Cancer Treatment Centers of America®
CHICAGO

Cancer Treatment Centers of America®

Comprehensive Cancer Care Network

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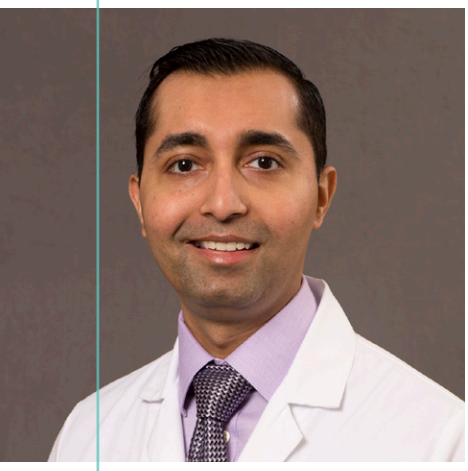
CANCER REGISTRY
Annual Report
2018

2017 CANCER COMMITTEE

CEO & Chairman's Report

Scott Jones, CEO
President & CEO



Karan Shah, MD, MBA
Radiation Oncology
Chair, Cancer Committee

At Cancer Treatment Centers of America® (CTCA), Chicago, we have upheld a 30-year commitment to providing our patients with innovative treatment options every day. At the same time, we provide evidence-informed supportive therapies to address side-effect management and quality of life. Our Cancer Committee, a multidisciplinary team of physicians and supportive care clinical staff, is at the heart of this commitment, meeting quarterly to provide guidance and support to our cancer centers, and leading the charge for quality improvement, community outreach and clinical research. It is our privilege to share some of the key highlights from this past calendar year (January 1, 2017, through December 31, 2017) on behalf of the entire committee.

Our ongoing commitment to delivering clinical excellence includes submitting data to several accrediting bodies. Over the past calendar year, we received the Certified Quality Breast Center of Excellence™ designation from the National Quality Measures for Breast Centers Program™ (NQMBC®) for the fifth consecutive year, re-accreditation from the Foundation for the Accreditation of Cellular Therapy (FACT) for our Stem Cell Transplant and Cell Therapy Program, and designation as one of 52 College of American Pathology (CAP)-accredited tissue biorepositories.

Health care innovators are aware that improved care is a result of gathering critical information and implementing strategies from this information to enhance patient care. To that end, we integrated a Symptom Inventory Tool (SIT) into our electronic health record in 2017, transforming our approach to symptom management. Further, the benefits were confirmed at the 2017 American Society of Clinical Oncology annual meeting with the results of a Sloan Kettering study on symptom monitoring with patient reported outcomes (PROs) that revealed that patients with metastatic cancer who reported on the 12 common symptoms via a tablet had improved survival compared with those in the standard care group. Further, the study showed that symptom self-reporting led to fewer hospitalizations and ER visits, along with improved quality of life.

In delivering the Mother Standard® of care to our patients and their families, we launched caregiver screening services for lung cancer, colon cancer and Barrett's esophagus. Scheduled to coincide with times caregivers are already here supporting a loved one, the screenings, if positive, enable a member of the medical team to be available to the caregiver for consultation in as little as 24 hours.

Safe care delivery continued to be a top priority through the ongoing commitment to our We ARE Safe journey to zero patient harm. In addition to being recognized by Press Ganey for our efforts, we launched a High Reliability Unit (HRU) program, acknowledging our Surgical Clinic as the first team designated as a high reliability unit. Numerous departments are participating in this initiative as we continuously strive to improve patient safety. The results from the HRU program will be presented at the 2018 Press Ganey National Conference.

At the heart of our care is delivering an exemplary patient experience. To that end, we were proud to earn our second Press Ganey Guardian of Excellence Award. One of the many factors behind improved satisfaction was the launch of the Advanced Surgery Recovery (ASURE®) program. This program brings a multidisciplinary team together to work collaboratively on implementing evidence-informed protocols to decrease the length of hospital stays, decrease readmissions and help patients manage pain levels with non-narcotic pain relievers.

