

**Saint John's  
Cancer Center  
Annual Report  
2006**



*St. Vincent* HEALTH

*Saint John's Cancer Center*

# Saint John's Cancer Treatment 2006

Welcome to our Annual Cancer Report of the 332 patients diagnosed and treated in 2006.

As you will see in viewing these statistics comparing Saint John's Health System to the nation, our local prostate cases seem to be fewer. This may be skewed by the fact that some of our male population may go to other facilities or simply avoid medical check ups.

The number one female cancer diagnosis – breast – is nearly in balance with national. Saint John's is a few percentage points higher, partly due to our major efforts in the early detection area!

Lung cancer, for our population, continues to be a worrisome health problem. We are consistently over the norm percentage-wise, especially in the male group. Many smoking cessation initiatives have been in process to help decrease the number of people who are actively smoking. We have partnered with the American Cancer Society to reach school children with anti-smoking campaigns, also. Maybe in years to come we will appreciate a decline.

The balance of the top sites — colorectal particularly — is right on target with national statistics for both male and female.

Thanks to Dr. Denise K. Thompson for graciously summarizing GYN cancers.

Khalil G Wakim, M.D., F.A.C.S.  
Cancer Committee Chair

## 2006 Cancer Frequency of Top Sites SJHS compared to National

	Men		Women		
	SJHS	National	National	SJHS	
Prostate	15%	33%	31%	35%	Breast
Lung	25%	13%	12%	14%	Lung
Colorectal	10%	10%	11%	10%	Colorectal
Bladder	7%	6%	6%	7%	Uterus
Other	43%	38%	40%	34%	Other

Saint John's Male Stats, compared to US Stats looks as though the numbers are quite similar. The only real difference is the first and second primaries. Lung and prostate trade positions with about the same percentage with colon and bladder being equal.

The Female Stats comparing SJHS with National look almost identical. Breast cases remain number one due to early diagnosis with the nation-wide campaign to stamp out breast cancer with early detection.

### SJHS Cancer Registry

	PATIENTS COUNT %			
	REF YEAR		5 YEAR REF	
Complete registry	9,666		3,020	
Less benign/borderline	6		5	
Less cis cx/intraepith neoplasia	78		0	
Less squamous cells	305		30	
Less foreign residents	0		8	
Less non-analytic	816		412	
Less class 0	41		41	
Sub-total	8,420	100.00	2,532	100.00
Less expired	5,183	61.56	1,102	43.52
Less over 100 and lost	0		0	
Adjusted total (living)	3,237	38.44	1,430	56.48
Less followed	2,884	34.25	1,318	52.05
Total lost to follow up	353	4.19	112	4.42
F/U rate	95.81		95.58	
	TARGET 80%		TARGET 90%	

CASE STATUS: Complete

As you can see, approximately one third of our diagnoses have been made in the last five years. This is in part due to our efforts at early diagnosis and treatment of cancers such as breast, prostate and cervix.

Our continued excellent follow-up rates will hopefully earn us a commendation when we are surveyed in 2007 by the American College of Surgeons.

# Cervical, Uterine and Ovarian Cancer Analysis

## CERVIX CANCER

Cervical carcinoma is a major health problem globally, with a yearly incidence of over 350,000 cases. In the United States, incidence rates have decreased steadily over the past several decades as Pap smear screening has become more widely used. An estimated 9710 cases of invasive cervical cancer are expected in 2006. Pre-invasive lesions are detected far more frequently than invasive cancer; therefore, mortality rates from the disease have also declined.

Human Papillomavirus (HPV) is the most important factor contributing to the development of cervical cancer. Other risk factors include a history of sexual intercourse at an early age, multiple sexual partners, sexually transmitted infections, and smoking. HPV infections occur in healthy women and only rarely result in cancer; however, persistence of the infection predisposes to precancerous and cancerous cervical changes. A vaccine to prevent the most common types of HPV that cause cervical cancer is available in June of 2006 and another is in phase III trials.

The most common symptoms of cervical cancer include abnormal vaginal bleeding and discharge, but these usually do not appear until abnormal cells have become cancerous. Therefore, early detection with Pap smear screening is very important. Most cervix cancers develop slowly, so nearly all cases can be prevented if a woman is screened regularly. Women should have Pap smears performed starting at age 21 years or 3 years after the onset of sexual intercourse, whichever comes first. HPV vaccination does not substitute for routine cervical cancer screening.

