NAVIGATING TO EXCELLENCE

INTEGRATED ONCOLOGY PROGRAM ANNUAL REPORT WITH STATISTICAL DATA FROM 2015

DuPage Medical Group

WE CARE FOR YOU



Dear Community Members & Colleagues,

As we mark our first year of accreditation by the American College of Surgeons Commission on Cancer, we reflect on how our program has evolved in its three years. We have developed our program to achieve excellence while navigating through the changing healthcare landscape.

We are mindful of the term "navigation," and what it means to our providers and our patients. Recently, a patient on our oncology patient advisory board related that a navigator is a care coach. Navigation is an important term in cancer care because it indicates that the care provider is not sitting on the sidelines watching while a patient moves through the system. Instead, staff members are working alongside patients as teammates and confidants, helping to anticipate the next move in the complex playbook that is cancer care.

Our goal in cancer care is two-fold; we strive to be high-touch and high-tech. To do this, we provide patient navigation to the proper treatments, stand by their side through the course of their care and provide encouragement every step of the way. We also continue to deliver high-quality, multidisciplinary care by using the latest techniques and leading-edge technology as we tailor individual care plans.

Growth has also been a key component to our success. Our program has continued to rapidly expand organically as well as through other physician group acquisitions, specifically Pronger Smith MedicalCare in the south suburbs. As we expand into new service areas outside of our original footprint in DuPage County, we have remained committed to integrating specialty services to provide patients with consistent, high-quality care. This growth has also allowed us to bring on new physician leaders who are as enthusiastic as we are about caring for the community.

By taking time to reflect, we will be able to continue to take the right steps forward for ourselves and our patients.



Regards, Brian J. Moran, MD Cancer Committee Chair

A Year in REVIEW

NOTEWORTHY ACCOMPLISHMENTS

Expanded physician and infusion services to Joliet and Tinley Park to bring leading-edge oncology services to the south suburbs.

Through the acquisitions of Meridian Medical Associates and Pronger Smith MedicalCare:

DuPage Medical Group (DMG) added more comprehensive radiology services including, but not limited to, CT, digital mammography and MRI at multiple locations in Joliet, Tinley Park and Blue Island.

DMG doubled the number of medical oncology providers. The medical oncology team is now made up of 10 physicians, 6 physician assistants, 6 nurse practitioners and 4 nurse navigators.

Established an advanced practice provider program in medical oncology to expand access for patients, give physicians more time at newly diagnosed patient appointments and allow for these providers to function as a partner in patient care to provide an overall better patient experience.

Formally established multidisciplinary programs for skin, soft tissue and thyroid cancer to streamline care for patients diagnosed with these types of cancer.

Continued to offer community cancer prevention sessions as well as educational seminars.

Re-launched a smoking cessation program under the oncology umbrella of support services. Through this program, DMG offers smoking cessation classes on a guarterly basis to patients and community members who wish to guit smoking.

Supported our community cancer center partners with grants and volunteers.

We made two \$10,000 grants to the Jennifer S. Fallick Cancer Support Center - to support the creation of cancer support services at Aunt Martha's in Joliet (east) and also in west Joliet.

Expanded our robotic genitourinary program by adding a new fellowship-trained urologic oncologist. We also expanded robotic offerings to include robotic cystectomy for bladder cancer.

Added two free standing endoscopy centers to provide additional access to outpatient colonoscopies and endoscopic procedures.

Launched online scheduling for nearly all physicians, as well as screening mammograms, making access to care easier than ever before.



In 2016, DuPage Medical Group continued to **2016** In 2016, DuPage Medical Group continued to build upon its Integrated Oncology Program to provide the best care to its patients. to provide the best care to its patients.

WHY CHOOSE the DMG Integrated Oncology Program?

DMG's Integrated Oncology Program is accredited by the Commission on Cancer of the American College of Surgeons and provides exceptional cancer care, from screening and diagnosis to treatment, recovery and survivorship.

The DMG Integrated Oncology Program is a multidisciplinary team made up of physicians skilled in medical oncology, radiation oncology, radiology and surgery who work together with specialists across the group to offer individualized treatment.

In addition to offering highly accurate equipment and advanced treatment techniques, one of the greatest advantages of DMG's cancer program is its open communication component. Physicians and the patient's health care team stress collaboration and communication, which leads to better coordination of care that supports high standards.

DMG was the first organization in the western suburbs to offer 3D mammography, the latest in breast imaging technology, and offers this service at most of its Chicagoland area radiology locations.

Cancer-related services are available throughout the Chicagoland area at multiple locations, with the Integrated Oncology Program's hub at the Lisle Medical Office Building. Many offices offer on-site lab and radiology services, making care easily accessible wherever you are.

DMG provides further resources to patients though its academic affiliation with Rush University Medical Center. This affiliation brings university-level, sub-specialty care to the suburbs.



Accreditation

The DMG Integrated Oncology Program received a Three-Year Accreditation with Commendation in the category of Free Standing Cancer Center Program in October of 2015. This level of accreditation is the highest possible award for a new cancer program. This accomplishment not only confirms that DMG has met the voluntary requirements of the American College of Surgeons Commission on Cancer (CoC), but also affirms that high-quality cancer care is being provided through a community cancer program. DMG is the only accredited Free Standing Cancer Center in Illinois, and one of roughly 1,500 accredited programs nationwide.

The CoC Accreditation Program was established to help ensure that cancer patients receive highquality, comprehensive and multidisciplinary patient-centered care. It provides DMG the framework to improve its quality of patient care through cancer-related programs that focus on the full continuum of cancer care from prevention to diagnosis through treatment and survivorship.

Commission on Cancer® ACCREDITED PROGRAM

A QUALITY PROGRAM OF THE AMERICAN COLLEGE OF SURGEONS

Cancer CONFERENCES

Your Second Opinion

Cancer conferences improve the monitoring of cancer patients by providing multidisciplinary treatment planning as well as collaboration among physicians and medical staff. In 2015, DMG specialists presented more than 45 percent of their annual cases, discussing diagnosis, treatment and follow-up care using national guidelines and best practice models.

