

2007

# Cancer Program Annual Report



TAMMY WALKER  
**Cancer Center**

At Salina Regional Health Center

Comprehensive  
Cancer Care  
Close to Home

*A publication reviewing the 2007 Cancer Program Activities and Data*

## 2007 Cancer Program Report

2007 marked three years of providing cancer services at the Tammy Walker Cancer Center. Although we have faced many challenges in these three years, there are few regrets about consolidating cancer services under one roof. The future, poses more challenges, including increasing competition from cancer centers in surrounding areas, increasing costs of delivering cancer care, decreasing reimbursement for services delivered, difficulties recruiting and retaining staff and difficulties participating in clinical trials. It is important that we face these challenges with renewed vigor and see solutions rather than resign ourselves to defeat. We must be willing to think “outside the box” in our search for solutions.



*W.F. Cathcart-Rake  
M.D.*

We can be proud of our accomplishments this past year. Our Avon grant was renewed, allowing us to continue cancer prevention and detection services in the region. The cancer program of Salina Regional Health Center was surveyed by the American College of Surgeons and received a 3 year approval award with commendation. Tumor conferences continue to be held twice monthly, year-round and we contemplate participating with Kansas University Medical Center tumor conference via a teleconference link. Physicians associated with the cancer center presented a voluntary medical education program for nurses involved in the care of cancer patients. The Cancer Center has once again sponsored Breast Cancer and Colon Cancer forums for the public. A great deal has been done in the first 3 years of existence of the Tammy Walker Cancer Center, but much remains to be done. It is important that all members of the team remain united in the fight against the scourge of cancer.

A handwritten signature in black ink, appearing to read "W. Cathcart-Rake".

Respectfully,  
William Cathcart-Rake, MD

## Cancer Registry

The cancer registry of Salina Regional Health Center collects, manages and analyzes cancer information on all cancer patients, which have been diagnosed and/or treated at our facility. Since 1994 the Salina Regional Health Center cancer registry has developed a database of 9, 850 tumors in 9,331 patients.

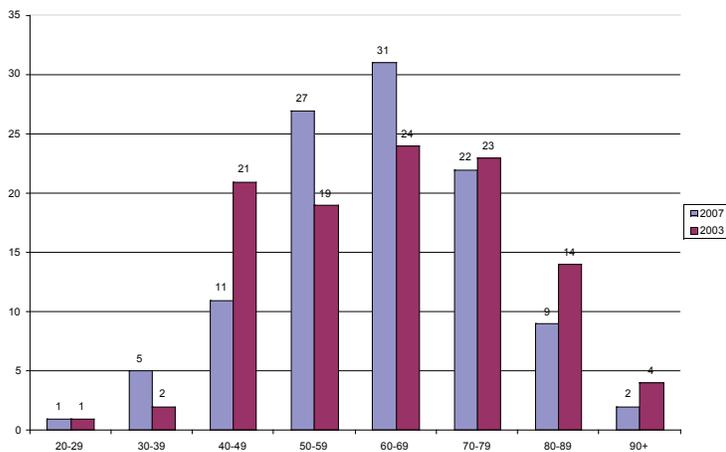
In 2007 the registry entered 649 new cancer cases into the database. Of the 649 cases 358 (56%) were male and 275 (43%) were female. The top five cancer sites for this year were: Prostate, Breast, Lung, and Colon/Rectum. (See graphs for more information on the 2007 cases)

## Breast Cancer

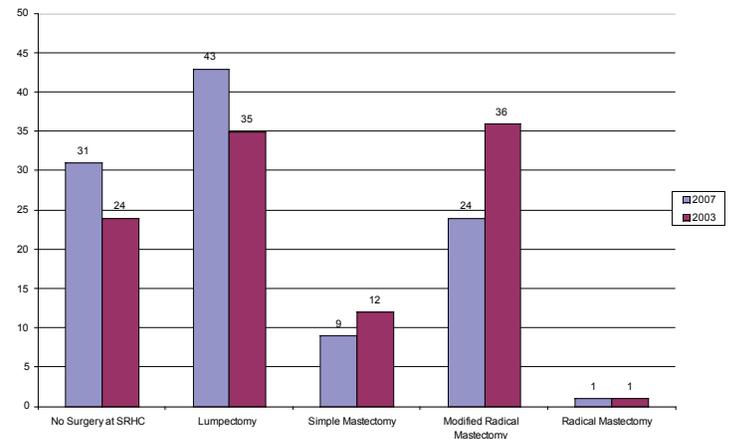
Breast cancer is the most frequently diagnosed cancer in women. The American Cancer Society estimates 180,510 cases (both male and female) in 2007. At Salina Regional Health Center there were 108 new breast cases diagnosed in each year 2003 and 2007. Breast cancer is diagnosed in men 1% of the time. At Salina Regional Health Center in the years 2003 and 2007 there was one man diagnosed with breast cancer in 2007.

