2016
Cancer Registry
Annual Report
This report outlines the 2015 program activities for Cancer Treatment Centers of America® (CTCA) at Southwestern Regional Medical Center (Southwestern). Our Cancer Committee included a multidisciplinary team of board-certified physicians and health care professionals. As a committee, we plan, implement and improve upon our processes in regard to all cancer-related activities at our hospital.

The membership of our Cancer Committee is multidisciplinary, representing physicians from the diagnostic and treatment specialties, as well as non-clinical staff from administrative and supportive services. The committee oversees cancer conferences, quality improvement, cancer registry data quality, community outreach, clinical research and psychosocial services.

Every year, the committee sets a programmatic and clinical goal to improve the care that we provide at our hospital; in 2015, we accomplished both of these goals. For our programmatic goal, we provided our patients with their treatment summaries within four months of completing chemotherapy treatment. These summaries include the drug(s) delivered, number of cycles, major toxicities and/or hospitalizations and the treatment response, all of which is provided to the patient’s designated health care providers. Our clinical goal was based on the nationally recognized Quality Oncology Practice Initiative (QOPI) standards to reduce the usage of Neulasta® (Pegfilgrastim) in patients who are receiving chemotherapy medications for the treatment of metastatic lung and colon cancer and monitor the results; this goal was met with a decrease in usage.

The Cancer Committee performs an annual community needs assessment to focus our efforts on meeting a particular need. Our focus for 2015 was on nutrition, physical activity and a skin cancer screening program. In October, we partnered with the Tulsa Fire Department on the Annual Union Health Biometric Screening and Health and Safety Event, where more than 600 firefighters in attendance were offered a physical, as well as a lung and skin screening. In December, we also held an educational presentation, lunch and complimentary skin cancer screening with the American Heart Association.

Our committee has an active community outreach program. In the first quarter alone, we participated in 39 events, which reached more than 13,000 participants. With the help of our marketing department, we increased our outreach efforts during the second quarter, reaching more than 40,000 individuals.

We added two new services for cancer care this year, including THERAKOS®, a photopheresis system used in our Stem Cell Program, as well as the addition of Accuboom® for the treatment of certain breast cancers in our accredited Radiation Oncology department. We also completed the College of American Pathologists survey, and we are pleased to announce that 100 percent of the cases reviewed had the required data elements.
With the help of our coordinators, we have implemented the proposed changes from the National Cancer Database, which included new measures in the Cancer Program Practice Profile Report (CP3R), revising Commission on Cancer standards, collecting and reporting comorbidities, and implementing CQIP (cancer quality improvement program) and RQRS (rapid quality reporting system) into the committee reports. The CP3R system now contains 20 quality measures covering eight primary cancer sites. These changes are in addition to other metrics that have been implemented for the American Society of Clinical Oncology QOPI program. With these changes, adherence and compliance of oral chemotherapy had a significant increase.

Our Cancer Registry staff stays up-to-date by attending at least one annual cancer-related educational activity, not including other cancer conferences. Our two cancer registrars attended the National Cancer Registrars Association Educational Workshop, a regional meeting and regularly participated in the North American Association of Central Cancer Registries webinars.

At Southwestern, we understand that patients undergoing cancer care require specialized nursing, and we are proud to offer skilled oncology nursing care with 31 oncology certified nurses, as well as 97 chemotherapy-trained nurses. Organizational policies and procedures are in place to evaluate oncology nursing competency annually.

Patients benefit from trials and evidence-informed national treatment guidelines. We are proud that Southwestern care providers have a 95 percent compliance rate with the first course of therapy following these guidelines and prognostic indicators. We also opened two new trials and four registry trials, in addition to six treatment trials already opened.

At Southwestern, we offer our patients cancer care at every stage. Not only do we treat them like a loved one with our Mother Standard® of care, but we also implement new treatment modalities to provide clinical excellence for today and the future.

