



SAINT LUKE'S CANCER INSTITUTE 2016 ANNUAL REPORT

Incorporating the 2015 Cancer Registry Statistical Review



 **Saint Luke's**
CANCER INSTITUTE



Dear Colleague,

Each one of us at Saint Luke's Cancer Institute has a passion for providing exceptional care. We understand that each person who receives a cancer diagnosis will embark on a uniquely personal journey—and so our care must be equally personal and unique.

Our program includes meeting each patient's mental and spiritual needs as well as the immediate physical needs. We've built a team of dedicated caregivers who've devoted their careers to caring for the cancer patient, including:

- Physicians with a range of specialties and subspecialties
- Advanced nurse practitioners focused on specific cancer areas
- Multidisciplinary teams based on tumor type who jointly consult and manage each unique case
- A survivorship program dedicated to ensuring the highest possible quality of life from diagnosis through treatment and beyond
- A sustained commitment to ongoing clinical research and providing patients access to emerging new treatment options
- Clinical psychologists trained in the unique needs of the cancer patient

We've implemented screening programs designed to identify those at highest risk for developing lung or breast cancer. And as we strive for prevention and cures, we also seek new treatments and innovative care plans for patients living their lives each day despite the odds.

In 2016, thanks to a generous donation from the Saint Luke's Foundation and other community supporters, we launched a specialized care center. The Koontz Center for Advance Breast Cancer is dedicated entirely to women with metastatic breast cancer. This team cares for a population that is often overlooked, offering long-term treatment rather than a cure. It's named in honor of Paul G. Koontz, Jr., M.D., a long-time breast surgeon at Saint Luke's.

It is the only center of its kind in the region, and we are proud to pioneer this care approach.

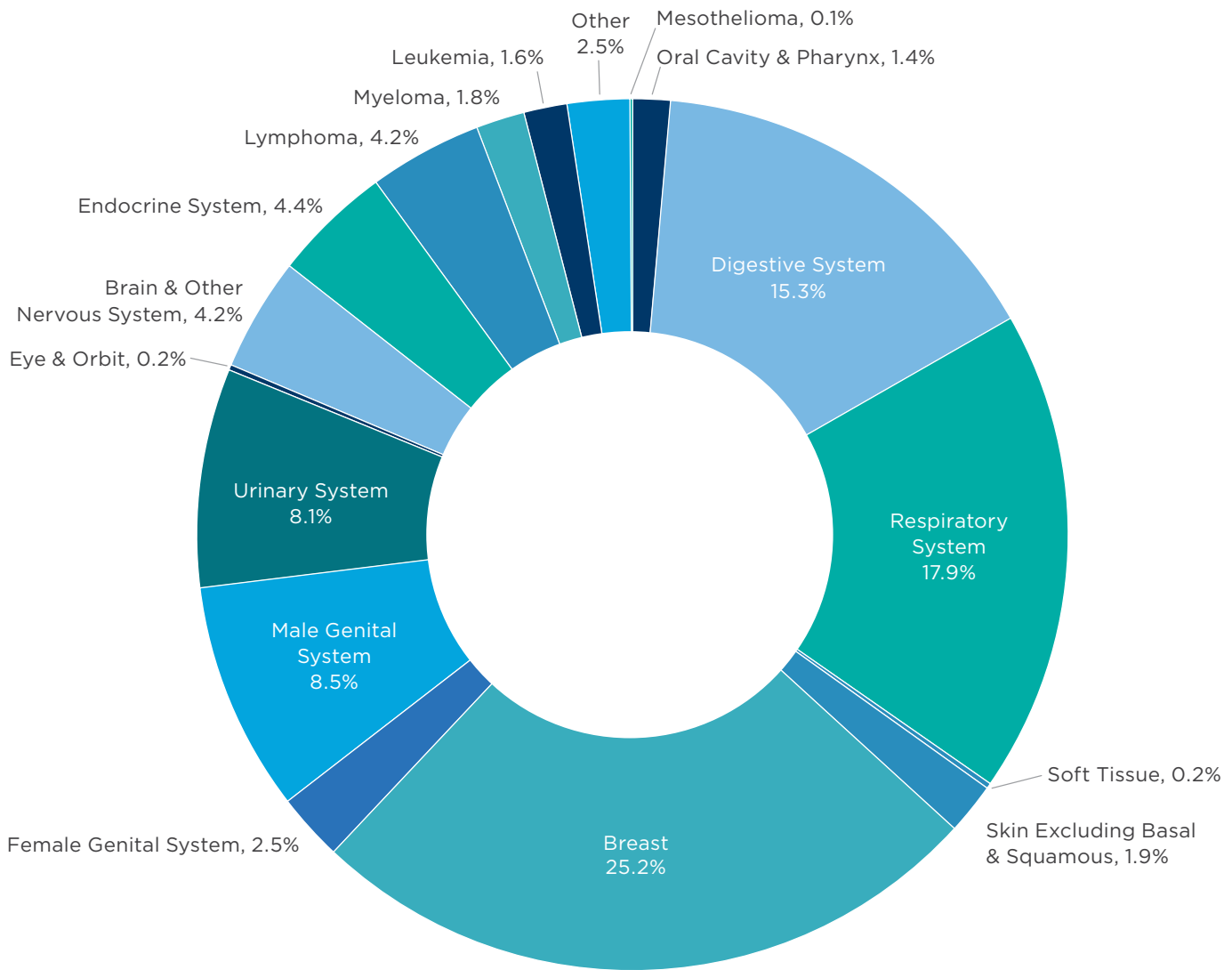
Our passion drives us to excel for our patients. I think you'll see that in the following pages.

