Cancer Committee Annual Report

2011

Northwestern Lake Forest Hospital Cancer Program is Accredited by the American College of Surgeons Commission on Cancer.

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Cancer Center

2011 Cancer Committee Annual Report

Northwestern Lake Forest Hospital Comprehensive Cancer Program provided a multidisciplinary approach to cancer care delivery.

The goals for 2011 were defined as the following:

Programmatic: To provide a wide range of supportive Oncology classes through the development of an "I Can Cope" program in collaboration with the American Cancer Society and outreach team. A team was identified and trained through the ACS training modules and the team met several times to outline the class offerings needed for our patient demographics. The classes were facilitated by our Oncology Social worker and remain on-going.

Clinical: The Center for Advanced Radiation Medicine sought out and accomplished ACR Accreditation for Radiation therapy. The preparation for ACR was well over a year to develop several key initiatives such as: a radiation quality committee, physician chart peer review and morbidity and mortality case reviews to name a few. Northwestern Lake Forest Hospital and Northwestern Grayslake were two of six centers to achieve this accreditation in the state of Illinois. The Breast MRI at Northwestern Lake Forest Hospital also sought and achieved ACR accreditation to be the second institution in the state of Illinois to receive this level of quality recognition.

Quality: In order to provide robotic stereotactic body radiotherapy to treat solitary lesions with high doses of radiation therapy and provide seamless transition of patients between sites for treatment the hospital replaced the linear accelerator from the Siemens unit to the Elekta Infinity and upgraded the treatment couch to the Protura Robotic therapy couch with remote movement in six degrees of motion. The replacement was completed in six months with patients being transferred to the Northwestern Grayslake site for treatment during the renovation. The machine was also factory matched to provide an exact copy in the event patients needed to transfer between sites during down time.

Community: Since opening the Cancer Center in fall of 2010 the committee focused on providing education and outreach to the Grayslake and surrounding market area. The Cancer leadership team proposed and implemented a new Oncology Social worker to help develop programs specific to the Northwestern Grayslake campus. An Oncology Community Calendar was developed along with a ray of comprehensive offering of supportive classes and resources to provide a team approach to cancer care.

Improvements to the Cancer Program: To improve access to care close to home by opening the Northwestern Grayslake Surgery Center and observation unit. This will allow patients access to treatments close to home and an extended stay in the outpatient unit if needed. The Radiation

Oncology machine at Grayslake implemented VMAT technology to improve patient's treatment through decreased treatment time which assists in patient motion and dosimetry of the volume being planned for tumor coverage. The Hunter Center for Women's Health also achieved NAPBC accreditation. This was also a year of preparation for our Breast Nurse Navigators and our Breast Medical Advisory Committee.

The Cancer Program Studies were completed by Dr. Michael Cochran who provided an in depth lecture covering staging and treatment guidelines of Non Hodgkin's Lymphoma. The second study was performed by Pathology to conduct a Breast Cold Ischemia Time Study for evaluation of time across the system for a breast specimen before submission into formalin.

Community Events and Outreach: The Cancer Service team provided education and outreach at multiple events such as the Wells Memorial Healing through Humor, Skin Cancer Screening, Breast self exam, Women's health awareness days, Relay for Life and Strides for Breast Cancer Awareness to name a few.

This is my first report as cancer committee chair and we were able to achieve all our goals and achieved several accreditations such as ACR for Radiation Therapy at two locations, ACR for the hospital MRI unit and NAPBC accreditation for our Breast Center of Excellence. The Commission on Cancer provided our program with the CoC accreditation for Community Cancer Programs. The next survey will be under Comprehensive Community Cancer Programs due to our analytic case growth in our program.

By every measure that we were able to obtain we have been operating extremely successfully with our Cancer Care Program. The committee has prepared for the new 2012 patient centered standards and looking forward to implementing the new standards for improved quality in the forthcoming year.

