



Together, The Strength to Fight Cancer

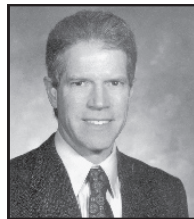
Fighting Cancer With the People You Trust



Eileen F. McGarvey, MD



David Gray, MD



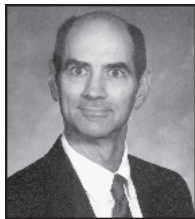
Melvin Skiles, MD



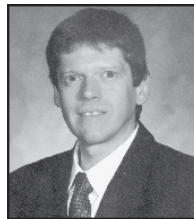
Beth Meyer, MS, Physicist, Gina Everett, RTT, Eileen F. McGarvey MD, Marilyn Jones, Office Coordinator, Bree Heinz, RTT, Jessica Kietzman, RN, BSN, MBA, Service Line Director



Paul Cronen, MD



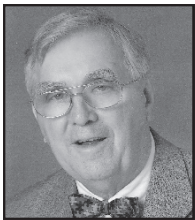
Greg Heaton, MD



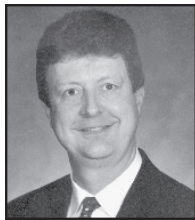
William Skiles, MD



Left to right: Julie Applegate, Office Coordinator, Judy Weston, RN, OCN, Oncology Director, Candi Brown, RN, OCN, Joyce Wynn, CTR, Cancer Registrar, Jean Skirvin, RN, BSN, OCN, Candace Sigmon, RN, BSN, OCN.



Laurence Bates, MD



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King's Daughters' Hospital and Health Services 2008 Cancer Report

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Prepared by Community Cancer Care www.cccoutreach.com

King's Daughters' Hospital and Health Services 2008 Quality Improvement Data Study: Colon Cancer

This study looks at the age at diagnosis, stage, treatment and survival of colon cancer patients diagnosed at King's Daughters' Hospital and Health Services (KDH) from 2003-2007 and compares findings with the National Cancer Data Base.

Age at Diagnosis

As noted on the "Age at Colon Cancer Diagnosis" chart on page 3, KDH is comparable with the national data.

Stage at Diagnosis

KDH exhibits a slightly higher percentage of earlier diagnosis, with 32% diagnosed at Stage 0 or Stage I. Earlier stage at the time of diagnosis can translate to better outcomes and potentially less treatment, however, since the KDH total numbers are small this may not be statistically significant.

Stage is important to understand because it can determine treatment and survival. A stage is given to a tumor at diagnosis so that the physician can understand the extent of the disease.

Stage 0: Neoplasm that meets microscopic criteria for malignancy except invasion

Stage I: Malignancy that is entirely confined to organ of origin

Stage II/III: Malignancy that has spread by direct extension to immediately adjacent organs/tissue or has metastasized to regional lymph nodes or organs

Stage IV: Malignancy that has spread beyond adjacent organs or tissues by direct extension or has developed secondary or metastatic tumors, metastasized to lymph nodes or is systemic in origin

Treatment Protocols

KDH treatment figures are similar to the national average, although we have a slightly increased use of surgery and chemotherapy. This is in line with more recent data showing the benefit of adjuvant therapy ("extra" treatment) and newer modalities of adjuvant treatments.

Comments

At this point in time there have been several breakthroughs in the adjuvant treatment and types of chemotherapy for colon cancer. This is similar in nature to the changes we saw in breast cancer treatment a decade or more ago. In the future I think we will see more combined modality treatment for colon cancer and would anticipate even those who have metastatic disease would have increased survival rates. Preoperative chemotherapy may become more of a treatment arm for patients with advanced disease. Advances in hepatic (liver) resection and hepatic metastatic treatment have improved markedly. From these new modalities, we are just beginning to see survival statistics which seem to be improved but are yet unknown.

Implications

If one believes in the "polyp-to-colon-cancer" sequence it would behoove our community to closely follow the American Cancer Society guidelines for colon cancer screening. Anyone age 50 or older should be screened regularly. If you are under the age of 50 and are at greater risk for colorectal cancer, talk to your family physician about your specific risk factors and the type of screening that may be appropriate for you. A colonoscopy and other appropriate tests can provide both prevention and early detection. Knowing this, it would make the most sense to increase our efforts and screen as many people as possible.

