

**Saint John's Cancer Center
Annual Report 2004**

Saint John's Cancer Services 2004

Change is the one thing that is certain in our lives. In 2004 we have seen this as a "positive" in the realm of cancer care. As you will find by reading this edition of Saint John's Annual Cancer Report, there is reason to believe that researchers are finally better understanding the behavior of certain cancers, such as colon cancer, allowing greater potential for fighting this entity.

In 2004, a group of oncology nurses, encouraged by one of their fellow professionals, formed a support group for breast cancer survivors. It's called Hands & Hearts. The group meets at the Saint John's Cancer Center, 2020 Meridian St., at 6:15 p.m. on the first Tuesday of each month. For more information, call (765) 683-3284. The Cancer Committee endorses this activity and applauds these women for their outreach to the community.

We are advocates for a compassionate and just society through our actions and our words.

2004 Cancer Frequency by Site

Men	SJHS	National	National	SJHS	Women
Prostate	31%	33%	32%	31%	Breast
Lung	21%	13%	12%	19%	Lung
Colorectal	12%	11%	11%	15%	Colorectal
Bladder	3%	6%	2%	3%	Bladder
Melanoma	3%	4%	4%	2%	Melanoma
NHL	3%	5%	4%	5%	NHL
Pancreas	3%	2%	2%	2%	Pancreas
Kidney	3%	3%	6%	4%	Uterus
Leukemia	3%	3%	4%	3%	Ovary
Oral	2%	3%	3%	1%	Thyroid
Other	16%	24%	23%	15%	Other

SJHS Total Cases 2004 = 402

National Cases 2004 = 1,368,030

What's New in Colorectal Cancer Treatment 2004

Colorectal cancer is the third most common cancer among women and men, especially in the western societies. Most cases are diagnosed in people over the age of 50; however, recently there has been a trend to see a few more patients diagnosed before the magic 50 mark. It is well known that early detection, diagnosis and treatment yield much better outcomes.

Treatment options have improved greatly for patients diagnosed with colorectal cancers in the last two years. A new drug regimen called FOLFOX, comprised of three drugs, became available for patient use in the outpatient setting. The drugs * 5FU, * Leucovorin (vitamin folic acid), and * Oxaliplatin (Eloxatin), can be administered after surgery to prevent recurrence of the tumor. This same combination or, one using the drug *irinotecan (Camptosar), called FOLFIRI is also used once the cancer has metastasized (spread). These drug combinations are given for a six-month period with close lab monitoring. The aim is to reduce the tumors and help the patient live with the disease as long as possible with good quality of life.

Since early 2004 the U.S. Food and Drug Administration (FDA) has approved a number of new drugs for colorectal cancer treatment. Finally, physicians have treatment alternatives to offer patients with colon cancer. These agents are not like traditional chemotherapy that attacks tumors and harms healthy tissues. These agents avoid the normal cells and target what makes the cancer cell grow and avoids the normal cells.

One group of targeted agents is the Blocking agents. A receptor on a colorectal cancer cell helps the cell to grow. This is called epidermal growth factor receptor, or EGFR. The new agent, Erbitux, binds to the receptor and prevents the receptor from taking in growth factor, thus preventing the cell from growing into a tumor. Side effects are minimal with this therapy and generally include an acne-like rash.

