THE CENTER IS YOU

CANCER PROGRAM

Annual Report 2011
Charles Garbo, MD, Chairman
Board certified in medical oncology and internal medicine. Graduated University of Vermont Medical School, Burlington, VT. Internship and residency in internal medicine at St. Vincent Hospital, Worcester, MA. 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.

William Carroll, MD, PhD
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 at 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.

Eric Lessinger, MD
Board certified in hospice and palliative medicine and family practice. Graduated New York University School of Medicine, New York, NY. Internship in internal medicine at Lincoln Medical Center, Bronx, NY. Residency in family practice at Highland Hospital in Rochester, NY. Mini-Fellowship in palliative care at Mt. Sinai Hospital, New York, NY. Medical Director, Hospicare and Palliative Care Services of Tompkins County.

Luminita Marinescu, MD
Board certified in anatomical and clinical pathology. Graduated University of Medicine and Pharmacy, Timisoara, Romania. Residencies in anatomic and clinical pathology at the County Hospital of Timisoara and the University of Medicine and Dentistry of New Jersey – Robert Wood Johnson Medical School in New Brunswick, NJ. Fellowships in surgical pathology and cytology at SUNY Upstate Medical University, Syracuse, NY.

David Schwed, MD
Board certified in surgery. Graduated SUNY Upstate Medical University, Syracuse, NY. Internship and general surgical residency at New Jersey’s Morristown Memorial Hospital, an affiliate of Columbia Presbyterian Medical Center in New York, NY.

Carolyn Bartell, MSW, ACSW
Community Representative

Tiffany Bechtold
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Certified in Hospice and Palliative Nursing Director of Patient Services for Hospicare and Palliative Care Services of Tompkins County

Ellen Dugan, MBA
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Director of Medical, Telemetry, and Oncology Nursing

Robert Lawlis, BA, MBA
Patient Safety and Performance Improvement Analyst

Betty McEver, RN
Oncology Patient Navigator

Bob Riter, MHSA
Executive Director, Cancer Resource Center of the Finger Lakes

Michelle Sperl, BA, RTT
Director, Oncology Services

Marguerite Sterling, BS, RN
Registered Nurse in Radiation Medicine, Clinical Research Associate

Deb Traunstein, LMSW, MBA
Licensed Master Social Worker

Sally Van Idistine, CTR
Certified Tumor Registrar, Cancer Registry

On the cover: Stephani Robson, breast cancer patient

2011 Cayuga Medical Center Cancer Committee
In 2011 Cayuga Medical Center’s cancer program decided to join the Rapid Quality Reporting System (RQRS), sponsored by the American College of Surgeons’ Commission on Cancer. Along with a handful of other hospitals in the country, we embarked in January 2012 on a prospective approach to reporting breast cancer, colon cancer, and rectal cancer patient data. Historically, individual patient data on the type and stage of cancer and its treatment have been submitted to the National Cancer Data Base retrospectively, within six months of treatment. The program, RQRS, makes a transition from an after-the-fact gathering of data to a real-time feedback mechanism that helps ensure all patients are receiving the correct therapy through the course of their treatment. We are glad to be among the first programs in this project and look forward to learning more as the year progresses.

Through an affiliation with Cayuga Medical Center, the Ithaca Medical Group (the former office of Drs. Garbo and Bael) became Cayuga Hematology Oncology Associates, drawing these two entities even closer in 2011. The coordination of patient care is made easier as a result of this enhanced relationship. The nursing care in our medical oncology practice is provided by nurses with specialized knowledge, training and skills following the standards of the Oncology Nursing Society guidelines and Joint Commission on Accreditation of Healthcare Organization.

In August we welcomed Dr. Julie Campbell to Cayuga Hematology Oncology Associates. With her arrival we are better able to accommodate urgent patient appointments and see new patients quickly, usually in less than a week. Dr. Campbell is superbly trained and has conducted research in breast cancer prevention. She is very interested in the work of our new Multidisciplinary Breast Care Clinic, which started up in January 2012.

There are a variety of breast clinic models across the country. Some focus solely on the diagnostic process and others focus only on the surgery and treatment plan following diagnosis. The goal of our cancer care team was to develop a comprehensive and multidisciplinary program that would streamline patient care in a way that is highly efficient, collaborative, and supportive, beginning with swift biopsies following a positive imaging study or detection of a palpable lump. The new Multidisciplinary Breast Care Clinic is the second of our multidisciplinary clinics, the first being our Thyroid Nodule Clinic which is running very successfully.

