The PeaceHealth St. Joseph Medical Center Cancer Committee is pleased to present our Annual Report, featuring program activities in 2010 and cancer statistics for the most recently completed calendar year (2009).

**PeaceHealth St Joseph Medical Center**

**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.
PeaceHealth St. Joseph Medical Center  
Cancer Committee - 2010 Chairman's Report

“Moving with Glacial Majesty”
by Ian Thompson, MD
Cancer Committee Chair, Cancer Program Medical Director

One of my favorite phrases when interacting with large organizations is the phrase, “moving with glacial majesty” when referring to moving forward on new programs or activities. Such is the case for the Cancer Program at PeaceHealth St. Joseph Medical Center.

In 2007, the Governing Board voted to make cancer care a strategic priority. Two components of that priority were identified: improved patient support services, and development of an integrated cancer center facility.

In order to achieve these priorities, improved coordination in cancer care was necessary. Karen Ssebanakitta was named as overall director of cancer services. Medical oncology, cancer program services, and radiation oncology are now, for the first time, reporting to the same director. Karen is reporting to Nancy Tieman, VP of Business Development.

Since the staff which would be necessary to create an improved patient support service is a non-reimbursable expense, it was decided that, before funding would be provided, additional cancer program savings would need to be demonstrated. It was discovered that chemotherapy drug costs could be reduced if delivered in the hospital setting rather than in a clinic setting. As a result, faster than the glacier melt predicted by the most adamant global warming advocate, a new infusion center was created and was up and running in record time.

Hopefully that savings will be quickly realized and documented, so the Cancer Program early in 2011 can add the social work, dietary, and patient navigation nurses identified back in 2007 to enhance the patient experience.

In 2010, an architectural firm was hired to design an Integrated Cancer Center. It was quickly realized that the existing Cancer Center on Squalicum Parkway would not allow for an expansion to ideally create a more seamless program. After much searching, the meadow tucked behind the Health Education Center (HEC) was chosen as the site of a new facility. An image of a retreat center, “a place of healing”, or a “resort out in nature” was used as a model for development. Multiple meetings have occurred to design an ideal facility within a limited budget, and a presentation for final approval is planned early 2011.

Meanwhile, excellent cancer care continues as documented in Cancer Program statistics and quality studies. And the patient care nurses and staff routinely receive outstanding marks from patient evaluations. Cancer patients get excellent medical and supportive care at PeaceHealth St. Joseph Medical Center and we look forward to moving further forward in 2011.

Ian Thompson, MD
PeaceHealth St. Joseph Medical Center Cancer Statistics, 2009

CHART 1 shows the number of new malignancies diagnosed and/or treated at St. Joseph Hospital for 2000 to 2009. 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 1216 new cases diagnosed, 133 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. One would expect a higher number of cases in our Registry, and hence a higher cancer incidence, in cancer that are managed only in physician offices. This would include, for example, melanoma and bladder cancers. Our registry also includes in-situ cancer for melanoma and breast which are not reported on national statistics.

It is noted in 2009 that there was a rise in the incidence, compared to previous years’ trends, for Breast and Head and Neck Cancers, and a decline in Prostate and Melanoma.

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<td>1079</td>
<td>1079</td>
<td>1215</td>
<td>1220</td>
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</table>

*these numbers include in situ cases which are not reported on national statistics

^excluding benign brain (required to collect starting 2004) 30 dx in 2006

above is Chart 1

CHART 1 and GRAPH 2 compare Whatcom County cancer incidence with age-adjusted national estimates. Over the past years, there appeared to have been an increased incidence of cancer in Whatcom County compared to
nationally for breast, bladder, melanoma, lymphomas, ovary, and prostate cancer. In 2009 bladder, lymphoma, and ovarian cancer rates declined to national incidence. Melanoma and prostate cancer incidence is still higher, even though less than previous. The breast cancer incidence was higher than our previous numbers, and for the first time head and neck cancer incidence has risen.

