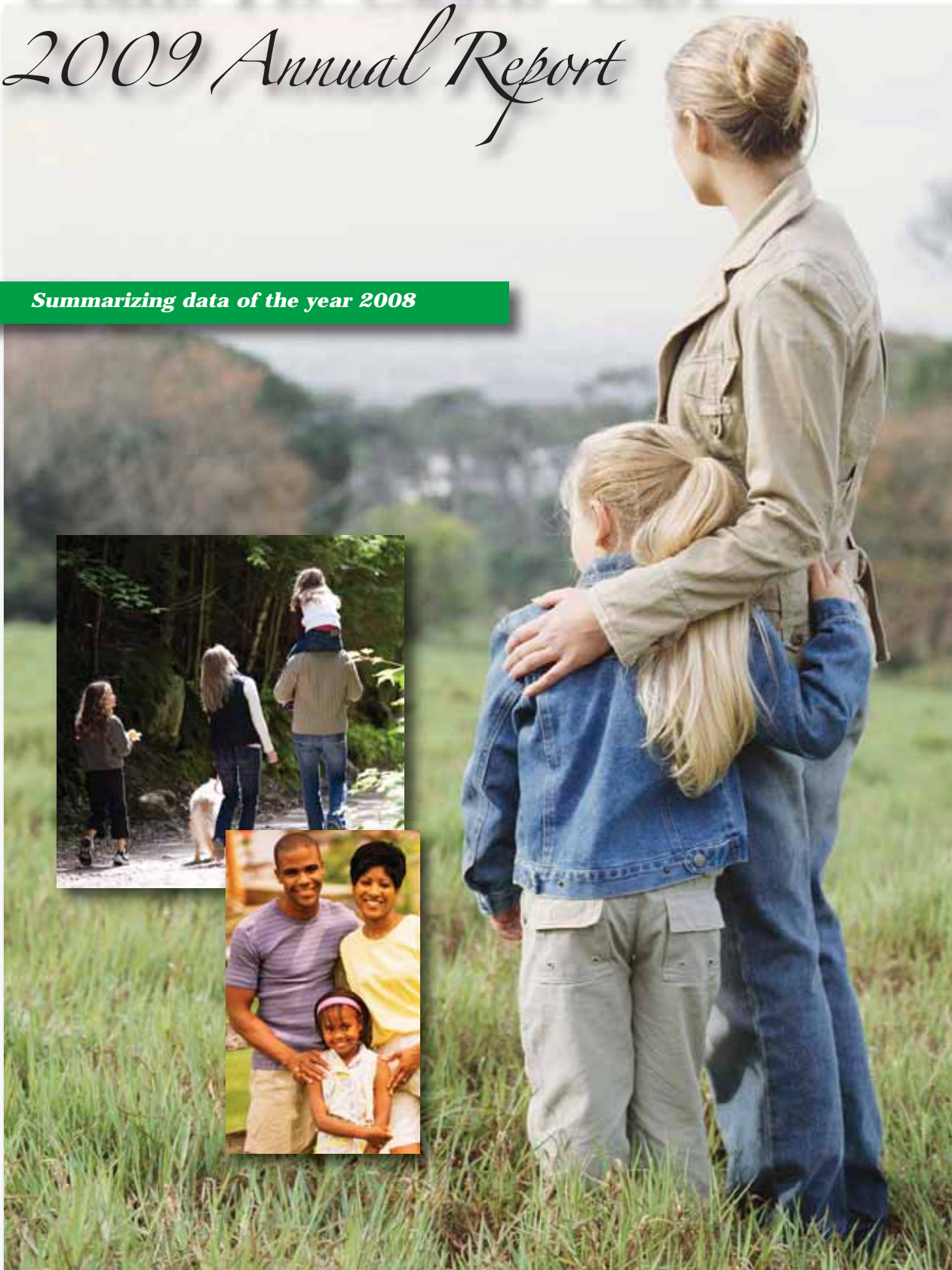


# *Center For Cancer Care 2009 Annual Report*

**Summarizing data of the year 2008**





Dear Friends of the Center for Cancer Care:

I am proud to present the 2009 Cancer Program Annual Report, based on 2008 data, detailing the progress of the cancer program at OSF Saint Anthony Medical Center. I hope you find this report informative and enlightening. As a cancer program approved by the American College of Surgeons since 1942, we remain dedicated to our mission of improving cancer care through education, treatment, and health services.

