

2007

Cancer Committee

Annual Report



The Washington Hospital

Table of Contents

Chairman's Report	3
Bladder Cancer	5
Cancer Registry	10
2007 Analytical Cases	12
Glossary	13
2007 Cancer Committee	14

Based on 2007 data

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Chairman's Report

2006 yielded major advancements in technology, palliative care and patient safety at The Washington Hospital Cancer Center. Requirements for a Community Hospital Comprehensive Cancer Center were fulfilled as certified by the American College of Surgeons while providing personal, compassionate care to every cancer patient. The Center continued to provide programs in education and also screenings for breast, colon, prostate and skin cancers.

The Washington Hospital Palliative Care program continued to grow under the direction of Dr. Jeffrey Minter. A Physician Assistant was added to the program to extend the ability to provide services. The Pharmacy instituted additional procedures for checking chemotherapy orders to assure error free administration of these agents.

New equipment for diagnostic studies included an open-bore MRI, 64 slice CT scanner and a PET/CT scanner which are all critical to the diagnosis and management of cancer patients. Supportive services were improved with the addition of a Physical Therapist specializing in lymphedema as well as a Wound and Skin Healing Center.

The Goals and objectives of the cancer program for 2007 included:

- Expand and enhance breast cancer services.

- Provide enhanced radiology diagnostic services for pre-treatment work-up and staging.
- Enhance palliative care services, inpatient unit and outpatient clinic.
- Expand public education programs for screening and early detection of specific malignancies for high-risk populations

This annual report will focus on bladder cancer. This is a frequent diagnosis in the superficial stage and an aggressive tumor when invasive. We will review The Washington Hospital experience with this malignancy and compare this to national data.

Wayne J. Pfrimmer, M.D.

Chairman, Cancer Committee

Bladder Cancer

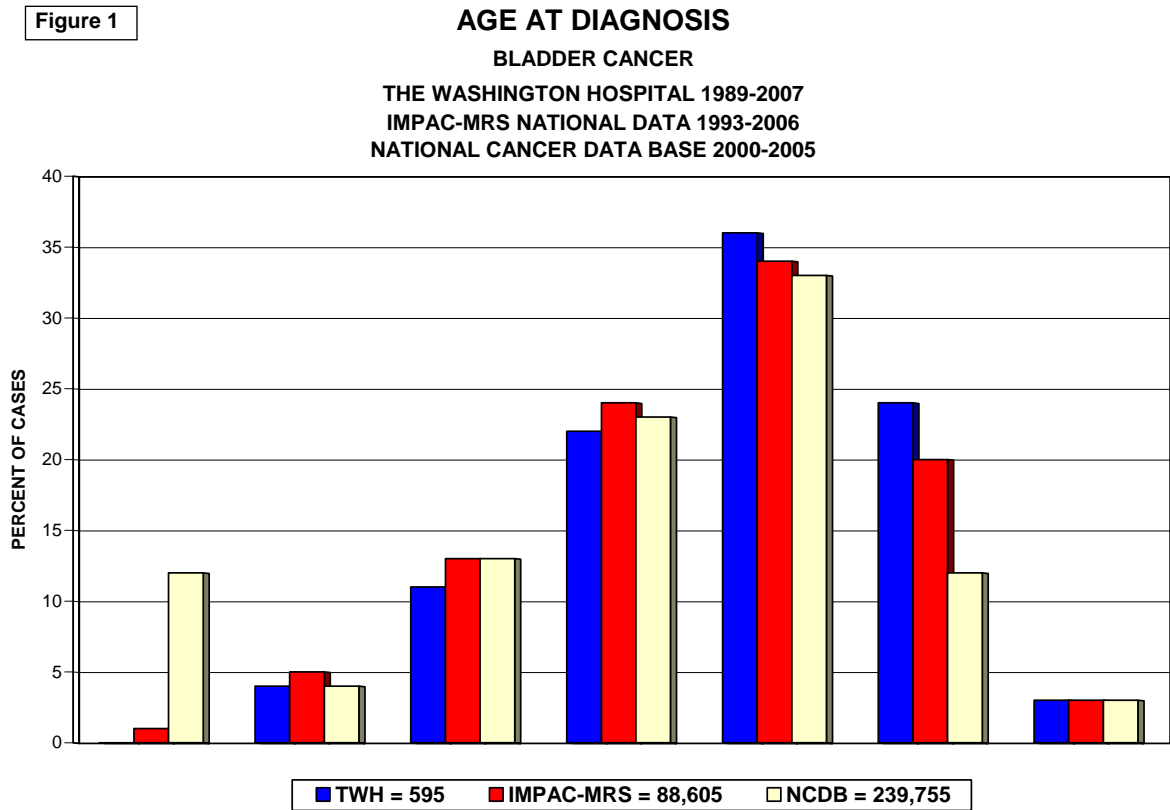
Bladder cancer is the most common malignancy in the urinary system. In the United States, 90% of the bladder cancers are Transitional Cell carcinoma (TCC). This is a relatively common malignancy with an estimated 69,000 new cases in the US this year. In the past 20 years, the number of bladder cancers in the US increased by 50%. Etiologic factors contributing to bladder cancer include cigarette smoking, environmental exposures and increasing age with a median age at diagnosis of 69 years in men and 71 years in women.

