Cancer Report 2013

Using Statistical Data from 2012

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St. Anthony's Cancer Committee Chairman's Report for 2013

The St. Anthony's Hospital Tumor Registry statistics, which are included in this report, noted 970 new cancer (analytic) cases. As in past years the most prevalent tumor types registered were the following: breast cancer 253 cases (26 percent of total), lung cancer 142 cases (15 percent), colorectal 75 cases (8 percent), prostate cancer, bladder cancer and lymphomas, each with exactly 41 cases (4 percent each). Also included in this report is a study of breast cancer incidence from 2008 to 2012 and survival data from 2003 through 2006 (latest published by NCDB).

The Tumor Registry also serves the function of tracking quality measure treatment statistics on breast cancer and surgical statistics on colon cancer. The findings for 2012 included:

Breast cancer patients:

- Breast radiation was delivered to **92.1 percent** of the patients treated with lumpectomy.
- Chemotherapy was considered or administered to **100 percent** of the eligible patients within 120 days of diagnosis.
- Hormonal therapy was considered or administered in **93.9 percent** of eligible patients within one year of diagnosis.
- In **94.3 percent** of the patients undergoing mastectomy, reconstruction options were discussed.

Colorectal cancer patients:

- **100 percent** of patients had 12 or more lymph nodes resected at the time of surgery.
- Radiation therapy was considered or administered within six months of diagnosis in **100 percent** of the eligible rectal cancer patients.

In 2013, we continued our efforts to maintain the highest quality of cancer care, including the efforts by the Breast Program Leadership and our alliance with and accreditation by National Accreditation Programs for Breast Cancer (NAPBC) and the American College of Surgeons Commission on Cancer (CoC). Reflecting our high standards in breast cancer management, the St. Anthony's Hospital Susan G. McGillicuddy Breast Cancer Program was once again accredited by NAPBC in November 2013.

The Tumor Board (multidisciplinary cancer conference) has continued in its tradition of meeting weekly every Wednesday morning. There were 219 cases presented. 123 of the cases presented were breast cancer patients and the remaining were from other cancer sites, including the most common sites of cancer such as lung, colon and prostate. The discussion surrounding most cases reflected the National Cancer Coalition Network (NCCN) guidelines as well as the CoC quality measures. Multidisciplinary physician attendance was above 80 percent.

Every other month, as in past years, there has been a formal cancer committee meeting in which opportunities for improvement of the care cancer patients were discussed. Some of the multidisciplinary departments include administration, community outreach, American Cancer Society, hospice, nutrition, physical therapy, pharmacy and chaplain services. Although cancer will continue to claim the lives of many of our patients for years to come, the outlook for the cancer patients has never been brighter at St. Anthony's Hospital and our efforts to improve the care of those patients will not cease.

In 2013, as a result of the Needs Assessment Study of the Lymphedema Patient, the L-Dex® equipment was obtained enhancing our ability to diagnose and manage potential lymphedema complications relating to breast cancer surgery. Other recently acquired technological advancements in cancer diagnosis and treatment at St. Anthony's Hospital include GPS-based mapping of lung cancer lesions, robotic-assisted resection of lung cancer and gastrointestinal endoscopy ultrasound technology.

Cancer patients treated at St. Anthony's Hospital already experience very high level of cancer care. I envision that the quality of cancer care at St. Anthony's Hospital will continue to progress as both the technology for and our efforts toward cancer management evolve.

I would like to take the opportunity to thank all participants of the Cancer Committee for their efforts in making 2013 a successful year and look forward to their gracious attendance in 2014.

Sincerely,

Rafael Rocha, MD
St. Anthony's Hospital
Cancer Committee Chairman

Quality Assessment and Improvements

In 2013, St. Anthony's Hospital (SAH) and BayCare Health System adopted a different approach to quality initiatives and priority focus that impacted the Cancer Committee's approach to quality assessment and improvements. The drivers of the quality model are the four key results of: patient-centered care, one standard of care, top decile performance and sustaining financial stability. Using this guidance, the St. Anthony's Hospital Cancer Committee (SAHCC) identified improvement opportunities in service, outcome and cost indicators as defined by our customers. The SAHCC then recommended process improvements based on data collected and analyzed through patient care studies and other initiatives throughout the hospital.

At St. Anthony's and BayCare, quality metrics are defined at a high level through Key Performance Indicators (KPI) and then brought down to the hospital team level through Team Award Goals (TAG). The team level reporting system for quality assessment and improvement is known as Team MAP. The SAHCC receives updates regarding the progress made toward quality improvement goals.

In 2013, the SAHCC focused on meeting customer needs throughout the care continuum. During the year, our physicians and other clinicians were in the community providing community education events related to cancer prevention, early detection and diagnostic and treatment advancements. In October, a physician panel that included a breast imaging radiologist, surgeon, OB/GYN and reconstructive surgeon provided an update on breast health and breast cancer management to over 50 community members.

