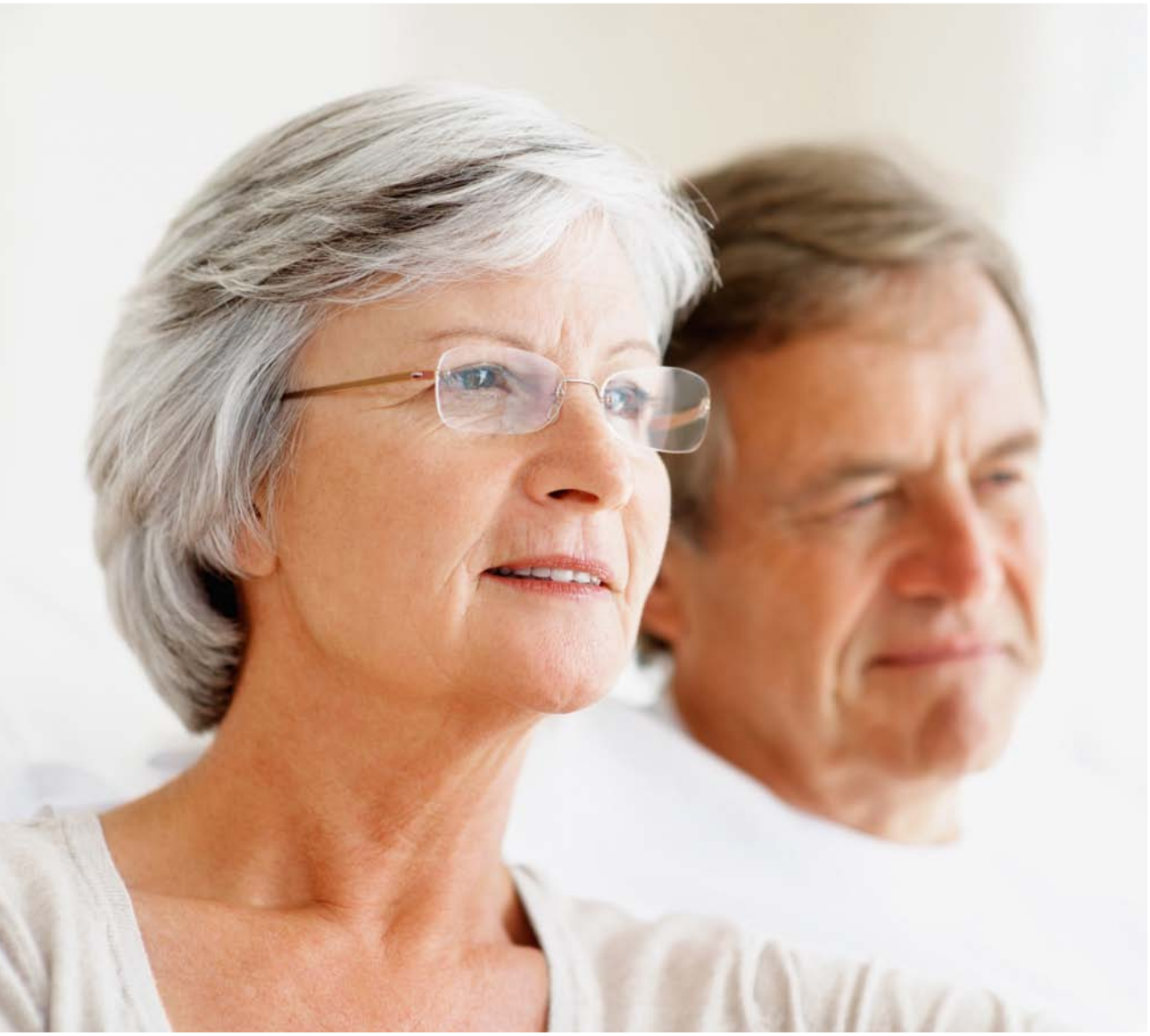
Cancer Report 2010

Using Statistical Data From 2009



St. Anthony's Hospital
BayCare Health System

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Cancer Committee - Chairman's Report

St. Anthony's Hospital Cancer Committee is proud to present the 2010 Annual Cancer Report, reflecting the collected data from 2009. The Cancer Committee monitors and guides the cancer program to ensure that our patients receive the highest standards of care in the diagnosis and treatment of their malignancies.

