



prevention, detection, diagnosis, treatment, rehabilitation,

treatment, rehabilitation



diagnosis, treatment, rehabilitation, prevention

prevention, detection, diagnosis, treatment, rehabilitation

detection, diagnosis

prevention



prevention,

rehabilitation

diagnosis

treatment

prevention, detection



Deaconess Cancer Services CHANCELLOR CENTER FOR ONCOLOGY

Deaconess Hospital
600 Mary Street ■ Evansville, Indiana 47747



TECHNOLOGY MEETS TRANQUILITY IN THE NEW DEACONESS CHANCELLOR CENTER FOR ONCOLOGY

Construction is progressing on the Deaconess Chancellor Center for Oncology, located on the Deaconess Gateway campus near the intersection of I-164 and the Lloyd Expressway. This 27,700-square-foot cancer center will provide Tri-State residents with leading edge technology and treatment options in a peaceful, restorative environment unlike any other in the region.

“The unique thing about the Chancellor Center,” says Candace Adye, director of Oncology Services at Deaconess, “is what it will offer beyond the technology. We’ll provide state-of-the-art equipment—two new Elekta linear accelerators and CT/simulators, for example—but we’ve also taken the emotional and spiritual aspects of healing into account, creating a restful, uplifting setting with indoor and outdoor waterfalls, lots of natural light and a healthy complement of plants and flowers. We want our patients to have access to the latest treatments available without the sterile, clinical feeling of some facilities.”

Scheduled to open early next year, the Chancellor Center will offer a broad range of services, as indicated in the sidebar. Oncology Hematology Associates of Southwest Indiana also plan to open a practice within the facility.

“We’re extremely excited about the opportunity to provide the Tri-State with this beautiful new facility,” says Adye, “and we’re looking forward to continuing the Deaconess tradition of high-quality, compassionate care in our new location.”

The Chancellor Center for Oncology was made possible, in part, by generous contributions from Steve and Terry Chancellor to the Chancellor Fund for Oncology, established through the Deaconess Hospital Foundation.

Check our website at www.deaconess.com for the latest construction pictures.

THE DEACONESS CHANCELLOR CENTER FOR ONCOLOGY WILL OFFER A BROAD RANGE OF SERVICES, INCLUDING:

- RADIATION THERAPY
- CHEMOTHERAPY INFUSION
- NUTRITION COUNSELING
- PAIN MANAGEMENT
- SPIRITUAL SUPPORT
- CANCER REHABILITATION
- COMMUNITY EDUCATION
- SUPPORT GROUPS
- LENDING LIBRARY WITH INFORMATION ON COMPLEMENTARY MEDICINE, SUPPORT SERVICES AND OTHER TOPICS

DEACONESS CANCER SERVICES HIGHLIGHTS OF 2001

Deaconess Cancer Services received three-year accreditation from the American College of Surgeons after a successful survey visit in November 2001. Congratulations and thanks to all whom work daily to make this happen!



Dr. Bryan Schymik

Deaconess Cancer Services was officially recognized as the name of the entire Deaconess cancer service line in 2001. The Oncology Committee, chaired by Dr. Kean Griffith, met monthly to oversee the activities of Deaconess Cancer Services. Membership of the Oncology Committee was expanded to include representation from the Vanderburgh Co. American Cancer Society. Tumor Conference hosted weekly prospective and retrospective case review, chaired by Dr. Brian Schymik, who also serves as our American College of Surgeons liaison.

Deaconess Hospital's commitment to cancer services expanded this year with the site dedication for the Chancellor Center for Oncology in October 2001. Construction began in 2002, with a planned opening date of March 2003. The Chancellor Center is a 27,700 square-foot center that will provide Tri-State residents with leading-edge technology and treatment options in a peaceful, restorative environment unlike any other in the region. Services to be offered in the Center will include radiation therapy, chemotherapy infusion, nutrition counseling, pain management, spiritual support, cancer rehabilitation, community education, support groups, and a lending library with information on complementary medicine and other topics.

The Cancer Registry collected data for Commission on Cancer Patient Care Evaluations on non-small cell lung cancer and gastric cancer. The Registry received recognition from the Indiana State Department of Health for compliance with submitting timely and complete data. Judi Reininga, certified tumor registrar, served a second term as Treasurer of the Indiana Cancer Registrars Association. In addition, Judi co-chaired the Public Relations Committee of the National Cancer Registrars Association.

The Cancer Steering Team was established in 2001 to identify gaps in cancer services and develop programs and services to address identified community needs. The team commissioned a community survey to define our focus. Many programs and activities were implemented to address these needs, including:

- Establishment of the C.A.R.E. program – cancer rehabilitation and education. Coordinated by the Physical Medicine Department, C.A.R.E. is a service of physical and occupational therapy designed to minimize the fatigue experienced by cancer patients undergoing treatment.
- Lymphedema screenings were conducted free for all breast cancer patients seen in radiation therapy to provide education on prevention and offer treatment under a physician's recommendation for any symptomatic patients.
- To further community cancer education, Deaconess Cancer Services participated in numerous community events including the health fair offered during the Natcher Bridge dedication in Rockport, Indiana, and the ACS "Tell-a-Friend" program, reaching over 500 women through Deaconess efforts alone.

Deaconess Cancer Services was well represented in the community. In addition to participation on the American Cancer Society (ACS) Board and Advocacy committee, Deaconess was a gold sponsor of the ACS Gala in February and the Relay for Life in June; a sponsor of the Celebration of Life health fair in cooperation with the Otters baseball club, providing cancer prevention and screening information to more than 1500 attendees; and a gold sponsor of the Komen Evansville Race for the Cure.

A handwritten signature in black ink that reads "Brian W. Schymik MD".