Sincerely,

Bradley Mons, DO
Cancer Committee Chairman
Cancer Committee Membership

Required Members

Bradley Mons, DO  
Cancer Committee Chair

Peter Baik, DO  
Cancer Liaison Physician/Surgery

Angel Allen, RN, BSN, MS  
Genetics

Amy Finn, CTR  
Cancer Conference Coordinator

Michelle Fox, RN, BSN  
Nursing/Oncology Nurse Outpatient

Denise Geuder, RN, MS, CNOR  
Cancer Program Administrator

Timothy Holder, MD  
Palliative Care

Cynthia Holmes, MD  
Pathology

Margaret Holt, RN, BSN  
Quality Improvement Coordinator/Quality Management

Glinda Huitt, RN, BSN, OCN  
Nursing/Second Floor Nursing

Timothy McCay, DO  
Radiology

Michael Payne, MD  
Radiation Oncology

Michele Sumner, BS, CCRC  
Clinical Research Coordinator

Margie Taylor, LMSW  
Psychosocial Services

Shelly Ware, CTR  
Quality of Cancer Registry Data Coordinator

Jessica Weeks  
Community Outreach Coordinator

Non-Required Members

Altshuler, Laurence, MD  
Intake / Internal Medicine

Anderson, Katherine, ND, FABNO  
Naturopathic Medicine

Bramer, Virginia  
Clinical Informatics

Buck, Andrew, DO  
Medical Oncology

Castille, Kalli, MS, RD, LD  
Nutrition

Deibert, James, PharmD, BCOP  
Pharmacy

Flores, Susan, RN  
Infection Control/Employee Health

Foley, Jay  
COO

Frame, John, MD  
Breast Surgery

Gentry, Carol, MT (ASCP)  
Laboratory

Gilbert, Karen, RPT  
Oncology Rehabilitation

Graham, Geoffrey, DO  
Hospitalist

Haldeman, Richard, CEO  
Administration/CEO

Hallmark, Alma, RN, OCN, CBCN, CBPN-IC  
Nurse Navigation

Hervert, Kendal, DO  
Pulmonology

Holden, Tammi, RN, BSN  
Vice President, Oncology Patient Services

Hudson, Jodi  
American Cancer Society

Langham, Michael, MCE, CGBC  
Pastoral Care

Madduri, Deepu, MD  
Stem Cell

Magill, Susan  
Patient Relations

McKay, Ed, RT, (R), (N), CNMT, BA, MA  
Imaging

Moore, Stephanie, APRN, ACNS-BC  
Survivorship

Nader, Daniel, DO  
Pulmonology

Nicholson, Joe, DO  
Vice President, Payor Relations/Administration

Pollock, Theodore, DO  
Medical Oncology

Rafferty, Marc  
Pharmacy

Rausch, Carla, RT  
Cardiopulmonary

Reibenstein, Laura  
Pharmacy

River, George, MD  
Medical Oncology

Schlesinger, Susan, RN, BS,CHC  
Compliance

Shrestha, Sagun, MD  
Medical Oncology

Talley, Davena, RN, BSN, MBA, CNOR  
Surgery

Valz, Lynn  
Lean

Wheaton, Wendy  
Business Services Director

Wilkerson, Coralean, BS, MT (ASCP) SBB  
Laboratory

Yoder, Leon, MD  
Gastroenterology
Cancer Registry Report

The Cancer Registry at Southwestern maintains a data system designed for the collection, management and analysis of data on individuals diagnosed with cancer. The Cancer Registry has entered more than 19,960 cases into the database since its inception in 1991.

During 2015, 846 new cases were accessioned into the Cancer Registry database at Southwestern. Of these cases, 389 were analytic (either diagnosed at Southwestern or received all or part of their first course of treatment at Southwestern) and 247 were non-analytic (diagnosed elsewhere and received their first course of treatment elsewhere), and 210 were non-reportable cases. An analytic patient is one who is diagnosed and/or receives all or part of first course of cancer treatment at Southwestern. A non-analytic patient is one who receives subsequent cancer treatment due to progressive or recurrent disease. Of the 846 new cases, 396 were male patients and 450 were female patients. The registry accessioned patients from 36 states, one patient from Canada, one patient from the U.S. Virgin Islands, three patients from the Bahamas, one from Guyana, and one patient from Bermuda, with the largest percentage of patients residing in the state of Oklahoma.

The American College of Surgeons Commission on Cancer mandates that at least 90 percent of the analytic patients from the last five years and 80 percent from the reference year (1991) are followed each year. The Cancer Registry of Southwestern meets this standard with 95 percent of the patients in the last five years with current follow-up and 90 percent of the patients from the reference year with current follow-up.

The Cancer Registry staff maintains the daily functions of the registry and ensures data accuracy with continuous quality improvement reviews by Cancer Committee physicians. The registry provides the Cancer Committee with information from which clinical application and analysis of patient outcomes can be determined.

