



NCI Community Cancer Centers Program Program Overview – Catholic Health Initiatives

A. Name and location of hospitals

Catholic Health Initiatives (CHI) has five participating hospitals, but is only designated with three sites because the Nebraska hospitals will work collaboratively as one site for the pilot. The CHI hospitals are:

1. St. Joseph Medical Center, Towson, MD – Urban designation – 363 licensed beds
2. Penrose-St. Francis Health Services, Colorado Springs, CO – Urban/Suburban designation – 523 licensed beds
3. Nebraska Hospitals – Rural designation
 - Saint Elizabeth Regional Medical Center, Lincoln, NE – 257 licensed beds
 - Good Samaritan Hospital, Kearney, NE – 207 licensed beds
 - Saint Francis Medical Center, Grand Island, NE – 198 licensed beds

B. Name of cancer center

1. St. Joseph Medical Center, Towson, MD – The Cancer Institute
2. Penrose-St. Francis Health Services, Colorado Springs, CO – Penrose Cancer Center
3. Nebraska Hospitals –
 - Saint Elizabeth Regional Medical Center, Lincoln, NE – Saint Elizabeth Cancer Institute
 - Good Samaritan Hospital, Kearney, NE – The Cancer Center
 - Saint Francis Medical Center, Grand Island, NE – Saint Francis Cancer Treatment Center

C. Identify PI and key personnel with contact information (very brief bios) for each of the pilot focus areas:

Catholic Health Initiatives is having a launch meeting beginning on July 19th to collaboratively determine Key personnel for the focus areas not addressed below.

Mark Krasna, MD is the overall principle investigator for CHI. Prior to joining St. Joseph Medical Center in Towson Maryland Medical School. He served as the Associate Director for Multidisciplinary Cancer Care and later as Associate Director for Surgical Oncology at the University of MarylandGreenebaum Cancer Center. Dr Krasna trained 17 CT residents, 15 of whom have gone into Thoracic Oncology as their primary as Medical Director for the Cancer Institute; Dr. Krasna was professor of surgery at the University of subspecialty and who have integrated multidisciplinary care into their practices. In addition, Dr. Krasna has mentored physicians from around the world through a UICC fellowship grant program and is a member of the UICC Roll of Honor. In that capacity he has trained future leaders in thoracic oncology who have returned to their countries of origin including China, Korea, and Russia. Dr. Krasna has also mentored several postgraduate CT fellows who returned for additional subspecialty training in Thoracic Oncology Multidisciplinary care. This Graduate Medical Education approved program was organized to emphasize the importance of coordinated care in a multidisciplinary program and clinical trial participation.

Dr. Krasna served as the Chair of the CALGB Thoracic Surgery subcommittee and, as a member of the respiratory and gastrointestinal (GI) committees of the CALGB. In this capacity, he mentored numerous surgeons from around the country and the world in the concept of clinical trial

NCI Community Cancer Centers Program Program Overview – Catholic Health Initiatives

development and participation. He shepherded several unique clinical trials through development to completion during his tenure as the CALGB Thoracic Chair.

- Disparities
- Clinical Trials
- IT
- Biospecimen
- Quality of Care
- Survivorship

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

The primary model for the medical staff for the cancer centers in the three CHI sites is a combination, private practice and employed. The majority of the medical staff involved are in private practice.

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

These numbers represent office-based medical, radiation, and pediatric/GYN Oncologists. They do not include physicians whose practice is not solely oncology:

- Nebraska – 16 + 2 starting Aug/Sept 2007
- Maryland - 8
- Colorado - 11

F. Describe multi-disciplinary care model

A multidisciplinary care model is a person-centered approach that allows those with complex medical problems to see multiple specialists in one visit. Key specialists needed for diagnosis and treatment review previous tests, exam the patient and develop a coordinated treatment plan. This approach has been utilized for thoracic and breast cancer patients. A disease specific nurse coordinator works to assist the patient with the decision process, ensures they are linked to other key health professionals (genetic counseling, nutrition, smoking cessation, social work, psychology, etc.) and serves as a central contact for the patient.

