

**2010 Cancer Program  
Annual Report  
Based on 2009 Data**



**Riddle Hospital**  
Main Line Health



THE COMMISSION ON CANCER AWARDS THIS  
*Certificate of Accreditation*  
WITH COMMENDATION

*to the Community Hospital Cancer Program of  
Riddle Memorial Hospital  
Media, PA  
Program accredited through 2013*

A handwritten signature in black ink, appearing to read 'Stephen B. Edge'.

STEPHEN B. EDGE, MD, FACS  
CHAIR, COMMISSION ON CANCER  
AMERICAN COLLEGE OF SURGEONS

A handwritten signature in black ink, appearing to read 'Daniel P. McKellar'.

DANIEL P. MCKELLAR, MD, FACS  
CHAIR, ACCREDITATION COMMITTEE  
AMERICAN COLLEGE OF SURGEONS

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

## **CANCER COMMITTEE MEMBERS, 2010**

Andrew J. Solan, MD, *Chairman*, Hematology Oncology  
Kenneth Boyd, MD, *Cancer Liaison Physician*, Colorectal Surgery  
William Ayers, MD, General Surgery  
Lee Bogart, MD, Hematology Oncology  
William Merenich, MD, Radiology  
Merrill Solan, MD, Radiation Oncology (Retired 6/2010)  
Jessie DiNome, MD, Radiation Oncology  
Frank White, MD, Gynecology  
Burton Williams, MD, Family Medicine  
Daniel Woody, MD, Thoracic Surgery  
Sean Wright, MD, Plastic & Reconstructive Surgery  
Susan Yaron, MD, Pathology  
Jennifer Bright, RN, Care Manager, 4C/4E

Debbie Clarke, RN, Home Care  
Elaine Dunn, RN, QA Nursing  
Judy Ford, CTR, Oncology Data Coordinator (Retired 5/2010)  
Elizabeth Kyle, RN, Patient Care Facilitator, 4C  
Debbie Mantegna, RN, Community Health  
Lorie Matson, RN, Oncology Program Manager  
Isabel Quintans, PharmD, Pharmacy  
Christine Vanello, RN, Director Quality Improvement  
Louise Widmer, CTR, Oncology Data Coordinator

### **Ad Hoc:**

Current American Cancer Society representative

# Cancer Program



Now in its 16th year, Riddle's Cancer Program continues to play an important role in the support and advancement of cancer care in our community. 2010 marked another milestone for the Program, receiving Accreditation with Commendation by the Commission on Cancer of the American College of Surgeons. This achievement could only be possible with the ongoing support and efforts of the Cancer Program staff, Administration and the Medical Staff.

Throughout the year, Cancer Conferences provide for contemporaneous, multidisciplinary discussion of active cases. These conferences, held every three weeks, are open to all staff and allow open discussion among all cancer care providers in an effort to optimize care of the cancer patient. The "16th Annual Anthony J. and Ruth H. Moretti Memorial Cancer Conference" was held on April 23, 2010. Michael Mastrangelo, MD, Director of the Melanoma Program at Jefferson Medical College, presented "Melanoma: Biology and Current Management," a topic of increasing importance as melanoma, once an infrequent lesion, continues to become more and more prevalent in our community. The Moretti Cancer Conference exemplifies the strong, ongoing clinical and academic relationship of our Cancer Program with the Jefferson Medical College.

June 3, 2010 marked the 10th Annual Cancer Survivors Day at Riddle. Robert Bulgarelli, DO, spoke on "Building Resilience Through Meditation" and Joel Edman, DSc, FACN, CNS, discussed "Nutritional and Integrative Medical Approaches to Optimizing Health and Well-being in Cancer Survivorship." Attendees had the opportunity to learn more about the value of nutrition and the mind-body connection as they relate to the cancer patient's experience.

Each year, the Cancer Program conducts two in-depth studies utilizing our own case material to examine how we manage various aspects of cancer care. This year, the focus will be on melanoma, last reviewed in 2003, and cancer staging, recognizing the increasing importance of clinical staging in addition to the traditional staging based upon pathologic criteria.