In 2009, there were 899 new cases of cancer diagnosed at St. Anthony's Hospital, which is the second highest annual total in recent history. Sixty percent of these patients were both diagnosed and received their first course of treatment at St. Anthony's Hospital, 27 percent came from other facilities to continue first course of treatment at St. Anthony's Hospital, while 13 percent of the newly diagnosed cases were too ill for further treatment, declined treatment and/or decided to seek treatment at another institution. The five most common sites were breast at 28 percent, lung at 16 percent, colorectal at 7 percent, prostate at 5 percent and lymphoma at 5 percent. Lymphoma replaced bladder as one of the top five sites in 2009.

Quality improvement standards and goals were established with collaborative efforts between the St. Anthony's Breast Program Leadership Committee and Cancer Committee, paving the way for accreditation of the St. Anthony's Hospital breast program through National Accreditation Program for Breast Centers (NAPBC). Also, the Susan Sheppard McGillicuddy Breast Center received a Breast Imaging Center of Excellence award by the American College of Radiology (ACR). One study demonstrated that 82 percent of our stage 1-2A breast cancer patients undergo sentinel lymph node evaluation while only 14 percent undergo immediate axillary lymph node dissection. Another study identified that 57 percent of the breast cancer patients undergo breast conservation surgery rather than mastectomies.

In 2010, St. Anthony's Hospital began offering weekly Breast Cancer Conferences as well as weekly General Tumor Board Conferences in an attempt to ensure expeditious review of cases to obtain multidisciplinary input directly influencing cancer care and management.

Clinical goals focused on AJCC Staging and initiating a Nursing Education Department Chemotherapy Class at St. Anthony's Hospital. A study performed on 2009 data indicated that 88 percent of breast cancer cases were being staged by physicians, but only 2 percent had staging documented in the patient's history and physical, or consultation. As a result, a joint effort between the Department of Surgery and the Cancer Committee was initiated in 2010 to mandate pre-surgical clinical staging in the operative report. In 2010, St. Anthony's Hospital held the first Chemotherapy Education Class for Nurses to facilitate the development of Oncology Certified Registered Nurses.

Along with the success of the Susan Sheppard McGillicuddy Breast Center, there has been further growth in other high-quality cancer programs (robot-assisted cancer surgery, access to participation in research trials, and Intensity-Modulated Radiation Therapy) that contribute to the successful outcomes for patients treated at this hospital. 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.

Michael Diaz, MD
Chairman Cancer Committee

Quality Assessment and Improvements

Quality assessment and improvement is the foundation of the St. Anthony's Hospital Cancer Committee (SAHCC). The Committee recognizes that our customers define quality and that meeting or exceeding the needs and expectations of each customer is paramount to our success as a program. At St. Anthony's Hospital (SAH), this is achieved through looking for opportunities to continually improve the cancer care process, one patient and one caregiver at a time.

The SAH reporting system for quality assessment and improvement is known as Team MAP. The process includes the following steps:

- Select indicators to monitor
- Monitor these indicators and identify improvement opportunities
- Prioritize processes to be improved, focusing on Service, Outcome and Cost
- Take action to improve the process
- Evaluate the impact the process change has on customer needs through a pilot program
- Implement process changes system-wide, which demonstrate positive impact on customer service, improved outcomes and reduced cost

In 2010, the SAHCC identified both short-term and long-term goals and improvement opportunities. One short-term improvement was for the SAH Clinical Education Department to offer a chemotherapy certification course for nurses working throughout the health system. In 2010, the first course was offered and seven nurses were certified to administer chemotherapy for patients in the SAH system. This improves patient safety by increasing the number of qualified caregivers on each shift that can supervise chemotherapy delivery. It also improves patient satisfaction by reducing the need to move patients when chemotherapy is ordered.

