

CIVISTA MEDICAL CENTER  
**Community  
Cancer  
Program**



March 2009



## A Message From...

### ***Cancer Committee Chairman*** **Krishan Mathur, MD, FACP**

I am pleased to present this brief overview of the Civista Medical Center Cancer Program. The Cancer Program is approved by the American College of Surgeons Commission on Cancer (CoC) as a Community Hospital Cancer Program (CHCP). Approved hospitals must demonstrate availability of all major modalities of cancer treatment and meet rigorous requirements for multidisciplinary medical and hospital staff interaction, patient support services, community outreach activities, quality improvement, and outcomes analyses.

Civista collaborates with the American Cancer Society, the Charles County Health Department, and the Cancer Team of Partnerships for a Healthier Charles County to provide cancer support and educational services to its cancer patient population.

Our site specific study is on prostate cancer this year. Prostate cancer is the most common type of cancer found in American men, other than skin cancer. Inside this report we will discuss the patient demographics and risk factors, diagnosis and staging, treatment and survival of this disease. Civista has provided a free prostate cancer screening every fall for more than a decade and we urge men to take advantage of this potentially life-saving exam.

The Cancer Committee and the medical professionals at Civista continue to uphold our commitment to providing excellent care to our cancer patients, their families and our community. We hope you find this report helpful and informative.

### ***President and CEO of Civista Health*** **Christine M. Stefanides, FACHE**

As we celebrate our 70th year of service to our community, we are reminded that in 1939, when we first opened our doors, a cancer diagnosis meant almost certain death--preceded only by a protracted period of pain and suffering. We could offer comfort and a hospital bed but could seldom offer hope.

The cancer story of today is vastly different than it was seven decades ago. There are more cancer survivors alive now than ever before, each unique in his or her story and clinical details. Lives are being saved, suffering can be diminished, and cancer is being conquered. While we continue to hear more stories of survival, we recognize there is still much to be done. Cancer continues to challenge the mind, heart, and spirit of patients and family members as deeply – if not more deeply – than it challenges the physical body. As survival rates climb for chronic forms of cancer, we continue to strive to make the experience easier on patients and their families.

Civista's Community Cancer Program, now in its 15th year, continues to address all facets of the cancer problem in a technically outstanding, yet compassionate way, within our community.

Our physicians, nurses, therapists, nutritionists, community educators, and other healthcare practitioners meet on a regular basis, through the Cancer Committee, to review care and treatment received by our cancer patients. In this way we can assure continuous quality improvement in the care of our patients.

With approval from the American College of Surgeons Commission on Cancer, we continue to work harder to meet, and exceed, the College's and our own expectations.

This report will provide you with much information on our Community Cancer Program. I trust it will also give you a greater understanding of the professional and volunteer efforts of the individuals who work in this life-saving effort to conquer cancer.

## 2007 New Cancer Cases: Distribution by Sex, Class, AJCC Stage at Diagnosis

(Sex and Stage Distribution includes Analytic Cases Only, includes Pediatric cases)

	TOTAL	SEX		CLASS		AJCC STAGE AT DIAGNOSIS						
	2007	2007		2007		2007						
	CASES	MALE	FEMALE	ANALYTIC	NON-ANAL	0	I	II	III	IV	NA	UNK
<b>ALL SITES:</b>	212	134	78	212	0	15	34	75	13	32	19	24
<b>DIGESTIVE SYSTEM</b>	32	21	11	32	0	3	4	7	3	12	1	2
Stomach	3	2	1	3			1			2		
Small intestine	1	0	1	1							1	
Colon	22	13	9	22		2	2	6	3	7		2
Rectosigmoid junction	3	3	0	3			1			2		
Rectum	2	2	0	2		1		1				
Pancreas	0	1	0							1		
<b>RESPIRATORY SYSTEM</b>	27	18	9	27	0	0	2	1	1	8	0	15
Lung/Bronchus	27	18	9	27			2	1	1	8		15
<b>SOFT TISSUES (incl. Heart)</b>	3	3	0	3							3	
<b>SKIN (excl. localized bcc, scc, unless lip)</b>	3	1	2	3	0	0	0	0	1	0	2	0
Melanoma	3	1	2	3					1		2	
<b>BREAST</b>	30	0	30	30		5	11	6	4	1		3
<b>FEMALE GENITAL SYSTEM</b>	10	0	10	10	0	0	5	2	0	0	0	3
Corpus Uteri	8		8	8			4	1				3
Ovary	1		1	1				1				
Vulva	1		1	1			1					
<b>MALE GENITAL SYSTEM</b>	65	65	0	65	0	0	1	57	1	4	1	1
Prostate gland	62	62		62			1	56		4		1
Testis	2	2		2				1	1			
Other Male Genital Organs	1	1		1							1	
<b>URINARY SYSTEM</b>	16	11	5	16	0	7	4	0	3	2	0	0
Urinary bladder	9	7	2	9		6	2	0	1			
Kidney & renal pelvis	6	4	2	6			2		2	2		
Ureter	1		1	1		1						
<b>ENDOCRINE/THYROID</b>	2	1	1	2	0	0	0	0	0	2	0	0
Thyroid	2	1	1	2						2		
<b>LYMPHOMAS (incl. Extranodal)</b>	12	9	3	12	0	0	7	2	0	3	0	0
Hodgkin's disease	1		1	1			1					
Non-Hodgkin's	11	9	2	11			6	2		3		
<b>LEUKEMIA</b>	2	1	1	2	0	0	0	0	0	0	2	0
Acute Lymphocytic Leukemia	1		1	1								1
Acute Myeloid	1	1	0	1								1
<b>UNKNOWN PRIMARY</b>	10	4	6	10							10	
Misc.												

