The DCH

CANCER TREATMENT CENTER

ANNUAL REPORT

Breast Conservation

The New Cancer Center

Social Services and Community Outreach

2007 Annual Report

For 2006 Data

DCH Health System®

Table of Contents

Advanced Caring

At the DCH Cancer Treatment Center, our patients find a comprehensive facility with highly skilled staff and advanced treatment methods. But more than that, they also find a supportive, comfortable environment and personal attention. We call this approach "advanced caring."

Located in the Phelps Outpatient Center at DCH Regional Medical Center, the DCH Cancer Treatment Center provides a full range of cancer treatment services in one convenient location. Radiotherapy, chemotherapy, an outpatient lab, and a pharmacy are all under one roof. Along with the modern facilities and state-of-the-art equipment, our patients find a team of skilled professionals including Physicians, Nurses, Therapists, Nutritional Counselors, a Financial Counselor, a Social Service Representative, and a Chaplain.

In addition to services provided at our Tuscaloosa facility, we, in partnership with local county hospitals, offer medical oncology clinics one day each week in surrounding counties to allow patients to receive treatment close to home.

Since 1986, we have combined advanced treatment with a strong focus on our patients. It is a reassuring approach for the individuals we serve and the physicians who refer them; it is an approach that makes it possible to provide the caring, effective treatment our patients deserve.

From the Chairman

The DCH Cancer Treatment Center continues to be the major cancer treatment center for the West Alabama area. In 2006, 920 analytic cases were accessioned, with the top five sites mirroring the national results.

The Cancer Treatment Center is staffed by three board-certified Hematologist/Oncologists and two Radiation Oncologists. In addition to caring for patients at DCH Regional Medical Center, these physicians travel to outlying clinics in Bibb, Fayette, and Pickens counties each week.

The Cancer Treatment Center conducted six free breast screenings in 2006 for women who were uninsured or underinsured. The Cancer Treatment Center continues its commitment to community outreach through support groups for cancer survivors and those going through treatment. Patients are facilitated through their treatment by a full-time Social Worker and a Financial Counselor. Continued support from the community is evidenced by the monetary donations and participation in fundraising events such as Relay for Life, BBQ & Bluejeans, and Nite on the Green.

During 2006, DCH received approval for a 16-slice CT scanner simulator, which significantly improved the efficiency and accuracy of patient care in radiation oncology. Similarly, the advent of standardized chemotherapy orders provided the same benefit for medical oncology. Finally, the most eagerly sought benefit came to fruition in November 2006 with the groundbreaking for the new Cancer Treatment Center, which is scheduled to open in early 2009.

One of the main goals for this year was to begin to position the Cancer Treatment Center for accreditation by the American College of Surgeons (ACoS). Great strides were made toward that goal with our Tumor Registry getting all data current and submitted in a timely manner to the state. Progress was made toward a second criterion for ACoS accreditation with the employment of a Clinical Research Coordinator to manage the clinical trials program.

Goals and objectives established by the Cancer Committee for 2007 include increasing attendance and participation at cancer conference/tumor board meetings, addressing patient satisfaction concerns, and working towards performance improvement in several areas. Another major goal for the coming year involves final selection of an electronic medical record (EMR) software program for the Cancer Treatment Center, as well as final decisions on equipment purchases for the new Cancer Treatment Center.

As always, our main goal is to serve the citizens of West Alabama. We are here to educate, treat, and support our neighbors. It is our intent to improve the knowledge of our patient population and empower them to take an active role in their health care.

George W. Nunn, M.D.

2006 Cancer Committee

Dr. George Nunn	-	Surgeon/Chairman of Cancer Committee
Dr. John Dubay	-	Medical Oncologist
Dr. Melanie Graham	-	Radiation Oncologist
Dr. Charles Gross	-	General Surgeon
Dr. Al Mathews	-	Pathologist
Dr. Curtis Tucker	-	Radiation Oncologist
Dr. Bernard Veillon	-	Diagnostic Radiologist
Dr. Joe Wallace	-	Surgeon/Physician Liaison
Bud Baker	-	Director/DCH Cancer Treatment Center
Kay Cook	-	Certified Tumor Registrar
Berni Dellapenna	-	Social Worker
Beth Donaldson	-	Dietitian
Cathy Goins	-	Senior Radiation Therapist
Becky Greggs	-	PI/QM
Donna Marrero	-	VP/Outpatient/Ancillary Services
Tom Rogers	-	Pharmacist
Bob Shaw	-	Chaplain
Sherry Skelton	-	Nurse Manager
Lisa Taylor	-	Recording Secretary

Campaign Overview

Our vision is to elevate the DCH Cancer Treatment Center into the ranks of the top cancer centers in the nation. West Alabama deserves to have the best possible services in the best possible facility, right here in our own community. Currently, the DCH Cancer Treatment Center is operating beyond the capacity for which it was designed, and with projected increases in patient volumes, the current space will not be adequate. Expansion will ease these space problems and will more than double the capacity of the Cancer Treatment Center. However, the planned expansion is as much about vision as about floor space – a vision of an even higher standard of holistic and compassionate care backed by a world-class medical staff.

The community has embraced a first-ever capital campaign at DCH Health System, and 2006 has turned out to be a milestone in our history. After considerable planning and volunteer recruitment, the campaign was launched in June 2006 to support the new Cancer Treatment Center at DCH. Before the end of the year, more than $5,645,000 had been raised. Among the divisions that wrapped up in 2006, DCH employees raised more than $1,842,000, and the volunteer auxiliaries at DCH Regional Medical Center and Northport Medical Center raised another $1,030,000. Members of the hospital's governing board and foundation board have raised more than $1,700,000. The campaign among physicians is still underway, and so far has raised just over $250,000.

Well over 100 volunteers have been recruited to assist in reaching out to community leaders and prominent businesses and families. We remain confident that we will surpass the $10,000,000 that was initially tested during the campaign's feasibility study.

DCH Cancer Treatment Center Physicians (left to right) John Dubay, M.D., Ph.D.; Melanie Graham, M.D.; David Hinton, M.D.; Curtis Tucker, M.D.

