



2010/2011
**Cancer
Annual
Report**

 **Blanchard Valley
HEALTH SYSTEM**

Cancer Annual Report

Table of Contents

- Introduction 3
- Cancer Committee Members 4
- Chairman’s Report 5
- BVHS Awards and Honors..... 5
- Cancer Registry 6
- Clinical Research 7
- Four Sisters Travel Cancer Journey 8
- ABC of Hancock County 9
- Outpatient Infusion Therapy 10
- Radiation Oncology Annual Report 11
- A New Ally in the Fight Against Breast Cancer 12
- Community Outreach 14
- Questions About Cancer..... 15
- Bridge Home Health 16
- Bridge Hospice Care Center 17
- Case Statistics 18

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www.bvhealthsystem.org



We’re here for you.

Treating More than a Disease.

The 2010 Blanchard Valley Health System Cancer Annual Report highlights the services available to patients in our community with a diagnosis of cancer. Our vision and goal is to provide a seamless service of accurate diagnosis, treatment options, information and support along the way.

Our experienced care team ranges from family physicians and surgeons, through radiologists, oncologists and radiation therapists, nurses, social workers, dietitians, pathologists and spiritual care and volunteers. They are part of the network in place to support the patient and family when they hear the life changing words,

“You have cancer.”

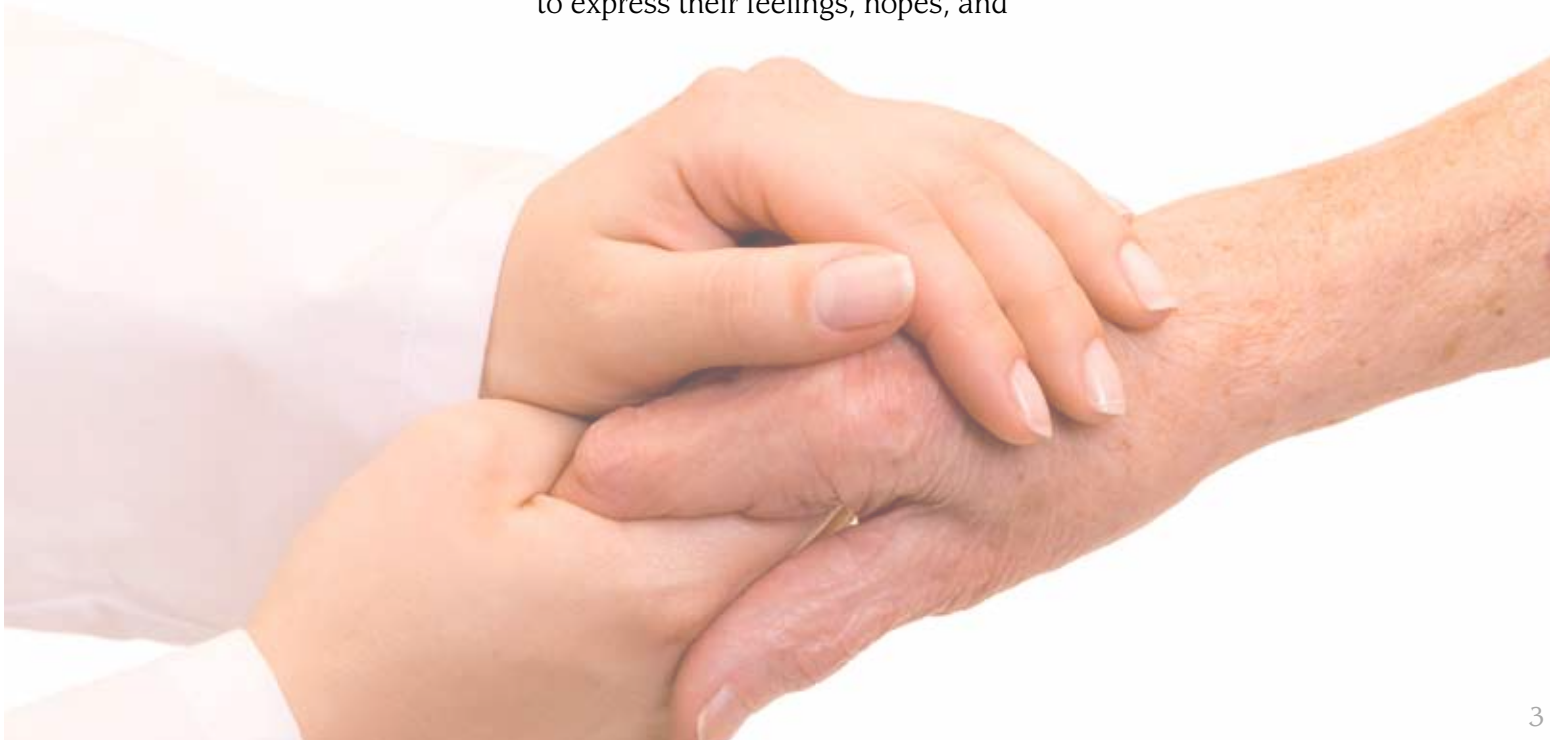
In the face of this diagnosis, patients and their families need to hear words of hope and possibility as they face unfamiliar territory. Since the treatment of cancers has progressed and improved over the past decades, cancers can now be controlled and even eliminated. Our team at Blanchard Valley Health System is proud to provide advanced treatment and services, always striving to improve our outcomes through community education regarding prevention and early diagnosis, as noted in our report.

Patients have the right to get practical help and good information, to express their feelings, hopes, and

fears, and hear a voice of reason, encouragement, and support as they make their choices and proceed along the path of treatment. They also have a right to good symptom management and support, making their wishes known when a cure is not possible and the goals of care change to comfort and support. Our palliative care and hospice programs are in place to meet these needs of the patients and their caregivers.

And so the battle for caring and curing continues...

Carolyn Maurer, RN, BSN, CHPN
Palliative Care Coordinator
Blanchard Valley Hospital



BVHS Cancer Committee 2010



Eric Bostick, MD



Eric Browning, MD



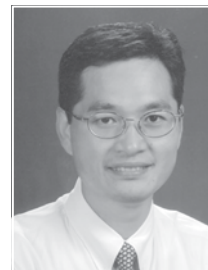
Heidi Budke, MD



Sharon Cole, MD



William Kose, MD



Chaoyang Li, MD



Stephen Lutz, MD



Subash R. Patel, MD



Ishan Haq, MD

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Plastic Surgery

Carol Schultz, RN
Case Manager, 5th Floor

Denise Shepler, RN
UR/Clinical Research

Sandy Shutt, MSW
Director of Quality

Sherri Winegardner, MSN, RN
Director of Nursing

Chairman's Report

The events of the past year underscore our continued commitment to delivering the best care we can to those people in our community who are afflicted with cancer. The profound impact that cancer-related illness has on our patient population is always a significant concern of the health care community and has been brought into increasingly sharp focus since our last annual report. With this heightened awareness, more resources, have been devoted to this expansive

segment of our local health care burden.

Areas in which cancer care can be improved by acquisition of state-of-the-art equipment have been identified. Equipment to enhance the surgical care of urology and neurosurgical patients is in place. The da Vinci surgical robot, already in use for the past year at Blanchard Valley, may someday prove advantageous to the surgical care of patients with cancers of a variety of organ systems including gynecology, urology, neurology, pulmonary and gastrointestinal. The cancer committee, which is comprised of

members spanning every aspect of cancer care, is continually evaluating how the care delivery process can be improved at all levels including prevention, surveillance, medical care and social support systems. Much emphasis has been placed on the need for a more streamlined care delivery process. The committee is also attempting to not only identify how the care process itself might be optimized, but also to identify and prioritize the resources necessary to implement needed changes. As our association with the National Cancer Data Bank matures, we are beginning to use this valuable resource to compare our performance and results with other institutions across the United States. This will allow us to identify potential weak points in our care, and help us to evaluate and address any concerns, ensuring that our

patients continue to receive the highest standard of care possible.

