

# Community Comprehensive Cancer Program at Swedish Covenant Hospital

2010 ANNUAL REPORT *reflecting 2009 statistical data*



Swedish Covenant Hospital  
The science of feeling better



## CHAIRMAN'S REPORT

### **Bassam Matar, MD**

*Section head, Medical Oncology/Hematology*

*Chairman, Cancer Activities Committee*

*Board certified in Oncology/Hematology*

It is my pleasure to present Swedish Covenant Hospital's 2010 cancer report.

The Cancer Program, which is fully accredited by the American College of Surgeons' Commission on Cancer, continues to provide a wide spectrum of services including the latest in screening technology, diagnostic testing and advanced treatment methods for all types of cancers. Our patients receive compassionate care from an exceptional staff of physicians, certified oncology nurses, social workers, pastoral care, rehabilitation services, occupational and speech therapists, dietitians and pain management specialists.

This program is led by the physicians and health care professionals comprising our Cancer Committee. The committee works to maintain the highest standards of quality care for our patients, monitor cancer conferences and quality improvement activities, promote cancer staging by our medical staff, supervise the Cancer Registry activities, and encourage the use and reporting of the Cancer Registry data. They also work with administrators and ancillary personnel to provide our community with the latest in cancer care.

The quality improvements, educational efforts and results reflected in this report have been made possible thanks to this dedicated group.

## **CANCER DATA MANAGEMENT REPORT**

**Maribel Romero, CTR, CPE**

*Data manager, Section of Oncology/Hematology*



The focus of Swedish Covenant Hospital's oncology data management program is to provide quality information in a timely manner to administration, the medical staff and local and state agencies. The oncology data management office collects the required data and codes set forth in the Commission on Cancer's Facility Oncology Registry Data Standards manual.

The registry database serves as a valuable information resource, allowing for data analysis to measure the efficacy of treatment and survival outcome compared with the national experience. Each year, the Cancer Committee publishes an annual report on our responsibilities as a Community Hospital Comprehensive Cancer Program, accredited by the American College of Surgeons Commission on Cancer. Our performance evaluation and goal achievements are outlined in the report. It also gives us the opportunity to look to the future, and establish new goals to meet the needs of our community.

The Data Management department plays a significant role in the collection of cancer patient data that allows for the evaluation of patient outcomes and identification of opportunities for improvement in cancer care.

### **QUALITY IMPROVEMENT**

Swedish Covenant Hospital's Quality Improvement Program is responsible for evaluating and improving patient outcomes. Each year, the staff collects data for two quality studies and initiates two quality improvement plans as part of Swedish Covenant Hospital's Community Hospital Comprehensive Cancer Program. Members of the Cancer Committee then use this data to evaluate patient outcomes and identify opportunities for improvement.

### **CANCER COMMITTEE**

Swedish Covenant Hospital's Cancer Committee is a multidisciplinary group of physicians and allied health professionals involved in the care of cancer patients. The committee oversees all aspects of the hospital's cancer program and ensures that physicians and staff follow the standards set by the American College of Surgeons Commission on Cancer, thus assuring the highest quality care for patients. The committee is also responsible for developing and monitoring the Cancer Program's annual goals and objectives for all activities related to the prevention, screening, diagnosis and treatment of cancer; reviewing the cancer registry's activities; and planning tumor conferences and other educational activities.

### **TUMOR BOARD CONFERENCES**

Swedish Covenant Hospital's Tumor Board conferences are multidisciplinary forums designed to provide physicians with an opportunity to review and discuss newly-diagnosed cancer patients. Physicians from all specialties including General Surgery, Surgical Oncology, Hematology/Oncology, Radiation Oncology, Diagnostic Radiology, Pathology, Internal Medicine and Family Practice frequently attend. Pretreatment evaluations, staging, treatment strategies, referrals to research protocols and rehabilitation are frequently presented and discussed. Tumor Board conferences are held weekly and provide Category I CME for physicians.



# STATISTICAL SUMMARY

## 2009 MOST COMMON ANATOMICAL SITES

Among the five most common cancer sites, breast cancer continues to be the most frequently diagnosed, followed by colo/rectal, lung, prostate and lymphoma (Figure 1). Of all the patients diagnosed with cancer at Swedish Covenant Hospital, women outnumbered men (Figure 3). The distribution by age revealed that most patients were diagnosed between the ages of 70 and 79 (Figure 2). The majority of patients were diagnosed with stage I disease (Figure 4). A zip code analysis shows that 76 patients diagnosed with cancer at Swedish Covenant Hospital live in 60625 (Figure 5).