Lisa Miller, MD

Cancer Committee Chairman

Michael Cochran M.D.	Susan Balling RN	Emily Rosecrans
Stephen Ganshirt M.D.	Eric Borkowski Pharm D	Sarah Russ
Joseph Imperato M.D.	Nancy Bulzoni	Cathy Spagnoli RN
Edward Kaplan M.D.	Linda Dickson MT	Carroll Stovold LSCW
Marlon Kleinman M.D.	Robin Flory PT	Lourdes M. Swanson RT (R)(M)(BD)
Victoria Kut M.D.	Leah Haverhals PT	Mary Tebbe RN
Michelle Lee M.D.	Barb Lichty	Jennifer Tepper APN
Leonard Lu M.D.	Cindra Macciomei	Edye Wagner R.D.
Maurenn McGilly M.D.	Linda McBride, CTR	Kim Welton
Thomas Mientus M.D.	Marianne Mocogni R.N.	Claudia Wiser PT
Lisa Miller M.D.	Kim Nagy R.N.	
Ira Pioel M.D.	Marsha Oberrieder	
Marc Posner M.D.	Robyn O'meara	
Sonya Sharpless M.D.	Alisa Ostebo	
Dean Tsarwhas M.D.	Karline Peal MBA RT	

DISTRIBUTION BY COUNTY/STATE

COUNTY/STATE	NUMBER	PERCENT
IL=LAKE	673	90.58%
.IL- COOK	28	3.77%
.IL-MCHENRY	12	1.62%
IL-DUPAGE	3	.40%
IL-EFFINGHAM	1	.13%
IL-WILL	1	.13%
WISONSIN	21	2.83%
ARIZONA	1	.13%
NORTH CAROLINA	1	.13%
SOUTH CAROLINA	1	.13%
TEXAS	1	.13%
TOTAL	743	100%

COMPARISON NORTHWESTERN LAKE FOREST VS AMERICAN CANCER SOCIETY TOP FIVE SITES

Primary	ACS ESTIMATED	PERCENT	NLFH ANALYTIC	PERCENT
Colon	101,340	6%	19	3%
Lung	221,130	14%	52	8%
Melanoma	70,230	4%	41	6%
Breast	232,620	15%	298	43%
Prostate	240,890	15%	42	6%
Total Cases	1,596,670	100%	689	100%

2011 Northwestern Lake Forest Hospital Cancer Incidence

Primary Site	Male	Female	Analytic	Non-A	Total %
ORAL CAVITY & PHARYNX	7	4	10	1	11 (1.5%)
Lip	1	0	1	1	1 (0.1%)
Tongue	3	1	4	4	4 (0.5%)
Salivary Glands	0	1	1	1	1 (0.1%)
Gum & Other Mouth	0	1	1	1	1 (0.1%)
Nasopharynx	1	0	0	0	1 (0.1%)
Tonsil	1	0	1	1	1 (0.1%)
Oropharynx	1	0	1	1	1 (0.1%)
Hypopharynx	0	1	1	0	1 (0.1%)
DIGESTIVE SYSTEM	36	38	71	3	74 (10.0%
Esophagus	5	2	7	0	7 (0.9%)
Stomach	2	2	4	0	4 (0.5%)
Small Intestine	2	0	2	0	2 (0.3%)
Colon Excluding Rectum	8	12	19	1	20 (2.7%)
Cecum	1	1	1	1	2
Appendix	1	0	1	0	1
Ascending Colon	2	3	5	0	5
Hepatic Flexure	1	0	1	0	1
Transverse Colon	0	1	1	0	1
Splenic Flexure	0	1	1	0	1
Descending Colon	1	1	2	1	2
Sigmoid Colon	1	4	5	0	5
Large Intestine, NOS	1	2	2	1	3
Rectum & Rectosigmoid	7	7	13	1	14 (1.9%)
Rectosigmoid Junction	3	3	5	1	6
Anus, Anal Canal & Anorectum	0	2	2	0	2 (0.3%)
Liver & Intrahepatic Bile Duct	6	0	6	0	6 (0.8%)
Liver	4	0	4	0	4
Intrahepatic Bile Duct	2	0	2	0	2
Gallbladder	0	1	1	0	1 (0.1%)
Pancreas	5	11	15	1	16 (2.2%)
Retroperitoneum	1	0	1	0	1 (0.1%)
Other Digestive Organs	0	1	1	0	1 (0.1%)
RESPIRATORY SYSTEM	28	36	57	7	64 (8.6%)
Nose, Nasal Cavity & Middle Ear	1	1	2	0	2 (0.3%)
Larynx	1	1	2	0	2 (0.3%)
Lung & Bronchus	25	34	52	7	59 (7.9%)
Trachea, Mediastinum & Other Respiratory Organs	1	0	1	0	1 (0.1%)
SOFT TISSUE	2	2	3	1	4 (0.5%)
Soft Tissue (including Heart)	2	2	3	1	4 (0.5%)
SKIN EXCLUDING BASAL & SQUAMOUS	26	18	41	3	44 (5.9%)
Melanoma -- Skin	26	17	40	3	43 (5.8%)
Other Non-Epithelial Skin	0	1	1	0	1 (0.1%)