In the pages that follow you will see a summary of the cancer program with the addition of these exciting achievements that took place in 2009. We continue to strive to provide superior quality care with compassion.

- We recently witnessed the addition of physicians Dr. Ajaz Khan and Dr. Vandana Rajagopalan, medical oncology and Dr. Karen Smorowski, radiation oncology to our center as both our program and our patient care services continue to expand.
- We are proud to recognize Dr. Kent Hoskins, medical oncologist, for his paper "*Validation of the Pedigree Assessment Tool (PAT) in Families with BRCA1 and BRCA2 Mutations*" which was published in the *Annals of Surgical Oncology*.
- Cancer Conferences have been expanded to include a dedicated Head/Neck Multi-disciplinary Cancer Conference with Dr. Stephen Bradley as moderator, and also a monthly Central Nervous System Cancer Conference in conjunction with OSF Saint Francis Peoria.
- Implementation of our facility-wide EMR with an oncology module.
- Expanded oncologic pharmacy services to expedite the administration of medications and minimize the potential for error.
- Building upon the success of our patient navigator program we welcomed a second breast cancer navigator, Juliette Strombeck, BSN, RN, OCN.

In keeping with our Mission, we strive to provide a warm, supportive and dignified environment for patients at all stages of their disease, whether receiving treatment, rehabilitation or palliative care.

I personally extend my thanks to a team of extremely motivated and dedicated physicians, nurses, multi-disciplinary staff and volunteers for their tireless efforts on behalf of our patients, their families and the entire community we serve. We also remain grateful for the support received from the administration here at OSF Saint Anthony Medical Center that continues to allow the program to move forward.

Sincerely,

Richard E. Nora, MD, FACP  
Medical Director for Oncology Services  
Chairman, Cancer Committee

**CANCER REGISTRY**

The Cancer Registry plays a vital role in establishing and maintaining standards set by the American College of Surgeons (ACOS) for the Comprehensive Center for Cancer Care at OSF Saint Anthony Medical Center. The registry utilizes a data system designed for the collection, management, analysis, and reporting of information on persons with cancer or certain blood disorders that have been diagnosed or treated at this facility.

As required by state law, registry data is reported to the Illinois State Cancer Registry (ISCR) at the Illinois Department of Public Health and also to the National Cancer Database (NCDB) where it is used as a benchmarking tool.

The collected data on more than 10,000 cancers maintained in the cancer registry is available for use by the medical staff and other healthcare professionals for special studies, reports and research. During 2008, the registry responded to multiple requests for data from clinicians and administrative staff that were used for treatment planning and evaluation, outcome measurement, clinical research, and cancer program strategic planning.

The collection of accurate, complete and timely information is an ever-present goal of the cancer registry. Abstract audits are routinely performed by a physician to ensure quality of information of the analytic cases. OSF Saint Anthony Medical Center consistently meets or exceeds this standard.

Each patient entered in the registry database is followed for life, with treatment and survival data then being summarized and utilized at local, state, and national levels. The current follow up rate is 89% since the reference year and 93% for the last five years. These percentages exceed the follow-up rates of 80% and 90% respectively, established by ACOS.

The registry is overseen by two Certified Tumor Registrars (CTR) who are responsible for coordinating cancer conferences, cancer committee meetings and the survey process with ACOS, ensuring that each of the standards are being met. The registry also assists with quality studies and oversees production and publication of the annual report. The registrars attend educational seminars at both state and national levels to maintain credentials and stay abreast of new developments in the field of oncology and the constantly changing standards and guidelines.

**CANCER CONFERENCE**

Cancer conferences provide an open forum for multidisciplinary presentations and discussions on various treatment options and ultimately the determination of the most appropriate patient management plan.

Weekly cancer conferences continued with enthusiasm in 2008 and were extremely well-attended by the medical staff. There were 48 Wednesday morning conferences, all eligible for Category I continuing medical education credit.

These convenient on-site educational opportunities for the medical staff included diagnostic, pathologic and treatment overviews on 163 cases. The most commonly presented primary cancers were brain, breast, colon, lung, and lymphoma.

