

Saint John's Cancer Center Annual Report 2003

 *St. Vincent* HEALTH
Saint John's Health System

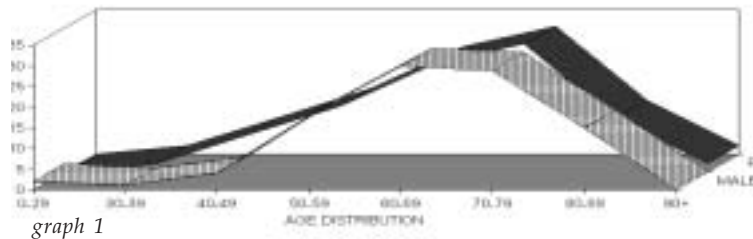
Cancer Services 2003

By Khalil Wakim, MD,
Chairman, Saint John's Health System Cancer Committee

Saint John's Cancer Services is keeping pace with the ever-frequent changes in cancer treatment. I am proud to share this 2003 update with you.

Our Cancer Services team cared for 488 newly diagnosed patients with cancer in 2003. The distribution was quite similar in age as well as sex (graph #1). The peak age for cancer diagnosis appears to be moving into the over-70 age group. The incidence comparison for Saint John's, the state, and the nation of the major cancer diagnoses (graph #2) continues to show our local population at greater risk of developing lung cancer, breast cancer or lymphoma. Prostate and colon cancer incidences seem even across the board.

Male vs. Female by Age at Diagnosis
488 Analytic Cases SJHS 2003



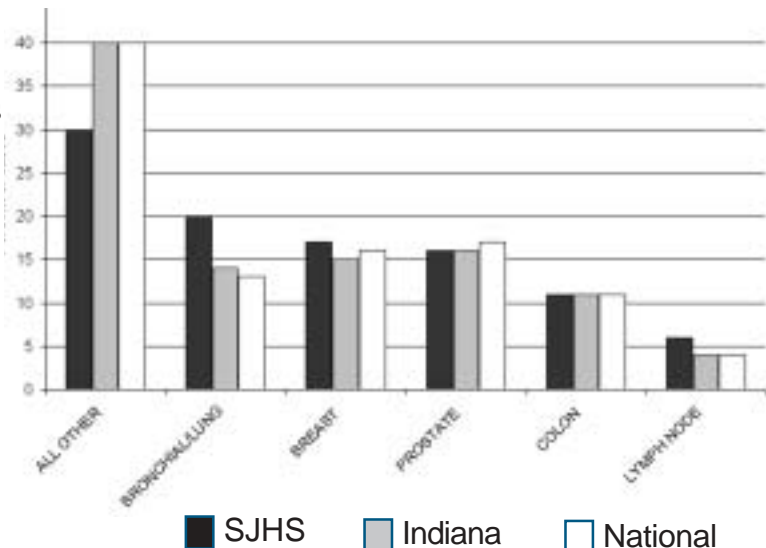
graph 1

diagnoses (graph #2) continues to show our local population at greater risk of developing lung cancer, breast cancer or lymphoma. Prostate and colon cancer incidences seem even across the board.

Initial therapy for these newly diagnosed cases (graph #3) shows that less than 40 patients were treated palliatively for their first course, indicating the advanced stage of their disease at diagnosis. This low number speaks well of Saint John's efforts to encourage cancer screenings and early diagnosis.

Statistically, Cancer Registry maintained excellent follow-up of patients treated at Saint John's. The target rate for five-year follow-up is 90 percent, according to The American College of Surgeons Commission on Cancer Standards. Saint John's Cancer Registry followed more than 98 percent for 2003.

