Saint Francis Healthcare System is a regional leader in the battle against cancer, bringing new techniques, ideas and hope for a brighter future.

Our skilled and compassionate cancer experts promote wellness, fight disease and advance medicine by delivering a standard of quality and service that has garnered national recognition and earned the trust of patients and physicians alike.

Saint Francis Medical Center in Cape Girardeau, Mo., is home to the region’s only dedicated Heart Hospital Cancer Institute where patients have access to the most advanced medicines, progressive therapies and state-of-the-art technology – all under one roof. Critical prevention and support services are also an integral part of treatment for patients and their family members at the Cancer Institute.

Our cancer team is committed to offering the latest advances and best outcomes to cancer patients across the region. That means using the most powerful resources and strategies available. We offer a complete range of cutting-edge cancer technologies and services, including:

- da Vinci® S HD™ Surgical System, with nearly 1,200 cancer surgeries performed by gynecological oncologist, Joseph H. Jacob, MD, FACOG, FACS
- Saint Francis is the first in the Tri-State area to use the da Vinci® X Surgical System for minimally invasive surgeries
- CyberKnife® Robotic Radiosurgery System, the only one in the region
- 35-bay chemotherapy infusion center designed by patients
- Intensity-modulated radiation therapy (IMRT)
- Image-guided radiation therapy (IGRT)
- Advanced diagnostics, including PET/CT, 64-slice CT, open 3 Tesla MRI, tomosynthesis and digital mammography
- Vision RT
- Stereotactic Body Radiation Therapy (SBRT)
- Surface Guided Radiation Therapy (SGRT)
- Volumetric Modulated Arc Therapy (VMAT)
- Elekta Linear Accelerators
- Xofigo - Radium 223
- Minimally invasive pelvic laparoscopy
- Biological drug therapy
- Immunotherapy
- Electronic brachytherapy
- Cancer rehabilitation
- Pain management
- Lymphedema management
- Food and nutrition service

To best serve our patients in outlying areas in response to our Community Health Needs Assessment (CHNA), we’ve expanded our cancer services in Sikeston and Perryville.

The American College of Surgeons Commission on Cancer (CoC) has accredited Saint Francis through 2020. This accreditation proves Saint Francis’ commitment to providing high-quality, patient-centered care for all patients, allowing access to the services needed from initial diagnosis through remission.
Occurrence of Cancer by Site and Gender

### Males
- Oral Cavity & Pharynx - 21 (6%)
- Lung & Bronchus - 80 (23%)
- Pancreas - 10 (3%)
- Kidney & Renal Pelvis - 17 (5%)
- Urinary Bladder - 24 (7%)
- Colon & Rectum - 38 (11%)
- Prostate - 70 (20%)
- Non-Hodgkin Lymphoma - 12 (3%)
- Melanoma of the Skin - 6 (2%)
- Leukemia - 6 (2%)
- All Other Sites - 63 (18%)

### Females
- Thyroid - 26 (6%)
- Lung and Bronchus - 67 (16%)
- Breast - 108 (25%)
- Kidney & Renal Pelvis - 12 (3%)
- Ovary - 13 (3%)
- Uterine Corpus - 56 (13%)
- Colon & Rectum - 45 (10%)
- Non-Hodgkin Lymphoma - 14 (2%)
- Melanoma of the Skin - 4 (1%)
- Leukemia - 1 (0%)
- All Other Sites - 84 (20%)

A total of 777 cases were entered into the database in 2018. Lung cancer was the No. 1 site for disease with 147 cases, 80 men and 67 women. Breast cancer was second with 108 cases. The third site was colorectal cancer with 83 cases, 38 men and 45 women. The fourth site was prostate cancer with 70 cases. The fifth site was uterine corpus with 56 cases.

* 2018 analytical data

### Five-Year Survival

![Five-Year Survival Graph](image-url)
Free Community Lung Cancer Screenings

Lung cancer is the most diagnosed cancer in both men and women and the leading cause of cancer deaths in the country, with a five-year survival rate of less than 18 percent. In 2016, the Cancer Institute and community partners worked together to complete a Community Health Needs Assessment (CHNA).

Once seeing the need, Saint Francis quickly implemented free low-dose CT lung cancer screenings to patients each quarter. In 2016, when an additional CHNA indicated lung cancer as one of the top four cancers in the region, the Medical Center began offering screenings to patients monthly. This essential health exam, which typically costs $300-$500 and is not always covered by insurance, has been well received. Screening appointments, which fill quickly, are communicated to area residents through our website, digital outdoor billboards, ads, fliers and local TV stations digital web banners. In 2018, 65 lung screenings were offered to patients in need.

<table>
<thead>
<tr>
<th>Number Of Lung Screening Patients</th>
<th>% Of Patients Requiring Additional Diagnostic Imaging</th>
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<tbody>
<tr>
<td>65</td>
<td>information not known</td>
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Accredited by the American College of Surgeons Commission on Cancer (CoC)

Saint Francis is accredited through the American College of Surgeons Commission on Cancer (CoC), identifying our commitment to providing high-quality, patient-centered care for all patients, allowing access to the services needed from initial diagnosis through remission.

Through this accreditation in 2018 Saint Francis Cancer Institute offered:

- **Prevention program**: “Spot Me Program,” focused on skin cancer prevention
- **Monitoring compliance with evidence-based guidelines** by evaluating the timing between diagnosis and start of treatment and ensuring positive treatment response or counseling for PCI (Prophylactic Cranial Irradiation) in limited stage small cell lung cancer patients
- **Quality studies**:
  1. Study to ensure universal MMR (mismatch repair) and/or MSI (microsatellite instability) testing is performed on colorectal cancer patients per NCCN guidelines
  2. A study to improve bone health in post-menopausal women undergoing breast cancer treatment per NCCN guidelines
  3. A study to ensure patients with an endometrial carcinoma are screened for defective DNA MMR (mismatch repair) using immunohistochemistry and/or MSI (microsatellite instability)
- **Quality improvements**:
  1. Improve bone health in post-menopausal women undergoing breast cancer treatment.
  2. Ensure patients with an endometrial carcinoma are screened for MMR (mismatch repair) and/or MSI (microsatellite instability).
- **Accountability measures and quality improvement outcomes** were measured by our Cancer Program Practice Profile Reports or CP3R. This information is an additional layer of quality data to enhance the cancer-fighting toolbox
  - The CP3R(v3) provides feedback to our programs to*:
    - Improve the quality of data across several disease sites
    - Foster pre-emptive awareness to the importance of charting and coding accuracy
    - Improve clinical management and coordination of patient care in the multidisciplinary setting
- **Source**: https://www.facs.org/quality-programs/cancer/coc