

**City Hospital's Cancer Program  
Martinsburg, WV  
2005 Annual Report**

Including statistical review of 2004 Cancer Registry Data



Our cancer program's primary goal is to provide personal care to cancer patients and their families. Because City Hospital offers a coordinated array of services, we can choose from many options to develop a care plan which best meets the individual needs of each patient and his or her family.



**Accreditations from the American College of Surgeons: This designation ensures that a patient will receive comprehensive care with state-of-the art cancer treatment modalities. The Commission on Cancer requires that a cancer program has a multi-specialty team approach, analyzes practice methods for quality of care, and provides information related to current clinical trials.**

**Only 25% of hospitals in the country have ACOS accredited cancer programs.**

## **2005 Cancer Committee:**

TIMOTHY BOWERS, MD	CHAIRMAN/HEM/ONC, IM
JAMES CARRIER, MD	SURGERY/LIAISON
DONALD JANSEN, MD	CHIEF MEDICAL OFFICER
JOHN BLANCO, MD	RADIOLOGY
ANTONIO TAMARA, MD	PATHOLOGY
TERRENCE REIDY, MD	HEM/ ONC IM
M.P. JONES, MD	HEM/ONC
ARUNA PATEL, MD	RADIATION ONCOLOGY
CHERRY LOBATON, MD	FAMILY PRACTICE
GEORGE BLOUGH	AMERICAN CANCER SOCIETY
LISA BIVENS, RN	PANHANDLE HOME HEALTH INC.
CAROL JOSEPH, RN	DIRECTOR PHYSICIAN EDUCATION
MARGE RAO, RHIT	DIRECTOR HIS
PAMELA MOATS RHIT, CTR	CANCER REGISTRAR
JEAN TITCHNELL, RN	HOSPICE OF PANHANDLE
J. PITTINGER, MA. BSW	SOCIAL SERVICES
TAMARA WARE, RN, MSN	NURSING ONCOLOGY
CHRISTIAN MILLER	DIRECTOR PHARMACY
BARBARA SHEPPARD	QA/RISK MANAGEMENT
JESSICA GRAHAM	WELLNESS
REV DOUGLAS KNUPP	CLERGY/HOSPICE
JANE RUNYON, RD, LD	FOOD AND NUTRITION SERVICES
BRIAN SLAKS	RADIATION ONCOLOGY

## **CANCER COMMITTEE CHAIRMAN'S REPORT 2004 –Timothy K Bowers, MD**

The year 2004 was a year of continuing progress for the City Hospital Cancer Treatment Program. The American College of Surgeons' Commission on Cancer conducted an on site survey of our program, resulting in a full three year accreditation, with commendation. This analysis by an independent team of experts validates the continuing high quality of cancer care at City Hospital.

The outpatient chemotherapy treatment clinic continues to be quite busy, and to better meet patient needs we recruited a third Board Certified Medical Oncologist, to begin his practice in early 2005. This will allow us to establish a full time 24 hour a day 365 day a year Hematology/Oncology call schedule, ensuring patient access to subspecialty expertise at all times.

New treatment modalities have entered our therapeutic armamentarium, including new chemotherapy drugs such as oxaliplatin, in the "FOLFOX" protocols for metastatic colorectal cancer. The use of these new protocols has led to a dramatic improvement in the survival of colorectal cancer patients. In addition to new chemotherapy drugs new-targeted therapies, the "magic bullet" biological agents have become common treatments. Two of these agents, Avastin and Erbitux, add substantially to our success in treating colorectal cancer. These drugs are commonly used in combination with chemotherapy.

In the Department of Surgery expanded use of the "Sentinel Node" biopsy technique saves many patients with breast cancer from having to undergo a full dissection of the axillary lymph nodes. The less radical but equally effective biopsy procedure presents a much lower risk of complications such as lymphedema of the arm.

In the Radiology Department digital mammography and a new fixed MRI scanner were added to our diagnostic capabilities.

Finally, in a development with great potential to enhance the future development of our Cancer Treatment Program, City Hospital and Jefferson Memorial Hospital merged with West Virginia University Hospitals to form WV Hospitals East. Preliminary discussions have already been held with WVU's Mary Babb Randolph Cancer Center regarding cooperative ventures.

## **Education Programs – Carol Joseph, RN**

The Continuing Medical Education Department of City Hospital provides cancer programs for Physicians, Nurses and Ancillary hospital personnel throughout the year. A variety of cancer diagnoses are presented at the Hospital's Tumor Board, which is held bimonthly. A symposium was given on Breast Cancer issues and programs on Lung Cancer and Lymphomas are being planned. These educational opportunities are made available to all physicians and nurses in the tri-county area.