Another goal achieved in 2010 was the National Accreditation Program for Breast Centers' (NAPBC) approval of St. Anthony's Hospital and the Susan Sheppard McGillicuddy Breast Center. The Physician Breast Leadership committee (PBL) provided oversight of all aspects of the breast program including the implementation of a weekly multidisciplinary breast conference and the adoption of the National Comprehensive Cancer Network (NCCN) guidelines as the approved standard of care for breast cancer management. Also, the Susan Sheppard McGillicuddy Breast Center received the American College of Radiology Center of Excellence Award – a designation that is awarded to centers that have demonstrated excellence in breast imaging, such as mammography and breast ultrasound.

There were also steps taken to make the AJCC staging of cancers in the SAH system more electronic by incorporating the forms into the patient's electronic medical record. Although not entirely completed, this process has improved physician compliance and satisfaction with the staging process. In addition, there were discussions with the H. Lee Moffitt Cancer Center and other groups to affiliate around cancer research to increase clinical trial access for patients diagnosed and treated in the SAH system.

The SAHCC monitors indictors and improvements during Cancer Committee meetings. All SAH improvement activities are ultimately reported to the system President as well as the Board of Trustees through the Quality Leadership Task Force.

Tim McMahon
Cancer Program Administrator

2009 Statistical Summary

Incidence of Cancer

In 2009 there were 899 new cases of cancer diagnosed at St. Anthony's, with 93 recurrent or metastatic cancer from cases diagnosed and treated elsewhere (non-analytic). Figure 1 depicts the annual new accessions (cases) since St. Anthony's Cancer Registry reference date of January 1, 1998, through 2009.

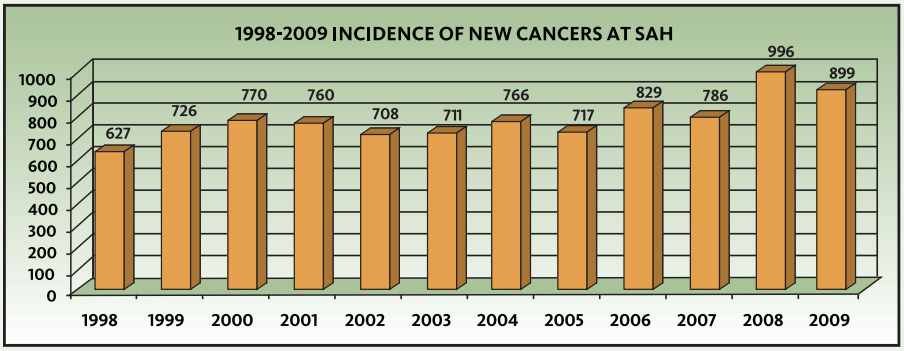


Figure 1

Class of Case

In 2009, 234 patients (26 percent) came from other facilities to continue first course of treatment at St. Anthony's Hospital (Class 2), while 546 patients (61 percent) were both diagnosed and received part or all of first course of treatment at St. Anthony's Hospital (Class 1). Only 119 patients (13 percent) of newly diagnosed cases were too ill for further treatment, declined treatment and/or decided to seek treatment at another institution (Class 0). These are considered the analytic cases. See Figure 2.

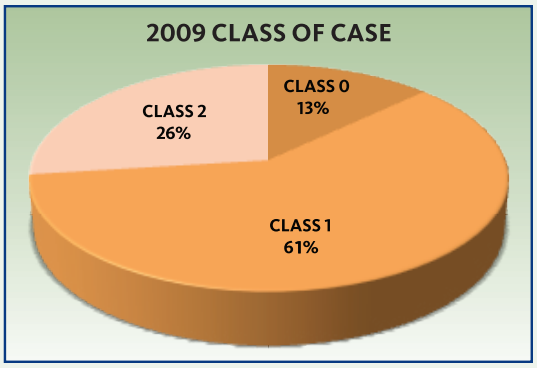


Figure 2

Top Five Primary Cancer Sites at SAH

The top five most frequent occurring cancers diagnosed/treated at St. Anthony's Hospital in 2009 were breast at 28 percent, lung at 16 percent, colorectal at 7 percent, prostate at 5 percent and lymphoma at 5 percent. For interest we have given the comparison data for the American Cancer Society on breast at 25 percent, lung at 15 percent, colorectal at 10 percent, prostate at 25 percent and lymphoma at 5 percent.

