



2018 Public Reporting of Outcomes

CancerCare Center

Minot, North Dakota



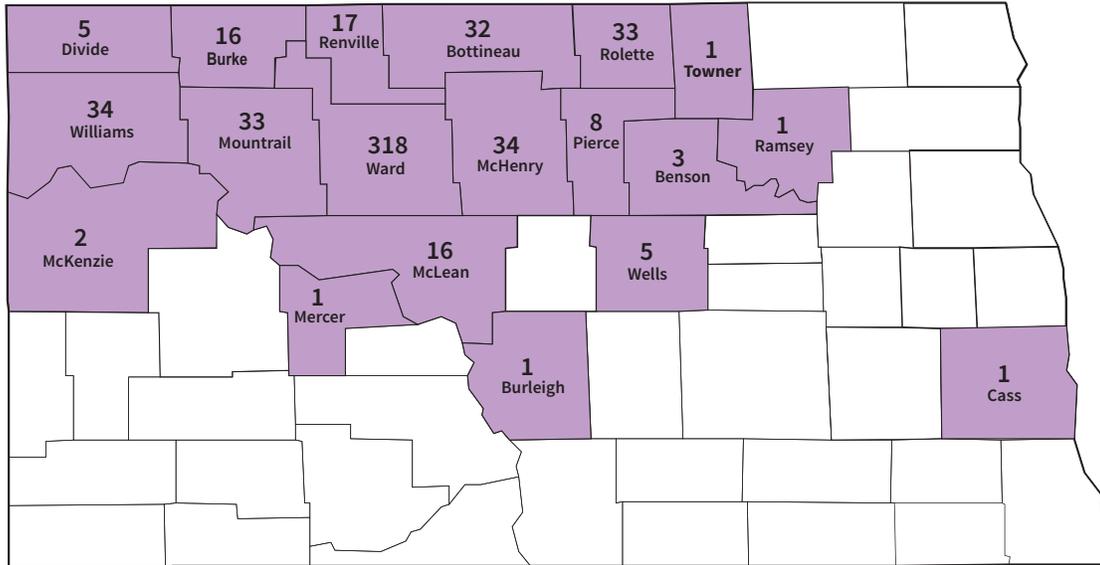
TRINITY
HEALTH

Trinity Health Statistics - 2018

There are 12,945 cancer primaries in the Trinity Health cancer registry from 1990 (assessment year) through 2017. This number represents cancer primaries diagnosed and/or treated at Trinity Health.

The following map shows the geographic distribution.

North Dakota - 561 Out-of-State - 6 Canada-1 Total- 568



In 2018, the number of those cases was 568.

According to *Cancer Facts & Figures 2018*, from the American Cancer Society, about 87% of all cancers, in the United States, are diagnosed in persons 50 and older.

In 2018, approximately 88% of all cancers diagnosed at Trinity Health were in persons 50 and older.



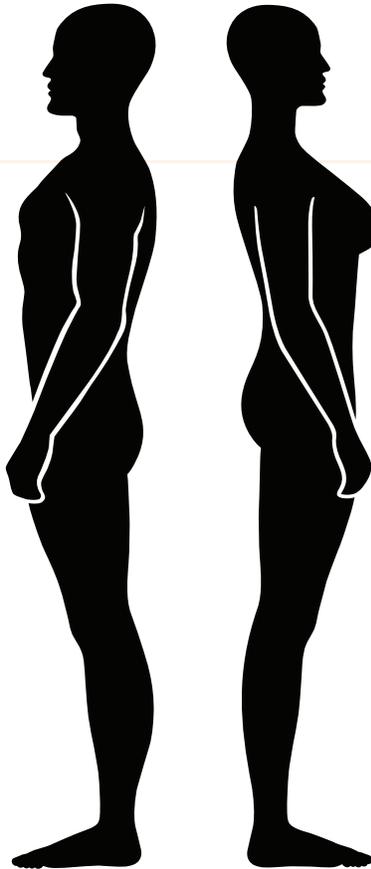
Age Distribution	Male Total	Female Total
0-29	7	9
30-39	7	10
40-49	12	21
50-59	50	54
60-69	107	72
70-79	72	64
80-89	36	33
90+	3	11
Total	294	274

2018 Trinity Health Leading Sites of New Cancer Cases

These tables demonstrate that the 10 most common malignancies for 2018 at Trinity Health are consistent with those estimated by the American Cancer society as top sites nationwide for 2018. These 10 sites comprised approximately 80% of all malignancies seen at Trinity Health in 2018.

