**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.

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**– 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, MD

This represents a combined report of cancer programs at two acute care hospitals within the Alexian Brothers Hospital Network (ABHN), i.e., Alexian Brothers Medical Center (ABMC) in Elk Grove Village and St. Alexius Medical Center (SAMC) in Hoffman Estates. Both hospitals were surveyed by the American College of Surgeons (ACOS), Commission on Cancer (COC) during the year 2009 and received full accreditation. This means that the programs at both hospitals were in compliance with all the mandatory standards for accreditation. The cancer program at ABMC is designated as a comprehensive community hospital cancer program and at SAMC, it is designated as a community hospital cancer program.

ABMC has a multidisciplinary Cancer Committee that is responsible for developing and implementing all the cancer related programs through the physician coordinators under the leadership of the chairman of the committee. These coordinators include Cancer Registry Coordinator, Cancer Conference Coordinator, quality Improvement Coordinator, and Community Outreach Coordinator. In addition the Cancer Liaison Physician (CLP) assumes an important role in the quality improvement program and outreach programs in conjunction with the American Cancer Society (ACS). Other members of the Cancer Committee include a general surgeon, surgical oncologist, medical oncologist, radiation oncologist, thoracic oncology surgeon, diagnostic radiologist, pathologist, urologist, as well as non-physician healthcare professionals that include an Oncology Administrator, Oncology Geneticist, Research Coordinator, Oncology Nurse, Social Worker, and Certified Tumor Registrar.

Cancer Registry
The total number of cancer patients accessioned in the registry at the two hospitals in 2008 was 1877, just one more than what was accessioned in 2007. The number of breast cancer patients and lung cancer patients has markedly increased now being 22% and 16% respectively, exceeding the national incidence. On the other hand the incidence of colorectal cancer and prostate cancer has decreased well below the national incidence. Breast cancer program has been expanded at St. Alexius Medical Center with a director of the program specifically designated to oversee this program. Similarly, there is a director of Pulmonary Oncology program at Alexian Brothers Medical Center. These efforts have resulted in drawing more patients in these areas.

Cancer Conference and Tumor Board
According to the requirements imposed by the COC, ACOS (Commission on Cancer, American College of Surgeons) four oncology conferences were held in 2008, namely 1) Gynecologic Cancer, 2) Colorectal Cancer, 3) Interventional Oncology Conference, 4) Diagnosis and Management of Breast Cancer. In addition Regularly Scheduled Series (RSS) were held in Breast Cancer, Lung Cancer, and Tumor Board. According to the COC standards 10% of the total number of cancer patients admitted to the hospital should be presented in the Tumor Board with appropriate case mix. ABMC and SAMC were surveyed this year by the Joint Commission in Breast Cancer, under the National Accreditation Program for Breast Centers. Both hospitals received a full 3 year accreditation in Breast Cancer.

Quality Improvement and Outcome Analysis
In keeping with the Mission of the Alexian Brothers, all efforts are made to provide a full range of comprehensive services for the cancer patients served by the Alexian Brothers Hospital Network. In addition, a great deal of effort has been made toward risk assessment, cancer screening, prevention and early detection of cancer particularly breast, prostate, colorectal, and lung cancers. It should be noted that overall five-year survival rates for the five major sites at both hospitals compare well with the American Cancer Society figures indicating that a high standard of care is being offered to the cancer patients served by ABHN.

Community Outreach Program
The Life Enrichment Center within the Cancer Institute provides a number of services for the comfort of the cancer patients including a boutique, massage therapy, yoga classes, breast cancer support, tai chi, healing touch clinic, and many more. Patti Jamison-Baker, Vice President of ABHN, has been instrumental in developing these programs. In addition community educational programs are offered regularly in conjunction with the American Cancer Society with the help of the Cancer Liaison Physician.
2008 Cancer Committee Goals

Goals for the year 2008 as established by the Cancer Committee were:

A. Clinical: 1. e-QUIP for colorectal cancers - resected colon specimen should have at least 12 regional lymph nodes pathologically examined for appropriate staging, the goal is to be achieved in 90% of surgical cases.

2. Radiation therapy should be administered or considered for surgically resected stage IIb or III rectal cancer. This goal must be achieved in 90% of surgical cases.

B. Community Outreach: Community/education programs will be held at least four times a year. Screening events will be held for skin and prostate.

C. Programatic: 1. ABHN should strive for eight commendations for the ACOS, COC Survey in 2009 for both hospitals.

2. One of the two acute care hospitals must introduce robotic surgery.

D. Quality: 1. Patient satisfaction goal for 4-West Oncology should achieve a benchmark of 80%.

2. Clear and concise chemotherapy orders and compliance in completion of the chemotherapy orders should be achieved in 100% of the cases.

