

Cancer Registry Annual Report 2012

9/12/13
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Introduction

The Regional Cancer Center at East Jefferson General Hospital is dedicated to improving the care of patients with cancer and ultimately to reduce cancer mortality. The accomplishments of each calendar year are summarized in the Cancer Registry Annual Report. A statistical review of the calendar year is included along with an in-depth review of four major sites of cancer. The purpose of the report is to measure progress toward our goals and to educate East Jefferson General Hospital physicians and other health care professionals.

The four sites featured in this report are colorectal, lung, breast and prostate. These four sites accounted for 57.9 percent of the newly diagnosed cancers at East Jefferson General Hospital in 2012. Information on these and all other sites of cancer are available on request.

The Cancer Registry was established with a reference date of January 1, 1988. East Jefferson General Hospital's Cancer Program has been approved by the Commission on Cancer of the American College of Surgeons since 1991. In 2010 the Cancer Program was awarded 3 year approval with commendation. Approval indicates that the organization offers a broad-based network of comprehensive cancer programs that encompasses the entire spectrum of cancer control activities, from prevention to rehabilitation and long term follow-up.

This report is prepared by the Cancer Registrar, an integral part of the hospital's cancer program.

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Cancer Registry Activity Report, 2012

East Jefferson General Hospital's Cancer Registry was established in 1988 to collect and maintain a computerized database of all patients with a diagnosis of cancer and to conduct lifetime follow up. This provides the means for monitoring and evaluating the success of the cancer program.

The Cancer Registry has entered a total of 31,891 cases, of which 26,501 are analytic (first diagnosed and/or received all or part of first course treatment at EJGH) and 5,390 are non-analytic (first seen at EJGH after completion of a full course of therapy at another facility, coming to EJGH for recurrence and/or subsequent treatment).

In 2012, the Cancer Registry accessioned 1,432 cases, of which 1,298 were analytic and 134 were non-analytic. Annual follow up was conducted in all cases with a 88.3 percent follow up rate for all analytic cases and 88.2 percent follow up rate for the last five years meeting the standard of the Commission on Cancer. The Cancer Registry participates in the National Cancer Data Base (NCDB) call for data annually. Hospital data is also reported to the Louisiana Cancer Registry annually.

Forty-seven tumor boards were held in 2012, with 207 malignant cases being discussed, representing 16.5 percent of the analytic cases. Nineteen breast conferences were held in 2012.

Twenty-one M.D. Anderson Multidisciplinary Planning Videoconferences were held in 2012 with discussion of AJCC stage and treatment guidelines on all major sites along with nine continuing medical education lectures. Continuing education hours are approved for these activities.

Quality control was done on the Cancer Registry data by a member of the Oncology Committee who reviewed 10 percent of the analytic cases.

Site Specific Physician Champions

Nothing great is accomplished without clear vision and leadership. Throughout the year, our organization was fortunate to have had physician champions who guided us through a tremendous year of clinical progress.

Brian Creely, MD - Breast Cancer Physician Champion
Michael Brothers, MD - Lung Cancer Physician Champion
Jeffery Griffin, MD – Colorectal Cancer Physician Champion
Sean Collins, MD – Prostate Cancer Physician Champion

About East Jefferson General Hospital

Opened on February 14, 1971, East Jefferson General Hospital is a publicly owned 444-bed not-for-profit community hospital, providing tertiary care to residents of the East Bank of Jefferson Parish and surrounding communities. A service district hospital, East Jefferson General is governed by a 10-member volunteer Board of Directors appointed by the Jefferson Parish Council and the Parish President.

East Jefferson General is accredited by the Joint Commission Organization and has been recognized as Louisiana's first Magnet hospital by the American Nurses Credentialing Center (ANCC). The 3,500 team members, 650 physicians and 400 volunteers help bring the campus to life. The hospital campus features the main hospital, East Jefferson North, four medical office buildings, three multilevel parking garages, an outpatient pavilion and the Yenni Treatment Center. The campus also has a helipad, which can accommodate most helicopters currently in use.

Thanks to the dedication, loyalty and expertise of all our team members, both past and present, East Jefferson General Hospital continues to enjoy a reputation second to none.

Facts on Cancer at East Jefferson General Hospital, 2012

Class of Cases	No. of Cases
Analytic Cases	1,298
Non-Analytic Cases	134
Total Number of Cases	1,432

East Jefferson General Hospital Incidence Compared to National Incidence Estimates of Top Sites, 2012

Male Percentages of Cases		Site	Female Percentages of Cases	
EJGH	USA		EJGH	USA
30%	28%	Prostate	-	-
13%	14%	Lung	13%	14%
-	-	Breast	39%	29%
11%	9%	Colorectal	10%	9%
13%	6%	Urinary Tract	8%	6%
6%	5%	Leukemia/Lymphoma	7%	4%
3%	3%	Oral Cavity	1%	-
3%	5%	Malignant Melanoma	1%	4%
3%	3%	Pancreas	1%	3%
-	-	Female Genital	8%	3%
18%	27%	All Other	12%	28%

At East Jefferson General Hospital in 2012:

- Female Breast cancer is 10 percent higher at EJGH than nationally.
- Prostate cancers at EJGH are 30 percent of all male cancers as compared to 28 percent nationally.