Riddle's Cancer Program continues to be a valuable resource for the community, assuring that our patients receive the best possible cancer care.

*Kenneth J. Boyd, M.D.*  
Cancer Liason Physician

## *The Healing Garden*



*A new feature installed outside of the cancer center was inspired by cancer survivors. Designed and brought to life by a local boy scout troop, friends and employees of Riddle Hospital, the "Healing Garden" is a quiet place to enjoy the sunshine.*

# Melanoma at Riddle

Did you get a lot of sun this summer? You may be increasing your chance of getting skin cancer. DNA is the material that stores your genetic information and tanning occurs when your DNA is damaged. This damage can lead to skin cancers years after your tan has faded. In the United States, skin cancers account for more than 50% of all malignancies. Melanoma, the most lethal form of skin cancer, will lead to more than 8,000 deaths this year.

Melanoma is a form of cancer that begins in the melanocytes, the cells that make the pigment melanin and give skin its color. Most of these pigmented cells are in the skin; when melanoma starts in the skin, the disease is called cutaneous or skin melanoma. In the skin, melanocytes are located in the basal layer of the epidermis. Rarely, melanoma may arise from the eye, central nervous system, gastrointestinal and genitourinary tracts or anywhere that melanocytes are found. According to the National Cancer Institute, melanoma is becoming more common every year with 68,130 estimated new cases and 8,700 expected deaths from melanoma in the United States in 2010.

There are many risk factors for melanoma including having many moles, fair skin, personal history of melanoma or other skin cancer, family history of melanoma, weakened immune system, blistering sunburns as a child or teenager, and exposure to ultraviolet (UV) radiation. The exposure to UV radiation or amount of exposure to the sun is perhaps the most important risk factor because it is the risk factor that we can change. Reduce your risk of melanoma by avoiding artificial sources of UV radiation such as sunlamps and tanning booths, minimizing midday (from 10 a.m. to 4 p.m.) sun exposure, and by wearing sun-screening lotions or creams, sunglasses and clothing.

Melanomas may arise from any melanocyte and are often found when there is a change of an existing mole. The “**A, B, C, D’s**” can help you remember when to be worried about melanoma. When a mole has **A**symmetry, **B**order irregularity, **C**olor that is uneven, and/or **D**iameter changes, then you should have that mole examined. Melanomas are usually larger than 5mm or the size of the eraser of a pencil.

Once a melanoma is diagnosed through a small biopsy, surgery is the mainstay of treatment.

Treatment and survival depends most on the thickness of the melanoma. When melanomas are detected early and have not grown very thick, then an excision with margins of healthy surrounding skin is usually all that is necessary for cure. If the melanoma has become thicker, then lymph nodes may need to be sampled in a procedure called a sentinel lymph node biopsy. In advanced disease chemotherapy, immunotherapy, or radiation therapy may be used as an adjunct to surgery. At Riddle, our patients, nurses, and doctors are saving lives using educational initiatives and increasing access to care with free skin cancer screenings. A qualified healthcare