These goals have been achieved.
**2009 Cancer Institute Annual Report**

**ALEXIAN BROTHERS HOSPITAL NETWORK**

**Introduction**

**2008 CANCER INCIDENCE**

- Breast: 22.3%  17.6%  29.1%  12.1%  12.6%
- Colon/Rectum: 8.0%  7.8%  7.6%  11.1%  10.3%
- Lung: 16.3%  18.1%  13.7%  15.7%  14.9%
- Prostate: 5.5%  6.4%  4.2%  13.1%  12.9%
- Bladder: 3.1%  4.2%  1.7%  4.8%  4.7%

<table>
<thead>
<tr>
<th>Site</th>
<th>Case Population</th>
<th>ABHN</th>
<th>ABMC</th>
<th>SAMC</th>
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<th>National</th>
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<tr>
<td>Lung</td>
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<tr>
<td>Prostate</td>
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<tr>
<td>Bladder</td>
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**COMBINED STAGE RELATIVE SURVIVAL**

Analytic Cases 1998 - 2003
5 Year Comparison Study

- Colon/Rectum: ABMC 81%  SAMC 84%  ACS 64%
- Lung: ABMC 24%  SAMC 21%  ACS 15%
- Breast: ABMC 98%  SAMC 96%  ACS 89%
- Ovary: ABMC 96%  SAMC 98%  ACS 82%
- Prostate: ABMC 47%  SAMC 45%  ACS 80%
- Bladder: ABMC 100%  SAMC 94%  ACS 90%

**2008 CANCER PATIENTS GEOGRAPHICAL LOCATION**

Analytic 1,674
ABMC - 961
SAMC - 713
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<tr>
<th>Site</th>
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<th>SAMC</th>
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<th>FEMALE</th>
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**2008 TOTAL PATIENTS PRIMARY SITES by SEX**

**ABHN** 1,877  **ABMC** 1,116  **SAMC** 761  **MALE** 745  **FEMALE** 1,132
• **Medical Oncology** • Steven Kanter, MD

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. Our team of professionals includes specialists in social services, pastoral care, nutrition, physical and occupational therapy, pain control and palliative care.

Clinical research available at both facilities continues to expand. Patients are given the opportunity to participate in local, regional, national and international clinical studies when possible. 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.

• **Radiation Oncology** • Christy Kesslering, MD

The Alexian Brothers Hospital Network together with the physicians of Radiation Oncology Consultants, Ltd. offers state-of-the-art Radiation Oncology services and excellent, caring staff at both The Cancer Institute at Alexian Brothers Medical Center and the Radiation Oncology Center at St. Alexius Medical Center. Patients benefit from the collaboration of the Radiation Oncologists with Medical Oncologists, Surgeons, and research personnel at the many multidisciplinary conferences run throughout ABHN.

A variety of types of radiation treatments are available to patients including 3-dimensional conformal radiation therapy (3D-CRT), intensity modulated radiation therapy (IMRT), and image-guided radiation therapy (IGRT). Stereotactic body radiosurgery is available for patients with small lung cancers or isolated metastasis to the lung, liver or spine. This technique allows the radiation oncologist to deliver very high doses of radiation in just a few treatments while sculpting the dose away from adjacent critical structures. Low-dose-rate brachytherapy implants are available for prostate and cervical cancer patients and high-dose-rate brachytherapy implants are available for breast, prostate, gynecologic and lung cancer patients. More women are now eligible for partial breast brachytherapy with the introduction of multichannel brachytherapy catheters that allow the radiation oncologist to reduce the dose to the skin and chest wall. Radionuclide injections are also offered for lymphoma and bone metastasis patients.

The Illinois Gamma Knife Center at ABMC also offers stereotactic radiosurgery. Patients benefit from a single outpatient treatment without undergoing an open neurosurgical procedure and subsequent hospitalization for the treatment of brain tumors, both benign and malignant, as well as for many functional disorders.

• **Surgical Oncology** • Birendra K. Sinha, MD

Surgeons at ABMC and SAMC continue to be an integral part of the cancer program. They represent surgical disciplines in the Cancer Committee; participate actively in the Tumor Board and Cancer Conferences. Multidisciplinary breast cancer conference has been organized in the Tumor Board format where surgeons are active participants. In addition, a multidisciplinary lung cancer conference has been organized and led by a thoracic surgeon. Surgical disciplines include general surgical 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. St. Alexius has added Robotic Surgery as a new innovative technology in urologic, gynecological, and lung surgery. Several innovative surgical procedures have also been implemented that 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, micro-laryngeal surgery, gamma probe for parathyroid surgery, and major ablative head and neck surgery. The plastic surgeons play an active role in both extirpative surgery and reconstructive procedures particularly breast and head and neck areas. In spite of the radical approach to cancer surgery, surgeons at the Alexian Brothers Health Network do recognize the role of organ preservation in appropriate situations.
• Clinical Oncology Research • Claudia Fredian, RN, BSN, CCRP

The Cancer Institute at Alexian Brothers Oncology Research Department offers on average 30 open clinical trials to the Alexian Brothers Hospital Network patients and currently provides follow up on over 40 clinical trials that have closed to accrual. We provide 3 Oncology Nurse Research Coordinators and have 7 physicians acting as Principal Investigators. Our Principal Investigators provide their expertise in evaluating studies to be pursued for our patient population. Dr. Bruce Bank is our PI for Colorectal, GU, GI and Hematological Cancers, Dr. Gary Gordon is our PI for Lung and Head and Neck Cancers, Dr. Paul Sowray is our PI for all the NSABP clinical trials, Dr. Alkarim Tajuddin is our PI for Breast Cancers, Dr. Fredrickson is our PI for Breast Cancer surgical studies and Dr. Molly McAfee is our PI for Thoracic Surgery studies.

Additionally, we collaborate with our Medical Oncology Research Director, Dr. Bruce Bank to continually assess the needs for additional areas of growth for clinical trials to meet the needs of our patients. We have a business component in the corporate office to oversee the financial tracking and contract negotiation of our research. We are developing a database to allow for data mining.