Superficial bladder cancer is confined to the mucosa or submucosa. Therapeutic measures for this stage include local resection and instillation of chemotherapeutic and immunotherapeutic agents into the bladder. Extensive research is ongoing to improve the control of this disease using a wide variety of agents. Muscle invasive and node positive bladder cancer is an aggressive malignancy with high risk for metastasis. Radical cystectomy has been the standard of care for this stage although in selective cases bladder sparing protocols utilizing a multimodality approach have yielded excellent results.

Metastatic transitional cell cancer is responsive to combination chemotherapy with median survival over 1 year and a 10-15% 5 year survival. Newer drug combinations have yielded a lower toxicity profile although they have not improved upon the survival results.

The following graphs will review the diagnosis and treatment of bladder cancer at The Washington Hospital and compare this data to national data.

Figure 1



In Figure 1, the age at diagnosis of bladder cancer at The Washington Hospital is compared to 2 sets of national data, IMPAC and the National Cancer Data Base (NCDB). Bladder cancer is predominately a disease of the sixth through eighth decades of life in all 3 data sets.

Figure 2

AJCC STAGE AT DIAGNOSIS
BLADDER CANCER
THE WASHINGTON HOSPITAL 1989-2007
IMPAC-MRS NATIONAL DATA 1993-2006
NATIONAL CANCER DATA BASE 2000-2005

