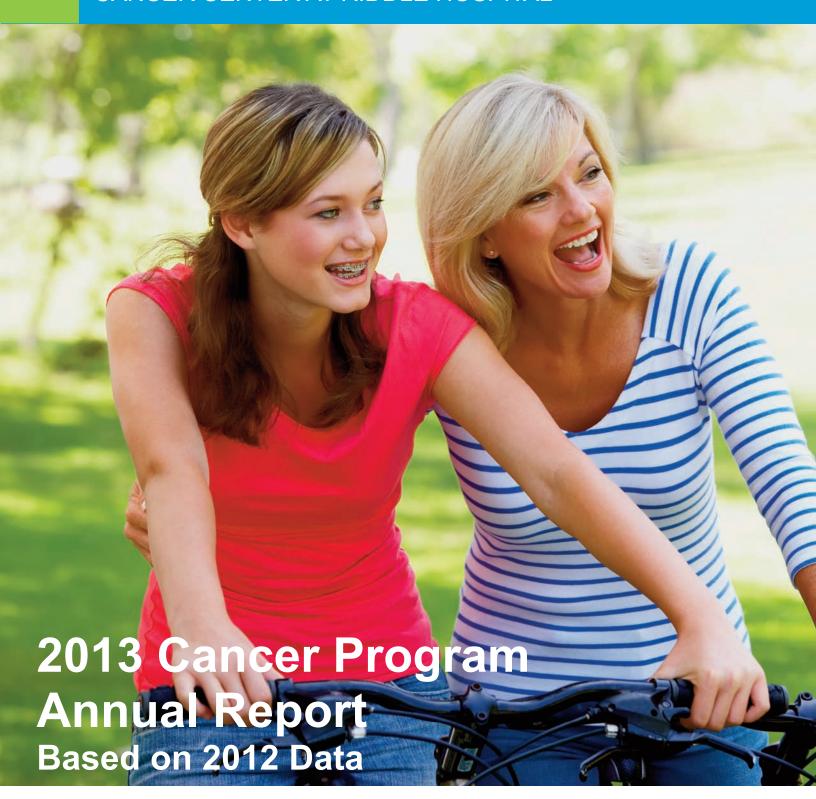
CANCER CENTER AT RIDDLE HOSPITAL







Award this

THREE YEAR CERTIFICATE OF ACCREDITATION

with Gold-Level Commendation to the Community Hospital Community Cancer Program of

Riddle Memorial Hospital

Media, PA

Program Accredited through 2016



CHAIR, COMMISSION ON CANCER AMERICAN COLLEGE OF SURGEONS



And Aller-Tunio, PhD
Linda W. Ferris, PhD
Chair, Accreditation Committee Commission on Cancer



A MULTIDISCIPLINARY PROGRAM OF T AMERICAN COLLEGE OF SURGEO

The American College of Surgeon's Commission on Cancer (CoC) accreditation provides the framework to focus on the full spectrum of cancer care including prevention, early diagnosis, cancer staging, optimal treatment, rehabilitation, life-long follow up for recurrent disease, and end-of-life care. This year, in addition to meeting all thirty-four standards set forth by the CoC, Riddle Hospital's Cancer Program was able to achieve all eight "Commendation Standards." Gold-Level Commendation is only awarded to a facility that receives at least seven Commendations at the time of its triennial survey.

Cancer Committee Members:

Physicians:
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
Sean Wright, MD, Plastic & Reconstructive Surgery
Susan Yaron, MD, Pathology

Ancillary Members:
Amy Bates, CTR, Oncology Data Services
Rachael Brandt, CGC, Genetics
Debbie Clarke, RN, Home Care
Elaine Dunn, RN, QA Nursing
Elizabeth Kyle, RN, 4C
Deborah Mantegna, RN, Community Health
Lorie Matson, RN, Oncology Program
Donna Meehan, RN, Nursing Education
Annette Pierdomenico, RN, CBCN, Breast Center
Isabel Quintans, PharmD, Pharmacy
Andrea Toczylowski, MSW, Social Services
Louise Widmer, CTR, Oncology Data Services
Deborah Wiegand-Snyder, PT, CDT, Physical Therapy

Ad Hoc: Current American Cancer Society Representative

Cancer Program



I am proud to share with you the accomplishments of Riddle Hospital's Cancer Program in this past year. The Program has had a busy year as we continue to work on improving our services that we offer the community. This is our 19th year of accreditation with the

American College of Surgeon's Commission on Cancer (CoC). In March, Thomas J. Tachovsky, MD, FACS, a physician surveyor from the CoC, visited our campus to review our work and verify our compliance with the CoC Program Standards. Dr. Tachovsky praised the work of the Cancer Committee, noting that several of our studies "could well serve as examples of 'Best Practices' for other programs." We received the highest award for a Community Hospital Cancer Program, a *Three Year Certificate of Accreditation with Gold-Level Commendation*.

