CANCER CENTER AT RIDDLE



2005 Cancer Program Annual Report

(Based on 2004 Data)

RMH CANCER CENTER OFFERS YOU.....

Jefferson Radiation Oncology Center at Riddle, under the direction of Merrill J. Solan, MD, provides state-of-the-art radiation therapy modalities including IMRT. Dr. Merrill Solan and Dr. Jessie DiNome are both board certified in radiation/oncology. For further information, please call 610-627-4350.

Hematology/Oncology Associates offer the latest chemotherapy and hormonal cancer treatments as well as management of hematological diseases. Drs. Andrew Solan, Melvin Lapes, Lee Bogart and Christina Clay are all board certified in hematology/oncology. For further information, please call 610-565-2355.

Family Resource Center, located in the Cancer Center lobby, provides a user-friendly computer that is updated monthly with the latest in cancer diagnosis and treatment information. In addition, the Center contains an extensive library of free, cancer-related printed materials, including books, pamphlets, movies and government-provided information. The Resource Center is open to all members of the Riddle community as well as hospital personnel. For further information, please call 610-627-4480.

Clinical Trials, under the direction of Lorie Matson, RN,BSN,CCRP, enables our community members to enroll in nationally approved studies for cancer prevention and treatment. Current clinical trials are conducted through the Jefferson Cancer Network, Jefferson Oncology Group and the National Cancer Institute. For further information, please call 610-627-4480.

Cancer Prevention Screenings and Lectures are held throughout the year and offered free of charge. To sign up for breast screening only, call 610-891-3010. For all other screenings and lectures, call 610-627-4680, or visit us on the web at www.riddlehospital.org. For further information, please call 610-627-4480.

- March Colorectal Cancer Prevention Lecture
- May-August Skin Cancer Prevention Lecture and Screening
- · September Prostate Cancer Prevention Lecture and Screening
- · October Linda Creed Breast Cancer Prevention Screening

Cancer Support Groups offer free, interactive support for newly diagnosed or surviving patients and their loved ones. For further information, please call 610-627-4480.

- · General Support Group Weekly, Tuesday, 1-3 pm, HCC I, Conference Room A
- · Breast Cancer Support Group Monthly, 1st Tuesday, 6 pm, Annex Conference Room
- "Man to Man" Prostate Education and Support Group Monthly, 2nd Tuesday, 6:30 pm, Annex Conference Room

Buddy Program offers free, personalized information and emotional support, matching newly diagnosed cancer patients with patients who have successfully completed cancer treatment. For further information, please call 610-627-4480.



Tobacco Dependency Treatment program under the direction of Deborah Mantegna, RN, offers numerous free opportunities for assistance with tobacco dependence and prevention for adults and adolescent community members. For further information, please call 610-891-3635.

"Look Good Feel Better" workshops, in conjunction with the American Cancer Society, provide free, practical information for women undergoing cancer treatment, to deal with appearance-related side effects such as hair, skin and nail changes. This program is offered quarterly. For further information, please call 610-891-3560.

Head Covering and Breast Prostheses consultations are available through the Cancer Center and can be provided in your own home. For further information, please call 610-627-4480.

Cancer Survivor Celebrations are conducted annually in June, featuring uplifting, informational speakers and refreshments. The Celebration provides the opportunity for our cancer survivors, along with their loved ones, to share their road to recovery with others familiar with surviving cancer. For further information, please call 610-627-4480.

Nutritional Counseling – Patients and family members can participate together to optimize cancer therapy by using foods that provide essential nutrients. Each week registered dietitians provide free group instruction in the Cancer Center. Additionally, individual nutritional counseling can be obtained in Riddle's Nutrition and Weight Center. For further information, please call 610-891-3490.

Medically Based Physical Fitness Programs provide individually designed plans to maintain strength and endurance during cancer therapy. For further information, please call 610-891-3045.

Lymphedema Physical Therapy is offered by specially trained physical therapists using manual lymphatic drainage techniques to reduce lymphatic swelling. For further information, please call 610-891-3030.

Social Services/Home Care provides psychosocial support as needed by the cancer patient or their families. Home care arrangements can be made for qualified individuals to receive in-home nursing services. For further information, please call 610-891-3326.