There is no clarity as to why the breast cancer incidence numbers are repeatedly higher. Our community does include DCIS and many breast patients are completely treated outside the hospital these days, and our increased numbers may partially represent capturing that outpatient group.

Once again the incidence in Whatcom County of prostate cancer is higher in our community; although the 2009 numbers are slightly lower than last year, they have shown a fairly stable overall increase over the past several years. However, prostate cancer incidence is noticeably lower than the late 1980s. 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. An in-depth evaluation was performed on melanoma last year, which supported an impression, offered by Fred Hutchinson Cancer Research Center (FHCRC) and Washington State epidemiologists that the increase was possibly associated with having Western Washington University (WWU) students in the community. The larger number of young people who actually do not live here full time could be affecting the numbers. Again, 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. The increase this year is dramatic. The Cancer Committee has initiated an in-depth epidemiologic review with WWU through the Critical Junctures program.

CHARTS 3 & 4 look at the stages of cancer diagnosed in Whatcom County as compared to the National Oncology Data Base (NODB). This is the second time we have used national numbers from the NODB for comparisons.
Regional (Greater Puget Sound) numbers are no longer readily available, but using the NODB comparison gives a far broader perspective on our performance. It appears that for breast, prostate, 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.

Chart 3

In summary, the 2009 statistics show a fairly consistent pattern of cancer incidence, with an increased number of melanoma, prostate, breast and for the first time head and neck cancer.

PeaceHealth St. Joseph Medical Center Cancer Survival Statistics, 2009

PeaceHealth Vision 2012
Every PeaceHealth patient will receive safe, evidence-based, compassionate care...every time, every touch.

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
Each year, the cancer program compares its survival results for the 4 major cancers with national data, in order to measure the overall effectiveness of our care. The national data used again this year was from the National Oncology Data Base (NODB). This data bank consists of over a thousand cancer programs registries throughout the nation of all sizes and compiled by Elekta (the registry software vendor).

This year the data was presented to the Registry using “Adjusted Survival”, which may also be understood as disease specific survival. The previous annual reports have been observed survival. Adjusted survival calculates the proportion of the initial group that escaped death due to cancer if all other causes of death were not operating. This rate is most accurate if cause of death is known. Observed survival calculates the proportion of patients surviving regardless of cause of death.

Survival curves on CHARTS 1 through 4 demonstrate the overall adjusted survival for each of the four major sites.

Charts 5 through 8 compare our survival for the 4 major cancers broken out by stage of cancer stage with NODB survival. These again are adjusted survival rates.
Looking at our cancer statistics using Adjusted Survival it is quite clear that the adjusted survival for the 4 major cancers at PeaceHealth St. Joseph Medical Center remains superior to the national data, and this difference holds for every stage and diagnosis, being most pronounced in the higher stages of disease. The Cancer Committee requested the data for Observed Survival which is posted in the table below. As expected Observed Survival is always less than adjusted survival do to co-morbidites and age of patients. Observed Survival is essentially identical between our registry and NODB.
### Survival comparisons

**PeaceHealth St. Joseph Medical Center vs. National Data**

<table>
<thead>
<tr>
<th>Cancer and stage</th>
<th>SJMC 5 yr</th>
<th>NODB 5 yr</th>
<th>SJMC 5 yr</th>
<th>NODB 5 yr</th>
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<tr>
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<td>99%</td>
<td>95%</td>
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</tr>
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<td>90%</td>
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<td>Breast Stage 2</td>
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<td>88%</td>
<td>83%</td>
</tr>
<tr>
<td>Breast Stage 3</td>
<td>94%</td>
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<td>64%</td>
</tr>
<tr>
<td>Breast Stage 4</td>
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<td>20%</td>
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<tr>
<td>Colon Stage 1</td>
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<td>93%</td>
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<td>75%</td>
</tr>
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<td>90%</td>
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</tr>
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<td>9%</td>
</tr>
<tr>
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<td>43%</td>
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<td>Prostate Stage 4</td>
<td>74%</td>
<td>70%</td>
<td>30%</td>
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**SUMMARY:**

PeaceHealth St. Joseph Medical Center Registry patients have a notably improved adjusted survival, stage by stage for the 4 leading cancers. For the second year in a row, adjusted survival was found to be equal or superior to the national registry data as well.

