The DCH
CANCER TREATMENT CENTER
Annual Report

In this issue:
Lung Cancer
New Cancer Center Director
The Cancer Center

2008 Annual Report
For 2007 Data
This was a busy year for The DCH Cancer Treatment Center (CTC) with 1045 analytic cases accessioned. The Cancer Treatment Center continues to be the major treatment center for the West Alabama area, providing world-class cancer care in a community setting. That setting will soon change dramatically as there was significant progress this year in construction of the new Cancer Center which is scheduled to open in March of 2009.

A new director for the Cancer Center was selected, and she began work in September of 2007. The medical staff includes three board certified hematologist/oncologists and two radiation oncologists. In addition to caring for patients at the Regional Medical Center, these physicians travel to three outlying clinics in Bibb, Fayette, and Pickens counties each week.

The Center conducted six free breast screenings in 2007 for women who were uninsured or underinsured. The DCH Cancer Treatment Center continues its commitment to community outreach through support groups for cancer survivors, and those going through treatment. This critical component of holistic patient care was augmented this year with the approval of a position for a community outreach coordinator. Patients are also 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,” “Barbeque and Blue Jeans,” and “Nite on the Green.”

During 2007 final selections were made for the radiation equipment that will be utilized in the new Cancer Center, the electronic medical record (EMR) for the Cancer Center was selected, and Accsent brachytherapy was chosen as another option for women for treatment of Breast cancer in radiation oncology. The increase in patient volumes on medical oncology necessitated the expansion of the existing infusion room to meet the growing needs. This was an interim adjustment until such time as the new Cancer Center is in use.

The CTC continued preparations for accreditation by the American College of Surgeons (ACoS). Great strides were made toward that goal with the Tumor Registry keeping all data current and submitted in a timely manner to the state. Progress was made toward a second criterion for ACoS accreditation with the initiation of a clinical trials program with patient accrual by midyear.

Goals and objectives established by the Cancer Committee for 2008 include preparation for a site visit from ACoS, clinical research enrollment to meet or exceed 4% of analytic cases for the previous year, and beginning implementation of the EMR.

The DCH Cancer Treatment Center is a community cancer center. It is our goal to care for the people of West Alabama by providing the most current therapies for our patients while always remembering we are taking care of our neighbors.

George W. Nunn, MD
2008 cancer Committee

George Nunn, MD
Surgery/Chairman of Cancer Committee

John Dubay, MD
Medical Oncologist

Melanie Graham, MD
Radiation Oncologist

Charles Gross, MD
General Surgeon

Al Mathews, MD
Pathologist

Curtis Tucker, MD
Radiation Oncologist

James Bankston, MD
Diagnostic Radiologist

Joe Wallace, MD
Surgeon/Physician Liaison

Cindy Perkins, RN, Ph.D.
Clinical Research Coordinator

Amanda Henson
Administrative Director of DCH Cancer Treatment Center

Kay Cook
Certified Tumor Registar

Berni DellaPenna
Social Worker

Beth Donaldson
Dietitian

Cathy Goins
Senior Radiation Therapist

Becky Greggs
PHQM

Dorena Marrero
VP/Outpatient/Ancillary Services

Tom Rogers
Pharmacist

Bob Shaw
Chaplain

Sherry Skelton
Nurse Manager

Lisa Taylor
Recording Secretary

The DCH Cancer Treatment Center

The DCH Cancer Treatment Center hired a new Administrative Director in 2007. Amanda Henson, originally from Louisville, Ky, started at the DCH Cancer Treatment Center in September. Ms. Henson received her master’s degrees in both Healthcare Administration and Business Administration from the University of Alabama at Birmingham. She spent the last three years in Jacksonville, Fla, working for Shands at the University of Florida (UF) Healthcare System. Her first year was spent completing a residency in health-care administration by working with the President of Shands Jacksonville Hospital. Following that, she spent two years managing a growing cancer program at UF and Shands Jacksonville. Ms. Henson has enthusiastically brought expertise and experience in cancer center operations with her to DCH Regional Medical Center. We are excited to have her here, and we look forward to her leadership as the DCH Cancer Treatment Center continues to expand and move into a new center in early 2009.

The DCH Cancer Treatment Center

The DCH Cancer Treatment Center launched a clinical research program designed to oversee patients participating in clinical trials in cancer care. Clinical trials are part of a long process in which drugs and devices are developed and studied to determine their safety, dosages, and efficacy. They are a mechanism for developing better ways to detect, treat, and prevent cancer. Clinical trials may offer a patient a last hope in an otherwise exhausted list of treatment, or the newest weapon in the arsenal to fight cancer, and thus be the first line therapy in their treatment.

