



St. Anthony's Women's Wellness Staff support breast cancer awareness by wearing pink.

Cancer Annual Report 2010



**St. Anthony's
Memorial Hospital**

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM



Cancer Committee Chairperson Report

by Dr. Steven Jones, Committee Chair 2010

St. Anthony's Memorial Hospital continues to provide the highest quality of care to our patients with cancer. Several exciting developments deserve notice.

We are grateful to have developed a strong relationship with the Cancer Care Specialists of Central Illinois at the Crossroads Cancer Center, where exceptional medical and radiation oncology services are provided. Dr. Phillip Dy, as the Cancer Liaison Physician for St. Anthony's, offers important direction to the hospital's oncology program. In addition, Crossroads Cancer Center has enrolled many of our patients in a variety of clinical trials, providing ongoing research and education that are so important for quality cancer care.

The members of the medical staff at St. Anthony's Memorial Hospital continue to offer superb medical, diagnostic, and surgical care to the oncology patients in this region. For example, Dr. Ruben Boyajian has pioneered the use of intraoperative ultrasound techniques at St. Anthony's to maximize the accuracy and cosmetic outcome of breast cancer surgery. In general, the medical staff have brought a wealth of expertise and perspective to a variety of the hospital's programs, committees, and activities.

Thousands of patients have utilized the newly remodeled Women's Wellness Center, where they have received full-field Digital Mammography that is the most technologically advanced and accurate form of mammography available in this region, as well as minimally invasive stereotactic breast biopsies, and Dexa Scans for the diagnosis of osteoporosis. A new Prosthetic Boutique was also designed to assist patients undergoing cancer therapy, and staff were trained as certified Mastectomy Fitters. Representatives of the center provided educational programs on women's health issues to over 1,200 people in the Effingham area. At the center itself, Bobbi Kinkelaar, R.N. (the Nurse Navigator), assisted women and their families in promoting healthy lifestyles, understanding different diagnoses and treatment options, and coordinating care for the patients. The American Cancer Society has been working with the Women's Wellness Center and other departments, hosting programs such as "Look Good...Feel Better", free Wig and Turban Banks, the "Road to Recovery" (assistance with transportation), "Support for Recovery" (one-on-one cancer survivor mentors), and "Guest Room" programs (assistance with sleeping accommodations when traveling for treatment).

During the past year, the Community Relations department hosted many community programs, including cancer awareness education at the Effingham county fair and area health fairs, Artisan Fair, Caregivers' Symposium (providing help to caregivers as they care for their loved ones), Cancer Survivor's Day (organized by Crossroads Cancer), "Girls Night Out", and Settings for St. Anthony's. Educational articles were provided, such as the "Getting Healthy – Tips for Quitting Smoking." Dr. Lana Schmidt, Dr. George Saliba,

and Dr. Jeanine Huddlestun-Johns volunteered their time to provide cancer screenings, and several suspicious lesions were detected and later treated. A hugely successful "Real Men Wear Pink" community campaign was also organized, supporting breast cancer awareness and encouraging women to have annual mammograms.

The important role of the physical rehabilitation department was again emphasized, including physical therapy, occupational therapy, and speech therapy, which are available to inpatients and outpatients as well as those in Home Care and Skilled Care. These services are of great importance to our patients with breast cancer who deal with lymphedema, as well as head and neck cancer patients who have had surgery affecting their speech capabilities. The department also offered a special presentation to the medical staff at the October Tumor Conference on the value of post-mastectomy rehabilitation

The St. Anthony's Memorial Hospital Center for Advanced Imaging continues to offer excellent service. The 64-slice CT Scanner, 16-channel MRI Unit, Nuclear Medicine Suite, and Full-field Digital Mammography provide state-of-the-art radiological imaging. The digital mammograms offer the most technologically advanced and accurate mammograms available in this region. Our Radiologists also began offering same-day results for Diagnostic Mammograms. This year the center has expanded, with newly remodeled patient areas that allow for increased comfort and privacy.

The new 5,000-square-foot modern laboratory has added a variety of new tests and molecular instrumentation to its menu, which supports the cancer program in many ways through a variety of diagnostic testing and tumor monitoring.