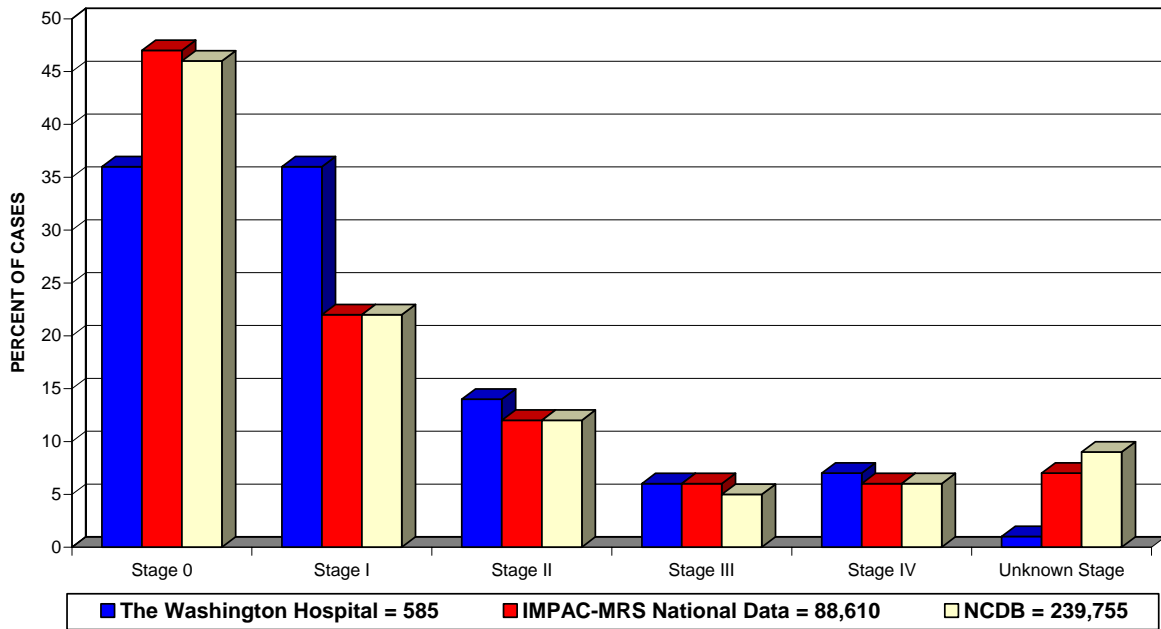


Figure 2 depicts stage at diagnosis. The majority of cases are superficial (Stage 0 and I) at diagnosis with few patients presenting with advanced disease.

Figure 3

INITIAL THERAPY
BLADDER CANCER 1989-2007
THE WASHINGTON HOSPITAL =595

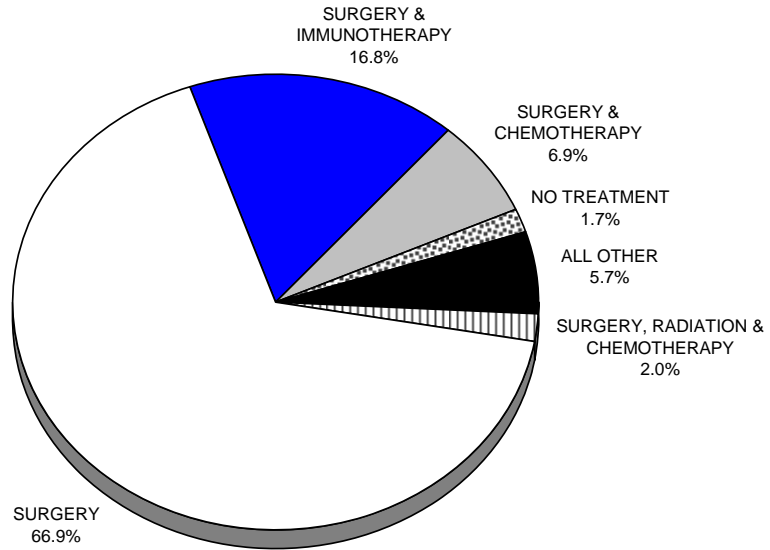


Figure 3 and 4 compare the initial therapy at The Washington Hospital to the national data. This distribution reflects the predominance of early stage disease treated initially with surgery alone or with immunotherapy.