We are pleased to offer again our annual report.



E. Browning M.D.

Eric Browning, MD
Chairman, Cancer Care Committee

BVHS Awards & Honors

We're Here for you with Compassionate and Skilled Cancer Care

- Blanchard Valley Hospital's Cancer Program has received approval by the Commission on Cancer, a designation given to only one out of four hospitals
- Blanchard Valley Regional Cancer Center (BVRCC) is accredited by the American College of Radiology

- CT-Scan Department accredited by the American College of Radiology (Philips MX 8000 Quad 2001 approved for adult and pediatric patients)
- Woman Wise Mammography accredited by the American College of Radiology
- Bluffton Hospital mammography services accredited by the American College of Radiology

We're Here to Prevent and Cure Illness with Superior Diagnostic Imaging

- Ultrasound Department accredited by the American College of Radiology in obstetrics, gynecological, breast and general ultrasound services
- MRI accredited by the American College of Radiology

We're Here for Families, with a Wide Range of Services Close to Home

- Bridge Home Health, Homecare Elite Designation, Top 25 Agencies across the country, 2008, 2009
- BVH Endoscopy is one of only 307 units across the U.S. to be recognized for quality and safety by the American Society for Gastrointestinal Endoscopy

We're Here for you with Skilled, Caring Professionals

- Miki McClain, RN, Dayton Clinical Oncology Group Nurse of the Year, 2009; Top Accruing Nurse and Top Cancer Control Accruing Nurse, 2009, 2010
- Denise Shepler, RN, Dayton Clinical Oncology Group Top Accruing Nurse and Top Cancer Control Accruing Nurse, 2009, 2010
- Dr. Sharon Cole, named Top Accruing Physician, Dayton Clinical Oncology Program, 2009, 2010
- Joce Abbott, Linda Kuk, Miki McClain, Julia Haley, Cheryl Brooks: Oncology Nurse Certification – OCN

Other Recognition

- Blanchard Valley Hospital was named a top 100 hospital in the nation by Thomson Reuters!
- HealthGrades®, the independent national rating agency, named Blanchard Valley Hospital among the top 5% of U.S. hospitals for patient safety! BVH received the HealthGrades® Patient Safety Excellence Award™ for 2010.
- Bluffton Hospital received the 2010 Press Ganey Summit Award, a national award given to health care facilities that sustain the highest level of customer satisfaction for three or more consecutive years. Bluffton Hospital was one of only 36 inpatient hospitals in the United States to receive the 2010 award.



Blanchard Valley
HEALTH SYSTEM 5

The BVHS Cancer Registry is an information database system designed for the collection, management and analysis of cancer patient data. The cancer registry participates in the National Cancer Database of the American College of Surgeons as part of a nationwide effort to compile data on the diagnosis and treatment of all types of cancer. There are 3,092 total patients in the BVHS registry since the established reference date of 2003.

The data collected is a means of tracking cancer incidence and trends. This information is essential in helping to identify environmental concerns, occupational exposure, life habits and other factors that may be contributing to the incidence of cancer. It also helps to show the overall impact of current cancer treatments, screening processes and preventative measures. Hospitals use this data to help identify the cancers found in their area so they can determine the best way to meet the needs of their community.

Annual follow-up of each cancer patient is one of the most important parts of the Registry. As the association grows and the demand for information relative to a

Cancer Registry

quality of survival increases, more must be known about a patient's condition to gauge the effectiveness of therapeutic measures. The American College of Surgeons Commission on Cancer requires an 80 percent or better follow-up rate to be maintained for all analytic cases from the cancer registry reference date of 2003, and a 90 percent or better follow-up rate to be maintained for analytic cases diagnosed within the last five years. At present, the cancer registry operates with 92.6 percent and 92.37 percent follow-up rates, respectively. A total of 2,995 patients are being actively followed and 422 new analytic cases were entered for 2010.

In addition, the BVHS Cancer Registry coordinates cancer awareness and outreach programs in the local community.



Cancer Conference

A significant advantage of receiving cancer treatment within BVHS is the weekly Tumor Board/Cancer Conference. In this meeting, a multidisciplinary team of physicians discusses each patient's diagnosis and plan of care without having to schedule individual consultations.

The team includes surgeons, medical oncologists, pathologists, radiologists and other health care professionals. In addition to the case management aspect of Cancer Conference, each meeting is approved for Category 1 CME credit to fulfill an education requirement for the participants.

In 2010, 115 cases were presented at 23 conferences. This represents 27 percent of cancer cases that were diagnosed and/or treated at BVHS that year. The American College of Surgeons' standard for the number of cancer cases presented for Cancer Conferences in an approved cancer program is 10 percent.

Blanchard Valley Health System's Cancer Program has been approved by the American College of Surgeons/Commission on Cancer as a Community Hospital Comprehensive Cancer Program.

For more information on the Commission on Cancer, visit the American Cancer Society's Web site at www.cancer.org.

Analytic cases are categorized as follows:

Class of Case 0 = Diagnosed at BVHS and all of first course of treatment was performed elsewhere.

Class of Case 1 = Diagnosed and all or part of first course of treatment was performed at BVHS.

Class of Case 2 = Diagnosed elsewhere and all or part of the first course of treatment was performed at BVHS

Clinical Research

Our Contribution to the Future of Cancer Care

Clinical trials are the key to “finding the cure.” Standard cancer treatments used today are the direct result of clinical trials of the past. Enrollment in a clinical trial can provide access to newer drugs or treatment procedures that might not otherwise be available. Enrollment may also provide information for the prevention and control of cancer. The goals of clinical trials are to answer specific questions about cancer, find better ways to prevent or detect it, and find better ways to treat or improve patient care.

Community Awareness

In 2010, the clinical research department provided the community with several opportunities to learn about the research program at Blanchard Valley Hospital.

Articles about the research department were published in both the “Findlay Courier” and “Branches,” BVH’s internal newsletter. Links to information about clinical trials are also accessible through BVH’s Web site and updated periodically.

Research pamphlets have continued to be made available throughout local physician’s offices as well as at Relay for Life, National Cancer Survivors’ Day and BVH’s annual health fairs which include a prostate screening and skin screening.

Patient Advocacy

Patients who enroll in clinical trials at BVH have the added benefit of caring, knowledgeable research professionals that will assist them through their treatment process.

In 2010, the clinical research department continued to provide pillows to our research patients through our “Seeds of Hope” program. Hope is an integral part of the research program; hope for our patients’ successful cancer

treatment as well as hope for future patients that will benefit from today’s trials. In the spirit of BVH’s signature apple, “seeds of hope” became the theme for the research department’s special projects. This program was developed to provide cancer patients with tokens of our appreciation for their courage and selflessness in taking part in clinical trials. The “Seeds of Hope” pillows are distributed to research patients with the intentions of making their treatment time a little more comfortable.



Enrollment

Blanchard Valley Hospital enrolled a total of 24 new patients onto a variety of different types of clinical trials in the past year. These trials included both cancer control/prevention studies as well as active treatment protocols. The clinical research department currently monitors 58 clinical trial participants in various stages of active treatment or follow-up.

Research Group Affiliation

BVH participates in cancer research on a national level through groups sponsored by the National Cancer Institute (NCI). Groups sponsored by the NCI include:

- North Central Cancer Treatment Group (NCCTG)
- National Surgical Adjuvant Breast and Bowel Program (NSABP)
- Radiation Therapy Oncology Group (RTOG)
- Southwest Oncology Group (SWOG)
- Clinical Trials Support Group (CTSU)
- Eastern Cooperative Oncology Group (ECOG)

Our participation in these programs is made possible through our affiliation with the Dayton Clinical Oncology Program (DCOP). The Dayton Clinical Oncology Program, in cooperation with the participating area hospitals and physicians, is a National Cancer Institute designated Community Clinical Oncology Program (CCOP). DCOP coordinates and distributes the latest clinical trials provided by these research groups enabling clinical trial participants to receive treatment in their home community.

