

Special Section: 2008 Cancer Annual Report

2008 has been a year focused largely on new patient programs and services. The primary initiative has been on developing and implementing a nurse navigator program through the Cancer Resource Center. The cancer sites for which navigation has been developed are both breast and lung—two of Baptist East's top four cancer sites with patient populations very much in need of assistance in navigating a complex set of diagnostic and treatment variables. Such an initiative is in keeping with the Baptist East focus on patient-centered care and patient empowerment, and even fits well with the underlying message of the 2008 advertising campaign—together we're tough on cancer. The nurse navigator, Tina Toole-Harper, works from the Cancer Resource Center. Patients can be self-referred, or referred by a physician, friend or employee. The focus on navigation is education, discovery of personal and community resources and options, and problem solving.

Outreach Programs

Other outreach programs include Baptist East's participation with the health department and Colon Cancer Prevention Project in the Rubbertown screening for colon cancer. Nurse volunteers from across the hospital worked more than 120 hours of their own time to conduct screenings. The hospital and medical staff then offered free and reduced cost colonoscopy to high risk, underinsured individuals. In addition, oncology staff and others have been active in annual fundraising efforts for local chapters of the American Cancer Society, Komen Race for the Cure and the Leukemia Lymphoma Society.

To ensure cancer prevention information availability for employer health fairs when requested, the program employs a retired oncology-certified nurse who has participated in 14 health fairs this year, with a total attendance of nearly 2,400 people.

Since a significant portion of the Cancer Care Center mission is to provide support and assistance to those undergoing cancer treatment, several programs open to the public were held. Two of these related to nutrition and supplementation, and another was focused on exercise. In addition, an annual survivor blessing was held for those either surviving cancer or the loss of a loved one to the disease.

Because cancer treatment is so stressful, much focus is given to Baptist East's breast and prostate cancer support groups, which are highly regarded and well attended. For those with breast cancer who may not have the flexibility to attend a group, family or individual counseling is also available for three visits without charge. All of these are made possible by grants secured by oncology staff.

Quality Initiative

The Cancer Committee of the Baptist East medical staff oversees all aspects of the cancer program, primarily focusing efforts on quality initiatives.

"More each year we see the committee becoming the quality committee for cancer care," said John Huber, MD, Chairman of the committee. "This has been facilitated by benchmark data that has become accessible through the American College of Surgeons

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Cancer Committee Members



John Huber, MD,
Medical Oncology,
Chairman

David Doering, MD, GYN Oncology

Stephen Kelty, MD, General Surgery

Jonathan Kraut, MD,
Cardio Thoracic Surgery

Renato LaRocca, MD, Medical Oncology

Robert Linker, MD, CardioThoracic Surgery

Martin Mark, MD, Gastroenterology

Lawrence Mason, MD, Diagnostic Radiology

Kevin O'Koon, MD, General Surgery

Carole Scharf, MD, Radiation Oncology

Catherine Sewell, MD, Pathology

Christopher Smith, MD, Urology

Stephen Smith, MD, Dermatology

Tom Banks, MS, Manager, Radiation Center

Rebecca Towles Brown, Director,
Marketing & PR (Ad Hoc)

Marge Constan, Coordinator, Cancer Registry

Denise Carroll, Oncology Program Director

Marlo Echols, American Cancer Society

Kevin Flint, RN, 5N Nurse Manager

Laura Mitchell,
ARNP Oncology Clinical Nurse Specialist

JoAnne Morris, MDIV, Pastoral Care

Karen Newman, Vice President

Debbie Phillips, Leukemia &
Lymphoma Society of America

Kim Schroerlucke, ARNP, Radiation Center

Tina Toole-Harper,
RN, Cancer Resource Nurse

Cara Davis, Dietician, Food Service (Ad Hoc)

Crista Gilkey, Social Worker,
Case Management (Ad Hoc)

Millie Krainski, RN, CWON, Enterostomal
Therapy (Ad Hoc)

Julie Naville, OTR, MSCS,
Director, Occupational Therapy (Ad Hoc)

Tina Volz, Rehab Services Director (Ad hoc)

American College of Surgeons Commission on Cancer*		Performance Rates 2006		
		US	All CoC Programs	BHE
BREAST	Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. [BCS/RT]	74.9%	77.5%	100%
	Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c N0 M0, or Stage II or III ERA and PRA negative breast cancer. [MAC]	79.4%	75.2%	96%
	Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c N0 M0, or Stage II or III ERA and/or PRA positive breast cancer. [HT]	61.3%	51.8%	86.5%

*Source: National Cancer Database (NCDB)

**Most recent year for which comparison data available

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Commission on Cancer, the accrediting body for the Baptist Hospital East Cancer Care Center.”