We participate in NCI-sponsored clinical trials through several cooperative groups. The cooperative groups include the Eastern Cooperative Oncology Group (ECOG), the Clinical Trials Support Unit (CTSU), 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 through such companies as GlaxoSmithKline, Bayer, Novartis, and Sanofi-Aventis to name a few. Through this program, patients within the hospital network have available clinical trials for virtually all types of cancer. We list our open clinical trials on our Website www.alexian-cancer.org for patients and physicians to access.

The Oncology Research Department continues to grow as a result of the team efforts of the physicians, research staff, and the hospital network. We are all proud to be a part of the future of oncology medicine.

• Breast Cancer Coordinator’s Report - ABMC • Ruth Todd, RNC, BSN, CMS

Navigation through the journey of breast cancer diagnosis and treatment can be extremely overwhelming and stressful. Having someone to come alongside you offering emotional support and supportive services can shape the course of your journey and bring hope and comfort at a most difficult time.

The Breast Care Coordinator/Navigator is available to patients, physicians, hospital staff and the community for health information and resources. Every breast cancer patient will be contacted by the breast health navigator and will be offered all the appropriate supportive services (most of them free of charge) available through the Alexian Brothers Cancer Institute which include: Social Worker, Nutrition Counseling, Wig Boutique, Physical Therapy, Breast Cancer Support Group and other complimentary services.

In 2009, over 200 patients were diagnosed with breast cancer here at Alexian Brothers Medical Center. Weekly multi-disciplinary breast cancer conferences were held to review new cases and discuss and make recommendations for diagnostic, surgical, radiation and medical treatment options. These conferences can also be attended remotely through internet conferencing. CME credit is awarded through the CME Department.

Sentinel node injections have historically been reported by many women to be the most painful part of the breast cancer experience. A study is being conducted in collaboration with the Women’s Center and Nuclear Medicine Department to measure the effectiveness of front-loading Sentinel Node injections with Lidocaine to decrease pain levels. Preliminary findings reveal a 50% or more decrease in pain levels reported by our patients.

Keeping a pulse on breast cancer initiatives is critical to maintaining community contacts and providing on-going community education. I serve as Vice-President of the Chicagoland Affiliate of the Susan G. Komen Board of Directors and I also serve on the Metropolitan Chicago Breast Cancer Task Force Board of Directors. As co-chair of the Well Woman Coalition of DuPage I also network with many community agencies who serve women.

The Alexian Brothers Robin Troiani MammaCare Training Center continues to be a vital education resource to the community including businesses. Certification training is offered to nurses and other medical staff from all over the country as well.

It is truly a privilege to come alongside our patients in this critical time in their lives and provide excellent services and support that can positively impact the course of their journey. The Alexian Brothers Cancer Institute provides state-of-the art cancer care.
Lung Cancer Program • Molly McAfee, MD, Director of Thoracic Surgery

Although overall cancer deaths are declining in number, deaths from lung cancer continue to increase particularly in women, and the decline in death rate for men has been slower than for other malignancies. Lung cancer remains the number one cause of cancer death in men and women. Our Thoracic Oncology program includes a weekly multidisciplinary lung cancer conference. We continue to increase our participation in clinical trials and our use of new technology, emphasizing less invasive diagnosis and treatment. We have recently acquired a navigational bronchoscope which allows biopsy of nodules located deep within the lung. We perform thoracoscopic surgery when feasible to allow quicker recovery and shorter hospital stays. We also offer treatments for patients who are too frail for surgery, including radiation therapy and radiofrequency ablation for early stage cancers, and combinations of chemotherapy and radiation for more advanced cancers. In addition, we offer many palliative procedures for patients with late stage disease. We continue to await the results of two large national screening trials, and we encourage the use of low-dose CT scans for patients at risk for lung cancer. We are also proud to have participated in the efforts to create a smoke-free Illinois, which became reality on January 1, 2008.

Oncology Nursing - Inpatient ABMC • Karen Yale, RN, MSN, AOCN & Debbie Metcalfe, RN, BSN

The inpatient Medical Oncology/Hematology unit is a 32-bed setting. The staff is comprised primarily of registered nurses, several of whom are oncology certified. All registered nurses complete a chemotherapy administration certification course and maintain ongoing education specifically related to oncology practices. The Clinical Nurse Specialist and the Clinical Education Department develop education opportunities throughout the year. The oncology unit fully utilizes the team approach to patient care management with discharge rounds, patient care conferences, and bioethics consultations.

It also benefits from the philosophy of the unit that Care is patient and family focused. In support of providing a healing environment, a full compliment of services are offered by our specialty based social worker, pastoral services, dietary consultation and case management. Through this interdisciplinary case management model we guide each patient and family through their cancer care experience.

We also maintain support staff on the unit that is made up of Unit Secretaries and Nursing Technicians. These staff members provide assistance in transcribing orders, assisting patients with basic needs, and work closely with the RN’s in providing patient care.

A collaboration project between pharmacy and the oncology nursing staff was the introduction of the Phaseal System for both the mixing and administration of chemotherapy. This system is the only clinically proven closed-system drug transfer device that prevents hazardous drug interaction throughout the environment. This technology provides a safer administration of Chemotherapy agents.

