CANCER PROGRAM

Annual Report 2010

Cayuga Medical Center

Cancer Care

THE CENTER IS YOU
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Board certified in medical oncology and internal medicine. Graduated University of Vermont Medical School, Burlington, VT. Internship and residency in internal medicine, and fellowship in hematology and oncology at University of Massachusetts Medical Center, Worcester, MA. Assistant clinical professor of oncology at Roswell Park Cancer Institute, Buffalo, NY.

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Board certified in diagnostic radiology. Doctor of Philosophy in physiology from Pennsylvania State University, College Park, PA. Graduated Jefferson Medical College in Philadelphia, PA. Internship in family practice at St. Margaret Memorial Hospital in Pittsburgh, PA. Residency in diagnostic radiology at Geisinger Medical Center in Danville, PA. Fellowship in vascular and interventional radiology at Western Pennsylvania Hospital, Pittsburgh, PA.

David Cho, MD
Board certified in radiation oncology. Graduated Medical College of Virginia, Richmond, VA. Transitional program internship New York Hospital Medical Center of Queens, Flushing, NY. Residency in radiation oncology at New York University, New York, NY. Assistant professor of oncology at Roswell Park Cancer Institute, Buffalo, NY. President, Board of Directors of the Cancer Resource Center of the Finger Lakes, Ithaca, NY.

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Sally Van Idistine, CTR
Certified Tumor Registrar, Cancer Registry

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On the cover: Traci Bump, thyroid cancer patient
The Cayuga Medical Center Cancer Program is accredited with commendation as a Comprehensive Community Hospital Cancer Program. We have maintained this important endorsement by the American College of Surgeons’ Commission on Cancer since the 1980s, which underscores the sustained high quality of local cancer care services.

One of our guiding principles for maintaining this high standard of patient care has been the continual setting and meeting of performance improvement goals. An important tool that helps us reach our objectives is the Cancer Program Practice Profile Report (CP3R) instituted by the Commission on Cancer. Endorsed by the National Quality Forum, CP3R is a feedback mechanism that helps to promote awareness among cancer care providers of the importance of evidence-based practice guidelines and accuracy in diagnosis, staging, and charting.

The national data we receive from CP3R helps us determine if we are meeting important standards of care in the treatment of two types of cancer: breast and colorectal. This data is particularly significant because these two cancers are among the five most prevalent cancers we diagnosis and treat in this region. The most recent CP3R data indicate we have a 96 to 100 percent rate of compliance, which is well above both the state and national averages. I believe one of the advantages of a smaller, cohesive medical system such as ours is that we are better able to track our patients’ care and the results of their treatment. We have proven our ability to meet national standards for proper staging of cancer, which ensures that our patients can be treated appropriately per national guidelines.

Referral and access to our Palliative Care Program in 2010 continued to enrich the services we can offer to patients in the hospital and after discharge. Patients in our Intensive and Cardiac Care Unit have requested comfort care on a regular basis and we are seeing more referrals from medical center hospitalists and intensivists. Members of the Palliative Care Team (medicine, nursing, social work, and spiritual care) continued to participate in hospitalist rounds at the medical center and participated in monthly cancer care meetings with representatives from the medical center and Hospicare and Palliative Care Services of Tompkins County.

In 2010 we developed a plan to ensure that all head and neck cancer patients undergoing radiation therapy or combined therapeutic modalities receive a nutrition consultation at the beginning of their planned care. Our goal was to prevent or limit weight loss during treatment. This program helps address the specific needs of these patients as they experience side effects that impact their ability to swallow.

The Cancer Resource Center of the Finger Lakes and the American Cancer Society continued their outstanding work supporting cancer patients and their families. Staff and volunteers were more involved this year, both in the medical oncology office and in the Department of Radiation Oncology. Representatives participated in weekly meetings, as we identified how to address individual patient needs for additional services, particularly in the cases of elderly patients and those on Medicaid.

We continued to participate in clinical trials and, when it seemed appropriate, we referred patients elsewhere for clinical trials. As part of our accreditation, the American College of Surgeons requires a minimum of 2 percent participation in clinical trials and our current participation is at 4 percent.

National cancer-program surveyors, as well as new surgeons who join our cancer-care team, are consistently impressed with how well our Tumor Board works. Our multi-disciplinary approach to care, our weekly meetings, and our open communication among team members enable us to effectively track each individual patient’s treatment and quickly initiate measures to address side effects or potential toxicities. The care we provide is truly patient-centered and this sets us apart from larger, less collaborative programs.

