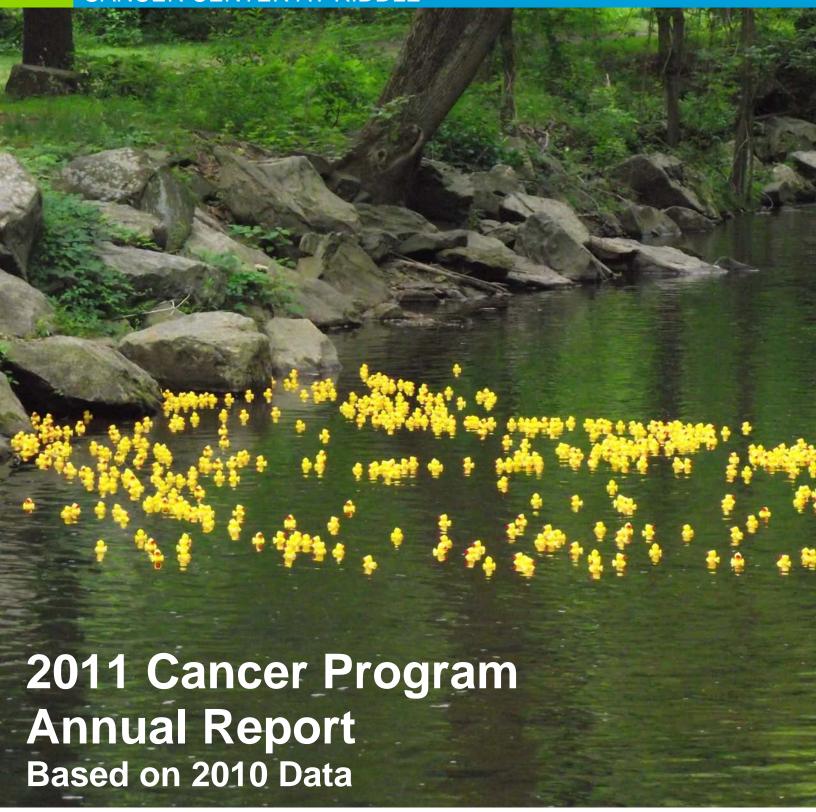
### **CANCER CENTER AT RIDDLE**





## 2011 Cancer Committee Members



Pictured from left to right: Back: A. Bates, CTR, L. Matson, RN, J. DiNome, MD, Tina Powell, APRN, S. Yaron, MD, D. Mantegna, RN, E. Dunn, RN, D. Clarke, RN, L. Widmer, CTR. Front: K. Boyd, MD, C. Landow, MD, A. Solan, MD, L. Bogart, MD, S. Wright, MD, F. White, MD.

Andrew J. Solan, MD, Committee Chairman, Hematology Oncology Kenneth Boyd, MD, Cancer Liaison Physician, Colorectal Surgery William Ayers, MD, General Surgery
Lee Bogart, MD, Hematology Oncology
Jessie DiNome, MD, Radiation Oncology
Craig Landow, MD, Urology
William Merenich, MD, Radiology
Frank White, MD, Gynecology
Burton Williams, MD, Family Medicine
Daniel Woody, MD, Thoracic Surgery
Sean Wright, MD, Plastic & Reconstructive Surgery
Susan Yaron, MD, Pathology
Amy Bates, CTR, Oncology Data Services
Jennifer Bright, RN, Patient Care, 4C/4E
Debbie Clarke, RN, Home Care

Elaine Dunn, RN, QA Nursing Shawna Kates, LSW, Case Management Elizabeth Kyle, RN, 4C Debbie Mantegna, RN, Community Health Lorie Matson, RN, Oncology Program Annette Pierdomenico, RNC-OB, Breast Center Tina Powell, CRNP, Hematology Oncology Isabel Quintans, PharmD, Pharmacy Christine Vanello, RN, Quality Improvement Louise Widmer, CTR, Oncology Data Services

#### Ad Hoc:

American Cancer Society representative

## **Cancer Program**



Riddle's Cancer Program continues to grow in 2011 resulting in ever-improving cancer care for our community. The Cancer Committee welcomes new appointees: Dr. Craig Landow from the Deptartment of Urology; Tina Powell, CRNP from Hematology-Oncology; Shawna Kates, MSW, LSW, Director, Case Management and Social Work, Amy Bates, CTR, Oncology Data Specialist, and Annette Pierdomenico, RNC-OB, Nurse Navigator.

