

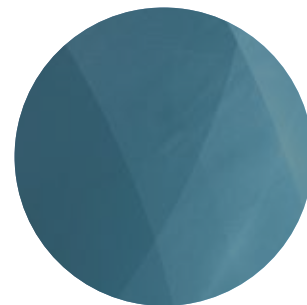


CARING FOR YOU THROUGH UNPRECEDENTED TIMES

DuPage Medical Group's Integrated Oncology Program

Annual Report with Statistical Data from 2019





ANNUAL REPORT

WITH STATISTICAL DATA FROM 2019

In 2020, DuPage Medical Group (DMG) rose to the challenge of continuing to provide high-quality and compassionate healthcare during a worldwide pandemic. COVID-19 did not prevent DMG's Integrated Oncology Program from performing treatments and screenings using the latest techniques or from providing patients and/or community members with life-changing resources. And while COVID-19 changed the way we interacted with our patients, we were still able to provide our communities with oncology classes and events remotely to ensure patient and provider safety.

Our Integrated Oncology Program helps guide patients and caregivers through their cancer diagnosis and treatment. As the program has grown and evolved, our focus has remained centered on providing patients with access to high-quality, personalized care.

DMG is comprised of more than 750 primary and specialty care physicians at over 115 suburban Chicago locations. We remain committed to keeping our patients healthy by offering a full spectrum of preventive exams and screenings as well as a robust team of experts to care for those diagnosed with cancer.

CONTINUED FOCUS ON PATIENT CARE

In 2018, after completing a rigorous re-accreditation process, our Integrated Oncology Program was again awarded a three-year, nationally recognized Freestanding Cancer Center designation by the Commission on Cancer (CoC) and the American College of Surgeons. To maintain our accreditation, our Integrated Oncology Program shared statistical data on our cancer detection and treatment success rates, as well as metrics for many of the process improvement projects that have been implemented over the last five years. Each project was designed to eliminate barriers in access to care and enhance the level of care we provide to our patients.

We are proud to still be the only accredited Freestanding Cancer Center in Illinois, a distinction that demonstrates our unwavering commitment to providing high-quality, patient-centered care.

A YEAR IN REVIEW

NOTEWORTHY ACCOMPLISHMENTS

In 2020, we continued to expand our Integrated Oncology Program to meet the growing and ever-changing needs of our patients by:

- Expanding radiology services at our Lockport Medical Office Building by adding CT, ultrasound, X-ray and a 3T MRI, a wide bore with capabilities of doing breast MRIs and cardiac MRIs in addition to several other advanced imaging exams.
- Expanding our breast services including diagnostic mammograms, breast ultrasound and stereotactic and ultrasound guided breast biopsies at our Bloomingdale location.
- Developing new protocols for 75 percent of prostate cancer patients undergoing robot-assisted laparoscopic prostatectomies (RALP) to return home the day of surgery.



- Opening two new clinical trials in 2020 for our Genitourinary Cancer department. The first trial focused on male patients with de-novo metastatic castrate sensitive prostate cancer with PTEN deficiency. The second trial focused on patients with localized (non-muscle invasive) bladder cancer receiving a new immunotherapy drug.
- Expanding our Multi-Disciplinary Clinic (MDC) program to allow our cancer patients to see their urologist and oncologist at the same appointment.
- Starting a radiofrequency tumor ablation program that includes interventional radiology procedures for kidney, liver and bone tumors.
- Expanding our radiology team of experts to include two new physicians specializing in breast and female imaging, one in neuroradiology and one in body imaging.
- Hosting a free, virtual six-week smoking cessation program this fall for our patients, employees and members of our community. Developed by the Respiratory Health Association, the Courage to Quit® program provides participants with the education and support they need to quit smoking. The program also took place in-person in early 2020.
- Through the DMG Charitable Fund, we continue to provide support for our community partners through grants and sponsorships. Our partnerships enable us to offer our cancer patients and their families valuable support services.

WHY CHOOSE

THE DMG INTEGRATED ONCOLOGY PROGRAM?

We understand that receiving a cancer diagnosis and undergoing treatment can be overwhelming, which is why our oncology team is here to guide you every step of the way. Through our partnerships, we provide our patients and their caregivers with access to a wide range of support services that may be needed during treatment. Support services are available to address any of the physical and emotional needs that may arise, as well as provide access to clinical trials and other emerging treatments.

Our Integrated Oncology Program is comprised of board certified physicians who specialize in medical and radiation oncology, who work alongside specialists including dermatologists, endocrinologists, gastroenterologists, gynecologists, otolaryngologists, plastic surgeons, pulmonologists, radiologists, surgeons and urologists. The program also utilizes physician assistants and nurse practitioners, as well as dedicated nurse navigators, social workers and other support staff. Our team works closely with one another to develop personalized care

plans using the latest treatment techniques and technology to treat all cancer types.

Several of our physicians are fellowship-trained and skilled in advanced procedures, including minimally invasive options and robot-assisted surgery. We offer additional cancer-related services such as infusion, on-site laboratory services and diagnostic imaging. Over the last several years, our academic affiliation with Rush University Medical Center has brought university-level, sub-specialty care to the suburbs. This allows our patients to complete their treatments where they feel the most supported – close to home.





CANCER CONFERENCES

YOUR SECOND OPINION

UNDERSTAND YOUR DISEASE, FEEL
CONFIDENT ABOUT YOUR CARE

Seeking a second opinion following a cancer diagnosis is common and can be a helpful way to learn about available treatment options. This information can help patients feel more confident about their treatment plan and care team.

Our cancer program utilizes a physician-led, team-based approach to develop each treatment plan. To facilitate collaboration among our team of experts, cancer conferences are held regularly, allowing members of the program to present individual cases to a multi-specialty group. Upon extensive review of each case, the team participates in comprehensive treatment planning, taking into consideration any new or emerging treatments and protocols to ensure patients receive a treatment plan best suited to their individual needs. Cancer conferences include all cancer types treated at DMG, such as those of the breast, digestive system, genitourinary system, hematologic, head and neck, lung and bronchus and skin and soft tissue.

2020 SPECIALTY & GENERAL CANCER CONFERENCE

NUMBER OF CASES PRESENTED BY CANCER TYPE

UROLOGY	135
THORACIC	117
BREAST	69
SKIN AND SOFT TISSUE	51
DIGESTIVE TRACT	49

2019 NEW CANCERS DIAGNOSED BY ANATOMICAL SITE

BREAST	731 CASES	THYROID	128 CASES
PROSTATE	467 CASES	LYMPHOMA HD & NHL	91 CASES
DIGESTIVE SYSTEM	333 CASES	GYNECOLOGIC	80 CASES
SKIN - MALIGNANT MELANOMA	279 CASES	LEUKEMIA / MYELOMA	69 CASES
LUNG AND BRONCHUS	240 CASES	HEAD AND NECK	55 CASES
KIDNEY, URETER, BLADDER	178 CASES	ALL OTHER TYPES	50 CASES
TOTAL NEW CASES:			2,701 CASES

THE FIVE MOST FREQUENTLY DIAGNOSED CANCERS

BREAST

2013	339 CASES
2014	422 CASES
2015	473 CASES
2016	557 CASES
2017	602 CASES
2018	697 CASES
2019	731 CASES

PROSTATE

2013	248 CASES
2014	291 CASES
2015	306 CASES
2016	377 CASES
2017	454 CASES
2018	477 CASES
2019	467 CASES

COLORECTAL

2013	76 CASES
2014	111 CASES
2015	126 CASES
2016	169 CASES
2017	209 CASES
2018	233 CASES
2019	333 CASES

MELANOMA

2013	53 CASES
2014	69 CASES
2015	176 CASES
2016	199 CASES
2017	231 CASES
2018	241 CASES
2019	279 CASES

LUNG AND BRONCHUS

2013	121 CASES
2014	124 CASES
2015	133 CASES
2016	178 CASES
2017	244 CASES
2018	236 CASES
2019	240 CASES

2019 CANCERS DIAGNOSED BY GENDER

MALE	# OF CASES	FEMALE	# OF CASES
PROSTATE	467	BREAST	729
MELANOMA OF THE SKIN	142	LUNG & BRONCHUS	136
COLON & RECTUM	197	MELANOMA OF THE SKIN	137
LUNG & BRONCHUS	104	THYROID	76
URINARY BLADDER	76	COLON & RECTUM	136
KIDNEY & RENAL PELVIS	43	NON-HODGKIN LYMPHOMA	32
HEMATOLOGIC	39	URINARY BLADDER	36
NON-HODGKIN LYMPHOMA	59	HEMATOLOGIC	30
THYROID	52	KIDNEY / URETER	23

MEDICAL ONCOLOGY & INFUSION SERVICES

Our board certified medical oncologists and hematologists provide a wide range of services – including the management of chronic and acute non-malignant blood disorders, leukemia and lymphoma and solid tumor treatments – in a compassionate, comfortable environment. Our oncologists stay up-to-date on clinical advancements and updates within National Comprehensive Cancer Network (NCCN) guidelines. Hematology and oncology appointments are offered at eight locations throughout the north, south and west suburbs.