This information highlights the extremely high quality of care available to patients in this community.
St. Joseph Cancer Center – 2010 Quality Studies

This report summarizes the 2010 Quality Studies performed by the SJMC Cancer Committee. Although the best measure of quality in cancer care is survival of our patients, which is reported in the Survival Section and are excellent, other measures are useful to assess the overall performance of the Cancer Program.

The **Pathology Department** annually reports on adherence to CAP protocols to assure proper cancer information is given to providers. In addition they report on accuracy of diagnosis by outside referral and second reads. The Pathology Department, year after year, performs at an exemplary level.

The **Radiology Department** annually reports on accuracy of Mammograms and % of positive reads. They also report on accuracy on cancer related interpretations by second reads. The Radiology Department, year after year, performs at an exemplary level.

There were two categories of Quality Reports this year; three studies assessing whether the Cancer Program was “holding the gain” and two NCCN comparison studies.

**“HOLDING THE GAIN”**

The “holding the gain” studies assessed the number of lymph nodes found in colo-rectal cancer surgeries, the initial results of the Lung Cancer Initiative, and outmigration.

**COLON CANCER LYMPH NODES**

National recommendations state that 12 or more lymph nodes should be analyzed to ensure proper staging and treatment of colo-rectal cancer. In the previous study of 2007, because of a process change in pathology, the % of surgical patients with greater than 12 LN rose from 33% in 2004 to 85% in 2007. This current study documented that the process is still successfully resulting in 88% of all surgically treated colo-rectal cancer patients having 12 or more LN evaluated. This result is far superior to results in both WA State, as well as all Commission on Cancer Program throughout the nation.

**THE INITIAL RESULTS OF THE LUNG CANCER INITIATIVE**

A study done in 2007 indicated that the staging of Stage 3 lung cancer was often incomplete when compared to national recommendations, especially the use of brain imaging. In addition, many patients were not offered appropriate adjuvant therapy, especially chemotherapy. There was also a concern about the timeliness of symptom presentation to diagnosis to initiating treatment. The utilization of Brain Imaging for Stage 3 Lung Cancer Patients significantly improved from 26% to 43%. The input from Medical Oncology on the role of chemotherapy rose from 38% to 97%, and 96% of Lung Cancer patients were presented for discussion at Tumor Board in 2009. The average and mean time from imaging to biopsy was halved compared to prior to the Initiative, but the time from diagnosis to treatment did not change.

**OUTMIGRATION**

There is national consensus that the care of cancer patients in their own community results in a better quality of life. There is also consensus that highly technical cancer care for uncommon situation ought to be provided at a Center of Excellence. 10% of patients are diagnosed and receive all of their treatments elsewhere. Of patients who are diagnosed here and receive all or some of their care locally, 16% of the total cancer care activities occur out of area. This is essentially unchanged over the past several years.
There were more surgical activities out of the community, but this could easily be explained by a local physician moving his practice to Skagit County. Also a very large number of GYN cancer activities occur out of the area.

NCCN COMPARISONS

The ACOS recommends that patient’s treatments are compared to treatment guidelines to ensure that patients are receiving proper evidence based medicine. The Cancer Committee has chosen to identify selected cases at Tumor Board for review, as well as to perform two or more specific cancer site reviews compared to the NCCN. The NCCN is an association of NCI Funded major cancer centers which review medical evidence and create care guidelines based on that evidence.