846 Total Patients
at Southwestern Regional Medical Center

450
396

- 389 Analytic
- 247 Non-Analytic
- 210 Non-Reportable
Cancer Registry Activities

Responded to 185 requests for data during 2015
Submit all required cases error-free on initial submission to the National Cancer Data Base
Participated in and attended the Oklahoma Cancer Registrars Association Educational Workshop
Submit all required cases to the Oklahoma Central Cancer Registry
One employee held the position of President and one employee held the position of Membership Chair for the Oklahoma Cancer Registrars Association. Both members attended all Executive Committee meetings and prepared quarterly newsletter articles
Coordinated and attended monthly Cancer Committee meetings
Coordinated and attended weekly Head and Neck, Thoracic, Gynecologic and Prostate, Breast and General Cancer Conferences
Attended NAACCR webinars
Participated in Clinical Care Conferences and staff education meetings
Maintained membership with the National Cancer Registrars Association
Played an integral role in the completion of the Cancer Registry Annual Report
Participated in the National Cancer Registrars Association National Cancer Registrars Week by attending a photo opportunity with the Governor of the State of Oklahoma, Mary Fallin

Cancer Conference Report

A multidisciplinary team including medical oncology, radiation oncology, surgery, pathology and radiology attended General Cancer Conferences as well as weekly disease-specific Cancer Conferences focusing on breast, lung, head and neck, gynecologic and prostate cancers.

Of the 497 cases presented, 98 percent were prospective; an additional eight cases were benign. Three didactic conferences were held.

The nursing and ancillary staff also attended these conferences to ensure comprehensive representation. Together, they reviewed cases in detail and discussed stage, prognostic indicators, national guidelines and plans for appropriate diagnostic studies, therapies and clinical trials. These prospective, patient-oriented and multidisciplinary physician care planning meetings provide free consultations to our patients and education for the medical and hospital staff.

