The Cancer Institute at
ALEXIAN BROTHERS HOSPITAL NETWORK

2005 Cancer Institute Annual Report

presented by
Alexian Brothers Medical Center
800 Biesterfield Road
Elk Grove Village, Illinois

and
St. Alexius Medical Center
1555 Barrington Road
Hoffman Estates, Illinois
Alexian Brothers Health System Mission

Alexian Brothers Health System carries out the healing mission of the Catholic Church through the Alexian Brothers ministries by identifying and developing effective responses to the health and housing needs of those we are called to serve.

— Alexian Brothers Values —

Compassion. We manifest God's presence in the world by a concerned approach and competent care of those we serve.

Dignity of Person. We believe that all individuals are created in God's image. Therefore, we treat them with respect.

Care of the Poor. We serve the sick, aged, dying and unwanted of all socioeconomic levels, especially the poor.

Holism. We promote healing of the whole person - body, mind and spirit - through physical, psychosocial and spiritual care of those whose lives we touch.

Partnership. We collaborate with those who share our ministry in carrying out our mission.
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CANCER CARE
AT ALEXIAN BROTHERS HOSPITAL NETWORK
by Birendra K. Sinha, M.D.

This is the third year of a combined report for cancer programs of two general hospitals within the Alexian Brothers Hospital Network (ABHN), Alexian Brothers Medical Center (ABMC) in Elk Grove Village and St. Alexius Medical Center (SAMC) in Hoffman Estates. Both hospitals have fully approved cancer programs by the American College of Surgeons, (ACOS), Commission on Cancer (COC). ABMC has a comprehensive community hospital program while SAMC is designated having a community cancer program. In order to be approved the program has to meet all the standards of the ACOS, COC.

The Cancer Committee at ABMC is responsible for developing and implementing all the cancer related programs through its coordinators, under the leadership of the chairman of the committee. The membership of the Cancer Committee includes a general surgeon, surgical oncologist, medical oncologist, radiation oncologist, diagnostic radiologist, pathologist, urologist, pain and palliative care specialist and non-physician health care professionals. These include Oncology Administrator, Oncology Geneticist, Research Coordinator, Oncology Nurse, Social Worker, Certified Tumor Registrar (CTR), Quality Management professionals and others as consulting members. One of the surgeons is appointed as a Cancer Liaison Physician (CLP). The committee activities are implemented by the following four coordinators, Cancer Conference Coordinator, Cancer Registry Coordinator, Quality Improvement Coordinator and Community Outreach Coordinator which has been assigned to the CLP.

In keeping with the mission of the Alexian Brothers, all efforts are made to provide a full range of comprehensive diagnostic and therapeutic services for the cancer patient in the community. In addition, a great deal of effort has been made towards risk assessment, cancer screening, early detection and prevention of cancers, particularly breast, prostate, colorectal and lung cancer. Together these comprise over 50% of all cancers but special mention must be made of lung cancer which will claim an estimated 160,440 deaths in 2004, accounting for 28% of all cancer deaths. The ABHN therefore has embarked on an aggressive lung cancer detection program utilizing low dose CT scan and planned follow up. It is planned to recruit a thoracic surgeon to lead the lung cancer program as a whole.

Cancer Committee goals and accomplishments for the year 2004 were as follows:

1. Development and implementation of High Risk Evaluation Program.
   - Type: Clinical
   - Date Set: February 24, 2004
   - Evaluated: March 2005
   - Outcome: During this time period, 34 patients were tested for BRCA gene mutation. Eleven patients were identified high risk (BRCA +). Out of these, four underwent surveillance; three of these are enrolled in NCI breast imaging trials.
   - Status: Continue Program

2. Multidisciplinary Lung Cancer Conference to Improve Quality of Care
   - Type: Quality Improvement
   - Date Set: February 24, 2004
   - Evaluated: March 2005
   - Outcome: Since its inception in June 2004, 59 patients were presented in this conference to a group of physicians including pulmonary physicians, thoracic surgeon, radiation oncologist and medical oncologist for treatment decision. This has resulted in prompt, expeditious and appropriate treatment coordinated by these specialists for better outcome. A dedicated thoracic surgeon has been appointed for the medical center as well.
   - Status: Continue biweekly conferences
3. Development of Women’s Centers for Breast Cancer Screening and Diagnosis

Type: Community Outreach Program
Date Set: February 2004
Evaluated: March 2005
Outcome: The Women’s Center has been developed at the ABMC for screening and diagnostic work-up which includes mammogram, ultrasound, ultrasound guided biopsy as well as vacuum assisted stereotactic biopsy. In 2004, approximately 13,220 screening mammograms and 3,143 diagnostic mammograms were done. In addition, two other mammographic facilities have been opened, one in Schaumburg and the other in Addison.
Status: Continue monitoring

4. Development of Gamma Knife Program

Type: Programmatic
Date Set: February 2004
Evaluated: March 2005
Outcome: Gamma knife was installed in July 2005 at ABMC. To date, 24 patients with brain metastases have been treated with gamma knife with satisfactory results.
Status: The program is progressing well.

