

Cancer Report 2008



Cancer Committee - Chairman's Report

St. Anthony's Hospital Cancer Committee is proud to present the 2008 Annual Cancer Report, reflecting the collected cancer data from 2007. The Cancer Committee monitors and guides the cancer program at St. Anthony's Hospital and ensures our patients have access to state-of-the-art diagnosis and treatment with unparalleled personal attention, compassion and continuity of care.

This year's report highlights the diagnosis and treatment of cancer at St. Anthony's Hospital over the past year. The distribution and stages of the cancers seen at St. Anthony's Hospital compares favorably with national data, and the percent of cases diagnosed in early stages affirms efforts to promote screening and early diagnosis. St. Anthony's cancer program was evaluated in 2008 by the American College of Surgeons Commission on Cancer and successfully received re-accreditation as a community hospital comprehensive cancer program for the next three years. Only one in four hospitals that treat cancer patients receives this special approval. This accreditation distinguishes the top quality, comprehensive cancer care available at St. Anthony's Hospital.

The Cancer Committee includes a multidisciplinary team of physicians specializing in the diagnosis and treatment of cancer, as well as allied health care professionals involved in the care of cancer patients. Our highly skilled and dedicated team of health professionals, administrators and ancillary personnel have been instrumental in providing the latest advances in cancer care to our community. During the last year, St. Anthony's opened Susan Sheppard McGillicuddy Breast Center, specializing in women's breast imaging, and expanded the partial breast irradiation program. There have been several major technological advances at

St. Anthony's Hospital including the installation of two new Intensity-Modulated Radiation Therapy (IMRT) linear accelerators and the da Vinci® S HD Surgical System that performs minimally invasive cancer surgeries.

The Cancer Committee will continue its commitment to patient monitoring and quality improvement activities and strive to expand the care available to cancer patients in our community.

Robert Miller, M.D.

Chairman

Cancer Committee



Enhancements and Growth to the Cancer Program

St. Anthony's Hospital has long embraced a philosophy of providing the highest quality care, meeting the needs of the patient and family and improving customer satisfaction. The St. Anthony's Hospital Cancer Committee (SAHCC) strives to discover ways to perfect everything we do and constantly attempts to identify needs to develop and grow our services and improve the health care process.

In 2008, the SAHCC identified many short-term and long-term goals. Recent enhancements include a major renovation of the St. Anthony's Cancer Center facility and investment in two new state-of-the-art linear accelerators capable of providing intensity-modulated radiation therapy (IMRT). Patients can now receive IMRT treatment at Gulfcoast Cancer Institute on the St. Anthony's Hospital campus and no longer have to travel to the other locations. This has resulted in a significant improvement in customer satisfaction and should improve the overall outcome of the radiation treatment. Also a new treatment-planning software system, called Eclipse, was implemented that helps physicians efficiently create, select and verify the best treatment plans, and tailor them to their patient's individual needs. This allows the radiation oncologist to focus the treatment and maximize the effect on the tumor.

Among the long-term goals was the further development of a multidisciplinary approach to breast cancer care. Susan Sheppard McGillicuddy Breast Center opened in 2007 and provides screening and diagnostic breast imaging services in one convenient location, and assists newly diagnosed patients in coordinating their care.

The SAHCC and the St. Anthony's Hospital Chief Medical Officer developed a physician advisory group to design this multidisciplinary approach to breast cancer management. This group has made significant progress and will guide the process of breast center accreditation in 2009. This is important for our community as breast cancer has been,

and continues to be, the top cancer diagnosed and treated at St. Anthony's Hospital.

In 2008, the SAHCC partnered with the American Cancer Society (ACS) to offer facilities and services for the Man-to-Man prostate cancer support group. The St. Anthony's Hospital cancer care team also implemented new processes to ensure that newly diagnosed cancer patients are made aware of ACS services and how to access them. As a result, ACS has seen a greater than 20 percent increase in referrals from St. Anthony's Hospital facilities.

The SAHCC monitors indicators and improvements during Cancer Committee meetings. All St. Anthony's Hospital improvement activities are ultimately reported to the St. Anthony's Hospital leadership, the Board of Trustees and the Quality Leadership Task Force.

- Tim McMahon



2007 Statistical Summary

Incidence

In 2007, there were 891 new cancer cases and 106 with recurrent or metastatic cancer from cases diagnosed and treated elsewhere (non-analytic). Figure 1 depicts the annual new accessions (patients) since St. Anthony's Cancer Registry reference date of January 1, 1998.

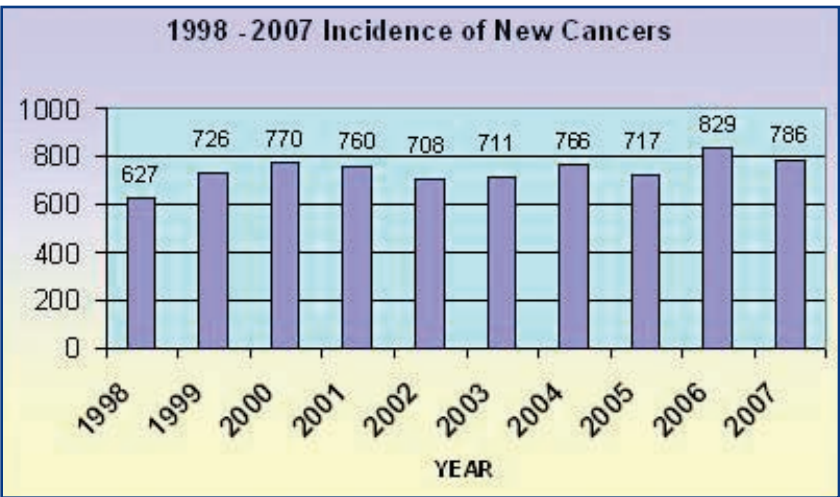


Figure 1

Class of Case

Class 0 are cases that were diagnosed at St. Anthony's Hospital and went elsewhere for treatment. Class 1 cases were both diagnosed and received part/all of the first course of treatment at St. Anthony's Hospital. Class 2 cases were diagnosed elsewhere and came to St. Anthony's Hospital for part or the entire first course of treatment. In 2007, 31.59 percent (248) of the patients came from other facilities to continue first course of treatment at St. Anthony's Hospital, while 56.05 percent (440) were both diagnosed and received part or all of first course of treatment at St. Anthony's Hospital. Only 12.35 percent (97) of newly diagnosed cases declined treatment and/or decided to seek treatment at another institution.