Dr. Brian Schymik
American College of Surgeons Liaison

BLADDER CANCER STUDY SUMMARY

Bladder cancer ranked fourth in incidence of cancers diagnosed and/or treated at Deaconess in 2001. In 1996 it ranked sixth with a total of 19 cases newly diagnosed and/or treated. The National Cancer Data Base (NCDB) contains 31,902 bladder cancers reported by 1,382 hospitals for 1996. Nationally 73% of bladder cancers were male and 27% were female. We see this same ratio of male to female (3:1) in our registry. We entered 14 males and 5 females into our 1996 database. The national database shows 34.9% of the bladder cancers were diagnosed between the ages of 70-79 compared to 47.3% at Deaconess. Forty-seven percent of Deaconess bladder cases were diagnosed at Stage 0 (non-invasive). Of the cases that were staged in the national base, Stage 1 was the highest at 26%. Five-year survival for Deaconess Stage 1 disease was 69% and 65% for those included in the NCDB. Surgery was the primary mode of treatment both locally and nationally. Radiation Therapy and Chemotherapy can also be used.



GRAND ROUND TOPICS – 2001-2002

OCTOBER 16, 2001

Chronic Pain

Steven A. Rupert, D.O.

Industrial Sports Medicine & Rehabilitation, P.C.

MARCH 12, 2002

Immunological Deficiencies

Bob Nelson, M.D.

Indiana University

JUNE 11, 2002

*MammoSite RTS-New FDA Approved
Breast Cancer Treatment*

Shannon Lamb, M.D.

David Carlson, M.D.

Evansville Surgical Associates

JUNE 25, 2002

Updates in Adult Preventive Health Care

Ann Zerr, M.D.

Indiana University School of Medicine
Department of General Internal Medicine

JULY 30, 2002

Pain Control

Francis McDonnell, M.D.

Deaconess Pain Clinic

AUGUST 6, 2002

Pain Management

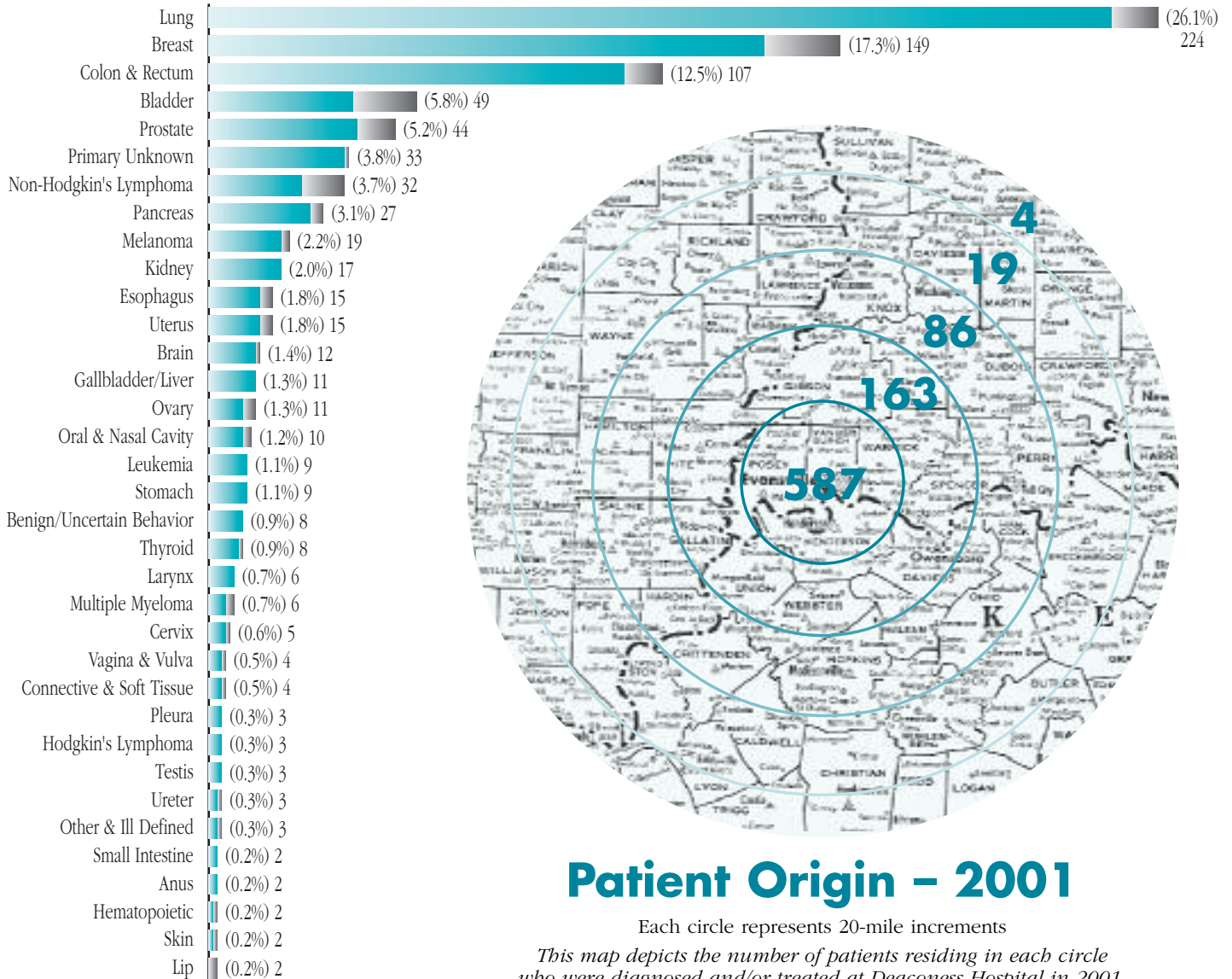
Neil Irick, M.D.

