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Chairman's Report

It is my privilege to present the 2004 Cancer Program Annual Report which summarizes the activities of the cancer program over the past year and analyzes the 2003 Tumor Registry Data.

Montgomery Hospital is fortunate to have an energetic and dedicated team of physicians, nurses, and allied health professionals who are committed to maintaining our multi-disciplinary cancer program.

The weekly tumor boards continue to have excellent attendance, with participation of all the oncology-related specialties and also family practice and internal medicine. In addition to discussing newly diagnosed cases, interesting or problematic cases from the hospital or outpatient setting are presented for input from the group. The digital CAT scans and MRI scans, now downloaded to disc, are projected onto the big screen, enhancing the presentations.

Through our relationship with Jefferson, we have set up a successful family assessment program. Patients with strong family histories of breast or other cancers are offered the opportunity to have a risk assessment and genetic testing. Dr. Bruce Bowman, director of the program at Jefferson, and his genetic counselor come to our cancer center on a regular basis to see our patients here.

Community outreach, patient and family education, and emotional support remain high priorities. We continue to provide prostate and skin cancer screenings, low cost mammograms to the underinsured, school and community group education, and a full menu of patient support groups.

Our home care/ hospice program is growing in size and in depth. This year inpatient hospice beds have been added, providing a welcome service for cancer patients and their families. Plans are underway to develop a palliative care team.

The program has benefited from the participation of our interventional radiologists in oncology related work. They perform minimally invasive procedures such as bone and mediastinal biopsies, and stenting of obstructed organs, bile ducts, and blood vessels. Kyphoplasties can be performed for patients with painful compression fractures. Feeding tube placement now can be performed on an outpatient basis and with coordination with the home care department, nutritional counseling and feedings can be initiated promptly. For the patients receiving combination chemotherapy and radiation, nutritional support is a high priority.

This year the Radiation Oncology Department has added IMRT (Intensity Modulated Radiation Therapy) to the menu of services offered. IMRT technology allows for the most conformal treatment of the prostate coupled with sparing of dose to normal structures, thus allowing dose escalation and the promise of better tumor control with fewer side effects. Our prostate program now offers the full range of treatment options, from radical prostatectomy, to I-125 seed implantation, and IMRT for early stage prostate cancer patients to hormonal therapy and chemotherapy for patients with more advanced disease.

In the near future we will add MammoSite partial breast irradiation as a treatment option for women with early stage breast cancer. This high dose rate radiation treatment is given to the tumor bed twice daily over five days and is a promising option for patients with early stage breast cancer.

The war against cancer was declared in 1974. It is noteworthy that although cancer remains the 2nd leading cause of deaths among Americans, the rates of death from breast, prostate, and even lung cancer are now declining. Screening tests such as mammography result in diagnosing cancer in such early stages that partial breast irradiation is now considered a viable treatment option.

We are grateful to the administration of Montgomery Hospital for recognizing our technology needs and supporting our efforts to expand the range of services offered to our patients.

Estella F. Graeffe, MD
Chair, Cancer Committee
Director, Radiation Oncology



CANCER PROGRAM DIRECTORY:		CANCER COMMITTEE PHYSICIAN MEMBERS:	
Main Hospital	610-270-2000	Estella F. Graeffe, MD	Director Radiation Oncology Chair, Cancer Committee
Cancer Registry	610-270-2126	Ronald Barnett, MD	Pulmonary/Internal Medicine
Case Management	610-270-2030	William A. Biermann, MD	Director, Medical Oncology
Home Care/Hospice 25 W. Fomance St	610-272-1080	Steven Chesnick, MD	Otolaryngology
Interventional Radiology	610-270-2260	Robert DiGregorio, DO	Gynecology
Medical Oncology, Cancer Ctr, 3 rd floor**	610-277-5186	Jerry Frost, MD	Surgery
Medical Staff Office	610-270-2777	Jerry Gotlieb, MD	Urology
Nursing Adm./Patient Care Services	610-270-2010	Jeffrey Hough, MD	Radiology/Nuclear Medicine
Nutrition Services	610-270-2118	Nalini Mehta, MD	Radiation Oncology
Pain Center	610-270-2759	Patricia Perosio, MD	Pathology
Pathology	610-270-2173	Maha Srinivasan, MD	Family Practice
Pharmacy	610-270-2089	Joseph Tropea, DO	Hematology/Oncology Cancer Liaison Physician
Quality Management	610-270-2004	Bruce Weiner, MD, Medical Director	Surgery
Radiation Therapy, Cancer Center, LL **	610-270-2192	ADMINISTRATIVE/ANCILLARY MEMBERS:	
Rehab – Outpatient	610-270-2437	Nancy Baker, RD	Nutrition
Rehab – Inpatient	610-270-2040	Jack Bigoski, RPh, MS	Pharmacy
Volunteer Services	610-270-2400	Joanne Cipollini, RN, MSN	Cancer Center
Women's Center, Professional Bldg.*	610-270-2666	Michele Feisel, RHIA	HIM
		Robin Heist, RT	Women's Center
		Elizabeth Ketterlinus, VP	Marketing/Foundation
*Professional Building is located at 1330 Powell Street		Marie Mo, RN	Nursing
**Cancer Center is located at 1330 Powell Street, Ste #308		Pat Modafferi, VP	Administration
		Robin Ryan, RN	Quality Management
		Becky Sullivan, RN	Home Care/Hospice
		MaryAnn Tellinghusen, CTR	Cancer Registry