These weekly conferences are generally prospective, meaning our physicians inform patients that their case will be presented during the cancer conference for multidisciplinary input. Following the conference, the managing physician communicates the group consensus to the patient. The specialty conferences represent major cancer diagnoses at DMG, including breast, genitourinary system, digestive system, lung/chest, hematologic, head/neck cancers, skin and soft tissue malignancies.

Cancer Conference Stats | 2015

SPECIALTY CONFERENCES BY CANCER TYPE	
BREAST	35%
GU SYSTEM	22%
GITRACT	18%
LUNG	19%
HEMATOLOGIC	12%
H&N	6%





Infusion & Pharmacy **SERVICES**

Infusion Center services are integral to our cancer program. Our six infusion centers are staffed with certified chemotherapy and biotherapy providers, who are specially trained to administer all chemo-toxic drugs and monitor patients while in treatment. All patients receive a customized treatment plan for their infusion needs and their care is monitored by dedicated nurses every step of the way. Additionally, onsite lab services are available at each location.

To enhance our infusion patient experience, we have infusion pharmacy members as part of the care team. Clinical pharmacists (PharmD), specializing in oncology practice, provide pharmacy services to patients by overseeing treatment plans (per NCCN Guidelines) for accuracy and completeness and ensuring delivery of highest quality patient care. They collaborate with physicians and advanced practice providers and recommend adjustments to drug therapy based on clinical status and treatment outcomes. They also coordinate with the clinical team to ensure all aspects of pharmaceutical care are delivered in a safe and timely manner. In addition to supervising certified pharmacy technicians, the clinical pharmacist coordinates workflow and acts as a resource for patient and staff education.

Our on-site pharmacists help to increase the safety and efficacy of prescribed chemotherapies. The pharmacists calculate appropriate chemotherapy doses based on body surface area, weight and renal function and assess possible drug interactions and contraindications to therapy. This quality initiative reflects the highest level of integrated, patient-centered care.

DMG has the highest commitment to advanced technology and continues to show this by using a closed-system transfer device (CSTD). Oncology pharmacists oversee the preparation of chemotherapy in United States Pharmacopeia 797/800-approved clean rooms where sterile infusion mixtures are processed. This process significantly reduces the chance of staff exposure to hazardous materials.

DMG also has on-site retail pharmacies in Lisle, Tinley Park and Blue Island. Each pharmacy is aligned with the oncology department financial counselor and the national Patient Assistance Network to help patients gain access to drug assistance (if necessary) and to ensure their out-ofpocket expense is as low as possible. Retail pharmacies are staffed with pharmacists (PharmDs) who work with prior authorizations, appeal letters and co-pay programs to assist with all oncology and specialty medications.

DMG Cancer Stats by Anatomical Site

ANALYTIC CASES*

PRIMARY SITE	# OF CASES	%
Breast	457	26
Prostate	281	16
Digestive System	220	13
Upper Gl	38	
Colorectum	127	
Hepatopancreatobiliary Tract	55	
Lung & Bronchus	120	7
Skin-Malignant Melanoma	171	10
Thyroid	82	5
Urinary Bladder	81	4.5
Lymphoma HD & NHL	74	4
Nodal	43	
Extranodal	18	
Kidney & Ureter	55	3
Head & Neck	40	2.5
Leukemia	31	1.5
Myeloma	30	1.5
Gynecologic	26	1
Other Endocrine	24	1
Miscellaneous	70	4
TOTAL NEW CASES	1762	100

*Analytic cases diagnosed and/or administered treatment at DMG facilities. Percentage may not equal 100 due to rounding.

In addition, our highly specialized care team has implemented a clinical quality program aimed at antiemetic schedules. Revised antiemetic schedules have been adapted to all chemotherapy patients' profiles based on standards from the Multinational Association of Supportive Care in Cancer (MASCC). We now use the MASCC screening tool to evaluate the effectiveness of our antiemetic regimens. Based on analysis, we translate those outcomes into improved patient care and better quality of life for patients during treatment.



RADIOLOGY

DMG boasts some of the most advanced diagnostic imaging capabilities in the Chicago area, offering a complete spectrum of leading-edge technology and specialized clinical expertise.

We know that advanced imaging is crucial to providing the right cancer treatment and continue to evolve these features. At DMG, our goal is to provide services in the most cost-efficient manner. In order to provide convenient services to patients, diagnostic imaging appointments are available seven days a week with extended hours.

All DMG radiologists are board certified as well as subspecialized, which means they have advanced expertise, training and improved clinical accuracy to help ensure correct results are provided to guide patient care. DMG radiology sites have earned national accreditation from the American College of Radiology. Low-dose protocols have also been put in place to ensure that patients receive the right dose and minimize radiation exposure while maintaining diagnostic quality imaging.

MRI

DMG has both 1.5T and 3.0T imaging capabilities. MRI services are now offered at seven locations throughout the community. As new MRI scanners are added, DMG has selected "wide bore" models, which have broadened the demographics of patients who may be tested and provides greater patient comfort. DMG currently has wide bore MRI scanners in Glen Ellyn, Hinsdale and Lisle. DMG also offers advanced MRI imaging techniques such as cholangiography, MR spectroscopy, MRI diffusion for head and neck cancer and multi-parametric MRI prostate exams.

Low-Dose CT

DMG radiology has been designated as a Lung Cancer Screening Center through the American College of Radiology. All 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. This testing is also available for consumers with commercial insurance or on a self-pay basis.

Breast Services

As the first to offer 3D mammography, or tomosynthesis, in the western suburbs, DMG has continued its commitment to breast services. When new locations are acquired, we have upgraded existing equipment to offer patients enhanced imaging options for screening and diagnostic mammograms. Additional breast services available include wire localization procedures, stereotactic biopsy, breast MRI, breast ultrasound and lymphoscintigraphy.