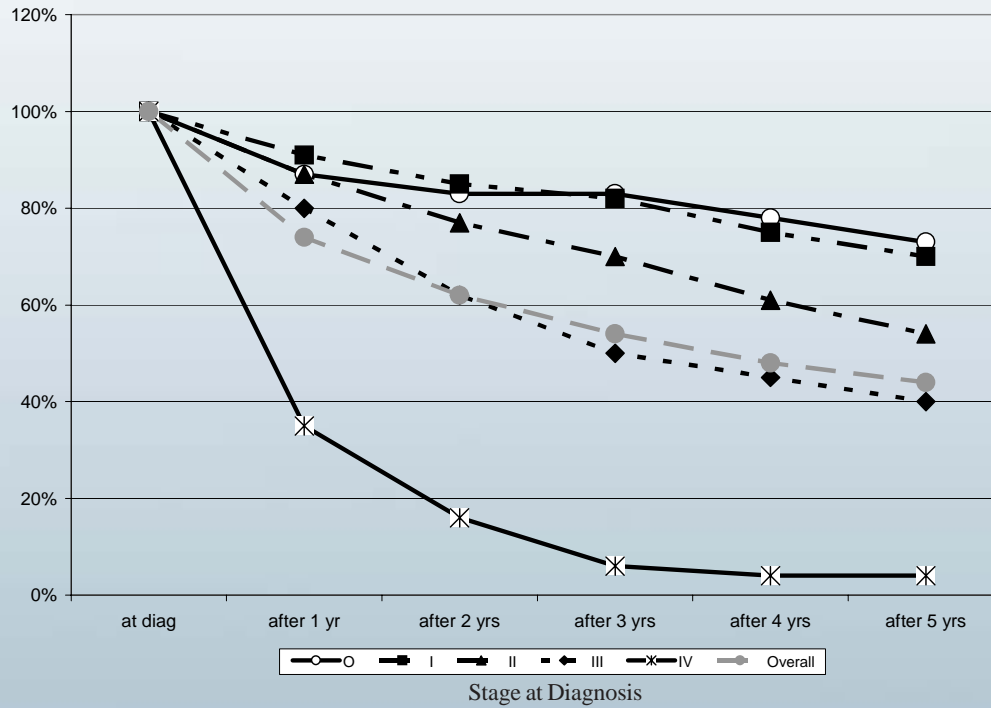
Another newly approved drug for advanced colorectal cancer is bevacizumab (Avastin), which is based on the knowledge that tumors need blood supply to grow. One way that blood vessels grow is through the presence of a protein called vascular endothelial growth factor or VEGF. This protein stimulates blood vessels to grow into tumors. When tumor cells spread through the body, they release VEGF to create new blood vessels. Avastin works by stopping VEGF from stimulating the growth of new blood vessels in tumors. Because normal tissues have an established blood supply, the drug does not affect them. Side effects are mild and may include slight hypertension.

Saint John's Cancer Registry

Five Year Survival Rates for Colon Cancer Cases Diagnosed in 1995 and 1996

State of Indiana/Data Reported from 18 Hospitals

Hospitals of Type: Community Cancer Center



Source: NCDB, Commission on Cancer, ACoS.

Survival Reports, v2.0 - October 1, 2005

Five Year Survival Table for Colon Cancer Cases Diagnosed in 1995 and 1996

State of Indiana/Data Reported from 18 Hospitals

Hospitals of Type: Community Cancer Center

Stage	Cases	at diag	1 yr	2 yrs	3 yrs	4 yrs	5 yrs	95% Confidence Interval
0	88	100	87.09	82.73	82.73	77.89	72.95	62.37 - 83.53
I	237	100	90.73	84.61	81.54	75.20	69.92	62.94 - 76.90
II	349	100	86.90	77.05	69.89	61.00	54.21	48.19 - 60.23
III	323	100	79.77	61.88	50.37	44.72	39.34	33.30 - 45.38
IV	223	100	34.83	16.08	5.71	4.15	3.63	0.95 - 6.31
Overall	1292	100	74.47	61.98	54.33	48.40	43.50	40.42 - 46.58