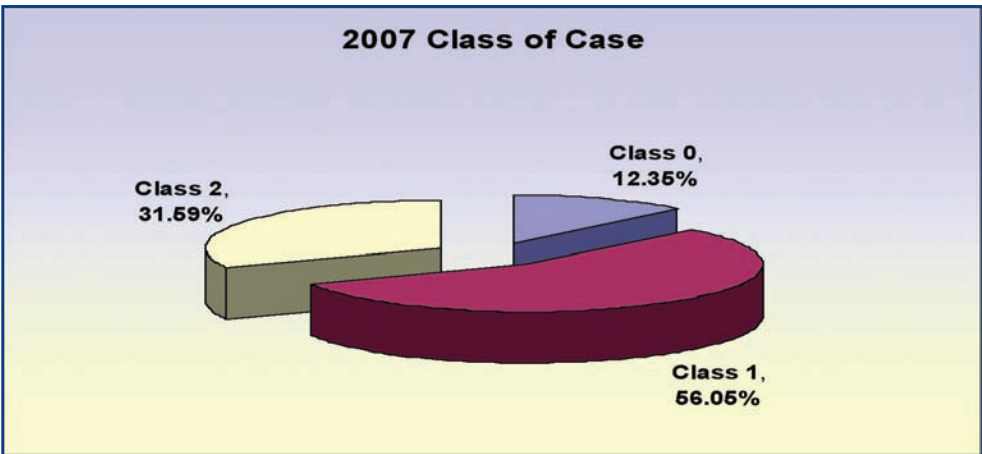


Figure 2

Primary Site

The top five most frequent occurring cancers at St. Anthony's Hospital in 2007 were breast at 30 percent, lung at 15 percent, colorectal at 8 percent, prostate at 15 percent and lymphoma at 4 percent. Compared with the American Cancer Society National Data of breast at 26 percent, prostate at 5 percent, colorectal at 10 percent, lung at 15 percent and lymphoma at 5 percent. (See Figure 3.)

All primary sites' distribution by gender are shown in Table 1.

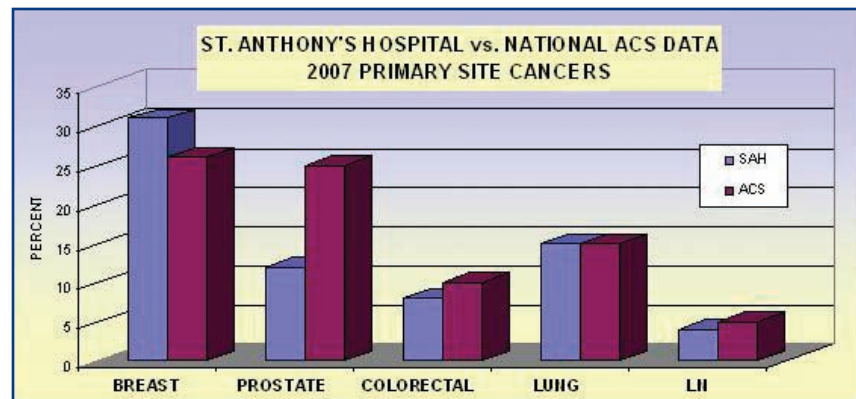


Figure 3

Table 1

PRIMARY SITE	Total	Male	Female
ALL SITES	785	337	448
Oral Cavity	29	22	7
Tongue	10	9	1
Oropharynx	2	1	1
Other	17	12	5
Digestive System	125	63	62
Esophagus	13	10	3
Stomach	13	7	6
Colon	55	19	36
Rectum	23	13	10
Anus/Anal Canal	2	1	1
Liver	10	7	3
Pancreas	6	4	2
Other	3	2	1
Respiratory System	133	67	66
Nasal/Sinus	6	4	2
Larynx	8	8	0
Lung/Bronchus	117	54	63
Blood and Bone Marrow and Bone	11	4	5
Leukemia	7	3	4
Multiple Myeloma	2	1	1
Bone	2	2	0
Connect/Soft Tissue	5	3	2
Skin	27	19	8
Melanoma	26	18	8
Other	1	1	0
Breast	242	1	241
Female Genital	12	0	12
Cervix Uteri	2	0	2

PRIMARY SITE	Total	Male	Female
Corpus Uteri	9	0	9
Ovary	1	0	1
Male Genital	92	92	0
Prostate	90	90	0
Testis	1	1	0
Other	1	1	0
Urinary System	43	25	18
Bladder	21	11	10
Kidney/Renal	22	14	8
Other	1	1	0
Brain and CNS	7	4	3
Brain (Benign)	0	0	0
Brain (Malignant)	6	4	2
Other	1	0	1

Demographics

Data from the American Cancer Society's *Facts and Figures for 2007* estimated that there will be over 1,437,180 new cancer cases in 2008 and 101,920 of those cases will be diagnosed in Florida. Gender was almost distributed equally between males (337) and females (448).

