

CIVISTA MEDICAL CENTER Community Cancer Program



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 colorectal cancer this year. Colorectal cancer is the fourth most common form of cancer in the United States and the third leading cause of cancer-related death in the Western world. Inside this report we will discuss the patient demographics and risk factors, diagnosis and staging, treatment and survival of this disease. The National Cancer Policy Board of the Institute of Medicine estimated in 2003 that even modest efforts to implement colorectal cancer screening methods would result in a 29 percent drop in cancer deaths in 20 years. Despite this, colorectal cancer screening rates remain low. Therefore, screening for the disease is recommended in individuals who are at increased risk. There are several different tests available for this purpose. Screening methods commonly used at Civista Medical Center are DRE Digital Rectal Exams, Fecal Occult Blood Tests, Sigmoidoscopies and Colonoscopies.

We appreciate all the dedication and support of Civista's Cancer committee and Civista Medical Center's staff and administration. 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. Thank you to our patients and families for choosing Civista for their cancer care. We hope you find this report helpful and informative.

President and CEO of Civista Health Noel A. Cervino

Cancer remains the second most common cause of death in the United States and in Charles County, our fight against this disease gains strength every year. Medical improvements in early diagnosis, innovations in treatment, and an ever-greater commitment to providing exceptional care to cancer patients has led to more lives saved, and a greater quality of life for these survivors.

At Civista Health, our goal is to provide patients and their families with care, support and treatment as well as to address the cancer education and prevention needs of our community. The Civista Cancer Program, which is accredited by the American College of Surgeons Commissions on Cancer, offers education and support for patients and their families here in Charles County, Maryland.

As part of the program, Civista offers free annual prostate cancer screenings at the hospital, a toll-free referral line to assist with locating physicians and cancer support groups within the community, sponsorship of the American Cancer Society's Relay for Life, the annual cancer report to the community, and more.

This annual cancer report shares important information including demographics, risk factors, diagnosis, treatment, and survival rates. We are confident this report faithfully demonstrates the resources Civista dedicates to cancer patients in our community, as well as our ongoing commitment to improving the quality of our services, and the quality of lives, for cancer patients and survivors.