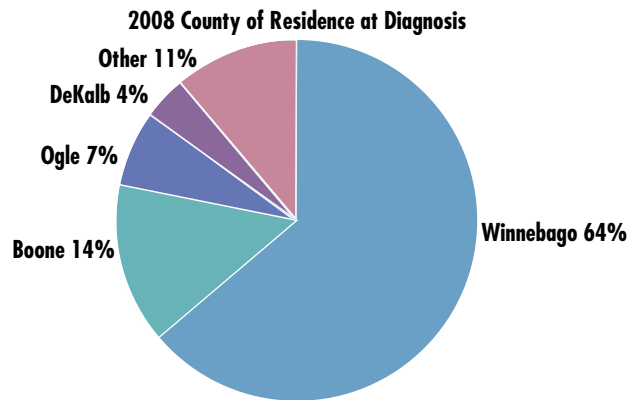
**2008 STATISTICAL SUMMARY**

Information obtained in demographics is important. By understanding our patient population, OSF Saint Anthony Medical Center is able to offer community education, improve screening programs, implement state of the art technology, offer clinical trials, and provide enhanced support services.

<b>Total Cases</b>	<b>895</b>	
<b>Analytic Cases</b>	<b>847</b>	<b>(95%)</b>
Patients who were diagnosed and received all or part of their first course of treatment at OSF Saint Anthony Medical Center. The data in this report will reflect only analytic cases.		
<b>Non-Analytic Cases</b>	<b>48</b>	<b>(5%)</b>
Patients who were diagnosed and received their entire first course of treatment at an outside institution and now come for treatment after initial treatment failure or with recurrent disease.		

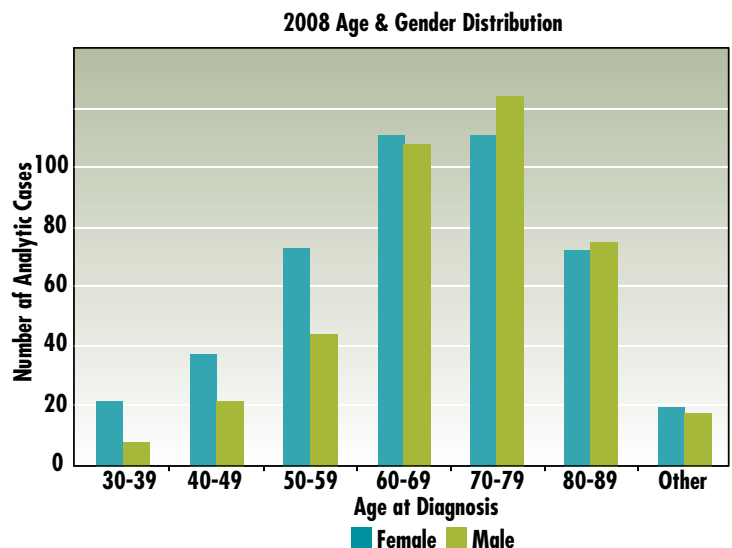
**Geographic Distribution**

The majority of patients (64%) diagnosed and/or treated at OSF Saint Anthony Medical Center resides within Winnebago County.

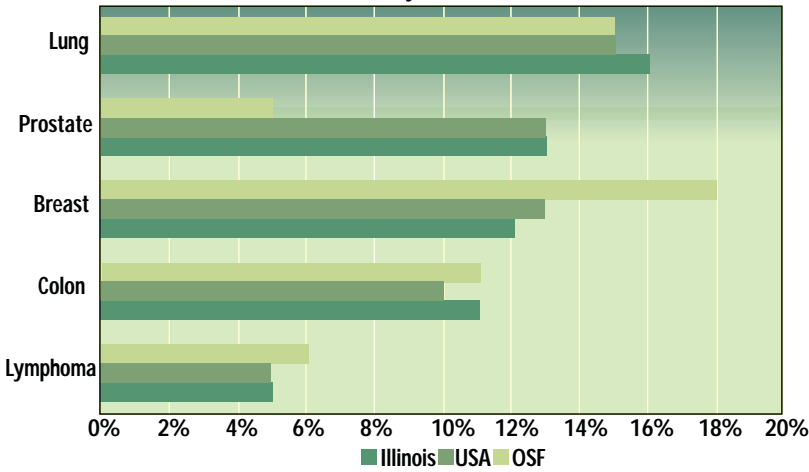


**Age & Gender Distribution**

In terms of gender, females had a slightly higher incidence rate (53%) compared to males (47%). A steady increase in incidence is demonstrated with the 70's range being the decade of highest cancer incidence. This is a reflection of the fact that the development of a malignancy is associated with aging.