*Represents estimates of numbers, Cancer Facts & Figures, American Cancer Society, 2012

Site Distribution of Newly Diagnosed Analytic Cases, 2010, 2011, 2012

	2010	2011	2012
Lip, Oral Cavity & Pharynx	49(3.7%)	22 (1.7%)	26 (2.0%)
Lip	3	-	-
Tongue	22	10	11
Major Salivary Gland	4	2	1
Floor of Mouth	2	-	3
Oropharynx	2	1	-
Nasopharynx	2	1	1
Hypopharynx	8	5	1
Gum & Other Parts of Mouth	6	3	9
Digestive System	241 (18.3%)	228 (17.7%)	214 (16.5%)
Esophagus	16	9	14
Stomach	21	26	11
Small Intestine	1	2	2
Colorectal	161	145	140
Liver	16	15	8
Gallbladder	1	2	2
Other Bile Duct	3	1	2
Pancreas	22	28	28
Anus, Anal Canal & Anorectum	-	-	7
Respiratory, Intrathoracic	202 (15.5%)	212 (16.4%)	183 (14.1%)
Nose, Nasal Cavity & Middle Ear	-	-	2
Larynx	11	12	14
Lung	191	200	167
Heart, Mediastinum & Pleura	3 (0.2%)	7 (0.6%)	7 (0.5%)
Hematopoietic & Lymphatic	107 (8.1%)	88 (6.9%)	108(8.3%)
Leukemia	29	14	19
Multiple Myeloma	17	9	8
Hodgkin's Disease	6	9	12
Non-Hodgkin's Lymphoma	42	52	57
Myeloproliferative Disorder	13	4	12
Bone & Soft Tissue	5 (0.4%)	8 (0.6%)	7 (0.5%)
Bone	-	-	-
Soft Tissue	5	8	7
Skin	25 (1.9%)	21 (1.6%)	28 (2.2%)
Malignant Melanoma	25	19	27
Other Skin	-	2	1
Breast	239 (18.3%)	293(22.7%)	252 (19.4%)
Female	238	292	249

Male	1	1	3
	2010	2011	2012
<hr/>			
Female Genital Organs	44(3.4%)	39 (3.0%)	51 (3.9%)
Cervix	6	5	8
Ovary & Fallopian Tube	14	15	19
Corpus Uteri	21	19	19
Vagina/Vulva	3	-	5
Male Genital Organs	174 (13.2%)	170 (13.2%)	195 (15.0%)
Prostate	163	164	190
Testis	7	5	4
Penis	4	1	1
Urinary Tract	132 (10.0%)	124 (9.6%)	138 (10.7%)
Bladder	68	57	62
Kidney	59	61	71
Ureter	3	5	5
Other Urinary	2	1	-
Eye & Orbit	-	1 (0.1%)	1(0.1%)
Brain & Nervous System	32 (2.74%)	16 (1.2%)	29 (2.2%)
Brain	16	11	14
Meninges & Cranial Nerves	16	5	15
Endocrine Glands	30 (2.3%)	24 (1.9%)	32 (2.5%)
Thyroid	27	24	31
Other Endocrine	3	-	1
Unknown	31 (2.3%)	36 (2.8%)	27 (2.1%)
Total	1,314	1,289	1,298

Site Distribution of Non-Analytic Cases, 2012

Oral Cavity & Pharynx	2 (1.5%)
Digestive Organs	14 (10.4 %)
Respiratory and Intrathoracic System	6 (4.5%)
Hematopoietic/Lymphatic	13 (9.7%)
Skin	4 (3.0%)
Breast	19 (14.2%)
Female Genital Organs	5 (3.7%)
Male Genital Organs	51 (38.1%)
Urinary System	9 (6.7%)
Brain/Meninges	2 (1.5%)
Other	9 (6.7%)
Total	134

Colorectal Cancer

Colorectal cancer was the fourth most common cancer reported at East Jefferson General Hospital in 2012 with 140 analytic cases compared to 252 breast cases, 167 lung cases and 190 prostate cancers.

The patient population included 71 males representing 11 percent of male cancer cases and 70 females representing 10.5 percent of female cancer cases.

Thirteen cases (9.2%) were Stage 0 (in situ), 30 (21.1%) cases Stage I (Dukes A), 38 (26.8%) were Stage II (Dukes B), 38 (26.8%) were Stage III (Dukes C), 22 (15.5%) were Stage IV and 1 (0.7%) were unknown Stage.