Regards,

Timothy J. Pluard, M.D.
Medical Director



2015 Summary of Body System, Saint Luke's Health System Analytic Cases



Primary Site	2015
Oral Cavity & Pharynx	31
Digestive System	342
Respiratory System	401
Soft Tissue	5
Skin Excluding Basal & Squamous	42
Breast	565
Female Genital System	55
Male Genital System	191
Urinary System	181
Eye & Orbit	5
Brain & Other Nervous System	95
Endocrine System	99
Lymphoma	95
Myeloma	40
Leukemia	36
Mesothelioma	3
Other	55
All Sites	2,241

Saint Luke's Multidisciplinary Cancer Conferences

Experts from multiple specialties form our Saint Luke's Cancer Conferences. Together they review patient cases and make treatment recommendations. Conference members vary by cancer site and include medical and radiation oncologists, surgeons, radiologists, pathologists, and ancillary support services.

In 2015, Saint Luke's offered site-specific cancer conferences for brain and spine, breast, lung, gynecologic, and gastrointestinal cancers.

Summary of 2015 Site-specific Conferences

Site-specific Conference	Interval	Number of Conferences	Number of Analytic Cases Presented
Thoracic	Weekly	51	115
Breast	Weekly	41	329
Gastrointestinal	Bimonthly	24	274
Neuro-oncology	Weekly	42	222
Gynecologic	Weekly	4	50
Totals		162	990

Saint Luke's Cancer Committee

A multidisciplinary team provides oversight of the oncology program. Committee members hail from each of the Saint Luke's Cancer Institute locations and include physicians from diagnostic and treatment specialties and non-physicians from administrative and supportive services. The committee met six times in 2016.

2015 COMMITTEE MEMBERS

Medical Staff

Timothy J. Pluard, M.D.

Medical Director, Saint Luke's Cancer Institute
Medical Oncologist/Hematologist, Saint Luke's Cancer Institute
Committee Chair and Cancer Liaison Physician, Saint Luke's Cancer Committee

Janakiraman Subramanian, M.D.

Medical Oncologist/Hematologist, Saint Luke's Cancer Institute
Cancer Registry Quality Coordinator, Saint Luke's Cancer Committee

John Shook, M.D.

Breast Program Director, Saint Luke's Health System
Breast Program Director, Saint Luke's Cancer Committee

Susan Herzberg, M.D.

Radiation Oncologist, Saint Luke's Cancer Institute
Radiation Oncology Representative, Saint Luke's Cancer Committee

Megan McNally, M.D.

Surgical Oncologist, Saint Luke's Cancer Institute
Surgical Oncology Representative, Saint Luke's Cancer Committee

Megan Saettele, M.D.

Breast Radiologist, Saint Luke's Cancer Institute
Radiology Representative, Saint Luke's Cancer Committee

Ashley Schneider, M.D.

Ameripath Pathologist
Pathology Representative, Saint Luke's Cancer Committee

Meredith Wills, Pharm.D.

Pharmacy Supervisor, Saint Luke's Hospital
Pharmacy Representative, Saint Luke's Cancer Committee

Amber Wollesen, M.D.

Palliative Care Physician, Saint Luke's Hospital
Palliative Care Physician Representative, Saint Luke's Cancer Committee

Allied Staff

Elizabeth Anderson, M.S., RD, LD

Registered Dietician Specialist, Saint Luke's Hospital
Dietary Representative, Saint Luke's Cancer Committee

Marlena Barmann, RHIT, CTR

Senior Cancer Registrar, Saint Luke's Health Systems
Cancer Conference Coordinator Alternate, Saint Luke's Cancer Committee

Whitney Ford, M.S., CGC

Genetic Counselor, Saint Luke's Cancer Institute
Genetic Counseling Representative, Saint Luke's Cancer Committee

Karen Grotewohl, OTRN

Occupational Therapist III, Saint Luke's Hospital
Rehabilitation Representative, Saint Luke's Cancer Committee

Molly Gunter, M.S., CCRP

Director of Clinical Research Operations, Saint Luke's Health System
Clinical Research Coordinator, Saint Luke's Cancer Committee

Rhonda Johnson, Ph.D.

