

Community Hospital Cancer Annual Report



Community Hospital

TOGETHER, PERFORMING AT A HIGHER STANDARD™

2009

Reflecting
2008 Data

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Committee Members

K.S. Kumar, M.D., Chairman

Gerald Robbins, M.D., Liaison

Jorge Ayub, M.D., Medical Oncology

Louis Astra, M.D., Surgery

David DiPiazza, M.D., Urology

Ramon Perez, M.D., Urology

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Charles Suggs, M.D., Hospice

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Cynthia Jensen, M.D., Medical Oncology

Stephanie Rapke, M.D., Quality Assurance

Karen Simpson, R.N., Director Oncology

Kathy Gillette, CEO

Nancy Maysilles, R.N., CNO

Glenn Romig, CFO

Daniel Maysilles, RPH, Director Pharmacy

Denise Li, PharmD, Pharmacy

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Mary Sommise, Marketing

Sandra Siebert, Director Imaging

Ivy Landell, Women's Service Coordinator

Elizabeth Harold, R.N., Infusion Center

Genny Ginsberg, R.N., Education

Cindi Crisci, American Cancer Society

Susan Gammon, Quality

Kathy Stone, R.N., Case Manager

Stephanie Fox, CTR, Cancer Market Coordinator

Bubblela Simmons, CTR, RHIA, Director Registry

Nasca Gray, Director HIM

Message from the CEO

By Kathryn Gillette, CEO



The American College of Surgeons' Commission on Cancer sets the bar very high for hospitals and cancer care providers. At Community Hospital, we are proud to have completed another very fulfilling year with respect to treating and improving cancer care. The standards for performance set for by the College have been exceeded in many areas and the benefit to this community and the citizens needing and seeking care is part of our proud mission. For families and patients who have sought cancer care at Community Hospital, we are pleased that you can find this level of quality care, closer to home.

During 2008, we led several community initiatives, alongside the American Cancer Society, through our participation in Relay for Life and Making Strides Against Breast Cancer. In October, distinguished State and Local leaders provided keynote addresses at a luncheon in support of early detection in the fight against breast cancer. In addition, a key component of our cancer program, our cancer conference continues to bring together specialists from all areas of the hospital to discuss treatment options, staging of cancer, and post-treatment options. Our staff is committed to sharing the message of early detection as a means of reducing the risk of cancer, the second leading cause of death in this country. As part of the mission of our comprehensive cancer program, we not only provide the highest level of care to our patients but are dedicated to educating the community on how to beat this debilitating disease.

At Community Hospital, it is our pledge and commitment to exceed goals annually and position ourselves as a leading comprehensive cancer program. I am honored to work among such a compassionate and qualified team of medical oncologists dedicated to the advancement of treatments and public understanding of cancer.



Chairperson's Report

By Dr. K.S. Kumar



In 2008, Community Hospital's Comprehensive Cancer Program continued improve the cancer services provided to the community. Our dedicated healthcare professionals work on cancer prevention, cancer diagnosis, pre-treatment evaluations as well as staging and offering patients optimal treatment options. In 2008, the cancer committee has made strides in improving women's services by hiring a women's service coordinator to help patients navigate through the system. The cancer committee has improved care for patients with Neutropenia by educating hospital staff to keep the time to antibiotics within 2-4 hours after the patient arrives at the hospital.

The cancer registry at Community Hospital has continued to keep accurate records and have worked diligently on becoming more "concurrent" when abstracting cases of those patients admitted to the hospital with cancer. The cancer registry has a total of 4,899 cases since the program became approved in 2004. In 2008 there were 871 total cases of cancer with 546 of those cases being either treated or diagnosed in the hospital. The top five sites in 2008 were lung cancer with 108 cases, breast cancer with 84 cases, colon/rectum with 60 cases, prostate with 51 cases, and bladder with 36 cases.

Cancer conference meetings are a large part of the cancer program, in 2008 we presented 116 cases for discussion of treatment options. The cancer conferences at Community Hospital include a multidisciplinary attendance that includes medical oncology, radiation oncology, surgery, urology, pathology, radiology, and hospice physicians. These conference meetings allow us to discuss staging of cancer, NCCN treatment guidelines, and post-treatment services that are available.