To maintain accreditation Riddle's Cancer Program must complete at least two quality studies annually. This year, we reviewed our treatment of early stage breast cancer compared with national standards. You can read about the results of this in-depth study in the following pages. The second study involved the review of physician referrals of eligible cancer patients to our physical therapy team. It was obvious that this beneficial modality was being under utilized. Therefore, we developed *The Next Step* program described in the following paragraph.

The Next Step was designed to evaluate use of our physical therapy program for cancer patients and educate our physicians on who should receive these services. The physical therapy program was chosen because it was obvious we were missing an opportunity to improve the quality of life for many patients going through treatment. There is extensive new data that shows these interventions are helpful in improving

quality of life and decreasing lost work time of the patient. We chose head and neck cancers, anal and rectal cancers and breast cancer as our initial sites. These were chosen because there is more data to prove the intervention is helpful. We are fortunate to have Deborah Wiegand-Snyder, a physician therapist and lymphedema specialist on our team. She has educated us on the way her services can improve the pain, fatigue, swelling and other problems these patients face. The team also includes exercise physiologist, Katie Loughlin, who evaluates the patient for medically-based exercise programs and is there for guidance. Nutritional consultations are also available. Patients have found this program empowering.

Ongoing construction at the hospital is the physical sign of progress at Riddle's Cancer Center. The MRI suite was relocated to Health Center III to accommodate the latest in technology. This equipment can comfortably provide service to a variety of patient sizes, shapes and conditions. Additionally, Radiation Oncology recently completed a major renovation including a 16-slice CT scanner, High Dose Rate (HDR) brachytherapy suite, and a new vault with a "True Beam" state-of-the-art linear accelerator. This cutting edge equipment allows us to continue providing the highest quality care.

Our success and continued growth is due to the efforts of the Cancer Committee, Administration and the Medical Staff. The goal of this dedicated group of professionals is to continually improve the care of cancer patients in our community. Assuring that our patients receive the best possible care close to home is our number one priority and we look forward to continuing this mission in the coming year.

Jessie DiNome, MD Campus Division Chief, Radiation Oncology

Lemi Di Nome

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

Breast Cancer Stage I&II at Riddle



Breast cancer is the most commonly diagnosed life-threatening cancer world-wide in women. In the United States, it accounts for 29% of all cancers in women and is the leading cause of cancer death among women. The risk of developing breast

cancer in an average woman in her lifetime is about 12%. This risk can increase in certain select population groups such as those with family history of breast and other cancers and positive for genetic mutations such as BRCA 1 and BRCA 2.* Environmental, reproductive and lifestyle factors also play a role in the development of breast cancer.

In the United States, approximately 232,340 new cases of female invasive breast cancer are predicted to occur in 2013, along with 2,240 cases in men with 39,920 expected breast cancer deaths (39,510 women, 410 men). The incidence of breast cancer in the United States increased rapidly from 1980 to 1987, largely due to widespread use of mammography screening, which led to early detection of asymptomatic small breast tumors. After 1987, the incidence decreased most likely due to decreased use of post-menopausal hormone use. Death rates from breast cancer in the United States have decreased steadily in women since 1990. The decrease in breast cancer death rates is thought to represent progress in both earlier detection and improved treatment modalities. Early stage breast cancer is associated with better survival and a high cure rate. The primary treatment for breast cancer includes surgery and radiation therapy along with adjuvant hormone or chemotherapy when indicated.

Riddle Hospital undertook an in-depth evaluation of care of patients with stages I and II breast cancer. We compared clinical data from 2007 and 2012 with national statistics. This was done to determine how our patient demographics, diagnostic modalities, treatment and survival statistics have changed over the years and how they compare to the nation.

