Measuring to Improve Care

In 2015, DMG continued to focus energy and expertise on the goal of delivering the highest quality, patient-centered care possible. The successful completion of our first American College of Surgeons Commission on Cancer accreditation survey highlighted all the ways we have met this goal. Through support program enhancements, continuing education initiatives, quality improvement efforts and new technology, DMG continues to be an industry leader in providing multidisciplinary cancer care in a supportive environment.

With the introduction of patient experience surveys, we are now able to collect and synthesize valuable feedback from our patients to assess the quality of our program. This feedback allows us to target improvement strategies in order to provide our patients with the best health care experience. We are very pleased that the survey responses we have received thus far affirm the good work of our physicians, clinical and support staff. We have been quick to take action in any identified areas of opportunity by improving workflows and enhancing services to ensure we are meeting all reasonable expectations without compromising our quality of care. We have built a reputation as a premier, compassionate health care organization and value the provider-patient relationship in a community-based setting.

Thank you to all the staff and providers who are involved in the daily clinical and non-clinical operations of the Integrated Oncology Program. We have the ability to make a profound impact on the well-being of our oncology patient population and I am proud of this dynamic team of people who are committed to providing the very best in cancer care.

Janet Chin, MD
Cancer Liaison Physician
DuPage Medical Group

Leading the Cancer Journey with Pride

We have taken many steps along the path to providing high-quality cancer care, from the decision to start an oncology program, to garnering physician support and most recently by opening a facility aimed at easing care for cancer patients. DuPage Medical Group (DMG) continues to lead the way in first-rate cancer services in the Chicagoland area. When I talk to people about DMG’s Integrated Oncology Program, one word comes to mind: pride. I am extremely proud of the work of our organization’s physicians and staff to provide cancer care from diagnosis to treatment and recovery.

In 2015, we continued to supplement our services and grow the Integrated Oncology Program offerings for cancer patients. From new technology to additional support services, we are continuously evaluating our program and looking at ways to ensure that we are providing the very best in cancer care. DMG also entered into a new service area by expanding our footprint into Will County, more specifically, the Joliet area. We are excited to bring the DMG standard of care to this area as well as expand access to cancer care services.

In order to provide the very best care, we focus on the quality of our services. This quality is reflected by the program’s recent Three-Year Accreditation with Commendation from the Commission on Cancer of the American College of Surgeons. DMG’s Integrated Oncology Program met or exceeded the standards required by this prestigious association founded in 1913 to promote quality care. It’s also notable that DMG’s program is the only accredited Free-Standing Cancer Center Program in Illinois.

The Integrated Oncology Program’s accomplishments have been a remarkable illustration of the type of work that DMG is capable of and provides to the community on a daily basis. Looking forward, we continue to set our path and meet the new needs of our growing community.

Mike Kasper
Chief Executive Officer
DuPage Medical Group

Janet Chin, MD
Cancer Liaison Physician
DuPage Medical Group
Benefits of a Multi-Specialty Approach

DMG established the Integrated Oncology Program three years ago with its hub at the Lisle Medical Office Building. Since then, our patients and referring physicians have benefited from the multi-specialty approach that is essential to achieving the best possible outcomes for cancer care. By utilizing sophisticated diagnostic technologies and disease-specific cancer conferences, our physicians and support staff provide patients with a comprehensive approach to their care. DMG is passionate and committed to offering new medical advancements to community members who turn to us for their health and wellness. DMG is ahead of the curve in implementing new technologies and therapies to improve health outcomes for our patients.

As cancer committee chair, I am pleased to share with you our accomplishments of this past year. The cancer committee was passionately engaged to meet and exceed compliance with the rigorous standards set forth by the American College of Surgeons Commission on Cancer. Because of the dedicated team of multi-specialty physicians and highly engaged staff members of the cancer program, the commission granted DMG accreditation. DMG’s commitment to excellence has created a trusted partner that consistently delivers advanced, personalized cancer care close to home.

Our exceptional patient satisfaction scores are a positive reflection of the highly skilled and compassionate staff of DMG’s Integrated Oncology Program. As we continue to build upon this foundation, we anticipate further growth and the opportunity to provide our patients with the most leading-edge oncologic care available.

Brian J. Moran, MD
Cancer Committee Chair
DuPage Medical Group
Setting the Course

The Integrated Oncology Program has now established roots and begun to flourish. While the work has been going on for some time, we have now set our course. This outstanding program continues to do just what it was intended to: deliver high-quality care that is easily accessible and simple for cancer patients to navigate.