In the year 2004, 1,449 patients were diagnosed and or treated with cancer at the two hospitals combined (ABHN), more than any of the other hospitals in the northwest suburbs. Combined analytic data of cancer patients seen within the ABHN is presented along with their geographic location. As the population is aging in the area, the number of cancer patients seems to be on the rise. The incidence of five major sites at ABHN is compared with those of Illinois State and National figures which shows a preponderance of breast cancer and lower incidence of prostate cancer, a trend which has been consistent during the past three years.

The Life Enrichment Center within the Cancer Institute provides a number of services for the comfort of the cancer patients including boutique, massage therapy, yoga classes, breast cancer support, tai chi, healing touch clinic and many more. Patti Jamieson Baker, Executive Director of Oncology Services for the ABHN has been instrumental in program development and has raised the level of oncology services to a Center of Excellence. All the new programs implemented are described in detail by their respective coordinators. The network provides the state of the art supportive care for the cancer patients.

It is noted that overall five-year survival rates for five major sites at both hospitals compare well with American Cancer Society figures indicative of the high standard of care offered to the cancer patients of the community served by ABHN.
2004 CANCER PATIENTS
GEOGRAPHICAL LOCATION
Analytic & Non-Analytic Cases
1,449

2005 Cancer Institute Annual Report

2004 CANCER INCIDENCE
Site Case ABHN ABMC SAMC Illinois National
Population 1,449 1,023 426 60,280 1,368,030

Breast 22.1% 23.7% 18.4% 16.0% 15.8%
Colon/Rectum 14.7% 13.3% 18.0% 11.1% 10.7%
Lung 10.9% 11.6% 9.2% 12.1% 12.7%
Prostate 8.0% 10.1% 3.0% 16.5% 16.8%
N/H Lymphoma 3.0% 2.2% 4.7% 3.7% 4.0%
Melanoma 2.6% 1.8% 4.7% 3.4% 4.0%

COMBINED STAGE
RELATIVE SURVIVAL
Analytic Cases
1992 - 1997
5 Year Comparison Study

Percent Surviving

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<th>SAMC</th>
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<tr>
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## 2004 Total Patients Primary Sites by Sex

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Medical Oncology
by Steven Kanter, M.D.

The Medical Oncology services for the Alexian Brothers Hospital Network (ABHN), in collaboration with Northwest Oncology and Hematology, S.C. and other community oncologists and hematologists are committed to providing the highest quality care for the patients. Care is provided utilizing an evidence-based multidisciplinary and multi-modality approach of medical oncology, radiation oncology, and surgical oncology.

The oncology unit in the hospital provides cancer patients and their families with state-of-the-art care. The nursing staff is both caring and dedicated to providing the best treatment possible. We are also fortunate to have The Life Enrichment Center at Alexian Brothers Cancer Institute, which can further provide support before, during, and after treatment.

Clinical research available at both facilities continues to expand. When possible patients are given the opportunity to participate in local, regional, national and international clinical studies. At this time we have approximately thirty-five open clinical studies with many more on the horizon. Trials are currently available for breast, lung, colon, prostate, lymphoma and other cancers. In addition to providing unique therapeutic options, these trials also provide advanced research in supportive care for our patients.

Our team of professionals includes specialists in social services, pastoral care, nutrition, physical and occupational therapy, pain control and palliative care. The Life Enrichment Center is designed to further provide support before, during, and after treatment.

Radiation Oncology
by Martin Boyer, D.O.

The radiation oncology center at Alexian Brothers Hospital Network is located in the Cancer Institute adjacent to Alexian Brothers Medical Center. In addition, an adjunctive Radiation Oncology Center is located in Hoffman Estates to serve our patients from SAMC. The center continues to provide expert care and strong support services for patients diagnosed with cancer. Staff includes radiation oncologists, nurses, therapists, physicists, and dosimetrists as well as many other qualified personnel. Radiation treatments are delivered utilizing external beam techniques, brachytherapy, implant procedures as well as radionuclide injection. In 2004, 649 patients were seen in consultation for radiation treatments at the cancer center at ABMC. A total of 10,397 treatments were delivered, and a total of 222 brachytherapy/radionuclide injection procedures were performed. In addition, 133 patients were seen in consultation at the west facility located in Hoffman Estates with a total of 2,483 treatments delivered.

Surgical Oncology
by Birendra K. Sinha, M.D.