These efforts contributed to the hospital receiving a five-star quality rating—the highest possible score—from the Centers for Medicare and Medicaid Services (CMS). The overall summary rating is based on a cumulative score from 57 quality measures across seven different areas: mortality, readmission, safety of care and patient experience using the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, efficient use of medical imaging, and timeliness and effectiveness of care. CTCA® Chicago performed above the national average in categories of safety of patient care (measuring infection prevention) and patient experiences (measuring items such as physician and nursing communication, pain management, cleanliness of hospitals and more).

To support and ensure a "best place to work" for our Stakeholders, we have continued to challenge one another to take ownership of career development and pursue continuing education. Of our two-time Magnet®-designated nursing staff, 76 percent are bachelor's-prepared on a goal of 80 percent. Our health care team volunteered 560 hours to support Rebuilding Together in 2017. Our turnover rate–14 percent–continues to trend well below the national average of 20 percent.

The Cancer Committee consistently reviews ongoing performance improvement processes and assesses quality measures for patient outcomes. Over the past year, the Cancer Committee worked diligently to ensure that the hospital's goals and benchmarks were being achieved by monitoring several key projects:

- ASURE® program, including surgical-site infection rate
- Central Venous Access Devices (CVAD) No Blood Return Algorithm to decrease port removal rates and improve patient safety
- Patient fall rate
- Nursing education to decrease chemotherapy spills

Alongside these achievements, we are working each and every day to ensure more patients across the nation have access to our services; increasing physician referrals; expanding local networks, including acquisitions and partnerships; and advancing our clinical research platform. The scope of this work, intertwined with the spirit of our mission to endlessly search for and provide powerful and innovative therapies, demonstrates the transformative nature of our efforts as we continue to maintain a focus on patient-centered care and innovation.

Sincerely,

Scott Jones
President & CEO

Karan Shah
Radiation Oncology
Chair, Cancer Committee

CONTENTS

The information presented throughout the 2018 Cancer Registry Annual Report reflects the data collected from January 1 to December 31, 2017 unless otherwise noted.

CANCER REGISTRY Report

The Cancer Registry at CTCA Chicago has a reference date of 1985. Since that time, data from more than 45,000 patients have been added into the database.

The Cancer Registry collects and enters cancer data, including patient demographic information, medical histories, diagnostic findings, treatment and cancer information (including primary site, histology and extent of disease) into the Cancer Registry database. The data are utilized in many ways. Requests for Cancer Registry data include, but are not limited to: research activities, analytical studies, marketing, corporate finance, survival analyses and performance improvements.

In 2017, there were 1,844 patients diagnosed or treated at CTCA Chicago for a cancer diagnosis. Of those, 1,129 were newly diagnosed (analytic) and 715 patients were non-analytic. An analytic patient is one who is diagnosed or receives all or part of first course of cancer treatment at CTCA. A non-analytic patient is one who receives subsequent cancer treatment at CTCA due to progressive or recurrent disease.

The Cancer Registry Team at CTCA Chicago is responsible for the following:

- Initiating processes that ensure the appropriate pieces of information regarding every cancer patient seeking care at CTCA Chicago are captured in our database
- Developing a registry abstract for each patient receiving cancer-directed therapy
- Submitting cancer cases to the Illinois State Cancer Registry
- Submitting required data to the National Cancer Database, error-free, in the timeframes required
- Establishing lifetime contact with each patient receiving treatment for newly diagnosed cancer through follow-up procedures within our registry software
- Providing on-demand statistical data reports
- Staffing Cancer Conference and Breast Conference meetings
- Serving as staff to the Cancer Committee
- Maintaining all documentation for the accreditation of our cancer program by the Commission on Cancer (American College of Surgeons) and the National Accreditation Program for Breast Centers
- Assisting in the data collection for the National Quality Measures for Breast Centers Program™ (NQMBC®)
- Attending national and state conferences for education purposes and for the maintenance of the Certified Tumor Registrar (CTR) credential
- Providing information and assisting with the annual report, including the site-specific study
- Submitting breast and colon data to the Rapid Quality Reporting System (RQRS)

Miral Amin, MD, Surgical Oncologist and Oncoplastic Breast Surgeon, continues in her second year as Cancer Liaison Physician.