Comparison of Newly Diagnosed Cases 2003



graph 2

■ SJHS ■ Indiana □ National

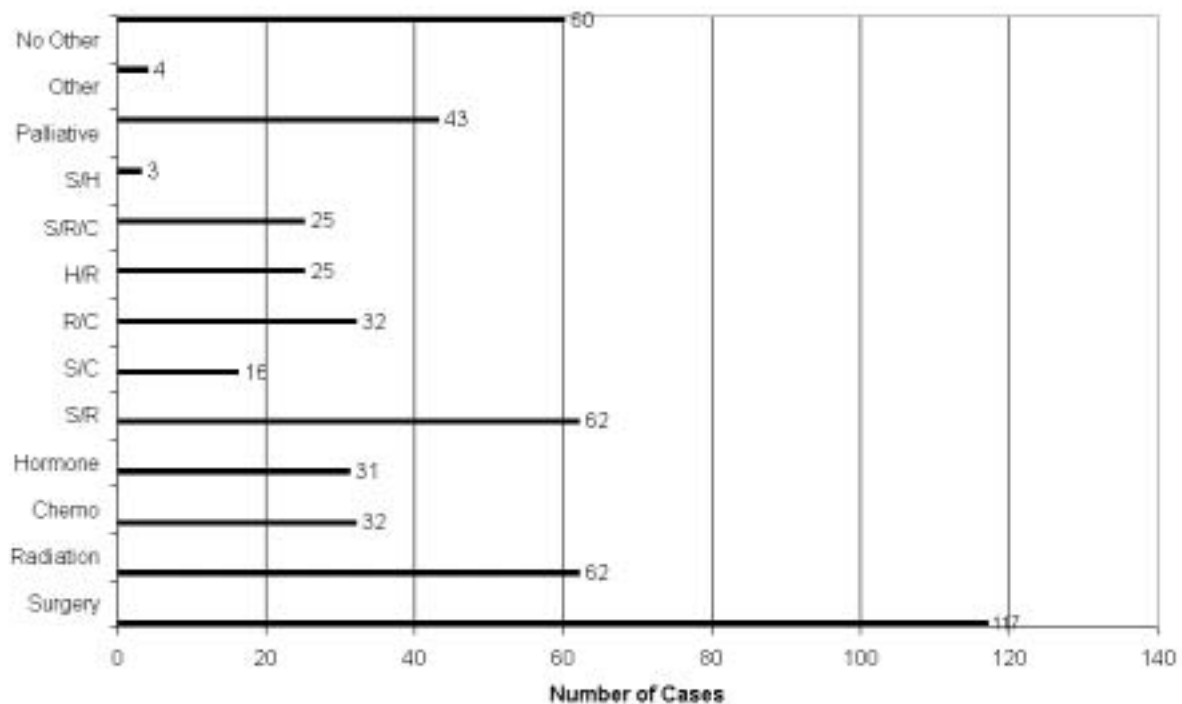
Two educational presentations were offered this year. Myriad Genetics talked about breast/ovarian/colorectal genetically connected diagnoses. PET scanning indications was the focus of our second cancer-related CME. These programs were combined with the Tumor Board meetings.

For continued patient and staff safety, the Cancer Center conducted a risk assessment study focused on chemotherapy -- from the ordering of drugs through their disposal.

Saint John's Cancer Center offered massage as a complementary therapy in 2003. Massage therapy blends well with Saint John's holistic approach of caring for our patients' body, mind and spirit. Patients and staff enjoy the stress relief provided by our staff massage therapists.