I am proud and thankful for the dedication of our cancer program at Community Hospital for making great strides in 2008. We look forward to making more improvements in the future including:

- Making sure cancer patients receive their flu vaccine and H1N1 vaccine.
- Continue to be the number one facility in compliance with the National Standards in prevention of DVT in the Tampa Bay area.
- Provide grand rounds for oncology nursing.
- Increase public awareness of lymphedema and offer specified therapy through our physical therapy department.

Site Distribution Discussed	
Community Hospital 2008	
Site	Number
Lung	Figure 1
Breast	84
Colon	60
Prostate	51
Bladder	36
Thyroid	7
Esophagus	2
Stomach	1
Head and Neck	3
Rectum	5
Anus	2
Uterus	5
Cervix	3
Kidney	2
Lymphoma	1
MDS	1
Leukemia	1
Pancreas	2
Unknown Primary	3
Total	116

Rehab Services Provided

Physical Therapy	Occupational Therapy	Speech Therapy
Treatment of general musculoskeletal dysfunction.	Treatment of musculoskeletal dysfunction/deconditioning with emphasis on ADL's/IADL's.	Evaluation and treatment of speech and swallowing disorders.
Treatment of scar tissue due to surgery or radiation treatment.	Treatment of musculoskeletal dysfunction/deconditioning with emphasis on functional tasks.	Performance of swallow studies with diet recommendations/modifications.
Lymphedema treatment including Complete Decongestive Therapy with compression wrapping.	Treatment of musculoskeletal dysfunction/deconditioning with emphasis on activity tolerance.	Treatment of swallowing disorders using Vita Stim electrical stimulation for muscle re-education.
Pelvic floor treatment for urinary incontinence post surgery or radiation treatment.	Treatment of scar tissue due to surgery or radiation treatment.	
Monthly Lymphedema support group.		

2008 Community Outreach Activities

- Breast, lung and colon cancer information distributed during SASSY health fairs.
- Breast lung and colon cancer information distributed during the Pasco Senior Expo.
- American Cancer Society Get Tested for Colon Cancer initiative.
- American Cancer Society's Relay For Life.
- Cattlebaron's Ball.
- Low cost mammograms.
- Bay News 9 segment on prostate cancer with Dr. DiPiazza.
- American Cancer Society's Making Strides Against Breast Cancer.
- Mobile robot demonstration at the Hernando Community Health Fair.
- Breast cancer information distributed during the Women's Symposium.
- Development on women's services including screening events and warning sign information.
- Look Good Feel Better.
- The gift room in conjunction with The American Cancer Society.

Registry Report

Community Hospital has been an approved program since 2004. The cancer registry complies with standards that are set by the Commission on Cancer/American College of Surgeons (ACoS) to maintain its accreditation. The registry collects demographic, cancer identification, treatment and follow-up on each patient that has active cancer admitted to the hospital. These patients are divided into two types of cases in the registry analytic and non-analytic. Analytic cases are the cases that are diagnosed and/or treated at Community Hospital. Non-analytic cases are patients that were diagnosed at another facility and are admitted to Community Hospital for other reasons, but the patient is currently undergoing treatment for cancer or currently has an active cancer. The data that the registry collects is used within the hospital system for reviewing cancer treatment; in justification for purchasing equipment; tracking the communities the hospital serves; and other special studies. The data the registry collects is also used by the state and by the American Cancer Society for yearly statistics.

All cancer cases are reported to the Florida Cancer Data System (FCDS), which is the state of Florida's central cancer registry. Analytic cases are also reported annually to the National Cancer Data Base (NCDB), a joint project of the American College of Surgeons (ACoS) and the American Cancer Society. The information that is submitted is used for comparative analysis and for annual reports. There are currently 4,899 cases in the Community Hospital registry database. Of these cases 3,107 are analytic cases. The top five sites at Community Hospital in 2008 were lung, breast, colo-rectal, bladder, and prostate. Collectively these top five sites are 61.7% of the total cases at Community Hospital. The registry maintains a lifetime follow-up on all patients diagnosed at the hospital. The registry collects follow-up to see if patients routinely see their physician. The follow-up rate allows the cancer registry and The American Cancer Society to document which types of cancer have a higher rate of recurrence. The lifetime follow-up rate is currently at 90.56% which is well above the requirement of 80%.

