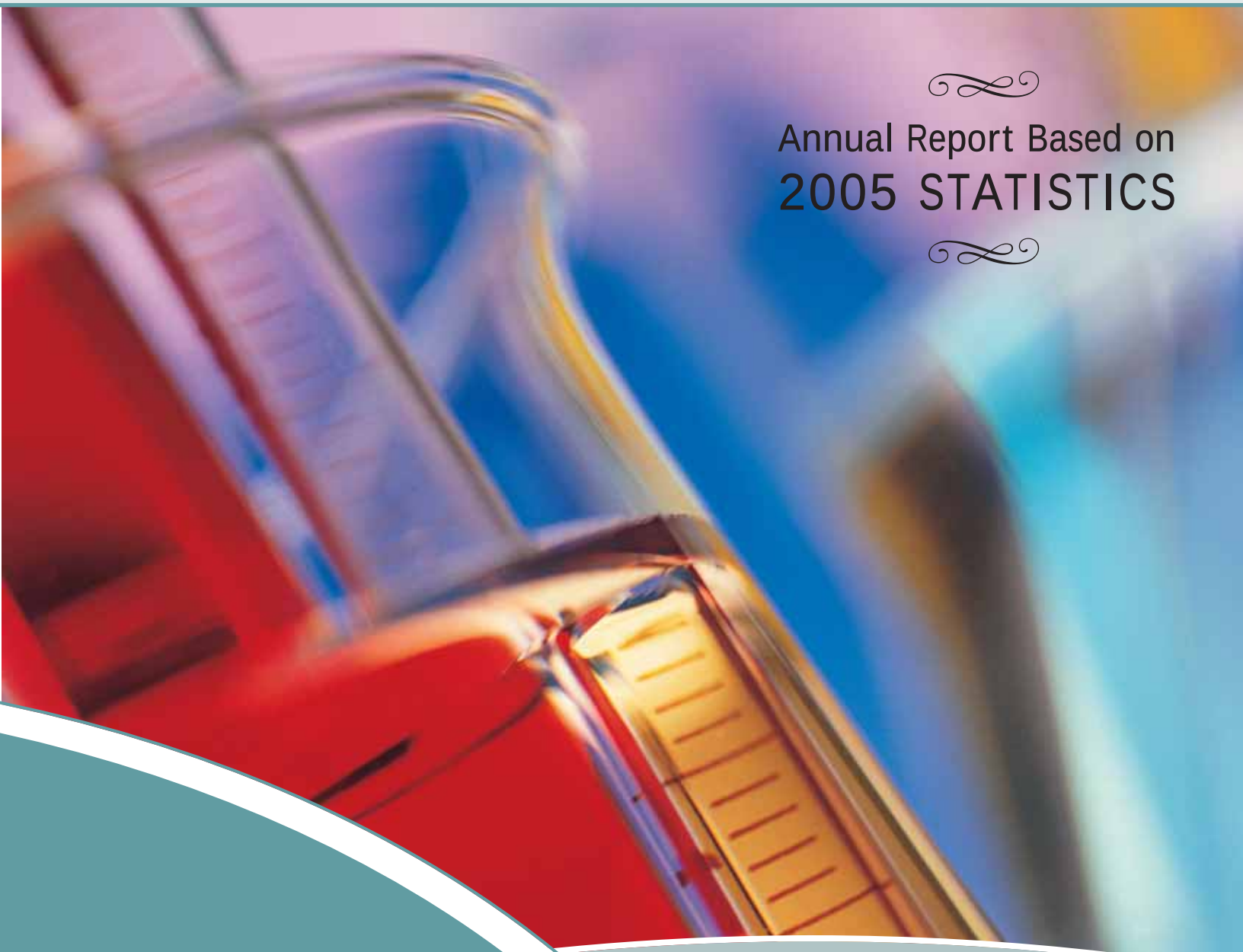
Innovations in Cancer Care

Lankenau Hospital
Cancer Program



Annual Report Based on
2005 STATISTICS

Main Line Health
Cancer Center
Lankenau Hospital

The mission of Main Line Health is to provide a comprehensive range of health services, complemented by related educational and research activities, that meets community needs and improves the quality of life in the communities we serve.