To learn more about local clinical trials, contact:
Miki McClain, RN, OCN
Clinical Research Associate
419-423-5428

Four Sisters Travel Cancer Journey Together

Diane Lotz, Darlene Woolley, Kathy Klopfenstein and Cheryl Mann are four sisters who have much in common – including cancer diagnoses. Diane, Darlene and Kathy have each battled breast cancer, and Cheryl has dealt with a cancerous tumor of the gastrointestinal tract.

The cancer journey of these four women began on January 5, 2009 when Kathy was diagnosed with breast cancer. A day that Kathy will never forget, this is also a day her sisters won't soon forget either. "The day Kathy found her breast cancer in January, I began to think about my breast health," said Darlene, the oldest of the four sisters. "I hadn't been as good about doing a monthly breast check after I hit menopause, so I went home that night and checked. I didn't feel a lump, but a month later I found it in the shower. I went to our sister Cheryl, who is a doctor, and she felt it too. I was diagnosed with breast cancer on February 3, 2009."

Diane, the youngest sister, was scheduled for her mammogram that same February. "They did the mammogram and the ultrasounds and didn't find anything. Then they sent me for an MRI – and that's when they found the cancer. I never had a lump, but I had breast cancer in my right breast that had spread to my lymph nodes," she said.

While Kathy was completing her treatment, Darlene and Diane were beginning their cancer treatments as well. "We could compare side effects and prepare each other," said Darlene. "You always had someone else to bounce off of and ask questions. While I would never wish this on anyone, we really did have a unique support system that brought us closer."

That unique support system led the sisters to Dr. Sharon Cole and the Blanchard Valley Regional Cancer Center (BVRCC). "Our sister, Cheryl, knew Dr. Cole and suggested to Kathy that she go there for her treatment. Diane and I met her when we were there with Kathy right after she was diagnosed, never realizing we would all be her patients," said Darlene. Soon, however, the four sisters were being treated by Dr. Cole and taking part in clinical trials with BVRCC.

Diane's trial was a neuropathy study that included genetic testing. "I am happy that I did the clinical trial because I am now able to be on a drug that relieves my peripheral neuropathy symptoms because of the study," said Diane. "This makes it easier to walk and enjoy life."

Kathy's trial was a study of the chemotherapy medications Adriamycin plus Cytoxan compared to the drug Taxol. Her clinical trial attempted to determine if one treatment was better than the other, and if one had fewer side effects. Cheryl's clinical trial added her to the GIST registry to allow researchers

to follow her records through her disease and treatment.

Darlene's clinical trial was a study of a standard chemotherapy regimen with the addition of Avastin in 50 percent of participants to determine if the drug showed any survival benefits. According to Darlene, "I decided to do the clinical trial because I thought if it could help anyone along the way, it would be worth it."

Along the way in their cancer journey, the sisters helped one another. "It is interesting that three of us were diagnosed within four months of each other. We did a lot of the same treatment at different times," said Darlene. "Diane and I even lost our hair at the same time and had a hairless Mexican Chihuahua party!"

Diane added, "We cut our hair, served margaritas, put on our wigs and laughed a lot. Two days later when I was cooking, I leaned over and fried the edge of my wig! I called Darlene and told her not to stick her head in the oven!"

Darlene, Kathy and Cheryl are currently cancer free, and Diane is still fighting her cancer battle with her sisters by her side. "We have always been close, but this has really bonded us," Diane said. "This has made us stronger."

ABC of Hancock County



Alliance for Breast & Colon Cancer Awareness, Screening & Prevention

The Alliance for Breast and Colon Cancer (ABC) of Hancock County is a community coalition that was organized in September 2008. The organization is dedicated to promoting the awareness, screening and prevention of breast and colon cancer for men and women in the area.

Formed in 2008, ABC is comprised of community members, local business leaders, wellness administrators, the health departments and hospital workers.

The committee meets on the second Wednesday of each month. ABC is guided by the American Cancer Society's expertise in the role of establishing these coalitions.

Mission Statement

The ABC of Hancock County, Alliance for Breast/Colon Cancer, is a community coalition dedicated to the prevention and early detection of breast and colon cancers in the men and women of Hancock County through public awareness initiatives and increased cancer screenings.

Reaching out to the Community:

Since the inception of ABC, many strides have been made in the prevention and early detection of breast and colon cancer. ABC strives to have a presence at all local health fairs, screenings and events. One such memorable activity sponsored by ABC was the presence of the Tina Kiser inflatable walk through colon at the Relay for Life event held June 11-12, 2010. Members of ABC are continually looking for ways to spread information about prevention and detection of breast and colon cancer and have been happy to volunteer their time to the cause!

Hancock County Mammography Screening Initiative:

One of the most exciting programs to come from the ABC committee is the formation of the Hancock County Mammography Screening Initiative (HCMSI), which is led by program director Barbara Deerwester, RN. HCMSI was developed to assist in paying for screening and diagnostic mammograms and ultrasounds, and was made possible with grants from the Northwest Ohio Affiliate of Susan G. Komen for the Cure and The Findlay-Hancock County Community Foundation. This program is available to women who meet income guidelines through Women Wise at EasternWoods Outpatient Center.

In the first year of HCMSI, 55 women from Hancock County were served using HCMSI funds for a total of 79 procedures completed. Of these women, six were called back for follow up mammogram exams which then required one ductogram and four ultrasound-guided biopsies. Of these biopsies, one woman was diagnosed with breast cancer. This woman had a prior history of breast cancer but had not had a mammogram in more than four years due to her lack of insurance and inability to pay for exams.

HCMSI and the breast health nurses from Women Wise also referred 47 other qualified women to the Breast and Cervical Cancer Project (BCCP). These women were otherwise unaware of BCCP and were able to be educated about this valuable resource. As a result of HCMSI, a total of 102 women were provided with service who otherwise would not have been able to afford it.

Learn more about ABC of Hancock County by visiting their Web site:

1. Go to www.bvhealthsystem.org
2. Select "Health Education" from the drop down menu
3. Choose "ABC of Hancock County"



Outpatient Infusion Therapy

Taking Care of You

Outpatient Infusion Therapy (OIT) at Blanchard Valley Hospital opened in 2006 with the focus of providing exceptional care in a pleasant environment that meets the special needs of the outpatient population. OIT is located on the third floor of the hospital's Ruse Building. The service includes:

- Eight patient treatment bays spaced to provide comfort and privacy. Six of the bays offer a beautiful view of Findlay's Main Street complete with a comfortable recliner, individual TV and a chair for family or friend support. Two additional treatment rooms provide a hospital bed to accommodate special needs and treatments.
- A staff with many years of experience in oncology and outpatient therapies. The registered nurses are certified in basic cardiac life support, advanced cardiac life support and are specially trained in the administration of chemotherapy drugs.

2006 to 2010

In the past four years, Outpatient Infusion Therapy has grown in the number of treatments now available to patients in the outpatient setting. Since 2006, the program has seen a 62 percent increase in patient visits. In 2010, we worked with 153 different physicians to help provide care to their patients.

Beginning in 2011, we teamed up with the American Cancer Society and their patient navigator to come to OIT on a weekly basis. The patient navigator is an additional resource for our cancer patients to assist with any concerns and help ensure they are connected to the number of resources available.

Services Provided

Treatments provided in Outpatient Infusion Therapy include but are not limited to:

- Chemotherapy—both simple and complex administration
- Monoclonal Antibodies—such as Actemra, Avastin, Herceptin, Remicade, Rituxan
- IV medications for prevention or for treating certain diagnosis—such as Boniva, Reclast, Solumedrol, Tysabri
- Bisphosphonates—such as Aredia, Zometa
- IV antibiotics
- IV iron, Venofer
- IVIG
- IV fluid administration
- Blood product transfusions—red blood cells, platelets
- Albumin
- Therapeutic phlebotomies
- SQ and IM injections
- Implanted port access, blood draws and heparin flush
- PICC line care

CONTACT INFORMATION

Outpatient Infusion Therapy
Phone 419.429.7898
Fax 419.429.7893

Appointment times available Monday through Saturday
7 a.m. to 5 p.m.

