2011 Cancer Report

Evangelical Community Hospital

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2011 Cancer Report

2011 Cancer Committee Members

John J. Kryston, DO, Chair	Pathologist
John F. Turner, MD, Cancer Liaison Physician	Breast Surgeon
Mayur A. Patel, MD	Medical Oncologist
Peter Whitcopf, MD	Radiation Oncologist
James O'Brien, MD	Radiologist
Michael Hayes, PhD	Survivorship Licensed Psychologist
Kendra Aucker	Cancer Program Administrator
Andrea Bertram	Cancer Program Administrator
Beth Jordan, CRNP	Cancer Conference Coordinator
Billie Jo Day, RN	Community Outreach Subcommittee
Nichole Hockenbrock	Former Community Outreach Coordinator
Cynthia Miller, CTR	Certified Tumor Registrar
Karen Maurer	American Cancer Society
Matthew Hoeger	Former Quality Improvement Coordinator
Paul Tarves	Vice President, Nursing Administration
Jocile Martz	Social Services
Mary Pahl	Social Services
Robert Musser	Rehabilitation Services
Kara Rothermel	Rehabilitation Supervisor

A Letter From The Chair

As chair of the Cancer Committee at Evangelical Community Hospital I am pleased to present the Annual Cancer Report for 2011. As stated in 2010, the Cancer Committee's focus is not only on meeting and serving the needs of our patients and community but also to earn accreditation through the American College of Surgeons Commission on Cancer (CoC). Throughout 2011 we have moved closer to the goal of CoC accreditation and look forward to being surveyed in the near future.

Highlights of 2011 accomplishments are as follows:

- Tumor Board Affiliation with Geisinger Medical Center, which includes Geisinger physicians John Nash, MD (GYN Oncology), Matthew Facktor, MD (Cardio-Thoracic Surgery) and Michael Friscia, MD (Cardio-Thoracic Surgery), actively participating in our monthly conferences.
- Collaboration with Lewisburg Cancer Care in completing patient treatment information as part of Continuum of Care documentation.
- Implementation of the CoC's Standards Updates.
- Established the Survivorship Clinic in August 2011 within the Thyra M. Humphreys Center for Breast Health under the direction/leadership of Michael Hayes, PhD.
- CP3R Study for colon cancer resection revealed a significant increase (94 percent) in meeting the established guidelines.
- CP3R Study for breast cancer cases revealed 100 percent compliance with CoC established guidelines.
- College of American Pathologists Cancer reporting guidelines—100 percent compliance.

Evangelical Community Hospital continues to see a diverse mix of cancer cases. The total number of analytic cases for 2010 was 311. The top five body sites were: (1) breast, (2) colorectal, (3) bladder, (4) lung and (5) prostate and endometrial.

In closing, I would like to extend a special thank-you for all those who have worked diligently to develop this Annual Cancer Report and all the dedicated staff who served on the Cancer Committee, for without them it would be impossible to serve our patients and community and obtain our future accreditation goal.

John J. Kryston

John J. Kryston, DO
Medical Director, Pathology Services
Cancer Committee Chairman

