Paoli Hospital Cancer Program

2012 Patient Outcomes Report Based on 2011 Statistics

Message from the Chair

It is my pleasure to present the Paoli Hospital Cancer Center Annual Report. This year has been marked by both change and growth—the hallmarks of any quality cancer program. Indeed, our program has been nationally recognized with *Special Commendation* by the American College of Surgeons while our Breast Disease program has received further recognition. These accolades underscore that Paoli Hospital brings the most advanced care to our community.

Through our vibrant partnership in the Fox Chase Cancer Center network, our physicians and staff continue to stay up-to-date with new diagnostic and therapeutic methods. This initiative assures that the quality cancer care we provide allows for expert consultation at a comprehensive cancer center, when required. Our goal is to continue to be recognized for our excellence.

In review, I am excited to report these enhancements to our program in 2011:

- The Cancer Center Radiation Oncology Department began renovation to accommodate and upgrade to the TrueBeam™ System, a new radiation therapy unit. This digital technology system assures that patients receive the precise dose of radiation prescribed. It allows our radiation oncologists and physicists to very accurately image patients while receiving their radiation treatments, maximizing treatment to tumors and minimizing side effects to normal tissue.
- Four full-time physicians have been added to the Medical Oncology/Hematology portion of the Cancer Center. They have specific expertise in Breast/Gynecologic cancers, Gastrointestinal Cancers and Palliative Care.
- Two satellite offices have opened in Exton, PA and Collegeville, PA and are capable of treating patients closer to their home.

 Our supportive care programs rival those at national centers and include a Senior Oncology Program, music therapy, art therapy, and Social Work. Our new Integrative Care Program places emphasis on complementary care with our focus on overall well-being and includes massage, yoga, exercise, as well as nutrition and lifestyle advice.

In the following pages of this year's report, Dr. Lisa Attebery, the Cancer Committee's Liaison to the American College of Surgeons, discusses breast cancer care at the Paoli Hospital Breast Program. Throughout the year, Oncology Data Services works with the American College of Surgeons to document and track the lifetime care of patients with cancer diagnosed and/or treated at Paoli Hospital. They report that our most frequently seen cancers are those of the breast, prostate, lung, colon and melanoma (Table 1). In 2011, 763 analytic cases were accessioned by the department's Certified Tumor Registrars. Among those, the five most diagnosed cancer sites were breast, prostate, lung, colon/rectum, and melanoma. Breast cancer cases account for 22% of that total, a percentage that is higher than the estimated national average percentage.

The Cancer Committee at Paoli Hospital continues to be dedicated to providing safe, timely, efficient, efficacious, equitable and patient-centered cancer care. We are proud to be part of the trend of decreasing cancer deaths across the United States.

Michael B. Dabrow, DO, FACOI, FACP Medical Director, Cancer Center of Paoli Hospital Chair. Cancer Committee

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Breast Cancer Report

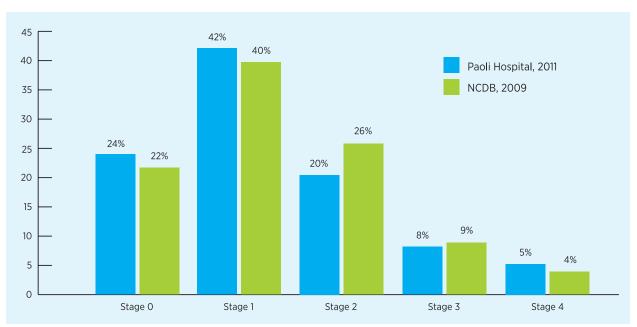
Paoli Hospital has dedicated multiple resources to fight breast cancer, the second leading cause of death in women after lung cancer. In 2011, 25,211 mammograms were completed at Paoli and its satellite facilities in Collegeville and Exton. Increasing the number of studies facilitates earlier diagnosis of breast cancer. However, studies have demonstrated that a program's quality and the physician-patient relationship increase the number of individuals that will get their mammogram. We feel strongly that the Breast Cancer program, physicians, and supporting staff have made Paoli a leader in diagnosing and treating breast cancer.

Data from Paoli Hospital in the National Cancer Data Base (NCDB) demonstrates that women are diagnosed at an earlier stage than other hospitals. Women at Paoli Hospital were diagnosed with Stage 0 breast cancer at a rate of 24% versus the NCBD rate of 22%. We diagnosed 42% of women with

Stage I breast cancer and the NCBD rate for other facilities was 40% (graph 1). In addition, the overall survival rate for women nationally with Stage I breast cancer was 92% while Paoli's survival rate was 97%, representing a significant difference in outcome. For all stages of breast cancer, Paoli had a survival rate of 87% and the average from the NCDB was 85% (graph 2). While the percentage difference is small, it has statistical significance.

Lastly, the overall rate of women who were diagnosed with breast cancer under the age of 60 was 47% per the NCDB; at Paoli, we diagnose 52% of women less than 60 years of age (graph 3).

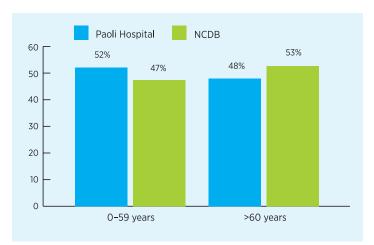
In addition to being a leader in survival and diagnosing breast cancer, we have developed a Multidisciplinary Program that starts as soon as a patient is recommended for a biopsy. Our Nurse Navigator facilitates a surgical consult within 48 hours



Graph 1. Stage at Diagnosis: Paoli vs. NCDB. 2009 Source: NCDB Database.