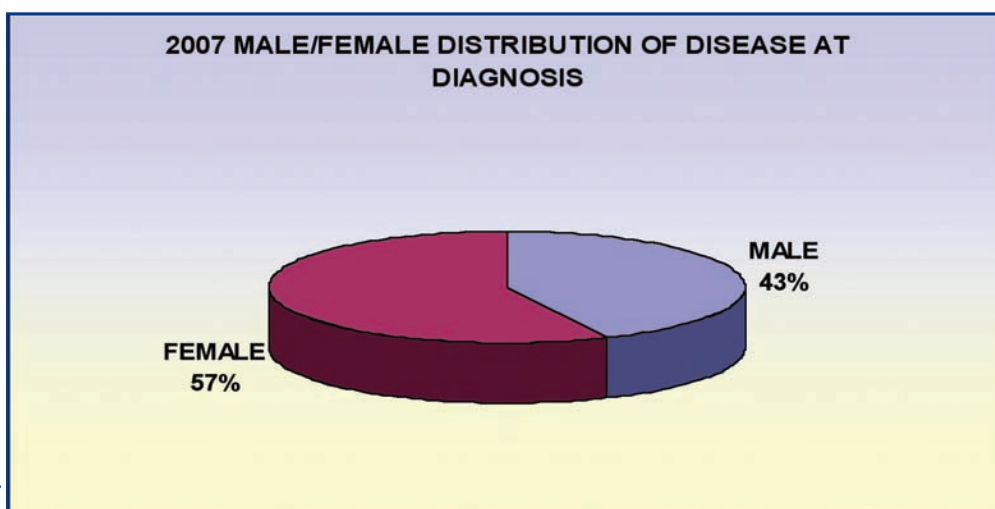


Figure 4

Race distribution was consistent with 2006 data: Caucasian, 87 percent; African American, 11 percent; Hispanic, Asian, Oriental and American Indian, 2 percent. Over 25 percent of patients reported a use of tobacco products (cigarette and/or cigars), and 30 percent reported previous use. For the 136 (15 percent) newly diagnosed lung cancer patients, 28 percent smoked at diagnosis and 19 percent reported previous use. Figure 5 depicts age distribution. The median age for all cancer sites at diagnosis was 67, with 70.44 percent of all diagnosed between the ages of 59 and 79.

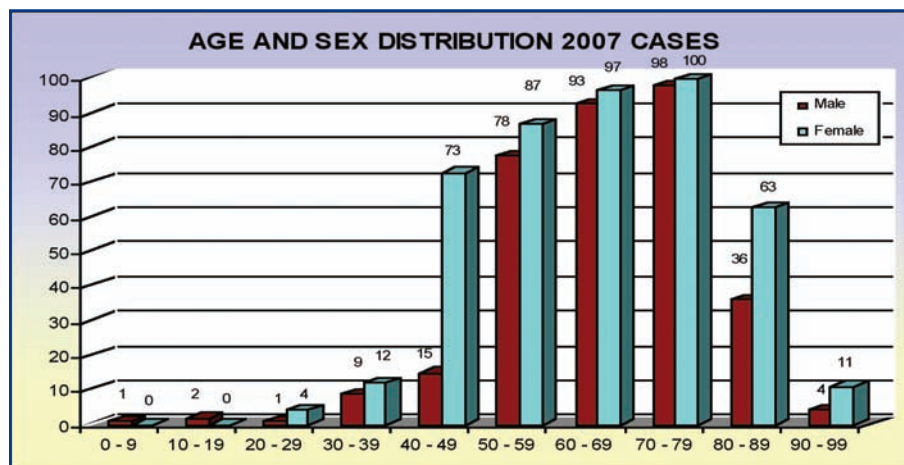


Figure 5

Stage at Diagnosis for 2007

Stage plays an important role in the prognosis and treatment of cancer. Analysis of staging of the 874 analytic and non-analytic cases during 2007 showed 2.97 percent for Stage 0, 24.48 percent for Stage 1, 20.93 percent for Stage 2, 9.83 percent for Stage 3, 11.4 percent for Stage 4 and 20.13 percent for those patients who were unable to be staged or refused further staging studies.

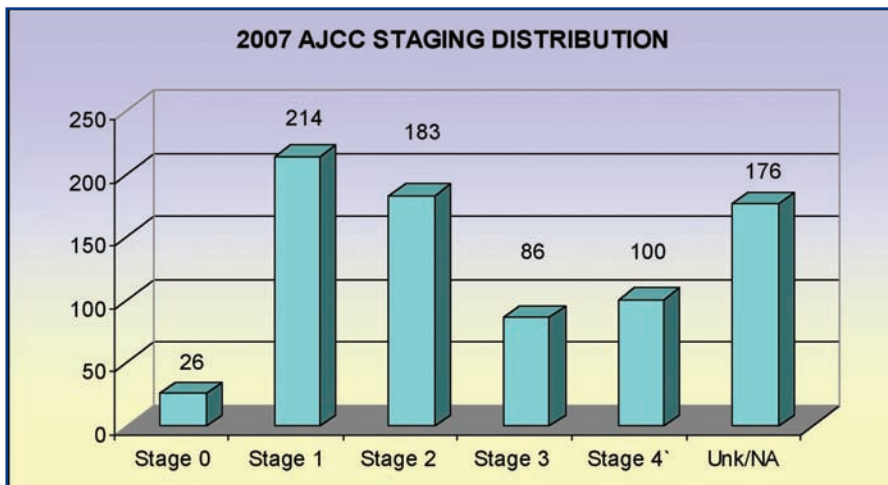


Figure 6

Susan Sheppard McGillicuddy Breast Center

A Coordinated Approach to Women's Imaging

The opening of Susan Sheppard McGillicuddy Breast Center at St. Anthony's Hospital in June 2007 has been an excellent addition to the breast care community.

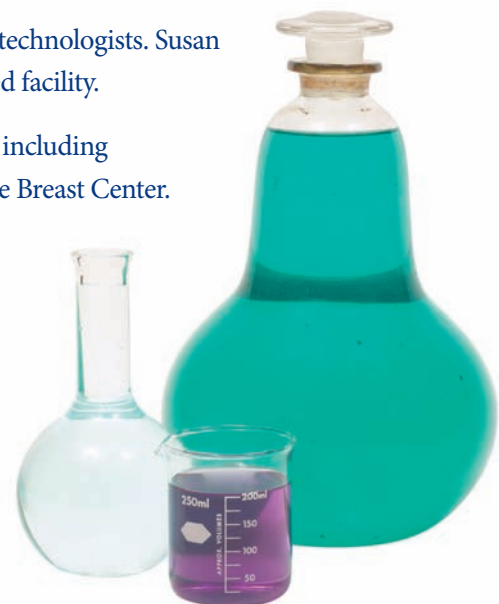
The center provides a structured environment for the patients and their care. Unique to this process is the nurse navigator, who coordinates patient care by communicating with the referring physicians and the patients, providing emotional support and educating patients on their breast health options. She also assists in scheduling additional imaging, biopsy and surgical appointments.

All patients receiving diagnostic imaging services are provided with their results while in the center. The radiologist personally scans all diagnostic ultrasounds. When a biopsy is felt to be necessary, the radiologist meets directly with the patient to discuss the results.