Pain Medicine Consultant
Indianapolis, Indiana

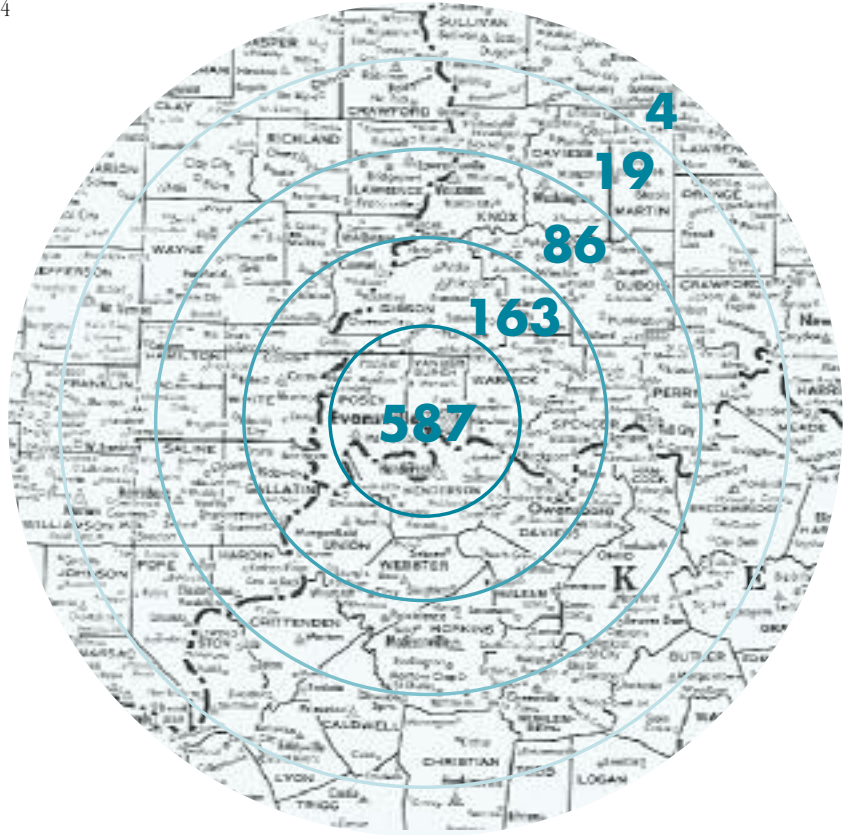
Incidence Of Cancer By Site - 2001



This chart illustrates the 2001 incidence of cancer by anatomic site and relative percentage to all cases. A total of 859 new cases were added to the Registry in 2001. Of this total, 757 were analytic (diagnosed and/or treated at Deaconess during the first course of treatment) and 102 cases were non-analytic (diagnosed elsewhere, new to Deaconess). The 457 non-invasive basal and squamous cell carcinomas of the skin which were diagnosed and/or treated at Deaconess were not included on this report. The American College of Surgeons and the State Cancer Registry do not require that they be reported.



Total = 859



Patient Origin - 2001

Each circle represents 20-mile increments

This map depicts the number of patients residing in each circle who were diagnosed and/or treated at Deaconess Hospital in 2001. Origin of patients with non-invasive skin carcinoma has been excluded.

Deaconess Incidence Comparison to National - 2001*

FEMALE

Site	Deaconess	National
Breast	35%	31%
Lung	22%	13%
Colon & Rectum	10%	11%
Uterus	3%	6%
Ovary	1%	4%
Non-Hodgkin's Lymphoma	2%	4%
Melanoma of Skin	1%	4%
Bladder	3%	2%
Pancreas	2%	2%
Thyroid	2%	2%
All Other	19%	21%
Total	100%	100%

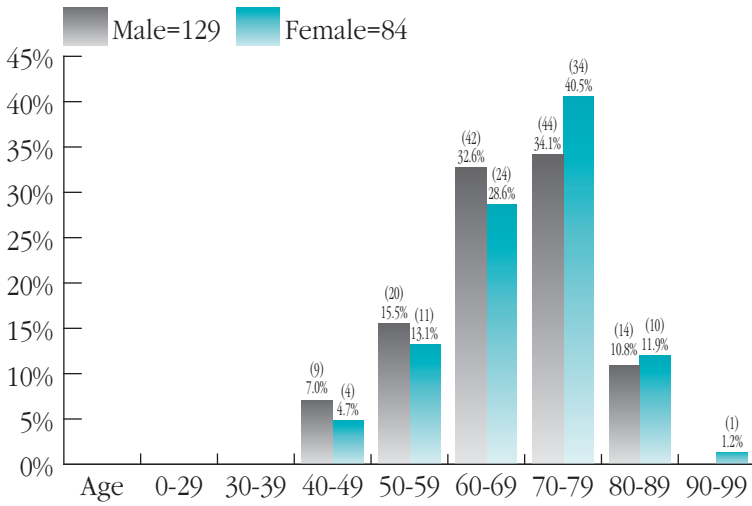
MALE

Site	Deaconess	National
Prostate	9%	31%
Lung	34%	14%
Colon & Rectum	16%	10%
Bladder	6%	6%
Non-Hodgkin's Lymphoma	3%	5%
Melanoma of Skin	3%	5%
Oral Cavity	1%	3%
Kidney	2%	3%
Leukemia	2%	3%
Pancreas	5%	2%
All Other	19%	18%
Total	100%	100%

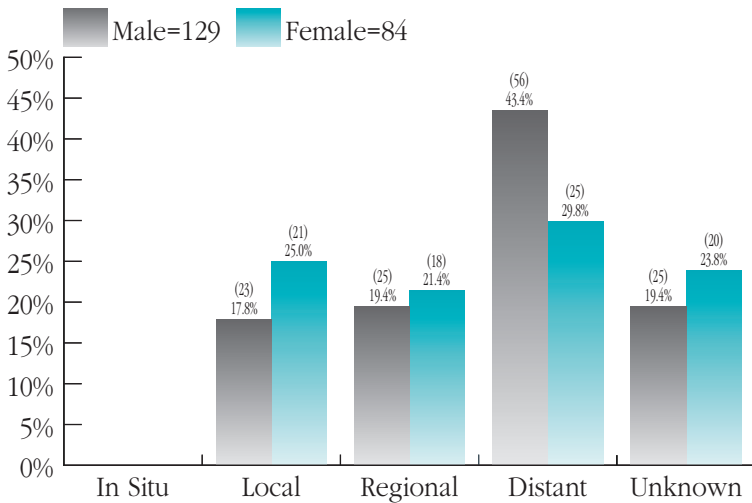
*Figures are based on comparison of 2001 Deaconess incidence rates with national data published by the American Cancer Society for 2001.