Director of Patient Support Services, Saint Luke's Cancer Institute
 Psychosocial Services Coordinator, Saint Luke's Cancer Committee

Carrie Lavin, B.S.N., R.N., OCN

Program Operations Director, Saint Luke's Cancer Institute
 Cancer Program Administrator and Outpatient Oncology Representative, Saint Luke's Cancer Committee

Angela Locke, R.N.

Clinical Nurse Manager, Saint Luke's Cancer Institute
 Inpatient Oncology Nurse Representative, Saint Luke's Cancer Committee

Mark Monn

Quality Resource Analyst, Saint Luke's Cancer Institute
 Quality Improvement Coordinator, Saint Luke's Cancer Committee

Patty Moore, RHIT, CTR

Senior Cancer Registrar, Saint Luke's Health System
 Cancer Conference Coordinator, Saint Luke's Cancer Committee

Kitty Muehlbach, LMSW

Social Worker, Saint Luke's Hospital
 Social Work Representative, Saint Luke's Cancer Committee

Jane Peck, M.A., B.H.A., R.N.

System Director–Oncology, Saint Luke's Cancer Institute
 Community Outreach Coordinator, Saint Luke's Cancer Committee

Carol Quiring

President and CEO, Saint Luke's Home Care & Hospice
 Hospice Administrator, Saint Luke's Cancer Committee

Kallie Weinand, M.S., CGC

Genetic Counselor, Saint Luke's Cancer Institute
 Genetics Counseling Representative, Saint Luke's Cancer Committee

AD HOC

Ex Officio

Peter Holt, M.D.

Vice President of Medical Affairs, Saint Luke's Hospital

Medical & Allied Staff

Barbara Ball, M.H.A., B.S.N., R.N., NEA-BC

Chief Nursing Officer, Wright Memorial Hospital
 Wright Memorial Hospital Representative,
 Saint Luke's Cancer Committee

J. Russell Davis, M.D.

Cardiothoracic Surgeon, Saint Luke's Hospital
 Cardiothoracic Surgery Representative, Saint Luke's Cancer Committee

Kim Day, RT (R)(M)

Breast Center Manager, Saint Luke's Cancer Institute
 Breast Center Manager, Saint Luke's Cancer Committee

Jameson Forster, M.D.

Abdominal Transplantation and HEP Surgery
 Director, Saint Luke's Hospital
 Transplant Surgery Representative, Saint Luke's Cancer Committee

Sarah Gonzalez, M.S.N., R.N., CCRN, CNRN

Director of Patient Care Services, Saint Luke's Cancer Institute
 Director of Patient Care Services, Saint Luke's Cancer Committee

Gary Johnson, M.D.

Gynecologic Oncology Surgeon, Saint Luke's Cancer Institute
 Gynecologic Oncology Representative, Saint Luke's Cancer Committee

Emily Kayrish

Director of Marketing, Saint Luke's Health System
 Marketing Representative, Saint Luke's Cancer Committee

CANCER COMMITTEE

Laura Pattee

American Cancer Society Representative

Theresa Rellihan, RTCMD

Radiation Oncology Manager, Saint Luke's
Cancer Institute

Radiation Oncology Representative, Saint Luke's
Cancer Committee

Annie Singer, R.N., B.A., BLS

Patient Navigator, Hedrick Medical Center
Hedrick Medical Center Representative, Saint Luke's
Cancer Committee

Gloria Solis, M.S.N., MBA, R.N., NEA-BC

Chief Nursing Officer, Saint Luke's East Hospital
Saint Luke's East Hospital Representative, Saint Luke's
Cancer Committee

Elizabeth Vincent, M.S.N., MBA, R.N., VA-BC, OCN

Outpatient Services, Saint Luke's Cushing Hospital
Saint Luke's Cushing Hospital Representative,
Saint Luke's Cancer Committee

Jan Watkins, R.N., M.S., OCN, CHPN

Director, Cancer Services, Liberty Hospital
Saint Luke's Cancer Institute at Liberty Hospital
Representative, Saint Luke's Cancer Committee

Julia Woods, M.S.N., R.N.

Chief Nursing Officer, Saint Luke's South Hospital
Saint Luke's South Hospital Representative,
Saint Luke's Cancer Committee

Beringia Zen, Ph.D.

Chaplain, Saint Luke's Hospital of Kansas City
Chaplain, Saint Luke's Cancer Committee

Saint Luke's Cancer Prevention and Early Detection Outcomes

Saint Luke's provides cancer prevention programs targeted to meet the needs of the community and designed to reduce the incidence of a specific cancer type. Each prevention program is consistent with evidence-based national guidelines for cancer prevention.