Cancer Center Staff and Volunteers – Very knowledgeable, caring and dedicated individuals staff our Cancer Center. Their whole focus is on providing you with the best emotional, practical and medical support available.

BREAST CANCER: THE RIDDLE EXPERIENCE

Comparison of Data, RMH 1999, 2004 and National

The breast is the most common site of cancer in women, second only to lung cancer as a cause of death from cancer among women. The probability of developing breast cancer increases throughout life; by age 80, a woman has an 11.8% chance of developing breast cancer. There are however, subgroups of women with a much higher risk of developing breast cancer. These subgroups consist of patients who have a family history of breast cancer in a parent, sibling, or child (especially bilateral or premenopausal), genetic mutations (BRCA1 or BRCA2), history of endometrial or ovarian cancer, cancer in the other breast, and proliferative forms of fibrocystic disease. In the United States in the year 2004, approximately 217,500 new cases of breast cancer were diagnosed, and about 40,500 women succumbed to this disease. The incidence of breast cancer has increased steadily over the past few decades, but breast cancer mortality appears to be declining. This reflects both early detection through mass screening programs consisting of physical and mammographic examination of asymptomatic women, and more effective treatment modalities. Exciting research into the genetics of breast cancer continues to enhance our potential to identify preexisting genetic aberrations and to possibly interfere with multiple specific steps in breast cancer development.

Riddle once again has the opportunity to evaluate our experience in breast cancer, comparing clinical data from 1999 and 2004 with national statistics. The number of patients treated for breast cancer at Riddle has shown a modest increase from 1999 to 2004. As demonstrated in Graph 1, the age at diagnosis has shown a shift to a younger population in 2004 as compared to 1999. Among the reasons for this could be the changing demographics of the area surrounding Riddle. Additionally, as demonstrated in Graph 2, the AJCC Stage at diagnosis in 2004 reveals fewer Stage I patients, and greater numbers of AJCC Stage II and IIIB patients, as compared to 1999.

Statistically combining Stages I and II, and comparing treatment by AJCC Stage, as noted in Table 1, there has been a marked shift to breast conservation treatment, consisting of lumpectomy, radiation therapy, chemotherapy and hormonal therapy. This also holds true for Stage III breast cancers, all in keeping with national trends. Advances with multimodality therapy have resulted in the apparent declining mortality rate in recent years as noted above. Of interest, the surgical staging of axillary lymph nodes has continued to evolve toward less invasive surgery, so that the use of sentinel lymph node biopsy has greatly increased in 2004 as compared to 1999 (63% vs. 21%), again in line with national statistics.

Riddle has continued to provide state-of-the-art care for breast cancer patients. As noted in Graph 3, "Breast Cancer Survival, Stages I to IIIB at Diagnosis", Riddle statistics are in keeping with national trends of survival for breast cancer patients.

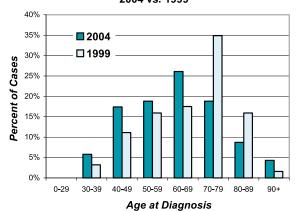
All medical practitioners can expect to see the number of patients diagnosed with breast cancer continue to rise, as the age of the population increases in the United States and as awareness of screening programs continues to increase. Research into breast cancer development, the methods of breast cancer treatment, and the manner in which breast cancer is conceptualized have continued to evolve over the past decades. These evolutions are accelerating, offering great promise and hope for the women and men who will be facing this disease in the future.

William H. Ayers Jr., MD, FACS

Department of Surgery



Graph 1 RMH BREAST CANCER AJCC STAGE I-IIIB, AGE AT DIAGNOSIS 2004 vs. 1999



Graph 2 RMH BREAST CANCER
AJCC STAGE I-IIIB, STAGE AT DIAGNOSIS

2004 vs. 1999

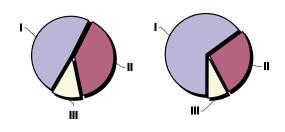


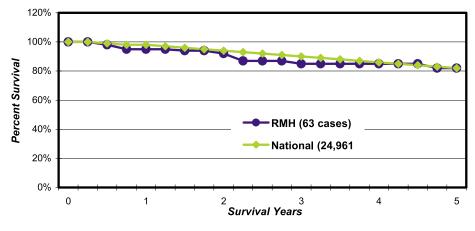
Table 1

2004 RMH Treatment by Stage	I & II (56)	III (8)
Lumpectomy	40 (71%)	3 (38%)
Mastectomy	16 (29%)	5 (63%)
Radiation	34 (61%)	8 (100%)
Chemotherapy	17 (30%)	7 (88%)
Hormone (38 eligible I-II, 6 eligible III)	31 (82%)	5 (83%)