## **American Cancer Society– George Blough**

The American Cancer Society in partnership with City Hospital has planned and implemented the following cancer awareness, education and patients services

- **Reach to Recovery Program:** Breast cancer patients served with wigs, prosthesis, literature and support by trained volunteer breast cancer survivors
- **I Can Cope:** A seven-week patient education series for cancer patients and their families, addressing the issues of coping, treatment options and available resources. The Marketing Dept. of City Hospital was responsible for the design and distribution of the I Can Cope flyer, as well as did a mailing to the local churches.
- **Man-to-Man:** Prostate cancer support group. Meets the second Thursday of each month with prostate cancer patients and partners at 6:30 p.m. – 8:30 p.m. Topics vary each month with speakers and presentations, some of which are from City Healthcare Specialists and staff. (No meetings during July and August).  
A space has been allotted to the group at the Dorothy McCormack Center where all supplies and education information is stored and distributed from.
- **Hero Cancer Survivor Support Group:** Meets the second Wednesday of each month from 6:00 p.m. – 8:00 p.m. (No meetings during July and August). Topics vary each month with speakers and presentations, some of which are from City Healthcare specialists and staff.
- **Cancer Education Resource Room:** A room has been designated in the Dorothy McCormack Center for cancer patients to visit and learn about cancer, the diagnosis, treatments, options and support information. Cancer survivors volunteer their time to meet with those in need.
- **Health Education/Wellness Fairs:** ACS volunteers attend the City Hospital Wellness Center annual health fairs and distributes screening, detection and awareness information working with planner Jesi Graham.
- **Skin Cancer Awareness/Screening:** ACS and Jesi Graham implemented a Skin Cancer Screening with Dr. J. Hahn.
- **Pink Pony Day:** ACS partnering with City will present cancer education. Awareness and City oncology information to the Ralph Lauren Polo Co. City Marketing Dept. assisted with the design and development of the flyer used for this event. (Nov. 3)
- **Breast Cancer Minority Grant:** Teresa McCabe, Marketing City Hospital, Karen Newell, ACS Leadership Council and parish nurse at Destiny Church, and George Blough are working on a grant to be awarded in January 2006.
- **Information Wall Rack:** An information cancer awareness and cancer community events wall brochure rack is scheduled to be placed at the entrance of the Dorothy McCormack Center. Marketing Department and ACS are working on the logistics.

- **Look Good, Feel Better and Road to Recovery Programs:** Training dates are being investigated and recruitment will begin on these two vital programs. The Marketing Department and ACS will work together developing flyers for recruitment and training of volunteers locally, and notification of dates of the programs and services when they are available.
- **Leadership Council Membership:** Tammy Ware, Oncology nurse is an attending member of the American Cancer Society Berkeley. Co Leadership Council. Her presence and participation enhances the partnership between City Hospital and the American Cancer Society.
- **Monthly Column In Local Newspaper:** George Blough writes a column every month in the local newspaper on cancer and services available.

## **Panhandle Home Health – Lisa Bivens, RN**

Panhandle Home Health, Inc. (PHHI) now has two Registered Nurses who became Certified Hospice and Palliative Nurses (CHPN). These nurses have presented educational offerings with continuing education credit to staff regarding Pain Management and Palliative Care with specific education related to end of life care. They are also available to staff for individual consultations. The Agency participates in the Eastern Panhandle End of Life Coalition, which strives to educate the community on end of life issues.

The majority of patients with neoplasms, who are served by PHHI, are seeking active treatment for their disease in the form of chemotherapy, radiation or both. This treatment is supported by RN visits in the home to evaluate for side effects of treatment, to provide education, obtain labs to monitor the patient's status, and other skilled nursing needs the patient may have. Nursing intervention includes regular contact with the physician regarding the patient's condition. Emotional support is provided by the staff and by linking patients and their families with community resources available to assist with ongoing care at home.

PHHI staff is knowledgeable about advance directives for health care decision-making. Education is provided to patients and families as well as the community regarding the value in completing an advance directive document. A Notary is provided for those patients who wish to execute an Advance Directive or a Living Will.

Panhandle Home Health, Inc. has provided home care to the residents of Berkeley, Jefferson and Morgan Counties for nearly 30 years.

## **Hospice of the Panhandle – Jean Tichnell, RN, CHPN**

The Mission of Hospice of the Panhandle is to provide compassionate end-of-life and palliative care and to serve as a resource to the community for these and related issues.

The Vision of Hospice of the Panhandle is that all who would benefit from palliative care and have a prognosis of 6 months or less will choose to receive hospice care from us. All who would benefit from bereavement support will choose to receive it from us.

In the past year our staff has increased to over 60 members in order to provide end-of-life care to an increasing amount of patients. Hospice of the Panhandle provides an on call staff to include a nurse, social worker, and spiritual support. This year two full-time chaplains have joined our team: Doug Knupp and John Waidande.

Carmen Munyan, RN has recently joined the hospice staff in Provider Relations. She is visiting each hospital in the tri-state area on a weekly basis. If anyone has any questions regarding referrals, end-of-life care or bereavement support, she can help or you can contact Jean Tichnell RN, CHPN at (304) 264-0406.

## **Quality Improvement – Barbara Sheppard, Quality Risk Management**

During 2004, performance improvement activities, which are performed on a quarterly basis, included multidisciplinary assessment of vascular access port sites and timeliness of antibiotic administration for those patients admitted with the diagnosis of febrile neutropenia. There was also a review of those patients admitted as a result of complications of chemotherapy and a chemotherapy timeline administration study. When opportunities for improvement were identified, actions, such as staff education, were taken and an evaluation of the effectiveness was performed during another quarterly review.