Additionally, DMG Breast Centers in Naperville, Lisle and Hinsdale have been designated as Breast Imaging Centers of Excellence by the American College of Radiology. Our Joliet location is currently working through the accreditation process to be considered a center of excellence.

PET/CT

DMG has two stationary PET/CT scanners to provide imaging services in the western and south suburbs. Scanners provide whole body imaging for most oncological indications and PET/CT bone scans to evaluate metastatic bone disease. The PET/CT program also participates in the National Oncologic PET Registry.

Nuclear Medicine

General nuclear medicine procedures are offered at our Lisle and Blue Island locations. Both locations offer therapeutic procedures using I-131 therapy to treat cancer and other medical conditions affecting the thyroid gland. In Lisle and Naperville, we offer lymphoscintigraphy procedures that allow surgeons to locate which lymph node a tumor drains to first. This lymph node is identified as the sentinel node and the procedure provides information for breast cancer and melanoma staging.



herDMG Exams A Different Approach to Screening & Prevention

In addition to cancer education and screening events, DMG made a strategic effort to provide exceptional access, convenience and education about wellness and prevention to women. In 2014, DMG launched the "herDMG," initiative to address the challenges busy women face by creating an all-inclusive, age-specific preventive exam scheduled through a single phone call.

The visit includes a wellness exam, clinical breast exam, pelvic exam with pap test, routine blood work and additional blood work for chronic disease when indicated, as well as a screening mammogram for patients 40 years and older (unless determined as highrisk requiring earlier baseline mammogram). In 2015, DMG expanded this previously piloted program to all primary care and OB/GYN physicians. So far in 2016, we have performed screening mammography on 2,922 females through this dedicated program. The herDMG initiative has a clear clinical benefit to the well-being of our female patients. This service helps our organization meet preventive care benchmarks, which have become increasingly important in the evolving value-based health care arena. We believe this program benefits our patients while also benefiting DMG.



Radiation ONCOLOGY

Radiation oncology services have grown from a single linear accelerator in 2013 to two accelerators with many advanced services. The radiation oncologists and health care staff have worked to perfect services available to DMG patients. From the state-of-the-art stereotactic radiosurgery used to target both intra-cranial and extracranial lesions, as well as a variety of techniques used to treat all other body sites, our team continues to provide exceptional patient care. This technology allows us to provide treatment with unparalleled ease, precision, accuracy and speed.

For those receiving intra-cranial radiation, DMG physicians offer a frameless approach. Without sacrificing accuracy, this technique allows patients to remain in a less confined position, easing fears of claustrophobia during the highly complex procedure. Accomplished through the use of Vision RT, which is an optical surface monitoring system (OSMS), infrared lights are used to monitor thousands of points across a patient's body to aid in positioning before treatment and track movement during treatment delivery. Software allows for interruption of the treatment if a patient moves outside of a tightly set tolerance to ensure that radiation is only delivered to the exact location of the tumor. OSMS is also used in radiation oncology to offer an advanced approach to patients with left side breast cancers. In cases where patient anatomy is less than favorable, DMG radiation oncologists apply an innovative technique called Deep Inspiration Breath-Hold (DIBH). By having patients take a deep breath prior to initiating treatment, radiation oncologists can increase the distance between the breast and the heart, preserving healthy heart tissue. Using OSMS in these cases ensures that treatment is only delivered when patients are perfectly aligned and have taken the correct amount of air into the lung.

In addition to the external beam radiation therapy services, DMG proudly offers access to high-dose rate (HDR) brachytherapy radiation. HDR brachytherapy allows for high doses of radiation to be accurately delivered to more localized areas of disease by using a small radioactive source. This service is offered for a variety of body sites including gynecological, breast and skin. For skin lesions, radiation is applied at the skin surface allowing the radiation to target only the area of interest with minimal dose to surrounding skin and underlying tissue. For both gynecological and breast cancers, HDR brachytherapy is delivered by specialized applicators that allow the HDR brachytherapy source to deliver radiation internally to the area of disease. This technique can be used in lieu of external beam radiation therapy or as a supplemental technique to boost areas of high risk depending on patient disease characteristics. HDR brachytherapy for breast cancer, also known as accelerated partial breast irradiation (APBI), is a special service offered to qualifying patients. This technique brings together specialists from both surgery and radiation oncology to deliver radiation locally to the lumpectomy bed over a 5-day period compared to the standard 3 to 5-week course of radiation, while sparing healthy breast tissue.

From the advanced technologies and treatment techniques offered to the compassionate staff members that help guide our patients through their cancer journeys; our physicians lead a comprehensive radiation oncology program. Their expertise and dedication has built DMG's radiation oncology into a strong and highly rated program that complements all aspects of our integrated oncology program.







Radiation Tattoo **REMOVAL PROGRAM**

The American Society for Laser Medicine and Surgery, Inc. (ASLMS) has developed a program called New Beginnings: Radiation Mark Removal Program. This is a national, philanthropic campaign aimed at removing radiation treatment marks free of charge to cancer patients. DMG has three board certified dermatologists, who are among only 100 other board certified ASLMS members across the United States, to provide this service.

Breast CANCER

DMG provides comprehensive breast services from screening and diagnosis to treatment of breast cancer.

When our cancer program first began, we focused on breast cancer because it accounts for the largest percentage of cancer cases at DMG. Screening is the cornerstone of breast health. Breast care should begin with a yearly clinical breast exam, as well as screening mammograms starting at age 40. DMG is focused on providing the very best in care and was the first to offer 3D mammography in the western suburbs. This imaging service is the gold standard in breast imaging and first line of defense in detecting breast cancer; nearly all locations offering breast screenings are equipped with 3D mammography.

