



Cancer Center 2004 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, 2003 through June 30, 2004. Use the links on the right to view sections of the Annual Report. You can also [view the 2003 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

Our most recent cancer statistics show that quality cancer care is being provided in our community. In 2003, survival by stage for the four leading cancers was equal to regional benchmarks for Puget Sound. Our incidence of cancer was also comparable. In fact, we may be finding some cancers at an earlier stage than the rest of the Puget Sound area. Further, we remain a leader in the number of patients entered on clinical trials. We can also be proud of three highly successful screening clinics sponsored this year for colorectal, skin and prostate cancer. Professionally facilitated support groups remain available for those who need them.

The Cancer Committee identified several goals for 2004 to enhance an already high quality Community Cancer Program:

Goal #1: Shared access to medical records and scheduling across cancer care settings This issue has been referred to CHIC since it is a community-wide initiative and not exclusively a Cancer Program issue.

Goal #2: Revitalize the patient support/navigation program The Shared Care Plan, pioneered by the Pursuing Perfection project, will be the backbone of a revitalized support system using highly trained and supervised volunteers -- similar to the Hospice volunteer and Parish Nursing models. Northwest Pathology is working with us to develop a patient handout about support resources attached to the original cancer pathology report, which can be presented by the treating physician.

Goal #3: Maintain state-of-the-art Radiation Oncology This year, we added IMRT technology (Intensity Modulated Radiation Therapy) to our offerings. In addition, a business plan is being developed to acquire a second state-of-the-art radiation treatment machine. After a rigorous evaluation, St. Joseph Hospital was accepted by RTOG (an NCI-chartered radiation therapy clinical trial group) as the only non-academic affiliate in the Northwest.

Goal #4: Infusion Center expansion Madrona Medical Group opened a new, expanded, 10,500 sq. ft. Infusion Center in September. This has been a delight to both providers and patients.

In 2005 we will continue to explore what it really means to provide integrated cancer services. We once naively thought that this meant having Medical and Radiation Oncology in the same building. We now recognize it is far more than that. Clearly our Tumor Board and Registry form the backbone of an integrated system. Building on these assets to bring a more seamless service to our patients involving primary physicians, specialists, pathology and imaging will be our challenge and goal for 2005.

Ian Thompson

Cancer Statistics for 2003

Cancers by Site, St. Joseph Hospital								
	1996	1997	1998	1999	2000	2001	2002	2003
bladder	27	31	43	49	33	43	52	46
brain/CNS	9	10	10	11	13	7	16	10
breast*	128	129	143	145	148	161	147	167
cervix (invasive)	5	5	11	3	7	4	7	5
colon & rectum	62	75	87	68	74	71	57	97
endometrium	21	21	27	22	24	23	23	27
head & neck	23	39	38	31	32	37	41	47
kidney	13	14	22	16	18	24	26	24
lung	90	78	91	74	87	96	108	106
lymph/myel/leuk	33	50	47	60	67	70	65	80
ovary	6	12	16	6	15	10	10	12
pancreas	11	13	11	11	8	19	12	9
prostate	107	115	146	158	170	179	217	196
testicular	5	6	5	5	2	3	10	5
melanoma	18	50	61	71	72	78	85	96
upper GI	18	14	30	27	18	26	24	33
other	45	21	31	39	36	46	42	40
unknown	16	19	9	9	16	9	11	7
TOTAL	637	702	828	805	840	906	953	1007

* includes in situ cases

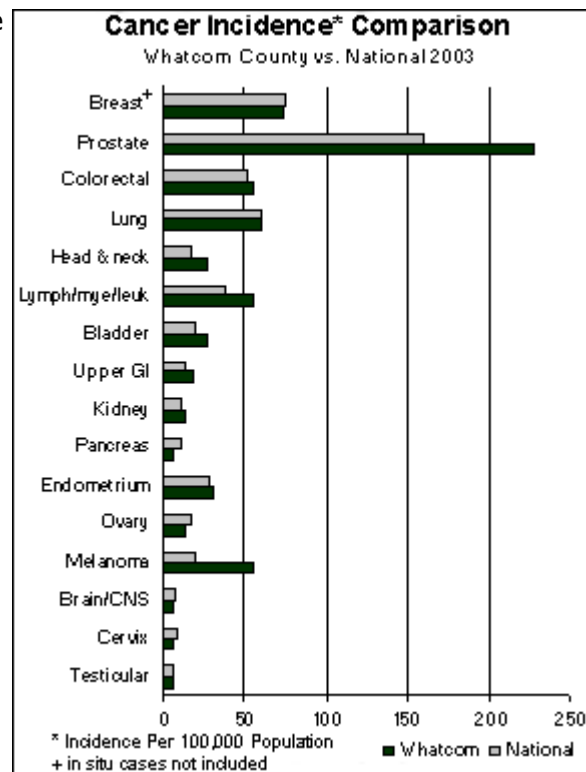
CHART 1 shows the number of new malignancies at St. Joseph Hospital for 1996 to 2003. The hospital pathology department reviews almost all pathology in Whatcom County. Hence for the last several years nearly all pathology from Whatcom County is accessioned into the registry, and is likely a true reflection of the incidence of cancer in this county. Of the 1007 new cases diagnosed 179 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 Whatcom County compared to nationally for melanoma and prostate cancer. Although in the past there was a higher incidence of breast cancer, this year the incidence was essentially the same.