A Commitment to Quality Blanchard Valley Hospital Laboratory

In April 2009, the Blanchard Valley Hospital Laboratory became voluntarily accredited in accordance with the recognized International Organization for

Standards through ISO: 15189:2007. This accreditation demonstrates our rigorous commitment to systematically monitor, evaluate and improve the Laboratory's contribution to quality patient care.

In addition, annual ISO: 15189 assessments of the Laboratory's quality management system have resulted in continued accreditation to the ISO: 15189 standards in both 2010 and 2011.

The BVH Laboratory also maintains accreditation with the College of American Pathologist through biannual inspections, and the BVH Blood Bank is

accredited by the American Association of Blood Banks to ensure the quality of our Laboratory services result in excellent patient care.



Blanchard Valley Regional Cancer Center Radiation Therapy Center

The department of Radiation Therapy at the Blanchard Valley Regional Cancer Center is an American College of Radiation Oncology accredited facility.

The Radiation Oncology team is comprised of interdisciplinary personnel including two medical physicists, one certified medical dosimetrist, six registered radiation therapists, two oncology nurses and several support staff all under the direction of Ash Broadwater, Medical direction at Blanchard Valley

Regional Cancer Center is provided by two board-certified radiation oncologists: Jeanne Ashworth, MD and Stephen Lutz, MD.

As more and more complex treatments become the standard of care for radiation oncology, the center prides itself on having a continuous commitment to quality and safety. A quality study in conjunction with RPC Radiological Physics Center in Houston Texas, MD Anderson Cancer Center and the American Association of Physicists in Medicine was performed in 2010. In April, RPC sent a phantom to be irradiated to report IMRT Head and Neck Irradiation. The phantom irradiation results listed did meet the criteria established by the RPC in

collaboration with the cooperative study groups. This outside verification of radiation exposure is another quality check to assure the center's commitment to public safety.



Radiation Oncology by the Numbers

Eleven prostate seed implants were performed in 2010 as part of the brachytherapy prostate seed implant program provided by the VariSeed system.

We performed 334 procedures in 2010 with our GE/CT simulator is used for treatment planning.

A total of 383 consults were performed by the radiation oncologists last year, and 30,949 procedures were performed at the Radiation Therapy Center. There were 7,288 treatments delivered which included 1,468 IMRT treatments.

BVRCC Physician Publications

Lutz S, Korytko T, Nguyen J, et al. Palliative radiotherapy: when is it worth it and when is it not? *Cancer J.* 2010;16:473-482.

Lo S, Holden L, Lutz S, et al. Should all patients with uncomplicated bone metastases be treated with a single 8 Gy fraction? Expert review of pharmacoeconomics & outcomes research 2010;10:95-8.

Shiue K, Sahgal A, Chow E, Lutz S, et al. Management of spinal cord compression from spinal cord metastasis. *Expert Review of Anticancer Therapy.* 2010;10:697-708.

Lutz S, Lo S, Chow E, et al. Radiotherapy for metastatic bone disease: Current standards and future prospectus. *Expert Review of Anticancer Therapy.* 2010;10:683-695.

Fairchild A, Lutz S. Palliative radiotherapy in bone metastases. In: *The Handbook of Radiotherapy.* 2010.

Roberts C, Daffner R, Weissman B, et al and Lutz S. American College of Radiology Appropriateness Criteria Bone Metastases. *JACR* 2010 (June).

Lutz S. The relationship factors between radiation oncologists and hospice professionals that influence cancer pain palliation In: *Advanced cancer. Pain and quality of life*, edited by Edward Chow and Joav Merrick. Nova Science 2010

Woman Wise

A New Ally in the Fight Against Breast Cancer

Imaging services both at Blanchard Valley Hospital and EasternWoods continued grow in 2010. Much of that growth can be attributed to Imaging Consultants of Findlay and their recruiting of dedicated specialty radiologists. Their efforts over the past year have resulted in higher quality and improved continuum of care for breast patients. For instance, studies show that physicians with

more experience in mammography find more cancers and order fewer unneeded biopsies (Esserman, lead author, in the Journal of the of the National Cancer Institute).

Breast imaging statistics for Blanchard Valley Hospital in 2010 exceeded national standards. For example, the national positive predictive value of biopsies (percent of biopsies that show cancer) in

the U.S. is 10-20 percent, while Blanchard Valley Hospital's positive predictive value of biopsies for 2010 was an astonishing 40 percent.

In addition to improved performance, BVH began a "pilot program" in navigating breast patients from screening to diagnosis by working closely with area physicians to develop a "patient call back process." This process has decreased the time patients' spent having to return



for biopsies, call backs, and other reasons. The program allows the radiologist to customize diagnostic exams at their discretion, promote and streamline continuity of care (sequential exams performed same day) and expedite diagnosis. Moreover, the radiologist can then follow through with the appropriate care while the patient is on site, with biopsies scheduled more promptly and results given within 24 hours. Consequently, Blanchard Valley Hospital's EasternWoods Outpatient Center has had a significant impact in continuity and quality of care for breast health patients. In order to assist the radiologists, physicians' offices and patients with this process, BVH has two dedicated breast health nurse navigators who help streamline the organizing, scheduling and education for our breast patients. This specialized care adds an extra layer of confidence for all involved.

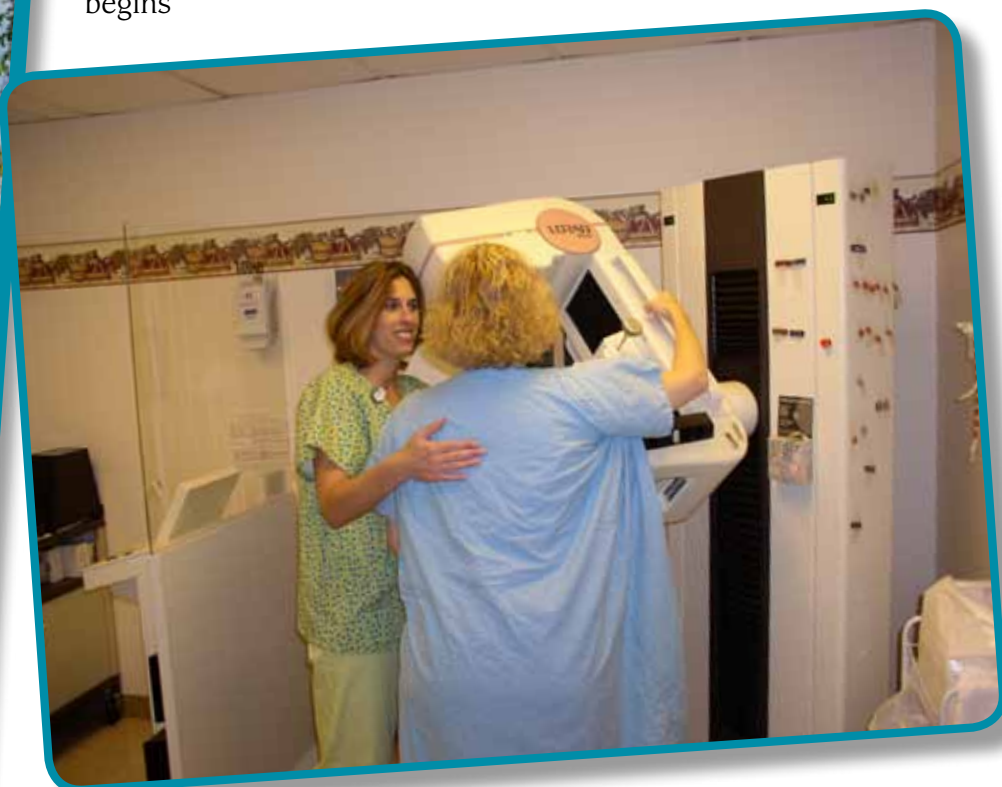
Another new program initiated in 2010 was genetic testing for Hereditary Breast and Ovarian Cancer (HBOC). The HBOC process begins

with the patient filling out a brief family history. Next, the radiologist will review his or her history and make a clinical decision to determine if the patient is at risk for carrying a genetic mutation. If a patient would like to be tested, our nurse navigators will provide education regarding the testing and results. A simple blood test or mouth swish test is all that is required to complete the testing. The radiologist then discusses the results, and any hereditary concerns which may affect family members, with the patient. Because there are medical interventions that may reduce or even eliminate the risk of breast and ovarian cancer in patients who test positive, HBOC testing is an additional prevention tool to help patients manage their breast care now and moving forward.