# Breast Cancer ct'd

Age at Diagnosis, 2003 & 2007 Breast Cases



Treatment for Breast Cancer



The incidence of breast cancer increases with age. Most breast cancers are diagnosed in persons age 50 and older. The median age of diagnosis in 2003 was 64 years of age and in 2007 was 62 years of age. Seventy-four percent (80 cases) were in the age groups 50-79 for 2007 and 77 percent (84 cases) for 2003.

Race is a factor in survival, but all cases in 2003 were white and in 2007 all were white except for one African-American woman. Risk factors can increase the chances of developing breast cancer, but generally the cause of breast cancer is not clearly defined. Risks may include not having children, having the first child after the age of 30, starting menstruation at any early age and entering menopause late, obesity, sedentary lifestyle, radiation to the breast tissue, and mutation in the BRCA1 or BRCA2 gene. Nearly 2/3 of persons with breast cancer have no identifiable risk factors other than getting older.

The American Cancer Society recommends that women age 20-40 perform breast self-exams, and women 40 years of age and older receive a mammogram each year. Having an annual breast examination with mammogram, can help to determine changes in the breast at the earliest stages.

Most breast lumps are not cancer. Signs to watch for include:

- A lump or thickening anywhere in the breast
- Skin dimpling or puckering of the breast
- A nipple that is inverted and hasn't always been that way
- Discharge from the nipple that comes out by itself, staining your clothing
- Any change in the shape, texture or color of the skin of the breast

To determine if the breast lump is cancer a biopsy must be done. This can be done by a physician in the office or by stereotactic breast biopsy usually done in a radiology department. Salina Regional Health Center offers stereotactic breast biopsies.

There are 4 categories of treatment for persons with breast cancer. They are surgery, radiation therapy, chemotherapy and hormone therapy. Surgeries can include an excisional biopsy, lumpectomy, simple mastectomy

# Breast Cancer ct'd

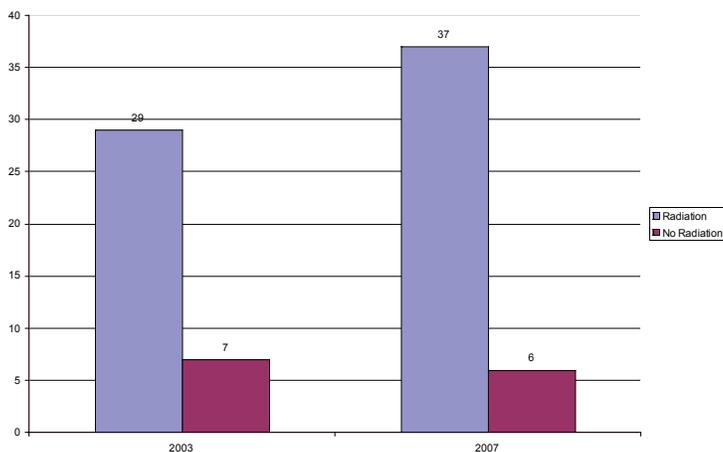
and modified radical mastectomy. Here at SRHC we also do sentinel lymph node dissection and axillary node dissections to determine the disease in the lymph nodes. Sentinel lymph node dissection is a technique used to predict whether the breast cancer has spread to the lymph nodes in the axilla. In 2003 sentinel lymph node surgery was new and Salina Regional Health Center was just beginning to use this technique. In 2007 most breast surgeries have the sentinel lymph dissection done and if negative no further axillary node surgery is completed. This helps in the reduction of lymphedema in the arm following breast surgery. (Surgical treatment is shown in the graph below)

For the first time at Salina Regional Health Center, breast lumpectomy has been performed more times than modified radical mastectomy. In studies it has been proven that women who receive a lumpectomy and radiation have the same survival as women receiving a modified radical mastectomy for the same stage of disease. Breast reconstruction can be done immediately with the breast surgery or at a later date if the woman so chooses to have this surgery. Breast reconstruction is an option being offered at Salina Regional Health Center.

