The St. Joseph Hospital Cancer Center Annual Report covers the fiscal year of July 1, 2007 through June 30, 2008.

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 - 2008 Chairman's Report

2008 St. Joseph Cancer Program Medical Director Report

I am extremely pleased to announce the results of the American College of Surgeon’s Cancer Program Survey. This is an every three years program survey by the ACOS, who is responsible for evaluating the quality of Cancer Programs throughout the United States. Our survey was held in September and consisted of a written application to be reviewed by ACOS staff, as well as an onsite evaluation by an ACOS physician.

Based upon this review, St Joseph Hospital’s Cancer Program was approved for a full three-year term as a Comprehensive Cancer Program, and in the 9 possible areas where commendations are possible, the Cancer Program received 8 commendations.

This accolade is truly deserved by the hard working Cancer Program staff, Medical Staff and volunteers.

Special recognition however needs to go to Shelly Smits, who, as Registrar, and while understaffed, not only prepared the Survey application but, in my mind has done outstanding work over the many years to measure and document quality.

Also of note this year has been the enhanced opportunities to accomplish Cancer Program goals and objectives by the merger of Madrona Medical Group with PeaceHealth Medical Group. Both Medical Oncology and the Infusion Center are now more closely aligned with the Cancer Program.

In addition, we have welcomed the addition of Dr. William Hall (Radiation Oncology) to the Cancer Program team. Dr. Hall has extensive training in stereotactic radiation, which increases opportunities to provide care locally. Interventional Radiology has added RFA as a localized treatment choice as well.

As has been the custom over that past few years, our 2008 Quality Studies are transparently available in our Annual Report and on the Cancer Program webpage. We invite you to take a look at them.

In celebration,

Ian Thompson, MD
St. Joseph Hospital 2007 Cancer Statistics

CHART 1 shows the number of new malignancies diagnosed and/or treated at St. Joseph Hospital for 1997 to 2007. 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 1215 new cases (an 11% increase from the previous year) diagnosed, 224 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.

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. This year, there is a local increase for prostate and melanoma, lymphoma and leukemia, and Breast. Breast cancer incidence is elevated this year, but not much different than the past two years. Many breast patients are completely treated outside the hospital these days, and our increased numbers most likely represent capturing that out-patient group. Since the 2005 national incidence are estimates, and, most likely, any differences are due to random sampling, and the completeness of our registry.
Once again the incidence in Whatcom County of prostate cancer is higher in our community; showing a fairly slow, fairly stable increase over the past several years. However, 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. An in-depth evaluation was performed on Melanoma this year, which supported an impression, offered by FHCRC and Washington State epidemiology that the increase was 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. 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.

CHARTS 3 & 4 look at the stages of cancer diagnosed in Whatcom County as compared to the National Oncology Data Base. This is the second time we have used national numbers from the NODB data bank 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 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.
In summary, Whatcom County 2007 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. It is reassuring to document that our detection and screening programs result in preventing patients “falling through the cracks” and being diagnosed at later stages of disease.
St. Joseph Cancer Center – 2007-2008 Quality Studies

The reporting of our quality studies is a reflection of St. Joseph Cancer Committee’s commitment to quality and transparency. A summary of the studies are presented below, and linked to the full report.

MELANOMA
A multi-year increased incidence resulted in an analysis of melanomas in our community. First off, WA state has a reported higher incidence of Melanoma than most other States probably due to greater penetration of the SEER Data bank.

With a larger number of young adults than national numbers in the SJH registry, this might point to an influence of WWU students who would be entered as cases into the Registry but not in our population pool.

Also, because the SJH Registry is a community based registry rather than a hospital registry, patients enter our registry who would not be reported in the other Hospital based registries that we use for comaparson.

Survival for SJH Melanoma patients are at least as good if not better than national numbers.