Similar to the coordination of care that launches a patient’s journey, a well-coordinated program starts with a carefully thought out plan. Now that we are on our way, we continue to build onto our cancer program. Here are a few examples of how DuPage Medical Group is setting the course in cancer care:

Commission on Cancer Accreditation

Over the past two years, the DMG Integrated Oncology Program has been working to build its program and implement the necessary resources and requirements to submit for accreditation from the American College of Surgeons Commission on Cancer (CoC). In October 2015, the DMG Integrated Oncology Program participated in the official survey process that evaluated all required cancer program components.

The program received a Three-Year Accreditation with Commendation in the category of Free Standing Cancer Center Program. This level of accreditation is the highest possible award for a new cancer program. This accomplishment not only confirms that DMG has met the requirements of the CoC, but also affirms that high-quality cancer care is being provided through a community cancer program.
Measuring the Patient Experience

DMG is committed to the promise of We Care For You by delivering excellent care with exceptional service. In 2014, DMG began surveying patients on their experience through a third-party vendor, Press Ganey. Even while our cancer patients are enduring treatment, they still complete their experience surveys and continuously remark about the outstanding care they receive at all cancer-related services across the organization. We continuously measure responses and work to ensure we are delivering on our promise.

2014 Specialty Cancer Conferences
Cancer conferences improve the care of patients with cancer by providing multidisciplinary treatment planning, and the conferences contribute to physician and medical staff education.

The CoC requires that a minimum of 15 percent of total cases be presented at cancer conferences. During 2014, DMG presented nearly 80 percent of its annual cases at monthly tumor board conferences, thus exceeding requirements. The 2014 Specialty Cancer Conferences chart indicates the breakdown of cases discussed by disease type.

Measuring Quality
One of the key roles of the cancer committee is to ensure that patients with cancer are treated according to nationally accepted measures based on compliance with the current Commission on Cancer (CoC) quality reporting tools like the Cancer Program Practice Profile Reports (CP3R).

These CP3R are evidence-based/accountability measures that promote improvement in patient care and are the highest standard for measurement. The quality improvement measure is in place to monitor the need for quality improvement or remediation. Extensive assessment and validation of the quality measures are performed using cancer registry data reported to the National Cancer Data Base.

The Performance Measures for Breast Cancer table reflects the performance level on selected measures as defined by the CoC.

Performance Measures for Breast Cancer Monitored by Commission on Cancer

<table>
<thead>
<tr>
<th>Accountability Measures - Rate 90%</th>
<th>Concordance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation therapy administered within 365 days after first diagnosis for women under age 70 who received breast conservation surgery (BCSRT)</td>
<td>100</td>
</tr>
<tr>
<td>Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under age 70 with AJCC T1cN0M0, or stage II or stage III hormone receptor negative breast cancer (MAC)</td>
<td>100</td>
</tr>
<tr>
<td>Tamoxifen or third generation aromatase inhibitor is considered or administered within 365 days of diagnosis for women with AJCC T1cN0M0, stage II or stage III hormone receptor positive breast cancer (HT)</td>
<td>100</td>
</tr>
<tr>
<td>Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes (MASTRT)</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Improvement Measure - Rate 80%</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Image or palpation-guided needle biopsy (core or FNA) of the primary site is performed to establish diagnosis of breast cancer nBx – (breast needle bx)</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surveillance Measure - Rate N/A</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BCS - Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II</td>
<td>At National Level</td>
</tr>
</tbody>
</table>
New Technology & Service Offerings

Expansion of Advanced Imaging

At DMG, we pride ourselves on offering some of the most advanced imaging services available in the region. We know that advanced imaging is crucial to providing the right cancer treatment and continuing to evolve these offerings.

New Radiology Locations

Through the acquisition of Meridian Medical Associates, DMG added more comprehensive radiology services including, but not limited to, CT, digital mammography and MRI at multiple locations in the Joliet area.

MRI

DMG expanded MRI services to Hinsdale by installing a 3.0T MRI. This state-of-the-art MRI will provide patients with access to outstanding imaging quality in a time-efficient manner. DMG has both 1.5T and 3.0T imaging capabilities. MRI services are now offered at six locations in DMG’s service area. When new MRI scanners were added, DMG chose those with a “wide bore,” which has broadened the demographics of patients who may be tested and provides added patient comfort. DMG currently has wide bore MRI scanners in Glen Ellyn, Hinsdale and Lisle.

