

Summa Health Cancer Institute 2020 Outcomes Report





A message from leadership

We are pleased to present to you the 2020 Annual Outcomes Report for the Summa Health Cancer Institute. 2020 was a year like no other. The COVID-19 pandemic disrupted the spectrum of cancer care, including delaying diagnoses and treatment and halting clinical trials. In response, healthcare systems had to reorganize cancer services rapidly to ensure that patients continued to receive essential care while minimizing exposure to the COVID-19 infection.

As always, the cancer team at Summa Health rose to the multitude of challenges and adjusted the care and services we provided this vulnerable population. In the pages that follow, you will find examples of our efforts, including:

- An in-depth analysis of the **diagnostic evaluation and treatment of individual anal carcinoma patients** based on evidence-based national guidelines, which led to new protocols.
- For the fourth straight year, expansion of our **MRI-Fusion Prostate Biopsy Program** that provides better detection and differentiation of type.
- Despite the interruption that the pandemic caused to usual healthcare delivery, an increase of **referrals to Palliative Care**.
- Enhanced patient care and outcomes with our **Integrated Specialty Pharmacy Services**.
- **Creative virtual solutions for crucial support services** from our Support Services team.
- Our **research team continued to provide groundbreaking and innovative treatment options** to patients throughout the COVID-19 crisis.

You can read more about all of these initiatives in the following pages.

Our work never stops. Our team remains firmly committed to offering our patients every significant advantage in their battle against cancer. We are relentless in our pursuit of delivering the best possible cancer care.

Sameer Mahesh, M.D.

Medical Director, Summa Health Cancer Institute
The Vincent and Nancy DiGirolamo Chair in Oncology

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In Our Patients' Own Words



Recognition

Accreditations

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 Summa Health System – Akron Campus, Summa Health Parkview Pavilion at Summa Health System – Barberton Campus and Summa Health Medina Medical Center. CoC accreditation is the hallmark of excellence and ensures that quality standards are consistently met and/or exceeded by our dedicated cancer care team members.

Radiation Oncology

American College of Radiology

Summa Health is one of only two major healthcare systems in northeast Ohio to earn the prestigious American College of Radiology (ACR) accreditation in radiation oncology. This places Summa Health amongst a select group of cancer care providers nationwide. Accreditation is awarded only to facilities that meet specific practice guidelines and technical standards developed by ACR after a peer-review evaluation by board-certified radiation oncologists and medical physicists.



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.

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). The BICOE designation is awarded to breast imaging centers that achieve excellence by seeking and earning accreditation in all of the ACR's voluntary breast-imaging accreditation programs and modules, in addition to the mandatory Mammography Accreditation Program.

Breast Cancer Program

**National Accreditation Program
for Breast Cancers**



The Summa Health Breast Program at Summa Health System – Akron and Barberton Campuses received a three-year re-accreditation from the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. Accreditation by the NAPBC is only given to those centers that have voluntarily committed to provide the highest level of quality breast care and that undergo a rigorous evaluation process and review of their performance.

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.

Awards

2020 Daisy Award Winners

In support of their efforts, Summa Health recognizes excellence through the distinguished DAISY Awards® for Extraordinary Nurses. Nominated by both patients and colleagues, Summa Health nurses are honored every month for going above and beyond in their daily work, from quality of care to patient safety. In 2020, two nurses in the Summa Health Cancer Institute were nominated for this award.



Mary Eberly



Troy Portis

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.



Advancing Research. Improving Lives.™

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.