High-risk Breast Clinic

Program details

- Led by advanced nurse practitioners
- Locations at Saint Luke's Hospital of Kansas City, Saint Luke's East Hospital, Saint Luke's North Hospital, and Saint Luke's South Hospital
- Offers individuals at high risk for developing breast cancer:
 - Early detection
 - Surveillance
 - Education
 - Preventive therapies
 - Research
- Incorporates hands-on clinical assessment and technology following National Comprehensive Cancer Network guidelines
- Collaboration with genetic counselors

Program offerings

- Clinical breast exam by a MammaCare-certified nurse practitioner
- Breast self-exam instructions using the MammaCare method
- Imaging studies
- Referral to surgeons who specialize in breast surgery if indicated
- Consultation about personal risk factors as related to breast cancer and possible preventive strategies
- Referral for cancer risk assessment by a certified genetic counselor and genetic testing when applicable
- Medical oncologist referral if pharmacologic risk reduction options are necessary
- Research opportunities
- Referral for ovarian cancer screening when applicable

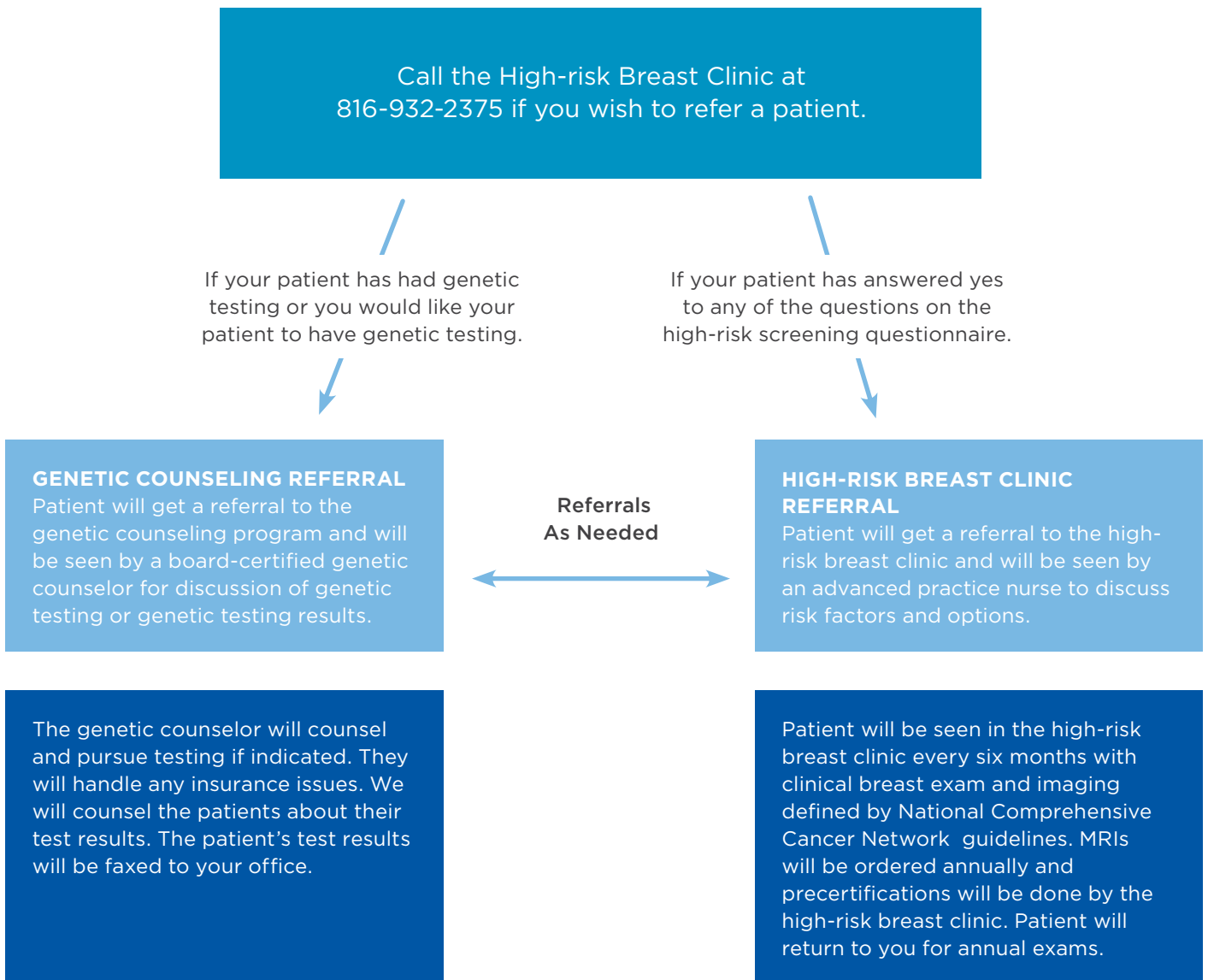
High-risk Breast Cancer Clinic screening	Patients	Patients requiring breast MRI	Cancer diagnosed related to screening
Jan. - July 2015	297	72	1
July - Dec. 2015	291	75	1
Jan. - July 2016	380	81	2

› Learn more

816-932-2375
saintlukeskc.org/high-risk

Referring protocol for outside providers

Cancer screening options and recommendations evolve quickly with each new study or discovery, making it difficult for primary care providers to stay up to date. The team at Saint Luke’s High-risk Breast Clinic specializes in knowing the latest recommendations and options. An integrated group of nurse practitioners, genetic counselors, and physicians created this algorithm to help providers navigate the complexities of the referral process. In 2017, we will be expanding our high-risk program to encompass all types of cancer, offering a higher level of early detection to patients.



