

TABLE OF CONTENTS:

PAGE 1

Community Cancer Center
Program at French Hospital
Medical Center

PAGE 2

Colorectal Cancer Basic Facts
Symptoms of Colorectal Cancer

PAGE 3

Stages of Colorectal Cancer
Colon Cancer Diagnosed
at French

PAGE 4

National Cancer Data Base's
(NCDB) Hospital Comparison
Benchmark Reports

Colorectal Cancer Screening
and Prevention

PAGE 5

Education and Awareness:
Colonoscopy Screening
Educational Presentation

PAGE 6-7

Colorectal Cancer Treatment
National Treatment Guidelines

PAGE 7

Outreach at
French Hospital Medical Center
Contact Information

**2018 French Hospital Medical Center Cancer Committee
Public Report**

Colorectal Cancer: With a Focus on Colon Cancer



As a fully accredited Community Cancer Center recognized by the American College of Surgeon's Commission on Cancer, the cancer committee at French Hospital Medical Center presents an annual report on a specific cancer type to demonstrate the outcomes of activities completed by the cancer program.

We hope you find valuable information from our presentation of the Annual Cancer Public Report on Colorectal Cancer, with a specific focus on colon cancer. Through education, data collection, local and national trends, French Hospital Medical Center continuously monitors, evaluates and improves the quality of care we provide to our patients. This report publicly shares outcomes for our various endeavors with colon cancer.



Community Cancer Center Program

PROGRAM

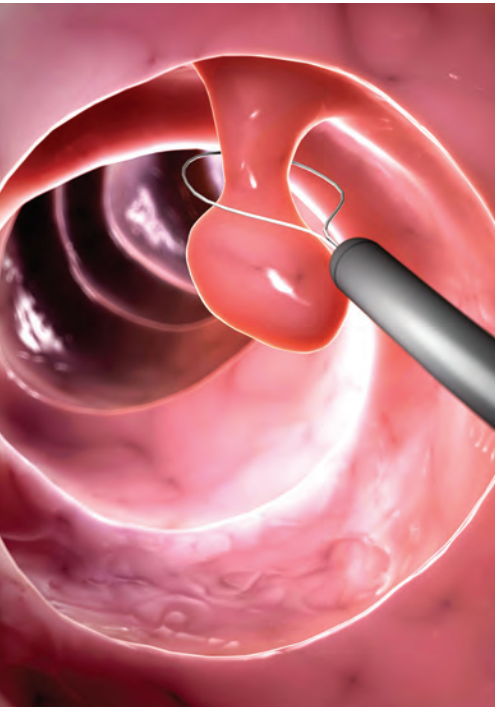
French Hospital Medical Center is a fully accredited Community Cancer Center recognized by the American College of Surgeon's Commission on Cancer (CoC). Our program receives guidance and leadership by a cancer committee consisting of physicians, nurses and health care staff who provide high quality and comprehensive care to cancer patients as defined by a specific set of goals and standards. These standards address education, treatment, clinical research, patient navigation, survivorship, data collection, performance and quality improvements.

The cancer program at French Hospital Medical Center, a member of Dignity Health of the Central Coast, has demonstrated results in successful prevention, screening, diagnosis, treatment, survivorship, community education and outreach. Our cancer committee is committed to evaluating new technology, establishing new programs and improving all cancer-related activities in San Luis Obispo County for continuing the improvement of the lives we serve.

Colon Cancer At-a-Glance:

- Colon Cancer is the second leading cause of cancer-related death in the United States.
- Colonoscopy screenings saves lives.
- Recommended screening starts at 50 years of age (for people of average risk).





Did you know:

Non-cancerous growths, called polyps, can become cancerous over a period of time. A screening colonoscopy can both detect and remove the polyps thereby decreasing the incidence of disease.

Colorectal Cancer Basic Facts

The colon and rectum (colorectal), which combined are referred to as the large intestine, are the final part of the gastrointestinal, or digestive system. Cancer is a disease characterized by the unchecked division of abnormal cells. When this type of growth occurs in the colon or the rectum, it is called colorectal cancer. Colorectal cancer is the second leading cause of cancer death in the United States. Screening for colorectal cancer is crucial because this disease is most treatable when it is found early.

Most cases of colorectal cancer begin as a non-cancerous growth, called a polyp, which develops on the inner lining of the colon or rectum. These polyps grow slowly over a period of 10 to 20 years. An adenomatous polyp, or adenoma, is the most common type of polyp. Although all adenomas have the potential to become cancerous, fewer than 10% usually progress to invasive cancer. The larger the adenoma is, the more likely it will become cancerous. This type of cancer is called adenocarcinoma and accounts for approximately 96% of all colorectal cancers.

