

# 2009 Annual Report

Including 2008 Cancer Registry Statistical Review

American College of Surgeons

Cancer Committee

Saint Francis/Mount Sinai Regional Cancer Center

Saint Francis Hospital and Medical Center

114 Woodland Street

Hartford, Connecticut 06105

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[www.saintfranciscare.com](http://www.saintfranciscare.com)

Please visit our Cancer Center website for detailed information about our physicians, programs, services and activities.

## **Hospital Website**

[www.saintfranciscare.com](http://www.saintfranciscare.com)

## **Cancer Center Website**

<http://www.saintfranciscare.com/body.aspx?id=6227>

## CANCER COMMITTEE – 2009 MEMBERSHIP

Juana Adams

George Barrows, M.D.

Greg Breslin

Cindy Climer, BSN, MSN

Lynn Davis, M.D.

**\*Alessia Donadio, MD**

**\*Judy Feret, RN, MS**

James Frank, MD

Susan Gagliardi, BSN, CHPN

**\*Jaci Hood, CTR**

Bruce Kaplan, M.D.

Sue Keefe, APRN

Allison Laudati, RD, CD-N

Reverend Marcus McKinney D. Min, LPC

Thomas Miller, MD

Zia Rahman, M.D.

**\*Philip Roland, MD**

Frank Setter, M.D.

Jonathan Sporn, MD

Suzanne Sullivan, LCSW

Maria Summa, PharmD

Carolyn Tyler, M.A., R.D.

George Wislo, M.D.

Bonnie Zebrowski, R.N.

American Cancer Society

Pathology

Administration

Inpatient Nurse Manager

Medical Oncology

**Cancer Case Conference Coordinator**

**Medical Oncology (Quality and Outcomes)**

Surgical Oncologist/Committee Chair

Hospice/Home Care Services

**Cancer Registry**

Radiation Oncology

Pain/Palliative Care

Nutrition

Pastoral Care Counseling, Director

Rehabilitation Medicine

Medical Oncology

**GYN ONC/CLP**

Anesthesiology

Research

Manager Social Work

Pharmacy

Health Promotion

Radiology

Nurse Manager, Outpatient

### **\*Program Activity Coordinators**

The Cancer Committee meets a minimum of four times a year, as required by the Commission on Cancer. The meetings are held on Friday mornings at 7:30 a.m. in Conference Room B, 3<sup>rd</sup> floor, in the Patient Care Tower.

## TUMOR REGISTRY DATA

GROUP	SITE	2008
<b>ORAL</b>	Pharynx	6
	Mouth	3
	Tongue	9
	Parotid/Salivary Gland	8
	Lip	1
	Tonsil	10
	<b>RESPIRATORY</b>	Lung
	Larynx	9
	Other Respiratory	3
<b>DIGESTIVE</b>	Colon	112
	Rectum	62
	Pancreas	50
	Stomach	33
	Esophagus	20
	Liver/Biliary	35
	Other Digestive	0
	Small Intestine	7
<b>GENITO-URINARY</b>	Prostate	139
	Bladder	59
	Corpus Uteri	79
	Kidney/Other	45
	Other female	24
	Ovary	27
	Cervix Uteri	15
	Testis	5
	Other male	4
<b>OTHER SITES</b>	Breast	330
	Brain/CNS	57
	Skin/Melanoma	45
	Thyroid	52
	Endocrine	17
	Connective Tissue	0
	Eye	0
	Bone	0
	Peritoneum	0
	<b>HEMATOLOGIC</b>	Non-Hodgkin Lymphoma
Leukemia		38
Myeloma		34
Hodgkin Lymphoma		8
Total		1722

## TUMOR BOARDS

A Hematological Malignancies Tumor Board was added in February 2009. There are now five site specific Tumor Boards (Gyn Onc, GI, Urologic, Hematological Malignancies and Breast) which cover 70% of our cases. The General Tumor Board provides a forum for the remaining 30% of the cases. There are more than 140 tumor board sessions a year.

Below is a grid outlining the schedule of Tumor Boards offered at Saint Francis/Mount Sinai Regional Cancer Center.

