

## 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 the patients and their families.

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

## **2006 President's Report.**

One of my duties as the Cancer Committee Chairperson is to evaluate the Cancer Program on an annual basis. I look at two things: how do we compare with standards for clinical excellence, and are we providing compassionate care?

In 2006, clinical excellence was documented by our transparent quality studies as found on our website ([insert a hyperlink here](#)). One very visible example of the local commitment to clinical excellence is the prompt arrival of Dr. Andrew Kominsky at Madrona Medical Group following Dr. Derleth's retirement from the practice of Medical Oncology.

Another example of commitment to clinical excellence is the investment by St. Joseph Hospital in a major upgrade of the Radiation Therapy Department. As outlined in the Radiation Oncology Report, the hospital added TomoTherapy and High Dose Radiation (HDR) capability.

TomoTherapy is a "beyond state of the art" treatment machine, which allows very accurate and precise treatments when patients need high doses of radiation with maximum protection of normal structures. We have the only TomoTherapy unit north of Los Angeles. HDR replaces a previous method of treatment which required days of bed-bound care in a hospital. This markedly increases patient comfort and reduces the risk of complications.

Improving compassionate care is an ongoing goal. This year we were able to expand services by complementary care volunteers including massage, acupuncture, peer support and healing touch.

There is continued collaboration among medical providers throughout the community to improve patient care. Madrona Medical Group and St. Joseph Hospital are working together on a lung cancer Process Improvement Project. Family Care Network physicians now have excellent representation and participation on the Cancer Committee.

The Distress Scale, utilized for years at Radiation Therapy, has been recognized by the National Comprehensive Cancer Network as an important tool in the care of patients. We are working on getting this tool out to newly diagnosed patients, who may not know about the support services available to them. In addition, "How to Talk With Your Doctor" is a new online class to help patients receive the information they need to make treatment choices and get through their cancer experience.

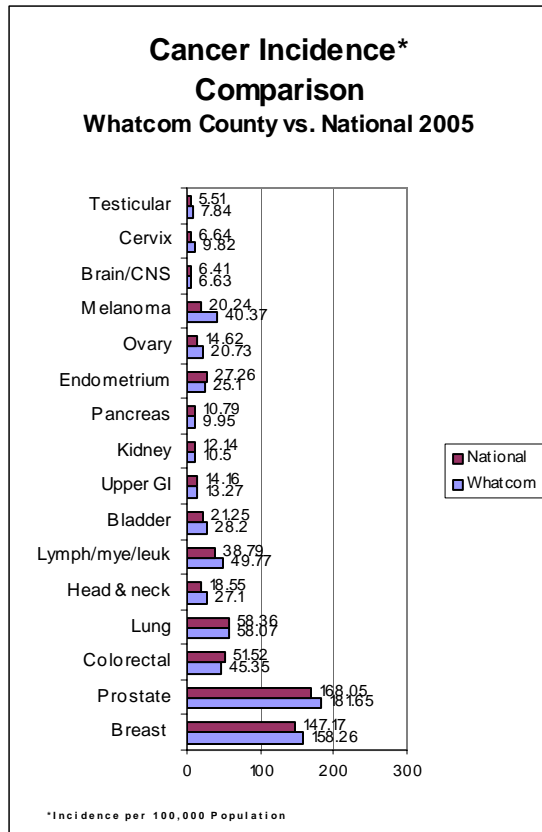
For best quality of life during cancer treatment, there is no question that care in one's own community is far superior to being away from home. There will always be a small number of patients who need highly specialized treatment available only at "big name" cancer centers. We are taking a look at how many Whatcom County patients leave the area for all or part of their care. As we identify ways to continually improve local care, we will increase the number of cancer patients who receive all the services they need without leaving the community.

## St. Joseph Hospital 2005 Cancer Statistics

CHART 1 shows the number of new malignancies at St. Joseph Hospital for 1995 to 2005. 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 1079 new cases diagnosed 183 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. Four of the top five cases of cancer remain essentially the same throughout the 10-year period. Once again 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. This year lymphoma/leukemia/myeloma surpassed colorectal cases as number five this year. At this time, we do not know if this is significant or not.