Male

- Oral Cavity & Pharynx - 6 (2%)
- Lung & Bronchus - 31 (10%)
- Pancreas - 2 (1%)
- Kidney/Renal Pelvis - 8 (3%)
- Urinary Bladder - 21 (7%)
- Colon & Rectum - 28 (10%)
- Prostate - 105 (36%)
- Non-Hodgkin Lymphoma - 13 (4%)
- Melanoma of the Skin - 8 (3%)
- Leukemia - 7 (2%)
- All Other Sites - 65 (22%)



Female

- Thyroid - 12 (4%)
- Lung & Bronchus - 43 (15%)
- Breast - 106 (39%)
- Kidney/Renal Pelvis - 1 (1%)
- Ovary - 2 (1%)
- Uterine Corpus - 12 (4%)
- Colon & Rectum - 18 (7%)
- Non-Hodgkin Lymphoma - 15 (5%)
- Melanoma of the Skin - 7 (3%)
- Leukemia - 4 (1%)
- All Other Sites - 54 (20%)

2018 Estimates – American Cancer Society

Estimated New Cases*

Male		Female	
Oral Cavity & Pharynx 37,160 (4%)	Prostate 164,690 (19%)	Oral Cavity & Pharynx 14,380 (2%)	Uterine Corpus 63,230 (7%)
Colon 49,690 (6%)	Urinary Bladder 62,380 (7%)	Colon 47,530 (5%)	Urinary Bladder 18,810 (2%)
Rectum 25,920 (3%)	Kidney & Renal Pelvis 42,680 (5%)	Rectum 17,110 (2%)	Kidney & Renal Pelvis 22,660 (3%)
Liver & Intrahepatic Bile Duct 30,610 (4%)	Thyroid 13,090 (2%)	Liver & Intrahepatic Bile Duct 11,610 (1%)	Thyroid 40,900 (5%)
Pancreas 29,200 (3%)	Hodgkin Lymphoma 4,840 (>1%)	Pancreas 26,240 (3%)	Hodgkin Lymphoma 3,660 (>1%)
Lung & Bronchus 121,680 (14%)	Non-Hodgkin Lymphoma 41,730 (5%)	Lung & Bronchus 112,350 (13%)	Non-Hodgkin Lymphoma 32,950 (4%)
Melanoma of the Skin 55,150 (6%)	Leukemia 35,030 (4%)	Melanoma of the Skin 36,120 (4%)	Leukemia 25,270 (3%)
Breast 2,550 (>1%)	All Sites 856,370 (100%)	Breast 266,120 (30%)	All Sites 878,980 (100%)

*Excludes basal and squamous cell skin cancers and in situ carcinoma except urinary bladder. Rounded to nearest percentage.

Preventing Smoking and/or the Use of Electronic Cigarettes in Adolescents

The use of tobacco or other tobacco related products is typically established during adolescence. The Center for Disease Control and Prevention (CDC) reports that 90% of cigarette smokers first try a cigarette or other tobacco related product by the age of 18. The CDC also reports that if cigarette smoking continues at the current rate among youth in the United States, 5.6 million of today's Americans younger than 18 will die early from a smoking-related illness. That equates to about 1 of every 13 Americans aged 17 years or younger who are alive today.

While there has been a slight decrease in the amount of cigarette, cigar, and smokeless tobacco use by middle and high school students, electronic cigarette use has grown exponentially. These electronic or E-cigarettes have a variety of nomenclature to include "e-cigs", "vapes", "hookahs", or "vape pens". The original E-cigarette was designed as a substitute for regular cigarettes and other tobacco products with the intention of helping those users quit smoking. Unfortunately, the opposite has occurred with E-cigarettes becoming more popular with today's youth.

The E-cigarette produces an aerosol by heating a liquid via an internal battery and heating element. Some of them closely resemble regular cigarettes, cigars, or pipes but others look like USB flash drives, pens, and other everyday items making them less detectable. The liquid or "e-juice" used within these devices contains nicotine and other flavorings but can also be used to deliver marijuana and other drugs. Nicotine is a highly addictive drug and can cause harm to a developing adolescent brain. In addition, nicotine can affect other areas of the body such as the heart, lungs, and stomach. The liquid or "e-juice" is also very dangerous and can lead to poisoning by swallowing, breathing, or by absorption through the skin. The devices themselves can be very dangerous with many reports of defective batteries causing fires and explosions leading to serious injury.

One of the main assumptions is that E-cigarette aerosol is simply harmless "water vapor", however, this aerosol may contain many harmful and potentially harmful substances to include:

- Nicotine
- Heavy metals such as nickel, tin, and lead
- Flavoring such as diacetyl which is a chemical linked to serious lung disease
- Cancer-causing chemicals
- Ultrafine particles within the aerosol can be inhaled deep into the lungs where they can later cause problems with respiration.