## CIVISTA TOP 5 CANCER SITES BY GENDER

Male			Female		
SITE	2007	PERCENT	SITE	2007	PERCENT
Prostate Gland	62	46.3%	Breast	30	38.5%
Lung	18	13.4%	Colon	9	11.5%
Colon	13	9.7%	Lung	9	11.5%
Lymphoma	9	6.7%	Uterus	8	10.3%
Urinary Bladder	7	5.2%	Lymphoma	2	2.6%
<b>TOTAL TOP 5 SITES, MALE</b>	<b>109</b>	<b>81.3%</b>	<b>TOTAL TOP 5 SITES, FEMALE</b>	<b>58</b>	<b>74.4%</b>
<b>TOTAL CIVISTA SITES, MALE</b>	<b>134</b>		<b>TOTAL CIVISTA SITES, FEMALE</b>	<b>78</b>	

## Cancer Conference

Cancer Conferences are held on the first Tuesday of each month. Category I Continuing Medical Education (CME) credits are given to the physicians present at these conferences, as well as 1 contact hour for Nursing Continuing Education credit. Discussions include presentations of X-ray and pathological material for each case. The conferences are an avenue of education for all healthcare professionals and aid in the treatment of all patients. Attendance at these conferences are based on the individual case and participating physicians in the patient's medical management. Conferences are attended by Medical Oncology, Radiation Oncology, Pathology, Radiology, Surgery, Primary Care Physicians and other specialties as depicted in the patient's history. The multidisciplinary group interacts with discussion on aspects of diagnosis, risk factors, prevention and treatment management.

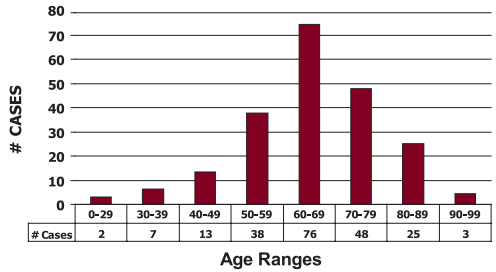
### Cases discussed in 2007:

Breast .....	5
Colon/Rectum.....	6
Appendix .....	1
Omentum.....	1
Liver.....	2
Kidney & Renal Pelvis.....	2
Lung .....	7
Lymphoma .....	1
Prostate .....	6
Urinary Bladder .....	2
Brain .....	1
Testicle .....	2
Endometrium .....	2
Leukemia .....	1

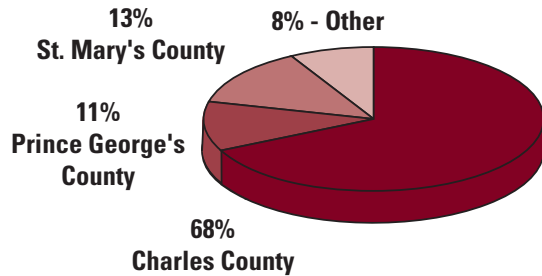
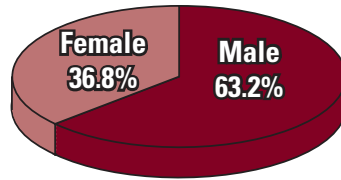
## CIVISTA TOP 5 CANCER SITES