Message from the Chairman of the Cancer Committee

The Lankenau Hospital Cancer Committee consists of physicians, nurses, allied health professionals, community liaisons, as well as representation from the American Cancer Society. Our goal is to ensure that state-of-the art cancer care is provided at our institution. Our multidisciplinary cancer conferences address multi-modality needs as well as the emotional and educational concerns of our patients. In addition to looking at past performances to improve outcomes, prospective studies are also being performed in conjunction with the American College of Surgeons Commission on Cancer to ensure that Lankenau continues to be in the top quartile in delivering cancer care at the national level.

Several traditions that have been started by Lankenau physicians have continued over the past year. The fourth International Rectal Cancer Consensus Conference was held recently in September. A second annual Helene Madeira Breast Cancer Symposium was held in April. Both of these conferences brought international experts to Lankenau Hospital in their respective fields. In addition, conferences were held regarding the newly approved Human Papilloma Virus Vaccine, Nuts and Bolts of Oncology for primary care physicians, seven Dynamic Duo conferences discussing a variety of cancer care topics and multiple weekly tumor board conferences. Our goal over the past year was to improve our accrual in clinical trials as well as to be a stronger presence in education and support. We have accrued a record number of patients in our CCOP trials and the pace continues. Multiple outreach programs for cancer patients, as well as smoking cessation classes have occurred. Our goals for the upcoming year would be to continue to improve accrual in our CCOP trials, enhance our community outreach programs in all aspects of oncology, have a stronger bond with the Lankenau Institute of Medical Research and partner with the pharmaceutical industry to involve Lankenau in early drug and device development.

The newest technology that has arrived at Lankenau over the past year has been digital mammography, a modality that has been shown to improve detection of breast cancer and pre-malignant lesions in younger women. A unique feature added to cancer research at Lankenau is the Prospective database (CCARD), which continues to accrue data in all aspects of solid malignancies. We recently hired a breast care coordinator to coordinate care for women with mammographic abnormalities. We believe that these additions will improve our quality of care and patient satisfaction.

Ned Z. Carp, MD
Chairman of the Cancer Committee

Oncology Research at Lankenau

The clinical trials program of Main Line Health was awarded the designation of Community Clinical Oncology Program (CCOP) by the National Cancer Institute in 1994, and has consistently met the high standards of the NCI. The CCOP designation is a prestigious one, as there are only 50 CCOPs across the country. We are currently in our 13th year of this grant and looking forward to continuing our affiliation with NCI, as we await review of our new grant application. Medical, surgical and radiation oncologists and our research staff accrue patients to both prevention and treatment studies provided by six research bases: M.D. Anderson Cancer Center; Eastern Cooperative Oncology Group; National Surgical Adjuvant Breast and Bowel Project; Fox Chase Cancer Center Research Base, Gynecology Oncology Group and Radiation Therapy Oncology Group.

As a research center, we also participate in multiple pharmaceutical research endeavors, as well as clinical trials sponsored by other professional organizations, such as the American College of Surgeons Oncology Group. All studies continue to accrue patients with the assistance of the medical and research staff.

We are also involved in several research initiatives that are studies developed between the clinicians of Lankenau Hospital and the basic scientists of Lankenau Institute for Medical Research (LIMR). These research initiatives cover a variety of disease sites and involve not only Lankenau physicians, but our resident and fellow staff as well. This moves Lankenau Hospital closer to an academic model of cancer care than ever before.

