Table of Contents

Mission Statement........................................................................................................3
Chairman’s Report........................................................................................................4
RMH Hahn Cancer Center .........................................................................................5
Special Report- Lung Cancer.....................................................................................10
2012 Cancer Registry Overview...............................................................................14
2012 Cancer Registry Report .....................................................................................15
Cancer Screenings....................................................................................................16
2012 Cancer Committee Members .........................................................................17
Glossary of Terms/References ...............................................................................18
The RMH Regional Cancer Center provides patients and their families with expert cancer care right here in our community. Our Mission is:

- to provide state-of-the-art, individualized cancer care to patients through a multidisciplinary team approach;

- to educate the public regarding preventive measures and the importance of early diagnosis and treatment; and

- to provide appropriate rehabilitative services to patients and families.
Chairman’s Report

Dear Colleagues,

This has been an exciting year for our cancer program!

In the first quarter, the American College of Surgeons surveyed our program for continued accreditation through their Commission on Cancer program. We did very well, with only a couple of clerical issues to correct, but ultimately received a 3 year accreditation with commendation. Our program was awarded 6 commendations in the following areas: reporting an outcomes analysis annually, timely and accurate reporting of data to the National Cancer Database, clinical trial accrual, multiple prevention and early detection programs, and cancer-related quality improvements implemented each year. Special thanks to our staff who worked very hard to continue to improve the quality of our program.

In terms of furthering our research opportunities, the RMH Hahn cancer center has been given the opportunity to join the RTOG (Radiation Therapy Oncology Group) under Roswell Park Cancer Institute in Buffalo, NY. This allows us to provide access to multiple national clinical trials involving radiation and sometimes chemotherapy for patients with prostate cancer, breast cancer, lung cancer, and head and neck cancer. Roswell Park Cancer Institute has been a full member of RTOG for decades and is an NCI-designated comprehensive cancer center, with an extensive background in cancer research. In fact, the PSA test was developed decades ago at that very institution. We were very excited to begin enrolling patients into RTOG trials in July this year, and have enrolled 3 patients thus far this year, with a minimum goal of 5 per year.

This fall, the department of radiation oncology applied for and was granted accreditation through the American College of Radiology. The ACR’s Radiation Oncology Accreditation Program provides radiation oncologists with third-party, impartial peer review and evaluation of patient care. The facility’s personnel, equipment, treatment-planning and treatment records as well as patient-safety policies and quality control/quality assessment activities are assessed. We are pleased to be the first hospital in the western half of Virginia to achieve this accreditation, which is the radiation oncology equivalent to the QOPI accreditation, that medical oncology received last year.

Next year, we will be striving to ensure we are meeting new and more stringent standards set forth for our next CoC survey, which will be performed in 2015. We have also been offered the opportunity to participate in the American Cancer Society’s CPS-3 (Cancer Prevention Study #3). We will be partnering with the ACS to enroll healthy individuals without a cancer diagnosis into this longitudinal study that addresses lifestyle choices and how they can increase or decrease the risk of cancer. The first CPS began in 1959, and participants will fill out annual surveys for 20-30 years. This study, among other findings, was the one of the first studies to link lung cancer with cigarette smoking. The ACS is now is hoping to enroll a more diverse population into CPS-3: therefore, I believe the city of Harrisonburg is a perfect location to offer enrollment on this study.

We are also pleased to announce that our palliative care program continues to grow, which greatly benefits our cancer patients as well as patients with other chronic and terminal diseases. Dr. Tiller continues to provide a wonderful service to our patients, and she now has the help of two more excellent practitioners: Timothy Short, MD and Jennifer Bryant, ACNP-C. With the added help, the RMH Palliative Care outpatient clinic is now accepting new patients at 1931 Medical Avenue in Harrisonburg, and inpatient consultations continue.

Special thanks to all of our referring providers for your support of our cancer center, as we continue to deliver excellent care and more opportunities for our patients. Have a Happy New Year!

