

**2012
Annual
Report
on 2011
Data**



Richard G. Laube Cancer Center

Introduction

The diagnosis of cancer is a frightening, life-altering experience for patients and their families. The multidisciplinary group of healthcare professionals at the Richard G. Laube Cancer Center recognizes this and is committed to assisting patients through diagnosis, treatment and follow-up care, maintaining the patient at the heart of the treatment team. Our program, is accredited with commendation by the American College of Surgeons (ACOS), Commission on Cancer (CoC), which recognizes high quality care, provides comprehensive medical and radiation oncology care utilizing the latest advances in technology in a convenient community setting. We continue to work in close collaboration with tertiary care centers and their physicians to offer our patients optimal, personalized care close to home. With pride, we present our 2012 annual report offering a glimpse into the many programs and services available at ACMH's Richard G. Laube Cancer Center.

The Cancer Care Team and staff recognize the importance of early detection and prevention of cancers and offer several screening and education programs for the community. We continue to provide free skin cancer screenings, which are very well received, and head and neck cancer screenings, as well as breast cancer screenings. We also recognize a need to emphasize to our community at large the need for early colorectal cancer screening. We are pleased to have been able to collaborate with other area agencies, such as the American Cancer Society, Adagio Health and The Pittsburgh Affiliate of Susan G. Komen for the Cure to provide these services to the community. Dedicated oncology staff also target our local high schools and businesses with prevention and early detection information, particularly related to skin cancers and tobacco related cancers.

We continue to actively accrue patients to clinical trials, realizing participation benefits for the patient enrolling, as well as the importance of clinical trials in advancing the cancer treatment and options for cancer patients throughout the world. We continue to participate with National Surgical Adjuvant Breast and Bowel Project (NSABP), Eastern Cooperative Oncology Group (ECOG), and industry trials, to name a few.

The role of the oncology nurse navigator continues to expand at ACMH Hospital. Our navigator enthusiastically acts as a liaison assisting patients as they navigate through often complex cancer care and treatments while providing emotional support. This assists in bridging the potential gaps in care. Our navigator has received much positive feedback from patients as well as the medical community and is an asset to our program.

The staff of ACMH Hospital and the Richard G. Laube Cancer Center remain very active in fundraising and community activities in addition to the delivery of patient care. We tirelessly raise money year-round to support the American Cancer Society's Relay for Life and Make-A-Wish. We also support collection of food for local food banks and help needy families within the community at Christmas time.

As part of our ongoing commitment to our patients and continued improvement, we worked diligently in 2012 to expand access to social services. Prior to this year, the Cancer Center staff and patients had limited access to social services, leaving the staff to field many issues that arose for patients undergoing cancer treatment. With administrative approval, we were proud to secure an LCSW (Licensed Clinical Social Worker) in the Cancer Center on a full time basis. This has been an invaluable addition to our program. The psychological, as well as social impact, a diagnosis of cancer can have on our patients is large and we are fortunate to have a skilled LCSW present to assist. In the 6 months since our LCSW's hire in July 2012, more than double the number of patients were provided one-on-one assistance as compared to the previous 6 months. Assistance included personal counseling and support in accessing resources for medications, transportation, utilities, insurances and financial support. Establishment of this role enables us to more comprehensively care for our patients.

Thank you to all whose dedication and hard work have helped to make the Cancer Program at ACMH Hospital successful as we continue to strive for excellence.

Sincerely,

The Cancer Care Team

Cancer Registry Summary

The Cancer Registry collects, manages and analyzes information for all patients with a malignancy or any central nervous system tumor. The core functions of the registry are to identify all reportable cases, complete an abstract for each case, and monitor each patient annually. Data is collected following a strict set of coding rules and must meet the requirements of the Pennsylvania Cancer Registry (PCR), the Commission on Cancer (CoC), and the Cancer Committee.

The computerized software system used by the ACMH Hospital registry is Oncolog. The registry offers access to a broad range of data including, but not limited to, demographics, primary site, histology, stage, treatment, recurrence and follow-up information.