Figure 4

INITIAL THERAPY
BLADDER CA 1993-2006
IMPAC-MRS NATIONAL DATA = 88,610

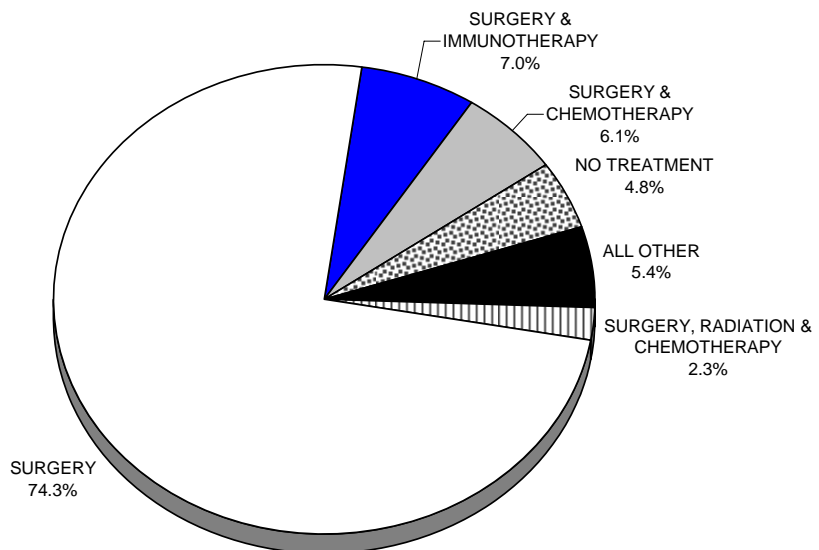
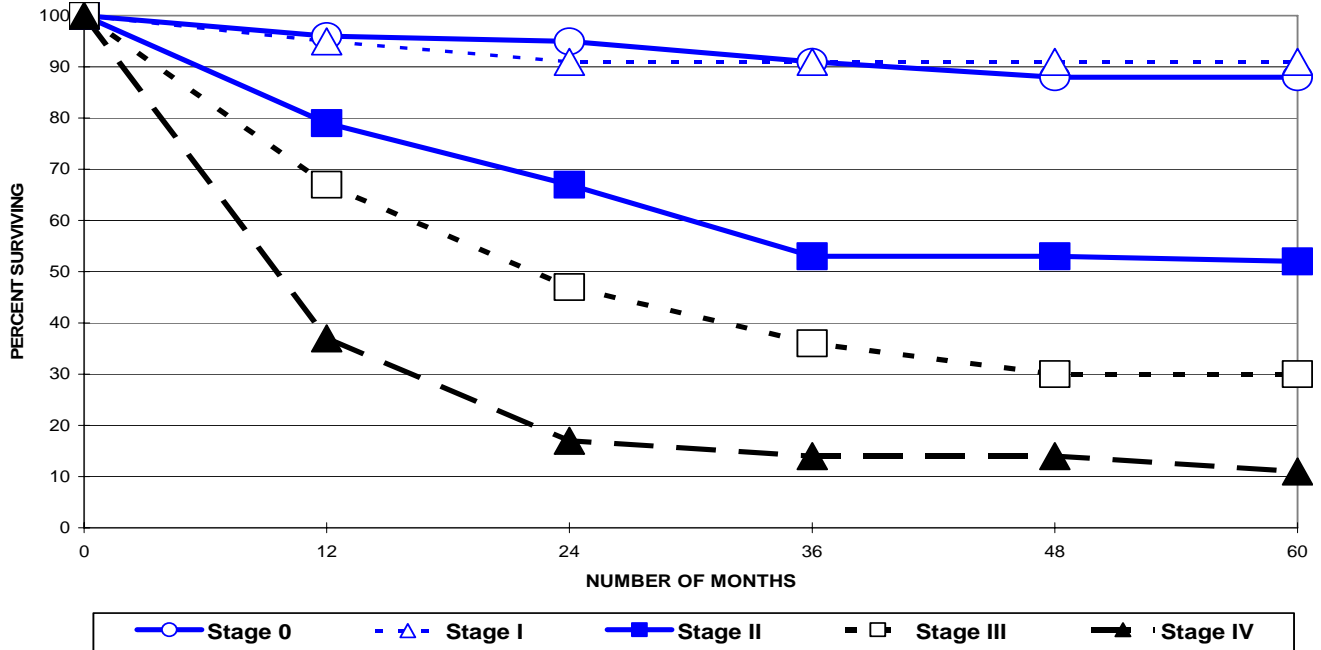