Age at Diagnosis	No. Of Patients	Subsites	No. of Patients
30-39	2 (1.4%)	Cecum	16 (11.4%)
40-49	10 (7.1%)	Ascending	24 (17.1%)
50-59	18 (12.9%)	Transverse*	19 (13.6%)
60-69	28 (20.0%)	Descending	5 (3.6%)
70-79	41 (29.3%)	Sigmoid**	39 (27.9%)
80-89	35 (25.0%)	Rectum	37 (26.4%)
90+	6 (4.3%)	Colorectal NOS	0 (0.0%)
Total	140	Total	140

*Transverse includes hepatic and splenic flexure

**Sigmoid includes rectosigmoid

*** NOS= not otherwise specified

**Colorectal Five-Year Survival by AJCC Stage
EJGH (diagnosis 1999 -2006)**

Stage	Cases	At diag.	1 yr	2 yr	3 yr	4 yr	5 yr
0	99	100	96	91	85	82	77
I	259	100	91	88	84	79	75
II	251	100	92	84	77	70	63
III	229	100	90	81	69	64	59
IV	170	100	55	33	20	14	10

**Colorectal Five-Year Survival by AJCC Stage
NCDB (2005)**

Stage	Cases	At diag.	1 yr	2 yr	3 yr	4 yr	5 yr
0	18,256	100	94	91	88	85	81
I	53,921	100	93	90	86	82	78
II	60,325	100	89	83	77	71	66
III	59,300	100	87	76	68	61	56
IV	44,976	100	52	31	19	13	10

**Colon by Treatment Combinations
EJGH 2012**

1st Course

Treatment

Summary

Stage 0 Stage I Stage II Stage III Stage IV Unk Total

Surg Only	6	20	21	13	2	-	62 (73.8%)
Surg/Chemo	-	-	2	6	8	-	16 (19.0%)
S/R	-	-	-	-	-	-	0 (0.0%)
S/R/C	-	-	-	1	-	-	1 (1.2%)
Chemo	-	-	-	-	2	-	2 (2.4%)
Unk/none	-	-	-	-	3	-	3 (3.6%)
Total	6	20	23	20	15	0	84

**Colon by Treatment Combinations
NCDB 2010**

Ist Course Treatment Summary	Stage 0	Stage I	Stage II	Stage III	Stage IV	Unk	Total
Surg Only	1,818	6,564	7,008	3,285	1,428	1,120	21,223 (60.5%)
Surg/Chemo	15	137	1,213	4,868	2,425	251	8,909 (25.4 %)
Other	31	126	334	303	1,366	211	2,371 (6.8%)
Unk/none	161	242	72	51	1139	906	2571 (7.3%)
Total	2,025	7,069	8,627	8,507	6,358	2,488	35,074

**Colon
Five-Year Survival By AJCC Stage
EJGH (diagnosed 1999 -2006)**

Stage	Cases	At diag.	1 yr	2 yr	3 yr	4 yr	5 yr
0	61	100	98	93	85	82	77
I	169	100	91	87	82	76	71
II	178	100	92	83	77	71	65
III	163	100	89	78	68	63	57
IV	143	100	53	32	18	14	11

**Colon Five-Year Survival By AJCC Stage
NCDB (diagnosed 2005)**

Stage	Cases	At. Diag.	1 yr	2 yr	3 yr	4 yr	5 yr
0	13,277	100	94	91	88	84	81
I	38,465	100	93	89	86	82	78
II	46,677	100	89	83	77	72	67
III	45,978	100	86	75	67	60	55
IV	36,929	100	51	30	19	13	10

**Rectum by Treatment Combinations
EJGH 2012**

Treatment Summary	Stage I	Stage II	Stage III	Stage IV	Total
Surg Only	6	5	3	-	14 (31.1%)
Rad Only	-	-	-	-	0 (0.0%)
Surg/Chemo	-	1	4	-	5 (11.1%)
Surg/Rad	-	1	-	-	1 (2.2%)
S/R/C	1	7	9	2	19 (42.2%)
Rad /Chemo	-	-	2	1	3 (6.6%)
Chemo Only	-	-	-	2	2 (4.4%)
Non/Unk	-	-	-	1	1 (2.2%)
Total	7	14	18	6	45

**Rectum by Treatment Combinations
NCDB 2010**

1st Course Treatment Summary	Stage 0	Stage I	Stage II	Stage III	Stage IV	Unknown	Total
Surg Only	549	1,745	365	253	65	367	3,344 (32.5%)
Surg/Chemo	8	48	80	209	171	23	539 (5.2%)
Rad/Chemo	4	79	214	233	276	97	903 (8.8%)
S/R/C	79	772	1,136	1,381	195	127	3,690 (35.8 %)
Other	14	138	131	104	465	124	976 (9.5%)
Unk/None	51	139	67	51	210	323	841 (8.2%)
Total	705	2,921	1,993	2,231	1,382	1,061	10,293