<b>Cancers by Site, St. Joseph Hospital</b>											
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
<b>bladder</b>	24	27	31	43	49	33	43	52	46	48	52
<b>brain/CNS<sup>^</sup></b>	8	9	10	10	11	13	7	16	10	10	14
<b>breast*</b>	134	128	129	143	145	148	161	147	167	163	191
<b>cervix (invasive)</b>	4	5	5	11	3	7	4	7	5	5	9
<b>colon &amp; rectum</b>	74	62	75	87	68	74	71	57	97	84	88
<b>endometrium</b>	16	21	21	27	22	24	23	23	27	28	23
<b>head &amp; neck</b>	31	23	39	38	31	32	37	41	47	41	50
<b>kidney</b>	18	13	14	22	16	18	24	26	24	22	25
<b>lung</b>	73	90	78	91	74	87	96	108	106	114	116
<b>lymph/myel/leuk</b>	26	33	50	47	60	67	70	65	80	73	94
<b>ovary</b>	15	6	12	16	6	15	10	10	12	13	19
<b>pancreas</b>	17	11	13	11	11	8	19	12	9	20	21
<b>prostate</b>	98	107	115	146	158	170	179	217	196	177	175
<b>testicular</b>	4	5	6	5	5	2	3	10	5	10	7
<b>melanoma*</b>	8	18	50	61	71	72	78	85	96	119	98
<b>upper GI</b>	24	18	14	30	27	18	26	24	33	24	27
<b>other</b>	46	45	21	31	39	36	46	42	40	57	53
<b>unknown</b>	16	16	19	9	9	16	9	11	7	28	17
<b>TOTAL</b>	<b>636</b>	<b>637</b>	<b>702</b>	<b>828</b>	<b>805</b>	<b>840</b>	<b>906</b>	<b>953</b>	<b>1007</b>	<b>1036</b>	<b>1079</b>
*these numbers include in situ cases which are not reported on national statistics											
<sup>^</sup> excluding benign brain (required to collect starting 2004)											

CHART and GRAPH 2 compare 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 breast, melanoma, bladder, lymphomas, ovary, and prostate cancer. This finding is fairly consistent from year to year. Since the 2005 national incidence are estimates: we do not know if these are real differences.



### Cancer Incidence\* Comparison Whatcom County vs. National 2005

	Whatcom	National
Breast	158.26	147.17
Prostate	181.65	168.05
Colorectal	45.35	51.52
Lung	58.07	58.36
Head & neck	27.1	18.55
Lymph/mye/leuk	49.77	38.79
Bladder	28.2	21.25
Upper GI	13.27	14.16
Kidney	10.5	12.14
Pancreas	9.95	10.79
Endometrium	25.1	27.26
Ovary	20.73	14.62
Melanoma	40.37	20.24
Brain/CNS	6.63	6.41
Cervix	9.82	6.64
Testicular	7.84	5.51

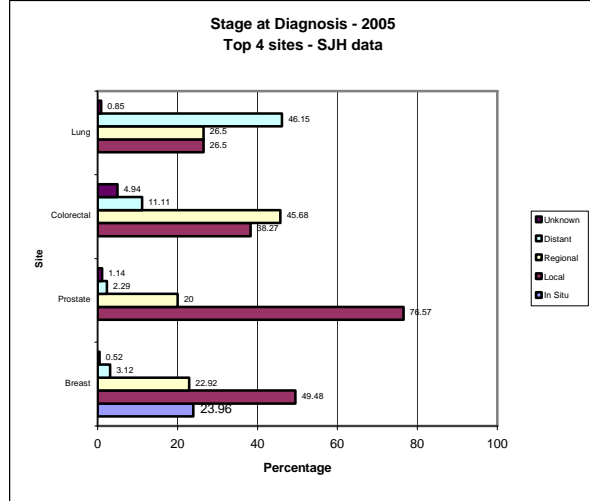
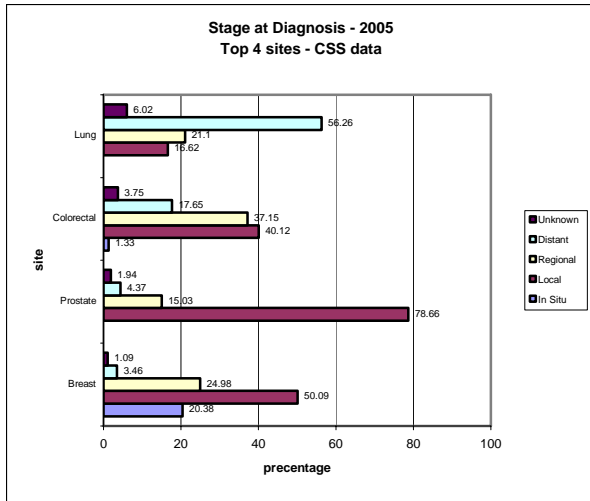
\*Incidence Per 100,000 Population

Once again the incidence in Whatcom County of prostate cancer is lower this year than the past four years. Prostate cancer incidence is noticeably lower than the late 1980's. The increased numbers are most likely explained by the wide spread use of prostate screening in the community; however screening in being performed less often and may be reflecting the decreasing incidence in our community.