The increased incidence of prostate cancer is lower this year than 2002 and still lower than the last 1980's. The increased numbers are 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. Finally, 33 of cases included in our registry were diagnosed and treated in the physician offices. Since most centers do not include these patients, if St. Joseph Hospital did not count them, the incidence would be closer, although still larger, to the national reporting numbers.

The rate of lung cancer in this community was essentially equivalent to national numbers. There had been a multi year trend of lower incidence and is probably associated with a lesser incidence of smoking compared to national patterns. However this is the third year with less difference than in the past and will need close watch. The M/F ratio in our community is now 1.1:1 compared to 5 years ago of 1:1 and is comparable to the national ratio of 1.1:1. The median age of our male patients is 72.7 compared to five years ago being 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 (69 of 96), increasing our numbers in comparison to national reports.



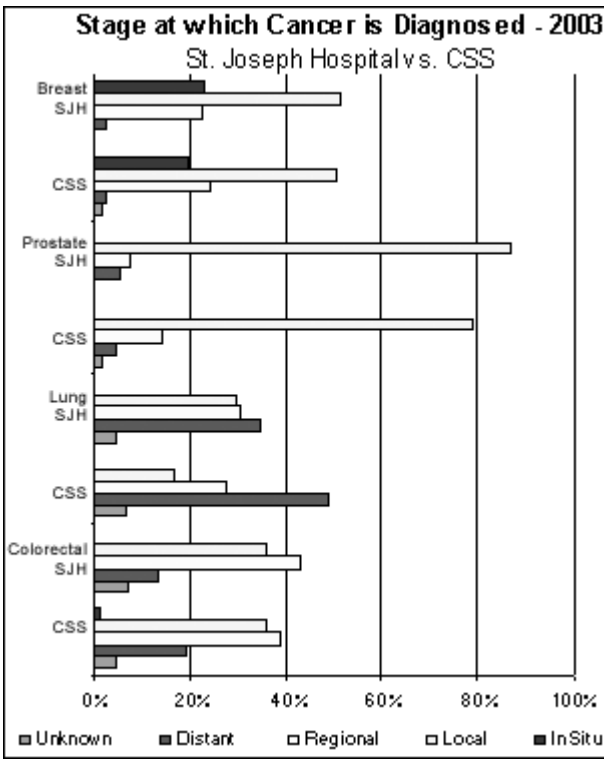


CHART 3 looks at the stages of cancer diagnosed in Whatcom County as compared to the CSS (Cancer Surveillance System) region, which represents all of Western Washington. It appears that for colon and breast, the stage at which the cancer was diagnosed at St. Joseph Hospital is essentially equivalent to the CSS region. Both prostate and lung cancer may be diagnosed at an earlier stage in Whatcom County. Prostate cancer earlier diagnosis is explained by the utilization of PSA screening. Lung cancer early diagnosis is not easily explained. However, survival is the same as for all of CSS implying that our lung cancer patients are not understaged.

In summary, Whatcom County 2003 cancer statistics are, once again consistent with previous years. Because of the excellent reporting of cancer in our community, our numbers reflect a more accurate reflection than the national data. Paradoxically, this makes comparison of results more difficult.

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*.

Hutchinson Epidemiology Program; and American Cancer Society *Cancer Facts & Figures 2002*.

