



Cancer Center 2003 Annual Report



*In honor
of those people
of courage
who enter
these doors*

The St. Joseph Hospital Community Cancer Center Annual Report covers the fiscal year of July 1, 2002 through June 30, 2003. Use the links on the right to view sections of the Annual Report.

St. Joseph Hospital Community Cancer Center Vision Statement

The St. Joseph Community Cancer Center serves its community by striving to prevent cancer and treating those affected by cancer with competence, compassion and respect.

The Center provides integrated diagnostic, treatment and support services.

The Center promotes cancer prevention and early detection through education, responsible individual health choices and development of efficient and accessible screening services.

The Center's program provides responsive, comprehensive and cost effective patient care services. An interdisciplinary team of physicians, nurses, social workers and other professionals collaborate to meet the physical, emotional and social needs of patients and their families.

Careful data collection and voluntary participation in clinical trials allows access to the latest advances and furthers research efforts.



*Ian L. Thompson, M.D.
Medical Director
Radiation Oncology*

President's Message

The 2003 Annual Report for the St. Joseph Hospital Cancer Program is an update of what's happening in our community. Often unheralded, our cancer committee continues to provide oversight for many quality programs that benefit Whatcom County citizens.

Highlights from this past year include the following:

Our survival data for the four leading cancers is stage for stage on par with the rest of Puget Sound.

The PCPT study (prostate cancer prevention) was closed this year. Under Dr. Tom Hall, our community was ranked #1 in the country in penetrance. We are already involved with another prostate cancer prevention study, SELECT.

An audit of nodes found at colectomy revealed we are on par with national data. We are reviewing our data on time between breast lump detection and treatment.

There have been major improvements in the technology in Radiation Oncology at the Cancer Center with On-Line Portal Imaging, and approval has been received for IMRT technology to more accurately treat cancers while increasing protection of adjacent normal tissues.

Patient satisfaction with the overall cancer care in this community remains high. Regular surveys show high levels of satisfaction. The only issues that merit attention deal with scheduling and registration, and sharing of medical information. Work is progressing on these fronts.

We have had a shortage of Medical Oncologists for several years. Dr. Derleth and Dr. Rubin have heroically kept the program functioning at high quality. In fact, only five percent of new patients have left the community to seek outside outpatient cancer care. Beginning in September 2003, Dr. Patrick Nestor joined Drs. Rubin and Derleth.

Our challenge for this coming year will be to explore options in how to fulfill our longstanding vision of an integrated cancer program. For the first time ever, the key players have a stated commitment to the vision of an integrated cancer center. Now we just have to figure out how best to do that. I hope that next year this letter will be able to outline the steps we are taking toward this vision.

A handwritten signature in black ink that reads "Ian L. Thompson". The signature is written in a cursive, slightly slanted style.

Cancer Statistics for 2002

CHART 1 shows the number of new malignancies at St. Joseph Hospital for 1993 to 2002. For the last several years nearly all pathology from Whatcom County has been accessioned into the registry, providing a true reflection of the incidence of cancer in this county.

Type of Cancer	1996	1997	1998	1999	2000	2001	2002
Bladder	27	31	43	49	33	43	52
Brain/CNS	9	10	10	11	13	7	16
Breast*	128	129	143	145	148	161	147
Cervix (invasive)	5	5	11	3	7	4	7
Colon & Rectum	62	75	87	68	74	71	57
Endometrium	21	21	27	22	24	23	23
Head & Neck	23	39	38	31	32	37	41
Kidney	13	14	22	16	18	24	26
Lung	90	78	91	74	87	96	108
Lymph/Mye/Leuk	33	50	47	60	67	70	65
Ovary	6	12	16	6	15	10	10
Pancreas	11	13	11	11	8	19	12
Prostate	107	115	146	158	170	179	217
Testicular	5	6	5	5	2	3	10
Melanoma	18	50	61	71	72	78	85
Upper GI	18	14	30	27	18	26	24
Other	45	21	31	39	36	46	42
Unknown	16	19	9	9	16	9	11
TOTAL	637	702	828	805	840	906	953

*includes in situ cases

CHART 1

Whatcom County compared to nationally for melanoma and prostate cancer. Although in the past there appeared to be a higher incidence of breast cancer, this year the incidence was essentially the same.

