



**York Hospital
Cancer Program Annual Report
2008**



York Hospital Cancer Committee - 2008 Year in Review
Jonathan D. Eneman, MD – Cancer Committee Chairperson

This past year was just the third year of the revitalized York Hospital Cancer Committee, and what a year it was. We have been able to build upon the enthusiasm and tireless effort of many in the York Community to achieve more than we ever expected. It remains a privilege to help harness this enthusiasm and to look back now on the accomplishments of this group over the past year.

York Hospital has long played a role in lives of the folks of York county and neighboring communities. We have initiated a list including roughly 20 ongoing community outreach activities, from educational activities, to support groups, to financial assistance programs that York Hospital is associated with. These include transportation services, drug prescription assistance, and complimentary medicine services. Last year's introduction of Art H.O.P.E. (Healing Opportunities for People Everywhere), in addition to other outreach, support groups, and annual countywide activities are allowing patients, their caregivers, and families to heal and grow in new and exciting ways. Continued educational services, including annual public education events during colon cancer awareness month (March) and breast cancer awareness month (October) have been provided to improve our community's appreciation of cancer awareness, screening, and treatment. In 2007 we had two highly successful skin cancer screenings, and we have initiated free nutritional and physical therapy consultation services in all of our four outpatient oncology treatment centers to enhance cancer prevention and survivorship.

York Hospital serves the residents of the southern Maine seacoast community - from Kennebunk through Portsmouth - with outpatient cancer care provided at facilities in Wells, South Berwick, Kittery, and York. As such, York Hospital's patient population is consistent with the age, ethnic make-up, and cancer incidence of this New England community. Census figures from 2000 showed more than 10% growth in this community, which continues currently, with a population estimate of 200,000. Roughly 25% are younger than 18 years of age and 14% are over 65 years of age. While less than 2% of York County is non-white, it remains the second largest county in all of Maine and is home to the second highest populations of black, African American, Asian, Hispanic, and Latino people in the state of Maine. While the 2001 Maine cancer registry report cites York county as having the lowest age adjusted rate of cancer incidence in all of Maine for both sexes, it remained the second highest in absolute numbers for female breast cancer and prostate cancer, third highest for lung cancer, and tied for the highest in colorectal cancer (counts of 167, 151, 149, and 149, respectively).

For 2005/2006, the attached report confirms York Hospital's role in supporting the advances we are making nationally in screening for cancer with a trend towards earlier cancer stages - stage 0 (carcinoma in situ) and stage I. Early detection strategies, in addition to advances in surgical, radiation, and hormonal therapies, have been largely credited in our ability to state that over 90% of woman diagnosed with breast cancer today will never have a recurrence. To assist in the harrowing navigation of a new breast cancer diagnosis, we have supported the development of "Fill the Gap" as we move toward a multidisciplinary approach to the management of breast cancer. We anticipate the opening of our new breast care center in 2008 and will be adding a dedicated breast cancer tumor board to optimize patient care. Additionally, we currently have seven high priority therapeutic clinical trials open for woman with breast cancer spanning indications from neoadjuvant therapy to the metastatic setting. This is allowing our patients to receive state of the art systemic therapies close to their homes without having to travel roughly an hour to the nearest tertiary care facilities to have the opportunity to participate in several of these exciting new trials. As a research affiliate for clinical trials with Beth Israel Deaconess Medical Center, a major Harvard Medical School teaching Hospital, and the Eastern Cooperative Oncology Group (ECOG), we currently offer inclusion in 8 additional large high-priority Intergroup trials from the National Cancer Institute's Clinical Trials Support Unit (CTSU) for our neighbors with other cancer types.

Yes, 2007 has certainly been a busy year for the oncology community at York Hospital. The many members of the Cancer Committee have made an excellent start to our ongoing journey. Though we know the course will be long, with many an unexpected storm, we can count on our community's vast support to help weather us along. We will continue to improve upon the exceptional care provided at York Hospital. Our subsequent annual goals, as well as a malleable palette of contributions thought up by our community will keep this a living endeavor - for our patients, our community, our families, and our selves.