Cancer Liaison Report 2011

Together IT'S POSSIBLE

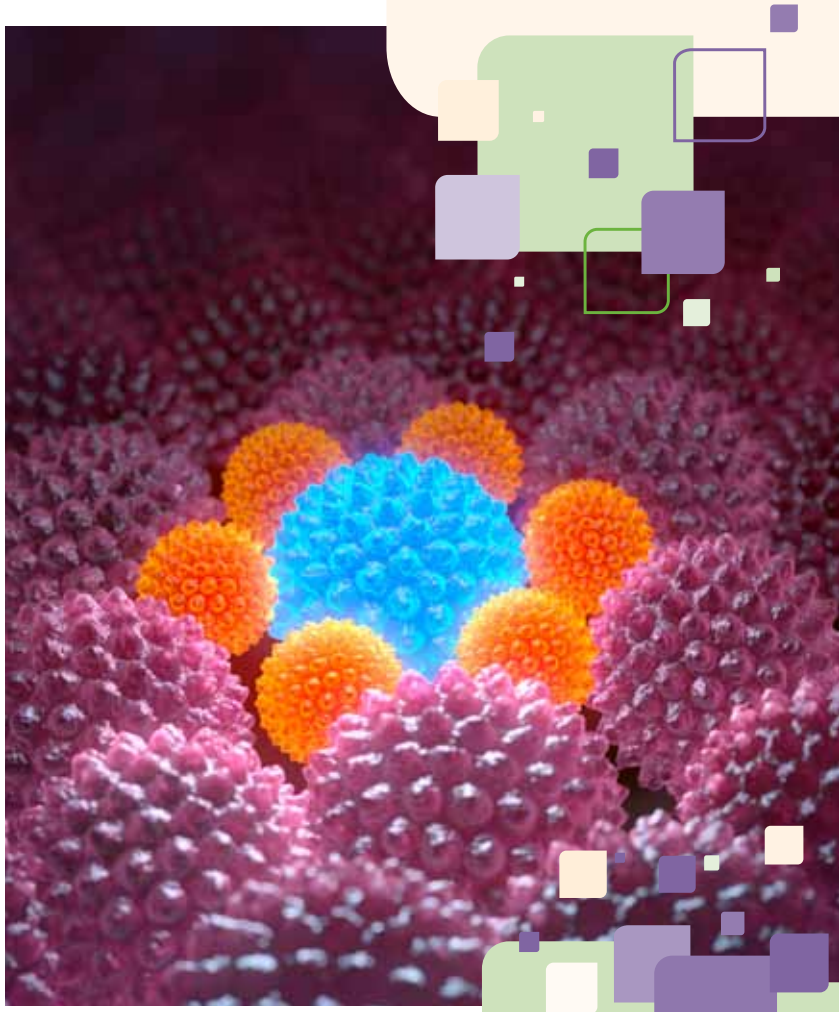
The year 2011 was a year of growth for the Cancer Committee and Evangelical Community Hospital. We continue to work towards accreditation as a Continuing Medical Education site. We submitted the application to the Pennsylvania Medical Society and the site visit was held on November 8.

We were 100 percent compliant with the Commission on Cancer's quality guidelines for breast cancer. For colon cancer, we were 100 percent compliant with the guideline for timeliness of chemotherapy consideration, and 30 of 32 patients had the recommended number of at least 12 lymph nodes removed with colectomy. The two patients who had fewer than 12 lymph nodes removed were reviewed, and we determined that the low count was reasonable and unavoidable due to the individual patient's anatomy.

The Breast Center added two new clinics in 2011. The Cancer Survivorship Clinic opened in August under the leadership of Michael Hayes, PhD. This clinic helps patients and families deal with the psychosocial distress that frequently accompanies the diagnosis of cancer both during the acute treatment phase and

during the long-term follow-up phase of their care. This is undoubtedly one of the most under-recognized and under-addressed areas of cancer care across this country, and we at Evangelical Community Hospital are meeting the need proactively rather than waiting for a crisis to develop. Patients are screened for distress and then offered assistance when indicated.

The High-Risk Clinic screens all patients having mammograms at the Thyra M. Humphreys Center for Breast Health for personal risk of breast cancer and for family risk of a genetic mutation that markedly increases the risk of breast cancer. Patients are given a questionnaire at the time of their mammogram, and if the need exists, they are referred to the High-Risk Clinic, where a formal risk calculation is done. If an elevated personal risk is uncovered, appropriate interventions are made to manage that risk. If a risk of genetic mutation is discovered, genetic testing for the appropriate family member(s) is discussed and ordered, if indicated.



Patients and family who test positive for a mutation are then counseled as to the options for management and follow-up.

Overall, 2011 was a very busy and productive year for the Cancer Committee and for the cancer programs of Evangelical Community Hospital.

John F. Turner

John F. Turner, MD, FACS
Cancer Liaison Physician, Breast Surgeon
Evangelical Community Hospital

Survivorship Clinic

The Survivorship Clinic at Evangelical Community Hospital, established in August 2011 within the Thyra M. Humphreys Center for Breast Health, reflects a shared commitment to providing patients comprehensive cancer care in one convenient, familiar location.

Given advances in early detection and treatment options over the past two decades, the overall survival rates have increased in cancer patients of all ages. At the same time, the long-term side effects associated with cancer treatment, such as fatigue, pain, anxiety and depression, continue to impact negatively upon survivors' quality of life and contribute to feelings of distress. Now psychosocial care is routinely part of the standard for quality cancer care at Evangelical Community Hospital.