Montgomery Hospital Foundation

In June, Montgomery Hospital Medical Center successfully completed a \$10 million campaign directed toward enhancing our infrastructure, physical plant, and programs. A major goal of the campaign was to bring intensity modulated radiation therapy, more commonly known as IMRT, to the cancer center. We were pleased to accomplish that goal.

A year of community fundraising generated widespread public awareness of the need to bring IMRT to Montgomery. Among the many events held to benefit the cancer center was a three-mile walk through the Norristown Farm Park held May 22 that attracted several hundred enthusiastic supporters. The center also received several thousand dollars from a benefit casino bus trip to Atlantic City. Late summer brought support from a new quarter – area boxing aficionados. Montgomery received a portion of the proceeds of a night of prize fighting held at the Valley Forge Convention Center. The highlight of the event was an appearance by boxing great Joe Frazier, who graciously signed autographs for fans.

A generous donation from Norristown's Arcadia Foundation made it possible to accelerate the acquisition of IMRT this past June. Prostate patients and others began immediately benefiting from this non-invasive, advanced treatment tool. There were numerous gifts to other cancer projects as well. We remain grateful for the continued support of the Philadelphia Health Care Trust for additional funding for the cancer center's new Office of Clinical Research. Grants from the E. Rhodes and Leona B. Carpenter Foundation and the Dolfinger-McMahon Foundation enabled the Hospital to launch a valuable new in-house hospice service to assist families with end of life care. The Hospital is furnishing a dedicated hospice suite to accommodate patients and family members that will open early in 2005.

With IMRT on board the Foundation has set two new goals to improve patient care at the cancer center. Fundraising has commenced to bring a technology called mammosite to breast cancer patients. This important new, less invasive treatment option targets women with early stage breast cancer. Another goal is to acquire digital mammography, which promises to be a significant improvement over conventional mammography in the early detection of breast cancer. Both projects will require renewed commitment of energy and dollars from our friends in surrounding communities.

We take this opportunity to thank the many supporters of the Montgomery Cancer Center whose gifts are advancing cancer treatment and prevention.

Elizabeth Ketterlinus
Vice President, Montgomery Hospital
Exec.Dir., Montgomery Hospital Foundation



Inpatient Oncology – 2 South

The inpatient oncology unit is located on 2 South in the Horsey Pavilion of the hospital. On average, approximately half of the patients are oncology at any given time. The types of oncology patients range from patients requiring chemotherapy and / or radiation therapy to patients with complications of their therapy to patients requiring terminal care. In addition, 2 South also cares for the surgical oncology patient as a result of overflow from the surgical unit. The last category of patient seen on 2 South is the patient requiring outpatient blood transfusions. Most of these patients are oncology/hematology and come on a regular basis. Because of the nature of oncology nursing, the staff sees many of the patients multiple times and gets to know the patients and their families which enhances the relationship and the care of the patient.

Over the past year, 2 South has also been designated as the inpatient hospice unit and has cared for hospice patients and their families on an inpatient basis in conjunction with the hospice staff. All staff have had initial in-servicing and continue to receive education to develop this new component. Respite care has also been added to the scope of service of this department.

Some new staff have joined the unit. To their skills they are adding the specialty component of chemotherapy. Approximately 75 % of the staff are chemotherapy certified. The unit has also added the position of Clinical Educator to assist with education and clinical growth of the staff.

The staff continues to gain oncology expertise through their patient care and have grown into an experienced oncology team. Experienced staff easily share their knowledge to assist the inexperienced in growth.

Marie Mo, RN
Clinical Manager

Medical Oncology

The section of Medical Oncology is currently increasing the infusion service to 5 days weekly. One hundred and twenty five patients are seen on average each week in the office setting. The infusion area nurses administer chemotherapy to 60 patients on average in a comfortable setting. There are 5 board certified Medical Oncologists available.

We continue to participate in the clinical trials of new agents through the Jefferson office. The lung cancer drug Iressa was first available to the area, during the experimental trials, as a result of this program. With the addition of a trials coordinator to the program, we anticipate a greater availability of innovative new therapies here at Montgomery Hospital. A greater involvement in national programs is anticipated in the next year.