2020 Primary Cancer Sites

Primary Site	Total	Class		Sex	
		Analytic	Non-Analytic	Male	Female
All sites	2,101	2,060	41	895	1,206
Oral Cavity & Pharynx	63	61	2	50	13
Lip	2	2	0	2	0
Tongue	19	19	0	16	3
Salivary Glands	2	2	0	0	2
Floor of Mouth	3	2	1	3	0
Gum & Other Mouth	6	6	0	5	1
Nasopharynx	3	2	1	2	1
Tonsil	18	18	0	15	3
Oropharynx	8	8	0	6	2
Hypopharynx	2	2	0	1	1
Digestive System	282	278	4	160	122
Esophagus	26	26	0	22	4
Stomach	19	18	1	15	5
Small Intestine	12	12	0	6	6
Colon	93	93	0	44	52
Rectum/Rectosigmoid	41	41	0	28	13
Anus/Anal Canal/Anorectum	15	15	0	5	10
Liver/Intrahepatic Bile Duct	27	26	1	19	8
Gallbladder	1	1	0	0	1
Other Biliary	4	4	0	2	2
Pancreas	41	39	2	21	20
Peritoneum/Omentum/Mesentery	3	3	0	2	1
Respiratory System	316	310	6	164	152
Nose, Nasal Cavity & Middle Ear	2	2	0	2	0
Larynx	19	19	0	13	6
Lung/Bronchus	294	288	6	149	145
Trachea, Mediastinum & Other	1	1	0	0	1
Bones/Joints	4	4	0	2	2
Soft Tissue	27	27	0	15	12
Skin	49	45	4	23	26
Melanoma	40	36	4	16	24
Other Non-Epithelial Skin	9	9	0	7	2
Breast	412	411	1	1	411
Female Genital System	224	223	1	0	224
Cervix Uteri	22	22	0	0	22
Corpus & Uterus, NOS	144	143	1	0	144
Ovary	39	39	0	0	39
Vagina	3	3	0	0	3
Vulva	13	13	0	0	13
Other Female Genital Organs	3	3	0	0	3
Male Genital System	226	215	11	226	0
Prostate	207	196	11	207	0
Testis	18	18	0	18	0
Other Male Genital Organs	1	1	0	1	0
Urinary System	174	171	3	111	63
Urinary Bladder	95	92	3	72	23
Kidney/Renal Pelvis	73	73	0	36	37
Ureter	6	6	0	3	3
Eye & Orbit	1	1	0	1	0
Brain & CNS	78	78	0	31	47
Brain	16	16	0	12	4
Cranial Nerves Other Nervous	62	62	0	19	43
Endocrine System	58	57	1	20	38
Thyroid	43	42	1	12	31
Other Endocrine including Thymus	15	15	0	8	7
Lymphoma	89	86	3	46	43
Hodgkin Lymphoma	10	10	0	4	6
Non-Hodgkin Lymphoma	79	76	3	42	37
Blood & Bone Marrow	68	64	4	31	37
Leukemia	30	28	2	15	15
Myeloma	20	20	0	6	14
Other Blood & Bone Marrow	18	16	2	10	8
Mesothelioma	8	8	0	7	1
Unknown Primary	22	21	1	7	15

In Our Patients' Own Words

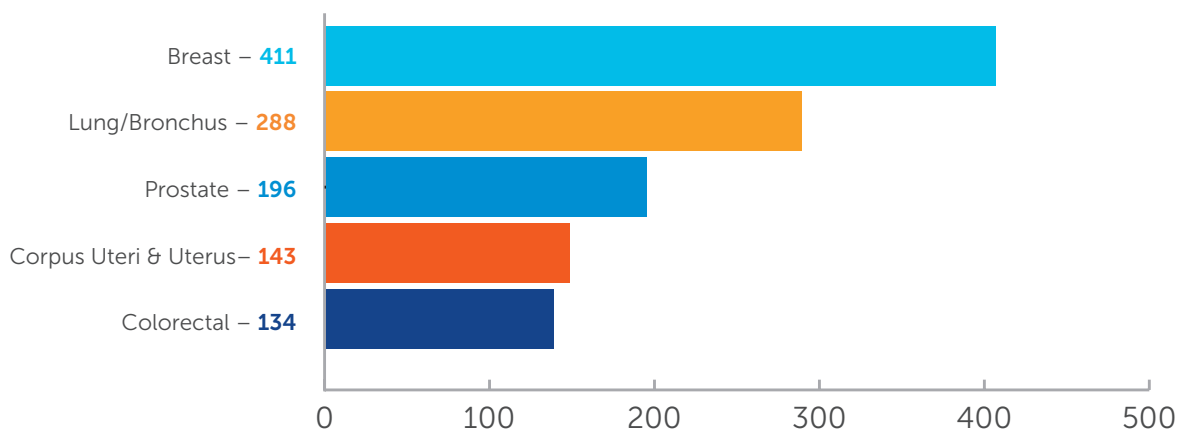
Robin Rice, Prostate Cancer

"When you hear the word cancer, it's almost, it was like the end of life. When I met Dr. Arora, it was like a knight in shining armor. He let me know that it wasn't the end of life. And he scheduled robotic surgery. What I learned about robotic surgery is that it is so precise; they take out exactly what they need, and nothing more.