Infusion Center services are an integral part of our cancer program and are available at six convenient locations which include Hinsdale, Joliet, Lisle, Plainfield, Tinley Park and Winfield. Each infusion center is staffed by certified chemotherapy and biotherapy providers, specially trained to administer chemo-toxic drugs and monitor patients while in treatment. Each patient receives a customized infusion treatment plan based on the type of cancer and their specific needs. Additionally, on-site laboratory services are available at each location, as well as clinical pharmacists who oversee the dosing and administration of all medications being infused. This ensures infusion patients are receiving their treatment in a comfortable, safe environment.

Advanced Practice Providers (APP) such as Nurse Practitioners (NP) and Physician Assistants (PA), work closely with physicians to develop care plans for both active cancer patients and those entering post-treatment care. Our APP team also conducts inpatient rounds, performs follow-up visits and assists with managing symptoms and survivorship planning.

We also utilize a dedicated team of nurse navigators, who serve as a single point of contact for patients and caregivers, to be a partner and vital resource throughout the treatment process. Nurse navigators

help ensure patients understand their diagnosis and treatment options, coordinate appointments with other members of the care team, provide education and resources and help find solutions to any barriers to treatment or concerns that may arise. Our nurse navigators have advanced training and are certified through the Oncology Nursing Certification Corporation (ONCC), allowing us to deliver the highest quality care to our patients.

HEMATOLOGIC MALIGNANCIES

For adult patients diagnosed with blood-related malignancies including leukemia, myelodysplastic syndrome, lymphoma and myeloma, our board certified physicians who specialize in hematology and medical oncology work closely with specialists (including radiation oncologists, pathologists, radiologists, advanced practice providers and nurse navigators) to develop a personalized treatment plan for each patient.

To detect blood-related cancers, diagnostic services including blood tests, bone marrow aspiration and biopsy, lumbar puncture to collect spinal fluid, lymph node biopsy or lymph node removal, are often used. Once a diagnosis is made, the stage of cancer can be determined using chest X-ray, CT, PET/CT or MRI. In addition to the information provided by these diagnostic tests, other factors are considered when developing each treatment plan such as the stage of cancer and each patient's overall health and ability to withstand therapy. Treatment options include chemotherapy, radiation therapy, blood or bone marrow transplantation, biological therapy, immunotherapy or a combination of therapies. We are proud to offer patients access to one of the best blood and marrow transplant programs in the area.

PHARMACY SERVICES

We offer specialty pharmacies in the west and south suburbs to provide our patients with a convenient way to obtain their medications, including specialty medications used as part of a cancer treatment plan. Each of our pharmacies is led by clinical pharmacists (PharmD) who specialize in providing pharmacy services to cancer patients.

Our pharmacists oversee treatment plans (per NCCN Guidelines) for accuracy and completeness. They determine the appropriate chemotherapy dosing for each patient based on their body surface area, weight and renal function, while also considering any possible drug interactions and contraindications to therapy. Each pharmacist works alongside our physicians and advanced practice providers to recommend adjustments to drug therapy based on clinical status and treatment outcomes.

Our pharmacy and nursing staff utilize a closed-system transfer device (CSTD) while preparing and administering hazardous chemotherapy drugs. These devices mechanically prohibit the transfer of environment contaminants into the system and the escape of hazardous drug or vapor outside the system, thus protecting the staff handling these drugs.

To provide the most efficient, high-quality care possible, the

pharmacy team has worked to streamline several of their processes. Beginning in 2017, using standards set by the Multinational Association of Supportive Care in Cancer (MASCC) and the evaluation of the effectiveness of our antiemetic regimens using the MASCC screening tool, revised schedules were applied to all our chemotherapy patients' profiles. These tools enable the team to make adjustments tailored to each individual patient, improving patient care and the better overall quality of life for patients during treatment.

In 2019, we implemented a new work queue allowing pharmacists to review patient treatment plans before their appointments. This new process allows the pharmacist to address any contraindications with medications, make any recommendations or necessary adjustments to the treatment plan and proactively send updates to the medical oncologist.

Since 2019, oncologists at our Hinsdale location are able to order certain injectable supportive medications before a patient's appointment and have them delivered for administration during the appointment. This allows patients to receive their medication during their office visits with their medical oncologist, rather than obtaining them at one of our infusion sites.

Pharmacists can also develop and update preference lists for physicians to use that includes information on the safest, recommended administration routes for medications, dosing information and protocol updates. When a new drug is implemented, or if there are changes with drug indications or protocols, our oncology-trained pharmacists offer education for clinical staff, ensuring all aspects of pharmaceutical care provided at DMG are done in a safe and timely manner.

Retail pharmacies are available in Blue Island, Lisle and Tinley Park, offering patients a convenient way to obtain their medications. Our pharmacy staff works closely with our financial navigation team and the national Patient Assistance Network to ensure our patients' out-of-pocket expenses are as low as possible and help to identify financial assistance and rebate programs that may be available. Pharmacy staff can also provide patients with medication counseling and assist with prior authorizations, appeal letters and copay programs that may be needed for certain specialty medications.





RADIATION ONCOLOGY

Radiation therapy is a common treatment method recommended for many cancer patients. Our team of radiation oncologists, physicists, radiation therapists and nurses work alongside one another to develop a thorough, comprehensive treatment plan for each patient. We are committed to providing our patients with safe and effective radiation therapy services using the most advanced technology and treatment techniques to provide personalized, compassionate care for patients.

Our radiation oncology team utilizes state-of-the-art stereotactic radiosurgery to provide targeted treatments for both intra-cranial and extra-cranial lesions, as well as a variety of techniques to treat all other body sites. This leading-edge technology allows us to provide highly effective treatment with unparalleled ease, precision, accuracy and speed. We also provide 3D conformal and intensity modulated radiation therapy (IMRT) and image guided radiation therapy (IGRT) to treat a variety of cancers including those of the brain, breast, extremities, gastrointestinal, genitourinary, head, lung and neck.

In 2019, our team implemented an automated electronic tracking system to follow each patient's progress throughout their treatment. This helps

guide treatment planning during weekly follow-up visits with their radiation oncologist. Our team also utilizes a new, streamlined process to create survivorship care plans for patients, based on the recommendations and standards set by the CoC.

Our Radiation Oncology team is comprised of expert physicians who are leaders in their field. In fact, three of our radiation oncologists were recognized in Chicago Magazine's 2020 Top Doctors List following last year's appearance. In 2018, one of our radiation oncologists was selected for the prestigious American Brachytherapy Society (ABS) Fellowship. This distinction is awarded to members of ABS with a minimum of 15 years of active involvement and at least a decade of extensive service to the Society.

Depending on the type of cancer, cancer staging and the overall health of the patient, radiation therapy treatment may include:

EXTERNAL BEAM RADIATION THERAPY

Intra-cranial radiation therapy at DMG uses an advanced, frameless approach, providing patients with a more comfortable experience without

sacrificing accuracy. While highly complex, this technique is conducted in a less restrictive way, minimizing fears of claustrophobia. The procedure is done under the guidance of Vision RT, an optical surface monitoring system (OSMS), using infrared lights to monitor thousands of points across the body to help precisely position the body and monitor the patient's movement throughout the treatment. The OSMS software automatically interrupts treatment if the patient moves outside of the carefully calculated parameters. This safety measure ensures that the radiation is only delivered to the exact location of the tumor. OSMS may be utilized as an advanced treatment option for patients with breast cancer located on their left side.

Our team also utilizes a technique known as Deep Inspiration Breath-Hold (DIBH). Before beginning the treatment, the patient is instructed to take a deep breath, which creates a larger space between the patient's breast and the heart. Increasing the distance between the heart and breast helps preserve a greater amount of healthy heart tissue. When an OSMS may be used along with DIBH, we can ensure the patient is aligned and the necessary amount of air is present in the lungs, increasing the accuracy and delivery of treatment.

External Beam Radiation therapy is offered at our Lisle Medical Office building.

HIGH-DOSE-RATE BRACHYTHERAPY RADIATION

We also offer high-dose-rate (HDR) brachytherapy radiation therapy that accurately administers high doses of radiation to localized, impacted areas of the body, using a small radioactive source. This service is used to treat cancers in many areas of the body, including breast, gynecological and skin cancers. To treat skin cancers, the radiation is applied topically to a specific area, allowing the radiation to target only the impacted area and reduce the effects on the surrounding skin

and tissue. For both gynecological and breast cancers, HDR brachytherapy is completed using specialized applicators that allow the radiation to be delivered internally, targeting only the area of disease.