Cindy Perkins, RN, Ph.D., is the Clinical Research Coordinator for the clinical trials program. A Holt High School graduate, Dr. Perkins worked as a registered nurse at DCH Regional Medical Center and as an instructor at the University of Alabama. Dr. Perkins received her bachelor’s of science in nursing from the UA Capstone College of Nursing, and a master’s of science in nursing and a post master’s certificate as a family nurse practitioner from the University of Alabama at Birmingham. She earned a doctorate in clinical health sciences from the University of Mississippi Medical Center in Jackson.

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.”

Advanced Caring

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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.

Clinical Trials

In January of 2007 the DCH Cancer Treatment Center launched a clinical research program designed to oversee patients participating in clinical trials in cancer care. Clinical trials are part of a long process in which drugs and devices are developed and studied to determine their safety, dosages, and efficacy. They are a mechanism for developing better ways to detect, treat, and prevent cancer. Clinical trials may offer a patient a last hope in an otherwise exhausted list of treatment, or the newest weapon in the arsenal to fight cancer, and thus be the first line therapy in their treatment.

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Dr. John Dubay is the principal investigator for medical oncology studies. Dr. Dubay came to DCH from the University of Alabama at Birmingham, where he conducted research for several years. Dr. Melanie Graham and Dr. Curtis Tucker share principal investigator roles for radiation oncology studies. All of the physicians at the DCH Cancer Treatment Center take an active role in clinical trials.

They are instrumental in trial selection and patient accrual. It is critical to find the right trial for the right patient, and then to make sure the protocol is followed strictly for the patient’s optimum outcome.

The DCH Cancer Treatment Center participated in clinical trials on a limited basis several years ago, and with the new Cancer Center now under construction, it was decided that the time was right for a full-scale program.

We offer so much in terms of cancer care right here in Tuscaloosa that it seemed only right that patients have the option of clinical trials as part of their treatment. Offering patients this option means access to drugs and treatments that would not otherwise be possible due to transportation and other economic barriers. We want to keep our patients at home for their care whenever possible. We believe they need to be with their families and other support systems during this very vulnerable time in their lives.

Under the new program, DCH Cancer Treatment Center patients can choose to participate in clinical trials, giving them access to experimental drugs or treatments long before they are available on the open market. Patients participating in clinical trials may take new drugs as part of carefully designed studies sponsored by pharmaceutical companies or government-funded agencies. The studies are closely monitored by the U.S. Food and Drug Administration.

Clinical trials come in many forms. Typically one thinks of a clinical trial as involving experimental drug or treatment, and that is often the case. However, there are also trials that strictly involve data collection to better understand diagnosis and treatment of a particular disease process. There are trials that are aimed at early detection of disease, and also trials that focus on the best way to treat side effects of cancer care, such as nausea, vomiting, or anemia.

Clinical trials are designed in phases. A Phase 1 trial looks at safety and dosage of the drug in a human host. Phase 2 is concerned with efficacy and side effects of the drugs being tested. Phase 3 is comparing the experimental drug or treatment to the standard of care treatment, which is the best we have to offer at any particular point in time. Finally, Phase 4 studies examine long-term safety and effectiveness
We were on a study initiated by DCH, or they were put on a protocol at another institution and were receiving their treatment at DCH. That in itself is a benefit to a patient - not to have to consistently travel out of town at great expense to be part of a study at another facility. DCH works in cooperation with other facilities to administer patient treatment locally for protocols initiated elsewhere.

These trials give cancer patients options and knowledge on their healthcare alternatives. We want to be able to provide citizens of West Alabama with the most advanced treatment options available.

The DCH Cancer Treatment Center already offers state-of-the-art cancer care. The addition of a full-scale clinical trials program will only augment the already outstanding care available.

Table 1

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<td>C40</td>
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<td>Others</td>
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<tr>
<td>C42</td>
<td>Heteromepric/Articuloe</td>
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</tbody>
</table>

Graph 1

**Frequency Report of Top 5 Sites**

- **Prostate**: 138 (20%)
- **Lung/Bronchus**: 280 (26%)
- **Breast**: 231 (21%)
- **Colon/Rectum**: 180 (20%)
- **Lymph Nodes**: 116 (15%)
- **Liver**: 129 (12%)
- **Other**: 107 (20%)
- **Kidney**: 112 (14%)
- **Stomach**: 107 (15%)
- **Bladder**: 106 (15%)

Graph 3

**Race**

- **Black**: 350
- **Chinese**: 1
- **White**: 693

The Registry staff attends weekly facility-wide Cancer Conference/Tumor Boards, and the staff records site, histology, stage, and treatment recommendations made by a multidisciplinary team approach. In 2007, 157 (15 percent) cases were presented, with the standard being 10 percent. Of these, 156 (99.4 percent) were prospective and 1 (0.6 percent) was retrospective, with the standard being 75 percent prospective. The Registry attends quarterly Cancer Committee meetings and reports to the Committee the activity of the Registry from the previous quarter.
The Cancer Committee introduced three quality indicators in 2007 based on review of 2006 cases. The colon cancer study findings were reported in the 2006 annual report. The study continued with review of three quality indicators of 2007 cases, with findings reported to the Cancer Committee in July 2008. These quality indicators are all found through the national quality forum and endorsed by them through the American College of Surgeons and National Cancer Database.