Other factors which determine the treatment are: the type of cancer, hormone levels in the resected breast tissue, Her2/neu levels, growth of the tumor, woman's age, menopausal status and whether this is a new diagnosis or recurrence.

Radiation therapy has a role for women having breast conserving surgery. Following lumpectomy it is recommended that radiation therapy be given to a broad area of the chest, including skin and sometimes the lymph

Lumpectomy/Radiation



nodes. Radiation therapy may also be used after mastectomy if circumstances exist. (i.e. tumor size was greater than 5cm). Radiation therapy can also be used for bony metastasis of breast cancer to relieve pain.

The guideline of radiation after lumpectomy is defined in the NCCN (National Comprehensive Cancer Network) as a standard of care. The patients not receiving radiation in 2003, were reviewed showing 2 cases had mastectomies after lumpectomy. Four cases received hormone therapy. One case received high dose vitamins. In 2007, the six cases with no radiation all had DCIS, three cases had further surgery, two cases had no further treatment

and one patient died within weeks of diagnosis.

Chemotherapy is recommended if the ER/PR (estrogen receptor/progesterone receptor) status is negative, the tumor size is greater than 2 cm., and the grade of the tumor is greater than 1. Both pre and post-menopausal women with positive nodes should have chemotherapy. Some common chemotherapy drugs used to treat breast cancer are:

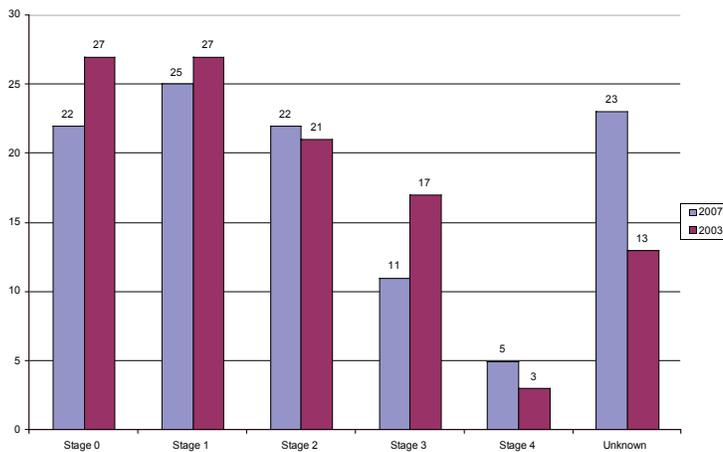
- **CMF** (cytoxan, methotrexate, 5FU) or **CMFP** (adding Prednisone)
- **CA** or **AC** (adriamycin and cytoxan) followed by Taxol
- **FAC** or **CAF** (cytoxan, adriamycin, 5FU)

# Breast Cancer ct'd

In 2003, there were 31 patients in this study who received chemotherapy. In 2007, 24 persons received chemotherapy. Please note the treatment information is documented when only available to the Salina Regional Health Center Cancer Registry.

Breast cancer is extremely responsive to hormonal therapy. ER/PR positive receptors are present in 63% of breast cancers diagnosed. Hormone therapy for cancer include agents that block or remove hormones that stimulate the growth of the tumor. The most common drug used for hormone therapy is Tamoxifen. In 2003, 33 of the cases received hormone therapy. In 2007, 23 persons received hormone therapy. Again, persons may have received further therapy that the Salina Regional Health Center Cancer Registry has not been made aware.

Stage at Diagnosis



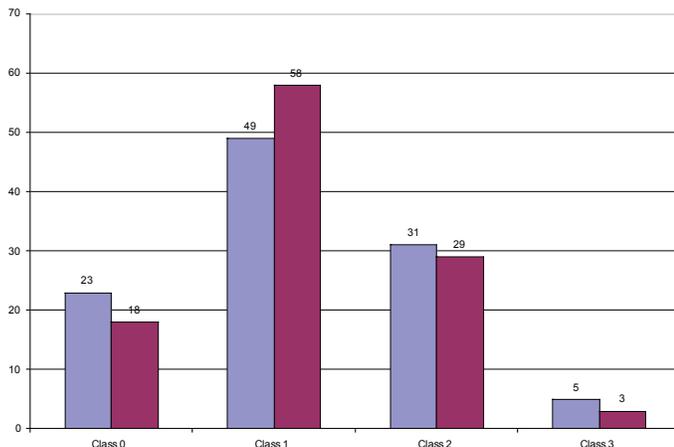
To prescribe the best treatment the stage is determined. The stage is the size of the tumor, how far the cancer has spread, the ER/PR status, the patient's age and physical status. The stage of disease for the cases of 2003 and 2007 breast cancers is shown at left.