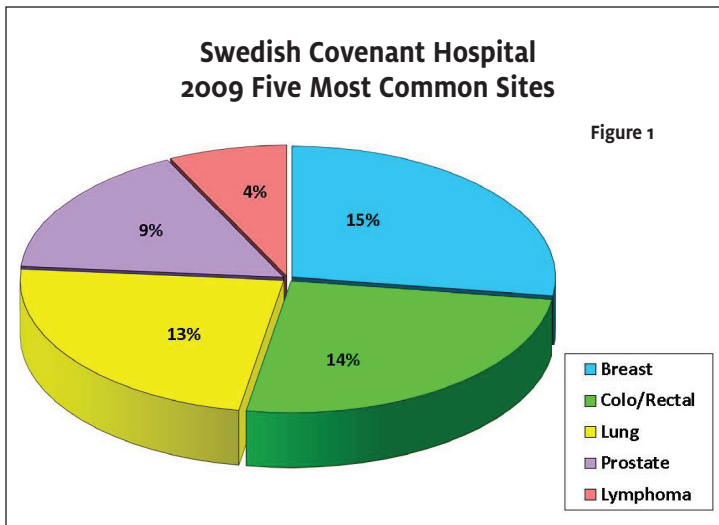


Figure 1

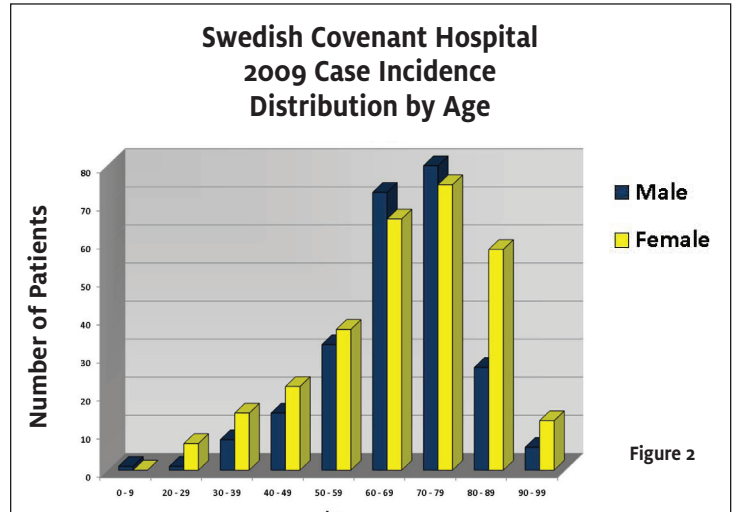


Figure 2

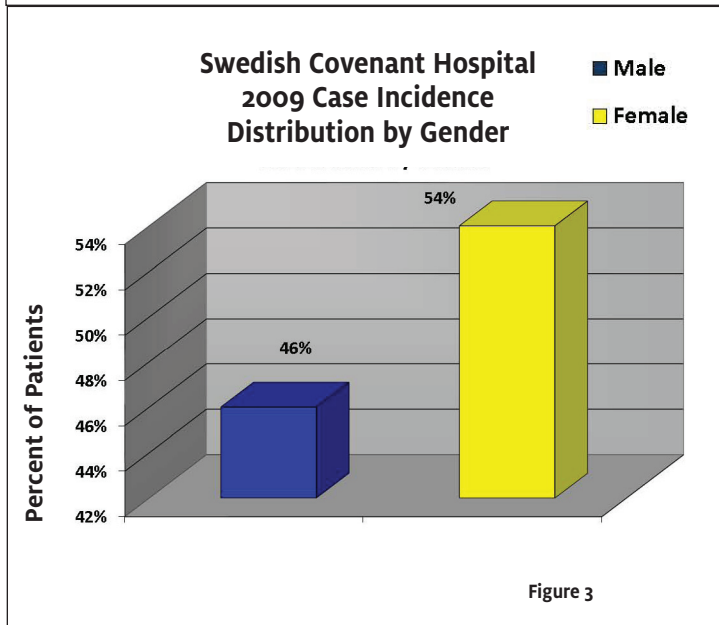


Figure 3

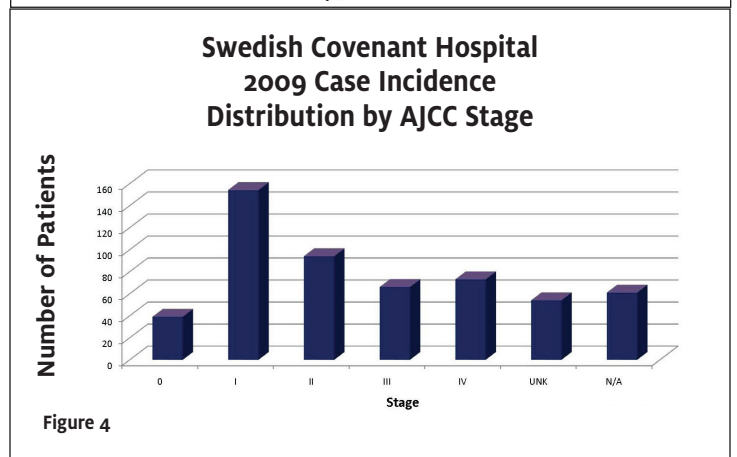


Figure 4

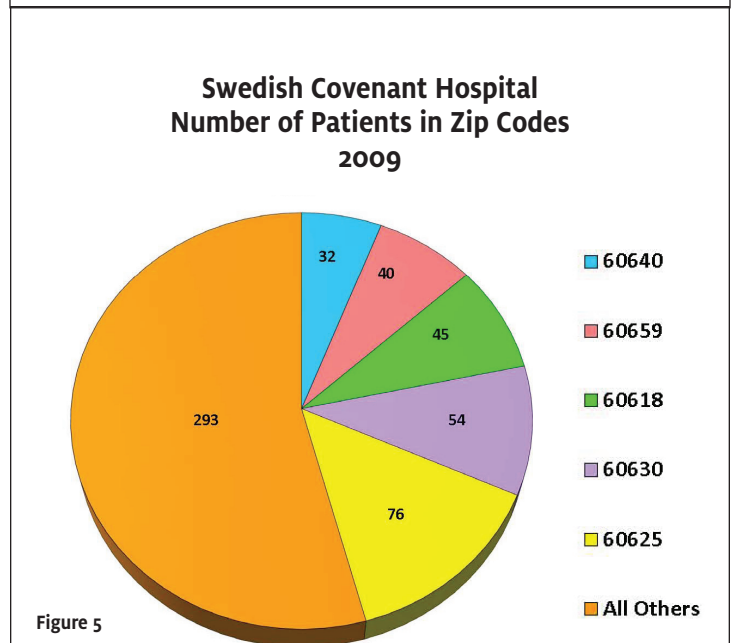


Figure 5

## **FIVE-YEAR SURVIVAL GASTRIC CANCER STUDY**

Conducted and submitted by Dr. Joseph Philip

Most cases of gastric cancer are adenocarcinomas which occur in the lining of the stomach (mucosa) (85%). Approximately 40% of cases develop in the lower part of the stomach (pylorus); 40% develop in the middle part (body); and 15% develop in the upper part (cardia). In about 10% of cases, cancer develops in more than one part of the organ. Stomach cancer can spread (metastasize) to the esophagus or the small intestine and can extend through the stomach wall to nearby lymph nodes and organs (e.g., liver, pancreas, colon). It also can metastasize to other parts of the body (e.g., lungs, ovaries, bones).

### **INCIDENCE**

According to the National Cancer Institute, approximately 760,000 cases of stomach cancer worldwide and more than 24,000 cases in the United States are diagnosed each year. Incidence is highest in Japan, South America, Eastern Europe and parts of the Middle East. Worldwide, stomach cancer is the second leading cause of cancer-related deaths.

### **GASTRIC CANCER RISK FACTORS**

#### **Bacterial Infection**

An infection with bacteria called *Helicobacter pylori* (*H. pylori*) seems to be a major cause of stomach cancer. Long-term infection with this germ may lead to inflammation and pre-cancer changes to the inner layer of the stomach. This germ is also linked to some types of lymphoma of the stomach. But, most people who carry this germ in their stomachs never get cancer.

#### **Stomach lymphoma**

People who have been treated for stomach lymphoma have an increased risk of getting carcinoma of the stomach. This is probably because this stomach lymphoma is caused by infection with *H. pylori*.

#### **Gender**

Stomach cancer is more common in men than women.

#### **Age**

There is a sharp increase in stomach cancer after age 50. Most people are in their late 60s or older when this cancer is found.