To assure the continued collection of quality data, the registry conducts monthly quality review of abstracts. A registry quality coordinator performs a ten percent audit on all analytic cases completed by the registry. The results of these quality reviews are brought to the quarterly cancer committee meetings. The Florida Cancer Data System also includes edits in our software program to ensure data entry is accurate.

The cancer registry also maintains the additional standards by tracking them in quarterly minutes that are reviewed at the time of the survey. These standards include early detection programs, preventions programs, quality improvement activities, education provided to physicians, education to the nursing staff, education for the registry staff, annual goals and cancer conference weekly meetings. These standards are set by the Commission on Cancer and are maintained to show that Community Hospital is committed to quality cancer care.

Cancer Registry Graphs and Tables

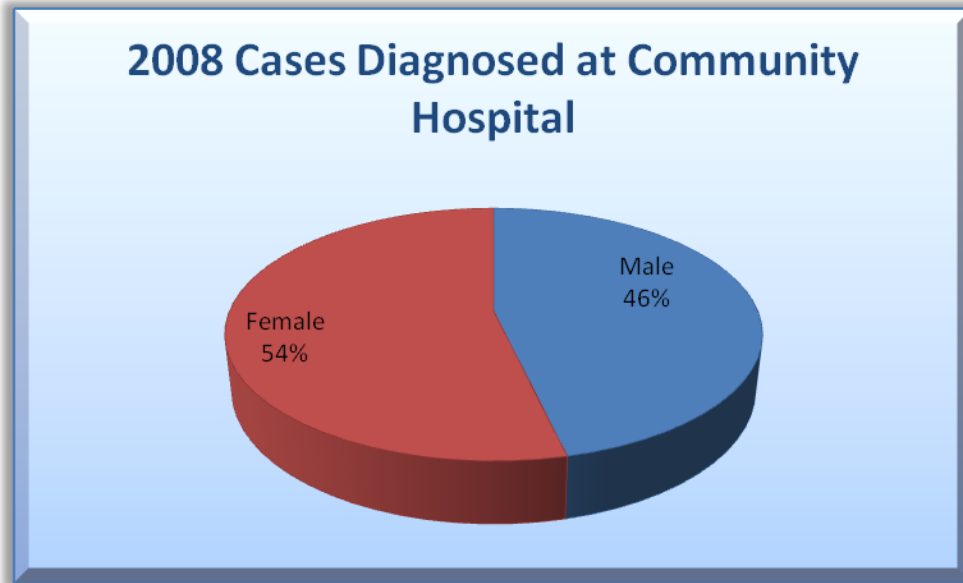


Figure 2: 546 cases diagnosed at Community Hospital of those cases 253 were male and 293 were female patients. This graph shows the percentage of each sex.