In the graph above please note the unknown stages. Cases are referred to the imaging center for a stereotactic biopsy and the person returns to their primary care physician for further treatment and follow-up.

Stages 0-4 show the breast cancers diagnosed and/or treated in Salina.

- Stage 0      *In situ cancer*
- Stage 1      *Localized cancer*
- Stage 2      *Localized cancer with positive nodes*
- Stage 3      *Regional extension of the tumor and/or positive nodes*
- Stage 4      *Metastatic cancer*

Class of Case



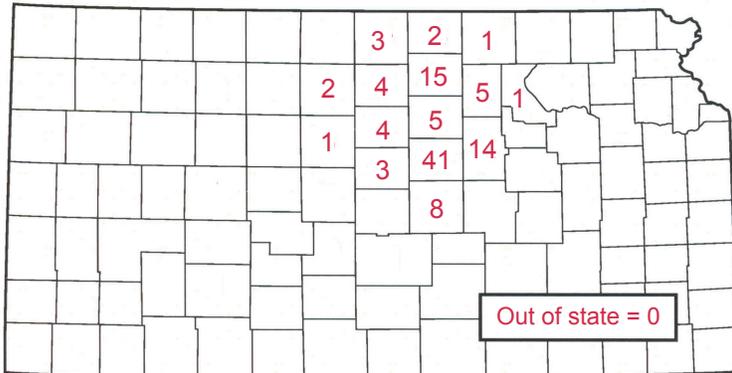
The graph at left shows the Class of Case of each case

Class of Case definitions:

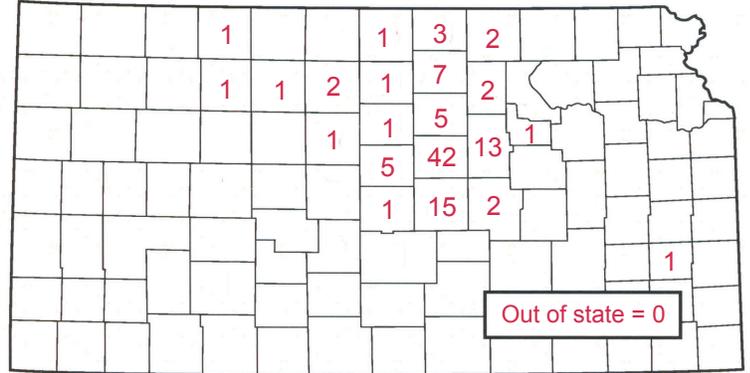
- Class 0 = diagnosed here but treatment elsewhere
- Class 1 = diagnosed here and received all treatment here
- Class 2 = diagnosed elsewhere and received part of 1st course treatment here
- Class 3 = diagnosed elsewhere and received all 1st course treatment elsewhere

# Breast Cancer ct'd

2007 Breast Patients  
County of Origin



2003 Breast Patients  
County of Origin

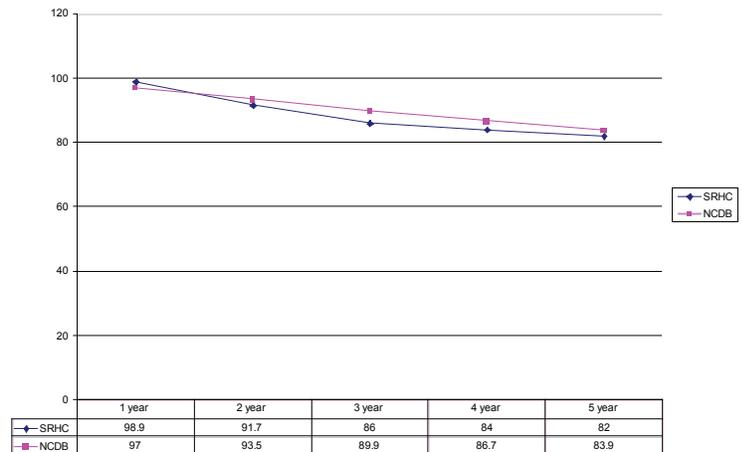


Breast cancer deaths have declined in the years from 1990 to 2005 from 32.69% to 24.38%, a 25.42% drop in deaths. In looking at the 2003 data, eighty-two (82), 75.9%, women are still alive 5 years after their diagnosis and treatment with 24% who have died. (which may or may not have been from breast cancer). Remember most persons diagnosed with breast cancer are 50 years of age or older.