From diagnosis through treatment to survivorship, Evangelical is there to help its patients cope, both medically and emotionally. "At Evangelical, we understand the emotional effects of cancer can disrupt family dynamics, finances, relationships, self-esteem and sexual identity for years following a patient's diagnosis and treatment," says Andrea Bertram, Director of the Thyra M. Humphreys Center for Breast Health. "The Survivorship Clinic assists patients and their families in navigating these challenges regardless of when they occur and is open to both patients and their family members."

While this program is designed primarily for breast cancer patients and survivors, patients with other forms of cancer experiencing distress can be referred to the clinic by their medical providers.

Cancer Conferences

Together IT'S POSSIBLE

The Multidisciplinary Cancer Conferences, also known as Tumor Boards, provide a consultative service to our cancer patients and offer education to physicians and allied healthcare professionals. At Evangelical Community Hospital, breast cancer cases are presented every Tuesday at Virtual Tumor Board. All physicians, physician assistants and nurse practitioners involved in the case are notified of the virtual meeting and given the required information to participate in the discussion pertaining to the patient's diagnosis and plan of care. The team includes surgeons, medical oncologists, radiation oncologists, pathologists and radiologists. In 2010, 43 Virtual Tumor Boards were held and 92 breast cases were discussed.

A Tumor Board to discuss other cancers diagnosed and treated at Evangelical is held on the second Tuesday of the month. In 2010, 22 cases were presented at 11 Tumor Boards. Sites discussed included colon, lung, thyroid, esophagus, pancreas, prostate, testis, lymphoma, endometrium, salivary gland and bladder.

Cancer Conferences are a Continuing Medical Education (CME) activity through the joint sponsorship of Geisinger Health System and Evangelical Community Hospital. The credits meet the patient safety requirements for Pennsylvania State licensure.

Community Outreach 2011 Program Report

Members: Mayur Patel, MD (Co-Chair), Nichole Hockenbrock, Billie Jo Day, RN, Cynthia Miller, Megan Bollinger, Karen Maurer (American Cancer Society), Chuck Stahl (Community member), Carol Yost (Community member)

Key: *ACS*—American Cancer Society, *CBH*—Evangelical Community Hospital's Thyra M. Humphreys Center for Breast Health, *EASC*—Evangelical Ambulatory Surgical Center, *MCR*—Middleburg Community Room, *CHC*—Community Health Education Center, *SVM*—Susquehanna Valley Mall, *POB*—Professional Office Building

Supportive Services	Date Presented	Outcomes/Findings	Date of Cancer Committee Review	Actions Recommended
Look Good …Feel Better—a partnership with the American Cancer Society (CHC)	Monthly (not held in September)	Average monthly attendance = 1-3 women	11/15/2011	Continue collaboration with ACS
*Cancer Support Group held in conjunction with Cancer Care of Central PA	Second Monday every other month	Average monthly attendance = 5-6 participants	11/15/2011	
*Cancer Support Group (MCR)	Second Monday every other month	Average monthly attendance = 5-6 participants	11/15/2011	
Mammogram Screening—under- or uninsured woman (CBH) funded by the Northeastern Pennsylvania Affiliate of Susan G. Komen for the Cure, additional grant secured mid-year from Cherokee	Throughout the 2011 calendar year	265 (Komen), 46 (Cherokee) studies to date (80% screening, 20% diagnostic). Findings: 5 biopsies (3 biopsies benign and 2 cancer) to date.	11/15/2011	
Evangelical Community Hospital Employee Health Fair	5/10/2011	Education on breast cancer awareness, American Cancer Society resources, prevention and early detection information, smoking cessation education. More than 275 employees and family members attended.	11/15/2011	Continue annually
Health screening for the under- and uninsured	10/14/11	46 persons in attendance, 25 self-breast exams, 1 referred for additional testing	11/15/2011	
I Can Cope Program for the Breast Cancer Survivor (CBH)—support program for patients and family members	October 2011	10 participants	11/15/2011	Continue annually
Talk with the Doc—Breast Health with Dr. John Turner (SVM)	10/20/2011	4 participants	11/15/2011	
Coping with the Holidays	November 2011	12 participants	11/15/2011	Continue annually

**These two support groups work in collaboration with each other and are held every other month, one month in Selinsgrove and one in Middleburg.*