OUTMIGRATION
The Cancer Program is now considered a Strategic Priority for SJH. Over the past year or two, SJH has been tracking patients who leave the community for care. The number or patients who receive all or part of their care out of the area has remained steady at about 12% since the data was first evaluated.

There has been a discussion at the “System” level about leveraging cancer programs by affiliations with “mecca” especially in light of the recent affiliation with Skagit with the SCCA. The growing trend is for patients who receive all or part of their care out of area, go to SCCA as opposed to other Cancer Centers in Seattle, and the Skagit affiliation with the SCCA has made no significant difference.

As has been previously reported, the inpatient outmigration statistics appear to be higher, but since Oncology is predominantly outpatient care, the evaluation is difficult.

STAGE 3 NON SMALL CELL LUNG CANCER
As part of a SJH Process improvement a detailed evaluation of the work up and treatment of Stage 3 Lung Cancer was undertaken. Survival for Stage 3 patients was on par with national numbers.

However, using NCCN recommendations, staging was often found to be incomplete prior to initiating treatment, and there was a marked discrepancy in treatment compared to NCCN Guidelines. This very well may be due to lack of documentation, but chemotherapy was not reported as being delivered or even offered according to recommendations.

Based on this study, a set of recommendations have been proposed to the Lung Cancer Working Group for improvement.

PATHOLOGY AND RADIOLOGY ANNUAL REPORTS
Annually Radiology and Pathology report on the accuracy of Oncology related diagnoses. In 2007, as in all previous years, the accuracy rates of diagnosis remain exemplary and at or exceeding national expectations.

For more details on our quality studies, visit our website at www.peacehealth.org.
Radiation Oncology Update 2008
By Michael Taylor, MD

The most exciting event in 2008 was the arrival of our new physician, Dr. William “Bill” Hall. He joins us from UC Davis in Sacramento where he finished his training with a special interest in stereotactic radiosurgery. Indications for this highly focused, short course treatment approach are expanding to include most cancer sites when a tumor is small and motion can be limited or accounted for. Other short course highly focused approaches to cancer treatment include Mammosite breast brachytherapy where favorable early reports continue to help define ideal patient candidates and a large national trial is maturing. Prostate seed implantation has enjoyed further gains in patient and physician acceptance. We continue to refine our ability to sculpt radiation dose using Tomotherapy for external beam treatments and our Tomo schedule in usually full.

We’ve spent many hours crafting a vision for a new cancer center where chemotherapy and radiation therapy can be combined in the same treatment setting and with optimal technical and patient centered care approaches. This vision will direct our efforts in the years to come. We now have the opportunity to work even more closely with our medical oncology colleagues as new less toxic therapies such as concomitant radiation and cetuximab demonstrate patient benefit. The combination of novel medical therapies combined with highly sculpted radiation treatments should continue to bring exciting new approaches to test through our clinical trials program.

Medical Oncology/Infusion
PeaceHealth Medical Group (PHMG)

Medical Oncology and Infusion officially became a part of Peace Health July 1, 2008. As an integrated cancer program, we share the vision of providing safe, evidence-based, quality cancer care.

Three Medical Oncologists staff the oncology clinic. An average of 180-200 patients is seen weekly in the clinic. Approximately 20 new consults are seen per week. Additional clinic staff prepare patient charts for their clinic visit, nurses see patients for follow-up visits for injections and lab draws and patient education. One RN manages approximately 75 patients who are undergoing oral treatment for their cancer. This requires extensive follow-up and monitoring.

Infusion patients are seen daily for specific chemotherapy/biotherapy treatments, symptom management and supportive therapy. Patients are seen in the exam area as new consults, follow-up during on-going therapy or long-term follow-up post therapy. The infusion hours of operation are from 0730-1830, M-F. An average of 48 patients is seen every day in infusion. Approximately 25-30 patients are receiving chemotherapy/biotherapy each day. Other patients are seen for injections, lab draws, hydration or other supportive care. Patients are scheduled to see nurses for education and follow-up visits as well. Patient volumes have increased the first 7 months of 2008, by 8%, 510 patients.