In addition to HBOC, we continue to stay ahead of the curve with technology such as full-field digital mammography, the newest MRI breast coil with biopsy capability as well as the use of CAD (Computer-Aided Detection) for the respective modalities. CAD is a computer software tool which searches for abnormal areas of density, mass or calcification that may indicate cancer.

In other words, this software adds an extra set of eyes for the radiologist. The Woman Wise Department at EasternWoods Outpatient Center gives patients streamlined, personal care in a dedicated and comprehensive breast facility. From the dedicated breast imaging specialist and breast health nurse navigation to state-of-the-art equipment and certified technologists, EasternWoods Outpatient Center provides breast health excellence.

To add to the many accomplishments in the area of breast health, Imaging Consultants of Findlay have two exceptional Interventional Radiologists who now have a full year under their belt at Blanchard Valley Hospital. Our radiologists perform a wide variety of biopsy exams under the guidance of CAT scan and/or ultrasound. The skills of our interventional radiologist have given local physicians and patients more options to stay in the Findlay area for their health care needs. As a result, we've seen an increase of biopsies performed in our imaging suites by approximately 12 percent from 2009 to 2010.



Community Outreach

Each year, Blanchard Valley Health System participates in community activities that support different cancer causes and organizations. BVHS also provides cancer screenings with the help of local medical professionals.

Community Outreach Programs

Breast Cancer Support Group

Meetings were held monthly to provide tools of support to breast cancer patients. The meetings were designed to allow each patient's experiences to become an opportunity for growth. The mission of the breast cancer support group is to enable, empower, educate and promote emotional, physical and spiritual healing and health to those affected by breast cancer. The program is offered by Woman Wise and Findlay Surgical Associates.

Cancer Support Group

Meetings were held weekly throughout 2010 to provide emotional support to patients with all types of cancer. The goal of the Cancer Support Group is to show all those who are touched by cancer that they are not alone. The group is sponsored by Blanchard Valley Regional Cancer Center and Cancer Patient Services.

Therapeutic Yoga

Offered as a weekly, one-hour class at Blanchard Valley Regional Cancer Center.

Organization/Causes

Cancer Patient Services

A community based, non-profit agency whose mission is to improve the quality of life of cancer patients and their

families in Hancock County. Available services include physical assistance, emotional support, financial assistance and education.

The American Cancer Society

Provides support to Hancock County and surrounding communities through a Personal Support Cancer Survivors Network, the "I Can Cope" series, Hope Lodge, TLC, Look Good...Feel Better, Road to Recovery, Reach to Recovery and Man to Man programs. The ACS also offers 24-hour information and a user friendly Web site, www.cancer.org.

The Patient Navigator Program

Offered by Blanchard Valley Regional Cancer Center to assist patients, their families and caregivers find help with the many needs that could arise during the cancer journey. Trained patient navigators link those dealing with cancer to needed programs and resources.

March

Colorectal Cancer Awareness Month. While colorectal cancer affects both men and women equally, there is a higher risk for individuals who:

- Are 50 years or older
- Are of African-American or Hispanic descent
- Have a personal or family history of benign colorectal polyps, colorectal cancer or inflammatory bowel disease.

May

Skin Cancer Detection Month. About one million new cases of cancer are diagnosed in the United States each year. And nearly half of all cancers are skin cancers. The key to success is early detection and treatment. Individuals are highly encouraged to

participate in BVHS screenings if they have experienced one or more of the following changes in a mole, birthmark or freckle:

- Increase in size
- Change in color or additional colors appear
- Change in elevation
- Change in surface (scaliness, erosion, oozing)
- Area becomes tender, itchy or painful.

BVHS screened 81 people at an August 2010 skin cancer screening.

September

Prostate Health Month. Prostate cancer is the rapid growth of tumor cells in the prostate gland. The American Cancer Society recommends that men 50 years and older have yearly rectal exams and a blood test to screen for this cancer.

The cancer screening includes:

- Digital rectal examination
- Prostatic Specific Antigen (PSA) blood test

BVHS prostate cancer screenings are provided by area urologists and oncologists. This year, 112 people were screened for prostate cancer.

We're here
for YOU.

Skin Cancer Screening results

81 screenings
June 17, 2010

Dr. Cairns
Dr. Rower
Dr. Patel

Examination

Complete: 33
Face and arms: 12
Specific lesion: 22
Above waist: 14

Presumptive diagnosis

Seborrheic keratosis: 32
Actinic keratosis: 15
Basal cell carcinoma: 5
Squamous cell carcinoma: 0
Dysplastic nevus: 2
Congenital nevus: 0
Melanoma: 1
Mole/Nevus: 12
Other: lipoma³ / hemangioma³

Recommendations

Biopsy recommended: yes - 19 no - 61
Referred: yes 24 no 56

Prostate Cancer Screening results

112 screenings
September 16, 2010

Dr. Lutz
Dr. Gilbert
Dr. Adams

Examination

Normal PSA and DRE: 103
High PSA: 8

Abnormal DRE: 1

Letters sent to everyone: 112

Additional

Phone calls by STL to the abnormal results: 9

Questions About Cancer

What's the Risk?

Primary Cancer Site / Type	Gender	Approximate Risk
Breast	Female	1 in 10
Cervix	Female	1 in 156
Colon & Rectum	Male	1 in 24
	Female	1 in 30
Leukemia	Male	1 in 91
	Female	1 in 140
Lung & Bronchus	Male	1 in 16
	Female	1 in 21
Melanoma of Skin	Male	1 in 60
	Female	1 in 86
Non-Hodgkin's Lymphomas	Male	1 in 60
	Female	1 in 74
Prostate	Male	1 in 7
Urinary Bladder	Male	1 in 39
	Female	1 in 134
Uterine	Female	1 in 48

FYI:

- People in the United States have about a one in three lifetime risk of developing an invasive cancer.
- Cancer is a group of diseases that is the abnormal, uncontrolled growth of the body's cells.
- One in seven men will develop prostate cancer within his lifetime.

Bridge Home Health

Bridge Home Health began in 1982 as Blanchard Valley Home Health Services and changed its name to Bridge Home Health and Hospice in 1996, following a merger between Blanchard Valley Home Health Services and Hospice of Hancock County. Currently, Bridge Home Health serves patients in nine counties including Hancock, Wood, Seneca, Putnam, Wyandot, Sandusky, Allen, Hardin and Henry counties.

Bridge Home Health's mission is to promote optimal quality of life in the environment of the individual's choice. The professionals of Bridge Home Health provide services that are short term and intermittent in frequency. Patients typically require a skilled need for nursing, physical therapy, occupational therapy, or speech therapy, and their physician must order home health services. Bridge Home Health also has medical social work services and home health aide services available.

Bridge Home Health understands that patients and families are concerned about quality outcomes for their health care, and Bridge recognizes that concern. Our clinicians come from a variety of health care backgrounds and must have clinical experience prior to employment with Bridge. In today's home care world, this is important as we see more and more high acuity patients cared for in their homes.

Bridge Home Health is able to offer a continuum of care within the communities we serve. By providing care to all ages and offering a full range of services such as skilled nursing care, disease management, wound care, infusion therapy and pediatric care. Our

in-home therapy services address physical, occupational and speech rehabilitation needs. The Bridge Well@Home telehealth service allows patients, their physician and nurse to monitor progress more closely where appropriate. Bridge addresses care needs not usually covered by Medicare or insurance through our Personal Care Services with nurses, nursing assistants and companions offering services from medication assistance to light housekeeping and meal preparation.