The Cancer Committee also reviewed those records of patients diagnosed with carcinoma of the lung, based on the high rate of occurrence in the State of West Virginia. This was a multidisciplinary review with all departments in the hospital taking care of the patient invited to participate in the project. Again, when opportunities for improvement were identified, appropriate actions were taken.

## **Community Activity- Jessica Graham**

This year was a trial year for a few community events here at City Hospital, but it was a positive year. We incorporated a new screening that was very successful. We also offered two health fairs where people could visit various booths and collect information on cancer, cancer treatments, and foods documented for prevention of certain cancers, and active support groups and their locations.

The first health fair was Saturday, April 23<sup>rd</sup> from 6:00 am-10:00 pm located at the Dorothy A. McCormack Center. We offered a full blood draw with a PSA screening for a \$30.00 cost. I worked with the ACS liaison George Blough. She had ACS staff there to pass out information and to talk about the various programs they offer in the area. Approximately 450-470 people came through for the health fair. It was quite a success.

May was a good month for us as well. This is the first time since I have been in community activities that we offered a skin cancer screening. On May 7<sup>th</sup> I worked in collaboration with Dr. Jerry Hahn and his staff to offer the skin cancer screening. We saw 74 people in three hours and found 4 cases that needed immediate attention, 1 melanoma, and several people who had other marks on their skin that should be examined more thoroughly.

June was also a busy month for cancer awareness. Berkeley County held its Relay for Life on June 3<sup>rd</sup> and 4<sup>th</sup>. The ACS did an amazing job.

Our last health fair for the year is scheduled for Saturday, October 29<sup>th</sup> from 7:00am-12:00pm. We will have various types of health screenings, such as blood pressure, Dexa Scans, glucose testing, vision and hearing tests and bountiful information available for people to utilize. Again, the ACS is working with me. George Blough will have a booth staffed ready to distribute information regarding types of cancers, treatments, and support groups and other community outlets that may help.

## 2005 Cancer Registry Report- Pamela S. Moats, RHIT, CTR

Our Cancer Registry is an information system designed for the collection, management and analysis of data on patients with the diagnosis of cancer.

The Cancer Registrar is responsible to ensure accurate and complete data on all patients diagnosed and treated in our cancer program. Our registry maintains a complete summary of the patient's history, diagnosis, treatment and current cancer status. We follow and update every living patient in the registry yearly.

Our Cancer Registrar reports cancer statistics to the West Virginia State Cancer Registry and the National Cancer Data Base (NCDB), a joint project of the Commission on Cancer of the American College of Surgeons and the American Cancer Society. By participating in this national outcome database we can compare our data and establish a benchmark for accessing quality of care.

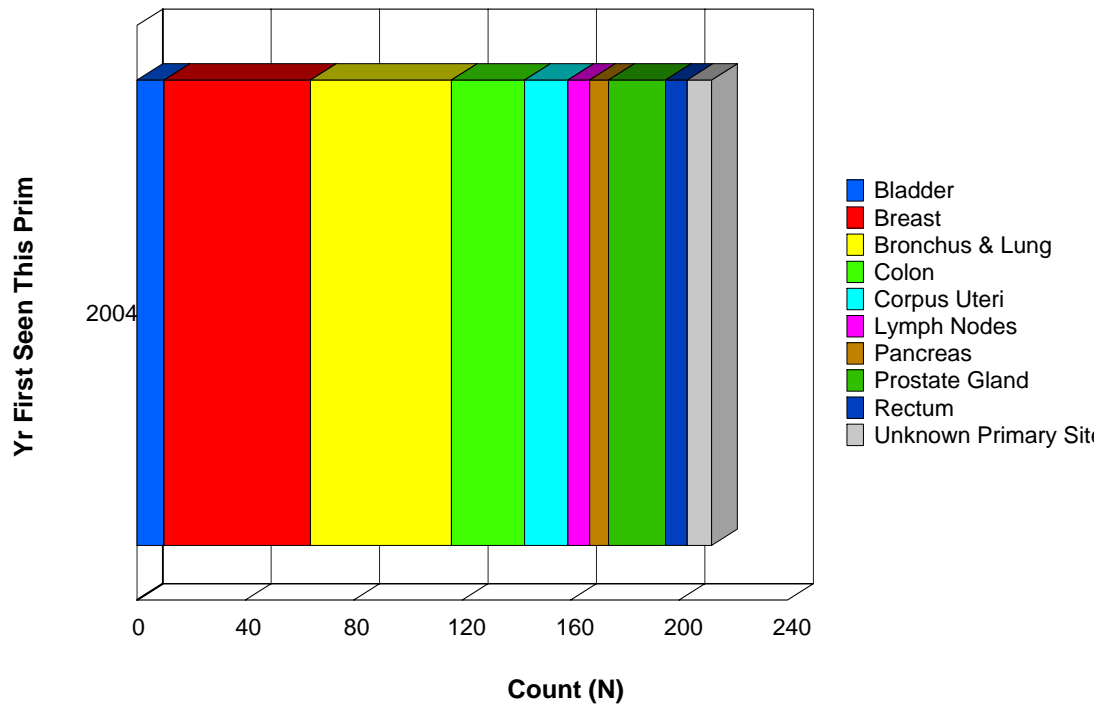
During 2004, there were 303 cases added to the cancer registry of which 284 were newly diagnosed cases of cancer. Lung, Colon, Prostate and Corpus uteri were the major sites for a combined total of 61% of total 2004 cases. Stage at diagnosis indicates 6% were In-situ, 41% were local, 20% were regional and 25% were distant and 8% were not applicable for AJCC staging (Class 0 and Unknown Primary). Age at diagnosis by sex graph is illustrated

