

2008 CANCER CENTER ANNUAL REPORT



REFLECTING 2007 DATA & ACTIVITIES



CANCER LIAISON PHYSICIAN REPORT TRINITY MEDICAL CENTER

The Cancer Center at Trinity Medical Center broadened its commitment to comprehensive care for patients. The Trinity program is guided by a multi-disciplinary Cancer Committee. It is the cooperative spirit and effort of these leaders that has enabled us to meet the complex needs of our patients. Through the interaction of the various components that make up the Trinity Medical Center Cancer program, we have been able to provide hope...care...and education ...that cancer patients and their families need.

In 2007 our goals were:


- Provide complimentary cart for cancer patients that will contain music therapy, books, bibles, DVD's and TV
- Establish a bin for cancer patient to distinguish chemotherapy drugs to prevent medication errors
- Focus site of Lung Cancer
- Six health fairs with skin screenings
- Initiate Cancer Survivors Day Celebration
- Initiate Memorial Service for families of the deceased
- Sponsor End of Life Nursing Educational Consortium
- Obtain error free NCDB submission
- Establish Cancer Leadership Committee
- Educational in-service for radiation exposure nurses
- Complete all studies set forth by the CoC and AJCC

We are proud to say, all goals were met in 2007.

The Tumor Board met 40 times in 2007 with 119 cases presented with an average physician attendance of ten. In 2007 there were 849 new cases accessioned. Our Lung Cancer Study is presented in this report for your review.

We are indebted to the physicians, nurses, administrative, technical, social services and clerical support received for our program. We invite your comments about our program and this report.

Clinton Holladay, MD, Cancer Liaison Physician
Radiation Oncology





COMPREHENSIVE CANCER COMMITTEE

The Cancer Committee at Trinity Medical Center is a standing committee of the hospital's medical staff to provide high quality, multidisciplinary cancer care. The Committee is dedicated to providing cancer prevention, education and support programs for patient needs and to ensure that patients diagnosed with a malignancy have access to the most effective treatment available. The Cancer Committee meets quarterly and includes multidisciplinary physician members from the diagnostic and therapeutic specialties, as well as allied health professionals involved in the care of cancer patients. The program's goals and success depends on the Committee's leadership to plan, implement and evaluate cancer patient care and other cancer-related activities at Trinity.

COMMITTEE MEMBERS:

Chairman: Brian Larson, MD, Radiation Oncology

Cancer Liaison Physician: Clinton Holladay, MD, Radiation Oncology


Coordinators

Cancer Conference: Annette Entrekin, RHIT, CTR, Cancer Data Coder

Cancer Registry: Connie Jensen, RHIT, CTR, Cancer Data Coder
Jane Northcutt, RN, BSN, Manager

Quality Improvement: Jennifer Perrigin, RN, Quality Management PI
Coordinator

Community Outreach: Leisha Harris, Marketing Director/ E. Shields Frey, MD





COMPREHENSIVE CANCER COMMITTEE-continued

Other Members

Members	Title	Department
Mary L. Guerry-Force, MD	Physician	Pathology
Zenko J. Hrynkiw, MD	Physician	Neurosurgery
Arthur Jones, MD	Physician	Radiology
Bibb Allen, MD	Physician	Radiology
Beverly Alten, MD	Physician	OB/GYN
James M. Kamplain, MD	Physician	Radiation Oncology
C. D. Bell, MD	Physician	Rheumatology
Blaine Bishop, MD	Physician	Surgery
Todd Brightbill, MD	Physician	Radiology
William A. Thompson, MD	Physician	Surgery
Brandon Haushalter	Assistant Administrator	Administration
Bob Anderson	Chaplain	Ministerial
Yameeka Jones	Compliance Officer	Administration
Darryl Hinson	Director	Radiation Oncology
David Tate	Director	Pharmacy
JoAnn McDonald	Director	Women's Boutique
Rick Kolaczek	Director	Radiology
Ty Walling	Director	Mental Health Services
Debbie Cox	RN	New Beacon Hospice
Heather Megehee	RN	Lead PI Coordinator
Jan Gannon	RN	Chief Nursing Officer
Jennifer Perrigin	RN	Quality Management
Miki Golden	RN	Pain Management
Sandy Barefield	RN	Radiation Oncology
Sue Stanley	RN	Nurse Manager
Vanessa McNeil	RN	Nurse Manager
Christen Price	Representative	American Cancer Society
Jayme Davidson	Social Worker	Case Management