Low-dose Computed Tomography Lung Cancer Screening Program

Program details

- Led by Melissa Rosado de Christenson, M.D., radiology, and Michelle Tietz, clinical coordinator
- Patients meet high-risk criteria
- Low-dose lung CT performed
- Radiologist meets with patient to review screening findings
- Follow-up recommendations provided
- Lung cancer screening counseling and shared decision-making visit conducted by a physician or physician assistant, nurse practitioner, or clinical nurse specialist
- Specific criteria to be covered in the shared decision-making visit

Eligibility criteria

- 55 – 77 years old
- Asymptomatic
- Tobacco smoking history of at least 30 pack years (one pack year = smoking an average of one pack a day for one year; one pack = 20 cigarettes)
- Current smoker or one who has quit smoking within the last 15 years
- Receives a written order for low-dose CT lung cancer screening

Expansion

We expanded our lung cancer screening program to include all four Saint Luke’s locations in the Kansas City metro region—Saint Luke’s Hospital of Kansas City (SLH), Saint Luke’s East Hospital (SLE), Saint Luke’s South Hospital (SLS), and Saint Luke’s North Hospital (SLN). As a result, we more than tripled the number of patients screened in the first six months of 2016 compared to all of 2015.

In August 2016, Saint Luke’s Internal Medicine began identifying patients at high risk for lung cancer and eligibility for lung CT screening within Epic, our electronic medical record system.

› Learn more

816-932-6800
saintlukeskc.org/lung-screening

Lung cancer screening with low-dose lung CT	Patients screened	Patients requiring active surveillance or follow-up	Patients needing surgical or treatment intervention	Cancer diagnosed related to screening
2014	94	18	1	1
2015	70	6	0	0
Jan. – July 2016	239 SLH - 135 SLN - 90 SLE - 12 SLS - 2	30	2	2

Supportive Oncology and Rehabilitation Services

Care at Saint Luke’s Cancer Institute goes beyond surgery, chemotherapy, and radiation. We evaluate the psychological, social, financial, spiritual, and physical effects a cancer diagnosis may have on patients and their families, then work as a team to address those issues.

A growing base of research shows supportive care interventions complement medical care, enhance quality of life, extend life, and save institutions money. Comprehensive and integrated supportive care adds value in both cost and quality to evidence-based and patient-driven treatment.

We evaluate

At every visit with a Saint Luke’s Cancer Institute provider, patients fill out a questionnaire that assesses their distress. Based on responses, we can make appropriate referrals to our specially trained support professionals. We continue that support from the time of diagnosis throughout treatment.

The majority of referrals are to social workers for emotional support and financial assistance. Almost half talk with one of our providers about emotional concerns. Twenty-five percent of all referrals are to nutritional services; another 20 percent are for rehabilitation services.

Expertise

- 2 full-time master’s-level genetic counselors
- 5 master’s-level social workers
- 2 Ph.D.-level mental health providers
- 1 registered dietitian
- 1 Ph.D.-prepared chaplain
- 1 cosmetologist
- 7 nurse navigators
- Multiple** teams of physical and occupational therapists

We extend

Our team is dedicated to bringing these care services to our patients where they live. We offer in-person appointments at our four Kansas City metropolitan locations, plus telehealth appointments at three regional hospitals. Supportive services experts attend patient care conferences to add input about the specific needs for each patient and family.

We educate

We always look for innovative ways to educate ourselves and our patients. This year we offered lectures featuring experts in emotional support, complementary and integrative medicine, and estate planning. In addition, we regularly offer post-diagnosis education, nutrition for survivorship classes, and support groups throughout the Saint Luke’s system.

Support care services

One in five patients are referred to these Supportive Oncology and Rehabilitation Services:

- Psychology
- Social work
- Nutrition
- Genetic counseling
- Nurse navigation
- Survivorship
- Image renewal
- Spiritual health
- Physical and occupational rehabilitation
- Patient education classes and guest speakers
- Exercise, yoga, massage

We referred 1,893 patients from March through August—an increase of 25 percent compared to 2015.

› Learn more

saintlukeskc.org/supportiveoncology

Saint Luke's Koontz Center for Advanced Breast Cancer

We at Saint Luke's recognize that women with advanced breast cancer receive less specialized care than those in the early stages of the disease. We intend to change that.

In October 2016, Saint Luke's Cancer Institute opened The Koontz Center for Advanced Breast Cancer—one of the first of its kind in the county.