Rosemarie A. Tucci RN, MSN, AOCN, Manager, MLH Oncology Research & Data Services

Report on Melanoma – 2005

There were approximately 59,580 cases of malignant melanoma reported in the year 2005 with a slight male preponderance. Due to the lack of social practices and ultraviolet light protection in past decades, this has been increasing at an alarming rate and higher than any other solid malignancies. Lifetime risk for development of melanoma which was once one in 1,100 in the 1930's is now one in 75. There are approximately 7,770 deaths estimated in the year 2005 as a result of melanoma. The majority of melanoma cases are identified in the early stage where it is confined to the skin and with very little evidence of spread to the regional lymph nodes or distant sites. Due to public awareness, these are found relatively early and treated by simple excision. A very useful mnemonic device is the ABCDE system, which can be used to detect atypical lesions of the skin that can be very early melanomas.

- A = Asymmetry of the border.
- B = Border irregularity.
- C = Color variation.
- D = Diameter of greater than five mm.
- E = Evolution or change.

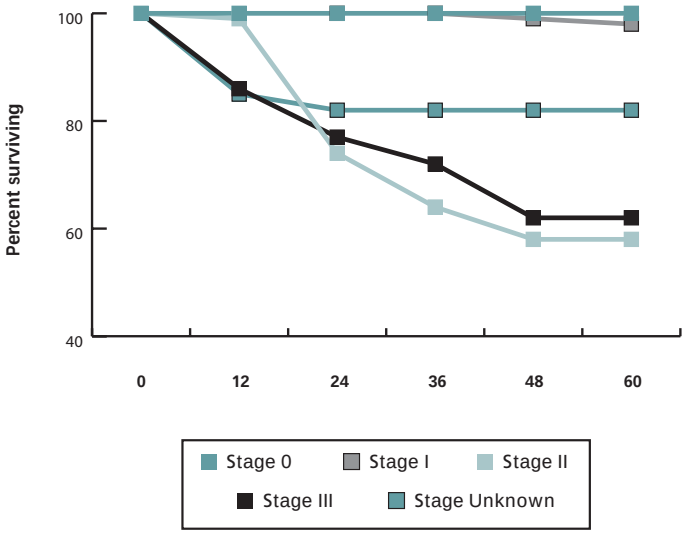
The mainstay of treatment for malignant melanoma is surgical resection. The width of resection depends on the depth of the skin lesion that the melanoma involves. Any patient that is diagnosed with melanoma should be staged clinically which should include a complete physical examination, routine blood chemistries and chest x-ray to determine distant spread. The factors that predict survival and metastases of an individual melanoma are the thickness of the lesion, the presence or absence of ulceration, the anatomic location of the primary site, regional lymphatic node involvement, sentinel lymph node positivity, regression, high mitotic count or the presence or absence of metastatic disease.

There have been several changes in the management of melanoma over the past 15 years. These changes involve management of the regional lymphatics, as well as adjuvant therapy for this disease.

An intermediate depth melanoma measures between one and four millimeters and has a 20-30 percent chance of having regional lymph node metastases. In the past, there have been two schools of thought in evaluating regional lymphatic basins; one would be a "wait and watch" observation and the other was that a regional radical lymphadenectomy was warranted. Sentinel lymph node technology has replaced both options, as proven by clinical trial. The sentinel lymph node is the first lymph node that drains the area from a particular melanoma and is found by combination of nuclear medicine and blue dye techniques. With a very careful evaluation of one-two lymph nodes from a regional lymphatic basin, the yield of detecting melanoma has drastically improved.