The increase in melanoma is difficult to evaluate. The higher rate was felt by FHCRC be possibly 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. However, in 2005 only 9 of the 98 patients were college age. When we compare our hospital melanoma cases to other Washington State hospital registries; the melanoma cases are essentially the same. According to the Washington State Cancer Registry, age adjusted numbers; we are slightly higher than the state average for years 2000-2002.

There seems to be a trend of increasing incidence of lymphoma/myelomas not only here by nationally. Our increased numbers for lymphomas, bladder and ovarian cancers will require continued monitoring.

CHARTS 3 & 4 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 and prostate cancer, the stage at which the cancer was diagnosed at St. Joseph Hospital is essentially equivalent to the CSS region. Colorectal cancers are diagnosed at an earlier stage in Whatcom County. Lung cancer in Whatcom County is diagnosed at a less advanced stage as opposed to last year when there was a slightly higher rate of advanced lung cancer in our community.



In summary, Whatcom County 2005 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.

## **2006 Quality Studies Annual Report**

### **ENDOMETRIAL CANCER:**

Because of national recommendations that all Endometrial Cancer patients be referred to GYN Oncologists for surgery for Endometrial Cancer, we assessed the local outcomes of patients treated in Whatcom County for Stage 1 cancer. We had superior 5 year survival compared to national numbers, and our care (surgery and adjuvant treatments) was within NCCN\* guidelines for the vast majority of our patients. Referral to GYN Oncologists would have had little impact in survival of our patients.

*See detailed report.*

### **GASTRO-ESOPHAGEAL CANCERS:**

According to NCCN\* Guidelines, 87% of patients received recommended care. However, our community had less patients receiving combined Rad/Chemo than NCCN recommendations. This can be explained by patient choice and by advanced age of those patients.

This was our first NCCN\* comparison study to look at Staging. During the study period we had less patients receiving trans-esophageal ultrasound and PET scans than recommended. TES is not available in this community, but PET scans are increasingly available so we expect closer compliance in the future.

*See detailed report.*

### **MULTIPLE MYELOMA:**

A review of a three year period demonstrated that 100% of Myeloma patients treated locally were treated in compliance with NCCN\* guidelines. The 5-year survival was equivalent to national data.

*See detailed report.*

### **ONCOLOGY OUTMIGRATION:**

There was concern that there was an increase in the number of local patient who left the community for oncology care. This concern was based on an increased % of inpatient admissions occurring out of our area. A 5-year review indicated that there was no increase in patients receiving diagnosis or treatment for all of their care out of area. This number has run at round 10% for the past 5 years. A more detailed report is forthcoming, but it appears that for patients who receive all or part of their care locally, the number of patient "activities" out of area is less than 5%

*See detailed report.*

### **ANNUAL PATHOLOGY REVIEW:**

90% of patients are staged on the Pathology Report. There was a 100% agreement between initial and "quality review" for all Tumor Board cases. There was 100% agreement with the locally made diagnosis and a secondary "outside" review. These findings document the superior quality of Pathology in local Oncology care.

\* - NCCN is a consortium of the major Cancer Centers in North America. They have “consensus panels” which have developed recommendations of care for most cancers using evidence-based medicine. A Community Hospital would not expect to reach 100% compliance with NCCN recommendations since those patients who are seen at a Cancer Center are motivated to follow the Center’s recommendations and are usually healthy enough to have to recommended treatment.

## **Radiation Oncology Update**

By Michael Taylor, MD

The dust has almost settled on our recent expansion. Our first Tomotherapy patients are completing treatment. Tomotherapy Intensity Modulated Radiotherapy (IMRT) with daily stereoscopic X-ray guidance offers patients treatment with optimal dose sculpting. A rack of powerful computers literally stacked to the ceiling helps us plan and deliver these treatments. Tomotherapy IMRT is indicated for tumors located close to or within critical structures. Examples include brain, head and neck, some lung, selected gastrointestinal, selected genitourinary, and some extremity cancers. Tomotherapy engineers continuously expand the system's capabilities and we will continue to invest in the advancing technology. Adaptive Therapy and Stereotactic radiotherapy are anticipated for the coming year.

Most of our patients continue to receive some or all of their therapy using our Varian linear accelerator. Our new Varian Eclipse 3D planning computer system enhances planning and delivery for linac treatments through state-of-the-art graphics management and beam modeling algorithms. High dose rate (HDR) remote after loading brachytherapy with our new Gammamed unit facilitates outpatient brachytherapy for selected genitourinary, gastrointestinal, and breast cancers. Our staff continues to embrace the hours of training required to maximize the utility of these new systems.