Surgeons at ABMC and SAMC continue to be an integral part of the cancer program. They represent surgical discipline in the Cancer Committee, participate actively in the Tumor Board and Cancer Conferences and contribute to the overall cancer program as Cancer Liaison Physician (CLP). Multidisciplinary breast cancer conference has been organized in Tumor Board format where surgeons are active participants. In addition, a multidisciplinary lung cancer conference has been organized led by a thoracic surgeon. Surgical disciplines include general surgical oncology, gynecologic oncology, urologic oncology, neuro-oncology, thoracic oncology and head and neck cancer surgery. Programs in minimally invasive surgery have been extended to include colon, kidney, lung and prostate surgery. Several innovative surgical procedures have been implemented in 2004 which include radiofrequency ablation, intracranial endovascular procedures and use of gamma knife in treating metastatic tumors in the brain. Sections of otolaryngology at ABMC has been recognized as one of the fifty top clinical services in the United States, reported by US News. The section has introduced CT assisted sinus surgery, microlyrigneal surgery, gamma probe for parathyroid surgery and major ablative head and neck surgery. The plastic surgeons play an active role in both exterpative surgery and reconstructive procedures particularly breast and head and neck areas. In spite of the radical approach to cancer surgery, surgeons at the ABHN do recognize the role of organ preservation in appropriate situations.
Clinical Oncology Research
by Claudia Fredian, R.N., C.C.R.P.

The Cancer Institute at Alexian Brothers Oncology Research Department continues to grow offering more clinical trials to the Alexian Brothers Hospital Network patients. In 2004, we enhanced our already strong program by integrating the trials we took on in September of last year which included ECOG (the Eastern Cooperative Oncology Group), CTSU (Clinical Trials Support Unit), and numerous pharmaceutical studies to the hospital network-based research program. We added 2 more Clinical Research Coordinator nurses to complete our full RN staff of 4 Clinical Research Coordinators.

We participate in NCI-sponsored clinical trials through several cooperative groups. The cooperative groups include ECOG, CTSU as mentioned above and our other affiliations with the National Surgical Adjuvant Breast and Bowel Project (NSABP), the Radiation Therapy Oncology Group (RTOG), and American College of Surgeons Oncology Group (ACOSOG). We continue to have several industry trials and an in-house study for Breast Brachytherapy. By participating in all disciplines of clinical trials (medical, surgical, and radiation oncology) we can provide comprehensive cancer care for our oncology patients. Through this program patients within the hospital network have available clinical trials for virtually all types of cancer.

We have 7 Principal Investigator physicians and over 30 Sub-Investigator physicians for The Cancer Institute Oncology Research Department trials. These physicians are able to provide cutting edge treatments to our patients through clinical trials. These physicians are from several specialties including Hematology/Oncology, Radiation Oncology, General Surgery, and Cardiovascular/Thoracic Surgery.

The Oncology Research Department continues to grow as a result of the team efforts of the physicians, research staff, and the hospital network.

Breast Cancer Coordinator’s Report - ABMC
by Debbie Williams, R.N.
Member of the National Consortium of Breast Centers Inc., Breast Health Specialist at ABMC

The Breast Health Coordinator is available to patients, physicians, hospital staff and our community regarding breast health. Resources and support to women and men who are diagnosed with breast cancer are readily available and are offered to every patient diagnosed with breast cancer here at Alexian Brothers Medical Center and those referred to me from our community. Many multi-disciplinary breast conferences were held for patients and their families once diagnosed, upon request. The hospital staff and physicians have been very helpful in referring patients to me when my services are needed. I also take an active role in the Community. I participate in many educational programs offered at local businesses and schools, representing The Cancer Institute at Alexian Brothers, providing breast health education. I am proud to partner with The American Cancer Society to provide our patients with available resources and support and also community outreach programs.

Marketing Services to Our Community: I have been given the opportunity to participate in many community events and represented The Cancer Institute at Alexian Brothers in so many wonderful ways. I was a guest speaker at a fundraiser at Drury Lane for over 400 people. I was interviewed on WGN for a nationally televised program called “Stories of Hope”, a breast cancer special. We were also recognized as a resource during the telecast and phone bank offered on the program. I serve on the Susan G. Komen Chicago Affiliate Board of Directors. I am on several women’s task forces which include, Well Woman Coalition of Dupage County, ACS Women’s Task Force, and Reach to Recovery, also with the ACS.
Lung Cancer Program

The Alexian Brothers Hospital Network is planning to start a comprehensive lung cancer program, the first of its kind in the northwest suburbs, to serve the patients in the community.