Social Services and Community Outreach

Berni Dellapenna began working at DCH Cancer Treatment Center in July 1997. Her social work career actually began at the DCH Rehabilitation Pavilion in 1994, but when a part-time social worker position at the Cancer Treatment Center became available, she eagerly accepted. From Berni's perspective, "The patients going through a cancer diagnosis are the heroes, and those of us who get to serve their needs are privileged to do so." Within six months, Berni began working full time, as it became evident there were enough patients whose needs required the assistance of a social worker. Berni's compassion for her oncology patients is evident every day. "During all of my years as a medical social worker, and after working in various hospital departments, the oncology area always seemed to pull at me, and I knew I wanted to be a part of that at DCH," Berni said.

At the same time Berni began working at the Cancer Treatment Center, the Help and Hope Fund came into existence. This fund was developed as a way to raise money for cancer patients going through financial difficulties brought on by their cancer diagnosis. With this fund came a new fundraiser called BBQ & Bluejeans. Over the course of 10 years, the fundraiser has raised more than $600,000 for the Help and Hope Fund. As a result, the money from this fund has been able to provide help for more than 3,200 assistance requests over the course of the decade. During 2006, the fund provided more than $28,000 in assistance to 372 patient requests in the areas illustrated in **Graph 1**. The majority of the funds raised assist patients with prescriptions, transportation, lodging, meals, medical equipment, and utility bills. According to Berni, "Having the Help and Hope Fund has been an incredible advantage to help all of our patients who have had financial hardships along with their cancer diagnosis."

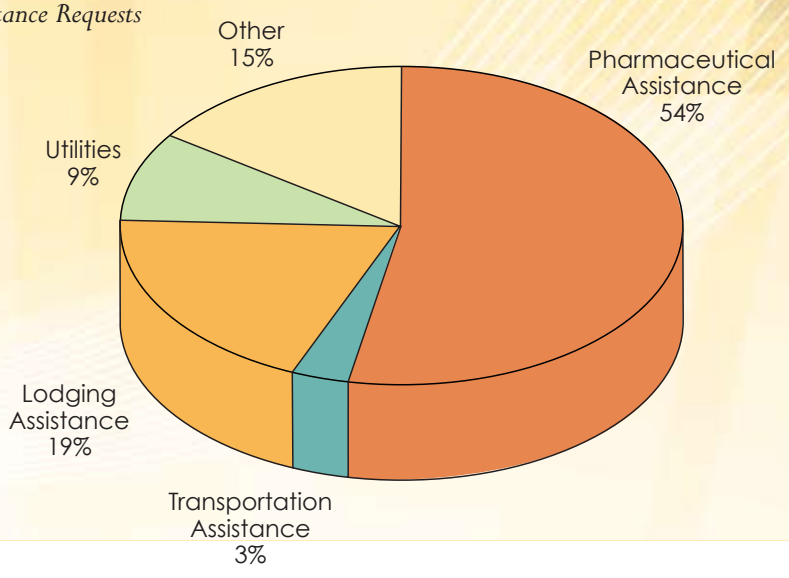
The Cancer Treatment Center is fortunate to have someone like Berni. Every day, her work touches the lives of so many cancer patients, their families, and the community. She is truly an example of the mission of DCH.

All of the staff in the Cancer Treatment Center supports the community. During 2006, the Cancer Treatment Center conducted six free breast cancer screenings. Women who were uninsured or underinsured qualified for a free clinical breast exam, breast health education, and a free mammogram for women over 40 or for women who had a suspicious finding on their clinical exam. In total, 186 women were screened, 151 of whom qualified for the Alabama Breast and Cervical Cancer Early Detection Program based on their income, which allowed them to have access to future health care. Of the 186 screened, 151 mammograms were completed with four surgical referrals, three of which were biopsied, and two patients were then sent on for treatment. Research has shown that screening and early detection are the keys to successful cancer treatment. The Cancer Treatment Center is dedicated to providing these tools for early detection.

The Cancer Treatment Center continues its commitment to community outreach through support groups for cancer survivors and those going through treatment. The Cancer Treatment Center participates annually in the American Cancer Society Relay for Life by providing a tent for cancer survivors and a meal for them before the walk. BBQ & Bluejeans and Nite on the Green fundraisers continue to support the Help and Hope Fund and the DCH Breast Cancer Fund to provide patients additional services they cannot afford themselves.

Graph 1

2006 Assistance Requests



Tumor Registry Activity and Statistics

In December 2005, the Cancer Committee at DCH Regional Medical Center re-established the Tumor Registry that is managed by a Certified Tumor Registrar (CTR), with a staff of one Health Information Management Administrator (HIMA) and one Medical Records Associate. The DCH Cancer Treatment Center is focused on meeting all of the standards of the American College of Surgeons (ACoS) in order to achieve accreditation in the later part of 2008.

The first order of business was to establish a reference year of 2006. The goal of the registry was to capture and report to the Alabama Statewide Cancer Registry (ASCR) all cases that had not been reported for the previous years as quickly as possible, while maintaining high quality data standards. This goal was achieved within the first six months. Cases are currently being abstracted using Facility Oncology Registry Data Standards (FORDS), the American Joint Commission on Cancer (AJCC) sixth edition, and the Collaborative Staging Manual. IMPAC/MRS is the software used by the registry and allows for the collection, interpretation, and maintenance of information on all reportable patients diagnosed and/or who received their first course of treatment at the Regional Medical Center. Demographic, clinical, diagnostic, and treatment information are collected on each patient. GenEdits Plus (quality data

Kay Cook, C.T.R., Becky Thomas, R.H.I.A, NaShelle Prince, Medical Records Associate