**2008 Comparison of Major Sites  
OSF Saint Anthony vs. State & National**



**Major Site Comparison**

Cancer remains the second most common cause of death in the United States, exceeded only by heart disease according to the American Cancer Society's *Cancer Facts & Figures 2008*. Comparisons of the top five major cancer sites are reviewed. Breast cancer continues to be the number one cancer diagnosed and treated at OSF Saint Anthony Medical Center, exceeding the national rates. Comparisons are made to state and national statistics, as seen in the table. OSF Saint Anthony Medical Center statistics are actual cases while the state and national figures are estimates furnished by the American Cancer Society's *Cancer Facts & Figures 2008*. Information obtained from the comparison data helps to measure and evaluate our efforts in diagnosing patients with cancer.

Oral Cavity	28	Urinary System	64
Digestive System	143	Brain/CNS	29
Respiratory System	139	Endocrine System	22
Soft Tissue	4	Lymphomas	49
Skin	32	Multiple Myeloma	14
Breast	149	Leukemias	28
Female Genital System	39	Miscellaneous Sites	56
Male Genital System	51		

**Analysis of Major Site – Colon & Rectum**

Colorectal cancer is the third most common cancer diagnosed in both men and women in the United States. An estimated 108,070 new cases of colon cancer and 40,740 new cases of rectal cancer were expected in 2008 according to the American Cancer Society. In the state of Illinois, 6570 new cases were expected to be diagnosed. The overall lifetime risk for developing colorectal cancer is about 1 in 19. A number of risk factors have been identified that may increase a person's chance of developing colorectal cancer.

**Risk Factors**

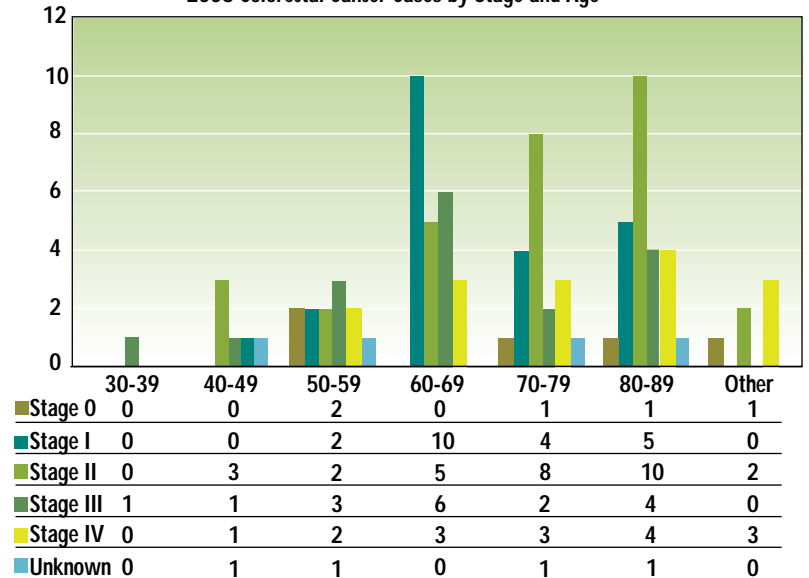
The primary risk factor for colorectal cancer is age, with more than 90% of cases diagnosed in individuals over the age of 50. Only 10% of all colorectal patients at OSF Saint Anthony Medical Center in 2008 were less than 50 years old.