We have been very fortunate to have such a capable medical and nursing staff, with excellent radiological diagnostic care, exceptional surgical services, and outstanding medical and radiation oncology providers. In addition, our certified tumor registrar, Jill Navarro, has worked closely with the medical staff to provide quality data about our cancer patients.

We wish to thank all of the individuals who strived so diligently this year, as always, to provide outstanding and compassionate care to our patients.



A stylized, handwritten signature in black ink, appearing to read "Steven Jones".

Cancer Committee Members

2010

Steven Jones, MD
Pathology
Chairperson

Phillip Dy, MD
Medical Oncology,
Cancer Liaison Physician

Omer Aker, MD
Radiology

Marilyn Boone, RT (R)(T)
Women's Wellness &
Cancer Care Manager

Ruben Boyajian, MD
General Surgery

Robert Esker
Chief Operating Officer

Mary Finley, RN
Director of Medical Staff & Quality Services

James Flaig, DO
General Surgery

Diane Frohning, RN
Medical Care Manager

Carol Gapsis, RN
Pastoral Care Manager

Denise Hahn, RN
Physical Rehabilitation Manager

Kelly Haller, MD
OB/GYN, Surgery

Lisa Hoelscher
Community Relations

Jeffrey Jenson, MD
Family Practice

Bobbie Kinkelaar, RN
Nurse Navigator

David McNichols, MD
Urology, Surgery

Jane Meyer, RN
Pain Team Member

Jill Navarro, CTR
Cancer Registrar

Teri Phillips, RHIA
Health Information Manager

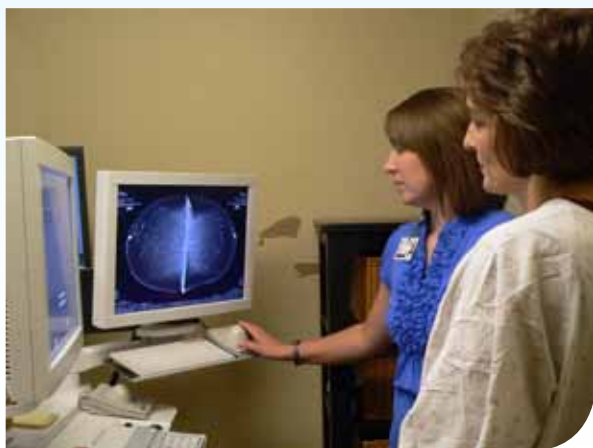
George Saliba, MD
Internal Medicine

Annette Schnabel, DPT
Director of Business Planning & Development

Kristi Smith, RN
Surgical Care Manager

Lawrence Underwood
American Cancer Society

Melinda Young, CTR
Registry Consultant



Coordinators

Cancer Conference
Steven Jones, MD, Pathology

Quality Control/Cancer Registry
Jill Navarro, CTR

Quality Improvement
Mary Finley, RN
Kristi Smith, RN

Community Outreach
Marilyn Boone, RT (R)(T)
Lisa Hoelscher

Cancer Registry Report

Jill Navarro, Cancer Registrar



Interesting Statistics - Effingham County

Percentage of Illinois Women 40 and older Who Have a Mammogram

Illinois.....	90.8%
Effingham County	94.4%

Source: Illinois Behavioral Risk Factor Surveillance System survey data, 2004-2006

Top Five Primary Sites of Effingham County

Prostate.....	169
Breast.....	139
Lung.....	135
Colorectal	107
Bladder	54

Source: Illinois Department of Public Health, 2004-2008

Percentage of Illinois Adults 18 and Older Who Currently Smoke

Illinois.....	20.5%
Effingham County	18.3%

The Cancer Registry at St. Anthony's Memorial Hospital is charged with the responsibility of collecting data about each and every cancer case diagnosed or treated at our hospital. The cancer registrar's job is to track down and report information to state and national databases, as well as our own Cancer Committee, about what types of cancer we are seeing, how we are treating them, and how patients are doing afterwards.

In 2010, St. Anthony's Memorial Hospital entered 316 new cancer patients into the database (164 males and 152 females), 23 patients less than the previous year. Out of these patients, 304 were diagnosed or treated at St. Anthony's Memorial Hospital. Breast cancer was our top primary site for 2010, followed by lung cancer and prostate cancer.