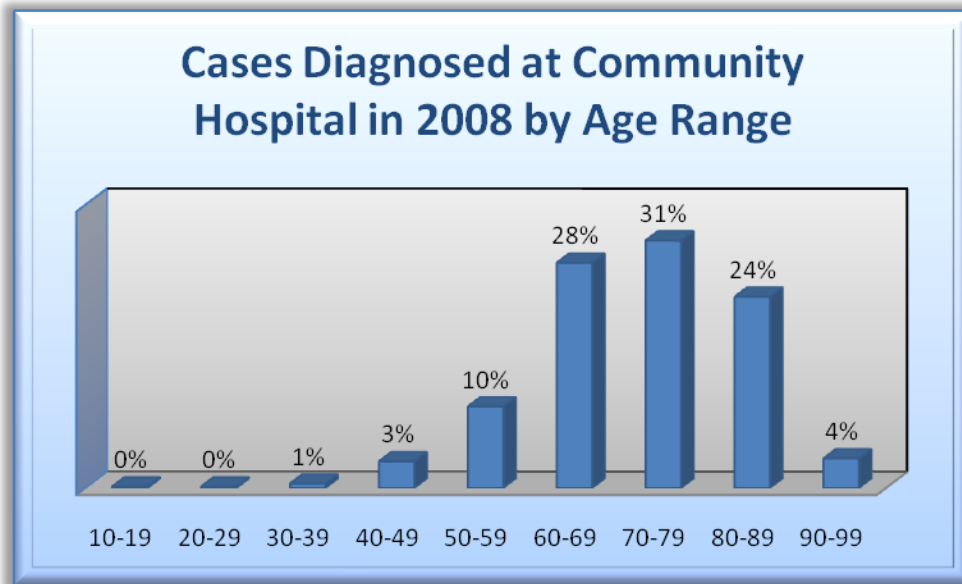


Figure 3: This graph shows the breakdown by age range of all cases diagnosed at Community Hospital in 2008.

Registry Data Compared to American Cancer Society

2008 Community Hospital Cancer Sites Compared to American Cancer Society

	All Sites	Lung	Colon-Rectum	Breast	Bladder	Prostate
Nation	1,437,180	215,020	148,450	185,450	68,810	186,320
Florida	101,920	17,360	10,920	11,350	5,390	11,380
Community Hospital	546	106	59	85	36	51

2008 Community Hospital Cancer Sites Percentage Compared to ACS

	Lung	Colon-Rectum	Breast	Bladder	Prostate	Total
Nation	15.0%	10.4%	12.9%	4.8%	13.0%	56.0%
Florida	17.0%	10.7%	11.1%	5.3%	11.2%	55.3%
Community Hospital	19.4%	10.8%	15.6%	6.6%	9.3%	61.7%