The Medical Oncology service continues to provide state-of-the-art therapy in a friendly setting here at Montgomery, while having the ability to provide more innovative experimental therapy via the Jefferson Cancer Network.

William A. Biermann, MD
Medical Oncology



Radiation Oncology

The Radiation Oncology Department has seen a year filled with technological improvements and as always, service to the Norristown area community. Over 360 patients were seen for consultation, with the top sites consistently remaining breast, prostate and lung.

The department introduced IMRT (intensity modulated radiation therapy) as a new treatment option for men with prostate cancer. This therapy allows for higher dose radiation to the prostate with fewer side effects. IMRT has been well received by the Montgomery Hospital medical staff and welcomed by the patient population. The prostate support group remains active at Montgomery Hospital, led by Estella F. Graeffe, MD.

Radiation Oncology remains active within the Norristown community by sponsoring annual skin cancer screening, prostate cancer screening, and participating in the community health fairs sponsored by Plymouth Township and Montgomery County Community College. In addition the department once again hosted its annual Cancer Survivor's Day. To raise community awareness, fundraising events were held in conjunction with the Montgomery Hospital Foundation. A bus trip to Atlantic City was a successful event as was a walk held at the Norristown Farm Park. The culmination of the events was a benefit boxing match which was a huge success attended by over 1,000 community members.

As always, the department looks forward to the future with plans to introduce mammosite as a treatment option for women with breast cancer. This high dose rate radiation treatment will be an option for some women, enabling them to complete their course of radiation therapy in one week with treatments given twice daily over five days.

The department continues to work closely with the hospital to achieve the goal of providing quality healthcare to the residents of Montgomery County.

Mary Galetti, RN
Manager, Radiation Oncology

Radiology

The radiology department of Montgomery Hospital is critical to the detection, staging, treatment, and treatment monitoring of cancer. It works closely with the clinical staff and oncologists to provide care for our cancer patients.

The nuclear medicine section provides diagnostic and therapeutic services. PET scans (positron emission scanning) are available to aid in tumor staging and diagnosis. Liver, thyroid, gallium, sentinel node, oncosint, and bone scans help stage malignant tumors. Cardiac scans facilitate evaluation of the patient's tolerance of therapeutic regimens. Radioactive tumor ablation is available for thyroid cancer and bone metastases.

Ultrasound assists in diagnosis of mass lesions and guides biopsy procedures. It is used to direct seed implantation therapy of the prostate.

Computed tomography (CT) is one of the most useful sections for diagnosis and staging of cancer. Its role in monitoring a patient's response to therapy is invaluable. It is also used as a guide for biopsy and aids surgical and radiation therapy planning.

Our women's imaging section aids the community with breast cancer screening that is accredited by the American College of Radiology. Diagnostic mammography is also performed routinely. Pre-surgical localization of non-palpable masses is achieved with mammography guidance and in coordination with



our surgery department we perform stereotactic breast biopsies. The women's center also participates in community education programs such as the annual Women's Health Conference.

The interventional radiology section also helps in the diagnosis and staging of malignancies and is very valuable for treating complications. Biopsies can be obtained from previously inaccessible locations and obstructed organs and vessels can be stented. They help maintain patients' nutrition by doing percutaneous gastrostomies and jejunostomies when necessary. Other services include chemo-embolization and vertebroplasty.

The radiology department has expanded its capabilities by hiring a neuro-radiologist and a body imager. A radiologist always participates in the weekly cancer conference meetings. Family practice residents may choose a rotation in diagnostic radiology for one of their electives.

The arrival of MRI imaging within the department enhances our ability to manage cancer patients. The department is able to provide excellent care for cancer patients and is eager to aid in the cooperative effort to advance the treatment of all cancer patients.

Jeffrey L. Hough, M.D.
Associate Director, Department of Radiology



Pathology

The Montgomery Hospital Department of Pathology plays an active role in the diagnosis and staging of cancer patients. Our three pathologists are all fellowship trained in the area of Cytopathology and support an active aspiration biopsy service. We work closely with the radiologists and interventional radiologists to provide immediate interpretation of aspiration samples obtained under radiological guidance. This improves their ability to obtain diagnostic material and lessens the need for open surgical biopsy. The pathologists also perform fine needle aspirations on superficial sites such as lymph nodes, salivary glands, thyroid, and soft tissue. These are performed in our department for outpatients as well as for inpatients as needed

The majority of new cases of cancer are diagnosed in surgical pathology. We had nearly 7,300 specimens in 2003, ranging from endoscopic biopsies to radical excisions from all sites. In the patient with breast cancer, our rapid interpretation of sentinel lymph node imprints allows the surgeon to perform a limited axillary dissection, reducing potential morbidity from lymphedema. We also perform immunohistochemistry for several tumor markers, including hormone receptors and Her2/neu that are important in the management of breast cancer. We also offer EGF-R testing which is valuable to the oncologist treating advanced cancer with newer monoclonal antibody therapies.