Together
IT'S POSSIBLE

Prevention & Early Detection Programs	Date Presented	Outcomes/Findings	Date of Cancer Committee Review	Actions Recommended
"Survivorship—My New Life:" ECH and the ACS invited breast cancer survivors, their families and friends to join them for an evening of celebration and laughter. Lillie Shockney was the speaker.	3/18/2011	98 participants	5/17/2011	
Breast Cancer Education in partnership with the ACS at Northumberland National Bank Health Fair	May 2011	40 participants		
Mammathon with CBH held at the SVM	5/5/2011	5,366 calls were made, spoke to 1,511 women, left 1,564 messages about early detection, commitments from 956 women to schedule their mammograms, 153 mammograms were scheduled during the event.	5/17/2011	Continue annually
Men's Health Screening—screening for prostate, skin, oral, colorectal (POB)	6/4/2011	48 participants, 2 men required follow-up for suspicious lesions, 1 positive occult blood for follow-up, 2 elevated PSA required follow-up.	11/15/2011	Continue annually
Life After Loss Bereavement Support Group, held in conjunction with Evangelical Hospice	September-October 2011	8 participants	11/15/2011	Continue annually
"Paint the Valley Pink" marketing initiative for breast cancer awareness	October 2011	This was part of the comprehensive breast cancer awareness program—radio, newspaper advertising, outdoor billboard. The "Paint the Valley Pink" website had 18,000 visitors. Approximately 75,000 listeners per day through 4 radio stations. Newspaper reached approximately 25,000 persons per ad run.	11/15/2011	Continue annually
Cookin' Men—event to support breast cancer awareness	10/6/2011	250 participants	11/15/2011	
Women's Health Screening & Mammogram Screening (CBH) (also, skin, breast, colorectal and cervical)	11/4/2011 & 11/5/2011	72 screened for colon cancer, 3 positive, 77 screened for cervical cancer, 4 required follow-up, 86 screened for breast cancer, 2 required follow-up, 1 reported cancer, 82 women screened for skin cancer, 9 required follow-up.	11/15/2011	Continue annually

OTHER: The ACS tracks referrals to them from the Evangelical Community Hospital Network. Evangelical's Network and Central Penn Gastroenterology Associates made 57 referrals to the American Cancer Society, and 115 referrals came from Cancer Care of Central PA. Evangelical was a site for The American Cancer Society Daffodil Days. Central Penn Gastroenterology Associates sponsored Daffodil Days. Cancer Care of Central PA sponsored and participated in the Selinsgrove and Lewisburg Relays for Life.

Primary Site Tabulation for 2010 Cases

PRIMARY SITE	TOTAL	CLASS		SEX		American Joint Committee on Cancer STAGE GROUP						
		A	N/A	M	F	0	I	II	III	IV	UNK	N/A
ALL SITES	535	311	224	242	293	56	104	73	22	56	173	51
ORAL CAVITY	8	2	6	4	4	0	0	2	1	1	4	0
LIP	0	0	0	0	0	0	0	0	0	0	0	0
TONGUE	3	1	2	1	2	0	0	0	0	1	2	0
OROPHARYNX	1	0	1	1	0	0	0	0	1	0	0	0
HYPOPHARYNX	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	4	1	3	2	2	0	0	2	0	0	2	0
DIGESTIVE SYSTEM	88	58	30	46	42	8	7	18	6	17	31	1
ESOPHAGUS	10	5	5	8	2	0	1	0	0	2	7	0
STOMACH	3	2	1	2	1	0	0	1	0	1	1	0
COLON	48	35	13	20	28	5	4	14	6	8	10	1
RECTUM	19	12	7	11	8	3	2	3	0	2	9	0
ANUS/ANAL CANAL	1	1	0	1	0	0	0	0	0	0	1	0
LIVER	0	0	0	0	0	0	0	0	0	0	0	0
PANCREAS	4	2	2	2	2	0	0	0	0	2	2	0
OTHER	3	1	2	2	1	0	0	0	0	2	1	0
RESPIRATORY SYSTEM	56	30	26	31	25	1	2	3	7	25	17	1
NASAL/SINUS	0	0	0	0	0	0	0	0	0	0	0	0
LARYNX	4	2	2	4	0	1	0	0	0	0	3	0
LUNG/BRONCHUS	51	27	24	27	24	0	2	3	7	25	14	0
OTHER	1	1	0	0	1	0	0	0	0	0	0	1
BLOOD & BONE MARROW	27	10	17	13	14	0	0	0	0	0	0	27
LEUKEMIA	11	5	6	5	6	0	0	0	0	0	0	11
MULTIPLE MYELOMA	11	4	7	5	6	0	0	0	0	0	0	11
OTHER	5	1	4	3	2	0	0	0	0	0	0	5
BONE	0	0	0	0	0	0	0	0	0	0	0	0
CONNECT/SOFT TISSUE	0	0	0	0	0	0	0	0	0	0	0	0
SKIN	26	9	17	10	16	5	2	1	0	0	17	1
MELANOMA	24	8	16	9	15	5	2	1	0	0	16	0
OTHER	2	1	1	1	1	0	0	0	0	0	1	1
BREAST	112	84	28	0	112	13	55	21	2	2	19	0
FEMALE GENITAL	39	22	17	0	39	2	4	4	2	2	23	2
CERVIX UTERI	2	1	1	0	2	0	0	0	0	0	2	0
CORPUS UTERI	30	17	13	0	30	2	4	4	2	0	16	2
OVARY	6	4	2	0	6	0	0	0	0	2	4	0
VULVA	1	0	1	0	1	0	0	0	0	0	1	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
MALE GENITAL	78	21	57	78	0	0	7	18	0	2	51	0
PROSTATE	74	17	57	74	0	0	4	18	0	2	50	0
TESTIS	2	2	0	2	0	0	2	0	0	0	0	0
OTHER	2	2	0	2	0	0	1	0	0	0	1	0

