A source of a physical, emotional and spiritual healing.

A ripple begins with a source.

Deaconess Cancer Services

CHANCELLOR CENTER FOR ONCOLOGY

Annual Report 2003

Contains 2002 Data

Dear Colleagues,

It has been a watershed year for Deaconess Cancer Services. The Deaconess Hospice Care Center opened in January 2003. This center is the first of its kind in the Tri-State and expands the hospice continuum of care with inpatient services. In March, Deaconess Cancer Services introduced a new dimension in cancer care with the opening of the Chancellor Center for Oncology. Located on the Deaconess Gateway campus, the Chancellor Center is a source of physical, emotional and spiritual healing for our community. Designed around the theme of the healing power of water, the Chancellor Center offers state-of-the-art technology in a comforting environment of rippling water fountains and quiet gardens. Numerous new and expanded services were also introduced with the opening of the center, including cancer rehabilitation, nutrition counseling, spiritual support, community education and support services. Our resource library opened, featuring reference books, videos and tapes, as well as brochures and guided Internet access service. Patients also receive massage therapy, manicures, pedicures and occasional visits from our pet therapy club. Our Web site, www.deaconess.com/cancer, was also enhanced to feature virtual tours of the center, links to other cancer resources and direct links to the Chancellor Center's "patient navigator."

Brian W. Schymik, M.D.
American College of Surgeons Liaison

Deaconess Cancer Services Highlights of 2003

Names in the News: Dr. David Kim, board-certified radiation oncologist, became Deaconess Cancer Services medical director in March. Dr. Kim trained at Yale University and is a member of Oncology Hematology Associates. He was also involved in research work on *Frequent Alterations of Smad Signaling in Human Head and Neck Squamous Cell Carcinomas: A Tissue Microarray Analysis*, published in Oncology Research, Vol. 14, pp. 61-73, 2003.

Dr. Kim Volz, Deaconess Family Practice Center, received the 2003 Smokefree Champion Award from Tobacco Free Indiana. A Smokefree Champion is a physician who shows high regard for his or her patients by assisting them with quitting tobacco use or by becoming involved with prevention activities. Congratulations, Dr. Volz!

Educational Events: Numerous educational and support events were held throughout the year, including Healthy Journey, Journaling to Spiritual Awareness, Healing through Journaling, clinical education teleconferences, and work-site health fairs. In addition, the following educational events were held:

- June 18, 2003 – The annual Physician Clergy Conference was held on the topic of Spirituality and Cancer Care. Dr. Carl O. Simonton spoke to an audience of more than 100 attendees.
- September 17, 2003 – Cancer Nursing Annual Seminar, a community-wide event held at the University of Southern Indiana campus.
- November 12, 2002 – *Breaking the Bad News*, presented by Dr. Michael Frederich as part of our National Hospice Week activities.
- November 21, 2002 – 13th Annual Professional Ethics Seminar, *End of Life Care Issues: A Balancing Act*, was sponsored by Deaconess Health System, St. Mary's Medical Center and HealthSouth Tri-State Rehabilitation Hospital.

Our working relationship with the American Cancer Society was expanded through the establishment of a wig loan shop and participation in three local Relay for Life races and Look Good-Feel Better programs. Candace Adye served as Tell-a-Friend co-chairman, and the Chancellor Center hosted the kick-off breakfast for community leaders.