One of our most exciting achievements over the past year has been the formation of Riddle's new Comprehensive Breast Center, under the direction of the Breast Steering Committee. The Steering Committee consists of a multidisciplinary team,

including a Nurse Navigator, a Genetic Counselor, and a cancer survivor from the community. At Breast Panel conferences, a multidisciplinary team offers breast cancer patients individualized care recommendations. Our Radiology Department, accredited in stereotactic breast biopsy by the American College of Radiology, established "Walk In Wednesdays" to reach more patients by providing mammography screenings without appointments.

We are pleased to announce the availability of on-campus PET scan capability at Riddle since January 2011, making this vital technology more accessible to our patients. Our Cancer Committee continues to participate in Quality Improvement studies. This year our patient care evaluation (PCE) focused on Stages III and IV lung cancer. In addition, we are studying the inclusion of nationally recognized guidelines during patient treatment discussions at Cancer Conferences.

Riddle Hospital continues to benefit from the loyalty, support, and tireless efforts of its Patient Advocacy and Advisory Committee. Through fund-raising and community outreach efforts, this group of Riddle cancer survivors ensures that we never lose sight of the patient and family on a personal level. Their efforts help provide free meals to patients receiving chemotherapy during lunch hours.

Our ongoing progress and evolution in the provision of excellent cancer care to Riddle's patient community is possible only through the dedication and continued cooperation of members of our local Community, administration at Main Line Health and at Riddle, the Cancer Committee, and the Medical Staff. We are thankful for another year of their tireless effort and support.

Andrew J. Solan, MD
Chairman, Riddle Cancer Committee

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 Screening 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.

# Lung Cancer, Stages III & IV

The cancer committee at Riddle Hospital (RH) chooses one cancer site yearly to evaluate. This year, all Stage III and IV lung cancers treated at Riddle in 2005 and 2010 were reviewed. We studied trends in demographics and treatment to evaluate how they may have changed over the 5 year period. Also, survival curves were compared against national averages.

The demographic data revealed trends in sex and age. The male to female ratio was 1 to 1 in both 2005 and 2010. This shows a sustained increase of lung cancer in females in what was once known as a male dominated disease. The age of our patients has significantly increased during the 5 years from 2005 to 2010. In 2005, 80% of patients were greater than 60 years old; 16% were greater than 80 years old. In 2010, 85% were greater than 60 years old; 23% were greater than 80 years old.

Our Stage III treatment evaluation revealed marked increase in combined modality treatment (CMT), defined as chemotherapy plus radiation (figure 1). In 2005, 30% of patients received CMT vs. 85% in 2010. This follows the national trend of increasing use of CMT after data revealed better survival in patients with CMT. This stronger treatment is possible due to newer radiation and surgical techniques, improved chemotherapy and better drugs to manage side effects. Patients receiving no treatment fell from 30% in 2005 to 8% in 2010 (figure 1), again representing better ability to deliver treatment with less toxicity.

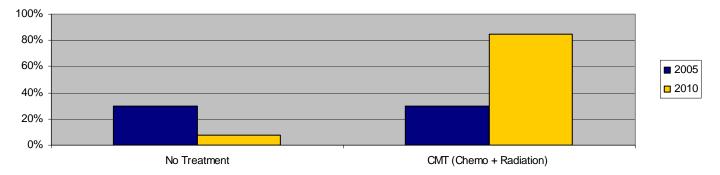


Figure 1: 2005 and 2010 Stage 3 Lung Cancer treatment comparison. Source: Riddle Hospital's cancer registry

The Stage IV treatment evaluation revealed entirely different findings (figure 2). Patients electing no treatment increased from 27% in 2005 to 44% in 2010. A corresponding decrease occurred in patients receiving radiation only and CMT. The increased age of our patient population shown by the demographics data may explain this increase in patients receiving no treatment. Older patients are more likely to be too ill at presentation for treatment. Also, the improvement and better acceptance of hospice may account for some of the rise. There was a slight increase in the use of chemotherapy alone for palliation of symptoms from 2005 to 2010.