Paul Cronen, MD

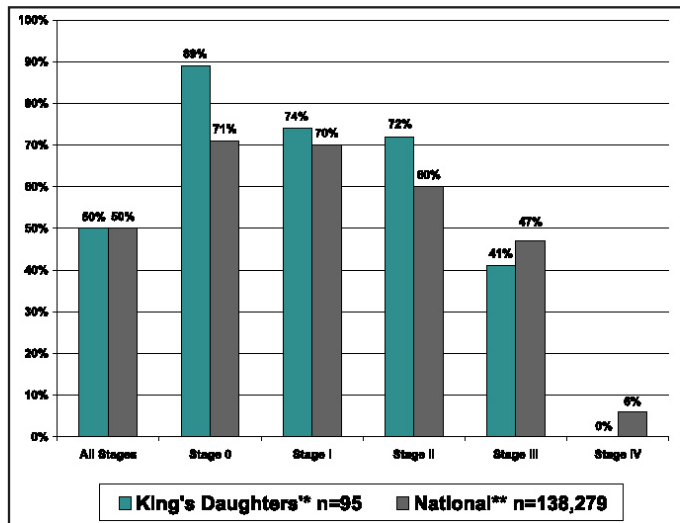
American College of Surgeons Liaison
General Surgeon

Survival Data

The "Observed Survival by AJCC Stage" chart shown on this page exhibits survival data by stage for 5 years. Comparison with national survival data reflects favorably on KDH particularly in the early stages. Our statistics for Stage III disease are a little below the national numbers, again reflecting that later stage at diagnosis can affect long-term survival in colon cancer.

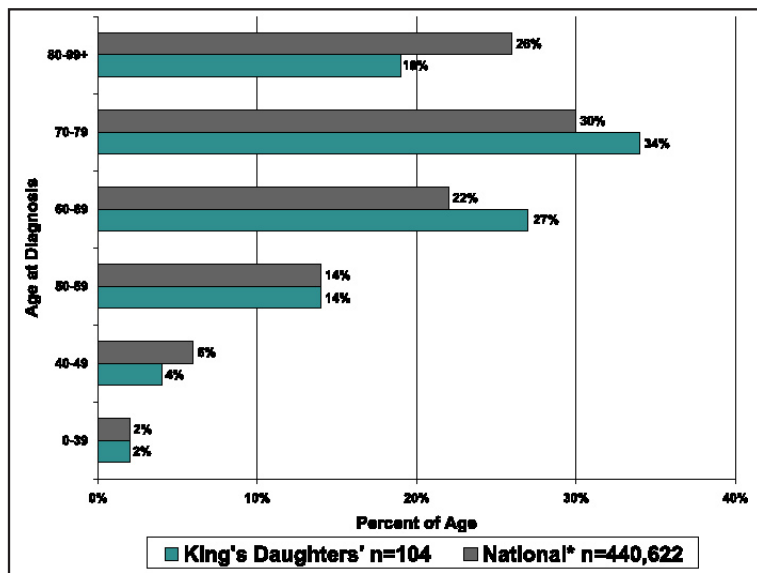
The AJCC (American Joint Committee on Cancer) formulates and publishes systems of classification of cancer, including staging and end results reporting, which is acceptable to and used by the medical profession.

King's Daughters' Hospital and Health Services
1998-2002 Analytic Colon Cancer
Observed Survival by AJCC Stage



**Excluded from survival are cases with multiple primaries, unknown stage of disease at diagnosis and unknown cancer status during the last patient follow-up information. **National comparison: 1998-1999, National Cancer Data Base, Chicago, IL.*

King's Daughters' Hospital and Health Services
2003-2007 Analytic Colon Cancer By Age



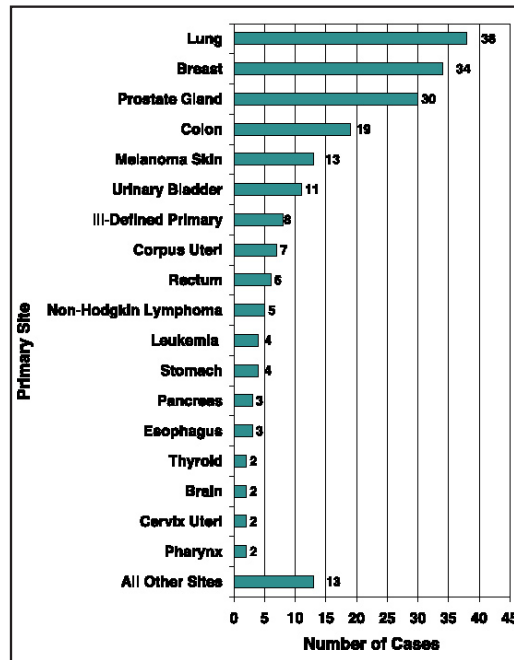
This chart illustrates the number of colon cancer patients by their age at KDH compared nationally between 2003 and 2007. Note that the word “analytic” refers to those cases diagnosed and/or treated initially at our hospital. The highest percentage of diagnoses at KDH occurred between ages 70 and 79. *National Comparison: 2000-2005, National Cancer Data Base, Chicago, IL.