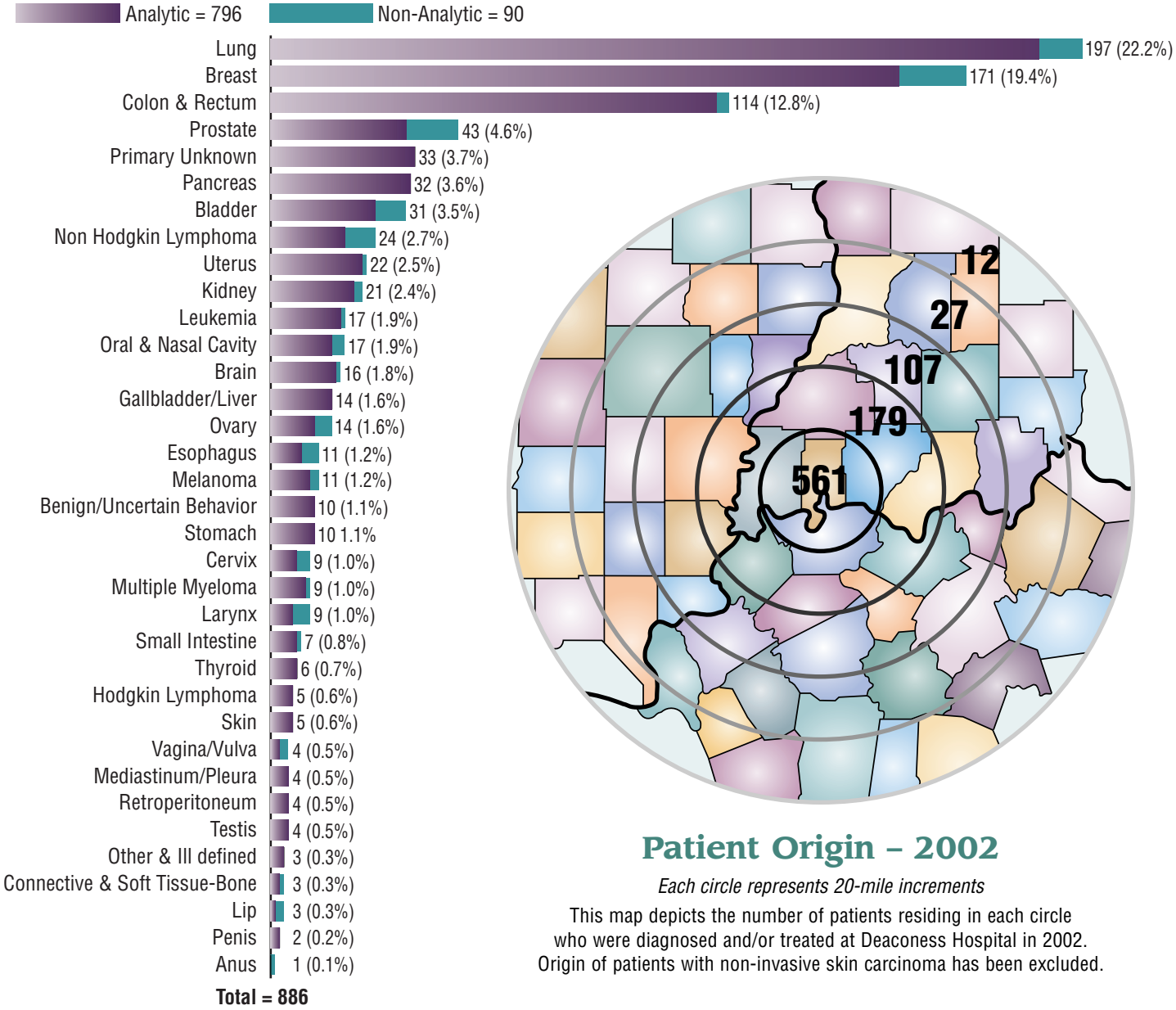
Deaconess supports the continuing education of our nursing staff. We are proud of the three Deaconess Cancer Center nurses who recently passed the Oncology Certified Nurse (OCN) exam, and we're pleased to recognize all current OCNs: Patty Laird, Chris Day, Sharon Dunville, Kim Liberman, Janet Thomas, Elise Bender and Cynthia Hodge.

Service Notes: Deaconess Cancer Services has many dedicated professionals striving to constantly improve our service to the community. Notable activities for 2003 include:

- Deaconess Physical Medicine Department implemented the C.A.R.E. program (Cancer Rehabilitation and Education). This program offers free screening for all cancer patients and recommends therapies to improve activity and/or minimize fatigue. Physical Medicine also screens all breast cancer patients for lymphedema and offers education and support.
- The Oncology Core Care Team, chaired by Patty Laird, addressed many process improvement opportunities throughout the year, including an Aranesp therapeutic exchange and a bone marrow biopsy pre-op educational assessment.
- The Oncology Committee, chaired by Dr. Daniel Shirey, met monthly to review ongoing activities, plan educational events and discuss service improvements. The Tumor Conference was held weekly, chaired by Dr. Brian Schymik.
- The Cancer Steering Team, chaired by Candace Adye, continued its work identifying service improvement opportunities and implementing programs. Many of these implemented services are noted above.
- The Deaconess Breast Center implemented an employee mammogram program to offer Deaconess employees preferred times during the work day to receive their annual mammogram. The Deaconess Foundation continued its community support by funding more than 800 mammograms for indigent patients.
- Judi Reininga, CTR, served as ICRA membership chairman. Debra Seibert again achieved 99% follow-up! Outstanding!

Incidence of Cancer by Site - 2002

This chart illustrates the 2002 incidence of cancer by anatomic site and relative percentage to all cases. A total of 886 new cases were added to the registry in 2002. Of this total, 796 were analytic (diagnosed and/or treated at Deaconess during the first course of treatment) and 90 cases were non-analytic (diagnosed elsewhere, new to Deaconess). The four hundred fifty-seven 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.



Patient Origin – 2002

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 2002. Origin of patients with non-invasive skin carcinoma has been excluded.

Grand Rounds/Educational Topics – 2002-2003

SEPTEMBER 10, 2002
Lung Cancer and Paraneoplastic Syndrome
Gregory Hindahl, M.D.
Family Practice Deaconess Hospital

SEPTEMBER 10, 2002
Hormone Therapy for Breast Cancer
Debu Tripathy, M.D.
University of California at San Francisco

NOVEMBER 12, 2002
Communication: Breaking the Bad News
Michael E. Frederich, M.D.
Clinical Medical Director
San Diego Hospice

JANUARY 31, 2003
Oncology and Its Future:
The Products and the Pipeline
Coleman Obasaju, M.D., Ph.D
Lead Physician Thoracic Tumor Team
Lilly USA

MARCH 11, 2003
What's New in the Diagnosis,
Work-up and Treatment of Prostate Cancer
Richard Bihrle, M.D.
Professor of Urology
Indiana University School of Medicine

JULY 8, 2003
Non-Hodgkin Lymphoma
Michael J. Robertson, M.D.
Associate Professor of Medicine,
Hematology/Oncology
Indiana University School of Medicine

