



Cancer Annual Report 2007

Cancer Committee Chairperson Report

by Dr. Steven Jones, Committee Chair 2007

St. Anthony's Memorial Hospital continues to provide the highest quality of care to our patients with cancer. This has been achieved through the combined efforts of many individuals, including the cancer registrar, primary care physicians, surgeons, medical and radiation oncologists, radiologists, nurses, pathologists, community relations representatives, medical records personnel, and many others.

As a result of close cooperation and exceptional individual efforts, St. Anthony's has been recently honored with the "Outstanding Achievement Award," given by the American College of Surgeons Commission on Cancer. This award is designed to recognize cancer programs that strive for excellence in providing quality care to cancer patients. It is quite prestigious, and takes into account the entire spectrum of cancer care services provided to patients, including the quality for cancer diagnosis and treatments, various private practices in surgery, cancer data management, research, medical and radiation oncology, community outreach, and quality improvement. Only six to seven percent of the hospitals in the United States receive this award, and it acknowledges the commitment of St. Anthony's Memorial Hospital to providing high-quality cancer care.

In 2007, many community outreach programs were held, including cancer awareness presentations at health and county fairs, the Relay for Life, Cancer Survivor's Day (organized by Crossroads Cancer), Children's Health Fair, Breast Cancer Awareness month, and complimentary mammograms. As an awareness campaign, informational postcards were sent to over 78,000 households to help promote the Illinois Breast and Cervical Cancer program that provides free services to eligible women. In addition, community screening programs for colorectal, prostate and skin cancers were held. Dr. Ruben Boyajian, Dr. P.D.L. (David) Nayak, Dr. Lana Schmidt, Dr. George Saliba and Dr. Kalika Sarma volunteered their time to provide these screenings.

The hospital administration has committed valuable resources to improving patient care, including continued renovation and modernization of the existing hospital facility, particularly involving the 3rd and 6th floors. A state-of-the-art PACS (Picture Archiving Computer System) was implemented in the department of Radiology, providing quick access to radiological studies from anywhere in the hospital. PET-CT scans and Intensity Modulated Radiation Therapy continued to provide quality diagnostic and therapeutic benefits. The Meditech Clinical Information system and Medical Records, led by Jan Schuette, Jeanna Hook, and Teri Phillips, provided great enhancements for patient safety, information, and record accuracy.

St. Anthony's has done particularly well in several Quality Evaluation studies, including 100% compliance with improved Her-2/neu testing for breast cancer, 100% compliance with recommended sentinel lymph node examinations for selected cases of melanoma, and 99.3% compliance with stage III colon cancer treatments.

Ongoing research and education are important parts of quality cancer care. In 2007, St. Anthony's participated in a variety of clinical trials, in association with Crossroads Cancer Center and Carle Cancer Center. Our cancer registrar, Judy Voss, worked particularly hard to ensure that our cancer data was of the highest quality. Continuing medical education was also provided regularly to physicians and allied health professionals, through Cancer Conferences, WebEx presentations from St. John's Hospital, and the annual Oncology Symposium.

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.





Cancer Committee Members 2007

Steven Jones, M.D.
Pathology
Chairperson

James Egner, M.D.
Medical Oncology
Cancer Liaison

Omer Aker, M.D.
Radiology

Marilyn Boone, R.T.
Cancer Care Manager

Ruben Boyajian, M.D.
General Surgery

Robert Esker
Administration

Mary Finley, R.N.
Quality Support Manager

James Flaig, D.O.
General Surgeon

Carol Gapsis
Pastoral Care Manager

Kathy Grobengeiser, R.N.
Medical Care Manager

Kelly Haller, M.D.
OB/GYN, Surgery

Lisa Hoelscher

Community Relations

Jeffrey Jenson, M.D.
Family Practice

Jennie Knobloch
American Cancer Society

David McNichols, M.D.
Urology, Surgery

Jane Meyer, R.N.
Pain Team Member

Teri Phillips, R.H.I.A.
Health Information Manager

Hanna Saba, M.D.
Medical Oncology

George Saliba, M.D.
Family Practice

Kalika Sarma, M.D.
Radiation Oncology

Kristie Smith, R.N.
Surgical Care Manager

Judy Voss, C.T.R.
Cancer Registrar

Coordinators

Cancer Conference
Steven Jones, M.D., Pathology

Quality Control/Cancer Registry
Judy Voss, C.T.R.