In 2016, DMG performed more than 50,000 mammograms. To help patients stay up-to-date with their screenings, yearly mammogram reminders are emailed to patients when they are due for their exams. Current DMG patients do not need a primary care physician's order to schedule a screening mammogram Additionally, all patients have access to online scheduling for a screening mammogram, making access to care easier than ever before.

Because DMG has internal radiology services, our patients stay within the system for a seamless transition of care between diagnostic testing and their physicians. DMG's 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.

If a patient is diagnosed with cancer, DMG provides an array of treatment options including surgery, radiation therapy and chemotherapy, as well as breast reconstruction or plastic surgery following treatment. DMG's breast surgeons are sub-specialized and highly trained in the latest techniques relating to breast surgery. These surgeons have the patient's best interest in mind and aim to offer breast-conserving procedures whenever possible. They are also trained in lymph node-related procedures to evaluate the spread of disease. During 2016, DMG surgeons performed more than 400 breast cancer-related surgeries.

Radiation therapy plays an important treatment role for many breast cancer patients. Radiation oncologists, physicists, radiation therapists and nurses use their specialized skills to provide the most accurate treatment available. Treatments methods include HDR brachytherapy, prone breast radiation and accelerated partial breast irradiation. The deep inspiration breath hold technique can also be used for left-sided breast cancer patients.

DMG plastic surgeons offer a full spectrum of breast reconstruction options using the most innovative and leading-edge surgical techniques. Having trained at some of the most elite institutions, these leaders in the field of plastic surgery offer both implant breast reconstruction as well as breast reconstruction using a patient's own tissue. Not only were our plastic surgeons one of the innovators of the prepectoral implant reconstruction





technique using implants, they now teach this technique to plastic surgeons across the country. Prepectoral breast reconstruction with an implant reduces postoperative complications such as muscle animation deformity and enhances the overall aesthetics of the reconstruction.

As an alternative, plastic surgeons can perform deep inferior epigastric perforator (DIEP) flap reconstruction using the patient's own tissue. This technique spares the patient's abdominal muscles and creates a natural appearing breast for patients who are not candidates for breast implants.

Performance Measures for Breast Cancer Monitored by Commission on Cancer

There are several types of measures approved by the Commission on Cancer. Evidence-based measures or accountability measures promote improvements in care delivery and are the highest standard for measurement. These measures demonstrate provider accountability and promote transparency. The quality improvement measure function is to monitor the need for quality improvement or remediation. High level of evidence supports this measure, including multiple randomized control trials.

ACCOUNTABILITY MEASURES | RATE 90% DMG CONCORDANCE %

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 MEASURES 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 bx)	100
SURVEILLANCE MEASURE RATE N/A	

BCS – Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II

100



High Risk Breast Clinic

DMG's High Risk Breast Clinic was developed to treat individuals who are at a high risk or genetic predisposition of developing breast cancer. This team provides comprehensive breast cancer screening, genetic risk evaluation, genetic testing and counseling services. During an appointment in the High Risk Breast Clinic, a patient goes through a very detailed personal and family history with a genetic counselor. Based on that information, genetic testing may be recommended to further evaluate their risk.

Genetic testing can also provide valuable insight for siblings and children for future risk and evaluation. DMG's High Risk Breast Clinic is facilitated by a breast nurse navigator and a licensed genetic counselor.



3D Mammography

3D mammography, also known as breast tomosynthesis, is an exciting advancement in the screening and diagnosis of breast cancer that allows radiologists to see breast tissue in more detail than ever before. A 3D scan allows radiologists to view breast tissue one layer at a time. Rather than one flat, dense image, radiologists can examine breast tissue in one-millimeter layers, making it easier to interpret any abnormalities.

By compiling these layers into a 3D model, radiologists are able to see a more complete picture of a patient's breast health, which helps to better detect cancer and reduces reporting of false positives.

Gastrointestinal **CANCER**

The gastrointestinal (GI) program was formalized inDMG uses a variety of testing to find gastrointestinal2015 and provides a fully comprehensive approach to GI
cancer, beginning with screening, through diagnosis and
treatment.DMG uses a variety of testing to find gastrointestinal
cancers, including fecal occult blood test, stool DNA
test, colonoscopy, sigmoidoscopy, CT colonography and
double-contrast barium enemas. Under the leadership
of an interventional gastroenterologist, radiofrequency
ablation (RFA) and endoscopic mucosal resection (EMR)
are also available for appropriate patients. DMG is one
of the few institutions in the area to offer these
advanced treatment options.

Colon cancer has few symptoms in the early stages of the disease, which makes having a baseline colonoscopy at age 50 (unless considered high risk) important. DMG is committed to helping reach the goal of increasing the nation's colon cancer screening rate to 80 percent by 2018. This effort was launched by the National Colorectal Screening Roundtable and co-founded by the American Cancer Society and Centers for Disease Control and Prev ention to reduce colon cancer incidence and death rates

Our surgeons are specially trained in GI surgeries and 2018. This effort was launched by the National Colorectal provide full surgical capabilities to treat cancer while Cancer Society and Centers for Disease Control and Prevtrying to preserve the patient's quality of life. Some of these surgeries can be performed laparoscopically ention to reduce colon cancer incidence and death rates. or through robotic assisted procedures for cancers Regular colorectal cancer screening is one of the throughout the GI tract. This includes trans anal minimally most powerful tools for preventing colorectal cancer. invasive surgery (TAMIS) for patients with low rectal DMG is working to make preventive gastrointestinal tumors who can avoid transabdominal surgery. Radiation cancer services more accessible by adding free standing therapy may also be used in conjunction with surgery endoscopy centers in Oakbrook Terrace and Warrenville. or chemotherapy. On average, DMG performs more than 16,000 colonoscopies each year with an adenoma detection rate of 42 percent.