Treatment of precancerous lesions of the cervix includes removal by cone biopsy or LEEP (loop electrosurgical excision procedure) or destruction by cryotherapy (freezing) or laser ablation. Invasive cancers are treated by surgery, radiation, or both. Chemotherapy has been shown to improve survival rates in some cases.

Overall survival for pre-invasive lesions is excellent—nearly 100%. When detected in an early stage, invasive cervical cancer can be successfully treated with 5-year survival rates of over 90%.

## UTERINE CORPUS CANCER

Endometrial cancer is the most common female genital tract malignancy, with an estimated 41,200 cases expected to be diagnosed in 2006. Most women (90%) with endometrial cancer develop symptomatic bleeding, facilitating early diagnosis of the disease. Despite this, endometrial cancer is responsible for approximately 7350 deaths per year, making it the 8<sup>th</sup> leading site of cancer-related death among American women.

The most common etiology of endometrial cancer is an excess of endogenous or exogenous estrogen unopposed by progesterone. Obesity, tamoxifen use, early menarche (onset of menstruation), late menopause, never having had children, and polycystic ovarian syndrome increase estrogen exposure and therefore the rate of endometrial cancer. Hereditary nonpolyposis colorectal cancer (HNPCC) is a genetically linked cancer syndrome that can also increase risk of endometrial, colon, and ovarian cancer. Conversely, protection is noted with an elevated intake of fruits, vegetables, and whole grains. Increasing data also note the use of oral contraceptives decreases the risk of developing endometrial cancer. Diagnosis is made by endometrial biopsy in women with abnormal or postmenopausal uterine bleeding.

Uterine cancers are usually treated with surgery, radiation, hormonal and chemotherapy. Treatment depends on the histologic type of cancer. Survival following treatment is 94% at 1 year. The 5-year survival ranges from 96% for local disease to 25% if cancer is diagnosed at distant sites. Survival rates for whites exceed those for African American women. It is unclear whether the high mortality in black women is a result of delayed treatment, lack of access to care, or a high likelihood of cancers with more serious prognostic characteristics.

## OVARIAN CANCER

Ovarian cancer is the second most common female reproductive cancer, preceded by cancer of the uterine corpus. More women die from ovarian cancer than from cervical cancer and uterine cancer combined. About 20,180 new cases are expected to be diagnosed in 2006 in the United States and 15,310 women die annually as a result.

The principle reason for the poor outcome of ovarian cancer is the advanced stage of disease at diagnosis in most cases. The best way to detect early ovarian cancer is for both the patient and physician to have a high index of suspicion of the disease and be aware of the symptoms. Symptoms may be subtle at first and include enlargement of the abdomen (caused by accumulation of fluid), abdominal bloating, fatigue, abdominal pain, indigestion, inability to eat normally/early satiety, constipation, recent onset of urinary frequency or incontinence, and unexplained weight loss. Physicians should evaluate these symptoms with a physical exam, pelvic exam and imaging studies if indicated. Suspicious or persistent adnexal masses detected on exam or imaging studies require surgical evaluation.

There is no screening test available for ovarian cancer. An annual pelvic exam is recommended for preventive health care. In women at high risk for ovarian cancer, pelvic exam, transvaginal ultrasound and a blood test for the tumor marker Ca125 may be offered. Hereditary ovarian cancer represents 5-10% of all ovarian cancers. Based on current data, a woman with a mutation of BRCA1 or BRCA2 genes has a lifetime risk of 15-45% of developing ovarian cancer. There are no data that screening improves early detection in this population.

Treatment for ovarian cancer includes surgery and chemotherapy. It is prudent to remove the uterus, one or both tubes and ovaries, and in advanced cases removal of lymph nodes and as many abdominal metastases as possible. In very early tumors, only the involved ovary may need removal. Surgery is generally followed by chemotherapy and occasionally radiation therapy.

Ovarian cancer survival varies with age and stage of disease. Women younger than 65 years are about twice as likely to survive 5 years following diagnosis (57%) than women 65 years and older (28%). If diagnosed when the cancer is at a very early stage, the 5-year survival rate is >90%; however, only 19% of cases are diagnosed at this stage. Women with distant disease at diagnosis have only 29% 5-year survival.

