



**Saint John's Cancer Center**  
**Annual Report**  
**2008**

# Saint John's Cancer Center Annual Report 2008

When you or someone you love has been diagnosed with cancer, the only thing you want is to be cancer-free. And you'd go anywhere to get it.

What drives us to continue our journey in cancer care is the opportunity to offer our patients and our community the world class care in a local setting as is available in the larger centers.

We do this with the latest technology and services for the detection and treatment of cancer.

Saint John's Health Cancer Center is committed to care for our community, regardless.

The year 2008 brought some very progressive changes for Saint John's Cancer Center. With the growth of our program, the need for an additional board certified hematologist/oncologist was critical. To our delight, Dr. Robert Ash joined our program further reinforcing our commitment to serving the community. Two additional nurses acquired their oncology certification as well as a medical assistant being welcomed to our chemotherapy infusion suite to aid in patient assistance/flow.

The hospital recognized the need for enhanced equipment and purchased two new pieces. The Poch-i is a new hemoglobin machine that is in the chemotherapy suite allowing for immediate blood work to be performed. In radiation oncology, a new enhanced treatment planning system aided in quicker, more efficient planning as well as utilizing the treatment machine to full capacity.

For our breast cancer patients, we partnered with Biolumcent to offer a new breast cancer treatment device known as SAVI. This Strut Adjusted Volume Implant (SAVI) offers an alternative to women who might not be eligible for other accelerated partial breast devices due to skin distance or chest wall distance. We were 1 of 8 centers in the entire U.S. and one of two centers in all of Indiana to offer this breakthrough device.

Our quest to empower our patients did not stop with technology but included offering a General Cancer Support Group and a comprehensive breast cancer handbook. These help to navigate patients through their illness.

Many patients who are diagnosed and have journeyed through their diagnosis want to give back to others and our patients are no different. We started a grass roots project known as Journey Companions. This unique set of individuals were treated at Saint John's Cancer Center and then trained to offer real life support to those who have a cancer diagnosis. This allows new patients to know that there is light at the end of this arduous process. The concept that "Today is not tomorrow" is critical to one's healing.

Other community members established a special group that makes brand new quilts for patients. Local volunteers perform all of the work and people from the community donate materials.

To calm tension and relieve stress during treatment, we implemented a Pet Therapy program. Animals are able to make weekly visits to our cancer patients, and for a short period of time, transfer their thoughts away from their location and treatment.

We continue to strive to eradicate cancer by offering free screening tests for both prostate and skin cancer prevention. Our goal is to prevent even one person from battling these challenging diseases.

A program of our size would not continue to grow and develop new elements to meet patient needs if it were not for the dedicated staff at the cancer center. To continue this mission, we culminated our search for a new cancer center director. All of us wanted an individual with the same passion and zeal to aid our community as we did. We were pleased to add Sandra Crawley as our new director to the program. She brings a wealth of experience and enthusiasm to the Saint John's cancer program.

All of us desire to be utilized as a worthy vessel to those who are dealing with a very difficult life situation. We continue to pray for guidance and direction to provide optimal care to the patients of our community.

Respectfully,

Darrel L. Ross, M.D.  
Medical Director  
St. John's Radiation Oncology

## Meet Our Team:

Every patient is under the care of a radiation oncologist or a medical oncologist, cancer specialists with expertise in the application of radiation therapy or chemotherapy drugs as they are used in the management of cancer.

In Radiation Therapy, our goal is to develop and implement treatment programs geared toward maximizing the chances of curing cancer while minimizing the radiation dose to normal organs, thus attempting to maintain your quality of life and preserve your normal organ function. Our radiation oncologists maintain a commitment to your well being.

Patient-focused chemotherapy is provided on an outpatient basis in the Chemotherapy, IV Injections and Transfusion Unit.

### **Darrel Ross, M.D.**

Clinical Director, Saint John's Cancer Center

Specialty: Board Certified in Radiation Oncology

Medical School: Wayne State University School of Medicine

Internship: Internal Medicine, Oakwood Healthcare System, Mich.

Residency: Radiation Oncology, Henry Ford Hospital, Detroit, Mich.