**Risk Factors Associated with Colorectal Cancer**

- Age
- Personal history of colorectal polyps or colorectal cancer
- Personal history of inflammatory bowel disease (IBD)
- Family history of colon cancer
- Diets high in red meats and processed meats
- Low physical activity level
- Obesity
- Smoking
- Heavy alcohol use
- Type 2 diabetes

*Refer to the American Cancer Society for a detailed guide of these individual risk factors.*

**2008 Colorectal Cancer Cases by Stage and Age**



**Diagnosis, Screening and Prevention**

Early colorectal cancer typically has no signs or symptoms; however, as it progresses, a patient may note bleeding from the rectum, blood in stool, change in bowel habits, cramping or lower abdominal pain. Cancer screening offers the best opportunity to diagnose colorectal cancer early, often before the most common signs and symptoms have appeared and when it is more likely to be treated successfully. Based on the current screening guidelines which recommend that beginning at age 50 years old, men and women who are at average risk for developing colorectal cancer should have one of the following:

- 1) Fecal occult blood test annually
- 2) Flexible sigmoidoscopy every 5 years
- 3) Colonoscopy every 10 years
- 4) Double-contrast barium enema every 5 years
- 5) CT colonography (virtual colonoscopy) every 5 years

The grouping “colorectal” cancer includes a cancer arising in any segment of the colon (cecum, appendix, ascending colon, hepatic flexure, transverse colon, splenic flexure, descending colon, sigmoid colon), plus the rectum.

### Location of Colorectal Cases at OSF Saint Anthony 2008

Cecum	30%	Splenic Flexure	1%
Appendix	1%	Descending Colon	5%
Ascending Colon	12%	Sigmoid Colon	15%
Hepatic Flexure	7%	Large Intestine	4%
Transverse Colon	5%	Rectum	20%

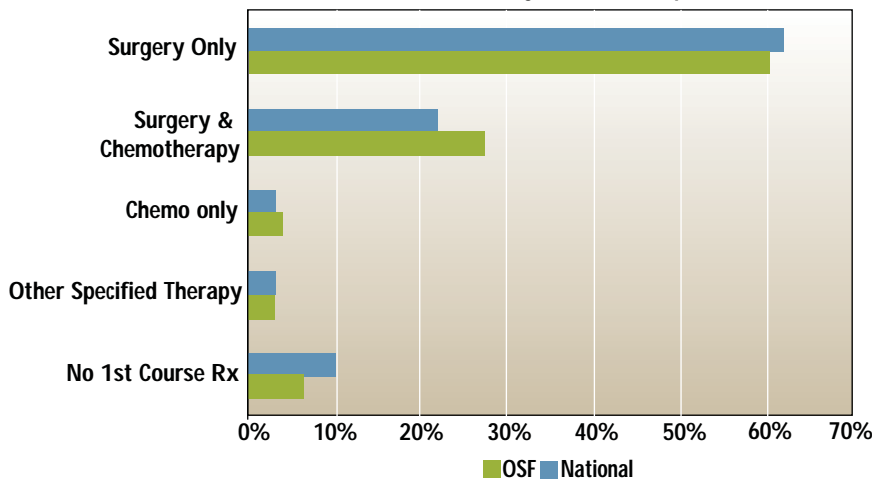
### Treatment

NCDB and OSF data suggest that surgery is indicated in the majority of 2000-2006 colorectal cases, either alone or in conjunction with other treatment modalities. Radiation therapy is more common for rectal cancer and rarely administered for colon cancer. OSF Saint Anthony has demonstrated 100% concordance in 2004-2006 with the ACOS colon and rectum cancer performance indicators.