One very important aspect of the cancer registry is annual followup of every living patient in our database (around 2200 patients). Physicians whose patients are seen or treated at St. Anthony's Memorial Hospital will receive letters annually asking about the well-being of that patient. If none of their physicians have seen them in a year or longer, then the patient themselves will get a letter from the hospital asking about how they are doing and encouraging them to continue with regular medical check-ups as often as prescribed by their physician.

The cancer registry must maintain an 80% followup rate with patients who were diagnosed since 1995 and a 90% followup rate with patients who have been diagnosed in the last five years to comply with accreditation standards. Currently, our followup rates are at 93% for both 1995 and five-year calculations. This is a very big effort for our cancer registry, with about 200 letters going out every month, but it is well worth the efforts of both the cancer registry and the local physicians who keep us up to date.

Why is this followup information important? This is how we calculate survival rates for our patients. For instance, the report on survival data within this annual report every year is able to be determined because we have good followup information on the majority of our patients. We can even calculate disease-free survival rates or see how many patients stayed disease-free and for how long. We are able to compare our survival rates to other hospitals, to Illinois survival rates, or to National survival rates. This helps us to see how well our patients are doing!

Every followup letter that the cancer registry receives from a physician stating that a patient is alive and cancer-free is a cause for celebration. It is encouraging to see how many of the cancer patients in our community are doing well and have won their battle with cancer. Every returned followup letter is a true testament to the care they receive from their physicians, as well as from this hospital.

Jill Navarro

2010 Annual Report Site Table

Primary Site	Class of Case			Sex		AJCC Stage at DX (Analytic Cases Only)						
	Cases	Analytic	Non Analytic	M	F	Stage 0	Stage 1	Stage 2	Stage 3	Stage 4	Stage 88	Unstg Unk
Oral Cavity & Pharynx	7	6	1	5	2	1	2	1	0	2	0	1
Lip	3	0	3	2	1	1	2	0	0	0	0	0
Tongue	1	1	0	1	0	0	0	0	0	1	0	0
Gum & Other Mouth	1	1	0	0	1	0	0	1	0	0	0	0
Nasopharynx	1	1	0	1	0	0	0	0	0	1	0	0
Oropharynx	1	0	1	1	0	0	0	0	0	0	0	0
Digestive System	54	53	1	29	25	0	10	13	16	10	0	4
Esophagus	3	3	0	0	3	0	0	0	1	1	0	1
Stomach	1	1	0	1	0	0	0	0	0	0	0	1
Small Intestine	1	1	0	1	0	0	0	0	0	0	0	1
Colon Excluding Rectum	35	35	0	15	20	0	8	12	12	3	0	0
Rectum & Rectosigmoid	5	5	0	4	1	0	1	0	1	3	0	0
Anus, Anal Canal & Anorectum	1	1	0	1	0	0	0	0	1	0	0	0
Liver & Intrahepatic Bile Duct	3	3	0	2	1	0	1	0	1	0	0	1
Gallbladder	1	1	0	0	1	0	0	0	0	1	0	0
Pancreas	4	3	1	2	2	0	0	1	0	2	0	0
Respiratory System	48	44	4	22	26	0	9	7	5	20	0	3
Larynx	1	1	0	0	1	0	0	0	0	1	0	0
Lung & Bronchus	47	43	4	22	25	0	9	7	5	19	0	3
Bone & Joint	1	1	0	0	1	0	1	0	0	0	0	0
Skin Excluding Basal & Squamous	5	5	0	5	0	0	4	1	0	0	0	0
Melanoma- Skin	5	5	0	5	0	0	4	1	0	0	0	0
Breast	53	53	0	1	52	6	25	12	4	4	1	1
Female Genital System	5	5	0	0	5	0	2	0	0	2	0	1
Corpus & Uterus, NOS	4	4	0	0	4	0	2	0	0	1	0	1
Ovary	1	1	0	0	1	0	0	0	0	1	0	0
Male Genital System	45	44	1	45	0	0	5	30	8	1	0	0
Prostate	44	43	1	44	0	0	4	30	8	1	0	0
Testis	1	1	0	1	0	0	1	0	0	0	0	0
Urinary System	51	49	2	38	13	20	22	2	1	3	0	1
Urinary Bladder	41	39	2	32	9	20	16	2	1	0	0	0
Kidney & Renal Pelvis	8	8	0	5	3	0	5	0	0	2	0	1
Ureter	2	2	0	1	1	0	1	0	0	1	0	0
Brain & Other Nervous System	12	12	0	3	9	0	0	0	0	0	12	0
Brain	3	3	0	0	3	0	0	0	0	0	3	0
Cranial Nerves Other Nervous System	9	9	0	3	6	0	0	0	0	0	9	0
Endocrine System	7	7	0	1	6	0	3	0	0	0	4	0
Thyroid	3	3	0	0	3	0	3	0	0	0	0	0
Other Endocrine including Thymus	4	4	0	1	3	0	0	0	0	0	4	0
Lymphoma	12	10	2	8	4	0	1	2	5	1	0	1
Non-Hodgkin Lymphoma	12	10	2	8	4	0	1	2	5	1	0	1
Myeloma	2	2	0	1	1	0	0	0	0	0	2	0
Leukemia	5	5	0	3	2	0	0	0	0	0	5	0
Lymphocytic Leukemia	1	1	0	0	1	0	0	0	0	0	1	0
Myeloid & Monocytic Leukemia	3	3	0	2	1	0	0	0	0	0	3	0
Other Leukemia	1	1	0	1	0	0	0	0	0	0	1	0
Mesothelioma	1	0	1	1	0	0	0	0	0	0	0	0
Miscellaneous	8	8	0	2	6	0	0	0	0	0	8	0
TOTAL	315	304	12	164	152	27	84	68	39	43	32	11