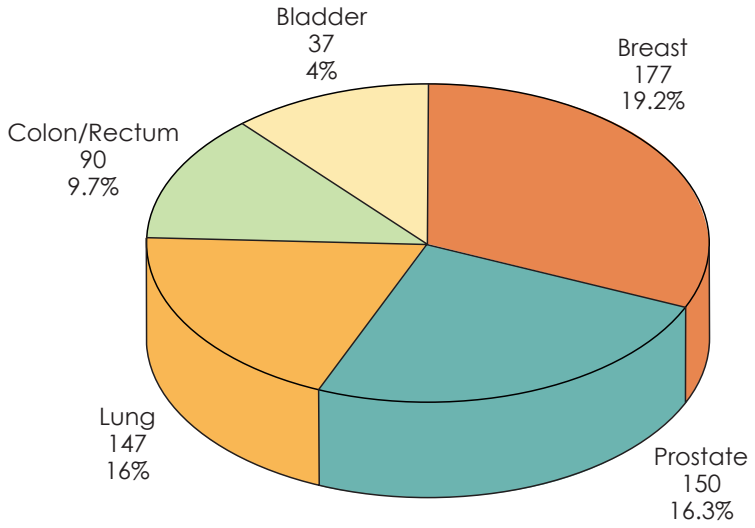
Table 1

2006 Frequency Report By Site and 1st Contact Year ICD-0-3 Format

Code	Topography Name	2006 Accession Year	%
C01	Base of Tongue	1	0.1
C02	Other & Unspec Parts of Tongue	2	0.2
C04	Floor of Mouth	2	0.2
C05	Palate	1	0.1
C06	Other part of Mouth	1	0.1
C07	Parotid Gland	2	0.2
C08	Other Parts Maj Salivary Gland	1	0.1
C09	Tonsil	1	0.1
C10	Oropharynx	2	0.2
C12	Pryiform Sinus	1	0.1
C13	Hypopharynx	3	0.3
C14	Other Lip, Oral Cavity & Pharynx	1	0.1
C15	Esophagus	10	1.1
C16	Stomach	11	1.2
C17	Small Intestine	7	0.8
C18	Colon	69	7.5
C19	Rectosigmoid Jct	5	0.5
C20	Rectum	16	1.7
C21	Anus and Anal Canal	3	0.3
C22	Liver-Intrahepatic Bile Ducts	9	1.0
C24	Other & Unspec Parts of Bili	1	0.1
C25	Pancreas	18	2.0
C32	Larynx	22	2.4
C34	Bronchus and Lung	147	16.0
C38	Heart, Mediastinum and Pleura	1	0.1
C41	Bones, Jnts, Art Cart Other	1	0.1
C42	Hematopoietic/Reticuloen	27	2.9
C44	Skin	21	2.3
C47	Peripheral Nerves	1	0.1
C49	Conn, Subq and Other Soft	6	0.7
C50	Breast	177	19.2
C53	Cervix Uteri	3	0.3
C54	Corpus Uteri	9	1.0
C56	Ovary	9	1.0
C60	Penis	2	0.2
C61	Prostate Gland	150	16.3
C62	Testis	3	0.3
C64	Kidney	30	3.3
C65	Renal Pelvis	2	0.2
C66	Ureter	2	0.2
C67	Bladder	37	4.0
C68	Other Urinary Organs	1	0.1
C70	Meninges	2	0.2
C71	Brain	17	1.8
C72	Other Central Nervous System	1	0.1
C73	Thyroid Gland	22	2.4
C75	Other Endocrine Glands/Rel S	5	0.5
C77	Lymph Nodes	31	3.4
C80	Unknown Priamary Site	24	2.6
		920	100

Graph 1

Frequency Report of Top 5 Sites



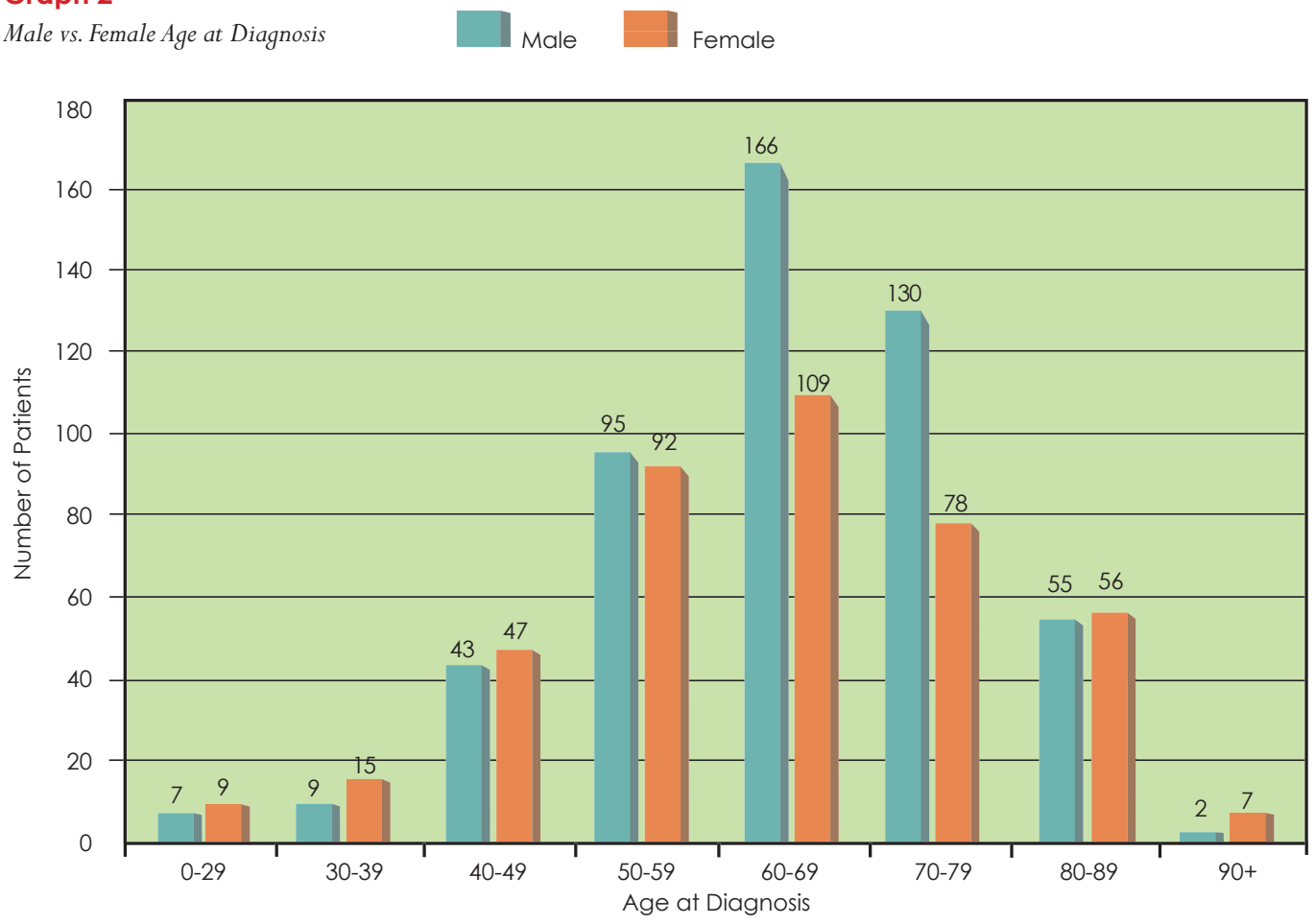
edit check) is run on a monthly basis prior to submission to the ASCR to ensure that the highest quality of data is submitted at all times. Currently, the registrars are abstracting within four to five months with an accuracy rate of 100%.