**Rectum Five-Year Survival by AJCC Stage
EJGH (diagnosed 1999 -2006)**

Stage	Cases	At diag.	1 yr	2 yr	3 yr	4 yr	5 yr
0	32	100	91	87	84	81	78
I	73	100	92	89	87	86	82
II	59	100	93	85	75	66	56
III	59	100	95	88	71	64	61
IV	25	100	64	35	31	16	0.0

**Rectum Five-Year Survival by AJCC Stage
NCDB (diagnosed 2005)**

Stage	Cases	At diag.	1 yr	2 yr	3 yr	4 yr	5 yr
0	3,985	100	95	92	89	85	82
I	13,751	100	94	90	86	82	78
II	10,335	100	90	82	75	68	63
III	11,480	100	90	81	72	64	58
IV	7,533	100	58	35	21	14	10

Lung Cancer

Lung was the third most common cancer site at East Jefferson General Hospital in 2012, with 167 analytic cases. The patient population includes 82 males representing 13 percent of the male cancer cases and 85 females representing 13 percent of the female cancer cases.

Twenty-two cases were small-cell cancers (SCLC), representing 13 percent of the lung cancer cases, with 145 non-small cell cancers (NSCLC), representing 87 percent of the lung cancer cases.

Age At Diagnosis	Non-Small Cell		Small Cell	
30-39	1	(0.6%)	-	(0.0%)
40-49	3	(2.8%)	-	(4.8%)
50-59	26	(12.4 %)	3	(19.0%)
60-69	39	(25.3%)	13	(23.8%)
70-79	49	(34.0%)	3	(42.9%)
80-89	25	(25.3%)	3	(9.5%)
90+	2	(1.0%)	-	(0.0%)
Total	145		22	

Non-Small Cell Lung Cancer (NSCLC) By Treatment Combinations EJGH 2012

1st Course Treatment Summary	Stage I	Stage II	Stage III	Stage IV	Total
Surg Only	37	5	-	-	42 (29.0%)
Rad Only	4	3	5	16	28 (19.3 %)
Chemo Only	-	1	3	15	19 (13.1%)
S/R	-	-	-	-	0 (0.0%)
S/C	-	-	-	-	0 (0.0%)
R/C	-	-	8	9	17 (11.7%)
S/R/C/	-	-	-	-	0 (0.0%)
Unk/none	6	5	11	17	39 (26.9%)
Total	47	14	27	57	145

**Non-Small Cell Lung Cancer (NSCLC) By Treatment Combinations
NCDB 2010**

Ist Course

Treatment

Summary	Stage 0	Stage I	Stage II	Stage III	Stage IV	Unk	Total
Surg Only	28	8,718	1,823	645	223	182	11,619 (19.9%)
Rad Only	25	2,515	567	1,076	3,811	219	8,213 (14.0%)
Chemo Only	33	254	230	1,299	5,895	364	8,075 (13.8%)
S/C	3	620	1,155	659	230	34	2,701 (4.6%)
R/C	31	472	807	4,859	5,896	247	12,312 (21.1%)
S/R/C	13	194	387	727	180	21	1,522 (2.6%)
Other	4	461	215	284	511	156	1,631 (2.8%)
Unk/None	73	1,336	655	1,916	6,794	1,622	12,396 (21.2%)
Total	210	14,570	5,839	11,465	23,540	2,845	58,469

**Non-Small Cell Lung Five-Year Survival By AJCC Stage
EJGH (diagnosed 1999-2006)**

Stage	Cases	At diag.	1 yr	2 yr	3 yr	4 yr	5 yr
I	297	100	85	72	63	56	49
II	73	100	70	47	40	35	31
III	314	100	54	27	15	13	10
IV	423	100	28	11	6	5	4

**Non-Small Cell Lung Five-Year Survival By AJCC Stage
NCDB (diagnosis 2005)**

Stage	Cases	At Diag	1 yr	2 yr	3 yr	4 yr	5 yr
I	53001	100	81	68	59	52	46
II	17567	100	68	48	38	31	27
III	67301	100	46	26	18	14	11
IV	101618	100	23	10	5	4	3

**Small Cell Lung Cancer by Treatment Combinations
EJGH, 2012**

1st Course
Treatment

Summary	Stage I	Stage III	Stage IV	Total	
Rad Only	-	-	-	-	(0.0%)
Chemo Only	-	1	9	10	(45.6%)
Rad/Chemo	-	3	3	6	(27.2%)
Unk/None	2	-	4	6	(27.2%)
Total	2	4	16	22	

