

- A. Name and location of hospital: St. Vincent Indianapolis Hospital, Indianapolis, IN
- B. Name of cancer center: St. Vincent Oncology Center
- C. Identify PI and key personnel with contact information for each pilot focus areas:
 - a. Disparities Katherine Humphreys, System Vice President Government

Relations

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b. Clinical Trials – Robert Lubitz, M.D., Vice President of Academic Affairs & Research

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c. **IT** – Brian Peters, Director, Information Services

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d. **Biospecimens** -John Geisler, M.D., Medical Director, Biospecimens Laboratory igeisler@indianawomensoncology.com

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e. **Quality of Care** –Amy Starling, Executive Director, Oncology

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f. Survivorship - Louisa Hayenga, Director, Oncology Specialty Services

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D. Describe the model for medical staff for cancer center (e.g., employed, private practice, contracts, specialty company contract, combination)

There are both employed and private practice physicians with a broad array of specialists and subspecialists

E. Provide the number of physicians in the cancer program – note specific medical staff credentialing if applicable

There are 42 oncologists (medical, radiation, gynecologic and surgical) are affiliated with St. Vincent. All oncology physicians are centrally credentialed by the hospital utilizing specific criteria for privileges in their respective oncologic specialty. This process is overseen by the Chairman of the Department of Oncology and the Medical Director of the Cancer Center

F. Describe multi-disciplinary care model

Multi-disciplinary planning meetings are an important component of our approach to consistent yet individualized care for the patients of our oncology program. Goals of these meetings include bringing together specialists from all relevant oncologic and support disciplines, as well as fellows, residents and other trainees, to evaluate the details of each individual case and to discuss the appropriate approach to further evaluation of the patient, therapeutic approaches with an emphasis on enrollment of the patient in local or national protocols, and the ongoing monitoring of the patient's response to treatment.

G. Provide a brief overview of community demographics

St. Vincent Health is a system of sixteen hospitals serving over 45 counties in central Indiana. St. Vincent Health includes one quaternary hospital, three tertiary hospitals, six critical access hospitals and six specialty hospitals together serving urban, suburban and rural Indiana communities. Marion County has over 9 million people and is the largest population center in the State. In March 2006, the Community Indicators report documented that Marion County is becoming increasingly diverse. Marion County's citizens are 24.8% black, almost 5% Hispanic, and 7.3% speak a language other than English at home. Indiana State Department of Health statistics for 2003 report that 219.38 per100, 000 deaths were attributed to cancer.

H. Describe the philosophy on community outreach and list five major activities to reach disparate populations – note if organization participates in a formal and ongoing community coalition to address unmet health need

St. Vincent is committed to serving the poor and underserved as stated in its mission, its values and its policies. This practice is demonstrated through a number of critical programs including our Rural Underserved Access to Health (RUAH) and our Primary Care Clinic (PCC). Through this program, several sites support the Medicaid funded Breast and Cervical Cancer Early Detection Program which targets screening uninsured or under-insured, and minority and rural women. The PCC provides a "medical home" of full-service care, including common outpatient procedures, preventive care, and pharmacy supplies. Infrastructure and staffing of the Primary Care Center, Cancer Screening Program, Social Services and other support services are in full support of these activities. The PCC has strategic alignments with essentially all community safety net providers and social services agencies, and coordinates special services for the community. In total we hold 4 Community Skin Cancer Screenings, 3 Community Prostate Screenings, 3 Community Colon Cancer Screenings, and 26-30 Community Breast Cancer Screenings each year. In addition, St. Vincent Health is a core member of the Indiana Cancer Consortium (ICC), a statewide network of public and private partners whose mission is reducing the cancer burden in Indiana through development of a comprehensive plan

