

2011

Cancer Report

Focus On Colon Cancer

Kosciusko County | Indiana



Commission
on Cancer



Lutheran Health Network
Cancer Care Center

KOSCIUSKO COMMUNITY HOSPITAL'S COLON CANCER STUDY



**Musaberk Goksel, MD | Medical Oncologist
Cancer Committee Chair,
American College of Surgeons Liaison**

The KCH Cancer Center, accredited with Commendation Status by the American College of Surgeons Commission on Cancer, continues to expand services and improve efficiencies. Our Patient Navigator Program has grown to full time availability. We strengthened our pharmacy program by providing an on site pharmacist to consult with the physicians, nursing staff and patients and to prepare the individualized medication treatments.

We have collected blood samples for a number of years and have now added a satellite lab to process essential samples at the Center. This will decrease the need for our patients to have an extended wait time for critical lab results that guide the physician's decision to proceed with medication administration.

We added a Clinical Research Nurse and are beginning the journey of becoming an official Community Based Research Site for the Hoosier Oncology Group (HOG), the cancer research site for the world renowned Indiana University Simeon Research Center.

The KCH Women's Imaging Center partnered with the Cancer Center to participate in the National Quality for Breast Centers (NQMBC) accreditation process and was awarded as a Certified Quality Breast Center.

These achievements serve as testimony to Kosciusko Community Hospital being named in 2011 as one of the nation's 100 Top Hospitals® by Thomson Reuters, a leading provider of information and solutions to improve the cost and quality of healthcare. The Thomson Reuters 100 Top Hospitals® study evaluates performance in 10 areas: mortality; medical complications; patient safety; average patient stay; expenses; profitability; patient satisfaction; adherence to clinical standards of care; post-discharge mortality; and readmission rates for heart attack, heart failure, and pneumonia. Hospitals do not apply, and winners do not pay to market this honor.

To conduct the 100 Top Hospitals study, Thomson Reuters researchers evaluated 2,914 short-term, acute care, non-federal hospitals. They used public information — Medicare cost reports, Medicare Provider Analysis and Review (MedPAR) data, and core measures and patient satisfaction data from the Centers for Medicare and Medicaid Services (CMS) Hospital Compare website.



CANCER STAGES: DEFINED

Stage 0: Neoplasm that meets microscopic criteria for malignancy except invasion

Stage I: Malignancy that is entirely confined to organ of origin

Stage II/III: Malignancy that has spread by direct extension to immediately adjacent organs/tissue or has metastasized to regional lymph nodes or organs

Stage IV: Malignancy that has spread beyond adjacent organs or tissues by direct extension or has developed secondary or metastatic tumors, metastasized to lymph nodes or is systemic in origin

The AJCC (American Joint Committee on Cancer) formulates and publishes systems of classification of cancer, including staging and end results reporting, which is acceptable to and used by the medical profession.