MRI Cholangiogram

DMG provides pre-operative imaging via MRI as an accurate noninvasive method for cholangiocarcinoma. MRI helps to diagnose this type of cancer quicker and with better anatomic detail without having to biopsy the liver or bile duct.

MR Spectroscopy

Magnetic Resonance (MR) Spectroscopy is a noninvasive diagnostic test for measuring biochemical changes in the body, especially the presence of brain tumors. While magnetic resonance imaging (MRI) identifies the anatomical location of a tumor, MR Spectroscopy compares the chemical composition of normal brain tissue with abnormal tumor tissue.

MRI Diffusion for Head & Neck Cancer

MRI Diffusion helps to better assess the spread of cancer within the neck and lymph nodes. With a more precise evaluation of the spread of cancer in the lymph nodes, physicians are able to better plan radiation treatment, staging and radical neck dissections. This also provides enough information to the physician to reduce the need for wide excisions during surgery.

MRI Prostate

DMG Urology has been using multi-parametric MRI prostate exams for the diagnosis of prostate cancer for more than two years. This exam has evolved into a pre-surgical program where all candidates for prostate surgery may receive a MRI prior to surgery. This MRI provides a clear roadmap for the physician while in surgery. Diagnostic testing is performed on DMG’s state-of-the-art MRI scanners (3.0T) and are read by board-certified radiologists who sub-specialize in prostate MRIs. Additionally, MP-MRIs are used when making treatment decisions including active surveillance and planning for radical prostatectomy surgery.

Lymphoscintigraphy

During 2015, DMG Radiology expanded the Nuclear Medicine service of lymphoscintigraphy, which aids DMG surgeons in locating sentinel lymph nodes for melanoma and breast cancer patients in the operating room. This service is performed prior to surgery on an outpatient basis. Lymphoscintigraphy is done through a Gamma Camera, the second of which is now available in Naperville.

Lung Cancer Screening

On February 5, 2015, Centers for Medicare and Medicaid Services (CMS) issued a national coverage determination allowing certain Medicare patients to receive coverage for lung cancer screening with low-dose computed tomography (LDCT).

DMG Radiology has been designated as a Lung Cancer Screening Center through the American College of Radiology. All CT locations are accredited and meet the requirements specified by CMS to perform LDCT for Medicare-eligible members who meet certain criteria. Medicare beneficiaries may receive LDCT screening scans once a year if they meet all of the following requirements:

- Are between the age of 55 and 77 and are either current smokers or have quit smoking within the past 15 years.
- Have a tobacco smoking history of at least 30 pack years, which is at least a pack a day for 30 years. (If a person smoked 2 packs a day for 15 years that equals 30 pack years.)
- Obtain a written order from a qualified medical provider.

Non-Small Cell Carcinoma

Small Cell Carcinoma
Growth of Breast Services

Mammography Upgrades

As the first to offer 3D mammography, or tomosynthesis, in the western suburbs, DMG has continued its commitment to breast services by upgrading existing equipment to offer patients enhanced imaging options for screening and diagnostic mammograms. During 2015, DMG upgraded two additional locations to 3D imaging and added a new mammography location in Joliet.

Accreditation in Breast Imaging

DMG Breast Centers in Naperville, Lisle and Hinsdale have been designated as Breast Imaging Centers of Excellence by the American College of Radiology. In addition, all DMG Breast Centers are certified 3D Platinum Programs by Genius—a distinction only awarded to an elite group of healthcare facilities offering the latest, state-of-the-art digital technology for breast cancer detection.

2014 Diagnosis by Gender - All Cancer Cases

Female 51%  Male 49%

2014 Age at Diagnosis by Stage Group All Cancer Types

n=1428

<table>
<thead>
<tr>
<th>Stage</th>
<th>Count</th>
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<tbody>
<tr>
<td>Stage 0</td>
<td>160</td>
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<tr>
<td>Stage 1</td>
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<td>Stage 2</td>
<td>120</td>
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<td>Stage 3</td>
<td>100</td>
</tr>
<tr>
<td>Stage 4</td>
<td>80</td>
</tr>
<tr>
<td>Stage N/A</td>
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</tr>
<tr>
<td>Stage Unknown</td>
<td>40</td>
</tr>
<tr>
<td>0 - 29</td>
<td>20</td>
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<td>30 - 39</td>
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<td>70 - 79</td>
<td>120</td>
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<tr>
<td>80 - 89</td>
<td>140</td>
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<tr>
<td>90+</td>
<td>160</td>
</tr>
</tbody>
</table>
New Radiation Oncology Services

Radiation Oncology was established at DMG in early 2013 as a component of the Integrated Oncology Program. With the growth of Radiation Oncology, a second linear accelerator was added in May 2015. This state-of-the-art technology has allowed DMG to expand current radiation services to include stereotactic radiosurgery and provide optical surface monitoring at the Lisle Medical Office Building, providing more access to care.