Eighty percent of the nurses in the infusion unit are specialty certified nurse’s (OCN). The infusion unit has 8 infusion chairs, 2 lab draw stations and a “bed” room for patients with special needs. One nurse answers all triage calls from patients and/or physician offices each day. One nurse is dedicated to preparation of all chemotherapy/biotherapy medications each day.
Several quality improvement projects are currently under way to support the vision of providing safe, quality, evidence-based cancer care:

- Pharmacy support in the infusion unit to assist with preparation and management of all chemotherapy agents
- Working to create updated, evidence-based chemotherapy order forms for use on the in/out patient areas
- Enhancing supportive services for Oncology clinic patients
- Review/revision of all nursing process standards
- Review/revision of staff scopes of practice

We look forward to working as a collaborative team in providing seamless patient cancer care while creating the Exceptional Cancer Care Enterprise of the future.

St. Joseph Hospital Cancer Center - Cancer Registry

2008 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 1219 new malignancies or reportable benign central nervous system tumors accessioned (224 of those being physician office cases). In October 2008, the registry had documented follow-up rate with one-year currency of 96.8% of analytic cases diagnosed 5 years ago, which exceeds the national standard of 90% and a 96.5% follow-up rate for the whole registry since our reference date (1/1/2000). The registry currently conducts follow-up activities on approximately 8789 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 Commission on Cancer in September surveyed the cancer program. The surveyor recommended 8 of 9 commendations. The final results will not be known until the end of this year.

The Registrar responded to fourteen special data requests from various physician and hospital staff cancer-related care studies so far in 2008. 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.
The Outreach Program at the St. Joseph Cancer Center continues to evolve with much of the thanks going to valued volunteers in our community.

In 2007, our volunteers donated over 2,700 hours to serve cancer patients and their families in our community and the services and programs that we offer were utilized by 1,029 people in the 2007 calendar year.

We continue to expand our Holistic Healing program and currently have four licensed massage therapists, a licensed Energy Healing counselor, licensed Acupuncturist and a licensed Reike 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 and is offered to cancer patients receiving treatment locally. Each of these licensed therapists donates their time to offer support and comfort to cancer patients in our community.

In addition to our support groups and educational offerings, we now offer Healing Through Creativity; an art class for survivors and no talent is required to participate! On a weekly basis, a Meditation Class is offered for patients and their friends and families to attend.

We recently developed a partnership with the Bellingham Athletic Club for local patients to have free memberships (on a temporary basis) via doctors’ referral – Fit vs. Fatigue. It has been proven that nutrition and exercise can help reduce the fatigue that normally comes with cancer treatment. We currently are referring an average of 6 patients per month to the Cordata facility of the Bellingham Athletic Club.

Our Patient Navigator program connects a volunteer cancer survivor with a newly diagnosed patient to discuss what lies ahead as far as treatment, appointments and even how to have meaningful discussions with your doctors. Our Patient Navigators will offer a patient journal to help organize appointments and keep track of medications, lab work and other details to track through the wellness journey. Each patient will be offered the opportunity to visit with a Cancer Center Patient Navigator.

Dedicated volunteers staff the Boyer Cancer Center library on a full-time basis, Monday through Friday, assisting patients and their families with all types of services including finding a wig or scarf, books or class and support group registration. To inquire about volunteer opportunities or any of the programs and services at the St. Joseph Cancer Center, contact Carol Brumet or by phone at (360) 738-6706.

Cancer Center Classes

We offer several educational classes on a monthly basis. Class sessions are ongoing and to register for classes, contact the Cancer Center volunteer desk at (360) 738-6701.