The information in the registry is used for purposes of quality improvement, meeting the CoC standards necessary to maintain accreditation, statistics, and research. Cases are submitted to the PCR monthly and the NCDB (National Cancer Database) annually. Benchmark reports are provided by the NCDB for review of patient outcomes and to see how our hospital delivers care in comparison to other facilities across the nation. This information can be used as a tool to implement improvement processes as well as to identify areas of excellence.

The major changes that took place in 2010 were followed by more changes and transitions during 2011. The NCDB required cases to be submitted 6 times in 2011 instead of the usual annual reporting. The new schedule will allow for more accurate reports and data available earlier. In the past there was a 5-year cycle for each case. After this one-time year of multiple submissions any patient that has a change in status will be reported the following January in the annual Call for Data.

New accreditation standards for 2012 were released by the Commission on Cancer. These were reviewed to determine what changes our program would need to make in the upcoming year.

The registry participated in a Collaborative Stage Reliability Study on the SEER website in October. This study, along with the completed reconciliation of cases, will be counted as a national meeting for the CTR and will fulfill standard 7.2 with commendation. The Collaborative Staging system released several new versions in 2011 to correct issues with edits and coding instructions. Some of these required a manual review and recoding of certain cases.

334 cases were abstracted in 2011. 290 were analytic (newly diagnosed) and 44 were non-analytic (seen for recurrent or persistent disease not initially treated at ACMH). The quality of the registry data is verified by extensive edits built in to the registry software as well as a physician review of 10% of the cases.

The top 5 cancer sites, including in-situ and invasive, for 2011 were:

- Breast – 50 cases, 17%
- Lung – 47 cases, 16%
- Prostate – 26 cases, 9%
- Colorectal – 20 cases, 7%
- Bladder – 18 cases, 6%

Each patient in the database is followed annually in order to acquire information on recurrences, subsequent treatment, and survival. This process benefits patients because it serves as a reminder to physicians of the need for continued surveillance. The ACMH registry is currently following 2,661 patients. The required follow up rate of over 90% is maintained in order to meet the CoC standard.

AJCC STAGING
24 Most Common Sites
11/27/2012
Site Distribution-ACMH Hospital 2011 Cases

PRIMARY SITE	TOTAL	SEX		CLASS		DOMINANT/COLLABORATIVE AJCC STAGE GROUP						
		MALE	FEMALE	ANALTY	NON-ANA	0	I	II	III	IV	None	Un-known
07-Breast	53	0	53	50	3	13	18	12	5	4	1	0
29-Lung	50	28	22	47	3	0	9	1	11	28	0	1
42-Prostate	36	36	0	23	13	0	6	19	0	4	0	7
11-Colon/Rectum	22	12	10	20	2	1	6	5	5	3	0	2
04-Urinary Bladder	19	17	2	18	1	10	3	1	3	1	0	1
61-Hodgkin/Non-Hodgkin Lymphoma (7 th Ed)	17	10	7	17	0	0	4	3	3	6	0	1
06-Brain/Spinal Cord	16	9	7	13	3	0	0	0	0	0	16	0
14-Corpus Uteri-Carcinoma	14	0	14	13	1	0	11	0	2	0	0	1
66-Melanoma of the Skin (7 th Ed)	14	7	7	12	2	2	8	0	2	1	1	0
24-Kidney	6	5	1	6	0	0	3	2	0	1	0	0
27-Lip/Oral Cavity	4	2	2	3	1	0	1	2	0	0	0	1
58-Vulva	4	0	4	3	1	2	1	0	1	0	0	0
39-Ovary	4	0	4	4	0	0	0	0	2	2	0	0
40-Pancreas	4	2	2	2	2	0	1	0	1	0	0	2
51-Stomach	4	2	2	4	0	0	0	0	0	4	0	0
47-Soft Tissue Sarcoma	3	2	1	3	0	0	1	1	1	0	0	0
15-Esophagus (7 th -Squam and non-Adeno)	3	3	0	3	0	0	1	0	0	1	0	1
16-Esophagus (6 th -All, 7 th -Adeno)	3	2	1	1	2	0	0	0	2	1	0	0
01-Ampulla of Vater	2	0	2	1	0	0	0	0	0	0	0	2
26-Fallopian Tube	2	0	2	2	0	0	0	0	2	0	0	0
08-Cervix Uteri	2	0	2	2	0	0	1	0	1	0	0	0
81-Thyroid-P/F 45 and older (7 th Ed)	2	0	2	2	0	0	2	0	0	0	0	0
67-Merkel Cell Carcinoma (7 th Ed)	2	0	2	1	1	0	0	1	0	0	0	1
74-NET-Gastric (7 th Ed)	2	2	0	2	0	0	1	0	0	1	0	0
TOTALS	288	139	149	253	35	28	77	47	41	57	18	20