Jon Eneman, MD
Chairman.



Primary Site Study

Topic: Colon Cancer

Report Covers Data: For the purpose of this report, only analytic cases were considered
NCDB Comparative Data – Cases Diagnosed 2005
Facility Specific Current Cases – Cases Diagnosed 2007

Owner: Dr. Jeffrey Thurlow on behalf of the Cancer Committee

Department: Oncology – Cancer Registry

Collaborators: Dr. Jonathan Eneman, Pat McKay, CTR

Our goal with this report is to demonstrate York Hospital’s experience with Colon cancer. For benchmarking and comparison purposes we have utilized data from the York Hospital Cancer Registry, the American Cancer Society *Facts and Figures* publications from 2006 and 2007 as well as the National Cancer Database v9.0 2009.

For the purposes of this study the Cancer Committee has elected to examine and analyze facility specific current cases diagnosed in 2007 as well as NCDB Comparative Data of cases diagnosed in 2006.

Indicators:

- Age at Diagnosis
- Stage at Diagnosis
- First Course Treatment

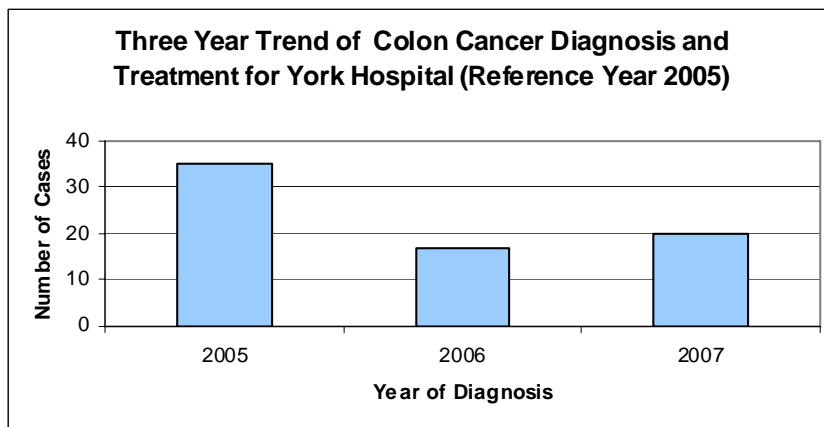


Figure 1

Colon Cancer Diagnosed and Treated at York Hospital A Year in Review – 2007

Total Analytic Cases Reported – n = 20

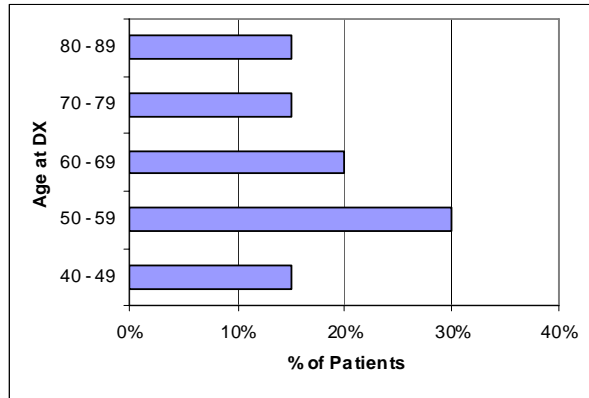


Figure 2

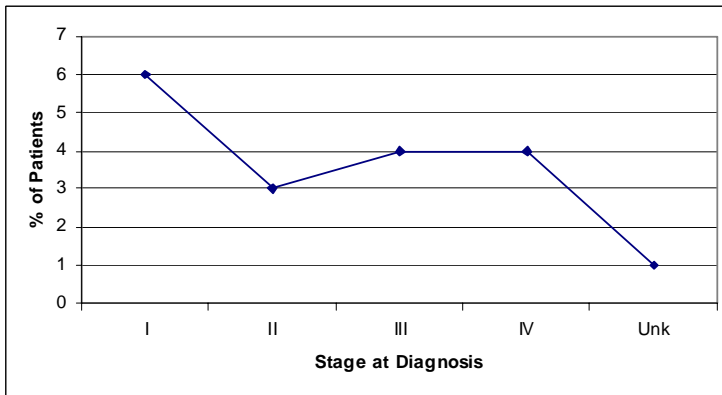


Figure 3

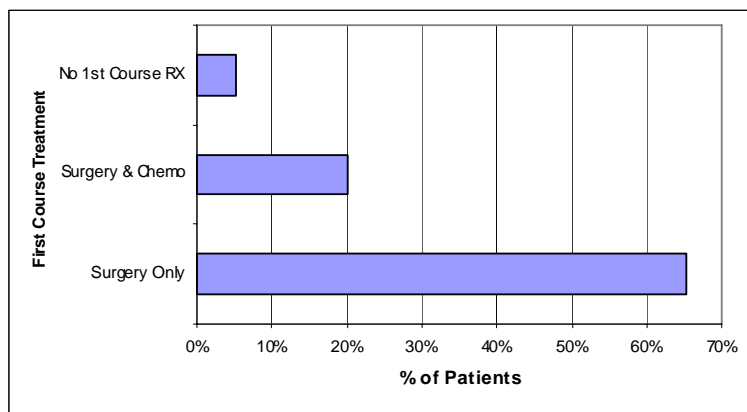


Figure 4

According to the American Cancer Society (ACS) an estimated 112,340 new cases of colon cancer will have occurred in the United States during 2007 and an estimated 52,180 deaths are expected due to colon and rectal cancer. The overall 5-year survival rate for patients diagnosed with colon cancer is 84%. As demonstrated in figure 3, you can see that York Hospital clinicians diagnose and treat the majority of their colon cancer patients at Stage I.

