



CANCER CARE REPORT

2009

Comments from York Hospital Cancer Committee Chairman



When a patient is faced with a cancer diagnosis, we know they want comprehensive answers to their concerns and the best treatment possible. That is our goal at York Hospital; in fact, York Hospital's Oncology Care service was recently named a "2008 Outstanding Achievement Award Winner" by the American College of Surgeons Commission on Cancer for the high caliber of our cancer program. York is one of only a handful of New England hospitals to receive this award. Our team is committed to the coordination of all aspects of specialized cancer care for patients and families.

York Hospital utilizes state-of-the-art medicines and protocols for the treatment of cancer which are administered under optimum quality conditions and in private, comfortable treatment rooms. Under the direction of one of our four board certified medical oncologists, (Robert Horowitz, MD; Maged Khoory, MD; Barrett Newsome, DO; and myself, Jonathan Eneman, MD) drug treatment is used alone or in combination with radiation and/or surgery for certain types of cancer.

In 2008, roughly 5% of oncology patients at York Hospital's Oncology & Infusion Care Center availed themselves of care on clinical trials, and in 2009 this number has doubled to almost 10%. With the national average only at around 3%, it is clear that making cutting edge clinical studies available closer to home through our affiliation with the Eastern Cooperative Oncology Group (ECOG), Beth Israel Deaconess Medical Center (a major teaching hospital of Harvard Medical School), and our membership in the National Cancer Institute's Clinical Trials Support Unit (CTSU), patients are able to receive the best of care close to home. Furthermore, in their participation, our patients not only have a chance to help themselves, but also their families and community – for research cures cancer.

In these difficult financial times, it has remained more important than ever for York Hospital to continue its supportive role in lives of the folks of York county and neighboring communities. We continue to provide over 20 ongoing community outreach activities, from educational activities, to support groups, to financial assistance programs. These include transportation services, drug prescription assistance, and complimentary medicine services. Our exercise therapy program, "The Next Step" led by Elisa Fraser, PT, continues to gain steam and grows by leaps and bounds as its participants continue to gain many benefits including less fatigue, decreased body fat, and a healthy camaraderie. Additionally, this wonderful program is supported with more and more information confirming the critical role diet and exercise can play in cancer management. Art H.O.P.E. (Healing Opportunities for People Everywhere), highly successful skin cancer screenings, and several other activities have also continued unabated in 2009.

As we look to 2010, we envision ever continued growth in the exceptional care provided at York Hospital. While we have much to be proud of, we remain humbled by the responsibility entrusted in us by our community. As always, we look forward to both the challenges and the progress of the New Year, as we strive to remain "worthy to serve the suffering."¹

Jonathan D. Eneman, M.D.

¹Motto of the Alpha Omega Alpha Honor Medical Society

Cancer Registry Report

Pat McKay, CTR

The end of 2008 accessioned 210 new analytic cancer cases in the York Cancer Registry. Analytic cases are defined as cases that are diagnosed and receive the first course of treatment at York Hospital. The most frequent malignancies were breast, lung, colon, hematopoietic and bladder.

The York Cancer Registry Cancer Registry collects and abstracts data in order to be the foundation for monitoring the quality of care for cancer patients. The patients entered into the registry were either diagnosed and/or treated for their cancer at YH.

Patients who are entered into the registry are followed yearly for their lifetime according to Standards established by the Commission on Cancer. YH meets and exceeds the standards with a minimum of 90% follow-up.

Working closely with the Cancer Committee, the Cancer Registry assists the multidisciplinary cancer program at YH in many ways. One example is to provide the data to the Facility Information Profile System. This is a data-sharing project between the Commission on Cancer and the American Cancer Society. The Cancer Registry also supports the monthly Cancer Conferences required by the Commission on Cancer. The Cancer Registry reports oncology data and statistics to the Maine State Cancer Registry and National Cancer Database.

The registry captures many data elements, which include demographics, diagnosis, staging, treatment, and other required elements required by the American College of Surgeons. Figure 1 shows the breakdown of the analytic cases of patients entered into the registry for 2008. YH treats many forms of cancer. Some are more prevalent than others, but Figure 2 identifies the top five primary sites diagnosed in 2008.

By diagnosing and treating patients from a large demographic area, YH has maintained a significant share of reportable cancer cases. Figure 3 illustrates the total accessioned cases for the last five years.