"You know, when I got that call that I was cancer-free, my wife and I did a dance of joy and praise. I have 18 grandchildren and one great-grandchild. Dr. Arora has extended my life, as far as I'm concerned, for me to be able to watch them grow."



2020 Top Five Cancer Sites



MRI-Fusion Prostate Biopsy Program

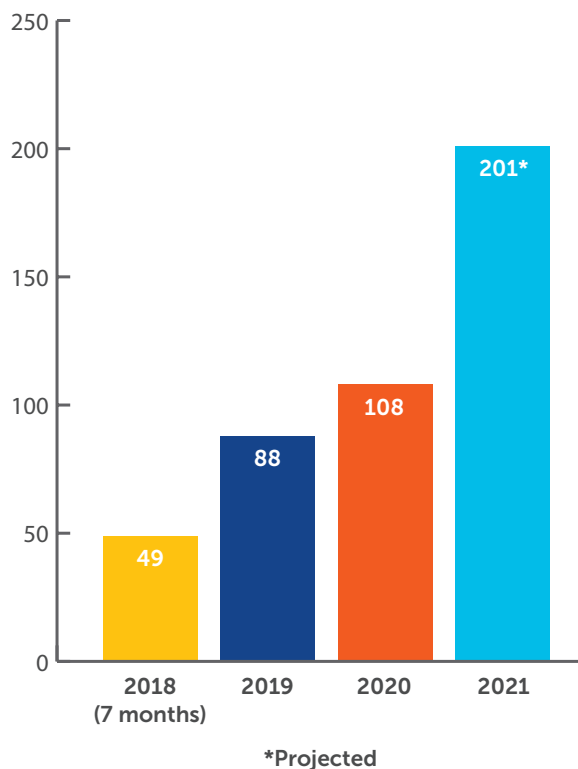


Joseph Dankoff, M.D.

As one of the most common cancers among men, prostate cancer will affect about 1 in 9 men during their lifetime. In fact, more than 60% of cases are diagnosed in men over 65. The cancer has been difficult to detect in early stages using the most common, and somewhat outdated, tests and screenings. These tests and

screenings have been used for three decades with adequate results. Yet, more tests are then needed to try to determine the type of cancer and the best treatment plan.

Fortunately, a new technology is available to help the main challenges of treating prostate cancer: better detection and differentiation of type. Fusion Guided Biopsy is a type of software that allows doctors to “fuse” detailed MRI scans with live, real-time ultrasound images of the prostate by overlaying the MRI scans over the ultrasound image. This gives doctors a detailed 3D ultrasound/MRI view.

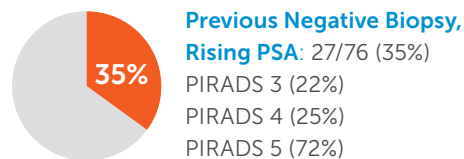
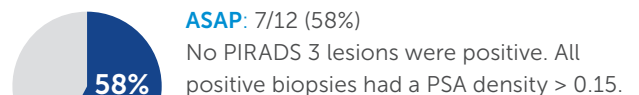
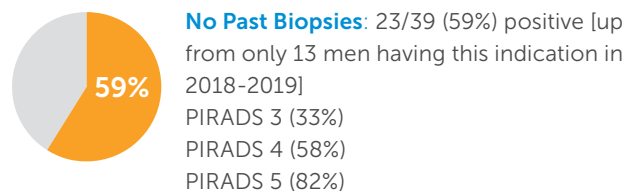


Summa Health began performing MRI-fusion prostate biopsies in June 2018, and has experienced growth each year. This review will go into detail concerning the 175 men biopsied over 16 months in 2020-2021.