#### **Ethnicity**

In the United States, stomach cancer is more common in Hispanic Americans and African Americans than in non-Hispanic whites. It is most common in Asian/Pacific Islanders.

#### **Location**

Stomach cancer is most common in Japan, China, Southern and Eastern Europe, and South and Central America. This disease is less common in Northern and Western Africa, South Central Asia, and North America.

#### **Diet**

An increased risk of stomach cancer is seen with diets high in smoked foods, salted fish and meats, and pickled vegetables. On the other hand, eating fresh fruits and vegetables that contain vitamins A and C seems to lower the risk of stomach cancer.

#### **Tobacco use**

Smoking doubles the risk of stomach cancer.

#### **Obesity**

Being very overweight (obese) is a possible cause of stomach cancer, but the link is not yet clear.

## **GASTRIC CANCER RISK FACTORS (continued)**

### **Earlier stomach surgery**

Stomach cancer is more likely to be found in people who have had part of their stomach removed to treat other problems like ulcers.

### **Pernicious anemia**

In this disease, the stomach doesn't make enough of a protein that allows the body to absorb vitamin B12 from foods. This can lead to a shortage of red blood cells (anemia). Patients with this disease also have an increased risk of stomach cancer.

### **Menetrier disease**

This rare disease involves changes in the stomach lining that might be linked to a risk of stomach cancer.

### **Type A blood**

For unknown reasons, people with type A blood have a higher risk of getting stomach cancer.

### **Family history**

People with close relatives who have had stomach cancer are more likely to get this disease. Also, some families have a gene change (mutation) that puts them at greater risk for getting colorectal cancer, as well as a slightly higher risk of stomach cancer.

### **Some types of stomach polyps**

Polyps are small mushroom-like growths on the lining of the stomach. Most polyps do not increase the risk of stomach cancer, however one type called adenomatous polyps or adenomas sometimes change into stomach cancer.

### **Epstein-Barr virus**

This virus causes "mono" (infectious mononucleosis). It has been found in the stomach cancers of some people.

### **Certain types of work**

Workers in the coal, metal and rubber industries seem to have a higher risk of getting stomach cancer.