CANCER PROGRAM MISSION TRINITY MEDICAL CENTER

The Cancer Program at Trinity Medical Center is committed to preventing, diagnosing and treating cancer with high quality, compassionate care in partnership with community physicians, staff, and other healthcare providers and research affiliates in the Birmingham market.

CANCER PROGRAM TRINITY MEDICAL CENTER

The Cancer Program at Trinity Cancer Center comes together to deliver a comprehensive plan of treatment to the cancer patients through The Cancer Program. The services include: care coordination, government program services, laboratory and pathology, nutrition, oncology, pastoral care, radiology, surgery, and the Cancer Center.





RADIATION ONCOLOGY SERVICES


External Bead Radiation Therapy
Intensity Modulated Radiation Therapy (IMRT)
High Dose Rate Radiation Therapy (HDR)
3D Treatment Planning
Prostate Seed Implantation
CT/PET Simulation with Respiratory Gating

CANCER SUPPORT SERVICES

The Cancer Support Services offer a range of programs for the patients and caregivers which are based in the Cancer Treatment Center at Trinity Medical Center. The Look Good Feel Better, The Cancer Resource Center, T.O.U.C.H (Today Our Understanding of Cancer is Hope), Nutritional Therapy, Pain Management, Spiritual Support and Social Services are offered.

CANCER RESOURCE CENTER

The Cancer Resource Center provides a variety of free resource materials including: breast self-exam education, cancer risk assessments, cancer-related information, colorectal screening kits, and educational materials.





CANCER REGISTRY

The Cancer Registry monitors all types of cancer and benign brain tumors diagnosed and/or treated at Trinity Medical Center. The registry has been a critical component of the cancer program since 1984. The registry collects demographic, cancer identification, high risk factors, occupational exposure, diagnostic findings, treatment and lifetime follow-up data on each eligible cancer patient. The data collected is stored and analyzed for treatment planning, staging, and continuity of care for patients.

All data collected in the Cancer Registry complies with the Health Insurance Portability and Accountability Act's (HIPPA) confidentiality requirements. The data is utilized to compare statistical outcomes on both state and national levels.

The reference date for the Cancer Registry is January 1, 1984 with a database of 19,820 and a follow-up rate of 90.92% for all eligible analytic patients from the cancer reference date. There are 3,906 patients in the registry for the last five years with a follow-up rate of 90.91%. This exceeds the Commission on Cancer standards 3.4 and 3.5 for approval and accreditation of cancer programs.

There were 750 cases submitted to NCDB, error free, for 2007. The CoC study regarding the impact of neoadjuvant therapy, staging breast and rectal cancer cases was completed and submitted with the help of our physician cancer liaison, Dr. Clinton Holladay.