The center is equipped with state-of-the-art imaging technology including digital mammography and ultrasound and has an excellent team of certified technologists. Susan Sheppard McGillicuddy Breast Center is an ACR, MQSA and FDA-accredited facility.

In 2008, a total of 88,542 patients received imaging at St. Anthony's Hospital, including radiology and cardiology services. 15,874 of these patients were imaged in the Breast Center. The center performs an average of 55 biopsies a month.

Dr. Claudia Bundschu
Co-medical Director
Susan Sheppard McGillicuddy Breast Center



2008 Patient Care Evaluation

Breast Cancer

Introduction

Breast cancer is the most common cause of cancer in women in the United States. Based on 2003-2005 data from the National Cancer Institute's SEER program database (Surveillance, Epidemiology, End Results), the lifetime risk for a woman being diagnosed with breast cancer is 12.03 percent. This translates to one in eight women being diagnosed with breast cancer during their lifetime. Breast cancer was the most commonly diagnosed cancer at St. Anthony's Hospital during 2007.

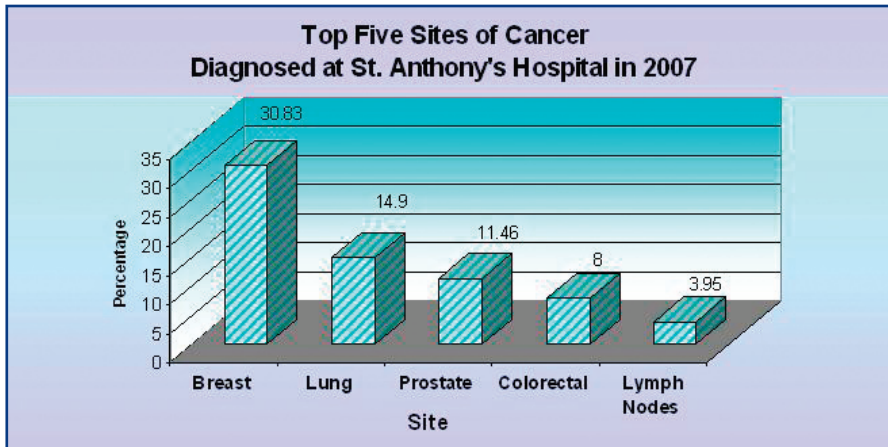


Figure 1

Method

The committee reviewed 567 analytic cases of male and female breast cancer which were diagnosed and treated at St. Anthony's Hospital, and documented by the St. Anthony's Hospital Cancer Registry from 1998 through 2001. There were five males diagnosed with breast cancers in that time. However, this study is confined to the 562 cases of female breast cancer diagnosed and treated during that time frame. St. Anthony's Hospital survival data was compared with the survival data from the National Cancer Data Base (NCDB) for breast cancer from 1998 through 2001. The NCDB data for 2002 and 2003 was not available for comparison.

Age at Diagnosis

Between 1998 and 2001, the average age at diagnosis of breast cancer at St. Anthony's Hospital was 69-70, compared to the average age at diagnosis in the NCDB of 59-60. The advanced age at diagnosis for patients at St. Anthony's Hospital compared to the NCDB data may be attributed to Florida's older population. The age distribution for diagnosis at St. Anthony's Hospital is broken down in Figure 2.

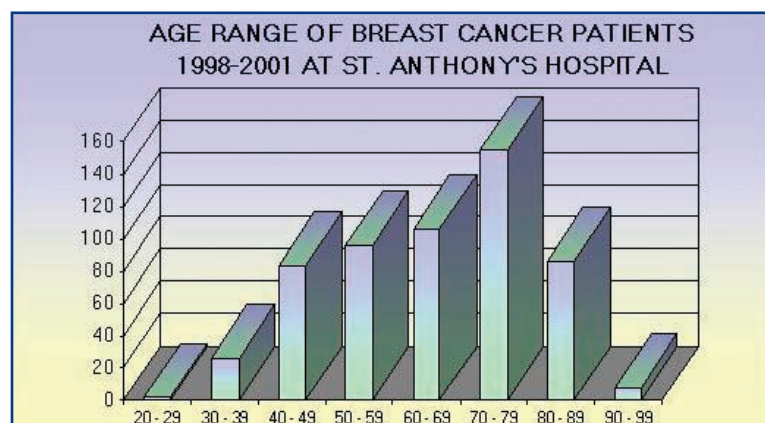


Figure 2

With the opening of the new breast center, there were a total of 241 patients diagnosed and treated in a 12-month period during 2007, while only 562 patients were diagnosed in the five-year period of 1998 to 2001. When comparing 1998-2001 to the 2007 data, it would appear that there is also a trend of an earlier age-at-diagnosis in breast cancer at St. Anthony's Hospital as shown in Figure 3.

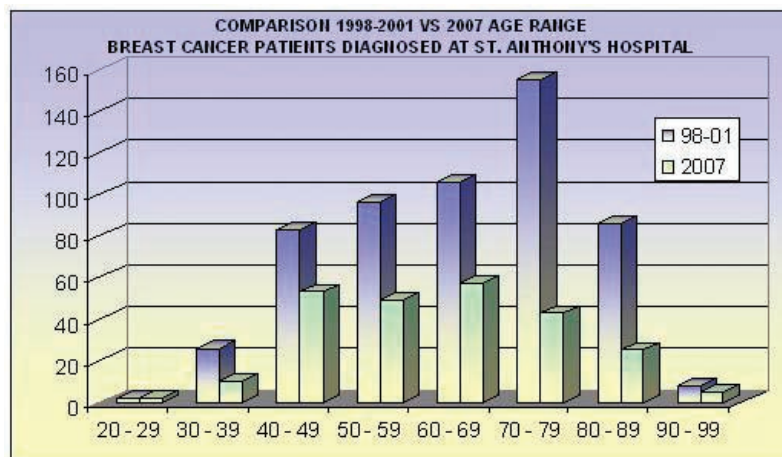


Figure 3

2007			1998-2001		
Age Range	Number	Percent	Age Range	Number	Percent
20-29	2	0.82	20-29	2	0.35
30-39	10	4.14	30-39	26	4.62
40-49	52	21.57	40-49	83	14.76
50-59	49	20.00	50-59	96	17.08
60-69	55	22.78	60-69	106	18.86
70-79	42	17.00	70-79	155	27.50
80-89	26	10.70	80-89	86	15.30
90-99	5	2.07	90-99	8	1.42
Totals	241	100.00	Totals	562	100.00

Incidence and Race

The race distribution of breast cancer patients at St. Anthony's Hospital was 93 percent (NCDB 87.8 percent) Caucasian, 6 percent (NCDB 9 percent) African American and 1 percent (NCDB 3 percent) Other (Hispanic, Asian, Oriental or Native American), as shown in Figure 4.