Figure 1

2008 Analytic Accessions	
Primary Site	Total
Oral Cavity & Pharynx	5
Esophagus	6
Stomach	2
Small Intestine	1
Colon	24
Rectosigmoid Jct	5
Rectum	3
Anal and Anal Canal	3
Liver-Intrahepatic Bile Duct	2
Gallbladder	1
Pancreas	4
Bronchus & Lung	27
Hematopoietic/Reticuloendo.	5
Skin	5
Conn, Subcutaneous and Other Soft Tissue	2
Breast	69
Vulva	1
Corpus Uteri	5
Prostate Gland	3
Kidney & Renal Pelvis	1
Bladder	10
Brain and Other Nervous System	1
Thyroid Gland	5
Lymphoma	11
Unknown Primary	09
Total	210

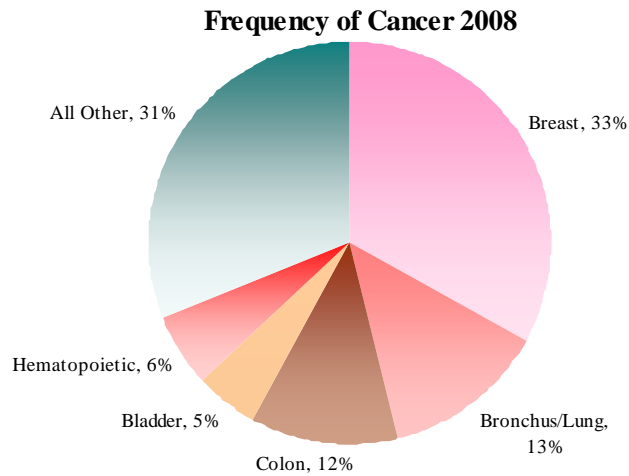


Figure 2

References *Cancer Facts & Figures 2008*, American Cancer Society. National Cancer Data Base (NCDB), oncology data set that contains newly diagnosed cancer cases from 1998-2006, from Commission on Cancer (CoC) approved cancer programs.



York Hospital
Providing a Guiding Light for Patients With
Breast Cancer

Barrett Newsome, DO. CLP



Each year approximately 182,460 American women are diagnosed with breast cancer and approximately 40,480 die from the disease. The lifetime cumulative risk of developing breast cancer in women is 1 in 6.

Breast cancer was the most common malignancy in women in 2008 excluding cancers of the skin. It was also the fourth most common cancer diagnosed and treated in Maine.

York Hospital recognizes the impact this disease has on our state and in our community. It is the most frequently seen cancer representing thirty-three percent of *all* cancers seen at York Hospital. As such we have initiated a strategic initiative to address this unique patient population.

Frequency of Cancer 2008	
Breast	33%
Bronchus/Lung	13%
Colon	12%
Bladder	5%
Hematopoietic	6%
All Other	31%

At York Hospital we know that Breast care begins with state-of-the-art diagnostics, comprehensive answers and guidance through the continuum of care. It requires a multidisciplinary team involving surgery, radiology, medical oncology, radiation oncology and pathology.

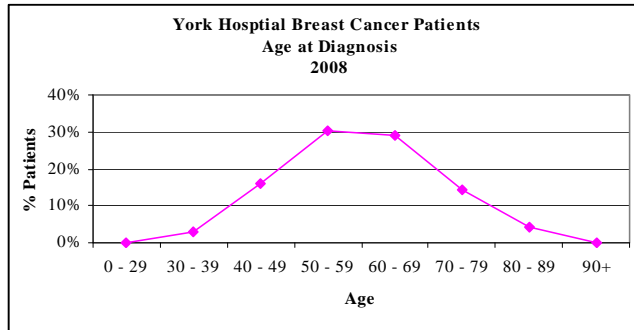
The American College of Radiology (ACR) has designated York Hospital's Breast Care Program as a Breast Imaging Center of Excellence. We are fully accredited in mammography, stereotactic breast biopsy, breast ultrasound and ultrasound-guided breast biopsy. We are one of only a few Maine and New Hampshire centers designated as a Center of Excellence.



Here, our staff utilizes the latest technology in digital mammography and breast ultrasound to assure you the fastest results possible. Dr. Kira Wendorf is a fellowship-trained and dedicated breast radiologist. She is on-site and available to go over results within moments of your exam. The center is home to dedicated nurses and expert technologists to help you navigate patients through evaluation and treatment needs and to answer patient questions.

Breast Cancer at York Hospital – A Demographic Snapshot

York Hospital newly diagnosed or started treatment for 69 women with breast cancer in 2008, with the majority of those women being 50 to 69 years of age. This closely resembles the age at diagnosis from the National Cancer Data Base. The American College of Surgeons Commission on Cancer (CoC) maintains this database, of the eleven most commonly diagnosed solid tumors at CoC approved programs in the United States, with the most recent year of data being 2006.