Dr. Molley McAffee has recently joined the staff at Alexian Brothers Medical Center and St. Alexius Medical Center to lead the new cancer program. She will be responsible to develop a lung cancer program which will include screening and early detection, second opinion clinic, follow-up clinic and a state-of-the-art diagnostic and therapeutic technology in thoracic oncology. Dr. McAffee is a graduate of Mayo Clinic Medical School where she also did her general surgical residency and fellowship in cardiovascular thoracic surgery. She has had over twelve years of experience in the practice of thoracic surgery. She comes to this institution from Loma Linda University and Medical Center where she worked as a thoracic surgeon in the rank of Assistant Professor of Surgery. Her areas of interest have been thoracic oncology, minimally invasive surgery and palliative care. She hopes to bring the state-of-the-art diagnostic and therapeutic technology to ABHN for the best care of our patients in the community.

Oncology Nursing - ABMC

by Judy Zoeller-Hunter, R.N.

Oncology nursing is an important part of the multidisciplinary care team. Throughout the course of care for cancer patients at ABMC, oncology nurses function as caregivers, educators, coordinators, and counselors. They are found in ambulatory care, radiation oncology, the Breast Center, our clinical trials service as well as in our inpatient oncology unit, in home care and in hospice.

The oncology nurse has a cancer-specific knowledge base that expands on the preparation of the registered professional nurse. Among the oncology nurses at ABMC are a number certified in the specialty of oncology nursing. This staff works in collaboration with hematologists, oncologists, radiation therapists, and oncology surgeons.

On the inpatient oncology unit (4 West), weekly multidisciplinary rounds are held to share progress in the patient’s course of care as well as to formulate plans for future care. Comprehensive patient education is provided to patients and their families through verbal, written and computer-based materials. Continued new knowledge in cancer diagnostics, treatment, and support is available to our oncology nurses through the Tumor Board, Cancer Conferences, the Cancer Center programs, Internet-based education, and the Oncology Nursing Society.

The unit has a full time chaplain and social worker as well as a care manager who assists with plans for care after discharge. An expansive support network that includes specialty nurses in pain management, enterostomal and wound care, geriatrics, and rehabilitation as well as pharmacists, dieticians, therapists, and an expert IV therapy team augments this full-team approach.

From the unique “call to order” meal plan to pet and art therapy, the combination of high tech, expert care and creative support is the heart of oncology nursing at ABMC.

Genetics / High Risk

by Karen Giammicchio, R.N., B.S.N., Oncology Genetics/High Risk Coordinator

Oncology genetics has catapulted to the forefront of healthcare. The paradigm of breast cancer has changed. The Human Genome Project and resultant scientific advances has changed our program goals from the early detection and treatment of breast cancer to predication and prevention of the same.

The Oncology Genetics program at Alexian Brothers Medical Center grew 100% in 2004. It has expanded from breast and ovarian cancer risk assessment and testing, to include colorectal and melanoma cancers as well.

Physician, staff and community education program offerings provided visibility of our Oncology Genetics/ Cancer Risk Assessment Program. The Alexian Brothers Health Network Oncology Team is committed to improving the “patient experience” of breast and other cancers. As early adopters of oncology genetics research, we are utilizing and expanding our arsenal of tools to assess and direct the healthcare needs of our patients.
In 2004: 85 patients were referred and educated on hereditary cancer syndromes.
41 patients proceeded to genetic testing
14 patients tested positive for a deleterious mutation
  2 were confirmed to have risk reducing surgeries at ABMC
  1 underwent prophylactic surgery at Lake Forest Hospital
  2 prophylactic surgeries were confirmed at Northwest Community
  2 patients were accepted into the National Cancer Institute’s Women at High Genetic Risk of Breast Cancer, Breast Imaging Study which studies methods for early detection of breast and ovarian cancer in genetically pre-disposed women.
  2 patients tested positive for a variant of uncertain significance.
  Both were enrolled in Mayo Clinic’s Variant of Uncertain Significance Trial
4 patients were referred to the Early Detection Research Network’s (EDRN), High Risk Registry program sponsored by the NCI. The Alexian Brothers Hospital Network Cancer Genetics Program was invited by Creighton University, a designated clinical center within the EDRN, to participate in recruitment efforts.

Pathology and Laboratory Services
by Ven Aduana, M.D., Medical Director, Pathology and Laboratory Services

Both St. Alexius Medical Center and Alexian Brothers Medical Center are College of American Pathologists (CAP) accredited laboratories, committed to providing the highest possible technical and professional services to our clinicians for the diagnosis, treatment and follow-up of cancer patients.

SURGICAL PATHOLOGY  Board certified pathologists perform gross and microscopic examinations of tissue resected during surgical procedures. Immediate diagnoses can be obtained through the examination of frozen sections. Immunohistochemical stains that aid in the diagnosis and prognosis of cancer cases are done predominantly in house. Other diagnostic tools available in house include Flow Cytometry, Automated Cellular Imaging System (ACIS) and DNA probes. Difficult or problematic cases may be submitted for outside consultation by a subspecialty pathologist. Our quality indicators have shown almost perfect concurrence between in house diagnoses and those of our outside consultants. The CAP recommendations for proper reporting of malignant cases have been adopted, thus providing complete information necessary for treatment to clinicians.