When cancer forms in the inner lining of the large intestine, it can invade the wall of the colon and the rectum. It can also penetrate blood or lymph vessels. These cancer cells usually spread first into nearby lymph nodes. Cancer cells can also be carried to other organs and tissues via blood vessels. When cancer cells spread to other parts of the body, it is called metastasis.

Symptoms of Colorectal Cancer

Colorectal cancer often has no symptoms, which is why it is crucial to be screened, especially if there is a family history of colorectal cancer. Bleeding or obstruction may occur as a tumor grows. Blood loss from the cancer, in some cases, may lead to anemia. Caused by a low number of red blood cells, anemia may cause symptoms such as excessive fatigue, weakness, and shortness of breath. Symptoms of colorectal cancer may also include:

- A change in bowel habits, which includes diarrhea or constipation, or a change in the consistency or shape of your stool (more narrow than usual).
- Bleeding from the rectum.
- Blood in the stool or in the toilet after having a bowel movement.
- Black or dark stools.
- Persistent cramping or discomfort in the lower abdomen.
- A feeling that your bowel doesn't empty completely.
- An urge to have a bowel movement when the bowel is empty.
- Unexplained weight loss.
- Decreased appetite.

It is essential to have a timely evaluation of symptoms with colorectal cancer, even for adults younger than age 50. Although the incidence of colorectal cancer is rare in young adults, it is on the rise.



Both men and women are at risk for colorectal cancer. The American Cancer Society estimates that in the United States **1 in 21 men** and **1 in 23 women** will develop colorectal cancer during their lifetime.

Stages of Colorectal Cancer

The American Joint Committee on Cancer (AJCC) is one of the most common cancer rating tools used in the clinical setting. Within this system, the letters T, N, and M are used to describe the areas of cancer growth. A T score specifies the growth of the primary tumor. The N score specifies any nearby cancer growth within the colon or the lymph nodes, and the M designation describes if the cancer has spread to distant sites. The three scores (T, N, and M) are then combined to assign a stage to the cancer growth. The five stages of colon cancer are numbered as follows: 0, I (1), II (2), III (3), or IV (4). The colorectal cancer stages using the AJCC staging system are described as:

- **Stage 0:** These cancers have not yet begun to invade the walls of the colon or rectum, and are also known as carcinoma in situ. If all of the cancer was removed during an endoscopic polypectomy, more treatment may not be needed.
- **Stage I:** Cancer that has grown into the second or third layer of the colon or rectum, but has not yet invaded through the wall and tissues; there is no cancer in nearby or distant sites.
- **Stage II:** Cancer that has invaded into the fourth layer of the wall of the colon or rectum but has not yet invaded through the walls and tissues.
- **Stage III:** Cancer that has invaded through the wall of the colon and rectum into nearby tissue or that has spread into the lymph nodes.
- **Stage IV:** The spread of the colorectal cancer to other parts of the body, such as the liver or the lung.

Cancer staging is often done twice, with the first rating based on tests done before treatment. This is called the clinical stage. The second rating is called the pathologic stage and is done after surgery has determined how far the cancer has spread and how many lymph nodes are involved.

At French Hospital, colon cancer patients and stage distribution were reviewed for the last two completed years (2016 and 2017).

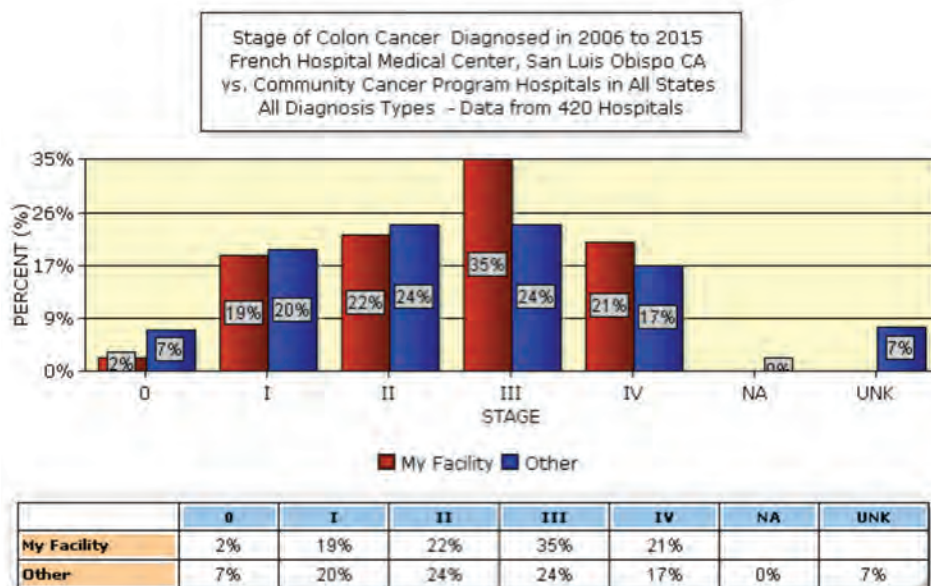
- Stage I colon cancer diagnosed and/or treated at French Hospital was 18% in 2016 and in 2017 that percentage fell to 13%.
- Stage II colon cancer which is still treatable by surgery alone, represented 35% of patients in 2016 and 40% in 2017.
- Stage III colon cancer which requires surgery plus additional treatment (chemotherapy or immunotherapy or radiation) was 29% in 2016 and fell to 27% in 2017.
- Stage IV colon cancer dropped from 35% in 2016 to 20% in 2017.



