John W. Hoyt, MD

CANCER PROGRAM REPORT - 2012

By John W. Hoyt, MD
Chairman, Cancer Committee

The cancer program at Whidbey General Hospital is growing remarkably in scope and quality. Goals for the program are established in a retreat setting each January and progress is monitored throughout the year. In 2012 several significant milestones were achieved:

- Patient navigation system is now fully established and functional.
- Support for surgical management of breast cancer patients has been enhanced.
- The WGH Website has been greatly improved and includes valuable information about our cancer program.
- The Commission on Cancer (CoC) accreditation survey was completed very successfully.

As a note, the CoC was so impressed with the high level of care provided for cancer patients that WGH received not only accreditation but special commendation in all 8 areas possible. Very few hospitals have accomplished this in the entire history of CoC surveys. WGH was recently named as one of 79 recipients of the CoC Outstanding Achievement Award for 2012, out of a total of 1,600 programs and one of only 2 hospitals in Washington State to receive the award this year.

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An example of exceeding the goals for the cancer program includes having more than or participating in more than 3 early detection/prevention programs every year. WGH participated in school health programs, provided speakers regarding breast cancer to the Soroptimists, and other speakers for Community Outreach. Another example is that we referred and facilitated the involvement of more than 2% of our patients in clinical research trials. Finally, the Navigation program implemented in 2011/2012 has been added as a standard of care for the CoC – effective 2015.

WGH provides comprehensive cancer care including all of the diagnostic, treatment and supportive disciplines, each functioning at state-of-the-art levels. Tumor Board discussions consider the whole patient with suggestions about physical therapy, nutrition and social circumstances frequently voiced. WGH is committed to all aspects of cancer patient survivorship, with as many therapies and follow up visits available locally as is possible.

Although a diagnosis of cancer is always unnerving, I continue to be so gratified with the quality and depth of care available to Whidbey Island citizens through WGH's Cancer Program. Please take a closer look at our Website or call and talk with one of us should you have further questions or suggestions. We are deeply committed to providing highest quality care for our patients today and into the future.

Commission on Cancer
ACCREDITED PROGRAM

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CANCER REGISTRARS....

Experts of cancer data management for a cure!

Susan Johnson
WGH Cancer Registrar

Cancer Registrars provide a crucial role in cancer research, treatment and prevention. Working in communities large and small, Cancer Registrars are the first link in capturing data on patients diagnosed with cancer. Cancer Registrars compile the patient-level data into registries that provide information for health care providers and health officials to use in monitoring and improving cancer treatment, conducting cancer research, and targeting cancer prevention and screening programs.

"Cancer Registrars are key to our united efforts to prevent, treat, and cure cancer," said Whidbey General Chief Quality Officer, Teresa Fulton "The registries are a rich source of data that provide comprehensive information on where and among whom cancers are occurring plus how well different treatments are working."

In the course of compiling information on cancer patients, Cancer Registrars reach out to other health care professionals such as those in radiation oncology, medical oncology and various other medical specialty departments, plus those at other facilities to ensure the data's comprehensiveness. "In the process of reaching out, we promote a strong network and sense of teamwork among the various care providers and institutions in the interest of providing continuity of care for our patients," said Whidbey General's Cancer Registrar, Susan Johnson, CTR.

The vast majority of Cancer Registrars work in hospitals, while others work at state- or federal-level registries.

In the rapidly evolving fields of cancer research and treatment, Cancer Registrars are required to stay on top of the latest information on new treatment protocols and ongoing clinical studies. Cancer Registrars use both a strong network and formal continuing education programs to remain up-to-date.

According to WGH's Medical Ambulatory Care/Oncology Manager Renee Yanke ARNP, MN, AOCN, "Virtually every piece of knowledge about the history and incidence of cancer in our country can be traced back to the work of a cancer registrar who carefully and accurately collected patient-level information. Their work is critical to the success of cancer treatment and prevention programs on every level."

MORE ABOUT OUR COVER!

The cover features the lead personnel who share in responsibility for implementing the local Cancer committee's recommendations which resulted directly in our recent outstanding evaluation process conducted by the Commission on Cancer.

As you know from reading the report on Page 12, Dr. John Hoyt is chairman of Whidbey General's Cancer Committee; Renee Yanke (standing) is the Oncology Program Manager, and Dr. Amy Picco (seated) is the American College of Surgeons Liaison Physician on the Cancer Committee.

Whidbey General's Cancer Committee, shown below, is a multi-disciplinary team of physicians, patient care and support staff that works with the Commission on Cancer to ensure high quality oncology care at Whidbey General.

Cancer patients seeking treatment through the hospital can rest assured that they will receive state-of-the-art services from a multi-specialty team who can rely on instant access to the most current cancer-related information as well as equipment that enhances the diagnostic and treatment process.