SITE	2007	PERCENT
Prostate	62	29.2%
Breast	30	14.2%
Lung	27	12.7%
Colon	22	10.4%
Non-Hodgkin's Lymphoma	11	5.2%
<b>TOTAL TOP 5 CASES</b>	<b>152</b>	<b>72.0%</b>
<b>TOTAL CIVISTA SITES</b>	<b>212</b>	

## AGE RANGES

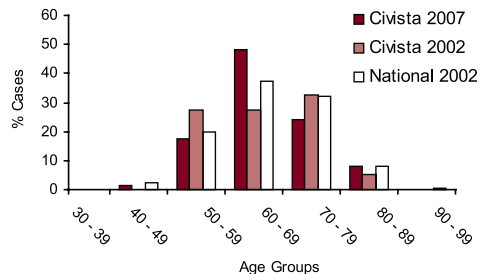


## GEOGRAPHIC DISTRIBUTION



## PROSTATE CANCER

### AGE DISTRIBUTION *Figure 1*



## Cancer Registry Report

The Civista Cancer Registry is an integral part of the hospital cancer program. The purpose of the registry is to collect, analyze, and report data on cancer cases diagnosed and/or treated at Civista Medical Center. The Registry collects patient demographic information and data regarding the diagnosis and treatment of cancer patients. Data is collected with the cooperation of the Medical Staff and their office staff for optimal reporting. Registry data is available to Medical Staff, researchers, administration and other organizations that have an interest in the care and treatment of cancer patients. Data is also used for administrative planning and monitoring of patient care.

Newly diagnosed patients entered in the Civista Cancer Registry are followed on an annual basis to assure continued medical surveillance and to study the outcomes of patients with different types of cancers. Follow up is accomplished through medical record reviews, from other registries and through direct contact with the treating physicians and patients. Civista Cancer Registry follows over 1,400 annually.

The registry is a requirement of the American College of Surgeons (ACoS). Cancer data is reported to the Maryland Cancer Registry and the National Cancer Data Base (NCDB). The NCDB serves as a comprehensive clinical surveillance resource for cancer care in the United States, holding information on over 20 million cases of reported cancer diagnoses for the period 1989 through 2006 and continues to grow.

The Civista Cancer Committee is responsible for overseeing the Cancer Registry and for the accurate and timely abstracting as well as proper staging of all cancers. The Cancer Registry personnel in conjunction with the Cancer Committee are responsible for maintaining a functional, accurate registry that meets the requirements of the American College of Surgeons.

The registry has been active since January 1, 1994 with over 3,300 total cases and 212 analytic cases added in 2007. This annual report contains a review of 2007 new cases as well as a site specific report on prostate cancer.

*All graphs and data enclosed in this report reflect the information obtained through Civista Medical Center's Cancer Registry during 2007, unless stated otherwise.*

## Community Cancer Education Programs

### "Surviving Cancer: A Photographic Essay" featured

portraits and quotes from 27 local men and women who have experienced prostate, colon or breast cancer.

This state and national award-winning exhibit increased awareness of the importance of early detection and prompt diagnosis in the treatment of these cancers.

This exhibit was on display at the St. Charles Towne Center for 10 days in October and was then displayed at the Richard R. Clark Senior Center, the Charles County Government Building, and the Hughesville Jazzercise Fitness Center. This was the 13th year Civista Health sponsored the exhibit they created in 1995. To date, more than 320 local cancer survivors have been featured in the exhibit.

The annual free **prostate cancer screening** held at Civista Medical Center brought over 152 men into the Medical Center to receive this potentially life-saving screening. Physicians and staff donated their time to provide the screenings.

Civista Health again sponsored the **Cancer Survivor's Walk/ Reception of the American Cancer Society's Relay for Life**. More than 200 participants celebrated their life after a diagnosis of cancer. A reception and exhibit of cancer information was provided for survivors and guests.