Radiation Oncology expanded treatment modalities to include radiosurgery treatment for both intra-cranial and extra-cranial lesions. Radiosurgery is a highly effective technique designed to deliver high doses of radiation to a target, increasing chances of tumor control, reducing normal tissue toxicity and minimizing overall treatment time. Stereotactic treatments are delivered in one to five sessions.

Radiosurgery involves the use of precise real-time imaging, motion management and automated patient positioning technologies to ablate tumors while minimizing the exposure to surrounding healthy tissues. Physicians may utilize radiosurgery as first-line therapy for some tumors, as well as for patients who cannot tolerate surgery, or for whom surgery is not recommended. Stereotactic radiosurgery is often used for early stage lung cancer, metastatic disease to the lung, liver metastases, spinal metastases and brain metastases.

When cancer is treated with radiation therapy, the ability to deliver the planned dose to its intended location is crucial for its success and as a quality/safety measure. To ensure the delivered dose is only applied to the intended area, and for treatment to be safe and accurate, real-time continuous image guidance is used in all radiation treatments.

To complement image guidance, the Optical Surface Monitoring System (OSMS) provides the physician the ability to manage motion before and during radiation treatments to ensure precise treatment delivery and patient comfort. The OSMS may be used in the treatment of breast carcinomas, as well as other disease sites, to verify treatment placement and avoid radiation to the heart or other critical structures as well as during stereotactic radiosurgery. In order to meet high standards of quality, radiation safety is a primary focus when implementing the latest technologies and techniques.

Melanoma Genetic Testing

With the addition of the DecisionDX™-Melanoma gene test, DMG is able to identify patients who may be at high risk for metastatic melanoma. DecisionDX™-Melanoma tests Stage I or II cutaneous melanoma patients whose tumor biology suggests they are at a higher risk of metastasis than their stage, or sentinel lymph node biopsy status, might indicate. This new genetic testing can classify patients as low-risk or high-risk to help determine the type of treatment or surveillance needed, as well as if more aggressive measures need to be taken at an early stage.

Prostate Genetic Testing

DMG uses Oncotype DX® and Prolaris genetic tests to provide a more precise and accurate assessment of an individual’s tumor biology. These genetic tests were developed to help men with newly diagnosed, early-stage prostate cancer select the right treatment for their cancer by determining if they are considered low or high risk. This testing helps patients make decisions regarding treatment versus active surveillance as well as follow-up planning based on the aggressiveness of the disease.

Robotic Surgery

DMG offers robotic urologic oncologic surgery for prostate, bladder, kidney and urothelial carcinoma cancer. In 2015, we performed more than 180 robotic urologic procedures.

Urologic oncology fellowship-trained surgeons provide evaluation and management through a multidisciplinary approach to ensure all aspects of urologic cancer care are addressed.

DMG also offers pelvic floor physical therapy and erectile dysfunction clinics for faster functional recovery after prostate cancer treatments.

Expanded Lung Cancer Diagnosis Services

In 2015, DMG Pulmonary Medicine opened a new location to offer services convenient to patients in the Elmhurst area. Pulmonary medicine now offers endobronchial ultrasound bronchoscopy (EBUS) in this service area. EBUS is a minimally invasive procedure used in the diagnosis and staging of lung cancer and other diseases causing enlarged lymph nodes in the chest. EBUS is less invasive than older methods, provides real-time imaging and lets the physician easily view difficult-to-reach areas.

Pulmonary Medicine also routinely uses advanced bronchoscopic techniques such as electromagnetic navigational bronchoscopy and radial probe endoscopic ultrasonography to biopsy peripheral lung nodules. Navigational bronchoscopy can also be used to place fiducial markers used in stereotactic body radiation therapy.
ENGAGE Advisory Board

With increased focus on patient-centered care, DMG initiated a patient Advisory Board dedicated to the oncology program. Through this board, we hope to gain feedback from patients and their families to ensure that DMG programs and services are meeting patient needs while identifying areas of opportunity.