2017 CANCER CONFERENCE

Summary

In 2017, the Chicago Cancer Registry coordinated 88 General and Breast Cancer Conferences (Tumor Boards). These meetings improve our patients' care by providing multidisciplinary treatment planning, offering education and encouraging shared learning opportunities to physicians and allied medical staff. The physician members include surgeons, medical oncologists, radiation oncologists, pathologists, interventional pain management specialists, radiologists, psychologists, gynecologic oncologists and gastroenterology experts. Non-physician members include representatives from mind-body support, spiritual support, nutrition, naturopathic support, oncology rehabilitation, nurse navigation, care management, genetic counseling, cardiopulmonary and administrative teams. Out of 357 cases presented, 99 percent were prospective patient presentations.

These multidisciplinary conferences represent an opportunity for members to share expertise and maximize communication among professionals. Cases are presented at critical times during patient care that will make the biggest impact on treatment decisions. These discussions include a review of the patient's medical history, work-up and staging, and a review of nationally recommended treatment guidelines. If appropriate, there is discussion regarding options for clinical trials and genetic consultation.

Primary Sites

Summary by Body System, Sex, Class and Best CS/AJCC Stage Report

		Sex		Class of Case		Status		Stage Distribution - Analytic Cases Only							
Primary Site	Total (%)	M	F	Analy[1]	NA[2]	Alive	Exp	Stg 0	Stg I	Stg II	Stg III	Stg IV	88	Unk	Blank
ORAL CAVITY & PHARYNX	70 (2.6%)	53	17	25	45	58	12	1	4	1	1	15	2	1	0
Tongue	18 (0.7%)	16	2	6	12	14	4	0	2	0	0	4	0	0	0
Salivary Glands	10 (0.4%)	7	3	1	9	9	1	0	0	0	0	1	0	0	0
Floor of Mouth	3 (0.1%)	1	2	2	1	3	0	1	0	0	1	0	0	0	0
Gum & Other Mouth	7 (0.3%)	4	3	3	4	5	2	0	2	0	0	1	0	0	0
Nasopharynx	4 (0.1%)	2	2	1	3	4	0	0	0	0	0	1	0	0	0
Tonsil	19 (0.7%)	17	2	9	10	17	2	0	0	1	0	7	0	1	0
Oropharynx	4 (0.1%)	3	1	1	3	2	2	0	0	0	0	1	0	0	0
Hypopharynx	2 (0.1%)	1	1	0	2	1	1	0	0	0	0	0	0	0	0
Other Oral Cavity & Pharynx	3 (0.1%)	2	1	2	1	3	0	0	0	0	0	0	2	0	0
DIGESTIVE SYSTEM	688 (25.5%)	386	302	266	422	480	208	3	8	32	60	147	11	5	0
Esophagus	43 (1.6%)	37	6	24	19	24	19	0	0	6	6	11	0	1	0
Stomach	50 (1.8%)	31	19	26	24	35	15	1	0	6	5	12	1	1	0
Small Intestine	25 (0.9%)	12	13	7	18	18	7	0	0	0	0	4	3	0	0
Colon Excluding Rectum	197 (7.3%)	99	98	62	135	157	40	1	3	5	16	35	0	2	0
Cecum	26	17	9	8	18	22	4	0	1	0	3	4	0	0	0
Appendix	18	5	13	7	11	14	4	0	1	1	0	5	0	0	0
Ascending Colon	35	21	14	14	21	28	7	0	0	3	3	7	0	1	0
Hepatic Flexure	3	1	2	0	3	3	0	0	0	0	0	0	0	0	0
Transverse Colon	10	3	7	1	9	8	2	0	0	0	0	1	0	0	0
Splenic Flexure	6	4	2	1	5	5	1	0	1	0	0	0	0	0	0
Descending Colon	11	6	5	7	4	11	0	0	0	1	2	3	0	1	0
Sigmoid Colon	57	30	27	22	35	42	15	1	0	0	8	13	0	0	0
Large Intestine, NOS	31	12	19	2	29	24	7	0	0	0	0	2	0	0	0
Rectum & Rectosigmoid	105 (3.9%)	62	43	30	75	83	22	0	1	4	12	13	0	0	0
Rectosigmoid Junction	23	14	9	5	18	20	3	0	0	0	1	4	0	0	0
Rectum	82	48	34	25	57	63	19	0	1	4	11	9	0	0	0
Anus, Anal Canal & Anorectum	15 (0.6%)	4	11	7	8	13	2	1	0	2	3	1	0	0	0
Liver & Intrahepatic Bile Duct	42 (1.6%)	26	16	20	22	25	17	0	1	2	6	8	3	0	0
Liver	32	21	11	13	19	19	13	0	0	2	6	4	1	0	0
Intrahepatic Bile Duct	10	5	5	7	3	6	4	0	1	0	0	4	2	0	0
Gallbladder	17 (0.6%)	1	16	6	11	11	6	0	0	0	2	4	0	0	0
Other Biliary	18 (0.7%)	10	8	7	11	11	7	0	1	0	0	5	0	1	0
Pancreas	169 (6.3%)	99	70	77	92	99	70	0	2	7	10	54	4	0	0
Retroperitoneum	4 (0.1%)	4	0	0	4	4	0	0	0	0	0	0	0	0	0
Peritoneum, Omentum & Mesentery	1 (0.0%)	0	1	0	1	0	1	0	0	0	0	0	0	0	0
Other Digestive Organs	2 (0.1%)	1	1	0	2	0	2	0	0	0	0	0	0	0	0