Yours truly,

Heather Morgan, MD
RMH Hahn Cancer Committee Chair and Cancer Liaison Physician
The Hahn Cancer Center is a state-of-the-art facility designed with the patients’ needs in mind. The cancer center focuses on providing hope, healing and recovery not just treatment for cancer. Each patient receives complete, comprehensive, and individualized care.

**Medical Oncology**

The beautifully designed infusion center provides maximum comfort for patients with restful recliners in a naturally-lit private or shared space, private televisions, and extra seating from family and friends to visit with patients. Infusion patients have access to wireless high speed internet to surf the Web or email friends. Patients and family have a view of the Reflection Garden which features a simulated stream and native flowers and greenery and offers a peaceful environment that is more conducive to a positive patient experience.

_A team of oncology nurses administer chemotherapy and biotherapy in accord with the Oncology Nursing Society (ONS) recommendations._

**Onsite Pharmacy Services**

The onsite pharmacy provides medications for patients being treated at the Cancer Center or for those admitted to the oncology inpatient unit. A clinical oncology pharmacy specialist oversees the pharmacy and is staffed with technicians specializing in preparing chemotherapy and biotherapy agents. The oncology pharmacy specialist is available to provide instruction to patients and family members concerning medications, side effects, and drug interactions. He consults with the oncology physicians to prevent and resolve any complications that may arise from treatment medications.
**Triage Nurse**
Patients have direct access to an experience oncology nurse via telephone to offer health advise or information related to medications, symptom management, and to offer referrals to needed resources.

**On-Site Laboratory Services**
The onsite clinical laboratory is available for easy, convenient, and fast turnaround services on lab tests. The laboratory is certified by Clinical Laboratory Improvement Amendments (CLIA) and is staffed by certified medical technologists with more than 20 years experience. Having the onsite lab enhances the quality of care and minimizes the amount of time patients need to spend at the cancer center.

**Radiation Therapy**
CT simulation is available at the Hahn Cancer Center. Working with the patient for about an hour in the simulator room, a team consisting of radiation therapy technicians, a dosimetrist, and a physician work together to determine the optimal position of the patient for treatment, make customized immobilization devices to ensure accuracy of daily positioning, and obtain CT scans in the treatment position.

Once the patient leaves, an intensive computerized planning process takes place. The planning CT images are transferred to either the Eclipse® treatment planning software or the Hi-Art® treatment planning software. Fusing the planning CT images to previous PET or MRI scans allows the physician to more accurately identify the tumor to be targeted during treatment. A treatment plan is then devised based on an analysis of the tumor location and the patient’s anatomy. The various beam angles, radiation energies and doses are chosen to treat the target area to ensure optimal protection of surrounding healthy organs and tissues.

The Hahn Cancer Center Radiation Therapy Department is equipped with the most up to date technology available. The Varian Trilogy® linear accelerator and the Hi-Art® treatment system by TomoTherapy® are sophisticated tools of modern medicine which produce radiation beams to treat cancer. Both machines provide Intensity Modulated Radiation Therapy (IMRT) which shapes the radiation beam to conform to the tumor itself with high doses of radiation while sparing the surrounding healthy tissue and lessening side effects. Both machines also have Image Guided Radiation Therapy which assures the correct positioning on the table and confirms the location of the tumor prior to each treatment.

Another Varian machine has been added to the Radiation Department to deliver brachytherapy to patients in the ambulatory setting. Brachytherapy is the placing of radioactive sources into tumors or areas of the body at risk for tumor recurrence and is commonly used in managing gynecologic cancers and early breast cancers. With the radiation being delivered in a few minutes rather than over a period of 2-3 days, HDR brachytherapy allows treatment delivery without admission to the hospital.
**Palliative Care**
Palliative Care is a medical specialty that focuses on how serious illness affects the individual patient and their family. Relief of symptoms can be given at the same time other medical treatments are provided. The palliative care goal is to relieve pain and symptoms and to improve the quality of life. This is not the same as hospice care which focuses on caring for the patient who is dying.