On behalf of the Cancer Committee of Cayuga Medical Center, I am pleased to offer this report for your review. I invite your questions and look forward to another year of growth and collaboration in 2011.

Charles Garbo, MD
Chairman, Cayuga Medical Center Cancer Program
Cancer Liaison Physician to the Commission on Cancer
THE THYROID NODULE CLINIC

Where Multidisciplinary Cancer Care is Comprehensive, Compassionate, and Swift
The formation of a multidisciplinary team is considered the best practice in thyroid cancer management because, even in the nation’s finest hospitals, completing the diagnostic work-up for thyroid cancer can take weeks. In 2007, Cayuga Medical Center initiated what we believe is one of the first Thyroid Nodule Clinics in the country.

The Clinic meets every other week to see patients who have been referred by their primary care doctors. One of these patients was Traci Bump of Trumansburg, who says of her experience, “My journey with cancer was as comfortable as anyone could hope for.”

It was during her annual physical exam in December 2008 that the forty-four-year-old mother first learned of a little lump on her thyroid gland. Her doctor Michelle Blegen, MD, with Trumansburg Family Health Center, felt something in Traci’s neck. An ultrasound revealed a nodule on Traci’s thyroid and the following week she was scheduled for an appointment with the Thyroid Nodule Clinic at Cayuga Medical Center.

Traci went to the clinic, accompanied by her husband and her dad. There they met with endocrinologist Dr. Adam Law. “He showed us the ultrasound and explained there was a calcium deposit on my thyroid that he was concerned about,” says Traci. Following the meeting with Dr. Law, Traci went for a biopsy, performed by Dr. Marc Jouandet in Imaging Services.

“Not even thirty minutes later they pulled me back in to see Dr. Law, who explained that the nodule was cancer,” says Traci. “He then took us to see Bob Riter in the Cancer Resource Room, who gave me additional information on thyroid cancer, including a web site address that I still visit often. I was kind of stunned by the diagnosis but we were comforted to know that Mr. Riter was there for us if we needed him.

Traci is gearing up for the 2011 Cancer Resource Center of the Finger Lakes 5-K run. “I feel so good now, like myself again. When I’m running and I need to push myself, I just remember that I am strong and healthy.”

“After visiting the Cancer Resource Room we grabbed lunch at Chili’s,” says Traci, “and then we met with Dr. Jonathan Cryer, my surgeon. He explained that there are different types of thyroid cancer and that the kind I had is very successfully treated,” says Traci.

“It was a draining and emotional day but it was such a relief to know my diagnosis within two to three hours,” Traci continues. “I have friends who’ve waited days to learn test results for cancer and that’s very hard to go through. Dr. Law called that night just to check in with us. My husband was very upset and scared by my cancer diagnosis and Dr. Law talked with him about it over the phone and reassured him.

“The surgery was a piece of cake,” says Traci. “I stayed overnight and I had a sore throat but really the whole process was amazing. The nurses who took care of me were wonderful.”

“I can’t say enough good about Dr. Blegen and my doctors in the Thyroid Nodule Clinic,” says Traci. “I don’t understand why some people go outside of the area for health care. I’ve had really good care right here. My doctors make me feel like they are here just to take care of me, as if I’m their only patient.

“No one wants to hear they have cancer but I wasn’t afraid because I was in the best possible hands. I had spiritual faith and faith in my doctors: I knew they would take good care of me. From the minute I walked into the clinic until I walked out the door everyone was awesome!”
Radiation Medicine Accreditation
Following a stringent peer-review evaluation in 2009, the Cayuga Medical Center Department of Radiation Medicine achieved accreditation by the American College of Radiology (ACR) for 2010. A board-certified physician and a medical physicist representing ACR who are both experts in the field of radiation oncology performed the on-site evaluation. “This accreditation comes from the largest auditing organization of its kind in the United States,” explains radiation oncologist Dr. David Cho, medical director of the Department of Radiation Medicine. “Certification means that we met or exceeded national standards of care in radiation medicine.”

Seamless Multidisciplinary Care
The patient story in this annual report features Traci Bump, who was referred to our Thyroid Nodule Clinic. Feedback from Traci and other patients like her confirms that our multidisciplinary approach to care is very effective. “We are looking to publish our Thyroid Nodule Clinic data, which is excellent,” says Dr. Daniel Sudilovsky, director of Pathology and Laboratory Medicine at Cayuga Medical Center. “It’s also exciting for us to consider ways in which we can further develop this multidisciplinary approach. We have found that multidisciplinary teams can provide convenient, easy access for patients, improve coordination of care, and help to reduce patient anxiety.”