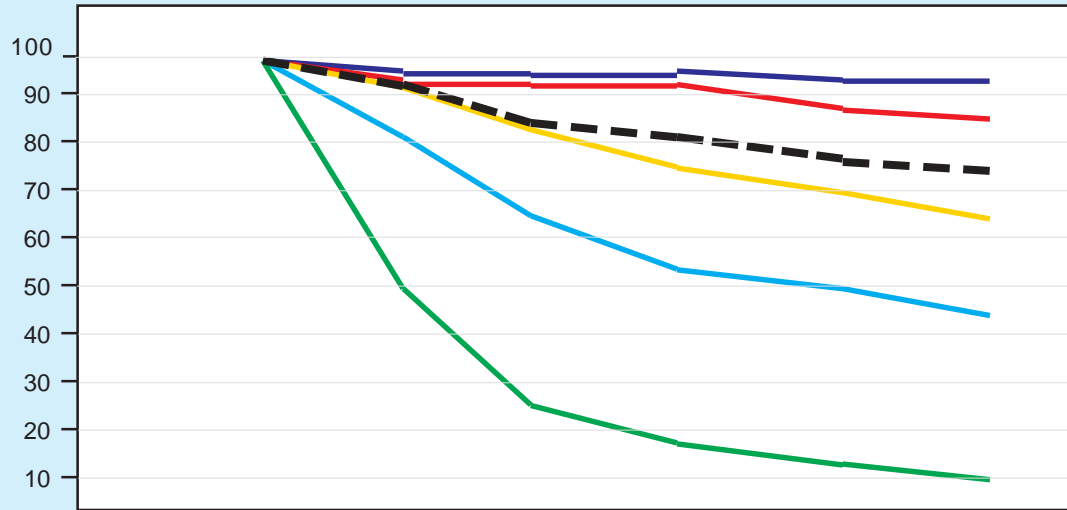
Finally, although ovarian cancer cannot be prevented, increased number of term pregnancies and longer duration of oral contraceptive use reduce the risk of developing ovarian cancer. Higher body weight and personal or family history of breast and ovarian cancer may increase risk of developing the disease. Removal of the ovaries and fallopian tubes in women with BRCA1 and BRCA2 gene mutations can reduce ovarian cancer risk.

Denise Thompson, MD

## Cervix Cancer Cases

### FiveYear Relative Survival NCDB

diagnosed 1998-2000



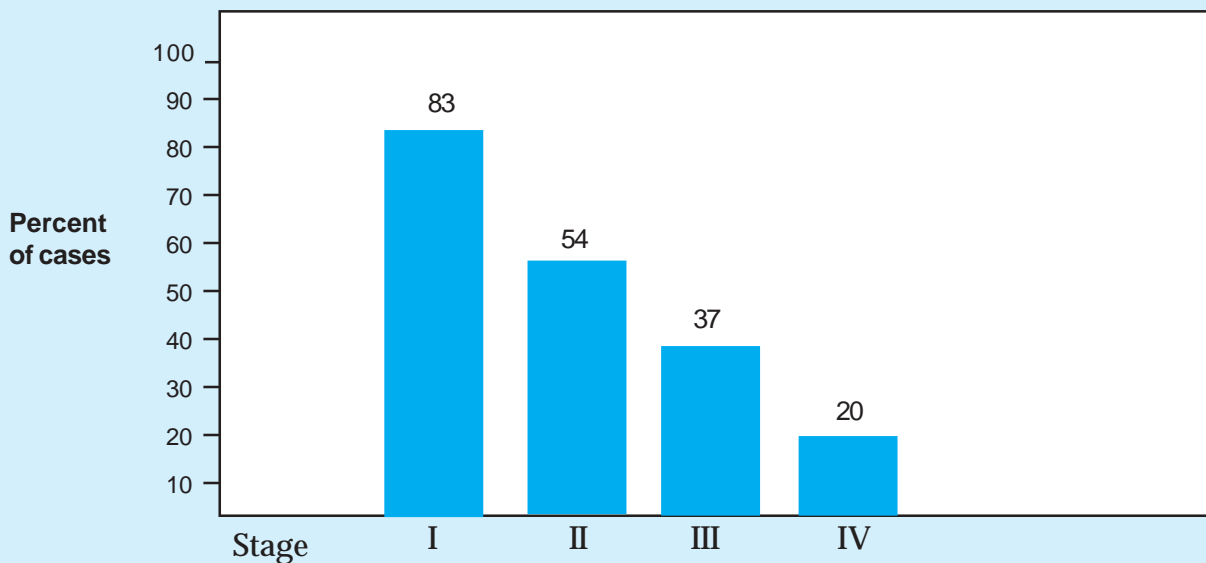
Stage	Cases	At dx	1 yr	2 yr	3 yr	4 yr	5 yr
0	2423	100	99.7	99.2	98.5	97.7	97.1
I	1026	100	97.8	94.2	91.2	88.6	87.5
II	438	100	92	83.8	75.3	70.1	65
III	396	100	82.3	64.8	54.5	50.7	44.6
IV	176	100	49.9	27.5	18.3	13.6	11.2
Overall	4459	100	93.2	86.5	81.6	78.5	75.7