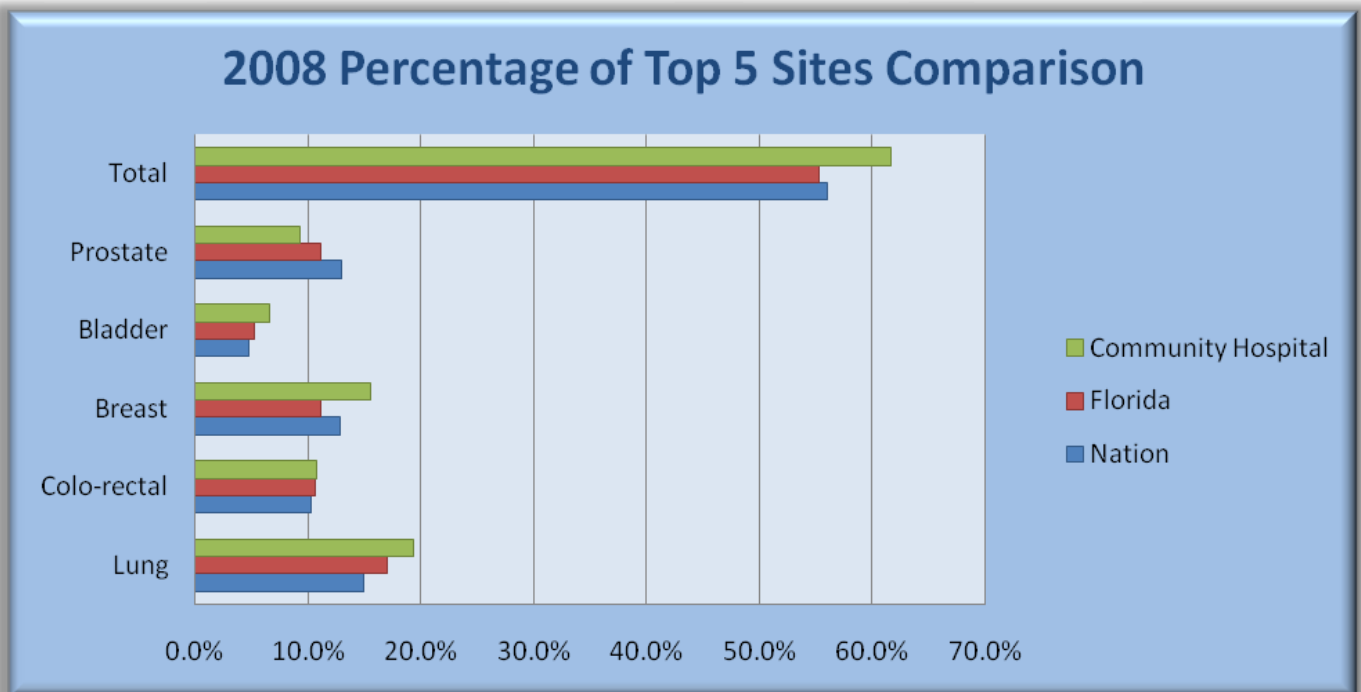


Figure 4: These numbers exclude Basal/Squamous cell carcinomas. The Florida and National numbers provided from Cancer Facts & Figures 2008 on the American Cancer Society website.



Lung Cancer by Dr. Astra

Lung Anatomy

The chest contains two lungs, each lung is a soft sponge like organ that is protected by the ribcage. Each lung is made of sections or lobes, the left lung has two lobes while the right has three lobes. The lungs add oxygen to the body and remove carbon dioxide from the blood. The lungs are encased in a thin membrane called the pleura and each lung is connected to

the trachea, the main bronchus and with the heart through the pulmonary arteries. Located on the inner side of each lung is hilum, this is where the nerves, pulmonary arteries and lymphatic vessels enter the lungs. The bronchi has the appearance of an inverted tree that leads to aveoli where oxygen and carbon dioxide are exchanged.

Lung Cancer in General

There are two main types of lung cancer, non-small cell lung cancer and small-cell lung cancer. Non-small cell lung cancer is a mixed group of cancers that include squamous cell carcinoma, adenocarcinomas, bronchoalveolar carcinoma, and large cell carcinoma. About 8 of 10 lung cancers are non-small cell carcinoma. Squamous cell carcinoma is a subtype of non-small cell carcinoma that is linked to smoking and is about 25% of non-small cell carcinoma diagnosis*. Adenocarcinoma is normally found on the outside of the lungs and is the most common form of non-small cell carcinoma. Large cell carcinomas are the most rare form of non-small cell carcinoma and large cell carcinomas grow and spread quickly. Some other names for small cell carcinoma are oat cell carcinoma and small cell undifferentiated carcinoma. Small cell carcinoma is responsible for 10% to 15% of all lung cancers*. Small cell carcinoma is a cancer that starts in the bronchi near the center of the chest, small cell cancer cells multiple quickly and can create large tumors that can spread quickly. Small cell carcinoma is almost always caused from smoking. Carcinoids are another type of cancer that can occur in the lung, these cancers are slow growing and can usually be cured through surgery.

Diagnosis of Lung Cancer

Some signs and symptoms of lung cancer that may be of concern include a cough that does not go away, chest pain, hoarseness, weight loss, or shortness of breath. If these symptoms occur certain tests will be done before the diagnosis of lung cancer is made. These will include imaging tests such as a chest x-ray, chest CT, MRI and PET scans. If the imaging tests are abnormal a diagnosis on the cells would be necessary. These tests include sputum cytology which is when a sample of mucus is taken and examined for cancer cells. Fine needle

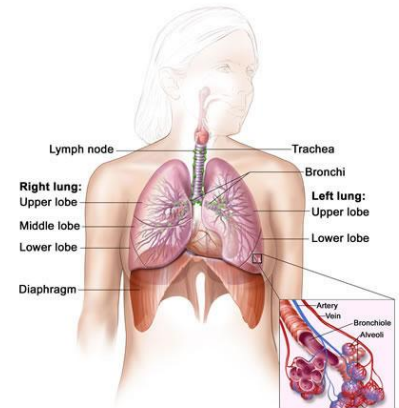


Photo from Georgetown.edu

*From American Cancer Society

aspirations (FNA) take a sample of cells from the area where the cancer may be. Bronchoscopy uses a long flexible tube passed through the mouth and into the bronchi, this can help a physician visualize any tumors in the lungs, biopsies can also be taken during this exam. Endoscopic ultrasound can be of help to locate any lymph nodes in the chest, this test also uses a flexible tube passed through the mouth. Mediastinoscopies and thorascopies are also used to visualize and sample structures behind the breast bone or in the lungs.