The second aspect of melanoma that has changed involves adjuvant therapy. Lankenau Hospital was involved in all three Eastern Cooperative Oncology Group trials that have shown a benefit for Alpha Interferon. Because there is toxicity to treatment, other strategies have been studied. Lankenau Hospital has been involved in the Sunbelt Melanoma Trial

Five Year Relative Survival Best AJCC Stage
Malignant Melanoma



looking at molecular markers in sentinel lymph nodes, finding regional metastases on the molecular level. In conjunction with investigators from other institutions, we were the first to report in the literature that sentinel lymph node biopsy could be performed after initial wide excision for malignant melanoma. Our patients have been enrolled in Malignant Melanoma Adjuvant Immunotherapy Trials (MMAIT) for both Stage III and Stage IV melanoma. Both these trials have the highest survival of any prospective randomized melanoma trials in the world. We are currently accruing patients to the Multi-Center Selective Lymphadenectomy Trial II evaluating less aggressive surgery with those patients who have node positive melanoma.

It is only through this type of clinical research that we will be able to make advances in the treatment of malignant melanoma as well as other malignancies. Lankenau Hospital has been, and will continue to be, in the forefront of therapy for malignant melanomas.

Ned Z. Carp, MD
Chairman of the Cancer Committee

Oncology Data Services

The Oncology Data Services (ODS) Department at Lankenau Hospital collects, manages, and analyzes data on patients diagnosed with cancer. 2005 was an eventful year, 1,344 cases were added to the data base as compared to 1,253 of the past year which shows a seven percent increase. Of the 1,344 cases 1,108 were analytic (newly diagnosed and/or initially treated at LH). There were 236 patients seen for subsequent treatment or recurrence and diagnosed in physicians' offices (non-analytic). Our most frequent sites for 2005 are breast, colorectal, lung, prostate, and uterine with a significant incidence increase in prostate cancer, this represents continued growth within Oncology Data Services but also in the types of care and services offered at our institution.

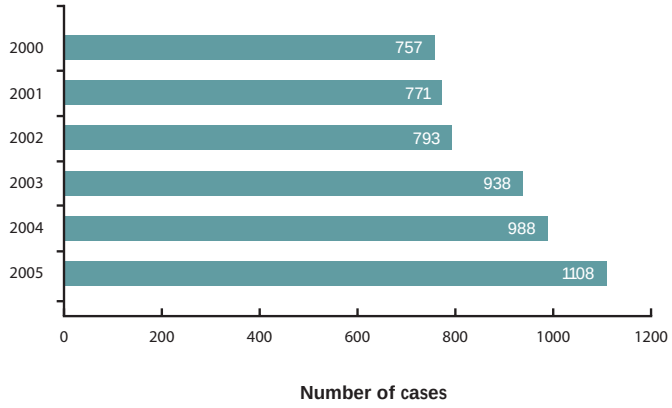
Initiated in 1994, our database now contains information on 11,488 patients. The data is available to the medical staff, administration for studies, research, and audits. Our department is a primary source of valuable cancer data. The computerized ODS database functions to serve as a data warehouse, storing accurate and complete information which may be used for education, comparison of regional and national data, epidemiological research, public health program planning and lifetime patient follow-up.

As an important part of our approved Teaching Hospital Cancer Program (THCP) of the American College of Surgeon's Commission on cancer, the Oncology Data Specialist is responsible for coordinating cancer conferences for medical education, reporting cancer incidence as required by state law to the Department of Health Pennsylvania Cancer Registry, participating in quality improvement studies and outcomes analysis reporting which allows Lankenau to compare it practices with national standards, incidence reporting to physicians and administration, and fulfilling requests for specialized reports.

