



## Cancer Center 2007 Annual Report



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

The St. Joseph Hospital Cancer Center Annual Report covers the fiscal year of July 1, 2006 through June 30, 2007.

### ***St. Joseph Hospital Cancer Center Vision Statement***

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

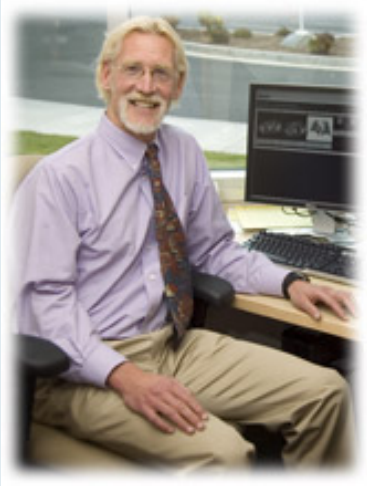
The Center provides integrated diagnostic, treatment and support services.

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.

# St. Joseph Cancer Center - 2007 Chairman's Report



## 2007 Chairman's Report

Probably the biggest "story" for 2007 is the anticipation of the future. In June of this year, the St. Joseph Hospital Governing Board voted to make Cancer Care an extremely high priority. This vote comes with a commitment to increase financial resources to enhance our current Program.

While acknowledging that clinical care is excellent, the patient's perception of care is that it is a partially fragmented system. There is a strong desire to create a seamless program. As one of the Board member's put it, we want to create a program where the patient "is picked up at the time of first suspicion of cancer, held, and not dropped throughout the continuum of care and into the time of survival."

Ian L. Thompson, M.D.  
Cancer Program Chairman

There are two groups working on the process. One group is responsible for exploring the business models that would help enhance this process. The second group is responsible for identifying the "key elements", staffing, and programs necessary for bringing this goal of enhanced care to fruition.

The Goal of an enhanced Cancer Experience must also include a commitment to excellent cancer outcomes. For the first time this year, we are able to compare our survival data to a network of Cancer Programs throughout the entire United States rather than just the Puget Sound Region. It was highly gratifying to find that our survival data for the major cancer sites is as good, if not better, than the national statistics.

One cannot improve unless one measures the current status. In accord with the dedication to Transparency of the Peacehealth System, the Cancer Program is committed to publicly publishing its outcome measurements. Those outcome measurements can be found under quality studies as well as in cancer statistics and survival data. It was gratifying to see how well our physicians and staff perform.

So, in summary, we do a great job, but "you ain't seen nothing yet!"

## St. Joseph Hospital 2006 Cancer Statistics

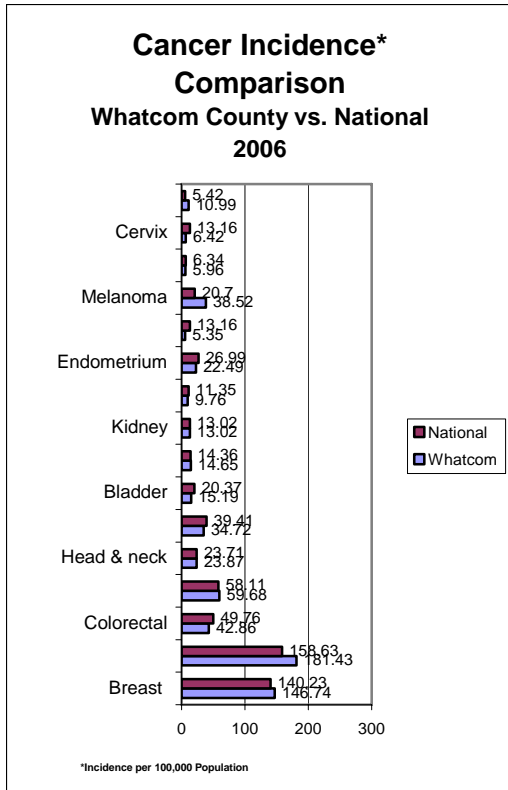
CHART 1 shows the number of new malignancies diagnosed and/or treated at St. Joseph Hospital for 1996 to 2006. The hospital pathology department reviews almost all pathology in Whatcom County. Hence for the last several years nearly all pathology from Whatcom County is accessioned into the registry, and is likely a true reflection of the incidence of cancer in this county. Of the 1079 new cases diagnosed 187 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.