Outpatient Oncology Ambulatory Care • Charlene Cioe, RN, MSN, APN-CNS

The Ambulatory Care Department (ACD) provides a full range of outpatient infusion and injection services, including chemotherapy, blood transfusions, and treatment with biological response modifiers.

The ACD is designed with the patient’s comfort in mind. Some patients choose to counsel and support each other as they relax in recliners. Others watch TV listen to music, or read books and magazines while a nurse chats with them and closely monitors their therapy.

THE CARE TEAM

Comprehensive services are provided by RNs, patient care assistants, pharmacist, a dietitian, and a licensed social worker. In addition to the medical care provided, psychosocial and emotional support is given to patients and families by members of the care team.

Chemotherapy services are delivered by qualified staff that have successfully completed and maintained certification with the Oncology Nursing Society Chemotherapy and Biotherapy Courses. The ACD provides private infusion areas throughout a weekday schedule and a weekend schedule for regimens of more than 5 days.
Scientists are faced with the daunting challenge of determining the role environment and genetics play in making us who we are.

Completed in April, 2003, the Human Genome Project was a 13-year project coordinated by the U.S. Department of Energy and the National Institutes of Health. The goals were to identify all of our genes, sequence our entire 3 billion nucleotide genome and store all the information in a massive database that is available to the public. To work under the human genome is only just beginning.

In 2008, the Oncology Genetics Program of the Alexian Brothers Hospital Network educated and provided risk assessment for more than 450 clients and tested over 400 clients for inherited syndromes. We expanded our predictive testing program to include testing for certain rare cancer syndromes along with cytogenetic and molecular testing for specific cancer syndromes and continue to be early adopters of oncology genetics evidence-based research.

We continue to work closely with the Early Detection Research Network (EDRN), National Institutes of Health (NIH), Mayo Clinic – Variant of Uncertain Significance Study and Inherited Breast Cancer Study and Inherited Mutation Carrier Study along with other research institutions to provide clients the opportunity to participate in research studies.

The laboratories at both Alexian Brothers and St. Alexius Medical Center are accredited by the College of American Pathologists (CAP). The pathologists and technical staff are 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 and endoscopic procedures. Stat intraoperative services, including frozen section examinations, are available for immediate diagnoses. Numerous immunohistochemical stains that aid in the diagnosis and prognosis of cancer cases are available in house. Other diagnostic tools available in our laboratories include Flow Cytometry and Automated Cellular Imaging System (ACIS). 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. For surgical pathology reports in cancer cases, the pathologists have adopted the synoptic reporting format established by the College of American Pathologists and required by the American College of Surgeons, Commission on Cancer. These synoptic surgical pathology reports provide complete information necessary to guide clinical decision making for cancer patients. In 2006, the American College of Surgeons, Commission on Cancer performed the first inspection of our laboratories since the recommendation to adopt synoptic reporting for cancer cases. Our pathology reports were found to meet the reporting requirements of the Commission on Cancer.

**CYTOPATHOLOGY** Board certified pathologists head our services. We provide complete services for gynecologic cytology PAP tests and have adopted the Thin Prep liquid based PAP Test. These tests focus on the identification of cancers of the uterine cervix and their precursor lesions. Cytologic examination of urine, endoscopic specimens, body fluids and fine needle aspiration biopsies are performed. Immediate evaluations of Fine Needle Aspiration Biopsy samples is also available in order to assure adequacy and to suggest possible additional diagnostic tests (e.g., flow cytometry or culture).

**MOLECULAR DIAGNOSTICS** Molecular diagnostic studies are now available for various infectious diseases and genetic disorders in our laboratories. In 2008, the menu for molecular diagnostic tests available in house has expanded to include assays specific for cancer related issues. Fluorescence in Situ Hybridization (FISH) assays for Her-2/neu (PathVysion) is now available. Markers of transitional cell carcinoma in urine (UroVysion) are under development. Certain genotypes of human papilloma virus (HPV) are associated with the development of cancer of the uterine cervix. A molecular genetic test for HPV using the Digene Hybrid Capture II method is also being instituted in house and should be available soon.

**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 components for patient treatment; consultations for transfusion related problems are provided by the pathologists.

**CONFERENCES** Pathologists present cases and participate in the Multidisciplinary Cancer Conference (Tumor Boards), the Multidisciplinary Breast Cancer Conferences, and the Multidisciplinary Lung Cancer Conferences offered at each facility.
Thoracic Oncology Coordinator Report - ABMC • Sue Abbinanti, PA-C

In 2008, there were 292 new lung cancer cases at Alexian Brothers Hospital Network: 170 at Alexian Brothers Medical Center and 102 at St. Alexius Medical Center. The thoracic oncology coordinator helps patients and their families navigate the staging workup and treatment. Individualized emotional and educational support is provided for patients and their families through diagnosis, therapy, and survivorship. The thoracic oncology coordinator is also a resource for physicians in expediting the diagnostic and staging workup and addressing any obstacles to completing the treatment plan.

Regular multidisciplinary conferences are held at both Alexian Brothers Medical Center and St. Alexius Medical Center to review suspicious, newly diagnosed, and challenging thoracic oncology cases within the framework of National Comprehensive Cancer Network (NCCN) guidelines. Pulmonary nodule cases are also welcome.

Both ABMC and SAMC have lung cancer support groups that meet monthly. Meant as a positive experience, these support group meetings often incorporate speakers from the Alexian Network on a variety of medical and psychosocial topics.

