



NCI Community Cancer Centers Program Program Overview – Ascension Health Columbia St. Mary's

- A. Name and location of hospital: Columbia St. Mary, Milwaukee, WI**
- B. Name of cancer center: Columbia St. Mary Cancer Center**
- C. Identify PI and key personnel with contact information for each pilot focus areas:**
- a. Disparities**
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 - b. Clinical Trials**
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 - c. IT**
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 - d. Biospecimens**
Barbara Albrecht, Laboratory Director
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 - e. Quality of Care**
Nancy Delzer, Director, Cancer Clinical Services
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 - f. Survivorship**
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- D. Describe the model for medical staff for cancer center (e.g., employed, private practice, contracts, specialty company contract, combination)**

Medical staff supporting the cancer center include employed physicians as well as physicians in large multi-specialty group practices and also some in single-specialty practices.

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

2 GYN Oncologists, 8 Medical Oncologists, 4 Radiation Oncologists,
26 Surgeons who include oncology patients in their practice (Gen, Thoracic, Urology, Plastic)

F. Describe multi-disciplinary care model

As an expression of our passion for patient care, Columbia St. Mary’s provides oncology patients with a variety of supportive care services. Our team of dedicated supportive care professionals includes an acupuncturist, social worker, medical nutrition therapist, and multiple breast health clinicians, spiritual care professionals, palliative care coordinators, oncology clinical nurse specialists, physical therapists, occupational therapists, and lymphedema therapists. These providers meet regularly with each other and with physicians in order to coordinate comprehensive care for each and every patient receiving cancer care at our institution. The common goals shared by the providers of these diverse services are to facilitate successful treatment, to empower our patients, and to improve quality of life during the cancer experience.

G. Provide a brief overview of community demographics

In 2005, the population of the CSM primary service area was estimated to be 277,774. The expanded service area population was estimated at 978,449. In the expanded population, the percentage of females was slightly greater than the percentage of males at 52% and 48%, respectively. The largest age group was 18-44 (376,896), followed by 0-17 (257,102), 45-64 (219,130) and over 65 (125,321). Within the metro Milwaukee area, there is a significant and growing Hispanic population.

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

Columbia St. Mary’s follows the philosophy of “Healthcare That Leaves No One Behind”. This past fiscal year, we increased our charity care by 25 percent, from \$15.7 million in 2005 to \$19.6 million in 2006. We continue to work with national, state, regional and local healthcare organizations to find ways to provide quality care for everyone in our community.

Columbia St. Mary’ recently committed to funding the start of a Center for Health Equity with the Milwaukee Health Department – one of the first such Centers in the nation. This Center is expected to address health disparities in Milwaukee by working far “upstream” of most medical and even many standard public health interventions. **Columbia St. Mary’s has had extensive private/public partnership experience with the Sixteenth Street Community Health Center. Sixteenth Street is a strong and vibrant FQHC co-founded by St. Mary’s Hospital in 1969 to serve individuals on the near south side of Milwaukee. Today they serve over 18,000 patients through more than 140,000 visits. Columbia St. Mary’s CEO has been instrumental in organizing the CEOs of the local hospital systems to improve health care for underserved populations.**

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I. 2006 new cancer cases – provide in RFP format

**Summary 1: Reportable Patients/Participation in Therapeutic
Protocols By Anatomic Cancer Site
Columbia-St. Mary's Hospital Community Cancer Center
Reporting Period 1/1/2006 – 12/31/2006
Trisha St. Lawrence-Urbaniak, BSW CTR**

Cases Disease Site	Newly Registered Patients	No. Pts. Referred to NCI-Designated Cancer Centers
Tongue	6	
Salivary glands, major	3	
Gum	0	
Floor of mouth	1	
Mouth, other & nos	3	
Tonsil	11	
Oropharynx	3	
Nasopharynx	2	
Hypopharynx	1	
Pharynx & ill-defined	0	
Esophagus	14	
Stomach	17	
Small intestine	5	
Colon	115	
Rectum & rectosigmoid	41	
Anus,anal canal,anorectum	4	
Liver	7	1 Mayo
Gallbladder	3	
Bile ducts	6	
Pancreas	30	
Retroperitoneum	0	
Peritoneum,omentum,mesent	13	
Other digestive	0	
Nasal cavity,sinus,ear	3	
Larynx	4	
Lung/bronchus-small cell	30	
Lung/bronchus-non sm cell	135	
Pleura	2	
Leukemia	41	
Myeloma	17	
Other hematopoietic	12	
Soft tissue	0	
Melanoma of skin	26	