Thanks to generous donations from the Paul G. Koontz Endowed Chair in Breast Diseases and the University of Missouri–Kansas City School of Medicine, we can give women with metastatic breast cancer renewed hope and innovative treatment plans.

The team at the Koontz Center for Advanced Breast Cancer has a singular goal: **improve the outcomes and quality of life for women with advanced breast cancer.** We believe in more than just treating cancer—our team is dedicated to caring for the whole woman.

We focus on precision cancer treatments with complementary integrative therapies that enhance quality of life. Our experts seek out the latest advancements in genomics, immunotherapy, and supportive care. We put a strong focus on clinical trials of emerging therapies and advanced care protocols.

Women at The Koontz Center receive care for mind, spirit, and body. Each patient's care plan incorporates exercise physiology, nutrition planning, acupuncture, behavioral health, cancer support groups, and palliative care.

Integrative Therapies

At the Koontz Center for Advanced Breast Cancer, treatment plans include a full menu of integrative therapies that enhance wellness:

- Genetic counseling
- Nutrition planning
- Exercise physiology
- Palliative care
- Emotional support
- Advanced breast cancer support groups
- Spiritual counseling
- Yoga
- Massage
- Acupuncture

These therapies have numerous benefits on stress levels and the immune system, both of which play a role in preventing the recurrence of cancer.

Saint Luke's Cancer Institute: A Review of Triple Negative Breast Cancer Treatment by Age

Timothy J. Pluard, M.D.

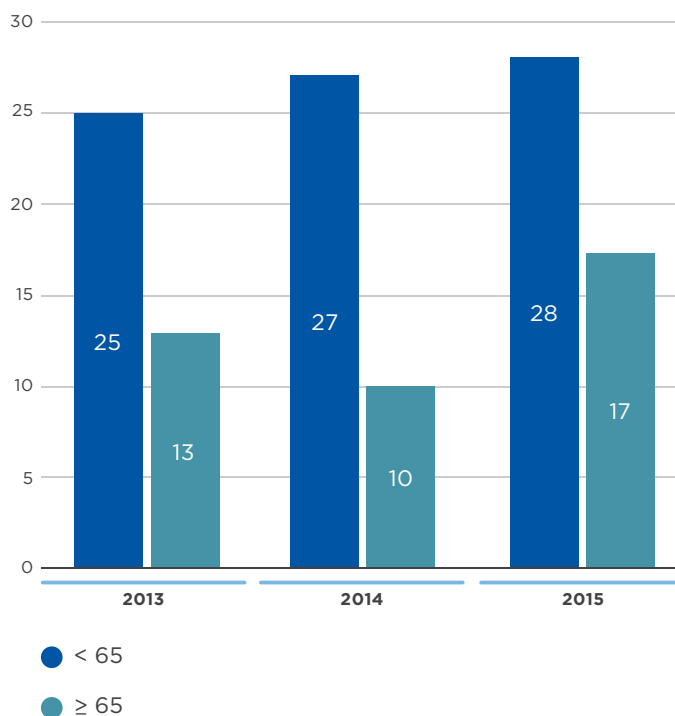
Breast cancer remains the most common cancer diagnosis and the second leading cause of cancer death in women. Breast cancer is clinically subdivided by testing the tumor for estrogen receptors, progesterone receptors, and HER2 receptor. Triple negative breast cancer (TNBC) is defined by the absence of all three of these receptors. TNBC represents 15 to 20 percent of all breast cancers diagnosed in the United States. It is the most aggressive subtype of breast cancer. Chemotherapy is recommended following surgery for patients with tumors 10 mm or larger.

TNBC disproportionately affects younger, premenopausal women and particularly premenopausal African-American women. In contrast, older postmenopausal women with breast cancer are more likely to develop other, less aggressive subtypes of breast cancer. It is unclear at present whether TNBC occurring in older women is biologically different from or carries the same prognosis as TNBC in younger women. Studies looking at adjuvant chemotherapy in elderly patients have demonstrated inferior outcomes when non-standard, weaker chemotherapy is utilized. Thus, guideline recommendations for adjuvant chemotherapy do not vary based upon age. However, underutilization of adjuvant chemotherapy in older women has been observed and attributed to multiple reasons, including medical contraindications, patient decision, or physician choice.

We initiated a review of Saint Luke's Cancer Institute's (SLCI) registry to compare patterns of care in TNBC between younger and older women. We used 65 years of age or older to define the group of older women. Patients included analytic cases diagnosed between 2013 and 2015.

SLCI data was consistent with national trends in several respects. Patients with TNBC were younger, with 67 percent of women diagnosed before age 65 compared with 56 percent of women with other breast cancer subtypes (Fig. 1). The group of women younger than 65 were also more likely to be African-American—24 percent compared to 15 percent in women 65 years or older.