CYTOPATHOLOGY  Board certified pathologists head our services. By evaluating Fine Needle Aspiration samples for adequacy and possible additional diagnostic tests (e.g., flow cytometry or culture), we aid the clinician or interventional radiologist in providing optimum specimens.

CLINICAL LABORATORY  Medical technologists, under the supervision of the pathologists, perform a wide range of laboratory tests and specific tumor marker studies necessary for the diagnosis, care and follow up of our cancer patients.

BLOOD AND BLOOD COMPONENT TRANSFUSIONS  The Blood Bank tests and dispenses blood and blood components for patient treatment; consultations for transfusion related problems are provided by the pathologists.

CONFERENCES  Pathologists present and participate in both the Multidisciplinary Cancer Conference and the Multidisciplinary Breast Cancer Conference.

Enterostomal Therapy:  The certified wound, ostomy and continence nurse provides comprehensive nursing care, instruction, consultation and support to patients and their families.

Hospice:  Alexian Brothers Medical Center continues to have an active inpatient and outpatient Hospice Program for the comfort of the terminally ill patients. Other services include Social Service, Spiritual Support by the Chaplains and a host of other programs carried out at the Cancer Institute.

Pain Management:  The interdisciplinary pain management team has been responsible to institute an effective pain management program, keeping in mind, the quality of life for the cancer patient. The team follows the guidelines of the National Comprehensive Cancer Network.
2004 COMMITTEE MEMBERS

**Physician Members**

Birendra K. Sinha, M.D.
Department of Surgery
Chairman, Cancer Committee
Cancer Liaison Physician

Bruce Bank, M.D.
Hematology/Oncology

Peter Bernhardt, M.D.
Department of Pathology

Martin Boyer, D.O.
Christy Kesslering, M.D.
Radiation Oncology

Andres Cornejo, M.D.
Department of Internal Medicine
Palliative Care/Pain Management

Geoffery Engel, M.D.
Department of Surgery (Urology)

Sara Fredrickson, M.D.
Department of Surgery (General)

Mina Foroohar, M.D.
Department of Surgery Neurosurgery

Marcy McIntosh, M.D.
Department of Radiology

Randall Randazzo, M.D.
Department of Surgery (Urology)

Debra Susie-Lattner, M.D.
Vice President, Medical Affairs

Josh Tunca, M.D.
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Stuart Verseman, M.D.
Department of Surgery (General)

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Executive Director, Oncology Services

Debbie Chidester, C.T.R., R.H.I.T.
Manager, Cancer Registry

Maureen Cahill, R.N.
Oncology Clinical Nursing

Gerri D’Iorio, M.S.W.
Social Service

Claudia Fredian, R.N., C.C.R.P.
Clinical Research Coordinator

Karen Giannicchio, R.N., B.S.N.
Genetics/High Risk Coordinator

Sandra Grossman, C.T.R.
Cancer Registry Data Specialist

Laura Josephson
Organizational Effectiveness

Judy Koptik
Director, Radiation Oncology

Char Padovani
American Cancer Society

Bari Stiehr, R.N.
Enterostomal Therapy

Jennifer Tesch, C.T.R., R.H.I.A.
Analyst, Cancer Registry

Debbie Williams, R.N.
Breast Cancer Coordinator
COLON / RECTUM CANCER SITE STUDY REPORT

by Birendra K. Sinha, M.D.

An estimated 106,370 colon and rectal cancer cases are expected to occur in 2004. Also, an estimated 56,730 deaths are expected to occur in 2004 from colo-rectal cancer, accounting for about 10% of all cancer deaths. Fortunately both incidence rates and mortality rates have declined marginally over the past fifteen years. These declines may be due to increased awareness with respect to lifestyle including diet and activity as well as increased screening and polyp removal.

RISK FACTORS AND EARLY DETECTION:
The primary risk factor for colorectal cancer is age with more than 90% of cases diagnosed over the age of fifty years. A personal or family history of colorectal cancer, polyps or inflammatory bowel disease are well known risk factors. Other risk factors include smoking, alcohol consumption, obesity, physical inactivity, a diet high in fat and red meats as well as inadequate intake of fruits and vegetables. On the other hand, recent studies have also suggested that estrogen replacement therapy and non-steroidal anti-inflammatory drugs e.g. aspirin may reduce colorectal cancer risk.

The American Cancer Society recommendation with regard to colo-rectal cancer screening includes fecal occult blood test (FOBT) annually for both men and women beginning at age fifty, or flexible sigmoidoscopy every five years or double contrast barium enema every five years if normal. All positive tests should be followed up with a colonoscopy. This schedule of screening and early detection offers diagnosis of cancer at an early stage with improved survival or opportunity of polyp removal to prevent cancer.