1999 RMH Treatment by Stage	I & II (51)	III (5)
Lumpectomy	30 (59%)	0
Mastectomy	21 (41%)	5 (100%)
Radiation	23 (45%)	0
Chemotherapy	14 (27%)	5 (100%)

2004 National Treatment by Stage	I & II (8945)	III (916)
Lumpectomy	5985 (68%)	241 (28%)
Mastectomy	2839 (32%)	614 (72%)
Radiation	4106 (46%)	332 (36%)
Chemotherapy	2884 (32%)	648 (70%)

Graph 3 BREAST CANCER SURVIVAL AJCC STAGES I-IIIB AT DIAGNOSIS RMH (1999) vs. NATIONAL (IMPAC CIRF 2005)



American Cancer Society (ACS) Guidelines For Early Detection of Cancer in Asymptomatic People

CANCER SITE

RECOMMENDATION

General Cancer-Related Checkup

It is important to have periodic general health examinations that include a specific cancer-related checkup. These checkups should include health counseling and, depending on a person's age, might include examinations for cancers of the thyroid, oral cavity, skin, lymph nodes, testes, and ovaries, as well as for some nonmalignant diseases.

Breast

- Annual mammograms starting at age 40 and continuing as long as in good health
- Clinical breast exam every 3 years for women ages 20-39; every year starting at age 40
- Report breast changes promptly to health care provider; start breast self-exams in 20s
- Women at increased risk (e.g., family history, genetic tendency, past breast cancer) should talk with their doctors about the benefits and limitations of starting mammography screening earlier, having additional tests or having more frequent exams.

Colon and Rectum

Beginning at age 50, men and women should follow one of the exam schedules below:

- 1. Fecal occult blood test (FOBT) every year
- 2. Flexible sigmoidoscopy (FSIG) every 5 years
- 3. Annual FOBT and flexible sigmoidoscopy every 5 years *
- 4. Double-contrast barium enema every 5 years
- 5. Colonoscopy every 10 years
- * Combined testing is preferred over either annual FOBT or FSIG every 5 years. People at moderate or high risk for colorectal cancer should talk with a doctor about a different testing schedule.

Prostate

The ACS recommends that both the Prostate-Specific Antigen (PSA) blood test and the digital rectal exam be offered annually, beginning at age 50, to men who have a life expectancy of at least 10 years. Men at high risk (blacks and men who have a first-degree relative who was diagnosed with prostate cancer at an early age) should begin testing at age 45. Patients should be given information about the benefits and limitations of early detection and treatment so they can make an informed decision.

Uterus

Cervix: All women who are or have been sexually active for approximately three years or who are 21 and older should have an annual regular Pap test or a liquid-based test every two years. At or after age 30, those who have three normal tests in a row can be screened every 2-3 years but doctors may screen more often if certain risk factors exist. Women aged 70+ with three or more normal Pap tests in a row in last 10 years may choose to stop screening. Screening is not necessary after a total hysterectomy unless surgery was for cervical cancer treatment.

Endometrium: All women should report any unexpected bleeding or spotting to their physician. Beginning at age 35, women with or at risk for hereditary non-polyposis colon cancer should have an annual endometrial biopsy.





The Commission on Cancer awards this Certificate of Approval

to the Community Hospital Cancer Program of Riddle Memorial Hospital Media, PA Program approved through 2007

Frederick L. Greene, MD, FACS Chair, Commission on Cancer American College of Surgeons

William P. Reed, Jr., MD, FACS Chair, Committee on Approvals American College of Surgeons

The American College of Surgeons does not warrant or make any quarantees or assurances related to outcomes of treatment provided by institutions which have cancer programs approved by the Commission on Cancer.

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Member of the Jefferson Cancer Network





1068 W. Baltimore Pike, Media, PA 19063 610-566-9400