Connie Jensen, RHIT, CTR
Oncology Data Registrar

Annette Entrekin, RHIT, CTR
Oncology Data Registrar



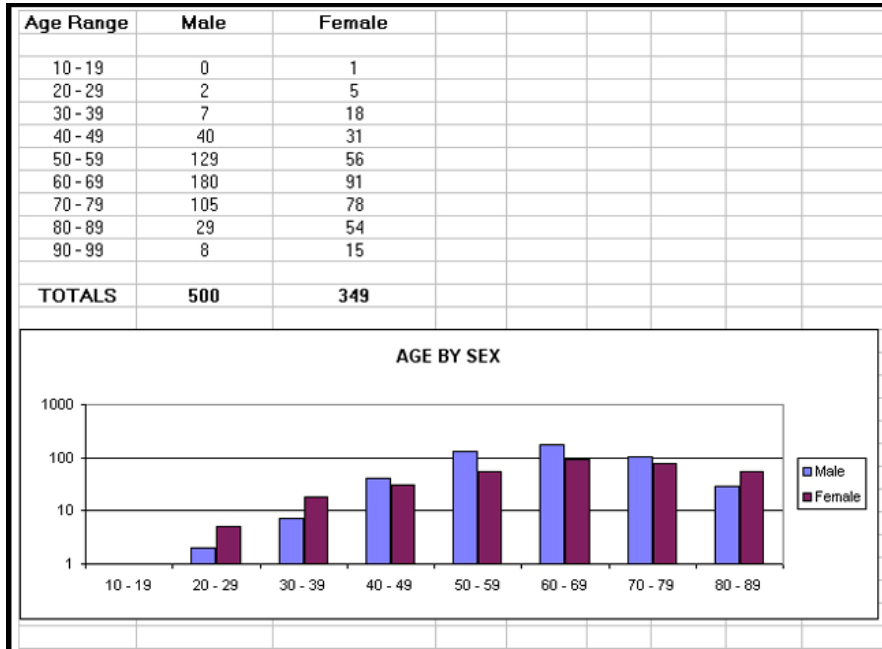


TOP FIVE CANCER SITES TRINITY MEDICAL CENTER 2007

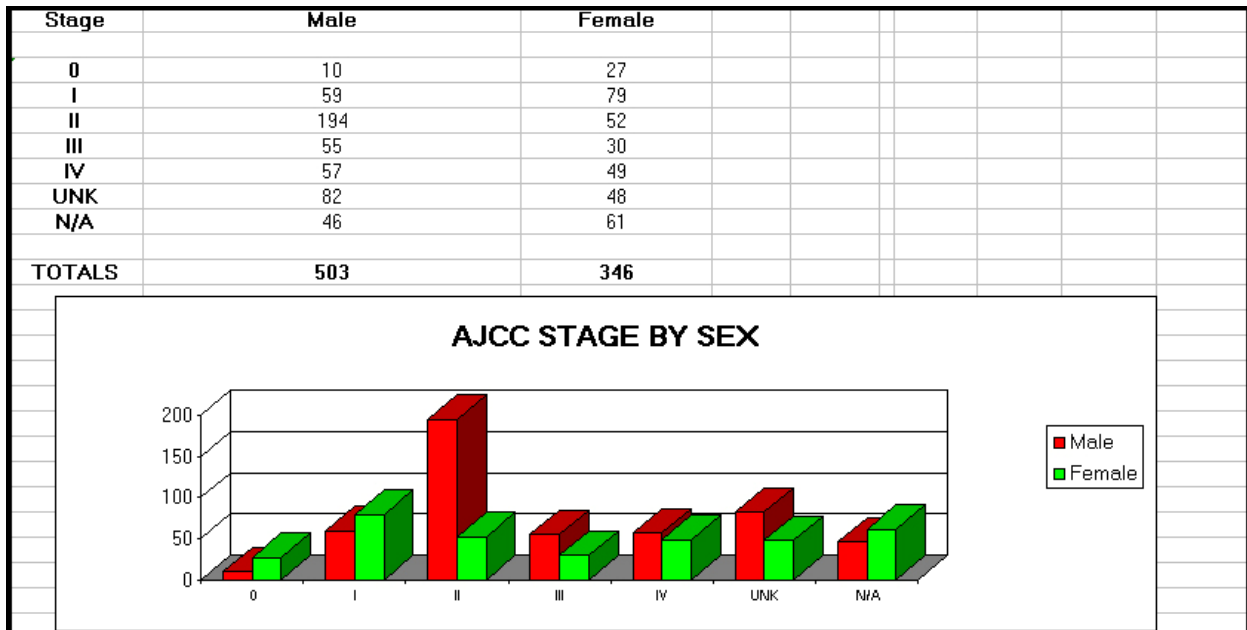
Number	Site	# of Cases	% of Case Mix
1	Prostate	202	24%
2	Bronchus & Lung	127	15%
3	Breast	77	9%
4	Colon	44	5%
5	Lymph Nodes	40	5%