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>CASES</th>
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<tbody>
<tr>
<td>Breast</td>
<td>121</td>
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<tr>
<td>CNS/Brain</td>
<td>1</td>
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<tr>
<td>Colorectal</td>
<td>46</td>
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<tr>
<td>Gastrointestinal</td>
<td>49</td>
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<td>Genitourinary</td>
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<tr>
<td>Gynecologic</td>
<td>44</td>
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<td>Head/Neck</td>
<td>69</td>
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<tr>
<td>Lung</td>
<td>97</td>
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<td>Lymphoma</td>
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<tr>
<td>Melanoma/Skin</td>
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<tr>
<td>Prostate</td>
<td>5</td>
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<tr>
<td>Soft Tissue</td>
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<tr>
<td>Unknown Primary</td>
<td>21</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>497</strong></td>
</tr>
<tr>
<td>Primary Site</td>
<td>Total (%)</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----------</td>
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<tr>
<td>ORAL CAVITY AND PHARYNX</td>
<td>22 (3.5%)</td>
</tr>
<tr>
<td>Tongue</td>
<td>4 (0.6%)</td>
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<tr>
<td>Salivary Glands</td>
<td>2 (0.3%)</td>
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<tr>
<td>Gum and Other Mouth</td>
<td>3 (0.5%)</td>
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<tr>
<td>Nasopharynx</td>
<td>1 (0.2%)</td>
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<tr>
<td>Tonsil</td>
<td>10 (1.6%)</td>
</tr>
<tr>
<td>Oropharynx</td>
<td>1 (0.2%)</td>
</tr>
<tr>
<td>Hypopharynx</td>
<td>1 (0.2%)</td>
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<tr>
<td>DIGESTIVE SYSTEM</td>
<td>163 (25.6%)</td>
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<tr>
<td>Esophagus</td>
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<tr>
<td>Stomach</td>
<td>17 (2.7%)</td>
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<tr>
<td>Small Intestine</td>
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<tr>
<td>Colon Excluding Rectum</td>
<td>49 (7.7%)</td>
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<tr>
<td>Cecum</td>
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<td>Appendix</td>
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<td>Ascending Colon</td>
<td>12</td>
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<tr>
<td>Hepatic Flexure</td>
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<tr>
<td>Transverse Colon</td>
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<tr>
<td>Splenic Flexure</td>
<td>4</td>
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<tr>
<td>Sigmod Colon</td>
<td>16</td>
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<tr>
<td>Large Intestine, NOX</td>
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<tr>
<td>Rectum and Rectosigmoid</td>
<td>26 (4.1%)</td>
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<td>Rectosigmoid Junction</td>
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<tr>
<td>Rectum</td>
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<tr>
<td>Anus, Anal Canal and Anorectum</td>
<td>1 (0.2%)</td>
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<tr>
<td>Liver and Intrahepatic Bile Duct</td>
<td>14 (2.2%)</td>
</tr>
<tr>
<td>Liver</td>
<td>13</td>
</tr>
<tr>
<td>Intrahepatic Bile Duct</td>
<td>1</td>
</tr>
<tr>
<td>Gallbladder</td>
<td>1 (0.2%)</td>
</tr>
<tr>
<td>Other Biliary</td>
<td>4 (0.6%)</td>
</tr>
<tr>
<td>Pancreas</td>
<td>35 (5.5%)</td>
</tr>
<tr>
<td>Retroperitoneum</td>
<td>4 (0.6%)</td>
</tr>
<tr>
<td>Peritoneum, Omentum and Mesentery</td>
<td>2 (0.3%)</td>
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<tr>
<td>RESPIRATORY SYSTEM</td>
<td>105 (16.5%)</td>
</tr>
<tr>
<td>Nose, Nasal Cavity and Middle Ear</td>
<td>3 (0.5%)</td>
</tr>
<tr>
<td>Larynx</td>
<td>12 (1.9%)</td>
</tr>
<tr>
<td>Lung and Bronchus</td>
<td>89 (14.0%)</td>
</tr>
<tr>
<td>Trachea, Mediastinum and Other</td>
<td>1 (0.2%)</td>
</tr>
<tr>
<td>Respiratory Organs</td>
<td></td>
</tr>
<tr>
<td>Primary Site</td>
<td>Total (%)</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>BONES AND JOINTS</td>
<td>2 (0.3%)</td>
</tr>
<tr>
<td>SOFT TISSUE (including Heart)</td>
<td>5 (0.8%)</td>
</tr>
<tr>
<td>SKIN EXCLUDING BASAL AND SQUAMOUS</td>
<td>7 (1.1%)</td>
</tr>
<tr>
<td>Melanoma - Skin</td>
<td>5 (0.8%)</td>
</tr>
<tr>
<td>Other Non-Epithelial Skin</td>
<td>2 (0.3%)</td>
</tr>
<tr>
<td>BREAST</td>
<td>121 (19.0%)</td>
</tr>
<tr>
<td>FEMALE GENITAL SYSTEM</td>
<td>39 (6.1%)</td>
</tr>
<tr>
<td>Cervix Uteri</td>
<td>10 (1.6%)</td>
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<tr>
<td>Corpus and Uterus, NOS</td>
<td>16 (2.5%)</td>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>12</td>
</tr>
<tr>
<td>Uterus, NOS</td>
<td>4</td>
</tr>
<tr>
<td>Ovary</td>
<td>12 (1.9%)</td>
</tr>
<tr>
<td>Other Female Genital Organs</td>
<td>1 (0.2%)</td>
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<tr>
<td>MALE GENITAL SYSTEM</td>
<td>42 (6.6%)</td>
</tr>
<tr>
<td>Prostate</td>
<td>38 (6.0%)</td>
</tr>
<tr>
<td>Testis</td>
<td>3 (0.5%)</td>
</tr>
<tr>
<td>Penis</td>
<td>1 (0.2%)</td>
</tr>
<tr>
<td>URINARY SYSTEM</td>
<td>43 (6.8%)</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>16 (2.5%)</td>
</tr>
<tr>
<td>Kidney and Renal Pelvis</td>
<td>27 (4.2%)</td>
</tr>
<tr>
<td>BRAIN AND OTHER NERVOUS SYSTEM</td>
<td>18 (2.8%)</td>
</tr>
<tr>
<td>Brain</td>
<td>15 (2.4%)</td>
</tr>
<tr>
<td>Cranial Nerves Other Nervous System</td>
<td>3 (0.5%)</td>
</tr>
<tr>
<td>ENDOCRINE SYSTEM</td>
<td>25 (3.9%)</td>
</tr>
<tr>
<td>Thyroid</td>
<td>22 (3.3%)</td>
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<tr>
<td>Other Endocrine including Thymus</td>
<td>3 (0.5%)</td>
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<tr>
<td>LYMPHOMA</td>
<td>16 (2.5%)</td>
</tr>
<tr>
<td>Hodgkin Lymphoma</td>
<td>3 (0.5%)</td>
</tr>
<tr>
<td>Non-Hodgkin Lymphoma (NHL)</td>
<td>13 (2.0%)</td>
</tr>
<tr>
<td>NHL - Nodal</td>
<td>8</td>
</tr>
<tr>
<td>NHL - Extranodal</td>
<td>5</td>
</tr>
<tr>
<td>MYELOMA</td>
<td>4 (0.6%)</td>
</tr>
<tr>
<td>LEUKEMIA</td>
<td>11 (1.7%)</td>
</tr>
<tr>
<td>Lymphocytic Leukemia</td>
<td>9 (1.4%)</td>
</tr>
<tr>
<td>Myeloid and Monocytic Leukemia</td>
<td>2 (0.3%)</td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td>13 (2.0%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>636</td>
</tr>
</tbody>
</table>
Patients by State