**Trend of Breast Cancer Diagnosis & Treatment
York Hospital
2004 - 2008**



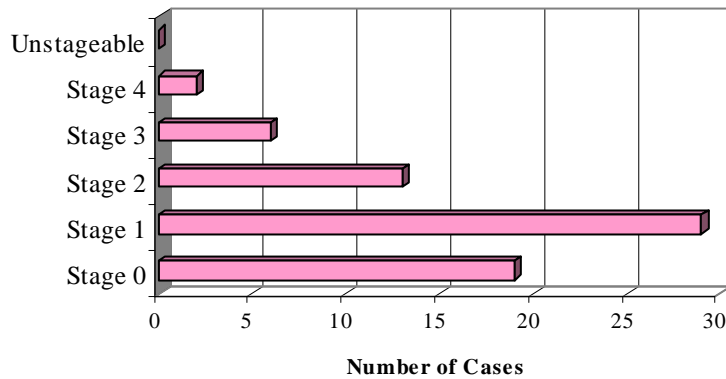
Chart below reflects the age of breast cancer patients diagnosed in 2006 at York Hospital as compared to State and National data as provided by the National Cancer Database. The state data is from information provided by 11 hospitals. The National data is reflective of information from 1312 hospitals.

Location	0 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	90+
York Hospital	2.86	5.71	11.43	20	20	22.86	17.14	0
Maine	0.24	2.77	16.55	26.92	24.7	17.18	10.45	1.19
National	0.39	4.12	18.54	25.59	23	17.56	9.82	0.98

Stage at Diagnosis:

The graph below reflects the stage at diagnosis at York Hospital in 2008. The largest numbers of patients were diagnosed with early stage disease. This closely resembles both state and national trends for stage at diagnosis from 2006. State and national figures for stage at diagnosis are not yet available for 2008.

**York Hospital Breast Cancer Patients
Stage at Diagnosis 2008**



	Stage 0	Stage 1	Stage 2	Stage 3	Stage 4	Unstageable
Breast	19 (28%)	29 (42%)	13 (19%)	6 (9%)	2 (3%)	0

Chart below reflects the stage of breast cancer patients diagnosed in 2006 at York Hospital as compared to State and National data as provided by the National Cancer Database. The state data is from information provided by 11 hospitals. The National data is reflective of information from 1312 hospitals. The number of breast cancer cases was lower in 2006 and therefore are difficult to compare statistically to state and national averages.

Location	Stage 0	Stage 1	Stage 2	Stage 3	Stage 4	Unknown
York Hospital	15.3	35.8	17.9	23	5.1	2.5
Maine	21.54	39.27	23.99	9.11	2.14	3.96
National	18.86	36.85	24.65	9.09	3.22	7.32

Treatment Options

Chart below reflects the treatment of breast cancer patients diagnosed in 2008 at York Hospital as well as comparative data from 2006, which shows State, and National data provided by the National Cancer Database. The state data is from information provided by 11 hospitals. The National data is from data provided by 1312 hospitals.

	York 2008	York 2006	Maine 2006	National 2006
Treatment Modality	Percent	Percent	Percent	Percent
Surgery Only	20.58%	25.71%	16.94%	25.09%
Surg, Rad & Chemo	5.88%	2.86%	8.16%	9.57%
Surg & Rad	8.82%	0.00%	11.48%	12.35%
Surg & Chemo	7.35%	22.86%	4.91%	10.42%
Surg, Rad & Horm	26.47%	8.57%	22.49%	16.12%
Surg & Hormone	0.00%	14.29%	12.98%	7.92%
Surg, Rad, Chemo & Hormone	11.76%	2.86%	12.83%	7.38%
Surg, Chemo & Hormone	0.00%	2.86%	3.88%	3.50%
Other specified TX	13.24%	2.86%	4.43%	4.15%
No 1st Course TX	5.88%	17.14%	1.90%	3.50%