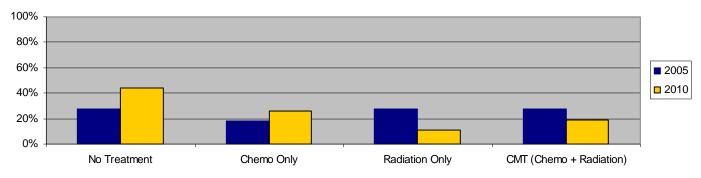


Figure 2: 2005 and 2010 Stage 4 Lung Cancer treatment comparison. Source: Riddle Hospital's cancer registry

# Lung Cancer, Stages III & IV

We saw a notable increase in the amount of patients that were treated with chemotherapy and/or radiation without a biopsy or surgery from 2005 to 2010. These patients were diagnosed with lung cancer based on clinical findings such as radiographic images obtained from PET or CT scan; 4.7% of our patients in 2005 fell into this category vs. 10% in 2010. This may be because the older patient population may not be able to tolerate any surgery.

Survival of stage III and IV lung cancer treated at RH in year 2005 were matched against the national averages. The survivals essentially superimpose on the national averages. Stage III survival was 10% at 5 years at RH and 10.3% nationally. Stage IV survival was 3.4% at RH and 2.4 % nationally. This is evident in below graph of survivals (figure 3).

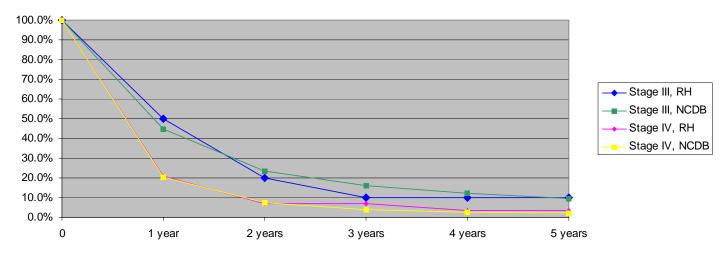


Figure 3: 2003 Observed Survival of all National Cancer Database compared with 2005 Riddle Hospital Observed Survival. Source: Commission on Cancer's NCDB and Riddle Hospital's cancer registry.

### Where is the Hope?

Prevention is the key. Lung cancer is a mostly preventable disease. Smoking is the number one risk factor in lung cancer, with at least 85% of cases occurring in former or current smokers. It is never too late to quit smoking, it will be beneficial and will decrease your chance of developing lung cancer no matter when you quit. To help you quit, Riddle offers Quit for Life, a support group for former smokers and those trying to quit, and SmokeFree, a 6-week long smoking cessation program.

Treatments are improving. We have newer drugs that are more specific for certain tumor types as well as new chemotherapy regimens. Radiation techniques continue to improve to allow us to deliver higher doses to the tumor with less toxicity to the patient. Surgical techniques have also advanced allowing less invasive surgery which makes it more tolerable for sicker patients.

The Cancer Center at Riddle Hospital is proud to be able to offer state-of-the-art treatment for lung cancer in the community setting with survivals that match the national averages. This allows patients to stay close to home for their treatment. We will continue to strive to offer the best treatment to our community.

Jessie DiNome, MD

Medical Director, Jefferson Radiation Oncology at Riddle Hospital

## **Oncology Data Services**

What is Oncology Data Services? The Oncology Data Services department at Riddle maintains a registry database to collect, store and analyze cancer data. We use our data to study our experience with cancer here at Riddle; this year we focused on stages III and IV lung cancer. Not only do we use our data here at Riddle Hospital, but it is also sent to regional and national databases. These large databases are powerful sources of information which provide researchers with the data necessary to identify causes of cancer and effective treatment strategies. Oncology Data Services provides complete information on demographics. comorbidities, diagnosis, stage of disease, treatments given and outcomes to the Pennsylvania Central Registry (PCR) and the Commission on Cancer's National Cancer Data Base (NCDB). Submission to the PCR is required by law; PCR captures every incidence of cancer within our state. Information is available on the PA Dept. of Health website and can be gueried at http://app2.health.state.pa.us/epigms/Asp/ChooseDatas et.asp. Submission of data to the National Cancer Data Base (NCDB) is a part of the voluntary process of programs accredited by the Commission on Cancer

