



Cancer Center 2005 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, 2004 through June 30, 2005.

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.
Cancer Program Chairman

2005 Chairman's Report

This year has been a year of anticipation and planning for the future. In 2004 we had a series of meetings to discuss what an "Integrated Cancer Center" might mean for our community. We began with the premise that it meant housing Medical and Radiation Oncology in a single facility. It quickly became apparent that there was a better idea.

The emerging view is that Oncology in Whatcom County is, and will be, delivered by providers throughout the community. We need to recognize that reality, and work to make the care more seamless.

A group of providers have been meeting to identify system improvements, which would provide a better-coordinated care experience for our patients. Members will belong to the newly formed "Community Cancer Alliance" and will agree to a basic set of patient service expectations that emerged from patient surveys and focus groups. Preliminary agreement includes the convenience of a common registration tool, assessment of patient support needs, and promoting awareness of cancer support services.

At the same time the "Community Cancer Center" has been renamed the "St. Joseph Cancer Center" to more closely reflect its role of as the provider of Radiation Oncology and the "Cancer Support Services" of St. Joseph's Hospital.

This year, [Madrona's new Infusion Center](#) has been open to serve patients with more convenience and comfort. The Hospital has committed to a major renovation of the Radiation Oncology Department in order to support the acquisition of a "Beyond State of the Art" Tomotherapy treatment machine. Plans have been approved and construction is about to begin. Mt Baker Radiology has introduced weekly availability of CT/PET. Many other providers have made additional improvements and investments to ensure that the highest quality care remains locally available.

One of the original concepts of the St Joseph cancer program was a "patient navigator program". Previous attempts failed because of limited resources. We have recommitted to this program but plan on using highly trained volunteers, some of whom have already been trained. The best way to reach patients at the earliest proper moment is under discussion.

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

Cancers by Site, St. Joseph Hospital										
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
bladder	24	27	31	43	49	33	43	52	46	48
brain/CNS ^a	8	9	10	10	11	13	7	16	10	10
breast [*]	134	128	129	143	145	148	161	147	167	163
cervix (invasi	4	5	5	11	3	7	4	7	5	5
colon & rectu	74	62	75	87	68	74	71	57	97	84
endometrium	16	21	21	27	22	24	23	23	27	28
head & neck	31	23	39	38	31	32	37	41	47	41
kidney	18	13	14	22	16	18	24	26	24	22
lung	73	90	78	91	74	87	96	108	106	114
lymph/myel/le	26	33	50	47	60	67	70	65	80	73
ovary	15	6	12	16	6	15	10	10	12	13
pancreas	17	11	13	11	11	8	19	12	9	20
prostate	98	107	115	146	158	170	179	217	196	177
testicular	4	5	6	5	5	2	3	10	5	10
melanoma [*]	8	18	50	61	71	72	78	85	96	119
upper GI	24	18	14	30	27	18	26	24	33	24
other	46	45	21	31	39	36	46	42	40	57
unknown	16	16	19	9	9	16	9	11	7	28
TOTAL	636	637	702	828	805	840	906	953	1007	1036

^{*}these numbers include in situ cases which are not reported on national statistics
^aexcluding 17 benign brain (required to collect starting 2004)

CHART 1 shows the number of new malignancies at St. Joseph Hospital for 1994 to 2004. 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 1046 new cases diagnosed 209 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. The top five cancers remain essentially the same throughout the 10-year period. This year melanoma numbers were higher by just passing lung cancer. This has been felt to be due to accessing the medical office pathology which most hospital based tumor registries would not have access to.