The analysis of colo-rectal cases at the Alexian Brothers Medical Center (ABMC) indicates that in 2004, 131 patients with this disease were diagnosed and or treated at this institution. Fig. 1 shows the incidence of colorectal cancer from 1989 – 2004. Fig.2 shows the distribution of cancer in different parts of the colon-rectum. It shows a comparatively increased incidence in the right colon (36%) compared to (35%) in the left colon and (22%) in the rectum.

There was almost equal distribution in male (66) and in female (65). The age distribution of both male and female is shown in Fig.3. It should be noted that approximately 90% of the cancer occurs over 50 years of age in both genders.

Distribution by stage and sex according to A.J.C.C. Staging System is shown in Fig.4.

A.J.C.C. STAGING IS DEFINED AS:
Stage 0 (Carcinoma in Situ): The cancer is found in the innermost lining of the colon only.
Stage I: The cancer has spread beyond the innermost lining of the colon to the second and third layers and involves the inside wall of the colon, but it has not spread to the outer wall of the colon or outside the colon.
Stage II: The cancer has spread outside the colon to nearby tissue, but it has not gone into the lymph nodes.
Stage III: The cancer has spread to nearby lymph nodes, but it has not spread to other parts of the body.
Stage IV: The cancer has spread to other parts of the body, such as liver or lungs.

It should be noted that 23% of the females had either (preinvasive disease) stage 0 or stage I disease. Among males, 21% had stage 0 disease while 16% had stage I disease. There was a higher incidence of stage II and III disease in females (57%) compared to males (44%). The incidence of disseminated disease (stage IV) were similar in male and female (10% versus 12%).

TREATMENT:
Surgery is by far the most common modality of treatment for this disease. Patients with stage 0 and stage I may be cured with surgery alone. In this series, 62% of the patients were treated with surgery alone. Patients receiving surgery with chemotherapy or surgery with chemo-radiation were 27% of the population. Only 1% received chemotherapy alone, while 7% received no therapy at all. (Fig. 5)
SURVIVAL:
One to five year relative survival of this series of patients was studied and compared to the Cancer Incidence Reference File (CIRF) data according to the stage of the disease. Five-year survival for stage 0 and stage I is over 90% similar to the CIRF data. Five-year survival for stage II and III of ABMC patients are 87% and 66% compared to 79% and 59% respectively in CIRF reporting. Five-year survival for stage IV disease are in single digits 8% and 6%. (Fig. 6 & 7)

These figures can be improved by a change in diet habits and lifestyle of the general population in addition to an aggressive screening and early detection program. Despite the evidence supporting the effectiveness of colo-rectal screening and the availability of various screening tests, the proportion of the United States population age 50 and older that have been screened remains less than 50%. Hopefully, with the recent progress in policies and legislation related to colo-rectal cancer screening and change in Medicare reimbursement for preventive services, there will be noticeable improvement in colo-rectal screening.
**ABMC - COLON / RECTUM CANCER SITE STUDY REPORT**

**Male vs Female by Best AJCC Stage**

Fig. 4

**ABMC**

5 Year RELATIVE SURVIVAL by AJCC STAGE

567 Patients  1994 - 1999

Fig. 6

**CIRF**

5 Year RELATIVE SURVIVAL by AJCC STAGE

93,720 Patients  1994 - 1999

Fig. 7
CANCER COMMITTEE

Chairman’s Report
by Paul Sowray, M.D.

The Cancer Program at St. Alexius Medical Center is committed to providing excellent cancer care to the community. Under the direction of the Cancer Committee, state of the art care is made available through: a) advanced diagnostics from the departments of radiology and pathology, b) definitive treatment from medical, radiation and surgical oncology, c) supportive care from the departments of nursing and pastoral care, d) availability of clinical trials.

In 2005, the screening program for genetic causes of cancer was expanded to include breast and colon cancer patients. This program is designed to identify cancer patients who may be at increased risk for a second cancer and also help to identify family members who may be at increased risk for cancer. With the success of this program in 2004, the goal is to now include melanoma patients for screening in 2005.

The Breast Care Coordinator expanded her role in preoperative counseling of breast cancer patients and providing postoperative education and support to help prevent and treat lymphedema.

The construction of the west campus of The Cancer Institute is nearing completion and will be fully operational in 2006. The new facility will provide integrated medical oncology and radiation oncology services as well as clinical research.

The annual goals of the Cancer Program continue to focus on preventive care, high standards of diagnosis, treatment and supportive care along with education of both patients and health professionals.
LUNG CANCER SITE STUDY REPORT

by Paul Sowray, M.D.

In 2004 there are estimated to be 1,368,000 new cases of cancer in the U.S.A. 173,000 of these are expected to be lung cancer. 160,000 people are expected to die from lung cancer. 13% of all cases in men and 12% of all cases in women are lung cancer, but 31% of all cancer deaths in men and 27% of all cancer deaths in women are from lung cancer.