GE JUNCTION CANCER

GE Junction Cancers were staged appropriately with the recommended procedures with the exception of Trans Esophageal Ultrasound. During the timeline of the study, TUS was not available locally but is now provided in the community. GE Junction patients leave the community for a portion of their medical care. This is appropriate for surgical management since the expertise is not locally available. All patients who were identified as in acceptable medical condition were treated according the NCCN Guidelines, and survival was as good if not better than national numbers.

OROPHARYNX CANCERS

Oropharynx Cancers over a 5 year period were reviewed. The majority of patients were advanced stage. Staging recommendations for imaging were followed 96% of the time. However, Exam Under Anesthesia and direct laryngoscopy recommendations were followed only 43% of the time. However, it is the local physician impression that the increased use of CT/PET and in office fiberoptic evaluation is making EUA and direct laryngoscopies unnecessary. Although only 76% of patients were treated according to NCCN guidelines, if you exclude patient who refused treatment, or were too ill for recommended treatment 92% of patients were considered for treatment with NCCN Guidelines.

Radiation Oncology Update, 2010

by Michael Taylor, MD, Radiation Oncology Medical Director
St. Joseph Cancer Center

Meetings and more meetings crowded our calendar this year as we helped design the new cancer center. Radiation and Medical Oncology will share one roof. We are called to meet the challenge of building a modern, patient centered facility within the confines of available space and budget. All members of our team contributed time and ideas to the project.

We accepted and explored our new planning and delivery control system. This Varian product called Aria is designed to interface with our current linear accelerator and help maximize the capabilities of our next linear accelerator. Modern radiation therapy requires huge data handling capability and this new system should serve us well into the future. It also expands our billing and documentation EHR capability.
Technology moves quickly in this field based on ever increasing computing power. We have started to evaluate deformable registration and class solution programs to facilitate adaptive radiotherapy where treatment optimizes as tumor and patient characteristics change during therapy.

Clinical trials that employ radiation require extensive facility credentialing. We successfully passed SWOG and RTOG requirements for image fusion and IMRT planning for prostate cancer salvage and glioblastoma multiforme (GBM) protocol treatments. The approval process to join the NCCTG trial group is almost complete. This group runs trials with direct patient care applications under the auspices of Mayo Clinic and in local partnership with Virginia Mason.

Treatment firsts for our department this year include: intraureteral brachytherapy, multilumen breast brachytherapy, and central lung cancer stereotactic lung radiosurgery.

Our stereotactic radiosurgery program continues to enjoy favorable early outcomes with patient ease being a hallmark of the immobilization and verification process we employ. Lung and various CNS lesions are our main interests but we can consider this tumor ablative, highly focused treatment approach for other disease sites as well. We continue to monitor and enjoy good compliance with the National Patient Safety Goal program.

Last but not least, Dr. William Hall sailed through his board exams and we all benefit from the mass of knowledge he carted around in his head this year.

Next year looks exciting as well as the new Cancer Center building project converts from paper to ground breaking, our programming and new hardware portfolio expands, and our Tomotherapy IMRT, stereotactic, brachytherapy, and motion management programs further evolve.

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**Medical Oncology Update, 2010**

By Dana Cunningham, Medical Oncology/Infusion Manager
PeaceHealth Medical Group

During the last year, Medical Oncology was challenged with moving the infusion clinic to the hospital. This decision was based on the hospital qualifying for medication savings of chemotherapy infusions (HRSA 340B). After several months of planning, preparation and renovation, the clinic was re-located to the hospital on October 4th.