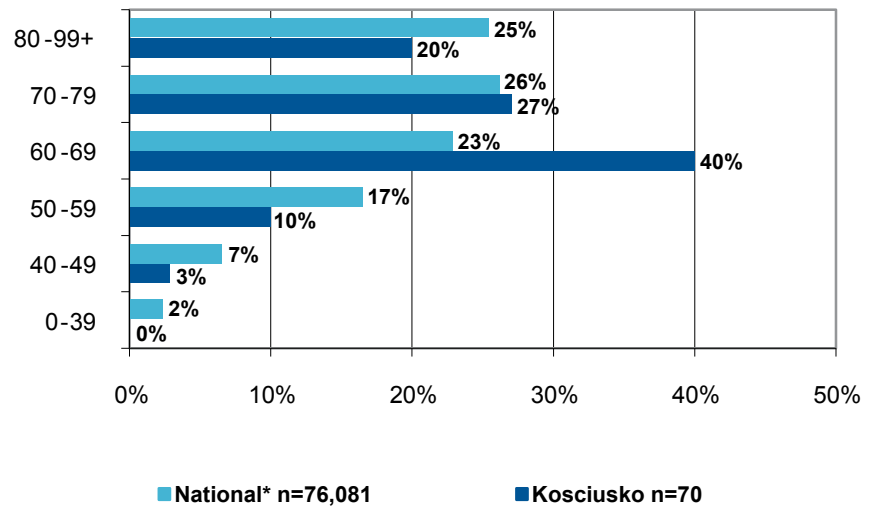


**(L-R) Mary Childers, Patient Navigator; Musaberk Goksel, MD;
Julie Bowers, Director**

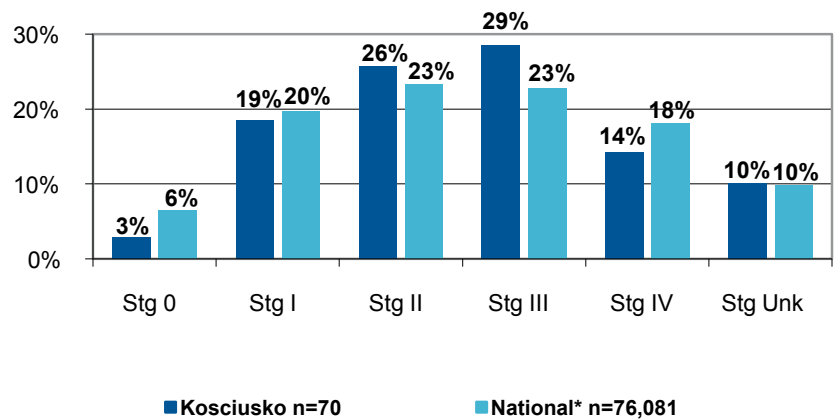
2011 QUALITY IMPROVEMENT DATA STUDY: ANALYTIC COLON CANCER

The Kosciusko Community Hospital Cancer Care Center data is compared to the National Cancer Data Base (NCDB) of the American College of Surgeons. Criteria for evaluation comprise analytic colon cancer cases between 2006 and 2010. The statistics were similar between the two registries in regards to the stages at the time of diagnosis. The majority of patients were 60-69 years of age in both the KCH and National registry (40% and 23% of the cases respectively). This was followed by the 70-79 years of age group (27% vs. 26%). Stage of diagnosis was similar in both registries. Early stage colon cancer (stage 0, I, II, III comprised the majority of cases at KCH (77%) and in NCDB data (72%). With reference to the choice of treatment modalities, again, statistics were similar. Most of the patients were treated either with surgery or surgery and chemotherapy together. Combined modality treatment was more favorable in KCH data than NCDB (31% vs. 25%). These are all reflected in the survival data. In the 2001-2005 survival data the category of "all stages" was reported and KCH had 45% overall survival compared to 55% by the NCDB. The 2006-2010 data demonstrates an improvement in outcomes and exceeded the NCDB results in both Stage II (KCH 26% NCDB 23%) and Stage III (KCH 29% NCDB 23%). In conclusion, this data suggests that the patients with colon cancer at KCH are being treated similarly and the outcomes parallel to those treated in the national databases.

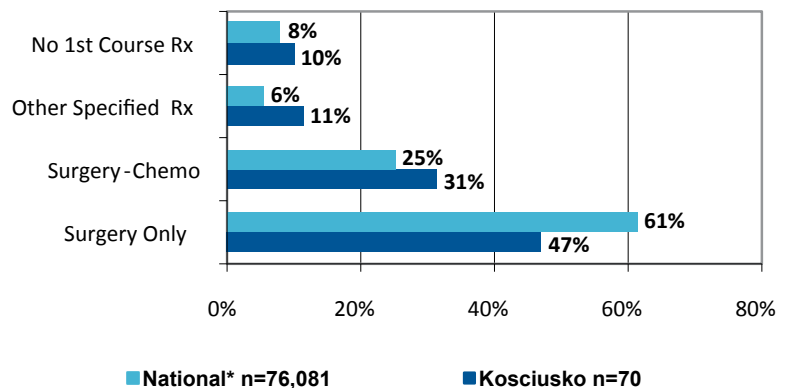
KCH'S 2006-2010 ANALYTIC COLON CANCER BY AGE