<b>Cancers by Site, St. Joseph Hospital</b>											
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
<b>bladder</b>	27	31	43	49	33	43	52	46	48	52	30
<b>brain/CNS<sup>^</sup></b>	9	10	10	11	13	7	16	10	10	14	16
<b>breast*</b>	128	129	143	145	148	161	147	167	163	191	190
<b>cervix (invasive)</b>	5	5	11	3	7	4	7	5	5	9	7
<b>colon &amp; rectum</b>	62	75	87	68	74	71	57	97	84	88	95
<b>endometrium</b>	21	21	27	22	24	23	23	27	28	23	23
<b>head &amp; neck</b>	23	39	38	31	32	37	41	47	41	50	51
<b>kidney</b>	13	14	22	16	18	24	26	24	22	25	26
<b>lung</b>	90	78	91	74	87	96	108	106	114	116	128
<b>lymph/myel/leuk</b>	33	50	47	60	67	70	65	80	73	94	75
<b>ovary</b>	6	12	16	6	15	10	10	12	13	19	6
<b>pancreas</b>	11	13	11	11	8	19	12	9	20	21	19
<b>prostate</b>	107	115	146	158	170	179	217	196	177	175	184
<b>testicular</b>	5	6	5	5	2	3	10	5	10	7	10
<b>melanoma*</b>	18	50	61	71	72	78	85	96	119	98	120
<b>upper GI</b>	18	14	30	27	18	26	24	33	24	27	30
<b>other</b>	45	21	31	39	36	46	42	40	57	53	50
<b>unknown</b>	16	19	9	9	16	9	11	7	28	17	19
<b>TOTAL</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>	<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) 17 dx in 2006

CHART and GRAPH 2 compare Whatcom County cancer incidence with age adjusted national estimates. Over the years, there appears to be an increased incidence of cancer in Whatcom County compared to nationally for breast, bladder, melanoma, lymphomas, ovary, and prostate cancer. This finding has been fairly consistent from year to year. However this year, there is a local increase only for prostate and melanoma. Breast cancer incidence is only mildly (non significant) elevated this year. Since the 2005 national incidence are estimates, any differences are due to sampling, and the completeness of our registry.



**Whatcom County vs. National 2006**

	Whatcom	National
Breast	146.74	140.23
Prostate	181.43	158.63
Colorectal	42.86	49.76
Lung	59.68	58.11
Head & neck	23.87	23.71
Lymph/mye/leuk	34.72	39.41
Bladder	15.19	20.37
Upper GI	14.65	14.36
Kidney	13.02	13.02
Pancreas	9.76	11.35
Endometrium	22.49	26.99
Ovary	5.35	13.16
Melanoma	38.52	20.7
Brain/CNS	5.96	6.34
Cervix	6.42	13.16
Testicular	10.99	5.42

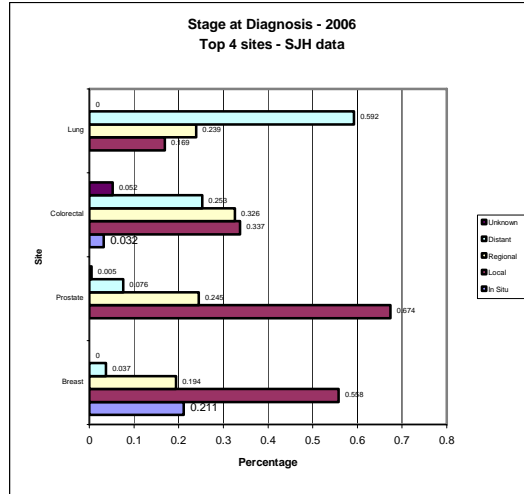
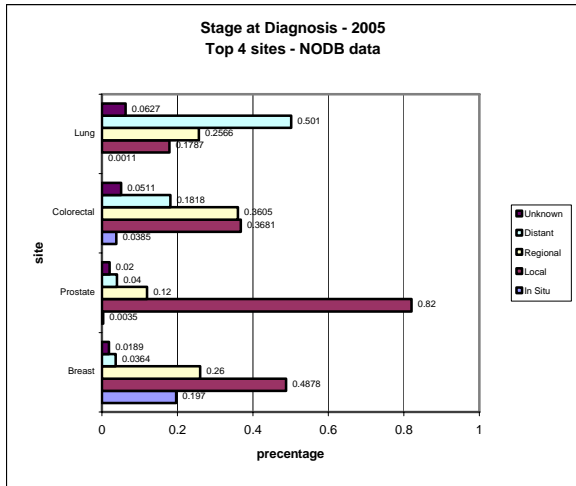
\*Incidence Per 100,000 Population

**Cancer Incidence\* Comparison**

Once again the incidence in Whatcom County of prostate cancer is higher in our community; fairly stable increase over the past several years. Prostate cancer incidence is noticeably lower than the late 1980's. The increased numbers are most likely explained by the use of prostate screening in the community; however screening in being performed somewhat less often and this observation may be reflected by the decreased incidence in our community as compared to the 1980s.