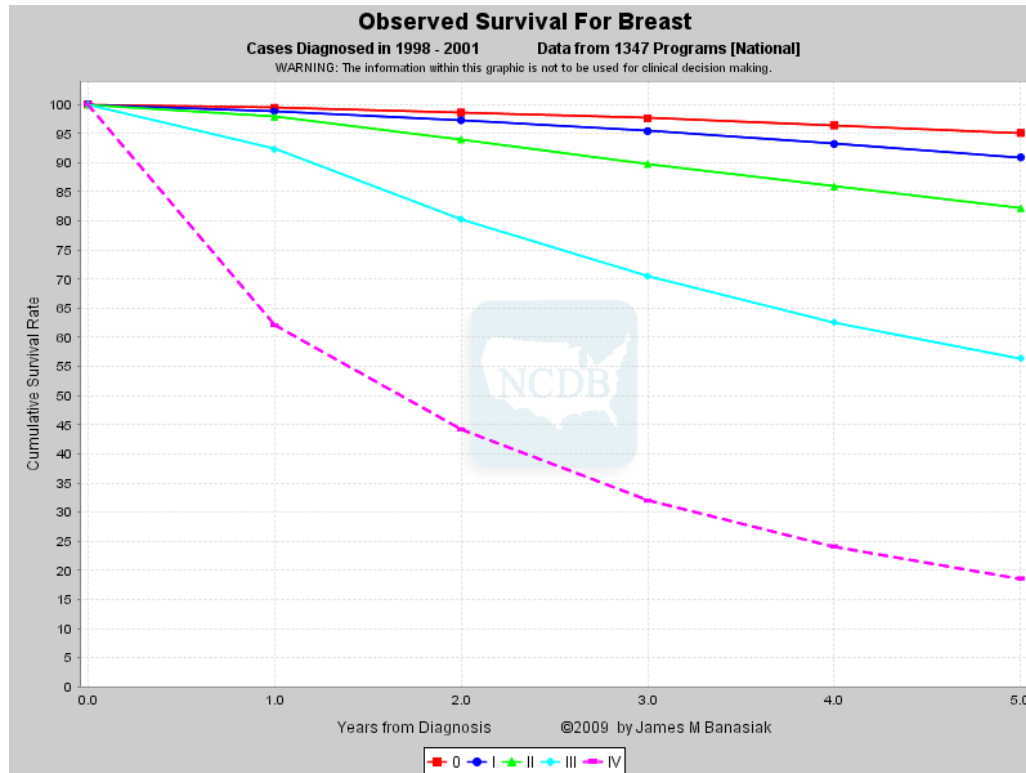
The treatment of breast cancer can involve a variety of treatment modalities, but always begins with identification of the AJCC stage. The staging distribution shows that Stage I breast cancers are diagnosed most often here at York Hospital. Our multidisciplinary team of experts including surgeons, radiologists, pathologists, medical oncologists and radiation oncologists meet on a regular basis at a dedicated breast tumor board to discuss the best treatment approach for individual patients. Treatments often include multimodality treatment, which may include surgery, chemotherapy, hormone therapy, radiation therapy or a combination of some or all these therapies.

In keeping with our dedication to state of the art cutting edge treatment close to home we have over 20 clinical available here at York Hospital. 10 of these trials are specific for breast cancer. In addition to the above treatments several clinical trials continue to show the benefit of regular exercise and diet and therefore are proud to offer fitness evaluations as well as an ongoing exercise group to all of our cancer patients as part of our comprehensive care plan.

SURVIVAL:

Survival Information as provided by the American Cancer Society Facts and Figures 2008:

The 5-year overall survival for localized breast cancer (malignant cancer that has not spread to lymph nodes or other locations outside the breast) has increased from 80% in the 1950s to 98% today. If the cancer has spread regionally, the current 5-year survival is 84%. For women with distant spread (metastases), 5-year survival is 27%. Survival after a diagnosis of breast cancer continues to decline after 5 years. The survival rate at 10 years for all stages combined is 80%, compared to 89% at 5 years. Caution should be used when interpreting 10-year survival rates since they represent detection and treatment circumstances 5-17 years ago and may underestimate the expected survival based on current conditions.



In summary our comprehensive breast cancer program strives to guide our patients through diagnosis, treatment and post treatment surveillance utilizing state of the art, multidisciplinary, compassionate, comprehensive care close to home.

The American College of Radiology (ACR) has designated our Breast Care Program as a Breast Imaging Center of Excellence. We are fully accredited in mammography, stereotactic breast biopsy, breast ultrasound and ultrasound-guided breast biopsy.

We will continue to strive to deliver the latest diagnostic and treatment technology in a warm compassionate environment available right here at home.

References: Cancer Facts & Figures 2008, American Cancer Society.

National Cancer Data Base (NCDB), oncology data set that contains newly diagnosed cancer cases from 1998-2006, from Commission on Cancer (CoC) approved cancer programs.

York Hospital
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2009

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