Graph 2. Observed Survival: NCDB vs. Paoli. All stages. NCDB (2003–2005; source: NCDB survival reports), Paoli (2005–2006; source: PH METRIQ database)



Graph 3. Age at Diagnosis: Paoli vs. NCDB. 2009 Source: NCDB Database.

and usually a biopsy is completed in a similar timeframe. Once a breast cancer diagnosis is established, the patient is presented at a biweekly Breast Conference. The conference is attended by surgeons, radiologists, medical oncologists, reconstructive surgeons, radiation oncologists, pathologists, nurses, a genetic counselor, social workers and researchers. The case is discussed and a plan is formulated to individualize the treatment for each patient based on their tumor, age and other factors. The conference is vital in ensuring that patients are getting the best care both during their cancer treatment and going forward.

Lastly, our hospital has implemented a Complementary Therapy program to assist our breast cancer patients during their treatment and afterwards. We have acupuncture, yoga, massage, and nutritionists that assist the patients in returning to a normal life. At Paoli Hospital, we know that treating breast cancer involves treating the whole patient, not just their cancer.

Lisa Attebery, DO

Cancer Committee Liaison to the American College of Surgeons





Breast Nurse Navigator

The Nurse Navigator of the Breast Program at Paoli Hospital coordinates care and guides patients and their families through the process from abnormal mammogram through diagnosis of breast cancer. She is the patient's liaison for the medical team.

The Nurse Navigator facilitates follow up services such as surgical and specialist consults related to a breast cancer diagnosis. She provides personal guidance and support for patients and their families and assists with communicating needs and concerns to the health care team. Additionally, she answers questions and provides clarifications related to the treatment plan. Referrals to and information about community and hospital-based resources, such as support groups and services, are also provided by the Breast Nurse Navigator, as is practical information about wigs, prostheses, and classes. As part of the multidisciplinary team approach, the Nurse Navigator participates in the bimonthly Breast Conference.

Meghan Walker, RN, MSN, CBCN

Genetic Risk Assessment Program

The Genetic Risk Assessment Program at The Cancer Center of Paoli Hospital is dedicated to helping individuals understand their risk for cancer. Staffed by a board-certified genetic counselor, the goal of the program is to help people prevent cancer by understanding their genetic and environmental risk factors as well as develop a personalized screening plan.

If genetic testing is warranted, coordination of insurance benefits and testing will be performed through the genetic counselor. If a hereditary cancer syndrome exists in a family, individuals who are at increased risk for cancer can be offered additional screening, medical, and surgical options.

Candace Peterson, MS, CGC

Table 1 Site Distribution Report—AJCC Staging for Paoli Hospital Study Group: 2011 Analytic Cases (newly diagnosed)

Primary Site		AJCCStage									% PH	ACS Est.
	Cases	0	1	2	3	4	N/A	Unk	Male	Female	Database	Figures*
Bladder	35	19	6	5	3	2	0	0	26	9		
Bones & Joints	2	0	1	0	1	0	0	0	0	2		
Brain/CNS	10	0	0	0	0	0	10	0	5	5		
Breast	171	41	72	35	14	9	0	0	4	167	22%	14%
Cervix	4	0	1	1	1	1	0	0	0	4	Party Services	Wathers
Colon/Rectum	64	4	18	16	10	15	1	0	31	33	8%	9%
Esophagus	8	0	1	0	2	4	0	1	7	1		
Kidney, Renal Pelvis & Ureter	24	5	10	1	4	3	0	1	19	5		
Larynx	2	0	1	0	0	1	0	0	1	1		
Leukemia/Hematopoietic	14	0	0	0	0	0	14	0	9	5		
Lip and Oral Cavity	16	1	5	0	2	7	0	1	9	7		
Liver/Bile Duct	6	0	2	0	1	3	0	0	5	1		
Lung	74	0	12	5	15	40	0	2	34	40	10%	14%
Lymphoma	36	0	11	3	10	12	0	0	16	20	200,000	20020000
Melanoma	48	18	18	1	3	2	0	6	29	19	6%	4%
Myeloma	8	0	0	0	0	0	8	0	4	4	1000	
Other	16	0	2	0	2	2	8	2	7	9		
Ovary	19	0	4	3	6	5	1	0	0	19		
Pancreas	24	0	2	8	0	14	0	0	12	12		
Prostate	93	0	32	48	6	7	0	0	93	0	12%	15%
Small Intestine	3	0	0	1	2	0	0	0	1	2	C-400 C-000 U	42.702.00
Soft Tissue (including Heart)	2	0	1	0	0	1	0	0	2	0		
Stomach	7	0	1	0	3	3	0	0	4	3		
Testis	5	0	5	0	0	0	0	0	5	0		
Thyroid	21	0	8	4	5	4	0	0	7	14		
Unknown Primary	13	0	0	0	0	0	13	0	9	4		
Uterus	38	0	31	2	2	3	0	0	0	38		
Total	763	88	244	133	92	138	55	13	339	424	58%	57%

The most frequent cancer sites for 2011 are highlighted in the above table and represent the percentage of cancer incidence seen at Paoli Hospital as comparable to the American Cancer Society's national estimates. In addition, 105 cases were diagnosed in a staff physician's office or elsewhere and received ongoing treatment at Paoli Hospital for a total of 838 new cases in 2011. *Cancer Facts and Figures 2011, American Cancer Society

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