AUGUST 29, 2003
Genetics and Cancer
Holly Neibergs, PhD.
Heredity Cancer Institute
Louisville, KY

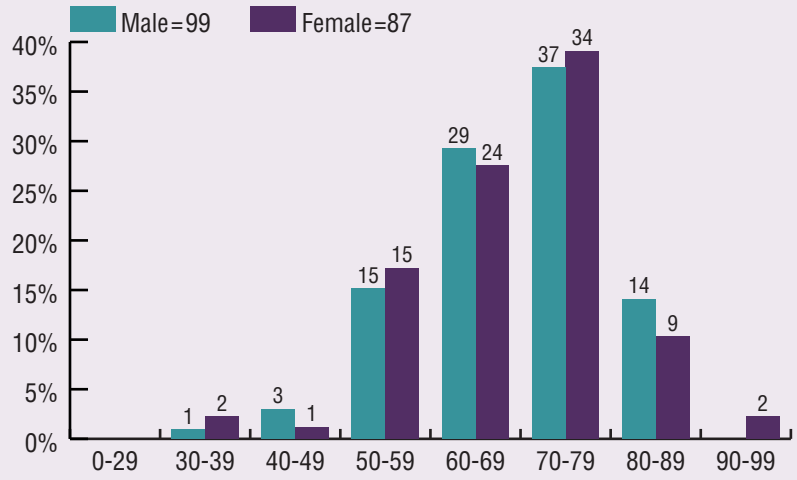
Lung Cancer

Lung Cancer Distribution 2002

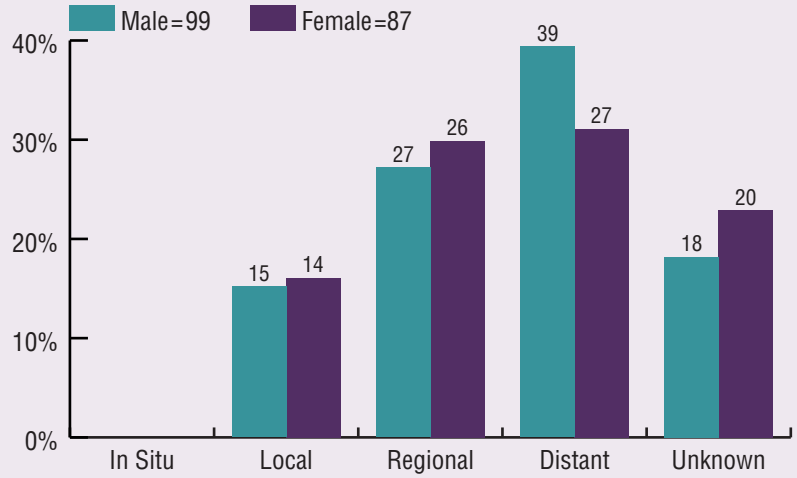
Study Summary

Risk factors associated with lung cancer include smoking, asbestos exposure and occupational exposure to certain toxic agents. Lung cancer continues to be the most prevalent cancer diagnosed and/or treated at Deaconess. One hundred and eighty-six cases of lung cancer were added to the Cancer Registry in 2002. There were 99 male patients and 87 female patients. About 20% of the cases were Stage IV at diagnosis. The national incidence of lung cancer in males is 14% compared to 26% here at Deaconess. Female lung cancer accounted for 20% of the female cancers compared to a 12% incidence nationally. The largest percentage (38%) presented between the ages of 70-79 this year. Five-year survival for lung cases diagnosed and treated at Deaconess in 1997 was 45% for localized disease and 2% for distant disease. Overall five-year survival for 1997 cases was 19%. Surgery, radiation and chemotherapy continue to be the primary mode of treatment for this disease and are usually used in combination.