This report selects the 24 most common site in this database by Site Groups for Staging

Cases in Gather 334 Cases Excluded 46

Clinical Research

ACMH Hospital is a community hospital participating in a number of clinical trial cooperative groups, all of which are approved by ACMH Hospital Institutional Review Board. Our programs are affiliated with the University of Pittsburgh Cancer Institute and Allegheny General Hospital Community Network Programs which enables ACMH Hospital to enroll patients into The National Surgical Adjuvant Breast and Bowel Project, and Radiation Therapy Oncology Group studies. ACMH Hospital also enrolls patients through the Cancer Trials Support Unit, a project sponsored by the

National Cancer Institute to adult cooperative group studies, pharmaceutical sponsored studies, the National Oncologic PET registry and prevention and compassionate use protocols. We have enrolled patients into studies for brain, lung, colon, kidney and breast cancer.

Patients are continually being reviewed and enrolled into clinical trials. The protocol coordinator reviews all new patients that are in the hospital or seen in the outpatient setting. The Medical Oncologists meet regularly with the protocol nurse to review and discuss new and available studies. Our protocol nurse also organizes a monthly connection with the Allegheny General Hospital Breast Cancer Conference via telecommunications, where the physicians can take an active part in the cases presented, listen to an educational lecture or present their own challenging patient cases for review. We continue to have increased enrollment in the number of patients participating in clinical trials at ACMH Hospital. We are proud to be able to offer this as an additional treatment option to our community.

Being able to offer research based clinical trials to our patients adds another dimension to our multidisciplinary care of cancer patients, and is part of the standard of care in cancer treatment. The oncology team continues to assess current patients with long-term follow-up as well as enroll a growing number of patients into our approved protocols.

Education & Enlightenment

TUMOR BOARD (Cancer Conference)

The Tumor Board at ACMH typically meets the 1st, 3rd and 5th Tuesday of each month to present cancer cases for prospective review. The Cancer Conference offers multidisciplinary consults on every case presented. This structure ensures the availability of modern pretreatment evaluation, including accurate staging, up-to-date multidisciplinary treatment, and ongoing quality assessment including management guidelines. Cancer Conference focuses on problem cases and on pretreatment evaluation, staging, treatment strategy and quality of life. Participants include physicians from the Departments of Pathology, Medical Oncology, Radiation Oncology, Diagnostic Radiology and Surgery, as well as oncology nursing, social services, nutrition and tumor registry.

All major sites of cancer diagnosed and/or treated at ACMH are covered throughout the year. Forty-two cases were presented in 2011 with an average of eleven in attendance. Sites discussed included breast, prostate, colorectal, lung, and lymphomas, in addition to malignancies of the head and neck, skin, GI system, bladder, and brain. Staff physicians are welcome and are invited to bring any oncology case to Tumor Board for discussion and/or second opinion review.