Treatment of Lung Cancer

Treatment of lung cancer typically involves multiple modalities, which may include surgery, chemotherapy, and/or radiation. Curative and palliative treatments are available. For curative treatment, surgery is usually performed for stages I and II lung cancer. Surgery may now be performed through small port incisions using video camera, also known as video assisted thoracoscopy (VAT). This allows patients to recover much quicker with much less pain than traditional techniques. Chemotherapy can be used both for curative and palliative treatment. Chemotherapy targets cancer cells anywhere in the body, but is often limited by side effects. Some side effects include hair loss, nausea, loss of appetite, mouth sores, and increased chance of infection. Radiation therapy is another treatment option for both palliation and cure. Chemotherapy is normally used in combination with radiation therapy or surgery. Radiation therapy uses high energy rays, targeted to the tumor location, to kill or shrink cancer cells. Radiation therapy is normally delivered in smaller doses over a number of weeks, this depends on the type and extent of the tumor. Some side effects of radiation therapy can include fatigue, eating problems, and skin reactions. Radiation therapy can also be useful in metastatic tumors. A new type of radiation therapy called Gamma Knife can sometimes be used instead of surgery for single tumors that have spread to the brain.

Lung Cancer at Community Hospital

According to the American Cancer Society, (see figure 4) there will be over 215,000 lung cancer cases diagnosed in the United States in 2008 (15% of all newly diagnosed cancer cases). In Florida there will be over 17,000 new cases of lung cancer (17% of all newly diagnosed cancers). At Community Hospital there were 106 newly diagnosed lung cancer cases in 2008 (19% of all cancer cases). Lung cancer has been a top five site at Community Hospital for the last 5 years and has been around 20% of all cases at the hospital (figure 5). Figure 6 shows the types of surgery received by lung cancer patients at Community Hospital in 2008. 68% of patients received a biopsy, many returned for further surgery the two main types of surgery received by patients in 2008 included wedge resections and lobectomies. The most common lung cancer histologies at Community Hospital in 2008 are shown in figure 7. Adenocarcinoma is 39% of the lung cancer cases, followed by large cell carcinoma at 20% and small cell with 12% of lung cancer cases. Stage IV cases are unfortunately the most common stage at diagnosis. This is consistent with national averages.

Lung Cancer Graphs and Charts

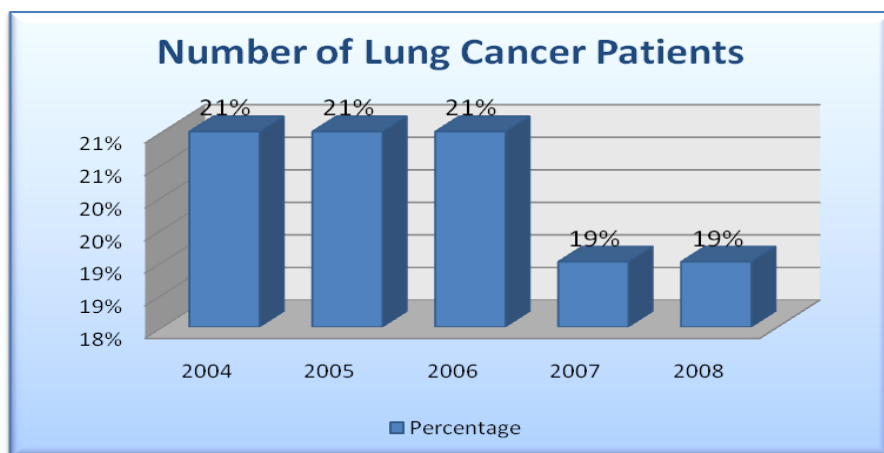


Figure 5: Number of lung cancer patients diagnosed at Community Hospital from the last 5 years.