graph 3

Initial Therapy All Cases All Stages
SJHS 2003 488 cases



S = Surgery
R = Radiation
C = Chemotherapy
H = Hormone

Five-Year Relative Survival

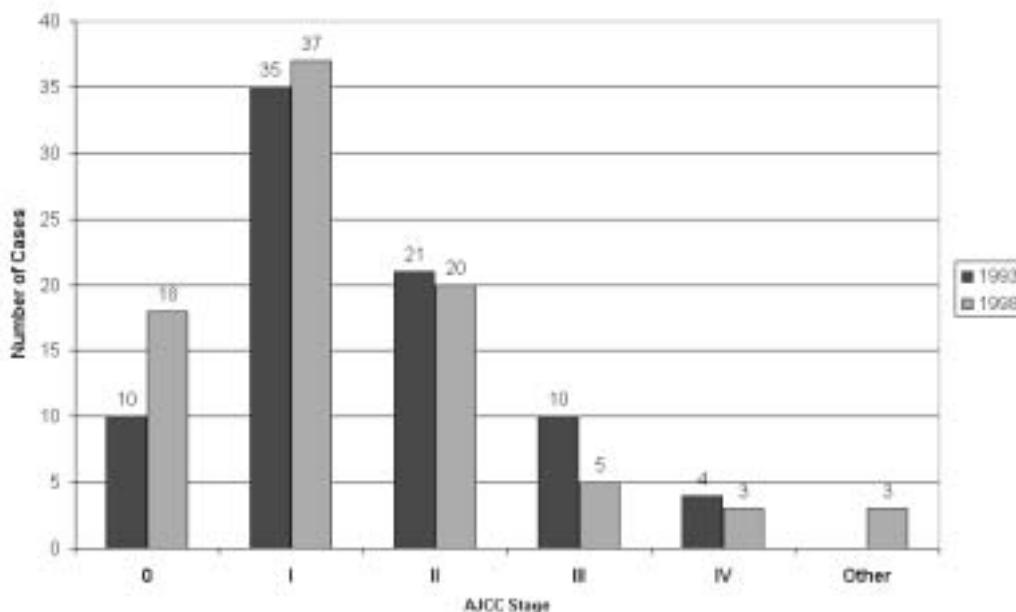
Comparison of Analytic Breast Cancer Cases from 1993 & 1998

By V.C. Amin, MD

This study reflects the percentage improvement in five-year survival of patients with all stages of breast cancer. This comparative study demonstrates the relative survival rate of the group diagnosed and or treated at Saint John's in 1993 to those in 1998. As shown in the graph below, there were approximately the same number of cases diagnosed in both years. In 1993, 18 percent of the patients were diagnosed as Stage III-IV, but in 1998, only 9 percent were diagnosed with more advanced disease, which demonstrates the benefit of early detection.

The American Cancer Society recommends women 40 years of age and older should have an annual mammogram and an annual clinical breast examination (CBE) by a health care professional and should perform a monthly breast self-examination (BSE). Ideally, the (CBE) should be completed before the scheduled mammogram. Women ages 20-39 should have a CBE by a health care professional every three years and perform a BSE monthly.

Stage Comparison at Diagnosis Breast Cancer SJHS

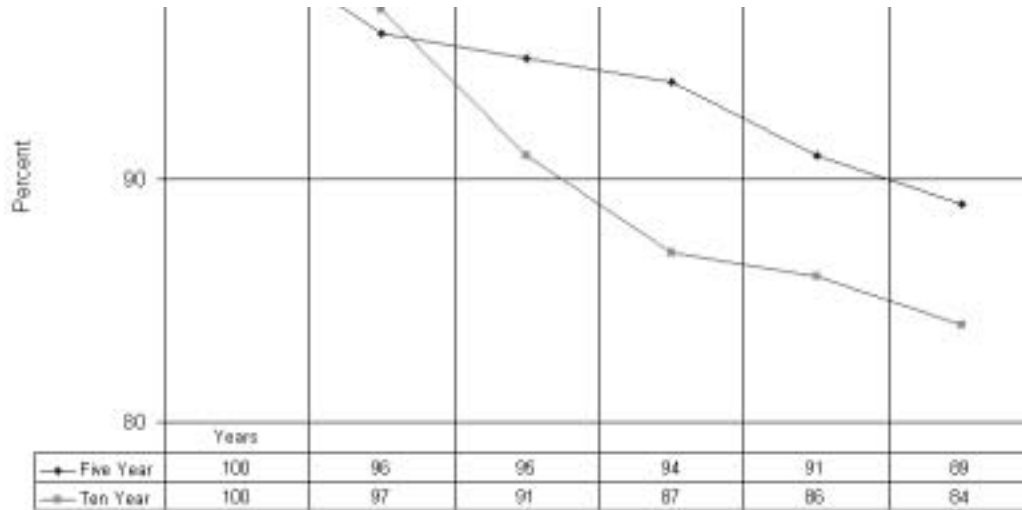


graph 4

Relative Survival Comparison SJHS

Five vs. Ten Years Analytic Breast

80 cases 1993/ 86 cases 1998



graph 5

The graph above shows a five percent increase in the five year survival rate between the two groups of patients, indicating that early detection and treatment results in a much-improved outcome. Saint John's Women's Center has come a long way in this 10-year span. In 1993 the Women's Center added a Fischer Stereotactic breast core biopsy unit, which eliminates scarring from the biopsy. The Women's Center physically moved to the Ambulatory Services Building in 1995 and added state-of-the-art film screen units with filters to decrease radiation exposure and enhance visualization. The Victoria Guild provided funding in 2000 for the R2 ImageChecker, enabling digitization of breast images to assist in finding tumors. Saint John's added the LoRad MIV platinum mammogram and digital mammotome core biopsy unit in 2002 and 2003.