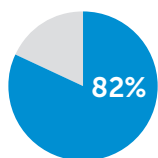
The main indications for MRI fusion biopsy remain:

- Elevated PSA and no past biopsies
- Previous biopsy finding of atypical small acinar proliferation (ASAP)
- Past negative biopsy and rising PSA
- Follow-up of low grade cancer managed by “active surveillance”
- Rising PSA after previous presumed curative therapy
- Incidental prostate abnormality detected on other imaging such as PET scan obtained for another indication

As we have previously found, these really do represent separate populations, so it is more appropriate to consider the positive biopsy rates for each group separately. Furthermore, the radiologic grading of the MRI abnormality under the Prostate Imaging, Reporting and Data System (PIRADS) is extremely significant.

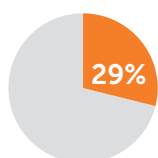


As was shown last year, combining PSA density of > 0.15 in the higher PIRADS cases and a PSA density of < 0.15 in the lower PIRADS cases aided greatly in the positive and negative predictability.



Active Surveillance: 31/38 (82%)
 PIRADS 3 (50%)
 PIRADS 4 (79%)
 PIRADS 5 (94%)

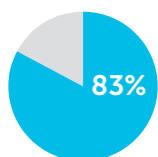
Most of the men re-determined to have Gleason GG#1 cancer opted to continue with active surveillance, confident in the knowledge that no higher-grade lesion was lurking occult in their prostate.



Post-Therapy: 2/7 (29%)
 Extremely difficult studies to interpret post-radiation, post-cryotherapy or post-brachytherapy. One man with a rising PSA post-brachytherapy had a prostate volume of 11 ml (the size of a child's

prostate), and was found to have recurrent Gleason GG#4 disease. They underwent successful salvage cryotherapy. Another man post-radiation had their recurrence detected, and underwent successful salvage robotic prostatectomy.

Other Indications: Three men with rectal cancer had prostate abnormalities detected on staging imaging (PET scan or rectal MRI). All three had positive fusion biopsies, and their therapies are being tailored to coincide with the rectal cancer treatment. Obviously, these prostate cancers would be much less likely to be able to be discovered following definitive rectal cancer therapy, and the radiology team is to be congratulated on reading the entire study, not just the rectum.



All PIRADS 5 regions of interest:
 39/47 (83%)

Of the 137 men who underwent fusion biopsy in 2018-2019, 15 ultimately underwent robotic-assisted laparoscopic prostatectomy (RALP) and 15 received external beam radiation therapy.

Of the 175 men who underwent fusion biopsy in 2020-2021, 33 have or will undergo RALP, while 20 have or will receive radiation therapy.

Keep in mind that most of the men who have received those therapies were previously biopsied via standard ultrasound-guided transrectal biopsy, and were told they had either no cancer or low grade cancer that could simply be observed. Many of these men had potentially lethal disease (Gleason GG #4 and #5).

Moving forward, we look forward to bringing our patients into the 3 Tesla MRI machine (higher magnet strength, better "signal-to-noise" ratio), and begin offering trans-perineal MRI-fusion biopsy (with almost non-existent risk of post-biopsy sepsis since the biopsy needle does not pass through the rectal wall).

Commission on Cancer Chapter 7 Quality Improvement

Standard 7.2 Monitoring Concordance with Evidence-Based Guidelines

Summa Health System 2020

Study Topic: Evaluate the completion of the diagnostic evaluation and treatment of 2019 anal carcinoma patients according to NCCN Guidelines.



Oscar Streeter, M.D.



Melissa Smith, RHIT, CTR

Physician Reviewer: Oscar Streeter, M.D.

Cancer Registry Reviewer: Melissa Smith, RHIT, CTR

Each calendar year, a physician performs an in-depth analysis of the diagnostic evaluation and treatment of individual patients to determine whether it is concordant with recognized evidence-based national guidelines.

Study Data

A report was generated from the cancer registry database to identify all 2019 anal carcinoma cases, clinical stage, pathologic stage, diagnostic tests and treatment administered. A review of cases was completed to ensure the American Joint Committee on Cancer (AJCC) stage is documented and the Anal Carcinoma NCCN Workup and Treatment guidelines were followed. All of the 2019 anal carcinoma cases were reviewed. There were 13 cases identified.