Age by Sex



AJCC Stage by Sex



Site By AJCC Stage

SITE BY AJCC STAGE TABULATION															
SITE NAME	NUMBER of CASES	STG 0		STG I		STG II		STG III		STG IV		STG UNK		N/A	
		(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)		
LIP	1	0	0	0	1	100	0	0	0	0	0	0	0	0	0
BASE OF TONGUE	2	0	0	0	0	0	0	0	1	50	1	50	0	0	0
OTHER PARTS OF TONGUE	4	0	0	0	0	0	2	50	1	25	0	0	1	25	0
FLOOR OF MOUTH	1	0	0	0	0	0	0	0	0	0	1	100	0	0	0
PALATE	2	0	0	0	0	0	0	0	0	0	1	50	1	50	0
OTHER PARTS OF MOUTH	2	0	0	0	0	0	1	50	0	0	1	50	0	0	0
PAROTID GLAND	1	0	0	0	1	100	0	0	0	0	0	0	0	0	0
TONSIL	2	0	0	0	0	0	0	0	0	0	2	100	0	0	0
NASOPHARYNX	2	0	0	0	1	50	0	0	0	0	0	1	50	0	0
PYRIFORM SINUS	2	0	0	0	0	0	0	0	0	0	1	50	1	50	0
ESOPHAGUS	8	1	0	0	2	25	3	38	0	0	1	13	2	25	0
STOMACH	13	2	0	0	3	23	2	15	1	8	2	15	5	38	0
SMALL INTESTINE	4	0	0	0	0	0	0	0	1	25	0	0	1	25	2
COLON	44	5	0	0	10	23	12	27	11	25	8	18	3	7	0
RECTOSIGMOID JUNCTION	16	2	1	6	1	6	4	25	4	25	3	19	3	19	0
RECTUM	35	4	2	6	13	37	5	14	5	14	3	9	7	20	0
ANUS & ANAL CANAL	8	1	0	0	2	25	2	25	1	13	1	13	2	25	0
LIVER & BILE DUCTS	7	1	0	0	0	0	0	0	3	43	0	0	4	57	0
GALLBLADDER	1	0	0	0	0	0	0	0	0	0	1	100	0	0	0
OTHER BILIARY TRACT	4	0	1	25	1	25	0	0	0	0	1	25	1	25	0
PANCREAS	23	3	0	0	3	13	5	22	1	4	7	30	7	30	0
OTHER DIGESTIVE ORGANS	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
LARYNX	10	1	0	0	5	50	1	10	1	10	0	0	2	20	1
BRONCHUS & LUNG	127	15	1	1	32	25	9	7	17	13	48	38	20	16	0
HEART MEDIASTINUM	1	0	0	0	0	0	0	0	1	100	0	0	0	0	0
BLOOD & BONE MARROW	22	3	0	0	0	0	0	0	0	0	0	0	0	0	22
SKIN	24	3	3	13	4	17	4	17	2	8	0	0	7	29	4
CONNECTIVE SOFT TISSUE	2	0	0	0	0	0	0	0	1	50	0	0	0	0	1
BREAST	77	9	21	27	21	27	20	26	6	8	1	1	8	10	0
VAGINA	1	0	0	0	0	0	1	100	0	0	0	0	0	0	0
CERVIX UTERI	5	1	2	40	1	20	0	0	0	0	1	20	1	20	0
CORPUS UTERI	10	1	0	0	5	50	0	0	2	20	1	10	2	20	0
UTERUS NOS	2	0	0	0	1	50	0	0	0	0	1	50	0	0	0
OVARY	4	0	0	0	0	0	0	0	0	0	4	100	0	0	0
PROSTATE GLAND	202	24	1	0	0	0	160	79	17	8	5	2	19	10	0
TESTIS	3	0	0	0	3	100	0	0	0	0	0	0	0	0	0
UNSPECIFIED MALE ORGANS	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
KIDNEY	14	2	0	0	5	36	0	0	3	21	3	21	3	21	0
URETER	1	0	0	0	1	100	0	0	0	0	0	0	0	0	0
URINARY BLADDER	29	3	4	14	9	31	6	21	1	3	5	17	4	14	0
MENINGES	5	1	0	0	0	0	0	0	0	0	0	0	0	0	5
BRAIN	39	5	0	0	0	0	0	0	0	0	0	0	0	0	39
OTHER NERVOUS SYSTEM	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
THYROID GLAND	14	2	0	0	10	71	1	7	2	14	0	0	1	7	0
OTHER ENDOCRINE GLANDS	11	1	0	0	0	0	0	0	0	0	0	0	0	0	11
LYMPH NODES	40	5	0	0	3	8	6	15	2	5	3	8	26	65	0
UNK PRIMARY	17	2	0	0	0	0	0	0	0	0	0	0	0	0	17
Pleura, NOS	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
OVERALL TOTALS	849	100	36	4	137	16	245	29	83	10	107	12	133	16	108
Number of cases excluded: 0															
This report INCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases.															