In comparing the SRHC data for survival with National Cancer Data Base Survival for breast cancer in the Midwest, SRHC is very comparable. Early detection and education in breast cancer diagnosis and treatment have greatly improved the diagnosis, treatment and survival. In educating the public about breast self-examination and mammography, the goal is to find breast cancers at the earliest stage for the best survival.

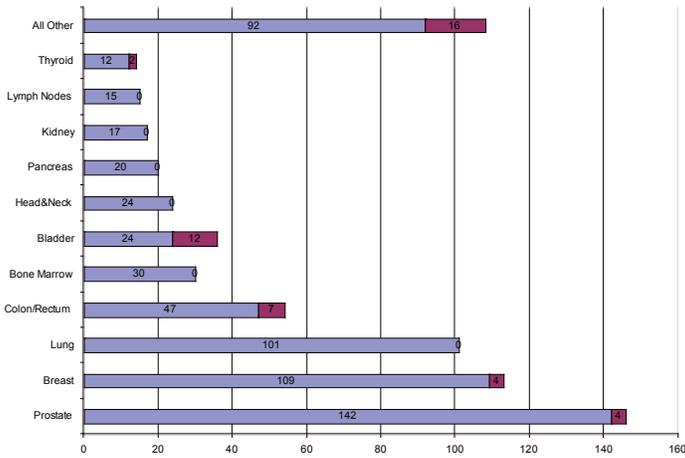
The Salina Regional Health Center Cancer Outreach Program provides education and funding to support breast health education in a 15 county area of north central Kansas This funding has been received through AVON grant monies. It is within our mission to continue to help women and men to be screened yearly and see their primary care physician annually, so that this cancer can be found in the earliest and most treatable stages.