**Small Cell Lung Cancer by Treatment Combinations
NCDB, 2010**

1st Course
Treatment

Summary	Stage 0	Stage I	Stage II	Stage III	Stage IV	Unk	Total
Rad Only	1	30	11	84	376	31	533 (5.1 %)
Rad/Chemo	6	207	235	1,532	2,008	159	4,147 (39.6%)
Chemo Only	9	59	67	468	2,369	140	3,112 (29.7%)
Other	-	146	65	100	132	26	469 (4.5%)
Unk/None	7	82	58	359	1473	225	2,204 (21.1%)
Total	23	524	436	2,543	6,358	581	10,465

**Small Cell Lung Cancer Five-Year Survival by AJCC Stage
EJGH (diagnosed 1999-2006)**

Stage	Cases	At diag.	1 yr	2 yr	3 yr	4 yr	5 yr
I	11	100	73	45	36	36	36
II	5	100	80	40	40	40	20
III	52	100	58	27	19	17	10
IV	102	100	37	12	5	4	3

**Small Cell Lung Cancer Five-Year Survival by AJCC Stage
NCDB (diagnosed 2005)**

Stage	Cases	At diag.	1 yr	2 yr	3 yr	4 yr	5 yr
I	2,656	100	66	41	30	25	22
II	1,704	100	62	34	25	20	17
III	13,794	100	49	23	15	11	9
IV	27,893	100	23	6	3	2	2

Breast Cancer

Breast was the most common site of cancer in females treated at East Jefferson General Hospital in 2012 with 252 analytic cases representing 37.6 percent of the female cancer cases. Three of the cases were male breast. 14.3% of the cases were under the age of 50 at the time of diagnosis.

Forty-two cases (16.7%) were Stage 0, 99 (39.3%) were Stage I, 68 (27%) were Stage II, 31 (12.3%) were Stage III, and 11 (4.4%) were Stage IV; 1 case (0.4%) was staged unknown.

<u>Age at Diagnosis</u>	<u>No. Of Patients</u>
0-29	1 (0.4%)
30-39	4 (1.6%)
40-49	31 (12.3%)
50-59	59 (23.4%)
60-69	82 (32.5%)
70-79	44 (17.5%)
80+	31 (12.3%)
Total	252

Breast Treatment Combinations by AJCC Stage EJGH 2012

1st Course

Treatment

Summary	0	I	II	III	IV	UNK	Total
Surg Only	15	23	4	1	-	-	43 (17.1%)
S/R	9	11	5	-	-	-	25 (9.9%)
S/C	2	12	25	9	2	-	50 (19.8%)
S/H	3	7	5	2	-	-	17 (6.7%)
S/R/C	1	3	8	9	-	-	21 (8.3%)
S/R/H	11	36	6	-	1	-	54 (21.4%)
S/R/C/H	-	4	7	6	-	-	17 (6.7%)
S/C/H	-	-	-	1	-	-	1 (0.4%)
R/H	-	-	-	-	1	-	1 (0.4%)
R/C/H	-	-	-	-	2	-	2 (0.8%)
R/C	-	-	-	1	1	-	2 (0.8%)
Horm Only	-	-	1	2	1	-	4 (1.6%)
Chemo Only	-	-	1	-	1	-	2 (0.8%)
S/I	-	-	-	-	1	-	1 (0.4%)
C/H	-	-	-	-	1	-	1 (0.4%)
None/Unk	1	3	6	-	-	1	11 (4.4%)
Total	42	99	68	31	11	1	252

Breast Treatment Combinations by AJCC Stage NCDB 2010

1 st Course Treatment Summary	0	I	II	III	IV	UNK	Total
Surg Only	8,933	7,840	3,268	736	93	633	21,503 (20.8%)
S/R	4,207	4,627	880	158	30	121	10,023 (9.8%)
S/C	190	2,556	3,843	1,356	286	173	8,404 (8.1%)
S/R/C	154	2,654	3,257	1,770	169	94	8,098 (7.8%)
S/R/H	3,937	12,693	2,719	370	129	128	19,976 (19.3%)
S/H	1,980	6,451	2,567	347	154	162	11,661 (11.3%)
S/R/C/H	110	2,616	4,099	2,475	163	61	9,524 (9.2%)
S/C/H	92	1,516	2,263	457	150	57	4,535 (4.4%)
Other	788	1,411	1,026	591	2,064	444	6,324 (6.1%)
None/Unk	650	680	386	115	470	855	3,156 (3.1%)
Total	21,041	43,044	24,308	8,375	3,708	2,728	103,204

**Breast Five-Year Survival by AJCC Stage
EJGH (diagnosed 1999 – 2006)**

Stage	Cases	At diag.	1 yr	2 yr	3 yr	4 yr	5 yr
0	275	100	99	99	97	95	93
I	643	100	99	95	93	90	86
II	437	100	98	94	90	85	80
III	145	100	93	81	74	70	66
IV	54	100	63	46	31	24	18