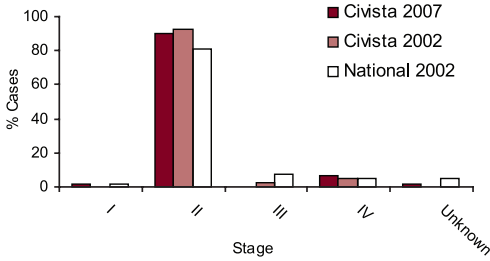
Members of Civista Health continue to be actively involved in the **Cancer Team of Partnerships for a Healthier Charles County**, where they work in partnership with the Charles County Health Department and other organizations to increase cancer education programs in the county.

At the annual Project Graduation event High School graduates were provided with information on smoking cessation and skin cancer. Students were offered Dermascan skin screenings, sunblock and lip balm.

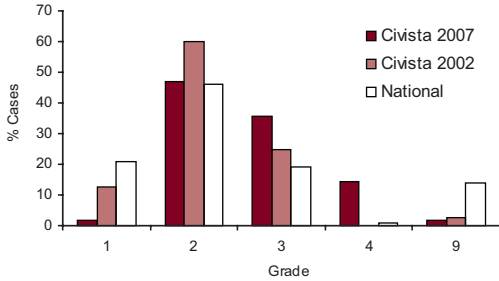
Cancer survivor from "Surviving Cancer: A Photographic Essay"



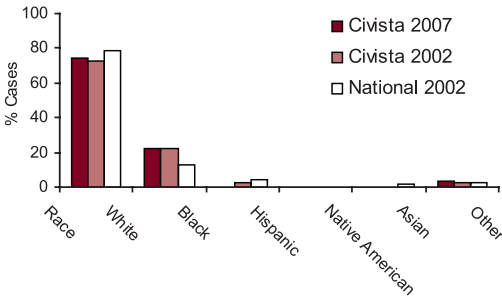
### STAGE AT DIAGNOSIS *Figure 2*



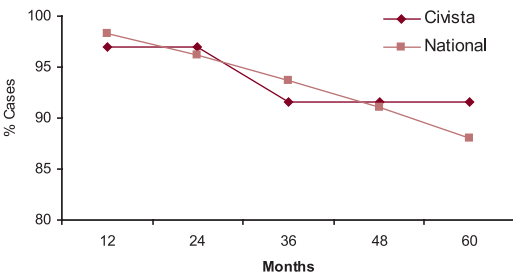
### TUMOR GRADE *Figure 3*



### PATIENT DEMOGRAPHICS *Figure 4*



### OBSERVED FIVE YEAR SURVIVAL - STAGE II *Figure 5*



## Site Specific Study PROSTATE CANCER

### INTRODUCTION

Prostate cancer is the most common cancer in men and the second leading cause of cancer death in men behind lung cancer. An estimated 186,320 new prostate cancers will be diagnosed in 2008 with an estimated 28,660 deaths. Prostate cancer accounts for approximately 10% of cancer related deaths in men.



During the late 1980's there was a dramatic increase in the incidence of prostate cancer due to improved detection, diagnosis and screening through the use of prostate-specific antigen (PSA) testing. Since the 1990's there has been a decline in the incidence of prostate cancer, as well as death.

In 2007 Civista Medical Center, hereafter referred to as Civista, saw sixty-two (62) new cases of prostate cancer. The median age of diagnosis at Civista was 66 years compared to 68 years reported by the National Cancer Institute based on data from 2001 through 2005. Forty-eight percent of Civista's patients were diagnosed with prostate cancer at age 60 – 69 years. A greater proportion of patients presented earlier, a difference from 2002 age distribution. See Figure 1. Additionally, 90% of the 62 new cases of prostate cancer were localized disease which is consistent with national trends. See Figure 2.

### PATIENT DEMOGRAPHICS AND PROGNOSTIC FACTORS

Due to the slow growing nature of most prostate cancers, a minimum of 5 years is required to assess prostate cancer survival; therefore, 2002 prostate cancer data from Civista will be compared to National Cancer Database (NCDB) statistics from the same time period in this report.

In 2002, 40 new cases of prostate cancer were diagnosed at Civista. The majority, 93%, were diagnosed with localized disease. Compared to 83% reported for 2002 from the NCDB, Civista had a 10% higher rate of localized disease. Civista patients were diagnosed at a little later age with 37.5% in the age range of 70-79 years at date of diagnosis and another 30% in the age range of 60-69 years.