Every November, The Cancer Institute at Alexian Brothers Hospital Network hosts a Lung Cancer Survivors’ Luncheon to coincide with Lung Cancer Awareness month. At this year’s luncheon, clinical health psychologist Dr. Harvey Wolf gave a humorous and uplifting presentation.

Through participation in activities such as the walks, fund-raising concerts, health fairs, and speaking engagements at local civic organizations, the thoracic oncology coordinator helps to increase community awareness about lung cancer, and specifically, the Alexian Brothers thoracic oncology program. One of our most successful ongoing events is an annual concert by Rick Saucedo, where information was made available to this year’s 370 attendees on signs and symptoms of lung cancer, smoking cessation, and radon. Proceeds from the concert benefit the thoracic oncology program.

As an advocate for the thoracic oncology program at Alexian Brothers, the thoracic oncology coordinator is also involved with local and national organizations such as the Respiratory Health Association of Metropolitan Chicago and the American Lung Association. Through networking with other thoracic oncology programs, information is gleaned on best practices nationally.

The thoracic oncology coordinator can be reached at 847-553-8877 regarding patients with suspected or newly diagnosed thoracic malignancies; to add a patient to the multidisciplinary lung conference agenda; or to obtain educational materials on lung cancer, radon, or smoking cessation.

Cancer Wellness Program • Jordon Wolf, LCSW, CHI

The Cancer Institute focuses on empowering people with cancer, their families and caregivers through education, support, and mind body awareness. It provides an array of multi-disciplinary programs that focus on the individual diagnosed with cancer and their journey through diagnosis, treatment and beyond. We offer groups for breast cancer, lung cancer as well as bereavement groups. For those who need more one on one attention, we have a clinical social worker who specializes in oncology. While we recognize that survivorship plays a vital role in the cancer journey, some of our programs are geared to the health and wellness of survivors. Our Fit Club to Fight Cancer program addresses the unique nutritional and exercise needs of cancer survivors. Our “Relax and Feel Great” program uses hypnosis to teach participants the benefits of relaxation. Our Restorative Healing, Reiki, Yoga and Hypnosis sessions all look to restore healing, promote wellness, and relieve emotional stress that accompany many cancer survivors. We also have a library that has an abundance of cancer-related materials, and a computer for on-line research. In collaboration with the American Cancer Society, we have a program called, “Me and My Mentor” where we connect newly diagnosed cancer patients with trained survivors who are there for extra support. Support groups, counseling, educational classes and alternative therapies are all part of the dynamic cancer wellness programs offered at the Cancer Institute and ABHN.

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.
• **Physician Members**

  - **Peter Bernhardt, MD**
    Department of Pathology
  - **Martin Boyer, DO**
    Christy Kesslering, MD
    Radiation Oncology
  - **A. Jay Chauhan, DO**
    Department of Surgery (ENT)
  - **Geoffery Engel, MD**
    Department of Surgery (Urology)
  - **Steven Kanter, MD**
    Andres Cornejo, MD
    Department of Medicine
    Hematology / Oncology
  - **Molly McAfee, MD**
    Department of Surgery (Thoracic)
    Cancer Liaison Physician
  - **Michael Racenstein, MD**
    Department of Radiology
  - **Birendra K. Sinha, MD**
    Department of Surgery
    Cancer Committee Chairman
  - **Debra Susie-Lattner, MD**
    Vice-President of Medical Affairs
  - **Josh Tunca, MD**
    Gynecological Oncology
  - **Carlotta Rinke, MD**
    Quality / Patient Safety

• **Non-Physician Members**

  - **Patti Baker, MBA**
    Vice President of ABHN
  - **Debbie Chidester, CTR, RHIT**
    Manager, Cancer Registry
  - **Claudia Fredian, RN, BSN, CCRP**
    Director, Oncology Research
  - **Lee Maxey, CTR**
    Analyst, Cancer Registry
  - **Sandra Grossman, CTR**
    Analyst, Cancer Registry
  - **Judy Koptik**
    Director, Radiation Oncology
  - **Jordon Wolf, LCSW**
    Social Service
  - **Debbie Metcalfe, RN, BSN**
    Nursing Oncology
  - **Char Padovani**
    Linda Brady
    American Cancer Society
  - **Ruth Todd, RN**
    Breast Cancer Coordinator
  - **Barbara Jerry, PT, MPT**
    Rehabilitation
  - **Patti Murray, DPN**
    Pain Management
  - **Lisa Reidl, PharmD**
    Pharmacy
  - **Susan Abbinanti, MS, P-AC**
    Lung Cancer Coordinator
  - **Bob McGouey**
    Community Representative
Lung Cancer • Molly McAfee, MD

Lung cancer is the most common cause of cancer mortality in men and women. In 2009, 219,440 new cases of lung cancer are expected. The incidence is declining in men and approaching a plateau in women.

About 14% of lung cancers are small cell and 85% are non-small cell cancers. The treatment varies according to the type of cancer and the stage. At ABMC we treated 170 lung cancer patients in 2008; about half were women. The peak incidence occurred in the 8th decade, with about one-third of patients diagnosed between age 70 and 79. 10 patients were diagnosed in their 40’s, 32 in their 50’s, and 44 in their 60’s. The clinical stage was I in 30 patients, III in 34, and IV in 85. Clearly lung cancer continues to be diagnosed at a late stage, and no screening test has been shown to improve survival. We await the results of the National Lung Screening Trial within the next year.