LUNG CANCER DISTRIBUTION 2001

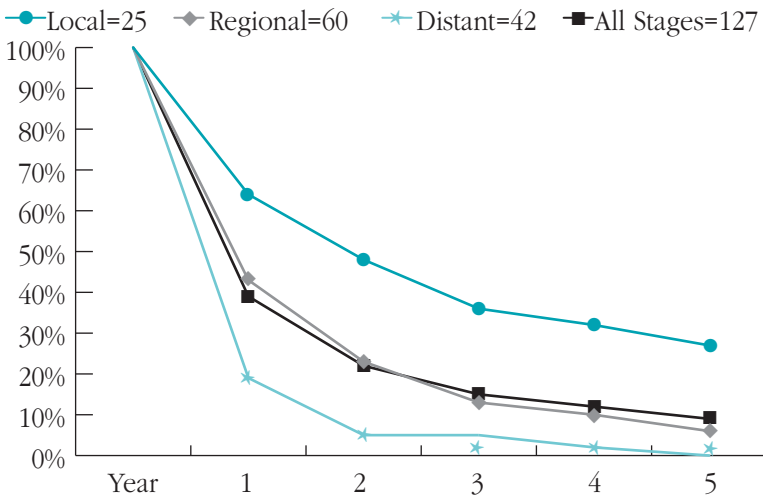
Age at Diagnosis*



Extent of Disease*



Survival Curve
Carcinoma of the Lung 1996



*Percentages are based on 100 percent of male or female incidence of disease to demonstrate the differences in age and extent of disease between males and females with carcinoma of the lung.



LUNG CANCER

The most important risk factor associated with lung cancer is cigarette smoking. Eighty percent of all cancers are thought to be due to smoking. Exposure to asbestos, radon and other carcinogens in the workplace can also put people at risk for developing lung cancer. Recurring inflammation of the lung from tuberculosis or some types of pneumonia has been shown to increase the risk of cancer. If you have a cough that doesn't go away, chest pain when you breathe deeply, or hoarseness, you need to see your family physician. Other symptoms of lung cancer may include shortness of breath, bloody or rust-colored sputum, and fever without a known cause.



prevention

BREAST CANCER DISTRIBUTION 2001



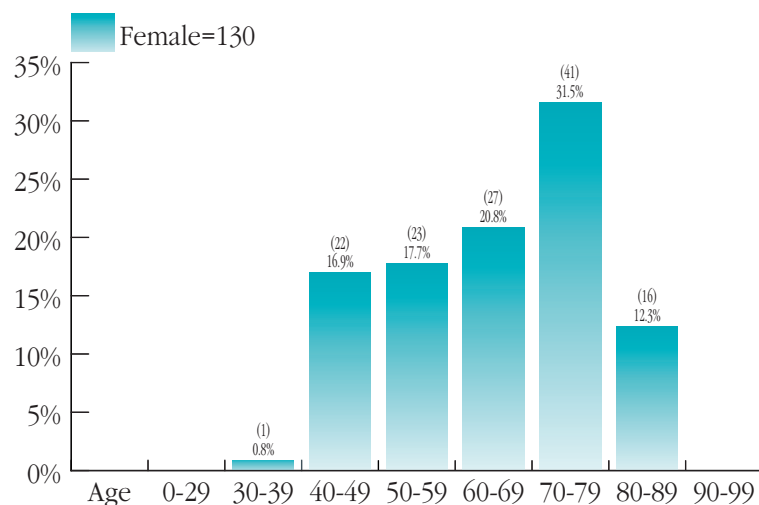
BREAST CANCER

Being a female is the biggest risk factor of breast cancer, although men can have this disease too. A family history of breast cancer is also thought to be another risk factor. Women over the age of fifty account for about 77% of breast cancer cases. Long-term hormone replacement therapy after menopause may increase a woman's risk of developing breast cancer. Other factors include menstruation before age 12, non-childbearing or first child after age 30, obesity, and high-fat diets. A woman should consult a physician if she notices a lump or thickening in the breast or axilla, a change in the shape or size of the breast, a discharge from the nipple, or a change in the color or feel of the breast skin.