Colon cancer is the third most common cancer in both men and women. The ACS reported that the incidence of colon cancer has been decreasing for most of the last two decades. The decline was most rapid from 1998 – 2003 which is thought to be due to an increase in screening which allows for the removal of polyps before they progress to cancer. Colon cancer accounted for 10% of all cancer diagnosed at York in 2007.

According to the American Cancer Society more than 90% of cases are diagnosed at the age of 50 years or older, which is also reflected by York data in the above graph (figure 2). Other risk factors are family history and personal habits such as poor diet, physical inactivity, smoking and heavy alcohol consumption

To ensure that our community is well informed as to these risk factors and the importance of early prevention and screening, York Hospital is committed to providing the community with education and screening opportunities. In 2008, staff from choose to be Healthy Partners Program, A Healthy Maine Partnership, visited businesses, worksites and food pantries in the Berwick, York, Kittery and Ogunquit towns to promote awareness of Colon and Rectal cancers.

The ACS recommends that beginning at age 50 men and women should begin screening.

Treatment options will vary as depending on age, stage of disease and co-morbidities. Options as presented by the patient's physician may range from surgery, chemotherapy, radiation therapy or a combination of these treatment modalities. In 2007, York treated the majority of their colon cancer patients with surgery and/or chemotherapy.

How Does York Hospital Compare to State and National Data?

As the most recent year of data for benchmarking and comparison provided by the National Cancer Database is 2006, we will move forward in this study looking at our experience as compared to this data. Data for State comparison is derived from 12 facilities while National data represents 1316 facilities.