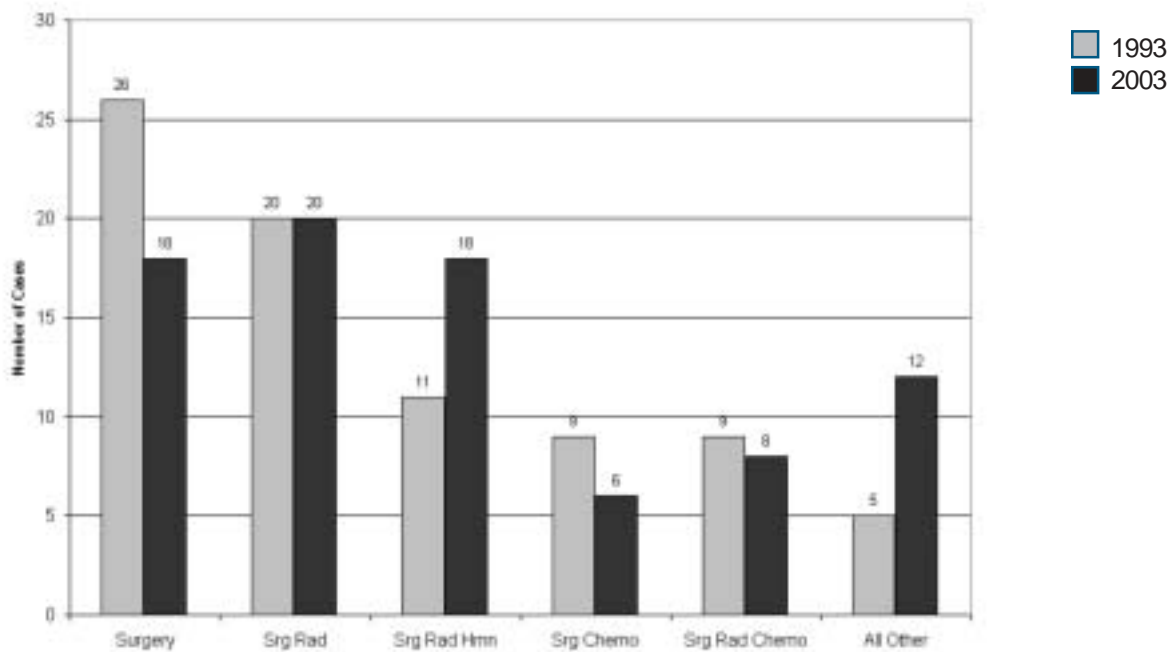
Treatment modalities have also been evolving, as evidenced by the changes noted in graph 6. Fewer extensive surgical procedures were done in 2003. However, the dawn of sentinel lymph node identifying and sampling has reduced the need for aggressive axillary dissections. Outcome predictors have also assisted the