American Cancer Society Programs

Many programs of the American Cancer Society are offered through the St. Joseph Cancer Center. Road to Recovery offers transportation assistance to patients needing to get to treatment appointments. Reach to Recovery is a peer contact support program for women with a new diagnosis of breast cancer. Look Good Feel Better is a class designed to teach women undergoing treatment how to use makeup, wigs and scarves to enhance appearance and boost spirits. We also have a wig, hat and scarf bank and a limited supply of breast prosthesis available. All the programs, which are offered as joint services of the American Cancer Society, are available at no charge.
**Screening Events**

Cancer screening events continue to be well attended and participation has increased in both the Colo-rectal screening event, which takes place in March each year, and the Prostate Screening event each October. Each March, local residents are encouraged to visit their pharmacy to pick up a Hemoccult kit, follow the directions for completion and return it to the Cancer Center for developing and results.

Local doctors from Cascade Urology donate a Saturday morning in October and up to 200 men can participate in a free Prostate Screening clinic. Proven to be one of our most successful screening events, registration is required for an appointment time and each participant must meet certain screening criteria.

**Patient Journal**

We offer a patient journal that guides people through treatment and assists them in keeping track of appointment schedules, test results, medication lists and other resources. We also offer a navigation program with cancer survivor volunteers that will assist patients through their care journey. To contact a cancer navigator or receive a patient journal, contact Carol Brunet at 360-738-6706.

During the holidays, the Western Students Against Cancer, an organization of students at Western Washington University, have adopted our Tree of Hope program. The students organize several fundraising events to raise donations in order to offer holiday cheer to local families who have been financially challenged by cancer treatment. All involved, benefit as we celebrate the true spirit of the season.

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.

**St. Joseph Hospital Cancer Center - Clinical Trials**

**2008 Clinical Trial Highlights**

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, 39 or 4% of our patients decided to enroll in a research study for their treatment. They receive all of their treatment and follow-up care locally in Whatcom County.

274 people signed up as volunteers in the historic American Cancer Society’s “Cancer Prevention Study-3” (CPS-3) during the 2008 Relay for Life in Bellingham! The goal is to enroll 500,000 adults from various racial/ethnic backgrounds from across the U.S. The purpose of CPS-3 is to better understand the lifestyle, behavioral, environmental and genetic factors that cause or prevent cancer and to ultimately eliminate cancer as a major health problem for this and future generations. The 2009 Relay event in Lynden will be the next opportunity for local residents to enroll.

Along with this impressive commitment to cancer research in Whatcom County, is our clinical trial participants’ contribution to translational medicine. Translational Medicine – bench to bedside – are not mere buzz words for the National Cancer Institute Cooperative Groups that write and administer the clinical trials we offer our patients. Their goal is for every clinical study to have a companion translational science research plan that builds a bridge between the research lab and the clinic. Clinical trial participants are given an option to donate additional blood and tissue blocks from their previous surgery. The specimens are shipped to the research groups’ tumor banks where the
specimens are collected, processed and maintained to enable future translational research. **More than 95%** of our participants enroll in these “companion” studies. Scientists are learning more about specific cellular proteins and genes. This knowledge will help to identify what individuals will respond to specific treatments as well as discover new treatments that can better target cancer cells.

Anyone wanting more information on cancer clinical trials in Whatcom County is invited to contact Cheryl Patz, RN, Clinical Trials Coordinator, cpatz@peacehealth.org or 360.715.4133.

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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
2008 Cancer Committee Membership

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

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

Charles Ariz, M.D.
Radiology

Clay Danenhower, 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

Mauren Romain, MA
Mental Health Counselor

Karin Luce, R.N., BSN, OCN
St. Joseph Nurse Manager MCU

Ross Fewing
St. Joseph Spiritual Care Director

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

Sandy Kinsman
St. Joseph Pharmacy Services

Cheryl Patz, R.N., OCN, CCRC
St. Joseph Cancer Center Clinical Trials

Carol Brumet
St. Joseph Cancer Center Outreach Coordinator

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Debbie Hanson
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Dana Cunningham R.N., M.S., OCN
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