Primary Site	Cases	Male	Female	INSITU	LOCAL	REGIONAL	DISTANT
<b>Buccal Cavity &amp; Pharynx</b>	<b>11</b>	<b>10</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>5</b>	<b>2</b>
Tongue	4	3	1	0	1	2	1
Floor of Mouth	1	1	0	0	1	0	0
Gum & Other Mouth	2	2	0	0	2	0	0
Tonsil	2	2	0	0	0	2	0
Oropharynx	1	1	0	0	0	1	0
Other Buccal Cavity & Pharynx	1	1	0	0	0	0	1
<b>Digestive System</b>	<b>53</b>	<b>22</b>	<b>31</b>	<b>3</b>	<b>18</b>	<b>17</b>	<b>13</b>
Esophagus	1	1	0	0	0	1	0
Stomach	3	0	3	0	1	1	0
Colon Excluding Rectum	27	13	14	2	11	8	6
Cecum	2	0	2	1	1	0	0
Appendix	1	1	0	0	0	1	0
Ascending Colon	5	4	1	0	1	2	2
Transverse Colon	3	1	2	0	1	1	1
Descending Colon	7	5	2	1	3	2	1
Sigmoid Colon	8	2	6	0	5	2	1
Large Intestine, NOS	1	0	1	0	0	0	1
Rectum & Rectosigmoid Junction	9	3	6	1	4	2	1
Rectosigmoid Junction	1	0	1	1	0	0	0
Rectum	8	3	5	0	4	2	1
Anus, Anal Canal & Anorectum	1	0	1	0	1	0	0
Liver & Intrahepatic Bile Duct	4	1	3	0	0	3	1
Liver	4	1	3	0	0	3	1

Gallbladder	1	0	1	0	1	0	0
Pancreas	7	4	3	0	0	2	5
<b>Respiratory System</b>	<b>57</b>	<b>31</b>	<b>26</b>	<b>0</b>	<b>10</b>	<b>14</b>	<b>31</b>
Larynx	5	4	1	0	2	1	1
Lung & Bronchus	52	27	25	0	8	13	30
<b>Soft Tissue</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
Soft Tissue (including Heart)	3	3	0	0	2	0	0
<b>Skin excluding Basal &amp; Squamous</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
Melanoma - Skin	2	2	0	0	2	0	0
<b>Breast</b>	<b>54</b>	<b>0</b>	<b>54</b>	<b>7</b>	<b>30</b>	<b>12</b>	<b>5</b>
Breast	54	0	54	7	30	12	5
<b>Female Genital System</b>	<b>27</b>	<b>0</b>	<b>27</b>	<b>0</b>	<b>15</b>	<b>4</b>	<b>5</b>
Cervix Uteri	4	0	4	0	1	3	0
Corpus and Uterus, NOS	16	0	16	0	12	1	1
Corpus Uteri	16	0	16	0	12	1	1
Ovary	6	0	6	0	2	0	4
Vulva	1	0	1	0	0	0	0
<b>Male Genital System</b>	<b>24</b>	<b>24</b>	<b>0</b>	<b>2</b>	<b>18</b>	<b>1</b>	<b>3</b>
Prostate	21	21	0	0	17	1	3
Testis	1	1	0	0	1	0	0
Penis	2	2	0	2	0	0	0
<b>Urinary System</b>	<b>17</b>	<b>11</b>	<b>6</b>	<b>4</b>	<b>8</b>	<b>1</b>	<b>3</b>
Urinary Bladder	10	9	1	4	4	1	1
Kidney & Renal Pelvis	7	2	5	0	4	0	2
<b>Brain &amp; Other Nervous System</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>
Brain	3	0	3	0	3	0	0
<b>Endocrine System</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>
Thyroid	3	0	3	0	3	0	0
<b>Lymphomas</b>	<b>12</b>	<b>5</b>	<b>7</b>	<b>0</b>	<b>4</b>	<b>3</b>	<b>4</b>
Non-Hodgkin Lymphoma	12	5	7	0	4	3	4
NHL - Nodal	9	5	4	0	2	2	4
NHL - Extranodal	3	0	3	0	2	1	0
<b>Myeloma</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Multiple Myeloma	1	1	0	0	0	0	1
<b>Leukemias</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>
Lymphocytic Leukemia	1	1	0	0	0	0	1
Chronic Lymphocytic Leukemia	1	1	0	0	0	0	1
Myeloid & Monocytic Leukemia	1	0	1	0	0	0	1
Chronic Myeloid Leukemia	1	0	1	0	0	0	1
Other Leukemia	1	1	0	0	0	0	1
Aleukemic,Subleukemic & NOS	1	1	0	0	0	0	1
<b>Mesothelioma</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
Mesothelioma	3	2	1	0	0	0	2
<b>III-Defined/Unspecified</b>	<b>11</b>	<b>8</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
III-Defined and Unspecified Sites	11	8	3	0	0	0	2
<b>Total</b>	<b>284</b>	<b>121</b>	<b>163</b>	<b>16</b>	<b>117</b>	<b>57</b>	<b>74</b>