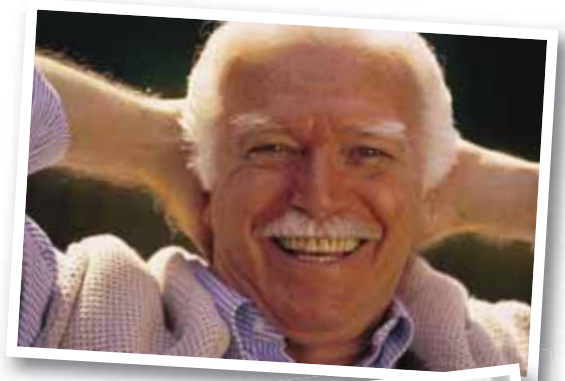
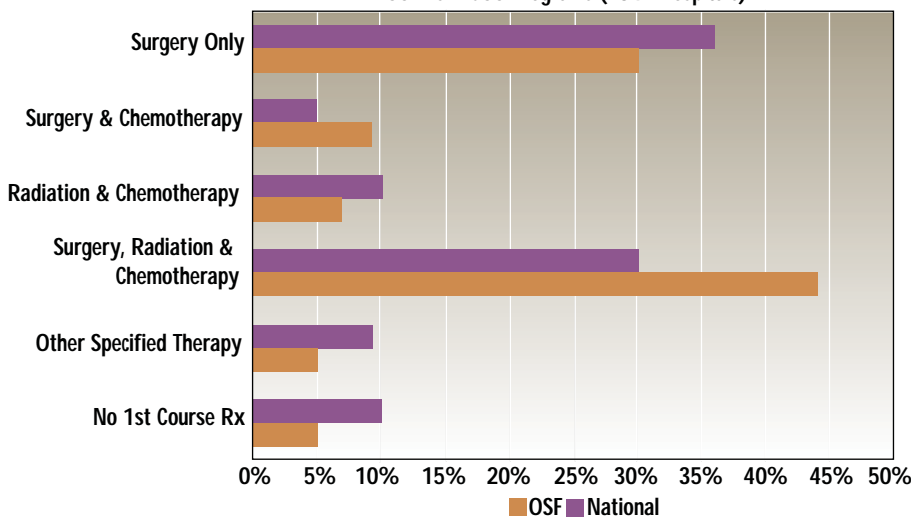
### ACOS Cancer Program Practice Profile Reports (CP<sup>3</sup>R) for Colon and Rectal Cancers

What is measured?	2006 Performance Rates (OSF vs. All Approved ACOS Programs)
<b>Colon:</b> Adjuvant chemotherapy is considered or administered within 120 days of diagnosis for patients under the age of 80 with AJCC Stage III colon cancer.	<b>100% (OSF) vs. 84% (All Programs)</b>
<b>Rectum:</b> Radiation therapy is considered or administered within 180 days of diagnosis for patients under the age of 80 receiving surgical resection for AJCC Stage III rectal cancer.	<b>100% (OSF) vs. 89% (All Programs)</b>

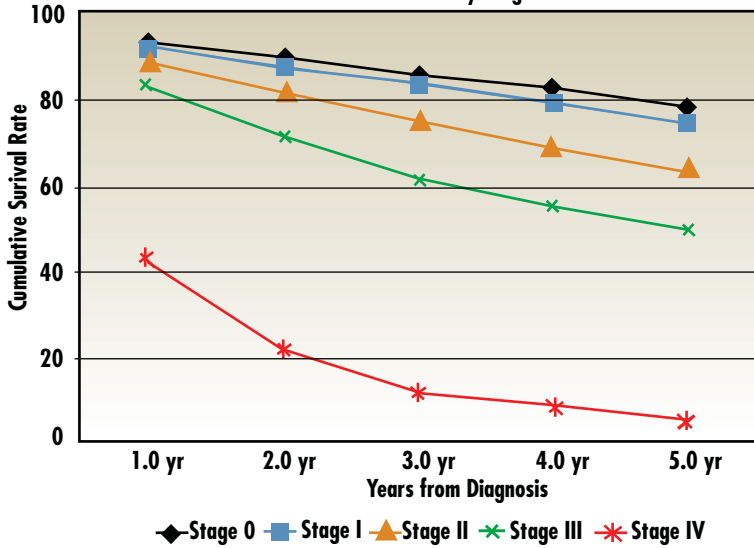
Treatment of Colon Cancer 2000-2006  
OSF vs. ACOS Programs (1351 Hospitals)