We participate in a national intergroup trial evaluating the efficacy and safety of short course, limited volume treatment for early breast cancers. The clinical trials program continues to grow with important offerings for most cancer sites. One of these trials includes the concomitant use of a new targeted therapy concomitant with radiation. Early results suggest control rates similar to those achieved with combined radiation and chemotherapy but with significantly less toxicity. With the hospital's major capital support and our staff's dedication, things just "keep getting better and better."

Quality monitoring and improvement efforts include monthly review of significant events and selected quality reports. Examples of such reports and interventions include:

- patient satisfaction surveys
- optimization of the patient distress scale
- introduction of stereoscopic image guidance for millimeter accuracy in daily treatment positioning
- Tomotherapy dose sculpting capability and integrated IMRT QA
- outside expert charge compliance edit and instruction
- reference beam output measurement cross reference against national standard within 2%
- full compliance with all nuclear regulatory requirements
- review, streamline and further safeguard (elimination of potential keystroke errors) for planning plus treatment data information flow.

## **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 1094 new malignancies or reportable benign central nervous system tumors accessioned (181 of those being physician office cases). Because of this growth and coding changes over the years, the registry requested and was approved by COC to change their reference date to 1/1/2000. In October 2006, the registry had documented follow-up data with one-year currency of 95.4% of analytic cases diagnosed 5 years ago, which exceeds the national standard of 90%. The registry currently conducts follow-up activities on approximately 6500 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.

The Registrar responded to nineteen 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.

## Cancer Outreach

The Outreach Program at the St. Joseph Cancer Center is in its sixth year and continues to evolve with many of the thanks going to valued volunteers in our community.

We continue to expand our Holistic Healing program and currently have three licensed massage therapists volunteering their time and skills two days a week to patients undergoing treatment for cancer. We have a licensed Energy Healing counselor, licensed Acupuncturist and a Reiki therapist. All of these therapies provide physical, emotional and spiritual support throughout a patient's medical treatments. Used with --- not instead of --- medical care, this approach encourages the mind-body connection for healing. Appointments for all of our Holistic Healing treatments are filled well in advance and are very popular with our patients. A special room within the Cancer Center has been exclusively dedicated to these calming therapies.

Dedicated volunteers staff the Boyer Cancer Center library on a full-time basis, Monday through Friday. They assist patients and their families with all types of services including finding a wig or scarf, books or other educational materials, registering for classes or helping to find other types of assistance throughout the community. To inquire about volunteer opportunities at the St. Joseph Cancer Center, contact [Carol Brumet](#).

Clinical Trials  
10th Anniversary  
1996 – 2006

St. Joseph Hospital has participated in cancer cooperative group research for 10 years! During these 10 years, 225 local residents have enrolled in clinical trials through the Cancer Center. In 2006, 3% of our patients with newly diagnosed cancer chose to participate in a clinical trial for their treatment. This percentage parallels with the national statistics.

We have included general information about clinical trials, links to other excellent web resources, contact information and active trials for specific types of cancer. You can learn more about clinical trials and, if you or a loved one is facing cancer, consider cancer clinical trials as an important treatment option.

Cancer Committee Membership ~ 2006

Ian L. Thompson, M.D., Chair

*Radiation Oncology*

Margaret Jacobson, M.D.

*Family Medicine/Whatcom Hospice Medical Director*

Laura Backer, M.D./Charles Ariz, MD

*Radiology*

Clay Danenhower, M.D.

*Pathology*

James Miller, MD

*General Surgery*

Patrick Nestor, M.D.

*Medical Oncology*

Michael Taylor, M.D.

*Radiation Oncology*

Shelly Smits, RHIT, CCS, CTR

*Cancer Program Specialist*

Mauren Romain, MA

*Mental Health Counselor*

Karin Luce, R.N., BSN, OCN

*Nurse Manager MCU*

Cris Gonzalez, R.N.

*Nurse Educator Med/Surg*

Ross Fewing

*Spiritual Care*

Karen Ssebanakitta, R.N., M.S.

*Director Oncology, Hospice and*

*Senior Community Services*

Larry Ishii, PharmD.

*Clinical Pharmacist*

Cheryl Patz, R.N., O.N.S

*Clinical Trials*

Carol Brumet

*Outreach Coordinator*

Michael Peterson

*Quality Services*

Mindy Farmer

*American Cancer Society Representative*