Fig. 1
Age Distribution of TNBC at SLCI



Younger women with TNBC are also more likely to present with higher stage disease (Fig. 2 and 3). This may reflect a more aggressive disease in younger women compared with those over the age of 65 or reflect differences in access to or utilization of screening mammography. Median follow-up in this cohort of women is less than 18 months, but there is a trend toward inferior survival in the younger women with 11 percent mortality compared with 7.5 percent in women age 65 or older.

Fig. 2
Staging Breakdown, Patients <65
(2013 - 2015)

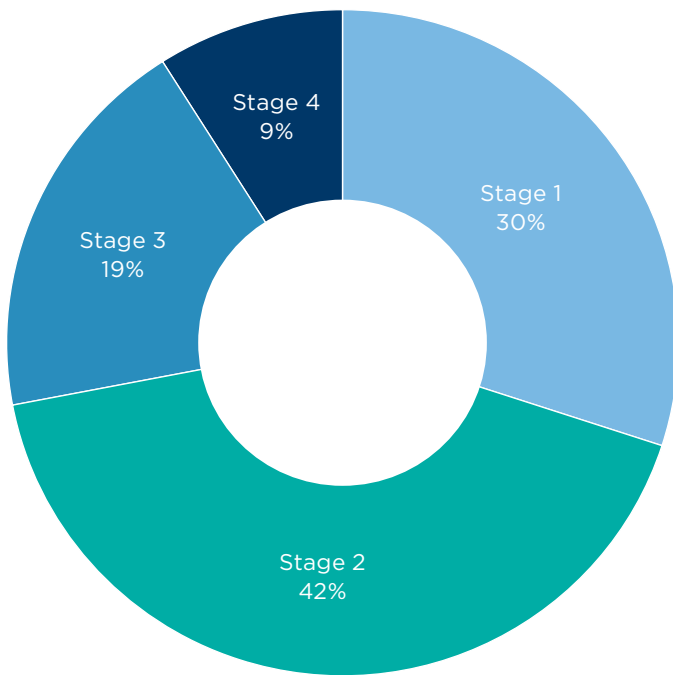
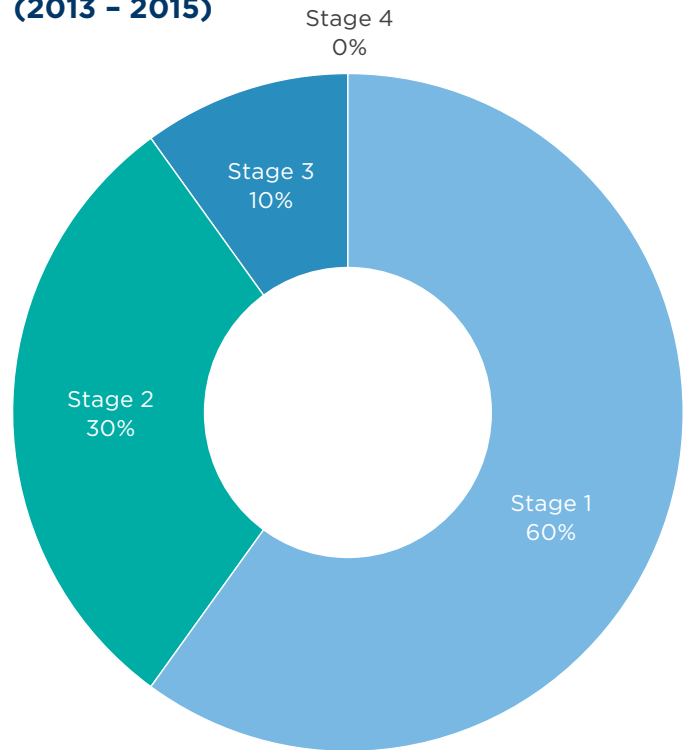
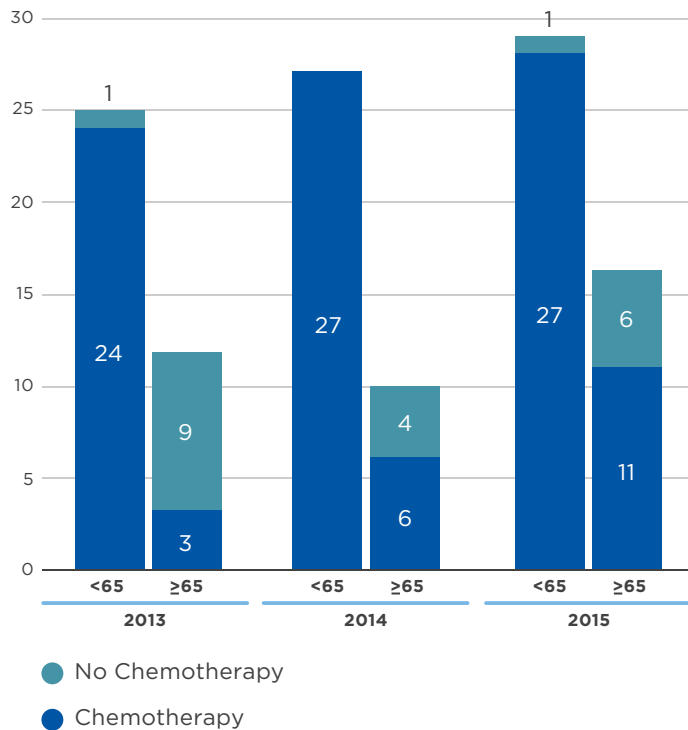