Quality Improvement
Mary Finley, R.N.
Kristie Smith, R.N.

Community Outreach
Marilyn Boone, R.T.
Lisa Hoelscher

CANCER REGISTRY REPORT

by Judy Voss, CTR, Cancer Registrar

The Cancer Program at St. Anthony's Memorial Hospital has been in operation since 1977. We are an "Approved Program" by the Commission on Cancer of the American College of Surgeons. Per our last survey in October, 2006, we were re-approved for another three years and also received the Outstanding Achievement Award (this honor was obtained by only approximately 7% of the programs undergoing approval survey that year.)

During the year 2007 there were 345 new cases entered into our registry database. Of these, 328 were analytic cases (newly diagnosed and/or received all or part of their first course of treatment at this facility); 185 males & 143 females; 21 of these cases were entered into clinical trials. Analytic cases entered into our database are followed annually; this routine annual contact reinforces the importance of yearly physical exams for patients diagnosed with cancer.

Our primary sites of highest incidence for 2007 (analytic cases) were Prostate (68), Breast (60), Bronchus/Lung (48), Bladder (30), and Colon (21); other multiple incidence cancers included Melanoma of the skin, Lymphoma and Kidney/Renal Pelvis.

The Cancer Program holds monthly Cancer Conferences with case presentations, discussions, and consultations. The conferences are an educational tool for our medical/surgical staff at St. Anthony's, providing helpful information to assist them in obtaining early diagnoses and determining the most effective treatment. Workshops, Regional and National (as required) are attended by the CTR to keep abreast with ever-changing rules & standards.

Patient care studies completed in 2007 (on 2006 cases) evaluated use of sentinel lymph node exam for melanoma cases and use of neo-adjuvant treatment for rectal cancers. Breast cancer outcome was covered in our Annual Report published in 2007. The primary site covered with outcome data in this year's Annual Report is Colon. .

Patient care improvements in 2007 include implementation of the PAC (Picture Achieving Computer) system to phase in elimination of films & film jackets, documentation of the time that breast specimens are placed in formalin to allow improved quality of Her2neu testing, WebEx conferences provided from St. John's Cancer Institute to our physician staff & allied health professionals, as well provision of video conferencing of their Annual Oncology Symposium. Our quality study showed use of sentinel lymph node exam for appropriate melanoma cases increased from 50% in 2005 to 100% in 2006. Our facility began providing screening mammograms in coordination with the IBCCP (Illinois Breast & Cervical Cancer Program) and our Cancer Program provided three screening events in 2007; The Cancer Committee & Community Relations have also been involved in multiple public gatherings and health fairs throughout the year, providing educational talks and literature with promotion of early detection. Drawings were held with free screenings provided to winners. Our hospital website provides links to ACS & NCI to access cancer information including clinical trials.

Our registry again participated in data release to the NCDB as well as to the CoC & ACS and the Facility Information Profile System (FIPS) concerning cancer care services available at SAMH as well as statistics from our registry data base. The cancer registrar encourages our staff physicians and other health care professionals to utilize data maintained in our registry; call (217) 347-1257. Our Annual report will be placed on the hospital website (www.stanthonyshospital.org); this provides the public access to information about our Cancer Program at St. Anthony's Memorial Hospital.



2007 Cancer Conferences

<u>Month</u>	<u>Sites (In Alpha Order)</u>	<u>Presentors (In Alpha Order)</u>
January	Goblet Carcinoid Lung/Mets	Dr. Dy Dr. Floyd Dr. Malone
February	Bladder Breast Cholangio Ca Colon Melanoma Renal Thyroid	Dr. Boyajian Dr. Bruin Dr. Dy Dr. Nayak
March	Leiomyosarcoma Lung	Dr. Bruin Dr. Dy
April	Leukemia Lymphoma Melanoma	Dr. Bruin Dr. Floyd Dr. Spraul
May	Breast Gallbladder Kidney	Dr. Boyajian Dr. Dy Dr. Floyd Dr. Nayak
June	Colon Larynx Lymphoma	Dr. Bruin Dr. Dy Dr. Floyd
July	Prostate Salivary Gland (Ed) Uterine Sarcoma	Dr. Bruin Dr. Leventhal
August	Esophagus Liver Lung	Dr. Arora Dr. Bruin Dr. Dy Dr. Floyd
September	Breast Melanoma Prostate (x2) Synovial Sarcoma (Ed)	Dr. Awad Dr. Boyajian Dr. Bruin Dr. L. Kowalski
October	Breast (x2) Cervix Kidney	Dr. Altwal Dr. Bruin Dr. Dy Dr. McNichols
November	Anal Canal Esophagus Melanoma	Dr. Dy Dr. Floyd
December	Chordoma Lung Pancreas	Dr. Bruin Dr. Floyd Dr. Saba

* Educational presentations also throughout the year by Pathology & Radiology.