Primary Site Tabulation for 2010 Cases (cont.)

PRIMARY SITE	TOTAL	CLASS		SEX		AJCC STAGE GROUP						
URINARY SYSTEM	43	31	12	34	9	27	9	3	1	1	1	1
BLADDER	40	30	10	31	9	27	8	3	1	1	0	0
KIDNEY/RENAL	2	1	1	2	0	0	1	0	0	0	1	0
OTHER	1	0	1	1	0	0	0	0	0	0	0	1
BRAIN & CNS	5	3	2	2	3	0	0	0	0	0	0	5
BRAIN (BENIGN)	0	0	0	0	0	0	0	0	0	0	0	0
BRAIN (MALIGNANT)	2	1	1	2	0	0	0	0	0	0	0	2
OTHER	3	2	1	0	3	0	0	0	0	0	0	3
ENDOCRINE	19	17	2	6	13	0	11	0	3	1	2	2
THYROID	17	15	2	4	13	0	11	0	3	1	2	0
OTHER	2	2	0	2	0	0	0	0	0	0	0	2
LYMPHATIC SYSTEM	22	14	8	11	11	0	7	3	0	4	8	0
HODGKIN'S DISEASE	2	1	1	1	1	0	1	0	0	0	1	0
NON-HODGKIN'S	20	13	7	10	10	0	6	3	0	4	7	0
UNKNOWN PRIMARY	11	9	2	7	4	0	0	0	0	0	0	11
OTHER/ILL-DEFINED	1	1	0	0	1	0	0	0	0	1	0	0

Number of cases excluded: 2

This report EXCLUDES CA in-situ cervix cases, squamous and basal cell skin cases and intraepithelial neoplasia cases.

2010 Thyroid Cancer Data Analysis for Evangelical Community Hospital

Listed below are the American Cancer Society's most recent estimates for thyroid cancer in the United States for 2011:

- About 48,020 new cases of thyroid cancer (36,550 in women and 11,470 in men) will be diagnosed
- About 1,740 deaths will be attributed to thyroid cancer (980 women and 760 men)

Thyroid cancer is often found at a younger age than most other adult cancers. Nearly two of three cases are found in people between the ages of 20 and 55. The death rate from thyroid cancer has been fairly stable for many years and remains very low when compared with most other cancers.

While the exact cause of most thyroid cancers is not known, several risk factors have been linked to the disease. However, having a risk factor, or even several, does not mean that you will get the disease. Many of those diagnosed with thyroid cancer have no known risk factors. Even when a risk factor is present with a positive diagnosis, it is difficult to demonstrate the role that risk factor played in the development of the disease.