	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
1 <sup>st</sup>	General Tumor Board 1 <sup>st</sup> and 3 <sup>rd</sup> Tuesdays 12-1pm Chawla Aud.		Heme Malignancies Tumor Board 1 <sup>st</sup> and 3 <sup>rd</sup> Thursdays 11:30 am – 12:30 pm Cancer Center Conference Rm  GYN Onc Tumor Board Every Thursday 12-1 pm 4-9 Labor & Delivery Conference Room	* 1:30 pm - Lung Conference Includes Oncology Cases when appropriate
2 <sup>nd</sup>		Multidisciplinary Breast Conference 2 <sup>nd</sup> and 4 <sup>th</sup> Wednesdays 7:30-8:30 am 95 Woodland	GYN Onc Tumor Board Every Thursday 12-1 pm 4-9 Labor & Delivery Conference Room	* 1:30 pm - Lung Conference Includes Oncology Cases when appropriate
3 <sup>rd</sup>	General Tumor Board 1 <sup>st</sup> and 3 <sup>rd</sup> Tuesdays 12-1pm Chawla Aud.	Uro-Onc Tumor Board 3 <sup>rd</sup> Wednesdays 7:15-8:15 am Cancer Center Conference Rm	Heme Malignancies Tumor Board 1 <sup>st</sup> and 3 <sup>rd</sup> Thursdays 11:30 am – 12:30 pm Cancer Center Conference Rm  GYN Onc Tumor Board Every Thursday 12-1 pm 4-9 Labor & Delivery Conference Room	* 1:30 pm - Lung Conference Includes Oncology Cases when appropriate
4 <sup>th</sup>	GI Tumor Board 4th Tuesdays 12-1pm Chawla Auditorium	Multidisciplinary Breast Conference 2 <sup>nd</sup> and 4 <sup>th</sup> Wednesdays 7:30-8:30 am 95 Woodland	GYN Onc Tumor Board Every Thursday 12-1 pm 4-9 Labor & Delivery Conference Room	* 1:30 pm - Lung Conference Includes Oncology Cases when appropriate
5 <sup>th</sup>			GYN Onc Tumor Board Every Thursday 12-1 pm 4-9 Labor & Delivery Conference Room	* 1:30 pm - Lung Conference I

Cancer Committee Annual Site Report 2009  
Pancreatic Adenocarcinoma

*Introduction*

Pancreatic cancer continues to be the 4<sup>th</sup> leading cause of cancer deaths for men and women in the United States<sup>1</sup>. This year approximately 42,000 new cases will be diagnosed and there will be 35,000 deaths. There has been a slight and gradual incidence in the death rate from this disease since 1930. Of note African Americans presenting with localized disease have been shown to have decreased survival compared to other subgroups. Cigarette smoking remains the principal etiologic factor. Despite intensive research, effective screening strategies, including molecular markers and diagnostic imaging, have not been developed.

Surgical resection remains the cornerstone of therapy however most patients are either unresectable at presentation or succumb to recurrent disease within 1-2 years after surgery. Adjuvant chemotherapy and radiation are important components of care and may offer significant advantages in disease control and palliation. Similarly palliative and integrative medicine interventions offer improved quality of life, albeit short-lived.

*Saint Francis Medical Center 2000-2006*

245 cases were entered into the tumor registry. Patient demographic data are listed in Tables 1-5. These were compared to 153,336 National Cancer Data Base patients seen over a similar time period. Comparative statistical analyses on the two populations were not performed. There appeared to be no major demographic differences. Saint Francis patients were more often categorized as “stage unknown” (35% vs. 18%) and less likely to be stage IV (35% vs. 48%).

Table 1.

STAGE of Pancreas Cancer Diagnosed 2000 to 2006				
All Reported Cases - HOSP. TYPE: All Types/Systems				
Saint Francis Hospital & Medical Center, Hartford, CT vs Hospitals in All States - Data From				
STAGE	N (cases)		% (percent)	
	Other	My Hosp.	Other	My Hosp.
0	765	1	0.50	0.41
I	11,099	15	7.24	6.12
II	22,753	34	14.84	13.88
III	17,681	24	11.53	9.80
IV	73,142	85	47.70	34.69
Unknown	27,896	86	18.19	35.10
<b>Total</b>	153,336	245	100.00	100.00

Source: NCDB, Commission on Cancer, ACoS. Benchmark Reports, v9.0

Table 2.

RACE of Pancreas Cancer Diagnosed 2000 to 2006				
All Reported Cases - HOSP. TYPE: All Types/Systems				
Saint Francis Hospital & Medical Center, Hartford, CT vs Hospitals in All States - Data From				
RACE	N (cases)		% (percent)	
	Other	My Hosp.	Other	My Hosp.
White	122,187	185	79.69	75.51
Black	17,432	39	11.37	15.92
Hispanic	6,466	9	4.22	3.67
Native American	286	0	0.19	0.00
Asian/Pacific Islands	3,398	0	2.22	0.00
Other/Unknown	3,567	12	2.33	4.90
Total	153,336	245	100.00	100.00

Source: NCDB, Commission on Cancer, ACoS. Benchmark Reports, v9.0

Table 3.