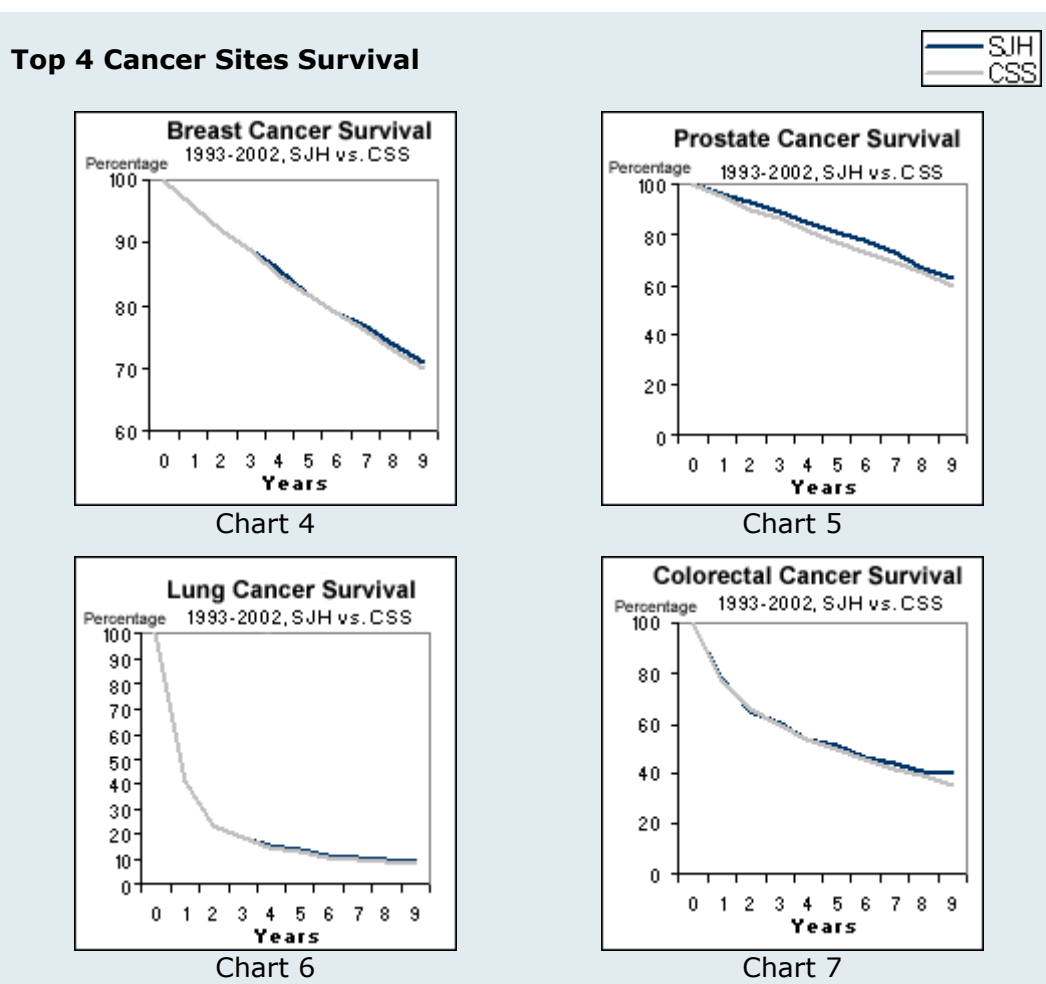
Cancer Survival

Every 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's Hospital is part of CSS, which is the registry for the western part of the State.