Figure 5

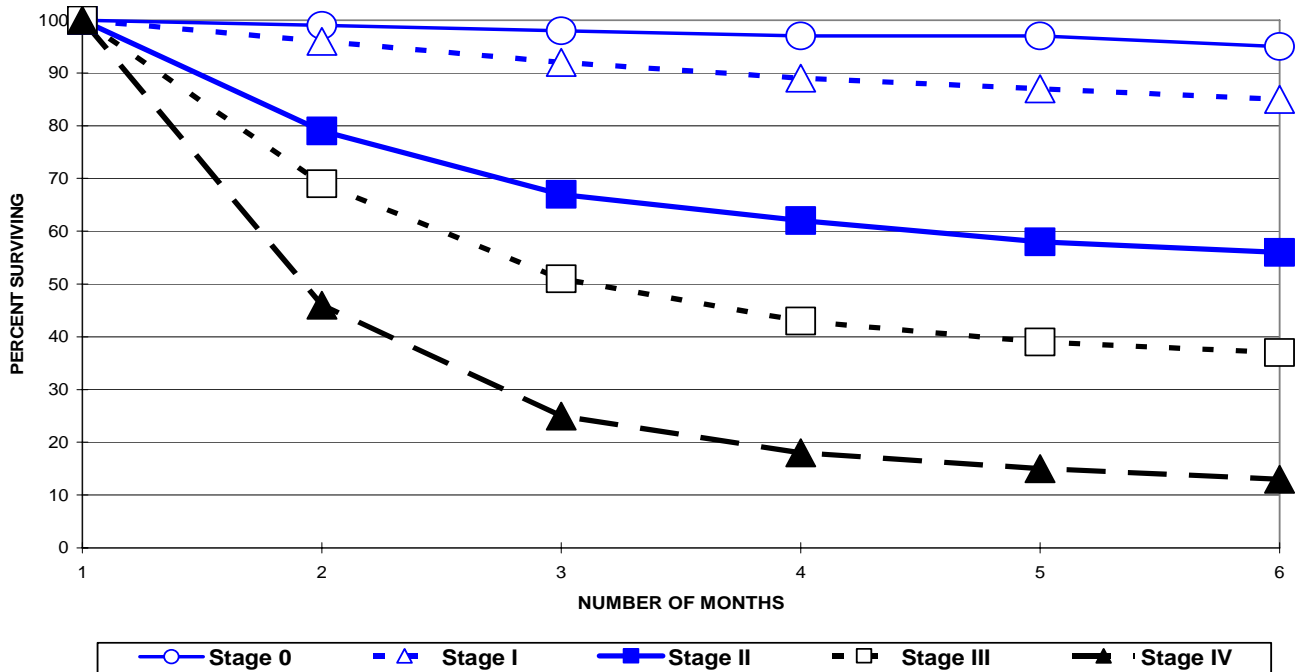
5 YEAR SURVIVAL BY AJCC STAGE BLADDER CANCER THE WASHINGTON HOSPITAL 1989-2002 = 421



Five year survival by stage is shown in Figure 5 and 6 with similar results for The Washington Hospital and the national data. Survival is good for Stage 0 and I but drops off rapidly for muscle invasive disease.

Figure 6

5 YEAR SURVIVAL BY AJCC STAGE BLADDER CA 1993-2001 IMPAC-MRS NATIONAL DATA - 49,952



Cancer Registry

Since 1989, the Cancer Registry has been an integral part of the cancer program at The Washington Hospital. The Registry has a computerized information system for identification, collection, management and analysis of data on all patients diagnosed and/or treated for cancer at The Washington Hospital.