Assessment

Staging Documentation and Accuracy: The abstract for each case was reviewed for accuracy of documentation in the cancer registry. In addition, the physician reviewer reviewed each case for staging accuracy. Two cases had to be reviewed in the cancer registry database for inaccuracy of the documented stage. The registrar had incorrectly documented the T clinical stage as a TX instead of T1 and the Stage Group as 99 instead of I for both cases. The stages were corrected in the abstracts.

Diagnostic Workup According to NCCN Guidelines

(ANAL-1; ANAL-2): Review of the cases revealed that Chest/Abdomen/Pelvis CT and/or PET CT were performed in all 13 cases. There was one case where the PET/CT and MRI were not documented in the cancer registry abstract, but added after review. HIV testing/status was not documented in the EMR for three cases and gynecologic exam was not documented in five cases. All other appropriate workup was completed and documented.

Treatment According to NCCN Guidelines (ANAL-1;

ANAL-2; ANAL-3): Review of the cases revealed that all 13 patients were either treated according to NCCN guidelines, or treatment was considered according to NCCN guidelines. In the cases where treatment was considered but not administered, the patients either refused the recommended treatment or were not candidates. There were two cases that were reviewed for missing treatment in the registry. Capecitabine was given, but not documented, as treatment in the cancer registry software. The cancer registry database was updated.

Recommendations/Action Plan

Reviewed report and findings with John Fondran, M.D., Rectal Cancer Program Director, and presented findings at the colorectal conference. Anal carcinoma cases presented at the colorectal conference will include

workup discussion. Gynecologic exam and HIV status will be added as checklist items to the Tumor Board Recommendation document for anal carcinoma.

Summary Item	Number of Patients	Percentage (%)	Goal
Total Cases Included in Review	13	100%	100% of the 2019 analytic anal carcinoma cases
Staging Accuracy (Applicable Clinical and Path staging)	14/16	87.5%	85% accuracy rate

In Our Patients' Own Words

Martha Ward, Kidney Cancer

"I had my surgery in the early stages of COVID, but I felt confident that Summa would keep me safe. I am cancer-free. I am so relieved and happy and blessed to say that."



Enhancing Patient Care and Outcomes with Integrated Specialty Pharmacy Services

For many cancer patients, starting and staying on their therapy regimens can present significant challenges. High monthly copays – sometimes exceeding \$2,000 – can inhibit patients from affording their therapies. Time-consuming insurance approval processes can delay patients from starting their therapy for weeks. In addition, difficult side effects can cause patients to skip doses or stop taking their medication all together.

To address these challenges, Summa Health's Specialty Pharmacy embedded a board-certified oncology pharmacist and a specialty pharmacy liaison into the Summa Health Cancer Institute in 2019 to support patients with oral and self-administered oncology medications.

Working directly alongside patients' physicians and other care team members, the pharmacist and pharmacy liaison focus on ensuring patients can start and adhere to their therapy regimens and on helping patients achieve the best possible outcomes from their medications.

The pharmacist's responsibilities center on providing medication education, side effect counseling and ongoing support to patients, as well as monitoring clinical data to ensure medication safety and efficacy.

"Through my position, I am able to have impactful interactions with the patient and the care team, while removing barriers to treatment, making their cancer journey as stress-free as possible," explained Megan Rees, PharmD, BCACP, CSP, Clinical Pharmacy Specialist – Oncology. "My goal is to make my patients feel taken care of every step of the way, from starting treatment to five years later, I want them to know I'm there to support them and they are not alone."

"My goal is to make my patients feel taken care of every step of the way, from starting treatment to five years later, I want them to know I'm there to support them and they are not alone."

**- Megan Rees, PharmD, BCACP, CSP
Clinical Pharmacy Specialist**



The pharmacy liaison's role focuses on removing barriers to medication access by handling insurance approval processes, securing financial assistance, coordinating refills, and arranging home deliveries if needed.

"I help ensure every patient can afford the medication they need, and I work with the care team to get prior authorizations approved so patients can start therapy as quickly as possible," said April Liszeski, CPhT, Pharmacy Liaison – Oncology.