Bridge Home Health has a registered nurse on call 24 hours a day, seven days a week. Payer sources

include Medicare, Medicaid, Worker's Compensation, Veterans Administration, private insurance and private payment.

We have an active outpatient Palliative Care Program with over 70 patients currently being seen by our CNP – Rachel Butler. Rachel works with the attending physician on the patients individual plan and goals of



care. She sees them in their homes and typically sees them 2-3 times.



Bridge Hospice Care Center

Bridge Hospice opened an inpatient care center in January 2008, the first of its kind in Hancock County. The center is a seven bed facility located in the Kose Building at Blanchard Valley Hospital. The Care Center is used primarily to provide higher level care for hospice patients, including cancer patients, when they are having a difficult time managing their own care at home.

The inpatient hospice unit cares for many patients that have complications of their terminal disease, such as pain, shortness of breath or restlessness. It is a short term stay facility, meaning patients stay until their symptoms are managed and they can return home.

Although it is a comfortable, homelike environment, it is not a long term care facility.

While in the Hospice Care Center, patients are cared for by a team that includes physicians, nurses, nursing assistants, social workers and volunteers. We strive to provide the best care possible and always work to follow our patients' wishes. Our goal is to provide compassionate care with dignity in a comforting environment.

The Hospice Care Center currently averages about five patients daily, which allows us to give extra attention to our patients and their families. This ensures that the Care Center is a place where patients and families feel comfortable while holistic care is provided to everyone.

In 2010 we admitted 556 patients to our services – 33% had a terminal cancer diagnosis – the national rate is 38.5% of hospice patients have terminal cancer. In 2010 our average

anniversaries, holidays, and even a wedding that was held in the Care Center.

We want to thank our patients, their families and the community for allowing the Bridge Hospice Care Center to continue its growth and outreach to the hundreds of people we have had the privilege to work with.



length of stay was 81 days though 11% of patients were on hospice less than 3 days and 31% were on hospice between 4-14 days. The average daily census in our Findlay Hospice Care Center is 4.4 patients. The most common reason for admission to the care center is unmanaged pain. The average length of time a patient stays is 4 days.

Since beginning the inpatient hospice care operation, that staff of the Hospice Care Center has met so many wonderful people and while we have had a positive impact on their lives, we consider it a privilege to have cared for them. We have celebrated many special occasions with our patients: birthdays,



Daniel Dawley, MD

**Blanchard Valley Health System
2010 ANALYTIC CANCER CASES BY PRIMARY SITE**

	# of Cases	% of Cases
Breast	100	23.7%
Lung	75	17.8%
Colon	34	8.1%
Prostate	28	6.6%
Urinary Bladder	25	5.9%
Lymph Nodes	22	5.2%
Pancreas	15	3.6%
Skin	14	3.3%
Blood and Bone Marrow	14	3.3%
Rectum	13	3.1%
Corpus Uteri	8	1.9%
Thyroid Gland	8	1.9%
Oral Cavity, NOS	8	1.9%
Kidney	7	1.7%
Brain/CNS	7	1.7%
Liver/Bile Ducts	6	1.4%
Ovary	6	1.4%
Connective Soft Tissue	5	1.2%
Unknown Primary	5	1.2%
Esophagus	4	0.9%
Larynx	3	0.7%
Anus & Anal Canal	3	0.7%
Ill Defined Sites	3	0.7%
Vulva	2	0.5%
Testis	2	0.5%
Tongue	2	0.5%
Cervix Uteri	1	0.2%
Hypopharynx	1	0.2%
Renal Pelvis	1	0.2%
Total	422	100.0%

*Tumor Registry
Statistics*

The most commonly diagnosed cancers at Blanchard Valley Health System are breast, lung, colon, prostate and urinary bladder.

Some cancer diagnoses are under-represented, such as prostate cancers, because the biopsy and surgical specimens are sent out for pathological evaluation and not captured in our database.

Nearly half of the cancer patients cared for at BVHS in Hancock County come from other counties.

Our total incidence numbers are up because our screening efforts have improved and our ability to capture data has increased.

2010 BVHS Diagnosis by County

COUNTY	CASES	%
HANCOCK	216	51.2%
WOOD	52	12.3%
HARDIN	38	9.0%
PUTNAM	31	7.3%
WYANDOTTE	28	6.7%
SENECA	18	4.3%
ALLEN	15	3.6%
ERIE	11	2.6%
HENRY	7	1.7%
LOGAN	3	0.7%
CLARK	1	0.2%
DEFIANCE	1	0.2%
OUT OF STATE	1	0.2%
TOTALS	422	100.0%