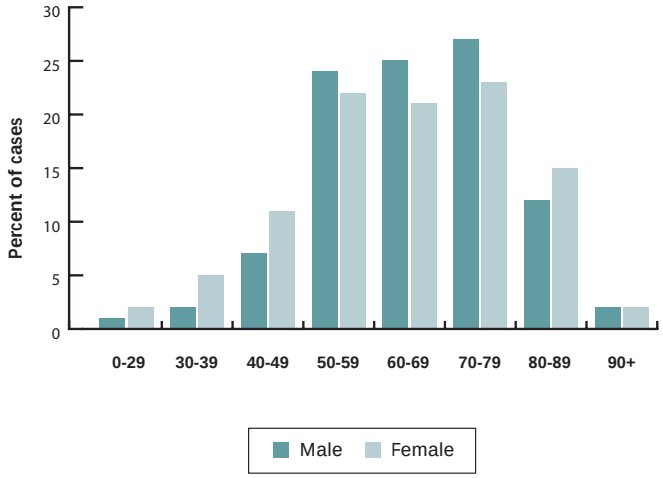
Today's evidence-based medicine requires the skills and abilities of the Oncology Data Specialist. Our staff is highly trained in the knowledge of medical sciences, programming, and data retrieval and analysis. The department is currently staffed with two Oncology Data Specialists that attend educational programs to maintain certification, and to keep up-to-date with the latest advancements in the oncology field.

Carol L. Shorter, RHIT, CTR
Oncology Data Specialist

Total Analytic Cases Five Year Accrual



Male vs. Female by Age at Diagnosis



Site Distribution Report – AJCC Staging for Lankenau Hospital

Study Group: 2005 Analytic Cases (newly diagnosed)		AJCC Stage											
Primary Site	Cases	0	1	2	3	4	Unk	N/A	B/B**	Male	Female	% LH Database	ACS Est. Figures*
Anus	5	0	0	3	0	0	2	0	0	4	1		
Bladder	27	15	5	1	2	2	2	0	0	21	6		
Brain/CNS	6	0	0	0	0	0	0	6	0	4	2		
Breast	195	39	83	46	20	3	4	0	0	3	192	18%	15%
Cervix	11	0	6	0	1	3	1	0	0	0	11		
Colon/Rectum	142	10	32	54	23	20	2	1	3	74	68	13%	11%
Cranial & Other Nerves	3	0	0	0	0	0	0	0	3	1	2		
Endoctine including Thymus	4	0	0	0	0	0	0	1	0	3	1		
Esophagus	10	0	0	1	1	5	3	0	0	7	3		
Kidney	26	0	11	3	5	5	2	0	0	17	9		
Leukemia/Hematopoietic	12	0	0	0	0	0	0	12	0	6	6		
Lip & Oral Cavity	4	0	0	0	0	3	1	0	0	2	2		
Liver	9	0	2	0	2	0	5	0	0	8	1		
Lung	109	0	23	4	37	34	8	3	0	50	59	10%	13%
Lymphoma	30	0	10	5	7	7	1	0	0	12	18		
Melanoma	80	18	46	6	2	0	8	0	0	32	48		
Myeloma	9	0	0	0	0	0	0	9	0	2	7		
Other	13	0	2	1	0	0	1	9	0	6	7		
Ovary	38	0	9	7	15	5	1	1	0	0	38		
Pancreas	27	0	3	3	3	15	3	0	0	11	16		
Prostate	149	1	0	135	9	4	0	0	0	149	0	13%	17%
Small Intestine	7	0	0	0	1	0	0	6	0	2	5		
Soft Tissue	15	0	2	1	1	1	10	0	0	7	8		
Stomach	19	1	5	3	5	3	2	0	0	12	7		
Thyroid	22	0	18	0	2	1	1	0	0	2	20		
Unknown Primary	18	0	0	0	0	0	0	18	0	2	11		
Uterus	91	0	64	6	9	3	2	7	0	7	91	8%	3%
Vagina	5	3	0	1	0	0	1	0	0	0	5		
Vulva	22	19	1	0	1	0	1	0	0	0	22		
Total	**1108**	**106**	**322**	**280**	**146**	**114**	**61**	**73**	**6**	**442**	**666**	**62%**	**59%**

The most frequent cancer sites for 2005 are highlighted in the above table and represent the percentage of cancer incidence seen at Lankenau Hospital as comparable to the American Cancer Society's national estimates. They are in descending order: Breast, Prostate, Colorectal, Lung, and Uterine. The incident rate of cancer cases seen at Lankenau Hospital has shown an overall increase of approximately 7 percent during the past year.