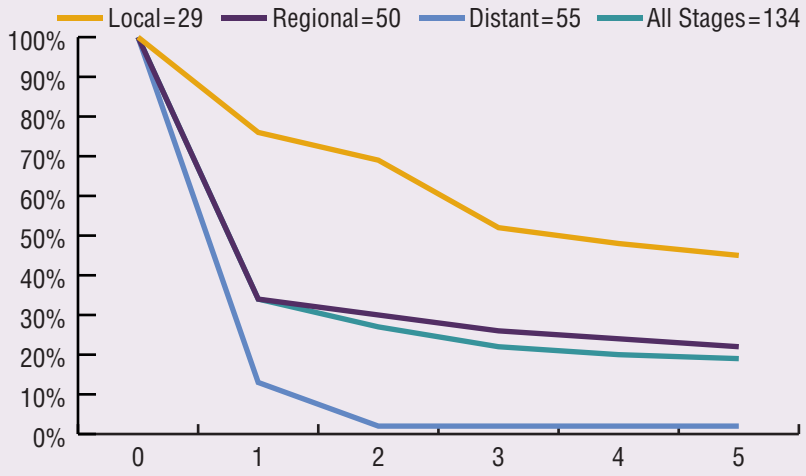
Age at Diagnosis*



Extent of Disease*



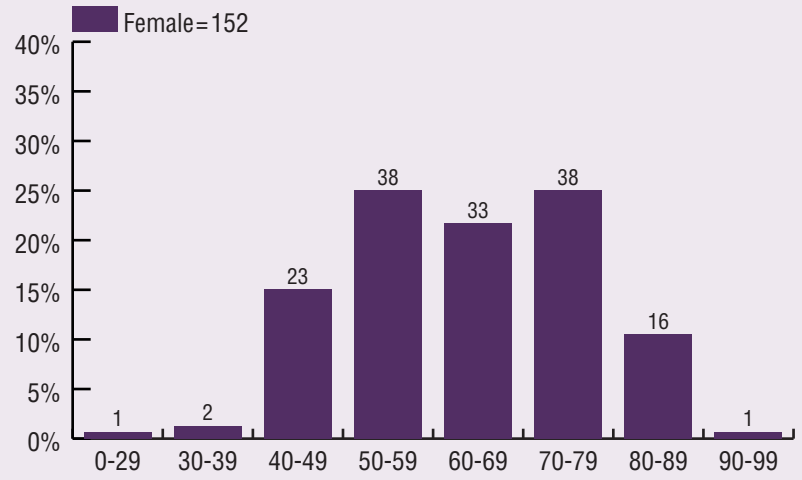
Survival - Carcinoma of the Lung 1997



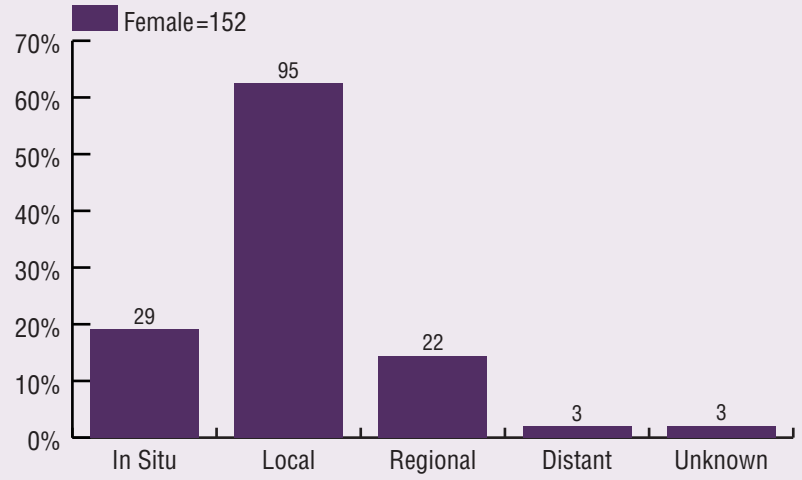
*Percentages are based on 100 percent of male or female incidence of disease to demonstrate the differences in age and extent of disease between males and females with carcinoma of the lung.

Breast Cancer Distribution 2002

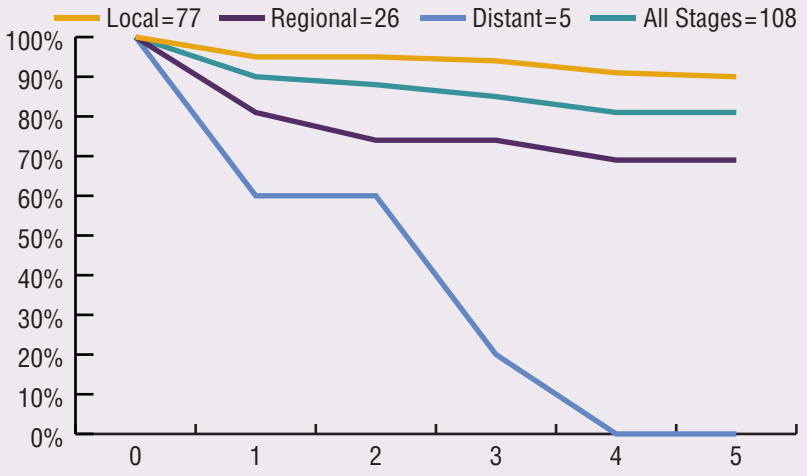
Age at Diagnosis*



Extent of Disease*



Survival - Carcinoma of the Breast 1997



**Percentages are based on 100 percent of female incidence of disease to demonstrate the differences in age and extent of disease in females with carcinoma of the breast.*

Breast Cancer

Study Summary

Breast cancer incidence at Deaconess continues to be the most prevalent cancer diagnosed in women. It ranks second only to lung cancer and represents 19.4% of the 886 cancers for 2002. The national breast cancer rate is 31% of all female cancers compared to 35% at Deaconess. Self-examination, clinical breast exams and mammograms have led to earlier detection of the disease. Early detection leads to better survival. A majority (81.5%) of the breast cancer seen at Deaconess was diagnosed at insitu or local stages. The ages of our patients ranged from 28 years old to 93 years old. The 50-59 and 70-79 year old ranges had a 25% incidence. Lumpectomy followed by radiation therapy and mastectomy were the most widely used treatments. The breast patients diagnosed and/or treated here in 1997 demonstrated an 81% five-year survival. Nationally, the overall five-year survival was 77%. Those patients diagnosed at an early stage (insitu or local) show a 90% survival rate locally and 89% nationally.