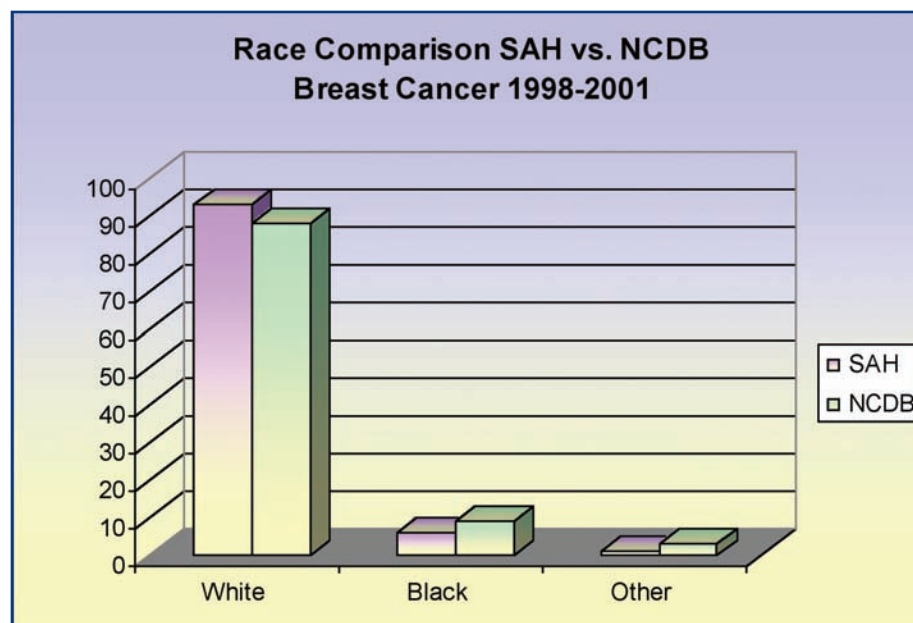


Figure 4

Stage at Diagnosis

From 1998 to 2001, 53 percent of patients were diagnosed at an early stage with breast-only disease, with 11 percent at Stage 0 and 42 percent at Stage 1. Forty percent were diagnosed at an advanced regional stage, 33 percent at Stage 2 and 7 percent at Stage 3. Only 2 percent were diagnosed at Stage 4, which is metastatic. Early detection can be chiefly attributed to routine breast examinations and screening

mammograms. For comparison we have included current 2007 breast cancer data which shows Stage 0 at 16 percent, Stage 1 at 41 percent, Stage 2 at 33 percent, Stage 3 at 4 percent and Stage 4 at 2 percent.

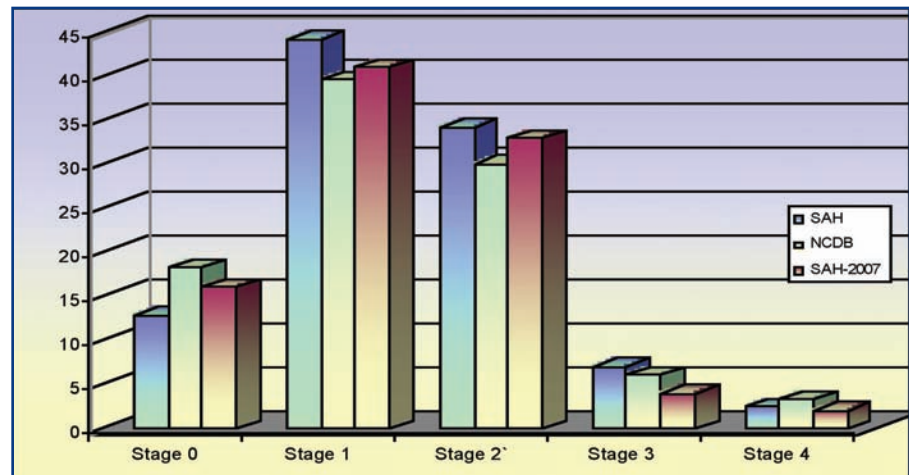


Figure 5

Treatment by Stage

Treatment options vary for each different stage of breast cancer and can include surgery alone, surgery and radiation, surgery and chemotherapy or any combination of the above plus hormone therapy. Listed below are the different combinations of treatment used for each breast cancer patient, followed by a treatment comparison between St. Anthony's Hospital and NCDB for Stage 0 through Stage 4. (See Figures 6 through 10.)