The increase in melanoma is difficult to evaluate. The higher rate has been felt by FHCRC and Washington State epidemiology to be possibly associated with having Western Washington University students in the community. The larger number of young people who actually do not live here full time could be affecting the numbers. However, in 2006 only 38 (31.7%) of the 120 patients were college age. So this is not a valid explanation. Our Registry does include patients who are diagnosed and treated outside of the hospital, so this might result in an increase number. The State however requires all cancer cases to be reported, so county wide data ought to be accurate.

CHARTS 3 & 4 look at the stages of cancer diagnosed in Whatcom County as compared to the National Oncology Data Base. This is the first time we have used national numbers for comparisons. Regional (Greater Puget Sound) numbers are no longer readily available, but this comparison gives a far broader perspective on our performance. It appears that for lung and colon cancer, the stage at which the cancer was diagnosed at St. Joseph Hospital is essentially equivalent (accounting for small sample size) to the national numbers. Localized prostate cancers are diagnosed less frequently in Whatcom County than nationally, but this is most likely due to more local patients having surgery with pathological "upstaging" compared to clinical staging. Breast cancer in Whatcom County is diagnosed less frequently as advanced disease as opposed to national numbers, which might reflect a good screening program.



In summary, Whatcom County 2006 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.

# St. Joseph Cancer Center - Quality Studies 2007

The reporting of our Quality Data is a reflection of St Joseph Hospital's commitment to transparency.

## **CHEMOTHERAPY**

The Chemotherapy study was performed to ensure that inpatient chemotherapy has remained safe even though most chemotherapy is given in the outpatient setting. The study documented that in-patient chemotherapy remains extremely safe and error free.

## **CT GUIDED NEEDLE BIOPSIES OF LUNG NODULES**

The CT Lung Biopsy reports that our accuracy and the safety of needle biopsies in on par with other reporting institutions, even nationally recognized Cancer Centers. This is attributed to our Radiologist performing core needle biopsies with a Pathologist present.

## **ELECTRONIC QUALITY IMPROVEMENT (e-QuIP) FOR BREAST CANCER**

The Breast Cancer document was also an ACOS study and CMS indicator. Its purpose was to assure that Breast cancer patients are at least offered appropriate postoperative radiation, hormones or chemotherapy. This study documented that it is often difficult to obtain that information since some of the care is delivered out of the Hospital setting. However, once errors in data were corrected, it appears that we were well within standards at least in postoperative consults being obtained.

## **LUNG CANCER TIMEFRAME**

The Lung Cancer Timeframes study looked at the time between presenting symptom to the time of diagnosis, and also the time from diagnosis to treatment. There were no benchmark data to compare to. It appears that our times were lengthy, and cooperative efforts are being made to improve this possible issue. The study did document that stage by stage survival of our Lung Cancer patients are at least equal to the National survival statistics.

## **LYMPH NODE COUNTS FROM COLON CANCER RESECTIONS**

The Colon cancer report was performed in tandem with the ACOS and is also one of the CMS Medicare Quality Indicators. The report indicates that we were falling short of evaluating adequate numbers of lymph nodes at the time of Surgery. Subsequent Process Improvement by the Pathology Department has resulted in nearly 100% compliance with the standard as of Summer 2007.

## **OUTMIGRATION STUDY - PART 2**

The Outmigration study documented that in 2005 about 11.6% of all cancer related activates were performed out of Whatcom County in patients who had some or all of their care here. About 5.2% of patients received all of their care out of area. In 2006, this outmigration increased for surgery but essentially stayed the same for other therapies. The Hospital Governing Board has committed to a program that will enhance the patient's care experience.

## **PATHOLOGY**

The Pathology Report assures us that key indicators in Pathology remain of the highest quality. Accuracy of diagnosis by over reads and outside confirmation remains exemplary. There was also well over 90% compliance with the proper cancer reporting system.

## **RADIOLOGY**

The Radiology report reported on the excellent quality of mammograms and the accuracy of Radiologist impressions based on Tumor Board over-reads.

For more details on our quality studies, visit our website at [www.peacehealth.org](http://www.peacehealth.org).

# St. Joseph Hospital Cancer Center - Radiation Oncology



Drs. Thompson and Taylor

## 2007 Radiation Oncology Update

By Michael Taylor, MD

Exciting new tools and more patients to care for combined to make this year very rewarding and very busy. Doctors Taylor and Thompson are searching for the right physician to expand their practice and more space is eagerly anticipated.

We've harnessed the power of our Tomotherapy Intensity Modulated Radiotherapy (IMRT)

planning and treatment delivery system to deliver highly sculpted radiation. Superior dose distributions afforded by the Tomotherapy system allowed us to treat prostate, gynecologic, GI, brain and neck carcinomas to higher dose with less normal tissue exposure. We've treated a growing series of patients with second cancers that, until recently, would be considered hopeless. Our first stereotactic radiosurgical cases went well and more cases are pending. Dedicated immobilization equipment will help us expand the indications for stereotactic treatments. Gynecologic and breast cases kept the High Dose Remote Brachytherapy machine fully utilized. Several patients participated in the national Partial Breast Radiotherapy Trial. We offer both Mammosite and 3-D Conformal PBI (Partial Breast Irradiation).

