

2010 Annual Report

Including 2009 Cancer Registry Statistical Review

American College of Surgeons

Cancer Committee

Saint Francis/Mount Sinai Regional Cancer Center

Saint Francis Hospital and Medical Center

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Hartford, Connecticut 06105

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www.saintfranciscare.com

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

Hospital Website

www.saintfranciscare.com

Cancer Center Website

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

CANCER COMMITTEE – 2010 MEMBERSHIP

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Greg Breslin

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***Jaci Hood, CTR**

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Allison Laudati, RD, CD-N

Reverend Marcus McKinney D. Min, LPC

Thomas Miller, MD

Zia Rahman, M.D.

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Suzanne Sullivan, LCSW

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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, 3rd floor, in the Patient Care Tower.

TUMOR REGISTRY DATA

SITE		2009
CNS	Brain/CNS	56
ORAL	Pharynx	5
	Mouth	4
	Tongue	14
	Parotid/Salivary Gland	2
	Lip	1
	Tonsil	3
RESPIRATORY	Lung	244
	Larynx	14
	Other Respiratory	4
DIGESTIVE	Colon	94
	Rectum	41
	Pancreas	41
	Stomach	26
	Esophagus	18
	Liver/Biliary	20
	Other Digestive	2
	Small Intestine	8
GENITO-URINARY	Prostate	241
	Bladder	63
	Corpus Uteri	76
	Kidney/Other	37
	Other female	12
	Ovary	21
	Cervix Uteri	11
	Testis	6
	Other male	0
OTHER SITES	Breast	335
	Skin/Melanoma	43
	Thyroid	50
	Endocrine	9
	Connective Tissue	0
	Eye	0
	Bone	1
	Peritoneum	0
HEMATOLOGIC	Non-Hodgkin Lymphoma	68
	Leukemia	56
	Myeloma	23
	Hodgkin Lymphoma	8
MISC	All Other	33
	Totals	1690

TUMOR BOARDS

There are 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.

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

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

Endometrial Cancer Site Specific Analysis Cancer Registry Data 2000 to 2006

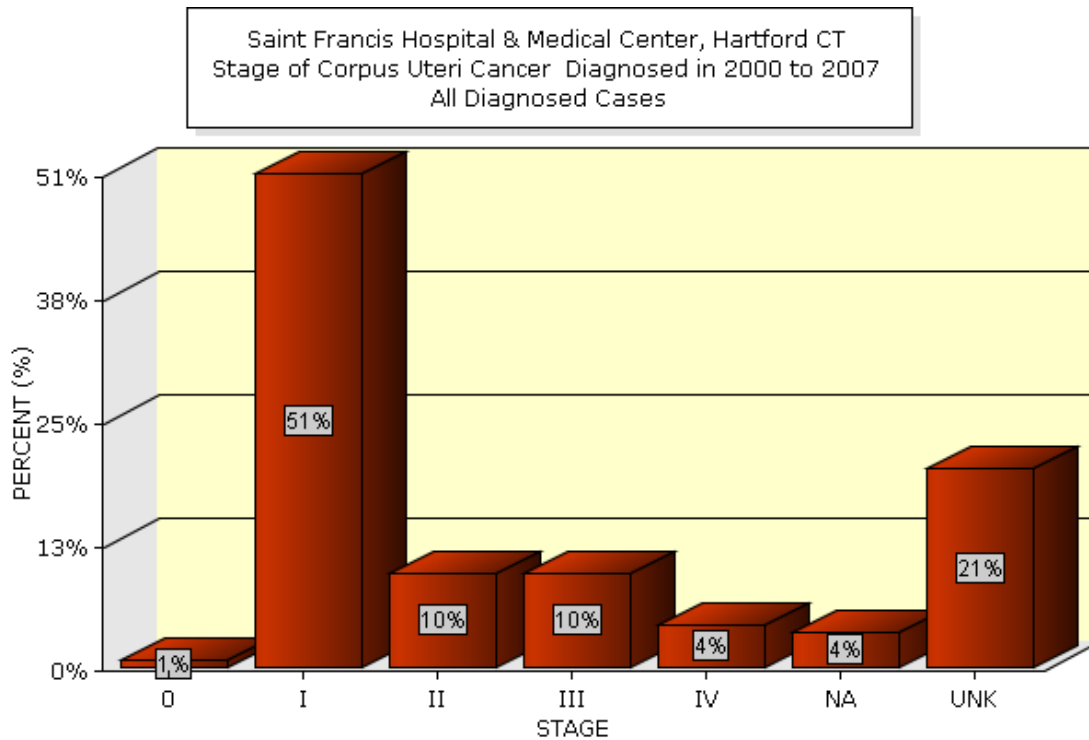
Phil Roland, MD
Cancer Liaison Physician