During 2006, the tumor registry abstracted 961 cases with 920 of those being analytic (class of case 0, 1, and 2) as seen in **Table 1 (on Page 5)**. The top five sites for analytic cases included Breast 177, Prostate 150, Bronchus/Lung 147, Colon/Rectum 90, and Urinary Bladder 37 as seen in **Graph 1**. The average age at diagnosis was 60-69, with 166 males and 109 females as seen in **Graph 2**. Race is predominantly White (636) with Black 281, Japanese 1, and Other 2, as seen in **Graph 3**. AJCC stage of disease at diagnosis for males is higher than females, as seen in **Graph 4**. Tuscaloosa County remains predominately the largest volume of cases by county with Pickens, Hale, Marengo, and Fayette counties following in that order, as seen in **Graph 5**.

On a quarterly basis, the registry pulls

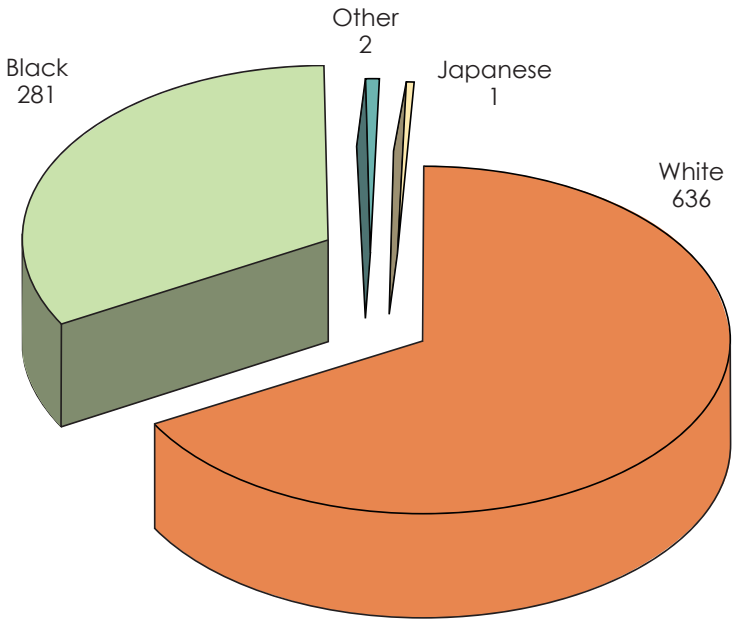
Graph 2

Male vs. Female Age at Diagnosis



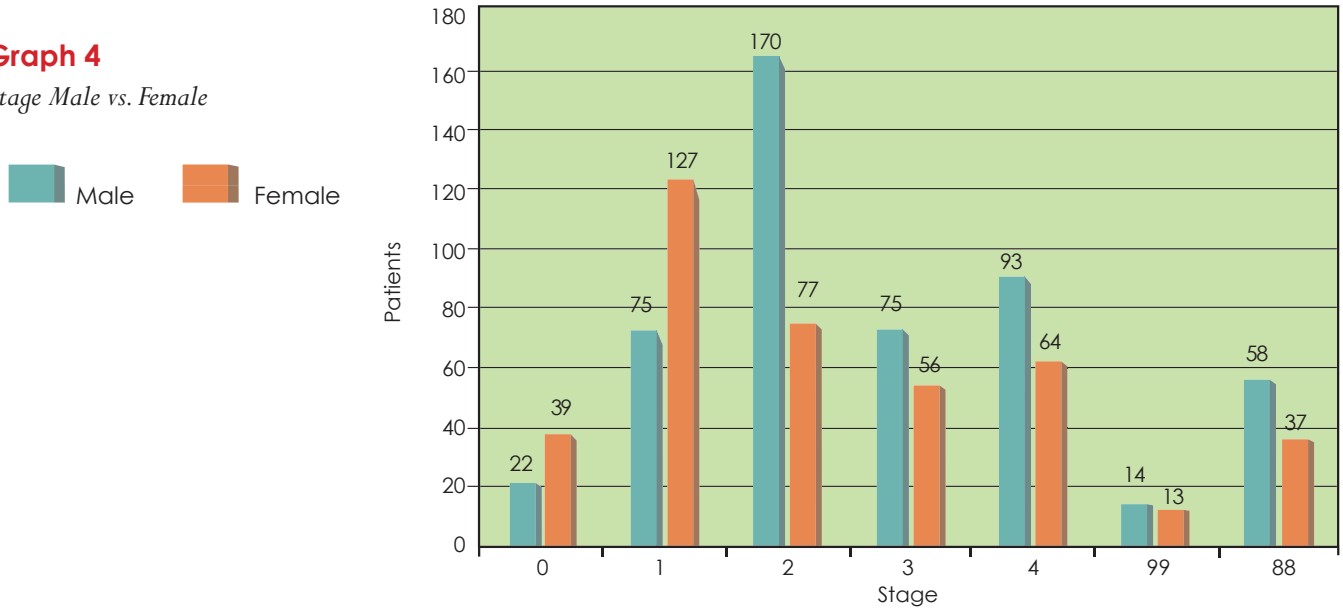
Graph 3

Race



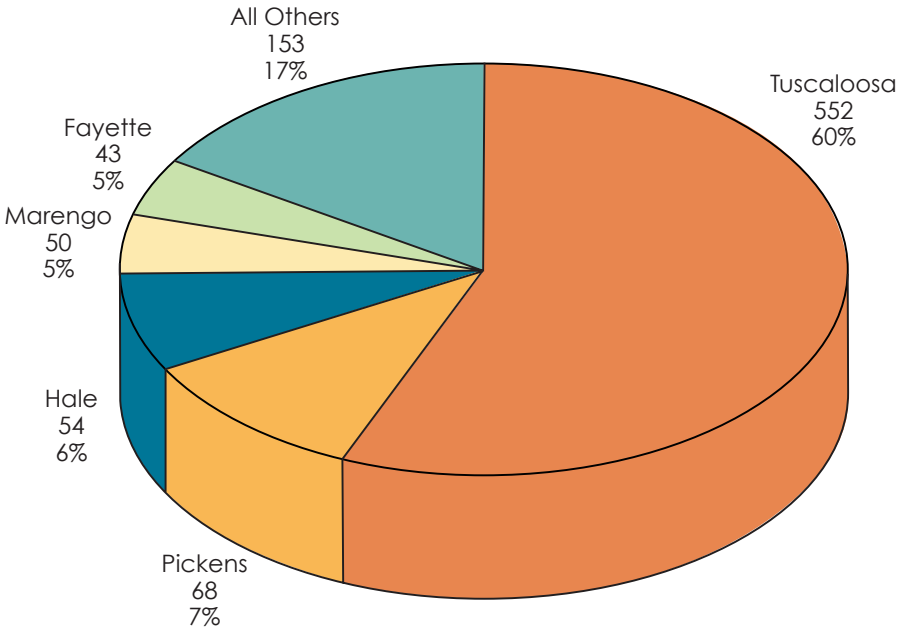
Graph 4

Stage Male vs. Female



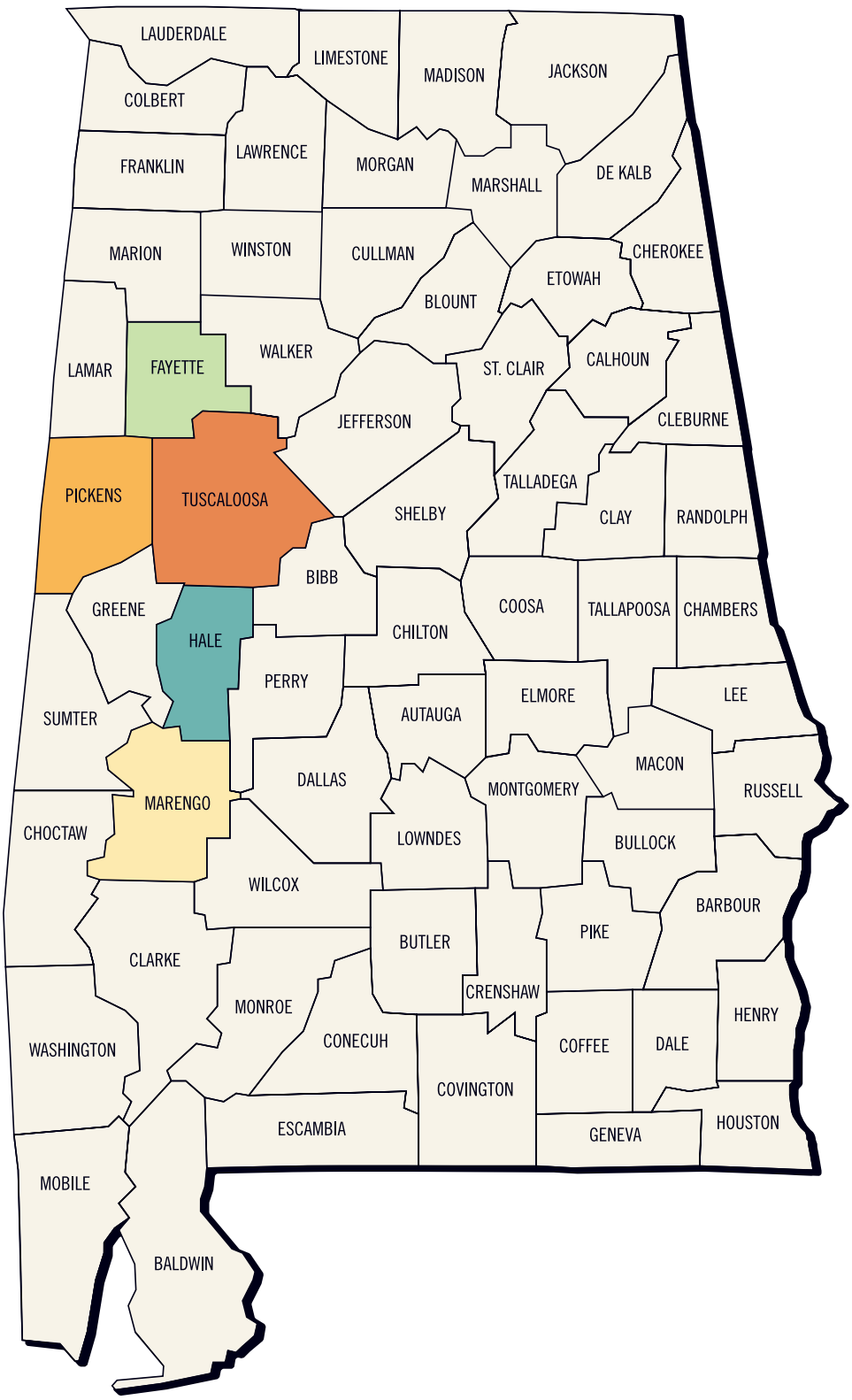
Graph 5

Distribution by County



10% of cases abstracted for the previous three months. These cases are reviewed by Cancer Committee physicians. The findings are reported to the Cancer Committee, and all errors are corrected in the registry database. The registry follows patients on an annual basis from the date of last contact; currently the follow-up rate is 100%. Staging by the managing physician is mandatory for 90% of eligible cases. For 2006, there were 769 analytic cases eligible for staging by the managing physician. Of those, only 11 cases were not staged by the managing physician. Our completion rate was 99.9%, which exceeds the mandatory standard of 90%.

The registry staff attends weekly facility-wide Tumor Boards and records site, histology, stage, and treatment recommendations made by a multidisciplinary team approach. In 2006, there were 157 (17.1%) cases presented, with the standard being 10%. There were 154 (98.1%) prospective cases and three (1.9%) retrospective cases, with the standard being 75% prospective. The Registry staff attends quarterly Cancer Committee meetings and reports to the committee the activity of the registry from the previous quarter.