In the clinical laboratory newer instrumentation in Chemistry has given us the capacity to expand our in house-testing menu. This has allowed us to offer intra-operative testing for parathyroid hormone (PTH). The surgeon can now monitor serum PTH levels during the parathyroid resection for hyperparathyroidism. Knowing that the PTH level has fallen after he has removed the suspect gland allows him to do a limited neck exploration. The patient can be discharged the same day of surgery rather than stay overnight in the hospital. We will continue to work with clinicians in an effort to expand the range of testing available through the laboratory to meet the needs of the patients we serve at Montgomery Hospital.

Patricio Perosio, MD
Pathology Department

Clinical Nutrition Services

The Clinical Nutrition Department at Montgomery Hospital strives to provide excellent nutritional care to all cancer patients. The clinical nutrition staff completes timely nutrition assessments, counseling, and patient/family education in conjunction with the medical staff in order to meet the individual needs of the patient and family. Nutrition interventions are generated through physician, nursing, and ancillary staff referrals as well as through interdepartmental screening tools. Members of the clinical nutrition staff participate in weekly Hospice/Homecare meetings with nursing and other ancillary staff. Nutrition and diet therapy is provided on an outpatient basis and through home care visitation to the local community. In addition, the department participates as a preceptor for Dietetic and Diet Technician internship rotations through local Dietetic programs.

Karin I. Andrulis, MA, RD
Lead Clinical Dietitian



Homecare/Hospice

Montgomery Hospital Medical Center offers as part of the continuum of care, home care and hospice services to patients in their home. The goal of home care is to assist the patient to achieve the highest level of independent functioning in the home setting. Home Care services are provided for homebound patients that require skilled intermittent care. Many patients may be postoperative, receiving radiation or chemotherapy, require wound care, have advanced congestive heart failure, or be in need of symptom management. Services may include assessment of systems, wound care, blood draws, patient teaching, dietary assessment, and home safety assessment. Patients are instructed on the disease process and what they should report so that the information could be brought to physician attention right away. Our patients are pleased they can receive expert attention while recovering in the care and comfort of their home. Care and services are provided by our staff of RNs, Home Health Aides, Social Workers, Physical Therapists, Occupational Therapists, and Speech Therapists. The team of patient services is coordinated by the RN and is clinically supervised by the physician and the Nursing Supervisor.

The hospice program has grown in size and depth over the past year. We have more than doubled our census and have begun to introduce new programs, such as pet therapy to our patients. The hospice program is a community centered healthcare program for individuals who are in the last phases of terminal illness and who elect not to pursue curative treatments. The focus of care is on pain and symptom management, psychosocial support, counseling for caregivers, and spiritual support. Hospice care is not limited to oncology patients but 62% of our patients are cancer patients. Under the direction of the patient's physician and our hospice Medical Director, our team of trained professionals and volunteers follows a personalized plan of physical, emotional and spiritual care, designed to meet the changing needs of both patient and family. The Hospice Team which consists of the Medical Director, Hospice Supervisor, Hospice RN's, Home Health Aides, Social Worker, Chaplain and Volunteers work together to provide comprehensive and compassionate, holistic care.

For patients whose pain or symptoms are unable to be controlled in the home setting, short-term in-patient hospice may be an option. Renovations are under way for an in-patient hospice room designed to meet the needs of the terminally ill patient and family. Look for new a new program supporting palliative care efforts in the hospital in 2005.

The Montgomery Home Care and Hospice programs are proud to be Medicare certified and JCAHO accredited. The National Association for Hospice and Palliative care standards provides the foundation for hospice admission criteria.

In addition to patient services the home care and hospice staff participate in medical education with the residents, medical and nursing students. Stop by the office for a free blood pressure check. We value our role in participating in the health and well being of our patients.

Becky Sullivan, RN
Director, Home Care and Hospice
Director, Case Management



Case Management

The Department of Case Management provides information, referral, and discharge planning to cancer patients admitted to Montgomery Hospital. These services are provided by a RN Case Manager and medical Social Worker (as needed).

Referrals to Case Management are received from all disciplines, patients, and families. The needs are assessed and the discharge plan developed in accordance with physician recommendations and patient/family input. The Case Manager coordinates and collaborates with the Home Care Coordinator and/or Hospice, and/or community agency (ies) to implement the discharge plan to provide for both the physical and psychosocial needs of the cancer patient and their family.

