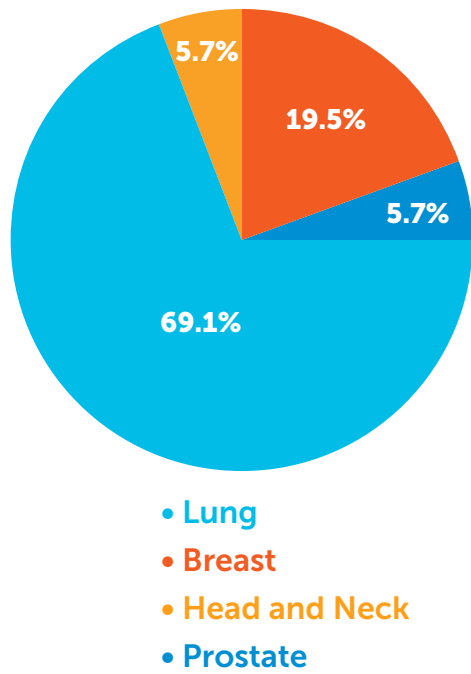
## 2022 Key Statistics

### Top 5 Cancer Sites



### Clinical Trials

87 new patients on trials



### Enrollments

369 patients on 85 trials throughout 2022  
Covering 12 disease sites  
Opened 8 new trials in 2022

### Primary Cancer Sites

Primary Site	Total	Class		Sex	
		Analytic	Non-Analytic	Male	Female
All sites	2,253	2,208	45	952	1,301
Oral Cavity & Pharynx	50	49	1	35	15
Tongue	14	13	1	12	2
Salivary Glands	3	3	0	2	1
Floor of Mouth	3	3	0	1	2
Gum & Other Mouth	3	3	0	1	2
Nasopharynx	1	1	0	0	1
Tonsil	16	16	0	11	5
Oropharynx	9	9	0	7	2
Hypopharynx	1	1	0	1	0
Digestive System	319	309	10	167	152
Esophagus	26	26	0	21	5
Stomach	20	19	1	15	5
Small Intestine	6	6	0	5	1
Colon	123	119	4	56	67
Rectum/Rectosigmoid	59	59	0	37	22
Anus/Anal Canal/Anorectum	13	12	1	5	8
Liver/Intrahepatic Bile Duct	22	21	1	11	11
Other Biliary	3	3	0	0	3
Pancreas	39	36	3	15	24
Retroperitoneum	1	1	0	0	1
Peritoneum/Omentum/Mesentery	2	2	0	0	2
Other Digestive Organs	5	5	0	0	1
Respiratory System	350	346	4	180	170
Nose, Nasal Cavity & Middle Ear	1	1	0	1	0
Larynx	17	17	0	16	1
Lung/Bronchus	332	328	4	163	169
Bones/Joints	8	8	0	2	6
Soft Tissue	17	17	0	9	8
Skin	44	42	2	19	25
Melanoma	41	40	1	17	24
Other Non-Epithelial Skin	3	2	1	2	1
Breast	406	395	11	0	406
Female Genital System	290	288	2	0	290
Cervix Uteri	30	30	0	0	30
Corpus & Uterus, NOS	167	167	0	0	167
Ovary	56	55	1	0	56
Vagina	3	3	0	0	3
Vulva	26	25	1	0	26
Other Female Genital Organs	8	8	0	0	8
Male Genital System	277	272	5	277	0
Prostate	258	253	5	258	0
Testis	16	16	0	16	0
Penis	2	2	0	2	0
Other Male Genital Organs	1	1	0	1	0
Urinary System	194	189	5	129	65
Urinary Bladder	113	109	4	85	28
Kidney/Renal Pelvis	76	75	1	42	34
Ureter	3	3	0	1	2
Other Urinary Organs	2	2	0	1	1
Brain & CNS	62	60	2	17	45
Brain	13	13	0	6	7
Cranial Nerves Other Nervous	49	47	2	11	38
Endocrine System	62	62	0	27	35
Thyroid	45	45	0	19	26
Other Endocrine including Thymus	17	17	0	8	9
Lymphoma	77	75	2	45	32
Hodgkin Lymphoma	11	11	0	11	5
Non-Hodgkin Lymphoma	66	64	2	66	27
Blood & Bone Marrow	68	67	1	31	37
Leukemia	34	34	0	17	17
Myeloma	20	19	1	8	12
Other Blood & Bone Marrow	14	14	0	6	8
Mesothelioma	1	1	0	0	1
Kaposi Sarcoma	1	1	0	0	1
Unknown Primary	27	27	0	14	13