The increased incidence of prostate cancer is most likely explained by the wide spread use of prostate screening in the community. Although there remains debate about the use of PSA screening, it is a subjective impression that our community utilizes PSA screening more often than other communities. Also, the PCPT trial is completing its evaluations and additional biopsies of men with normal PSAs were obtained. But only six additional cancers were detected. Finally, 30 of the cases included in our registry were diagnosed and treated outside the hospital. Since most centers do not include these patients, if St. Joseph Hospital did not count them, the incidence would be closer to, although still above, the nationally-reported numbers.

The rate of lung cancer in this community was essentially equivalent to national numbers. There is a multi year trend of lower incidence, probably associated with a lesser incidence of smoking compared to national patterns. However this is the second year with less difference than in the past, and we will need to closely watch. The M/F ratio in our community is now 1.5:1 compared to five years ago of 1:1 and is comparable to the national ratio of 1.1:1. The median age of our male patients is 69 compared to five years ago when it was 72.

The increase in melanoma is difficult to evaluate. The higher rate is partially felt to be associated with having Western Washington University students in the community with a larger number of young people who actually do not live here full time affecting the numbers. In addition, our numbers include cancers diagnosed and treated outside the hospital (65 of 85), increasing our numbers in comparison to national reports.

CHART 3 looks at the stages of cancer diagnosed in Whatcom County as compared to the CSS (Cancer Surveillance System) region, which represents all of Western Washington. It appears that for the four major cancers - prostate, breast, lung, and colorectal - the stage at which the cancer was diagnosed at St. Joseph Hospital is essentially equivalent to the CSS region.

In summary, Whatcom County 2002 cancer statistics are again consistent with previous years. Because of the excellent reporting of cancer in our community, our numbers provide a more accurate reflection than the national data. Paradoxically, this makes comparison of results more difficult.

Of the 906 new cases diagnosed, 78 cases were diagnosed and treated in the physician office only. Most other hospitals and communities only report hospital cases. Hence our results are more accurate and may explain some of the differences in our results.

CHART 2 compares Whatcom County cancer incidence with age adjusted national estimates. There appears to be an increased incidence of cancer in