Head & Neck CANCER

Although cancer can develop in many locations in the head and neck, it is most commonly identified in the mouth, throat, and neck. It may also develop in the larynx, thyroid and salivary glands, nose and ears. The treatment of head and neck cancer is complex, depending on the location, since it can affect vital functions like breathing, speaking, swallowing, hearing and smelling.

The cause of a head and neck cancer varies. Many head and neck cancers develop from prolonged exposure to known risk factors such as tobacco, alcohol and other carcinogens. Eighty-five percent of head and neck cancers are linked to tobacco use, including smoking or smokeless tobacco. Alcohol and tobacco, when used together, act synergistically to increase the rate of cancer formation. Viruses such as Epstein-Barr and, more recently, the Human Papillomavirus (HPV) have been implicated in some cancers. Cancers associated with these factors are generally considered preventable. However, other head and neck cancers have no associated risk factors.

Currently, there is no screening method that has proven to improve survival rates for those with head and neck cancers. We encourage all patients to schedule a yearly physical exam with their primary care physician, where a physical examination of the neck and throat is included. Your dentist/hygienist should also be performing an examination on your mouth and tongue as part of routine

dental examinations. Additionally, patients aged 9 to 26 are encouraged to get the HPV vaccine, which is offered by our primary care physicians. Of course, quitting smoking is critical to reducing risk, so we focus on providing 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 to determining the right treatment. We offer state-of-theart diagnostic testing including endoscopy, imaging (CT, PET/CT, MRI, chest X-ray, ultrasound), fine needle aspiration and biopsy. Not all cancers respond in the same way to treatment. At DMG, we rely on the most current techniques in molecular testing to evaluate cancer specimens. These markers help us find the best treatment for that cancer and allow us to provide accurate prognostic information. We also obtain genetic testing for those individuals who have cancers with known familial associations.

Surgical techniques vary depending on the type and location of cancer. Surgery may involve minimally invasive world-class, endoscopic and robotic techniques. DMG otolaryngologists are some of the few physicians in the Chicago area trained in robotic assisted surgery for the head and neck. Surgical treatment 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.







Hematologic Malignancies

A collaborative team of specialists including hematology/ medical oncologists, radiation oncologists, pathologists, radiologists and nurse navigators join together to provide individually tailored, advanced care to our patients dealing with hematologic malignancies. Diagnosing these cancers can be difficult because symptoms can be similar to other illnesses. Tests vary depending on the type of cancer the physician is trying to rule out. Diagnostic tests may include blood tests, bone marrow aspiration and biopsy, lumbar puncture to collect spinal fluid, lymph node biopsy or lymph node removal.

Thyroid CANCER

Thyroid cancer is the most commonly diagnosed endocrine cancer and the fastest increasing cancer (by new diagnoses) in both men and women.

Fortunately, thyroid cancer is usually treatable and is often cured with surgery. Even when thyroid cancer is more advanced, some common forms of the disease may be effectively treated with methods including I-131 Thyroid Cancer Ablation. DMG is committed to prevention, diagnosis and treatment of all endocrine cancers including thyroid, parathyroid, adrenal, pancreatic, pituitary, testicular and ovarian tumors.

The comprehensive thyroid cancer program takes a collaborative approach among subspecialists to create a personalized treatment plan. This plan addresses not only the disease, but also the patient experience to ensure all questions are answered and every treatment option is discussed and explored. We help our patients understand the importance of their family history and risk factors for an endocrinerelated malignancy. Our staff educates patients about avoiding unnecessary exposure to radiation as well as endocrine-disrupting and/or carcinogenic compounds.

We believe that excellent treatment refers to the technical aspects of medicine and surgery and in the way we guide patients through that process. Our care team works tirelessly to ensure patients understand each step in their care and who to contact when questions arise.

Once the diagnosis is made, the physician may need to determine the stage of cancer via chest X-ray, CT scan or MRI to determine the extent of disease or PET/ CT scan and additional biopsies. Individualized treatment plans are designed for each patient and are based on the type of malignancy, stage at presentation and prognostic group. Treatment options may include chemotherapy, radiation therapy, blood or bone marrow transplantation, biological therapy, immunotherapy or combination therapies.

Lung CANCER

Today, the outlook for someone diagnosed with lung cancer is better than ever before due to the advances in screening and treatment.

According to the American Lung Association, roughly 80 percent of lung cancer deaths are related to smoking. DMG has dedicated smoking cessation counselors, as well as quarterly classes, to guide patients in their efforts to quit smoking as a first line of defense against lung cancer. Yet, not all smokers develop lung cancer, and not all lung cancers occur in smokers.

Patients with a heavy smoking history who meet certain requirements fall into a high-risk group where preventive screening is recommended. DMG has multiple radiology locations that offer low-dose CT. Through this screening process, we are able to detect cancers when they are small and have not spread throughout the body.

DMG pulmonary specialists use innovative strategies, such as endobronchial ultrasound bronchoscopy (EBUS), in diagnosing 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 older methods, provides real-time imaging and lets the physician easily view "difficult-to-reach" areas. Pulmonary specialists also routinely use advanced bronchoscopic 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.

Based on the diagnostic results, the multidisciplinary team is able to optimize therapy and individualize the course of treatment for a patient. State-of-the-art radiation therapies and robotic assisted surgical techniques are also available.

2015 Lung Cancer | Diagnosis by Stage

N = 120 | Smoking history: 90% former smokers





Lung Cancer **SCREENING**

Many lung cancers are diagnosed at an advanced stage when curative treatment may not be possible. The earlier a cancer can be diagnosed, the easier it is to treat. That is why DMG offers low-dose lung CT (LDCT) scans, which diagnose lung cancer at an early stage. This exam is a covered benefit by some insurance plans, including Medicare, for patients who meet specified medical criteria.

LDCT scans are the recommended screening test for lung cancer by the United States Preventative Services Task Force and the leading method for early detection of lung cancer, especially in high-risk patients.

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.