In the fall we started an important new service, welcoming our oncology nurse navigator, Betty McEver, RN. She is doing an excellent, energetic job. Her nursing experience, training as a radiology nurse, and knowledge of the medical center and community are extremely valuable. The Commission on Cancer is requiring that all certified cancer programs have a navigator by 2015 but we chose to initiate our service now to better serve our patients.

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. In May 2012 we will be surveyed again for certification, as we are every three years. I am anticipating that our team, physicians, and medical center will come through the certification process with flying colors.

We strive to move forward in 2012 with high quality patient-centered care, exceeding the standards of care whenever possible.

Charles Garbo, MD
Chairman, Cayuga Medical Center Cancer Program
Cancer Liaison Physician to the Commission on Cancer
Stephani Robson, shown here with her favorite walking companion, a “huskador” named Deja
Stephani Robson is Hale and Hardy!

Stephani Robson is forty-six years old and a senior lecturer at Cornell’s School of Hotel Administration. In April 2009, she discovered a lump in her breast. In May 2010, she completed her PhD in environmental psychology, looking at how the design of an environment influences people’s perceptions and behavior. This is her story.

Actually the lump in my breast was discovered by my cat. Leopold is a terrible cat in all respects except this one. He walked across my chest and when I pushed him off, I felt the lump. It was about the size of a small jellybean.

“I called Judy Scherer, my nurse practitioner at Family Medicine Associates of Ithaca, and she sent me to the Convenient Care Center at Ithaca for a mammogram. It was quick, the people were wonderful, and Dr. Silbert, the radiologist, was very, very nice. I had a biopsy and within forty-eight hours, I was getting an MRI (magnetic resonance imaging) scan at the medical center just to make sure there wasn’t cancer in my other breast.

“Less than a week later, I met with my surgeon, Dr. Foster, and ten days later I had same-day-surgery at Cayuga Medical Center. The whole team was wonderful but I want to give a special shout out to two of the Operating Room nurses, Filomena Hall and her daughter, Ashley.

“Three weeks later I had an IV port installed by Dr. Foster and started chemotherapy in the middle of July 2009. My oncologist was Dr. Garbo, who is the sweetest man—unflappable, gentlemanly, and reassuring. I was very confident that I was in good hands, and the people in his practice who do the IV infusions are a great bunch. When you finish your last chemotherapy treatment, you get to ring a ship captain’s bell. On my last day of chemo I wore a cocktail dress, makeup, and big earrings; I was bald as a cue ball!

“A few days after I finished chemo, I trotted on over to Dr. Cho in Radiation Medicine. I had thirty-three radiation sessions—every weekday for over six weeks. I was part of a radiation therapy clinical trial but I was in the control group and not on the experimental side of the trial. I was pleased to learn that Cayuga Medical Center participates in clinical trials, though I was not surprised by it because I know of the connections to Roswell Park Cancer Institute and Weill Cornell.

“I had no complications. I am delighted and grateful that all of the care here is so good and I didn’t have to go somewhere else. I was in the middle of a PhD at the time, which was much worse than the cancer!

“I had never set foot in a hospital until this happened. I’m hale and hardy so this was unbelievable to me. There is no family history of cancer and I walk four to five miles a day. This was my first, and hopefully only, hospital experience and everything was fantastic. It almost makes me want to break my leg!”
CMC Launches the Multidisciplinary Breast Care Clinic

More than two years of intensive collaboration and planning culminated in January 2012 with the introduction of the Cayuga Medical Center Multidisciplinary Breast Care Clinic. A woman with a suspicious finding on her mammogram, or who has seen her doctor with a lump in her breast, will know within less than a week what her diagnosis is and what her plan of treatment will entail. This is a full-service approach to care that takes patients from prediagnosis all the way through the diagnostic process and treatment, and is a new and improved option for area patients. The Multidisciplinary Breast Care Clinic comprises physician specialists in radiology, surgery, medical and radiation oncology, and cytopathology, and our oncology nurse navigator.

Pictured above, left to right:
David Schwed, MD, surgeon
Betty McEver, RN, oncology nurse navigator
David Cho, MD, radiation oncologist
Dan Sudilovsky, MD, pathologist
Tori Champion, radiologic technologist
William Carroll, MD, radiologist
Cora Foster, MD, surgeon
Charles Garbo, MD, oncologist
Medical Center Oncology Services Expanding

With the goal of providing more fully integrated local cancer-care services, oncologists Dr. Charles Garbo and Dr. Timothy Bael, formerly of the Ithaca Medical Group, joined Cayuga Medical Center in 2011 as Cayuga Hematology Oncology Associates (CHOA). They have remained in the same location in the medical office building directly adjacent to the medical center and the Cayuga Medical Radiation Medicine Department. CHOA is also just down the hall from the Cancer Resource Room, a program staffed by the Cancer Resource Center of the Finger Lakes, which provides education and support to patients with cancer and their families.