2009 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		STATUS		STAGE DISTRIBUTION							
		MALE	FEMALE	ANALYTIC	NA	ALIVE	EXP	0	I	II	III	IV	88	UNK	BLANK/INV
DIGESTIVE SYSTEM	38 (26.0%)	25	13	38	0	30	8	1	5	8	8	5	2	9	0
Esophagus	2 (1.4%)	2	0	2	0	2	0	0	0	0	0	0	0	2	0
Stomach	2 (1.4%)	1	1	2	0	2	0	0	0	1	0	0	0	1	0
Small intestine	2 (1.4%)	1	1	2	0	2	0	0	0	1	0	0	1	0	0
Colon Excluding Rectum	20 (13.7%)	13	7	20	0	17	3	0	4	5	6	3	0	2	0
Cecum	7	4	3	7	0	6	1	0	3	1	1	2	0	0	0
Ascending Colon	3	3	0	3	0	2	1	0	1	1	1	0	0	0	0
Hepatic Flexure	2	2	0	2	0	1	1	0	0	1	1	0	0	0	0
Transverse Colon	2	0	2	2	0	2	0	0	0	1	1	0	0	0	0
Sigmoid Colon	4	3	1	4	0	4	0	0	0	1	1	1	0	1	0
Large Intestine, NOS	2	1	1	2	0	2	0	0	0	1	0	0	1	0	0
Rectum & Rectosigmoid	4 (2.7%)	4	0	4	0	2	2	0	0	0	2	1	0	1	0
Rectosigmoid Junction	1	1	0	1	0	1	0	0	0	0	1	0	0	0	0
Rectum	3	3	0	3	0	1	2	0	0	0	1	1	0	1	0
Anus, Anal Canal & Anorectum	2 (1.4%)	2	0	2	0	2	0	1	0	0	0	0	0	1	0
Gallbladder	2 (1.4%)	0	2	2	0	0	2	0	1	0	0	0	0	1	0
Other Biliary	1 (0.7%)	0	1	1	0	1	0	0	0	1	0	0	0	0	0
Pancreas	1 (0.7%)	1	0	1	0	0	1	0	0	0	0	1	0	0	0
Peritoneum, Omentum &	1 (0.7%)	1	0	1	0	1	0	0	0	0	0	0	1	0	0
Other Digestive Organs	1 (0.7%)	0	1	1	0	1	0	0	0	0	0	0	0	1	0
RESPIRATORY SYSTEM	16 (11.0%)	6	10	16	0	12	4	0	1	0	1	4	0	10	0
Lung/Bronchus	16 (11.0%)	6	10	16	0	12	4	0	1	0	1	4	0	10	0
SOFT TISSUES (incl. Heart)	1 (0.7%)	0	1	1	0	1	0	0	0	0	0	0	0	1	0
BREAST	21 (14.4%)	1	20	21	0	21	0	5	4	6	5	0	0	1	0
FEMALE GENITAL SYSTEM	7 (4.8%)	0	7	7	0	7	0	0	3	0	0	0	0	4	0
Cervix Uteri	1 (0.7%)	0	1	1	0	1	0	0	0	0	0	0	0	1	0
Corpus & Uterus, NOS	6 (4.1%)	0	6	6	0	6	0	0	3	0	0	0	0	4	0
Corpus Uteri	5	0	5	5	0	5	0	0	2	0	0	0	0	3	0
Uterus, NOS	1	0	1	1	0	0	1	0	1	0	0	0	0	0	0
MALE GENITAL SYSTEM	39 (26.7%)	39	0	39	0	39	0	0	0	34	1	0	0	4	0
Prostate	39 (26.7%)	39	0	39	0	39	0	0	0	34	1	0	0	4	0
URINARY SYSTEM	16 (11.0%)	10	6	16	0	14	2	9	2	1	4	0	0	0	0
Urinary Bladder	10 (6.8%)	7	3	10	0	9	1	9	0	1	0	0	0	0	0
Kidney & Renal Pelvis	6 (4.1%)	3	3	6	0	5	1	0	2	0	4	0	0	0	0
ENDOCRINE SYSTEM	3 (2.1%)	2	1	3	0	3	0	0	1	0	1	0	1	0	0
Thyroid	2 (1.4%)	1	1	2	0	2	0	0	1	0	1	0	0	0	0
Other Endocrine including	1 (0.7%)	1	0	1	0	1	0	0	0	0	0	0	1	0	0
LYMPHOMA	1 (0.7%)	0	1	1	0	1	0	0	0	0	0	0	0	1	0
Non-Hodgkin Lymphoma	1 (0.7%)	0	1	1	0	1	0	0	0	0	0	0	0	1	0
MESOTHELIOMA	1 (0.7%)	1	0	1	0	0	1	0	0	0	0	1	0	0	0
MISCELLANEOUS	3 (2.1%)	0	3	3	0	1	2	0	0	0	0	3	0	0	0
TOTAL	146	84	62	146	0	129	17	15	16	49	20	10	6	30	0

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 of 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 2009:

Breast	6
Colon/Rectal	4
Prostate	6
Lymphoma	1
Thyroid	1
Stomach	1
Lung	3
Cecum	2
Kidney	1
Urinary Bladder	2
Gall Bladder	1
Small Intestine	1
Ureter	1
Testicular	1

CIVISTA TOP 5 CANCER SITES

SITE	2009	PERCENT
Prostate	39	26.7%
Colon/Rectal	24	16.4%
Breast	21	14.4%
Lung	16	11.0 %
Urinary Bladder	10	6.8%

CIVISTA TOP 5 CANCER SITES BY GENDER

Male

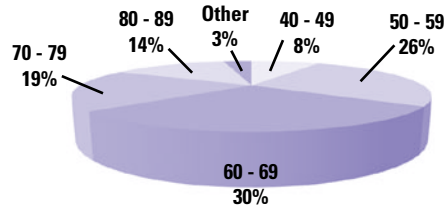
SITE	2009	PERCENT
Prostate Gland	39	46.4%
Colon/Rectal	17	20.2%
Urinary Bladder	7	8.3%
Lung	6	7.2%
Kidney	3	3.6%