Tuscaloosa
552
60%

Pickens
68
7.39%

Hale
54
5.87%

Marengo
50
5.43%

Fayette
43
4.67%

Other	GA	LA
153	2	1
16.63	0.2	0.1

MS	IL	NY
2	2	1
0.2	0.2	0.1

Breast Conserving Therapy

According to the Alabama Cancer Facts and Figures 2006 data, there were an expected 3,740 new cases of breast cancer and 720 deaths related to breast cancer in the state of Alabama. The female breast cancer incidence rate in Alabama is higher than the U.S. rate. White females in Alabama have a higher breast cancer incidence rate than black females, although black females have a higher breast cancer mortality rate than do white females.

Dr. Melanie Graham

Age is the most important factor affecting breast cancer risk. Risk is also increased by inherited genetic mutations, a personal or family history of breast cancer, high breast tissue density, biopsy confirmed hyperplasia, and prior high-dose radiation to the chest. Other factors include long menstrual history, never having had children, use of oral contraceptives, and delivering the first child after the age of 30. Other potential risk factors include obesity, use of post-menopausal hormone therapy, physical inactivity, and consumption of one or more alcoholic beverages per day.

When breast cancers are detected and diagnosed at a localized stage, the relative five-year survival rate is approximately 98%, compared to only 26% for breast cancers detected at distant stage. Mammograms are crucial in detecting early-stage breast cancer. Sixty percent of Alabama females of the appropriate age have had a mammogram in the past year, compared to 58% of U. S. females. Yearly mammograms are recommended by the American Cancer Society starting at the age of 40. In addition, clinical breast exams should be a part of a periodic health exam about every three years for women in their 20s and 30s and every year for women 40 and older. Women at increased risk, such as those with a family history or genetic tendency or past history of breast cancer, should talk with their physicians about the benefits and limitations of starting the mammogram screening earlier and having additional tests or more frequent exams.

At DCH in the year 2006, there were 176 cases of female breast cancer reviewed. The median age at diagnosis was 60 **(Table 1)**. The majority of the breast cancers were found to be in the upper outer quadrant by the axillary tail region **(Table 2 on page 10)**. We elected to study the breast conserving rate for patients diagnosed with breast cancer at DCH. Of the 176 patients studied, 153 cases were evaluated for breast conserving surgery. Twenty-three patients were excluded for factors such as no tissue diagnosis, Stage IV diseases at diagnosis, or surgery performed elsewhere. The criteria for the study included women between the age of 18 and 90 at the time of diagnosis who had a primary tumor of the breast, AJCC Stage 0-III, and were treated by breast-conserving surgery vs. mastectomy. Conserving therapy was considered removal of the gross primary tumor or some of the breast tissue less than a mastectomy. All or part of the first course of treatment was performed at DCH. Of the 153 cases, 21% were Stage 0 or in-situ carcinoma; 40% were Stage I; 27% were Stage II; and, 12% were Stage III **(Graph 1 on page 10)**.

Of these patients, 60% were treated with

Table 1

At DCH in the year 2006, there were 176 cases of female breast cancer reviewed. The median age at diagnosis was 60.

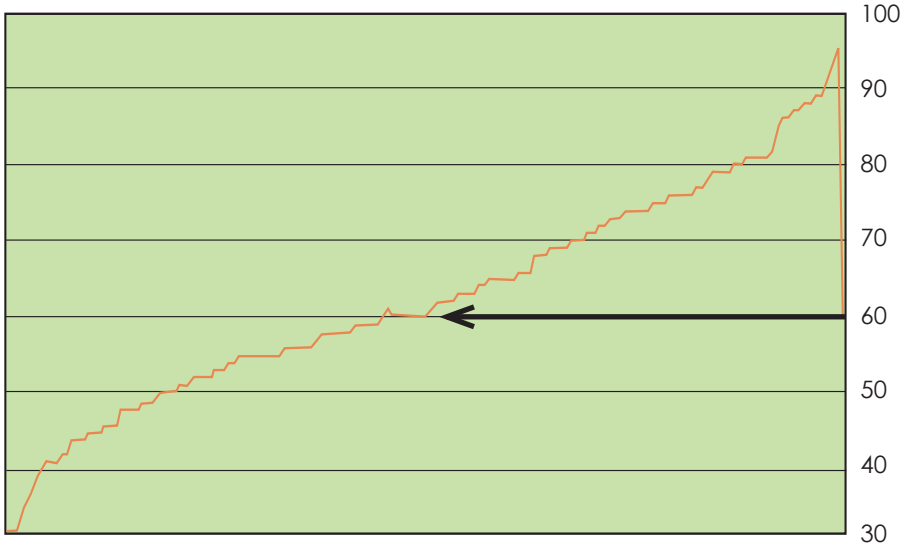
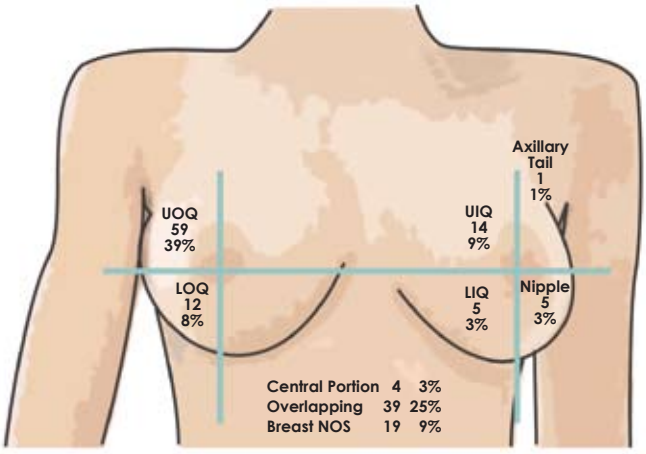


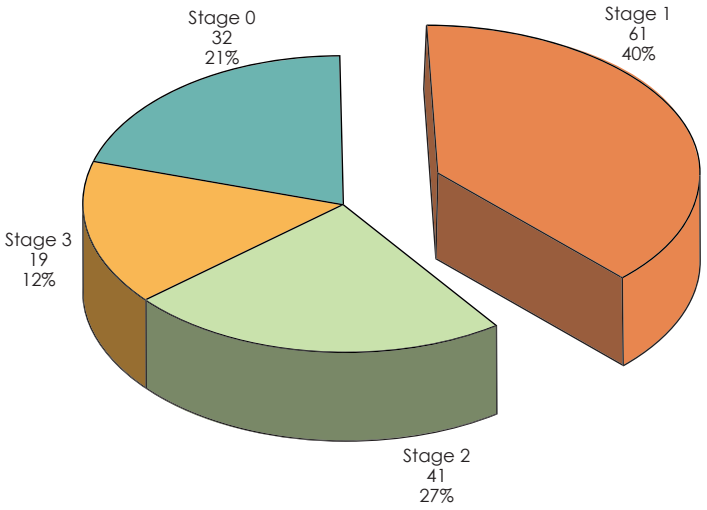
Table 2

The majority of the breast cancers were found to be in the upper outer quadrant by the axillary tail region.