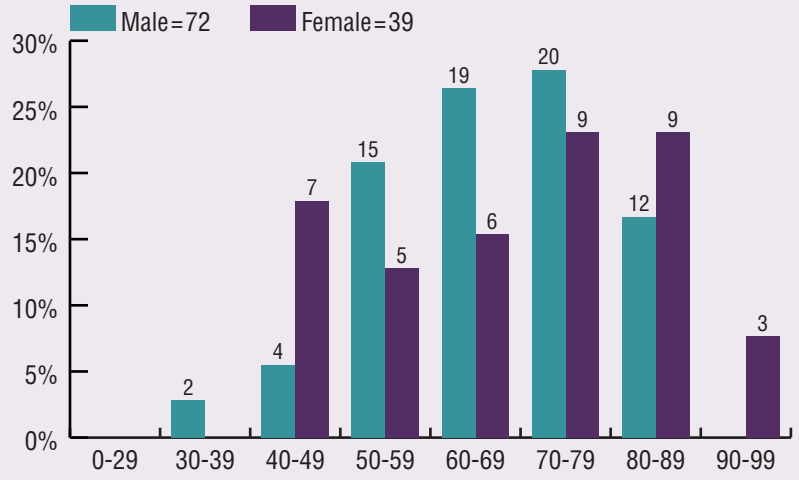
Colorectum Cancer

Colon & Rectum Cancer Distribution 2002

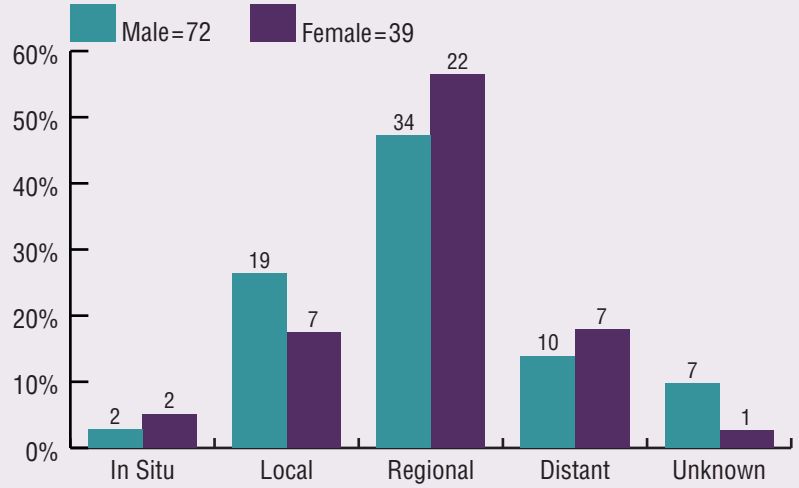
Study Summary

Colon and rectum cancer is frequently diagnosed and/or treated here at Deaconess. It ranks third behind lung and breast cancers and accounts for 12.8% of all cancers. We saw 111 analytic patients in 2002. This disease is not gender biased. Both males and females are equally at risk. However, we had almost a 2:1 male to female ratio this year. Seventy-two of our patients were males, with 28% (20 patients) aged 70-79. Symptoms of colon and rectal cancer may include rectal bleeding, changes in bowel habits, abdominal pain and weight loss. Half of our patients were Stage II or Stage III at the time of diagnosis. Surgery, chemotherapy and radiation therapy are used either alone or in various combinations for treatment. Nationally, the overall five-year survival rate is 47%. At Deaconess, the overall five-year survival rate for cases from 1997 is 49%. When the cancer is diagnosed at Stage I, a 68% five-year survival is noted. Early detection plays an important role in the ultimate outcome of patients with colon and rectum cancer.

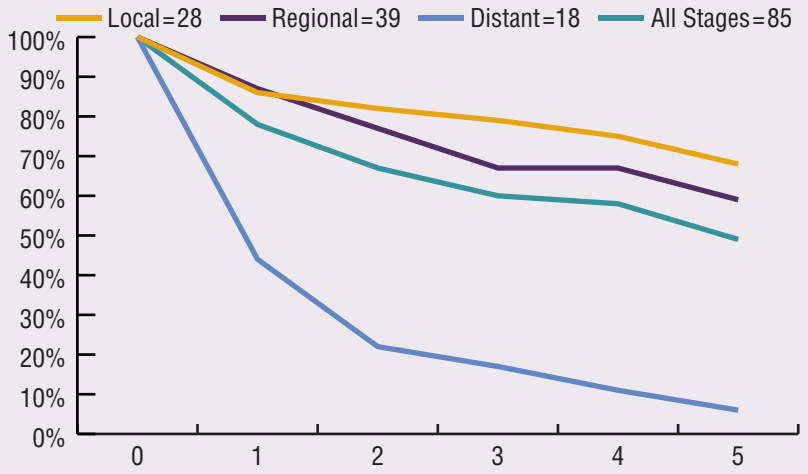
Age at Diagnosis*



Extent of Disease*



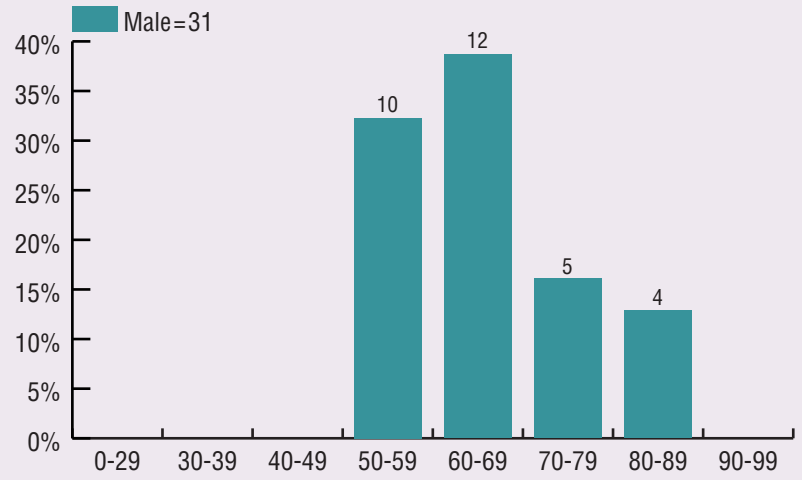
Survival - Carcinoma of the Colorectum 1997