Case Management participates with the Cancer Committee on performance improvement initiatives as needed, such as improvement of before and aftercare for patients requiring outpatient tube feeding placement.

Bonnie Koresko, RN, BSN
Supervisor

Volunteer Services

The volunteers at Montgomery Hospital provide a variety of services for cancer patients. In-patients are transported by wheel chair or litter to Radiation Therapy, Physical Therapy, X-ray, and other hospital departments. The Courtesy Van drivers bring cancer patients to the Hospital for treatment 5 days a week. Volunteers provide assistance in the office work of the Radiation Oncology Department, the Cancer Registry, and other areas of the hospital. Charts and x-rays are delivered by volunteers daily. Volunteers help at annual cancer screenings for cancers of the breast, prostate, and skin. They distribute pink ribbons and educational brochures during October's Breast Cancer Awareness Month. They sell and distribute daffodils for the American Cancer Society's "Daffodil Days" in March, a fundraiser for cancer research. Volunteers assist in the set-up and welcome guests at our Annual Cancer Survivors Day event in June.

Polly Sutch
Director, Volunteer Services



Public Education Plan

Prevention and detection, patient education and support, and community outreach continue as the three major focus areas for the Public Education Plan at Montgomery Hospital Medical Center. In the year 2003 we held one skin cancer screening in May, with 27 participants. We also had one prostate cancer screening in September, 2003 with 34 participants. Skin screening consisted of skin exams by dermatologist Dr. Jonathan Wolfe and Prostate screening involved free PSAs and digital rectal exams by urologist, Dr. Jerry Gotlieb.

During the Breast Cancer Awareness month of October, pink ribbons along with informational pamphlets were distributed in the hospital lobby. The Annual Fall Women's Conference held at the Plymouth Community Center hosted approximately 200 women and featured lectures on breast cancer as well as a table providing instructions on breast self-exam (BSE) and general breast cancer information. Low cost mammograms and free mammograms for uninsured women were provided through the American Cancer Society at our Women's Center. The Spring Wellness Fair in the hospital lobby also included a BSE and general cancer information table. The Montgomery Hospital "Spirit Team" participated in the Making Strides for Breast Cancer Walk of the ACS in Philadelphia in October, 2003.

We continue to collaborate with the American Cancer Society in providing lectures at local businesses and schools on topics ranging from prevention and early detection to cancer disease entities and treatments.

Patient Education includes the use of pamphlets from ACS and NCI, videos, one-on-one information sessions as well as organized ACS programs, such as 'I Can Cope,' "Look Good, Feel Better . . .," "Money Matters," and "Pain Management", co-sponsored by the American Cancer Society and Montgomery Hospital. Monthly support groups are held for general cancer, prostate cancer and breast cancer. A laryngectomy support group also meets monthly. The group attendance averages 8-12 people.

A display was created in the hospital lobby by the Nutrition department for the ACS Great American Smokeout event in November.

Through our affiliation with the Jefferson Cancer Network, we continue to offer Family Risk Assessment and counseling by Jefferson physicians and counselors and counseling on-site in our Medical Oncology Department.

Our Annual Cancer Survivors' celebration was again a huge success with about 200 survivors and guests coming together on a Monday afternoon in June to celebrate National Cancer Survivors Day. This year the celebration was held at Plymouth Country Club. Survivors enjoyed hors d'ouvres, music and testimonials.

Our ongoing plan calls for us to continue each of these activities to educate our community about cancer.

Joanne Cipollini, RN
Clinical Nurse Specialist



Cancer Registry

The Cancer Registry Department maintains a computerized data system for collecting, managing and analyzing information on patients with cancer that are diagnosed and/or treated at Montgomery Hospital Medical Center. In 2003, the registry added 526 new analytic cases to its database.

The Registry reports new cases of cancer on a monthly basis to the Pennsylvania Cancer Registry (PCR) at the Pennsylvania Department of Health as mandated by Act 224, the Pennsylvania Cancer Control, Prevention and Research Act of 1980. The data compiled on each type of cancer includes demographics, diagnosis, stage of disease and types of treatment administered. The PCR uses summary statistical information to compile State-specific incidence and mortality data that is published annually in Pennsylvania Cancer Incidence and Mortality.

The Registry is an integral component of our Cancer Program, which voluntarily meets the standards for accreditation by the American College of Surgeons' (ACoS) Commission on Cancer (CoC). An important function of the registry is annual follow-up of analytic patients, which is conducted in order to provide a measure of outcome and to encourage medical surveillance.

As part of the requirements for accreditation, the Registry participates in the annual Call for Data of the National Cancer Data Base (NCDB). The NCDB is a nationwide oncology outcomes database which collects data items required by the Commission on Cancer Approvals Program. NCDB data allows comparative analysis with other hospitals of similar size & organization.