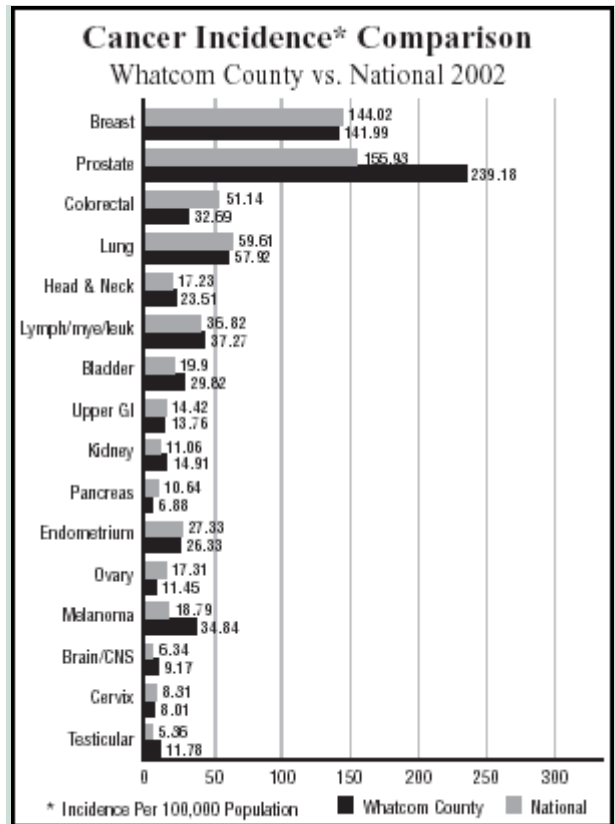


Chart 2

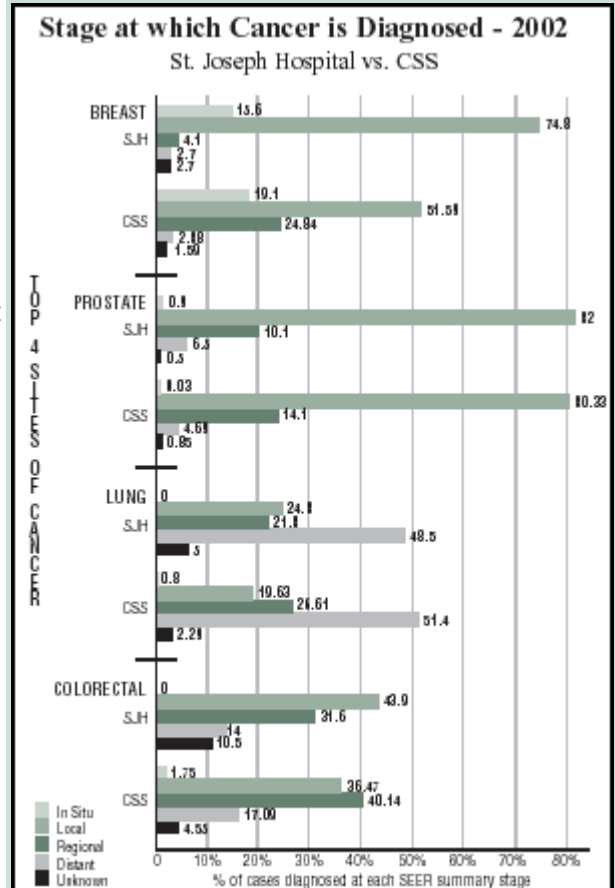


Chart 3

Data sources throughout this Annual Report: St. Joseph Hospital (SJH) Cancer Registry; Cancer Surveillance System (CSS) at Fred Hutchinson Epidemiology Program; and American Cancer Society *Cancer Facts & Figures 2002*.

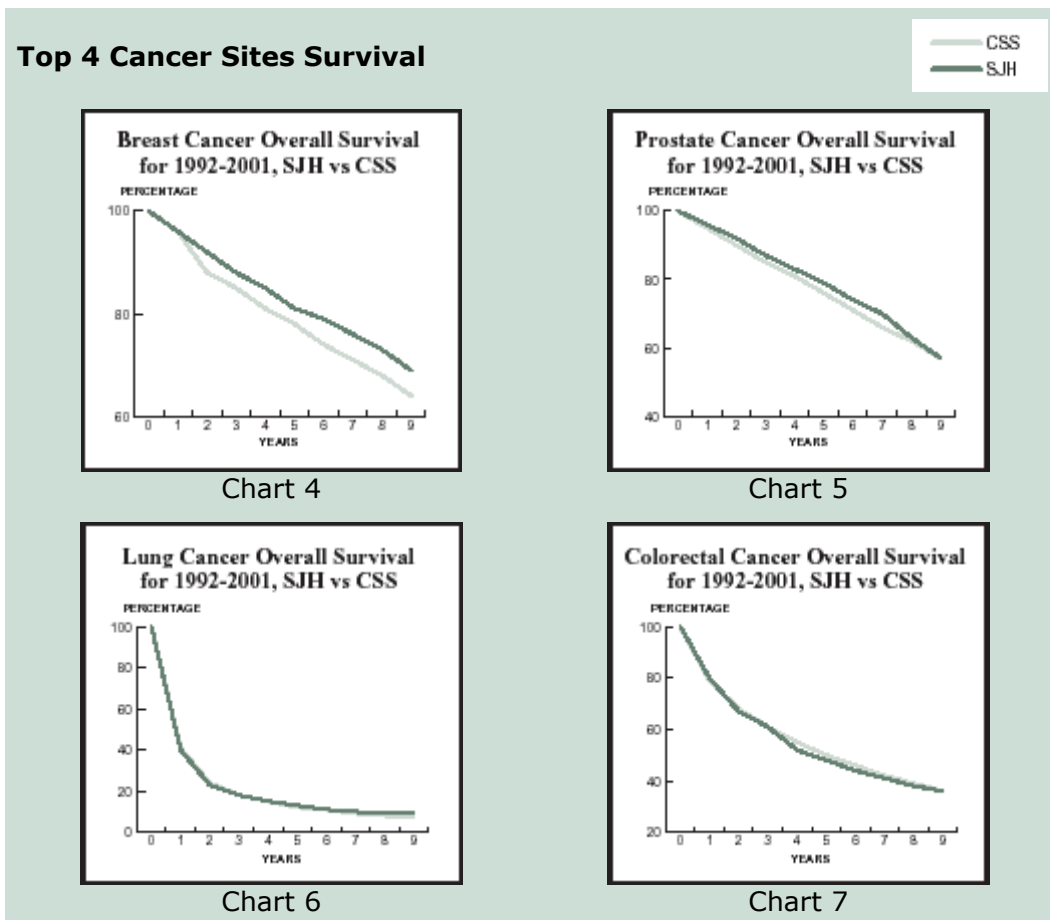
Cancer Survival

Every second year the cancer program looks at overall survival for the four major cancer diagnoses, and compares them with the rest of the Puget Sound region survival. St. Joseph Hospital is part of CSS, which is the registry for the western part of Washington state.