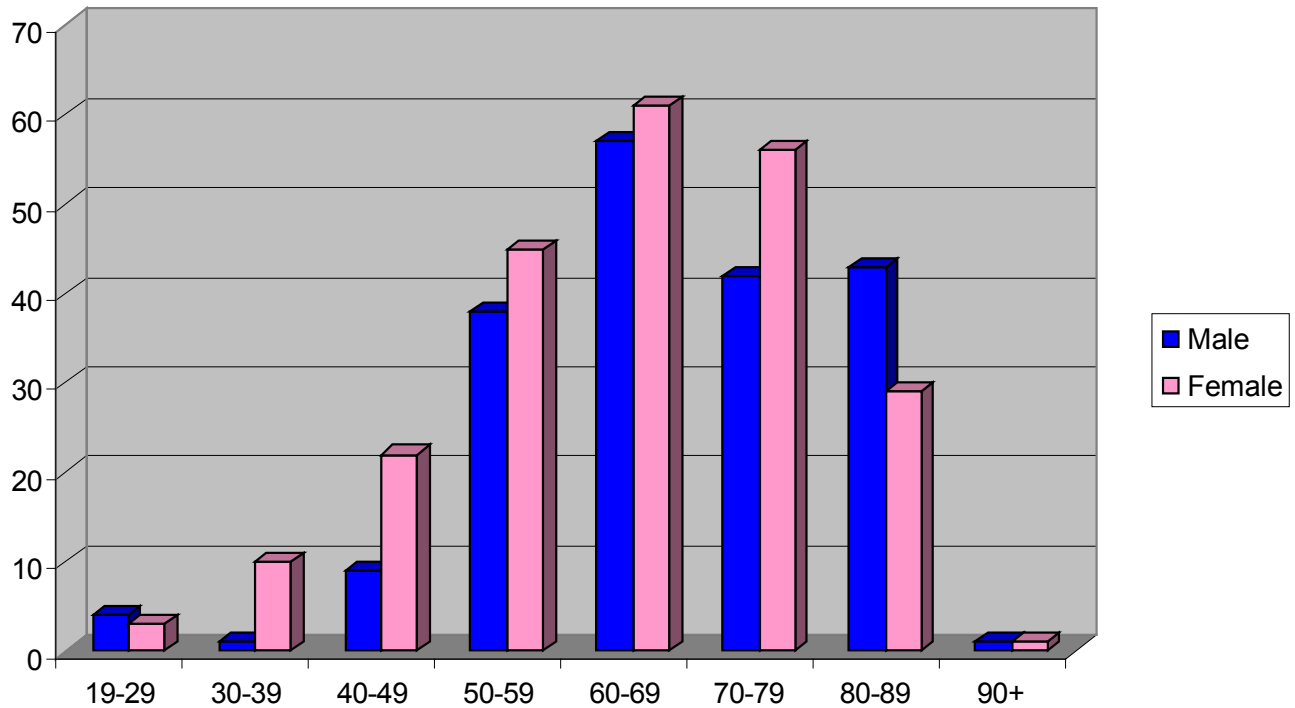
BVHS 2010 SITE BY AJCC STAGE TABULATION FOR TOTAL ANALYTIC CASES

PRIMARY SITE	TOTAL	SEX		AJCC STAGE GROUP							
		M	F	0	I	II	III	IV	UNK	N/A	
ALL SITES	422	195	227	38	89	85	56	87	39	28	
ORAL CAVITY	11	8	3	0	0	1	3	7	0	0	
LIP	0	0	0	0	0	0	0	0	0	0	
TONGUE	2	2	0	0	0	1	0	1	0	0	
OROPHARYNX	0	0	0	0	0	0	0	0	0	0	
HYPOPHARYNX	1	1	0	0	0	0	0	1	0	0	
OTHER	8	5	3	0	0	0	3	5	0	0	
DIGESTIVE SYSTEM	75	39	36	0	10	16	19	25	5	0	
ESOPHAGUS	4	3	1	0	0	0	1	2	1	0	
STOMACH	0	0	0	0	0	0	0	0	0	0	
COLON	34	17	17	0	7	8	10	8	1	0	
RECTUM	13	8	5	0	3	3	4	3	0	0	
ANUS/ANAL CANAL	3	0	3	0	0	1	1	1	0	0	
LIVER	4	3	1	0	0	0	1	2	1	0	
PANCREAS	15	7	8	0	0	4	2	7	2	0	
OTHER	2	1	1	0	0	0	0	2	0	0	
RESPIRATORY SYSTEM	78	48	30	2	8	9	19	34	5	1	
NASAL/SINUS	0	0	0	0	0	0	0	0	0	0	
LARYNX	3	3	0	1	0	1	0	0	0	1	
LUNG/BRONCHUS	75	45	30	1	8	8	19	34	5	0	
OTHER	0	0	0	0	0	0	0	0	0	0	
BLOOD & BONE MARROW	14	8	6	0	0	0	0	0	0	14	
LEUKEMIA	5	2	3	0	0	0	0	0	0	5	
MULTIPLE MYELOMA	8	6	2	0	0	0	0	0	0	8	
OTHER	1	0	1	0	0	0	0	0	0	1	
BONE	0	0	0	0	0	0	0	0	0	0	
CONNECT/SOFT TISSUE	5	3	2	0	1	2	2	0	0	0	
SKIN	14	9	5	4	3	3	3	0	1	0	
MELANOMA	10	6	4	4	2	2	1	0	1	0	
OTHER	4	3	1	0	1	1	2	0	0	0	
BREAST	100	3	97	17	38	26	3	6	10	0	
FEMALE GENITAL	17	0	17	1	5	1	4	3	3	0	
CERVIX UTERI	1	0	1	0	1	0	0	0	0	0	
CORPUS UTERI	8	0	8	0	2	1	2	0	3	0	
OVARY	6	0	6	0	2	0	2	2	0	0	
VULVA	2	0	2	1	0	0	0	1	0	0	
OTHER	0	0	0	0	0	0	0	0	0	0	
MALE GENITAL	30	30	0	0	7	21	1	0	1	0	
PROSTATE	28	28	0	0	6	21	0	0	1	0	
TESTIS	2	2	0	0	1	0	1	0	0	0	
OTHER	0	0	0	0	0	0	0	0	0	0	
URINARY SYSTEM	33	22	11	14	10	4	1	4	0	0	
BLADDER	25	17	8	14	7	4	0	0	0	0	
KIDNEY/RENAL	7	4	3	0	3	0	1	3	0	0	
OTHER	1	1	0	0	0	0	0	1	0	0	
BRAIN & CNS	7	3	4	0	0	0	0	0	0	7	
BRAIN (BENIGN)	0	0	0	0	0	0	0	0	0	0	
BRAIN (MALIGNANT)	5	3	2	0	0	0	0	0	0	5	
OTHER	2	0	2	0	0	0	0	0	0	2	
ENDOCRINE	8	4	4	0	5	0	0	2	1	0	
THYROID	8	4	4	0	5	0	0	2	1	0	
OTHER	0	0	0	0	0	0	0	0	0	0	
LYMPHATIC SYSTEM	22	10	12	0	2	1	1	6	12	0	
HODGKIN'S DISEASE	3	1	2	0	0	0	0	0	3	0	
NON-HODGKIN'S	19	9	10	0	2	1	1	6	9	0	
UNKNOWN PRIMARY	5	5	0	0	0	0	0	0	0	5	
OTHER/ILL-DEFINED	3	3	0	0	0	1	0	0	1	1	