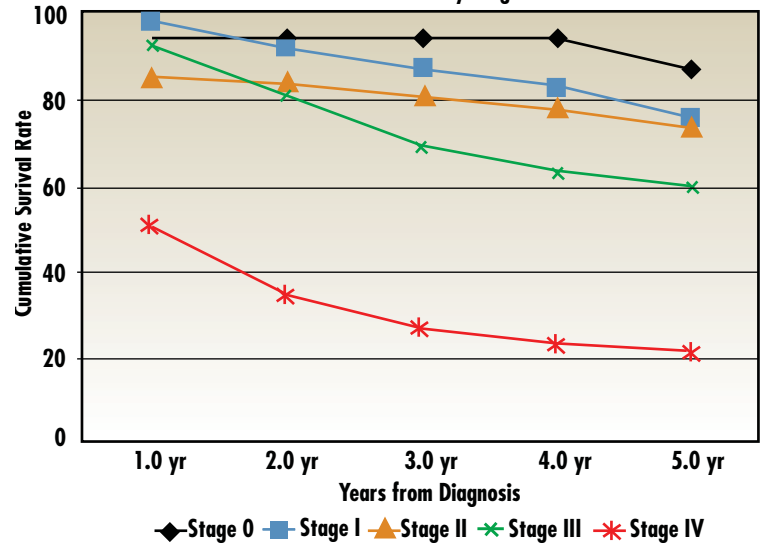
Treatment of Rectum Cancer 2000-2006  
OSF vs. ACOS Programs (1347 Hospitals)



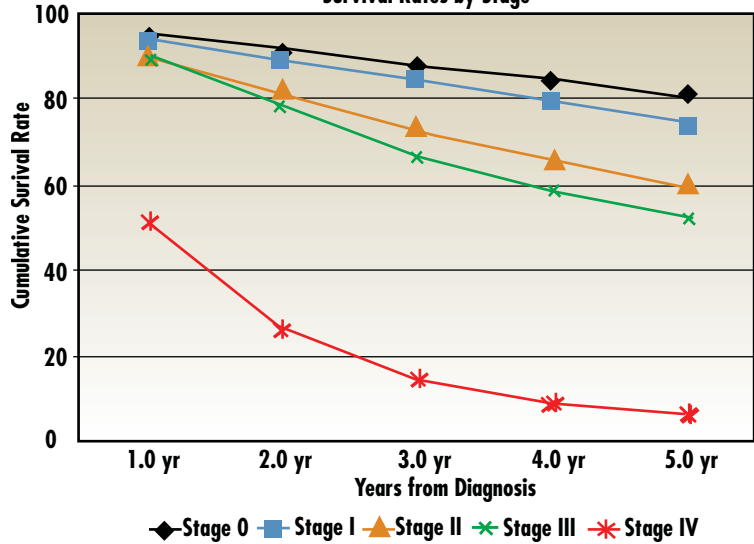
**Colon Cancer NCD 1998-2001  
Survival Rates by Stage**



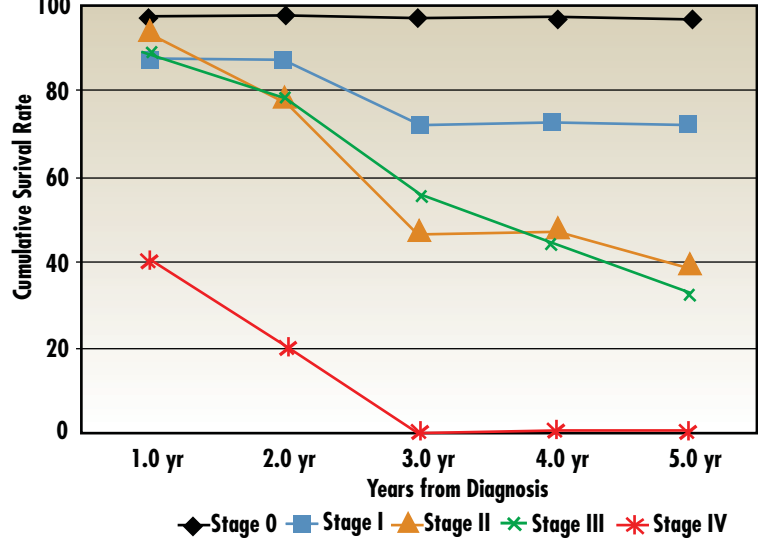
**Colon Cancer OSF Saint Anthony 1998-2001  
Survival Rates by Stage**



**Rectum Cancer NCD 1998-2001  
Survival Rates by Stage**



**Rectum Cancer OSF Saint Anthony 1998-2001  
Survival Rates by Stage**



**Survival**

The 5-year survival rate refers to the percentage of patients who live *at least 5 years* after being diagnosed. While these numbers are among the most current available it is important to remember that they represent patients who were diagnosed and treated many years ago. With current advancements in screening and treating colorectal cancers these rates may be higher.