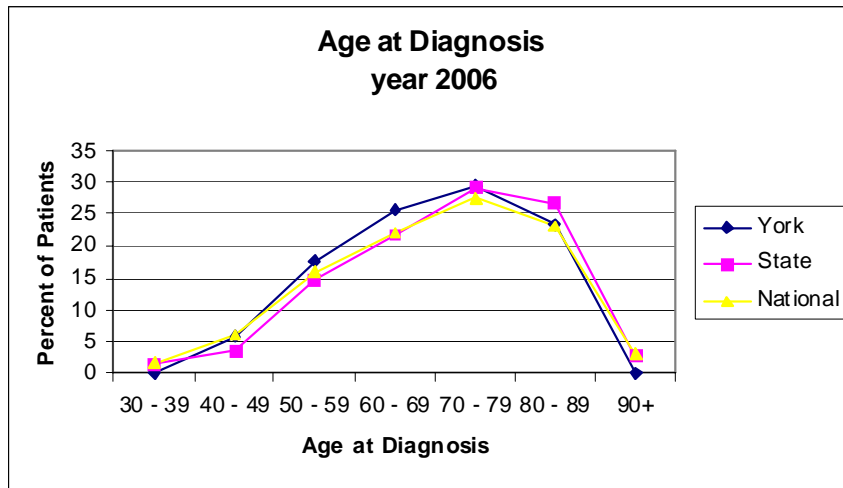


Figure 5

As illustrated above York Hospital compares favorably to both State and National data. Our population tends to be diagnosed at greater age than the regional or national data.

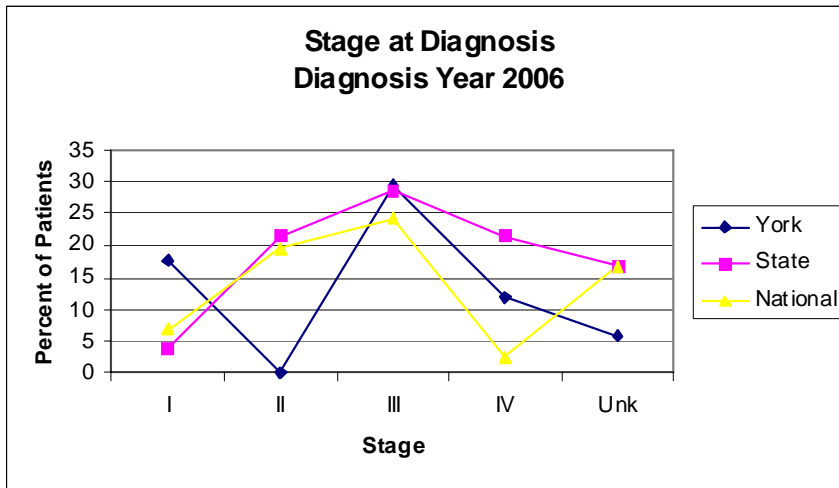
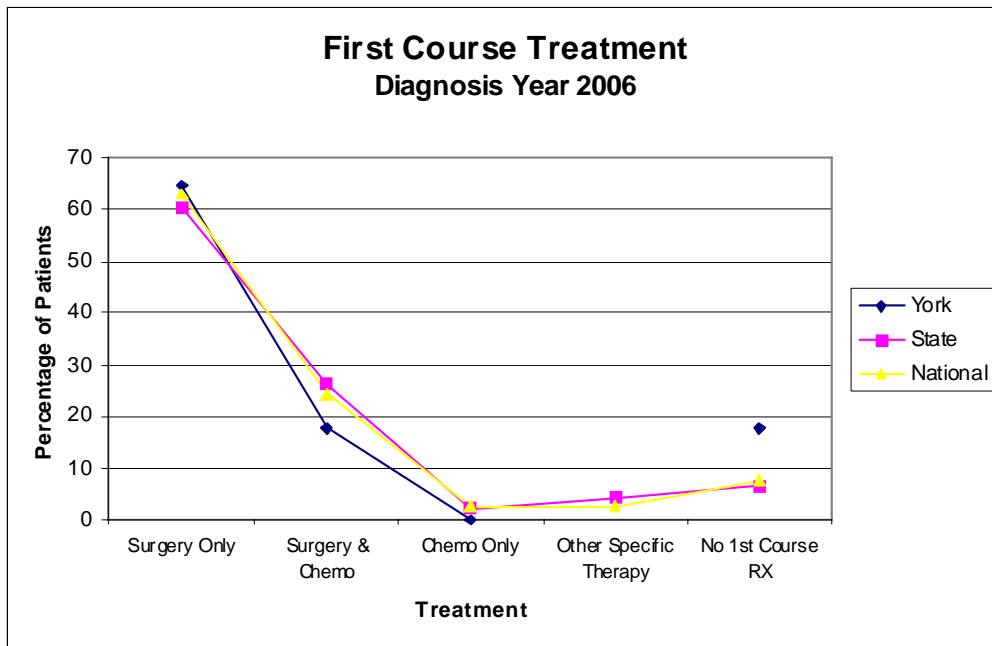