The mortality rates of lung cancer in men continue to decline. However, the mortality rates in women, which had been continuously increasing for decades, have now reached a plateau. African American mortality rates are at least 25% higher then whites in both men and women.

Tobacco use continues to account for 87% of all lung cancers. At St. Alexius Medical Center in 2004, 40 patients were diagnosed with lung cancer, 23 patients were male, while 17 were female. 4 patients had stage I, 2 had stage II, 13 had stage III, 19 had Stage IV and 1 was not staged. 5 patients were treated with surgery alone, 3 with radiation therapy, 6 with chemotherapy alone, 5 with radiation and chemotherapy, 3 with surgery, radiation and chemotherapy and 4 received variety of different treatment and 13 patients had supportive care alone.

EDUCATION:
Of the 32 patients for whom a history of tobacco use could be obtained, all 32 patients were current or former smokers. SAMC continues to actively participate in smoking awareness, smoking cessation and public education programs.

EARLY DETECTION:
Early detection with chest x-ray, analysis of cells in sputum and fiberoptic examination of the lung airways has not been shown to affect survival. A large national study of early detection utilizing chest CT is currently underway to note the effect on survival. New biological agents have now been shown to improve survival for certain types of lung cancer patients.
SAMC - LUNG CANCER SITE STUDY REPORT

DISTRIBUTION BY SUBSITE
40 Patients

- LOWER LOBE: 26%
- MIDDLE LOBE: 8%
- MAIN BRONCHUS: 3%
- UPPER LOBE: 43%
- LUNG - NOS: 20%
- SMALL CELL CARCINOMA: 18%
- SQUAMOUS CELL CARCINOMA: 15%
- ADENOCARCINOMA: 32%
- ALL OTHERS: 35%

HISTOLOGIC DISTRIBUTION

- DISTRIBUTION BY AGE AT DIAGNOSIS

- 40 - 49: 44%
- 50 - 59: 39%
- 60 - 69: 17%
- 70 - 79: 13%
- 80 - 89: 9%

- Males - 23
- Females - 17

- SAMC 2004 LUNG CANCER CASES
- Male vs Female by Age at Diagnosis

- CURRENT CIGARETTE USE: 49%
- PREVIOUS CIGARETTE USE: 36%
- UNKNOWN: 15%

TOBACCO HISTORY

- INITIAL THERAPY
  - SURGERY: 13%
  - RAD CHEMO: 13%
  - CHEMO: 16%
  - SRG RAD CHM: 8%
  - RAD: 8%
  - NO TREATMENT: 32%
  - ALL OTHER: 10%
Breast Cancer Coordinator's Report
by Tina Marie Bauman, R.N., M.S.N.

BREAST CANCER PROGRAM
Breast cancer is the most common cancer to affect women. In 2004, it is estimated that about 216,000 new cases of invasive breast cancer will be diagnosed in the United States, along with 53,390 new cases of non-invasive breast cancer.

Every woman is at some risk for breast cancer. This is merely the risk of being a woman. But there are many risks factors that can make one woman's risk differ substantially from another woman's risk.

Breast Health Specialist at SAMC - 2004
Patients have 24 hours a day and 7 days a week access to the Breast Care Coordinator via the work cell phone or pager system to discuss breast health concerns.

Breast Center Database - 2004
Following breast cancer patients from time of diagnosis through one year or beyond in some cases. Assisting patients through the system with education and support utilizing the services available free of charge through the Cancer Institute.

Newly Diagnosed Breast Cancer 72
Number of patients referred prior to surgery 68
Number of patients referred day of or after surgery 4
Number of patients in database 178

CANCER GENETIC'S PROGRAM
The Human Genome Project was completed on April 14, 2003, and resulted in a greater understanding of the underlying genetic etiology of cancer. Although not all cancers are caused by inherited genetic mutations, all do require the accumulation of a series of acquired somatic mutations that eventually render healthy cells malignant. Because of a rapidly developing knowledge base in genetics, healthcare professionals at St. Alexius Medical Center are offering more comprehensive options for cancer risk assessment and screening.

Cancer risk assessment and education, facilitation of genetic testing, pre- and post-test counseling with individualized cancer risk management options, and supportive care are integral part of the genetic's program at St. Alexius Medical Center.