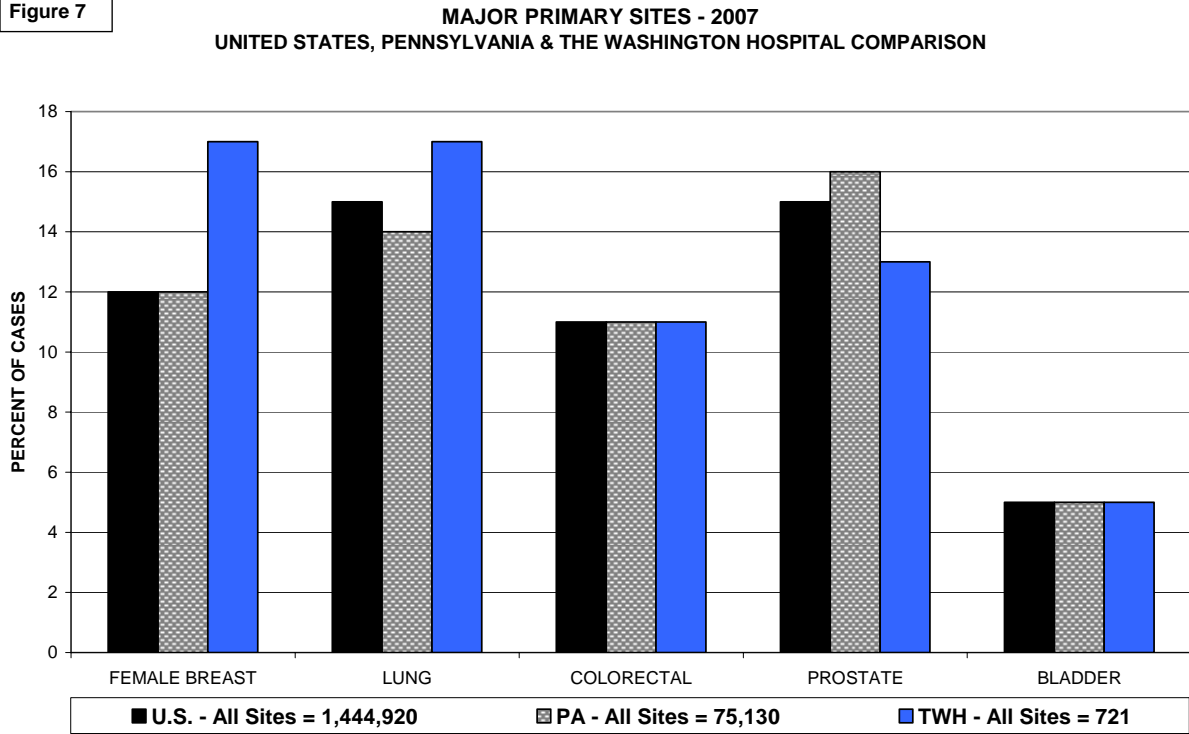
721 new cancer cases were diagnosed and /or given their first course of treatment at The Washington Hospital in 2007. The Registry will follow these patients annually during their lifetime for recurrence, outcome and survival analysis. There are 12,798 patients in the Cancer Registry, with 4,953 survivors being followed for a follow-up rate of 97%.

The Registry consists of two full-time Certified Tumor Registrars. The registrars assist in maintaining compliance with the American College of Surgeons Commission on Cancer (ACoS CoC) standards on cancer. They also coordinate activities for weekly Tumor Board Conferences, quarterly Cancer Committee meetings, preparation and publication of the annual report and the completion of the ACoS CoC Survey Application Record.

The Cancer Registry submits data to the Pennsylvania Cancer Registry and the National Cancer Data Base for statistical analysis. They track and compare tumor

characteristics, treatment, response to treatment and length of survival of cancer patients, with the ultimate goal to improve overall survival and decrease morbidity.

Figure 7



US/PA estimated stats based on incidence rates from the NCI SEER program published in:
 American Cancer Society, *Cancer Facts & Figures 2007*. Atlanta: American Cancer Society; 2007

In Figure 7, the five major primary cancer sites for 2007 at The Washington Hospital are compared to national data. Breast and lung cancer incidences are slightly higher at The Washington Hospital while prostate cancer is slightly lower in incidence than the national averages.

The following page demonstrates The Washington Hospital analytical caseload by site and stage for 2007.