Imaging-guided Biopsies
Imaging Services performed more CT-guided and ultrasound-guided biopsies in 2010 than ever before. Image-guided biopsy is critical in the diagnosis of cancers that present themselves in places that are difficult to access, such as near the spinal cord or deep in the lungs or abdomen. Radiologists Dr. Marc Jouandet, Dr. Robert Domke, Dr. Kim Hwang, and Dr. Anthony Massi are partnering with pathologists Dr. Luminita Marinescu and Dr. Daniel Sudilovsky to perform fine needle aspiration with the pathologists at the bedside. We are also utilizing this approach in patients with other conditions that make it difficult for them to tolerate a surgical biopsy.

Additional In-house Immunohistochemical Stains Speed Results
Our pathologists continually evaluate opportunities to offer additional immunohistochemical stains in house, eliminating, when feasible, the need to refer specimens to Mayo Medical Laboratories (Cayuga Medical Center’s reference lab). In 2010,
after careful assessment, Dr. Marinescu recommended that the Cayuga Medical Center Laboratory perform in-house testing for HPV and renal cell staining. More in-house laboratory diagnostics serves our goal of providing the most rapid response time possible.

Recognition from the NYS Cancer Registry
Once again the New York State Cancer Registry has recognized Cayuga Medical Center’s tumor registrar and cancer data specialist, Sally Van Idistine, CTR, for her exemplary work. The sharing of complete and timely cancer data is crucial to the important work of cancer researchers, planning agencies, and public health professionals.

Journal of Hope
As patients prepare to undergo treatment for cancer, they should have important information about their care readily available. The Journal of Hope is a binder offered to new patients to help them organize information, keep appointment times and dates, save the names and telephone numbers of their health-care team members, and file test results throughout their treatment period.

Women’s Breast Cancer Awareness Event
Dr. Sandra Steingraber, a nationally acclaimed scholar, writer, and speaker on cancer and the environment, was featured at the first annual Women’s Breast Cancer Awareness Event, held in October. The program was cosponsored by Cayuga Medical Center and the Cancer Resource Center of the Finger Lakes. Dr. Steingraber’s topic was “Breast Cancer and the Environment: What We Know and What We Can Do.”

Fundraising Activities
Cayuga Medical Center was proud to work in tandem with local providers to raise awareness and funds for cancer patient services in 2010. We served as a lead sponsor for the American Cancer Society’s Mardi Gras of the Finger Lakes, as well as the Annual Walkathon and 5K Run held by the Cancer Resource Center of the Finger Lakes. The medical center was also well represented in the annual American Cancer Society’s Relay for Life held at Ithaca College.

Volunteers are Special People
Thanks to collaboration between the Cayuga Medical Center Auxiliary, the Cancer Resource Center of the Finger Lakes, and the American Cancer Society, cancer patients and their families have convenient access to volunteers and staff members with in-depth knowledge about helping people with cancer. Finding local resources and listening with compassion are just two of the special skills Joan Abrams brings to her volunteer work.

With the help of a special fund created by the Friends of Kathy Brand given to the CRCFL, volunteers initiated a new service this year. Patients undergoing chemotherapy infusion with financial needs can request a snack and beverage from the Café Express, which is provided at no cost and delivered by a volunteer.
5 Year Trend of Major Sites at Cayuga Medical Center

2005-2009 Analytic Cases

2009 Analytic Case Site Distribution

<table>
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<tr>
<th>Site</th>
<th>2009 Total</th>
<th>Males</th>
<th>Females</th>
<th>CMC</th>
<th>NCDB</th>
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<tr>
<td>Breast</td>
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<tr>
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<tr>
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<tr>
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<td>0</td>
<td>5%</td>
<td>13%</td>
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<tr>
<td>All other sites</td>
<td>178</td>
<td>78</td>
<td>100</td>
<td>44%</td>
<td>45%</td>
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</table>

Total all sites: 414 Males: 169 Females: 245 CMC: 100% NCDB: 100%

Analytic-cancer diagnosed and/or received first course of treatment at CMC.
NCDB - National Cancer Data Base.

Distribution by County

2009 Analytic Cases

Analytic/Non Analytic by Year

2005 - 2009 Cases

[Graph showing distribution by county with Tompkins 75%, Cayuga 5%, Cortland 6% and Other 13%]

[Bar graph showing cases by year with Analytic and Non Analytic categories]
According to the American Cancer Society colorectal cancer is the third most common cancer in both men and women. An estimated 102,900 cases of colon and 39,670 cases of rectal cancer are expected to occur in 2010. Colorectal cancer incidence rates have been decreasing for most of the past two decades which has largely been attributed to increases in the use of colorectal cancer screening tests that allow the detection & removal of colorectal polyps before they progress to cancer.