Figure 6

As illustrated above York Hospital compares favorably to both State and National data. According to the American Cancer Society Facts and Figures 2006, Surgery and chemotherapy may be used for early-stage disease. It is difficult to compare York Hospital data to either State or National data as the numbers of patients are statistically



Medical Director of Surgery

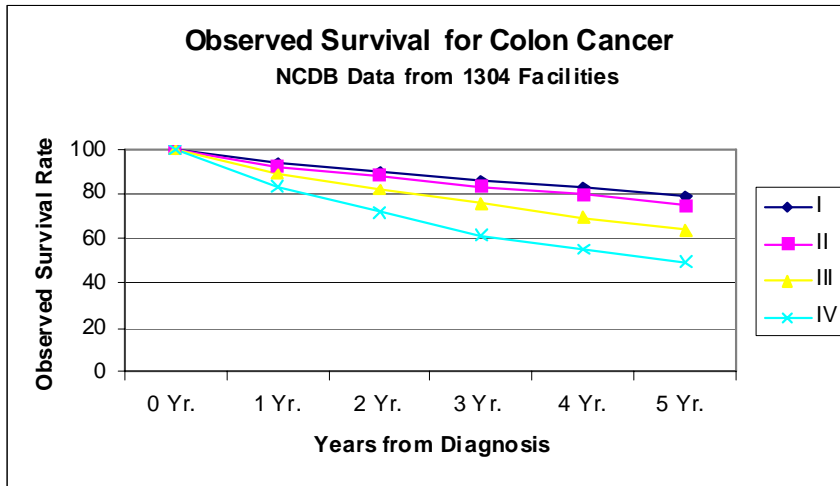
Dr. Jeffrey P. Thurlow is the Medical Director and Chief of Surgery at York Hospital. Several hospitals in the state of Maine have been participating in a 'best practices' database which incorporates elements of the Surgical Care Improvement Project (SCIP) and other quality elements such as lymph node harvesting.

The Maine Chapter of the American College of Surgeons has been working on this Colon Project for several years now and York Hospital has been involved in the early development of this "best practices" model. Recently, several hospitals in the State of Maine have entered into a Business Agreement with the American College of Surgeons and they intend to participate in the national initiative.

York Hospital intends to also participate and a proposal to the hospital administration to join the NSQIP is forthcoming, once cost-effective mechanisms are in place for the community hospitals.

In the interim, we continue to monitor quality data in the elective and emergent colorectal surgery that is done at our institution.

Survival Data Cases Diagnosed in 1998 - 2001



Per the ACS *Cancer Facts and Figures 2006*

As York Hospital's reference date is 2005 there is insufficient data in the Cancer Registry to provided survival statistics.

In closing, our goal with this report is to demonstrate York Hospital's experience with colon and rectal cancer. As a community hospital, we strive to provide optimal, multi-disciplinary care to all of our patients with colorectal malignancy. We are prospectively monitoring our compliance with all evidence-based protocols, and staying abreast with new ones. We are pleased with our overall management of these patients and the clinical outcomes we have achieved.