The board meets every other month and the goals of the advisory board are as follows:

- Establish a forum for meaningful dialogue and idea sharing to improve quality, efficiency and access to care
- Navigate the cancer experience from the patient and caregiver perspective to identify opportunities for improvement along the care continuum
- Gauge program effectiveness through survey question design and survey analysis
- Assist in the planning and coordination of new patient support programs and services
- Generate a spirit of collaboration among DMG staff, patients and their family members/caregivers to improve information delivery and to support patient-centered care
- Enhance the Integrated Oncology Program by providing valuable feedback about the overall patient experience and serve as a resource/advocate for other patients and families

herDMG Exams

A New Approach to Screening & Prevention

In addition to cancer education and screening events, DMG made a strategic effort to provide exceptional access, convenience and education on wellness and prevention to women. In April 2014, DMG launched a new initiative referred to as “herDMG” to address the challenges busy women face by creating an all-inclusive, age-specific preventive exam scheduled through a single phone call.

The visit includes a wellness exam, clinical breast exam, pelvic exam with Pap test, routine blood work and additional blood work for chronic disease when indicated, as well as a screening mammogram for patients 40 years and older (unless determined as high-risk requiring earlier baseline mammogram). In August 2015, DMG expanded this previously piloted program to all DMG primary care and OB/GYN physicians.

The target market for herDMG includes:
- All female patients between the ages of 18 - 64
- Female patients (new and existing) due for a screening mammogram per established mammogram protocol

The clinical guidelines for herDMG visits are:

- Labs
  Preventive care lab protocols are age specific, taking into account Medical Home guidelines. They also encompass USPTF recommendations as well as standards of care and DMG accepted standards.

- Mammogram
  Follows accepted standard of care criteria adopted by DMG.

- Chronic disease specific labs can be ordered per guidelines and anything additional be left up to the ordering physician.

These guidelines are for guidance only to ensure some consistency across DMG and do not replace judgment of the physician. These have been reviewed by physicians and embody the consistency needed for BCBS Quality initiatives and ACO criteria.

The herDMG initiative has a clear clinical benefit to the well-being of our female patients. This service helps our organization meet preventive care benchmarks, which have become increasingly important in the evolving value-based health care arena. We believe this program benefits our patients, and also benefits DMG as a whole.
Development of New Formal Cancer Programs
DMG continues to provide cancer care for many medical specialties. While cancer services have always been offered, recently DMG has created programs to treat the following cancers:

GI Program
The gastrointestinal (GI) program is a fully comprehensive approach to GI cancers, beginning with screening, through diagnosis and treatment. DMG uses a variety of testing to find colorectal cancer, including fecal occult blood test, stool DNA test, colonoscopy, sigmoidoscopy, CT colonography and double-contrast barium enemas. DMG has full surgical capabilities to treat GI cancers and routinely performs laparoscopic and robotically assisted procedures for cancers throughout the GI tract. The procedures include trans anal minimally invasive surgery (TAMIS) for patients with low rectal tumors who can avoid transabdominal surgery.

HPB Program
The Hepatopancreatobiliary (HPB) program at DMG provides a comprehensive approach to the diagnosis of cancerous and benign tumors of the liver, gallbladder, bile ducts, pancreas and duodenum by employing a wide variety of techniques including state-of-the-art diagnostic imaging and advanced endoscopic interventions. Surgical and medical oncologists are capable of treating HPB diseases with advanced open and laparoscopic/robotic operations, as well as the latest in targeted therapies and personalized medical treatments.

GU Program
DMG provides a multi-disciplinary approach for those diagnosed with prostate, bladder, testicular or kidney cancer. Through DMG’s Men’s Health Clinic, all aspects of men’s health, including prostate health and cancer screening, are included. DMG utilizes the following testing for prostate screening: PSA, DRE, 4KScore, PHI and prostate MRI.

DMG also continues to evaluate its specialty and sub-specialty offerings in cancer services and added physicians sub-specialized in urologic oncology in 2015.

Performance Measures for Colon Cancer Monitored by Commission on Cancer

Accountability Measures
EPR (Estimated Performance Rate Benchmark) 90%

ACT - Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC stage III (lymph node positive) colon cancer.

Concordance % = 100

Quality Improvement Measure
EPR 85%

12RLN - At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.

Concordance % = 100

The Oncology department has considered and treated T3N0 - Stage II colon cancer with adjuvant chemotherapy as data supports the benefits of chemotherapy in patients with high-risk disease.