HISTOLOGY of Pancreas Cancer Diagnosed 2000 to 2006				
All Reported Cases - HOSP. TYPE: All Types/Systems				
Saint Francis Hospital & Medical Center, Hartford, CT vs Hospitals in All States - Data From				
HISTOLOGY	N (cases)		% (percent)	
	Other	My Hosp.	Other	My Hosp.
Neoplasm, NOS	9,224	8	6.02	3.27
Carcinoma, NOS	16,367	16	10.67	6.53
Adenocarcinoma, NOS	100,529	151	65.56	61.63
Infiltrating Duct Carcinoma	8,701	28	5.67	11.43
Other Specified Types	18,515	42	12.07	17.14

<b>Total</b>	153,336	245	100.00	100.00
			0	

Source: NCDB, Commission on Cancer, ACoS. Benchmark Reports, v9.0

Table 4.

GENDER of Pancreas Cancer Diagnosed 2000 to 2006				
All Reported Cases - HOSP. TYPE: All Types/Systems				
Saint Francis Hospital & Medical Center, Hartford, CT vs Hospitals in All States - Data From				
GENDER	N (cases)		% (percent)	
	Other	My Hosp.	Other	My Hosp.
<b>Male</b>	77,810	129	50.74	52.65
<b>Female</b>	75,526	116	49.26	47.35
<b>Total</b>	153,336	245	100.00	100.00
			0	

Source: NCDB, Commission on Cancer, ACoS. Benchmark Reports, v9.0

Table 5.

AGE of Pancreas Cancer Diagnosed 2000 to 2006				
All Reported Cases - HOSP. TYPE: All Types/Systems				
Saint Francis Hospital & Medical Center, Hartford, CT vs Hospitals in All States - Data From				
AGE	Other	My Hosp.	Other	My Hosp.
<b>Pediatric</b>	38	0	0.02	0.00
<b>16-29</b>	268	0	0.17	0.00
<b>30-39</b>	1,562	3	1.02	1.22
<b>40-49</b>	8,779	7	5.73	2.86
<b>50-59</b>	24,955	49	16.27	20.00
<b>60-69</b>	37,666	58	24.56	23.67
<b>70-79</b>	47,437	72	30.94	29.39
<b>80-89</b>	29,326	48	19.13	19.59
<b>90+</b>	3,305	8	2.16	3.27



<b>Total</b>	153,336	245	100.00	100.00
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Source: NCDB, Commission on Cancer, ACoS. Benchmark Reports, v9.0

Treatment variables are listed in Tables 6-9. Saint Francis patients were less likely to have had “no surgery”; the pancreatectomy rate, however, was similar to that of the NCDB cohort. There were no obvious differences in the use of chemotherapy or radiation, both in the primary treatment and adjuvant setting.

Table 6.

TREATMENT of Pancreas Cancer Diagnosed 2000 to 2006				
All Reported Cases - HOSP. TYPE: All Types/Systems				
Saint Francis Hospital & Medical Center, Hartford, CT vs Hospitals in All States - Data From				
TREATMENT	N (cases)		% (percent)	
	Other	My Hosp.	Other	My Hosp.
Surg. Only	14,015	23	9.14	9.39
Rad. & Chem.	16,226	34	10.58	13.88
Chem. Only.	34,676	49	22.61	20.00
Surg., Rad. & Chem.	9,004	16	5.87	6.53
Other Specified Ther.	10,440	15	6.81	6.12
No 1st Course Rx	68,975	108	44.98	44.08
<b>Total</b>	153,336	245	100.00	100.00

Source: NCDB, Commission on Cancer, ACoS. Benchmark Reports, v9.0

Table 7.

SURGERY of Pancreas Cancer Diagnosed 2000 to 2006				
All Reported Cases - HOSP. TYPE: All Types/Systems				
Saint Francis Hospital & Medical Center, Hartford, CT vs Hospitals in All States - Data From				
SURGERY	N (cases)		% (percent)	
	Other	My Hosp.	Other	My Hosp.

None; no Surg. of primary site	122,808	184	80.09	75.10
Local excision of tumor, NOS	520	0	0.34	0.00
Partial pancreatectomy, NOS; example: distal	3,976	9	2.59	3.67
Local or partial pancreatectomy and duodenectomy	17,260	25	11.26	10.20
Total pancreatectomy and subtotal gastrectomy or duodenectomy	1,870	5	1.22	2.04
Extended pancreatoduodenectomy	1,408	3	0.92	1.22
Pancreatectomy, NOS	464	1	0.30	0.41
Surg., NOS	1,427	2	0.93	0.82
Unknown if Surg. performed	3,603	16	2.35	6.53
<b>Total</b>	<b>153,336</b>	<b>245</b>	<b>100.00</b>	<b>100.00</b>

Source: NCDB, Commission on Cancer, ACoS. Benchmark Reports, v9.0

Table 8.