The Registry also serves as a resource for the Medical Staff and outside facilities for studies, audits and research to apply registry data towards management of care for all cancer patients. The Registry filled 15 requests for data for studies in 2003.

MaryAnn Tellinghusen, CTR
Cancer Registrar

Cancer Conferences

In 2003, there were 49 weekly cancer conferences. The conferences are scheduled every Thursday from noon to 1:00 PM and the meetings are regularly attended by physicians from medical and radiation oncology, diagnostic radiology, pathology and surgery. Physicians from urology, pulmonary, otolaryngology, gastroenterology, gynecology and family practice, as well as allied health professionals also attend. An average of 16 physicians from all departments attend each meeting.

The meeting is informal and is led by the Cancer Conference Chairperson. The meeting is conducted as follows: a physician familiar with the case presents the history. The representatives from radiology and pathology review pertinent imaging studies and pathology slides. An open discussion then ensues with physicians exchanging ideas about treatment management.

Prospective presentation was made of 96% of our analytic caseload in 2003. All of the top 5 cancer sites were discussed at conference including breast, lung, colon, prostate and bladder.

There were two didactic lectures presented at cancer conference in 2003: "Sarcoma of the Uterus" with Dr. Patricia Perosio, MD of the Pathology Department at Montgomery Hospital, and "Progress in Radiation Therapy" with Dr. Mitchell Machtay, MD of the Department of Radiation Oncology at the Hospital of the University of Pennsylvania.

Analysis of Cancer Registry Data

In 2003 a total of 526 new analytic cases (diagnosed and/or treated at Montgomery Hospital) were added to the registry. In addition, there were 98 patients that were diagnosed and treated elsewhere and subsequently treated at Montgomery Hospital. Of the 526 analytic cases, there were 243 male and 283 female; 410 (78%) patients are alive; 116 (22 %) have expired. Of those who have expired, 33 (28%) had lung cancer, 14 (12%) had colorectal cancer, 10 (9%) had cancer of the esophagus and stomach, and 9 (%) had pancreatic cancer. So, over fifty (50%) percent of all of the deaths during the first year are accounted for by the 5 sites of lung, colorectum, esophagus, stomach and pancreas. Of the 121 patients diagnosed with breast cancer, only 2 have expired. Of the 58 diagnosed with prostate cancer, only 1 has expired.

Site Distribution Report by AJCC Stage

Primary Site	# MH Cases	AJCC STAGE						CIRF Stats*	ACS Stats **	% MH Cases
		0	I	II	III	IV	UNK N/A			
Top Sites:										
Breast	122	26	48	29	11	6	2	19.3%	16.0%	23.2%
Prostate	59	0	N/A	53	4	2	0	13.3%	16.6%	11.2%
Colorectum	66	7	16	15	11	10	7	11.9%	8.0%	12.5%
BroncLung	65	0	15	3	18	25	4	14.0%	12.9%	12.5%
Melanoma	27	7	7	0	3	0	10	2.4%	4.1%	5.0%
Bladder	21	14	6	1	0	0	0	4.5%	4.3%	4.0%
TOTAL TOP SITES:	360							65.45	61.9%	68.4%
Other Sites:										
Thyroid	22	0	17	0	2	2	1			4.2%
Hematopoietic	13	0	0	0	0	1	12			2.5%
Larynx	11	0	7	0	1	0	3			2.1%
Pancreas	11	0	2	1	1	5	2			2.1%
Lymphatic	10	0	3	2	1	3	1			2.0%
Head & Neck	10	0	2	2	1	2	3			1.9%
Esophagus	9	1	0	4	1	2	1			1.7%
Liver/biliary	8	0	2	0	1	2	3			1.5%
Stomach	7	0	1	0	1	3	2			1.3%
Uterus	7	1	3	0	0	1	2			1.3%
Unknown	23	0	0	0	0	0	23			4.4%
All Other	35	1	10	4	4	3	13			6.6%
TOTAL OTHER	166									31.6%
TOTAL ALL SITES:	526									100%

*CIRF, Cancer Information Reference File is a comparison database voluntarily collected from IMPAC MRS's national client base which is extensively edited for quality and is considered a representative sampling of national data (CIRF data represents close to 15% of the total national cancer cases accessioned annually), and is advantageous in allowing exact comparison to hospital data to national data.