**Hospice Care**
RMH Hospice provides quality, compassionate care for anyone with a life-limiting illness. Expert symptom and pain management along with emotional and spiritual support are provided to the patient and their family.

Working closely with the primary physician, RMH Hospice includes a team of physicians, nurses, aides, social workers, chaplains, therapists, and volunteers. Nurses regularly visit to check on the patient and their loved ones and are on call 24/7. Certain medications and equipment are also provided.

**Cancer Center Staff**
The staff in the Cancer Center is dedicated to providing quality patient care. It is their goal to make each patient’s visit for treatment as convenient and comfortable as possible. Their desire is to ease the burden of the diagnosis for the patient and their loved ones.

Many of the nurses in the cancer center are certified through the Oncology Nursing Society (ONS). To receive their certification, nurses must be employed in oncology for a minimum of two years and must also pass an examination proving their knowledge of oncology care.

Other specialized staff includes:

- A certified Clinical Nurse Specialist with more than 20 years of oncology experience
- A pharmacist who is certified as an Oncology Pharmacy Specialist
- An oncology dietician who is a Certified Specialist in Oncology Nutrition
- A full-time board certified medical physicist
- A certified medical dosimetrist
- A counselor who is a licensed clinical social worker with over 13 years of experience working with oncology patients
Integrative Services
The Hahn Cancer Center team treats the entire person, not just the illness. Personalized care can reduce recovery time, lessen the side effects, improve energy levels, and much more.
A patient can choose to participate in any of the integrative services provided:

Nutrition
Good nutrition is an important part of the overall care of the cancer patient. It can help the patient maintain strength and energy, reduce the side effects of treatment, promote a stronger immune system, help with quickening the healing and recovery process.

The oncology dietician is available to meet with all oncology patients in the Cancer Center. If you have questions or would like an appointment, please ask one of your nurses or a doctor for a nutrition referral.

Counseling
Individual and family counseling is available to help cope with the stress of a cancer diagnosis, depression, anxiety, marriage and family issues, sleep issues, and pain management.

The following is a list of a few of the group sessions available for patients, families, and caregivers:

- **You Can Live Well!** *(for cancer survivors and their caregivers)*
- **Breast Cancer Support Group** *(provides education and positive connections for women in the midst of diagnosis and treatment of breast cancer as well as women who have completed treatment and wish to have ongoing support and education)*
- **Leukemia & Lymphoma Family Support Group** *(collaboration with the Leukemia & Lymphoma Society (LLS) for anyone affected by blood cancer)*
- **Man to Man** *(an American Cancer Society program for men with prostate cancer and their families)*
- **Facing Forward – Survivorship Program** *(helps patients transition back to life as a cancer survivor)*

Guided Imagery
Guided imagery teaches persons to shift emotional distress that depletes energy, to positive images than enhance healing.

Prepare for Surgery, Heal Well is a one-on-one session that teaches patients to prepare for surgery mentally, spiritually, and physically. Participants learn to use mind-body techniques to relieve anxiety, reduce the need for pain medications, and heal faster following their surgery.

Similar to Prepare for Surgery, Heal Well, the program Prepare for Treatment, Heal Well is designed to help patients cope with the treatment associated with a cancer diagnosis and to turn anxiety into positive images.
Biofeedback
Biofeedback is an educational approach that helps patients recognize and control the effects of stress on the body. Techniques are taught that can improve sleep, muscle tension, improve mood and improve pain management.

Image Recovery Center®
For many patients, dealing with the effect of treatment on their appearance can be very difficult. The Image Recovery Center® is available to help patients deal with scarring, skin changes, hair loss, and other consequences of disease, injury, or treatment. The mission of the center is to help patients heal by restoring appearance and body image.