Risk Factors:

- **Gender and age:** Thyroid cancers (like almost all diseases of the thyroid) happen about three times more often in women than in men. The reason for this is not known. Thyroid cancer can occur at any age, but women are most likely to be diagnosed in their 40s or 50s, while men are more likely to be diagnosed in their 60s or 70s.
- **Iodine levels:** Follicular thyroid cancers are more common in places where diets are low in iodine. In the United States, most people get enough iodine in their diet because it is added to table salt and other foods.
- **Exposure to radiation:** Potential sources of such radiation include certain medical treatments and radiation fallout from power plant accidents. Having had head or neck radiation treatments in childhood is a risk factor for thyroid cancer. Risk depends on how much radiation was given and the age of the child. Prior to the 1960s, children were sometimes treated with low doses of radiation for things we wouldn't use radiation for now, such as acne, ringworm and other problems. Years later, the people who had these treatments were found to have a higher risk of thyroid cancer. Being exposed to radiation as an adult carries much less risk of thyroid cancer.

- **Genetics:** Several inherited conditions have been linked to different types of thyroid cancer. Some fairly rare thyroid cancers (familial medullary thyroid carcinomas or FMTC) result from inheriting an abnormal gene. FMTC can occur alone, or it can be seen along with other tumors as part of a syndrome called multiple endocrine neoplasia type 2 (MEN 2). Papillary and follicular thyroid cancers (the most common types) seem to run in some families with no known genetic conditions. Having a parent, brother or sister with thyroid cancer increases your risk of thyroid cancer.

Signs and symptoms of thyroid cancer:

- A bump, lump or swelling in the neck, sometimes growing very quickly
- Pain in the front of the neck, sometimes going up to the ears
- Hoarseness or other voice changes that do not go away
- Trouble swallowing
- Breathing problems (feeling as if one were "breathing through a straw")
- A constant cough that is not due to a cold

Staging:

Staging is the process of finding out if and how far a cancer has spread. The stage of a cancer is important in choosing the best treatment. The stage can also help predict the patient's outlook (prognosis) and chance for full recovery. Staging is based on the results of the physical exam, biopsy and imaging tests such as ultrasound and CT scan. Unlike most other cancers, thyroid cancers are grouped into stages in a way that also takes into account the type of thyroid cancer and the patient's age.

Treatment options:

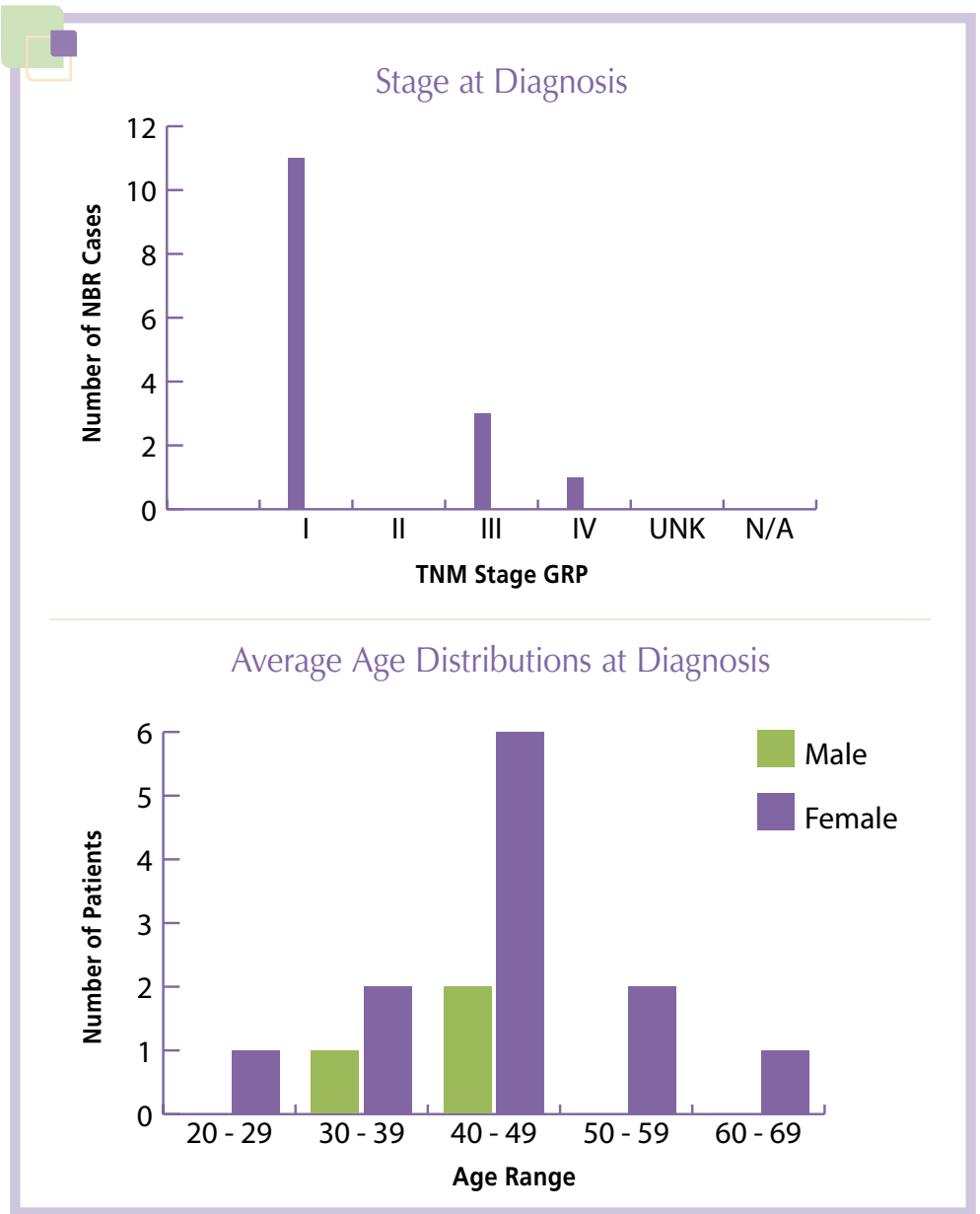
- Surgery
- Radioactive iodine treatment
- Thyroid hormone treatment
- External beam radiation treatment
- Chemotherapy
- Targeted therapy