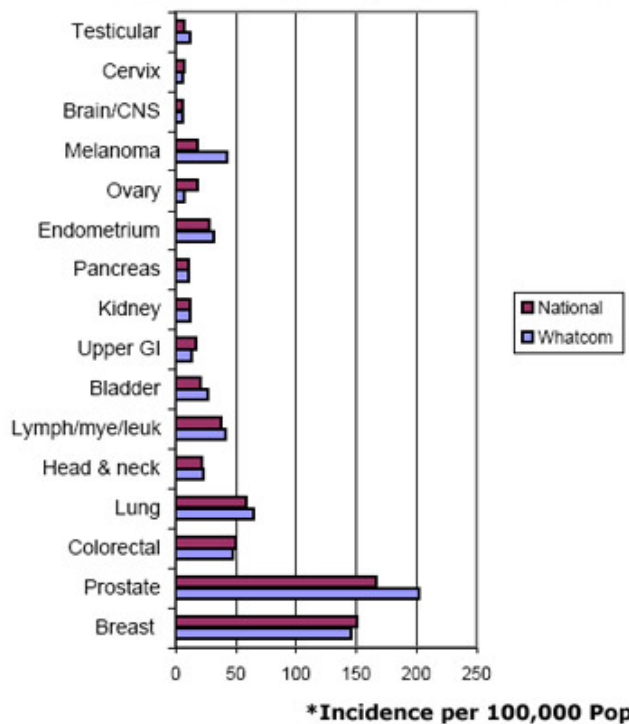
CHART 2 compares Whatcom County cancer incidence with age adjusted national estimates. There appears to be an increased incidence of cancer in Whatcom County compared to nationally for melanoma, endometrium, bladder, lymphomas, lung, and prostate cancer. Although in the past there was a higher incidence of breast cancer, this year the incidence was essentially the same. The numbers are too small to be a significant difference for the majority of these cancers.

The increased incidence of prostate cancer is lower this year than 2001, 2002 and 2003. Prostate cancer incidence is 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 although our local urologists feel that the incidence of screening has declined the past year or two. Finally, 21 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 lower than the national incidence for many years. In the past couple years, it was essentially equivalent to national numbers. This year there was an increased incidence compared to national numbers. There is a reported multi-year trend of lesser incidence of smoking compared to national patterns. However this is the first year with an increase following the third year with less difference than in the past and will need close watch. The M/F ratio in our community is now 1:1.3 compared to 5 years ago of 1:1 and is divergent from the national ratio of 1.1:1. So in our community, the number of women with lung cancer is disproportionately increasing.

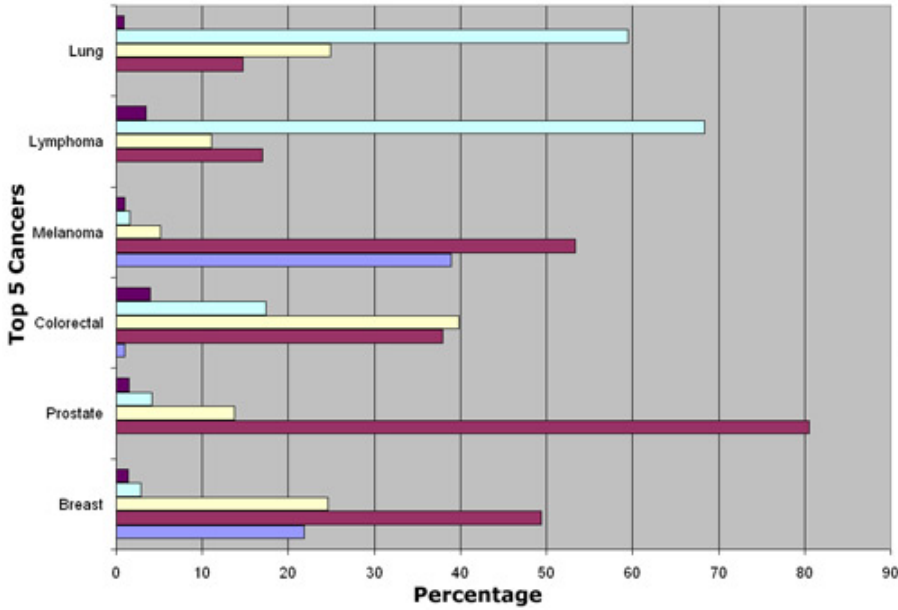
The increase in melanoma is difficult to evaluate. The higher rate is partially felt to be associated with having Western Washington University students in the community with a larger number of young people who actually do not live here full time affecting the numbers. In addition, our numbers include cancers diagnosed and treated outside the hospital (8699 of 119), increasing our numbers in comparison to national reports.