2010 CANCER INCIDENCE BY SITE & SEX

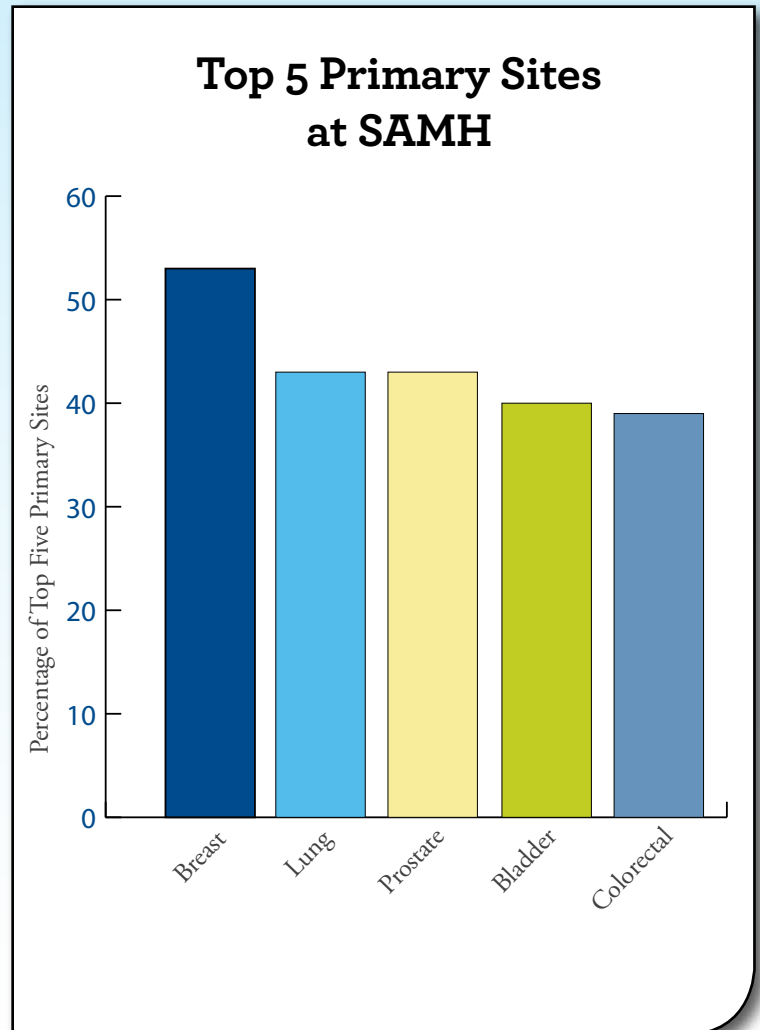
Analytic Cases

FEMALE			MALE		
	National	St. Anthony's Memorial Hospital		National	St. Anthony's Memorial Hospital
Breast	30%	35%	Prostate	29%	28%
Lung & Bronchus	14%	16%	Lung & Bronchus	14%	13%
Colorectal	9%	14%	Colorectal	9%	12%
Uterine corpus	6%	3%	Urinary Bladder	6%	20%
Thyroid	5%	2%	Melanoma of Skin	5%	3%
Non-Hodgkin Lymphoma	4%	2%	Kidney & Renal Pelvis	5%	3%
Melanoma of Skin	4%	0%	Non-Hodgkin Lymphoma	4%	4%
Kidney & Renal Pelvis	3%	2%	Oral Cavity & Pharynx	3%	3%
Ovary	3%	1%	Leukemia	3%	2%
Pancreas	3%	1%	Pancreas	3%	1%

REFERENCE NOTE: National figures are estimates and exclude basal and squamous cell skin cancers and in situ carcinomas except for the urinary bladder. The predicted National incidence figures were taken from the "Cancer Statistics 2010", published by the American Cancer Society. St. Anthony's Memorial Hospital figures represent analytic cases only (diagnosed and/or received at least part of their first course of therapy at our facility) during 2010.

County of Residence at Diagnosis (Analytic Cases Only 2010 cases/SAMH)

COUNTY:	#CASES:
Effingham	133
Fayette	35
Clay	32
Jasper	25
Shelby	22
Marion	13
Cumberland	11
Coles	9
Bond	5
Richland	5
Wayne	4
Crawford	3
Clark	2
Christian	2
Douglas	1
Montgomery	1
Macoupin	1



