



YORK HOSPITAL

*Making Unbelievable Experiences Happen Every Day*

# Cancer Program

## Annual Report

### 2007



York Hospital's Oncology Center is available for patients seeking treatment for cancer and/or blood disorders. Under the direction of our board certified medical oncologists, state-of-the-art drugs and protocols for cancer treatment are administered. Our physicians work alongside an experienced clinical team that includes advanced oncology nurse practitioners, certified oncology nurses, a certified medical assistant and an oncology social worker to collaboratively provide care through the patient's eyes by creating an environment that is warm, comfortable, honest, safe and secure.

York Hospital's Oncology Treatment Center is located at 127 Long Sands Road in York, Maine and can be reached at (207) 351-3777. Services are also provided at Wells Regional Medical Community, South Berwick Medical Services and Kittery Oncology Services.

## **Chairman's Comments**

### **2007 Year in Review & Breast Cancer Management Review Jonathan D. Eneman, MD – Cancer Committee Chairperson**

In 2002, cancer took the lives of more than 557,000 in the United States, and it surpassed heart disease as the leading cause of death for those under 85 years of age. In York Hospital's continued efforts to provide exceptional experiences for our patients we recognize that it has become more important than ever for us to remain committed to providing high quality, compassionate, and state of the art cancer care and education. With this in mind, to help us better serve our community, we reopened the York Hospital Cancer Committee in 2005 and anticipate applying this year for membership to the American College of Surgeons Commission on Cancer for approval as a Community Hospital Cancer Program. This has been met with much enthusiasm from several members of the York Hospital community, and while we know there will be several ongoing challenges ahead, we feel confident that we have had made tremendous strides in our first two years.

Since our first meeting on October 5th, 2005, over 30 members of the York Hospital community have donated their time and efforts in attendance at our quarterly meetings. In addition to medical oncologists, surgeons, pathologists, and radiologists, we have had expert physician assistance from the fields of radiation oncology, interventional radiology, and anesthesia/pain management. Non-physician committee members, and additional members, come from numerous areas of service; these include cancer program administration, oncology and staff nursing, social work, certified tumor registry, nutrition, physical therapy, occupational therapy, speech and language pathology, performance improvement/quality management, pharmacy, public relations, and community advocacy. It has been a privilege to help harness this enthusiasm and to look back now on the accomplishments of this group.

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.



## **Chairman's Comments Continued**

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.

# Cancer Registry Report

The York Hospital Cancer Registry is located in the Medical Information Department. The Cancer Registry team consists of a Certified Tumor Registrar with support from the Medical Information Staff. The Cancer Registry achieves the requirements of the American College of Surgeons Commission on Cancer for maintaining, collecting and analyzing data on all reportable cases. Data collection is submitted to the Maine State Central Cancer Registry as required by Maine statute. The Cancer Registry team reviews all cancer cases diagnosed and/or treated at our facility annually and enters the cancer patient information into a hospital-wide computer network system. This data is for the staff physicians to analyze patient care, treatment, staging, clinical outcome and survival rate.

A total of 130 analytic cases for York Hospital were registered in 2006. To ensure good quality data, physicians with our cancer program review ten percent of the analytic cases.

The accession date for York Hospital begins with January 1, 2005. The registry team currently follows 519 cases, with a follow-up rate in excess of 90%. The success of the follow-rate rate is due to the cooperation of the physicians who keep our registry informed of the status of their patients.

The top analytic sites for York Hospital are: breast 28%, lung 12%, colorectal 15% , Skin 12%. The data was compared to national statistics. National top sites are: prostate, lung, breast, colorectal and bladder. The national statistics were taken from the publication "American Cancer Society Facts & Figures 2006."

The Medical Information Department assists in the coordination of the bi-weekly Cancer Conference at York Hospital. This is a multidisciplinary patient-oriented conference with a core group of representatives from radiation oncology, medical oncology, surgery, radiology, pathology, plus non-physicians from the cancer registry, nursing, oncology research, breast health center and cancer patient support services. All staff physicians and patient care staff are invited to the conference. During 2006, there were 75 cases presented, with 69 of the cases being prospective. There were a total of 12 cancer conferences held in 2006 with 15 different cancer sites discussed during the year.



Pat McKay, CTR

# Breast Cancer Study

## 2005/2006



An estimated 212,920 new cases of invasive breast cancer are expected to occur in 2006. Breast cancer is the most frequently diagnosed cancer in women. Breast cancer incidence rates increased rapidly in the 1980's mainly due to the increased use of mammography, which can detect breast cancers before they can be felt. The gradual increase at that time is confined to women aged 50 and over. About 1,720 new cases of breast cancer are expected in men in 2006.

In addition to invasive breast cancer, 61,980 new cases of in situ breast cancer are expected to occur among women in 2006. Of these, approximately 85% will be ductal carcinoma in situ (DCIS). The increase in detection of DCIS cases is a direct result of increase use of screening of mammography.