Female

SITE	2009	PERCENT
Breast	20	32.3%
Lung	10	16.1%
Colon/Rectal	7	11.3%
Uterus	6	9.7%
Urinary Bladder	3	4.8%

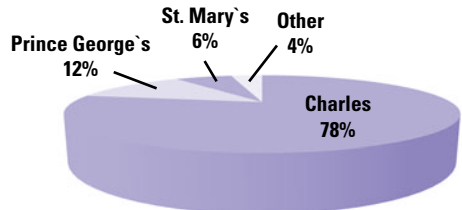
AGE AT DIAGNOSIS

Age at Diagnosis (in years)	Count (N)	Percent (%)
40 - 49	12	8.22%
50 - 59	38	26.03%
60 - 69	43	29.45%
70 - 79	28	19.18%
80 - 89	20	13.70%
Other	5	3.42%
Total	146	100.00%



GEOGRAPHIC DISTRIBUTION

County at Diagnosis	Count (N)	Percent (%)
MD-Charles	114	78.08%
MD-Prince George's	18	12.33%
MD-St. Mary's	9	6.16%
Other	5	3.42%
Total	146	100.00%



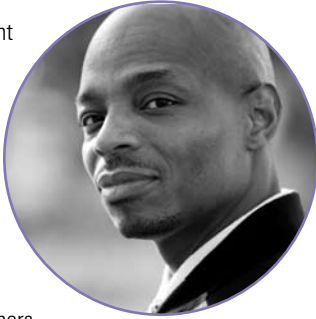
Cancer Registry Report

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 review, from other registries and through direct contact with the treating physicians and patients. Civista Cancer Registry follows over 1,400 annually.

The registry at Civista Medical Center is an approved program with the American College of Surgeons (ACOS). Cancer data is reported quarterly to the Maryland Cancer Registry and yearly to the National Cancer Data Base (NCDB). The NCDB serves as a comprehensive clinical surveillance resource for cancer care statistics on all sites of cancer in the United States.

The Cancer Registry is managed by a Certified Cancer Registrar and the Civista Cancer Committee is responsible for the oversight of the Registry and for accurate and timely abstracting as well as proper staging of all cancer sites. The cancer registry personnel in conjunction with the Cancer Committee are responsible for maintaining a functional, accurate registry that meets the required standards of the American College of Surgeons.

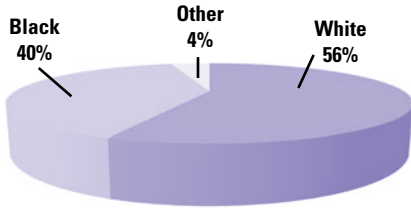
The Cancer Registry began January 1, 1994, and now has over 3680 total cases and 146 analytic cases have been added in 2009. This Annual Report contains a review of the new cases which were added in 2009 as well as a site specific report on colon and rectal cancer.

All graphs and data provided in this report reflect the information obtained through the Cancer Registry at Civista Medical Center during 2009, unless stated otherwise.



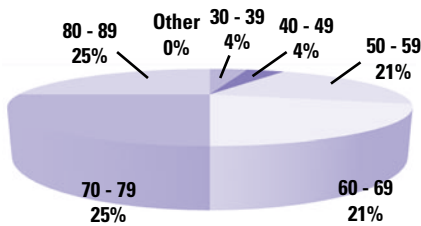
RACE

Race	Count (N)	Percent (%)
White	82	56.16%
Black	58	39.73%
Other	6	4.11%
Total	146	100.00%



COLORECTAL AGE DISTRIBUTION

Age at Diagnosis (in years)	Count (N)	Percent (%)
30 - 39	1	4.17%
40 - 49	1	4.17%
50 - 59	5	20.83%
60 - 69	5	20.83%
70 - 79	6	25.00%
80 - 89	6	25.00%
Other	0	0.00%
Total	24	100.00%



Site Specific Study COLON & RECTAL CANCER

INTRODUCTION

Colorectal cancer, also called colon cancer or large bowel cancer includes cancerous growths in the colon, rectum and appendix. With 655,000 deaths worldwide per year, it is the fourth most common form of cancer in the United States and the third leading cause of cancer-related death in the Western world.