**ACS –American Cancer Society "Estimated New Cancer Cases and Deaths by Sex, US, 2003.

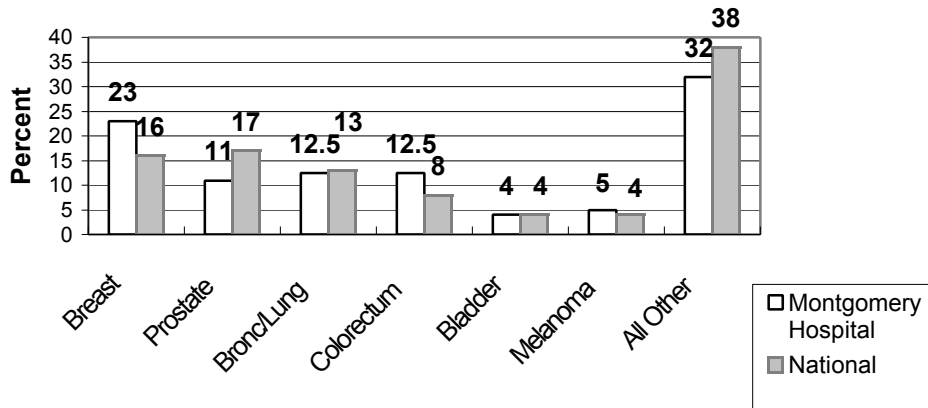


Of the 526 cases, 485 were invasive primary cases and 41 were in-situ (non-invasive) cases (26 in-situ breast, 7 in-situ melanoma, 8 all other in-situ cases).

Among **female** patients, the top site was breast cancer – the 122 cases accounted for 43% of all cancers diagnosed in women at Montgomery Hospital. The next most common female sites were: lung – 29 (10.2%), colorectum – 28 (10.0%), thyroid – 19 (6.7%), melanoma - 14 (5.0%), uterus – 7 (2.5%), and lymphoma– 8 (2.8%).

Among **male** patients, the top site was prostate – 59 cancers accounting for 24% of all cancers diagnosed in men at Montgomery Hospital. Second was colorectum – 38 (15.6%), followed by lung - 36 (14.8%), head & neck (including larynx) - 18 (7.4%), bladder - 17 (6.9%), melanoma - 13 (5.3%), and pancreas – 9 (3.7%).

Frequency of Cancer 2003 Analytic Cases



Estella F. Graeffe, MD
Director, Radiation Oncology
Chair, Cancer Committee



Report on Rectal Cancer

Background:

Colorectal cancer is the third most common malignancy, accounting for 13% of all cancers diagnosed. Each year there are approximately 13,000 new cases of carcinoma of the rectum and 8,000 deaths.

Polyps are precursors to invasive cancers. Screening colonoscopies to look for and remove polyps will prevent the development of invasive cancers. Rectal cancer incidence increases with age and screening colonoscopies should begin at age 50, except for patients with family history of colon polyps or colon cancer, in which case screening should begin at an earlier age, usually five years before the age at diagnosis of the index cancer.

The incidence of rectal cancer is similar among men and women until the age of 50, when it becomes slightly higher in men. In general, the younger the patient at the time of diagnosis, the more advanced the disease.

The prognosis for carcinoma of the rectum is highly correlated with stage at diagnosis and grade of the tumor. Early cancers, diagnosed by digital rectal exam (DRE) or by screening colonoscopies, can be treated adequately by local excisions or low anterior resections. Abdominoperineal resection with permanent colostomy is reserved only for advanced low-lying cancers.

The work-up for rectal cancer has evolved over the years. The current recommended staging studies published by the National Comprehensive Cancer Network include CXR, CT of the abdomen and pelvis, CEA, and endorectal ultrasound. Barium enemas are performed with less frequency due to the fact that most patients have direct visualization of the colon through endoscopy. PET scans are coming into use, often to look for recurrence if a CEA level is rising and there is no obvious spread or if surgery is contemplated to remove isolated areas of recurrence (such as in the liver, lung, or brain).

The surgical treatment for rectal cancer includes:

- local excision for favorable lesions (selected T1 and T2 lesions without adverse features like lymphatic, vascular, or perineural invasion; size <4cm, Grade I-II histology)
- low anterior resection for mid to upper rectal lesions,
- abdominoperineal resection or coloanal anastomosis for low rectal lesions.

To reduce the risk of local recurrence, patients should undergo optimal pelvic dissection with sharp mesorectal excision, including mesentery distal to the tumor as an intact unit.

T1-2 lesions have a good prognosis with surgery alone and adjuvant chemotherapy or radiation therapy is not needed. For node negative T3 or T4 lesions or for any lymph node-positive cancers, adjuvant treatment with radiotherapy and chemotherapy, either pre- or postoperative, is indicated.

Pre-operative chemo/radiotherapy has been used increasingly. The rationale is to decrease the volume of the primary tumor before surgery and thus enhance sphincter preservation and also to reduce the incidence of late complications from radiation, which occur more often in post-op patients who may have already developed small bowel adhesions from surgery.

Montgomery Hospital Study:

A retrospective review of Stage II and III cancers of the rectum diagnosed and treated at Montgomery Hospital for the years 2000 and 2001 was conducted with the purpose of comparing staging evaluation, treatment and outcomes to data published in the literature. Specifically we compared our facility's experience to NCDB (National Cancer Data Base) reports.