### Age/ Stage at Diagnosis Distribution 2005

Age/Stage	0	I	II	III	IV	Unknown	NA
0-29	0	0	0	1		0	0
30 - 39	0	0	0	0	0	0	0
40 - 49	4	3	2	0	1	1	0
50 - 59	5	4	3	1	0	0	0
60 -69	3	2	3	1	0	1	0
70 - 79	2	1	1	0	0	2	0
80 - 89	1	1	2	0	0	3	0
Total	15	11	11	3	1	7	0

### 2006

Age/Stage	0	I	II	III	IV	Unknown	NA
0-29	0	0	0	1	0	0	0
30 - 39	0	0	1	0	0	1	0
40 - 49	2	1	0	2	0	0	0
50 - 59	2	1	0	1	0	2	0
60 -69	0	2	1	3	1	0	0
70 - 79	0	4	3	0	2	0	0
80 - 89	0	2	2	2	0	0	0

# 2005

## Treatment Distribution as Compared to State and National Data

	York Hospital	National	Maine
No TX	21%	4%	2%
Chemotherapy	2%	0	0
Surgery	35%	27%	15%
Hormone	2%	0	0%
Surgery /Chemotherapy	13%	10%	5%
Surgery/Rad	0%	13%	11.5%
Surgery/ Chemo/ Hormone	0%	3%	3.%
Surgery/Hormone	19%	7%	12.5%
Surg/Hormone/Rad	4%	15%	25%
Surgery/Rad/ Chemo/ Hormone	0%	7%	14%
Surgery/ Rad/Chemo	0%	10%	9%
Imm/Surg/Chemo	4%	4%	3%

## Stage at Diagnosis as Compared to State and National Data

	York Hospital	National	State
0	31%	18.%	21%
I	23%	37%	42%
II	23%	25%	24%
III	6%	9.%	9%
IV	2%	3.%	2%
UNK	15%	8%	2%

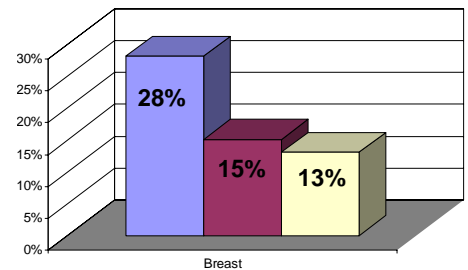
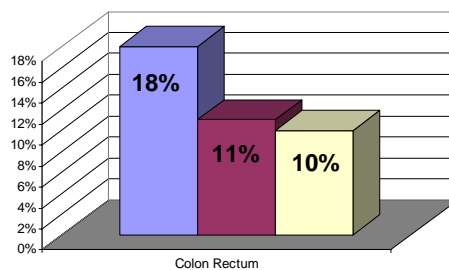
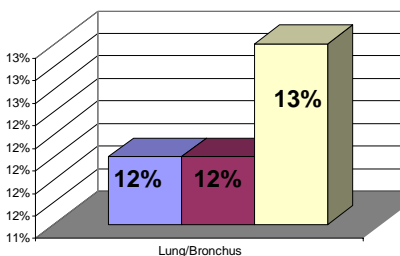
## Age/Stage at Diagnosis as Compared to State and National Data

Age/Stage	York Hospital	National	Maine
0-29	2%	0.39%	0.23%
30 - 39	0	4%	4%
40 - 49	23%	19%	20%
50 - 59	27%	26%	26%
60 -69	21%	22%	21%
70 - 79	13%	18%	19%
80 - 89	14%	10%	10%

## 2006 Primary Site Table

Site Group	Total Analytic Cases	M	F	Stage 0	Stage I	Stage II	Stage III	Stage IV	Unk	NA
Oral Cavity	2	1	1	0	0	0	0	2	0	0
Esophagus	2	2	0	0	0	1	0	1	0	0
Small Intestine	2	1	1	0	0	1	0	0	0	1
Colon	16	10	6	3	2	6	1	1	2	1
Rectum	7	6	1	1	1	2	3	0	0	0
Anus	1	0	1	0	1	0	0	0	0	0
Gallbladder	1	1	0	0	1	0	0	0	0	0
Pancreas	2	1	1	0	1	0	0	1	0	0
Bronchus and Lung	15	8	7	0	3	1	1	9	1	0
Hematopoietic	6	4	2	0	0	0	0	1	0	5
Skin	15	7	8	2	12	0	0	1	0	0
Breast	36	0	36	4	10	7	9	3	3	0
Corpus Uteri	5	0	5	0	3	0	0	0	2	0
Ovary	1	0	1	0	0	0	0	1	0	0
Other Female Genital	1	0	1	0	0	0	1	0	0	0
Prostate	2	2	0	0	0	0	1	1	0	0
Brain	2	2	0	0	0	0	0	0	0	2
Thyroid	4	0	4	0	2	0	0	1	1	0
Lymph Nodes	6	2	4	0	0	1	1	4	0	0
Unknown Primary Site	4	1	3	0	0	0	0	0	0	4
<b>Total</b>	<b>130</b>	<b>48</b>	<b>82</b>	<b>10</b>	<b>36</b>	<b>19</b>	<b>17</b>	<b>26</b>	<b>9</b>	<b>13</b>