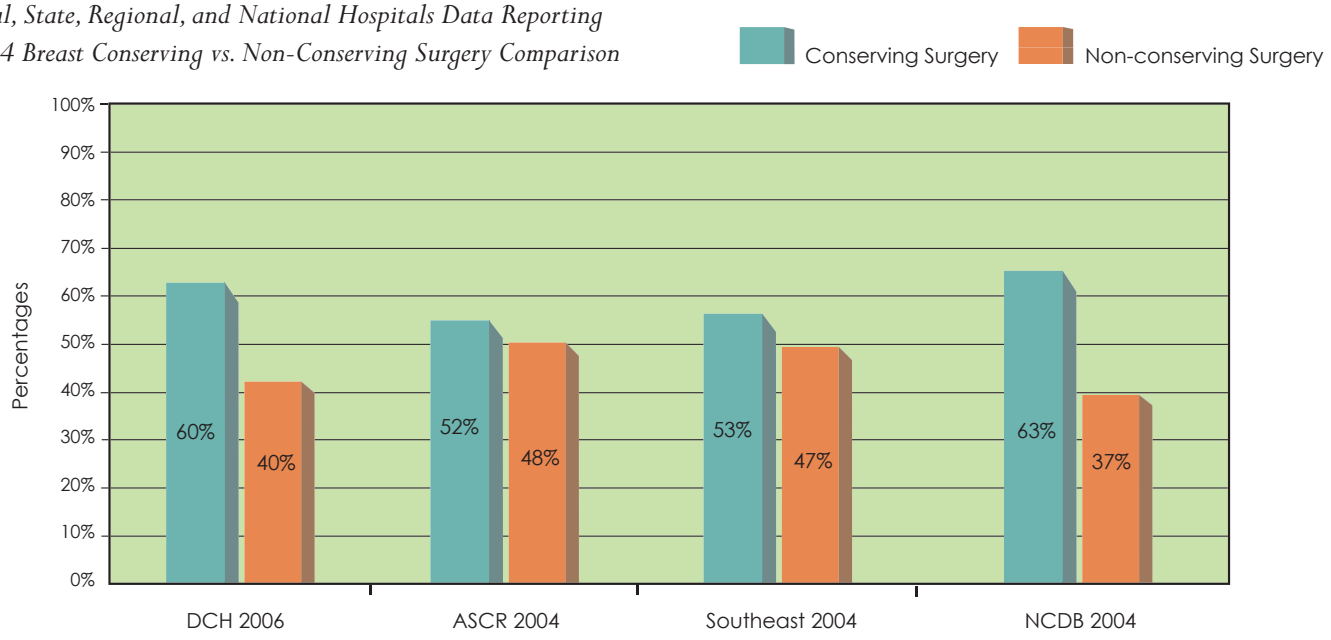
Graph 1

2006 Breast Cancer Stage Diagnosis



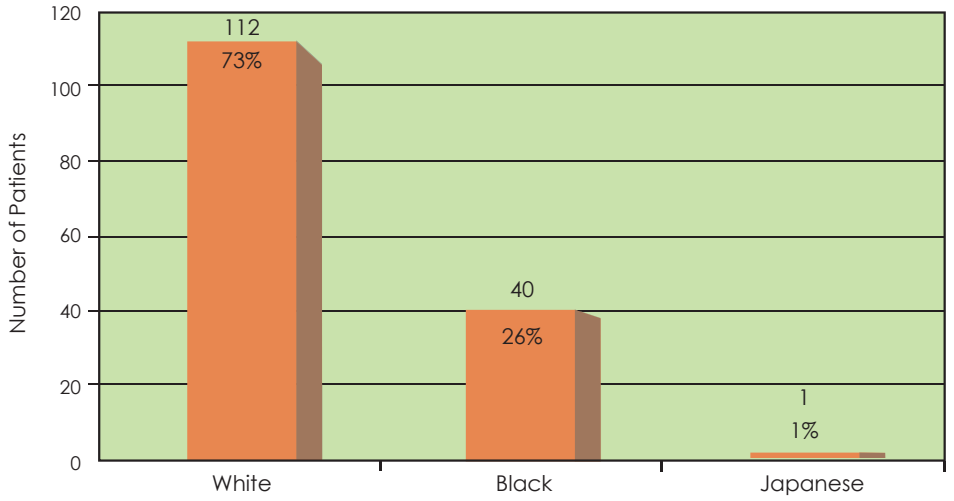
Graph 2

Local, State, Regional, and National Hospitals Data Reporting
2004 Breast Conserving vs. Non-Conserving Surgery Comparison