TUMOR CONFERENCE

The Tumor Conference typically meets quarterly at ACMH to offer educational opportunities, at least one of which relates to the use of staging and national treatment guidelines, for all physicians as well as hospital staff. This is a conference given by the speakers' bureau as well as industry speakers. Topics for 2011 included: Opiate Pain Management n Palliative Medicine; Identification and Management of Hypersensitivity Reactions, Use of Histology to Select Cytotoxic Therapy for the Treatment of Advanced Nonsquamous NSCLC, Indolent Non-Hodgkin Lymphoma Therapeutic Update. In addition to our Tumor Conferences, several staff members participated with Allegheny General Hospital's Multidisciplinary Breast Cancer Conference via videoconference, which is held on a monthly basis.

Care & Compassion

NUTRITION SERVICES

Nutrition is an integral part of the management of cancer and related therapies. The maintenance of an adequate nutrition status may reduce the complications from oncologic therapy and may contribute to the patient's sense of well-being. A Registered Dietitian is part of the ACMH Hospital Cancer Care Team and is available for consultation as the need arises.

Patients and families can request to meet with a Dietitian for nutrition concerns and suggestions for optimizing meal planning.

REHAB SERVICES

ACMH Rehab Services (Physical Occupational, and Speech Therapy) are available to provide services to patients who may have functional limitations/impairments, disabilities, or changes in physical function and health resulting from injury, disease process or other causes. Our highly skilled therapists can provide care to patients in a variety of settings across the continuum of care (Inpatient, Outpatient, Skilled Nursing, and Acute Rehab). The therapists design individual treatment programs to address each patient's physical and functional deficits. Our Physical Therapist's, Occupational Therapist's and Speech Therapist's are available to treat Cancer related problems such as: pain, weakness and fatigue, difficulty with gait or unsteadiness (loss of balance), lymphedema, loss of joint range of motion or function, stress/anxiety, difficulty with activities of daily living and speech and swallowing dysfunctions. Our main hospital facility also offers aquatic therapy programs, while we have 2 off campus offices in Ford City and Leechburg that also provide outpatient PT.

Quality Reporting/Performance Improvement: In 2011, a collaborative project was implemented to attempt to better track and refer Cancer Center patients to Rehab Services and the Pain Center. First, we tracked referrals for a period of one year and felt the numbers were low compared to the Cancer Center volumes. Therefore, we made some changes by educating Cancer Center physicians and staff as to the appropriate available referrals for Rehab Services and the Pain Center. We then developed and implemented distribution of Rehab Services and Pain Center materials to new Cancer Center patients with the goal to prompt patient to discuss specific problems, concerns and dysfunctions to their physician. After the changes were made, we tracked referrals to all areas for a 5 month period and noticed a significant increase in the number of referrals to PT, OT, SLP and the Pain Center. The only area that did not show a significant increase was outpatient PT (refer to the "Rehabilitation Services, Pain Center and Cancer Center Quality Report 2011" for specifics).

CANCER GENETIC COUNSELING

In collaboration with Allegheny General Hospital, we are able to provide cancer genetic counseling to our patients and their families on-site. This is accomplished in part by the use of teleconferencing equipment made possible by the generous donation of Mrs. Carrie Bracken in memory of her late husband, C. Lavern Bracken. Patients can meet on a monthly basis with a genetic counselor to discuss the risk assessment and testing. Patients have the opportunity to speak with the medical oncologist specializing in cancer genetic testing via teleconference. In the year 2011, 37 patients were seen, 25 new patient and 12 follow-up patients. We are fortunate to be able to offer this important service on-site for patients with significant family medical histories of cancer.

ONCOLOGY SOCIAL WORKER

The Oncology Social Worker assists in identifying psychosocial issues of patients, families and significant others who are facing the impact of cancer. The social worker acts as an advocate for patients and their families by helping others understand their needs. The social worker is also responsible for counseling, education, case management and networking community services.

ONCOLOGY NURSE NAVIGATOR

The Oncology Nurse Navigator at ACMH Hospital is available to assist cancer patients obtain timely and efficient care from diagnosis to treatment to follow-up cancer care. Currently the Navigator's primary focus is our breast cancer patient population, but is available for any oncology patient in need of assistance.