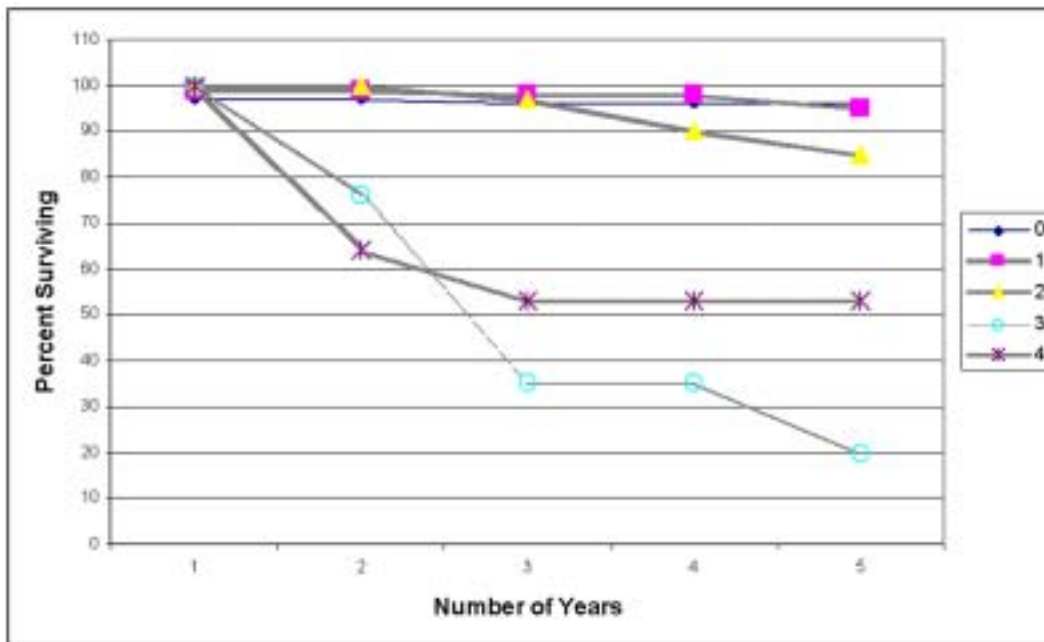
oncologist in treatment planning and helping patients better understand their prognosis. Many new chemotherapy drug combinations have added to the improved picture for breast cancer survivors.

The next 10 years hold even more hope for our newly diagnosed breast cancer patients. This promise is encouraging to all health care professionals who diagnose and treat patients with breast cancer.

graph 6

Initial Therapy 1993 and 2003
162 Analytic Breast cases SJHS



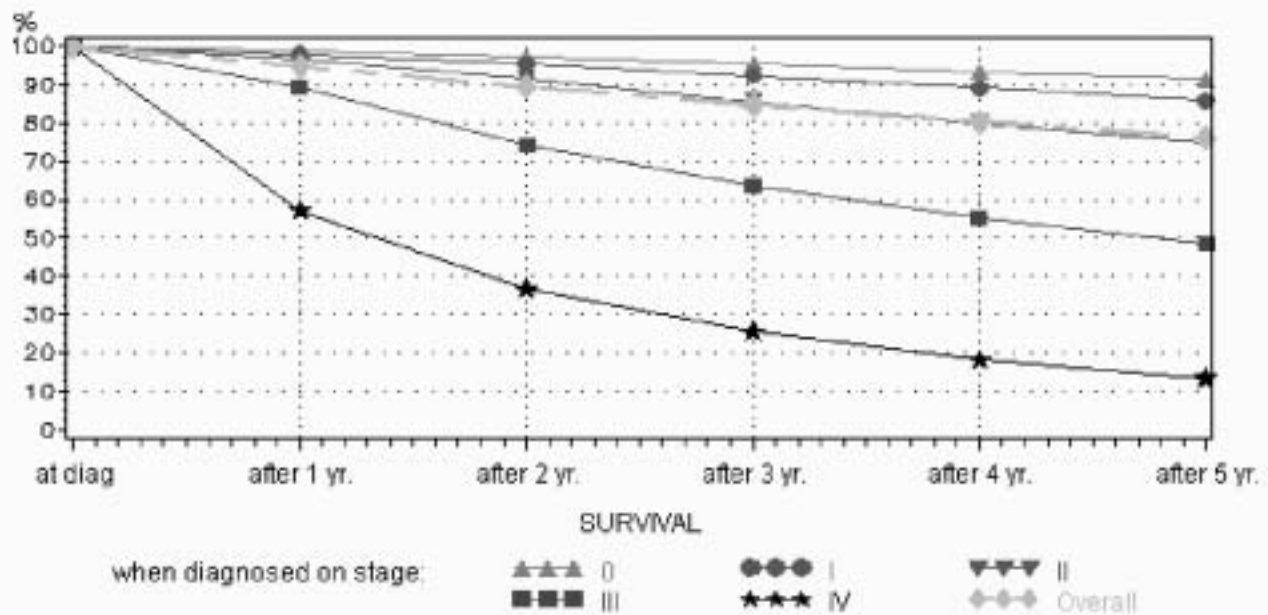


Five Year Survival Table for Breast Cancer Cases
 Diagnosed in 1995 & 1996
 Saint John's Health System
 Hospitals of Type: Community Cancer Center