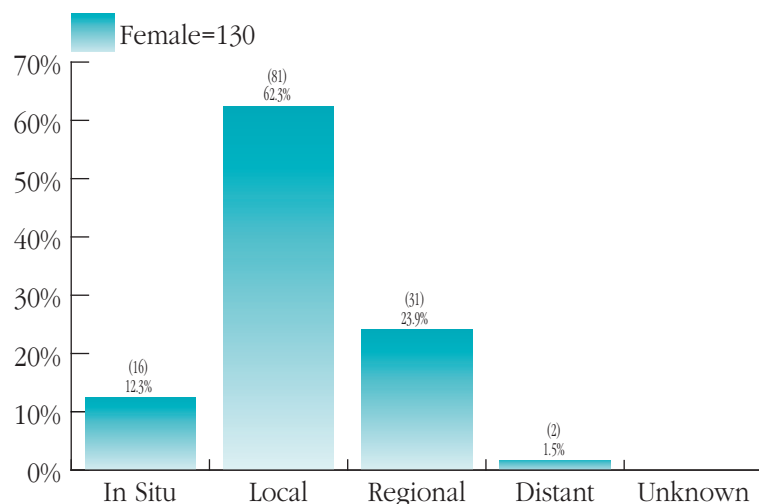


detection

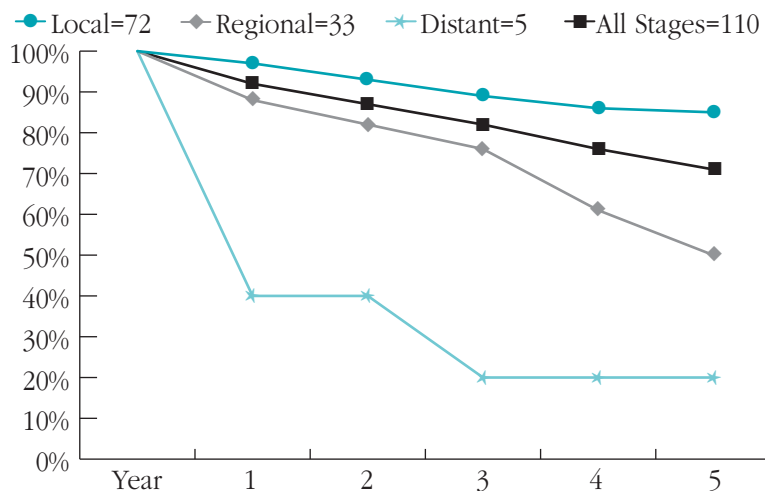
Age at Diagnosis



Extent of Disease

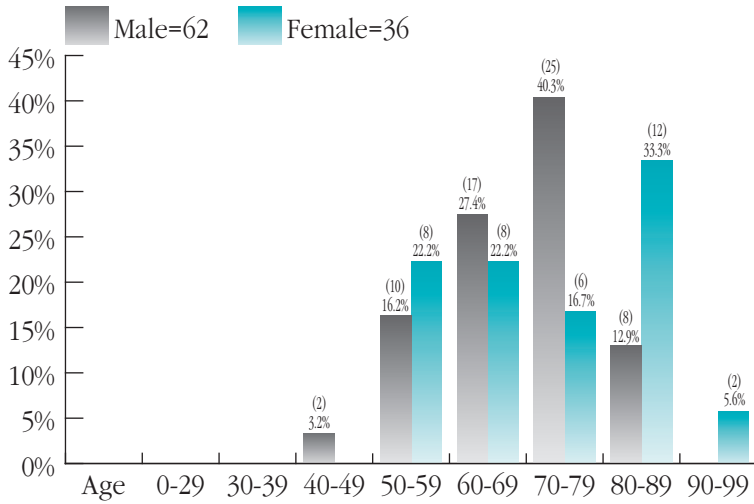


Survival Curve Carcinoma of the Breast 1996

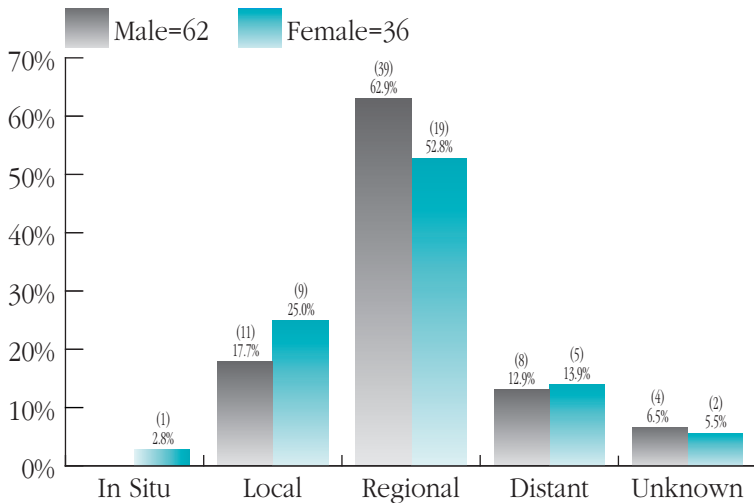


COLON & RECTUM CANCER DISTRIBUTION 2001

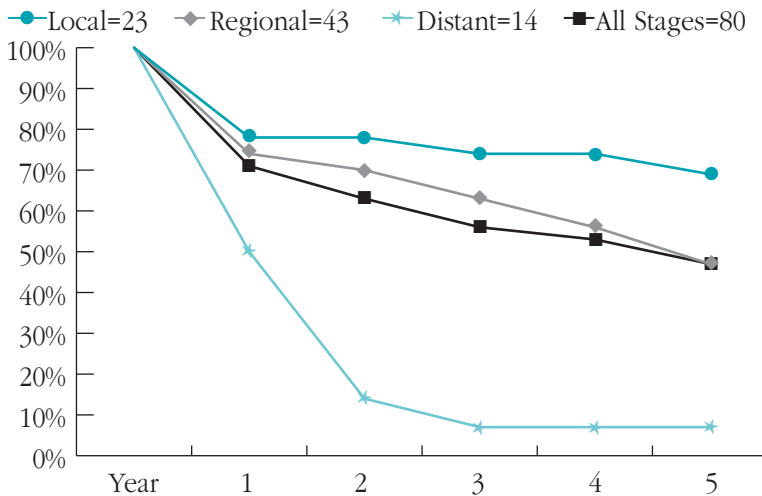
Age at Diagnosis*



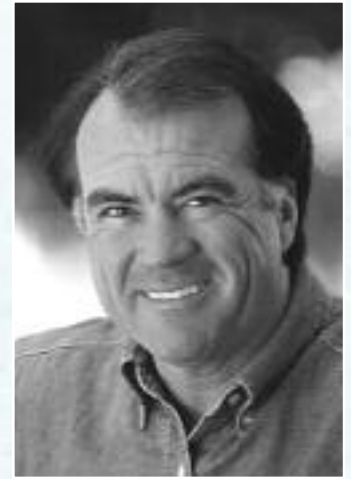
Extent of Disease*



Survival Curve
Carcinoma of the Colon & Rectum 1996



*Percentages are based on 100 percent of male or female incidence of disease to demonstrate the differences in age and extent of disease between males and females with carcinoma of the colon & rectum.