INTRODUCTION

The following report is a description of Endometrial Cancer Treatment at St. Francis Hospital from 2000 to 2006, based upon data submitted to the National Cancer Database. This database provides information on cancer diagnosis, stage, demographic information, treatment, and survival with comparison to approximately 1,500 institutions nation-wide that have Commission on Cancer Accreditation.

STAGING

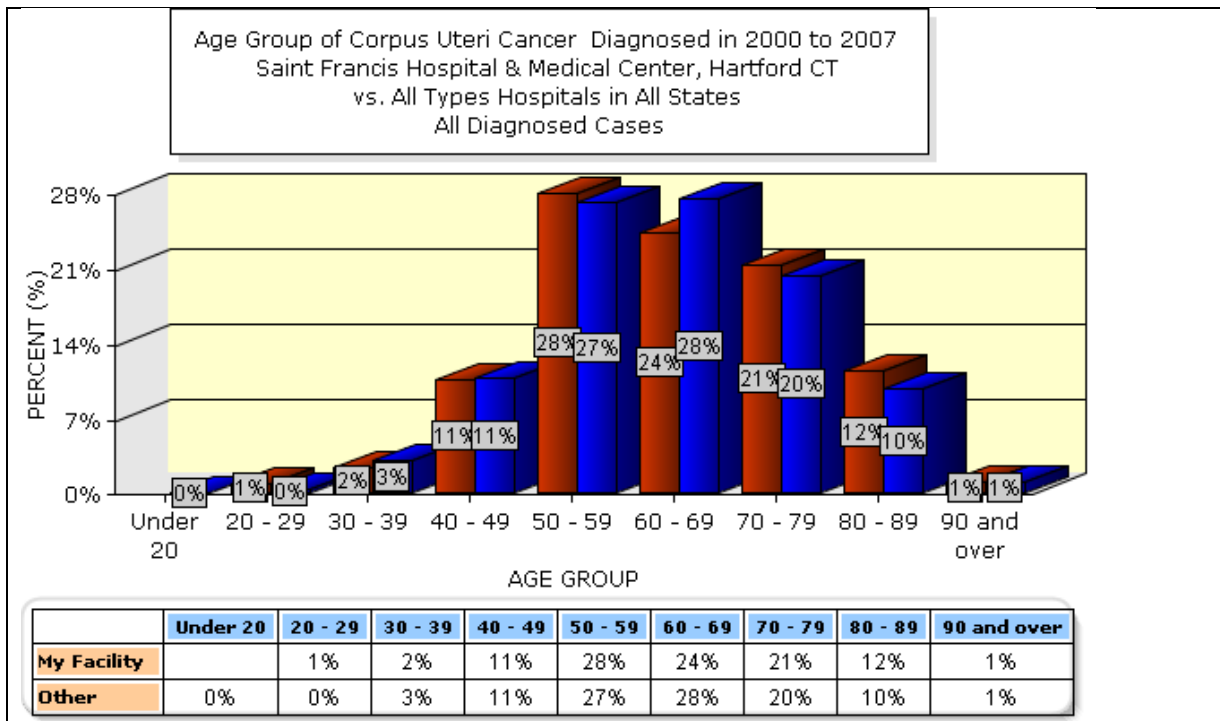
A total of 452 cases from 2000 to 2006 were available for reporting. Stage at diagnosis is illustrated in the following graph, with stage I being the most common presentation.