DMG CANCER STATS BY ANATOMICAL SITE

<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th># OF CASES</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>357</td>
<td>25</td>
</tr>
<tr>
<td>Prostate</td>
<td>241</td>
<td>17</td>
</tr>
<tr>
<td>Digestive System</td>
<td>209</td>
<td>15</td>
</tr>
<tr>
<td>UGI</td>
<td>48</td>
<td>5</td>
</tr>
<tr>
<td>Colorectal</td>
<td>102</td>
<td>8</td>
</tr>
<tr>
<td>Hepatopancreatobiliary Tract</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>116</td>
<td>8</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>75</td>
<td>5</td>
</tr>
<tr>
<td>Lymphoma HD &amp; NHL</td>
<td>71</td>
<td></td>
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<tr>
<td>Nodal</td>
<td>51</td>
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</tr>
<tr>
<td>Extranodal</td>
<td>20</td>
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</tr>
<tr>
<td>Skin-Melanoma</td>
<td>64</td>
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</tr>
<tr>
<td>Thyroid</td>
<td>62</td>
<td>3.2</td>
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<tr>
<td>Kidney &amp; Renal Pelvis</td>
<td>48</td>
<td>3</td>
</tr>
<tr>
<td>Hematopoietic</td>
<td>46</td>
<td>4.4</td>
</tr>
<tr>
<td>Other GU/GYN</td>
<td>38</td>
<td>2.4</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>37</td>
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<tr>
<td>Miscellaneous</td>
<td>64</td>
<td>4.4</td>
</tr>
<tr>
<td>Total</td>
<td>1428</td>
<td>100</td>
</tr>
</tbody>
</table>

Analytic: cases diagnosed and/or administered treatment at DMG facilities. Percentage may not equal 100 due to rounding.
Support Services
DMG’s patient promise, *We Care for You,* extends beyond just the physical care we provide to diagnose and treat disease; we care for the whole person—body, mind and spirit. Through the Cancer Resource Center, support service staff and partnerships with several community groups, DMG is able to provide comprehensive psychosocial care and tailored program offerings to patients and their loved ones. We continue to offer a variety of services based on patient needs; here is how we expanded in 2015:

**Genetic Counseling**
Genetic counseling is an important part of DMG’s commitment to providing comprehensive oncology services to our patients and the communities we serve. This service is available to individuals who have a personal history of cancer or are at an increased risk for a hereditary cancer syndrome. Cancer genetic counseling helps patients make informed medical decisions based on their own personal risk assessment. We offer all patients and caregivers access to our certified genetic counselor. Our genetic counselor provides an informed risk assessment based on family history and will make recommendations for testing and/or surveillance strategies when clinically indicated.

**Expansion of Financial Navigation**
Finances can be a major concern when dealing with a serious illness. In order to provide the best level of care and consideration to financial needs, DMG expanded its financial navigation services to provide two full-time financial navigators to aid patients in monetary decision making, insurance questions and additional support.

**Expanded Nurse Navigation**
As the Integrated Oncology Program continues to grow and new patients come to us for their care, we identified an opportunity to expand nurse navigation services. We now have three full-time nurse navigators serving our breast cancer population and two full-time navigators covering all other oncology diagnoses. The nurse navigator’s role is to be a trusted point of contact for all newly diagnosed patients and to provide the education and support patients and caregivers need throughout the cancer journey.

Oncologic Palliative Care Department
Palliative care is generally thought to be initiated during end-of-life planning. However, innovative cancer programs initiate palliative care at the beginning of the cancer patient’s journey and cancer diagnosis regardless of stage.

Palliative care places a strong emphasis around supporting the patient and the family’s individual and unique needs throughout the continuum of care. Oncologic palliative care was previously a subset of the medical oncology department and has evolved into its own department at DMG. Each patient receives a comprehensive needs assessment when meeting with the palliative care provider. Using diagnostic skills, pharmacologic knowledge and clinical judgment, the nurse practitioner formulates a care plan specific to a patient’s needs.

In collaboration with the patient’s oncologist, other physicians and health care team, the palliative care nurse practitioner provides consultation on symptom management and care-planning needs to maximize quality of life during any phase of a patient’s illness.
Quarterly Staff Education Nights

DMG has an ongoing commitment to continuing education and supporting opportunities for staff to stay current on industry trends and relevant oncology topics. We formalized this commitment in 2015 by offering CEU credit in compliance with Accreditation Council for Continuing Medical Education through Rush University Medical Center. On a quarterly basis, physicians and staff are invited to an education night facilitated by clinical leaders in the organization to discuss a variety of oncology-related topics and learning objectives. Our staff and providers benefit by sharpening their skills and staying up-to-date on quality and safety standards, which translates to enhanced patient care across the organization.