2007 CANCER INCIDENCE BY SITE & SEX

Analytic Cases

	National (Projected)	St. Anthony's Memorial Hospital (Actual)
FEMALE		
Breast	26%	40%
Lung & Bronchus	15%	15%
Colon & Rectum	11%	10%
Uterine Corpus	6%	1.5%
Non-Hodgkin's Lymphoma	4%	1.5%
Melanoma of the Skin	4%	6%
Thyroid	4%	3%
Ovary	3%	1%
Kidney & Renal Pelvis	3%	3.5%
Leukemia	3%	0%



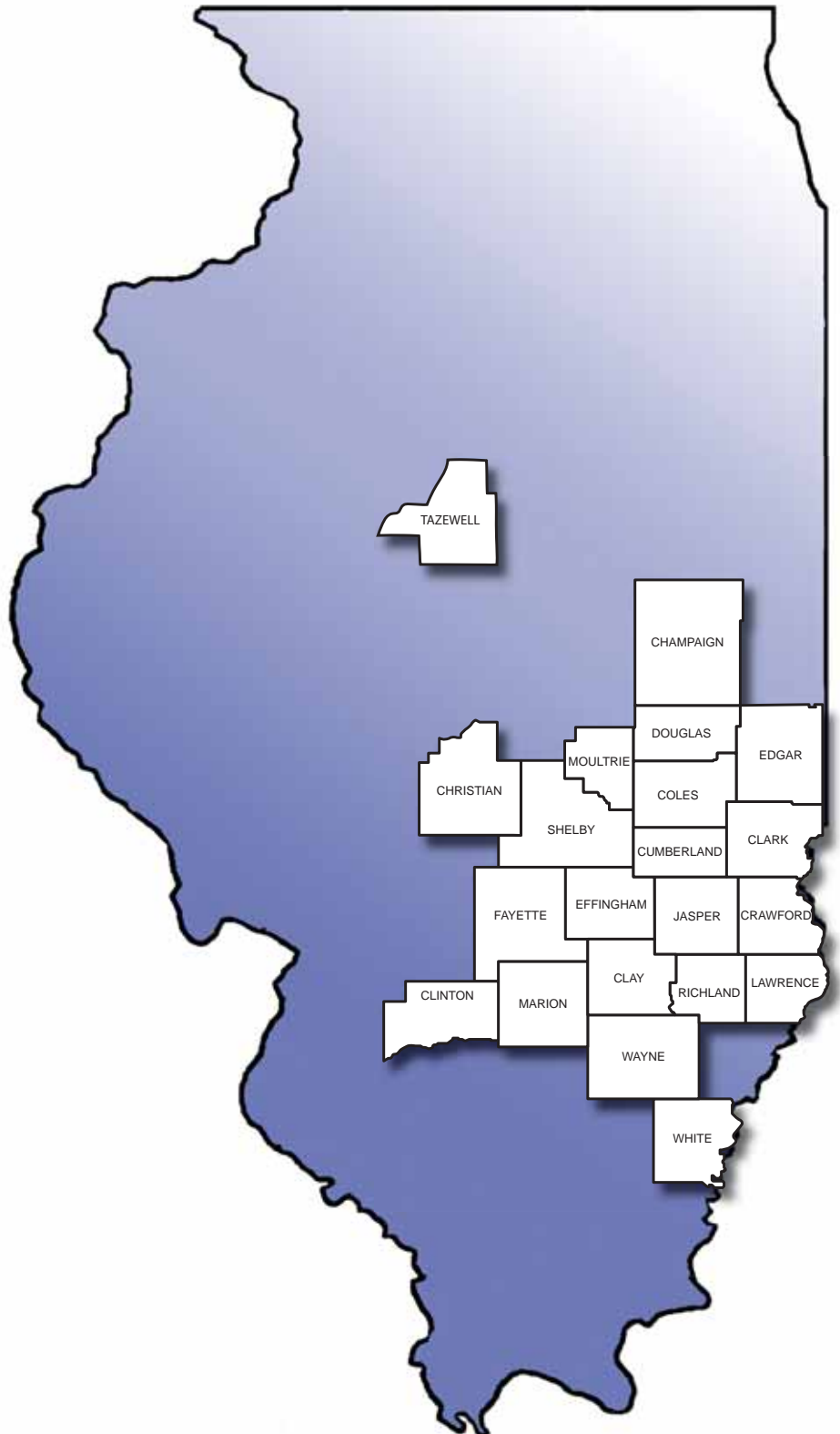
MALE		
Prostate	29%	37%
Lung & Bronchus	15%	15%
Colon & Rectum	10%	8%
Urinary Bladder	7%	12%
Melanoma of the Skin	4%	5%
Non-Hodgkin's Lymphoma	4%	3%
Kidney/Renal Pelvis	4%	3%
Leukemia	3%	1%
Oral Cavity & Pharynx	3%	0.5%
Pancreas	2%	2%