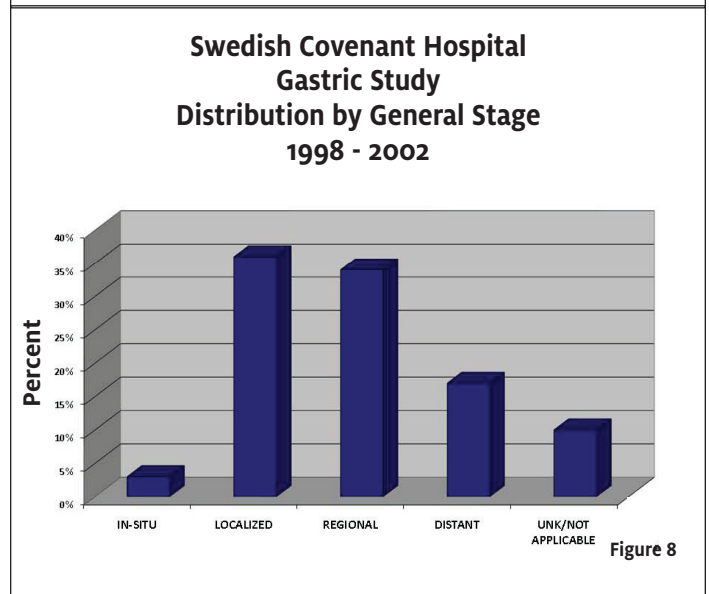
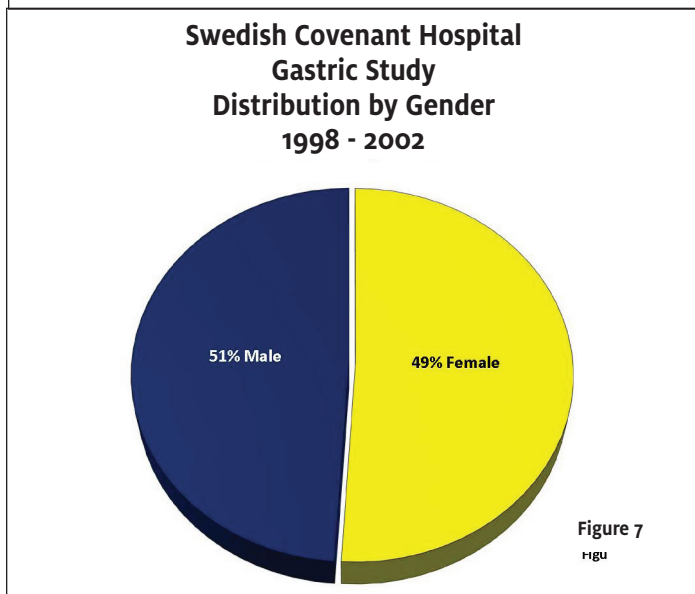
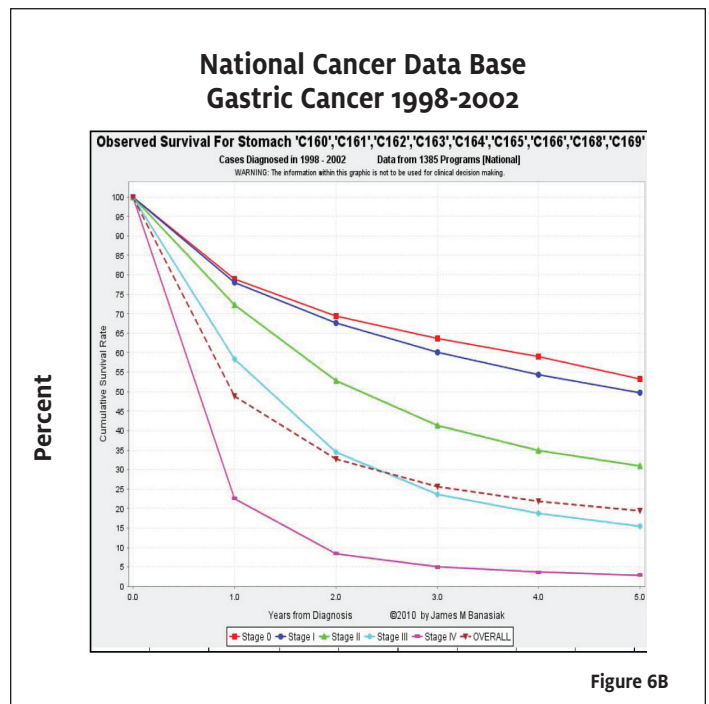
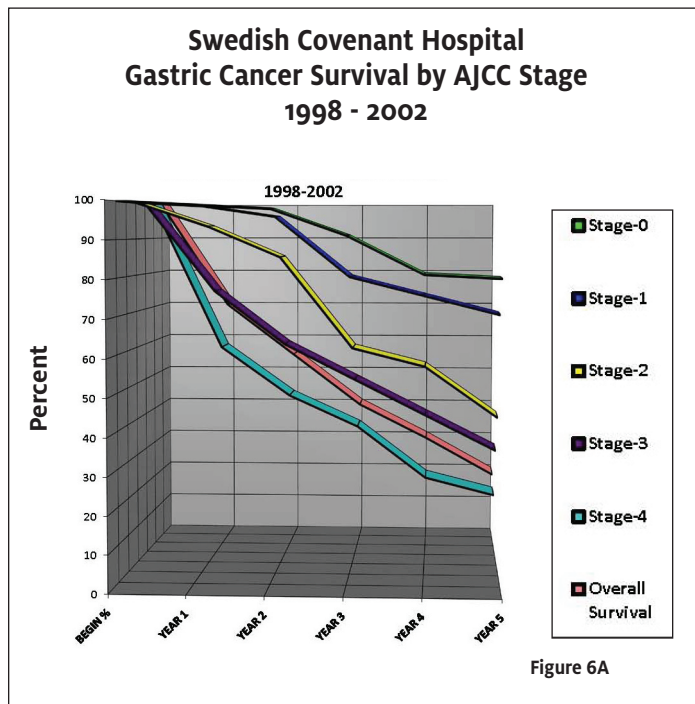
While there are many risk factors for stomach cancer, we do not know exactly how these factors cause cells of the stomach to become cancerous. Scientists are trying to learn how and why certain changes take place in the lining of the stomach and what part *H. pylori* plays in stomach cancer.