Cancer Incidence* Comparison Whatcom County vs. National 2004

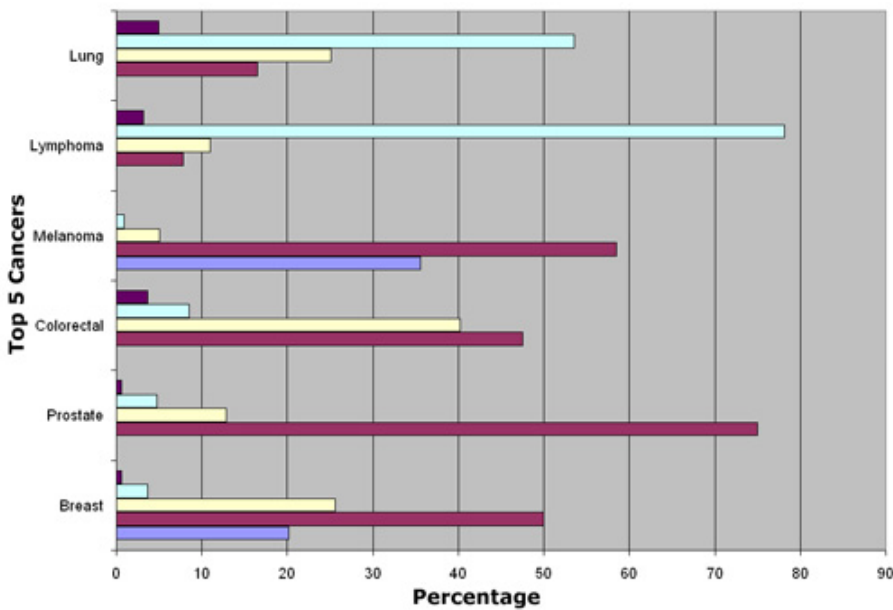


NEXT 2 CHARTS look at the stages of cancer diagnosed in Whatcom County as compared to the CSS (Cancer Surveillance System) region, which represents all of Western Washington. CSS uses a local, regional, and distant staging system, which is a non-standard system. It appears that for breast cancer, the stage at which the cancer was diagnosed at St. Joseph Hospital is essentially equivalent to the CSS region. Colorectal, prostate, and melanoma cancers are diagnosed at an earlier stage in Whatcom County. There is a slightly higher rate of advanced lung cancer in our community, perhaps due to the regular use of PET scanning in our community.

Stage at which Cancer is Diagnosed - CSS 2004



Stage at which Cancer is Diagnosed - St. Joseph Hospital 2004



In summary, Whatcom County 2004 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 2004*.

2005 QUALITY STUDIES

In the past year 8 quality studies were performed and reviewed by the Cancer Committee. In summary, they present a glimpse of the level of quality care provided in this community.

One of the Studies performed this year was recommended by the American College of Surgeons, and 4 of the studies were NCCN comparisons.

The NCCN is an organization of the leading Comprehensive Cancer Centers in the US. They had formed "consensus panels" on the management of specific cancers based on "levels of evidence". Our ambitious goal was to have 75% of our patients meet NCCN Consensus Panel recommendations. Since patients who seek care at a NCCN facility are looking for aggressive "Mecca" care, and are in good enough health to seek it, it is not expected that a community center would be able to reach 100% compliance with their recommendations.

Colon Cancer

This ACOS driven report's intent was to evaluate whether adjuvant chemotherapy was provided to Stage III colon Cancer. We had more patients receiving the appropriate therapy than our peers and the regional hospitals.

We also learned that we are now doing a better job in getting accurate data with the Registrar traveling to the Medical Oncology office.

Malignant Melanoma

We have a large number of Malignant Melanomas diagnosed each year. We attribute this to receiving information from all the non-hospital pathology reports. For example in 2001 only 13 cases were hospital cases and 66 were non-hospital cases.

In addition we assessed if our practice pattern was in line with NCCN for Clark Level 3-4 Melanoma. Because there is no NCCN predetermined adjuvant therapy, all our patients met criteria in that regard. In our study period, 71/72 patients (98.6%) had appropriate excision margins.

Stage III Non-Small Cell Lung Cancer

The management of Non-Small Cell Lung CA has recently incorporated combined chemotherapy and radiation as a standard of care. In 2003 only 50% of our patients were treated within NCCN Guidelines. Of the non-NCCN patients, all of them did not receive the planned chemotherapy. This group of patients had an average age of 73 while the NCCN patients had an average age of 65. All the literature supports withholding concurrent rad/chemo in elderly and poor performance patients. 70% of the non-NCCN patients did not receive NCCN therapy because of "health reasons" and 30% refused the NCCN therapy.

Stage T2N1 Breast Cancer

This stage of Breast Cancer may require a combination of surgery, chemotherapy, hormone therapy and radiation. To assess how our patients were treated, we

compared our results to the national pattern of care as determined by NCCN. 73% of patients had recommended care. The majority of these patients did not receive the recommended chemotherapy. Of those, $\frac{3}{4}$ patients refused what was recommended.