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 2007", 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 2007.

COUNTY OF RESIDENCE AT DIAGNOSIS

(Analytic and Non-analytic year 2007 cases/SAMH)

COUNTY:	#CASES:
Champaign	1
Christian	1
Clark	4
Clay	39
Clinton	1
Coles	12
Crawford	5
Cumberland	16
Douglas	1
Edgar	1
Effingham	130
Fayette	39
Jasper	40
Lawrence	1
Marion	10
Moultrie	2
Richland	8
Shelby	25
Tazewell	1
Wayne	5
White	1
Out of State/ Unknown County	2



2007 STATISTICS (ALL SITES)/SAMH

(analytic cases only)

AGE AT DIAGNOSIS

AGE:	M	F	TOTAL
40-49	11	15	26
50-59	33	23	56
60-69	55	31	86
70-79	53	35	88
80-89	29	29	58
90+	4	10	14
<hr/>			
TOTAL	185	143	328

STAGE AT DIAGNOSIS

STAGE	M	F	TOTAL
Stage 0 (In-Situ)	19	10	29
Stage 1 (Local)	24	38	62
Stage 2 (Local)	76	30	106
Stage 3 (Regional)	13	25	38
Stage 4 (Distant)	40	28	68
Not Applicable (No AJCC TNM Format)	12	10	22
Unknown Primary and/or Extent/Disease Undetermined	1	2	3
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TOTAL	185	143	328