Alabama 4
Alaska 3
Arizona 11
Arkansas 32
California 5
Colorado 14
Connecticut 0
Delaware 0
Florida 19
Georgia 17
Hawaii 0
Idaho 2
Illinois 8
Indiana 2
Iowa 2
Kansas 31
Kentucky 5
Louisiana 13
Maine 1
Maryland 10
Massachusetts 2
Michigan 1
Minnesota 1
Mississippi 68
Missouri 3
Montana 6
Nebraska 6
Nevada 6
New Hampshire 0
New Jersey 0
New Mexico 6
New York 0
North Carolina 2
North Dakota 0
Ohio 5
Oklahoma 179
Oregon 8
Pennsylvania 1
Rhode Island 0
South Carolina 2
South Dakota 0
Tennessee 17
Texas 135
Utah 0
Vermont 0
Virginia 2
Washington 2
Washington, D.C. 1
West Virginia 0
Wisconsin 0
Wyoming 3

INTERNATIONAL
Bahamas 3
Bermuda 1
Guyana 1
Manitoba, Canada 1
U.S. Virgin Islands 1
As of January 2016, around 1.4 million men and women are living in the United States with a previous colorectal cancer. Eighty-five percent of the survivors are over age 60. The median age for colon cancer diagnosis is 66. For rectal cancer the median age is 63.

Incidence for colorectal cancer is around 135,000 annually. The incidence is trending down generally, but increasing in younger age groups. Diet and obesity are important factors. Survivorship for all colorectal cancers is 65 percent at five years, but 90 percent if localized early.

Short- and long-term health effects of chemotherapy need continual follow-up and management. This area can, and should, be monitored throughout the patient’s life.

A review of 23 analytic colon cases was done to monitor the management of colon cancer at Southwestern. All 23 met National Comprehensive Cancer Network (NCCN) guidelines and had appropriate prognostic indicators. There were zero stage 0 or stage I colon cases at Southwestern. There were four stage II, seven stage III and 12 stage IV colon cases. All cases were staged and treated appropriately.
Cancer Prevention Programs at Southwestern

Southwestern hosted 57 regional events in 2015, which featured information on cancer prevention through a healthy lifestyle, including nutrition, exercise and screenings.

These events featured a variety of clinicians including RDs, NDs, RNs, physicians, RTs, culinary staff and other employees who discussed healthy lifestyles and cancer prevention recommendations for specific cancer types.

CTCA® provides organizations with the necessary tools and information to educate their constituents about cancer prevention through simple lifestyle changes as part of our Prevent Aggressively® program for employers and our community outreach efforts to support organizations.

This education adds value to community programs, helps build relationships and contributes toward the overall goal of empowering healthy lifestyles and reducing cancer incidence through prevention.

Why Encourage Healthy Lifestyle Changes for Cancer Prevention?

Almost 500,000 cancer cases worldwide are due to the rising rates of obesity and individuals who are overweight, making many of the most common cancers potentially avoidable, according to a study published in The Lancet Oncology (http://blog.aicr.org/2014/11/26/study-almost-half-a-million-cancers-worldwide-due-to-obesity/).

30 to 40 percent of cancers can be prevented through healthy lifestyle changes, such as diet (American Institute of Cancer Research: www.aicr.org).