**Breast Five-Year Survival by AJCC Stage
NCDB (diagnosed 2005)**

Stage	Cases	At diag.	1 yr	2 yr	3 yr	4 yr	5 yr
0	77,642	100	99	99	98	97	96
I	156,118	100	99	98	96	94	92
II	113,598	100	98	95	91	88	85
III	43,966	100	94	85	78	71	66
IV	15,362	100	64	47	35	27	21

**Breast Five-Year Survival by AJCC Stage
State of Louisiana (diagnosed 2005)**

Stage	Cases	At diag.	1 yr	2 yr	3 yr	4 yr	5 yr
0	1,323	100	99	99	98	96	95
I	3,358	100	99	98	94	92	90
II	3,343	100	98	93	89	85	81
III	811	100	91	77	66	59	53
IV	455	100	61	43	30	22	16

Prostate Cancer

At East Jefferson General Hospital prostate cancer was the most common cancer in males in 2012 with 190 analytic cases representing 29.9 percent of the male cancer cases compared to 82 men with lung primaries representing 12.9 percent of the male cancer cases.

Thirty-eight cases (20.0 %) were stage I, 121 (63.7%) were stage II, 19 cases (10.0%) were stage III, 12 cases (6.3%) were Stage IV and 0 cases (0.0%) were unknown stage.

<u>Age at Diagnosis</u>	<u>No. Of Patients</u>
40-49	6 (3.2%)
50-59	34 (17.9%)
60-69	85 (44.7%)
70-79	51 (26.8%)
80-89	14 (7.4%)
Total	190

Prostate Cancer Treatment by AJCC Stage EJGH 2012

Ist Course

Treatment

Summary	Stage I	Stage II	Stage III	Stage IV	Unknown	Total
Surg Only	4	52	10	2	-	68 (35.8%)
Rad Only	29	6	-	-	-	35 (18.4%)
Horm Only	-	2	1	2	-	5 (2.6%)
Chemo Only	-	-	-	1	-	1 (0.5%)
S/R	-	-	3	-	-	3 (1.6%)
S/H	-	5	1	1	-	7 (3.7%)
R/H	1	54	4	4	-	63 (33.2%)
S/R/H	-	-	-	-	-	0 (0.0%)
R/C	-	-	-	1	-	1 (0.5%)
Active Surv	4	2	-	-	-	6 (3.2%)
Unk/None	-	-	-	1	-	1 (0.5%)
Total	38	121	19	12	0	190

Prostate Cancer Treatment by AJCC Stage NCDB 2010

Ist Course

Treatment Summary	Stage I	Stage II	Stage III	Stage IV	Unk	Total
Surg Only	4,508	18,165	3,427	301	619	27,020 (52.0%)
Rad Only	3,434	6,315	113	56	190	10,108 (19.4 %)
R/H	726	4,436	423	518	82	6,185 (11.9%)
Harm Only	106	462	51	902	79	1,600 (3.1%)
Other	509	1524	921	680	149	3,783 (7.3%)
Unk/None	1,191	1,348	23	363	335	3,260 (6.3%)
Total	10,474	32,250	4,958	2,820	1,454	51,956

**Prostate Five-Year Survival By AJCC Stage
EJGH (diagnosed 1999 – 2006)**

Stage	Cases	At diag.	1 yr	2 yr	3 yr	4 yr	5 yr
I	39	100	92	85	77	67	64
II	866	100	99	97	94	91	89
III	77	100	100	97	93	88	87
IV	57	100	72	58	47	44	40

**Prostate Five-Year Survival by AJCC Stage
NCDB (diagnosed 2005)**

Stage	Cases	At diag.	1 yr	2 yr	3 yr	4 yr	5 yr
I	4,601	100	97	93	90	86	83
II	261,076	100	99	97	95	93	90
III	26,358	100	99	97	95	93	91
IV	16,696	100	77	60	50	42	37

Regional Cancer Center Program Components

Cancer doesn't just affect one's body; it touches all areas of one's life. We design our cancer services with this in mind. Our professionals address all areas of the cancer patient's journey, from the medical, to the financial, the spiritual and more. Through our affiliation with M.D. Anderson Cancer Network, our credentialed physicians have access to evidence-based treatment protocols and guidelines developed by the nation's leader in cancer care. This allows many of our patients to receive a higher level of treatment without leaving the comfort and support of family, friends and community. In this section, we outline a variety of services offered at The EJGH Regional Cancer Center that help make our cancer patients journey a little easier.

The EJGH Regional Cancer Center is a multidisciplinary program that provides comprehensive inpatient and outpatient diagnostic, treatment and supportive services. Most of the outpatient components are located in the Yenni Treatment Center, which houses the Outpatient Oncology Infusion Center, Radiation Oncology, PET/CT Fusion, Cancer Registry, Navigation and MRI departments.