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Cases Disease Site	Newly Registered Patients	No. Pts. Referred to NCI-Designated Cancer Centers
Other skin ca	1	
Breast	411	
Cervix in situ ca	15	
Cervix uteri	27	
Corpus uteri	79	
Uterus nos	3	
Ovary	26	
Vagina	0	
Vulva	12	
Other female genital	4	
Prostate	224	
Testis	12	
Penis	0	
Other male genital	0	
Bladder	63	
Kidney and renal pelvis	48	
Ureter	4	
Other urinary	2	
Eye	0	
Brain	24	1 Mayo Clinic
Other nervous system	0	
Thyroid	24	
Other endocrine	2	
Hodgkin's disease	19	
Non-hodgkin's lymphoma	53	
Unknown or ill-defined	29	
TOTAL:	1637	

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

**Information on Clinical Research Studies – ALL TRIALS
Columbia St. Mary's Community Cancer Center
Reporting Period: 1/1/06-12/31/06**

Sponsor (NCI/Other)	Site	Title	Date Opened	Date Closed	Type (Behavioral, Therapeutic, Prevention)	Accrual Year 1
RTOG	Lung	0123: Phase II with captopril in pts. who have had RT +/- chemotherapy II-IIIB NSCL; I central NSCL ; ltd. stage SCL	02/16/05		Prevention	2
RTOG	Prostate	0232: Phase III comparing combined EBRT + interstitial brachytherapy with brachytherapy alone/ intermediate risk prostate CA	02/16/05		Therapeutic	2
NCIC-CTG	Breast	MA-20 Phase III study of regional radiation therapy in early breast CA	04/13/05		Therapeutic	1
Genentech	Breast	1 st line met breast: Bevacizumab/placebo + chemo	12/2/05		Therapeutic	1
Genentech	Lung	1st line advanced or met lung cancer: Chemo+Bevacizumab followed by Bevacizumab +/- Tarceva	2/28/06		Therapeutic	1
Genentech	Lymphoma	LymphoCare: Observational study of treatments, outcomes, prognosis in pts with follicular NHL	3/15/04	3/8/07	Observational	1
Celgene	Multiple Myeloma	Revlimid - Expanded access - Revlimid + Dexamethasone in prev treated multiple myeloma	9/12/05	6/30/06	Therapeutic	2
CALGB	GU-Prostate	90401: Comparing Docetaxel & Prednisone +/- Avastin for hormone refractory prostate CA	12/6/05		Therapeutic	1
NSABP	Breast	B38: Comparison of 3 chemotherapy regimens in node + BrCA	3/21/05	5/3/07	Therapeutic	3
TOTAL						14

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

**Information on Clinical Research Studies – NCI TRIALS
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Reporting Period: 1/1/06-12/31/06**

Sponsor (NCI/Other)	Site	Title	Date Opened	Date Closed	Type (Behavioral, Therapeutic, Prevention)	Accrual Year 1
RTOG	Lung	0123: Phase II with captopril in pts. who have had RT +/- chemotherapy II-IIIB NSCL; I central NSCL ; ltd. stage SCL	02/16/05		Prevention	2
RTOG	Prostate	0232: Phase III comparing combined EBRT + interstitial brachytherapy with brachytherapy alone/intermediate risk prostate CA	02/16/05		Therapeutic	2
NCIC-CTG	Breast	MA-20 Phase III study of regional radiation therapy in early breast CA	04/13/05		Therapeutic	1
TOTAL						5
Accrual Rate Calculation			Total Accrued	Number of New Cancer Cases		Percent Accrual
Period 1: 01/01/2006-12/31/2006			14	1637		.85%

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

Columbia St. Mary’s has a close relationship with the Medical College of Wisconsin. We have a residency training relationship in the following areas: obstetrics, family practice, psychiatry, general surgery and internal medicine. The CSM Family Health Center is a residency-based Family Medicine provider sponsored by Columbia St. Mary’s in collaboration with the Medical College of Wisconsin. The Family Health Center provides primary care to more than 9,000 individuals. As a residency training program, the Family Health Center benefits from academic support of the Medical College of Wisconsin, including faculty who provide community health experience, mental health training, and extensive experience in family systems and family health. The Saturday Free Clinic is a collaborative program between the Medical College of Wisconsin (MCW) and Columbia St. Mary’s (CSM) to serve uninsured and underinsured adults. The Clinic is coordinated by sophomore medical students of MCW each Saturday morning at the Columbia St. Mary's Family Care Center.

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

CSM introduced the Electronic Health Record (EHR) in the fall of 2006. The EHR replaces paper-based patient charts with electronic records that are logically organized. It offers care providers an efficient and secure method to capture, access, and store patient health information. **Radiation**

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Oncology currently operates Varis Vision. Varis manages patient information while Vision delivers high-quality images for every step of the treatment process.

N. Describe the experience with biospecimen collection and banking: NA