Research continues to explore novel treatment approaches and the best way to combine surgery, radiation and systemic therapies. Our dedicated staff and leading edge equipment combine to offer our patients outstanding treatment in a warm, caring environment.

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### 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*

# St. Joseph Hospital Cancer Center - Cancer Registry

## 2007 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 benign central nervous system 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 (187 of those being physician office cases). In October 2007, the registry had documented follow-up rate with one-year currency of 95.1% of analytic cases diagnosed 5 years ago, which exceeds the national standard of 90% and a 94.4% follow-up rate for the whole registry since our reference date (1/1/2000). The registry currently conducts follow-up activities on approximately 7580 cases yearly.

The registry is collecting all cases diagnosed or treated 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 sixteen special data requests from various physician and hospital staff cancer-related care studies. Registry data is also being used to help promote cancer screenings and awareness programs. 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.

For more information, contact [Shelly Smits](#), Certified Tumor Registrar.

# St. Joseph Hospital Cancer Center - Cancer Outreach

## 2007 Cancer Outreach



Carol Brumet  
Cancer Outreach Specialist  
360-738-6706

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](#).



Volunteers

# St. Joseph Hospital Cancer Center - Clinical Trials



## 2007 Clinical Trial Highlights

The National Cancer Institute (NCI) goal is to make progress against cancer across the full cancer continuum – from prevention through treatment and long-term survival. Oncologists in our community are working closely with the St. Joseph Cancer Center to offer their patients a chance to participate in clinical trials overseen by the National Cancer Institute.

Cancer Research Coordinator [Cheryl Patz](#)  
and Program Assistant [Julie Keefover](#)

Local patients have been involved in research conducted by national study groups including Southwest Oncology Group, NCI's Clinical Trials Support Unit, Gynecologic Oncology Group, National Surgical Breast and Bowel Project and the Radiation Therapy Oncology Group. During the past year, 3% of our patients decided to enroll in a research study for their treatment. This percentage aligns with national statistics. The participants receive all their treatment and follow-up care in our community.

## Credentialing Requirements

Prior to enrolling any patients on Radiation Therapy Group studies, the St. Joseph Cancer Center is required to complete a radiotherapy approval process to assure that appropriate technical and clinical components are available to comply with protocol requirements. We must demonstrate that our center has the necessary equipment, and staff who understand the applicable protocol and treatment planning and delivery techniques. Each radiotherapy technique required on a study must first be performed on a dry-run case. Our physicist, dosimetrist and radiation oncologists work together to complete a treatment plan. The data is then submitted digitally to the Image-Guided Therapy Center (ITC) for review. Once ITC has approved the plan, our site becomes credentialed for the technique, having fulfilled all the requirements.

Although the credentialing process to support these clinical trials has become quite complicated, St. Joseph Hospital Cancer Center is dedicated to excellence in assuring our competency in radiotherapy delivery and the overall success of treatment.

In 2007, the Cancer Center became credentialed to offer the following radiotherapy techniques: 1) Mammosite, for women who enroll on the breast cancer clinical trial comparing the standard treatment of whole breast irradiation versus partial breast irradiation and, 2) Intensity-Modulated Radiation Therapy (IMRT), for people who enroll on clinical trials when treating with IMRT utilizing our center's new tomotherapy machine.

## 2007 Cancer Committee Membership

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

**Charles Ariz, M.D.**  
*Radiology*

**Carol Brumet**  
*Cancer Outreach Coordinator*

**Clay Danenhower, M.D.**  
*Pathology*

**Ross Fewing**  
*Spiritual Care*

**Debbie Hanson**  
*American Cancer Society Representative*

**Margaret Jacobson, M.D.**  
*Family Medicine/Whatcom Hospice Medical Director*

**Karin Luce, R.N., BSN, OCN**  
*Nurse Manager, Medical Care Unit*

**James Miller, M.D.**  
*General Surgery*

**Patrick Nestor, M.D.**  
*Medical Oncology*

**Cheryl Patz, R.N., O.C.N., C.C.R.C.**  
*Clinical Trials*

**Michael Peterson**  
*Quality Services*

**Mark Rogers**  
*Pharmacy Services*

**Maureen Romain, MA**  
*Mental Health Counselor*

**Shelly Smits, RHIT, CCS, CTR**  
*Cancer Program Specialist*

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

**Michael Taylor, M.D.**  
*Radiation Oncology*