The four most common cancer diagnoses are prostate, breast, lung, and melanoma. Melanoma may have a falsely high incidence in comparison to the CSS region because we have a community wide registry rather than a hospital only registry. The fourth "major cancer diagnosis" is ordinarily colorectal cancer in CSS and national statistics.

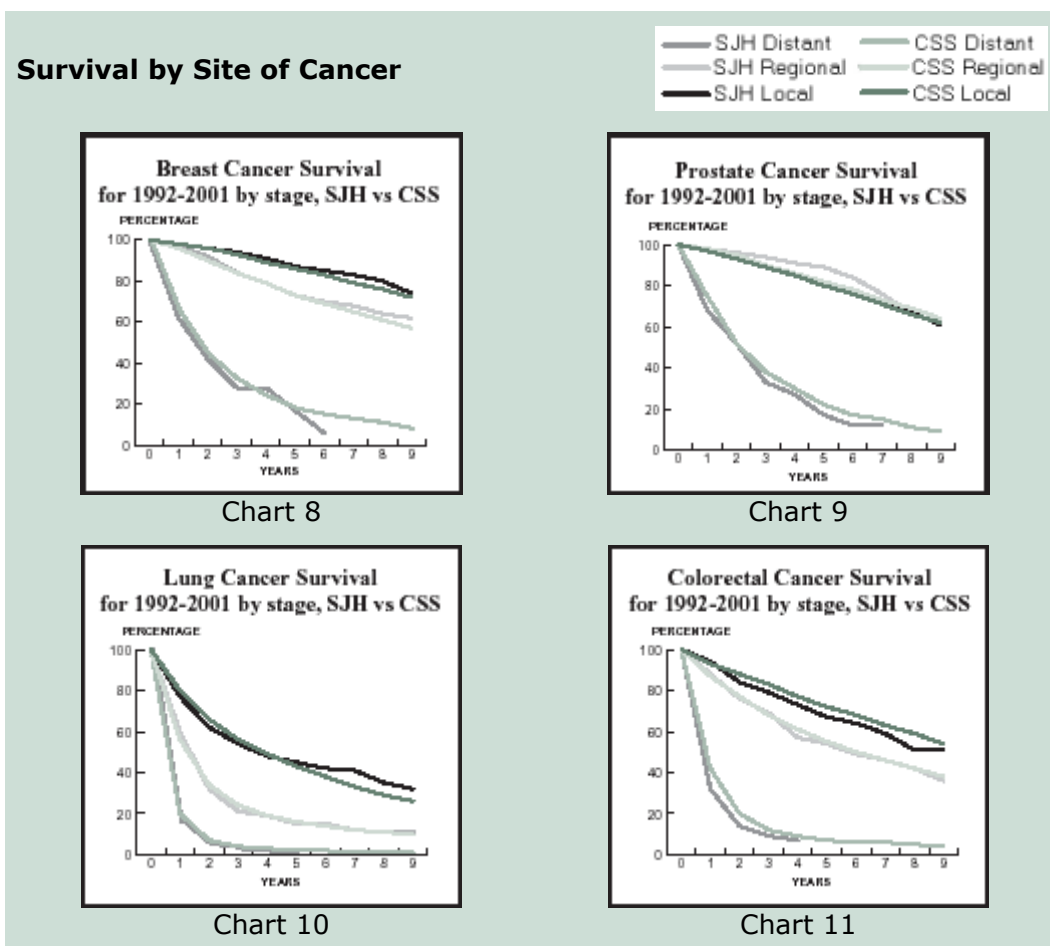
CSS does not utilize TNM staging. It utilizes a local, regional, and distant staging system. "Local" generally refers to cancers that are node negative and confined to the organ of origin. "Regional" means local spread, usually immediately outside the organ and/or nodal involvement. "Distant" is the term they utilize for metastatic spread. The St. Joseph's Cancer Registry keeps patients categorized with both TNM staging and the CSS staging but the comparison data is reported using the CSS system.