In some cases, a specialized HDR brachytherapy technique known as accelerated partial breast irradiation (APBI) may be recommended. APBI treatments require a team-based approach and are performed by specialists from both surgery and radiation oncology. Our physicians work closely with one another to deliver radiation treatments locally to the lumpectomy bed. This technique allows patients to receive an accelerated rate of radiation treatments and is administered over the course of a five-day period, compared to the standard three to five-week course of radiation, while sparing healthy breast tissue. HDR brachytherapy can be used as an alternative to external beam radiation therapy or be given as a supplemental treatment for areas of high risk.

In 2019, we welcomed the Chicago Prostate Cancer Center (CPCC), now known as the DuPage Medical Group Surgery Center Westmont, to DMG and the Integrated Oncology Program. The CPCC is one of the most experienced facilities worldwide in delivering specialized brachytherapy treatments using a seed implantation of radioactive material to treat certain prostate cancers. Published research from the CPCC's 20 years of experience has greatly contributed to the management of prostate cancer and allows us to provide patients with highly effective, evidence-based treatment. Brachytherapy seeded implants are performed as an outpatient procedure. This allows patients to resume work or their normal activity quickly, has relatively low rates of complication and preserves their quality of life. Additionally, brachytherapy implants, in locally advanced prostate cancers combined with external beam radiation, have proven to be an effective treatment option for high risk patients.

RADIOLOGY

Patient education, preventive screenings and early detection all play an important role in increasing the overall success of cancer treatment and survival rates. Advanced imaging and diagnostic testing can quickly and accurately identify cancer and aid in the development of each patient's treatment plan.

We offer patients convenient access to state-of-the-art diagnostic imaging. Several of our locations offer appointments seven days a week – including weekend and evening hours – throughout the Chicagoland suburbs. All our flagship radiology sites are accredited through the American College of Radiology (ACR) and utilize low-dose protocols that minimize radiation exposure to the patient while maintaining the quality of the images.

Diagnostic testing provided at DMG is led by our team of board certified radiologists – many of whom have additional sub-specialized training, including our dedicated breast services team – allowing them to provide a higher level of clinical accuracy and expertise to better guide patient care. In 2020, we welcomed four fellowship-trained radiologists to our team of experts, two who sub-specialize in breast and female imaging, one in neuroradiology and one in body imaging.

In 2020, we expanded our radiology services to include CT, MRI, Ultrasound and X-ray services at our Lockport Medical Office Building. Our Bloomingdale location now has diagnostic mammograms, breast ultrasound and stereotactic and ultrasound guided breast biopsies.

MRI

MRI services are offered at ten DMG locations, spanning the Chicagoland suburbs from Hoffman Estates to Tinley Park. We offer both 1.5T and 3.0T imaging capabilities and utilize advanced MRI techniques including:

- *Cholangiography which is used to view bile ducts, identify any abnormalities and diagnose bile duct cancer.*
- *MR spectroscopy which scans the brain or spine and measures the chemical makeup of a suspected tumor.*
- *Whole-body diffusion-weighted MRI, the gold standard for assessing patients with multiple myeloma.*
- *Multi-parametric MRI prostate exams, an effective way to view the prostate gland and aid in prostate cancer detection. It can also measure and identify the size and location of a tumor and help to determine if the tumor has spread outside of the prostate gland.*

In addition to traditional MRI services, we offer "wide bore" MRI scanners at our Bloomingdale, Glen Ellyn, Hinsdale, Lisle, Lockport and Naperville locations. These scanners provide increased patient comfort during testing and often can be used for patients who may not have been a candidate for traditional MRI scans.

PET/CT

Positron emission tomography (PET) scanners use small amounts of radioactive materials called radiotracers, a special camera and computer to help the radiologist evaluate a patient's organ and tissue function by providing full body imaging for most oncological indications. Today, most PET scans are performed on instruments that combine PET and CT scanners.

Combined PET/CT scanners can provide more accurate diagnoses than the two tests performed separately. The combined scans produce images that allow the radiologist to pinpoint the anatomic location of abnormal metabolic activity within the body. PET/CT bone scans can also be used to evaluate metastatic bone disease.

We also utilize two recently FDA approved PET/CT imaging agents, the 18F-fluciclovine (Axumin) and 68Ga-DOTATATE (NETSPOT). Axumin can be used for men when a recurrence of prostate cancer is suspected. NETSPOT can help locate tumors in adult and pediatric patients with somatostatin receptor-positive neuroendocrine tumors. PET/CT scans are offered at our Lisle and Tinley Park locations.

NUCLEAR MEDICINE

General nuclear medicine procedures are available at four of our locations, Blue Island, Lisle, Naperville and Tinley Park. Therapeutic procedures using I-131 therapy to treat cancer and other medical conditions affecting the thyroid gland are offered in Blue Island, Lisle and Naperville. In Lisle and Naperville, lymphoscintigraphy procedures are available that allow surgeons to determine which lymph node a tumor drains first, providing information used for breast cancer and melanoma staging.



INTERVENTIONAL RADIOLOGY

Our Interventional Radiology (IR) program includes board certified IR physicians who utilize advanced imaging techniques that allow them to perform minimally invasive procedures that are often more cost-effective, provide reduced recovery times and may be safer than other traditional treatment options, all in the comfort of our outpatient radiology center.

IR can be used throughout cancer treatment and can be used to diagnose certain types of cancer using needle biopsy as an alternative to a surgical biopsy. Other IR procedures, like central venous access using a catheter, allow patients to receive their medications, including antibiotics or chemotherapy, directly into their bloodstream. Additionally, paracentesis and thoracentesis procedures are used to remove the excess fluid that accumulates in the pleural space or abdominal cavity, a common side effect of certain forms of cancer, including breast, lung, colon and ovarian.

A wide variety of conditions can be treated with non-surgical IR techniques, including:

- Abscess, hematoma and/or fluid collection
- Certain cancers including those of the bone, kidney and liver

- Chronic pelvic pain in women
- Peripheral Artery Disease (PAD)
- Spinal compression fractures
- Uterine fibroids
- Varicocele
- Vascular Access
- Varicose veins

IR procedures often used for cancer treatment include:

- Biopsies including bone, kidney, liver, lymph node and thyroid
- Bone tumor ablation with Kyphoplasty
- Kidney and liver tumor ablation
- Medi-ports
- PleurX catheters
- Paracentesis
- Thoracentesis

Over the past year, the radiology department began a radiofrequency tumor ablation program. The program includes interventional radiology procedures for kidney, liver and bone tumors. Tumor ablation procedures, which are minimally invasive treatments that destroy specific areas of tissue using extreme temperatures, were added to our IR program in 2019. These procedures are available in our full-service procedure suite in Lockport.



BREAST CANCER

Breast cancer occurs in approximately one out of every eight women in the United States and continues to be a key area of focus for our Integrated Oncology Program, as it accounts for the largest percentage of cancer cases at DMG. Our dedicated care team includes highly skilled radiologists who specialize in breast services, advanced screening and treatments and offer a wide range of support services. Available screening and diagnostic breast services include clinical breast exams and education, screening and diagnostic digital/3D mammography, breast ultrasound, breast biopsy (ultrasound, stereotactic, MRI and open surgical) and breast MRI.

Our Breast Centers in Bloomingdale, Hinsdale, Joliet, Lisle and Naperville are designated as Breast Imaging Centers of Excellence by the American College of Radiology (ACR). Beginning in 2020, our Bloomingdale location became the newest to join the list as they began providing stereotactic breast biopsies. To be eligible for this designation, a facility must meet accreditation quality standards set by the ACR for all of the following:

- *Breast MRI*
- *Breast ultrasound (including ultrasound-guided breast biopsy)*
- *Mammography*
- *Stereotactic breast biopsy*



3D MAMMOGRAPHY

Mammography is the first line of defense in detecting breast cancer. 3D mammography, also known as breast tomosynthesis, is an advanced screening option that allows the radiologist to view breast tissue with greater detail, one layer at a time rather than as a single, flat image. This allows the radiologist to better interpret any abnormalities and provide more accurate results, reducing the rate of false positive readings and callbacks. Today, nearly all our locations throughout the Chicago suburbs that offer breast screenings are equipped with 3D mammography.

As of October 2020, we performed more than 52,000 mammograms. To emphasize the importance of regular screenings and to encourage patients to stay up-to-date with their screenings, yearly mammogram reminders are emailed to patients when they are due for their exams. For added convenience, current patients do not need a primary care physician's order to schedule a screening mammogram. Patients can also request an appointment online, making access to care easier than ever before. Once the mammogram has been completed, results are sent automatically through our electronic medical record system to the patient's primary care physician. Patients who are signed up for MyDMGHealth are notified of mammogram results electronically.