### TOP 10 Sites

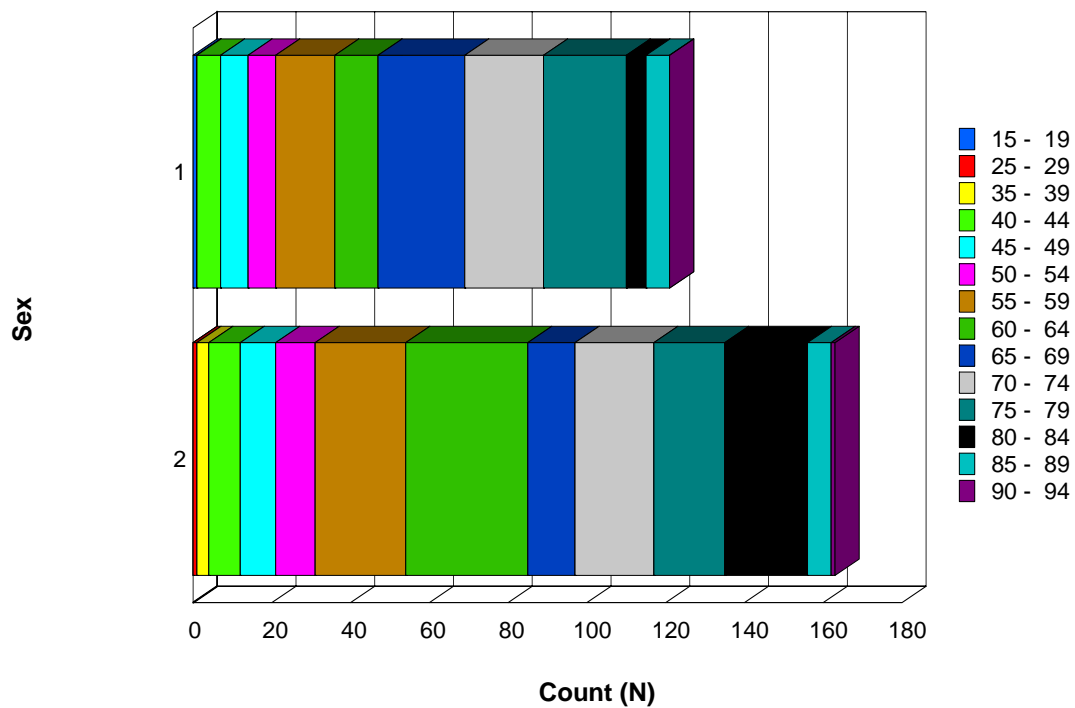
	2004	Total
Bladder	10 (100.0%)	10
Breast	54 (100.0%)	54
Bronchus & Lung	52 (100.0%)	52
Colon	27 (100.0%)	27
Corpus Uteri	16 (100.0%)	16
Lymph Nodes	8 (100.0%)	8
Pancreas	7 (100.0%)	7
Prostate Gland	21 (100.0%)	21
Rectum	8 (100.0%)	8
Unknown Primary Site	9 (100.0%)	9
<b>Total</b>	<b>212</b>	<b>212</b>



### AGE AT DIAGNOSES

	1	2	Total
15 - 19	1 (100.0%)	0	1
25 - 29	0	1 (100.0%)	1
35 - 39	0	3 (100.0%)	3

40 - 44	6 (42.9%)	8 (57.1%)	14
45 - 49	7 (43.8%)	9 (56.3%)	16
50 - 54	7 (41.2%)	10 (58.8%)	17
55 - 59	15 (39.5%)	23 (60.5%)	38
60 - 64	11 (26.2%)	31 (73.8%)	42
65 - 69	22 (64.7%)	12 (35.3%)	34
70 - 74	20 (50.0%)	20 (50.0%)	40
75 - 79	21 (53.8%)	18 (46.2%)	39
80 - 84	5 (19.2%)	21 (80.8%)	26
85 - 89	6 (50.0%)	6 (50.0%)	12
90 - 94	0	1 (100.0%)	1
<b>Total</b>	121	163	284
Count (N)	Row %		



Sex Legend  
 1 – Male      2 - Female

## Site Specific Analysis – Dr Timothy K Bowers, Chairman

### WV-CITY HOSPITAL CANCER TREATMENT PROGRAM

#### PATIENT CARE EVALUATION COLORECTAL CANCER 2004

Thirty -one new cases of colorectal cancer were diagnosed and treated at City Hospital in 2004.