Additional service improvements included the opening of a retail pharmacy on the St. Anthony's Hospital campus that will fill patient medication orders before discharge from the hospital and deliver to the bedside. This insures that the patient has the appropriate medications so continuity of care is maintained and resulting in reduced readmissions. The hospital also invested in advanced endoscopy equipment that allows for improved tissue yield, resulting in improved diagnosis of esophageal, hepatobiliary and lung lesions.

Focusing on patient-centered care, the SAHCC made recommendations for improving psychosocial and other support services for hospital-based outpatients. The pastoral care department increased the number of volunteers available to interact with patients in the Cancer Center and the medical oncologist's offices during treatments. These volunteers keep the physician and department team members aware of issues or concerns the patient shares with them.

In the 2012 annual report there was discussion about the L-Dex scan that can prescreen patients for lymphedema prior to breast cancer surgery and then monitor for signs of early lymphedema, so interventions can be initiated. The rehab department did acquire the L-Dex scanning equipment in 2013 and began screening patients as reported in the breast cancer patient care study reported in this year's annual report.

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

2012 Statistical Summary

Incidence: In 2012, there were 970 new cancer cases (analytic) and 231 cases with recurrent or metastatic cancer from cases (non-analytic) totaling 1201 cases for the year. Figure 1 depicts the annual new accessions (patients) in St. Anthony's over the last 10 years.

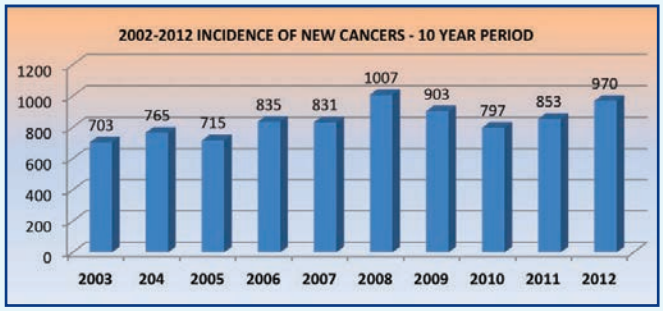
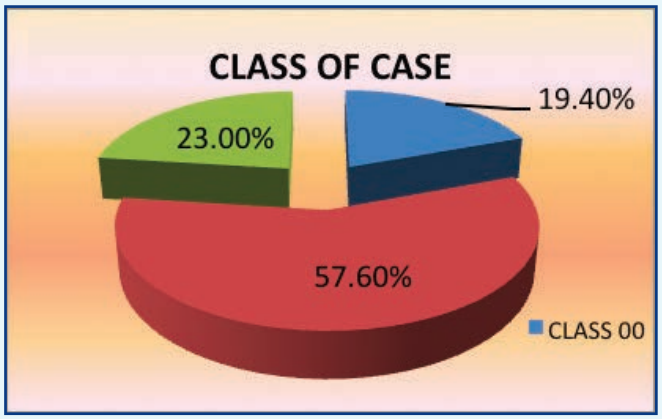


Figure 1

Class of Case: Only analytic cases are reported to the Commission on Cancer. Class 00, although not followed for survival data, are reportable to the CoC as analytic cases and consist of patients diagnosed at St. Anthony's Hospital and the registry has documentation of where they have gone for further treatment. In 2012 we had 189 (19 percent) of class 00 cases. Class 10-14 are cases that have been diagnosed and/or treated at St. Anthony's Hospital or the decision for no further cancer treatment was made at our facility.

For 2012 there were 559 cases (58 percent) in the class 10-14 category. Class 20-22 are cases that have been diagnosed elsewhere and come to SAH for partial or all of their treatment. In the 20-22 class of cases for 2012, there were 222 (23 percent) of the total cases (see figure 2).



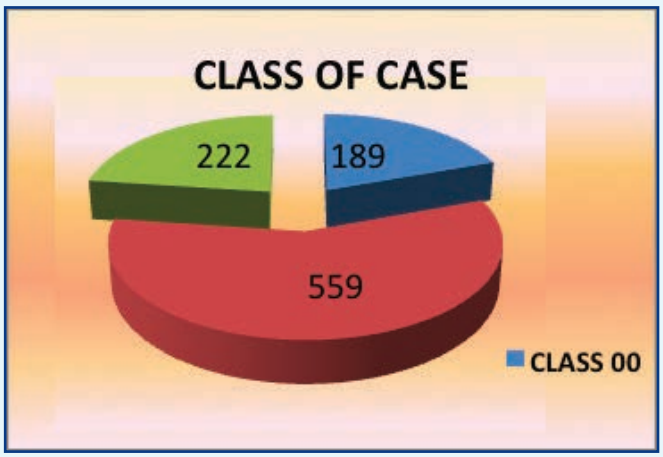


Figure 2

Top Six Primary Cancer Sites at SAH During 2012: The top six most frequent occurring cancers at St. Anthony's Hospital during 2012 were breast at 253 (26 percent), lung at 142 (15 percent), colorectal at 75 (8 percent), prostate at 41 (4 percent), bladder at 41 (4 percent), and lymphatics at 41 (4 percent). This can be compared to the American Cancer Society National Data of breast at 13.8 percent, lung at 13.8 percent, prostate at 14.8 percent, colorectal at 8.8 percent, bladder at 4.5 percent and lymphatics at 4.3 percent. Note is made of the increased percentage of breast and lung cases above the national percentage. This is could be attributed to the fact of having the Susan G. McGillicuddy Breast Center attracting a greater number of breast cancer cases and also that we have a radiation treatment center attracting an increased number of lung cases to St. Anthony's Hospital (see figure 3). All primary site distribution by gender are shown in Table 1.