G. Provide a brief overview of community demographics

St. Joseph Medical Center, Towson, MD, market area is quite broad which includes Baltimore City and extends to five surrounding counties. More than half of the current destination services (heart, orthopedics) originate from outside the primary service area (which is defined as approximately a 12 mile radius from the hospital). The same broad reach of the SJMC Cancer Institute is expected within the next three years. The market area has a population base of 1.8 million people. Ethnically, nearly 35% are African American. There are also higher concentrations of adults over 55 (26.2%) than the national average (22.7%). Recent data from the Department of Health and Mental Hygiene Maryland Cancer Statistics report show an overall cancer incidence rate of 486/100,000, significantly higher than the national average of 473/100,000 (SEER). Thoracic malignancies constitute the most common and deadly tumors in North America. The region surrounding the Chesapeake and Delaware Bays has the highest incidence of lung and esophageal cancers in the United States. Total cancer cases for St. Joseph's over the last three years are: 1,034 (2003), 1,002 (2004), 1,072 (2005).

NCI Community Cancer Centers Program Program Overview – Catholic Health Initiatives

Penrose-St. Francis is located in Colorado Springs, a metropolitan area located 70 miles south of Denver with an estimated 2006 population of 564,776. In 2004, there were 2,278 new cancer cases diagnosed in this area. Seventy-four percent (74%) of the population is white, 13% is Hispanic, 6% is African-American, 3% is multi-racial non-Hispanic, 3% is Asian and 1% is Native American. Eleven percent of the population is over the age of 65 and 27% is age 45-64. The 2006 Median Household Income is \$51,181. El Paso County is designated as a Health Professional Shortage Area in primary care for low income populations. It is also has a Medically Underserved Area/Medically Underserved Population designation, primarily in the southern and central urban corridor in which Penrose Hospital is located. Penrose Cancer Center also serves patients from the 2,000 square miles of rural area west, east and south of Colorado Springs - an additional 300,000 individuals in 17 counties. Penrose Cancer Center treated 1,128 cancer cases in 2006, 1,744 in 2005, and 1,158 in 2004.

Nebraska Collaborative:

Saint Francis Cancer Treatment Center, Grand Island, NE - Founded more than 115 years ago, Saint Francis Medical Center, Grand Island is a 198-bed healthcare provider serving 26-counties in Central Nebraska as. SFMC has grown from a community hospital serving the 42,000 residents of Grand Island to a regional referral center serving more than 78,000. SFMC offers a wide array of specialty services including a cancer treatment center, joint replacement, diagnostic and interventional cardiology, a birthing center, dialysis, comprehensive surgical services, and interventional and diagnostic radiology services.

Good Samaritan Cancer Center, Kearney, NE is located in the rural community of Kearney, Nebraska. Members of the Sisters of St. Francis of Colorado Springs established Good Samaritan Hospital, an acute care facility, in 1924. Now licensed for 207 beds, Good Samaritan Hospital is the largest regional referral center between Lincoln, Nebraska and Denver, Colorado. Good Samaritan Health Systems was formed after purchasing Richard H. Young Hospital, an 80-bed behavioral health facility that provides care for children, adolescents and adults. In addition to the Cancer Center and Behavioral Health, GSH provides an array of additional services and programs including: Nebraska Joint and Replacement Center, Back and Spine Center, Heart Center, Level II Trauma Center, Family Birth Center, Inpatient Rehabilitation Center, Healthy Lifestyles Center, Sleep Disorders Center, and Home Care/Home Infusion/Hospice.

Saint Elizabeth Regional Medical Center, Cancer Center, Lincoln, NE is a community healthcare facility started in 1889 by Sisters of St. Francis of Perpetual Adoration. Saint Elizabeth today is licensed for 257 beds and provides secondary and tertiary care to patients from a 17-county area. Saint Elizabeth has approximately 350 active physicians on staff representing all major specialties. The majority of patients that Saint Elizabeth serves reside in Lancaster County, with the remainder coming from rural Nebraska. SERMC sees over 12,000 admissions, 3,000 births, 11,000 surgical procedures, and 300,000 outpatient visits on an annual basis. Saint Elizabeth serves a geographical area in southeast Nebraska with Lancaster County/Lincoln as its primary service center. The population of Lancaster County exceeds 250,000 and is comprised of about 15% minority population with the remainder being white Caucasian. The remaining 16 counties that Saint Elizabeth serves are predominantly rural counties with a combined population of approximately 200,000. While the predominant race is white, there is a growing Hispanic population.

NCI Community Cancer Centers Program Program Overview – Catholic Health Initiatives

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

Center to CHI's vision and mission is the creation of healthy communities with a commitment to serving the underserved and disparate through community outreach. It is the policy of Catholic Health Initiatives that any patients screened for cancer and identified with positive results will receive comprehensive cancer treatment including, but not limited to, surgery, chemotherapy, radiation, counseling and follow-up, regardless of their ability to pay.