I. 2006 new cancer cases – provide in RFP format

Disease Site (create separate rows as necessary)	Newly Registered Patients	No. Pts. Referred to NCI- Designated Cancer Centers
Head and Neck (lip, oral cavity, pharynx, eye, orbit)	21	1
Digestive System (esophagus, stomach, small intestine, colon, rectum, anus, liver, pancreas)	297	3
Respiratory (nasal/sinus, larynx, lung/bronchus)	262	1
Blood and Bone Marrow (leukemia, multiple myeloma, other)	60	4
Bone (Primary)	8	0
Connective Tissue	15	0
Melanoma	68	6
Other Skin Cancer	n/a	0
Breast Cancer (male and female)	507	2
Female Genital (cervix, ovary, other)	337	0
Male Genital (prostate, other)	173	5
Urinary System (kidney, bladder, other)	111	2
Brain & CNS (benign, malignant, other)	124	6
Endocrine System (thyroid, other)	87	2
Lymphatic System (NHL, Hodgkin's lymphoma)	83	4
Unknown Primary	37	5
Other/Ill-defined	132	0
TOTAL:	2322	41

J. 2006 patients on clinical trials – provide in RFP format

Summary 2 (Con't): Information on Clinical Research Studies Reporting Period: January 01, 2003 - December 31, 2006

Accrual Rate Calculation	Total Accrued*	Number of New Cancer Cases**	Percent Accrual***
Period 1: 01/01/2006 - 12/31/06	135	2322	5.80%
Period 2: 01/01/2005 - 12/31/2005	85	2897	2.94%
Period 3: 01/01/2004 - 12/31/2004	102	2502	4.08%
Period 4: 01/01/2003 - 12/31/2003	29	2534	1.15%

^{*}Total accrued based on St. Vincent Hosptial Research Department regulatory reporting.

K. Number of patients on clinical trials and % NCI-sponsored trials – provide in RFP format

See Sections I and J-135 patients were entered to clinical trials in 2006=5.8% of total new cancer cases. Of the 135, 41 patients were entered on NCI-sponsored trials in 2006=41/2322=1.8% accrued to NCI trials.

L. Describe the focus of linkages with NCI-designated cancer centers or other academic research institutions

St. Vincent investigators are active members in the Children's Oncology Group (80 protocols), Gynecologic Oncology Group (62 protocols) and the National Surgical Adjuvant Breast and Bowel Project (15 protocols), including the STAR cancer prevention trials. St. Vincent is an investigator initiated bone marrow transplant site as well as a participant in the ABMTR research activities. St. Vincent participates in several other tissue/tumor registries, recently began participation with the Hoosier Oncology Group, and has submitted application for the Radiation Therapy Oncology Group. Physicians are also involved in other investigator initiated and pharmaceutical company sponsored oncology trials.

Other research relationships which may have NCI funding include: Purdue University (Regenstrief Institute for Healthcare Engineering, Discovery Park Oncology Division), Indiana University, University of Cincinnati, University of Indianapolis and Ball State University and other cooperatives, as well as relationships with Indiana BioCrossroads (through the Indiana Health Information Exchange), Pharma and device industries. St. Vincent is not currently a member of the CCOP.

M. Describe the status of electronic medical records at the hospital and cancer center

St. Vincent Health is standardizing on Eclipsys for an inpatient multidisciplinary EMR. We also are standardizing on Sovera for our permanent medical record document imaging needs. The goal is to implement the EMR system throughout St. Vincent Health, so that information follows the patient no

^{**}Total number of new cancer cases obtained through St. Vincent Hospital Cancer Registry Data.

^{***}Percent accrual calculated using the following formula: total accrued/number of new cancer cases x 100 = percent accrual.

matter where they are in the system. Additionally, St. Vincent Health is implementing an ambulatory EMR from Allscripts in the system wide Primary Care Network and in clinics.

N. Describe the experience with biospecimen collection and banking

The St. Vincent Department of Pathology currently participates in three IRB- approved tissue collection protocols. Two of the three protocols are corporate-sponsored (Genomics Collaborative, Asterand) and one is government sponsored (International Genomics Consortium). Dr. Terry Cudahy (Department Chair, Pathology) serves as principal investigator for these studies, assisted by clinical research coordinator Karen Freese, BS, MT, RN, BSN. The department additionally employs two full-time research associates.

Since the first protocol was approved in September 2000, the Department of Pathology has collected approximately 2500 consented tissue samples from a variety of neoplastic and non-neoplastic disease states