The priorities we are engaging in include those cited above: compliance with SCIP guidelines and enhancing lymph node harvesting. We also intend to continue our educational processes so the technical aspects of colorectal surgery are consistent among the surgeons participating in the care of these patients. This includes the important technical considerations of laparoscopic colorectal surgery and total mesorectal excision for rectal carcinoma.

Respectfully Submitted,

Jeffrey P. Thurlow, MD FACS
Chief of Surgery
Medical Director of Surgery
York Hospital

2007 Primary Site Table

Site Group	Total Analytic	M	F	Stage 0	Stage 1	Stage 2	Stage 111	Stage IV	Unk	88
Tongue	3	2	1	1		1		1	0	0
Tonsil	1	1	0	0	0	0	0	1	0	0
Esophagus	6	5	1	0	0	2	2	1	1	0
Stomach	1	1	0	0	1	0	0	0	0	0
Sm. Intestine	1	0	1	0	0	1	0	0	0	0
Colon	20	8	12	2	6	3	4	4	1	0
Rectum	5	4	1	0	0	0	2	0	1	2
Anus	1	0	1	0	0	0	1	0	0	0
Liver	3	2	1	0	1	0	0	1	1	0
Gallbladder	1	0	1	0	0	1	0	0	0	0
Biliary Tract	1	1	0	0	0	0	0	1	0	0
Pancreas	2	2	0	0	0	0	2	0	0	0
Other Digestive	1	1	0	0	0	0	0	0	0	1
Larynx	3	2	1	0	1	0	1	1	0	0
Lung	19	13	6	1	2	2	4	9	1	0
Hematopoietic	17	12	5	0	0	0	0	0	0	17
Skin	6	2	4	2	1	1	1	0	0	1
Breast	50	0	50	10	25	10	3	1	1	0
Vulva	1	0	1	1	0	0	0	0	0	0
Vagina	1	0	1	1	0	0	0	0	0	0
Corpus Uteri	2	0	2	0	0	0	0	1	1	0
Ovary	6	0	6	0	0	0	2	1	3	0
Prostate	7	7	0	0	0	5	0	2	0	0
Kidney	4	1	3	0	2	0	1	0	1	0
Renal Pelvis	1	0	1	0	0	0	0	1	0	0
Bladder	14	12	2	6	3	2	1	1	1	0
Thyroid	2	1	1	0	1	0	0	0	1	0
Lymph Nodes	16	10	6	0	6	3	5	2	0	0
Unknown Primary	6	1	5	0	0	0	0	0	0	6
Total	201	88	113	24	49	31	29	28	13	27

Cancer Registry Report 2008

York Hospital Oncology Center's Cancer Registry compiles and reports data as required by federal and state law to the State of Maine Central Registry and the National Cancer Data Base (NCDB) for all cancer cases diagnosed and/or treated at York Hospital.

The registry holds all patient information strictly confidential as mandated by HIPPA and hospital by-laws.

York Oncology Center Cancer Registry maintains approximately 1910 cases, which includes active case and annual follow-up on all patients entered into that database.

Researchers use this statistical data to aid in their studies, and monitor cancer trends in the region and the nation. Our intent for this data is to aid in that research, to find a cure for cancer, and help save lives.

Pat McKay, CTR



Cancer Committee

Jonathan Eneman, MD Committee Chair

Barrett Newsome, DO CLP Medical Oncology

Robert Horowitz, MD Medical Oncology

Maged Khoory, MD Medical Oncology

Jeffrey Thurlow, MD Surgery

Joseph Ullman, MD Radiology

Glenn Littell, MD Pathology

Nina Edwards, MD Surgery

Michelle Boldiga, RN Cancer Program Administrator

Carol Graham Belliveau, RN Oncology Nurse

Anne Sands, RN P/I Quality Management

Pat McKay, CTR

Marie White, S.W.

Heather Romao, MS, RD, LD

Terry Baker, ACS

Elisa Fraser, PT