The long-term effects of E-cigarette use is unknown however many young people who become addicted to E-cigarettes also tend to smoke cigarettes or will convert to cigarette use later in life. Researchers are very concerned that if E-cigarette use is banned that those people will convert to cigarette smoking as nicotine dependence can be very hard to overcome.

Trinity Health worked in collaboration with the First District Health unit in Minot, ND to create a presentation designed for middle school students regarding the dangers of using electronic cigarettes and other tobacco related products. This presentation was provided by Shane Jordan, Director of Trinity's CancerCare Center, to students at Minot's Central Campus, Jim Hill Middle School, and the Dakota Memorial Boys and Girls Ranch. As part of the educational presentation, a pre- and post-test consisting of eight tobacco and E-cigarette related questions was provided to each participant and results tracked for improvement following the presentation.

Approximately 750 students participated in the presentation titled, "Exposed – E-Cigarettes/Vapes/MODS/JUULS: What YOUTH need to know about the latest form of nicotine addiction". Pre- and post-test results were scored with an overall average improvement in correct response of 5% in 7 of the 8 questions. One of the questions was removed from the average as it showed a 55% increase in correct response. That question was, "How many kids

under the age of 18 in North Dakota will die prematurely from smoking?” This question highlighted an under-awareness of the dangers related to smoking in our youth population.

“This was a very valuable educational opportunity for these students and they definitely left this presentation more aware to the risks and dangers of tobacco and/or E-cigarette use, said Shane Jordan, Director of Trinity CancerCare Center. Many of these students already knew or had friends that smoked, vaped or chewed smokeless tobacco, Jordan added.

For more information on smoking cessation or electronic cigarettes please contact Minot First District Health at 701-852-1376.

Reporting of Outcomes Report

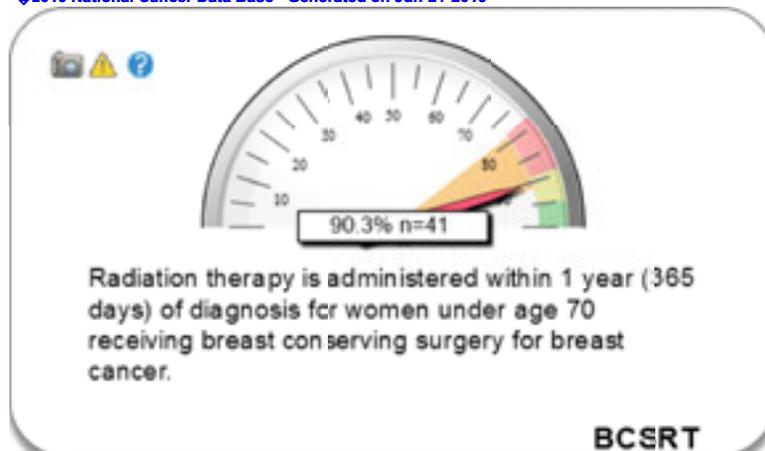
How to interpret Dashboard:

- Red Needle shows the current performance rate for Trinity Health (percentage in white box)
- Performance rates for the top three quartiles for all RQRS participating cancer programs.
 - o Green: 75th -100th percentile (where we want to be performing)
 - o Yellow: 50th-75th percentile
 - o Red: 25th-50th percentile
- (n) represents the number of cases included for the measure

RQRS Breast Dashboard BCSRT:

Measures radiation therapy that is completed within 1 year of diagnosis for women under age 70 after lumpectomy.

[BCSRT Gauge Desc](#)
2019 National Cancer Data Base - Generated on Jun-21-2019

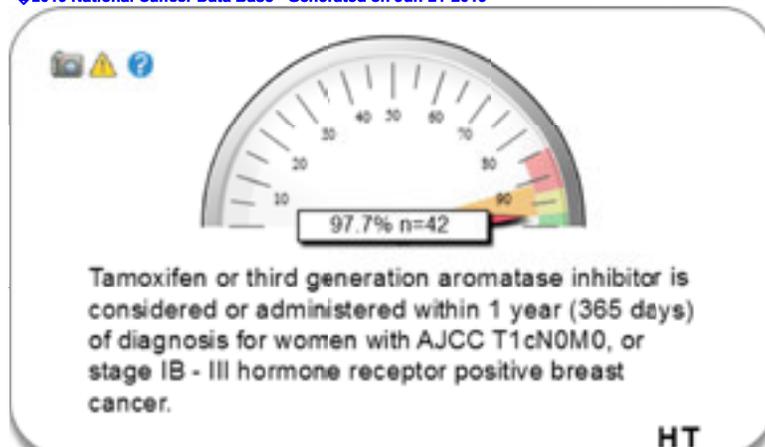


- Trinity Health is at 90.3% for this accountability measure. This means that 90.3% of the time radiation therapy was administered after lumpectomy (breast conserving surgery) within one year of diagnosis date.