It is generally recommended to have a colonoscopy beginning at age 50. For those with a family history of colorectal cancer, talk to your doctor about how often and at what age to begin screening.

French Hospital Medical Center Cancer Community Program Comparison by Stages to Similar National Cancer Community Programs:

Benchmarks for comparison are necessary to provide meaningful use of staging data. As a benefit of being an accredited cancer program, French Hospital outcomes are included in the National Cancer Data Base's (NCDB) Hospital Comparison Benchmark Reports. The following graph represents NCDB stage distribution data from 420 hospitals (of similar size to French) in all states from 2006 to 2015, compared to stage distribution at French Hospital. Early stage colon cancer (stage I) was below the national average and late stage colon cancer (stage IV) was above the national average. This speaks to the need for colon cancer prevention education to raise awareness of importance of colon screening for early diagnosis.



Colorectal Cancer Screening and Prevention

Colorectal cancer is the second leading cause of cancer death in both men and women. However, with advances in screening techniques and improvements in treatment, the death rate from colorectal cancer has been falling.

Many colorectal cancers are generally thought to be preventative through regular screening. Colonoscopy screening is considered the gold standard for detection of colorectal cancer. Due to the inherent slow course of growth from a precancerous polyp to invasive cancer, colorectal cancer provides a unique opportunity for prevention and early detection. Screening can find the cancer at an early stage through the detection and the removal of precancerous growths. In turn, early diagnosis can lead to a successful treatment course. Screening for colorectal cancer reduces the mortality rate by decreasing the incidence of disease. Recommended screening usually starts at age 50 for people of average risk for colorectal cancer, but is recommended earlier for most people who are at an increased risk due to a family history or certain other medical conditions.



French Hospital educates people about the importance of adopting a cancer-preventative diet along with practical steps they can take to create healthy eating habits.

Colonoscopy Screening

Although there are other tests for colorectal cancer, the most common screening test is colonoscopy. This procedure allows for direct visualization of the entire colon and rectum, and is usually performed by a gastroenterologist. A colonoscopy is performed for both screening purposes and abnormal results from any other screening test. Before undergoing a colonoscopy, patients prepare by taking special laxative agents to cleanse the colon and the rectum. This ensures that the intestinal lining can be thoroughly inspected for abnormalities. Once the patient is placed under sedation, a long, thin instrument called a colonoscope is inserted gently into the anus and moved slowly through the rectum and colon to the cecum. The colonoscope has a powerful light and small video camera on its tip, which allows for detection and the removal of most polyps. If the result is a normal colonoscopy, the exam does not need to be repeated for 10 years in the average-risk patient.

Colorectal Cancers Education Presentation

Colon cancer is a leading cause of cancer death among the Hispanic population. But the good news is that 60% of colorectal cancer deaths can be prevented with a screening test called a colonoscopy.

To address the need for education within the Spanish-speaking community, Hearst Cancer Resource Center at French Hospital Medical Center offered a free community talk in the SLO north county presented in both Spanish and English. The title of the lecture was **“What Hispanic Men and Women Need to Know about the Importance of Colonoscopy for Colorectal Cancer.”** The presenters were Carlos Hernandez, MD, Gastroenterologist, and Angela Fissell, MS, RDN, Registered Dietitian Nutritionist. In the presentation, our physician expert explained the risk factors, screening recommendations and what to expect during a colonoscopy. The registered dietitian discussed the importance of a cancer prevention diet and outlined practical steps to create healthy eating habits. The goal of the talk was to promote awareness among the Hispanic population of the importance of getting a colonoscopy, address the fears of screening and provide guidance to inspire a healthier diet. Attendees of this lecture completed an evaluation form to assess the effectiveness of the presentation. The following table indicates the colorectal cancer talk was valuable.