Three cases referred from another institution only for radiation therapy, one patient had multiple tumors treated simultaneously and one case seen only incidentally, are not included in this analysis.

#### PATIENT CHARACTERISTICS

Age:	40-49	4 patients
	50-59	5 patients
	60-69	11 patients
	70-79	6 patients
	80-89	4 patients
	90-99	1 patient
Sex:	male	12 patients
	female	19 patients
Presentation:		
	rectal bleeding	11 patients
	abdominal pain	6 patients
	anemia	6 patients
	surveillance colonoscopy	2 patients
	positive hemoccults	2 patients
	obstruction	1 patient
	perforation	1 patient
	appendicitis	1 patient
	syncope	1 patient
Family History:		
	positive for colorectal cancer	8 patients
	negative for colorectal cancer	12 patients
	not specified	11 patients

## **HISTORY OF SCREENING FOR COLORECTAL CANCER**

### Colonoscopy:

two patients diagnosed by screening colonoscopy

three patients had negative colonoscopy within two years of cancer diagnosis

### Fecal occult blood testing:

two patients diagnosed by screening hemocult testing

no reports of negative hemocult testing before diagnosis

## **LOCATION OF CANCER**

Rectum:	7 patients
Left colon:	14 patients
Transverse colon:	4 patients
Right colon:	7 patients
Appendix:	1 patient

## **STAGE**

Stage 0:	2 patients
Stage I:	9 patients
Stage II:	6 patients
Stage III:	5 patients
Stage IV:	8 patients
Unstaged:	1 patient

## **DIAGNOSTIC STUDIES**

CEA level:	19 patients
Chest x-ray	27 patients
CT scan abd/pelvis	27 patients

## **TREATMENT**

Surgery:	colon resection	29 patients
	transanal resection	1 patient
	diverting colostomy	1 patient
Radiation therapy:		1 patient
Chemotherapy:		11 patients

## **TREATMENT BY STAGE**

Stage 0:	Surgery	2/2 patients
Stage I:	Surgery	9/9 patients (one transanal resection)
Stage II:	Surgery	6/6 patients
	Chemotherapy	1/6 patients
Stage III:	Surgery	5/5 patients
	Radiation therapy	1 patient, rectal cancer
	Chemotherapy	4/5 patients (one offered, declined)
Stage IV:	Surgery	6/8 patients
	Radiation therapy	0 patients
	Chemotherapy	5/8 patients (two offered, declined)
Unstaged:	Surgery	1/1 (diverting colostomy only)

## **CHEMOTHERAPY BY STAGE**

Stage II:	1 patient, perforated tumor initial therapy, Fu/Leucovorin (MAYO) salvage therapy, FOLFOX
Stage III:	1 patient, rectal, infusion Fu, then MAYO 3 patients, colon, MAYO
Stage IV:	4 patients, FOLFOX 1 patient, MAYO 1 patient, Xeloda (poor performance status)

## **SURVIVAL**

Alive:	25 patients
Dead:	6 patients

## SUMMARY

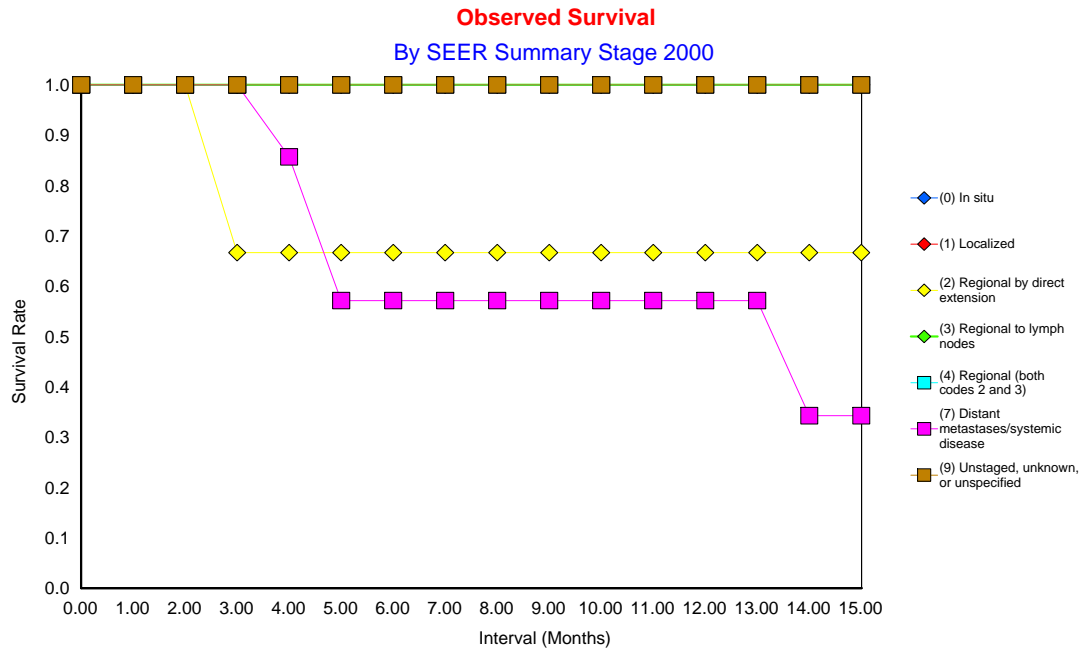
Thirty-one new patients with colorectal cancer received their primary diagnosis and treatment at City Hospital in 2004. There is no explanation other than chance for the 19 to 12 predominance of women.