Site By Race Tabulation

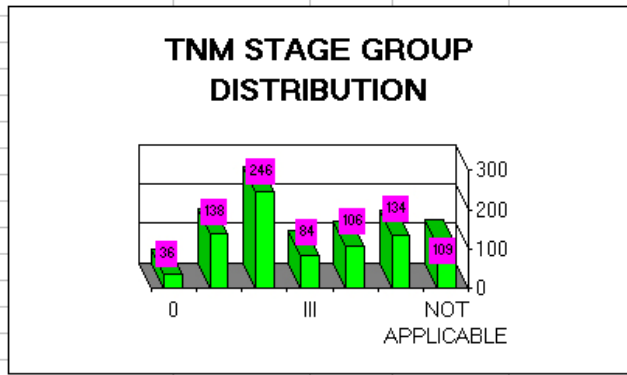
SITE BY RACE TABULATION										
SITE NAME	WHITE		BLACK		ASIAN		OTHER			
	NBR CASES	(%)	NBR	(%)	NBR	(%)	NBR	(%)	NBR	(%)
LIP	1	0	1	100	0	0	0	0	0	0
BASE OF TONGUE	2	0	2	100	0	0	0	0	0	0
OTHER PARTS OF TONGUE	4	0	3	75	0	0	0	0	1	25
FLOOR OF MOUTH	1	0	1	100	0	0	0	0	0	0
PALATE	2	0	2	100	0	0	0	0	0	0
OTHER PARTS OF MOUTH	2	0	2	100	0	0	0	0	0	0
PAROTID GLAND	1	0	1	100	0	0	0	0	0	0
TONSIL	2	0	2	100	0	0	0	0	0	0
NASOPHARYNX	2	0	2	100	0	0	0	0	0	0
PYRIFORM SINUS	2	0	1	50	1	50	0	0	0	0
ESOPHAGUS	8	1	7	88	1	13	0	0	0	0
STOMACH	13	2	11	85	2	15	0	0	0	0
SMALL INTESTINE	4	0	4	100	0	0	0	0	0	0
COLON	44	5	39	89	5	11	0	0	0	0
RECTOSIGMOID JUNCTION	16	2	16	100	0	0	0	0	0	0
RECTUM	35	4	29	83	6	17	0	0	0	0
ANUS & ANAL CANAL	8	1	8	100	0	0	0	0	0	0
LIVER & BILE DUCTS	7	1	6	86	1	14	0	0	0	0
GALLBLADDER	1	0	0	0	1	100	0	0	0	0
OTHER BILIARY TRACT	4	0	4	100	0	0	0	0	0	0
PANCREAS	24	3	21	87	3	13	0	0	0	0
OTHER DIGESTIVE ORGANS	1	0	1	100	0	0	0	0	0	0
LARYNX	10	1	10	100	0	0	0	0	0	0
BRONCHUS & LUNG	127	15	111	87	15	12	0	0	1	1
HEART MEDIASTINUM	1	0	2	100	0	0	0	0	0	0
BLOOD & BONE MARROW	25	3	16	64	8	36	0	0	0	0
SKIN	23	3	22	96	1	4	0	0	0	0
CONNECTIVE SOFT TISSUE	2	0	2	100	0	0	0	0	0	0
BREAST	77	9	65	84	12	16	0	0	0	0
VAGINA	1	0	1	100	0	0	0	0	0	0
CERVIX UTERI	5	1	4	80	1	20	0	0	0	0
CORPUS UTERI	10	1	7	70	3	30	0	0	0	0
UTERUS NOS	2	0	0	0	2	100	0	0	0	0
OVARY	4	0	4	100	0	0	0	0	0	0
PROSTATE GLAND	202	24	121	60	82	40	0	0	0	0
TESTIS	3	0	3	100	0	0	0	0	0	0
UNSPECIFIED MALE ORGANS	1	0	1	100	0	0	0	0	0	0
KIDNEY	14	2	12	86	2	14	0	0	0	0
URETER	1	0	0	0	1	100	0	0	0	0
URINARY BLADDER	29	3	23	79	6	21	0	0	0	0
MENINGES	5	1	3	60	2	40	0	0	0	0
BRAIN	39	5	34	88	5	13	0	0	0	0
OTHER NERVOUS SYSTEM	2	0	2	100	0	0	0	0	0	0
THYROID GLAND	14	2	13	93	1	7	0	0	0	0
OTHER ENDOCRINE GLANDS	11	1	7	64	3	27	1	9	0	0
LYMPH NODES	40	5	38	95	1	3	0	0	1	3
UNK PRIMARY	17	2	14	82	3	18	0	0	0	0
Pleura, NOS	1	0	1	100	0	0	0	0	0	0
OVERALL TOTALS	849	100	677	80	168	20	1	0	3	0
NOTE: ASIAN INCLUDES- ASIAN INDIAN, PAKISTANI, AND OTHER ASIAN										
ORIENTAL INCLUDES- CHINESE, JAPANESE, FILIPINO, KOREAN, AND VIETNAMESE										
OTHER INCLUDES- ALL RACES NOT LISTED ABOVE AND/OR UNKNOWN										