Member: ASTRO



### **Chandrika Patel, MD**

Specialty: Board Certified in Radiation Oncology

Medical School: Washington University School of Medicine

Internship and Residency: Cleveland Clinic

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### **Brian L. Eddy M.D.**

Specialty: Board Certified in Medical Oncology, Internal Medicine, Hematology

Medical School: Ohio State University, 1981

Internship and Residency: Akron City Hospital, Akron, Ohio, 1981-84

Fellowship: Hematology and Medical Oncology, University of Pittsburgh, 1984-87



### **Robert Ash, MD**

Specialty: Board Certified in Hematology and Medical Oncology

Medical School: University of Missouri - Columbia School of Medicine

Internships: University of Rochester and Tulane University

Internal Medicine Residency: University of Cincinnati

Fellowship in Hematology/Oncology:

University of Minnesota Hospitals and Clinics



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## Top Five Sites Diagnosed and or Treated at Saint John's 2008

Site	# of Cases	%
Lung	68	17%
Breast	59	15%
Prostate	40	10%
Colon	33	8%
Lymphoma	17	4%

Number of all sites diagnosed and or treated at Saint John's in 2008 was 390.

Saint John's Cancer Registry maintained a 90% follow-up rate to meet national standards.

### Research

Our cancer research ara is constantly expanding. A total of 41 patients are being followed in protocols. In 2008, 14 patients were enrolled in RTOG protocols.

	ENTER	0.0 yr	1.0 yr	2.0 yr	3.0 yr	4.0 yr	5.0 yr
0	96914	100.0	99.4	98.6	97.6	96.4	95.1
I	222640	100.0	98.9	97.3	95.4	93.2	90.9
II	178650	100.0	97.9	94.0	89.8	85.9	82.2
III	36883	100.0	92.3	80.3	70.5	62.6	56.4
IV	19914	100.0	62.0	44.2	32.0	24.1	18.6

Observed Survival For Breast  
Cases Diagnosed in 1998-2001  
National Cancer Data Base/  
Commission on Cancer

	ENTER	0.0 yr	1.0 yr	2.0 yr	3.0 yr	4.0 yr	5.0 yr
0	60	100.0	100.00	98.3	96.6	93.3	88.3
I	151	100.0	100.00	95.3	92.7	87.4	85.4
II	88	100.0	100.00	98.8	95.4	92.0	84.0
III	24	100.0	100.00	91.6	70.8	58.3	45.8
IV	10	100.0	100.00	50.0	30.0	10.0	00.0
88	7	100.00	100.00	57.1	14.2	14.2	14.2

Observed Survival for Breast  
Cases Diagnosed in 1998-2001  
Saint John's

Breast Cancer Cases for 2008 with age, treatment modalities, stage,  
National Cancer Data Base Survival comparisons and Cancer Program Profile Reports (CP3R) results.

**Age at Diagnosis of Breast Cancers in 2008**

This includes all class of cases

<u>Age</u>	<u>Total</u>
1-49.....	8
50-59.....	15
60-69.....	23
70-79.....	17
80-89.....	8

**Stage at Diagnosis of Breast Cancer in 2008**

This includes all class of cases

<u>Stage</u>	<u>Total</u>
Stage 0 .....	12
Stage I.....	23
Stage II.....	13
Stage III .....	6
Unknown Stage .....	17

## Treatment Modalities Used On Analytic Cases In 2008 Breast Cancer Cases

Biopsies.....	5.....	8.4%
Biopsy and Surgery .....	6.....	10.17%
Biopsy, Surgery, Chemo .....	4.....	6.78%
Biopsy, Surgery, Chemo, Hormones .....	3.....	5.08%
Biopsy, Surgery, Hormones .....	2.....	3.39%
Biopsy, Surgery, Radiation.....	6.....	10.17%
Biopsy, Surgery, Radiation, Chemo .....	6.....	10.17%
Biopsy, Surgery, Radiation, Chemo, And Hormones.....	2.....	3.39%
Biopsy, Surgery, Radiation, And Hormones.....	11.....	18.64%
Surgery .....	3.....	5.08%
Surgery, Hormones.....	1.....	1.69%
Surgery, Radiation .....	1.....	1.69%
Surgery, Radiation, Chemo.....	7.....	11.86%
Surgery, Radiation, Hormones.....	1.....	1.69%
<u>Blank</u> .....	1.....	1.69%
<u>Total</u> .....	<u>59</u> .....	<u>100.00%</u>

## **Cancer Program Practice Profile Reports (CP3R)**

The performance rates shown in the CP3R match the specifications of the breast, colon, and rectal cancer care measures endorsed by the National Quality Forum (NQF) in April, 2007. The Commission on Cancer (CoC) has instituted the CP3R as a facility feedback mechanism to promote awareness of the importance of charting and coding accuracy in line with evidence based practice guidelines.

The estimated performance rates shown in the following pages provide an indication of the proportion of breast and colorectal patients treated according to recognized standards of care by diagnosis year. These rates are calculated based on data directly reported from our registry to the NCDB. Cancer programs have the ability to review and modify data entered in the NCDB as additional information related to a case becomes available.