The most common presenting symptom was rectal bleeding, especially in left colon and rectal lesions. Abdominal pain and anemia tied for the next most common symptom. Four cases were detected by screening, two each by colonoscopy and by hemoccult testing. It is sobering that three patients had negative colonoscopies within two years before their cancer diagnosis. Eight patients had a documented positive family history of colorectal cancer, but none were from known Familial Polyposis Coli or other established genetic syndrome families. Twelve patients had a documented family history that either excluded or did not mention colorectal cancer. Eleven patients had no family history documented.

Twenty-one of the 31 patients had tumors in the rectum or left colon, where they would be accessible to flexible sigmoidoscopy.

It is encouraging that 11 patients had stage 0 (CIS) or stage I tumors, with an excellent prognosis. It is disappointing that 8 patients had stage IV tumors, which are almost uniformly fatal. None of the stage IV patients were candidates for resection of hepatic metastases. Peritoneal and retroperitoneal metastases were more common than isolated hepatic metastases.

Treatment was appropriate for stage of disease and followed National Cancer Institute guidelines. In several patients additional treatment was recommended but declined. Poor performance status precluded more aggressive therapy in others. The chemotherapy protocols were state of the art at the time, appropriate for the stage of disease, and followed established guidelines.



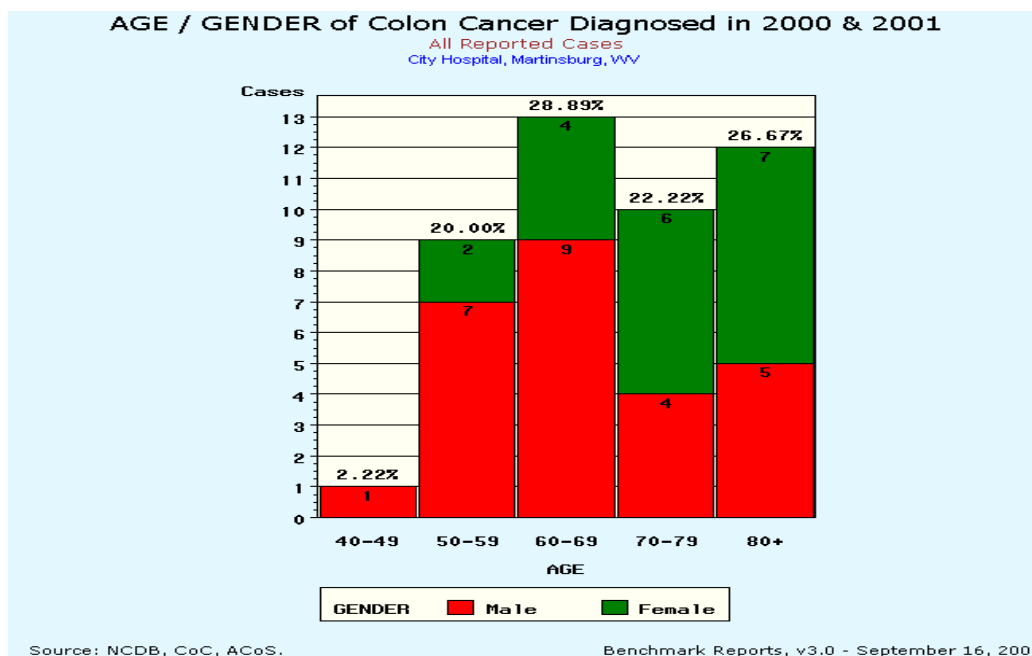
Observed survival for 2004 City Hospital Colon Rectal Cases

## What is the NCDB?

The National Cancer Data Base (NCDB) was established to serve as a comprehensive clinical surveillance resource for cancer care in the United States. The NCDB was the first national database used to track and compare the treatment of most types of cancers. Working in conjunction with other activities of the [Commission on Cancer](#) (CoC), the purpose of the NCDB is to improve the quality of cancer care by providing physicians, cancer registrars, and others with the means to compare their management of cancer patients with the way in which similar patients are managed in other cancer care centers around the country. The [American Cancer Society](#) (ACS) and the CoC of the [American College of Surgeons](#) (ACoS) have maintained a long-standing partnership in the fight against cancer. The working relationship between the College and the American Cancer Society is one of the oldest health alliances in the United States, beginning in 1912 at a series of meetings that led to the formation of these two organizations. The ACS and the ACoS jointly fund the activities of the NCDB. The NCDB was established in 1989 by these two organizations to provide important information to individuals and institutions interested in the care of cancer patients. The NCDB is a nationwide, facility-based, oncology data set that currently captures 75% of all newly diagnosed cancer cases in the United States annually, and holds information on over 15 million cases of reported cancer diagnoses for the period 1985 through 2002, and continues to grow. Data on all types of cancer are