Some of the services and products available include:
- Complimentary appearance consultation
- Pre- and post-surgical mastectomy products
- Hair replacement alternatives for partial and complete hair loss
- Wigs (human hair, blended, or synthetic) styled to resemble appearance before hair loss
- Fashionable hats, scarves, turbans, and wig accessories
- Skin care assessments and daily skin maintenance solutions
- Camouflage makeup to cover scars, discoloration, and dark circles
- Facials, manicures, and pedicures
- Hand and fingernail care natural products
- Therapeutic massage
- Lymphedema products
- Deodorants, creams, and related products for use during radiation therapy
- Oral hygiene products
- Educational materials
- Group presentations
- Gift certificates and gift baskets

The Image Recovery Center® is located at 298 South Liberty Street. They can be reached at 540-437-8492 to answer questions or to schedule an appointment.

Case Management
Oncology care managers assist patients with issues related to transportation, medication, home care, and much more. Care managers work with patients and their families to identify any care issues and to make referrals to appropriated resources.

Patient Satisfaction
The Hahn Cancer Center participates in a national survey of customer satisfaction that is provided by an independent company who judges the cancer center against other centers in their data bases. For the past few years the cancer center has scored in the top percentiles of cancer centers for patient satisfaction in both chemotherapy and radiation therapy. For many months, the cancer center was in the 100th percentile. The medical oncologists and the radiation oncologists have consistently been near or at the 100th percentile.
Lung cancer is the leading cause of cancer death. It is second to cardiovascular disease as the leading cause of all deaths in this country. Unfortunately, only 15% of patients diagnosed with lung cancer will survive. This year, we have chosen to look at some statistics concerning non small cell carcinoma of the lung and compare and contrast data from the RMH Cancer Registry with that of the National Cancer Data Base of the American College of Surgeons over the decade between 2000 and 2009.

**Figure 1** illustrates that, at RMH, we have seen a slight gradual increase in the proportion of non-small cell lung cancers that occur in women, especially over the last 3 years of the first decade of this century. Between 2007 and 2009, the proportion of cases in females increased from 29.5% in 2007 to 39% in 2008 to 45% in 2009. Overall, for the decade of 2000-2009, 63% of all non small cell lung cancers occurred in men and 37% in women. When compared to national statistics, these results tend to slightly more weighted toward a male predominance at RMH, as shown in **Figure 2**.

Nationally, there has been an increase in the proportion of lung cancers diagnosed in women. There are several demographic differences between lung cancers in men and women. These differences are not simply explained by the facts that most cancers are caused by smoking and more men smoke than women, or even that higher proportions of women smoked in the past several decades than previously. For example, lung cancer incidence seems to be increasing in women and especially in women who have never smoked. Hypotheses as to why this is occurring include: Increased radon exposure at home, second hand smoke, an association with papilloma virus infection and other theories--none of which are proven. Lung cancer mortality in women, however, is generally less than in men. Women are more likely to respond to oral chemotherapies like Tarceva. Women are more likely to have adenocarcinoma histology, and to fare better after surgical resection. These differences make it even more important to track these important statistics that might lead to other important therapeutic breakthroughs.
Interestingly, Figure 3 shows that in the decade ending two years ago, at RMH, squamous cell lung cancer histology was more common than adenocarcinoma. Nationally, as shown in Figure 4, adenocarcinoma is (and traditionally, has always been) the most common lung cancer histology. Looking at the last decade, at RMH, the proportions are almost reversed when compared to national statistics. This could be explained in part by the higher proportion of the category “non small cell” (which may represent some adenocarcinomas) seen at RMH when compared to similarly classified tumors at other institutions. This distinction is increasingly important since squamous cell cancers are generally treated differently under contemporary guidelines than adenocarcinomas and may not be subjected to genetic profiling studies for consideration of newer therapies like Avastin and Tarceva and other new kinase inhibitors. It is increasingly important to obtain sufficient tissue to not simply categorize lung cancer as small cell or non small cell categories but to sample genetic profiles that may define novel therapeutic options with meaningful value to patients.
**Figure 5** and **Table 5** illustrate that time to treatment from the diagnosis of non small cell cancer at RMH compares almost identically to national statistics from the NCDB. As is seen nationally, about one quarter of all patients are treated within 6 days of diagnosis. About 50% of all lung cancer cases both at RMH and nationally are treated within 21 days of diagnosis.