2010 STATISTICS (ALL SITES)/SAMH (analytic cases only)

AGE AT DIAGNOSIS

AGE:	Number of Cancer Patients	% of TOTAL
0-29	2	0.63%
30-39	5	1.59%
40-49	20	6.35%
50-59	60	19.05%
60-69	66	20.95%
70-79	75	23.81%
80-89	61	19.37%
90+	15	4.76%
TOTAL	304	



STAGE AT DIAGNOSIS

STAGE	Male	Female	TOTAL
Stage 0	16	11	27
Stage 1	28	56	84
Stage 2	45	23	68
Stage 3	26	13	39
Stage 4	24	19	43
88	10	22	32
99	7	4	11
TOTAL	156	148	304

Cancer Program Practice Profile Reports (CP3R) for Breast, Colon, and Rectal Cancers

Every year, our cancer registry submits data to the National Cancer Database (NCDB). This data is then analyzed for national statistics, which can then be used for a variety of reports and publications, as well as treatment guidelines and survival statistics. SAMH actively participates in this type of data collection and has recently received very favorable reports on compliance with national treatment guidelines. The Commission on Cancer (CoC) encourages the use of these reports to monitor the quality of data being reported and to monitor the use of national treatment guidelines. Due to the dedication of the medical staff and the cancer committee, SAMH has 100% compliance with six of the six measured treatment guidelines.

This graph shows how SAMH compares with the rest of Illinois and among all CoC Approved Programs for each of the measured performance rates.