RQRS Breast Dashboard HT:

Measures patients considering and/or receiving hormone therapy within 1 year of diagnosis for women with stage IB-III breast cancer with positive hormone receptor (ER/PR) breast cancer.

[HT Gauge Desc](#)
2019 National Cancer Data Base - Generated on Jun-21-2019



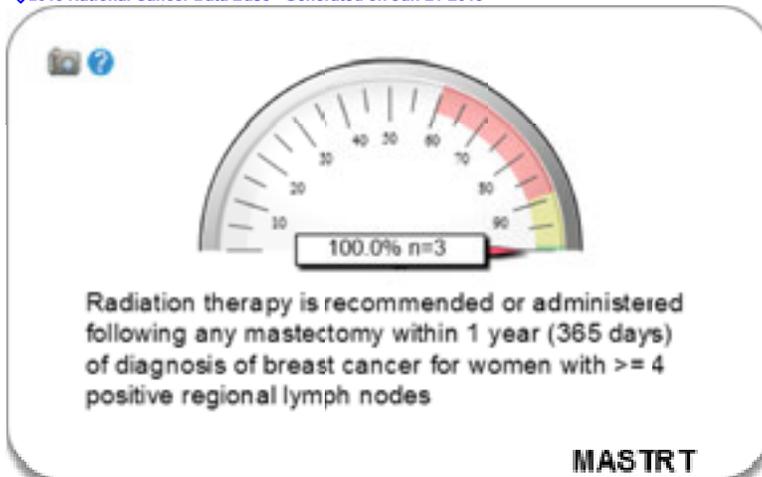
- Trinity Health is at 97.7% for this accountability measure. This means that 97.7% of the time patients have started and/or considered hormone therapy if they had ER/PR positive breast cancer within one year of diagnosis date.

RQRS Breast Dashboard MASTRT:

Measures radiation therapy recommended or administered following any mastectomy within 1 year of breast cancer diagnosis for women who had 4 or more positive regional lymph nodes.

MASTRT Gauge Desc

2019 National Cancer Data Base - Generated on Jun-21-2019

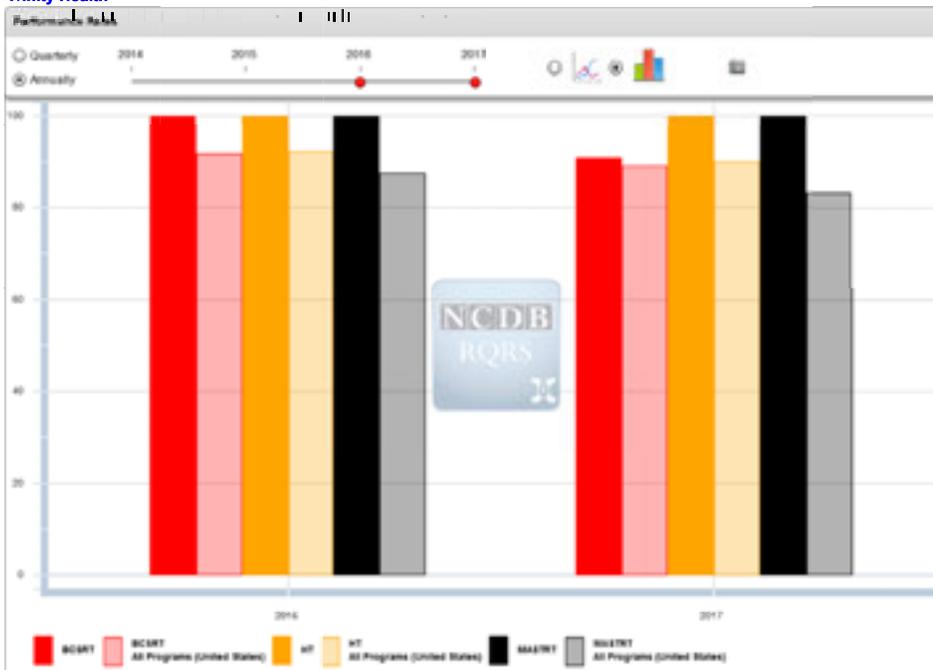


- Trinity Health is at 100% for this accountability measure. This means all women who had mastectomy and had four or more regional lymph nodes (lymph nodes near breast) positive considered and/or completed radiation therapy within one year from diagnosis date.

Comparison Bar Graph

All three breast accountability measures for 2016 and 2017 with comparison to other CoC accredited facilities.

Comparisons Chart:
Trinity Health



- Trinity Health, noted with solid bars, is performing very closely to or above other CoC accredited facilities.