Awards and Accreditations

2022 Care Beyond Awards



Patricia Beery



Jacelyn Fitzwater,  
BSN, RN-BC, OCN



Melanie Gabele,  
RN, BSN



Tammy  
Meholick, RN



John Dolence,  
RN, BSN, OCN

Shana Alton,  
RN, BSN, OCN  
(not pictured)



Julie  
Petrowski, RN



Amanda Weaver,  
RN, BSN

Caitlyn Barrett,  
BSN, RN  
(not pictured)

2022 Departmental Daisy Award

Medical Oncology nursing team (won inaugural award)

Cancer Program

American College of Surgeons  
Commission on Cancer

The Oncology Program at Summa Health is fully accredited by the American College of Surgeons Commission on Cancer (CoC). The program includes our three cancer centers – the Summa Health Jean and Milton Cooper Pavilion on the campus of Summa Health System – Akron Campus, Parkview Pavilion at Summa Health System – Barberton Campus and Summa Health Medina Medical Center.



Radiation Oncology

American College of Radiology

Summa Health has earned the prestigious American College of Radiology (ACR) accreditation in radiation oncology. This places Summa Health amongst a select group of cancer care providers nationwide.



Medical Oncology

The Quality Oncology  
Practice Initiative

Summa Health is one of a few cancer centers in Ohio to meet quality measures for medical oncology from the American Society of Clinical Oncology's Quality Oncology Practice Initiative (QOPI). QOPI is an oncologist-led, practice-based quality improvement program, whose goal is to promote excellence in cancer care by helping practices create a culture of self-examination and improvement.



2022 Daisy Award Winners

Breast Imaging

American College of Radiology

The Summa Health Breast Imaging Centers at Summa Health System – Akron and Barberton Campuses were designated a Breast Imaging Center of Excellence (BICOE) by the American College of Radiology (ACR).



Breast Cancer Program

National Accreditation Program  
for Breast Cancers

The Summa Health Breast Program at Summa Health System – Akron and Barberton Campuses has been granted a three-year/full accreditation designation by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons.



Lung Screening

Lung Cancer Screening  
Center of Excellence

Summa Health Lung Imaging Center was named a Screening Center of Excellence by the Lung Cancer Alliance for the ongoing commitment to responsible lung cancer screening.



Rectal Cancer Program

National Accreditation  
Program for Rectal Cancer

In November 2021, Summa Health Cancer Institute earned a three-year accreditation from the National Accreditation Program for Rectal Cancer (NAPRC), a quality program of the American College of Surgeons. Summa Health is just one of five accredited programs in Ohio, and one of only 87 accredited programs nationwide.



Membership

NRG Oncology

NRG Oncology is a non-profit research organization formed to conduct oncologic clinical research and to broadly disseminate study results for informing clinical decision-making and healthcare policy. NRG Oncology seeks to improve the lives of cancer patients by conducting practice-changing multi-institutional clinical and translational research with emphases on gender-specific malignancies including gynecologic, breast and prostate cancers and on localized or locally advanced cancers of all types.



Summa Health Launches Onsite  
Genetics Program

Most people don't have the luxury of knowing their lifetime risk of developing cancer. However, for people diagnosed with cancer or those with a family history of inherited cancers, predictive genetic testing can help determine if they have an inherited genetic mutation that puts them at a higher risk of developing certain types of cancers or guide the treatment plan of their cancer diagnosis.

In 2022, Summa Health collaborated with Akron Children's Hospital genetic specialists to provide genetic counseling and testing to our patients by a licensed and certified cancer genetic counselor. The goal of this onsite service is to increase access to genetic counseling services, thereby shortening the time between referral and receiving results, especially in cases that may affect treatment planning. Through this service, we have identified patients who are candidates for targeted treatments, increased cancer surveillance for other cancers that we were not aware of the need to screen for prior and clarified risks for relatives.

The first patient visited the Summa Health Cancer Genetics Clinic on September 1, 2022. Since then, we have seen patients with a variety of cancer and tumor types, including breast, colon, pancreatic, stomach, prostate, brain, kidney and lung.