Unfortunately, most lung cancers are diagnosed when patients already have metastatic disease, as shown in **Figure 6** and **Table 6**. At RMH, 41% of patients with non small cell lung cancer had advanced stage disease at diagnosis, which compares with about 35%, nationally. New data which suggest that high risk individuals over age 55 or with a thirty pack year or more history of smoking, and other risk factors might benefit from annual low dose chest CT scanning may help alter these grim statistics in favor of earlier stage diagnosis and treatment. Chest x-ray alone is not proven to benefit patients. Never smoking remains the best prevention strategy since about 85% of lung cancers occur in smokers or former smokers.
Non small cell lung cancer does not discriminate based on educational status. At RMH, as illustrated in Table 7, lung cancer is most common in patients without a high school degree. Nationally, however, lung cancer occurs in all educational groups. Some studies have demonstrated an inverse association between educational level and lung cancer. This is suggested by the RMH data shown in Figure 7 where patients with higher educational levels are, apparently, less likely to be diagnosed with cancer. However, such statistics must be viewed cautiously, since it is possible that patients with higher educational levels have a referral bias and are diagnosed and treated elsewhere.

Lung cancer remains a major cancer challenge. New developments such as genetic profiling and more accurate classification of tumors, new screening programs with CT for earlier diagnosis, better efforts at smoking cessation and prevention, better insights into novel causations, and new treatment strategies all offer real hope for the next decade.

Brian Robinson, MD
Medical Oncology
Cancer Registry

The cancer registry is a data system designed to collect, manage and analyze data on patients with all types of cancer. These patients include all those diagnosed and treated in the hospital. The cancer registry also maintains follow-up on the patients identified. In 2011, 868 cancer cases were accessioned into the registry. The RMH Cancer Registry was established in 1973 and to date, more than 20,000 cases have been added to the registry.

Maintaining a lifelong follow-up of patients is a very important part of the cancer program. To meet the current American College of Surgeons Commission on Cancer standards, RMH must maintain a current follow-up on at least 80% of all patients since 1973 and 90% of all patients diagnosed with cancer in the last five years. RMH maintained follow-up rates of 88% and 91% which exceed the requirements.

The diligent and careful collection and management of cancer data by registry staff contributes to overall patient care and assists in the development of guidelines and practice standards to benefit patients. It also contributes to cancer control activities of national organizations.

The cancer registry is staffed by 2 full-time employees. Registrars are required to attend local, state, and national meetings for continuing education and to maintain national certification. The role of cancer registrars is ever changing as are the standards for collecting and maintaining quality data in the registry.

Cancer Conferences

Cancer conferences (tumor boards) are designed to improve the care of patients with cancer by providing a multidisciplinary forum to discuss new and existing cancer patients. At each meeting the discussion involves the patient’s diagnosis, medical history, a review of imaging studies, and pathology along with available treatment options. As a CoC-approved Comprehensive Community Cancer Program, RMH conducts weekly cancer conferences covering multiple cancer sites, diagnoses, and treatment planning. These meetings contribute to continuing medical education and are attended by board-certified physicians from medical oncology, radiation oncology, pathology, diagnostic radiology, surgery, palliative care, urology, cardiothoracic surgery, internal medicine, and others. Allied medical staff attendees include nurses, physician assistants, pharmacists, radiation techs, and cancer registry staff. In 2011, the registry coordinated 47 cancer conferences (tumor boards) in which 157 cancer cases were presented. Additionally, the registry coordinated twenty-eight multidisciplinary breast conferences focusing on the care of patients diagnosed with breast cancer.