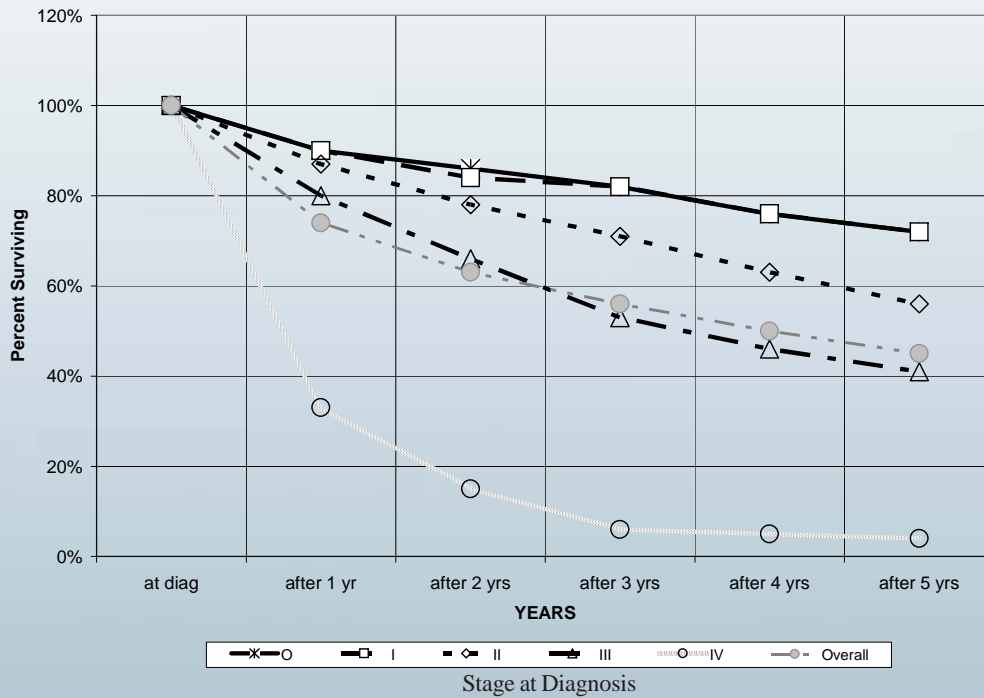
Source: NCDB, Commission on Cancer, ACoS.

Survival Reports, v2.0 - October 1, 2005

Five Year Survival Rates for Colon Cancer Cases Diagnosed in 1995 and 1996

ACS Division: Great Lakes//Data Reported from 27 Hospitals

Hospitals of Type: Community Cancer Center



Source: NCDB, Commission on Cancer, ACoS.

Survival Reports, v2.0 - October 1, 2005

Stage	Cases	at diag	1 yr	2 yrs	3 yrs	4 yrs	5 yrs	95% Confidence Interval
0	117	100	90.33	86.22	81.91	76.42	71.85	62.69 - 81.01
I	345	100	90.09	84.41	81.72	75.84	71.84	66.44 - 77.24
II	491	100	86.78	78.05	71.04	62.55	55.98	51.00 - 60.96
III	438	100	80.26	65.20	53.05	45.92	40.92	35.78 - 46.06
IV	321	100	32.86	15.20	6.36	5.30	4.24	1.86 - 6.62
Overall	1816	100	74.30	63.25	55.54	49.62	45.14	42.58 - 47.70

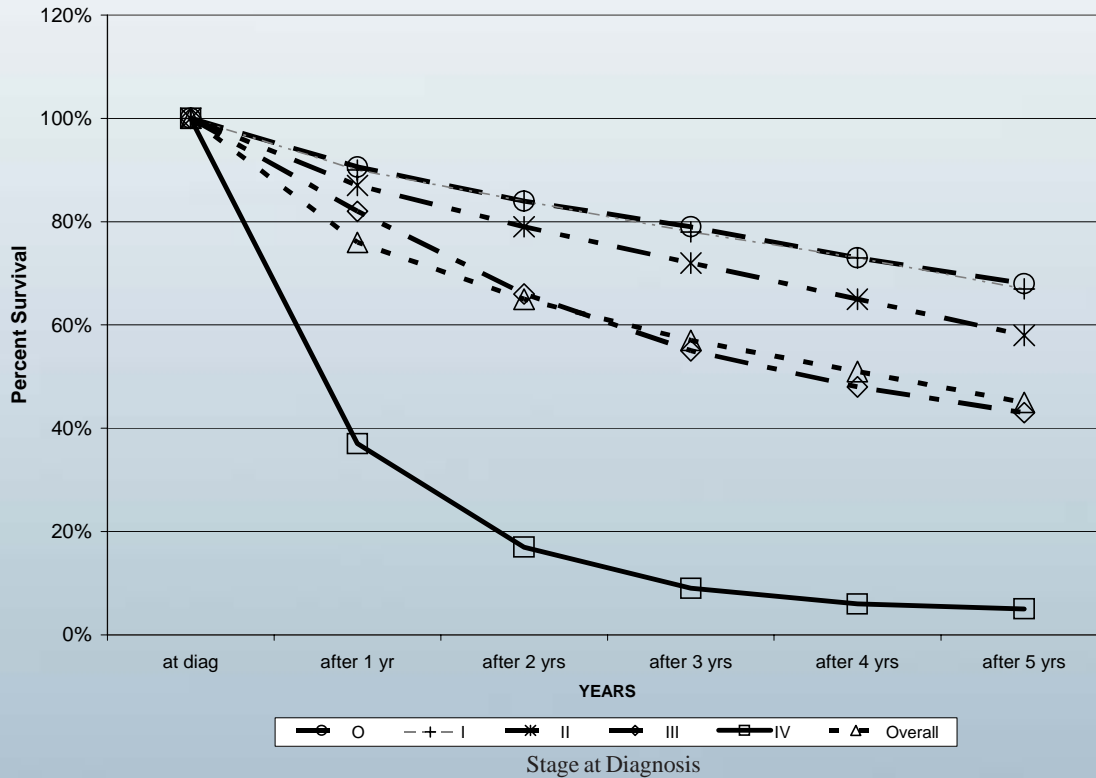
Source: NCDB, Commission on Cancer, ACoS.