According to Oncology and Neurosciences Director Denise Carroll, “Comparisons of our care to the national and state figures (see graphs) demonstrate the high quality of care our patients receive with our physician guidelines for cancer care by tumor site.”

Certainly survival statistics represent Baptist East favorably as well. Though pay-for-performance in cancer care may be a year or more away, Robert Linker, MD, Cancer Liaison Physician for the Commission on Cancer, states that the Cancer Committee is “... well advanced in its focus on measuring care against appropriate national guidelines.”

“This has taken on a priority focus for cancer programs nationally through the Commission on Cancer,” said Dr. Linker.

A Focus on Lung Cancer

In addition to program growth, another strategic initiative for the Cancer Care Center has been a focus on lung cancer. Along with developing the lung cancer navigation program, a multi-disciplinary lung cancer conference began in spring 2008. The objective for this conference was to bring together pulmonologists, thoracic surgeons, radiologists, medical and radiation oncologists, and nurses to expedite care from diagnosis to treatment and plan treatment for more difficult cases. Further, diagnostic workups and treatment plans can be tracked and measured according to guidelines. The conference

meets twice monthly and has been effective in achieving both goals.

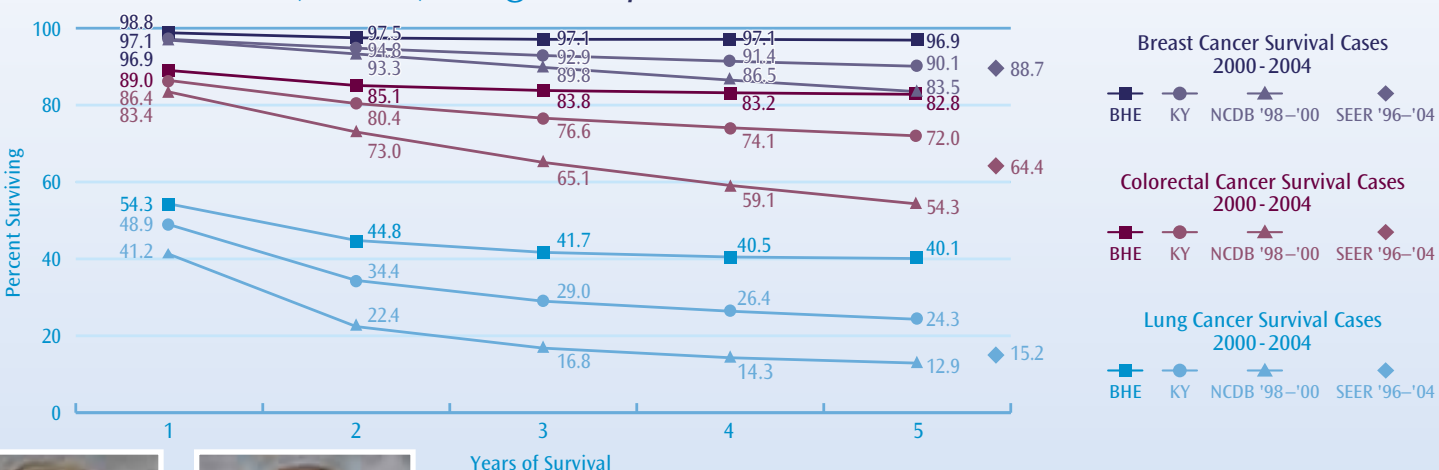
In keeping with the lung cancer focus, the Radiation Center has just begun extending the use of stereotactic radiotherapy to liver and ultimately to lung cancer patients who are not candidates for surgery. This can potentially offer significant treatment advantage for this group of patients and is available only at a few centers. The Radiation Center, too, is reaching out into the community through its planned satellite at Eastpoint. The last year has been spent applying for state certificate of need for this satellite and designing this state-of-the-art facility.