2007 Annual Report Site Table

Primary Site	Class of Case			Sex		AJCC Stage at DX						
	Cases	Non Analytic	Analytic	M	F	Stage 0	Stage 1	Stage 2	Stage 3	Stage 4	Stage 88	Unstg Unk
Oral Cavity & Pharynx	3	0	3	1	2	0	0	0	1	2	0	0
Gum & Other Mouth	1	0	1	0	1	0	0	0	0	1	0	0
Oropharynx	1	0	1	1	0	0	0	0	1	0	0	0
Hypopharynx	1	0	1	0	1	0	0	0	0	1	0	0
Digestive System	52	3	49	28	24	1	12	11	9	14	1	1
Esophagus	2	0	2	1	1	0	0	0	0	2	0	0
Stomach	4	0	4	4	0	0	1	0	1	2	0	0
Colon Excluding Rectum	21	0	21	9	12	1	6	3	6	5	0	0
Rectum & Rectosigmoid	9	2	7	7	2	0	3	3	1	0	0	0
Anus, Anal Canal & Anorectum	3	1	2	1	2	0	1	1	0	0	0	0
Liver & Intrahepatic Bile Duct	2	0	2	2	0	0	1	0	0	1	0	0
Gallbladder	2	0	2	0	2	0	0	2	0	0	0	0
Other Biliary	1	0	1	0	1	0	0	1	0	0	0	0
Pancreas	7	0	7	4	3	0	0	1	1	4	0	1
Peritoneum, Omentum & Mesent	1	0	1	0	1	0	0	0	0	0	1	0
Respiratory System	50	1	49	28	22	0	11	1	3	31	0	3
Larynx	1	0	1	0	1	0	1	0	0	0	0	0
Lung & Bronchus	49	1	48	28	21	0	10	1	3	31	0	3
Soft Tissue	3	0	3	1	2	0	0	2	0	0	1	0
Soft Tissue including Heart	3	0	3	1	2	0	0	2	0	0	1	0
Skin Excluding Basal & SQ	14	0	14	5	9	2	6	2	2	2	0	0
Melanoma - Skin	14	0	14	5	9	2	6	2	2	2	0	0
Breast	60	0	60	3	57	8	17	21	13	1	0	0
Breast	60	0	60	3	57	8	17	21	13	1	0	0
Female Genital System	5	1	4	0	5	0	1	0	2	1	0	0
Cervix Uteri	1	0	1	0	1	0	0	0	1	0	0	0
Corpus & Uterus, NOS	3	1	2	0	3	0	1	0	0	1	0	0
Ovary	1	0	1	0	1	0	0	0	1	0	0	0
Male Genital System	78	9	69	78	0	1	2	62	2	2	0	0
Prostate	77	9	68	77	0	0	2	62	2	2	0	0
Penis	1	0	1	1	0	1	0	0	0	0	0	0
Urinary System	43	0	43	31	12	19	11	7	2	3	1	0
Urinary Bladder	30	0	30	23	7	17	6	7	0	0	0	0
Kidney & Renal Pelvis	11	0	11	6	5	1	4	0	2	3	1	0
Ureter	1	0	1	1	0	1	0	0	0	0	0	0
Other Urinary Organs	1	0	1	1	0	0	1	0	0	0	0	0
Brain & Other Nervous System	2	0	2	2	0	0	0	0	0	0	2	0
Brain	2	0	2	2	0	0	0	0	0	0	2	0
Endocrine System	5	0	5	1	4	0	3	0	2	0	0	0
Thyroid	5	0	5	1	4	0	3	0	2	0	0	0
Lymphomas	14	2	12	11	3	0	1	0	3	8	0	0
Hodgkin Lymphoma	1	0	1	1	0	0	0	0	0	1	0	0
Non-Hodgkin Lymphoma	13	2	11	10	3	0	1	0	3	7	0	0
Multiple Myeloma	1	1	0	0	1	0	0	0	0	0	0	0
Multiple Myeloma	1	1	0	0	1	0	0	0	0	0	0	0
Leukemias	2	0	2	2	0	0	0	0	0	0	2	0
Myeloid & Monocytic Leukemia	2	0	2	2	0	0	0	0	0	0	2	0
Miscellaneous	13	0	13	8	5	0	0	0	0	0	12	1
Miscellaneous Sites	13	0	13	8	5	0	0	0	0	0	12	1
Total	345	17	328	199	146	31	64	106	39	64	19	5

Primary Site - Colon

by Dr. James Flaig, General Surgeon

Colon cancer remains the 3rd leading cause of cancer deaths in the United States. According to the American Cancer Society, almost 50,000 people are expected to die in 2008 secondary to colon cancer. Colon cancer is a very preventable disease. With more aggressive awareness campaigns and more support from the state and federal governments, more than half of the deaths from colorectal cancer can most likely be avoided.


According to the American Cancer Societies 2008 Cancer Prevention and Early Detection Facts and Figures, only 39% of people were diagnosed with early stage colon cancer. The survival rates between early cancer and later stage colon cancer is significant. Stage 1 disease has a survival rate of approximately 90%, where Stage 3 disease is closer to 50% or less and Stage 4 is far worse. The awareness and screening programs have helped, but as of 2005 only 47% of people over the age of 50 were up to date with their colorectal screenings. These include all types of colorectal screenings; Fecal Occult Blood Testing (FOBT), Barium enemas, and Colonoscopy. The American Cancer Society facts also show that people between the ages of 50-64 are far less likely to be up to date with the recommended screening parameters.

At St. Anthony's in the year 2007 there were 21 new cases of colorectal cancer identified and treated. The breakdown of the age, stage, and treatment is attached. Of significant note is the data that compares the stages of colorectal cancer by year. Here at St. Anthony's we are not making any significant strides in improving the early detection of colon cancer. If you look at Stage 4 disease, we are considerably higher in 2007 than in years past with the exception of 2005. Our Stage 1 disease detection is down from 39.5% to 28.5%.

If you look at the 5 year survival data for St. Anthony's, we are close to being in line with the national average. In some cases St. Anthony's is above the national average. Five year survival rates for 2002-3 for Stage 3 disease was 60% for St. Anthony's and only 49% nationally.

Finally, the latest data from the Commission on Cancer evaluating concordance with recommended number of lymph nodes being removed/examined in resections of colon cancer, reveals that our facility has a 91.7% performance rate. There is also data that shows the percent of patients either getting recommended adjuvant chemotherapy or at least being offered it. This report shows that we are at 94.2% and the state is at 83.3%. I believe that this data reflects the excellent care that physicians in Effingham are providing to patients with colorectal cancer. We are in the 90th percentile in both categories.