COLORECTAL CANCER

Approximately 150,000 cases of colon and rectal cancer are diagnosed in the United States each year. Some individuals are at a higher risk for developing this disease than others. Risk factors are a family history of colon or rectal cancer, fifty years of age or older, history of polyps, a diet high in fat and low in high-fiber foods, and a history of ulcerative colitis. Symptoms of colon and rectal cancer may include: a change of bowel habits, blood in the stool, general stomach discomfort, weight loss with no known reason, decreased appetite, fatigue and weakness.



diagnosis

BLADDER CANCER DISTRIBUTION 2001



BLADDER CANCER

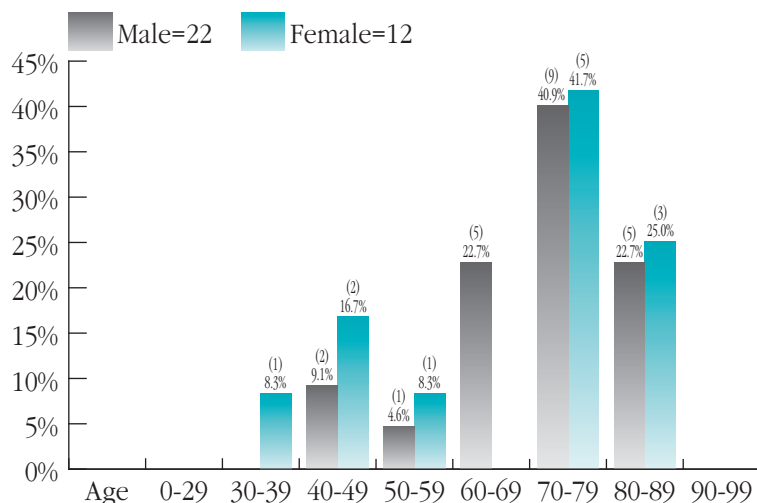
It is estimated that slightly more than 50,000 people are diagnosed with bladder cancer each year. It is usually found in patients 40 years old or older. Studies show that men are 2-3 times more likely than women to get bladder cancer. Caucasians are diagnosed with bladder cancer twice as often as African Americans and Hispanics. Asians have the lowest rate. The use of tobacco is a major risk factor. Other risk factors include exposure to carcinogens in the workplace, bladder infections from certain parasites, and a family history of bladder cancer.

Common symptoms of bladder cancer may include blood in the urine and painful or frequent urination.

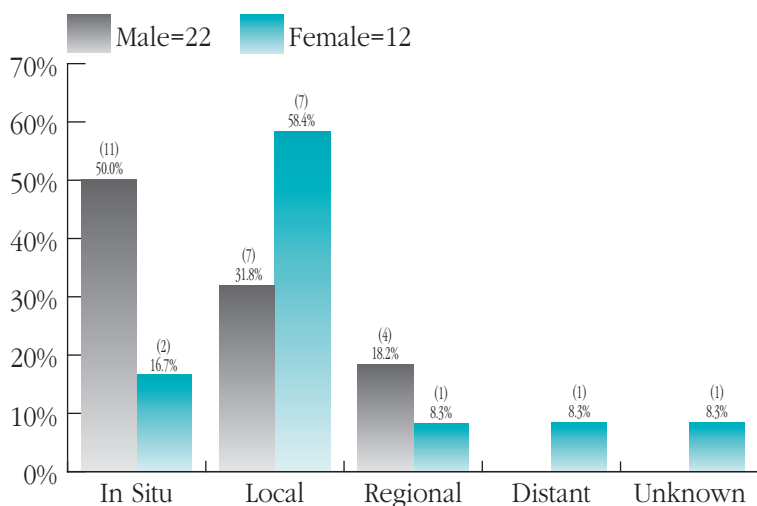


treatment

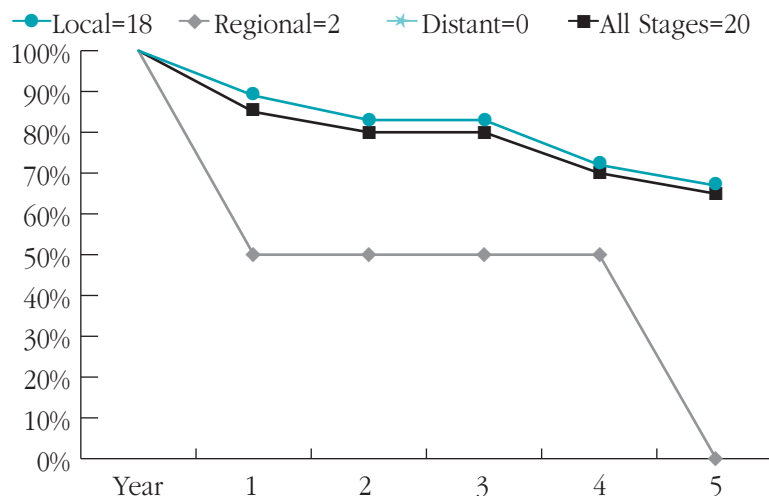
Age at Diagnosis



Extent of Disease



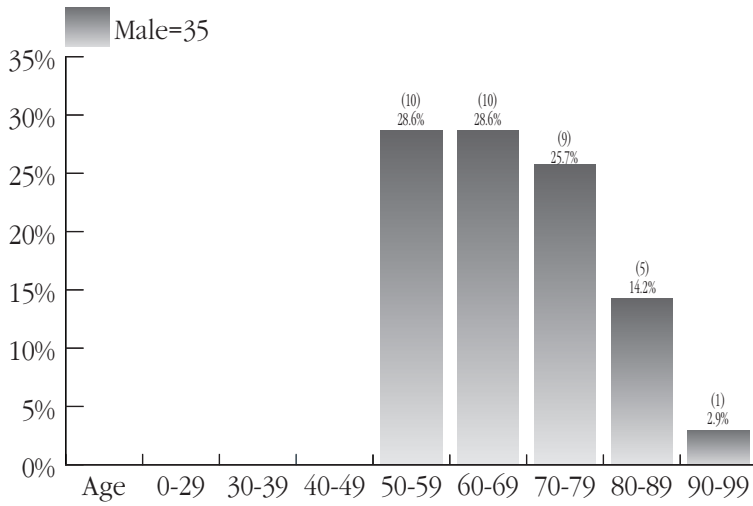
Survival Curve Carcinoma of the Prostate 1996