Primary Sites

Summary by Body System, Sex, Class and Best CS/AJCC Stage Report

		Sex		Class of Case		Status		Stage Distribution - Analytic Cases Only							
Primary Site	Total (%)	M	F	Analy[1]	NA[2]	Alive	Exp	Stg 0	Stg I	Stg II	Stg III	Stg IV	88	Unk	Blank
RESPIRATORY SYSTEM	350 (12.9%)	163	187	188	162	237	113	0	22	18	31	117	0	0	0
Nose, Nasal Cavity & Middle Ear	4 (0.1%)	3	1	0	4	3	1	0	0	0	0	0	0	0	0
Larynx	22 (0.8%)	16	6	5	17	17	5	0	0	1	2	2	0	0	0
Lung & Bronchus	324 (12.0%)	144	180	183	141	217	107	0	22	17	29	115	0	0	0
BONES & JOINTS	9 (0.3%)	5	4	0	9	8	1	0	0	0	0	0	0	0	0
SOFT TISSUE	28 (1.0%)	17	11	10	18	19	9	0	1	3	1	4	0	1	0
Soft Tissue (including Heart)	28 (1.0%)	17	11	10	18	19	9	0	1	3	1	4	0	1	0
SKIN EXCLUDING BASAL & SQUAMOUS	42 (1.6%)	19	23	18	24	38	4	1	8	2	4	2	0	1	0
Melanoma -- Skin	40 (1.5%)	19	21	17	23	36	4	1	8	2	4	2	0	0	0
Other Non-Epithelial Skin	2 (0.1%)	0	2	1	1	2	0	0	0	0	0	0	0	1	0
BASAL & SQUAMOUS SKIN	1 (0.0%)	0	1	0	1	1	0	0	0	0	0	0	0	0	0
Basal/Squamous cell carcinomas of Skin	1 (0.0%)	0	1	0	1	1	0	0	0	0	0	0	0	0	0
BREAST	570 (21.1%)	6	564	252	318	496	74	22	93	87	29	16	0	5	0
FEMALE GENITAL SYSTEM	173 (6.4%)	0	173	61	112	135	38	0	24	5	14	11	5	2	0
Cervix Uteri	26 (1.0%)	0	26	5	21	21	5	0	0	1	1	3	0	0	0
Corpus & Uterus, NOS	76 (2.8%)	0	76	33	43	60	16	0	17	2	4	3	5	2	0
Corpus Uteri	63	0	63	30	33	52	11	0	17	2	4	3	2	2	0
Uterus, NOS	13	0	13	3	10	8	5	0	0	0	0	0	3	0	0
Ovary	52 (1.9%)	0	52	19	33	38	14	0	6	2	8	3	0	0	0
Vulva	8 (0.3%)	0	8	1	7	6	2	0	1	0	0	0	0	0	0
Other Female Genital Organs	11 (0.4%)	0	11	3	8	10	1	0	0	0	1	2	0	0	0
MALE GENITAL SYSTEM	289 (10.7%)	289	0	110	179	269	20	0	10	58	19	21	0	2	0
Prostate	281 (10.4%)	281	0	110	171	263	18	0	10	58	19	21	0	2	0
Testis	6 (0.2%)	6	0	0	6	5	1	0	0	0	0	0	0	0	0
Penis	2 (0.1%)	2	0	0	2	1	1	0	0	0	0	0	0	0	0
URINARY SYSTEM	151 (5.6%)	99	52	69	82	126	25	8	20	6	9	21	0	5	0
Urinary Bladder	60 (2.2%)	46	14	25	35	53	7	8	4	4	2	6	0	1	0
Kidney & Renal Pelvis	89 (3.3%)	52	37	44	45	71	18	0	16	2	7	15	0	4	0
Ureter	2 (0.1%)	1	1	0	2	2	0	0	0	0	0	0	0	0	0
EYE & ORBIT	3 (0.1%)	1	2	0	3	2	1	0	0	0	0	0	0	0	0