An estimated 51,370 deaths from colorectal cancer are expected to occur in 2010, accounting for 9% of all cancer deaths. Mortality rates for colorectal cancer have declined over the past two decades, with steeper declines in the most recent time period. This decrease reflects declining incidence rates and improvements in early detection and treatment. The risk of colorectal cancer increases with age: 91% of cases are diagnosed in individuals aged 50 and older.

**A Study of Colon Cancer at CMC**

A study of analytic colon cancer cases at Cayuga Medical Center was carried out covering 141 patients diagnosed from 2005 through 2009.

**CMC Colon Cancer Incidence Trend**

2003-2009 Analytic Cases

**Gender - CMC vs. National**

2005-2009 Colon Cancer Analytic Cases

- **Females**
  - CMC: 60%
  - NCDB: 50%

- **Males**
  - CMC: 40%
  - NCDB: 50%

**Age at Initial Diagnosis at CMC**

2005-2009 Colon Cancer Analytic Cases

- 0% to 5%
- 10%
- 15%
- 20%
- 25%
- 30%
- 35%

- **50-59**
  - CMC: 17%
  - NCDB: 17%

- **60-69**
  - CMC: 17%
  - NCDB: 23%

- **70-79**
  - CMC: 27%
  - NCDB: 22%

- **80-89**
  - CMC: 11%
  - NCDB: 4%

- **90+**
  - CMC: 4%

**Colon Cancer Stage at Diagnosis**

2005-2009 Analytic Cases

**CMC**

- **Stage 0**
  - CMC: 4%

- **Stage I**
  - CMC: 25%

- **Stage II**
  - CMC: 24%

- **Stage III**
  - CMC: 19%

- **Stage IV**
  - CMC: 13%

**NCDB**

- **Stage 0**
  - NCDB: 6%

- **Stage I**
  - NCDB: 19%

- **Stage II**
  - NCDB: 23%

- **Stage III**
  - NCDB: 23%

- **Stage IV**
  - NCDB: 17%

- **Unknown**
  - NCDB: 12%
Surgery is the most common treatment for colon cancer; it usually cures cancer that has not spread. Regular follow-up exams and blood tests may be recommended for patients who have been treated for colon cancer, because if the cancer is going to recur it tends to happen in the first five years after treatment.

**First Course of Therapy**
**Colon Cancer**

*2005-2009 Analytic Cases*

According to the National Cancer Data Base (NCDB) the 1 and 5 year observed survival for persons with colon cancer is 84% and 56%, respectively. When colon cancer is detected early, localized stage, the 5 year survival is 77%. After the cancer has spread regionally to involve adjacent organs or lymph nodes, the 5-year survival drops to 53%. When the disease has spread to distant organs, the 5-year survival is 8%.

**Colon Cancer Observed Survival by Overall Stage**

*CMC Analytic Cases 2000-2004*

Summary

Colon cancer data was analyzed and compared to national figures (NCDB). The average age of our colon cancer patients in 2000-2004 was considerably older than national average age with 35% being over the age of 80 vs. 26% nationally. Therefore, we had a slightly higher percent of patients being treated with surgery alone. Despite this, our survival data is not statistically different than national averages.

The overall incidence of colon cancer is decreasing both at Cayuga Medical Center and nationwide with higher use of colonoscopy and prevention. With adjuvant chemotherapy for stage III and some stage II cancers, and with improved surgical techniques the survival rates for colon cancer continue to improve over time.

Charles Garbo, MD
Glossary

AJCC Staging: American Joint Committee on Cancer (AJCC). Classification of malignant disease to denote how far the cancer has advanced. Malignancy is categorized by (T) Tumor, (N) Nodes, and (M) Metastasis.

Analytic: Cancer diagnosed and/or received first course of treatment at CMC.

Non-Analytic: Cancer initially diagnosed and treated elsewhere, receiving subsequent care at CMC. These cases are not generally included in statistical reports.

First Course of Treatment: Initial cancer-directed treatment or series of treatments planned and usually initiated within four months of diagnosis or as determined by the physician.

Observed Survival: Estimate of the probability of surviving all causes of death for a specified time interval calculated from the cohort of cancer cases.

Relative Survival: A net survival measure representing cancer survival in the absence of other causes of death.

References:
2. National Cancer Data Base (NCDB).
3. American Joint Committee on Cancer Staging Manual