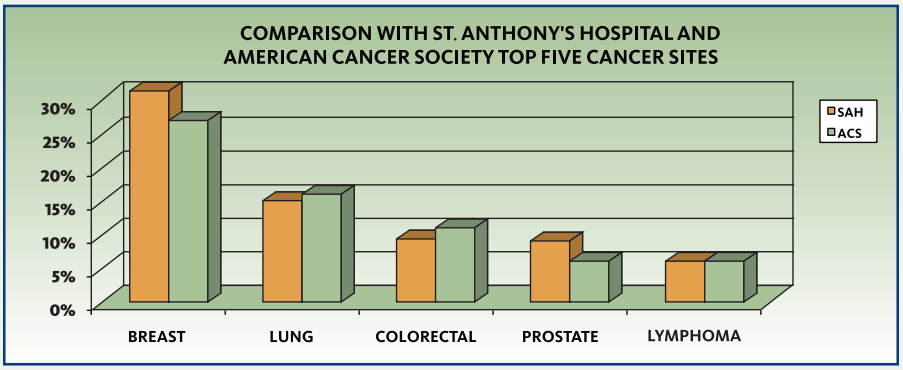


Figure 3

Breast data will naturally be higher at St. Anthony's due to our breast center which attracts a larger share of the breast cancer population. Lymphoma replaced bladder as one of the top five sites in 2009. See Figure 3.

Demographics

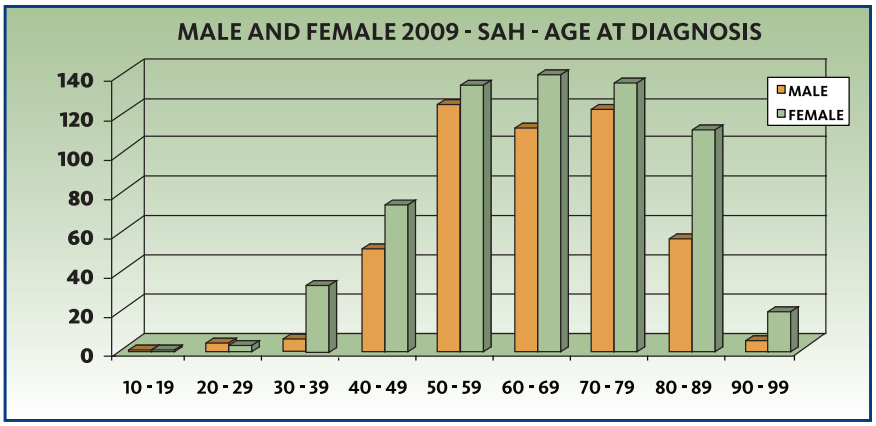


Figure 4

Data from the American Cancer Society's *Facts and Figures for 2009* estimated that there will be more than 1,479,350 new cancer cases in 2010, and 102,210 of those cases will be diagnosed in Florida. Gender at St. Anthony's Hospital was a little less equally distributed than in 2008, with 400 males and 579 females in 2009 with analytic and nonanalytic cases. This shift in gender could be due to the high number of breast cancer patients treated at our breast center.

Race was consistent with previous data: Caucasian - 83 percent, Africa American - 15 percent, Hispanic Asian, Oriental and American Indian – **2** percent. More than 20 percent of patients reported use of tobacco products (cigarette and/or cigars), and 20 percent reported previous use. Figure 4 depicts the age distribution at diagnosis. The median age for all cancer sites at diagnosis was 60, with more than 70 percent of all cases being diagnosed between the ages of 59 and 79.

Table 1 – 2009 Cancer Registry Statistics (Analytic and Non-analytic)