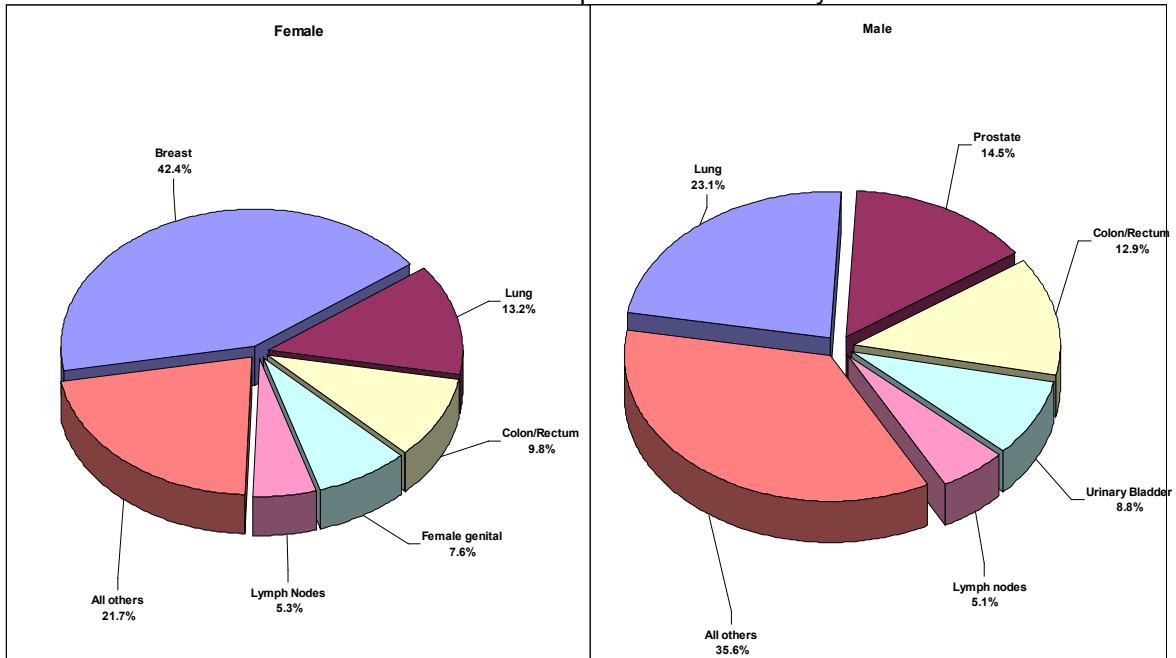
Number of cases excluded: 0

This report EXCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases

2010 BVHS Age at Diagnosis by Gender



2010 BVHS Top 5 Cancer Cases by Gender

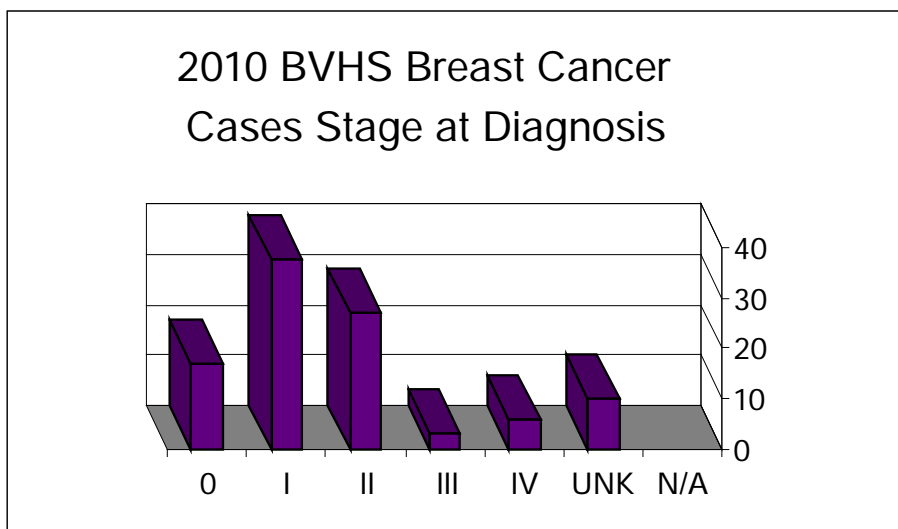
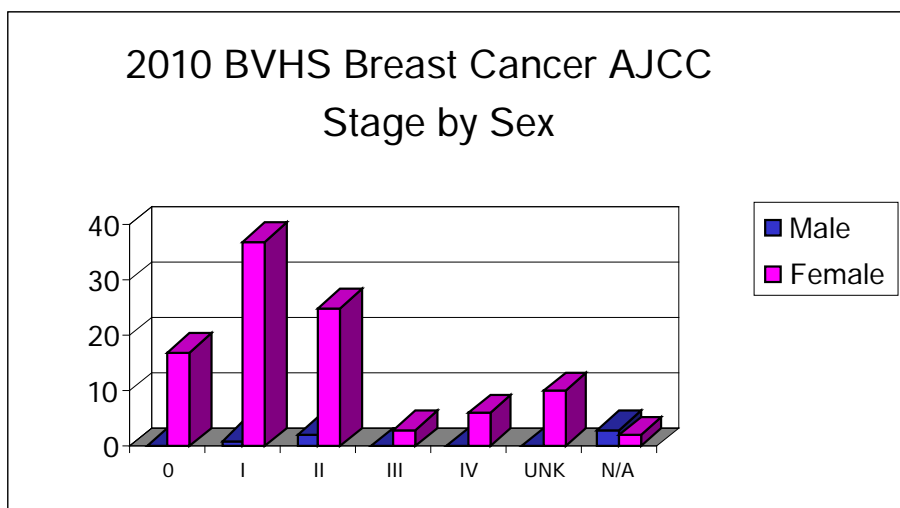


Breast Cancer Reported at Blanchard Valley Health System Comparison with National Cancer Database (with other comprehensive hospitals in all states)

- The breast cancer incidence by stage nationally is very similar to incidence by stage at BVHS.
- Our breast cancer treatment delivered more closely approximates the standard than does the national treatment delivered. Our Surgery Only percentage is less because:
 - a) Patients are offered breast conservation treatment at a higher rate, and;
 - b) Patients who have lumpectomy go on to have radiotherapy rather than falling below the standard of care.
 - c) BVHS is more dedicated to informing patients about the potential benefits of chemotherapy and hormonal therapy versus other centers that may fall short below the standard.

Five year survival per stage comparisons will be available when we have enough cases per stage to generate a graph. Currently, according to the NCDB, the minimum number of cases we need for a stage is 31. As we could only compare 2003 cases with a five year survival with the available 2008 NCDB statistics, we would have to wait until the NCDB has complete the cases for 2009 to obtain higher numbers.

Written by Dr. Eric Browning and Dr. Stephen Lutz



First Course Treatment of Breast Cancer Diagnosed in 2008
Blanchard Valley Health System, Findlay OH
vs. Comprehensive Hospitals in All States
Class of Case 1 and Class of Case 2

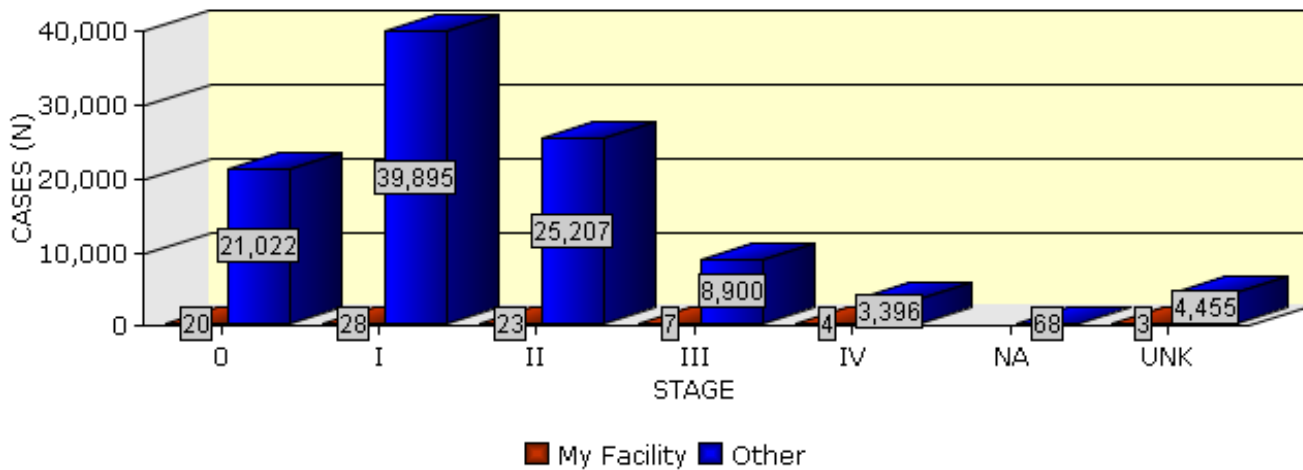
■ My Facility ■ Other

	Surgery Only	Surgery & Radiation	Surgery & Chemotherapy	Surgery, Radiation & Chemotherapy	Surgery, Radiation & Hormone Therapy	Surgery & Hormone Therapy	Surgery, Radiation, Chemotherapy & Hormone Therapy	Surgery, Chemotherapy & Hormone Therapy
My Facility	6	7	5	2	22	10	11	16
Other	24,973	12,268	9,917	8,912	18,759	10,081	8,017	4,114

First Course Treatment of Breast Cancer Diagnosed in 2008
Blanchard Valley Health System, Findlay OH
vs. Comprehensive Hospitals in All States
Class of Case 1 and Class of Case 2

#	First Course Treatment	My (N)	Oth. (N)	My (%)	Oth. (%)
1.	Surgery Only	6	24973	7.06%	24.26%
2.	Surgery & Radiation	7	12268	8.24%	11.92%
3.	Surgery & Chemotherapy	5	9917	5.88%	9.63%
4.	Surgery, Radiation & Chemotherapy	2	8912	2.35%	8.66%
5.	Surgery, Radiation & Hormone Therapy	22	18759	25.88%	18.22%
6.	Surgery & Hormone Therapy	10	10081	11.76%	9.79%
7.	Surgery, Radiation, Chemotherapy & Hormone Therapy	11	8017	12.94%	7.79%
8.	Surgery, Chemotherapy & Hormone Therapy	16	4114	18.82%	4%
9.	Other Specified Therapy	4	4016	4.71%	3.9%
10.	No 1st Course Rx	2	1886	2.35%	1.83%
Col. TOTAL		85	102943	100%	100%

Stage of Breast Cancer Diagnosed in 2008
Blanchard Valley Health System, Findlay OH
vs. Comprehensive Hospitals in All States
Class of Case 1 and Class of Case 2



	0	I	II	III	IV	NA	UNK
My Facility	20	28	23	7	4		3
Other	21,022	39,895	25,207	8,900	3,396	68	4,455

Stage of Breast Cancer Diagnosed in 2008
Blanchard Valley Health System, Findlay OH
vs. Comprehensive Hospitals in All States
Class of Case 1 and Class of Case 2

# Stage	My (N)	Oth. (N)	My (%)	Oth. (%)
1. 0	20	21022	23.53%	20.42%
2. I	28	39895	32.94%	38.75%
3. II	23	25207	27.06%	24.49%
4. III	7	8900	8.24%	8.65%
5. IV	4	3396	4.71%	3.3%
6. NA	.	68	.	0.07%
7. UNK	3	4455	3.53%	4.33%
Col. TOTAL	85	102943	100%	100%



Blanchard Valley
HEALTH SYSTEM

We're here for you.