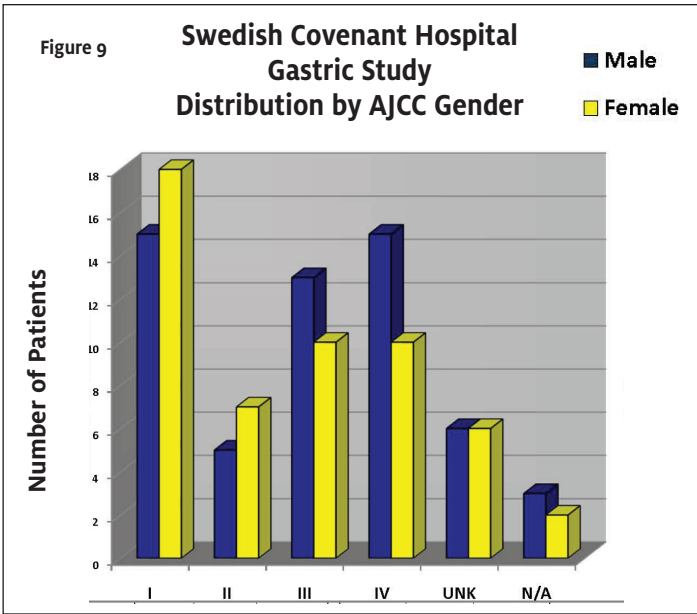
They are also looking at how gene changes (mutations) can cause normal stomach cells to change and form cancers. Most of the gene changes that are linked to stomach cancer take place after birth; very few are inherited.

## SURVIVAL ANALYSIS

Between 1998 and 2002, a total of 114 patients were diagnosed with stomach cancer at Swedish Covenant Hospital. The majority of patients were treated with surgery, chemotherapy and/or radiation therapy based on their age and stage at the time of diagnosis. National Cancer Database survival studies were then reviewed. The most recent data from the Commission on Cancer indicates that patients diagnosed with gastric cancer from 1998 to 2002 had a five-year observed overall survival rate of 19% (Figure 6b). Swedish Covenant Hospital patients demonstrated a five-year survival of 17% (figure 6a). This difference was not statistically significant.

When survival was analyzed by distribution at presentation, the gender incidence revealed that the percentage of males was higher than the females (Figure 7). The distribution by general stage revealed that the majority of patients presented with localized (36%) and regional (34%) disease (Figure 8). The distribution by American Joint Committee on Cancer (AJCC) stage revealed that most patients were diagnosed at Stage I, (29%) (figure 9). Additionally, 12% of patients had a history of Helicobacter pylori infection, 8% had a strong history of smoking, 3% had a family history of gastric cancer and 10% had a history of Barrett's Disease, cancer of the esophagus.





**CONCLUSION**

Swedish Covenant Hospital provides state-of-the-art diagnostic technologies and treatment options for gastric cancer patients, who can be treated according to the most current national guidelines. We will continue to provide early detection information and resources to ensure that our patients are diagnosed at the earliest and most curable stage.



## 2009 CANCER COMMITTEE MEMBERS

Bassam Matar, MD, Chairman, Medical Oncology  
Joseph Philip, MD, Physician Advisor, Medical Oncology  
Cecylia Mizera, MD, Physician Liaison, General Surgery  
Javed Imam, MD, Medical Oncology  
Gary Schreiber, MD, Radiation Oncology  
Loren E. Dardi, MD/Yelena Kalugina, MD, Pathology  
Carol Levi, MD, Gynecology  
Adam Finkelstein, MD, Interventional Radiology  
Peter Vaselopulos, MD, Urology  
Mary O'Neal, RHIA, Director Medical Records  
Chuck Rosenberg, RN, MBA, Senior Director, Nursing Administration  
Janis Rueping, VP, Quality Improvement and Risk Management  
Mary Shehan, RN, Sr. VP, Nursing/CNO, Nursing Administration  
Maribel Romero, CTR, CPE, Data Manager, Cancer Registry  
Melissa Pelayo, Registry Assistant, Cancer Registry  
Grace Golden/Kari Warren, MS, PA-C, Clinical Trials  
Jose La Luz, Rev., Pastoral Care  
Elizabeth Miniscalco, RN, BSN, OCN, Manager, Cancer Program  
Syeda Farid, RD, Nutrition Services  
Jessica Katsuko-Smith, American Cancer Society  
Anetta Bieniewska, RT, Radiation Therapy  
Richard Cunningham, PT, Director Outpatient Rehabilitation Services  
Jenise Celestin, Manager, Community Relations  
Michelle Peters, RN, BA, Nurse Navigator, Cancer Program



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