Legend - Guide to acronyms used in the following figures and tables

S - Surgery only

SRH - Surgery, Radiation, Hormone

SR - Surgery, Radiation

SCR - Surgery, Chemotherapy, Radiation

SCRH - Surgery, Chemotherapy, Radiation, Hormone

SC - Surgery, Chemotherapy

N - No treatment

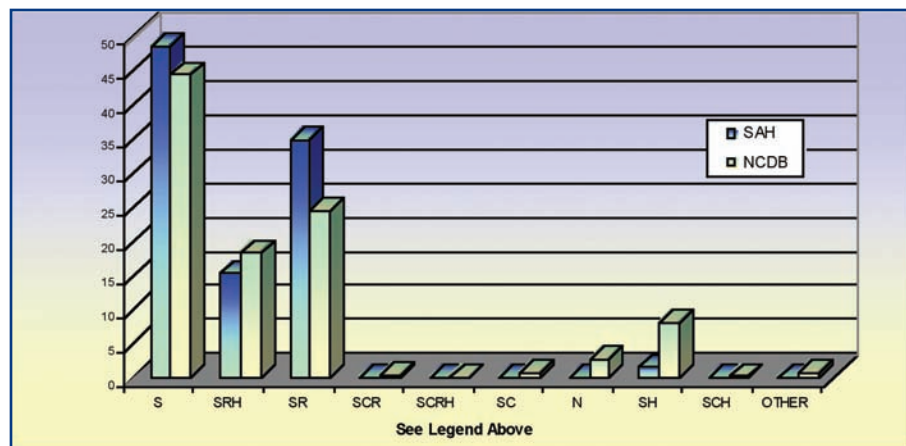
SH - Surgery, Hormone

SCH - Surgery, Chemotherapy, Hormone

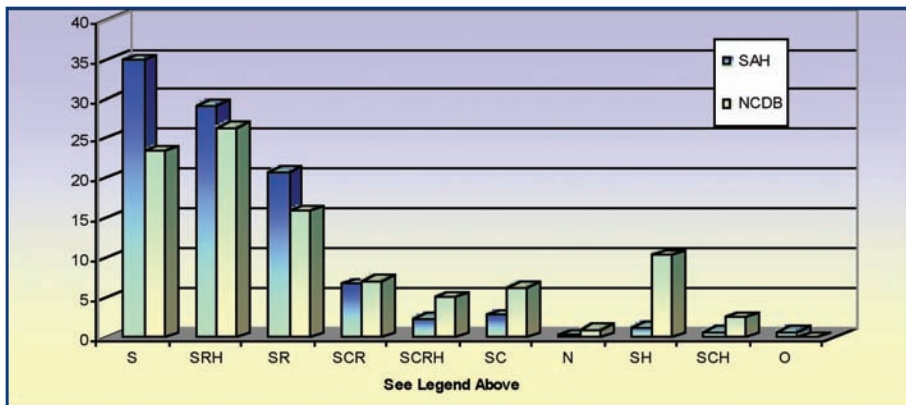
O - Other treatment modalities. This also includes hormone only and chemo with radiation only as NCDB has no comparison figures for this.



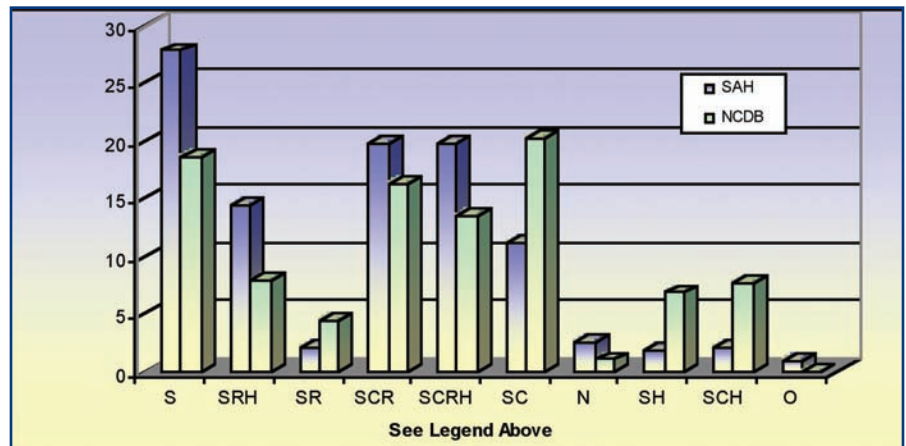
Comparison Treatment -
 St. Anthony's Hospital vs. NCDB
 Treatment - Stage 0 Breast Cancer
 Stage 0



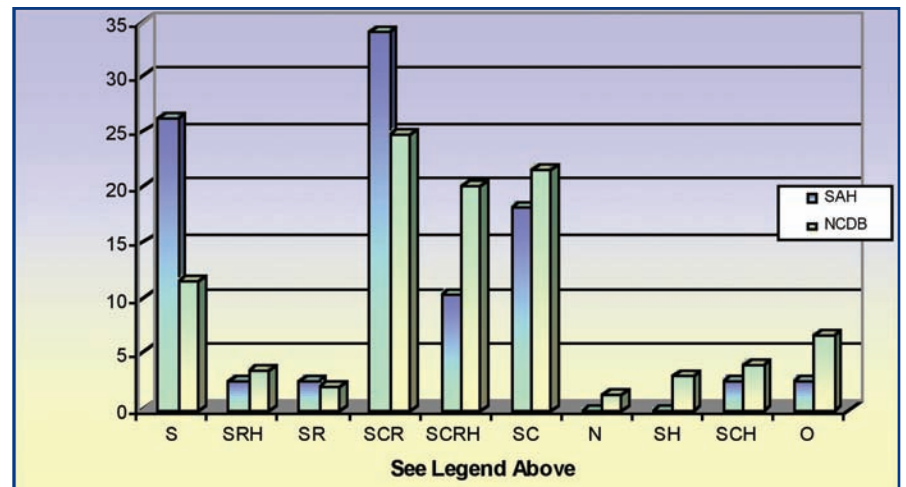
Comparison Treatment -
 St. Anthony's Hospital vs. NCDB
 Treatment - Stage 1 Breast Cancer
 Stage 1



Comparison Treatment -
 St. Anthony's Hospital vs. NCDB
 Treatment - Stage 2 Breast Cancer
 Stage 2

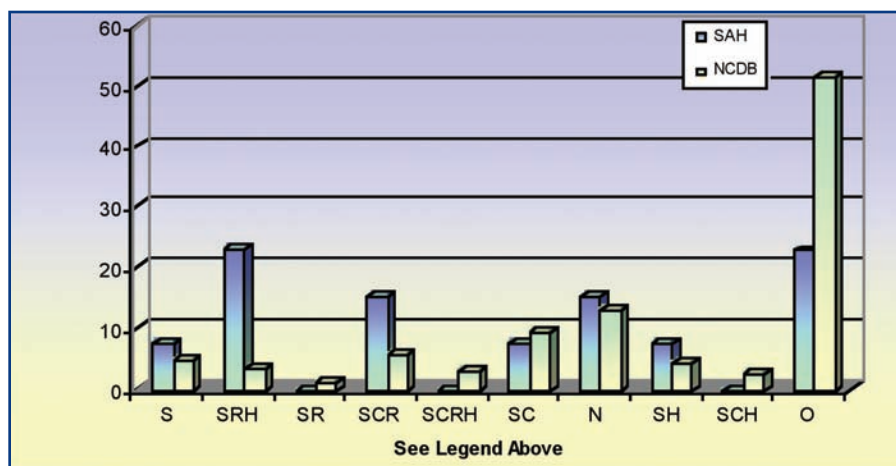


Comparison Treatment -
 St. Anthony's Hospital vs. NCDB
 Treatment - Stage 3 Breast Cancer
 Stage 3