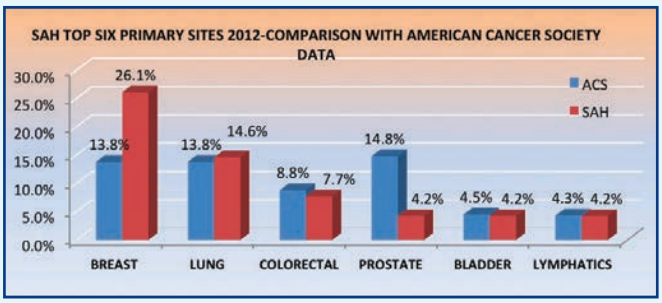


Figure 3

Primary Site	Total	Male	Female
All Sites	**970**	**404**	**566**
Oral cavity	27	20	7
Tongue	10	9	1
Lip	0	0	0
Other	17	11	6
Digestive system	190	105	85
Esophagus	16	12	4
Stomach	11	6	5
Colon	75	44	31
Rectum	19	7	12
Anus/anal canal	6	2	4
Liver	15	12	3
Pancreas	25	13	12
Other	23	9	14
Respiratory system	167	100	67
Nasal/sinus	5	2	3
Larynx	17	13	4
Lung/bronchus	142	82	60
Other	3	3	0
Blood and bone marrow and bone	24	11	13
Leukemia	11	7	4
Multiple myeloma	5	0	5
Other	8	4	4
Connect/soft tissue	7	3	7
Melanoma and other skin	24	16	6
Breast	253	1	252
Female genital	51	0	51
Cervix uteri	6	0	6
Corpus uteri	28	0	28
Ovary	11	0	11
Vulva	2	0	2
Other	4	0	4
Male genital	45	45	0
Prostate	41	41	0
Testis	4	4	0
Urinary system	62	49	13
Bladder	41	36	5
Kidney/renal	21	13	8
Other	0	0	0
Brain and CNS	34	15	19
Brain (benign)	2	0	2
Brain (malignant)	8	5	3
Other/meninges	24	10	14
Endocrine	27	7	20
Thyroid	20	3	13
Other	7	4	3
Non-Hodgkin/lymph system	37	26	11
Hodgkin/lymph system	4	1	3
Unknown primary/ill-defined	16	5	11

Table 1

Demographics: Data from American Cancer Society *Facts and Figures for 2012* estimated that there would be over 1,660,290 new cancer cases reported in the U.S. with 117,580 new cases from Florida alone. At SAH, the data on distribution of cancer by gender was 404 (42 percent) for males and 564 (58 percent) for females. When compared to the ACS percentages of 51.4 percent for males and 48.5 percent for females, St Anthony's has a greater percentage of female-to-male ratio, but again this could certainly be attributed to the fact that over 1/3 of our cases are (female) breast cases, with the Susan G. McGillicuddy Breast Center attracting a larger female population (see figure 4).

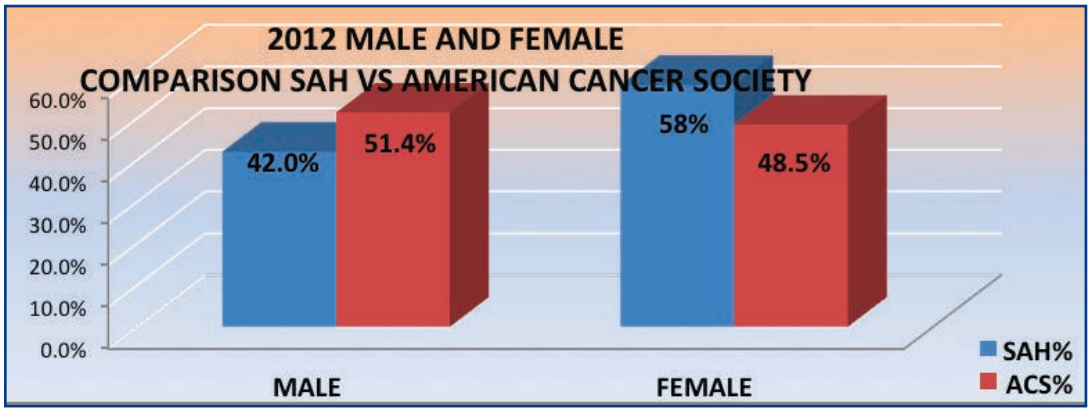


Figure 4

Age at Diagnosis: At St. Anthony's Hospital during 2012, the majority of cancers were diagnosed with patients in the range of ages 60 through 79. There were 10.5 percent for males and 13.6 percent for females ages 60 through 69, and 9.2 percent for males with 12.2 percent for females ages 70 through 79 (see figure 5).