Primary Site	Total	Male	Female
All Sites	979	400	579
Oral Cavity	38	25	13
Tongue	15	11	4
Oropharynx/Hypopharynx	2	1	1
Other	21	13	8
Digestive System	149	87	62
Esophagus	5	5	0
Stomach	11	9	2
Colon	49	24	25
Rectum	24	11	13
Anus/Anal Canal	10	4	6
Liver	12	10	2
Pancreas	28	18	10
Other	10	6	4
Respiratory System	170	85	85
Nasal/Sinus	4	3	1
Larynx	11	9	2
Lung/Bronchus	153	71	82
Other	2	2	0
Blood and Bone Marrow and Bone	20	13	7
Blood and Bone Marrow	18	12	6
Bone	2	1	1
Connect/Soft Tissue	11	8	3
Melanoma and Other Skin	21	17	4
Breast	273	1	272
Female Genital	47	0	47
Cervix Uteri	5	0	5
Corpus Uteri	34	0	34
Ovary	7	0	7
Vulva	1	0	1
Male Genital	55	55	0
Prostate	52	52	0
Testis	3	3	0
Urinary System	73	51	22
Bladder	31	23	8
Kidney/Renal	38	26	12
Other	4	2	2

Lung Cancer at St. Anthony's Hospital

2000-2009 with Comparisons with the National Cancer Data Base (NCDB)

Dr. Robert Miller, MD
Cancer Liaison Physician
St. Anthony's Cancer Committee

Lung cancer is the second most common cancer seen at St. Anthony's Hospital (SAH) and accounted for 16 percent of analytic cases in 2009. Nationally, lung cancer accounted for 14.8 percent of all cases. The incidence of this disease has been stable over the last 10 years as noted in Figure 1.

Small cell carcinoma (SCL) accounted for 14 percent of and as shown in Figure 2, NSCL has been broken down into the different cell types stated in the pathology reports, such as non-small cell type, squamous cell carcinoma, adenocarcinoma, carcinoma not-otherwise-stated and other. Overall they amount to 86% of the lung cancer cases. In the NCDB, NSCL accounted for 84 percent and SCL 16 percent.

The race and age distribution are as noted in Figures 3 and 4 and are similar to the distribution from the corresponding NCDB.