Comparison Treatment -
St. Anthony's Hospital vs. NCDB
Treatment - Stage 4 Breast Cancer

Stage 4

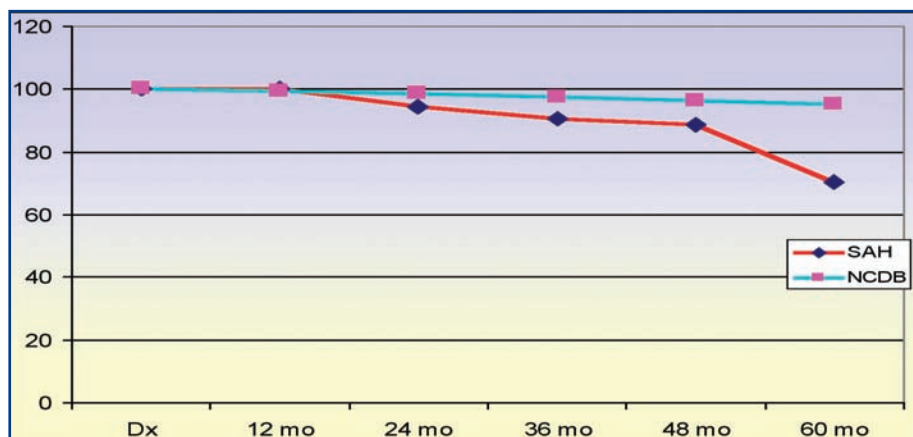


Survival by Stage

The 5-year observed survival for breast cancer patients diagnosed from 1998-2001 at St. Anthony's Hospital is compared with those in the NCDB, by Stage at diagnosis in Figures 11-15.

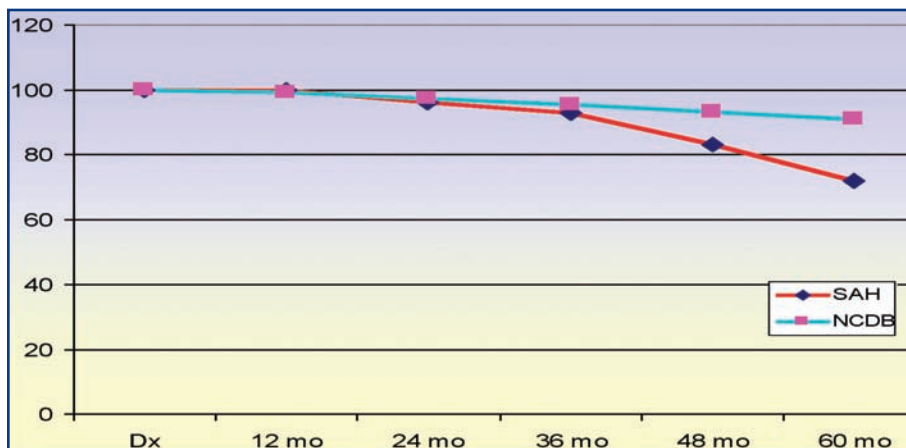
Stage 0

Five-Year Survival - Breast Cancer
Patients
Comparison NCDB vs. St. Anthony's
Hospital 1998-2001



Stage 1

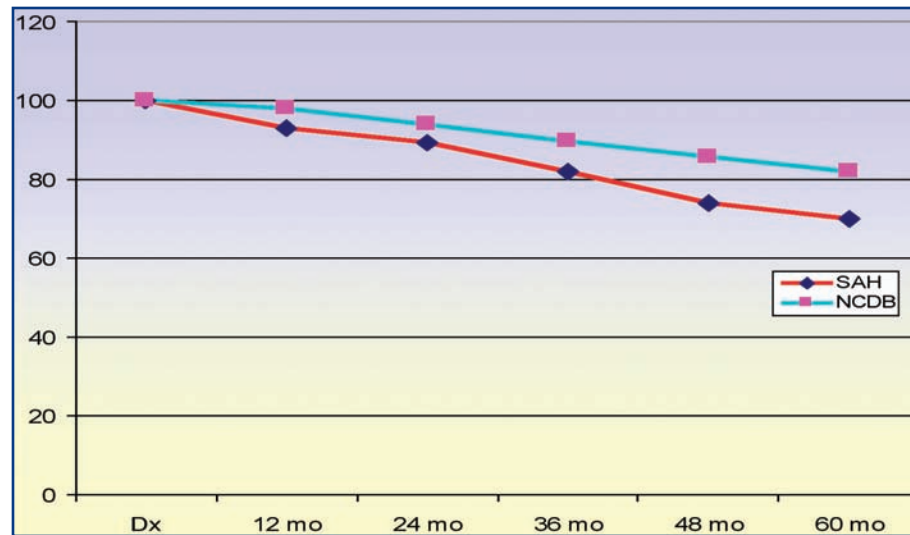
Five-Year Survival - Breast Cancer
Patients
Comparison NCDB vs. St. Anthony's
Hospital 1998-2001



Stage 2

Five-Year Survival - Breast Cancer
Patients

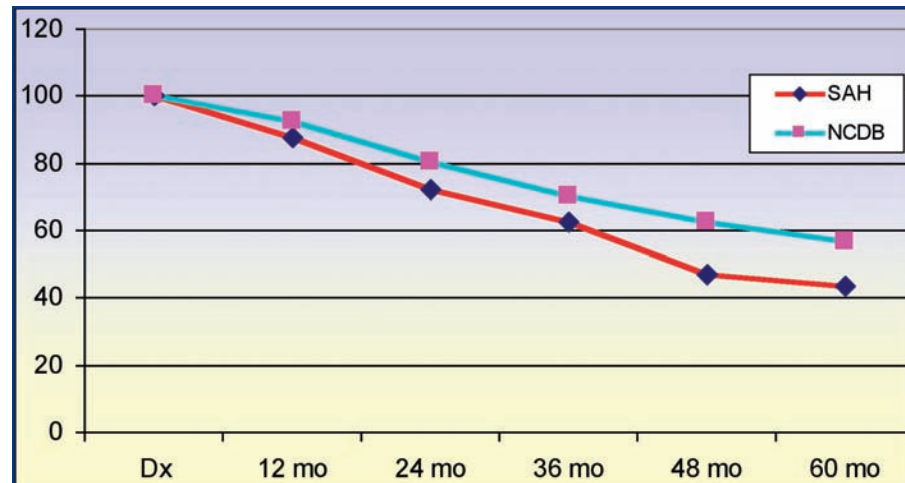
Comparison NCDB vs. St. Anthony's
Hospital 1998-2001