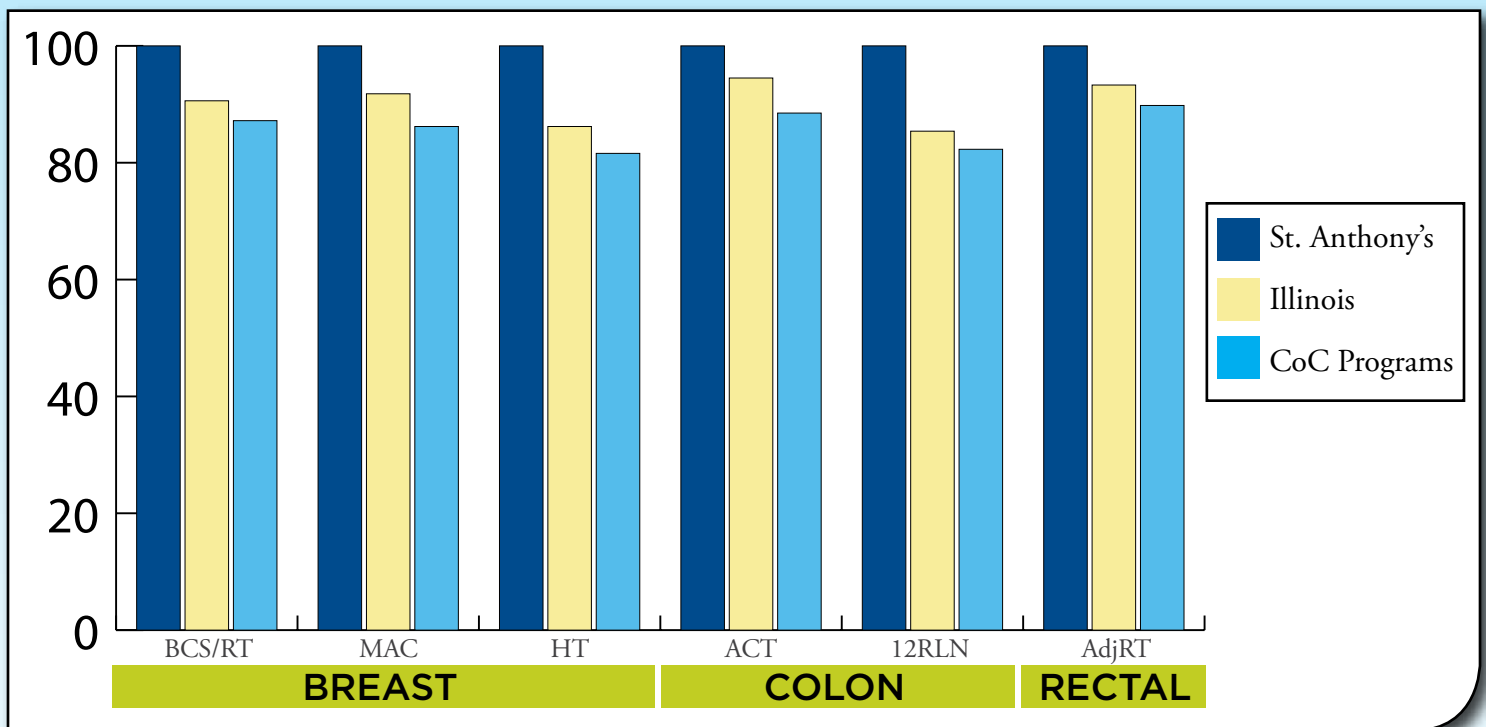


Figure 1

NATIONAL TREATMENT GUIDELINES:

- BCS/RT:** Radiation therapy is administered within one year of diagnosis for women under age 70 receiving breast-conserving surgery for breast cancer.
- MAC:** Combination chemotherapy is considered or administered within four months of diagnosis for women under age 70 with AJCC T1cN0M0, or Stage II or III, ERA and PRA negative breast cancer.
- HT:** Tamoxifen or third generation aromatase inhibitor is considered or administered within one year of diagnosis for women with AJCC T1cN0M0, or Stage II or III ERA and/or PRA positive breast cancer.
- ACT:** Adjuvant chemotherapy is considered or administered within four months of diagnosis for patients under the age of 80 with AJCC Stage III colon cancer.
- 12RLN:** At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.
- AdjRT:** Radiation therapy is considered or administered within six months of diagnosis for patients under the age of 80 or with clinical or pathologic AJCC T4N0M0 or Stage III receiving surgical resection for rectal cancer.

Primary Site – Breast Cancer

Dr. Ruben Boyajian / Dr. Steven Jones



Invasive breast carcinoma is the most common carcinoma in women in the United States. One out of eight women will have breast cancer at some time in their lives, and over 40,000 women die each year from breast cancer. In general, breast cancer is most commonly seen in affluent countries, such as the United States and Europe.