In conclusion to this report for colorectal cancer, overall St. Anthony's and its associated physicians are doing a very good job, if not a great job in treating colon cancer. However, it is my opinion that we still have a significant amount of education and promotion left to do, to increase the rate at which people 50 years and older are getting colorectal screenings. It is my belief that if our screening program takes a more aggressive approach, we will see the incidence of Stage 3 and 4 colorectal cancer decline and the number of Stage 1 and 2 cancers increase. From the data noted above there is a significant difference in survival rates from Stage 1 and 2 disease as compared to Stage 3 and 4 disease. This aggressive approach is only going to be obtained by the use of advertisement, just as it has been used for awareness for breast cancer and prostate cancer. It is also going to require all physicians to actively participate and encourage patients to have this screening done. Only through a cooperative effort will the colorectal program continue to provide excellent treatment and care and also improve the colorectal screening program.



James Flaig M.D.

Primary Site Information Colon

21 Cases (Analytic Only) at St. Anthony's in 2007

Age at Diagnosis				Stage at Diagnosis		
40-49	2	9.5%		0	1	5.0%
50-59	2	9.5%		I	6	28.5%
60-69	4	19.0%		II	3	14.0%
70-79	6	28.5%		III	6	28.5%
80-89	6	28.5%		IV	5	24.0%
90-99	1	5.0%		TOTAL:	21	
TOTAL:	21					

	1st Course Treatment					Total:
	STAGE					
<u>Treatment*</u>	0	1	2	3	4	
DS	-	3	2	1	2	8
DSC	-	-	1	3	1	5
S	1	3	-	-	-	4
SC	-	-	-	2	-	2
DC	-	-	-	-	1	1
DSRC	-	-	-	-	1	1
Total	1	6	3	6	5	21

* D—Diagnostic (bx) | S—Surgery (including excision bx) |
C—Chemotherapy | R—Radiation

Stage at Diagnosis\ (Analytic) Colon Cases at SAMH

STAGE	2007		2006		2005		2004		2003		2002	
0	1	5.0%	0		0		1	5.5%	2	7.0%	0	
1	6	28.5%	11	39.5%	6	21.5%	5	28.0%	4	14.0%	5	16.0%
2	3	14%	5	18.0%	7	25.0%	6	33.0%	8	28.5%	9	29.0%
3	6	28.5%	8	28.5%	7	25.0%	3	17.0%	10	35.0%	10	32.0%
4	5	24.0%	4	14.0%	7	25.0%	2	11.0%	3	11.0%	5	16.0%
Other	0		0		1 (NA)		1 (UKN)		1 (NA)		2 (UNK)	
TOTAL:	21		28		28		18		28		31	

5-Year Observed Survival*
SAMH (2002/2003 Colon Cases) vs. NCDB Benchmark Report

Stage at Dx	SAMH 2003 (-5 yr)	SAMH 2002 (5+ yr)	NATIONAL (1998 - 2000 cases)	MIDWEST REG:
0	2/2 = 100%	no cases/SAMH	78.3%	75.8%
1	4/4 = 100%	4/5 = 80%	74.3%	73.1%
II	5/8 = 62.5%	5/9 = 55.5%	63.7%	63.7%
III	6/10 = 60%	6/10 = 60%	49.3%	47.1%
IV	0/3 = 0%	1/5 = 20%	6.3%	5.7%

SAMH: Overall Observed 5 yr Survival Rate as of 8/25/08:

2003 staged cases:	(17/27 Alive)	63%
2002 staged cases:	(16/29 Alive)	55%

National Overall Observed 5 yr Survival Rate: 52%

Midwest Region Overall Observed 5 yr Survival Rate: 50.5%
 (Based on data collected on 1998-2000 reported cases to NCDB)

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

* NCDB Benchmark Report 5-year observed survival rates are quoted per latest available data (8/08); all NCDB reported data & all regions used as filters for reports on National data from this source.

* NCDB Benchmark Report 5-year observed survival rates also quoted per latest available data (8/08); all NCDB reported data & Midwest Region used as filters for reports on Midwest Region data from this source.

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503 North Maple Street
 Effingham, Illinois 62401
 217-342-2121

www.stanthonyshospital.org

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