A total of 14 cases, all adenocarcinomas, were identified through the MH Tumor Registry. There were 7 cases in males and 7 cases in females. Half the patients >78 years old (79,80,81,82,82,82,84); half occurred in patients younger than 73 (41,54,62,69,72).

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All 14 patients had chest x-rays and CAT scans. Data on CEA levels was recorded in 10 of 14 cases. Ultrasound was not commented on in most charts; however, in more recent data not included in this study, US was done routinely.

The surgical treatment was as follows:
 -local transanal excision – 1
 -low anterior resection – 11
 -abdominoperineal resection – 2

The histology grade:
 - grade II – ten
 - grade II-III - one
 - grade III – two
 - grade IV – one

The results were:
 -post-operative mortality - 2 (82yo F & 80yo F). Neither had received either pre-op chemotherapy or radiation therapy
 -pre-op XRT/chemo – 4 One had AP resection and 2 had low anterior resections.
 -post-op radiation and chemotherapy - 3
 -declined the recommended post-op chemo/XRT - 1
 -post-op chemotherapy only -1 (patient had previously received definitive radiotherapy for prostate cancer)
 -no adjuvant post-op therapy –3 (because of advanced age and poor underlying medical condition)

Eight patients are alive and free of disease. One patient developed recurrence in the pelvis and had a salvage AP resection, but subsequently died from a second primary 3 years after original diagnosis, also with recurrent rectal cancer present in the pelvis. One is alive with liver metastases. One died 2 years after treatment of uncertain causes. Two died post-op and one is lost to follow-up.

Conclusions:

With so few Stage II and Stage III patients in the study, we cannot derive meaningful statistics. However, we can look at life table survivals by AJCC stage that we have on patients diagnosed from 1995-1996 and we can compare our Montgomery Hospital data to data from the NCDB for “Hospitals of All Types” (1628 hospitals) and to data for “Comprehensive Community Cancer Centers” such as ours (487 hospitals).

In our Montgomery Hospital database we had 35 cases total. The AJCC stage was as follows: Stage 0 – 5; Stage I – 11, Stage II – 7, Stage III – 8, and Stage IV – 4. Our stage distribution was similar to data reported by the NCDB; although we had 100% of our patients staged compared to 15% unknown stage in the national data.

	ALL HOSPITALS	COMPREHENSIVE COMMUNITY CANCER CENTERS	Montgomery Hospital
STAGE			
0	8 %	8 %	14 %
I	27 %	28 %	31 %
II	19 %	19 %	20 %
III	19 %	20 %	23 %
IV	12 %	11 %	12 %
Unknown	15 %	14 %	0 %
TOTAL	100%	100%	100%

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As the following survival data shows, our survival data is similar to data reported by the NCDB.

PERCENTAGE OF PATIENTS SURVIVING 5 YEARS 5 Year Observed Survival by AJCC Stage Diagnosed 1994-1995 ANALYTIC RECTAL CANCER CASES		
	MONTGOMERY HOSPITAL	NCDB (ALL HOSPITALS)
STAGE		
0	100 %	72 %
I	73 %	67 %
II	57%	53 %
III	88 %	42 %
IV	25 %	5%
OVERALL	60%	49%

With 8 of 14 patients (57.1%) currently alive and free of disease, with two to three years of follow-up, overall, I feel our results will probably prove to be similar to national survivals.

Estella F. Graeffe, MD
 Director, Radiation Oncology
 Chair, Cancer Committee

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National Cancer Data Base (NCDB), Commission on Cancer, ACoS
 Survival Reports
 Benchmark Reports



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Montgomery Cancer Center Support Groups

**Cancer Support Groups meet at the Montgomery Cancer Center, Suite 308
Montgomery Professional Building, 1330 Powell Street, Norristown**

<i>CANCER SUPPORT GROUP</i>	Second Wednesday of Each Month 7 – 8:30 p.m., Third Floor <i>Patients and families are welcome</i>
<i>BREAST CANCER SUPPORT GROUP</i>	First Thursday of Each Month Noon – 1 p.m., Third Floor
<i>LARYNGECTOMY SUPPORT GROUP</i>	Second Thursday of Each Month 7 – 8 p.m., Third Floor
<i>PROSTATE CANCER SUPPORT GROUP</i>	Second Thursday of Each Month 7 – 8 p.m., Lower Level
<i>AMERICAN CANCER SOCIETY POST-MASTECTOMY FITTING CLINIC</i>	By Appointment. Call 610/270-2703 for information.
<i>I CAN COPE</i>	Scheduled periodically 8-week program for cancer patients and families. Registration is required.