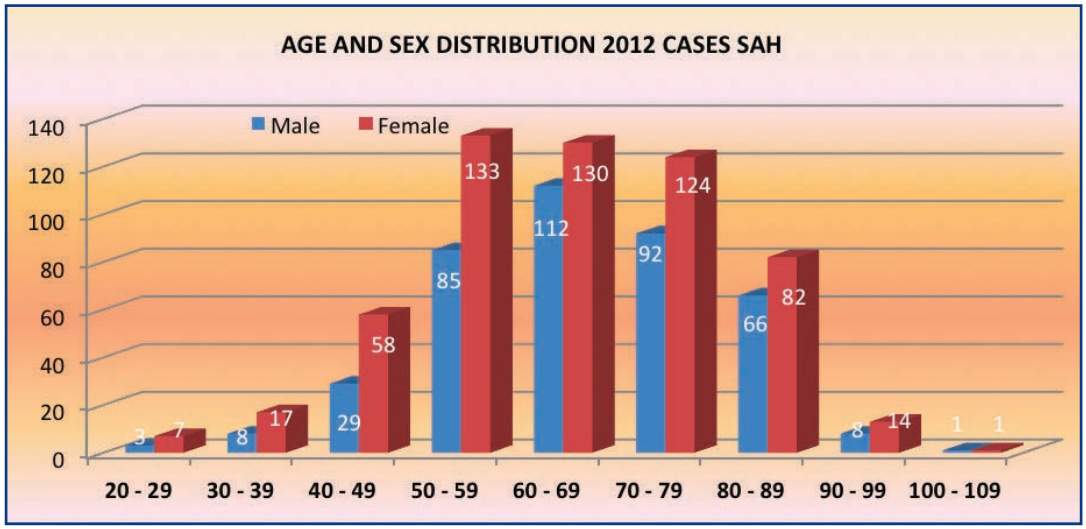


Figure 5

Stage at Diagnosis: Since staging plays in important role in the prognosis and treatment of cancer, it became important to focus on clinical staging and prognostic factors. For this reason, the process of discussing the National Comprehensive Cancer Network (NCCN) treatment guidelines, and staging at diagnosis for each case, was reemphasized in our Tumor Boards during the 2012 and has continued in the 2013 year.

During 2012, the St. Anthony's cancer registry recorded 7.4 percent stage 0, 27 percent stage 1 and 17.3 percent stage 2 cancers. For stage 3 there were 16.4 percent and for stage 4 we had 20 percent. One of the reasons we have such a high incidence of stage 4 cancers could be the advanced age of our population in Florida. Another could be the fact that we have a radiation center within St. Anthony's Hospital where we treat a great number of lung cancers, which unfortunately is one of those cancers that present at diagnosis in an advanced stage of disease. There are some cases that are unable to be staged due to the advanced condition of the patient, or there are some cancers have no AJCC staging schemas, i.e. hematopoietics, brain and unknown primary cancers. These cancers totaled 11.9 percent in 2012. For comparison with National Cancer Data Base (NCDB) for stage at diagnosis see figure 7.