Cigarette smoking is the most prevalent risk factor for lung cancer. A small number of patients are never-smokers at diagnosis. These patients are more often female. 12 of our 170 patients had no prior smoking history. Nationwide, the incidence of lung cancer in nonsmokers is increasing and approaches 10% of cases.

Treatment is determined by the type and stage of cancer. Options include surgery, radiation therapy, chemotherapy, and targeted therapies. For stage I and II patients surgery is the treatment of choice. For frail and elderly patients we offer nonsurgical options such as stereotactic radiation. Stage III patients represent a large proportion of lung cancer patients; many of these patients receive combined therapies. Palliation of cancer is also an important part of our practice. We review all lung cancer cases at a weekly multidisciplinary conference, which we believe improves the quality of care for our patients.

The overall 5-year survival for lung cancer remains 15%. For localized disease, 5-year survival is about 50%. Unfortunately, only about 15% of lung cancers are diagnosed at this early stage.

2009 Cancer Institute Annual Report
**DISTRIBUTION BY SUBSITE**

- LUNG-NOS: 8.8%
- LOWER LOBE: 26.5%
- ALL OTHER: 4.1%
- MIDDLE LOBE: 6.5%
- UPPER LOBE: 54.1%

Number of Patients: 170

**SMOKING HISTORY**

- CIGAR/PIPE USE 2
- PREVIOUS CIGARETTE USE 70
- CURRENT CIGARETTE USE 85
- NEVER USED: 12
- UNKNOWN: 1

Number of Patients: 170

**HISTOLOGIC DISTRIBUTION**

- SMALL CELL CARCINOMA: 18.2%
- NON-SMALL CELL CARCINOMA: 5.9%
- SQUAMOUS CELL CARCINOMA: 19.4%
- ALL OTHER: 12.9%
- ADENOCARCINOMA: 43.5%

**INITIAL THERAPY**

- BIOPSY ONLY: 15.3%
- RADIATION PALLIATIVE: 5.9%
- RADIATION CHEMO: 15.9%
- RADIATION CHEMO PALLIATIVE: 7.6%
- SURGERY: 17.1%
- CHemo: 12.9%
- RADIATION: 5.3%
- ALL OTHER: 20%
Cancer Committee Chairman’s Report by Paul Sowray, MD

The Cancer Program at St. Alexius Medical Center has been designated to provide comprehensive cancer care to each patient. Because of the successes with the program, in 2009 the Cancer Program at SAMC was reviewed by the Commission on Cancer and was given an approval award with commendations acknowledging the hard work of the cancer team. This approval was a reflection of an aggressive program that had been put in place to continue advancing care for our cancer patients.

For example, the sentinel lymph node biopsy process has a potential to be an uncomfortable procedure. Implementation of a systematic plan to assess use of local anesthetic cream resulted in marked decrease in discomfort experienced by the patients. Building upon that improvement, additional anesthetic measures were implemented in August 2009 and measurement of improved outcomes are ongoing.

Another example was our program’s attempt to reach patients in our service area to provide them with not only free mammograms, if that was necessary, but also to provide opportunities for free breast self-exam education through our MammaCare program that has been made available in three languages.

Another example are the active attempts to ensure achieving national standards in breast and colorectal cancer at SAMC, we have been able to demonstrate that we can exceed the national standards.

In further attempt to demonstrate excellent care available to patients, the staff and committee members put in place a program for comprehensive breast cancer care. In November the program was reviewed by the National Accreditation Program for Breast Centers and after a complex presentation accreditation was achieved.

We expect to continue making advances in 2010 and beyond.

2008 Committee Members

Non-Physician Members

- Patti Baker, MBA  
  Vice President of ABHN
- Dorota Zygier, CTR  
  Manager, Cancer Registry
- Tinamarie Bauman, RN, MSN, APNG  
  Manager of High Risk / Genetics
- Kathleen Baronello, RN  
  Breast Health Specialist
- Cheryl Bogdanowski, RN, MSN  
  Quality Assessment / Improvement
- Susan Abbinanti, PA-C  
  Lung Cancer Coordinator
- Claudia Conroy, RN, MS, AOCN  
  Carol Pfeifer, RN, MS, AOCNS  
  Oncology Clinical Nursing
- Claudia Fredian, RN, BSN, CCRP  
  Director, Oncology Research
- Jeanne Hostetler  
  Cancer Registry Office Specialist
- Tim Kryszak  
  Pastoral Care

- Mike Schuster, MSW  
  Social Service
- Barbara Jerry, PT, MPT, MBA  
  Director of Rehabilitation Services
- Char Padovani  
  Linda Brady  
  American Cancer Society
- Pamela Bruck, Pharm.D  
  Clinical Manager, Pharmacy
- Sefy Cook, RN  
  Jackie Lamb, ARRT  
  Breast Care Center
- Kimberly Lamb, CTR  
  Cancer Registry Data Specialist
- Patrice Marks, RN  
  Vice-President, Patient Care
- Mirely Sanchez, RHIT  
  Director, Health Information Management