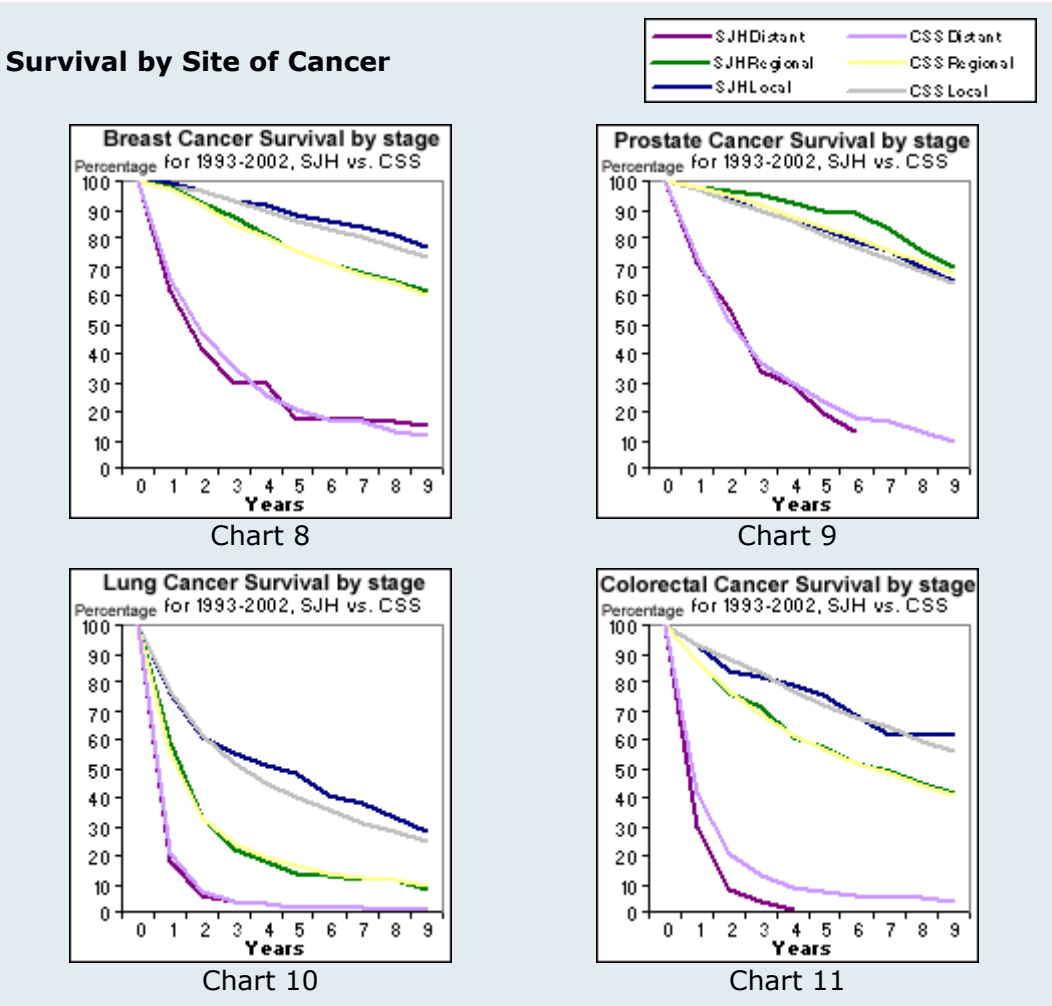
The four most common cancer diagnoses are Prostate, Breast, Lung, and Melanoma. Melanoma may have a falsely high incidence in comparison to the CSS region because we have a community wide registry rather than a hospital only registry. The standard fourth "major cancer diagnosis" is ordinarily Colo/rectal 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 fairly comparable incidence by Stage. Table and Graph 1 & 2 compare our incidence with CSS. It appears that St. Joseph's Hospital has a slightly higher rate of early stage cancers for prostate and lung cancer. 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's 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 distant 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.

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

Cancer Registry

The St. Joseph Hospital Cancer Registry is continuing to grow with 1007 new malignancies accessioned (179 of those being physician office cases). In September 2004, the registry had documented follow-up date with one-year currency for 95% of analytic cases, which exceeds the national standard of 90%. This year the Pacific Rim Surgery Center opened. The registry is collecting the cases diagnosed at that facility as well as Bellingham Surgery Center and physician offices. The Commission on Cancer does not require these cases but the Cancer Committee has requested they be collected. We also track 1,400 Canadian patients.

The Registrar responded to twenty-nine special data requests for various physician and hospital staff cancer-related care studies. 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.

Clinical Trials

During the year 2004, 14 people were accrued to Cancer Clinical Trials. That represents 2% of the number of analytic cases. Although this number is disappointingly low, we are the highest accruing PSOC affiliate outside the Seattle area. There are 23 people currently receiving treatment as part of their clinical trial participation, 18 women participating in the STAR study, 198 men in the SELECT study and 30 people in the follow-up phase of their participation in research. We assisted 8 people in a nation-wide search for clinical trials we were not able to offer locally.

One of the highlights of the past year was that we officially became an RTOG Affiliate. It was a rigorous approval process and a well-deserved achievement for the Radiation Therapy Staff. We greatly appreciate the support of physicians who took the Human Participants Protection Education for Research Teams, completed necessary Investigator documents and became a member of the RTOG Oncologic Team as part of our application process. Now our efforts are in choosing and preparing appropriate studies for PeaceHealth IRB review and approval in order to make them available treatment options for the people in our region who are diagnosed with cancer.

Looking forward to the next year, the clinical trials department's goal is to redirect time and energy to better inform physicians of applicable clinical trials so they can talk to their patients about the clinical trial when they are first seen.

2004 Cancer Committee Membership

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

Laura Backer, M.D.
Radiology

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

Carol Brumet
Cancer Outreach Coordinator

Arlen Burns, M.D.
Urology

Chris Covert-Bowlds, M.D.
Family Medicine

Paul Goff, M.D.
Medical Oncology

Cary Kaufman, M.D.
General/Vascular Surgery

Joost Knops, M.D.
Ear, Nose and Throat/Otology

Michael Taylor, M.D.
Radiation Oncology

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

Allison Houtsma
Quality Services

Larry Ishii, PharmD.
Clinical Pharmacist

Patrick Nestor, M.D.
Medical Oncology

R. Mark Owings, M.D.
Pathology

**Shelly Smits, R.H.I.T., C.C.S.,
C.T.R.®**
Cancer Program Specialist

Karen Ssebanakitta, R.N., M.S.
*Director Oncology, Hospice and Senior
Community Services*

Cheryl Terpstra
Chaplain