Major activities to reach disparate populations include remote and mobile clinics, health screens, telemedicine consultations, formalization of system wide network to support cancer care in all settings, participation and/or support in community-based outreach programs and outreach and enroll of minorities into clinical trials.

I. 2006 new cancer cases – provide in RFP format

Penrose Cancer Center
Reporting Period 1/1/2006 – 12/31/2006
Reporting Source: Penrose Cancer Registry

Disease Site (<i>create separate rows as necessary</i>)	Newly Registered Patients
Head and Neck (lip, oral cavity, pharynx, eye, orbit)	37
Digestive System (esophagus, stomach, small intestine, colon, rectum, anus, liver, pancreas)	225
Respiratory (nasal/sinus, larynx, lung/bronchus)	107
Blood and Bone Marrow (leukemia, multiple myeloma, other)	64
Bone (Primary)	3
Connective Tissue	7
Melanoma	49
Other Skin Cancer	
Breast Cancer (male and female)	189
Female Genital (cervix, ovary, other)	21
Male Genital (prostate, other)	186
Urinary System (kidney, bladder, other)	89
Brain & CNS (benign, malignant, other)	41
Endocrine System (thyroid, other)	45
Lymphatic System (NHL, Hodgkin's lymphoma)	35
Soft Tissue	

**NCI Community Cancer Centers Program
Program Overview – Catholic Health Initiatives**

Disease Site (<i>create separate rows as necessary</i>)	Newly Registered Patients
Thymus/Mediastinum/Pleura	
Retroperitoneum/Peritoneum	3
Unknown Primary	13
Peripheral Nerves	
Other/III-defined	
TOTAL:	1,114

**CHI Nebraska Sites
Reporting Period 1/1/2006 – 12/31/2006
Reporting Source: Nebraska Cancer Registry**

Disease Site (<i>create separate rows as necessary</i>)	Newly Registered Patients
Head and Neck (lip, oral cavity, pharynx, eye, orbit)	35
Digestive System (esophagus, stomach, small intestine, colon, rectum, anus, liver, pancreas)	365
Respiratory (nasal/sinus, larynx, lung/bronchus)	225
Blood and Bone Marrow (leukemia, multiple myeloma, other)	58
Bone (Primary)	3
Connective Tissue	7
Melanoma	40
Other Skin Cancer	10
Breast Cancer (male and female)	389
Female Genital (cervix, ovary, other)	69
Male Genital (prostate, other)	206
Urinary System (kidney, bladder, other)	115
Brain & CNS (benign, malignant, other)	39
Endocrine System (thyroid, other)	56
Lymphatic System (NHL, Hodgkin's lymphoma)	54
Soft Tissue	4
Unknown Primary	40

**NCI Community Cancer Centers Program
Program Overview – Catholic Health Initiatives**

Disease Site <i>(create separate rows as necessary)</i>	Newly Registered Patients
Peripheral Nerves	0
Other/Ill-defined	7
TOTAL:	1725

St. Joseph Medical Center: The Cancer Institute, Towson, MD

Reporting Period 1/1/2006 – 12/31/2006

Reporting Source: Maryland Cancer Registry

Disease Site <i>(create separate rows as necessary)</i>	Newly Registered Patients
Head and Neck (lip, oral cavity, pharynx, eye, orbit)	145
Digestive System (esophagus, stomach, small intestine, colon, rectum, anus, liver, pancreas)	40
Respiratory (nasal/sinus, larynx, lung/bronchus)	140
Blood and Bone Marrow (leukemia, multiple myeloma, other)	12
Bone (Primary)	
Connective Tissue	
Melanoma	94
Other Skin Cancer	
Breast Cancer (male and female)	90
Female Genital (cervix, ovary, other)	83
Male Genital (prostate, other)	186
Urinary System (kidney, bladder, other)	95
Brain & CNS (benign, malignant, other)	14
Endocrine System (thyroid, other)	13
Lymphatic System (NHL, Hodgkin's lymphoma)	19
Soft Tissue	2
Mediastinum/Heart/Pleura	
Retroperitoneum/Peritoneum	
Unknown Primary	
Peripheral Nerves	

**NCI Community Cancer Centers Program
Program Overview – Catholic Health Initiatives**

Disease Site <i>(create separate rows as necessary)</i>	Newly Registered Patients
Other/III-defined	22
TOTAL:	1,005