## Breast Cancer

### Standard of Care:

Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. [BCS/RT]

	<b>Diagnosis Year 2004</b>	<b>Diagnosis Year 2005</b>	<b>Diagnosis Year 2006</b>
	<b>Performance Rate</b>	<b>Performance Rate</b>	<b>Performance Rate</b>
<b>Saint John's Health System</b>	94.1%	95.7%	86.7%
<b>Indiana</b>	89%	83.5%	82.8%
<b>ACS Division (Great Lakes)</b>	87.8%	84.2%	82.2%
<b>Census Region (Greatlakes)</b>	90.2%	88.1%	84%
<b>CoC Program Type</b>	85.5%	82.6%	76%
<b>CoC Approved Programs</b>	85%	82.5%	77.3%

### 2004

- 17 cases included in performance rate
- 1 case not meeting standard of care due to patient refusing treatment

### 2005

- 23 cases included in performance rate
- 1 case not meeting standard of care due to patient refusing treatment

### 2006

- 15 cases included in performance rate
- 2 cases not meeting standard of care
  - 1 case not meeting due to patient refusing treatment
  - 1 case not meeting due to treatment not offered by treating physician

### Conclusion:

Saint John's Health System performance rate for administering radiation therapy within 1 year of breast cancer diagnosis for women under age 70 receiving breast conserving surgery exceeds state, regional and national benchmarks.

### Recommendations:

- Share findings with Cancer Committee, Performance Improvement Committee, and Medical Specialty Care Committee
- Ongoing review and validation of data entered in the NCDB

## Breast Cancer

### Standard of Care:

Combination chemotherapy is considered or administered within 4 months of diagnosis for women under 70 with AJCC T1cNOMO, or Stage II or III hormone receptor negative breast cancer. [MAC]

	Diagnosis Year 2004 Performance Rate	Diagnosis Year 2005 Performance Rate	Diagnosis Year 2006 Performance Rate
Saint John's Health System	100%	100%	100%
Indiana	80.4%	80.2%	84.9%
ACS Division (Great Lakes)	81%	76.9%	80.3%
Census Region (Greatlakes)	83.9%	83.5%	83.5%
CoC Program Type	79.7%	78.1%	76.5%
CoC Approved Programs	80%	78.8%	77.8%

### 2004

- 4 cases included in performance rate

### 2005

- 1 case included in performance rate

### 2006

- 5 cases included in performance rate

### Conclusion:

Saint John's Health System performance rate for administering chemotherapy within 4 months of breast cancer diagnosis for women under age 70 with AJCC T1cNOMO, or Stage II or III hormone receptor negative breast cancer exceeds state, regional and national benchmarks.

### Recommendations:

- Share findings with Cancer Committee, Performance Improvement Committee, and Medical Specialty Care Committee
- Ongoing review and validation of data entered in the NCDB

# Cancer Program Practice Profile Reports (CP3R)

## Breast Cancer

### Standard of Care:

Tamoxifen or third generation armoatase inhibitor is considered or administered within 1 year of diagnosis for women with AJCC T1c N0 M0, or Stage II or III ERA and/or PRA positive breast cancer. {HT}

	<b>Diagnosis Year 2004 Performance Rate</b>	<b>Diagnosis Year 2005 Performance Rate</b>	<b>Diagnosis Year 2006 Performance Rate</b>
<b>Saint John's Health System</b>	92.6%	90.5%	84.2%
<b>Indiana</b>	72.6%	68.2%	73.1%
<b>ACS Division (Great Lakes)</b>	61.6%	60.4%	61.6%
<b>Census Region (Greatlakes)</b>	71.4%	70.7%	70%
<b>CoC Program Type</b>	66.8%	62.5%	62.6%
<b>CoC Approved Programs</b>	65.9%	62.3%	62.3%

### 2004

- 27 cases included in performance rate with 2 cases not meeting measure
  - 1 case did not have treatment recommended
  - 1 case lacks documentation as to why treatment guideline not followed

### 2005

- 21 cases included in performance rate with 2 cases not meeting measure
  - 1 case did not have treatment recommended
  - 1 case lacks documentation as to why treatment guideline not followed

### 2006

- 19 cases included in performance rate with 2 cases not meeting measure
  - 1 cases lack documentation as to why treatment guideline not followed

### Conclusion:

Saint John's Health System performance rate for administering Tamoxifen or third generation armoatase inhibitor within 1 year of diagnosis for women with AJCC T1c N0 M0, or Stage II or III ERA and/or PRA positive breast cancer exceeds state, regional and national benchmarks.

### Recommendations:

- Share findings with Cancer Committee, Performance Improvement Committee, and Medical Specialty Care Committee
- Ongoing review and validation of data entered in the NCDB