Nationally, the largest age group at 37.3% was diagnosed with prostate cancer at age 60-69 years. Grade of tumor was fairly consistent with national figures. See Figure 3. 12.5% of Civista prostate cancer patients had low grade tumors of 1 compared to 21% nationally and 60% of Civista patients had grade 2 tumors compared to 46% nationally. While another 25% of Civista patients had a higher grade tumor of 3, 19% had grade 3 tumors nationally and another 4.67% of patients nationally had an unknown tumor grade.

Race has been shown to be an independent and poor prognostic factor in African American patients diagnosed with prostate cancer. Prostate cancer occurs more frequently in African American men than in other races. They are also more likely to be diagnosed at a later age and more likely to die of prostate cancer. Twenty-two percent of Civista's prostate cancer patients were African American compared to 12.7% diagnosed nationally. See Figure 4.

**DISEASE-SPECIFIC SURVIVAL**

Survival rates for prostate cancer patients have been generally rising since 1975, except stable during 1992 through 1995. Civista's five year observed survival rate for stage II prostate cancers diagnosed in 2002 is 91.6% compared to the national rate of 88%, as reported by the NCDB for stage II prostate cancer for the same year of diagnosis. Forty percent of the deaths of Civista stage II prostate cancer patients were not cancer related and whether the deaths of the remaining 60% were cancer related is unknown.

Civista's survival rate is positive given the adverse prognostic factors in the patient population described above. The observed stage II five-year survival rate of African American patients at Civista was 100%.

**SCREENING**

Civista Medical Center holds an annual free prostate cancer screening for men to receive a potentially life-saving screening. Physicians and staff donate their time to provide the screening. Civista also works in partnership with the Charles County Health Department and the American Cancer Society to advance cancer awareness, education and screening.

**TREATMENT**

- Seeds implant
- Hormonal Therapy

Treatment will vary for prostate cancer patients depending on a number of factors:

- Stage, grade, and PSA level determining risk of recurrence
- Age and expected life span of the patient

- Other coexisting serious health conditions
- Likelihood that each type of treatment will cure the cancer
- Patient's feelings about the side effects common with each treatment

Specific treatment options include:

- Radical prostatectomy (traditional or robotic)
- External Beam Radiation with daily image guidance
- Brachytherapy (Seeds Implant or High Dose Rate-HDR therapy)
- Watchful waiting for selected categories of the patients
- Hormonal Therapy for metastatic disease, recurrence of cancer after initial treatment, and as component of initial treatment in the patients with high risk of recurrence
- Systemic Chemotherapy for metastatic cancer
- IV injections of Radioactive Strontium- 89 or Samarium -153 for bony metastases
- Cryotherapy for locally recurrent cancer

Specific selection of initial treatment is determined by urologist and radiation oncologist. In the cases of metastatic disease important roles belong to the medical oncologist and radiation oncologist.

The course of treatment at Civista varied when compared to national data. Fifty-eight percent of Civista patients received some type of potentially curative treatment in the form of surgery, radiation, and hormone therapy, while 42% had their first course of the treatment managed elsewhere.

**CONCLUSIONS**

Prostate cancer is the most frequent malignancy diagnosed in Charles County among men. Early detection through screening and annual evaluation by primary care physicians (PSA and Digital Rectal Examination) led to timely diagnosis at early stages. Development of new treatment technologies greatly improved outcomes.

As a result prostate cancer has become a highly curable disease. The key to success is an early diagnosis and appropriately selected treatment.



## Civista Medical Center Cancer Committee

**Krishan Mathur, MD, FACP**, Oncology,  
Cancer Committee Chairman

**Jean Colandrea, MD**, Pathology,  
Vice Chair

**Boris Naydich, MD**, Radiation Oncology

**Joseph Colonna, MD**, Urology

**Edward Druy, MD**, Radiology

**Dawn Cox**, Charles County Health  
Department

**Doreen Wallace**, Performance  
Improvement

**Donna Cunningham**, American Cancer  
Society

**Joyce Riggs**, Manager, Health Promotions

**Donna Crown**, Hospice of Charles County

**Cathy Delligatti**, Vice President, Patient  
Care Services, Nurse Executive

**Sunita Waddell, RN**, Nurse Manager

**Robin Benton**, Manager, Case  
Management

**Karen Phipps**, Director, Health Information  
Management

**Sandra Miller, CTR**, Cancer Registrar

**Ex Officio Member:**

**Christine Stefanides**, President & CEO

## Cancer Registry Report

### *References:*

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### *Acknowledgements:*

Civista Medical Center Cancer Committee

Krishan Mathur, MD, FACP, Chairman