2009 promises to be an equally exciting year as a strategic plan is being drafted with outside consultation and strong multispecialty physician involvement. ■

Baptist Hospital East 2007 State and National Comparison by Sites and Sex

MALE				FEMALE			
	BHE	KY	USA		BHE	KY	USA
Prostate	30%	22%	29%	Breast	40%	20%	26%
Lung	15%	20%	15%	Lung	13%	16%	15%
Colorectal	11%	12%	10%	Colorectal	9%	11%	11%
Bladder	5%	6%	7%	Non-Hodgkin's lymphoma	2%	3%	4%
Non-Hodgkin's lymphoma	4%	4%	4%	Uterine corpus	4%	5%	6%
Kidney	5%	4%	4%	Thyroid	4%	3%	4%
Melanoma	4%	6%	5%	Melanoma	3%	5%	4%
Oral cavity/pharynx	2%	3%	3%	Bladder	2%	2%	2%
All other sites	24%	23%	23%	All other sites	23%	26%	28%

Survival – Breast, Colon, Lung: Comparisons with state and national data



A Pat on the Back from Vice Presidents Tony Bohn and Steve Warren

Thanks to the Human Resources Department and Breakfast with Santa volunteers for making our 2nd Annual Breakfast with Santa a great success. The creativity and giving spirit of Baptist East employees never ceases to amaze us – great job!

Park Tower

Following are photos of Baptist East's latest on-campus expansion, Park Tower. The Oncology Unit moved to the third floor of Park Tower when the addition opened in August of 2008. The floor includes all private rooms, an IV Therapy room with a garden wall behind the windows, a family lounge and an exercise room for patients.



Park Tower exterior, main entrance



Park Tower lobby, first floor



IV Therapy Room, Oncology Unit, third floor



Private patient room

Cancer Committee Studies

The Cancer Committee annually undertakes two studies using cancer registry data to evaluate and/or improve cancer care. One of these studies examined the use of mediastinoscopy in the diagnosis of lung cancer, the other was a study of cancer patients who developed DVT during hospitalization.

Use of Mediastinoscopy in the Diagnosis of Lung Cancer

Robert Linker, MD

Prior to the advent of computerized imaging (CT), staging for lung cancer required mediastinoscopy to assess hilar and mediastinal adenopathy. Once CT of the chest became universally available and reliable, use of mediastinoscopy began to decline. With the addition of Positron Emissions Testing (PET) as part of the pre-operative evaluation, the use of mediastinoscopy has become even more selective.

To evaluate the use of mediastinoscopy at Baptist Hospital East, we undertook a study in which we reviewed the cases of lung cancer treated with definitive surgery. In 2006-2007, 126 patients had definitive surgery for lung cancer. 92 patients had lobectomies or pneumonectomies. 13 had wedge resections with lymph node biopsies. Fourteen patients had mediastinoscopy alone, while 6 patients had other types of lymph node biopsies.

Of the 14 patients undergoing mediastinoscopy, 8 patients had CT alone while only 1 had PET alone. 3 patients had both CT and PET. Of the 8 patients with CT alone and who underwent mediastinoscopy, all had positive nodes. The lone positive PET scan also had a positive mediastinoscopy. All 3 with both CT and PET had positive mediastinoscopy. Only one positive CT had a negative mediastinoscopy.

Although the numbers are small, we believe our results demonstrate compliance with National Comprehensive Cancer Network (NCCN) guidelines for the evaluation and treatment of lung cancer. Patients with masses suspicious for lung cancer should have both chest CT and PET evaluations. If both studies are negative for mediastinal node involvement, then mediastinoscopy may be deferred. If both studies are positive, mediastinoscopy is recommended. If CT is positive but PET is negative or if CT is negative but PET is positive, mediastinoscopy should be considered. Positive PET does not automatically mean metastasis and negative PET does not rule out disease.

Accurate staging of lung cancer as outlined in the NCCN Guidelines is vital to choosing the BEST available treatment plans. ■

DVT

In January of 2008 it was determined by chart review that cancer patients were disproportionately represented in the population of patients who developed DVT during hospitalization. The Cancer Committee determined that in light of hospital-wide efforts to address DVT prophylaxis it would be well to analyze the cancer patient population to determine the extent to which preventive measures were taken and to determine actions for improvement. DVT prophylaxis is generally occurring greater than 90% of the time in patients having surgery during their stay. Though there has been recent improvement in medical patients receiving preventive measures, it appears there is significant opportunity for either use of the order set or incorporation of preventive measures into individual physicians' pre-printed orders. Since February when data collection was initiated, only 2 patients have developed DVT. ■

A Pat on the Back from Vice President Tom McGee

Kudos to the Materials Management and CS staff for coordinating equipment, instrument supplies, and installation of Omnicell units in the Outpatient Surgery Center and Park Tower. Also thanks for your efforts associated with preparation for the opening of Baptist Eastpoint.