5 Colorectal Cancer Quick Facts

- Colorectal cancer is the third most common cancer in both men and women.
- Early stage colorectal cancer does not usually have symptoms. Therefore, it's important to detect colorectal cancer in its early stages via regular screening.
- Colorectal cancer can be curable when diagnosed in early stages. Screening tests may detect precancerous growths so they can be removed before developing into cancer.
- Your chance of developing colorectal cancer depends upon both genetic and non-genetic factors.
- More than 90% of colorectal cancer cases are diagnosed in individuals age 50 or older. Beginning at age 50, men and women who are at risk should begin screening. Talk to your physician regarding your individual risk factors.

For more information about colorectal cancer visit www.cancer.org.

King's Daughters' Hospital and Health Services
2007 Incidence of Cancer By Site
206 Analytic Cases



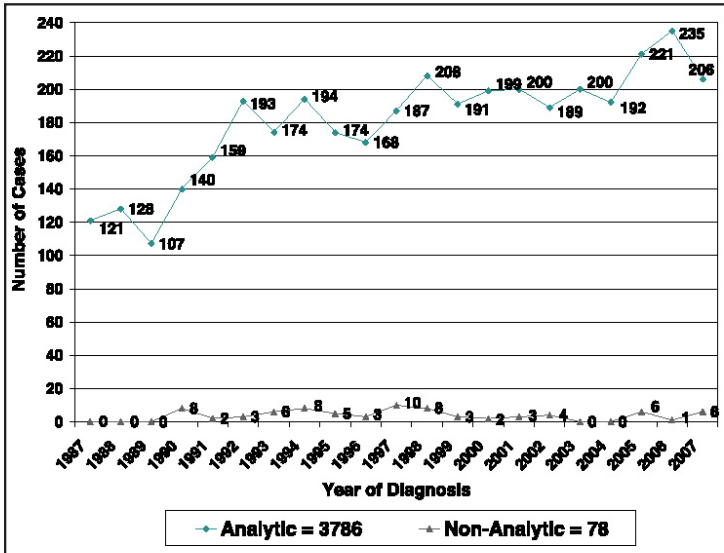
This chart illustrates the total number of analytic cancer cases (those diagnosed and/or treated initially at our hospital) at KDH in 2007 and breaks them down by site of origin.

Recognizing the Symptoms of Colorectal Cancer

If you experience any of the following symptoms call your family physician right away. These may be related to colorectal cancer or other serious medical conditions.

- Change in bowel habits
- Diarrhea, constipation or a feeling that your bowel is not completely emptying
- Blood in the stool (bright red or very dark in color)
- Stools that are narrower than usual
- General abdominal discomfort (i.e., gas, bloating, fullness, cramping)
- Weight loss for no apparent reason
- Chronic anemia (i.e., constant tiredness)
- Vomiting

King's Daughters' Hospital and Health Services
3,864 Total Cancer Cases Diagnosed and/or Treated
Between 1987-2007



This chart compares the total number of all cancer cases diagnosed and/or treated between 1987 and 2007 at KDH and compares analytic and non-analytic cases. Note that the word “analytic” refers to those cases diagnosed and/or treated initially at our hospital. “Non-analytic” refers to cancer cases primarily diagnosed and treated elsewhere, receiving subsequent care at our hospital.

Are You At Risk For Colorectal Cancer?

Age: Colorectal cancer is more likely to occur in people over the age of 50.

Polyps: Polyps are growths on the inner wall of the colon and rectum and may increase one’s risk of colorectal cancer if not found and removed.

Family History: Parents, siblings and children of a person who has had colorectal cancer are more likely to develop it. Women who have had ovarian, uterine or breast cancer may also be at risk for developing colorectal cancer.

Ulcerative Colitis: This condition is an inflammation of the colon’s lining and increases a person’s chance of developing colorectal cancer. Crohn’s Disease (chronic inflammation of the gastrointestinal tract) also increases the risk of getting this cancer.

Diet: Diets high in fat and calories and low in fiber may increase the risk of colorectal cancer.

Smoking: People who smoke cigarettes are at greater risk for polyps and colorectal cancer.

Alterations in Genes: People who have changes in certain genes have an increased risk of colorectal cancer. Ask your family physician about new advances in genetic testing.

Our Cancer Committee

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