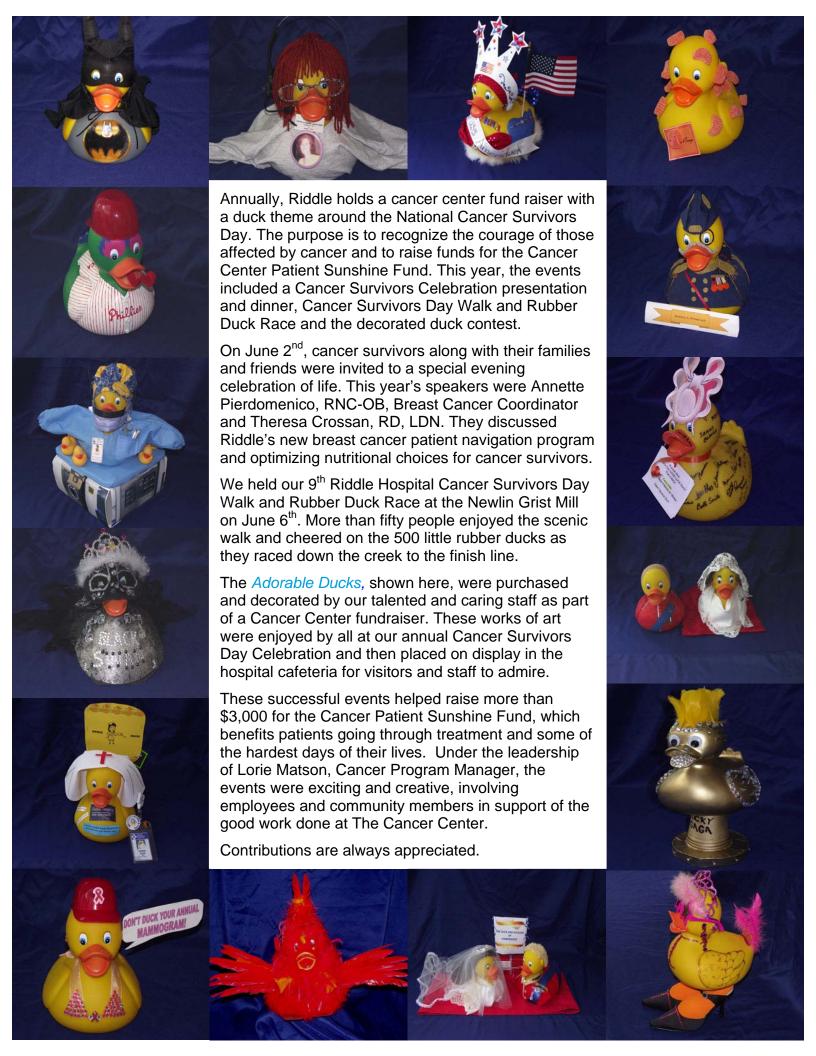
2010 Primary Site Table	Analytic	Non- Analytic
Breast	93	4
Colorectum	60	9
Skin	53	4
Bronchus & Lung	46	15
Bladder	29	7
Hematopoietic	26	16
Misc (<4 per site)	25	9
Lymph Nodes	23	8
Meninges	17	1
Kidney & Renal Pelvis	17	2
Thyroid Gland	11	3
Unknown Primary Site	11	3
Brain	9	3
Prostate Gland	9	7
Female Reproductive	9	6
Pancreas	6	4
Stomach	6	1
Esophagus	4	1
Heart/Mediastinum/Pleura	4	
Larynx	4	1
Liver & Intrahepatic Bile Ducts	4	3
	466	107

(CoC). Public access to NCDB data is available at <a href="http://www.facs.org/cancer/ncdb/publicaccess.html">http://www.facs.org/cancer/ncdb/publicaccess.html</a>.