Physician Members

- Paul Sowray, MD  
  Chairman, Cancer Committee
  Hematology / Oncology
- Ven Aduana, MD  
  Department of Pathology
- Melva Cohen, MD  
  Teodoro Alvia, MD  
  Department of Internal Medicine
- Umesh Amin, MD  
  Department of Radiology
- Martin Boyer, DO  
  Christy Kesslering, MD  
  Bharat Jailwala, MD  
  Radiation Oncology
- Molly McAfee, MD  
  Director, Thoracic Surgery
- Michael Kennedy, MD  
  Department of Surgery
  Cancer Liaison Physician
- Randall Randazzo, MD  
  Department of Surgery (Urology)
- Robert Maganini, MD  
  Allen Saxon, MD  
  Department of Surgery (General)
- Josh Tunca, MD  
  Oncology / Gynecology
- Chilakamarri Yeshwant, MD  
  Hematology / Oncology
Prostate cancer is the most common non-skin cancer affecting men in the United States. One in six men will be diagnosed with prostate cancer, approximately 192,000 cases in 2009. It is the second leading cause of cancer death in American men. In 2008 there were an estimated 28,660 deaths from prostate cancer. The incidence of prostate cancer has been stable since 1995. Although prostate cancer is approximately 30% more common in African American men than in white American men, the death rate from prostate cancer for African American men is twice that of white men.

Although, there is still some controversy regarding the early detection of prostate cancer, there is strong evidence that early detection and treatment of prostate cancer has significantly reduced the death rate from prostate cancer. The mainstay of prostate cancer detection is the prostate specific antigen (PSA) blood test and the digital rectal exam (DRE). PSA is a glycoprotein produced by prostate cells.

Prior to the widespread availability of PSA testing in 1988, only 68% of newly diagnosed prostate cancer were localized to the prostate and 21% had metastatic disease. Today more than 90% of men with prostate cancer have localized disease and 4% have metastatic disease to other areas of the body. U.S. death from prostate cancer have decreased by 40% over the past decade, a greater decline than any other cancer.

The American Cancer Society (ACS) recommends that annual PSA testing and DRE exam begin at age 50 for men with an average risk for prostate cancer and who have a ten year life expectancy and at age 45 for men at high risk for prostate cancer, that is African American men and men with strong family history of prostate cancer. There is no consensus when PSA and DRE testing should stop for men, but older men who don’t have a ten year life expectancy probably won’t benefit. In general surgery is not done for men over 75 years of age and radiation is not done for men over 80 years of age.

The American Urological Association (AUA) recommends that men aged 40 or above have a baseline PSA blood test and a digital rectal exam. A man’s future risk of prostate cancer is closely related to a man’s PSA score; men who are screened at age 40 establish a baseline PSA score that can be tracked over time. Both the American Cancer Society and the American Urological Society support informed consent, including a discussion about the benefits and risks of testing, before screening is undertaken.

Over the last few years, age specific and even race specific PSA testing has been popularized in many labs. For white males the PSA should be 2.5 or less until age 49, it should be 3.5 or less for men 59 or younger, 4.5 or less for men under 69 and less than 6.5 for men under age 75. Most labs now give a nomogram along with the PSA result to determine the patient’s individual risk of prostate cancer. If the PSA result is elevated, a free to total PSA ratio can be obtained which will give a percent chance of prostate cancer in that particular patient. The PSA velocity is also very important since PSA should not rise more than .35 of a point per year.

There have been some recent reports of new types of PSA-like tests that will be more specific for prostate cancer and some will be urine tests. This will make screening easier and hopefully, more accurate.

At St. Alexius Medical Center (SAMC), 27 men were diagnosed with prostate cancer. 4% of the men were in their 4th decade of life, 26% were in their 5th decade of life, 30% in their 6th decade, 33% in their 7th decade and 7% were in their 8th decade of life. Of these 27 men, 63% of the men had organ confined prostate cancer, 7% had extraprostatic local extension and a higher than expected, 30% had metastatic disease. The reason for the higher degree of metastatic cancer patients seen at St. Alexius is unclear. Of the treated patients diagnosed at SAMC 22% had radiation therapy alone, 22% had radiation therapy and hormone therapy, 22% had surgery alone, 7.4% had surgery and hormone therapy and 7.4% had hormone therapy alone.

When comparing the five year relative survival by AJCC stage for the 115 prostate cancer patients treated at SAMC between 1998 through 2003 compared to a national database (Cancer Information Reference File, CIRC) for the same time period, the five year survivals were almost exactly the same. The five year survivals for stages I, II and III (localized disease) were approximately 98%; however, for distant disease the five year survival was only 46%.

Risk factors for prostate cancer are age, ethnicity and family history. African American men and Jamaican men of African descent have the highest incidence of prostate cancer in the world. Prostate cancer is common in North America and northwestern Europe, but less common in Asia and South America. Recent genetic studies suggest a 5 to 10% incidence of familial prostate cancer. International studies suggest that a diet high in saturated fat may also be a risk factor. There is some evidence that the risk of dying from prostate cancer may increase with obesity.

continued
Prostate Cancer, continued

Over the past 25 years, the five year survival rate for all stages of prostate cancer combined has increased from 69% to almost 99%. According to the most recent data, relative 10 year survival is 91% and 15 year survival is 76%. This dramatic improvement in survival is almost certainly due to earlier diagnosis and improvements in treatment. The effectiveness and safety of external beam radiation and brachytherapy has been enhanced with dose escalation and combined radiation therapy and hormonal therapy for patients with higher risk factors for progression. Robotic assisted radical prostatectomy became available to the Alexian Health System in 2008. Recently, for the first time, a chemotherapeutic agent, Docetaxel has been shown to significantly increase the life expectancy for men with metastatic prostate cancer who are hormone refractory.