Stage 3

Five-Year Survival - Breast Cancer
Patients

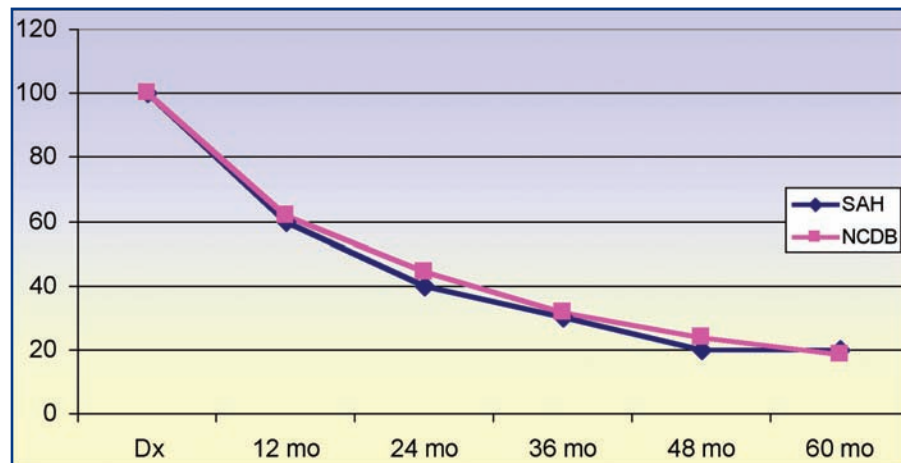
Comparison NCDB vs. St. Anthony's
Hospital 1998-2001



Stage 4

Five-Year Survival - Breast Cancer
Patients

Comparison NCDB vs. St. Anthony's
Hospital 1998-2001



Discussion of Treatment by Stage and Survival

Treatment by Stage

The different treatment modalities between St. Anthony's Hospital and NCDB are reasonably comparable. The greatest differences are seen in the following categories: S (surgery alone), SH (surgery and hormone), SCH (surgery, chemotherapy and hormone) and "Other." These can be explained by difficulties the registry has in capturing the patient treatment data after the patient has had their biopsy/surgery and left the St. Anthony's Hospital facility. After surgery, the patients are managed by community medical oncologists who may or may not have affiliations with St. Anthony's Hospital. The treatment plans are not always provided to the St. Anthony's Hospital Tumor Registry. This issue is partially rectified if the patient receives their radiation therapy at St. Anthony's Hospital facilities. In the adjuvant setting, the radiation therapy takes place after adjuvant chemotherapy, and often concurrently with hormonal therapy. In these situations, the data is more accessible.

The St. Anthony's Hospital Tumor Registry has recognized this complication with data capture and has already implemented measures to improve identification of patient treatment information. The St. Anthony's Hospital Tumor Registry now has direct access to the electronic medical records of the outpatient medical oncology offices, which manage 80-85 percent of the breast cancer patients seen at St. Anthony's Hospital. It is believed that direct access to patient records will facilitate identification and documentation of the entire treatment that a patient receives for management of their malignancy.

Survival

The survival graphs illustrate a lower observed survival for patients at St. Anthony's Hospital compared to those from the NCDB for those diagnosed at Stages 0 through 3. This is most readily explained by the older patient population seen at St. Anthony's Hospital compared to that in the NCDB. The average age of diagnosis at St. Anthony's Hospital was 69-70 years of age compared to that of 59-60 years of age in the NCDB. In general, older patients would be expected to have a lower overall survival rate due to a higher number of co-morbid conditions. The displayed observed survival data does not differentiate the cause of death which may be due to the malignancy or another medical condition.

The observed survival for Stage 4 was comparable for both the St. Anthony's Hospital and NCDB patients. This is most likely due to the fact that most breast cancers diagnosed at Stage 4 are due to more aggressive forms of breast cancer. The aggressive nature of these malignancies appears to influence survival more than other variables.



2008 Oncology Committee Members

Robert Miller, M.D.	Cancer Committee Chairman/Radiation Oncologist
Daniel Saenz, M.D.	Pathology
Claudia Bundschu, M.D.	Radiology
Teresa Bradley, M.D.	Administration/Cancer Committee Advisor
Michael Diaz, M.D.	Cancer Liaison Physician/Medical Oncologist
Corey Evans, M.D.	Pain Control/Palliative Care
Rosalie Conner, R.N.	Oncology Nursing
Karen White	Performance Improvement/Quality Management
Vickie Leonard, LCSW	Social Worker/Case Management
Cindy Crisci	American Cancer Society
Reverend Al Hall	Pastoral Care Representative
Nancy Shannon	Public Member - Community Service
Jane Morse-Swett	Facility-based - Community Outreach
Alfonso Castro	Rehabilitation Services
Margie Blazek, R.N., OCN	Clinical Research
Maria Delgado, CTR	Certified Tumor Registrar
Francis Brown, RD	Dietary Services
Gail Bledsoe	Health Information Systems Manager
Bonnie Mason	Marketing Manager, St. Anthony's Hospital
Tim McMahon	Cancer Program Administrator
Alma Kohler	Pharmacy

Mission:

St. Anthony's Hospital will improve the health of all we serve through community-owned health care services that set the standard for high-quality, compassionate care.

Vision:

St. Anthony's Hospital will advance superior health care by providing an exceptional patient-centered experience with a focus on spiritual well-being.

Values:

The values of St. Anthony's Hospital are trust, respect and dignity and reflect our responsibility to achieve health care excellence for our communities.

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