The History of Oncology Data Services: On January 1, 1991, Riddle Hospital established a Cancer Registry with one Tumor Registrar overseen by the Oncology Coordinator under the direction of the Cancer Committee. In 1994 Riddle Hospital's Cancer Program was initially accredited by the American College of Surgeons (ACoS) Commission on Cancer (CoC). The Cancer Program Coordinator became the Cancer Program Manager in 2002 to reflect the growing demands of the position. In 2003, a part time Follow-Up Clerk position was approved and filled. In 2007, to reflect Riddle Hospital's integration with Main Line Health and the increasing demands of the position, the name of the Cancer Registry was changed to Oncology Data Services and the Tumor Registrar became the Oncology Data Coordinator. As our Cancer Program continued to expand in early 2008 a second full time Oncology Data Specialist was hired. Today, Oncology Data Services (ODS) is staffed by the Oncology Data Coordinator, Oncology Data Specialist and a Follow-up Clerk as a part of the Cancer Program, operating under the direction of the Cancer Program Manager. Since January 1, 1991 through December 31, 2010, information on 11,395 patients has been abstracted into the registry database.

**2010:** In 2010 we added 573 cases to the registry, 466 of which were analytic (initially diagnosed and/or treated here). The most frequent primary sites are breast, colorectum, skin, lung, and bladder which account for 60% of the cases.

Louise Widmer, CTR Oncology Data Coordinator



# 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** 484.227.4350

The Jefferson Radiation Oncology Center at Riddle contains a state-of-theart 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 needs. The unit is staffed by physicians from Thomas Jefferson University Hospital who deliver the same high-quality care here as they offer at their facility in Philadelphia.

### Oncology Data Services 484,227,3519

Oncology Data Services maintains a registry database of malignant disease information. Certified Tumor Registrars capture a complete clinical and demographic summary and provide lifetime follow-up of patients diagnosed with cancer.

## \*New\* Genetic Counseling Services 484.476.8150

On site Cancer Risk Assessment and Genetic Program provides consultations to those with increased cancer risk due to family or personal history.

# \*New\* Comprehensive Breast Center 484.227.3325

Our breast care coordinator serves as a resource for patients and their families, helping to answer questions, access specialists and coordinate additional services.

### 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**

484.227.4480

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

#### **Nutritional Counseling**

484.227.3490

Each week registered dietitians provide free individual or group instruction for patients and family members in the Cancer Center.

### Lymphedema Physical Therapy

484.227.3030

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

# Medically Based Physical Fitness Program

484.227.3045

Physical therapists develop individually designed programs to maintain strength and endurance during cancer therapy.

#### \*New\* Breast Surgery Classes

An overview of what to expect when undergoing breast surgery. Classes are offered at Riddle the 1<sup>st</sup> and 3<sup>rd</sup> Monday of each month from 7-8 pm.
Register at www.mainlinehealth.org

#### Free Cancer Screenings

1.866.CALL.MLH

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

**Take Care** A general cancer support group for patients with all types of cancer. Family members are welcome. Meets the 2<sup>nd</sup> and 4<sup>th</sup> Tuesday of each month at 1:00 pm.
Please call 484,227,4480

#### **Breast Cancer Survivor's Network**

This group is for women facing breast cancer and focuses on staying positive and healthy through the support of survivors. Meets the 1<sup>st</sup> Tuesday of each month at 5:30 pm.

Please call 484.227.3560

**Look Good, Feel Better** This program is for women undergoing treatment for cancer, offered in conjunction with ACS. Learn the latest in make-up tips and information about wigs and head wraps. Please call 484.227.3560

**Beginning the Journey** A grief support group in a structured 8-session program designed for those who have lost a loved one within the past year. Please call 484.227.3929

**Ostomy Support Group** This meeting offers professional education, support and product information and resources. Meets the 2<sup>nd</sup> Wednesday of the month Please call 1.866.CALL.MLH

The Buddy Program Matches newly diagnosed patients with cancer survivors for short-term telephone support.

Please call 484,227,4480

**Quit for Life** This tobacco dependency support group meets the 1<sup>st</sup> and 3<sup>rd</sup> Monday of each month at 7 pm. Please call 484.227.3635

**SmokeFREE** This is a 6-week smoking cessation program that is scheduled regularly throughout the year. Registration for this program is required. Please call 484.227.3635

Funding for the publication of the Riddle Hospital 2010 Cancer Program Annual Report was made possible though 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 484.227.3651 or mail to:

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