Oncology Symposium

Each year, in line with CoC standards, an educational activity is offered to physicians, nurses, and allied health professionals. On November 15, 2011, the topic for the 2011 Oncology Symposium was Image Guided Radio Frequency Tumor Ablation: Technique & Clinical Applications. The program was presented by Dr. Matthew Blurton, a diagnostic radiologist with Rockingham Radiologists.

Eunice Wiens, CTR
## RMH HEALTHCARE PRIMARY SITE TABULATION FOR 2011

### PRIMARY SITE

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Number of cases excluded: 0
The American Cancer Society recommends that women age 40 and above have a screening mammogram of both breasts every 1-2 years, or as suggested by their physician. In addition, an annual breast examination by a healthcare provider and monthly breast self-examinations for women over 20 years of age is recommended.

To help detect breast cancer at its earliest stages, RMH Women’s Center offers digital mammography, the latest technology in women’s healthcare. Digital mammography is also available on the Mobile Health Services van, the first mobile unit in the nation to be equipped with full-field GE digital mammography unit.

Free skin cancer screenings are offered by RMH Hahn Cancer Center annually in conjunction with the American Academy of Dermatology, the American Cancer Society and local dermatologists. If detected in the early stages all skin cancers are treatable and are most often curable.

RMH Hahn Cancer Center provides free prostate screenings annually in partnership with the Prostate Education Counsel and the American Cancer Society.

On March 21, 2012 RMH offered an education program to the community on the benefits of colon cancer screening. Fecal occult blood cards were offered for basic screening to interested patients. This first time program will become an annual event for RMH.

Free oral cancer screenings are performed annually by local dentists. Oral and neck cancer is the sixth most common form of cancer in the United States. Early signs of oral cancer include mouth sores that do not quickly heal, changes in the color or texture of the oral tissue, and persistent pain.
2011 Cancer Committee Members

Heather Morgan, MD, Cancer Committee Chair, CLP, Radiation Oncology
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Matthew Blurton, MD, Diagnostic Radiology
Alden Hostetter, MD, Pathology
Heidi Rafferty, MD, Breast Surgery
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Santhosh Ambika, MD, Medical Oncology
Robert Kyler, MD, Radiation Oncology
David Morgan, MD, Radiation Oncology
Gene Branum, MD, General Surgery
Rick Haushalter, Senior VP Operations, COO
Donna Hahn, VP Acute Care Services, CNE
Glossary of Terms

**Accession Number**
Unique number assigned to each new cancer case seen at RMH.

**Analytic**
Cases first diagnosed and/or receiving part of their first course of treatment at RMH. Analytic cases include Class of Case 0-2 and are included in treatment and survival analysis.

**NCDB (National Cancer Data Base)**
A joint program of the Commission on Cancer (CoC) and the American Cancer Society (ACS), is a nationwide oncology outcomes database for more than 1,400 Commission-accredited cancer programs in the US and Puerto Rico. Data elements are collected and submitted to the NCDB from CoC-accredited cancer program registries using nationally standardized data item and coding definitions.

**Non-Analytic**
Cases that have been diagnosed and have received their first course of treatment elsewhere, but are currently being seen at RMH. These include Class of Case 3-9 and are not routinely included in statistical analysis.

**First Course of Treatment**
Includes all methods of treatment recorded in the treatment plan and administered to the patient before disease progression or recurrence.

**TNM Staging**
The American Joint Commission on Cancer (AJCC) classification scheme for cancer staging refers to the size and extent of the tumor (T), the involvement of lymph nodes (N), and distant metastasis (M). It is used to make appropriate treatment decisions, to determine prognosis and to measure end results.

**References:**
*Cancer Facts & Figures 2009*, American Cancer Society
American College of Surgeons (ACoS), Commission on Cancer (CoC), National Cancer Data Base (NCDB)