Breast cancer is the most common cancer diagnoses seen at Riddle Hospital with the majority of cases diagnosed at stages I and II (see *Primary Site Distribution Summary*, inside back cover). The

incidence of breast cancer has remained stable at Riddle from 2007 to 2012 while nationally there has been a slight decrease. Our patient population is now much older with a median age of 71 years compared to the national average of 61 years (figure 1). This is explained by the elderly population in Delaware County along with a high proportion of senior communities in our service area.

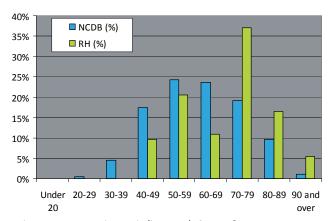


Figure 1: Age at Diagnosis (in Years), Stage I&II Breast

The Estrogen Receptor (ER) and Progesterone Receptor (PR) status of tumors effects treatment options. ER and PR positive tumors can be treated with hormonal therapy agents. Breast Cancers found in older women are more likely to be ER and PR positive than those found in younger women. In 2012, Riddle had a high percentage of ER and PR positive tumors (93%). Another tumor characteristic is HER-2 status. HER-2 positive tumors are treated with Herceptin, a drug included in chemotherapy statistics. At Riddle, HER-2 positive tumors have remained around 12% which is comparative to the national data.

Figure 2 compares treatment of stage I and II breast cancer at Riddle Hospital with national statistics. Riddle is performing a higher percentage of breast-conserving surgery consisting of lumpectomy (78% vs. 60%). However compared to the national average, fewer of our patients who chose breast conserving surgery received radiation (64% vs. 76%). This may be related to our elderly population's need for less aggressive treatment. Chemotherapy was given in 21% of patients compared to the national average of 37% and hormonal therapy was given in 77% of Riddle patients compared to 54% nationally. This is explained by our higher rates of ER and PR positive tumors which once again is related to our older population.

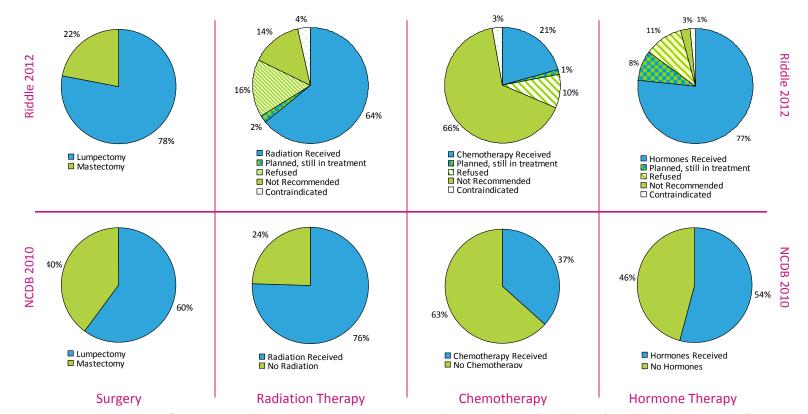


Figure 2: Comparison of Treatment Modalities, Riddle Hospital 2012 vs. National Cancer Database (NCDB) 2010. (Details on why treatment isn't received are not available from the national database)

There was a 7% difference in overall survival between Riddle's 2007 data and national statistics. The vast majority of the deaths were unrelated to breast cancer. Since we treat a population that is on average 10 years older than the national average, it is impossible to compare our patients' survival meaningfully with national averages. There were no recurrences in stage I patients. Eight percent of stage II patients have recurred. We have examined all known recurrences and it was determined that all patients were treated appropriately according to national guidelines.

In conclusion, Riddle Hospital has continued to provide appropriate cutting edge, high quality care for our breast cancer patients and closely follows the statistics of the national database. Our breast conservation rate is very high. The patient population in this area is elderly compared to the national average which skews the treatment and observed survival data. Riddle Hospital has accreditation from the National Accreditation Program for Breast Centers (NAPBC) and

the Commission on Cancer (CoC). All of our patients are discussed at least once at a multi-disciplinary cancer conference.

For the last decade, extensive breast cancer research worldwide has led to extraordinary progress in the understanding of the disease and development of more targeted and less toxic treatments. This should ultimately benefit our patients as the age of the population in the United States continues to rise with fewer patients unwilling or unable to tolerate toxic treatments.