Graph 3

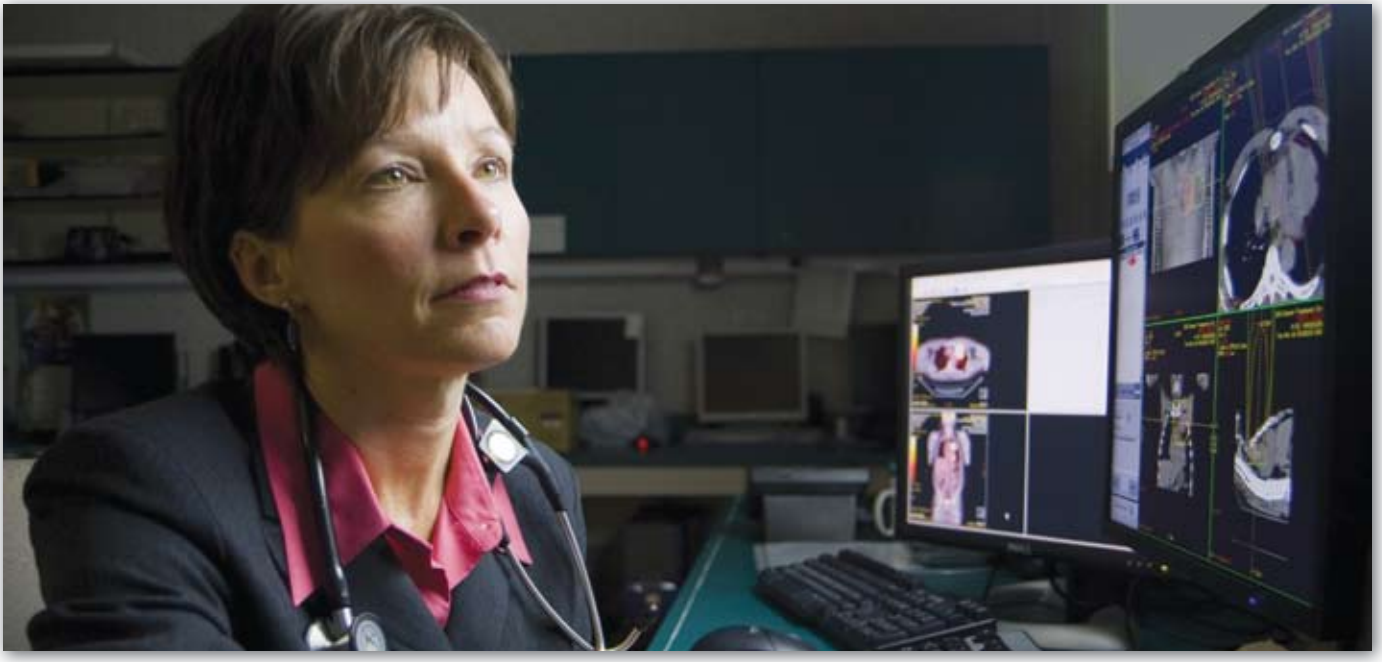
2006 Breast Surgery by Race



breast-conserving therapy, and 40% were treated with non-conserving breast therapy. This compares favorably with the 2004 data provided by the National Cancer Data Base (NCDB), which indicates an average of 52% breast conserving therapy in the Alabama Statewide Cancer Registry (ASCR), an average of 53% breast conserving therapy in the Southeast region of the United States and a 63% breast conserving therapy rate from the entire United States **(Graph 2)**.

Evaluated by race, the rate of breast conserving therapy at DCH was 73% for white females; 26% for black females **(Graph 3)**. Factors other than race that might influence the decision for breast conserving therapy could also include cultural beliefs, education level, age, insurance coverage, and knowledge about the disease.

In summary, the rate of breast conserving therapy at DCH very closely mirrors the rates both regionally and nationally.



2006 Analysis of Stage III Colon Cancer with Adjuvant Chemotherapy

During 2006, there were 90 patients either diagnosed and/or treated at DCH Regional Medical Center with colon cancer. Of these, there were 11 Stage III

colon cases that were reviewed and compared to the National Quality Forum Endorsed Commission on Cancer Measures for Quality of Cancer Care for Colorectal Cancers. The denominator for these cases included:

- Age 18-79 at time of diagnosis;
- Known or assumed to be first or only cancer diagnosis;
- Primary tumor of the colon;
- Epithelial invasive malignancy only AJCC Stage III;
- All or part of the first course of treatment performed at the reporting facility;
- Known to be alive within four months (120 days) of diagnosis.

The study required the numerator to be consideration or administration of chemotherapy initiated within four months (120 days) of date of diagnosis.

After the study, our findings were that all 11 (100%) of the Stage III colon cases received chemotherapy within the first four months (120 days) of diagnosis. This reflects the high quality of care being provided at DCH Cancer Treatment Center on site or by referral.

We will continue to use this quality measure into the 2007 data collection.

Glossary

Accession	Cases entered into the DCH RMC data base
ACoS	American College of Surgeons
ACS	American Cancer Society
AJCC	American Joint Committee on Cancer
Analytic	Cases diagnosed and/or receiving first course of treatment at DCH RMC
Alabama Statewide Cancer Registry	Agency within the Alabama Department of Public Heath where all reportable cases at DCH RMC are required to be sent.
Breast Conserving Surgery	Removal of primary malignancy while preserving normal breast tissue.
DCH RMC	DCH Regional Medical Center
Initial Therapy	Cancer directed treatment, which was planned during original work-up and staging.
Neo-adjuvant Therapy	Treatment in conjunction with other treatment methods, such as chemotherapy following surgery.
Non-conserving Breast Surgery	Removal of malignancy and all/or part of the breast tissue.
Reference Date	Starting date after which all eligible cases must be included in the registry. Established Jan. 1, 2006, for DCH RMC.

Credits

The DCH Cancer Treatment Center Physicians and Staff would like to express our gratitude to the following for their efforts in producing this Annual Report:

Bud Baker
Kay Cook, C.T.R.
DCH Cancer Committee
Berni Dellapenna, Social Worker
Brad Fisher, Communication Director
Melanie Graham, M.D.
Laura Green, Publication Coordinator
George W. Nunn, M.D.
Cindy Perkins, R.N., Ph.D.
NeShelle Prince, Medical Records Associate
Becky Thomas, R.H.I.A.
TotalCom Advertising

References

Alabama Cancer Facts and Figures 2006
ACS (American Cancer Society)
ASCR (Alabama Statewide Cancer Registry)
FORDS (Facility Oncology Registry Data Standards)
AJCC Sixth Edition (American Joint Committee on Cancer)
NCI (National Cancer Institute)
NCDB (National Cancer Data Base)
Factors That Affect A Woman's Treatment Choice After Diagnosis of Stages I, II, or III Breast Cancer

What Cancer Cannot Do

Cancer is so limited -

It cannot cripple love,

It cannot shatter hope,

It cannot corrode faith,

It cannot destroy peace,

It cannot kill friendship,

It cannot suppress memories,

It cannot silence courage,

It cannot invade the soul,

It cannot steal eternal life,

It cannot conquer the spirit.

2007 Annual Report

DCH Cancer Treatment Center


DCH
Health System