Dr. Julie Campbell joined CHOA in the fall of 2011, following completion of her fellowship training at Columbia University. Dr. Campbell received the 2010 Physician of the Year Award/Fellow of the Year at New York Presbyterian Hospital. Columbia University. She also received the Hecht Early Investigator Award from the Society of Integrative Oncology in 2010, and the American Society of Clinical Oncology’s Young Investigator Award in 2011 for her research in breast cancer prevention.

Oncology Nurse Certification

Continuing education and advanced certification are important and encouraged at Cayuga Medical Center. Registered nurses in our cancer care program who administer chemotherapy and biotherapy agents took an intensive certification course in 2011, which was offered in collaboration with Roswell Park Cancer Institute. The program, sponsored by the Oncology Nursing Society (ONS), was taught on site to ensure that our cancer care nurses are current on new chemo and biotherapy drugs and safety guidelines.

Clinical Research Trial for Breast Cancer Radiation Therapy

The research organization National Surgical Adjuvant Bowel and Breast Project (NSABP) partnered with the national Radiation Therapy Oncology Group (RTOG) on a nationwide randomized clinical trial to study the efficacy of standard whole breast radiation therapy for five to six weeks as compared to radiation therapy of only the surgical area of the breast, twice a day for five days. Eligible local breast cancer patients have been participating in this trial for over five years. In 2011, Cayuga Medical Radiation Therapy added a second randomized trial studying the impact of extra radiation to the surgical site while radiating the entire breast. This is an approach that shortens the course of radiation therapy and is possible because modern radiation therapy machines can simultaneously deliver higher doses to one area and less to another. Participation in clinical trials helps future patients by providing doctors with data on the effectiveness of therapy and ensures that we remain at the leading edge of care.

Electronic Medical Records

The transition to electronic medical records (EMR) continued in 2011, improving communication among physicians’ offices and making patient care more efficient and seamless as we pursue clinical integration. When patients, care providers, or the Emergency Department call the CHOA office, any staff member can quickly pull up the patient’s EMR to answer a current question and follow-up on previous issues. Our EMRs have a number of safety features, as well, which help minimize medication and dosing errors and automatically highlight drug interactions. Additionally, EMRs will help us facilitate cancer data reporting and obtain prior authorization for tests and chemotherapy drugs on a timely basis.

Oncology Nurse Navigator

Betty McEver, RN, stepped into the newly created position of oncology nurse navigator in 2011. With twenty-seven years of nursing experience, including five years as a certified radiology nurse in the Imaging Services Department at Cayuga Medical Center, McEver is the point-of-contact person for newly diagnosed cancer patients in our community. In her new role she serves as a liaison between cancer patients and their care providers and has proven to be a very effective patient advocate, interpreter, and educator for cancer patients and their families.
2010 STATISTICS

5 Year Trend of Major Sites at Cayuga Medical Center
2006-2010 Analytic Cases

2010 Analytic Case Site Distribution

<table>
<thead>
<tr>
<th>Site</th>
<th>2010 Total</th>
<th>Males</th>
<th>Females</th>
<th>CMC</th>
<th>NCDB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>68</td>
<td>1</td>
<td>67</td>
<td>19%</td>
<td>18%</td>
</tr>
<tr>
<td>Lung</td>
<td>50</td>
<td>26</td>
<td>24</td>
<td>14%</td>
<td>11%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>42</td>
<td>21</td>
<td>21</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>Bladder</td>
<td>27</td>
<td>24</td>
<td>3</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>Prostate</td>
<td>23</td>
<td>23</td>
<td>0</td>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td>All other sites</td>
<td>152</td>
<td>84</td>
<td>68</td>
<td>41%</td>
<td>46%</td>
</tr>
<tr>
<td>Total all sites</td>
<td>362</td>
<td>179</td>
<td>183</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

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

* A number of other prostate cases were diagnosed through our medical staff that did not require treatment in the hospital; therefore they were not included in these numbers.

Analytic/Non Analytic by Year
2006 - 2010 Cases

While most of our cases come from Tompkins county, we continue to have about 25% of our cases from neighboring counties.