This service is appropriate for several types of patients:

- Those with no personal history of cancer, but have a family history of cancer concerning for a hereditary cancer syndrome
- Those with a personal history of cancer concerning for a hereditary cancer syndrome

- Those with a personal history of benign tumors, such as neurofibromas and myxomas
- Those with a personal history of multiple colon polyps, concerning for a hereditary polyposis syndrome

In addition, patients have attended the Cancer Genetics Clinic for post-test genetic counseling and to learn about resources available for patients and family members faced with a genetic mutation. Our team develops an individualized plan of care for each patient to help reduce risks and help manage the disease.

Examples of some of the genetic disorders people have tested positive for include:

- Neurofibromatosis type 1
- CDH1-associated cancer predisposition syndrome
- BRCA1-associated cancer predisposition syndrome
- BRCA2-associated cancer predisposition syndrome
- CHEK2-associated cancer predisposition syndrome
- PALB2-associated cancer predisposition syndrome
- MSH6-related Lynch syndrome
- Von Hippel Lindau syndrome

We also have identified people as carriers of recessive disorders, including:

- Familial erythrocytosis type 2
- Cystic fibrosis
- MUTYH-associated polyposis syndrome
- Recessive NTHL1-associated polyposis syndrome
- Recessive Nijmegen breakage syndrome
- Adenosine deaminase 2 deficiency



2022 Visits	24
2023 Visits	149
2022 Follow-up Patient Visits	10
2023 Follow-up Patient Visits	109

# Proactive Supportive Interventions for Head & Neck Cancer Patients

## Background

As a programmatic goal for 2022, the Summa Health Cancer Institute officially identified “Timely access to an Outpatient Oncology Dietitian and Speech and Swallow Rehabilitation Services” as a barrier to care. The nature of head and neck cancer treatment warrants more than what is provided in a traditional dysphagia therapy approach. This patient population is more likely to experience a nutritional deficit, lymphedema, depression and anxiety. Of the patients receiving radiation treatment for a head and neck cancer diagnosis at Summa Health in 2022, 100% were referred to an oncology dietitian for ongoing nutritional support and/or speech and swallow therapy for long-term system management of the lymphatics, muscles, etc. Early intervention by these modalities has led to less dramatic weight-loss and has decreased the overall treatment-related symptoms and side effects. It also helped to shorten the average length of time a patient will need to utilize a PEG tube, thus getting the patient back to a normal diet and functioning socially quicker, increasing overall confidence and treatment compliance.

## Methods and Materials

**Timeframe:** January 1, 2022-December 31, 2022

**Referral eligibility criteria:** diagnosis of head and neck cancer with radiation therapy treatment

Data continues to be collected by the EPIC EHR, outpatient oncology dietitians, oncology nurse navigators and speech and swallow therapists.

## Analysis:

- The oncology nurse navigator reviewed 60 patients diagnosed with a head and neck cancer that were receiving radiation therapy in 2022.
- Patients referred to an oncology dietitian and/or speech and swallow therapist within three months of starting radiation therapy.
- Nutritional outcomes following nutrition and/or speech and swallow therapy interventions.

## Discussion

The therapy program at Summa Rehab focuses on providing a comprehensive dysphagia plan of care specific to the needs of head and neck cancer patients.

Interventions include:

- Prophylactic Pharyngcise and stretching during radiation treatments
- Clinical and instrumental swallowing assessment via Fiberoptic Endoscopic Evaluation of Swallowing (FEES)
- Lymphedema management including Manual Lymphatic Drainage (MLD), compression garments, pneumatic compressions device and hands on patient/caregiver training
- Myofascial release (MFR)/manual therapy for the swallowing mechanism to address the negative effects of radiation fibrosis
- Continuous counseling and training to navigate the changes and challenges unique to each patient
- Ongoing communication with the patient’s medical team
- In-house physical therapy/occupational therapy collaboration
- Expiratory Muscle Strength Training (EMST)