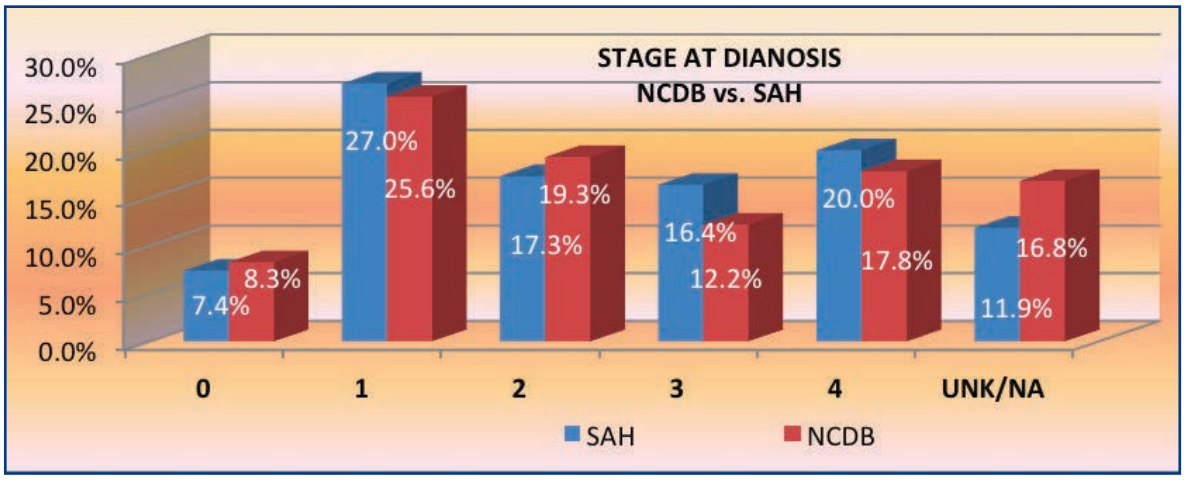


Figure 7

Tumor Boards

In an effort to have a multidiscipline approach to our patient care, St. Anthony's Hospital physicians hold cancer conferences (commonly called Tumor Boards) each week that consist of a diagnostic radiologist, a pathologist, a surgeon, a radiation oncologist and a medical oncologist, as well as ancillary personnel in attendance, i.e. nursing, therapists, registry personnel. Each week an average of four cases are presented for discussion. The purpose of this discussion is to include a possible differential diagnosis, and more especially, treatment planning with each of the disciplines mentioned according to the NCCN treatment guidelines. These treatment guidelines are the *standard of care* that have been approved for the St. Anthony's Hospital Cancer Care Program. Other disciplines and specialists are included in these discussions depending on the site being discussed or the needs of the patient. During 2012, all cases discussed were prospective cases except one case which was used as an educational forum. St. Anthony's Hospital Cancer Registry monitors and ensures that at least 15 percent of the total annual caseload is discussed at these cancer conferences, and that all top five sites have been presented during a given year. We also have a dedicated breast conference covering 15 percent of our breast cancer cases during the year with the same disciplines present to ensure the best care for our cancer patients.

- Total Multi-Site Cases Presented: 219/18.2 percent
- Total Breast Cases Presented: 123/48.6 percent
- Total Breast Tumor Boards 2012: 49
- Total Multi-Site Tumor Boards 2012: 49

Respectfully submitted,

St. Anthony's Hospital Cancer Registry

Patient Care Evaluation Study

Breast Cancer at St Anthony's Hospital - 2008-12

Introduction

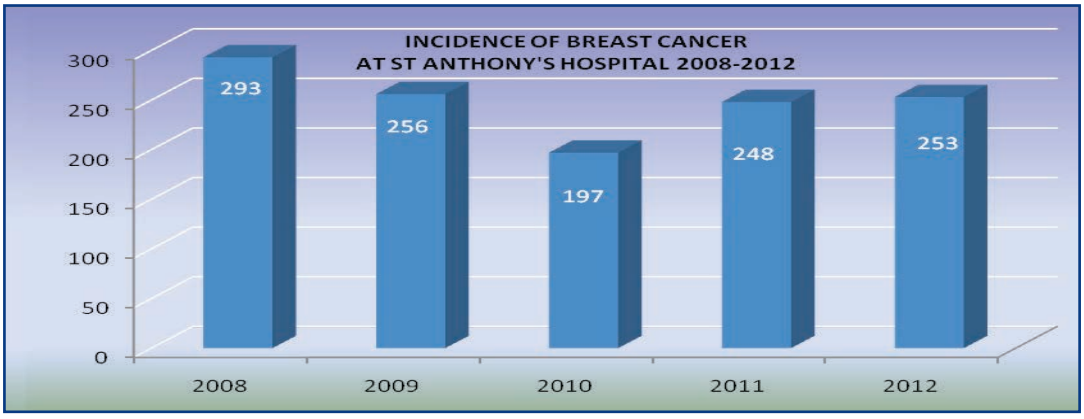
Breast cancer is most common cause of cancer in women in the United States. Based on American Cancer Society's Cancer Facts and Figures for 2013, there will be an expected 243,580 new breast cancers diagnosed during 2013 and 40,030 expected deaths from breast cancer, a sad fact given that this is a disease with a high cure rate when caught in its early stages.

Purpose: In accordance with the American College of Surgeon's Commission on Cancer, Cancer Programs Accreditation, the Cancer Committee at St. Anthony's Hospital requested that the registry prepare a study on breast cancer to include the years 2008 through 2012 with focus on quality of care and outcome data. A comparison is also made between the survival data of St. Anthony's Hospital and the NCDB survival data from 2003 through 2006 (most current available from NCDB).

Method: The Cancer Registry gathered data from analytic breast cases from the years 2008 through 2012. Class 00, though counted as analytic, are those cases diagnosed at SAH but received their treatment at another facility, and therefore are only included in the total number of analytic incidence of breast cancer diagnosed at St. Anthony's Hospital, but are excluded from the treatment statistics in this study. Analytic class of case 10 through 14 are cases that were diagnosed and/or treated at St. Anthony's Hospital, and analytic class 20 through 24 are cases that have been diagnosed elsewhere and treatment was administered at St. Anthony's Hospital or the decision not to treat was made at this facility. No primary cancer recurrence data were included in this study. These analytic cases were studied for age grouping at diagnosis, stage at diagnosis, treatment and survival. Comparison is made with the SAH registry data and that of the National Cancer Data Base (NCDB) survival data. Some American Cancer Society Data and Florida State Data were also used where stated.

Findings

Incidence: St. Anthony's Hospital analytic breast cancer cases for 2008-2012 data were gathered, totaling 1,247 cases. According to the American Cancer Society's *Facts and Figures for 2013* breast cancer will make up 14 percent of the estimated newly diagnosed cancers across the United States.