One of the reasons that breast cancer is more common in affluent societies is that these societies typically have

high-calorie diets with many animal fats, combined with a lack of physical exercise. There are many other causes of breast cancer, including obesity, reproductive factors, and hormonal imbalances. Smaller risk factors include radiation, alcohol, exogenous hormones, and sleep cycle disruptions (such as working midnight shifts). In addition, hereditary genes such as BRCA 1 and BRCA 2 greatly increase the risk for breast cancer. Several things can decrease the risk for breast cancer, including diets high in fruit, vegetables, and fiber; long-term physical activity; and even breast feeding.

The most common symptom in women with breast cancer is a palpable lump, and about 50% of breast cancers occur in the outer upper area of the breast. However, screening mammograms allow many cancers to be detected before they can be felt. Having regular mammograms is the most important thing that women can do to fight breast cancer, because survival is best if the cancer is detected at an early stage.

The St. Anthony's Women's Wellness Center offers full-field Digital Mammography that is the most technologically advanced and accurate form of mammography available in this region. Minimally invasive stereotactic biopsies may be performed to diagnose the breast cancer. If surgery is required for treatment, the use of intraoperative ultrasound techniques may be used to maximize the accuracy and cosmetic outcome of breast cancer surgery. Molecular tests are also currently available to help analyze each type of breast cancer, and to determine what type of treatment would be the most appropriate.

The National Cancer Data Base compiles information on Best Practice Quality Guidelines for Breast Cancer Care. St. Anthony's Memorial Hospital (SAMH) scored 100% in all three of the quality measures for breast treatment. In fact, SAMH scored 100% in every quality measure for cancer treatment, which places St. Anthony's Memorial Hospital in the top 5% of the nation (see Figure 1 on page 8).

The Cancer Committee recently completed a study on five-year survival rates of breast cancer patients diagnosed and/or treated at St. Anthony's Memorial Hospital (see Figure 2). The five-year

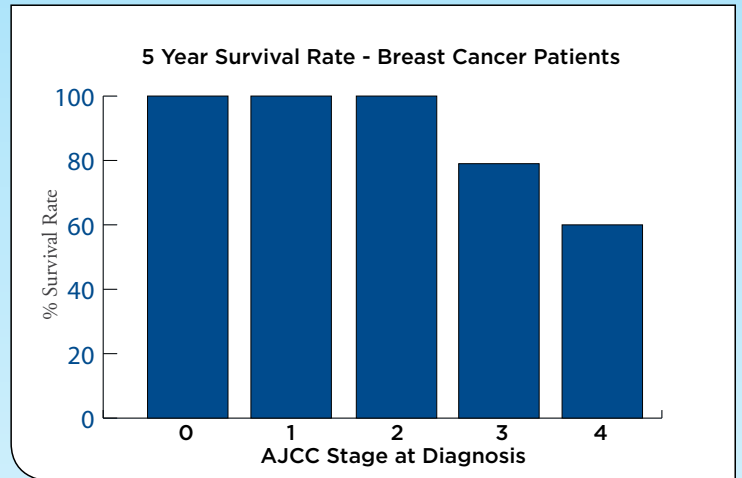


Figure 2

survival rate for stages 0-II ("early cancer") is 100% (excluding non-breast cancer causes of death), which is an exceptionally high survival rate. Even patients diagnosed with stages III-IV ("advanced cancer") have survival rates of 79% and 60%, respectively. When all causes of death are included (e.g. motor vehicle accidents, heart attacks, and strokes; see Figure 3), the five-year survival rates for breast cancer patients are very similar to the state and national rates.