### Major Site Distribution



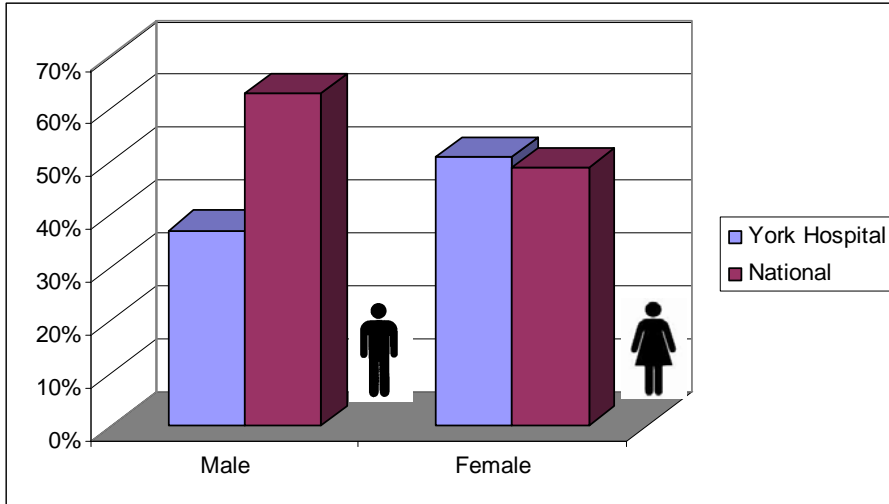
■ York Hospital

■ National

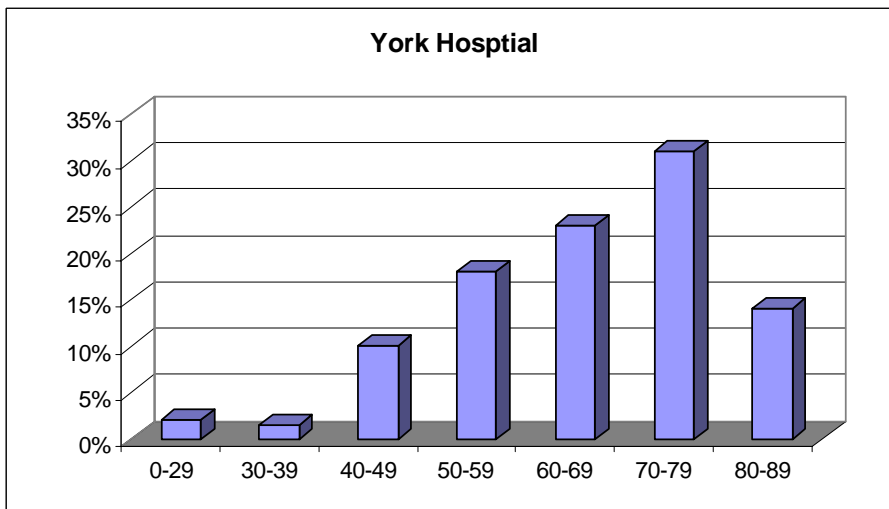
■ Maine

# 2006 Statistical Review

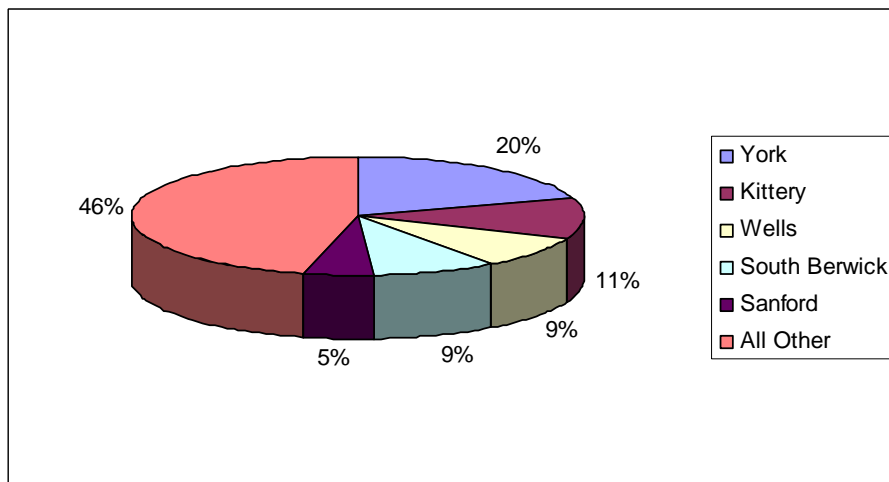
## Gender Distribution



## Age Distribution



## Service Area Distribution



# **Cancer Committee Members**

Dr. J. Eneman  
Dr. J. Thurlow  
Dr. C. Moore  
Dr. J. Ullman  
Dr. A. Nixon  
Dr. R. Horowitz  
Dr. N. Edwards  
P. McKay, CTR  
C. Graham-Belliveau, RN  
A. Sands, RN  
Brenda Boston