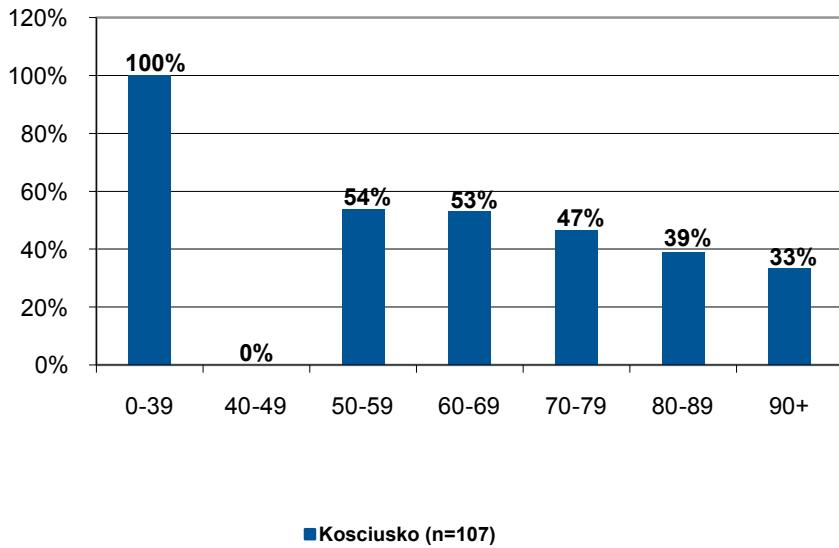


KCH'S 2006-2010 ANALYTIC COLON CANCER BY AJCC STAGE

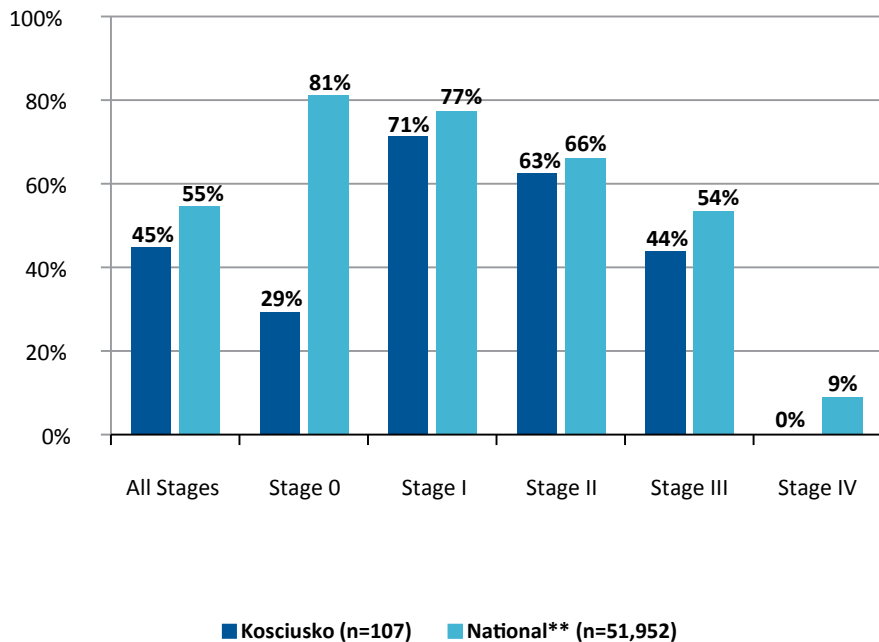


KCH'S 2006-2010 ANALYTIC COLON CANCER TREATMENT





KCH'S 2001-2005 ANALYTIC COLON CANCER
5 YEAR OBSERVED SURVIVAL BY AGE



KCH'S 2001-2005 ANALYTIC COLON CANCER
OBSERVED SURVIVAL BY AJCC STAGE

FACTOID:
Regular physical exercise is encouraged because it can prevent colon polyps. When you exercise, your hormone levels are stabilized at just the right levels.

COLON CANCER QUICK FACTS



- Colorectal cancer also is one of the most commonly diagnosed cancers in the United States. Most colon cancers occur in men and women who are 50 or older
- Colon cancer is also one of the most curable types of cancer if it is diagnosed early.
- If you are 50 or older, you need to get tested for colon cancer. If someone in your family has had colon cancer, you might need to be tested before you are 50.
- Colorectal cancer often can be prevented. Screening helps find precancerous polyps so they can be removed before they turn into cancer.
- While screening rates have increased in the U.S., not enough people are getting screened for colorectal cancer
- A routine colonoscopy, performed every 10 years after age 50 – or more frequently if you have a personal or family history of colon cancer – may be one of your best defenses against colon cancer.

EASY STEPS TO PREVENT COLON CANCER



- It's never easy to change your lifestyle, but making several relatively simple lifestyle modifications may significantly lower your risk of developing colon cancer.
- Exercise regularly and maintain a healthy body weight: Controlling your weight can reduce your risk. Try to exercise at least 30 minutes on most days. Staying active stimulates movement through your bowel, reducing the time it may be exposed to harmful substances that may cause cancer.
- Limit fat: High-fat diets increase one's risk of colon cancer. Limit foods from animal sources that are high in fat, especially saturated fat, such as red meat, milk, cheese, ice cream, and coconut and palm oil. Restrict fat intake to less than 30 percent of daily calories.
- Eat foods rich in fiber: Dietary fiber may provide protection from colon and other cancers. Fiber reduces constipation, which irritates the inside wall of the colon. Try to get 25 to 35 grams of fiber in your daily diet.
- Eat plenty of fruits and vegetables: These contain vitamins, minerals, fibers, and antioxidants, which may protect you from cancer.
- Know the Signs, Heed the Warnings: Although some patients never experience any symptoms of colon cancer until the cancer has advanced to a late stage, there are several signs and symptoms that you should report to your physician if you have noticed them for more than two weeks. These may indicate the presence of colon cancer:
 - A change in bowel habits: diarrhea, constipation, or stool consistency changes
 - Narrow, "pencil-thin" stools
 - Rectal bleeding: blood in your stool on more than one occasion
 - Persistent, abdominal discomfort, such as cramps, bloating, or pain
 - A feeling that your bowel doesn't completely empty
 - Sudden, unexplained weight loss or loss of appetite
 - Constant fatigue

SURVIVING COLON CANCER: CASSANDRA RISH



In 2010, Cassandra Rish felt a little sluggish and noticed a loss in weight which prompted a visit with her family physician. As follow up, she had a colonoscopy that revealed a cancerous tumor located in her lower colon attached to her pelvic bone.