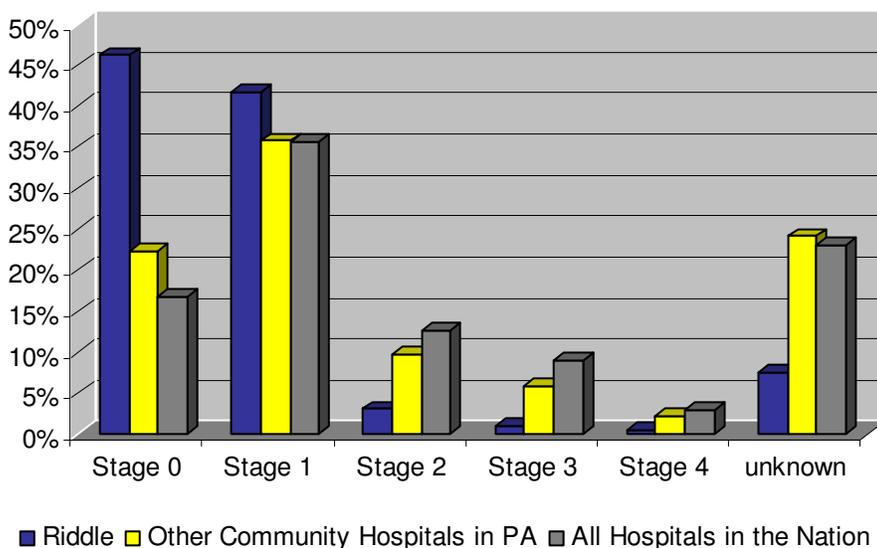
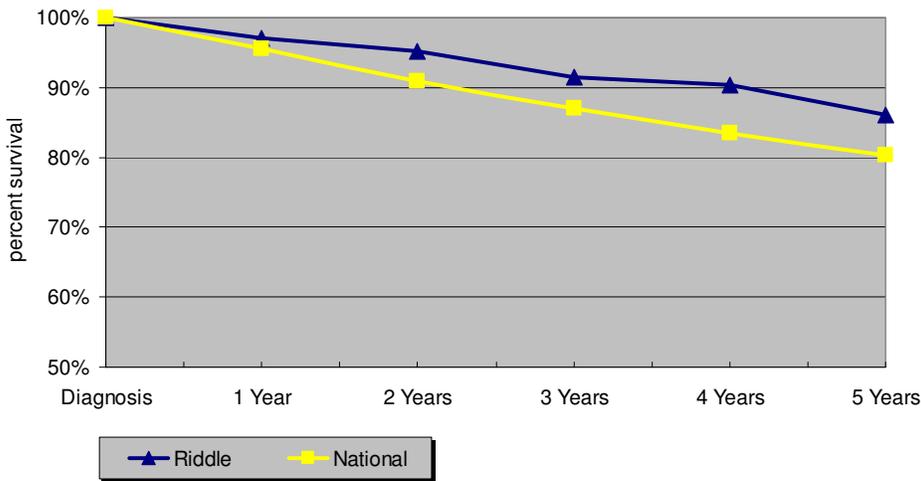


FIGURE 1: 2000-2007 melanoma cases by stage. Source: Commission on Cancer's NCDB



provider should examine any suspicious moles and if there is any doubt a biopsy should be performed. At Riddle, we are diagnosing melanomas at an earlier stage when compared with other community hospitals in Pennsylvania and all hospitals throughout the country (figure 1). This leads to a noticeable increase in our 5-year observed survival rate compared with the national average (figure 2).

FIGURE 2: 1998-2002 melanoma observed survival, all stages. Source: Commission on Cancer's NCDB

Melanoma is best prevented through avoidance of the sun. When present, it is best diagnosed and treated at an early stage through surgical excision that can lead to a cure and an over 90% survival rate over five years. Unfortunately, when melanomas are detected late, the survival rate falls to 14% over five years (figure 3). It should be noted that patients with a melanoma have an increased chance of developing a second primary melanoma, therefore lifetime surveillance with skin checks are mandatory.