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

**Penrose Cancer Center
Information on Clinical Research Studies
Reporting Period: 1/1/2006 - 12/31/2006**

Site	Title	Date Opened	Date Closed	Type	Accrual (06)
Breast	B-35	9/2/04		Treatment	1
Pancreas	CALGB 80303	3/28/05		Treatment	1
GIST	CTSU/ACOSOG Z9001	10/08/04		Treatment	1
Lung	E1504	2/16/06		Treatment	1
Melanoma	E1697	6/22/06		Treatment	1
AML	E1900	12/02/04		Treatment	1
Lung	E2501	11/10/05		Treatment	6
Kidney	E2805	12/28/06		Treatment	1
Leukemia	E2993	6/27/06		Treatment	1
NHL	E4402	11/19/04		Treatment	2
Myeloma	E4A03	3/30/05		Treatment	1
Colon	E5202	1/27/06		Treatment	2
Breast	EBCSG 24-02 (SOFT)	7/15/05		Treatment	2
Breast	NCIC MA.27	5/7/04		Treatment	3
Breast	NSABP B-36	10/21/04		Treatment	1
Breast	NSABP B-38	4/22/05		Treatment	4
Breast	NSABP B-39	7/11/05		Treatment	13
Breast	NSABP C-08	11/22/04		Treatment	2

**NCI Community Cancer Centers Program
Program Overview – Catholic Health Initiatives**

Site	Title	Date	Date	Type	Accrual
Breast	NSABP FB-AX 003	12/14/05		Treatment	1
Rectal	R04	8/30/06		Treatment	2
Prostate	S9346	5/7/04		Treatment	2
	TOTAL				49

**NEBRASKA
Information on Clinical Research Studies
Reporting Period: 1/1/2006 - 12/31/2006**

Site	Title	Date Opened	Date Closed	Type	Accrual (06)
Prostate	Early vs Standard Zoledronic Acid to Prevent Skeletal Related Events Prostate Cancer Metastatic to Bone	6/10/2004		Treatment	1
Breast	Chemo Decisions in Women Age 65 or Older with Operable, Newly Diagnosed Breast Cancer	6/1/2004		Survey	7
Breast	CA (4vs6 Cycles) vs Paclitaxel(4vs6 Cycles) in Women 0-3 Positive Nodes Dose Dense	7/10/2003		Treatment	8
Melanoma	Four Weeks High Dose Interferon	4/13/2003		Treatment	2
Lung	Docetaxel + Cetuximab and Docetaxel + Bortezomib in Advanced Non-Small Cell Lung Cancer	12/15/2005	9/28/2006	Treatment	3
CLL	Fludarabine+Rituxan followed by Campath-1H	10/15/2004	12/15/2006	Treatment	1
Breast	A Randomized Phase III Study of Conventional Whole Breast Irradiation Versus Partial Breast Irradiation for Women w/ Stage 0, 1, or II (NSABP)	5/13/2005	6/15/2006	Treatment	2
GI	A Randomized Phase III Trial of Irinotecan (CPT-11) and/or Oxaliplatin (OXAL) Plus 5-Fluorouracil (5-FU)/Leucovorin (CF) with or without Cetuximab (C225) after Curative Resection for Patients with Stage III	03/08/05		Therapeutic	1

**NCI Community Cancer Centers Program
Program Overview – Catholic Health Initiatives**

Site	Title	Date	Date	Type	Accrual
	Colon Cancer				
GU	A Randomized double-blinded placebo controlled Phase III trial comparing Docetaxel and prenisone with and without Bevacizumab in Men with Hormone Refractory Prostate Cancer (NCCTG)	07/12/05		Therapeutic	1
GU	Prevention of Cataract and Age-Related Macular Degeneration with Vitamin E and Selenium - SELECT Eye Endpoints (SEE), Phase III (SWOG)	08/10/04		Prevention	3
GU	Prevention of Alzheimer's Disease with Vitamin E and Selenium Trial (PREADVISE) (SWOG)	05/14/02		Prevention	7
Breast	Phase III Randomized Trial of Anastrozole Versus Anastrozole and Fulvestrant as First Line Therapy for Post Menopausal Women With Metastatic Breast Cancer.	02/08/05		Therapeutic	1
Breast	Phase III Trial of Bisphosphonates as Adjuvant Therapy for Primary Breast Cancer	02/14/06		Therapeutic	2
GI	Cetuximab Plus Cisplatin, Irinotecan and Thoracic Radiotherapy (TRT) for Locally Advanced (Non-Metastatic), Clinically Unresectable Esophageal Cancer: A Phase II Trial with Molecular Correlates	08/09/05		Therapeutic	1
GI	A Phase III Clinical Trial Comparing Infusional 5-Fluorouracil (5-FU), Leucovorin, and Oxaliplatin (mFOLFOX6) Every Two Weeks With Bevacizumab to the Same Regimen Without Bevacizumab for the Treatment of Patients With Resected Stages II And III Carcinoma of the Colon	02/08/05	10/06/06	Therapeutic	2
GU	Protocol for Assessment of Gemcitabine and Paclitaxel	10/15/01	12/15/06	Therapeutic	1