Throughout the transition, we continued to work to maintain the level of patient care expected by both caregivers and patients. Some of the things we are doing to provide excellent care include:

- Maintain Our Patient satisfaction at or above our fourth quarter data- 97.3% for overall positive scores.
- Continued patient support with volunteers in the infusion oncology clinic. The volunteers are in the clinic, Monday through Friday to greet and support chemotherapy patients.
- Valet service was initiated for infusion patients arriving at PeaceHealth St. Joseph Medical Center for their chemotherapy infusion or doctor appointment.
- Care Coordination: Infusion Nurses participate with Radiation Oncology in weekly interdisciplinary teleconferences and attend tumor board on Tuesday afternoons.
- Professional Education: Chemotherapy/Biotherapy education is provided yearly, for all RNs who care for infusion patients in the Clinic, and on the hospital Procedural Care Unit or Medical Care Unit.
Nursing Leadership: Clinical managers of the Infusion Center, Procedural Care Unit and Medical Care Unit meet quarterly to strategically develop consistent patient education materials, identify staff education opportunities and process improvements.

We continue to strive to deliver safe, evidence-based care by participating in several quality improvement projects.

- Quality Oncology Practice Initiative (QOPI), on-going patient chart auditing, bi-annually
- Continue to partner with Pharmacy in the cost-savings of HRSA 340B
- Continue to work with chemotherapy orders and standardization of forms
- Continue to enhance communication between all parties, providers, staff
- Monitor timely availability of medical oncology consultations.

Cancer Registry Update, 2010

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

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 center 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 PeaceHealth St. Joseph Medical Center Cancer Registry is continuing to grow with 1,216 new malignancies or reportable benign central nervous system tumors accessioned in 2009 (206 of those being physician office cases). In October 2010, the registry had documented follow-up rate with one-year currency of 99.5% of analytic cases diagnosed five years ago, which exceeds the national standard of 90% and a 99.1% follow-up rate for the whole registry since our reference date (1/1/2000). The registry currently conducts follow-up activities on approximately 11,330 cases yearly.

This year the registry had additional challenges by learning a new set of AJCC staging and collaborative staging rules as well as new data fields. Staff met this challenge head on and is continuing to perfect their skills.

The registry is collecting all cases diagnosed or treated within Whatcom County. The Commission on Cancer (COC) does not require cases diagnosed outside the hospital to be included, but the Cancer Committee has requested they be collected. The COC in September 2008 surveyed the Cancer Program and the surveyor recommended eight of nine commendations. The Cancer Program received a three-year approval rating with commendations.

The Registrar responded to 17 special data requests from various physician and hospital staff cancer-related care studies so far in 2010. 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.

**Cancer Outreach Update, 2010**

by Carol Brumet, Outreach Coordinator

The Outreach Program at the St. Joseph Cancer Center continues to thrive with much of the thanks going to skilled volunteers and partnerships with organizations and businesses throughout our community.

In calendar year 2009, our volunteers donated 3,456 hours to serve cancer patients and their families in our community and the services and programs that we offer were utilized by 1,392 people. We continuously see an increase in both volunteer hours and program attendance annually. We currently have 30 dedicated volunteers serving patients and their families at the Cancer Center and at the Infusion Center.

Enthusiastic volunteers staff the Boyer Cancer Center library full-time, assisting patients and their families with all types of services including finding a wig or scarf, information and resources and check out books from our library. Support groups, nutrition and creativity classes, meditation and programs of the American Cancer Society also continue to be well attended.

Our Holistic Healing program currently has licensed practitioners in massage, reiki therapy, reflexology, and hypnotherapy. All of these modalities 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 and is offered to cancer patients receiving treatment locally.

A program in partnership with the Bellingham Athletic Club (*Fit vs. Fatigue*) allows local patients to have free memberships (on a temporary basis) to combat fatigue; one of the major side effects of cancer treatment. Currently we are referring an average of five patients per month to this valuable program.

Our expanded volunteer program recently assisted our patients with the transition of receiving their infusion treatments in the hospital – in a newly designed Infusion Center. Our volunteer team works beside the staff assisting with administrative duties as well as with patients and their families insuring their comfort and ease during treatment. Most of these volunteers have dealt with cancer in their own lives and that experience lends empathy and compassion at a difficult time.