NCDB colon and rectum cancer survival studies were reviewed. Overall OSF Saint Anthony performed on par with the NCDB. For Stage IV rectum diagnoses though, there were only a few patients in the OSF Saint Anthony database for this time period, not giving us a good statistical analysis.

**Cancer Recovery and Rehabilitation**

Everyday evidence is mounting that exercise is so important to our physical well-being. It is even more important with a cancer diagnosis and the prospect of undergoing treatment. Recent research on exercise rehabilitation for the cancer patient has demonstrated significant improvements in function, muscle strength and endurance, as well as less fatigue, depression and anxiety.

*The Cancer Rehabilitation Program* at OSF Saint Anthony allows patients to recover these strengths at their own pace and, in a way that allows them to keep moving forward in their treatment and ideally progressing to join one of the OSF Cancer Recovery Exercise Classes. Our goal is to improve the quality of life – no matter what challenges our patients face.

According to the American Cancer Society, recent studies of people with earlier stage (I, II, or III) colorectal cancers showed that increasing recreational physical activity after diagnosis reduced the risk of death from colorectal cancer by as much as half. The level of activity needed to reduce risk was about 4 to 5 hours of brisk walking per week.

## CANCER COMMITTEE

*The Cancer Committee is a multidisciplinary group comprised of physicians from various specialties, as well as representatives from departments that provide support, and manage cancer care. The committee guides and implements cancer related policies and programs for OSF Saint Anthony Medical Center, and meets quarterly to accomplish these activities.*

Cancer Committee Chairman	Richard Nora, MD
Physician Liaison	Ajaz Khan, MD
Community Outreach/Research	Karen Burton, BS, RN, CRNI, OCN, CCRP
Quality Improvement	Julie Carlson, MSN, RN, APN, AOCNS
Cancer Registry Quality	Lynn Kiehl, CTR
Administration	Eric Benink, MD
Administration	Joyce Nicklas, MBA, RN
American Cancer Society	Shannon Wilt
Cancer Registry	Tanya Magnuson, CTR
Dermatology	Paul Revis, MD
Dietary/Nutrition	Olympia Tominelli, RD, LDN
Dietary/Nutrition	Jodi Witte, RD, LDN
Gastroenterology	Kevin Peifer, MD
Genetic Research	Peggy Rogers, BSN, RN, OCN
Health Information Services	Jane Malone, RHIA
Medical Oncology	William Edwards, MD
Medical Oncology	Harvey Einhorn, MD
Medical Oncology	Kent Hoskins, MD
Medical Oncology	Mete Korkmaz, MD
Medical Oncology	Vandana Rajagopalan, MD
Oncology Nursing	Marilyn Paladino, MBA, RN
Oncology Nursing	Elizabeth Torres, BSN, RN, OCN
Oncology Services	Marilyn Gemme, MS, RN
Pastoral Care	Dean Parker
Pathology	David Laib, MD
Pharmacy	Jaime Borkowski, Pharm. D.
Podiatry	Janus Skwark, DPM
Psychiatry	Martin Fields, MD
Quality Care	Melody Meier
Radiation Oncology	George Bryan, MD
Radiation Oncology	Karen Smorowski, MD
Radiology	Randall Rhodes, MD
Radiology	Scott White, MD
Rehabilitation Services	Lisa Timpe-Johnson, PT
Social Services	Joanne Walker, MSW, LCSW
Surgery	Stephen Bradley, MD

## REFERENCES

- *AJCC Cancer Staging Handbook, Sixth Edition*, American Joint Commission on Cancer; 2002.
- American College of Surgeons National Cancer Database (NCDB) Benchmark Reports, [www.facs.org/cancer/ncdb/index.html](http://www.facs.org/cancer/ncdb/index.html)
- *Cancer Facts and Figures 2008*, American Cancer Society, 2008, [www.cancer.org](http://www.cancer.org)

*For general information or to refer a patient to the Center for Cancer Care at OSF Saint Anthony Medical Center call (815)227-2273.*

The annual report is prepared by Lynn Kiehl, CTR, Supervisor Cancer Registry and Tanya Magnuson, CTR, dedicated to our cancer patients and to all those who are joined together in the fight against cancer.



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