If a patient is diagnosed with cancer, several treatment options are available. Treatment recommendations are based on the patient's overall health and specific cancer case, and can include one or more of the following – surgery, radiation and chemotherapy, as well as advanced breast reconstruction surgery following treatment.

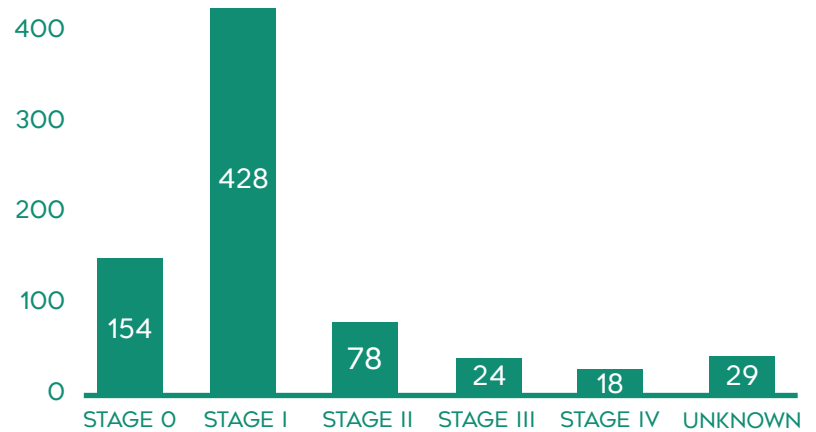
Our oncology program includes breast surgeons who are sub-specialized and trained in the latest techniques relating to breast surgery. Our surgeons have patients' best interests in mind, striving to offer breast-conserving procedures whenever possible and are trained in lymph node-related procedures that help to evaluate the spread of disease. As of September, we performed more than 1,000 breast cancer-related surgeries, including 748 lumpectomies and 289 mastectomies in 2020.

HIGH RISK BREAST CLINIC

Led by a dedicated team of healthcare professionals, our High Risk Breast Clinic (HRBC) offers comprehensive breast services and support resources for patients considered to be at a high-risk or who have a genetic predisposition of developing breast cancer. HRBC services include cancer screenings, genetic risk evaluations and genetic testing. During a HRBC appointment, a patient's detailed personal and family history is reviewed to determine if additional screenings or genetic testing are needed to further evaluate their risk. Once the patient's risk has been assessed, they will receive an individualized screening schedule to monitor their breast health. High Risk Breast Clinic services are offered in Hinsdale, Joliet, Lisle and Naperville.



2019 BREAST CANCER BY STAGE GROUP



2019 BREAST CANCER PATIENT'S AGE AT THE TIME OF DIAGNOSIS

0-29	0 CASES
30-39	28 CASES
40-49	121 CASES
50-59	165 CASES
60-69	209 CASES
70-79	146 CASES
80-89	52 CASES
90+	10 CASES
TOTAL CASES:	731 CASES
AVERAGE AGE AT TIME OF DIAGNOSIS: 61	

ADVANCED BREAST RECONSTRUCTION

Our plastic surgeons offer breast reconstruction options using leading-edge surgical techniques. Advanced reconstructive options include pre-pectoral breast reconstruction, which reduces the risk of postoperative complications such as muscle animation deformity, and enhances the overall aesthetics of the reconstruction. Reconstructive surgical techniques are individualized to each patient, using a patient's own tissue, which can involve placement of an implant above or below the muscle.

PERFORMANCE MEASURES MONITORED BY COMMISSION ON CANCER

Evidenced-based or accountability measures promote improvements in care delivery and are the highest standard for measurement. These measurements demonstrate provider accountability and promote transparency. The table below illustrates our ongoing commitment to achieve these quality measures and deliver the highest level of care to our patients. These quality metrics are reviewed quarterly and shared with the cancer committee. We are in full compliance with national quality metrics, which gives our patients confidence that they are receiving the highest quality of care available.

CP3R DATA RELEASED ON FEBRUARY 14, 2019

Accountability Measures – Required Performance Rate – 90%	DMG's Performance Rate %
Radiation therapy administered within 365 days after first diagnosis for women under age 70 who received breast conservation surgery (BCSRT)	100
Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under age 70 with AJCC – T1cN0M0 or stage II or stage III hormone receptor negative breast cancer (MAC)	100
Tamoxifen or third generation aromatase inhibitor is considered or administered within 365 days of diagnosis for women with AJCC T1cN0M0, stage II or stage III hormone receptor positive breast cancer (HT)	100
Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes (MASTRT)	100
Quality Improvement Measure – Required Rate – 80%	
Image or palpation-guided needle biopsy (core or FNA) of the primary site is performed to establish diagnosis of breast cancer nBx – (breast needle biopsy)	100

ROBOTIC SURGERY

Robotic surgery is the most progressive form of minimally invasive surgery available today. We are proud to offer one of the most comprehensive robotic programs in the region. Our Robotic Surgery Program includes more than 40 skilled surgeons from multiple specialties, including general surgery, gynecology, otolaryngology (ENT) and urology. Our surgeons have expertise in numerous robot-assisted procedures, including several complex cancer-related surgeries. Using the da Vinci® Surgical System, which provides increased vision, precision, dexterity and control,

our surgeons can perform complex surgeries with just a few tiny incisions.

With its stereoscopic, 3D imaging and precision guided wrist movements, the robotic-assisted system allows surgeons to combine the best of laparoscopy and regular open surgery techniques. Across the group, DMG surgeons perform more than 1,000 robot-assisted procedures each year.

GENITOURINARY CANCER

Our Men's Health Clinic is designed to provide male patients with increased access to care, including consultations to manage their prostate health, cancer screenings and treatment for a wide-range of male-specific concerns. These appointments are available at our 10 urology locations throughout the Chicago suburbs. For added convenience, appointments are also available on Saturdays at our Lisle Medical Office Building. Our team of board certified urologists, including our newest addition of a male infertility fellowship trained provider, work with each patient to develop a treatment plan that is customized to meet their individual needs. For those requiring additional support following surgery, our patients can attend a prostate and bladder cancer support group or receive men's health rehabilitation services at the Waterford Place Cancer Resource Center in Aurora.

To aid in the detection of prostate cancer, diagnostic tests and physical examinations including prostate specific antigen (PSA) tests, digital rectal exams (DRE), 4K Score and multi-parametric MRI of the prostate are used. In 2020, more than 68,000 PSA tests were ordered and drawn across DMG and approximately 1,320 MRIs of the prostate were completed. Available testing for bladder and kidney cancer includes rectal/vaginal examinations, urine tests, imaging including CT, MRI, PET/CT scans, F18 Sodium Fluoride PET Bone scan or cystoscopy and biopsy procedures.

For patients with known or suspected familial disorders, genetic testing may also be used to help determine the presence of a specific hereditary abnormality and the risk of a patient (or other family member) developing prostate cancer in the future. Our urologists utilize epigenetic testing, including OncotypeDx, Prolaris, ConfirmMDx and Decipher for prostate cancer screening.

In 2020, we expanded our Multi-Disciplinary Clinic (MDC) program. This program allows our cancer

patients to streamline the consultation process as they see their urologist and oncologist at the same time. The MDC program continues to grow as more patients utilize this convenient opportunity.

The program, launched in 2018, strives to provide a more convenient visit for our patients as they are navigating through a difficult time. Our multi-disciplinary team includes radiation oncologists, urologic oncologists, medical oncologists, radiologists, pathologists and oncology nurse navigators who meet bi-monthly to review genitourinary cancer cases and develop personalized care plans. DMG continues to provide an integrated approach to care plans by utilizing virtual meeting platforms during COVID-19. These site-specific care conferences allow our experts to continue to provide our patients exceptional, individualized care. Many factors are considered during the treatment planning including the stage of cancer, overall health and ability to withstand therapy. Based on these factors and depending on screening results, treatment recommendations may include active surveillance (prostate cancer), surgery, chemotherapy, radiation therapy or a combination of methods.

For those with prostate cancer, multi-specialty appointments are offered Monday through Thursday at our Lisle Medical Office Building. For those who have been diagnosed with an advanced genitourinary cancer (including those of the bladder or kidneys) who are considering chemotherapy or other medical oncology treatments, appointments are available on Tuesdays and Wednesdays at our Lisle locations. To date, 90 patients have completed a multi-specialty appointment in 2020.

This year, we expanded our urology department by adding a new physician who is a fellowship trained male fertility specialist. He will focus his practice on fertility and men's health.

Our Urologic Oncologists offer minimally invasive treatment options for bladder, kidney, prostate, testicular and ureteral cancers. We are proud to be one of the few programs in the Chicago area that offer robotic cystectomy to treat bladder cancer. The procedure involves removing part or the entire bladder, along with lymph node dissection and urinary diversion, using small keyhole incisions.