Proudly, the PeaceHealth St. Joseph Medical Center - Cancer Center has partnered with many Whatcom County businesses and organizations to promote awareness and raise funds to support our programs and services. Some of those partnerships include: KAFE Radio, Haggen Food & Pharmacy, Mt. Baker Imaging, Bellingham Athletic Club, WWU Athletics, Bellingham Golf & Country Club-Women’s Division, KVOS TV-12, Lynden Rodeo’s Tough Enough to Wear Pink, Farmers Insurance Group, Yeagers, Coaches vs. Cancer (all high schools in Whatcom County), PeaceHealth Laboratories, Holland Home Care, Hoagland Pharmacy, Western Students Against Cancer and Bellingham Urology Specialists.

Carol Brumet, Outreach Coordinator changed hats for three days in May and became Executive Producer/Director for the hospital’s “Pink Gloves On” video. Filming took place in 5 off-site locations and throughout the hallowed halls of the hospital. It included 30 departments and over 300 caregivers dancing to raise awareness of breast cancer. The original song, written by Jim Browder of KVOS TV, was etched in participants’ heads for days. Brumet and Browder partnered on behalf of the hospital and KVOS to produce and direct the project. The entire project, including the production equipment, editing, shooting, production staff and their time was donated by KVOS TV-12.
The value of KVOS’s donation was over $12,000! To watch ‘Pink Gloves On” click on this link: http://www.youtube.com/watch?v=y1k-Y6e6EiU

Anyone interested in learning more about the programs and services offered by St. Joseph Cancer Center or the Infusion Center at Peace Health Medical Group can contact Carol Brumet at cbrumet@peacehealth.org or by calling (360) 788-6706.

Clinical Trials Update, 2010

by Cheryl Patz, RN, OCN, CCTC

To date 20 local patients have enrolled in research conducted by National Cancer Institute sponsored study groups including the Eastern Cooperative Oncology Group, National Cancer Institute of Canada, National Surgical Breast and Bowel Project, North Central Cancer Treatment Group and the Southwest Oncology Group. In many research studies, participants have the option to participate in ancillary studies that monitor quality of life issues and/or collect blood, tissue or urine specimens for cancer research. Eight of our 20 participants consented to the ancillary studies which help researchers find new ways to prevent and treat cancer. The 28 total clinical trial participants represent 3.2 % of our newly diagnosed cancer patients. They receive all of their treatment and follow-up care locally in Whatcom County while contributing to research that will affect future cancer treatment worldwide. Even though The Selenium and Vitamin E Cancer Prevention Trial, known as the SELECT Trial has closed to accrual and the men have discontinued the study supplements, they continue in follow-up observation and have the opportunity to participate in sub studies to evaluate if selenium and/or Vitamin E have a role in the prevention of the following: Alzheimer’s disease, colorectal polyps, and/or age-related macular degeneration or cataracts. Through these sub-studies, valuable information will be gained that could hopefully reduce these health risks in our aging population. In 2010, 16 local SELECT participants enrolled to the SELECT sub-studies.

We have just completed application and have been accepted as an affiliate component of the North Central Cancer Treatment Group through Mayo Clinic and will soon be able to offer to patients clinical trials that test therapies to alleviate the symptoms of cancer and cancer treatment.

Thank you to all the patients, health care providers and study doctors who are involved with clinical trials; your time and efforts contribute to improving the life of all cancer patients.
2010 Cancer Committee Membership

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Radiation Oncology

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

Charles Ariz, M.D.
Radiology

Gregory Wolgamot, M.D.
Pathology

James Miller, M.D.
General Surgery

Patrick Nestor, M.D.
Medical Oncology

Michael Taylor, M.D.
Radiation Oncology

William Hall, M.D.
Radiation Oncology

Shelly Smits, RHIT, CCS, CTR
St. Joseph Cancer Center Program Specialist

Karin Luce, R.N., BSN, OCN
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Karen Ssebanakitta, R.N., M.S.
St. Joseph Cancer Center Director Oncology, Hospice and Senior Community Services

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