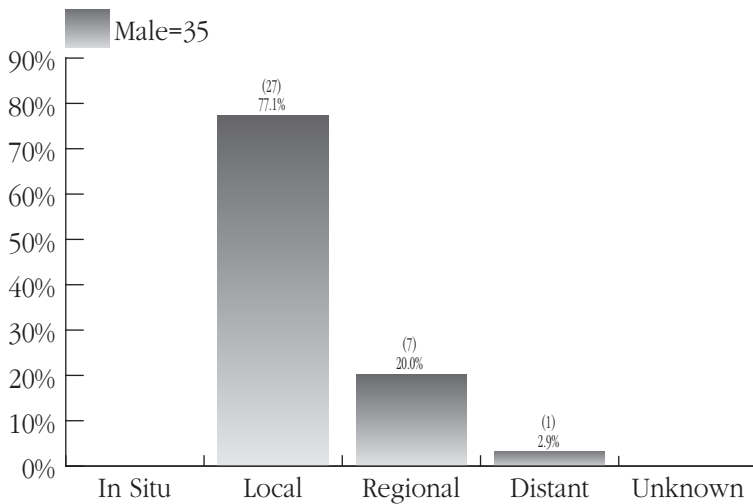
*Percentages are based on 100 percent of male or female incidence of disease to demonstrate the differences in age and extent of disease between males and females with carcinoma of the bladder.

PROSTATE CANCER DISTRIBUTION 2001

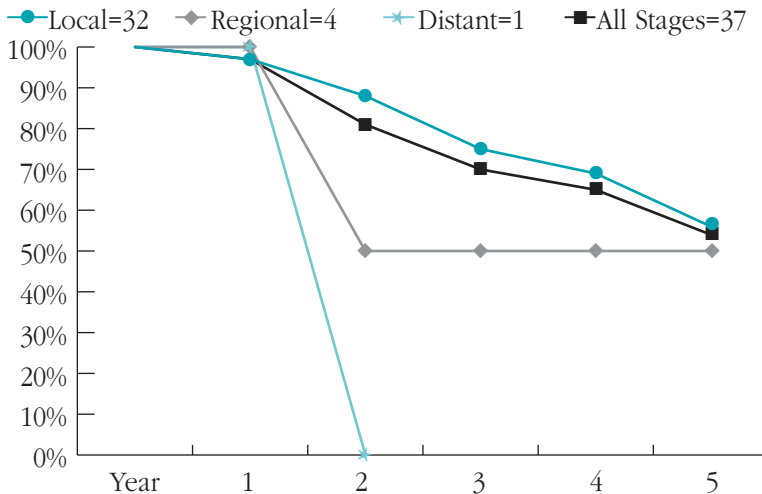
Age at Diagnosis



Extent of Disease



Survival Curve Carcinoma of the Prostate 1996



PROSTATE CANCER

Almost 75% of all prostate cancers are diagnosed in men over the age of 65. Prostate cancer is most common in North America and northwestern Europe. African-American males are twice as likely to develop prostate cancer as white American men. Obesity, physical inactivity or a high-fat diet may increase the risk of prostate cancer. Symptoms for prostate cancer are usually nonspecific and can be caused by benign conditions as well as prostate cancer. Urinary symptoms such as frequency, burning, inability to urinate and blood in the urine should be reported to your physician.



rehabilitation

REGISTRY FOLLOW-UP: 1982 THROUGH 2000

All cancer patients accessioned at Deaconess, 1982-2000 (The Deaconess Registry has maintained 99.0% follow-up on all patients accessioned at Deaconess since 1982.)	14,272
Exclude all non-analytic 1982-2000	1,211
Exclude all foreign residents 1982-2000	6
Exclude uterine cervical in situ carcinomas 1982-2000	255
Total	12,800

LIVING - 3,762		DECEASED - 8,910	
Clinically free of cancer	22.7%	Death cancer present	50.1%
Not free of cancer	2.7%	Death cancer not present	11.4%
Presence of cancer not determined	4.0%	Presence of cancer not determined	8.1%
Total living	29.4%	Total deceased	69.6%

* The American College of Surgeons requires 90 percent follow-up on living patients accessioned to the Registry, but it excludes carcinoma of the skin and uterine cervical in situ carcinoma from follow-up and tabulations.



The Commission on Cancer awards this Certificate of Approval

to the Community Hospital Comprehensive Cancer Program of
Deaconess Hospital
Evansville, IN
Program approved through 2004