BREAST	1	302	298	5	303 (40.7%)
Breast	1	302	298	5	303 (40.7%)
FEMALE GENITAL SYSTEM	0	45	39	6	45 (6.0%)
Cervix Uteri	0	5	4	1	5 (0.7%)
Corpus & Uterus, NOS	0	25	25	0	25 (3.4%)
Ovary	0	7	7	0	7 (0.9%)
Vulva	0	6	1	5	6 (0.8%)
Other Female Genital Organs	0	2	2	0	2 (0.3%)
MALE GENITAL SYSTEM	61	0	50	11	61 (8.2%)
Prostate	52	0	42	10	52 (7.0%)
Testis	8	0	8	0	8 (1.1%)
Other Male Genital Organs	1	0	0	1	1 (0.1%)
URINARY SYSTEM	20	12	28	4	32 (4.3%)
Urinary Bladder	11	5	15	1	16 (2.2%)
Kidney & Renal Pelvis	9	7	13	3	16 (2.2%)
BRAIN & OTHER NERVOUS SYSTEM	1	7	8	0	8 (1.1%)
Brain	1	2	3	0	3 (0.4%)
Cranial Nerves Other Nervous System	0	5	5	0	5 (0.7%)
ENDOCRINE SYSTEM	10	20	30	0	30 (4.0%)
Thyroid	10	20	30	0	30 (4.0%)
LYMPHOMA	14	18	26	6	32 (4.3%)
Hodgkin Lymphoma	1	4	3	2	5 (0.7%)
Non-Hodgkin Lymphoma	13	14	23	4	27 (3.6%)
NHL - Nodal	11	10	18	3	21
NHL - Extranodal	2	4	5	1	6
MYELOMA	5	3	8	0	8 (1.1%)
Myeloma	5	3	8	0	8 (1.1%)
LEUKEMIA	5	9	9	5	14 (1.9%)
Lymphocytic Leukemia	3	4	2	5	7 (0.9%)
Acute Lymphocytic Leukemia	1	1	1	1	2
Chronic Lymphocytic Leukemia	2	3	1	4	5
Myeloid & Monocytic Leukemia	0	4	4	0	4 (0.5%)
Acute Myeloid Leukemia	0	1	1	0	1
Acute Monocytic Leukemia	0	1	1	0	1
Chronic Myeloid Leukemia	0	2	2	0	2
Other Leukemia	2	1	3	0	3 (0.4%)
MESOTHELIOMA	1	0	0	1	1 (0.1%)
Mesothelioma	1	0	0	1	1 (0.1%)
MISCELLANEOUS	7	5	11	1	12 (1.6%)
Miscellaneous	7	5	11	1	12 (1.6%)
Total	224	519	689	54	743 (100%)

NORTHWESTERN LAKE FOREST HOSPITAL CANCER COMMITTE LYMPHOMA REVIEW.