Survival Reports, v2.0 - October 1, 2005

Five Year Survival Rates for Colon Cancer Cases Diagnosed in 1995 and 1996

All States//Data Reported from 601 Hospitals

Hospitals of Type: Community Cancer Center



Source: NCDB, Commission on Cancer, ACoS.

Survival Reports, v2.0 - October 1, 2005

Stage	Cases	at diag	1 yr	2 yrs	3 yrs	4 yrs	5 yrs	95% Confidence Interval
0	2571	100	90.56	83.90	79.16	73.27	68.08	66.02 - 70.14
I	6305	100	90.38	83.86	78.22	72.51	67.18	65.82 - 68.54
II	9215	100	87.13	78.78	71.64	64.60	58.28	57.12 - 59.44
III	7475	100	81.18	65.93	55.37	48.09	42.87	41.57 - 44.17
IV	5560	100	36.80	16.74	9.48	6.36	4.50	3.86 - 5.14
Overall	33363	100	76.49	64.80	57.33	51.40	46.54	45.92 - 47.16

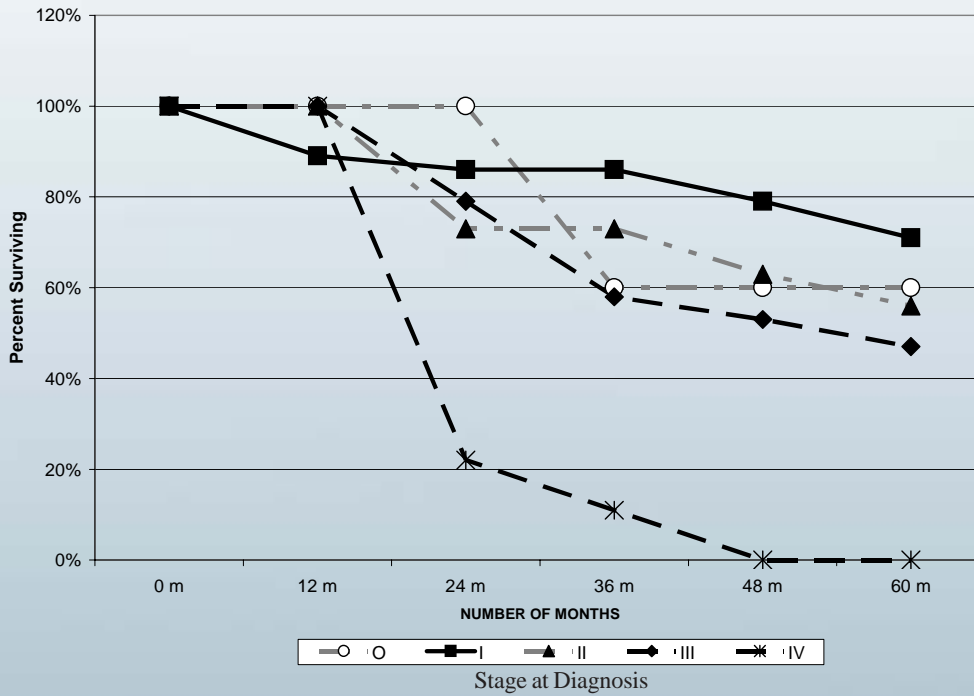
Source: NCDB, Commission on Cancer, ACoS.