Stage	Cases	At dx	1 yr	2 yr	3 yr	4 yr	5 yr
0	22	100	97	97	96	96	96
I	70	100	99	99	98	98	95
II	47	100	100	100	97	90	85
III	13	100	100	76	35	35	20
IV	8	100	64	53	53	53	45
Overall	160	100	92	85	76	74	68

Source: Saint John's Cancer Registry

Survival Reports, v2.0 - March 3, 2005



Source: NCDB, Commission on Cancer, ACoS.

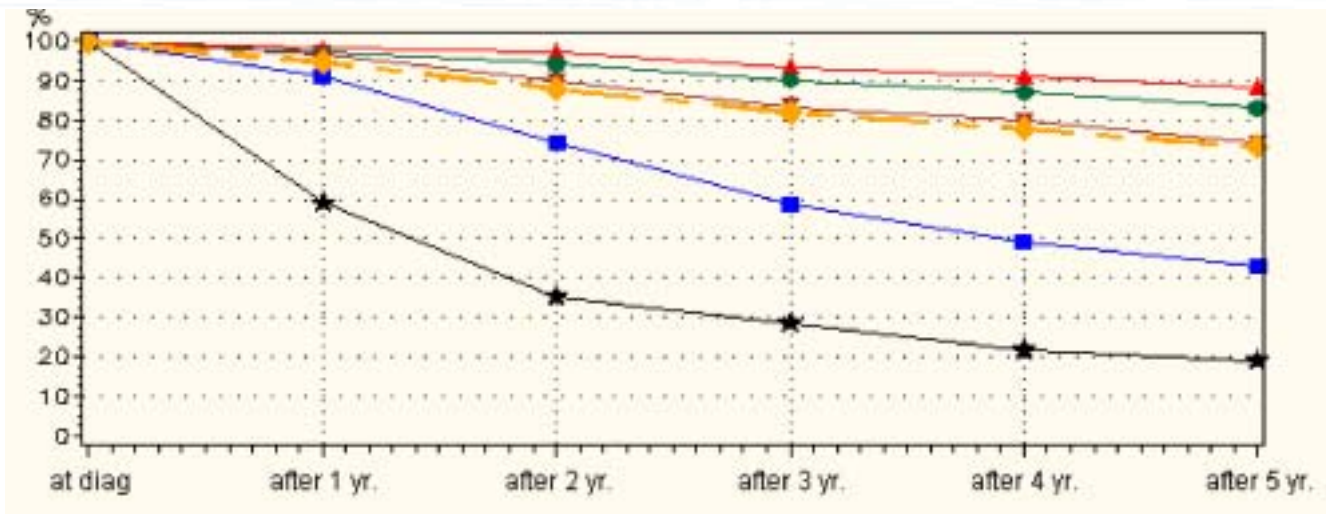
Survival Reports, v2.0 – March 3, 2005

Five Year Survival Table for Breast Cancer Cases Diagnosed in 1995 & 1996
 All State / Data Reported from 608 Hospitals
 Hospitals of Type: Community Cancer Center

Stage	Cases	At dx	1 yr	2 yr	3 yr	4 yr	5 yr	95% Confidence Interval
0	7640	100	98.87	97.33	95.46	93.37	91.39	90.65 - 92.13
I	23937	100	98.04	95.38	92.47	89.34	86.84	85.32 - 86.36
II	18829	100	96.83	91.51	85.73	80.17	75.04	74.32 - 75.76
III	4665	100	89.31	74.35	63.68	55.14	48.43	46.77 - 50.09
IV	2484	100	57.18	36.82	25.66	18.26	13.47	11.89 - 15.05
Overall	60000	100	94.93	89.61	84.84	80.40	76.21	75.81 - 76.61

Source: NCDB, Commission on Cancer, ACoS/ACS.