Community Outreach

DMG physicians and staff show their commitment to the communities throughout our service area by providing educational talks, volunteering at community service events and supporting philanthropic initiatives.

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>DATE</th>
<th>PRESENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Cancer Society Black &amp; White Ball</td>
<td>February 2015</td>
<td>Dennis Fine, COO, serves on the Leadership Council, DMG is an event sponsor</td>
</tr>
<tr>
<td>Walk for Wellness House</td>
<td>May 2015</td>
<td>DMG served as an event sponsor</td>
</tr>
<tr>
<td>Cancer Survivor Day</td>
<td>June 2015</td>
<td>DMG sponsors and provides volunteers to the annual Cancer Survivor Day event</td>
</tr>
<tr>
<td>Prostate Cancer Foundation of Chicago 5k</td>
<td>September 2015</td>
<td>DMG served as an event sponsor</td>
</tr>
<tr>
<td>Making Strides Against Breast Cancer</td>
<td>October 2015</td>
<td>DMG staff members participated by forming a team to walk and served as a flagship event sponsor</td>
</tr>
</tbody>
</table>

Screenings

Screening tests are the best way to help find cancer at an early stage, many times before symptoms appear. DMG is committed to its employees and the community which is why we continuously provide routine cancer screenings throughout the year.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DATE</th>
<th>OVERVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMG Employee Skin Cancer Screening</td>
<td>May 2015</td>
<td>Screening completed at multiple DMG locations for 123 DMG employees; 26 referred for further evaluation</td>
</tr>
<tr>
<td>Carillon Retirement Community Health Fair</td>
<td>June 2015</td>
<td>DMG mid-level providers performed skin cancer screenings to residents of the community</td>
</tr>
<tr>
<td>White Sox Skin Cancer Screening</td>
<td>August 2015</td>
<td>Dr. Desai and Dr. Bhatia completed skin cancer screenings for 100 White Sox staff members; four were referred for further evaluation</td>
</tr>
<tr>
<td>Chicago Bears Skin Cancer Screening</td>
<td>August 2015</td>
<td>Dermatologists completed skin cancer screening</td>
</tr>
<tr>
<td>Coriant Naperville Employee Skin Cancer Screening</td>
<td>October 2015</td>
<td>Dr. Desai completed skin cancer screenings for 23 employees; four were referred for further evaluation</td>
</tr>
<tr>
<td>Free Clinical Breast Exams</td>
<td>October 2015</td>
<td>DMG mid-level providers performed free clinical breast exams for 19 individuals; there were two positive findings and five other patients were identified as high risk</td>
</tr>
<tr>
<td>Brookfield Zoo Employee Health Fair</td>
<td>October 2015</td>
<td>Staff provided free imaging with the Reveal Camera to show facial sun damage and talked to 300 employees about the importance of sun protection</td>
</tr>
<tr>
<td>Hinsdale Bank Employee Skin Cancer Screenings</td>
<td>October 2015</td>
<td>DMG mid-level providers performed skin cancer spot checks for 12 employees</td>
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</table>
Educational Presentations

Expertise. Knowledge. Experience. These are just a few of the reasons DMG’s team of health care leaders, innovators and communicators are in demand as speakers and presenters. Below is a listing of our educational speaking engagements.

### Groups, Classes & Services

Our ongoing quarterly classes are designed to support caring for the mind, body and soul, and are a key part of the integrated approach to cancer care. Below are a few of our offerings:

#### Group/Class

**Overview**

- **Yoga**
  - A yoga class offered weekly for cancer patients and their caregivers

- **Massage Therapy**
  - 30-minute massage appointments available for those living with cancer and their caregivers

- **Acupuncture & Oncology**
  - Class to learn about acupuncture benefits for cancer patients

- **Art Therapy**
  - An afternoon of self-expression involving various art mediums

- **Energy Balancing Therapies**
  - Relaxing energy therapy for cancer patients (Chios & Reiki)

- **American Cancer Society: Look Good … Feel Better™**
  - Beauty professionals help female cancer patients cope with the physical and emotional effects of cancer treatment on a monthly basis