Our team uses the patient-centered care approach collaborating with each patient while encouraging strong family involvement. Education, lifestyle modification, treatment and survivorship are critical elements of our program. Additional supportive care is available through palliative care, support groups, cancer programs and other services.

We participate in various community programs, including the Annual Cancer Survivor's Brunch, The American Cancer Society's Relay for Life and National Cancer Survivor's Day.

The EJGH Regional Cancer Center is certified by the American College of Surgeons Commission on Cancer as a Comprehensive Community Cancer Program. Currently, East Jefferson General Hospital is the only cancer program in the Metropolitan New Orleans area to be accredited by both the American College of Surgeons (ACS) and the American College of Radiology (ACR).

Cancer Care Navigator

East Jefferson General Hospital is proud of our innovative Cancer Care Navigator Program. The navigator works with patients and families personally from the time of their diagnosis until they are declared cancer survivors. They will help coordinate treatment appointments, insurance issues, care management, support groups and every aspect of the patient's care. And, in those rare cases where a patient might need to go the Houston for treatment, the navigator can help patients get fast tracked treatment while there.

Today, the navigation program at EJGH has grown to include specific navigators for breast, lung, colorectal and prostate cancers. It also has proved so successful that it is being adopted by

other hospitals and across other service lines such as cardiology and orthopedics.

Inpatient Unit

The inpatient oncology unit provides a full spectrum of care for cancer patients. Medical and radiation oncologists collaborate with surgeons, hematologists, immunologists and other specialists to effectively treat each unique case. Specially trained chemotherapy delineated nurses work with an interdisciplinary team which includes nurse navigators, palliative care nurses, enterostomal therapy nurses, social workers, chaplains, pharmacists, care managers, dieticians and physicians. This team works collaboratively to provide comprehensive and compassionate patient care. The group is committed to providing the highest quality cancer care to our patients by focusing on their individual physical, emotional, psychosocial, cultural and spiritual needs.

Outpatient Infusion Services

Most cancer patients are treated on an outpatient basis, allowing them to return to home or work between treatment sessions. To meet this need, the outpatient treatment facility is designed to provide specialized, high quality, individualized care to all patients. This facility employs an all RN nursing staff, specially trained in oncology and chemotherapy delineated. For patient convenience, the facility has a private entrance and parking area.

Supportive Care Department

Supportive care is an important component of our holistic approach to patient care. The department is a consulting service and sees patients throughout the entire hospital. Supportive Care focuses on the comprehensive management of the physical, emotional, cultural and spiritual needs of the patients and their family members dealing with the progression of advanced disease. The Interdisciplinary Supportive Care Team consists of the patient, caregivers, physicians, primary nurse, palliative care nurse, care manager, social worker, chaplain, pharmacist, nursing assistants and dietician. The team's mission is to deliver compassionate care to enhance comfort, dignity and quality of life. Additional supportive care is available through support groups, cancer programs and other services.

Radiation Therapy

The Yenni Treatment Center provides state-of-the-art radiation therapy treatments for the oncology patient. This is accomplished in our expanded 22,000 square foot facility. The center provides spacious, bright and cheerful surroundings for our guests in a relaxing atmosphere. Parking is available just outside the entrance.

Cancer patients can receive specialized care with the latest technological advances available in the market today, such as photon and electron beam, radioactive implants and other advanced

technologies. The Regional Cancer Center has pioneered many new methods of radiation oncology treatments in Louisiana such as high-dose-rate brachytherapy, Stereotactic radiosurgery, 3-D conformal treatment planning, and PET Fusion treatment planning.

Types of Radiation Treatments Available:

- External Beam Radiation
- Intensity Modulated Radiation Therapy (IMRT)
- Three-Dimensional (3-D) Conformal Therapy
- High Dose Rate Brachytherapy (HDR)
- Prostate Seed Brachytherapy

Surgical Services

Surgery at East Jefferson General Hospital consists of over 150 team members dedicated to the care of each patient having a surgical procedure. Our surgeons have garnered national recognition for developing innovative procedures and using technology to pave the way for surgical advancement across the country.

Groundbreaking procedures are employed at EJGH across surgical disciplines, including urology, prostate care, and gynecology with nationally recognized success in minimally invasive surgery. In addition, robotics is now also a valuable tool used across disciplines.

Support Services

The Regional Cancer Center offers a variety of cancer support groups for patients and families. The following groups are free to the public and available at a variety of convenient times.