Primary Sites

Summary by Body System, Sex, Class and Best CS/AJCC Stage Report

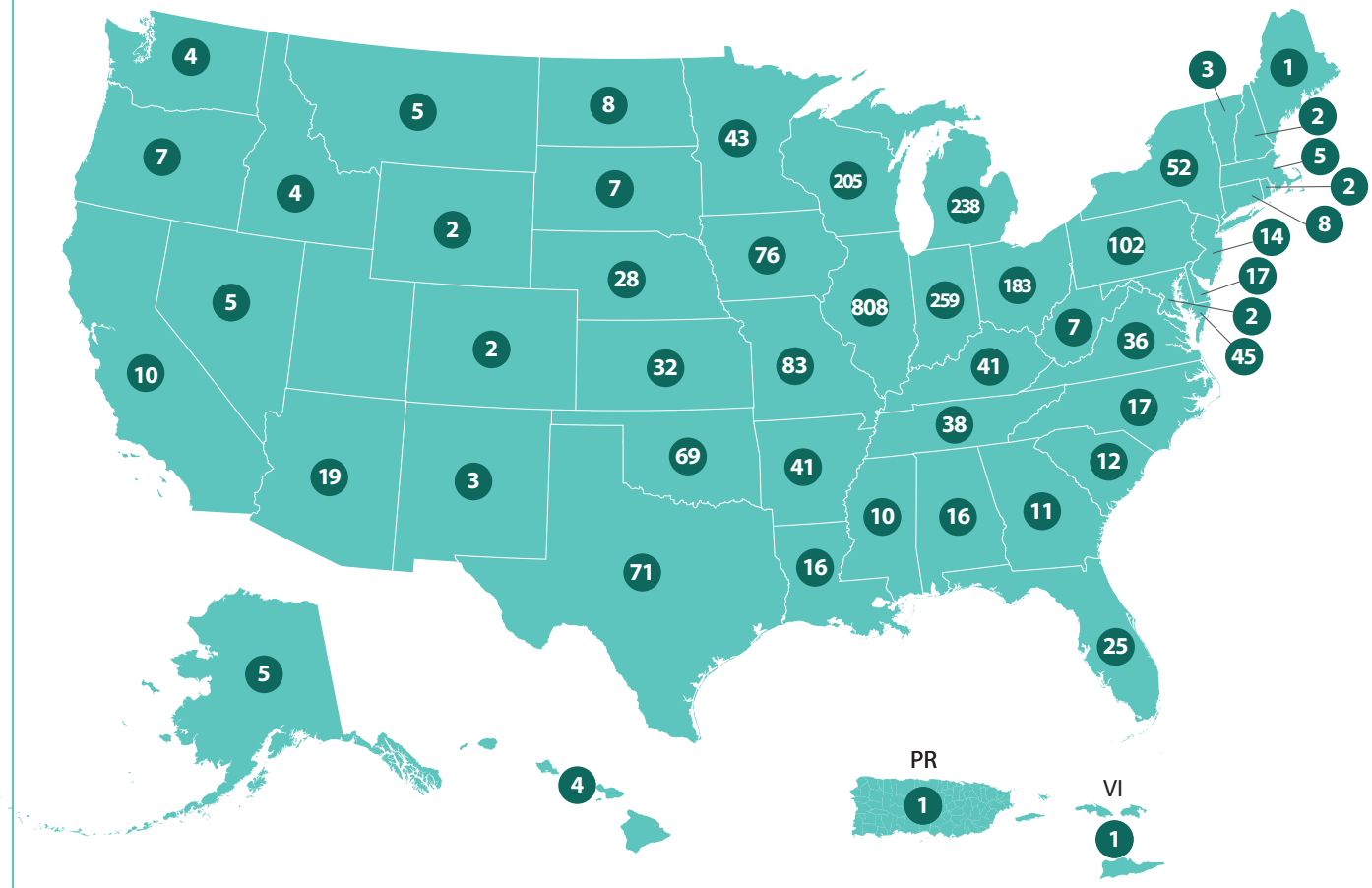
		Sex		Class of Case		Status		Stage Distribution - Analytic Cases Only							
Primary Site	Total (%)	M	F	Analy[1]	NA[2]	Alive	Exp	Stg 0	Stg I	Stg II	Stg III	Stg IV	88	Unk	Blank
BRAIN & OTHER NERVOUS SYSTEM	54 (2.0%)	34	20	16	38	37	17	0	0	0	0	0	16	0	0
Brain	47 (1.7%)	32	15	13	34	32	15	0	0	0	0	0	13	0	0
Cranial Nerves Other Nervous System	7 (0.3%)	2	5	3	4	5	2	0	0	0	0	0	3	0	0
ENDOCRINE SYSTEM	41 (1.5%)	13	28	15	26	37	4	0	7	0	3	2	2	1	0
Thyroid	35 (1.3%)	9	26	13	22	32	3	0	7	0	3	2	0	1	0
Other Endocrine including Thymus	6 (0.2%)	4	2	2	4	5	1	0	0	0	0	0	2	0	0
LYMPHOMA	110 (4.1%)	64	46	50	60	101	9	0	10	6	13	19	0	2	0
Hodgkin Lymphoma	15 (0.6%)	8	7	6	9	13	2	0	1	1	1	3	0	0	0
Hodgkin - Nodal	13	7	6	6	7	11	2	0	1	1	1	3	0	0	0
Hodgkin - Extranodal	2	1	1	0	2	2	0	0	0	0	0	0	0	0	0
Non-Hodgkin Lymphoma	95 (3.5%)	56	39	44	51	88	7	0	9	5	12	16	0	2	0
NHL - Nodal	59	39	20	34	25	58	1	0	6	4	12	12	0	0	0
NHL Extranodal	36	17	19	10	26	30	6	0	3	1	0	4	0	2	0