When comparing with St. Anthony's Hospital, the total incidence of breast cancer cases represented 26 percent for 2012. When reviewing 2008 through 2012, the incidence of breast cancer during that time represented 28 percent of the total analytic cancers reported.

Age at Diagnosis: The SAH breast cancer patients ranged from age 20 through 99. There were a total of eight males diagnosed with breast cancer during this time. The predominant age grouping regardless of gender during 2000-2011 was in the age 50-59 range, with 24 percent for SAH and 25 percent for NCDB. This was closely followed by the 60-69 age group, with SAH at 22 percent and NCDB at 23 percent. Not far behind came the 70-79 age group, with 21 percent for SAH and 17 percent for NCDB. For interest we included 2012 data in the graph and the predominance continues to be in the 50-59 age group (see figure 2).

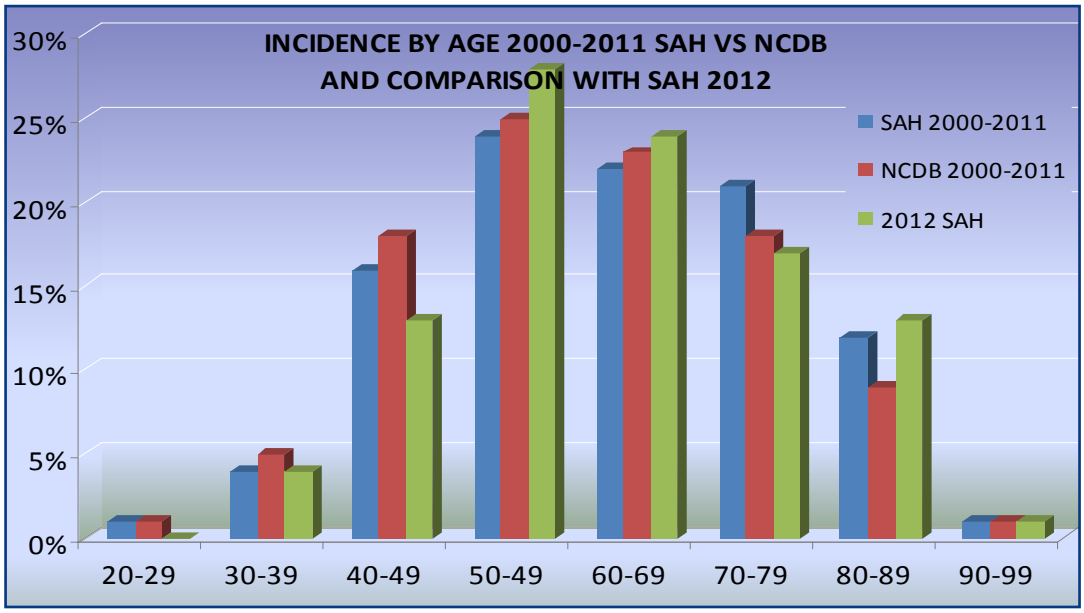


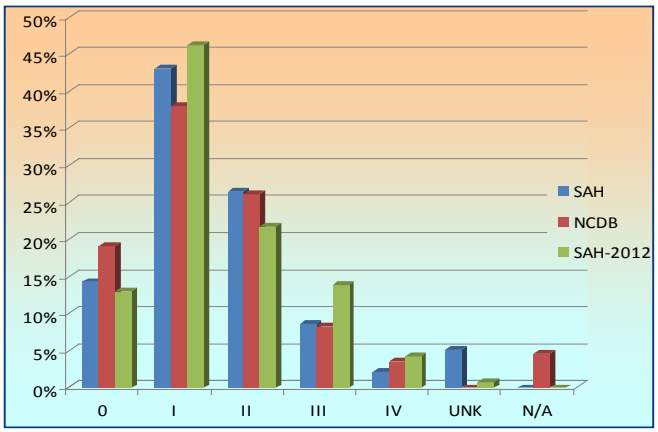
Figure 2

Diagnostic Process: The American College of Surgeons recommends needle biopsy to establish diagnosis of cancer prior to surgical excision/resection in the breast cancer patient. During 2012, there were 13 patients who proceeded to excisional biopsy without prior needle biopsy due to factors such as inability of the patient to tolerate the needle biopsy process, or due to an incidental finding in the contralateral breast while undergoing reconstructive surgery. Or it could be that the patient refused needle biopsy and chose to go straight to surgery. Overall, **93.3 percent** of patients at St. Anthony's Hospital had core needle biopsies prior to surgical resection.

Recommendation	Compliance
Core Needle Biopsy	93.3 percent

Staging: Stage at diagnosis plays a large part in the treatment of breast cancer. If caught at an early stage (stage 0 through stage 2) and treated early, the survival rate in the cancer patient increases dramatically. Staging at diagnosis is both clinical (pretreatment) and pathological (postsurgical), and consists of careful determination of the characteristics of the primary tumor (T), the status of the surrounding lymph nodes, including those with microinvasion (N), and the presence of distant metastasis (M). These categories have been refined to reflect updates in technology and clinical evidence and we currently use the latest (7th edition) of American Joint Commission on Cancer (AJCC) Staging Manual introduced in 2010.