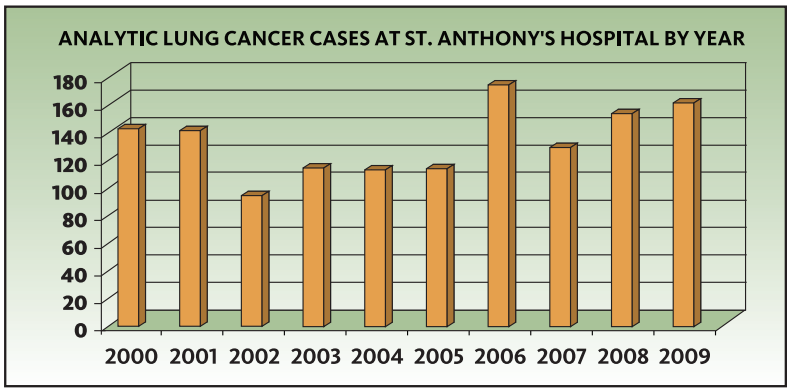


Figure 1

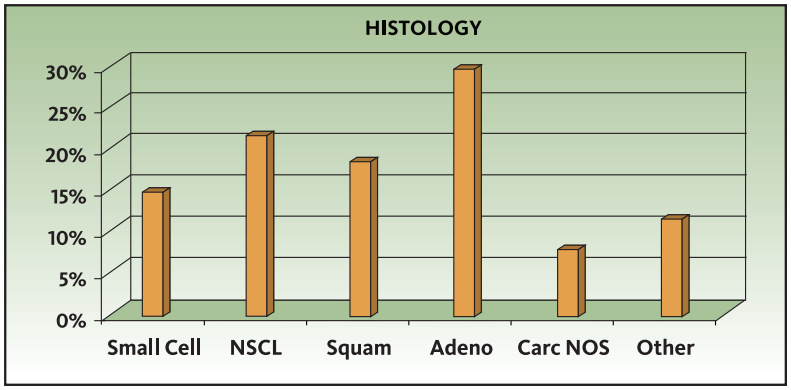


Figure 2

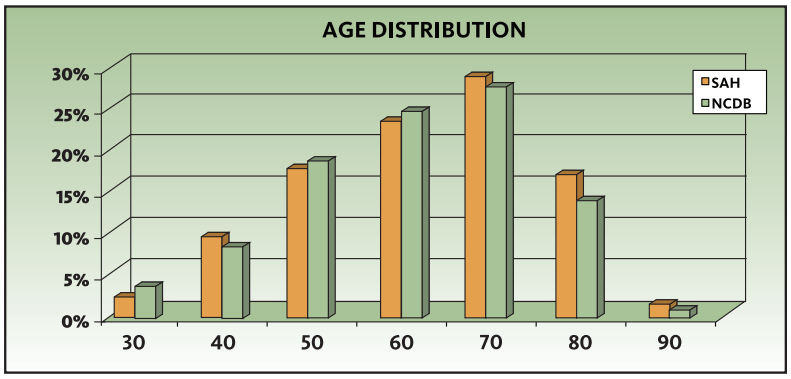


Figure 3

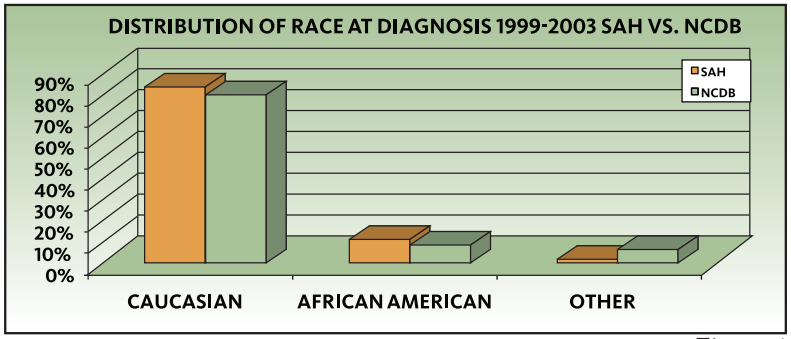
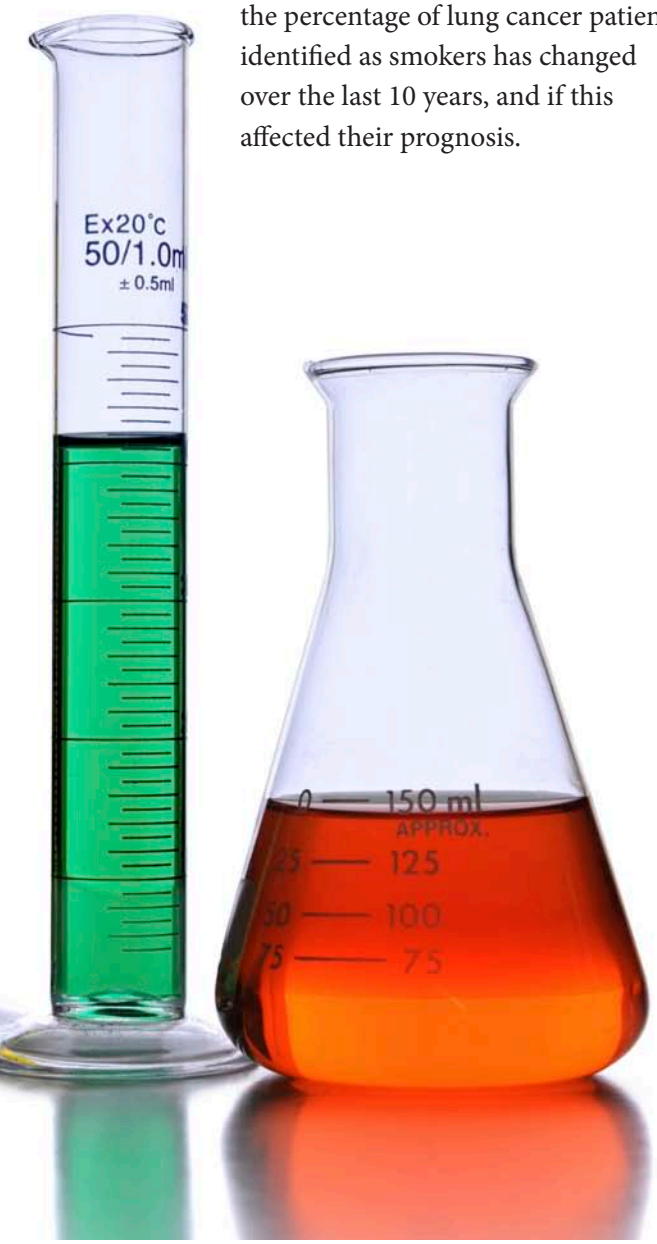


Figure 4

Gender: In 2009, the male to female ratio was approximately 50:50; nationally the ratio is 53:47. Stage distribution and comparisons are as noted. Patients with lung cancer are rarely diagnosed in early stages, and for NSCL, only 24 percent were stage I/II and for SCL only 13 percent. See Figures 5 and 6. Survival is similar to NCDB (Figures 7 and 8) and reflects the poor outcome of this cancer.