Site Tabulation

SITE TABULATION							
SITE NAME	NUMBER OF CASES	%	MALE	%	FEMALE	%	
LIP	1	0.12	1	100	0	0	
BASE OF TONGUE	2	0.23	1	50	1	50	
OTHER PARTS OF TONGUE	4	0.47	2	50	2	50	
FLOOR OF MOUTH	1	0.12	0	0	1	100	
PALATE	2	0.23	1	50	1	50	
OTHER PARTS OF MOUTH	2	0.23	1	50	1	50	
PAROTID GLAND	1	0.12	1	100	0	0	
TONSIL	2	0.23	2	100	0	0	
NASOPHARYNX	2	0.23	2	100	0	0	
PYRIFORM SINUS	2	0.23	2	100	0	0	
ESOPHAGUS	8	0.94	4	50	4	50	
STOMACH	13	1.52	9	69.23	4	30.77	
SMALL INTESTINE	4	0.47	3	75	1	25	
COLON	44	5.16	26	59.09	18	40.91	
RECTOSIGMOID JUNCTION	16	1.88	9	56.25	7	43.75	
RECTUM	35	4.1	21	60	14	40	
ANUS & ANAL CANAL	8	0.94	3	37.5	5	62.5	
LIVER & BILE DUCTS	7	0.82	4	57.14	3	42.86	
GALLBLADDER	1	0.12	0	0	1	100	
OTHER BILIARY TRACT	4	0.47	2	50	2	50	
PANCREAS	23	2.7	15	65.22	8	34.78	
OTHER DIGESTIVE ORGANS	2	0.23	1	50	1	50	
LARYNX	10	1.17	8	80	2	20	
BRONCHUS & LUNG	127	14.89	71	55.91	56	44.09	
HEART MEDIASTINUM	1	0.12	1	100	0	0	
BLOOD & BONE MARROW	22	2.58	10	45.45	12	54.55	
SKIN	24	2.81	11	45.83	13	54.17	
CONNECTIVE SOFT TISSUE	2	0.23	0	0	2	100	
BREAST	77	9.03	0	0	77	100	
VAGINA	1	0.12	0	0	1	100	
CERVIX UTERI	5	0.59	0	0	5	100	
CORPUS UTERI	10	1.17	0	0	10	100	
UTERUS NOS	2	0.23	0	0	2	100	
OVARY	4	0.47	0	0	4	100	
PROSTATE GLAND	205	24.03	205	100	0	0	
TESTIS	3	0.35	3	100	0	0	
UNSPECIFIED MALE ORGANS	1	0.12	1	100	0	0	