Have a tobacco smoking history of at least 30 pack years, which is at least a pack a day for 30 years. (If a person smoked 2 packs a day for 15 years that equals 30 pack years.)

Obtain a written order from a qualified medical provider.

Pancreatic, Liver, Biliary (HPB)

The hepatopancreatobiliary (HPB) program at DMG provides a comprehensive approach to the diagnosis of cancerous and benign tumors of the liver, gallbladder, bile duct, pancreas and duodenum.

The incidence of pancreatic cancer is fairly low and accounts for only about three percent of all cancers in the United States. Unfortunately, there are no proven screening tools available for these types of cancers. However, individuals who may be considered high-risk should consider genetic testing or endoscopic ultrasound (EUS) combined with MRI/MRCP.

This group of cancers is one of the most complex and challenging cancers to treat because symptoms generally emerge in the late stages and can be very aggressive. Our physicians employ a wide variety of techniques including state-of-the-art diagnostic imaging and advanced endoscopic interventions.

Physicians use multiple tests to help diagnose HPB cancers including blood tests, biopsy, trans-abdominal ultrasound, ultrasound/endoscopic ultrasound (EUS) and EUS-guided fine needle aspiration (FNA), CT or MRI, Endoscopic Retrograde Cholangiopancreatography (ECRP) with cholangioscopy and Pancreatoscopy for direct visualization of the bile and pancreatic ducts and PET/CT scan.

Many patients will require several different types of treatment including chemotherapy, surgery and radiation therapy. Our surgeons who specialize in HBP cancers are experts in surgical resections and have access to worldclass equipment for open, laparoscopic and robotic assisted surgery. Minimally invasive laparoscopic methods, including intraoperative ultrasound and ablation techniques that use microwaves or radiofrequency to burn tumors, are also leading-edge techniques available for HBP treatment. While surgery is the mainstay in treatment for HPB cancers, radiation therapy has also been documented to provide patient benefit. DMG provides pre- and postoperative radiation therapy, with or without chemotherapy, to appropriate patients.

Genitourinary CANCER

DMG provides a multidisciplinary approach throughout the continuum of care for patients diagnosed with genitourinary cancer.

With cancer screening being an important aspect to every patient's care, DMG developed the Men's Health Clinic in order to provide comprehensive, accessible care for all aspects of men's health, including prostate health and cancer screening. In accordance with American Cancer Society guidelines, DMG recommends that men should be screened for prostate cancer after getting information about the risks and potential benefits. We recommend that men with average risk of developing prostate cancer have a discussion regarding screening at age 50. Patients with higher risk factors should discuss prostate screening at the age of 40.

DMG primarily uses the following tests/examinations for prostate cancer, prostate specific antigen (PSA), digital rectal exam (DRE), 4KScore, prostate health index (PHI) and multi-parametric MRI of the prostate. We also utilize epigenetic testing, including OncotypeDx, Prolaris, ConfirmMDx and Decipher. Additionally, testing for bladder and kidney cancer can include rectal/vaginal examination, urine tests, CT scan or MRI, PET/CT scan, F18 Sodium Fluoride PET Bone scan, or cystoscopy and biopsy.

Our multidisciplinary team takes into account many factors when developing individualized care plans including the stage of cancer, overall health and ability to withstand therapy. Depending on screening results, DMG urologists may recommend active surveillance (prostate cancer), surgery, chemotherapy, radiation therapy or a combination of methods.

DMG has two fellowship trained urologic oncology sub-specialists who are highly trained in state-of-theart techniques and procedures for cancer care. They offer advanced robotic surgery for prostate cancer (nerve sparing prostatectomy), bladder cancer (robotic radical cystectomy and robotic urinary diversion) and kidney cancer (robotic partial nephrectomy and radical nephrectomy). DMG urologic oncologists are some of the busiest in the region, making them well-versed in these complex procedures and leaders in their field. For recurrent prostate cancer, salvage prostate cryotherapy (cryoablation) is also available as an alternative to hormone treatment as long as the cancer has not spread beyond the prostate.

2015 Prostate Cancer | Stage at Diagnosis









Skin & Soft Tissue CANCER

While DMG has been diagnosing and treating skin and soft tissue cancer for many years, in the last year we formalized a program around these cancers to ensure that care is provided consistently across our growing system of providers. Through this program, we have launched cancer conferences that provide patients with an internal second opinion and consensus from a multidisciplinary team.

DMG dermatologists focus a large part of their patient care on skin cancer screening and prevention. As a part of preventive care, DMG's medical spas sell a variety of physician-grade sunscreen products to best protect patients from the harmful sun rays. Dermatologists also recommend yearly skin exams and routinely offer them to various community groups to help find cancer at the earliest stage possible.

Skin cancer is diagnosed by a physical examination and biopsy. Through a biopsy, all or part of the suspicious spot is removed and sent to a laboratory. Sometimes sarcomas have no symptoms or symptoms that mimic other medical issues such as pain, swelling or redness, fever, fatigue, weight loss or numbness. Diagnostic tests to identify soft tissue sarcoma include X-ray, CT or MRI, ultrasound, PET scan or biopsy. Skin/soft tissue cancer treatment plans are individualized, and factor in the stage of cancer, the patient's overall health and ability to tolerate therapy. Treatment options may include biopsy, surgery, chemotherapy, immunotherapy and radiation therapy.

2015 Skin Melanoma | Stage at Diagnosis & Treatment

Stage at Diagnosis | N = 171



Mohs Surgery

DMG has three dermatologists who are specially trained in Mohs surgery to provide the highest level of care to patients. Mohs surgery is accepted as the single most effective technique for removing basal cell carcinoma and squamous cell carcinoma. Physicians are able to spare the greatest amount of healthy tissue while almost completely removing cancer cells. Cure rates reach more than 98 percent with Mohs surgery

Histology Lab

At 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 DuPage Medical Group has been accredited by the College of American Pathologists (CAP), which is a significant achievement that speaks to the quality provided to patients in need of histology services.