Other advanced robot-assisted urology procedures offered at DMG Include:

- *Nerve-sparing radical prostatectomy for those with prostate cancer*
- *Radical cystectomy with intracorporeal urinary diversion used to treat bladder cancer*
- *Partial nephrectomy, radical nephrectomy and retroperitoneal lymph node dissection for kidney cancers*
- *Retroperitoneal lymph node dissection to treat testicular cancer*
- *Salvage prostate cryotherapy (cryoablation) as an alternative to hormone treatment for recurrent prostate cancer (as long as the cancer has not spread beyond the prostate)*

In 2020, more than 200 prostatectomies and 149 nephrectomies were performed.

Our Genitourinary Cancer department opened two new clinical trials in 2020. The first trial focuses on male patients with de-novo metastatic castrate sensitive prostate cancer with PTEN deficiency. The second trial focuses on patients with localized (non-muscle invasive) bladder cancer receiving a new immunotherapy drug.

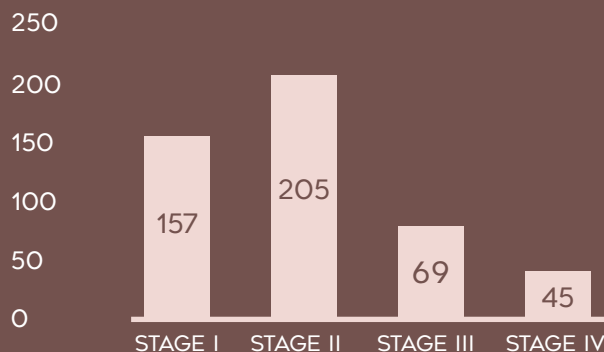
Our Urologic Oncologists are also working on a novel diagnostic approach for men with suspected prostate cancer. The new approach is based on image-guided targeted trans-perineal biopsy of the prostate. Using this approach instead of the existing trans-rectal approach will help eliminate potential infections, improve accuracy of samples and overall comfort for the patient.

The department is also establishing a new treatment for men with localized prostate cancer. The new treatment is based off Irreversible Electroporation (IRE) for focal treatment of the gland. New protocols for prostate cancer patients undergoing robot-assisted laparoscopic prostatectomies (RALP) were developed as the COVID-19 pandemic began. More than 75 percent of these patients will now go home the day of surgery.

CANCER STAGE AT TIME OF DIAGNOSIS

STAGE I	157 CASES
STAGE II	205 CASES
STAGE III	69 CASES
STAGE IV	45 CASES

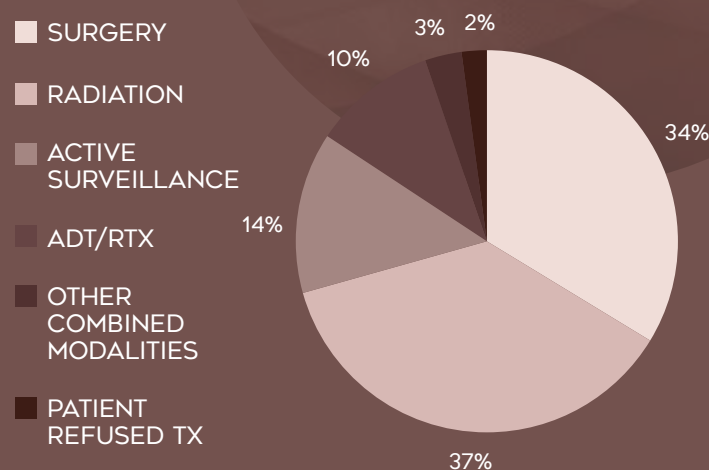
PROSTATE CANCER STAGE AT DIAGNOSIS N = 476



TREATMENT ADMINISTERED

SURGERY	163 CASES
RADIATION	180 CASES
ACTIVE SURVEILLANCE	66 CASES
ANDROGEN DEPRIVATION	51 CASES
OTHER, COMBINED TREATMENTS	15 CASES
REFUSED TREATMENT	10 CASES

PROSTATE TREATMENT MODALITIES ADMINISTERED AT DMG



GASTROINTESTINAL SERVICES

Our gastrointestinal (GI) program offers patients a comprehensive approach to the screening, diagnosis and treatment of GI cancers.

Colorectal cancer remains one of the most diagnosed cancers in the United States yet screening rates for colorectal cancer remain below the national goal.

Beginning in 2017, to help support the nationwide goal to raise the overall screening rate, we implemented an outreach program to increase patient awareness and education on the importance of screening for colorectal cancer.

In addition to increased patient education and outreach efforts, we have continued to grow our gastroenterology department by providing increased access to gastrointestinal services including endoscopic procedures and colonoscopies. In an effort to make completing

a screening colonoscopy as easy as possible, we offer virtual appointments utilizing video visits within MyDMGHealth. Eligible patients can receive a preprocedural assessment with one of our Advanced Nurse Providers (APN), saving them a trip to the office. In 2020, we performed more than 28,000 colonoscopies with an adenoma detection rate of 45 percent. We also utilize five free-standing endoscopy centers in Hoffman Estates, Lockport, Oakbrook Terrace, Tinley Park and Warrenville.

At DMG, we screen for gastrointestinal cancers utilizing a variety of tests, including fecal occult blood testing, stool DNA tests, colonoscopy, sigmoidoscopy, CT colonography and double contrast barium enemas. Under the guidance of an interventional gastroenterologist, advanced testing including radiofrequency ablation (RFA) and endoscopic mucosal resection (EMR) are also available for appropriate patients.

PERFORMANCE MEASURES MONITORED BY COMMISSION ON CANCER

Evidenced-based or accountability measures promote improvements in care delivery and are the highest standard for measurement. These measurements demonstrate provider accountability and promote transparency. The table below illustrates our ongoing commitment to achieve these quality measures and deliver the highest level of care to our patients. These quality metrics are reviewed quarterly and shared with the cancer committee. We are in full compliance with the national quality metrics, which gives our patients confidence that they are receiving the highest quality of care available.

COMMISSION ON CANCER QUALITY MEASURE

7.1 ACCOUNTABILITY AND QUALITY IMPROVEMENT MEASURES

Measure: Quality Measure – Standard 4.5

Measure: Quality Improvement – 7.1 Accountability and Quality Improvement Measures

Management criteria:

ACT: Adjuvant chemotherapy for lymph node positive colon cancer (NQF 0223 – Accountability)

NQF Measure 0223: Adjuvant chemotherapy is recommended or administered within four months (120 days) of surgery to patients under the age of 80 with AJCC III (lymph node positive) colon cancer.

Required Performance Rate – 85%

DMG Compliance – 100%

If colorectal cancer is detected, a variety of surgical treatments are available. Surgical treatment options available at DMG include:

Transanal Surgery, a minimally invasive approach that can preserve much of the rectum and bowel function while allowing patients to avoid abdominal surgery.

Transanal Endoscopic Microsurgery (TEM) uses a closed tube system to open the rectum with air and a small camera for better visibility and precision that allows larger growths to be removed.

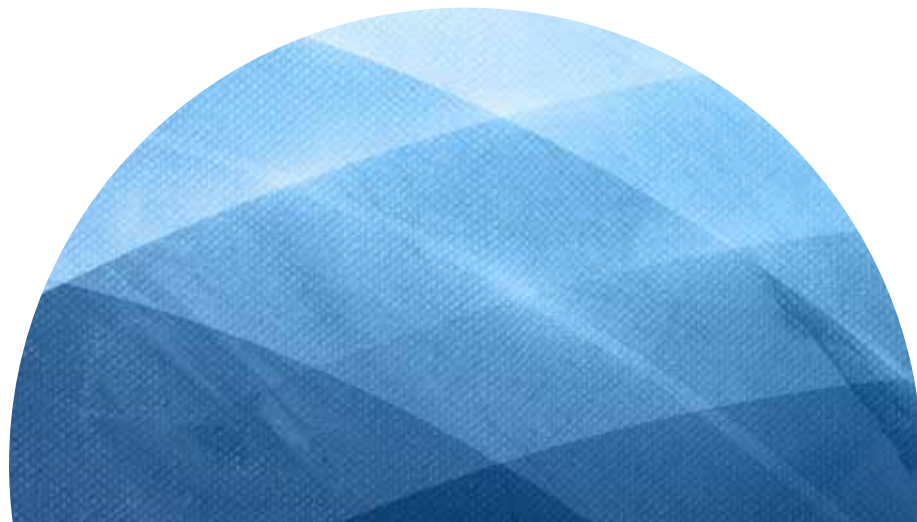
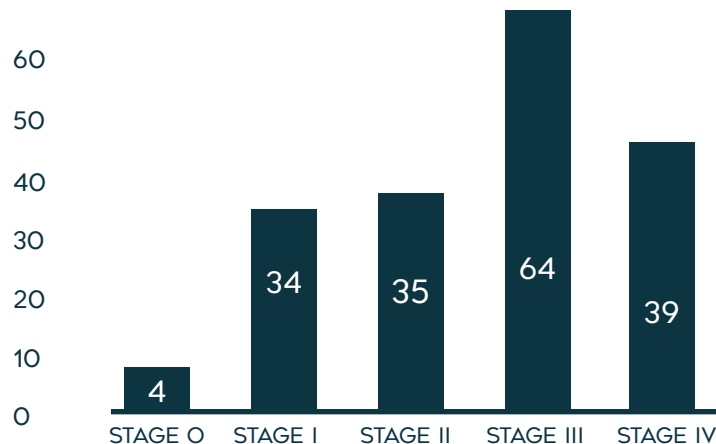
Transanal Minimally Invasive Surgery (TAMIS) is one of the newest treatment techniques for polyps and early-stage rectal cancer. This minimally invasive,