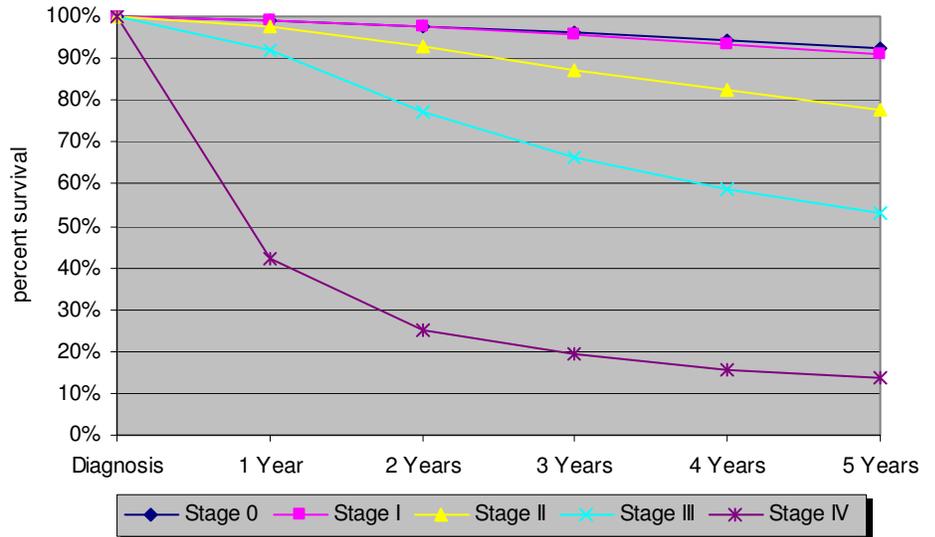


FIGURE 3: 1998-2002 melanoma observed survival by stage. Source: Commission on Cancer's NCDB

Sean A. Wright, M.D., F.A.C.S.  
Plastic and Reconstructive Surgeon at Riddle

**Riddle Hospital offers free cancer prevention screenings to the community throughout the year.**

**May, June, July: Skin Cancer Screenings**  
**September: Prostate Cancer Screenings**  
**October: Breast Cancer Screenings for Uninsured or Underinsured Women**  
**November: Colorectal Cancer Screening**

For more information please call 1-866-CALL-MLH or visit our website at [mainlinehealth.org](http://mainlinehealth.org).

# Oncology Data Services

Oncology Data Services at Riddle maintains a registry to collect, store and analyze cancer data. From January 1, 1991 through December 31, 2009 information on 10,812 patients has been abstracted into the registry database. All patients diagnosed or treated for a reportable malignancy at Riddle Hospital are entered into the registry using a uniform coding system for demographic information, comorbidities, diagnosis, stage of disease, treatment and follow up. Analytic cases are those in which the malignancy has been initially diagnosed and/or treated here. In 2009 we added 545 cases to the registry, 467 of which were analytic. This is a very slight increase from our 2008 caseload of 521 total cases with 463 analytic. The most frequent primary sites remain lung, breast, colorectum and melanoma, accounting for almost 55% of the cases.

The registry data is used by medical staff and administration and also sent to state and national databases. Each year the Cancer Committee at Riddle utilizes data from the registry to design at least two studies that measure quality and outcomes. Submission of data to Pennsylvania's Cancer Registry (PCR) is required by law; PCR captures every incidence of cancer within our state. Information is available on the Pennsylvania Dept. of Health website that can be queried by primary site and county. Submission of data to the National Cancer Data Base (NCDB) is a

## ***Riddle Hospital 2009 Primary Cancer Sites***

Primary Site	Analytic	Non-Analytic	Total	%
Lung	83	8	91	17%
Breast	80	6	86	16%
Colorectum	60	9	69	13%
Melanoma	33	10	43	8%
Bladder	28	2	30	6%
Lymphoma	22	7	29	5%
Hematopoietic	18	10	28	5%
Miscellaneous	21	7	28	5%
Kidney and Renal Pelvis	20	3	23	4%
Female Genital Organs	21	1	22	4%
Other Digestive	18	1	19	3%
Male Genital Organs	10	7	17	3%
Lip, Oral Cavity & Pharynx	10	3	13	2%
Other Urinary Tract	11	2	13	2%
Unknown Primary Site	9	1	10	2%
Anus	9		9	2%
Central Nervous System	7		7	1%
Respiratory (excludes lung)	5	1	6	1%
Skin (excludes melanoma)	2		2	0%
	467	78	545	100%

part of the voluntary process of programs accredited by the Commission on Cancer (CoC). Public access to NCDB data is available at <http://www.facs.org/cancer/ncdb/publicaccess.html>.

In order to provide statistically valid data, annual lifetime follow up is maintained on each patient. We track status of disease and vital status of each analytic patient in the registry. A 95% follow up rate is maintained on all cancer patients treated for cancer at Riddle Hospital.