Survival Reports, v2.0 - March 3, 2005



Five Year Survival Table for Breast Cancer Cases Diagnosed in 1995 & 1996
 State of Indiana / Data Reported from 19 Hospitals
 Hospitals of Type: Community Cancer Center

Stage	Cases	At dx	1 yr	2 yr	3 yr	4 yr	5 yr	95% Confidence Interval
0	231	100	98.20	97.09	93.54	91.10	88.58	83.74 - 93.42
I	833	100	97.15	94.20	90.17	87.16	83.01	80.03 - 85.99
II	712	100	96.93	90.08	83.51	79.64	74.06	70.30 - 77.82
III	186	100	91.14	74.17	58.73	49.38	42.75	34.53 - 50.97
IV	96	100	59.19	35.37	28.66	21.83	19.10	10.24 - 27.96
Overall	2137	100	94.68	87.94	81.95	77.78	73.20	71.02 - 75.38

Source: NCDB, Commission on Cancer, ACoS/ACS.

Survival Reports, v2.0 - March 3, 2005

My Journey

Nancy A. Hunt, CTR

Life is a journey. Sometimes it is not the journey we would have chosen for ourselves, but along the way, we can find hope, love, encouragement and many more blessings. I did not know everything that was ahead of me when I was first diagnosed. I didn't know how sick I would get or what kind of surgeries I would have, but I knew I would be blessed! And I was, over and over again.


My journey began at a normal day of work. I am a Cancer Registrar. Sometimes I would enter clinical information into the computer that I did not quite understand. I was always getting the different kinds of breast biopsies mixed up. Not any more! I was able to experience them first hand. I can explain, in detail, the difference between needle localization and a core biopsy.

This is a good thing! Another good thing is a program sponsored by the American Cancer Society called "Tell a Friend." This program enlists women volunteers to encourage other women to get their mammograms.



I was a few months behind on getting my mammogram, but being involved with "Tell-a-Friend" reminded me to make my appointment (the whole idea of the program). I really was not worried when I was called back for extra views. I wasn't even concerned about the first biopsy. I knew that 80 percent of breast biopsies are negative. Well, for once I was in the top 20 percent. My pathology report read lobular carcinoma in-situ — not really even enough to be classified as cancer, but it was still the "C" word. Another biopsy was necessary to establish clear margins. However, this proved to be a higher degree without clear margins. A lumpectomy with axillary lymph node dissection was done, revealing one lymph node positive. My diagnosis was now a "more cancerous" process. This all happened within 10 days. Things were going very quickly. Everyone made sure I was taken care of and ready for the next step. My doctors were awesome. They were very patient with me and all of my questions.

Now it was time for me to slow down and make some decisions. With lots of good counseling and my own feelings, I chose to have chemotherapy first. I thought I was being treated special because I worked at the Cancer Center. As I looked



around, I saw others being treated the same way. It was like we were all oldest and dearest friends.

Chemotherapy taught me to not take things for granted. A day without nausea was a blessing. Making it to our son's ball game was a thrill. I promised myself to never complain about a "bad hair day" again. I would just be thankful to have hair. Things just looked different to me.

As I reflect on 2003, it was, in some ways, one of the best years of my life. I was shown more love and felt more blessings than was believable. All my relationships became stronger. Good friends became special friends; family was a needed and willing support system. My husband was truly amazing and promised a Caribbean cruise when my treatments were completed. Our boys learned to do things for themselves, which didn't hurt them at all. My church family was much appreciated and helped me to build my faith. All of these things made my journey easier to accept.

Once chemotherapy was over, it was time for more decisions. I decided to have bilateral mastectomies followed by reconstruction. There are many treatment options. It is an individual choice between the patient and her doctors. Surgery went well and five months later I had reconstruction surgery.

If I look back at what I've been through in the last year or so, I could crumble. Instead, I choose to focus on the future, and the fact that I have a future. Not every day was easy and some days I did give-in, but that was OK, too. You have your "pity party" and go on. The world does not stop because you have cancer. The boys still had activities, bills still had to be paid, and things still happen differently than you wish, but I did get my cruise! It was eventful. The airline had a delay and we missed the ship. Can you believe that? Hey, I had cancer. What do you mean you can't hold the ship for us? Our cruise was fabulous, but the journey there was questionable. So, no matter where your journey takes you, look for the blessings along the way.