The first study for breast cancer will include the use of tamoxifen or aromatase inhibitor administered within one year for women with hormone receptive positive breast cancer. Eighty-four cases were reviewed, with all patients receiving treatment at this facility or an outside facility. This would be 100 percent of the cases reviewed.

We are also following two quality indicators for colorectal cancer. The first indicator is that adjuvant chemotherapy is administered within 120 days for patients less than 80 years old and lymph node positive colon cancer. Eighteen cases were reviewed, with all patients receiving treatment at this facility or an outside facility. This would be 100 percent of the cases reviewed.

The final quality indicator that we are following is that radiation therapy is administered within six months of diagnosis for patients with a T-4 or Stage II rectal cancer receiving surgical resection. Three cases were reviewed, with two cases receiving either pre-or post-operative chemotherapy. One patient died after chemo/radiation prior to surgery. This would be 100 percent of cases reviewed or given.

These quality indicators will help us to follow and assess current treatment being given or recommended by DCH. DCH is currently not able to compare with national data, but we used the quality study to ensure that our patients are receiving therapy based on national guidelines.

The second quality indicator will focus on the 137 non-small cell lung cancer cases. During 2007, there were 180 lung cancers diagnosed and/or treated at DCH Regional Medical Center. One hundred and thirty-seven of these were non-small cell lung carcinomas, and 43 were small cell carcinoma or other more unusual types (Graph 1). Our study will focus on the 137 non-small cell lung cancer cases. We had 80 males and 57 females (Graph 2). The distribution by race can be seen in Graph 3, age at diagnosis by gender in Graph 4 and stage of disease by gender in Graph 5. The predominant stage at diagnosis was Stage IV, with 61 cases. We saw 36 cases at Stage III with 36 cases, 11 cases at Stage II, and 28 cases at Stage I. There was one Stage 0 with an in-situ carcinoma.

There are two major subdivisions of lung cancer: small cell lung cancer, which account for 15-20 percent of the lung cancers, and non-small cell lung cancers, which account for the rest. Non-small cell lung cancers further subdivide into three major categories: adenocarcinoma, squamous cell carcinoma, and large cell carcinoma, the most common subtype of this being adenocarcinoma. At the time of diagnosis, roughly 30% of non-small cell cancer patients and 60% of small cell lung cancer patients will have metastatic disease. Tobacco use with cigarettes accounts for the vast majority of lung cancers in both men and women, and the relationship appears to be dose dependent both to the length of time of smoking as well as the number of cigarettes per day. The standard treatment for small lung cancer is chemotherapy with or without radiotherapy. For non-small cell lung carcinoma surgery, chemotherapy and radiation are all used at times alone or in conjunction. We will review the lung cancer cases at DCH in the year 2007.

During 2007, there were 180 lung cancers diagnosed and/or treated at DCH Regional Medical Center. One hundred and thirty-seven of these were non-small cell lung carcinomas, and 43 were small cell carcinoma or other more unusual types (Graph 1). Our study will focus on the 137 non-small cell lung cancer cases. We had 80 males and 57 females (Graph 2). The distribution by race can be seen in Graph 3, age at diagnosis by gender in Graph 4 and stage of disease by gender in Graph 5. The predominant stage at diagnosis was Stage IV, with 61 cases. We saw 36 cases at Stage III with 36 cases, 11 cases at Stage II, and 28 cases at Stage I. There was one Stage 0 with an in-situ carcinoma.
The first course of treatment according to stage is as follows: **Stage IV** patients: Seven received no treatments. Five received chemotherapy alone. Twenty received radiation alone. Eighteen received a combination of chemotherapy and radiation. One received surgery and radiation. One received surgery, radiation, and chemotherapy. **Stage III** patients: Four patients received no treatment. Five patients received radiation alone. Thirteen patient received chemotherapy and radiation. Two patients received surgery alone. One received surgery and radiation. Seven received surgery, chemotherapy, and radiation. **Stage II** patients: We had one receiving radiation alone. Three received radiation and chemotherapy. One patient received surgery alone and five patients received chemotherapy, radiation, and surgery. **Stage I** patients: Two patients received no treatment. Four patients received radiation alone. Eighteen patients received surgery alone. One received surgery and chemotherapy. One received surgery and radiation. Twenty received surgery, chemotherapy, and radiation. The **Stage O** patient received no treatment. Fifty-five percent of the non-small cell lung cancer patients are still alive at the completion of this study. Currently we cannot compare state, regional, and national comparisons for disease-free intervals.

The comparison of the first treatment for non-small cell lung carcinoma for DCH Regional Medical Center, Alabama, Mid-South, and National is presented in Graph 6 and shows fairly comparable numbers, since no adjustment is made for stage or performance status.
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.