Rashmi Sanjay, MD Medical Oncology

Rashini Sayay

Community Outreach

Recently Riddle Hospital conducted a Community Health Needs Assessment (CHNA) to better understand and respond to the health care needs of the surrounding communities. With regards to cancer, the CHNA confirmed that cancer is a leading cause of mortality in the Riddle area as it is in the country. The cancers with the highest incident rates in our area are prostate and breast cancer. Our community experiences higher rates of breast, colorectal, lung, prostate and pancreatic cancer and a lower rate of cervical cancer relative to the Southeastern Pennsylvania area (SEPA) (figure A).

The CHNA revealed opportunities for improving wellness in our community. The percentage of obese adults has been increasing. Almost half of inactive people aged 65 years old and older cited "Health Problems" as the reason they do not exercise. Nutrition was also shown in the CHNA to be a particular problem in our area, with less than 20% of adults and children consuming the recommended 5 servings of fruits and vegetables daily.

These issues carry over when patients begin cancer treatment. That's why we launched *The Next Step*, a

new program to help patients navigate our available support services. Services such as physical and occupational therapy, nutritional counseling and medically based fitness help cancer patients feel their best during and after treatment.

Breast cancer screening rates in the Riddle area peaked in 2006 and have declined through 2010. Receiving the recommended cancer screenings increases the chances of detecting cancer early, when it is most likely to be curable. To help women fit this important screening into their day, we offer "Walk-in-Wednesdays." Busy women can drop by the Comprehensive Breast Center any time on Wednesdays – no appointment needed. For women without insurance we offer free mammograms in partnership with Linda Creed Foundation in October. We continue to investigate ways to encourage women to get this important screening.

You can read the complete Community Health Needs Assessment at:

www.mainlinehealth.org/CommunityNeedsAssessment

Area	Population	Breast	Cervical	Colorectal	Lung	Pancreas	Prostate
Riddle	184,581	109.98	4.93	68.78	72.99	15.96	113.95
SEPA	4,066,681	61.61	5.25	49.67	53.24	15.08	80.19

Figure A: Cancer Estimates – 2011 Incidence Rates (Per 100,000) Source: Thomson Reuters

The Comprehensive Breast Center at Riddle Hospital is designated as a Breast Imaging Center of Excellence by the American College of Radiology. The center is accredited in mammography, stereotactic breast biopsy, breast ultrasound and ultrasound-guided breast biopsy. The center offers state-of-the-art technology with a full range of services in a comfortable relaxing atmosphere.

We are committed to high quality imaging along with creative ideas in reaching out to the community to increase awareness. The American Cancer Society recommends that a woman who is 40 years of age or older have mammograms every year for as long as you are in good health. There is no age limitation

because the chance of getting breast cancer goes up as you get older.

Only a very small number of yearly mammograms lead to a diagnosis of breast cancer. Knowing your mammogram result is normal gives you peace of mind, but if you are told you have breast cancer remember more women are surviving breast cancer than ever before. Early detection is our goal. We remain dedicated to detecting breast cancer as early as possible, when it is easiest to treat and increases your treatment options.

Lynne Dix, RT(R)(M) Manager, Comprehensive Breast Center at Riddle

Data Collection

Primary Site Distribution Summary, Riddle Hospital

	!	AJCC Stage										
Primary Site	Cases	0	1	2	3	4	N/A	Unk	Male	Female	% RH Database	ACS Est. Figures*
Anus	3	0	0	1	0	1	0	1	0	3		
Bladder	33	18	6	3	4	0	0	2	22	11	7%	4%
Brain/CNS	7	0	0	0	0	0	7	0	1	6		
Breast	113	21	50	23	16	3	0	0	0	113	24%	14%
Colon/Rectum	59	1	9	17	16	11	0	5	33	26	13%	9%
Esophagus	3	0	1	1	0	0	0	1	1	2		
Female genital system (excluding uterus)	6	0	2	0	0	2	0	2	0	6		
Kidney, Renal Pelvis & Ureter	10	0	7	1	1	1	0	0	7	3		
Larynx	5	1	0	4	0	0	0	0	5	0		
Leukemia/Hematopoietic	20	0	0	0	0	0	20	0	14	6		
Liver & Bile Duct	5	0	1	0	1	3	0	0	3	2		
Lung	48	0	6	0	10	31	0	1	22	26	10%	14%
Lymphoma	27	0	5	1	5	9	0	7	16	11		
Melanoma	38	18	13	4	1	1	0	1	18	20	8%	5%
Mesothelioma	3	0	0	0	0	2	0	1	2	1		
Myeloma	8	0	0	0	0	0	8	0	5	3		
Oral Cavity and Pharynx	8	1	1	0	1	4	0	1	7	1		
Other	10	0	0	2	0	4	3	1	5	5		
Pancreas	12	0	1	3	1	7	0	0	2	10		
Prostate	4	0	1	3	0	0	0	0	4	0		
Stomach	7	0	3	0	0	4	0	0	3	4		
Testis	3	0	3	0	0	0	0	0	3	0		
Thyroid	10	0	6	1	3	0	0	0	0	10		
Unknown Primary	11	0	0	0	0	0	11	0	5	6		
Uterus	12	0	11	0	1	0	0	0	0	12		
Total	465	60	126	64	60	83	49	23	178	287	63%	46%