Pancreas Cancer Treatment

Pancreas Cancer is a highly fatal disease often presenting with advanced cancer. 73% of patients were treated according to the NCCN Guidelines. Of the 6 patients not meeting criteria, 3 of these fell out because they did not have a biopsy because their medical condition was too poor for intervention. In a community setting, a tissue diagnosis is not necessary if no treatment will be given. However our survival data is poor and require further monitoring.

Prostate Cancer Volume and Biopsy

This report was generated by an anecdotal report of minimal cancer seen at biopsy resulting in no cancer seen at Prostatectomy. It looked to see if there were criteria of cancer found at biopsy, which resulted in insignificant cancer. There were multiple definitions of "insignificant cancer" in the literature. Suffice it to say; at least for patients with PSAs over 4.0, even a single core with 1 mm of cancer found could result in a "significant cancer" found at surgery.

In addition the study revealed that 50% more patients in our community were treated with surgery than nationally, and about half the national number were treated with radiation. Only 20% of patients who had surgery had a Radiation Oncology consult before surgery.

Radiation Therapy Morbidity

Radiation Therapy can cause acute, or chronic side effects. When a LastWord record lists a radiation complication, it is important to review if the diagnosis is correct and if there could be a better way of delivering radiation in the future. On review, there were no treatment errors, and the side effects listed were the standard expected side effects from curative therapy. This review will be continued on a semi-annual basis.

Post Lumpectomy Radiation

As part of a business plan to explore mammosite HDR treatment, a study of the use of what is the "national standard of care", whole breast radiation post lumpectomy, was performed. In 2004 the % of patients who received whole breast radiation after lumpectomy was 69%. Among Surgeons, the rate ranged from 100% to 60%. Of those not treated with Radiation at St. Joseph, 2 received their treatment in Seattle, most likely receiving "partial Breast Radiation" which is now the subject of a RTOG Clinical Trial that St. Joseph will participate in.

Radiology and pathology department quality studies

Radiology reported that their tumor board driven over read for diagnostic accuracy was 96.2 percent. Pathology reports that their accuracy on over reads for inhouse and outside referral showed no systematic quality problems.

For more details on our quality studies, visit our website at www.peacehealth.org.

Radiation Oncology Update

Construction begins soon to expand the center and prepare for Tomotherapy and High Dose Rate Remote Afterloading Brachytherapy (HDR). Tomotherapy delivers highly sculpted radiation therapy using sophisticated computer based planning, daily CT scan based treatment guidance, and helical beam modulation. This exciting system allows us to treat tumors with levels of accuracy and normal tissue sparing not achievable with any other system. HDR eases care for brachytherapy patients with outpatient treatment that is often deliverable in a few days verses weeks. The department expansion is considered phase one of a two-phase plan to meet the expanding needs of our region with state-of-art compassionate care.

Cancer Registry

By Shelly Smits, RHIT, CCS, CTR

The Cancer Registry is a component of the cancer program designed to collect information and conduct follow-up for reportable cancer and some benign tumors diagnosed and/or initially treated in the county. The cancer registry is a vital tool for programmatic and administrative planning and research and for monitoring patient outcomes. Data are collected according to the current Commission on Cancer (COC) data standards and coding instructions.

The St. Joseph Hospital Cancer Registry is continuing to grow with 1046 new malignancies or reportable benign tumors accessioned (209 of those being physician office cases). In October 2005, the registry had documented follow-up date with one-year currency of 91.4% of analytic cases diagnosed 5 years ago, which exceeds the national standard of 90%. The registry currently conducts follow-up activities on approximately 10,000 cases yearly.

The registry is collecting all cases diagnosed within Whatcom County. The Commission on Cancer does not require cases diagnosed outside the hospital, but the Cancer Committee has requested they be collected. We also track 1,400 Canadian patients.

The Registrar responded to sixteen 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.



[Carol Brumet](#)

Cancer Outreach Specialist
360-738-6706

Cancer Outreach

The Outreach Program at the Community Cancer Center continues to serve local patients and those who support them by helping to navigate through a difficult diagnosis of cancer. This past year, we expanded the Holistic Healing program by adding a couple of new services. In addition to the successful massage program that existed, we have added a licensed hypnotherapist. In a clinical setting, hypnosis can be a very helpful tool to manage symptoms, modify behavior and improve life in general.

We also now offer Energy Healing and have a trained volunteer who works with the method of therapeutic touch. Through meditation and prayer, the practitioner modulates the pulsation of energy in her own body, creating a harmonic resonance with the client, to provide a healing experience.