MYELOMA	36 (1.3%)	14	22	17	19	35	1	0	0	0	0	0	17	0	0
LEUKEMIA	35 (1.3%)	16	19	15	20	31	4	0	0	0	0	0	15	0	0
Lymphocytic Leukemia	14 (0.5%)	7	7	4	10	12	2	0	0	0	0	0	4	0	0
Acute Lymphocytic Leukemia	2	1	1	1	1	1	1	0	0	0	0	0	1	0	0
Chronic Lymphocytic Leukemia	10	5	5	2	8	9	1	0	0	0	0	0	2	0	0
Other Lymphocytic Leukemia	2	1	1	1	1	2	0	0	0	0	0	0	1	0	0
Myeloid & Monocytic Leukemia	17 (0.6%)	5	12	11	6	15	2	0	0	0	0	0	11	0	0
Acute Myeloid Leukemia	6	1	5	5	1	4	2	0	0	0	0	0	5	0	0
Chronic Myeloid Leukemia	10	4	6	6	4	10	0	0	0	0	0	0	6	0	0
Other Myeloid/Monocytic Leukemia	1	0	1	0	1	1	0	0	0	0	0	0	0	0	0
Other Leukemia	4 (0.1%)	4	0	0	4	4	0	0	0	0	0	0	0	0	0
Other Acute Leukemia	1	1	0	0	1	1	0	0	0	0	0	0	0	0	0
Aleukemic, Subleukemic & NOS	3	3	0	0	3	3	0	0	0	0	0	0	0	0	0
MESOTHELIOMA	2 (0.1%)	2	0	1	1	2	0	0	0	0	1	0	0	0	0
MISCELLANEOUS	51 (1.9%)	26	25	14	37	40	11	0	0	0	0	0	14	0	0
TOTAL	2,703	1,207	1,496	1,127	1,576	2,152	551	35	207	218	185	375	82	25	0

[1] Analytic patients are those who are diagnosed and/or receive all or part of their first course of cancer treatment at CTCA.