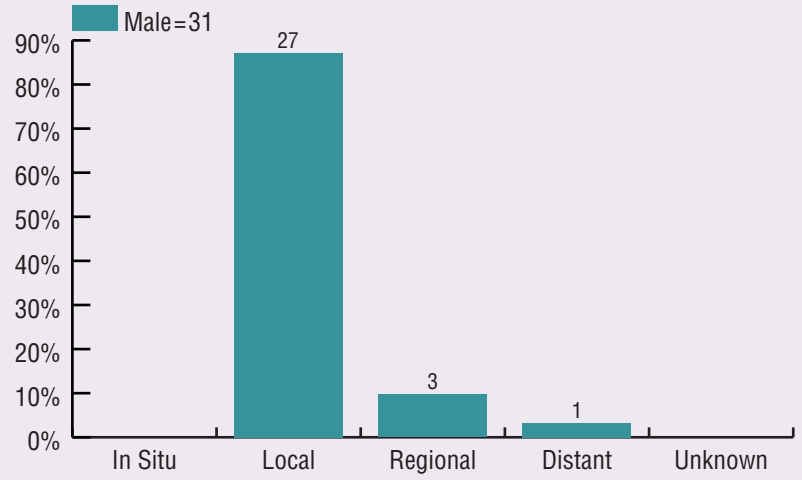
**Percentages are based on 100 percent of male or female incidence of disease to demonstrate the differences in age and extent of disease between males and females with carcinoma of the colorectum.*

Prostate Cancer Distribution 2002

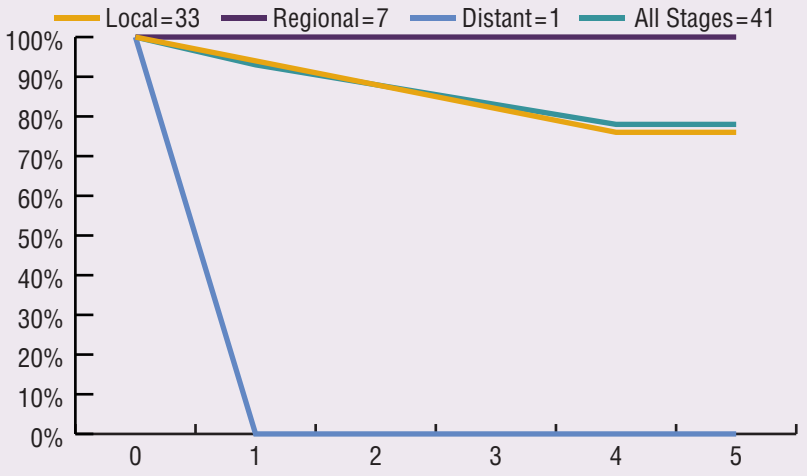
Age at Diagnosis*



Extent of Disease*



Survival - Carcinoma of the Prostate 1997



**Percentages are based on 100 percent of male incidence of disease to demonstrate the differences in age and extent of disease in males with carcinoma of the prostate.*

Prostate Cancer

Study Summary

Prostate cancer is more prevalent for males over the age of 60, according to national studies. At Deaconess the highest incidence (39%) is between the ages of 60-69. There were 31 men newly diagnosed and/or treated for prostate cancer at Deaconess in 2002. This is 9% of all male cancers. National figures show that 30% of men diagnosed with cancer have prostate cancer. The widespread use of the prostate specific antigen (PSA) test has led to earlier detection. Although a positive PSA is not absolute proof of prostate cancer, when used with digital exams at screening clinics the disease can be diagnosed at an early stage, which increases the survival rate. At Deaconess, 87% of the new cases were found while the disease was still confined to the prostate gland. The five-year survival rate for cases diagnosed at a local stage in 1997 was 76%. Nationally, the five-year survival rate for a localized prostate cancer is 73%. Several modalities are used for treating this disease. Surgery, radiation therapy, hormones and chemotherapy may be used alone or in combination. Watchful waiting is also an acceptable treatment in certain cases.