KIDNEY	14	1.64	11	78.57	3	21.43	
URETER	1	0.12	1	100	0	0	
URINARY BLADDER	29	3.4	18	62.07	11	37.93	
MENINGES	5	0.59	1	20	4	80	
BRAIN	40	4.69	13	32.5	27	67.5	
OTHER NERVOUS SYSTEM	2	0.23	2	100	0	0	
THYROID GLAND	14	1.64	3	21.43	11	78.57	
OTHER ENDOCRINE GLANDS	11	1.29	3	27.27	8	72.73	
LYMPH NODES	40	4.69	22	55	18	45	
UNK PRIMARY	17	1.99	8	47.06	9	52.94	
PLEURA, NOS	1	0.12	1	100	0	0	
TOTAL CASES	853	100	503	58.97	350	41.03	

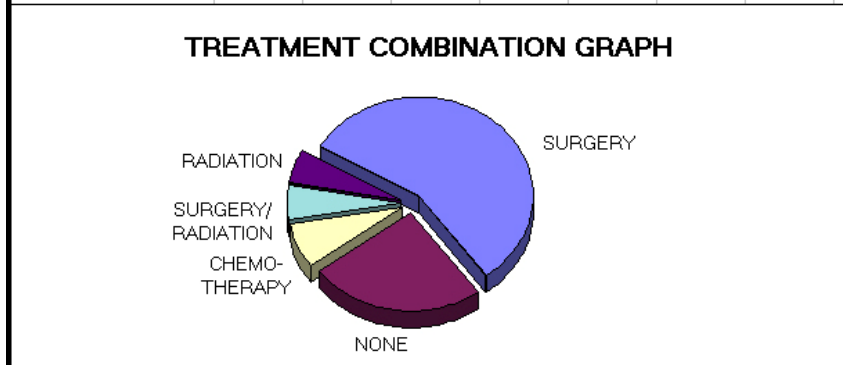
TNM Stage Group Distribution

STAGE	NUMBER OF CASES	PERCENT
0	36	4.24%
I	138	16.25%
II	246	28.98%
III	84	9.89%
IV	106	12.49%
UNKNOWN	134	15.78%
NOT APPLICABLE	109	13%
TOTAL CASES	849	100.47%



Treatment Combination Graph

TREATMENT TYPE	NUMBER OF CASES	PERCENT
SURGERY	405	56.56%
NONE	177	24.72%
CHEMOTHERAPY	54	7.54%
SURGERY/RADIATION	41	5.73%
RADIATION	39	5.45%
TOTAL CASES	716	100.00%






CANCER CONFERENCE 2007

Trinity's Cancer Conferences are multidisciplinary conferences consisting of weekly Tumor Boards. The conference includes individual case presentation, and is open to the entire medical staff, residents and allied care professionals. Cancer Conferences are integral to improving the care of cancer patients by contributing to the patient management process, monitoring outcomes and providing education to physicians and other staff.