The top 5 sites diagnosed and/or treated at Riddle Hospital in 2012 are highlighted in the above table. These 5 sites represent 63% of the cases seen at Riddle Hospital in 2012.

In addition, 134 cases received ongoing treatment at Riddle Hospital for a total of 599 new cases in 2012.

The Oncology Data Services (ODS) department maintains a cancer registry database from which we can retrieve data, such as the data in the table above. Every time a patient is diagnosed with cancer or treated for cancer at Riddle Hospital, we enter that patient into the database. Information that is collected includes demographics, co-morbidities, diagnosis, stage of disease, treatment and current disease status. Every patient that is treated at Riddle Hospital for cancer is followed for life by ODS.

Not only is this data used by the Riddle Hospital's

Cancer Committee for research and quality assurance, but it is also included in larger national databases, such as the National Cancer Database (NCDB). Statistics from both Riddle's database and the NCDB database were examined in the early stage breast cancer article earlier in this report.

Riddle Hospital's cancer database contains information from January 1, 1991. As of December 31st, 2012 there are 12,585 records in the database including 3,285 patients that we actively track for follow up information.

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

Funding for the publication of this report was made possible through the generosity of the estate of Anthony J. and Ruth H. Moretti.

^{*}Cancer Facts & Figures 2012, American Cancer Society

Cancer Center at Riddle Hospital

Clinical Excellence Close to Home

The Riddle Hospital Cancer Program offers Philadelphia's western suburbs a comprehensive and innovative oncology program in the fight against cancer.

Cancer Program:

Medical Oncology

A medical oncology suite, staffed by boardcertified medical oncologists, offers the latest in chemotherapy treatment for the cancer patient.

Jefferson Radiation Oncology

The Jefferson Radiation Oncology Center at Riddle is a state-of-the-art facility with the latest equipment including a True Beam linear accelerator, a High Dose Rate (HDR) brachytherapy suite and a 16-slice CT scanner. Offers high quality comprehensive treatment options that include IMRT, IGRT and VMAT for the cancer patient.

Genetic Counseling Services

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

Comprehensive Breast Center

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

Clinical Trials

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

ACS Free Wig Salon Program

Provides a free wig to women experiencing hair loss while undergoing cancer treatment.

Free Cancer Screenings

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

Support Programs:

Nutritional Counseling

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

Rehabilitation Services

Occupational, physical and speech therapy services are available for patients who may be physically de-conditioned from either surgery or treatment. Our specialized Lymphedema Management Program helps prevent or treat the symptoms and promote recovery.

Home Care

For patients who require specialized medical needs in the home, home care referrals are made by the treatment team on an individualized basis. Services are available through The Home Care Network of Jefferson Health System and include Home Health Care, Home Infusion, Hospice and Palliative Care and Rehab Equipment Services.

Medically Based Physical Fitness Program

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

SmokeFREE

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

Support Groups:

Take Care

A general cancer support group for patients with all types of cancer. Family members are welcome. Meets the 2nd and 4th Tuesday of each month at 1:00pm.

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 1st Tuesday of each month at 5:30pm.

Prostate Cancer Education and Support Group

This group meets the 2nd Tuesday of each month at 6:30pm.

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.

Ostomy Support Group

This meeting offers professional education, support and product information and resources. Meets the 2nd Wednesday of the month.

Quit for Life

This tobacco dependency support group meets the 1st and 3rd Monday of each month at 7:00pm.

For more information call 484.227.4680