The frequency of smoking has been declining for many years and SAH became a completely smoke-free campus in 2011. We looked to see if the percentage of lung cancer patients identified as smokers has changed over the last 10 years, and if this affected their prognosis.



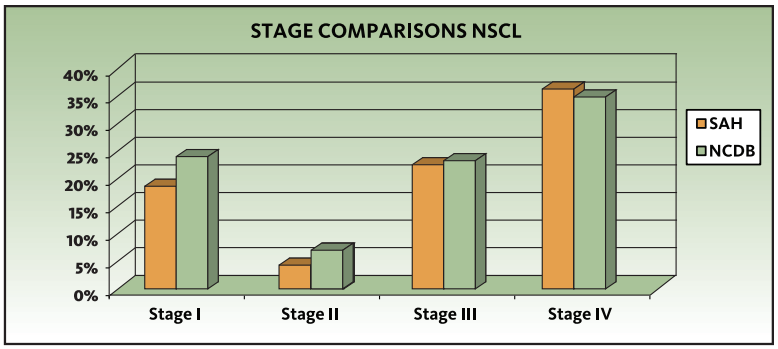


Figure 5

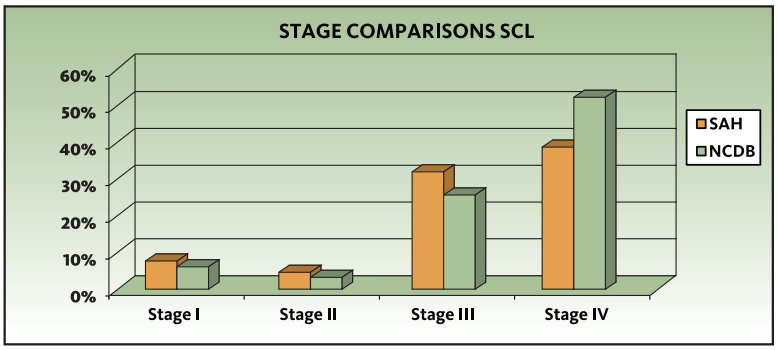


Figure 6

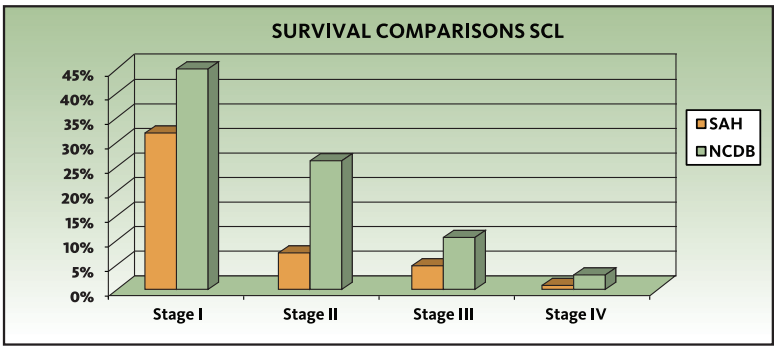


Figure 7

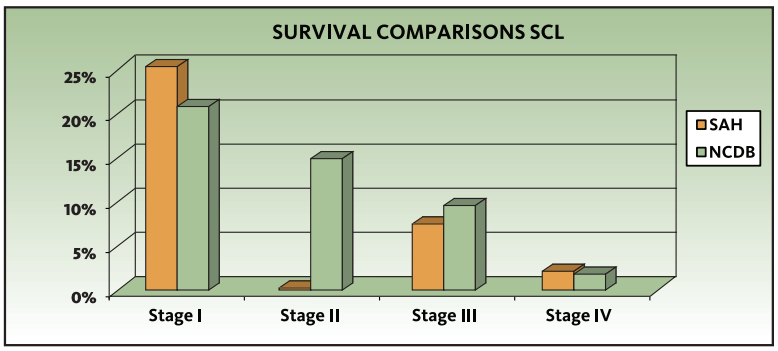


Figure 8

During the period 2000-2005, 16 percent of the NSCL patients were nonsmokers and this number increased to 19 percent in 2009. With SCL, 6 percent were non-smokers during 2000-2005, and this number rose to 21 percent in 2009. The details by gender and histology are as noted in Figure 9.