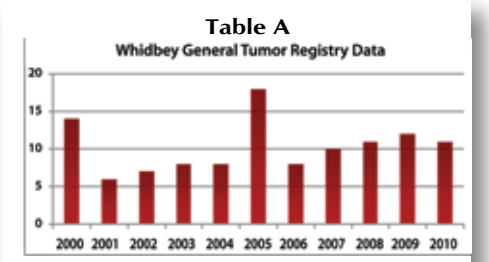
Whidbey General Cancer Committee

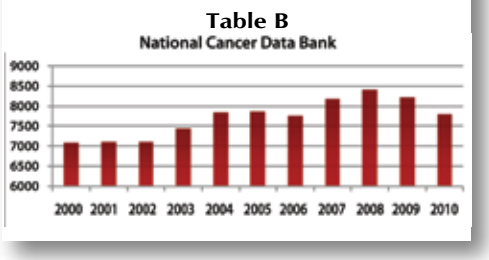
Benjamin T Hu, MD

Whidbey General's Experience 2000-2010

BLADDER CANCER

By Benjamin T Hu, MD, FACS
Whidbey General Hospital
Department of Urology
Renee Yanke, ARNP, MN, AOCN
MAC/Oncology

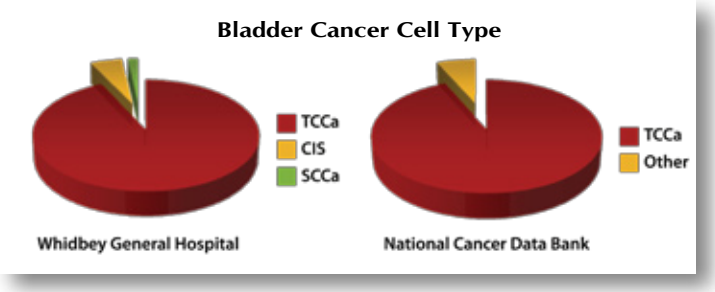




Renee Yanke, ARNP

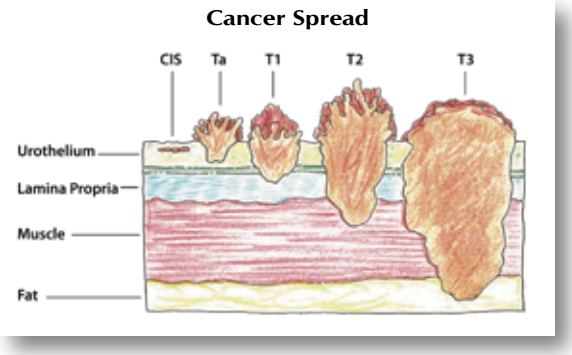
The WGH cancer data base was used to retrieve the numbers and stages of bladder cancer at WGH. This data was then compared with data from the National Cancer Database (NCDB). Over ten years, there were 113 new cases of bladder cancer diagnosed at WGH (Table A). To use the data meaningfully, it is important in our setting to look at overall trends, because with small numbers, a few cases can skew the information.

Comparing the local and national trends, there was an increase in bladder cancer, peaking around 2008-2009 (Table B). WGH trend follows the national trend when you remove the sharp spikes for 2000 and 2005.



Bladder cancer is made up of different cell types – the most common are Transitional Cell (TCCa), Carcinoma in Situ (CIS), and Squamous Cell (SCCa). Our smaller numbers in comparison with the national trends show that the majority of WGH bladder cancers are of the TCCa type, which echo the national trend, while the remainder of WGH cancers are CIS and SCCa.

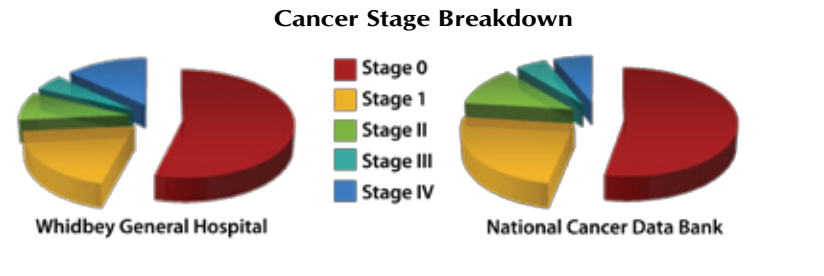
The cancer is also staged according to how extensive it has spread. As you can see with this picture below, the cancer ranges from being carcinoma in situ (CIS) where it does not extend beyond the first layer of bladder lining, to more extensive spread in T3, where it extends through the bladder wall, into the fat. When it grows this far, it has a higher likelihood of spreading or metastasizing to other areas of the body.