Lecture survey outcomes:

N=21 responded • 68% of attendees

	Yes	No
Did this lecture help you to understand the importance of a colonoscopy?	100%	
Are you more likely to schedule a screening colonoscopy?	100%	
Did this lecture help you to institute changes in your current dietary habits?	100%	



Colorectal Cancer Treatment

With improvements in imaging, surgical techniques and chemotherapy, the treatment for colorectal cancer has advanced rapidly over the past several years. As well, it has become clear that treatment outcomes can vary widely based on tumor-specific features. Decisions on treatment are made by patients and their doctors after much consideration on the best options available. These options take into account the stage, location, and other characteristics of the tumor, including the risks and benefits associated with each option. Generally speaking, most people with colon cancer will probably have some type of surgery to remove the tumor. Adjuvant chemotherapy (chemotherapy given after surgery) may also be used, while radiation is used less often to treat colorectal cancer.

Most people with colon cancer will probably have some type of surgery to remove the tumor, which may be followed by chemotherapy.

National Guidelines for Colorectal Cancer

The National Cancer Data Base (NCDB) is a resource jointly sponsored by the American College of Surgeons and the American Cancer Society. This data base contains information on 10 selected cancer sites from more than 1,500 accredited cancer programs across the nation. As an accredited cancer program, FHMC participates in data submission to the NCDB each year. In return, online reporting tools with comparative benchmarks are available to the Cancer Committee at French Hospital for comparison to other facilities of similar size throughout the state, the region, and the country.

Outcome: Using a tool called the Cancer Program Practice Profile Report (CP3R), data from the most recent year submitted to the NCDB (2015) is shown below. For patients receiving colon surgery, 100% of cases eligible were compliant with the measure of quality involving the number of lymph nodes removed and pathologically examined (12RLN). For patients who received chemotherapy, 100% of cases eligible were compliant with the accountability measure of timeliness of treatment based on stage and age (ACT). Patients treated at French Hospital can be assured they are receiving standard of care for colon cancer.

Cancer Program Practice Profile Reports (CP³R) Bladder, Breast, Cervix, Colon, Endometrium, Gastric, Kidney, Lung, Ovary, and Rectum Cancers Diagnosed 2012–2015. French Hospital Medical Center, San Luis Obispo, California

Interpreting This Report: The estimated performance rates shown below provide your cancer program with an estimate of the proportion of patients concordant with measure criteria by diagnosis year. If appropriate the CoC standard and benchmark compliance rate is provided. This application provides cancer programs the opportunity to examine data to determine if performance rates are representative of the care provided at the institution and to review and modify case information using the review function for the measure of interest.

Select Measures: Colon	Measure	CoC Std/%	Estimated Performance Rates (%)
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)	12RLN	4.5/85%	100.00
Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC stage III (lymph node positive) colon cancer (Accountability)	ACT	Not Applicable	100.00



AMERICAN COLLEGE OF SURGEONS
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NCDB
CP3R



Decrease colorectal cancer risk by eating plenty of vegetables, maintaining a healthy body weight and getting screened.

**Questions or concerns?
Contact us.**

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National Guidelines for Colorectal Cancer, continued

The **National Comprehensive Cancer Network (NCCN)** is a not-for-profit alliance of 27 leading cancer centers. Experts from the NCCN have written treatment guidelines for doctors who treat cancer. These treatment guidelines suggest what the best practice is for cancer care. As an accredited cancer program, French Hospital's Cancer Committee must designate a physician member to complete an in-depth analysis to assess and verify that cancer program patients are evaluated and treated according to evidence-based national treatment guidelines, such as those suggested by the NCCN.

Outcome: In 2017, there were 13 cases of colon cancer diagnosed and/or treated at FHMC that were evaluated for compliance with NCCN guidelines for treatment after diagnosis. Cases were reviewed for correct stage assignment, assessment of high risk factors, appropriateness of surgical procedures and use of chemotherapy. Physician analysis determined 100% of the treatment decisions for the cases reviewed followed NCCN guidelines.

Working Together to Provide Quality Care

French Hospital Medical Center's Cancer Committee strives to provide top-notch programs and services to the cancer patients in San Luis Obispo County.

We could not accomplish our goal of increasing our outreach, education, prevention and screening programs without the assistance of our caring community, medical staff, employees, administration and volunteers. Together we continue to deliver the highest quality care for our most vulnerable population.

If you would like more information or have questions or concerns, we invite you to call Hearst Cancer Resource Center at **805.542.6234** or visit our website at www.Dignityhealth.org/frenchhospital.

French Hospital Medical Center

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