Stage at presentation at St. Francis is very similar to all other NCDB participating institutions. There is a disappointing high rate of "unknown stage" within the data. Further analysis of St. Francis cases shows an abnormally high rate of "unknown stage" over years 2003-2004 (28-32%) compared to 5-8% for the rest of the study period. Histology at presentation was endometrioid carcinoma in 66% of cases, with other cell types or mixed histology representing the remaining 34% of cases.

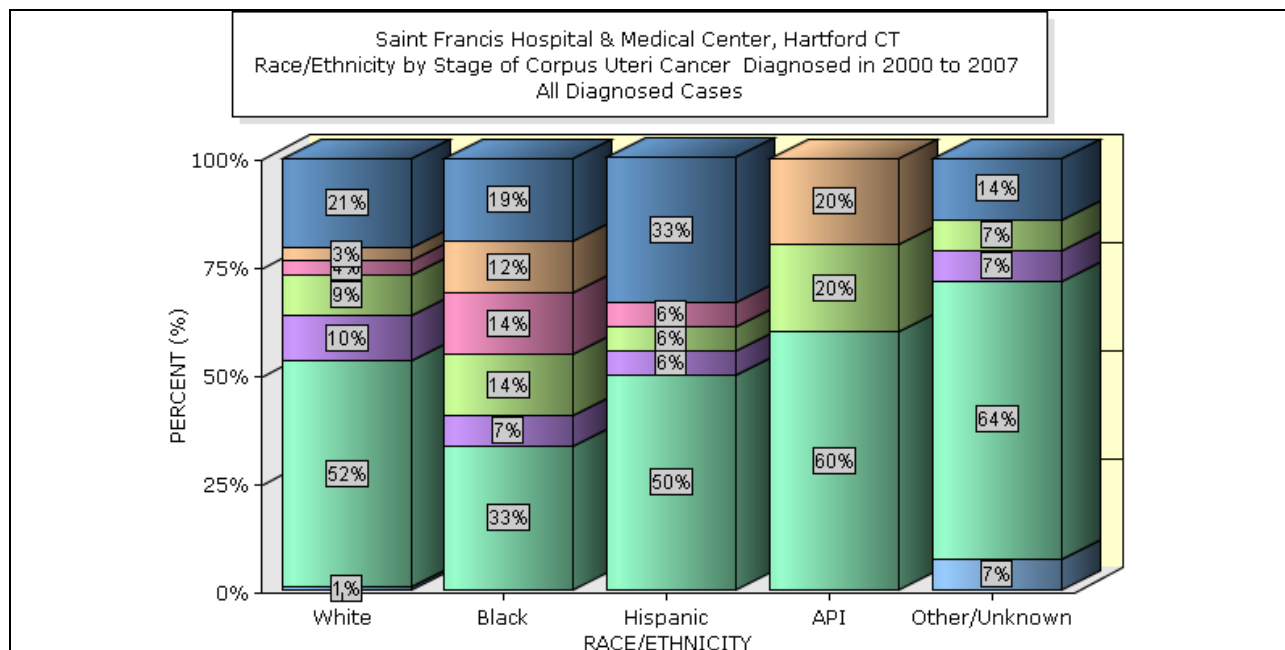
AGE AT DIAGNOSIS

Additional information is available on the patient population served by St. Francis Hospital. The age at diagnosis for St. Francis (red bars) compared to all other NCDB facilities (blue bars) is illustrated below:



ETHNICITY

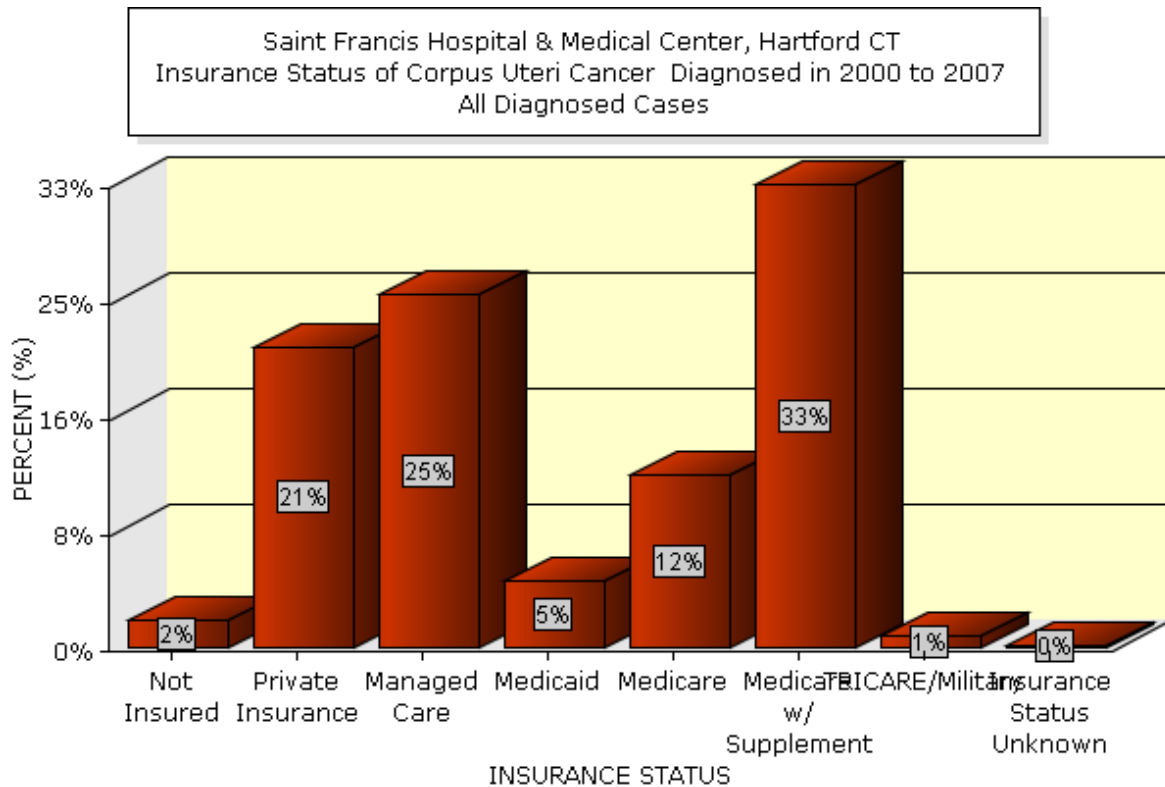
Of all patients with endometrial cancer, 83% are identified as Caucasian, 9% African American, 4% Hispanic, and 4% other. As recognized in national studies, there was a disparity of stage at diagnosis based upon ethnicity, with African Americans presenting at a more advanced stage of disease (48% versus approximately 28%).



(key green – stage I, lavender – stage II, etc.)

INSURANCE STATUS

Information is available on payor status for patients receiving care at St. Francis. As would be expected based upon the fact that endometrial cancer is predominately a disease of post-menopausal women, almost half of patients (45%) are covered by Medicare. Compared to national statistics, more of the endometrial cancer patients at St. Francis appear to receive Medicare benefits (45% vs 40%), more have private insurance (21% vs 15%), and less are under some type of managed care plan (25% vs 33%). There is a uninsured rate of 2% within the population.