Oncology Data Specialists employed at Riddle attend education programs to stay abreast of the latest advancements in oncology and to maintain Certified Tumor Registrar (CTR) certification. In addition to accessioning newly diagnosed patients into the registry, the Oncology Data department is responsible for maintaining CoC accreditation documentation, the coordination of multidisciplinary Cancer Conferences, Cancer Committee meetings, and the creation of the annual report.

*Louise Widmer, CTR*  
Oncology Data Coordinator

# Screening Guidelines to Find Cancer Early

Ask your doctor or nurse about these tests.

Cancer Site	Who	Test or Procedure	Frequency
Breast	Women, Age 20+	Breast self-examination	Beginning in their early 20s, women should be told about the benefits and limitations of breast self-examination (BSE). The importance of prompt reporting of any new breast symptoms to a health professional should be emphasized. Women who choose to do BSE should receive instruction and have their technique reviewed on the occasion of a periodic health examination. It is acceptable for women to choose not to do BSE or to do BSE irregularly.
		Clinical breast examination	For women in their 20s and 30s, it is recommended that clinical breast examination (CBE) be part of a periodic health examination, preferably at least every three years. Asymptomatic women aged 40 and over should continue to receive a clinical breast examination as part of a periodic health examination, preferably annually.
		Mammography	Begin annual mammography at age 40.*
Colorectal**	Men and women, Age 50+	<b>Tests that find polyps and cancer:</b> Flexible sigmoidoscopy, <sup>§</sup> or	Every five years, starting at age 50
		Colonoscopy, or	Every 10 years, starting at age 50
		Double-contrast barium enema (DCBE), <sup>§</sup> or	Every five years, starting at age 50
		CT colonography (virtual colonoscopy) <sup>§</sup>	Every five years, starting at age 50
		<b>Tests that mainly find cancer:</b> Fecal occult blood test (FOBT) with at least 50% test sensitivity for cancer, or fecal immunochemical test (FIT) with at least 50% test sensitivity for cancer, <sup>§,***</sup> or	Annual, starting at age 50
Stool DNA test (sDNA) <sup>§</sup>	Interval uncertain, starting at age 50		
Prostate	Men, age 50+	Prostate-specific antigen test (PSA) with or without digital rectal exam (DRE).	Asymptomatic men who have at least a 10-year life expectancy should have an opportunity to make an informed decision with their health care provider about screening for prostate cancer after receiving information about the uncertainties, risks, and potential benefits associated with screening. Men at average risk should receive this information beginning at age 50. Men at higher risk, including African American men and men with a first-degree relative (father or brother) diagnosed with prostate cancer before age 65, should receive this information beginning at age 45. Men at appreciably higher risk (multiple family members diagnosed with prostate cancer before age 65) should receive this information beginning at age 40.
Cervix	Women, age 18+	Pap test	Cervical cancer screening should begin approximately three years after a woman begins having vaginal intercourse, but no later than 21 years of age. Screening should be done every year with conventional Pap tests or every two years using liquid-based Pap tests. At or after age 30, women who have had three normal test results in a row may get screened every two to three years with cervical cytology (either conventional or liquid-based Pap test) alone, or every three years with an HPV DNA test plus cervical cytology. Women 70 years of age and older who have had three or more normal Pap tests and no abnormal Pap tests in the past 10 years and women who have had a total hysterectomy may choose to stop cervical cancer screening.
Endometrial	Women, at menopause	At the time of menopause, women at average risk should be informed about risks and symptoms of endometrial cancer and strongly encouraged to report any unexpected bleeding or spotting to their physicians.	
Cancer-related checkup	Men and women, age 20+	On the occasion of a periodic health examination, the cancer-related checkup should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.	

\*Beginning at age 40, annual clinical breast examination should be performed prior to mammography.

\*\*Individuals with a personal or family history of colorectal cancer or adenomas, inflammatory bowel disease, or high-risk genetic syndromes should continue to follow the most recent recommendations for individuals at increased or high risk.

\*\*\*For FOBT or FIT used as a screening test, the take-home multiple sample method should be used. A FOBT or FIT done during a digital rectal exam in the doctor's office is not adequate for screening.