- **STEP Ahead in Action**
  - A five-week program focused on survivorship

- **Sit & Knit**
  - A weekly informal gathering of knitters and crocheters intended to relieve stress and anxiety

- **American Cancer Society Wig Boutique**
  - Provides complimentary wigs and wig fittings for patients

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<table>
<thead>
<tr>
<th>TOPIC</th>
<th>DATE</th>
<th>PRESENTER</th>
<th>OVERVIEW</th>
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<tbody>
<tr>
<td>Colon Cancer</td>
<td>February 2015</td>
<td>Ariel Polish, MD, Oncologist</td>
<td>Provided colon cancer screening education and disease management education to 15 patients and caregivers</td>
</tr>
<tr>
<td>Men’s Health</td>
<td>April 2015</td>
<td>Patrick Mackey, MD, Internal Medicine</td>
<td>Presented at LivingWell Cancer Resource Center about general men’s health &amp; hot topics</td>
</tr>
<tr>
<td>Advances in Oncology</td>
<td>June 2015</td>
<td>Janet Chin, MD, Oncologist</td>
<td>Provided education on breast cancer incidence/prevalence and emerging treatment options to 125+ participants (medical professionals and general public)</td>
</tr>
<tr>
<td>Current Management of Pancreatic Cancer</td>
<td>August 2015</td>
<td>Janet Chin, MD, Oncologist, Ciarán Bradley, MD, Oncologic Surgeon Rameez Alassad, MD, Gastroenterologist</td>
<td>Panel presentation for patients/survivors/caregivers about current and future treatment options and disease management for pancreatic cancer</td>
</tr>
<tr>
<td>Heads Up on Skin Cancer</td>
<td>September 2015</td>
<td>Alix Charles, MD, FAAD, Dermatologist</td>
<td>Told to staff and clients of the Judith B. Hair Salon about importance of seeing/finding skin cancer on the scalp</td>
</tr>
<tr>
<td>Advances in Prostate Cancer Treatment</td>
<td>September 2015</td>
<td>Brian Moran, MD, Radiation Oncologist</td>
<td>Presented on advances in radiotherapy</td>
</tr>
<tr>
<td>Breast Cancer: Early Detection is the Best Protection</td>
<td>October 2015</td>
<td>Spring Piatek, APN, and Kathleen Omerod, APN</td>
<td>Panel discussion about prevention and early detection of breast cancer at Peoples Community Church, Glen Ellyn</td>
</tr>
</tbody>
</table>
Cancer Committee Roster

PHYSICIAN MEMBER
Committee Chair - Radiation Oncology
Cancer Liaison Physician - Medical Oncology
Surgery
Radiology
Pathology
Pulmonary Medicine
Gastroenterology
Otolaryngology
Urology
Surgical Oncology
Dermatology

PROGRAM TEAM MEMBERS
Oncology Program, Plastic Surgery, Surgery & Urology Director
Radiation Oncology & Radiation Director
Cancer Registry Manager
Nurse Leadership
Breast Nurse Navigator
Cancer Conference Coordinator
Quality Professional
Community Outreach
Social Worker/Psychosocial Service Coordinator
Palliative Care
Physicist - Radiation Oncology
Genetic Counselor
Survivorship Care
Clinical Research Director
Clinical Research Nurse
Radiology Manager
Cancer Rehabilitation Program Coordinator

NAME
Brian J. Moran, MD
Janet Chin, MD
Amrit Mangat, MD, FACS
Jonathan Nolan, MD
Richard Anderson, MD
Matthew J. Baugh, MD
Rameez Alasadi, MD
Griffith Hsu, MD
Amir R. Patel, MD
Ciarán Bradley, MD, MA
Jeffrey Hsu, MD, FAAD

Loren Baer, CMA, (AAMA), MHA
Matt Matushek, RT, (R)(T)
Misbah Baggia, CTR, RHIT
Kathryn Wieser, BSN, MBA, OCN
Kathy Omerod, APN, AOCN, CBCN
Carrie Bauman, RN, MSN, OCN
Kathryn Wieser, BSN, MBA, OCN
Corie Rectenwald, BS
Dawn Williams, LCSW

Susan Hawbaker, MSN, APN, RN, ANP-BC, OCN
Trai Le, MS, DABR
Rebecca Johnson, MS, CGC
Nancy Gerum, APN, ANP-BC, OCN
Peri Todd
Tracie Roggenkamp, RN, MPH
Thenosa Levigne, CNMT, RT(N), BS
Elizabeth Bludger, MPT, CLT-LANA