Detecting Skin Cancer

abnormal growths.

B is for Border **C** is for Color

Melanoma Standard of Care

Surgery Alone = 127 Surgery w/ Sentinel lymph node biopsy (SLND) BX = 44

SURGERY ALONE 74%

Cancer Resources & **SUPPORT**

DMG provides patients and their families with complimentary resources, support and services that may help in their fight against cancer.

Resource Library

The DMG Cancer Resource Library is located in the Cancer Resource Center at the Lisle Medical Office Building and includes educational materials about cancer, treatment and symptom management for patients, their family and caregivers.

Support Services

DMG wellness programs are often helpful for patients and their families who face cancer. Our team provides classes, support information and reference materials. We partner with many community organizations, including the American Cancer Society, LivingWell Cancer Resource Center and Wellness House.

American Cancer Society Wig Boutique

DMG has partnered with the American Cancer Society to provide complimentary wigs and wig fittings with a trained wig boutique volunteer. The wig boutique provides a comprehensive selection of new wigs and volunteers assist patients in making a selection while providing information on wig care and other helpful resources.

Financial Services

Finances are often a major concern for patients dealing with a cancer diagnosis. Meeting with a financial counselor can help lead to peace of mind about medical expenses and allow patients to focus on their recovery. Services provided include estimates for future treatments, copays and deductibles based on diagnosis and chosen treatment, assistance with bills/billing and claims issues, understanding insurance benefits and obligations, patient assistance program applications, and help for patients who are underinsured or have no insurance in finding assistive resources.

Oncology Social Work & Supportive Care

Our licensed clinical social worker helps patients identify practical and psycho-social needs and directs individuals to the appropriate supportive care resources. Our social worker is available 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 transportation assistance. Our social worker is an integral part of the care team and will work closely with a patient's medical team to develop and coordinate individualized care plans.

Survivorship

DMG has a multi-faceted survivorship program for patients during their treatment and after treatment has concluded.

- DMG's STEP Ahead class provides a continued link of support and guidance for patients to address any late effects and help them towards recovery. Through this class, patients receive encouragement and support to live a healthy lifestyle through diet, exercise and smoking cessation. Possible symptoms of late effects from treatment are also discussed to prepare patients for life post-treatment.
- Upon completion of treatment, patients are provided with a survivorship treatment plan. Important health information summarizing individualized cancer treatment and follow-up guidelines are included.
- Follow-up visits with the patient's oncologist are encouraged at survivorship milestones after treatment is complete.

Physical Therapy & CANCER REHABILITATION

Through education, exercise and emotional support, our physical and occupational therapists are trained to help patients cope with the physical side effects of cancer and cancer treatments. Our team strives to empower patients diagnosed with cancer to maintain and improve their quality of life during and after cancer treatments. Cancer rehabilitation goals include regaining motion, building strength, increasing endurance, reducing fatigue, decreasing pain and managing scar tissue or swelling, as well as developing individualized exercise programs to address each patient's personal needs.



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Integrated Oncology **ADVISORY BOARD**

The DMG Integrated Oncology Advisory Board is an invaluable forum for dialogue, idea sharing and planning to ensure that DMG is providing patientcentered care, communication and supportive services to its patients and families, while identifying areas of opportunity. The board meets quarterly, and in 2016 addressed some of these important areas of patient care: diagnosis and preparation for treatment, nurse navigation, support services, cancer survivor day and use of technology to communicate with healthcare providers.

Community OUTREACH

DMG physicians and staff show their commitment to the communities throughout our service area by providing educational talks, volunteering at community service events and supporting philanthropic initiatives.

MAY 2016

Walk for Wellness House DMG served as an event sponsor.

JUNE 2016

Cancer Survivor Day DMG sponsored and provided volunteers to the annual Cancer Survivor Day event.

JUNE 2016

Relay for Life DMG staff members participated by forming a team to walk and served as an event sponsor.

SEPTEMBER 2016 **Run & Walk for Prostate Cancer Awareness** DMG served as an event sponsor.

OCTOBER 2016

Making Strides Against Breast Cancer DMG staff members participated by forming a team to walk and served as a flagship event sponsor.

Groups, Classes & Services

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

YOGA

Yoga is offered through our partnership with Living Well Cancer Resource Center

MASSAGE THERAPY

Massage is available for those living with cancer and their caregivers through Living Well Cancer Resource Center

ART THERAPY

Art classes using various art mediums are offered through Wellness House

ENERGY BALANCING THERAPIES

Reiki - Relaxing energy therapy for cancer patients and caregivers

AMERICAN CANCER SOCIETY LOOK GOOD ... FEEL BETTERTM

Beauty professionals help female cancer patients cope with the physical and emotional effects of cancer treatment each month

STEP AHEAD IN ACTION

A five-week program focused on survivorship in conjunction with Wellness House

SMOKING CESSATION QUIT FOR GOOD

A seven-week program focused on overcoming nicotine addiction



SCREENINGS

Screening tests are the best way to help find cancer at an early stage, many times before symptoms appear. DMG is committed to its employees and the community, which is why we continuously provide routine cancer screenings throughout the year.