All three of these programs, massage, hypnosis and energy healing continue to provide our patients with complimentary therapies providing emotional and spiritual support during regular medical treatments. Patients obviously appreciate our offerings as we continue to have full bookings for each healing modality.

Another successful addition to the Outreach Program was the inclusion of a Skin Cancer Screening event offered to the community in August. The event allowed 70 people to meet with a local dermatologist, seeking advice for something questionable on their skin. Several preliminary diagnoses were made with recommendations for follow up. Truly a valuable service that we will try to continue to offer free to local residents each summer.

The annual prostate screening event took place in October with a record 209 men participating. Four local urologists donated their Saturday morning for this free clinic, now in its eleventh year.

Haggen Foods again sponsored the 2nd annual Breast Cancer Awareness campaign. Outreach Coordinator, Carol Brumet, visited seven Haggen Food stores during the month of October with Jan Rystrom, Health Manager of Haggen, distributing Breast Cancer information, answering questions and conducting classes about awareness, prevention and early detection of the disease. Well received, the program will continue to expand with new ideas and offerings in the coming years.

The Outreach Program received a huge boost this year with the addition of an intern through Western Washington University, Kim Barry. Kim has contributed significantly by assisting with the screenings, tabulating results, working on special

projects and “shadowing” several doctors, not only at the Cancer Center, but elsewhere in the community as well. Her eagerness, creativity and willingness to learn have proven invaluable to the program and the staff at the Cancer Center. Kim will be missed when she goes away to med school next year, but will be a valued asset to the medical community in which she eventually chooses to serve in the field of oncology.

Once again, a piano will adorn the Cancer Center lobby during the month of December allowing local talent to entertain the staff and patients with musical contributions. Northwest Radiologist and Northwest Regional Pathologists annually sponsor the piano and this much appreciated holiday gift.

Our Holiday Tree of Hope, in its fifth year, is now under the organization and implementation of the “Western Students Against Cancer” group, lead by intern, Kim Barry. The students have obtained fundraising experience in order to raise donations to offer holiday cheer to local families who have been financially challenged by cancer treatment. All will benefit as we celebrate the true spirit of the season.

In February 2005, we will present the annual Colo-rectal screening event with distribution through all of the pharmacies of Whatcom County. Residents are encouraged to pick up a Hemoccult kit, follow the directions for completion and return it to the Cancer Center for results. On average, we have over 200 local residents participating in this valuable health screening.

We continue to offer educational classes for patients and their families, nutritional support as well as spiritual care with our on-staff chaplain. Twenty-three volunteers give over 225 hours weekly to support the patients and staff. Their time and service is invaluable. Striving to meet the needs of every patient beyond just medical treatment, we will constantly assess our outreach services and programs and will add valuable offerings as they become available.

Clinical Trials

During the year 2005, 38 people were accrued to Cancer Clinical Trials. That represents 3.8% of the number of analytic cases. There are 40 people currently receiving treatment as part of their clinical trial participation, 5 women participating in the STAR study, and 60 people in the follow-up phase of their participation in research.

One of the highlights of the past year included the development and implementation of a new strategy to increase enrollment in clinical trials. Clinical trial information was provided to the consulting oncologist for the new patient's first visit. The oncologist could then review with the patient clinical trial participation as a possible treatment option. If the patient were interested in learning more about clinical trial participation and the specifics of the clinical trial treatment, a follow-up visit was scheduled with the clinical trial coordinator. We believe this new process was key in increasing our clinical trials enrollment by 100% from the year 2004!

Looking forward to the next year, one of the clinical trials department's goals is to develop a link on our current Cancer Center web site that will allow patients and physicians to view active clinical trials offered through St. Joseph Hospital.

For more information, visit our website at www.peacehealth.org or contact [Cheryl Patz](#), Cancer Research Coordinator.

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*

2005 Cancer Committee Membership

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

Laura Backer, M.D.
Radiology

R. Mark Owings, M.D.
Pathology

Patrick Nestor, 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

Margaret Jacobson, M.D.
Whatcom Hospice Medical Director

Shelly Smits, RHIT, CCS, CTR
Cancer Program Specialist

Mauren Romain, MA
Mental Health Counselor

Karin Luce, R.N.
Manager Medical Care Unit

Cris Gonzalez, R.N.
Med/Surg Manager

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

Larry Ishii, PharmD.
Clinical Pharmacist

Gurpreet Dhillon
Quality Services

Cheryl Terpstra
Chaplain

Carol Brumet
Cancer Outreach

Mindy Farmer
American Cancer Society Representative