NCI Community Cancer Centers Program Program Overview – Catholic Health Initiatives

Site	Title	Date	Date	Type	Accrual
	for Metastatic Urothelial Cancer in Patients Ages 70 Years or Older (And in a Cohort of Patients Younger than 60 Years), Phase II & Pharmacology				
Myeloma	Myeloma Specimen Repository Protocol, Ancillary	05/04/06		Therapeutic	1
Myeloma	A Phase II Study of Bortezomib (Velcade™, PS-341), Thalidomide, and Dexamethasone in Patients With Refractory Multiple Myeloma	10/18/05		Therapeutic	1
	Cancer and Leukemia Group B Foundation				7
	(CALGB)				
	Eastern Cooperative Oncology Group (ECOG)				2
	National Surgical Adjuvant Breast and Bowel				9
	Project Foundation (NSABP)				
	National Cancer Institute Sponsored				3
	Community Cancer Oncology Program (CCOP)				
	North Central Cancer Treatment Group				14
	(NCCTG)				
	Pharmaceutical Company Sponsored Research				10
	Southwest Oncology Group (SWOG)				1
	Clinical Trials, Not Otherwise Specified				5
	TOTAL				103

**NCI Community Cancer Centers Program
Program Overview – Catholic Health Initiatives**

**Saint Joseph Cancer Institute
Information on Clinical Research Studies
Reporting Period: 1/1/2006 - 12/31/2006**

Site	Title	Date Opened	Date Closed	Type	Accrual Year 3 (06)
	Amgen ABX-EGF 20030250				1
	NSABP B-35				2
	NSABP C-08				1
	Intact-Bles				5
	Mentor Study				6
	Lymphocare Registry				2
	SWOG S0307				2
	Sent Elsewhere				8
	TOTALS PER YEAR				27

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

Penrose - 49 patients, 100%
Nebraska - 88 patients, 85%
St. Joseph - 20 patients, 75%

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

St. Joseph Medical Center has linkages with the University of Maryland and Johns Hopkins centering around research activities, genetic counseling, telemedicine conferences, and biospecimen procurement.

Penrose has collaborative relationships with the University of Colorado Health Sciences Center, University of Northern Colorado and MD Anderson around research projects, outreach to Hispanics, colorectal screening, cancer rehabilitation and Colorado Cancer Coalition activities.

Nebraska facilities collaborate with the University of Nebraska on research activities, genetic counseling, medical oncology rotations, complex care, and continuing medical education.

NCI Community Cancer Centers Program Program Overview – Catholic Health Initiatives

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

Sites are in various stages of implementation of EHR. Inpatient and outpatient systems are consistent in all sites, Meditech. Some of the practices have EHR with inconsistent integration with the hospital systems. CHI has recently completed a vendor selection for an ambulatory EHR which will facilitate integration.

CHI has a central standardized repository for inpatients and outpatients, providing a mechanism to track patients across facilities within the system

N. Describe the experience with biospecimen collection and banking

St. Joseph Medical Center has a full service anatomic and clinical pathology laboratory. Requested pathology specimens are provided for research studies. The department has the capability to serve as a biospecimen repository and institution of a formal program fulfilling First-Generation Guidelines for NCI-Support Biorepositories is currently underway. They are also currently working with the Department of Pathology at the University of Maryland Medical Center to collect malignant and pre-malignant specimens in patients with suspected or proven lung cancer.

Penrose has a full service anatomic and clinical laboratory as well as a cytogenetic laboratory. Tissue samples and biospecimens are provided as part of research studies. In addition, the Pathology laboratory has 40-50 years of archived tissue specimens on site.

Nebraska sites have anatomic and clinical pathology departments which collect and store pathology specimens.

For additional information contact:

Debbi Honey, RN, MHA, CPHQ, CHE
Vice President Clinical Operations
Catholic Health Initiatives
Denver, CO 80202
debbihoney@catholichealth.net
423-495-5000