In conclusion, tremendous strides have been made to diagnose and treat prostate cancer when it is localized. Prostate cancer is only curable when it is localized. While PSA testing and DRE are limited, they have allowed millions of men to make informed treatment decision that may have saved their lives. Screening for prostate cancer is the standard of care in our community.

### SAMC 2008 Prostate Cancer Cases

#### Distribution by Age at Diagnosis

<table>
<thead>
<tr>
<th>Age of Diagnosis</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>40-49</td>
<td>3.7%</td>
</tr>
<tr>
<td>50-59</td>
<td>25.9%</td>
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<tr>
<td>60-69</td>
<td>29.6%</td>
</tr>
<tr>
<td>70-79</td>
<td>33.3%</td>
</tr>
<tr>
<td>80-89</td>
<td>7.4%</td>
</tr>
</tbody>
</table>

27 Patients

#### Distribution by AJCC Stage

<table>
<thead>
<tr>
<th>AJCC Stage</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>0%</td>
</tr>
<tr>
<td>Stage 2</td>
<td>63%</td>
</tr>
<tr>
<td>Stage 3</td>
<td>7%</td>
</tr>
<tr>
<td>Stage 4</td>
<td>30%</td>
</tr>
</tbody>
</table>

### Initial Therapy

- Surgery: 27%
- Radiation: 22%
- Hormone radiation: 22%
- All other: 15%
- Hormone: 7%
- Surgery hormone: 7%
Breast Cancer Coordinator’s Report • Kathleen Baronello, RN, CBPNC

In 2008, 222 breast cancer patients were diagnosed and/or treated at St. Alexius Medical Center. The St. Alexius Medical Center Breast Center Program uses a state of the art interdisciplinary approach to the treatment of breast cancer. The breast care coordinator organizes multidisciplinary conferences weekly on Fridays and once monthly on Tuesday. Newly diagnosed and post-operative cases are reviewed - recommendations are discussed within the guidelines of the National Comprehensive Cancer Network. These conferences are attended by surgeons, medical oncologists, radiation oncologists, radiologists, pathologists, the advanced practice nurse in genetics, the breast cancer coordinator and a social worker.

The breast cancer coordinator serves as an educator, advocate and guide, before, during and after breast cancer treatment - into survivorship.

As an advocate, the coordinator also acts as a resource to patients and physicians by expediting the diagnostic work-up, treatment planning and reinforcing patient compliance. Additionally the coordinator assesses for barriers; such as, physical, language, psychosocial, emotional, cultural, spiritual, nutritional or financial challenges that may impact a smooth transition through the treatment process. Referrals are made appropriately to complimentary care programs, social worker, nutritionist, lymphedema therapist and genetic nurse specialist for high risk assessment.

The coordinator provides education to assist the patients and their families achieve a better understanding of their pathology and treatment options; providing assistance in making informed decisions and alleviating anxiety.

Data continues to be compiled on a Quality Improvement Initiative using EMLA cream prior to sentinel lymph node injection to reduce patient discomfort during injections.

Oncology Nursing / Clinical Services • Claudia Conroy, RN, APN, AOCN®, ACHPN

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. Nine 5 North RNs are certified in Oncology Nursing by ONS. Additionally, 5 RNs are certified in Hospice and Palliative Care by The National Board for Certification of Hospice and Palliative Nurses. Three RNs are certified Wound Care Nurses.

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 a free melanoma skin cancer screening. Five dermatologists volunteered their time along with numerous St. Alexius staff members to screen 156 community members.

Plans for this coming year include having more nurses sit for the Oncology Certification Exam. The expectation is that after 2 years working on 5 North each RN will take this exam. Also, we plan on increasing the amount of printed patient education materials available to patients. The pamphlets will be kept in the patient lounge so they will be accessible to both patients and staff members.
RESOURCES AND REFERENCES

• 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

• 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 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

AJCC - American Joint Committee on Cancer

AJCC 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, 1990) 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

ABHN Phone Numbers

Healthsource .......................... 866-ALEXIAN
Alexian Brothers Medical Center .......... 847-437-5500
Cancer Institute at Alexian Brothers ........ 888-466-6011
St. Alexius Medical Center .................. 847-843-2000
Wellness by Design Information .......... 847-952-7376

ABMC ............... 847-437-5500

Health Information Office .................. ext. 4087
Behavioral Health Hospital ........... 800-432-5005
Senior Services .................. 847-956-5465
Cancer Registry .................. ext. 4797
Life Enrichment Center ............. 888-466-6011
Alexian Brothers Radiation Oncology .... 847-981-5760

SAMC ............... 847-843-2000

Information Desk .................. ext. 6278
Emergency Room .................. ext. 6930
Dietitian .................. ext. 6290
Lymphedema Clinic ............. ext. 6928
Outpatient Procedure Clinic ........ ext. 6460
Patient Relations .................. ext. 6481
Physical Therapy ............. ext. 6928
Social Work .................. 847-490-2551
The Breast Care Center ........ ext. 4794
Cancer Registry ............. ext. 6789
St. Alexius Radiation Oncology .... 847-755-8401

References

Cancer Facts & Figures 2008
American Cancer Society


Cancer Program Standards 2006
American College of Surgeons, Commission on Cancer

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