The results of integrating specialty pharmacy services into the Cancer Institute: improved patient safety, medication access and medication adherence.

"The Summa Health Specialty Pharmacy is helping us drive a better experience and outcomes for our patients," said Sameer Mahesh, M.D., Medical Director, Summa Health Cancer Institute. "Typically, specialty pharmacy interactions are over the phone. However, face-to-face conversations build stronger relationships and add another layer of support," Mahesh said. "It boosts patients' morale to know they have more than just their physician on their team, fighting the fight for them."

Key Results

- Medication Adherence: 95% proportion of days covered (PDC)
- Financial Assistance Secured for Patients: \$7,099,153
- Patient Satisfaction: 100 Net Promoter Score
- Provider Satisfaction: 100 Net Promoter Score



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morale to know they have more than just their physician on their team, fighting the fight for them."

– Sameer Mahesh, M.D.

Medical Director, Summa Health Cancer Institute

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Oncology Supportive Services — Bridging the Virtual Void

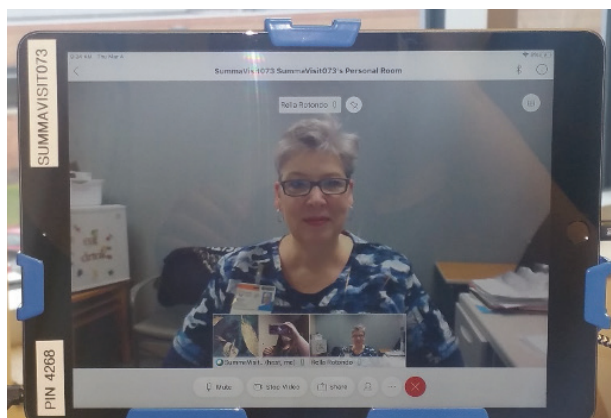
The COVID-19 pandemic had an immediate and dramatic impact on cancer patients in 2020. Because of the nature of the disease and its treatment, patients with cancer are required to visit healthcare facilities more frequently than patients with other diseases. With COVID-19 came a myriad of fears and anxieties for this patient population with an already weakened immune system; fear of COVID-19, fear of the unknown, fear of dying, stress, anxiety, isolation, interruption in care, etc.

The Summa Health Cancer Institute had to quickly adjust and decide what services were considered “essential” for the oncology patients that were frequently coming to our centers. Besides the medical providers prescribing and administering treatment, such as chemotherapy and radiation, patients with cancer need support from many other disciplines on an ongoing basis. These supportive services consist of social work, financial navigation, nurse navigation, nutrition counseling, education, integrative therapy and a host of other supportive services. Many centers across the country were forced to limit or suspend these services in order to minimize the exposure risk of COVID-19 to their patients, which negatively affected patient care and outcomes.

The Summa Health Cancer Institute acknowledged that the supportive services team was “virtually” irreplaceable for the patients and made the decision to move services to a virtual platform. WebEx accounts were created for all of the supportive services team members and iPad workstations were deployed in Infusion, Radiation and Breast offices at our locations in Akron, Barberton and Medina, resulting in 180 virtual encounters.

“It is so comforting that you guys are doing so much to keep us safe. It makes me feel better about having to come in for treatment.”

— **Summa Health Cancer Institute Patient**



Rella Rotondo, RD, LD – Outpatient Oncology Dietitian on an iPad cart in Infusion

At the beginning of the pandemic, when we were still learning and adapting, our supportive services team was providing support strictly through telephone encounters. Face-to-face consultations with a Financial Support Navigator are needed to build trust, allowing the Financial Support Navigator to provide appropriate financial literacy and resources. This will lead to decreased out of pocket costs for the patient, decreased financial distress, decreased need for charity care to be provided by Summa Health, decreased bad debt, etc. What we discovered during our virtual journey in 2020 was that distrust was a barrier to care for our patients, as it pertains to receiving services that were not face-to-face, specifically financial support. This distrust prevents patients from openly communicating their needs to their providers.