This review includes data on all cases of non-Hodgkin's lymphoma (NHL) diagnosed at Northwestern Lake Forest Hospital (NLFH) from 2000 to 2008.

NLFH data was compared to cases in community hospitals in the American College of Surgeons (ACS) division of Illinois.

Total cases reviewed: NLFH: 106.
ACS: 1867.

Data was included from 30 hospitals.

All types of non-Hodgkin's lymphoma were included.

Seven parameters were reviewed and survival by stage was reviewed.

1. **First Course Of NHL Treatment (Tx)**
   a. The most common Tx at NLFH: "Other specified treatment" was 32.08%.
   b. The most common treatment in ACS group: "Chemotherapy only" was 32.24%.

There were several differences in treatment between Northwestern Lake Forest Hospital and the ACS group.

2. **Histology of Non-Hodgkin's Lymphoma**
   a. The most common pathology at Northwestern Lake Forest Hospital was "large B-cell diffuse lymphoma," which was 29.25%.
   b. The most common pathology in the ACS group: "Large B-cell diffuse lymphoma," which was 31.76%.

There were a few differences between the NLFH and ACS groups.

3. **Stage:**
   a. Patient distribution by stage was similar between the NLFH and ACS groups.
   b. Stage IV was the most common: NLFH was 34.91% and ACS 36.1%.

Note: The following are percentages of stage unknown. NLFH: 17.92% and ACS: 14.41%.

4. **Race and Ethnicity:**
   a. The percent of White cases similar in both groups: NLFH: 88.68%
      ACS: 88.54%
   b. The percent of Black cases was higher in the ACS group:
      NLFH: 2.83%
      ACS: 5.62%
   c. The percent of API cases was slightly higher in the NLFH group
      NLFH: 2.83%.
      ACS: 1.18%

These statistics likely reflect local population demographics in the NLFH patient area.

5. **Gender:**
   a. Similar percentages in both NLFH and ACS groups were seen with approximately 50% male and female in both groups.
6. **Age:** The data in regard to age was presented in decades from 20 to 90.
   a. The major finding was that the decade with the highest percent of persons diagnosed was slightly younger in the NLFH group as follows.
   NLFH: 60 to 69: 27.36%.
   ACS: 70 to 79: 27.48%.

The possible explanation for these figures is earlier age at diagnosis due to enhanced access to care in the NLFH group associated with higher socioeconomic status.

7. **Total number of cases diagnosed per year between 2000 to 2008.**
   The percent of cases was fairly uniform at approximately 10% per decade over the entire time period and similar between the NLFH and ACS groups.
8. **Survival data by NHL stage.**
   This data looked at a comparison of NLFH and ACS five-year survival data. The numbers were very small in the NLFH group making meaningful comparisons difficult.

   Stage I 3 patients, stage II 1 patient, stage III 5 patients, and stage IV 8 patients.

   In all of these studies, the NLFH survival was greater than in the ACS group but the patient numbers again were too small for a meaningful analysis.

CONCLUSIONS:
It is difficult to compare specific treatment modalities between NLFH and ACS groups due to the fact that all stages and histologies were combined. In addition, the most common NLFH treatment category was "Other specified therapy" at 32%, which makes analysis difficult.

There was no evidence of local geographic difference in histologic subtype of NHL in comparing NLFH and ACS groups.

The stage of NHL diagnosis was similar between NLFH and ACS groups.

NLFH had a smaller percent of black patients and a slightly higher number of API patients compared with the ACS group.

There were no gender differences between the groups.

The peak decade for NHL diagnosis was low in the NLFH group.

Cases of NHL diagnosed per year has been relatively constant from 2001 to 2008 in both the NLFH and ACS groups.

Survival data by stage appears excellent for the NLFH group but case numbers are too small to be meaningful.

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