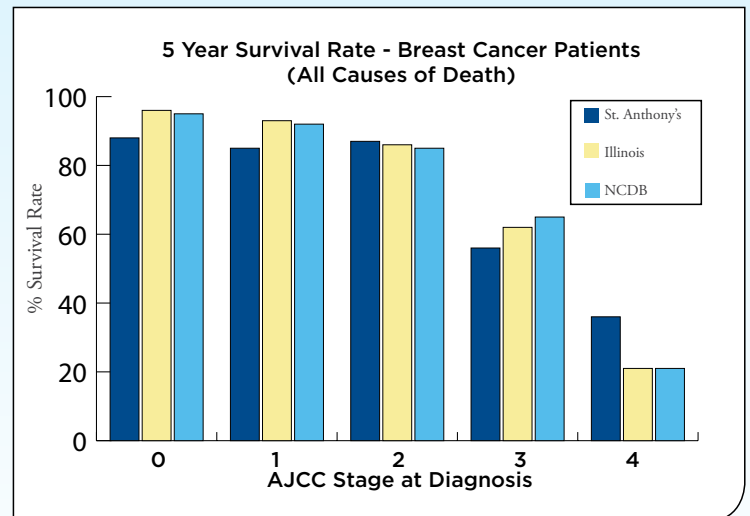


Figure 3

The Cancer Registrar analyzed data regarding the stage at which patients are diagnosed with breast cancer here at SAMH (see Figure 4). 85% of our patients were diagnosed when their cancer was still considered "early" (small and localized; stages 0-II). The overall percentages, given the number of cases, were comparable to state and national averages.

The Cancer Committee did a quality study to determine if our patients with breast cancer were receiving adequate treatment. A total of 53 breast cancers were diagnosed or treated at SAMH in 2010. Each case was compared against the appropriate National Comprehensive Cancer Network (NCCN) guidelines. The study showed that 100% of Stage 1 and 2 breast cancer patients diagnosed or treated at SAMH did indeed receive the treatment appropriate to their particular case and stage at diagnosis.

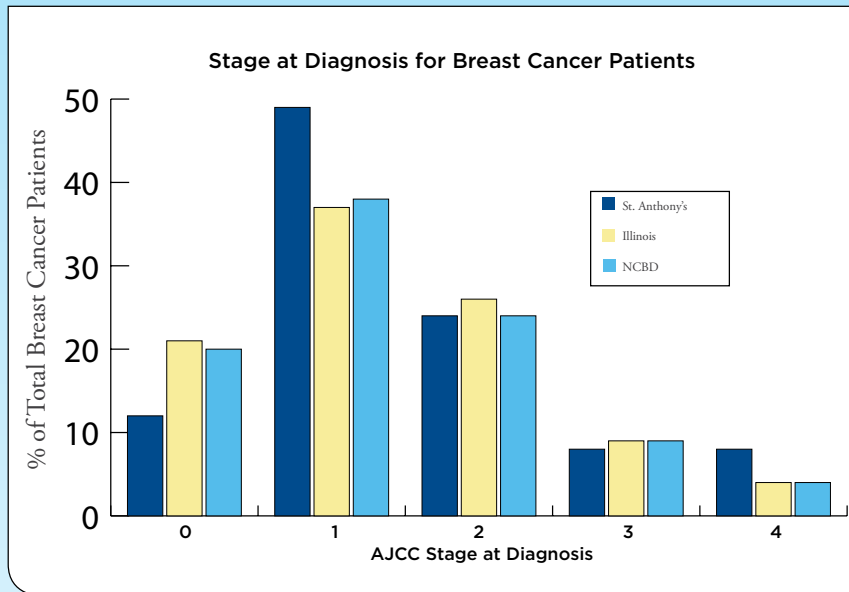


Figure 4



An additional study was performed to measure the time interval between initial diagnosis of breast cancer and initiation of hormone therapy, in appropriate cases that warranted such therapy. In 2010, this involved 37 patients. All 37 patients received appropriate hormone therapy within one year, which represented 100% compliance with the Commission on Cancer's quality guidelines. The average amount of time between diagnosis and initiation of hormone therapy was 131 days.

In summary, the Cancer Committee's breast cancer studies have shown that St. Anthony's Memorial Hospital Cancer Program continues to offer NCCN-based quality treatments to all breast cancer patients. In particular, our hospital scored in the top 5% of the nation on the National Cancer Data Base Best Practice Quality Guidelines. St. Anthony's is always striving to diagnose cancer at the earliest possible stages. As such, our Cancer Program will continue to emphasize the importance of regular mammograms, to offer the most technologically advanced mammograms available in this region, to make available state-of-the-art surgical care, and to provide the best quality medical and radiation oncological treatments.

Rube Boyajian 

Observed survival rates (death may be due to causes other than patient's cancer, such as age and/or co-morbidities.)

National Cancer Database Report 5-year observed survival rates are quoted per latest available data (1/11); Filters for observed survival of colon cancer from 1318 national programs and 73 state programs.

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