Following the removal of the tumor, Cassandra required chemotherapy and radiation therapy. She received treatment at the KCH Cancer Care Center.

“Dr. Chung, Hugh Gerard and the nurses who assisted me with radiation therapy clearly explained my treatment plan answering my husband John’s and my questions. They all listened to me and focused on my needs. I never felt rushed around. I was cared for by a highly competent, well educated staff who treated me in a relaxed, calm way,” Cassandra said.



Cassandra’s symptoms were not typical of having colon cancer with blood tests appearing within a normal range. “If I hadn’t gotten a colonoscopy screening, I wouldn’t have suspected that I had colon cancer. If you’re 50 years old or older, don’t hesitate to get a colonoscopy,” she said.

KOSCIUSKO COMMUNITY HOSPITAL’S CONTINUING SUPPORT IN THE FIGHT AGAINST BREAST CANCER

BREAST CANCER AWARENESS

Warsaw, IN. (September 29, 2011) – At the Kosciusko County Cancer Care Gala on September 10, Dr. Patrick Ilada purchased the Number 70 hood that 24 year-old Shelby Howard drove in last year’s Dollar General 300 at Charlotte Motor Speedway. The hood was donated to the gala by ML MotorSports and lists local cancer survivors and those who fought a good fight. In recognition of Breast Cancer Awareness month, the Nascar hood will be housed at the KCH Cancer Care Center. Dr. Ilada is inviting women who have had breast cancer to come to the Cancer Care Center to sign the hood in permanent ink. The hood was on display for the month of October.



(L-R Back row): Hugh Gerard, Sheel Sharma, Norma Riley, Julie Bowers, Jill Shively, Teresa Baney, Kim Lewark.

(L-R Front row): Mary Childers, Luann Deafenbaugh, Jenny King, Jennifer Young, Michelle Malott, Dr. Patrick Ilada



FACTOID:

Family Tree: Is it in your genes to be predisposed? Is colon cancer part of your family medical history? If so, you should schedule a colonoscopy.

OUR CANCER CARE TEAM



Musaberk Goksel, MD
Medical Oncology/Hematology
Cancer Committee Chair/ACOS Liaison



Xiao lin, MD, PhD
Radiation Oncologist



Thomas Chung, MD
Radiation Oncology
Cancer Conference Coordinator



Deepchand Bajpai, MD, FACRO
Radiation Oncologist



Avtar Dhindsa, MD
Urology



Jonathan A. Berger, MD
Diagnostic Radiology



Thomas Kocoshis, MD
Pathology



Julie Bowers, RN, BSN, MSA
Director



Mary Childers, RN
Patient Navigator



Luann Deafenbaugh, FNP-BC
Board Certified Nurse Practitioner



Hugh Gerard, CMD, RT (R) (T)
Dosimetrist



Marla Jenkins, CTR
Certified Tumor Registrar



Mike Gross
Pharmacist



Doug West
Chaplain



Lynn Lucas MSW, LCSW
Social Services



Wanda Cullison
Registered Dietician



Tracie Wise, RT, (R)(M)
Team Leader Women's Imaging



Sharon Rooney-Gandy, DO, FACOS
General Surgery



Patrick Ilada, MD, FACS
General Surgery

CANCER CARE COMMITTEE

Musaberk Goksel, MD, Chair (ACOS Liaison)
Julie Bowers, Director, Oncology
Thomas A. Kocoshis, MD
Kim Finch, CNO
Thomas Chung, MD
Mary Childers, RN, Patient Navigator
Gary M. Pitts, MD
Mike Gross, Director, Pharmacy
Jonathan Berger, MD
Doug West, Chaplain
William M. Dugan, Jr., MD
Shannon Jenks, Medical Staff Coordinator
Rebecca Johnson, MD
Hugh Gerard, Dosimetrist
Sharon Rooney-Gandy, DO, FACOS
Wanda Cullison, Dietician, Wellness
Avtar Dhindsa, MD
Luann Deafenbaugh, FNP-BC
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Finny Mathew, COO
Steph Damon, Director, Radiology
Carrie Henthorn, Manager, Quality