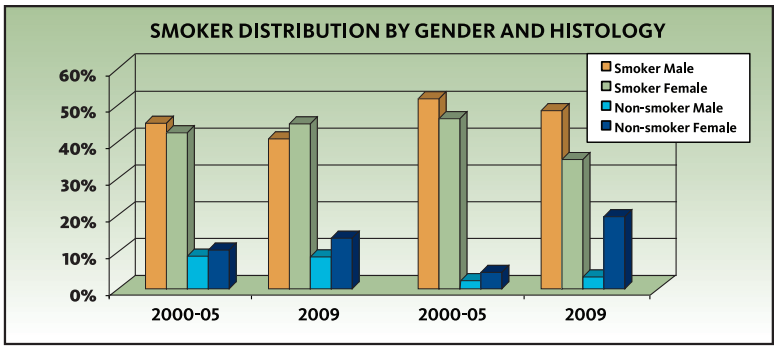


Figure 9

The outcome for nonsmokers was superior to smokers. The five-year relative survival for NSCL rose from 10.4 percent (smokers) to 16.3 percent (nonsmokers). For SCL patients, the survival was also much better, 5.13 percent (smokers) and 37.2 percent (nonsmokers). See Figure 10.

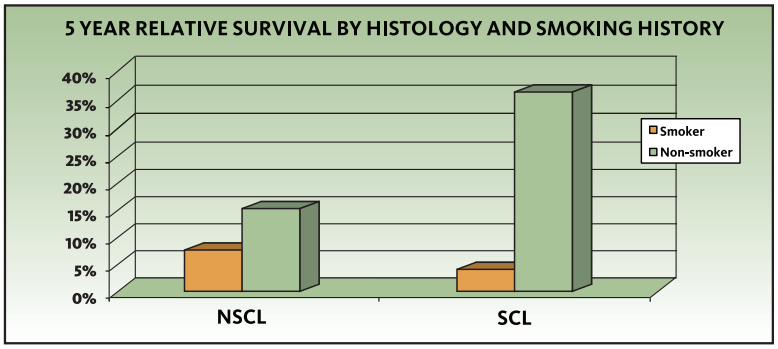


Figure 10

Conclusion

Lung cancer remains a major cause of morbidity, with most patients presenting with advanced stage disease and with overall survival poor. The best efforts to lower morbidity are related to smoking cessation and we have seen changes in both the incidence and outcome of nonsmokers who develop lung cancer. SAH will continue its efforts to promote nonsmoking and smoking cessation.

2010 Oncology Committee Members

Michael Diaz, MD	Cancer Committee Chairman/Medical Oncologist
Robert D. Miller, MD	Cancer Liaison Physician/Radiation Oncologist
Daniel Saenz, MD	Pathology
Claudia Bundschu, MD	Radiology
Ron Colaguori	Administration/Cancer Committee Advisor
Corey Evans, MD	Pain Control/Palliative Care
Kevin Huguet, MD	Surgery
Tim McMahon	Cancer Care Program Administrator
Rosalie Conner, RN	Oncology Nursing
Mary Gardner, RN	Nursing Education Specialist
Nancy Nethery	American Cancer Society
Reverend Al Hall	Pastoral Care Representative /Social Services
Jane Morse-Swett	Facility-based - Community Outreach
Ian Payne	Rehabilitation Services
Jane Jukes, RN	Clinical Research
Dinah Merrill, CTR	Oncology Data Services Manager
Francis Brown, RD	Dietary Services
Gail Bledsoe	Health Information Systems Manager
Dana Novak	Marketing Director

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.

St. Anthony's Hospital

BayCare Health System

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