Alfred M. Cohen, MD, FACS
Chair, Commission on Cancer

David K. King, MD
Chair, Committee on Approvals

AMERICAN ACADEMY OF HOSPITAL AND CLINICAL MEDICINE • AMERICAN ACADEMY OF PEDIATRICS • AMERICAN ASSOCIATION FOR CANCER EDUCATION, INC. • AMERICAN CANCER SOCIETY, INC.
AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS • AMERICAN COLLEGE OF ONCOLOGY ADMINISTRATORS • AMERICAN COLLEGE OF PHYSICIANS • AMERICAN COLLEGE OF RADIOLOGY • AMERICAN COLLEGE OF RESEARCH
AMERICAN DIETETIC ASSOCIATION, ONCOLOGY NUTRITION DIETETIC PRACTICE GROUP • AMERICAN HEAD AND NECK SOCIETY • AMERICAN HOSPITAL ASSOCIATION • AMERICAN INST. COMMITTEE ON CANCER
AMERICAN MEDICAL ASSOCIATION • AMERICAN PEDIATRIC SURGICAL ASSOCIATION • AMERICAN SOCIETY FOR PAIN HOSPITAL AND HOSPITAL MEDICINE • AMERICAN SOCIETY OF CLINICAL ONCOLOGY
AMERICAN SOCIETY OF COLON AND RECTAL SURGEONS • AMERICAN SOCIETY OF THERAPEUTIC RADIOLOGY AND ONCOLOGY • AMERICAN UROLOGICAL ASSOCIATION • AMERICAN SOCIETY OF CLINICAL ONCOLOGY
ASSOCIATION OF CANCER EXECUTIVES • ASSOCIATION OF COMMUNITY CANCER CENTERS • CHINESE SOCIETY OF SURGICAL EDUCATION • CHINESE SOCIETY OF RADIOLOGY • CHINESE SOCIETY OF CLINICAL ONCOLOGY
COLLEGE OF AMERICAN PATHOLOGISTS • DEPARTMENTS OF DEFENSE • DEPARTMENT OF VETERANS AFFAIRS • HEALTH RESEARCH AND SERVICE ADMINISTRATION FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
NATIONAL CANCER INSTITUTE, SITE SURVEILLANCE, TREATMENT, AND PREVENTION PROGRAM, CANCER THERAPY EVALUATION PROGRAM • NATIONAL CANCER REGISTRY ASSOCIATION, INC.
NATIONAL SURGICAL ADJUTANT GENERAL AND NURSING PROGRAM • NORTH AMERICAN ASSOCIATION OF CENTRAL CANCER REGISTRIES • ONCOLOGY NURSING SOCIETY
SOCIETY OF GYNECOLOGIC INVESTIGATORS • SOCIETY OF SURGICAL ONCOLOGY • SOCIETY OF THORACIC SURGEONS

TUMOR CONFERENCE COMMITTEE

Brian W. Schymik, M.D.
Chairman, Surgery

Henry Bockelman, M.D.
Pathology

Mark Browning, M.D.
Medical Oncology

David Carlson, M.D.
Surgery

David Evans, M.D.
Pathology

Edward Fox, M.D.
Medical Oncology

Kean Griffith, M.D.
Surgery

Young Lim, M.D.
Pathology

Aly Razek, M.D.
Radiation Oncology

Crystal Reed, M.D.
Radiation Oncology

David Risner, M.D.
Pathology

Daniel Shirey, M.D.
Medical Oncology

Curtis Stautz, M.D.
Diagnostic Radiology

Anthony Stephens, M.D.
Medical Oncology

Thomas Waits, M.D.
Medical Oncology

2001 ONCOLOGY COMMITTEE

Kean Griffith, M.D.
Chairman, Surgery

Rick Ballou, M.D.
Medical Oncology

Henry Bockelman, M.D.
Pathology

Edward Fox, M.D.
Medical Oncology

Thomas Gadiant, M.D.
Urology

Jeffrey Hunter, M.D.
Family Practice

Mohammad Hussain, M.D.
Pediatric Oncology

William Johnson, M.D.
Gastroenterology

Prasanna Kumar, Ph.D.
Radiation Safety Officer

Francis McDonnell, M.D.
Pain Management Clinic

Michael Miller, M.D.
Radiation Oncology

Mark Morrison, M.D.
Obstetrics & Gynecology

Crystal Reed, M.D.
Radiation Oncology

Brian W. Schymik, M.D.
Surgery

Daniel Shirey, M.D.
Medical Oncology

Anthony Stephens, M.D.
Medical Oncology

Santi Vibul, M.D.
Surgery

Daniel Whitehead, M.D.
Diagnostic Radiology

Candace Adye, R.N.
Manager Oncology Services

Nancy Dippel, R.D., C.N.S.D.
Dietetics

Kathy Dockery
Administrator of Deaconess Breast Center

Rev. Chuck Doughty
Religious Life

Dianne Hensley, R.N.
Nursing Service

Patty Laird, R.N., M.S.N., O.C.N.
Manager Unit 5100, 3600, IV

Kim Liberman, R.N.
Unit 5100

Jill Mitchell, R.N.
Case Management

Cathy Nemer-Dawson, R.N.
Radiation Therapy

Judi Reininga, C.T.R.
Cancer Registry

Debra Seibert
Cancer Registry

Melinda Sloan, R.Ph.
Pharmacy

Patty Sollman, M.T.A, S.C.P.
Blood Bank Supervisor

Janet Thomas, R.N.
Unit 5100

Darla Vote, R.N., C.P.H.Q.
Performance Improvement

Kathy Weinzapfel, O.T.R.
Clinical Supervisor Physical Medicine

Linda White, R.N., M.S.N.
Administration



DEACONESS HOSPITAL

Founded in 1892, Deaconess is an acute care, teaching hospital, serving residents of southern Indiana, southeastern Illinois, and western Kentucky.

One of the largest hospitals in this region, Deaconess offers a broad range of inpatient and outpatient medical, surgical and diagnostic services. For more than a century, Deaconess has remained a steady caregiver, embracing the community's needs with expertise and compassion. During that time Deaconess has enjoyed many accomplishments, including being named one of the nation's top 100 hospitals. Deaconess is accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO).

MISSION STATEMENT

In keeping with its Christian heritage and tradition of service, the mission of Deaconess Hospital is to provide quality health care services with a compassionate and caring spirit to persons, families and communities of the Tri-State.



Deaconess Cancer Services

CHANCELLOR CENTER FOR ONCOLOGY

Deaconess Hospital
600 Mary Street ■ Evansville, Indiana 47747
812/450-3036 ■ www.deaconess.com