Figure 6: Percentage of the type of surgery treatment Community Hospital lung cancer patients received in 2008.

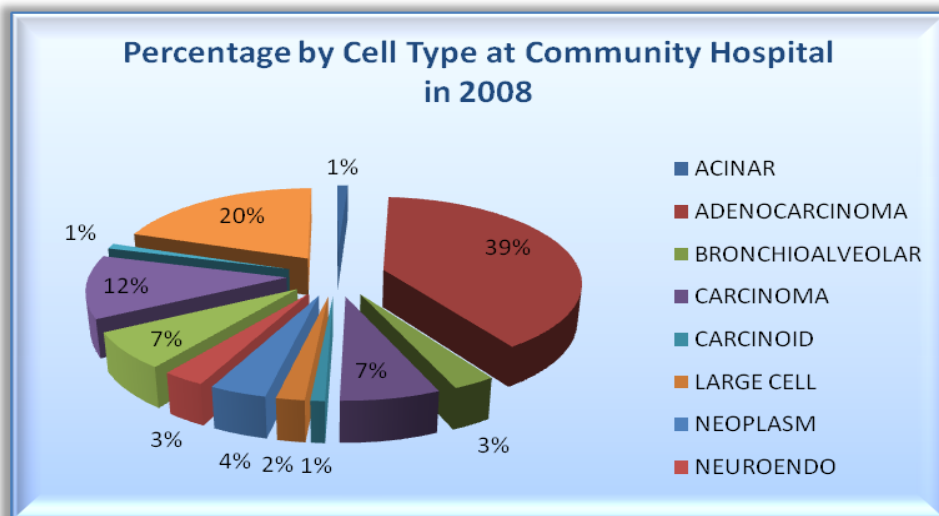
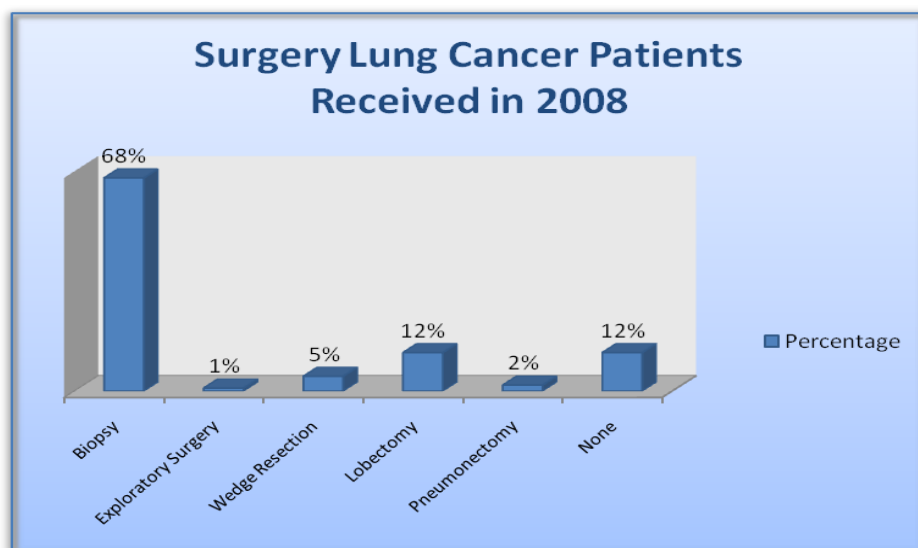


Figure 7: This pie graph shows the breakdown of lung cancers by cell type seen at Community Hospital in 2008.



Community Hospital has been accredited by the Commission on Cancer since 2004.



Community Hospital proudly works alongside with the American Cancer Society to provide a full range of cancer care services

You can contact the American Cancer Society by going to:

www.cancer.org

or by calling: 1-800-ACS-2345

Get more information about Community Hospital by visiting:

www.communityhospitalnpr.com