As can be seen by the accompanying graph, St Anthony's Hospital breast cancer patients in the majority are diagnosed in the early stages of the disease, which reflects good screening practices offered to the public with routine mammography and early detection by imaging and biopsy within our Susan Sheppard McGillicuddy Breast Care Center, and compares favorably with the data collected across the nation by the NCDB. As with all cancers, there are some patients who cannot be staged due to the poor health condition of the patient or the patient's refusal for workup. This is reflected in the unknown and N/A categories on the graph below. For interest, we have included the 2012 breast cancer data on staging.



	Tumor	Nodes	Metastasis
	T	N	M
Stage 0	TIS	0	0
Stage 1A	1	0	0
Stage 1B	0	1 (micro)	0
	1	1 (micro)	0
Stage 2A	0	1 (micro)	0
	1	1 (micro)	0
	2	0	0
Stage 2B	2	1	0
	3	0	0
Stage 3A	0	2	0
	1	2	0
	2	2	0
	3	1	0
	3	2	0
Stage 3B	4	0	0
	4	1	0
	4	2	0
Stage 3C	Any T	3	0
Stage 4	Any T	Any N	1

Treatment: With the exclusion of class 00 (patients diagnosed but not treated at SAH), there were a total of 1,036 analytic cases studied for treatment outcomes. Magnetic resonance imaging (MRI) is a very useful service available to St. Anthony's Hospital for the high-risk breast cancer patient, as quite often it can change the treatment planning. MRI can often show a greater area of disease not caught on mammography and, although a patient may desire and plan for a lumpectomy, MRI can often reveal the need for more extensive surgery or a different treatment plan. A small study looking at the 2011 breast cancer patients who underwent MRI at SAH, showed that in 19 of 86 (22 percent) of our patients, the surgical plan was changed to mastectomy due to additional findings on MRI during treatment planning. Treatment for breast cancer consists of surgery, chemotherapy, hormone and radiation therapy, either alone or in combined regimens, and is dependent on the stage of the cancer at diagnosis, comorbid conditions and other prognostic factors.

Reconstruction: The American College of Surgeons recommends that breast reconstruction be discussed with all patients undergoing mastectomy. Reconstruction is a type of plastic surgery for women who have had all or part of the breast removed. The surgery rebuilds the breast mound so that it is about the same size and shape as it was before. The nipple and areola can also be added by the plastic surgeon. There are several approaches to breast reconstruction including:

- Implants, both silicone gel-filled and saline-filled
- Tissue flap combined with implant
- Tissue flap alone

The patient and reconstructive surgeon determine the best approach based on the breast cancer surgical approach, the adjuvant therapy required and the patient's overall health.

Hormone Tratment: The hormones estrogen and progesterone can stimulate the growth of some breast cancers. Hormone therapy is used to stop or slow the growth of these tumors and is used to treat early and advanced cancers in women who are at high risk for recurrent disease. According to the American Cancer Society, approximately 70 percent of breast cancer patients have tumors that contain estrogen receptors (ER-positive) or progesterone receptors (PR-positive). Certain hormone manipulating or blocking drugs are then recommended for these high-risk patients. At St. Anthony's Hospital we have been monitoring the percentage of patients who are eligible and began hormone therapy (see table).

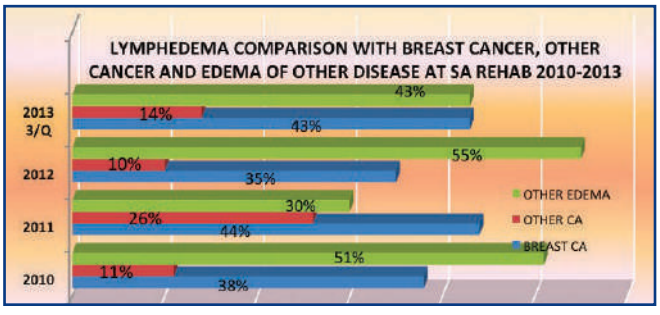
2009	98.8 percent
2010	91.9 percent
2011	93.9 percent
2012 2nd Q	94 percent

Radiation Treatment: Radiation following lumpectomy has been recommended by the American College of Surgeons rather than lumpectomy alone. As with other treatment, there are situations where the patient cannot complete the radiation therapy planned or might refuse to undergo radiation therapy. During 2008 through 2012, we have been monitoring the percentage of patients who have undergone radiation therapy following lumpectomy. However, since some of our 2012 patients are still undergoing radiation therapy as part of the first course of treatment (considered up to one year from the date of diagnosis) at this point in time we only have documentation for 65 percent of our patents. The table below shows 2008 through 2011 with the first half of 2012. This data collection is still ongoing.

2009	92.6 percent
2010	92.3 percent
2011	92.1 percent
2012 2nd Q	65 percent (plus)

Lymphedema and Breast Cancer - 2010, 2011, 2012, 2013: As seen in the table below, the breast cancer patient is definitely at high risk for the development of lymphedema. The table below shows the actual number of patients in each category during a given year treated for lymphedema and the graph follows with percentages.