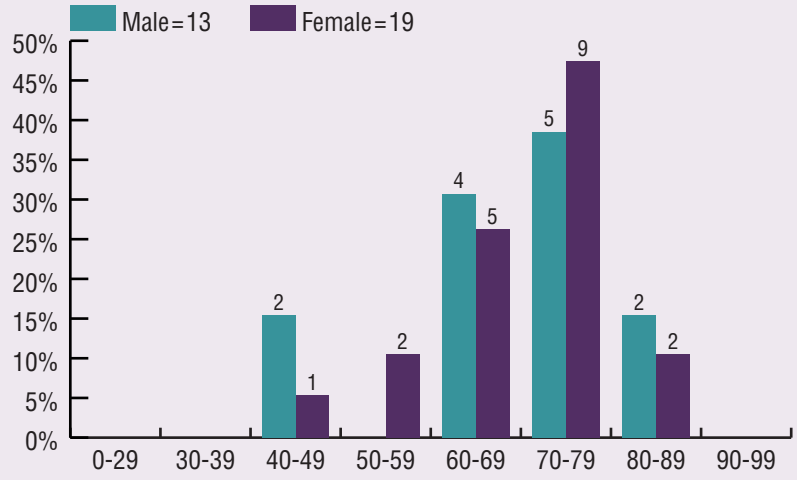
Pancreatic Cancer

Pancreatic Cancer Distribution 2002

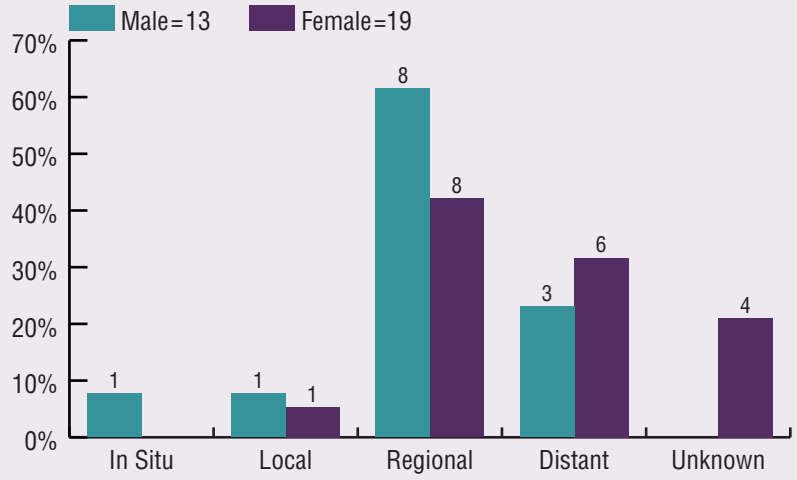
Study Summary

Pancreatic cancer represented 3.6% of the cancers seen at Deaconess in 2002. Nineteen females and 13 males were entered into the database. Forty-four percent of these patients were age 70-79. Benchmark reports show that of the 17,689 patients reported nationally, 33% were age 70-79. Generally, early symptoms are not apparent unless the bile duct is obstructed and jaundice is observed. At diagnosis, 50% of the Deaconess patients were Stage II or III. Surgery, chemotherapy and radiation are used in the treatment of pancreatic cancer. Five-year survival rate of patients diagnosed in 1997 is 0%. Nationally, we see an overall rate of 5%.

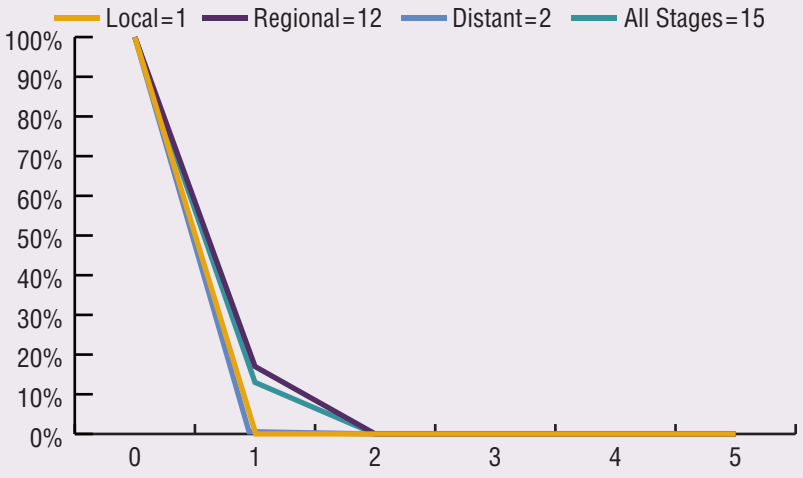
Age at Diagnosis*



Extent of Disease*



Survival - Carcinoma of the Pancreas 1997



**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 pancreas.*

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

Registry Follow-Up 1982 Through 2001

All cancer patients accessioned at Deaconess, 1982-2001 *(The Deaconess Registry has maintained 99.0% follow-up on all patients accessioned at Deaconess since 1982.)*	15,133
Exclude all non-analytic 1982 – 2001	1,312
Exclude all foreign residents 1982 – 2001	6
Exclude uterine cervical in situ carcinomas 1982- 2001	257
Total	**13,558**

Living – 3,942		**Deceased – 9,485**	
Clinically free of cancer	22.3%	Death, cancer present	49.8%
Not free of cancer	3.1%	Death, cancer not present	11.8%
Presence of cancer not determined	3.8%	Presence of cancer not determined	8.2%
Total living	**29.2%**	**Total deceased**	**69.8%**