2007 Analytical Cases

PRIMARY SITE	TOTAL	%	SEX		AJCC STAGE							
			M	F	0	I	II	III	IV	UNK	N/A	B/B
Base of Tongue	2	0.3	1	1	0	0	0	0	2	0	0	0
Other & Unspec Pts of Mouth	1	0.1	0	1	1	0	0	0	0	0	0	0
Floor of Mouth	2	0.3	1	1	0	0	1	0	1	0	0	0
Palate	2	0.3	2	0	0	0	0	1	1	0	0	0
Other Parts of Mouth	3	0.4	3	0	0	0	0	1	1	1	0	0
Parotid Gland	2	0.3	0	2	0	0	1	0	1	0	0	0
Tonsil	2	0.3	2	0	0	0	1	1	0	0	0	0
Oropharynx	1	0.1	1	0	0	0	1	0	0	0	0	0
Pyiform Sinus	3	0.4	3	0	0	0	0	1	2	0	0	0
Hypopharynx	1	0.1	0	1	0	0	0	1	0	0	0	0
Esophagus	15	2.1	12	3	0	2	4	2	6	1	0	0
Stomach	13	1.8	5	8	0	4	1	2	3	2	1	0
Small Intestine	4	0.6	3	1	0	0	0	1	1	0	2	0
Colon	49	6.8	18	31	4	14	6	14	10	1	0	0
Rectosigmoid Junction	5	0.7	1	4	1	1	0	1	2	0	0	0
Rectum	24	3.3	13	11	1	7	1	7	4	1	3	0
Anus & Anal Canal	2	0.3	0	2	0	0	1	0	1	0	0	0
Liver-Intrahepatic Bile Ducts	4	0.6	3	1	0	1	0	0	3	0	0	0
Gallbladder	2	0.3	0	2	0	0	1	0	1	0	0	0
Other/Unspec Pts of Bile Duct	3	0.4	3	0	0	2	1	0	0	0	0	0
Pancreas	16	2.2	5	11	0	2	3	1	10	0	0	0
Accessory Sinuses	1	0.1	0	1	0	0	0	0	1	0	0	0
Larynx	4	0.6	4	0	1	0	0	2	0	0	1	0
Bronchus & Lung	121	16.8	69	52	0	29	7	35	48	1	1	0
Heart, Mediastinum & Pleura	3	0.4	1	2	0	0	1	1	1	0	0	0
Hematopoietic/Reticuloendothel	28	3.9	14	14	0	0	0	0	2	0	26	0
Skin	1	0.1	1	0	0	0	1	0	0	0	0	0
Retroperitoneum & Peritoneal	1	0.1	1	0	0	0	0	0	0	1	0	0
Conn, Subq & Other Soft Tiss	4	0.6	2	2	0	2	2	0	0	0	0	0
Breast	124	17.2	1	123	26	55	25	7	9	2	0	0
Vulva	3	0.4	0	3	3	0	0	0	0	0	0	0
Cervix Uteri	1	0.1	0	1	0	0	0	1	0	0	0	0
Corpus Uteri	20	2.8	0	20	0	15	0	1	0	0	4	0
Ovary	14	1.9	0	14	0	4	2	4	4	0	0	0
Prostate Gland	91	12.6	91	0	0	0	77	6	8	0	0	0
Testis	4	0.6	4	0	0	4	0	0	0	0	0	0
Kidney	21	2.9	11	10	0	14	2	2	2	1	0	0
Renal Pelvis	5	0.7	3	2	0	0	1	3	1	0	0	0
Ureter	1	0.1	1	0	0	0	0	1	0	0	0	0
Bladder	39	5.4	33	6	24	8	1	1	5	0	0	0
Meninges	20	2.8	6	14	0	0	0	0	0	0	0	20
Brain	5	0.7	4	1	0	0	0	0	0	0	3	2
Other Central Nervous System	4	0.6	1	3	0	0	0	0	0	0	0	4
Thyroid gland	15	2.1	3	12	0	8	4	1	2	0	0	0
Adrenal gland	1	0.1	0	1	0	0	0	0	0	0	1	0
Other Endocrine glnds/Rel Sys	4	0.6	3	1	0	0	0	0	0	0	0	4
Lymph Nodes	15	2.1	10	5	0	1	4	7	3	0	0	0
Unknown Primary Site	15	2.1	8	7	0	0	0	0	0	0	15	0
Total	721	100	347	374	61	173	149	105	135	11	57	30

Glossary

AJCC Stage	Staging classification published by the American Joint Committee on Cancer. Required by the American College of Surgeons. T – Tumor Extent N – Nodal Status M – Metastasis
Analytical Cases	Cases initially diagnosed and/or receiving all or part of the first course of treatment at The Washington Hospital
Annual Report	A yearly report describing the activities of the Cancer Committee and the Cancer Program.
B/B	Benign Brain/Central Nervous System Tumors – These cases are now reportable to the Pennsylvania Cancer Registry and the American College of Surgeons.
Follow-Up	A system to determine the status of a patient’s disease on an annual basis and to encourage continued medical care.
Initial Therapy	The treatment restricted to any and all procedures administered during the first clinical diagnosis of cancer, usually within the first four months after diagnosis.
IMPAC	IMPAC Medical Registry Services – a comprehensive, computerized nationwide cancer data management system.
Screening	Testing of asymptomatic individuals for the purpose of early detection of a cancer when it is most curable.

Cancer Committee - 2007

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