Education about healthy lifestyle changes for cancer prevention qualifies as a fulfillment of Standard 4.1, based on the following from the Commission on Cancer: “Cancer prevention programs include, but are not limited to, the following: education/cancer awareness and nutrition, physical activity and weight loss programs.”
Oklahoma Project Woman Breast Cancer Screenings

Oklahoma Project Woman provides access to breast health care to facilitate the early diagnosis of breast cancer and decrease the mortality rate. They provide free mammograms, diagnostic procedures and surgical services for Oklahomans of any age with no health insurance and limited financial resources. Since the beginning of the program in 1998, they have provided breast health care for more than 39,000 uninsured Oklahomans, more than 600 of whom have been diagnosed with breast cancer.

CTCA partnered with Oklahoma Project Woman to offer:

- 13 diagnostic bilateral mammograms
- 6 unilateral mammograms
- 12 screening mammograms
- 10 ultrasounds

Skin Cancer Screening and Prevention

Southwestern held a skin cancer screening event on December 4, 2015, at the American Heart Association in conjunction with a luncheon and educational presentation. Skin cancer is the most common form of cancer in the United States, with more than 3.5 million cases of skin cancer diagnosed annually. Skin cancer prevention is not just important during summer months, and attendees were educated on how to prevent skin cancer year-round.

- 22 individuals screened
- 12 individuals given baseline assessment of abnormal areas in question to take to their doctor at next appointment
- 5 individuals referred to a dermatologist for immediate consultation of a suspicious lesion
- 5 individuals had no suspicious areas and a regular routine follow-up with their primary care physician was recommended

*Follow-up calls were made to the individuals with suspicious findings.

Community Outreach

Hosted or participated in a total of

182 community relations events in 2015

Partnered with more than

75 organizations and businesses

Reached more than

148,000 individuals

Featured CTCA experts at

107 educational speaking engagements
Accreditations and Certifications

**Joint Commission**
Southwestern is currently accredited by The Joint Commission with Full Standards Compliance. This accreditation decision is awarded to a health care organization that demonstrates satisfactory compliance with applicable Joint Commission standards in all performance areas.

**National Accreditation Program for Breast Centers**
In 2012, Southwestern earned a three-year full accreditation for our breast program from the National Accreditation Program for Breast Centers (NAPBC) and was re-accredited in 2015. Southwestern is the only NAPBC-approved hospital in Tulsa, and only one of two in the state of Oklahoma.

**The American College of Surgeons Commission on Cancer**
Southwestern is accredited by the Commission on Cancer (CoC), a quality program of the American College of Surgeons (ACS).

**Quality Oncology Practice Initiative Certification**
In 2014, Southwestern was recognized as meeting the highest standards for quality cancer care by the Quality Oncology Practice Initiative (QOPI®) Certification Program, an affiliate of the American Society of Clinical Oncology (ASCO). The QOPI Certification Program provides a three-year certification for outpatient hematology-oncology practices. The QCP seal designates those practices that not only score high on the key QOPI quality measures, but also meet rigorous chemotherapy safety standards established by ASCO and the Oncology Nursing Society (ONS).

Southwestern is also accredited or certified by the following health care organizations:
- American College of Radiology Radiation Oncology Accredited Facility
- American Association of Blood Banks
- College of American Pathologists
- American College of Radiology
- American College of Radiology Imaging Accreditation
- American College of Radiology CT Accreditation
- American College of Radiology Mammography Accreditation
- American College of Radiology MRI Accreditation
- American College of Radiology Nuclear Medicine Accreditation
- American College of Radiology PET/CT Accreditation
- American College of Radiology Ultrasound Accreditation
- Center for Medicare and Medicaid Services

Southwestern has received special recognition from the following organizations:
- American Association for Respiratory Care – Quality Respiratory Care Recognition
- Department of Environmental Quality
- National College of Naturopathic Medicine
- Outstanding Achievement Commission on Cancer
- Clinical Laboratory Improvement Act
- American Diabetes Association Diabetes Self-Management Education Program
Awards


In both 2015 and 2016, Southwestern was recognized by Press Ganey® as a Guardian of Excellence Award winner in the category of Patient Experience. This award recognizes outstanding hospitals that have consistently achieved the 95th percentile or above of performance in the realm of patient experience as gauged by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey through the US Department of Health and Human Services.

Southwestern has also received awards or recognition from the following organizations:

- **Great 100 Nurses of Oklahoma**, Great 100 Nurses Foundation, 2016, 2015, 2014
- **40 Under 40**, *Oklahoma Magazine*, 2014: Katherine Anderson, ND, FABNO