EVENT/DATE	PROVIDER	# NUMBER SCREENED	# RECOMMENDED FOR FOLLOW-UP
MAY 2016 DMG Employee Skin Cancer Screening	Ashish Bhatia, MD Shruthi Reddy, MD Kelly Stankiewicz, MD Chris Arico, PA-C Cara Bushemi, PA-C Chris Kelly, PA-C	40	11
MAY 2016 DMG Employee Skin Cancer Screening	Katie Flaherty, PA-C Melissa Koopman, PA-C Sarah McCracken, PA-C Alison Monagan, PA-C Bridget Padgett, PA-C	23	N/A
MAY 2016 DMG Employee Skin Cancer Screening	Alix Charles, MD Sharon Fang, MD Stephanie Gan, MD Andrea Brezill, PA-C	48	7
JUNE 2016 Skin Cancer Info Meeting-BP	Chris Arico, PA-C	N/A	N/A
JUNE 2016 Carillon Event	Chris Kelly, PA-C	38	14
JUNE 2016 Morton Arboretum Skin Cancer Screening	Melissa Koopmann, PA-C Katie Flaherty, PA-C Sarah McCracken, PA-C	36	6
AUGUST 2016 White Sox Skin Cancer Screening	Ashish Bhatia, MD Shraddha Desai, MD Jeffrey Hsu, MD	53	5
AUGUST 2016 Spot Me Skin Cancer Screening Chicago Bears Training Camp	Ashish Bhatia, MD Shraddha Desai, MD	170	43
OCTOBER 2016 Free Clinical Breast Exams	Judith Bressler, MD Christy Hiser, MD Amrit Mangat, MD Theresa Lee, MD Jennifer Bender, APN	27	1 patient was sent for an ultrasound, 2 for genetic counseling, & 4 to the high risk breast clinic.



Educational PRESENTATIONS

Expertise. Knowledge. Experience. These are just a few of the reasons DMG's team of healthcare leaders, innovators and communicators are in demand as speakers and presenters. Below is a listing of our educational speaking engagements.



ТОРІС	PRESENTER	OVERVIEW
FEBRUARY 2016 PROSTATE CANCER	Amit Patel, MD	Prostate cancer education, treatment & survivorship were discussed at Wellness House
FEBRUARY 2016 GENETIC TESTING	Rebecca Johnson, MS, CGC	Advances in hereditary cancer genetics were discussed at LivingWell by our Licensed Genetic Counselor
MARCH 2016 COLON CANCER	Alan Wang, MD	Colon cancer education, screening & treatment were discussed at community event at DMG
MARCH 2016 COLON CANCER	Alan Wang, MD Rebecca Johnson, MS, CGC Lara Hamilton, RD, CDE Ciarán Bradley, MD, FACS Dan Frank, MD	Multidisciplinary panel discussion on colon cancer screening, treatment and awareness for medical providers
MAY 2016 SUN SAFETY	Andrea Brezill, PA-C Jennifer Lee, PA-C	Provided sun safety talk to 130 summer employees for the Lisle Park District
MAY 2016 ORAL, HEAD & NECK CANCER	Yazan Kaakaji, MD Anand Shah, MD Ojas Shah, MD	Oral, head and neck cancers panel discussion for medical providers
JUNE 2016 METASTATIC BREAST CANCER	Janet Chin, MD	Advances in treatment for metastatic breast cancer were discussed at annual Hot Topics in Breast Cancer at Wellness House
SEPTEMBER 2016 PROSTATE CANCER	Ranko Miocinovic, MD	Prostate cancer education, treatment & survivorship were discussed at Men's Breakfast at LivingWell
SEPTEMBER 2016 PROSTATE CANCER	Amit Patel, MD	Screening & Surveillance Recommendations for Prostate cancer were presented at Hot Topics in Prostate Cancer at Wellness House
OCTOBER 2016 GENETIC TESTING	Rebecca Johnson, MS, CGC	Advances in hereditary cancer genetics were discussed at Wellness House by our Licensed Genetic Counselor
OCTOBER 2016 PREVENTION & EARLY DETECTION	Kathleen Omerod, APN, AOCN	Prevention & detection of cancer were discussed with a group of women at Women & Girls Health Expo in Joliet by a nurse navigator
NOVEMBER 2016 FATIGUE & INSOMNIA	Katherine Baker, MD	Strategies to help manage fatigue & insomnia were discussed at LivingWell

CANCER COMMITTEE

2016

COMMITTEE CHAIR	Brian J. Moran, MD
RADIATION ONCOLOGY	Anand Shah, MD
CANCER LIAISON PHYSICIAN	Janet Chin, MD
MEDICAL ONCOLOGY	Saadia Yunus, DO
SURGERY	Amrit Mangat, MD, FACS
RADIOLOGY	Jonathan Nolan, MD
PATHOLOGY	Richard Anderson, MD
CANCER PROGRAM ADMINISTRATOR	Loren Baer, MHA, CMA (AAMA)
CANCER REGISTRY QUALITY COORDINATOR	Misbah Baggia, CTR, RHIA Achiamma George, CTR, RHIA
NURSE LEADERSHIP	Kathryn Wieser, RN, BSN, OCN, MBA
PSYCHOSOCIAL SERVICE COORDINATOR	Dawn Williams, LCSW, CADC
PALLIATIVE CARE	Matthew J. Baugh, MD
GENETIC COUNSELOR	Rebecca Johnson, MS, CGC
PULMONARY	Matthew J. Baugh, MD
GASTROENTEROLOGY	Rameez Alasadi, MD
OTOLARYNGOLOGY	David Wolraich, MD
UROLOGY	Amit R. Patel, MD
DERMATOLOGY	Stephanie Gan, MD
NURSE NAVIGATOR	Kathy Omerod, APN, AOCN, CBCN
CANCER CONFERENCE COORDINATOR	Carrie Bauman, RN, MSN, OCN
QUALITY IMPROVEMENT COORDINATOR	Kathryn Wieser, RN, BSN, OCN, MBA
COMMUNITY OUTREACH COORDINATOR	Kathy Omerod, APN, AOCN, CBCN
PHYSICIST-RADIATION ONCOLOGY	Trai Le, MS, DABR
SURVIVORSHIP CARE	Nancy Gerum, MSN, APN, RN, ANP-BC, OCN
CLINICAL RESEARCH	Peri Todd
RADIOLOGY MANAGER	Theresa Levigne, CNMT, RT(N), BS
REHABILITATION SERVICES	Elizabeth Bludgen, MPT, CLT-LANA
PHARMACY	Nitika Agarwal, PharmD, MBA



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