Fig. 3
Staging Breakdown, Patients ≥65
(2013 - 2015)



There is also significantly less utilization of chemotherapy in older women. Primary reasons identified for this were either patient decision or physician decision based upon medical conditions. There is, however, a trend toward increased utilization of chemotherapy over time in the group of women 65 or older (Fig. 4).

Fig. 4
SLCI Receipt of Adjuvant Chemotherapy for TNBC



Survival data for the entire TNBC cohort is immature. With a median follow-up of less than 18 months, the mortality rate is 11 percent in the younger group of women compared with 7.5 percent in the women 65 years or older. This would be anticipated given the higher stage of presentation in the younger women. We're unable to determine whether lower utilization of chemotherapy in older women contributes to this mortality difference.

Summary

Recent genomic characterization of triple negative breast cancer has revealed at least four biologically distinct subtypes. Characterization of these types has identified opportunities for more directed therapies, including immunotherapy, androgen receptor targeting, and PARP inhibitors. Clinical studies utilizing some of these new strategies are currently ongoing at SLCI.

References:

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2. Luu TH, Lau S, Nelson R, Ottochian M, Garcia A, Somlo G. Is there a survival benefit with adjuvant chemotherapy for patients with stage I (T1N0) triple negative breast cancer? *J Clin Oncol* 2009; 27:e11547.
3. Radosa JC, Eaton A, Stempel M, et al. Evaluation of Local and Distant Recurrence Patterns in Patients with Triple-Negative Breast Cancer According to Age. *Ann Surg Oncol* 2016.
4. Sajid MT, Ahmed M, Azhar M, Mustafa QU, Shukr I, Kamal Z. Age-related frequency of triple negative breast cancer in women. *J Coll Physicians Surg Pak* 2014; 24:400-3.
5. Zhu W, Perez EA, Hong R, Li Q, Xu B. Age-Related Disparity in Immediate Prognosis of Patients with Triple-Negative Breast Cancer: A Population-Based Study from SEER Cancer Registries. *PLoS One* 2015; 10:e0128345.

Exceptional Care Throughout Kansas City and Beyond

Patients can access high-quality Saint Luke's care within a reasonable drive. Outlying regional hospitals provide chemotherapy and other infusion treatments. Patients who need radiation treatment travel to the nearest Saint Luke's radiation treatment facility.

Patients at Saint Luke's Cushing Hospital, Hedrick Medical Center, Wright Memorial Hospital, Western Missouri Medical Center, and Bates County Memorial can consult with Saint Luke's Cancer Institute specialists in person at regular oncology clinics at those facilities. Patients at Cushing, Hedrick, and Wright can also consult with their doctors via telemedicine.



Our Locations

Saint Luke's Cancer Institute

855-663-7524

855-ONE-SLCI

saintlukeskc.org/cancer

IN MISSOURI

Saint Luke's Cancer Specialists

Saint Luke's Hospital of Kansas City
4321 Washington St., Medical Plaza III, Suite 4000
Kansas City, MO 64111

Saint Luke's Cancer Specialists–Kansas City North

Creekwood Medical Building
5400 N. Oak Trafficway, Suite 101
Kansas City, MO 64118

Saint Luke's Cancer Specialists–Lee's Summit

Saint Luke's East Hospital
20 N.E. Saint Luke's Blvd., Suite 500
Lee's Summit, MO 64086

Saint Luke's Cancer Specialists–Butler

Bates County Memorial Hospital
615 W. Nursery St.
Butler, MO 64730

Saint Luke's Cancer Specialists–Chillicothe

Hedrick Medical Center
2799 N. Washington St.
Chillicothe, MO 64601

Saint Luke's Cancer Specialists–Liberty

Liberty Hospital
2529 Glenn Hendren Drive, Suite G30
Liberty, MO 64068

Saint Luke's Cancer Specialists–Trenton

Wright Memorial Hospital
191 Iowa Blvd.
Trenton, MO 64683

Saint Luke's Cancer Specialists–Warrensburg

Western Missouri Medical Center
403 Burkarth Road
Warrensburg, MO 64093

IN KANSAS

Saint Luke's Cancer Specialists–Leavenworth

Cushing Multispecialty Clinic
1001 6th Ave., Suite 340
Leavenworth, KS 66048

Saint Luke's Cancer Specialists–Overland Park

Saint Luke's South Hospital
12330 Metcalf Ave., Suite 580
Overland Park, KS 66213

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saintlukeskc.org/cancer



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