Source: NCDB, Commission on Cancer, ACoS/ACS. [jbanasiak@facs.org](mailto:jbanasiak@facs.org)

## Cervix Cancer Cases

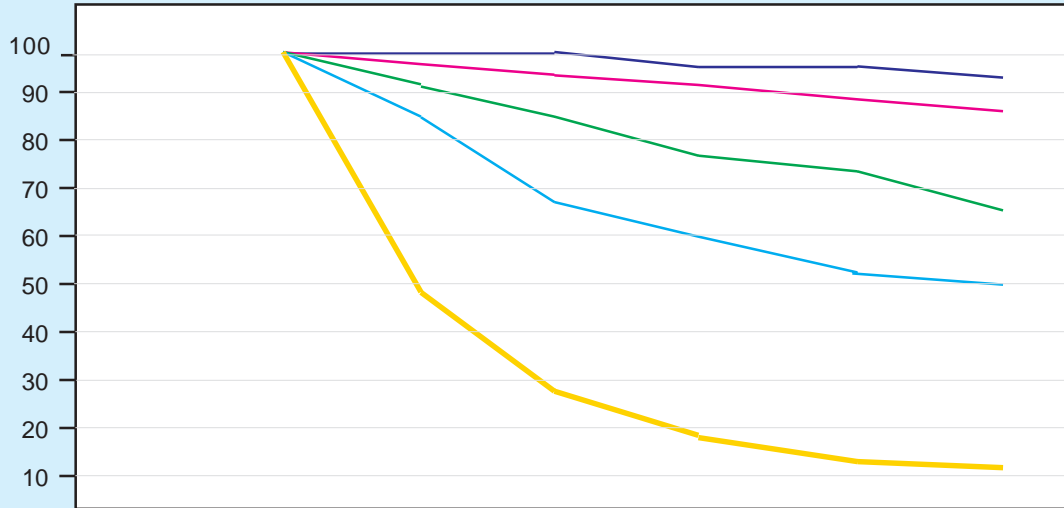
### FiveYear Relative Survival SJHS

diagnosed 1998-2000



# Endometrial (Uterine) Cancer

Observed 5 year survival NCDB  
Diagnosed in 1998-2000  
Midwest Hospitals

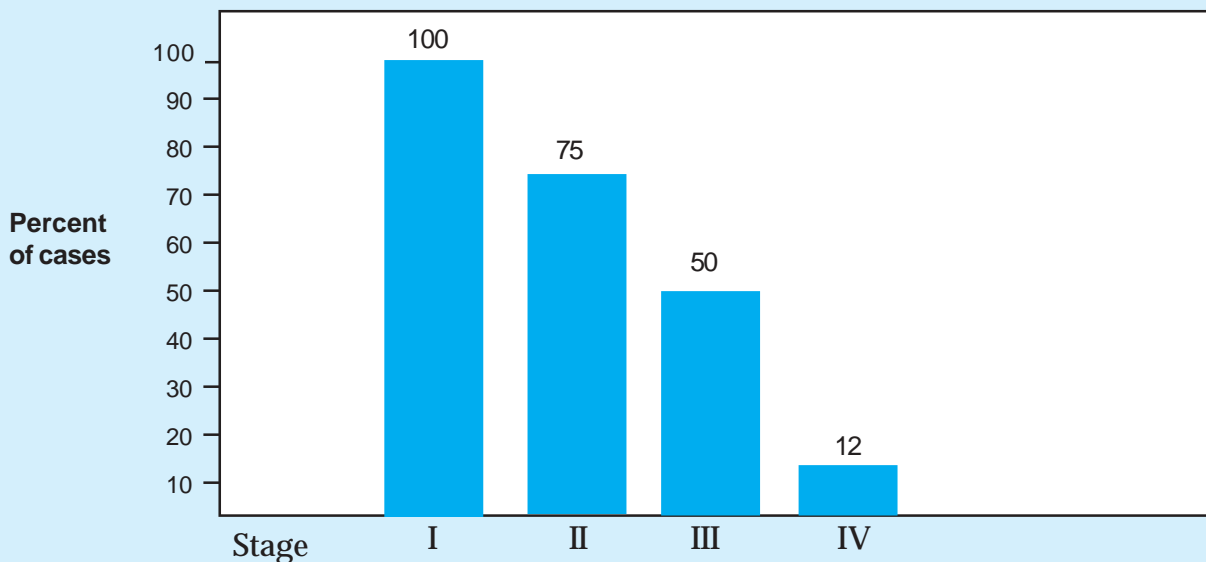


Stage	Cases	At dx	1 yr	2 yr	3 yr	4 yr	5 yr
0	114	100	100	100	96.3	96.3	94.9
I	3373	100	97.6	94.6	91.8	89.3	86.2
II	382	100	92.2	85.3	77	73.2	67.6
III	546	100	85.1	68.1	60	52.7	49.6
IV	316	100	47.8	28.1	19.6	13.4	12.8

Source: NCDB, Commission on Cancer, ACoS/ACS. jbanasiak@facs.org