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

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

David Kim, M.D.
Radiation Oncology

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

Michael Titzer, M.D.
Medical Oncology

Thomas Waits, M.D.
Medical Oncology

Deaconess Incidence Comparison to National - 2002*

Female

Site	Deaconess	National
Breast	35%	31%
Lung	20%	12%
Colon & Rectum	9%	12%
Uterus	2%	6%
Ovary	2%	4%
Non-Hodgkin Lymphoma	2%	4%
Melanoma of Skin	1%	4%
Bladder	2%	2%
Pancreas	4%	2%
Thyroid	1%	2%
All Other	23%	21%
Total	**100%**	**100%**

Male

Site	Deaconess	National
Prostate	9%	30%
Lung	26%	14%
Colon & Rectum	19%	11%
Bladder	6%	7%
Non-Hodgkin Lymphoma	2%	4%
Melanoma of Skin	2%	5%
Oral Cavity	2%	3%
Kidney	3%	3%
Leukemia	3%	3%
Pancreas	4%	2%
All Other	24%	18%
Total	**100%**	**100%**

**Figures are based on comparison of 2002 Deaconess incidence rates with national data published by the American Cancer Society for 2002.*

2002 Oncology Committee

Daniel R. Shirey, M.D.
Chairman, Medical Oncology

Ricky Ballou, M.D.
Medical Oncology

Henry Bockelman, M.D.
Pathology

Edward Fox, M.D.
Medical Oncology

Jeffrey Hunter, M.D.
Family Practice

Mohammed Hussain, M.D.
Pediatric Oncology

William Johnson, M.D.
Gastroenterology

David Kim, M.D.
Radiation Oncology

Gregory McCord, M.D.
Gastroenterology

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

Anthony W. Stephens, M.D.
Medical Oncology

Michael Titzer, M.D.
Medical Oncology

Santi Vibul, M.D.
Surgery

Lee Wagmeister, M.D.
Cardio-Thoracic Surgery

Daniel Whitehead, M.D.
Diagnostic Radiology

Candace Adye, R.N.
Director, Oncology Services

Polly Bigham
Community Development Director,
American Cancer Society

Kathy Dockery
Administrator, Deaconess Breast Center

Rev. Chuck Doughty
Religious Life

Dianne Hensley, R.N.
Director, Patient Care Services

Shannon Johnson, R.N.
Performance Improvement

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

Kim Liberman, R.N.
Unit 5100

Mary Mably, R.Ph.
Pharmacy

Jill Mitchell, R.N.
Case Management

Cathy Nemer-Dawson, R.N.
Radiation Therapy

Meredith Petty, R.Ph.
Pharmacy

Judi Reininga, C.T.R.
Cancer Registry

Debra Seibert
Cancer Registry

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

Janet Thomas, R.N.
Unit 5100

Gene Watson
Area Executive Director,
American Cancer Society

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

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

2002-2003 Oncology Core Care Team

**Patty Laird, R.N., M.S.N.,
O.C.N., Team Leader**
Manager, Oncology/Pulmonary Center

Candace Adye, R.N.
Director, Oncology Services

Kathy Dockery
Administrator, Deaconess Breast Center

Dianne Hensley, R.N.
Director, Patient Care Services

Hanna Isom, R.N.
Progressive Care Center

Shannon Johnson, R.N.
Performance Improvement

Mary Mably, R.Ph.
Pharmacy

Chaplain Peggy Matacale
Religious Life

Jill Mitchell, R.N.
Case Management

Meredith Petty, R.Ph.
Pharmacy

Judi Reininga, C.T.R.
Cancer Registry

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

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

2002-2003 Oncology Steering Team

Candace Adye, R.N., Chairman
Director, Oncology Services

Janie Chappell, R.N., M.S.N.
Cross Pointe

Mary Beth Davis, R.N.
Resource Center

Cathy Nemer-Dawson, R.N.
Radiation Therapy

Kathy Dockery
Administrator, Deaconess Breast Center

Rev. Chuck Doughty
Religious Life

Julia Esparza, M.L.S.
Health Science Library

Angie Hendrickson
Chancellor Center for Oncology

Jeanne Jarboe, L.S.W
Social Services

Vickie Jasper, R.N.
Home Medical Services

Paula Key, R.N.
Surgery

Patty Laird, R.N., M.S.N., O.C.N.
Manager, Oncology/Pulmonary Center

Jill Mitchell, R.N.
Case Management

Lori Nelson, R.T.
Home Medical Services

Meredith Petty, R.Ph.
Pharmacy

Judi Reininga, C.T.R.
Cancer Registry

Mark Roy, R.Ph.
Pharmacy

Debra Seibert
Cancer Registry

Ellen Wathen, R.N., M.S.N., B.C.
Employee Education and Development

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

Chancellor Center for Oncology

Expert Care

The Chancellor Center for Oncology is dedicated to promoting the physical, emotional and spiritual health of our cancer patients and their families as well as providing preventative and educational services for our community. For all your questions or needs call the Chancellor Center for Oncology at 800-632-2623.

A Broad Range of Services

Radiation Therapy

Chemotherapy Infusion

Nutrition Counseling

Pain Management

Spiritual Support

Cancer Rehabilitation

Community Education

Guided Internet Searches

Support Groups

Lending Library
with information on complementary medicine, support services and other topics.

A ripple begins with a source.

Deaconess Cancer Services

CHANCELLOR CENTER FOR ONCOLOGY

4055 Gateway Boulevard • Newburgh, Indiana 47630

812-858-CARE (2273) • 800-632-2623

www.deaconess.com/cancer