Financial Navigation Timeline

April – June:

- Support services are working remotely
- All contact with patients is done through telephone encounters

June:

- Support services are back in the office and seeing patients in person

January – July:

- We report a 30% increase in charity care – compared to 2019

November – March:

- Supportive services are working remotely with an emphasis on virtual connection with patients via WebEx

December:

- We report a 15% decrease in charity care for the year – compared to 2019

In addition to being able to connect virtually with the supportive services team, we launched a series of virtual support offerings for our oncology patients. We launched a monthly virtual support group, with a focus on mindfulness and integrative healing to provide patients with not only support, but tools to help them cope with feelings of stress, anxiety and isolation in between support group sessions.

“These groups have been so helpful to me. I don’t feel alone anymore.”

– Summa Health Cancer Institute Patient

Looking outside the box, we also developed virtual artistic healing workshops for patients to connect and share their artistic side. Art has long been known to have healing effects. Artistic healing uses creative techniques such as drawing, painting, coloring or sculpting to help people express themselves artistically and examine the psychological and emotional undertones in their art. You don’t have to be an artist or even like art to benefit from it. For people living with cancer, this activity can be helpful in many ways.

Cancer Institute

Virtual Oncology
Support Group Sessions

The Importance of Inner & Outer Connection
In this support group session, we will focus on the importance of social connection and how we can find ways to connect. The session will focus on simple sensing and grounding practices for a deeper awareness of the present moment.
Every 3rd Monday at 11:00 a.m. and 7:00 p.m.

Pre-registration required for all programs. Call 330.375.6345 to register for an upcoming class. Video capabilities strongly encouraged, but not required for these virtual classes.

87.5%

Enjoyed the workshop

87.5%

Found the workshop effective at providing support and relieving stress and anxiety

100%

feel they have the ability to apply these practices in their every day lives

Virtual Support – Employees

Meeting in the Moment – Monthly Mindfulness and Bodyfulness Workshops

Summa Health recognized the serious difficulties and challenges 2020 presented to its employees. The system created mindfulness sessions designed for staff to take a break from stressors or burdens, meet in the moment and bring awareness to their whole selves. Sessions embodied evidence-based mindfulness practices to promote a greater sense of well-being.

“I felt like 30 minutes was a good amount of time, even though I could listen to you both speak for hours – you both have such calming, soothing voices. You have good bedtime reading voices! And to be completely vulnerable, you made me cry. When thinking about letting go – that’s hard to swallow. Like where do you even begin? But, you validated that it’s ok to let it go.... I really hope you were able to touch others today like you did me in a positive way!”

– Summa Health Employee

Research Update

The COVID-19 pandemic has had an impact on virtually every facet of life. Scientists are working at an extraordinary pace to understand the disease and its transmission. Cancer patients are particularly susceptible to the virus. Effects on cancer treatment and overall outcomes remain unknown.

The Summa Health Clinical Research Center-Oncology team is participating in a long-term, observational study sponsored by the National Cancer Institute (NCI) to hopefully answer some of these questions.

The NCI COVID-19 in Cancer Patients Study or NCCAPS aims to enroll cancer patients who contract the COVID-19 virus. Important information is collected on how patient factors affect short- and long-term COVID-19 recovery or complications; if cancer treatment modifications become necessary in response to the virus; and the overall association between COVID-19 and cancer outcomes. The study collects blood samples, information and medical images not only to attempt to answer how COVID-19 affects cancer patients, but also how cancer may affect the COVID-19 virus. NCCAPS opened to enrollment in June 2020 and has enrolled nine patients to date.

Continuing to provide groundbreaking and innovative treatment options to patients throughout the COVID-19 crisis has been a priority for the Clinical Research Center staff and physicians. In addition to following patients on 75 trials, nine new clinical trials were opened during 2020 including studies for head and neck, lung, breast, colorectal and endometrial cancers.

Continuing to provide exceptional care to patients enrolled in trials at Summa Health throughout the challenges of the pandemic required creative and alternative ways to deliver high quality, safe care. Strategies to reduce COVID-19 risk and exposure to others included things like conducting remote study visits utilizing telemedicine software and incorporating electronic platforms to obtain consent in order to limit extra trips to the hospital clinic or offices.

To learn more about clinical trials at Summa Health, visit summahealth.org/clinicaltrials, email research@summahealth.org or call **330.375.4221**.