hybrid approach first became available in 2009 and combines the benefits of transanal surgery (excellent visibility) with the benefits of TEM while using conventional laparoscopic instruments, making it an effective treatment option. It is also leading to new techniques for rectal surgery, such as transanal total mesorectal excision (taTME).

Our surgeons provide full surgical capabilities to treat gastrointestinal cancers while striving to best preserve our patient's overall quality of life. We continue to expand our GI program by continuing to grow in physicians and locations. In late 2019, we added two new GI physicians to our team and opened two new locations in Elgin and Lockport.

IN 2019, 176 NEW COLORECTAL
CANCER CASES WERE DIAGNOSED.

COLORECTAL CANCER BY STAGE AT TIME OF DIAGNOSIS





HEAD & NECK CANCER

Cancer can develop in many locations in the head and neck, and the treatment of head and neck cancer is complex. Depending on the location, it can affect vital functions such as breathing, speaking, swallowing, hearing and smelling.

Currently, there is no screening method that has proven to improve survival rates for those with head and neck cancers. Because of this, we encourage our patients to complete a yearly physical exam with their primary care provider which includes a physical examination of the neck and throat. Additionally, patients between ages 9 and 26 are encouraged to get the Human Papillomavirus (HPV) vaccine to prevent becoming infected with a virus that may become cancerous.

Eighty-five percent of head and neck cancers are linked to tobacco use, including smoking or smokeless tobacco. We emphasize the importance of quitting smoking to reduce risk and provide smoking cessation resources to our patients.

Identifying the cancer and determining if it has spread (i.e. staging the cancer) is an important first step in developing a treatment plan. To detect cancers of the head and neck, we utilize state-of-the-art diagnostic testing such as endoscopy, imaging (CT, PET/CT, MRI, chest X-ray and ultrasound), fine needle aspiration and biopsy.

Not all cancers respond in the same way to treatment, which is why we utilize advanced techniques in molecular testing that enable us

to thoroughly evaluate cancer specimens. These markers help us determine the best treatment for each individual cancer so we can provide more accurate prognostic information. For individuals with a family history of certain cancers, genetic testing is also available. Surgical options vary depending on the type and location of cancer and can include minimally invasive, endoscopic and robotic procedures. Our program includes one of the few physicians in the Chicago area trained in robot-assisted surgery for the head and neck. Transoral Robotic Surgery (TORS) is available for the treatment of oral cancers in the throat, base of the tongue and tonsils that would otherwise be challenging to reach. TORS can provide additional benefits such as reduced recovery times, fewer complications, less risk of infection and no visible scarring. There is also a high probability that no additional treatments will be needed, decreasing the risk of injury to the muscles used to swallow and the surrounding nerves.

Surgical treatment for head and neck cancer may be combined with reconstructive surgery, chemotherapy or radiation therapy (external beam or brachytherapy). All treatments are focused on preserving as much appearance, speech, taste and swallowing function as possible.

Our Otolaryngology department includes board-certified physicians trained in head and neck cancers, providing care at nine different locations.

PANCREATIC, LIVER, BILIARY (HPB) CANCER

Our hepatopancreatobiliary (HPB) program provides a personalized and comprehensive approach to the diagnosis and treatment of benign and malignant diseases of the liver, gallbladder, bile ducts, pancreas and duodenum.

HPB cancers are some of the most complex and challenging cancers to treat because their incidence is relatively low, there are no reliable screening tests, symptoms generally emerge in the late stages and they are often very aggressive. Our physicians utilize a wide variety of techniques including advanced diagnostic imaging and endoscopic interventions to investigate symptoms, diagnose and develop an individualized treatment plan as quickly as possible.

Diagnostic testing used to diagnose HPB cancers include blood tests, trans-abdominal ultrasound, upper endoscopy and endoscopic ultrasound (EUS) with fine-needle aspiration (FNA), CT or MRI and Endoscopic Retrograde Cholangiopancreatography (ERCP) with cholangioscopy or pancreatoscopy for direct visualization of the bile and pancreatic duct.

PET/CT scans are often used to assist with staging and treatment planning.

In many cases, patients with HPB cancers require a combination of multiple types of treatment including chemotherapy, surgery and radiation therapy. Our multi-disciplinary team meets monthly to discuss challenging HPB cancer cases, leveraging the team's expertise to determine the type and timing of treatment to offer.

Our surgeons who specialize in HPB cancers are experts in surgical resections and have advanced training to offer open, laparoscopic and robot-assisted surgery options including intraoperative ultrasound and ablation techniques that use microwaves or radiofrequency to burn tumors.

While surgery is the primary treatment used for HPB cancers, radiation therapy and systemic chemotherapy are also available and can be used along with surgery or as an alternative treatment option when surgery is not feasible or appropriate.



THYROID CANCER

Thyroid cancer is the most diagnosed endocrine cancer and the fastest increasing cancer (by new diagnoses) in both men and women. At DMG, we remain focused on the prevention, diagnosis and treatment of all endocrine cancers including thyroid, parathyroid, adrenal, pancreatic, pituitary, testicular and ovarian tumors.

Our thyroid cancer program strives to create personalized treatment plans that address not only the disease, but also takes into consideration the patient experience and individualized needs. This approach ensures that all questions are answered, and every available treatment option is considered. We are committed to educating patients on the role their family history plays, as well as other risk factors that may increase their likelihood of developing an endocrine related malignancy, such as avoiding unnecessary exposure to radiation and other endocrine-disrupting and/or carcinogenic compounds.

We believe that excellent patient care is a combination of leading-edge medicine, surgical techniques and a strong partnership with each patient to provide support and guidance through the entire treatment process. Our care team works diligently to ensure patients feel confident in their treatment plan and understand each step in their care.

LUNG CANCER

Thanks to advancements in available screenings and treatment options, the outlook for someone diagnosed with lung cancer is better than ever. Patients who are considered at a higher-than-average risk of developing lung cancer, including those with a personal history of smoking and other risk factors, may be eligible to receive low-dose CT scans at one of our convenient radiology locations. Low-dose CT scans can aid in detecting cancers earlier, before they have had a chance to spread and when they are easier to treat. To make scheduling easier and increase access to these screenings, patients can request an appointment for a low-dose CT scan online.

LUNG CANCER SCREENING

Our radiology department is designated as a Lung Cancer Screening Center through the American College of Radiology. Most of our CT locations are accredited and meet the requirements specified by Centers for Medicare and Medicaid Services to perform low-dose computed tomography (LDCT) for Medicare eligible members who meet certain criteria. Using a LDCT scan is the leading method for early detection of lung cancer and is recommended by the United States Preventive Services Task Force. A study conducted by the National Cancer Institute confirmed these screenings reduce the mortality rate from lung cancer by 20 percent for people considered to be high-risk. As of early December, DMG has provided 1,857 Lung Cancer Screening CTs in 2020.

LDCT exams are recommended for those who meet the following guidelines:

- *Are between the age of 55 and 77 and are either current smokers or have quit smoking within the past 15 years*
- *Asymptomatic (no signs or symptoms of lung cancer)*
- *Individuals with a tobacco smoking history, average of one pack per day for 30 years*
- *A current smoker or one who has quit smoking within the last 15 years*

This testing is also available for patients with commercial insurance or on a self-pay basis. As of October 2020, we provided low-dose CT screens to approximately 1,600 patients.

LUNG CANCER TREATMENT

Based on the diagnostic results and cancer staging, our skilled team of pulmonary physicians works alongside a multi-disciplinary team to evaluate all available treatment options and select the most appropriate treatment plan for each patient's needs, including innovative radiation therapies and surgical techniques. In 2020, we expanded our team by adding a pulmonologist to the group.