Year	Breast Cancer	Other Cancer	Other Disease
2010	20	6	27
2011	33	20	24
2012	34	9	53
2013 3rd Q	35	12	35



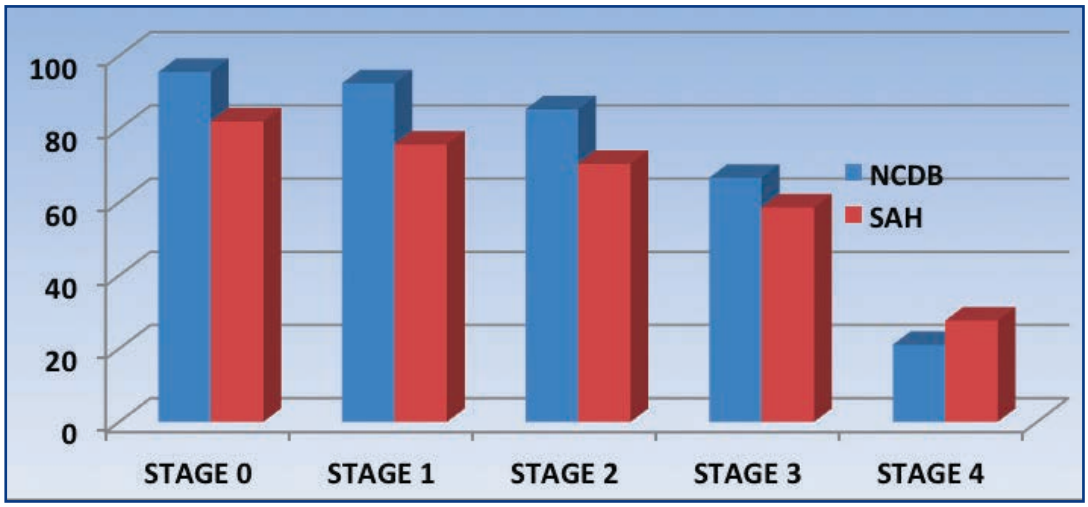
L-Dex® Testing

During 2012, the St Anthony's Hospital Rehabilitation Clinic proposed the purchase of the L-Dex system, a system that tests the presurgical patient for the potential of high risk of lymphedema. L-Dex technology monitors changes in extracellular fluid in the arms and legs of women and the legs in men. These changes can aid the surgeon, oncologist and therapist in clinically assessing for unilateral lymphedema of the limb. The L-Dex number provides an instant tool for aiding in the clinical assessment of unilateral lymphedema of the limb, as well as an easy way for clinicians to track extracellular fluid change in the patient's limb over time.

The Cancer Committee approved this service for our patients and during 2013 this service became available to all St. Anthony's patients and more especially, will be a service that can be encouraged with our breast cancer patients.

Survival: Below is a comparison with the National Cancer Data Base (NCDB) five-year survival by stage of breast cancer patients in 2003 through 2006 (which is the last survival data published by the NCDB) and St. Anthony's Hospital breast cancer patients for the same years. As can be seen, if caught and treated in its early stages, breast cancer has the most favorable outcome.

Comparison Graph at 60 Months	Five Years	Stage 0	Stage 1	Stage 2	Stage 3	Stage 4
	NCDB	95.6	92.5	85.4	66.7	21.1
	SAH	82.1	75.8	70.5	58.6	27.7



Conclusion

In 2012, the majority (81 percent) of the breast cancer patients evaluated at St. Anthony's Hospital were diagnosed in the early stages of the cancer, with 13 percent diagnosed with Stage 0, 47 percent with stage 1 and 21 percent with stage 2. The remaining cases were diagnosed with stage 3 and stage 4 or the stage was unknown. As noted, diagnosis of breast cancer at an early stage results in better outcomes. The favorable trend of early diagnosis in breast cancer has remained constant at St. Anthony's Hospital for the last several years.

Rafael Rocha, MD
St. Anthony's Hospital
Cancer Committee Chairman

2013 Oncology Committee Members

Rafael Rocha, MD	Cancer Committee Chairman/Medical Oncology
Robert Miller, MD	Cancer Liaison Physician/Radiation Oncology
Ron Colaguori	Administrator/Cancer Committee Advisor
Tim McMahon	Cancer Program Administrator
Daniel Saenz, MD	Pathology
Claudia Bundschu, MD	Radiology
Ian Payne	Rehabilitation Services
Charles Guastella	Pharmacy
Reverend Al Hall	Pastoral Care/Psychosocial Services
Corey Evans, MD	Palliative Care Services
Kevin Huguet, MD	Surgery
Rosalie Conner, RN	Oncology Nurse Manager
Mary Gardner, RN	Nursing Education
Laurie Dobler	Outreach Coordinator
Rose Ellen Lucarell	Director of Surgical Services
Frances Brown, LRD	Nutrition Services
Cindi Crisci	American Cancer Society
Dinah Merrill, CTR	Manager, Oncology Data Services

Mission: St. Anthony's Hospital will improve the health for 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.

Notes:

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