"One morning, I was shaving, and I felt a lump. I called my primary physician at Summa, and he referred me to Dr. Desai right away. Testing revealed that I had tonsil cancer. I was

numb. Dr. Desai, right away, told me, 'We're gonna beat this.' And he asked me if I would like to be in a clinical trial that prevented sores in your mouth from radiation. I said, if this would help someone else, I said I'm your guy.

"It's fantastic that Summa and Dr. Desai were involved in these clinical trials that will help people down the road not have to suffer. Dr. Desai was more than my doctor. He was my coach. I couldn't have gotten anybody better than him. Summa, everybody, they saved my life."

– Jack Hobensack, Tonsil Cancer Patient



"Clinical trials are essential for advancing cancer care. We are fortunate to have studies available at Summa that may not only assist patients, but may influence standards of care going forth."

– Dr. Bradley Clifford, M.D.,
Summa Health Principal Investigator

Expanded Referrals to Palliative Care — Even During a Pandemic

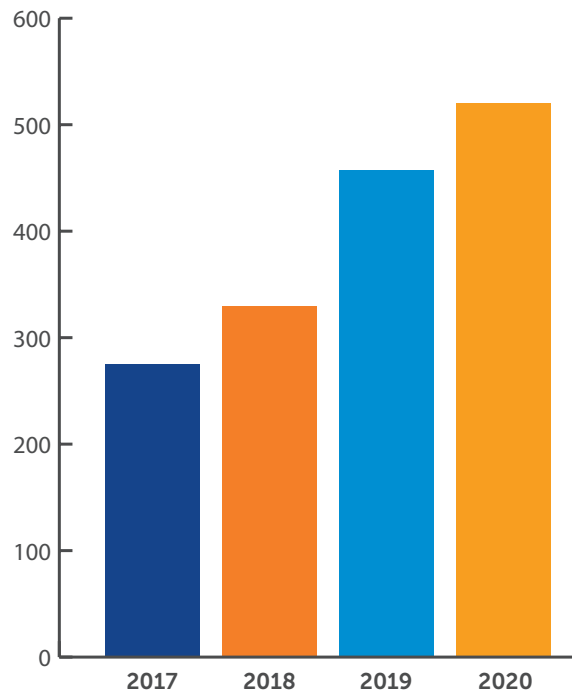
In 2020, the COVID-19 pandemic interrupted every part of society including patient's access to medical care. For our oncology patients, the pandemic added another layer of unpredictability and fear. Along with the oncology providers at the Jean and Milton Cooper Pavilion and Parkview Pavilion, the palliative care providers continued to safely meet with our oncology patients throughout the pandemic utilizing a new tool with telehealth and virtual visits.

The palliative care team provided high-quality symptom management and advanced care planning discussions while patients were in the comfort of their own homes. Palliative care providers also demonstrated increased flexibility to coordinate new patient appointments in-person at convenient times with scheduled oncology office visits or infusion appointments. All of this was done with the patient's safety in mind to avoid unnecessary contacts for high-risk patients to be potentially exposed to COVID-19. With the isolation that the pandemic created for many patients, the palliative care team was able to step in to address their patients' distress, isolation, pain and continue important advanced care planning conversations.

Despite the interruption that the pandemic caused to usual healthcare delivery, referrals to Palliative Care continued to increase, as they have year over year, with no exception for 2020. In 2019, Palliative Care referrals numbered 457 at both sites of care and in 2020 that number grew to 520 referrals. This reflects a 13% growth in referrals. This pattern continues to show the increasing and important need for providing holistic care

that the palliative care team brings to Summa Health's cancer centers by emphasizing symptom management and advanced care planning.

Number of Referrals to Palliative Care — All Cancer Types



In Our Patients' Own Words

Rodney Thomas, Colorectal Cancer

"My message to everyone is get your colonoscopy. It could save your life; if you don't do it for yourself, do it for the ones you love."



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In Our Patients' Own Words

Frank McCay, Prostate Cancer

"Now that cancer is behind me, I have time that I can expect to spend with family and miraculous things are happening now. If just one person hears this and says, 'I probably should go to the doctor, too,' then I've done what I was supposed to do."





For more information, visit
summahealth.org/cancer
or call **330.375.6364**.