Breast Cancer Survival - 2003

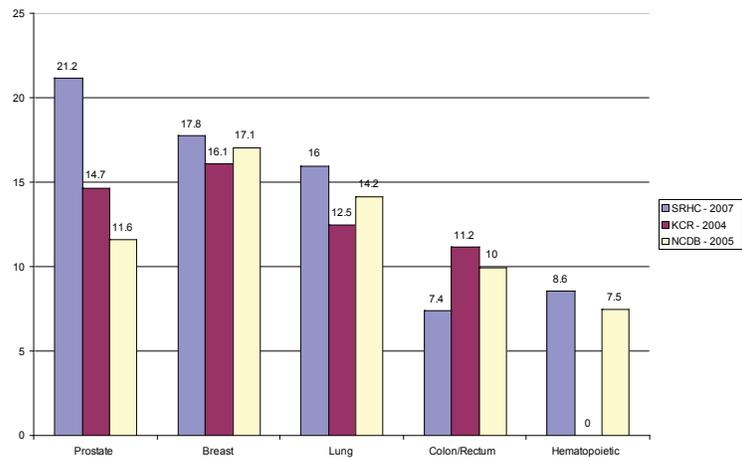


# Summary of all 2007 cases

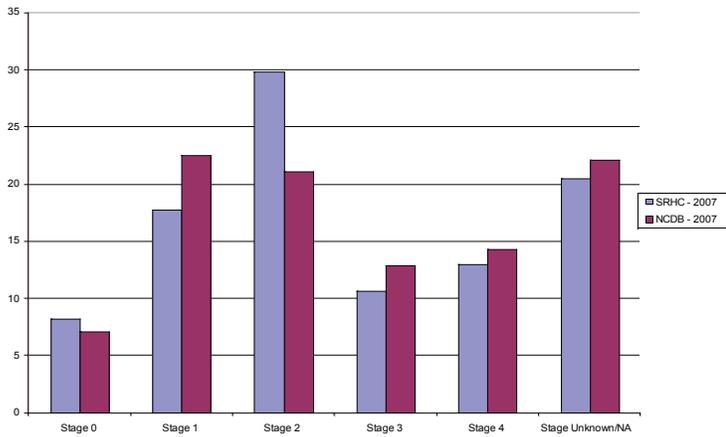
## Primary Sites (SRHC & SSH) - 2007



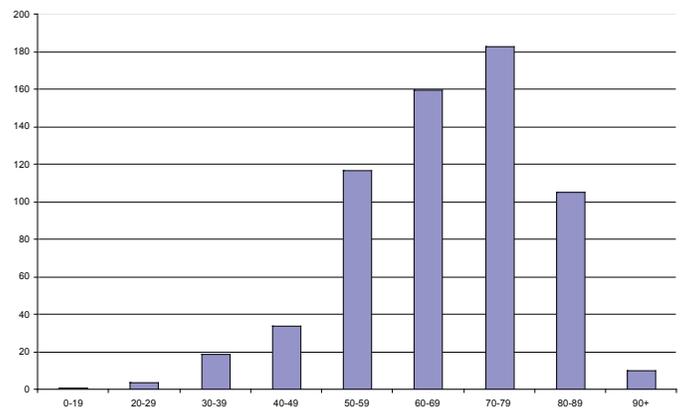
## Top 5 Sites Comparison Data - 2007



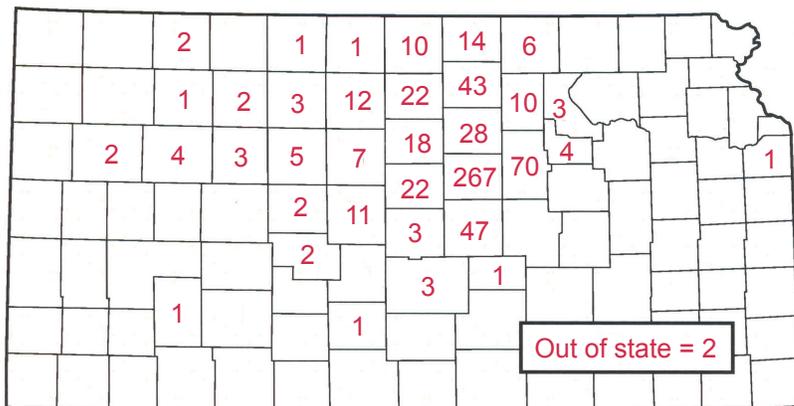
## Stage at Diagnosis



## Age at Diagnosis



## Patient County of Origin



## 2007 Tumor Conference Cases = 78

Breast	13	Unknown Primary	3
Head & Neck	7	Retroperitoneum	3
Bone Marrow	7	Gallbladder	2
Lung	5	Stomach	2
Lymph Nodes	5	Soft Tissue	2
Blood	5	Thyroid	1
Bladder	4	Penis	1
Kidney	4	Esophagus	1
Colon/Rectum	4	Liver	1
Prostate	3	Uterus	1
Skin	3	Brain	1



# TAMMY WALKER Cancer Center

At Salina Regional Health Center

511 S. Santa Fe • Salina, KS 67402-3617

## **Cancer Committee Members – 2007**

Larry Beck, MD – Chairman – Medical Oncology  
William Cathcart-Rake, MD – Medical Oncology  
Phillip Munoz, MD – Pathology  
Jeff Sparacino, MD – Diagnostic Radiology  
Claudia Perez-Tamayo, MD – Radiation Oncology  
Earl Matthews, MD. – Surgery  
Brian Smith, MD – Physician Liaison – Urology  
Mark Wiles, MD – Family Practice

## **Allied Health Members:**

Linda Goodwin, RN – Administration  
Conrad Metzel, RT – Radiation Therapy  
Sr. Mary Augustine – Chaplain  
Pam Ehltz, CTR – Cancer Registry  
Lorraine Meyer – Quality Improvement  
Terry Hauschel, RT – Diagnostic Radiology  
Debbie Holmes, LMSW – Cancer Care Coordinator  
Mary Quinley, RN – Medical Oncology  
Steve Blanner, Rph – Pharmacy  
Charlotte Craig, RHIA – Cancer Registry  
Lesli Schrader, RN – Hospice of Salina, Inc.  
Jeanne Byquist, LD – Dietary  
Kathleen Craig, RN – Outreach Services