Survival Reports, v2.0 - October 1, 2005

Five Year Survival Rates for Colon Cancer Cases Diagnosed in 1995 and 1996

Saint John's Cancer Center (Anderson, Ind.)

102 Cases



Source: Cancer Registry Data SJHS

Stage	Cases	1 yr	2 yrs	3 yrs	4 yrs	5 yrs
0	5	5	5	3	3	3
I	28	25	24	24	22	20
II	30	30	22	22	19	17
III	19	19	15	11	10	9
IV	18	18	4	2	0	0

The hope the five-year survival that we currently see for the groups of patients in the NCDB (National Cancer Data Base) national, regional, state and our local colorectal cases will be much improved with the next five year follow-up. There are even more new therapies “in the pipeline,” either in trial phase or awaiting approval.

Colorectal Cancer -- A Survivor's Story

You never know what life will bring you. One minute you're healthy and on top of the world, and the next minute you can find yourself gravely ill in the emergency room.

That's what happened to me 16 months ago. We had just gotten both daughters married to great guys, our son was in college, and my husband and I were enjoying our time together as "empty nesters." One weekend in May, I didn't feel well. We went to the emergency room where they ran a bunch of tests. The doctors discovered some type of blockage and quickly admitted me to the hospital. The next day, we got the news that other people hear. Surely, the doctor is not talking to me! "You have a tumor and we need to remove it immediately," were the doctor's words. Surgery to remove the large tumor in the colon was done, a colostomy was performed, and I was given the dreaded news that I had metastatic colon cancer.

At first, we thought there had to be some sort of mistake. This can't be happening to me—these things only happen when you get "old." Then I thought, "Maybe the doctors are wrong: I'm okay; this is just a little thing I need to take care of." Even though I had always been an upbeat person, those awful feelings of depression set in. "I can't do this! I can't go through with this! I just want to run away and hide from my problem." My life had always been relatively free from pain and suffering and filled with joy. I know that everyone experiences bumps in the road on this journey called life — I just wasn't quite ready for mine!

Then, after lots of prayer and the support of my family and friends, and the awesome medical team at the Saint John's Cancer Center, I accepted my illness and began my fight to live.

A few years ago, I would have been told to go home and get things in order. However, today there are so many more wonderful options. Dr. V.C. Amin was totally honest in his diagnosis of my illness. He did not promise or even hint at a "cure." He did, however, give me hope with the news that new drugs are constantly being developed, and if I am lucky, the cancer could be treated as a chronic illness – something that never goes away but you learn how to live with it. I read every article I could find on colon cancer and all about the new chemotherapy treatments and their side effects. Fortunately, for those with cancer, there are many combination drug treatments available that are showing good results, including reducing some of the bad side effects. Since I have been on chemotherapy, I have led a very normal life. I had my colostomy reversed, work on most days, exercise, and often "forget" that I am or ever was sick.

Sometimes people who know about my cancer look at me like I am a ghost. They have an expression of, "how can she be so happy after what she went through?" I now have a different outlook on life. I more fully appreciate my family and my community. I laugh more, am not afraid to act a little silly, and it doesn't take much to make me happy. I am very blessed for my faith in God, my loving and supportive family, my oncologist and his great staff, the kind chemo nurses, and all the prayers from my friends. I am so fortunate to be under the care of the great staff at the Cancer Center. Their work has been awesome and I am so thankful for them.

Anne Stauffer