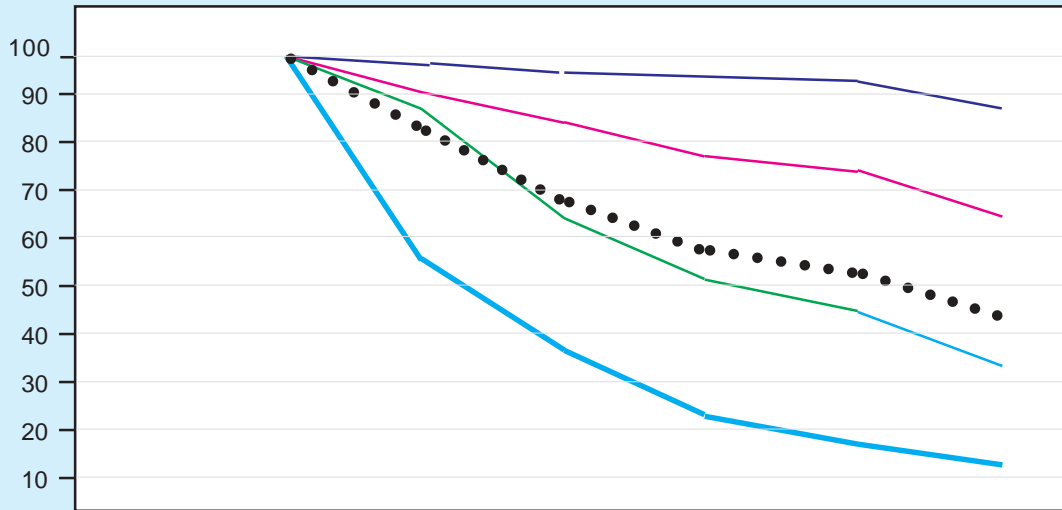
# Endometrial (Uterine) Cancer Cases

FiveYear Relative Survival SJHS  
diagnosed 1998-2000



# Ovarian Cancer Cases

Observed 5 year survival NCDB  
Diagnosed in 1998-2000  
Midwest Hospitals



Stage	Cases	At dx	1 yr	2 yr	3 yr	4 yr	5 yr
0-I	849	100	97.7	96.3	93.6	91.9	87.4
II	209	100	90.7	84	87.7	75.2	68.6
III	1147	100	80.8	64	51.6	40.7	32.2
IV	607	100	56.2	37.4	23.6	18.1	13.2
Overall	2812	100	81.1	68.8	59.1	52.4	45.8

Source: NCDB, Commission on Cancer, ACoS/ACS. [jbanasiak@facs.org](mailto:jbanasiak@facs.org)

# Ovarian Cancer Cases

## FiveYear Relative Survival SJHS

diagnosed 1998-2000