In order to assure that the survival results are comparable, it is necessary to ensure that the incidence by Stage is comparable. Survival can be easily affected by stage migration, so fair comparisons would require comparable incidence by Stage. CHART 3 compares our incidence with CSS. It appears that St. Joseph Hospital has, except for Prostate Cancer, a higher rate of early stage cancers. This might mean that we have a good screening and early detection program, which would result in the same or better overall survival compared to CSS. However another alternative is that our patients are not adequately staged and we have a false number of early staged disease. That would result in a worse survival for our early stage patients. Of course, there may be a mixture of both which would result in essentially the same overall survival. Survival curves on CHARTS 4 through 7 demonstrate that overall survival for each of the four major sites is essentially the same between St. Joseph and CSS. This supports the third hypothesis.



CHARTS 8 through 11 compare our survival by stage with CSS survival. Amazingly, the survival curves are nearly superimposable for each cancer and each stage. There is a slight discrepancy in local colorectal survival that is

not statistically significant. And, interestingly, the best 5 year survival in prostate cancer is St. Joseph regional patients, with somewhat better survival compared to St. Joseph, and CSS local and CSS regional survival.



In summary, it appears that our survival results are comparable to the Western Washington area.

Clinical Trials

During the year 2003, 70 people were accrued to Cancer Clinical Trials. That represents 7.8% of the number of analytic cases. There are 18 people currently receiving treatment as part of their clinical trial participation, 17 women participating in the STAR study, 198 men in the SELECT study and 40 people in the follow-up phase of their participation in research. We assisted 12 people in a nation-wide search for clinical trials we were not able to offer. Hopeful clinical trials were found for 6 who volunteered to participate in research as far away as Durham, North Carolina and as close as the Seattle Cancer Care Alliance.

One of the highlights of the past year was confirmation that the Salt Lake City LDS Hospital will accept our site as their affiliate and the Radiation Therapy Oncology Group gave SJH Community Cancer Center preliminary approval to become part of their research group! We are currently in the process of completing the full application. In 2003, our oncologists became investigators in the National Cancer Institute's Cancer Trials Support Unit. This national network allows them to enroll their patients in NCI-sponsored Phase III cancer treatment trials not otherwise available to them as SWOG or NSABP investigators. We also welcomed our new medical oncologist, Dr. Patrick Nestor. He has already completed the training and necessary documents to become an investigator for SWOG, NSABP, GOG and CTSU trials.

Looking forward to the next year, the clinical trials department goal is to be an RTOG affiliate, have active RTOG studies approved by the PeaceHealth IRB and begin enrolling patients to RTOG clinical trials.

St. Joseph Hospital Diagnosis & Treatment Advances

St. Joseph Surgeon leads research to freeze breast tumors

A new concept in treating benign and malignant tumors is called ablation. Here, the doctor uses a strong energy, in this case extreme cold, to destroy the tumor cells within the body. After the treatment, the body eliminates the residual protein particles by a natural process. This has recently been developed in a national effort, led by Dr. Cary Kaufman, a breast surgeon at St. Joseph Hospital. Dr. Kaufman, along with other doctors from eight centers across the county, published their research over the last year.

Cryoablation, as it is called, is the process of placing a thin probe, similar to a biopsy needle, into the breast tumor. The tip of the probe is then cooled to extremely low temperatures for 30 minutes, completely destroying the tumor. The amount of freezing is adjusted to the size of the tumor. During this research phase, frozen malignant tumors are surgically removed one week later to confirm the effectiveness of cryoablation. In the future, treated tumors will be left in place and followed carefully, allowing the body to eliminate the dead cells naturally.

Perhaps the best news is that cryoablation is painless due to the numbing effect of cold temperatures. Patients with these small tumors are treated in the doctor's office without the need for sedation or an incision.

Early results are promising with complete destruction of all the targeted tissue. The FDA has already cleared this method of treatment for benign tumors of the breast. Many Bellingham patients have had this treatment for both benign and malignant tumors. One of Dr. Kaufman's patients was interviewed on ABC's "Good Morning America" earlier this year.

Radiation Oncology

Indications for radiation therapy continue to evolve as our ability to stage and image cancers advance. An expanding array of new agents and techniques must find their place among more traditional approaches.

Our experience with prostate seed implants and higher-dose conformal radiotherapy are encouraging. Data now available with longer term follow up supports the relative benefits of two prostate treatment alternatives. With PET scan guidance, we can apply conformal techniques to the challenge of lung cancer treatment with tighter fields taken to higher dose. This may also help patients through combined therapy toxicities. Active research continues to optimize the combination of surgical, radiation, chemotherapy and biologic agents for individualized patient care. We participate in that research through multiple national trials.