Site	Total Cases	Cases Presented
Total for All Sites	773	119
Oral Cavity/Pharynx	37	11
Stomach	27	3
Colorectal	91	16
Other Digestive	28	11
Respiratory System	88	28
Blood/Bone Marrow	57	5
Soft Tissue	2	0
Skin/Melanoma	12	1
Breast	81	7
Female Genital	4	0
Male Genital	166	9
Urinary System	36	8
Brain/CNS	27	2
Endocrine	42	8
Lymphatic System	42	8
Unknown	32	1
All Other	1	1





RESEARCH

Trinity's Comprehensive Cancer Committee recognizes that clinical research advances science and ensures that patient care approaches the highest possible level of quality. Clinical trial information is readily available in all cancer care areas as well as our patient library and treating physicians' offices. Fifty-three patients were accrued to cancer-related clinical trials in 2007 at Trinity. These were found in the Medical Oncology and Urology Departments.





LUNG CANCER STUDY FOR TRINITY MEDICAL CENTER

Lung cancer begins in the lungs, where cells multiply at a very fast rate to form “tumors” that invade and destroy normal tissue. These cancer cells sometimes spread from one or both lungs to other parts of the body. The process is known as metastasis.

Approximately 350,000 people in the United States are living with lung cancer at any given time. Fortunately the number of new cases and deaths reported in recent years is decreasing due to less smoking, better diagnostic tools and new treatment options. Lung cancer, however, remains the second most common form of cancer diagnosed and is the number one cause of cancer-related deaths in the U.S.

The two main categories of lung cancer are non-small cell and small cell. The difference between non-small cell and small cell has to do with the kind of cancer cells, how quickly the cancer cells grow, and how each kind of cancer cell responds to treatment. At Trinity Medical Center of the 118 cases diagnosed and treated 34 % were small cell and 66% were non-small cell. In the United States 80 to 85 percent of those diagnosed with lung cancer have non-small cell lung cancer. Below are the results of the lung cancer experience at Trinity Medical Center in 2007:

Treatment	AJCC 0 Unknown	AJCC 1	AJCC 2	AJCC 3	AJCC 4	TOTAL	Percentages
# of Cases	1	28	12	21	56	118	
Bx Only	1	8	6	17	28	60	51%
Local Exc		5		3		8	7%
Resection		17	7		3	27	23%
Radiation		5	3	6	24	38	32%
Chemo			8	9	31	48	41%
Craniectomy for brain metastasis					4	4	3%
Pt refused tx					1	1	





LUNG CANCER STUDY-continued

Unfortunately, the majority of lung cancers diagnosed are already in a progressive state with very few treatment options. At Trinity there were 66 males and 52 females diagnosed. Eighty-eight percent of the patients were smokers or previous smokers with only 10 of them never having smoked at all. The average and median age of the lung cancer patient was 66. Some of the patients without treatment probably had treatment in the area where they lived and were not counted in our statistics.

At Trinity Medical Center we are doing many new procedures for lung cancer surgery including minimally invasive procedures, such as video-assisted thoracic lobectomy. Minimally invasive lung surgery causes less pain, faster recovery and less time in the hospital. Patients have had great outcomes with this surgery. We are also the only hospital in Alabama where minimally invasive lobectomies are performed.

It is once again important to emphasize that the vast majority of cases of lung cancer could be prevented by never smoking; and that the risk of cancer is lessened by smoking cessation. Lung cancer appears to be far easier to prevent than to cure.

Parvez Sultan, MD
Thoracic Surgeon





ACKNOWLEDGEMENTS

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