Our pulmonologists utilize innovative techniques including endobronchial ultrasound bronchoscopy (EBUS) to diagnose lung cancer.

EBUS is a minimally invasive procedure used in the diagnosis and staging of lung cancer and other diseases causing enlarged lymph nodes in the chest. EBUS is less invasive than traditional methods, provides real-time imaging and lets the physician easily view difficult-to-reach areas. Pulmonary specialists also routinely use advanced bronchoscopy techniques such as electromagnetic navigational bronchoscopy and radial probe endoscopic ultrasonography, to biopsy peripheral lung nodules. Navigational bronchoscopy can also be used to place fiducial markers used in stereotactic body radiation therapy.

As a first line of defense against lung cancer, we offered a free, virtual seven-week smoking cessation course to support patients in their efforts to quit smoking. The Courage to Quit® program was developed by the Respiratory Health Association and was held as a virtual program this fall. The program provides participants with the education and support needed to lead a smoke-free life and is available to assist patients, employees and other members of the community.

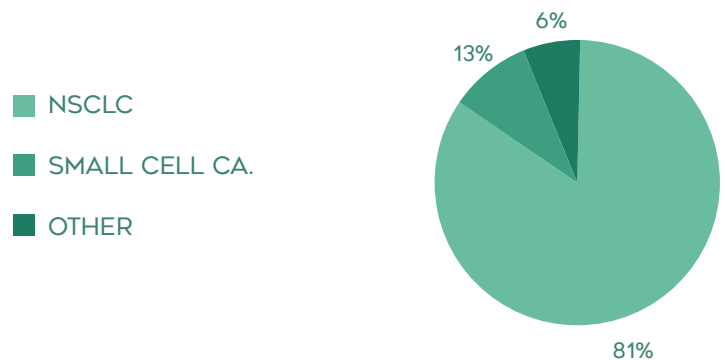
Last year, members of our Integrated Oncology Program committee advocated on behalf of the updated tobacco sale legislation known as Tobacco 21. This formally passed legislation shifted the age individuals can legally purchase tobacco products to 21 rather than 18. Our program also continues to monitor the harmful effects of vaping and are committed to providing ongoing patient education to encourage a smoke-free lifestyle.

Beginning in 2016, our Integrated Oncology Program implemented quality measures for its Lung Cancer Program to ensure we were providing patients with the highest quality care. Since then, we have monitored these metrics quarterly, which is in compliance with national standards. The table below highlights our commitment to providing our lung cancer patients with the best care possible.

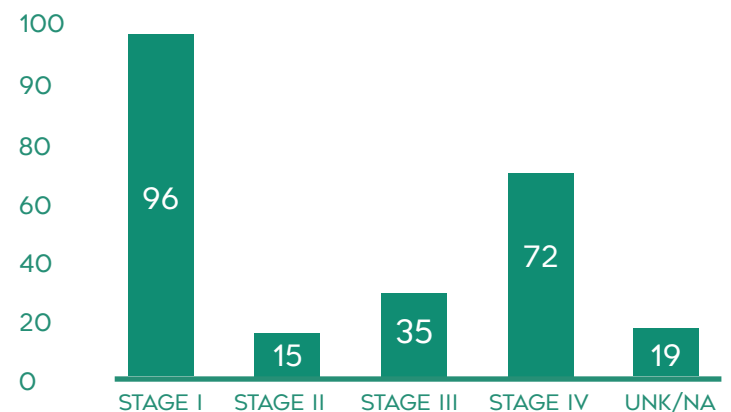
2019 LUNG CANCER BY CELL TYPE

NON-SMALL CELL CARCINOMA	192 CASES
SMALL CELL CARCINOMA	31 CASES
OTHER	14 CASES

2019 LUNG CANCER BY CELL TYPE



2019 LUNG CANCER STAGE GROUP



COMMISSION ON CANCER MEASURES FOR QUALITY OF CANCER CARE

Non-Small Cell Lung – Quality Improvement Measure – Rate 85%

DMG Concordance %

Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic, lymph node-positive (pN1) and (pN2) NSCLC (LCT)

100%

Surgery is not the first course of treatment for cN2, M0 lung cases
LNoSurg

100%



SKIN & SOFT TISSUE CANCER

Our skin and soft tissue program provides a wide range of diagnostic services and treatment options for those diagnosed with skin and soft tissue cancers, including malignant melanomas. Select skin and soft tissue cancer cases are reviewed monthly during our multi-disciplinary case conferences, to provide patients with treatment consensus from our team of experts.

Skin cancer screenings and patient education on prevention techniques remain a large focus for our dermatologists. To reinforce the importance of regular sunscreen use and other methods of skin cancer prevention, our medical spas sell a variety of physician-grade sunscreen products to protect patients from the sun's harmful rays. Our dermatologists also recommend yearly skin exams and offer skin cancer spot checks free-of-charge throughout the year to various community groups. These complimentary screenings help identify any skin abnormalities or suspicious lesions as early as possible.

Abnormal lesions identified during a physical examination are biopsied to determine whether they are cancerous. During a biopsy, all or part of the suspicious lesion is removed and sent to a laboratory for further evaluation. If cancer is identified, the biopsy can be used to determine the cancer staging as well.

In some cases, additional diagnostic testing may be used to identify soft tissue sarcoma including X-ray, CT or MRI, ultrasound and PET/CT scans. Treatment plans for skin and soft tissue cancers are tailored to each patient and take into consideration their cancer stage, overall health and ability to tolerate therapy. Treatment options may include surgical procedures such as Mohs micrographic surgery, excision, curettage and desiccation as well as non-surgical methods like chemotherapy, immunotherapy, or radiation therapy or a combination of therapies.

This year, we welcomed a board certified dermatologist to our team.

MELANOMA CASES BY GENDER

MALE	142 CASES
FEMALE	137 CASES

2019 MELANOMA STAGE AT THE TIME OF DIAGNOSIS

STAGE 0	67 CASES
STAGE I	117 CASES
STAGE II	61 CASES
STAGE III	29 CASES
STAGE IV	5 CASES

HISTOLOGY LAB

DMG's Histology Lab providers review the structure and tissue of samples to determine if cells are cancerous or contain other diseases. The Histology Lab of DMG has been accredited by the College of American Pathologists (CAP), an achievement that speaks to the high-quality care the team provides to patients in need of histology services.



MOHS MICROGRAPHIC SURGERY

At DMG, our skin and soft tissue program includes three fellowship-trained dermatologists who specialize in Mohs micrographic surgery. Mohs surgery is most commonly used for skin cancers of the head and neck and is considered the most effective treatment option for certain types of basal and squamous cell carcinomas. Mohs surgery

allows the physician to remove cancerous cells while sparing the greatest amount of healthy tissue possible. With a cure rate up to 99 percent for certain types of skin cancer, Mohs surgery has the highest cure rate out of all skin cancer treatments. Mohs surgery is performed at our Joliet, Lombard and Naperville locations.

CANCER RESOURCES & SUPPORT

WE PROVIDE PATIENTS AND THEIR FAMILIES WITH A WIDE VARIETY OF COMPLIMENTARY RESOURCES, SUPPORT AND SERVICES TO HELP THEM NAVIGATE THROUGH CANCER TREATMENT, INCLUDING EMOTIONAL SUPPORT AND THE MANAGEMENT OF ANY SIDE EFFECTS.

ONLINE SCHEDULING

In a continued effort to provide easier and more convenient access to our care, we continue to improve upon our online scheduling capabilities. Beginning in 2017, nearly all Integrated Oncology Program providers, specialists and diagnostic services offered patients the ability to schedule their appointments online.

Additionally, patients being referred to the Integrated Oncology Program can make an appointment online utilizing an electronic ticket system in MyDMGHealth. When a referral is entered into MyDMGHealth, a ticket is generated which allows the patient to use the ticket to schedule their appointment online, providing more convenient scheduling for cancer patients. In 2020, more than 5,250 oncology appointments were requested through MyDMGHealth and 350 were requested through the web.

SUPPORT SERVICES

Throughout the year, we offer wellness programs that provide education and support resources for patients and their families as they undergo treatment. Our team provides supportive care, classes, information and reference materials. We also partner with several community organizations, including the American Cancer Society, Wellness House and the Cancer Support Center, to ensure all aspects of a patient's physical and emotional needs are being met.

ONCOLOGY SOCIAL WORK & SUPPORTIVE CARE

We recognize our patients have more than just physical needs to be addressed during their cancer treatment. We offer social work services in the south and west suburbs. Our social workers are available to patients at any point in the cancer continuum – from the point of diagnosis through survivorship – and can provide a wide array of support including counseling, education, family support and practical resources.