Tight, highly shaped radiation treatment fields require close monitoring of patient positions during treatment. This year brought On Line Portal Imaging to our center. A complete digital image train now allows us to design, treat, and confirm delivery accuracy with the power of a computer based record and verify system. These systems comprise two of the multiple building blocks we are assembling to deliver Intensity Modulated Radiotherapy. We hope to deliver our first IMRT treatment by the end of 2003.

Cancer Registry

The St. Joseph Hospital Cancer Registry is continuing to grow with 953 new malignancies accessioned (78 of those being physician office cases). In September 2003, the registry had documented follow-up date with one-year currency for 95% of analytic cases, which exceeds the national standard of 90%.

Registry staff was increased to 1.5 full-time employees. The new person is performing follow-up functions of the registry. The Certified Tumor Registrar (CTR) is now able to perform more abstracting and special studies.

The Registrar responded to twenty-two special data requests for various physician and hospital cancer-related studies. All St. Joseph Hospital, Bellingham Surgery Center and Radiation Therapy patients are included in the registry system. Physician office cases are included in the registry. The Commission on Cancer does not require these cases. We also track 1,400 Canadian patients. Our registry shares data with the Washington State Registry and the National Cancer Data Base and continues to work closely with the Cancer Surveillance System (CSS) at Fred Hutchinson Cancer Research Center.

The Registrar also supports the cancer program's Tumor Board. Approximately 80% of all cancer cases pathologically diagnosed in the community are prospectively reviewed at this weekly conference. On average, 28 physicians from a broad range of specialties attend as well as representatives from hospice, social services, pharmacy, dietary and nursing.

Community Outreach

The revised Outreach Program at the Community Cancer Center celebrated its second birthday in August. We continue to expand upon established and successful programs. The colorectal screening that is done each spring had over 150 participants this year and our annual prostate screening will be in its tenth successful season this fall, testing up to 200 men. We will also be partnering with a well-respected local grocery chain to launch a Breast Cancer Awareness campaign in all of their Whatcom and Skagit county stores. These clinics continue to support the Cancer Center's vision to promote cancer awareness, early detection and prevention.

Our educational classes offer support to patients and their families dealing with the difficult questions that accompany a cancer diagnosis. The Cancer Center has been fortunate to obtain a Chaplain, Reverend Kevin Park, to be on site visiting with patients and families. Kevin's presence at the Cancer Center provides immediate access for emotional and spiritual support when the need can be the greatest and many family members may be present. We continue to heighten the awareness and availability of our support systems in order to aid in the healing when there is a diagnosis of cancer in a family.

We now have a team of 20 volunteers who clock over 225 hours per month. Performing a vast array of duties, neither our programs nor our staff would have continued success without the time and devotion given by our valued volunteers. Included in our volunteer staff are three licensed massage therapists and a licensed hypnotherapist, who help patients with pain and relaxation techniques.

We will constantly assess our outreach services and programs offered to our community, continuously adding to our menu, as we strive to meet the needs of every patient beyond just medical treatment.



PeaceHealth Mission:

We carry on the healing mission of Jesus Christ by promoting personal and community health, relieving pain and suffering, and treating each person in a loving and caring way.

PeaceHealth Values:

- Respecting individual human dignity and worth
- Stewardship
- Social justice
- Collaboration

2003 Cancer Committee Membership

Ian L. Thompson, M.D., Chair
Radiation Oncology

Chris Covert-Bowlds, M.D.
Family Medicine

Lars Crabo, M.D.
Radiology

R. Mark Owing, M.D.
Pathology

William Rubin, M.D.
Medical Oncology

Paul Goff, M.D.
Medical Oncology

Cary Kaufman, M.D.
General/Vascular Surgery

Arlen Burns, M.D.
Urology

Thomas L. Stackhouse, M.D.
Ear, Nose and Throat/Otology

Michael Taylor, M.D.
Radiation Oncology

Richard Hammond, M.S.W.
Whatcom Hospice Manager

Cindie Becker, R.N., B.S.N., M.S.
Vice President, Patient Care Services

Shelly Smits, R.H.I.T., C.C.S, C.T.R.®
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*Director Oncology, Hospice and Senior
Community Services*

Larry Ishii, PharmD.
Clinical Pharmacist

Cheryl McNeil-Lang
Quality Services Director

Kevin Parks, M.Div.
Chaplain