<sup>§</sup> Colonoscopy should be done if test results are positive.

¶ Information should be provided to men about the benefits and limitations of testing so that an informed decision about testing can be made with the clinician's assistance.

# Riddle Hospital Cancer Program At-A-Glance

## Medical Oncology

610-565-2355

A medical oncology suite, staffed by board-certified medical oncologists, offers the latest in chemotherapy treatment of the cancer patient. Cancer risk assessment/genetic counseling is also available for appropriate patients.

## Jefferson Radiation Oncology

610-627-4350

The Jefferson Radiation Oncology Center at Riddle contains a state-of-the-art linear accelerator. Riddle patients can receive treatment by 3-Dimensional conformal Radiation Therapy (3-D CRT) and Intensity Modulated Radiation Therapy (IMRT) depending on their individual treatment needs. The unit is staffed with physicians from Thomas Jefferson University Hospital who deliver the same high-quality care here as they offer at their facility in Philadelphia.

## Social Services / Home Care

888-533-3999

Immediate psychosocial support is available as needed. Home Care arrangements can be made for qualified individuals to receive in-home nursing services.

## Clinical Trials Office

610-627-4480

Riddle Hospital's membership in the Jefferson Cancer Network enables us to participate in nationally approved clinical trials for cancer treatment and cancer prevention.

## Medically Based Physical Fitness Program

610-891-3045

Physical therapists develop individually designed programs to maintain strength and endurance during cancer therapy. A Mindfulness Based Stress Reduction Program is also available.

## Lymphedema Physical Therapy

610-891-3030

Specially trained physical therapists use manual lymphatic drainage techniques to reduce lymphatic swelling.

## Nutritional Counseling

610-891-3490

Patients and family members can participate together to optimize cancer therapy by using foods that provide needed nutrients. Each week registered dietitians provide free individual or group instruction in the Cancer Center.

## Oncology Data Services

610-891-3519

Oncology Data Services maintains a comprehensive data management system for malignant or neoplastic disease information. Oncology Data Specialists capture a complete clinical and demographic summary of the patient's history, diagnosis, treatment, health status and provide lifetime follow-up of patients diagnosed with cancer.

## Free Cancer Screenings

1-866-CALL-MLH

Skin, Prostate, Breast and Colorectal cancer screenings are offered at different times throughout the year.

## Tobacco Dependency Treatment Programs

610-891-3635

"Quit For Life" support group meets the 1<sup>st</sup> and 3<sup>rd</sup> Monday of each month at 7 pm. Registration is preferred.

"SmokeFree" is a 6-week smoking cessation program that is scheduled regularly throughout the year. Registration for this program is required.

## Cancer Support Groups

"Take Care" is a general cancer support group for patients who are newly diagnosed or have a history of cancer. Meets every Tuesday at 1:00 pm. Call 610-627-4480.

Breast Cancer Survivor's Network meets the 1<sup>st</sup> Tuesday of each month at 5:30 pm. Call 610-891-3560.

Prostate Cancer Education and Support Group in association with ACS's "Man to Man" Program meets the 2<sup>nd</sup> Tuesday of each month at 6:30 pm. Registration required, please call 610-891-3560.

"Look Good, Feel Better" workshops in conjunction with the ACS provide free, practical information for women undergoing cancer treatment. Please call 610-891-3560.

"Beginning the Journey" grief support group is a structured 8-session program designed for those who have lost a loved one within the past year. Please call 610-857-6306.

"The Buddy Program" matches newly diagnosed patients with cancer survivors for short-term telephone support. Call 610-627-4480.

Funding for the publication of the Riddle Hospital 2010 Cancer Program Annual Report was made possible through the generosity of the estate of Anthony J. and Ruth H. Moretti through the Riddle HealthCare Foundation.

Should you wish to make a contribution or a memorial donation to The Cancer Center at Riddle, please call 610-891-3651 or mail to:

Development Office  
Riddle Cancer Center Fund  
1078 W. Baltimore Pike  
Media, PA 19063