Our social workers assess patient needs through a distress screening process, based on NCCN guidelines. Currently, our social workers are averaging approximately 250 distress screenings per month. Using this screening process, our social workers can partner with members of the medical team to offer support and resources to patients, their families and caregivers. Social workers play an integral role in a patient's care and ensure that our support extends beyond just their physical diagnosis and treatment.



PHYSICAL THERAPY & CANCER REHABILITATION

Our physical and occupational therapists are trained to provide education, exercise and emotional support to help patients cope with the physical side effects of cancer and treatments. Our team strives to partner with patients diagnosed with cancer and arm them with the tools they need to maintain and improve their quality of life during and after cancer treatments. Cancer rehabilitation goals often include regaining motion, building strength, increasing endurance, reducing fatigue, decreasing pain and managing scar tissue or swelling. Our physical and occupational therapists work with each patient to understand their goals and limitations to develop a personalized exercise plan to meet their individual needs.

Additionally, lymphedema therapy services are now offered. Lymphedema is a chronic condition that causes swelling, most often in the arms and legs as well as the head and neck. It may develop

after removing lymph nodes, radiation therapy, trauma and other congenital conditions. For those with chronic lymphedema, treatment can help manage symptoms and maintain an active lifestyle. Our therapists who specialize in lymphedema management can provide a comprehensive evaluation and discuss your individual goals and treatment options. Treatment for lymphedema often includes decongestive therapy including a specialized massage to move lymph fluid, compression bandaging and a personalized exercise program as well as assistance with fitting compression garments if needed. Lymphedema services are available at our Elmhurst, Glen Ellyn, Lisle, North and South Plainfield, Shorewood and Wheaton locations.

In 2020, DMG physicians placed more than 616 orders for lymphedema services and nearly 96 orders for cancer rehabilitation.

GROUPS, CLASSES & SERVICES

Our classes are designed to support the mind, body and soul and are a key part of our integrated approach to cancer care.

SMOKING CESSATION

DuPage Medical Group offers the Courage to Quit® program, developed by the Respiratory Health Association, at no cost to patients, community members and employees. Classes provide education and support to those who want to start a smoke-free life. Live classes were offered in Lisle and Tinley Park in early 2020. In the fall, we offered a free, virtual six-week program to continue smoking cessation education and support.



ROAD TO RECOVERY PROGRAM

By partnering with the American Cancer Society Road to Recovery program, we have been able to provide patients with transportation to and from treatment free of charge.

FINANCIAL NAVIGATION

Finances are often a major concern for patients dealing with a cancer diagnosis. At DMG, we strive to provide support and eliminate any barriers to treatment, including financial obstacles. Our dedicated financial navigators are available to work one-on-one with patients to help find additional financial assistance when needed. Talking with a financial navigator can help provide peace of mind about medical expenses and allow patients to focus on their recovery.

Financial navigators can help identify how to minimize out-of-pocket expenses, including deductibles and coinsurance, as well as costs for prescription drugs. Navigators can also help patients gain a better understanding of their insurance policy, provide estimates for future treatments, assist with billing and claims issues, find secondary insurance coverage or patient assistance programs (if possible) and help establish payment arrangements if needed.

Financial navigators are available to talk to patients by phone.

SURVIVORSHIP

At DMG, we work closely with each patient during and after their treatment to develop a Survivorship Care Plan. Survivorship Care Plans – created by the patient's Advanced Practice Provider or Nurse with

oversight by each patient's managing physicians – provide survivors with the information, tools and support they need to move forward following their cancer treatment.

Survivorship Care Plans are a critical part of a patient's cancer journey. Serving as an end-of-treatment summary, these plans include: a comprehensive description of all the treatments received from diagnosis onward, a summary of symptoms and probable complications the patient should be aware of, a long-term treatment plan and general recommendations that will allow them to best maintain their overall health.

A Survivorship Care Plan, along with an in-person meeting with an APP, helps patients transition from active cancer treatment to follow-up and surveillance. The Survivorship Care Plan is also sent to the patient's primary care physician. This care plan empowers patients to take control of their future health through educational resources that help them feel informed and able to embrace the next phase of their health after cancer treatment.

In 2017, we established a formal process to engage all providers in the survivorship planning process that played a role in the patient's treatment.



COMMUNITY OUTREACH

The DMG Charitable Fund was developed to give our time, talents and expertise to our community members in need. Our physicians and staff show their commitment to the communities we serve by providing educational talks, volunteering at community events and supporting philanthropic initiatives. The fund also works with other organizations within the community that serve those in need, particularly in the areas of food, shelter and healthcare/wellness. In addition to providing financial support to these organizations, the Charitable Fund supplies in-kind donations, such as food, toys, clothing and other sundries necessary for dignified living.

Generous contributions from physicians, staff, community members and vendors are the lifeblood of the DMG Charitable Fund.

THROUGH THE DMG CHARITABLE FUND, WE PROVIDED GRANTS AND SPONSORSHIPS TOTALING \$130,000 IN 2020 TO COMMUNITY PARTNERS WHO PROVIDE ONCOLOGY SUPPORT SERVICES, INCLUDING:

- DuPage Health Coalition's Silver Access Plan
- FORWARD Initiative
- Jennifer S. Fallick Cancer Support Center
- Wellness House
- VNA Healthcare
- American Cancer Society Relay for Life
- American Cancer Society Making Strides Against Breast Cancer
- American Cancer Society Access to Care

EDUCATIONAL PRESENTATIONS

Expertise, knowledge and experience are just a few of the reasons our team of healthcare leaders and innovators are in demand as speakers and presenters. DuPage Medical Group continued to provide virtual, community-based cancer education with our partner, Wellness House, in 2020. Below is a list of our community presentations that took place in 2020:

DATE	PROVIDER(S)	LOCATION	TOPIC
Feb. 2020	Dr. Reid	Wellness House	Curbing Side Effects: Medication and Supplements Overview
April 2020	Dr. Kadow	Wellness House	Updates in the Treatment of Metastatic Prostate Cancer
May 2020	Christopher Arico, MS, PA-C	Zoom lecture for Rush University students	Sun Protection and Skin Cancer, Myth vs. Fact
June 2020	Drs. Miocinovic and Patel	Wellness House	Updates in the Treatment of Bladder Cancer
Sept. 2020	Dr. Gan	Wellness House	Updates in the Treatment of Melanoma
Sept. 2020	Dr. Boddipalli	Wellness House	Treatment for Metastatic Lung Cancer
Sept. 2020	Dr. Vishal Desai	WebEx	Colorectal Cancer: Preventable, Beatable, Treatable
Sept 2020	Drs. Patel and Miocinovic	Wellness House	Hot Topics in Prostate Cancer
Sept 2020	Dr. Feneran	Video lecture for Midwestern University	Skin Cancer
Nov. 2020	Dr. Taormina	Wellness House	COVID-19 & Cancer



CANCER COMMITTEE 2020

Ranko Miocinovic, MD – Committee Chair, Urology

Anand Shah, MD – Committee Chair (Alternate), Radiation Oncology

Janet Chin, MD – Cancer Liaison Physician

Saadia Yunus, DO – Cancer Liaison Physician (Alternate), Medical Oncology

Amrit Mangat, MD, FACS – Surgery

Ciaran Bradley, MD, FACS – Surgery (Alternate)

Jonathan Nolan, MD – Radiology

Nasir Siddiqui, MD – Radiology (Alternate)

Karl Napekowski, MD – Pathology

Richard Anderson, MD – Pathology (Alternate)

Saud Siddiqui, MD – Palliative Care

Loren Baer, MHA, CMA (AAMA) – Executive Director – Surgery/Urology

Kathy Wieser RN, BSN, OCN, MBA – Cancer Program Administrator

Misbah Baggia, CTR, RHIT – Cancer Registry Quality Coordinator

Achiamma George CTR, RHIA – Cancer Conference Coordinator (Alternate)

Christine Agee, RN, BSN, OCN – Nurse Leadership

Dawn Williams, LCSW, CADC – Psychosocial Service Coordinator

Jennifer Meter, LCSW (Alternate) – Psychosocial Service Coordinator

Matthew J. Baugh, MD – Pulmonary

Rameez Alasadi, MD – Gastroenterology

Ojas Shah, MD – Otolaryngology

Stephanie Gan, MD – Dermatology

Ainah Tan, MD – Dermatology

Joseph Shulan, MD – Endocrinology

Samir Desai, MD – Director Clinical Research, Medical Oncology

Joshua Cope – Quality Improvement Coordinator, Radiation Oncology

Trai Le, MS, DABR – Physicist, Radiation Oncology

Haley Goulson, MMS, PA-C – Survivorship Care

Karen Fachet – Clinical Research Coordinator, PMG

Theresa Levigne – Radiology Manager

Elizabeth Bludgen – Rehabilitation Services

Debbie Fager – American Cancer Society



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