[2] Non-analytic patients are those who receive subsequent cancer treatment at CTCA due to progressive or recurrent disease.

Patients

BY STATE



Alabama	16	Illinois	808	Montana	5	Puerto Rico (PR)	1
Alaska	5	Indiana	259	Nebraska	28	South Carolina	12
Arizona	19	Iowa	76	Nevada	5	South Dakota	7
Arkansas	41	Kansas	32	New Hampshire	2	Tennessee	38
California	10	Kentucky	41	New Jersey	14	Texas	71
Colorado	2	Louisiana	16	New Mexico	3	Vermont	3
Connecticut	8	Maine	1	New York	52	Virgin Islands (VI)	1
Delaware	17	Maryland	45	North Carolina	17	Virginia	36
District of Columbia	2	Massachusetts	5	North Dakota	8	Washington	4
Florida	25	Michigan	238	Ohio	183	West Virginia	7
Georgia	11	Minnesota	43	Oklahoma	69	Wisconsin	205
Hawaii	4	Mississippi	10	Oregon	7	Wyoming	2
Idaho	4	Missouri	83	Pennsylvania	102		

Screening and Prevention
PROGRAMS

"80% by 2018" Campaign

In 2014, the National Colorectal Cancer Roundtable, created by the American Cancer Society® (ACS) and the Centers for Disease Control and Prevention (CDC), created the "80% by 2018" campaign. According to the ACS, "increasing screening rates to 80% by 2018 would prevent 277,000 new cases of colon cancer and 203,000 deaths within 20 years."[3]

Although most colon cancer cases can be prevented with the proper screening (colonoscopies beginning at the age of 50 for a person of average risk and performed every 10 years), the ACS notes that many people are not taking advantage of screenings. In fact, they reported that less than six out of 10 American adults who were eligible for colorectal cancer screenings were not current with their screenings in 2013.

Because CTCA Chicago is a supporter of the "80% by 2018" initiative and has signed the pledge to increase colon cancer screenings, we chose to target our educational and screening efforts for the fiscal year 2017 (July 2016 to June 2017) on this cancer type. Our target audience was individuals living in Illinois and Wisconsin due to the following reasons:

- The estimated number of new cases of colon and rectum cancer in 2017 for the state of Illinois was 5,580; the sixth largest state estimate in the nation. Additionally, the estimated number of deaths was 2,030, the seventh largest estimate in the country.[4]
- In 2017, 17 people were diagnosed with colorectal cancer in the state of Illinois every day. Colon and rectum cancer were the third top cancer types for both women and men in Illinois in 2017.[5]
- The estimated number of new cases of colon and rectum cancer in 2017 for the state of Wisconsin was 2,650. Additionally, the estimated number of deaths was 880.[4]

Additionally, CTCA Chicago recognized that patients diagnosed with other cancer types, as well as their caregivers, were at risk of developing colorectal cancer. Therefore, they were also targeted for screening and educational opportunities in fiscal year 2017.

50 years old
age persons of average risk should begin colon cancer screenings

10 years
amount of time recommended between colon cancer screenings

5,580
estimated new cases of colorectal cancer in Illinois in 2017

17
people diagnosed every day in Illinois in 2017

Screening and Prevention
PROGRAMS

Throughout the 2017 fiscal year, CTCA Chicago participated in the following educational activities:

- March 4-5, 2017: Kenosha Area Chamber of Commerce Health and Wellness Expo (Kenosha, Wisconsin) – Educational materials were provided, attendees were able to walk through "Nolan the Colon" to learn more about colorectal cancer, and gastroenterologist Pankaj Vashi, MD was available to answer questions. Potential attendees/people reached: 3,500.
- Colon cancer infographics were available at multiple walks and runs that CTCA Chicago sponsored in the states of Illinois and Wisconsin, including the American Cancer Society Kenosha Relay for Life on August 4, 2017 (potential attendees/people reached: 2,500) and the Colon Cancer Coalition "Get Your Rear in Gear" Walk on September 23, 2017. Potential attendees/people reached: 750.
- Colon cancer infographics were available and shared with 86 different employers in the states of Illinois and Wisconsin at health and wellness fairs. Potential attendees/people reached: 35,000+.
- Colon cancer print communications urging screenings were made available throughout the hospital. Individuals were encouraged to call a reference number on the pieces, or talk to any oncology care team member, to see if they were eligible for screenings. If they met the criteria for screenings, they had the option to schedule a consultation and screening at the hospital directly.

From the efforts above, during the 2017 calendar year, CTCA Chicago was able to offer:

- 56 colonoscopies

With each colonoscopy, patients had the option of having a letter with their results sent to their primary care physician. Patients received a copy of results the day of the procedure along with their discharge instructions. If a biopsy was needed, patients received either a phone call or letter if the results were determined to be negative. If biopsy results were positive, patients were scheduled to meet with a gastroenterologist to discuss the findings and their treatment options.

40,000+
potential people reached

56
colonoscopies performed

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3. https://www.cancer.org/latest-news/impact-of-achieving-80-by-2018-screening-goal.html
4. https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2017/cancer-facts-and-figures-2017.pdf
5. http://dph.illinois.gov/sites/default/files/publications/cancer-illinois-2017-102417.pdf

Accreditations
AND CERTIFICATIONS

CTCA Chicago is accredited and recognized by several renowned professional health care organizations that assess and monitor the quality of patient care.

The Joint Commission

The Joint Commission's Gold Seal of Approval® for Hospital Accreditation reflects a commitment to providing safe and effective patient care and a willingness to voluntarily undergo rigorous, unannounced onsite surveys. Accreditation requires compliance with standards related to areas such as patient rights, environment of care, infection prevention, leadership and medication management.

Quality Oncology Practice Initiative (QOPI)

The QOPI Certification Program, an affiliate of the American Society of Clinical Oncology (ASCO), recognizes outpatient practices that meet the benchmarks for breast, colorectal, non-small cell lung, non-Hodgkin lymphoma, gynecologic and prostate cancers. This seal designates those practices that scored high on key QOPI quality measures and met rigorous chemotherapy safety standards established by ASCO and the Oncology Nursing Society.

Commission on Cancer (COC)

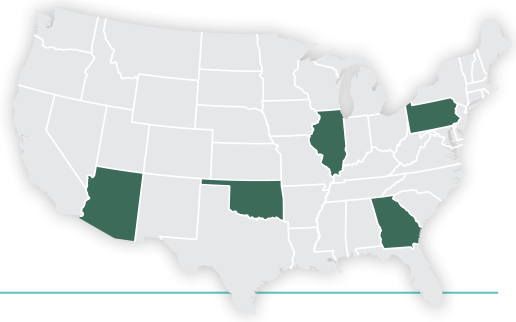
The COC recognizes cancer care programs for their commitment to providing comprehensive, high-quality and multidisciplinary patient-centered care. COC Program Standards require facilities to create meaningful processes for implementation of patient-centered care.

National Accreditation Program For Breast Cancers (NAPBC)

Accreditation by the NAPBC is granted only to those centers that are voluntarily committed to providing the highest standards of care to patients with diseases of the breast. NAPBC requires a rigorous evaluation in a number of areas, including program leadership, use of evidence-based practices, surgery, imaging and quality improvement process.

About Cancer Treatment Centers of America®

Cancer Treatment Centers of America Global, Inc. (CTCA) is a comprehensive cancer care network of hospitals and outpatient care centers in Atlanta, Chicago, Philadelphia, Phoenix and Tulsa. Specializing in the treatment of adult cancer patients, CTCA® offers an integrative approach to care that combines surgery, radiation, chemotherapy, and immunotherapy with advancements in precision cancer treatment and supportive therapies designed to manage side effects and enhance quality of life both during and after treatment. CTCA also offers qualified patients a range of clinical trials that may reveal new treatment options supported by scientific and investigational research. CTCA patient satisfaction scores consistently rank among the highest for all cancer care providers in the country.



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