In addition, 236 patients were diagnosed in physician's offices or elsewhere and treated for ongoing disease at Lankenau Hospital for a total of 1,344 cases.

** Cancer Facts and Figures 2005, American Cancer Society*

*** BB=Benign/Borderline*

Lankenau Hospital Cancer Committee – 2005/2006

Ned Z. Carp, MD	Chairman, ACoS Liaison
Albert S. DeNittis, MD	Radiation Oncology
Larry N. Bernstein, MD	Physical Medicine & Rehabilitation
Mary Burke, MD	Hematology & Oncology
Paul B. Gilman, MD	Hematology & Oncology
Charles Dunton, MD	GYN Oncology
Thomas J. Meyer, MD	Pulmonary Diseases/ Critical Care
Robert I. Schnall, MD	Urology
B. Davison Smith, MD	Otolaryngology
Constance Sutilla, MD	Radiology
Vlasta Zemba-Palko, MD	Pathology
Scott McKinnon	Administration
Joel Trachtenberg, RPh	Pharmacy
Frieda Schmidt/Rachel Meikle	Public Relations/Marketing
Kathy Moss, RN, OCN	Nursing
Rosemarie Tucci MSN, AOCN	Oncology Research & Data Services
Rachael Brandt, MS, CGC	Risk Assessment & Genetic Testing
Trish Middaugh	Quality Improvement
Patrice Romanofsky, MSW	Social Services
Pat Nogar	Community Services
Carol Shorter, CTR, RHIT	Oncology Data Services
Carla Thomas, CTR, RHIA	Oncology Data Services

Lankenau Hospital Cancer Program Directory

Reach to Recovery
610-645-8503

Information, education and support for women recovering from breast cancer.

Breast Cancer Multidisciplinary Patient Review
610-645-2494

Weekly multidisciplinary discussion ensuring comprehensive individualized care.

Cancer Risk Assessment and Genetic Testing Program
610-645-8150

Offers genetic assessment, counseling and testing for high-risk individuals.

Clinical Trials and Cancer Prevention Research
610-645-2649

Provides patients access to NCI sponsored clinical research studies and prevention trials.

Community Education and Screening
610-645-8554

Provides educational programs and cancer screenings to the community.

"Look Good, Feel Better" Program
866-225-5654

American Cancer Society sponsored program, providing cosmetic instruction for women during and after cancer treatment.

Lung Cancer Evaluation Program
610-642-3796

Weekly multidisciplinary patient review, ensuring comprehensive individualized care.

Lymphedema Management Program
610-645-3185

Provides early and continuing treatment for patients with Lymphedema.

Nutritional Services
610-645-6443

Registered Dietician counsels individuals and support groups during cancer care.

Oncology Data Services/ Cancer Registry
610-645-8045

Comprehensive data management system for collection of malignant or neoplastic disease. Registrars provide monitoring, analysis and lifetime follow-up of patients diagnosed with cancer.

Pain Consultation Program
610- 645-2238

Multidisciplinary team approach to manage cancer pain.

Physical Medicine and Rehabilitation
610-645-3446

Advice and instruction concerning exercises and/or ambulation for patients undergoing cancer treatment.

Radiation Oncology
610-645-2433

Advanced, comprehensive, state-of-the-art treatment to manage cancer in a community setting.

Social Services
610-645-8503

Social workers provide psychosocial support and counseling for patients and their families.

Support Groups
610-645-8503

Information, education and support for patients recovering from cancer.

Women's Health Source
866-CALL-MLH

A free membership club offering information on a wide variety of health care issues important to women.

Main Line Health

Cancer Center
Lankenau Hospital

100 Lancaster Avenue, Wynnewood, PA 19096

1-866-CALL-MLH

www.mainlinehealth.org

Membership on the medical staff of Main Line Hospitals does not constitute an employment or agency relationship.

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