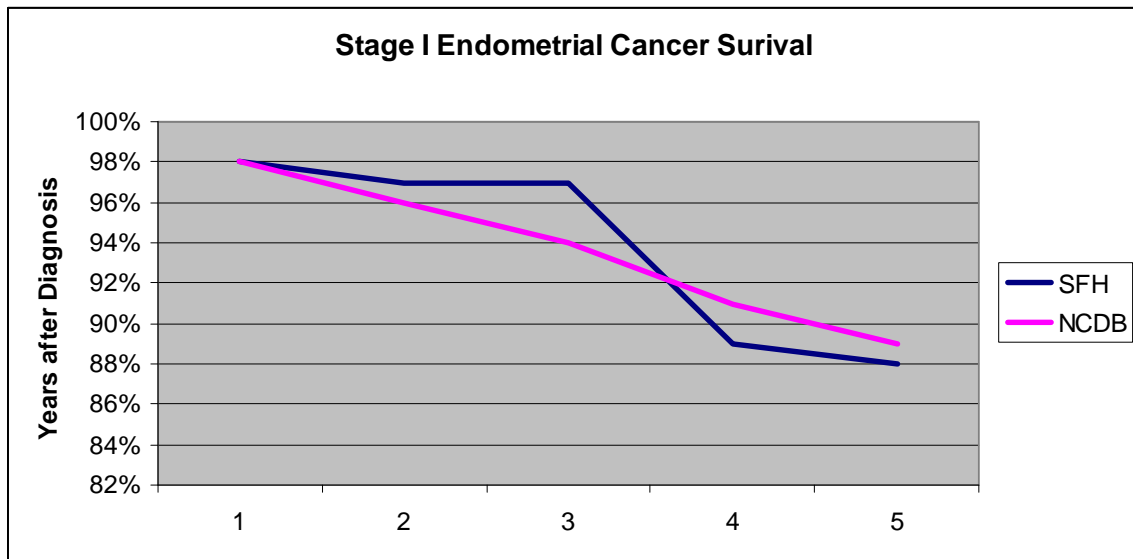
FIRST COURSE OF TREATMENT

The first course of treatment by stage is illustrated in the table below. Most patients with Stage I Endometrial cancer received surgery alone, followed by surgery / radiation therapy. When specific treatment information was available, advanced stage disease commonly received combined modality therapy, in keeping with current guidelines by the National Comprehensive Cancer Network.

Stage	Surgery	Surgery Radiation	Surgery Chemo	Surgery Radiation Chemo	Surgery Radiation Hormone	Other
I	25.2%	17.2%	5.3%	11.6%	14.9%	25.8%
II	23.5%	7.1%	18.5%	20.4%	3.4%	27.1%
III	9.1%	2.3%	21.6%	28.4%	2.3%	36.3%
IV	4%	0	2%	2%	0%	92%

SURVIVAL

Survival data is available for cases of stage I endometrial cancer treated at St. Francis Hospital from 1998 to 2001. Cases of stage II-IV disease are too few in number to generate survival data. As illustrated below, Stage I survival is comparable to data from the NCDB (89.1% and 89.6% respectively)



	St. Francis Hospital	NCDB
Number Stage I Cases	88	53,508
Stage I - 5 Year Survival	88.1%	89.6%
Confidence Interval	88.1 to 95.1%	89.3 to 89.9%

SUMMARY

The dataset utilized in this report has several important limitations. First, the information is only current to 2006, and reflects practices from late 1990s to early 2000s. In addition, there is a high rate of unknown stage from 2003-2004 for uncertain reasons.

However, the information does provide an important insight into women at St. Francis Hospital receiving care for endometrial cancer. The following considerations are provided:

- Continued close collaboration between clinicians and the cancer registry staff, to eliminate cases of “unknown stage”
- Evaluate cancer registry classification of 1st. course of treatment registry with respect to current clinical practice, to reduce the large percentage of “other treatment”
- Evaluate social and ethnic disparities related to stage at presentation, and develop community based intervention(s) specific to patients served by St. Francis Hospital