Getting a breast cancer diagnosis can be very scary. Getting through the maze of appointments with radiology, cardiology, laboratory, surgery, oncology, and radiation oncology can be confusing and overwhelming. Once a newly diagnosed patient receives her diagnosis of breast cancer, the nurse navigator contacts her and provides information about her pathology report, diagnosis, possible treatment options, and what to expect at her first visit with the surgeon or oncologist. The time period between diagnosis and initial appointment with the specialist is extremely stressful. Having a point of contact during this critical time can be very helpful for patients who may have additional questions or need emotional support.

Once the patient's treatment plan is in place, the nurse navigator stays in contact with the patient. Patients are contacted post-op to monitor for pain and drain management. If chemotherapy is indicated, patients are monitored for treatment-related side effects. Patients often call with questions related to diarrhea, constipation, and infection. The nurse navigator often serves as a triage nurse, directing patients on how to manage these symptoms at home, recommending they call their doctor, or urging them to visit the emergency room. The nurse navigator also acts as a liaison, updating the physicians on the patient's care team as needed.

Patient navigation services are constantly being reviewed and changed based on the needs of our patient population and the needs of the physicians. Although breast cancer patients are our main focus, any patient can be referred for navigation services. If you would like to refer a patient to the patient navigator, please call 724-525-6496.

Community & Commitment

COMMUNITY HEALTH SCREENINGS

On May 7, 2011, with the help of ACMH Medical Staff, employees and volunteers, ACMH Foundation, the American Cancer Society, Foundation Radiology Group and Adagio Health, we offered a "Screenings for Life" health fair. A total of 98 cancer screenings exams were provided, including skin, prostate, head and neck and breast screenings for underinsured or uninsured women. Also available at the health fair were free screenings of body mass index, glucose, bone density, blood pressure, ankle brachial index and vascular health, as well as valuable health information. In addition, we were pleased to have the Oncology on Canvas art exhibit on display.

On November 12 2011, we completed a "Girls Day Out" breast cancer screening. A total of 130 woman were in attendance. 18 women pre-registered for a mammogram, 6 women who were eligible through Adagio and the Komen-Pittsburgh Affiliate Mammogram Voucher program for the uninsured and underinsured. Cancer screenings and mammograms were provided and participants were provided with valuable health information. 12 vendors also participated in the day by selling a variety of items.

2011 Cancer Committee Members

Richard Bernat, MD
Committee Chairman
Otolaryngology

James Betler DO
Radiation Oncology

Charles Lynn, MD
Radiology

Manju Nath, MD
Pathology

Diane BuchBarker, MD
Medical Oncology

Denny Tang, MD
General Surgery

Heather Miske, DO
Medical Oncology

Phililp Gelacek, MD
Family Practice

Clifford Vogan, MD
Internal Medicine

Cindy Scoccimerra, RN, BSN, OCN
Nurse Manager
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Linda Reesman, CTR
Tumor Registrar

Linda Atwood
Secretary, Cancer Center Program

Dana Klingensmith, RN, OCN
Research Protocol Nurse

Cari Chavira, RN
Oncology Nurse Navigator

Joyce Wright, MSN, RN
Director of Case Management/
Risk Management

Miriah Moore, RN
Oncology Nurse Manager

Carol Bell
American Cancer Society

Accreditations

American College of Surgeon's Commission on Cancer
American College of Radiology
FDA Certified under the Mammography Quality Standards Act (MQSA)
College of American Pathology

Affiliations

University of Pittsburgh Cancer Institute
Eastern Cooperative Oncology Group (ECOG)
National Surgical Adjuvant Breast and Bowel Project (NSABP)
Allegheny General Hospital

References

Cancer Facts and Figures Pennsylvania, American Cancer Society
National Cancer Institute
Department of Health
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Division of Health Statistics and Research
National Cancer Database