2007 Annual Summary Table

SITE	Sex				Summary Stage 1977/2000				
	Total	Female	Male	Other	Ins	Locl	Reg	Dist	Unk
Lip	4	1	3	0	0	4	0	0	0
Tongue	8	2	6	0	0	5	3	0	0
Salivary glands	3	1	2	0	0	2	0	1	0
Gum & hard palate	1	1	0	0	0	1	0	0	0
Floor of mouth	1	0	1	0	0	0	1	0	0
Oropharynx	6	2	4	0	0	0	4	2	0
Nasopharynx	1	0	1	0	0	0	1	0	0
Hypopharynx	2	0	2	0	0	1	1	0	0
Esophagus	14	2	12	0	1	6	2	4	1
Stomach	19	10	9	0	0	6	6	5	2
Small Intestine	18	9	9	0	0	4	7	6	1
Colon	129	63	66	0	9	44	46	28	2
Rectum/Anus	55	28	27	0	4	29	17	4	1
Liver	9	2	7	0	0	6	2	1	0
Gallbladder	3	3	0	0	0	0	1	2	0
Pancreas	29	14	15	0	0	1	5	22	1
Other digestive tract	10	9	1	0	0	0	3	7	0
Larynx	19	7	12	0	0	13	4	2	0
Trachea,bronchus,lung-small	32	18	14	0	0	1	9	22	0
Trachea,bronchus,lung-NSC	222	109	113	0	0	48	63	109	2
Other respiratory	4	1	3	0	0	0	1	3	0
Bone	1	0	1	0	0	0	1	0	0
Connective & soft tissue	17	8	9	0	0	9	4	2	2
Malignant melanoma	56	25	31	0	26	20	6	4	0
Other skin	2	2	0	0	0	2	0	0	0

SITE	Sex				Summary Stage 1977/2000				
	Total	Female	Male	Other	Ins	Locl	Reg	Dist	Unk
Breast, female & male	390	388	2	0	73	213	88	16	0
Cervix	2	2	0	0	0	1	1	0	0
Endometrium (corpus uteri)	34	34	0	0	0	23	5	4	2
Ovary	13	13	0	0	0	2	2	9	0
Other female genital organs	7	7	0	0	3	1	2	1	0
Prostate	252	0	252	0	0	195	51	4	2
Testis	5	0	5	0	0	4	1	0	0
Other male genital organs	4	0	4	0	3	1	0	0	0
Bladder	54	16	38	0	32	15	4	2	1
Kidney	70	29	41	0	0	50	11	8	1
Other urinary organs	10	7	3	0	4	2	2	2	0
Brain	30	15	15	0	0	25	5	0	0
Other CNS	1	1	0	0	0	1	0	0	0
Thyroid	42	34	8	0	0	32	8	1	1
Other endocrine	1	1	0	0	0	0	0	1	0
Hodgkin's	8	3	5	0	0	1	4	3	0
Non-Hodgkin's Lymphomas	61	24	37	0	0	15	8	38	0
Plasma cell tumors	12	3	9	0	0	1	0	11	0
Lymphocytic leukemias	6	2	4	0	0	0	0	6	0
Myeloid leukemias	15	8	7	0	0	0	0	15	0
Other leukemias	3	1	2	0	0	0	0	3	0
Myeloprolif. & myelodysplas.	5	3	2	0	0	0	0	5	0
Unknown primary	37	11	26	0	0	0	0	0	37
Benign/borderline brain,cns	71	50	21	0	0	0	0	0	71
Total	1798	969	829	0	155	784	379	353	127

Blessing of the Survivors



From left, Chaplain JoAnne Morris, Oncology Data Coordinator Marge Constan, and Radiation Therapy Nurse Practitioner Kim Schroerlucke led the group in song.

Former *Courier-Journal* columnist and author Bob Hill was the featured speaker.