RADIATION of Pancreas Cancer Diagnosed 2000 to 2006				
All Reported Cases - HOSP. TYPE: All Types/Systems				
Saint Francis Hospital & Medical Center, Hartford, CT vs Hospitals in All States - Data From				
RADIATION	N (cases)		% (percent)	
	Other	My Hosp.	Other	My Hosp.
No Rad.	123,219	185	80.36	75.51
Beam Rad.	29,211	60	19.05	24.49
BrachyTher.	65	0	0.04	0.00
Radioisotopes	31	0	0.02	0.00
Rad. Ther., NOS	810	0	0.53	0.00
<b>Total</b>	<b>153,336</b>	<b>245</b>	<b>100.00</b>	<b>100.00</b>

Source: NCDB, Commission on Cancer, ACoS. Benchmark Reports, v9.0

Table 9.

THERAPY of Pancreas Cancer Diagnosed 2000 to 2006				
All Reported Cases - HOSP. TYPE: All Types/Systems				
Saint Francis Hospital & Medical Center, Hartford, CT vs Hospitals in All States - Data From				
THERAPY	N (cases)		% (percent)	
	Other	My Hosp.	Other	My Hosp.
No Systemic Therapy	87,815	139	57.27	56.73

<b>Chemotherapy Alone</b>	63,907	103	41.68	42.04
<b>Hormonal Therapy Alone</b>	172	0	0.11	0.00
<b>Immunotherapy. Alone</b>	218	0	0.14	0.00
<b>Chem. and Horm. Ther.</b>	351	1	0.23	0.41
<b>Chem. and Immuno.</b>	848	2	0.55	0.82
<b>Horm. Ther. and Immuno.</b>	8	0	0.01	0.00
<b>Chem., Horm. Ther. and Immunotherapy</b>	17	0	0.01	0.00
<b>Total</b>	153,336	245	100.00	100.00

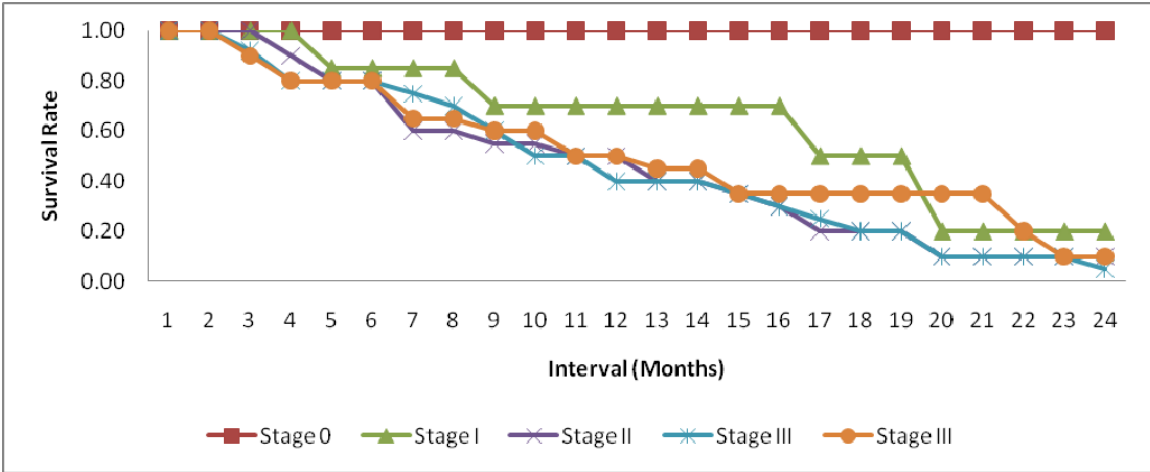
Source: NCDB, Commission on Cancer, ACoS. Benchmark Reports, v9.0

The 5 year overall survival probability for NCDB patients was 4.2%; for Stage I patients it was 15.3% (Table 10). Five year survival data for the Saint Francis population was not available. Two year survival by stage is shown in Figure 1. There were no apparent differences in 2-year survival by stage between Saint Francis and NCDB patients.

Table 10.

Stage	N	1 Year	2 Years	3 Years	4 Years	5 Years
0	258	72.6	62.6	59.1	56.9	53.5
I	4847	44.9	27.1	20.1	17	15.3
II	5529	37.1	17.4	11.3	8.5	7.2
III	7528	47.1	21.7	12.9	9.4	7.5
IV	3700	15.1	4.5	2.4	1.6	1.3
5	5					
OVERAL	5516	24.6	10.4	6.6	5	4.2
L	7					

Figure 1. Observed Survival by Best AJCC Stage Report



<sup>i</sup> Ca- Cancer J Clin 2209; 59:225