Colorectal cancers arise from adenomatous polyps in the colon. These mushroom-shaped growths are usually benign, but some develop into cancer over time.

Localized colon cancer is usually diagnosed through colonoscopy.

In 2009 Civista Medical Center, hereafter referred to as Civista, saw twenty-four (24) new cases of colon-rectal cancer. The median age of a diagnosis at Civista was 50 years reported by the National Cancer Institute based on data from 2001 through 2008.

PATIENT DEMOGRAPHICS AND PROGNOSTIC FACTORS

RISK FACTORS

Anything that increases your chance of getting a disease is called a risk factor. Having a risk factor does not mean that you will get cancer; not having risk factors doesn't mean that you will not get cancer. People who think they may be at risk should discuss this with their doctor. Risk factors include the following:

- Age 50 or older.
- A family history of cancer of the colon or rectum.
- A personal history of cancer of the colon, rectum, ovary, endometrium, or breast.
- A history of polyps (small pieces of bulging tissue) in the colon

SCREENING

Colorectal cancer can take many years to develop and early detection of colorectal cancer greatly improves the chances of a cure. The National Cancer Policy Board of the Institute of Medicine estimated in 2003 that even modest efforts to implement colorectal cancer screening methods would result in a 29 percent drop in cancer deaths in 20 years. Despite this, colorectal cancer screening rates remain low. Therefore, screening for the disease is recommended in individuals who are at increased risk. There are several different tests available for this purpose. Screening methods commonly used at Civista Medical Center are DRE Digital Rectal Exams, Fecal Occult Blood Tests, Sigmoidoscopies and Colonoscopies

TREATMENT

Treatment of Colon and Rectal Cancer is based on the stage in which the cancer is first diagnosed. Stage 0 through Stage 4 colon and rectal cancer have different treatment options listed below:

- Local excision or simple polypectomy.
- Resection /anastomosis. This is done when the tumor is too large to remove by local excision.
- Clinical trials of chemotherapy, radiation therapy, or monoclonal antibody therapy after surgery.

CONCLUSIONS

Invasive cancers that are confined within the wall of the colon (TNM stages I and II) are curable with surgery. If untreated, they spread to regional lymph nodes (stage III), where up to 73% are curable by surgery and chemotherapy. Cancer that metastasizes to distant sites (stage IV) is usually not curable, although chemotherapy can extend survival, and in rare cases, surgery and chemotherapy together have seen patients through to a cure. Radiation is used with rectal cancer.

Community Cancer Education Programs

For the last two years Civista Health has been the proud sponsor of “Paint the Park Pink” breast cancer awareness night at Regency Furniture Stadium. The event raises money for local breast cancer groups to promote breast cancer awareness and education throughout Charles County.

The annual free prostate cancer screening held at Civista Medical Center has brought over 500 men into Civista Medical Center to receive this potentially life saving screening in the last five years. Physicians and staff donate their time to provide the screening.

Civista Health again sponsored the “Celebration of Life” Cancer Survivor 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 Department of Health and other organizations to increase cancer education programs in the county.



Civista Medical Center Cancer Committee

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

Boris Naydich, MD, Radiation Oncology

Joseph Colonna, MD, Urology

Edward Druy, MD, Radiology

Dawn Cox, BSN, RN, Charles County Health
Department

Margaret Eller, RN, Performance Improvement

Stephanie Hubbard, American Cancer Society

Joyce Riggs, Director, Marketing & Community
Development

Donna Crown, Hospice of Charles County

Melanie Sage, RN, Chief Nursing Officer

Donna Grace, RN, Nurse Manager

Robin Benton, RN, Manager, Case Management

C. Cory Williamson, RHIA, CCS, Director,
Health Information Management, Program
Administrator

Sandra Miller, CTR, Cancer Registrar

Ex Officio Member:

Noel A. Cervino, President and CEO

Cancer Registry Report

References:

www.cancer.org

www.cancer.gov

<http://www.facs.org/cancerprogram/home.html>

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Acknowledgements:

Civista Medical Center Cancer Committee
Krishan Mathur, MD, FACP, Chairman