- I Can Cope
- Grief Support Group
- Cancer Survivors Support Group (Co-sponsored by the Leukemia & Lymphoma Society)
- Bosom Buddies (Co-sponsored by the American Cancer Society)
- Man-to-Man Prostate Cancer Support Group (Co-sponsored by the American Cancer Society)
- Look Good... Feel Better (Co-sponsored by the American Cancer Society)
- Ostomy Support Group

Cancer Registry

The Cancer Registry maintains a computerized database of all East Jefferson General Hospital patients diagnosed with and/or treated for cancer. The information collected includes initial diagnostic and treatment modalities as well as recurrence and survival data. Under the direction of the Oncology Committee, the Cancer Registry conducts two patient care studies each year to monitor the quality of care provided to cancer patients. The Cancer Registry coordinates the weekly tumor boards and conferences encompassing all major sites diagnosed and treated at East Jefferson General Hospital with multidisciplinary physician participation. Yearly patient follow up is maintained on patients with diagnosis of cancer, with less than 10 percent lost to follow up.

Tumor Boards/Conferences

Tumor Boards are held weekly. Physician representatives from all appropriate disciplines attend and participate in these meetings. The case presentations are prospective in scope. Continuing medical education credit is approved for physicians. EJGH physicians may schedule presentations by contacting the Cancer Registry at (504) 456-5007. Breast Conferences are held biweekly. Also, M.D. Anderson Multidisciplinary Planning Videoconferences are held biweekly with continuing medical education lectures including discussion of AJCC stage and standard of care guidelines.

Oncology Committee

The Oncology Committee is a multidisciplinary standing committee of the East Jefferson General Hospital Medical Staff. Its membership includes board certified physicians from all medical specialties and subspecialties involved in the care of cancer patients. Also on the committee are representatives from Hospital Administration, Nursing Services, Quality Management, Social Services, Pharmacy, Radiation Therapy and Cancer Registry. The committee also participates in a patient care quality assurance program and monitors all patient care evaluations conducted by the Cancer Registry.

Responsibilities of the Oncology Committee:

- Ensures that patients have access to consultative services in major disciplines
- Ensures that educational programs, conferences and other clinical activities include the major sites of cancer seen at East Jefferson General Hospital
- Monitors the Cancer Registry for quality control of abstracting, staging and reporting
- Conducts multidisciplinary Cancer Boards/Conferences
- Review and coordinates the development of new oncology programs

Breast Center

The Breast Center offers a full range of services from discovery of cancer to recovery. The center was the first in the area to offer digital mammography. A Breast Care Nurse is assigned to

each patient to assist in finding any services they may need, either at East Jefferson General Hospital or within the community.

Patient Education

The patient education program provides the patient with information and instructions regarding his/her treatment regimen. Nurses and other health professionals offer site and treatment specific information to patients and families on a variety of topics, for example: chemotherapy administration, side effects, skin care during treatment, etc. Families and caregivers are included in educational sessions, as deemed appropriate.

Cancer Resource Center

The patient library in the Yenni Treatment Center houses a collection of literature, videotapes and other educational materials. Patients can browse, read or check out material to take home. Guest Services located on the first floor of the hospital has available educational materials and computer access to information regarding diagnosis and treatment of cancer.

Nutritional Counseling

Clinical dietitians offer education and support for inpatients and outpatients throughout treatment based on current national standards.

Financial Counseling

Trained financial counselors assist patients with payment planning and insurance paperwork.

Social Services

Social workers act as liaisons between patients, their families and physicians. They coordinate available community health care services and financial resources, including the arrangement of home equipment and supplies.

Pain Management Institute

The Pain Management Institute offers a multidisciplinary patient centered approach to the treatment of chronic pain and pain for disease management, including surgical and non-surgical pain solutions such as physical therapy, cognitive therapy, medications and injections.

Pain management is dedicated to helping those with chronic pain improve their quality of life by controlling their pain. Adequate pain control is important to an individual's physical and mental health. Pain decreases the body's ability to fight disease and can prevent an individual from participating fully in his or her own care. Our board certified anesthesiologist offer a range of techniques for managing chronic pain such as relaxation, biofeedback, pain-relieving injections

and nerve blocks.

Rehabilitation and Cancer Wellness

Physical, occupational and speech therapists help patients maintain peak levels of physical and social functioning.

Live Well with Cancer is a disease management program built around YOU. Recent studies suggest that regular exercise and appropriate nutrition during and after treatment can have a profoundly positive effect on your recovery. This program is designed to fit your needs at every phase of your cancer journey, from diagnosis to survivorship. This unique program combines Individualized care, exercise and nutrition as well as support from other cancer patients and survivors. The goal is to help you live a healthy, happy life.

Enterostomal Therapy Services

ET nurses assist with ostomy care and education, provide skin/wound prevention and treatment and address incontinence needs of the cancer patient.

Pastoral Care

Chaplains and pastoral care residents play an active role in addressing spiritual care for the patient and family.

Acknowledgements

Oncology Committee Members, 2012

Paul Monsour, M.D., Chairman
Sean Collins, M.D., Vice-Chairman
Sean Collins, M.D., Cancer Liaison Commission on Cancer
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Laura Brinz, M.D., Medical Oncology
Thomas Cosgriff, M.D., Medical Oncology
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