Analytic: Cancer diagnosed and/or any of the first course of treatment administered at CMC.
Non Analytic: Cancer diagnosed and first course of treatment administered elsewhere, received subsequent care at CMC.
According to the American Cancer Society, aside from skin cancers, breast cancer is the most common cancer among American women. The chance of developing invasive breast cancer at some time in a woman’s life is a little less than 1 in 8 (12%). An estimated 230,480 new cases of invasive breast cancer and 57,650 new cases of ductal carcinoma in situ (DCIS) will be diagnosed in women in 2011. After increasing for more than 2 decades, female breast cancer incidence rates decreased by about 2% per year from 1999 to 2005. The decrease was seen only in women aged 50 or older, and may be due at least in part to the decline in use of hormone therapy after menopause that occurred after the results of the Women’s Health Initiative were published in 2002. This study linked the use of hormone therapy to an increased risk of breast cancer and heart diseases. Unfortunately the rates have again risen since 2007.

In 2011 an estimated 39,520 women will die from breast cancer. Breast cancer is the second leading cause of cancer death in women, exceeded only by lung cancer. The chance that breast cancer will be responsible for a woman’s death is about 1 in 36 (about 3%). Death rates from breast cancer have been declining since 1990, with larger decreases in women younger than 50. These decreases are believed to be the result of earlier detection through screening and increased awareness, as well as improved treatment.

Cayuga Medical Center’s breast cancer survival rates for years 1-5 mirror national statistics.

Breast Cancer Stage at Diagnosis
2006-2010 Analytic Cases

Breast Cancer Observed Survival by Overall Stage
CMC Analytic Cases 2001-2005
NCDB Analytic Cases 2003-2004

Cayuga Medical Center’s stage at diagnosis mirrors national statistics.

CMC Breast Cancer Incidence Trend
2004-2010 Analytic Cases

A study of analytic breast cancer cases at Cayuga Medical Center was carried out covering 383 patients diagnosed from 2006 through 2010.

Age at Initial Diagnosis at CMC
2006-2010 Breast Cancer Analytic Cases

CMC age distribution is similar to that in the NCDB database.
First course of therapy at CMC shows a higher radiation rate. This is because of a lower rate of mastectomy and a higher rate of breast conserving therapy.

On review of a representative sample of 2010 cases, the therapy given conformed to national treatment guidelines [NCCN].

### Comparison of Estimated Performance Rates for Breast Cancer Diagnosed in 2008

The performance rates below have been computed based on data directly reported from Cayuga Medical Center’s Cancer Registry, and are compared to national benchmarks.

The estimated performance rates for the groups compare the proportion of women under age 70 who received adjuvant radiation therapy within one year of breast-conserving surgery.

<table>
<thead>
<tr>
<th></th>
<th>Performance Rate</th>
<th>Number of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cayuga Medical Center</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>New York State</td>
<td>81.9%</td>
<td>65</td>
</tr>
<tr>
<td>All CoC Approved Programs</td>
<td>87.5%</td>
<td>1367</td>
</tr>
</tbody>
</table>

Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage II or III hormone receptor negative breast cancer.

<table>
<thead>
<tr>
<th></th>
<th>Performance Rate</th>
<th>Number of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cayuga Medical Center</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>New York State</td>
<td>80%</td>
<td>65</td>
</tr>
<tr>
<td>All CoC Approved Programs</td>
<td>87.8%</td>
<td>1367</td>
</tr>
</tbody>
</table>

Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or Stage II or III hormone receptor positive breast cancer.

<table>
<thead>
<tr>
<th></th>
<th>Performance Rate</th>
<th>Number of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cayuga Medical Center</td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td>New York State</td>
<td>66.4%</td>
<td>65</td>
</tr>
<tr>
<td>All CoC Approved Programs</td>
<td>82%</td>
<td>1367</td>
</tr>
</tbody>
</table>

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**Summary**

Breast cancer data was analyzed and compared to national figures (NCDB). The number of breast cancer cases has remained relatively constant at Cayuga Medical Center. Our survival data is very similar to national averages. The care given conforms to appropriate national standards of care. We look forward to instituting a multidisciplinary breast clinic in 2012.

Charles Garbo, MD
Chairman, Cayuga Medical Center
Cancer Program
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 any of the first course of treatment administered at CMC.

Non-Analytic: Cancer diagnosed and first course of treatment administered elsewhere, received subsequent care at CMC.

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.


References:
2. National Cancer Data Base (NCDB).