The best approach often uses two or more of these methods, and most patients are cured of their thyroid cancer in this way.

Cancers of the thyroid have become much more prevalent in recent years, with 2,497 invasive cases diagnosed in Pennsylvania in 2008. Thyroid cancer is now the 10th most commonly diagnosed cancer in Pennsylvania and represents 3.3 percent of all cancers diagnosed (source: Pennsylvania Department of Health).

In 2010, there were 15 cases of thyroid cancer diagnosed and treated at Evangelical Community Hospital. Twelve of the cases were female and three male. Greater than 93 percent of the patients received multimodality therapy. Patients represented the following counties in the Hospital's service area: Snyder (six), Union (five), Juniata (two) and Lycoming (two) counties.

With any cancer, the sooner you diagnose it, the better. For thyroid cancer, it is important to catch it in either the local or regional stages of disease. The Surveillance Epidemiology and End Results (SEER) Program website contains data on the relative survival from cancers by stage of the disease. The five-year survival rate for localized disease is 99.8 percent and 97.1 percent for regional disease. Fourteen of Evangelical Community Hospital's patients were diagnosed with local or regional disease.



Lewisburg Cancer Care, Radiation Oncology

The Radiation Oncology program continues to treat patients from the Thyra M. Humphreys Center for Breast Health, offering both conventional external-beam radiotherapy and accelerated partial breast irradiation.

This latter form of radiation therapy is offered to some women with early-stage breast cancer and takes only one week instead of six to seven weeks of conventional treatment. The balloon is placed by a breast surgeon following lumpectomy, and radiation therapy is administered in the Lewisburg Cancer Center under the direction of Peter Whitcopf, MD, and staff.

Dr. Whitcopf and his team also perform "seed implants" (also known as permanent interstitial brachytherapy) for prostate cancer patients in conjunction with urologist Anuj Chopra, MD.

Radiation therapy is used in conjunction with surgery and/or chemotherapy for many other types of cancer at the Lewisburg Cancer Center.

Inpatient Oncology & Nursing

The Nursing Department at Evangelical Community Hospital has committed to having an inpatient unit to ensure that we can provide focused care for our oncology patients.

We have achieved this by designating our Surgical Unit as the location for oncology patients. Our nursing staff receives formal education in the delivery of oncology care to ensure our cancer patients receive the highest level of care.

Additionally, we are committed to providing ongoing education so that our staff can remain current in trends affecting the care of the oncologic patient.

Paul Tarves

Paul Tarves
Vice President
Nursing Administration

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