The good news is that WGH's cases are similar to the national trend of early stages 0 and 1 which are usually very treatable with surgery. More advanced stages may require treatment with medication put in the bladder or systemic chemotherapy.

Bladder cancer is most commonly diagnosed when patients are found to have microscopic blood in the urine on a screening urinalysis. Occasionally, patients may present with visible or gross blood in the urine, and sometimes have symptoms like a bladder infection. These symptoms include increased urinary frequency, urgency, and burning with urination. Patients who present with symptoms generally have higher stage and grade disease than those who are detected with a screening urinalysis.

BLADDER CANCER continued next page



Bladder cancer occurs more commonly as people grow older. The average age at time of initial diagnosis is 73 years, but it is not rare to find it in people starting in their mid to late 40's. Additionally, bladder cancer is more common in men than women while African Americans are 50% less likely to contract the disease than others. Whidbey Island's population, similar to the rest of the country, is aging, so additional cases are expected.

According to the American Cancer Society (ACS), about 50% of cases are diagnosed in the early stages (as reflected in the above statistics). Thirty five percent of cases are diagnosed after involving deeper layers of the bladder, but are still in the bladder. Most of the remaining 15% has usually spread outside the bladder, with 4% having spread to distant sites.

WHO IS AT RISK? The most common risk factor, or cause is smoking tobacco. By inhaling smoke, the cancer causing chemicals are absorbed into the blood, concentrated by the kidneys and stored in the bladder. Prolonged contact with the bladder lining increases the risk of cancer. This risk also extends to the kidneys, as kidney cancer is also more common in smokers.

The second risk factor is exposure to various chemicals that might be found in the production of rubber, leather, textiles, hair dye, paint and printing ink. This is why people in these professions are often instructed to use equipment like gloves or other protective garments to limit their exposure to these chemicals.

A third risk is a history of chronic infection and the presence of bladder parasites-rare in this country, but not uncommonly found in third world countries. Like many cancers, there is growing evidence of genetic links. A family history of bladder or kidney cancer may be important to be aware of.

There are lifestyle choices that can be made to prevent or limit your risk of developing bladder cancer.

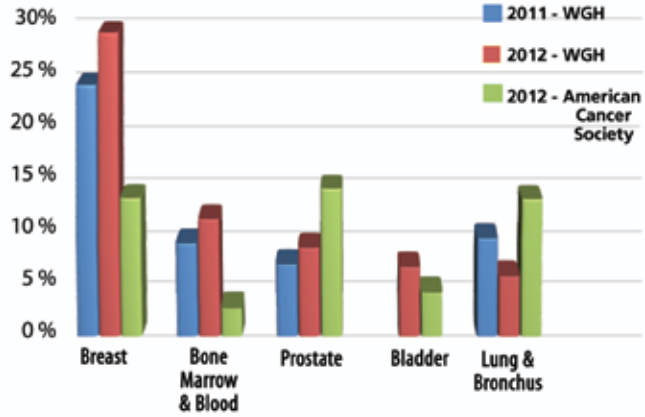
- First – quit smoking, or never start smoking.
- Second, use gloves, respirators, or other protective equipment when working with various chemicals and dyes. Follow the recommendations by employers or educate yourself about the risks.
- Finally, be aware of drinking enough fluids. Adequate fluid intake will dilute cancer causing chemicals in the urine and limit exposure by encouraging more frequent bladder emptying.

For additional information about the diagnosis and treatment of bladder cancer, visit the ACS website at *www.cancer.org*, or discuss concerns with your health care provider.

WGH TOP 5 CANCER DIAGNOSIS SITES 2011-12

Compared to:
New Diagnoses in the US as Estimated by the American Cancer Society for 2012

	Breast	Bone Marrow & Blood	Prostate	Bladder	Lung & Bronchus	Total % of top five cases
2011	24.4%	9.38%	7.29%		9.909%	58.85%
2012	29.24%	11.79%	8.96%	7.98%	6.13%	63.21%
ACS 2012	13.84%	2.88%	14.75%	4.49%	13.80%	49.75%



The data shows that 63.21% of the 2012 cancer cases at WGH were in the top five primary sites, with an increase of 4.36% over 2011 - which had a 2.66% increase over 2010 among the top five primary sites. Lung and bronchus cancer saw a decrease in cases for the second year in a row.

The ACS estimations for 2012 had an estimated rate of 49.75% of the cases through the United States among these same primaries. Prostate and lung cancer are below the ACS estimated rate while the other primaries are higher. The breast cancer numbers were higher with Dr. Oman performing more breast surgeries this past year. Lung cancers are usually diagnosed where there is a thoracic surgeon and/or pulmonologist available.

Cancer Registry Data 3/19/2013
ACS Cancer Facts and Figures for 2012