129 Patients were referred and educated on Hereditary Cancer Syndromes
74 Patients proceeded to Genetic Testing
25 Patients tested positive for a deleterious mutation
8 Patients were confirmed to have risk reducing surgeries at SAMC
6 Patients had MSI testing done on their Colon Tumor Tissue
1 Patient went on to Genetic testing based on the MSI/IHC result. The patient also tested negative for HNPCC.
9 Patients tested positive for a Variant of Uncertain Significance (VUS)
All 9 patients were referred and evaluated for the Mayo Clinic's Variant of Uncertain Significance (VUS) Trial. A total of 8 patients were enrolled in the Mayo Clinic's VUS Trial.
2 Patients were referred to the Early Detection Research Network’s (EDRN), High Risk Registry Program sponsored by the NCI. The Alexian Brothers Health Network Cancer Genetics Program was invited by Creighton University, a Designated clinical center within the EDRN, to participate in recruitment efforts.
Oncology Nursing / Clinical Services  
by Claudia Conroy, R.N., M.S., AOCN®

Oncology Nursing / Clinical Services
The Oncology/Medical-Surgical Unit at St. Alexius Medical Center is housed on 5 North. This unit has a capacity for 31 patients. Oncology and Hospice patients receive priority placement. 5 North is wired for remote telemetry and all full time and part time RNs have completed a basic arrhythmia course and pass a yearly competency test. This allows 5 North staff to care for patients who have a cancer diagnosis and a cardiac condition requiring telemetry monitoring.

Nurses who work on 5 North are those who are especially interested in caring for the patient with cancer. The nurses receive ongoing education in pain and symptom management and chemotherapy administration. Each full time and part time RN has successfully completed the Oncology Nursing Society’s (ONS) Chemotherapy and Biotherapy Course and has maintained a current chemotherapy provider card by completing a renewal module every 2 years.

Patients who need chemotherapy on an outpatient basis receive care in the Procedure Clinic located on 5 West. These RNs have also completed the ONS Chemotherapy and Biotherapy Course and maintain the same chemotherapy provider card.

Both 5 North RNs and Procedure Clinic RNs are active in the local chapter of ONS. Many of these RNs attend additional regional and national conferences sponsored by ONS in an effort to keep current on new treatment regimens and symptom management strategies, and to network with other oncology RNs throughout the nation.

The National Cancer Institute’s CancerHelp™ computer remains in the patient lounge on 5 North. Both patients and professionals use this computer to obtain current information on the diagnosis, treatment and symptom management of cancer. Spanish speaking patients are the largest number of users.

Again this year St. Alexius Medical Center offered two free cancer screenings. The melanoma skin cancer screening was held one day in June, while the prostate cancer screening was held for two days in September. Both screenings were very well attended.
Cancer Resources Online
Education & Support
American Cancer Society
www.cancer.org

Cancer Care
www.cancercare.org

National Alliance of Breast Cancer Organizations
www.nabco.org/support

Man to Man Cancer Education and Support
www.cancer.org/m2m

American Society of Clinical Oncology
www.asco.org

Commission on Cancer of the American College of Surgeons
www.facs.org

ABHN Facility Information
Alexian Brothers Medical Center
800 Biesterfield Road
Elk Grove Village, IL 60007-3397
(847) 437-5500 • TTD: (847) 956-5116

The Cancer Institute at Alexian Brothers
820 Biesterfield Road
Elk Grove Village, IL 60007-3397
(888) 466-6011

St. Alexius Medical Center
1555 Barrington Road
Hoffman Estates, IL 60194
(847) 843-2000

ABHN Connects Online
Alexian Brothers Medical Center
www.alexian.org

The Cancer Institute at Alexian Brothers
www.alexian-cancer.org

St. Alexius Medical Center
www.stalexius.org

Alexian Brothers Hospital Network
www.alexianconnects.org
**Glossary of Terms**

**Accession** - The addition of new cancer cases to the Registry. Each patient is assigned a separate and permanent accession number.

**ACOS-CoC** - American College of Surgeons, Commission on Cancer.

**ACS** - American Cancer Society

**AJ CC** - American Joint Committee on Cancer

**AJ CC TNM** - Staging-American Joint Committee on Cancer Staging System is based on three components: T - the extent of the primary tumor, N - the absence or presence and extent of regional lymph node metastasis, M - the absence or presence of distant metastasis.

**AMA** - American Medical Association

**AOCN** - Advanced Oncology Certified Nurse

**CAP** - College of American Pathologists

**CLASS OF CASE** • **Analytic** - Cases diagnosed initially and/or received all or part of the first course of treatment. • **Non-Analytic** - Cases diagnosed at another facility and received all of their first course of treatment elsewhere and/or cases diagnosed prior to SAMC reference date (January 1, 1989), ABMC reference date (January 1, 1976) or diagnosed at autopsy.

**NCDB** - National Cancer Data Base

**OCN** - Oncology Certified Nurse

**Primary Site** - The organ or tissue in which the cancer has originated.

**CIRF** - Cancer Information Reference File

**References**

- Cancer Facts & Figures 2004, American Cancer Society
- Cancer Program Standards 2004 American College of Surgeons, Commission on Cancer

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