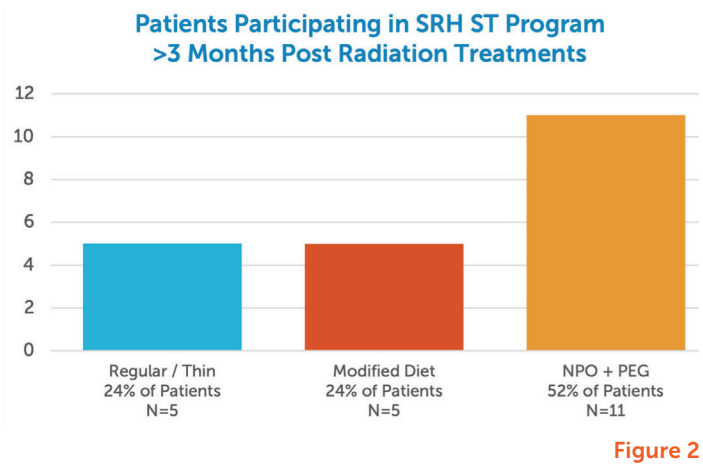
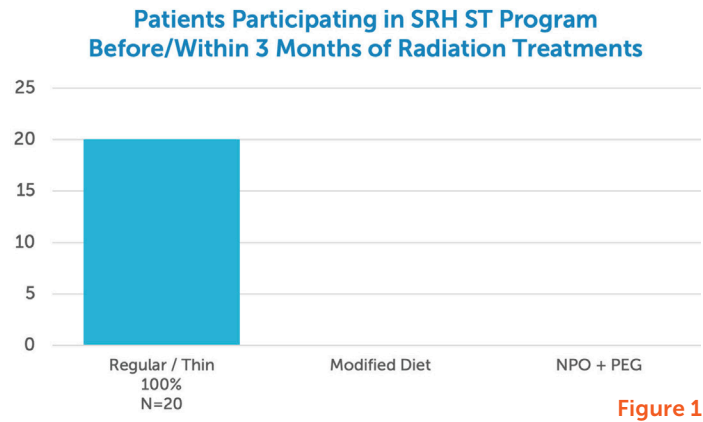
## Conclusions

By streamlining this early referral process, we have been able to work more cohesively as a team to care for the patients as individuals with individualized needs. This added level of human touch has led to a greater level of trust for the care team, which has brought forth more comfort in communication regarding psychosocial issues, like depression and anxiety, as well as other barriers the patient is experiencing, such as financial distress. This has allowed our providers to intervene much earlier and provide assistance and referral to behavioral health, as well as community agencies that can help reduce financial burden.

In addition to the higher level of care that has been established, there has been an overall decrease in cost of care. By increasing the amount of touch points the patient has within the health system, we are more closely and more frequently monitoring the patient for recurrence. When a recurrence is identified, it is identified much earlier and treatment is typically less invasive. This leads to better outcomes and lower cost for the patient, as well as the organization. Additionally, due to this higher level of intervention and monitoring, there are less aspiration-related admissions.

## Results

- A total of 60 head and neck cancer patients received automatic referral to an oncology dietitian for early nutritional intervention prior to starting radiation treatment in 2022.
- A total of 41 cancer patients were referred for dysphagia therapy at Summa Rehab’s outpatient clinic in 2022.
- Of these 41 patients, 20 were seen before/within three months of completing radiation treatments and 21 were seen three months to 7 years post radiation.
- 100% of individuals who began their dysphagia therapy before or within three months of their radiation treatments were able to resume a regular diet and wean from alternative means of nutrition. (Figure 1)
- Conversely, only 24% of individuals who began therapy more than three months after completing treatments were able to resume a regular diet texture and thin liquids; 24% were able to resume a diet with some level of modification relative to their pre-cancer intervention diet; and 52% remained dependent on alternative means of nutrition for meeting their nutritional needs. (Figure 2)



## Our top three takeaways from this project are as follows:

- 1 Building a solid infrastructure with more streamlined communications leads to greater continuity of care. This level of communication provides the patient and their care partners with a much higher feeling of support, comfort and safety. These relationships lead to increased treatment compliance and earlier diagnosis of recurrence, thus better outcomes long-term, as well as earlier identification of various psychosocial issues, such as depression and anxiety.
- 2 Early referral and intervention and continued assessment/evaluations by an oncology-specific dietitian leads to less unintended weight loss, helps with PEG tube management and treatment-related symptom management of pain when eating or swallowing, taste change and dry mouth.
- 3 Early referral and intervention and continued assessment/evaluations by a speech and swallow therapist helps to manage treatment-related symptoms and side effects associated with internal edema, lymphedema, muscle weakness and scarring, as well as lowering the cost of care through earlier diagnosis of recurrence and reduced aspiration-related admissions.

# Committee Members

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**Tracy Mondello**

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Director, Supportive & Integrative Programs

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