tracked and analyzed. Data collected include patient characteristics, tumor staging and histology characteristics, type of first course treatment administered, and disease recurrence, and survival information. These data elements are collected and submitted to the NCDB from [CoC-approved cancer program](#) registries using nationally standardized data item and coding definitions, as specified in the CoC's Facility Oncology Registry Data Standards: Revised for 2004 (FORDS), and nationally standardized data transmission format specifications as specified by the North American Association of Central Cancer Registries (NAACCR). Hypothesis-based special studies are conducted that allow for the ad hoc collection of specific data to address important cancer problems. Participation by CoC- approved cancer programs in these studies are mandated by the CoC Cancer Program Standards. Thus, the NCDB collects the traditional data set (longitudinal) and one-time and ad hoc data sets (cross-sectional). Data confidentiality is of prime importance, and the NCDB has pro-actively worked to continually ensure and maintain compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 privacy regulations established by the Federal Government in 2003.

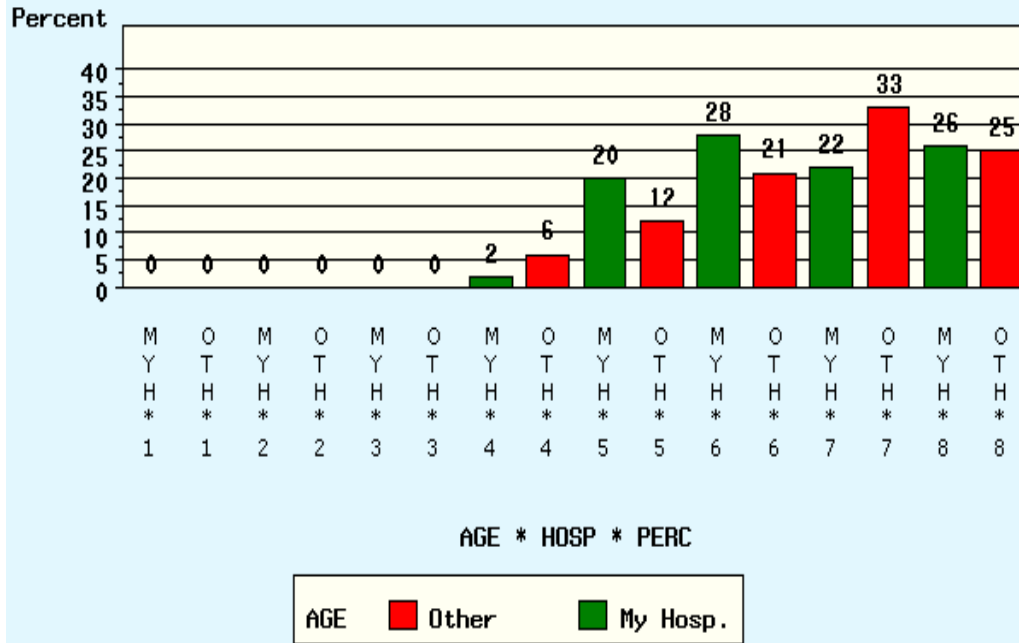
## City Hospital Benchmark Reports with NCDB Comparisons with National and State of West Virginia ACOS approved hospitals



## AGE of Colon Cancer Diagnosed in 2000 & 2001

All Reported Cases - HOSP. TYPE: All Types/Systems

City Hospital, Martinsburg, WV vs. Hospitals in State of West Virginia - Data From 23 Hospitals



Source: NCDB, CoC, ACoS.

Benchmark Reports, v3.0 - September 16, 2005

## AGE of Colon Cancer Diagnosed in 2000 & 2001

All Reported Cases - HOSP. TYPE: All Types/Systems

City Hospital, Martinsburg, WV vs. Hospitals in State of West Virginia - Data From 23 Hospitals

AGE	N (cases)		% (percent)	
	Sum		Sum	
	Reported by		Reported by	
	Other	My Hosp.	Other	My Hosp.
Pediatric	1	0	0.10	0.00
16-29	4	0	0.41	0.00
30-39	6	0	0.61	0.00
40-49	61	1	6.22	2.22
50-59	120	9	12.24	20.00

<b>60-69</b>	211	13	21.53	28.89
<b>70-79</b>	325	10	33.16	22.22
<b>80+</b>	252	12	25.71	26.67
<b>Total</b>	980	45	100.00	100.00

Source: NCDB, Commission on Cancer, ACoS. Benchmark Reports, v3.0

### TREATMENT of Colon Cancer Diagnosed in 2000 & 2001

All Reported Cases - HOSP. TYPE: All Types/Systems

City Hospital, Martinsburg, WV vs. Hospitals in All States - Data From 2667 Hospitals

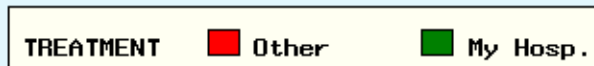
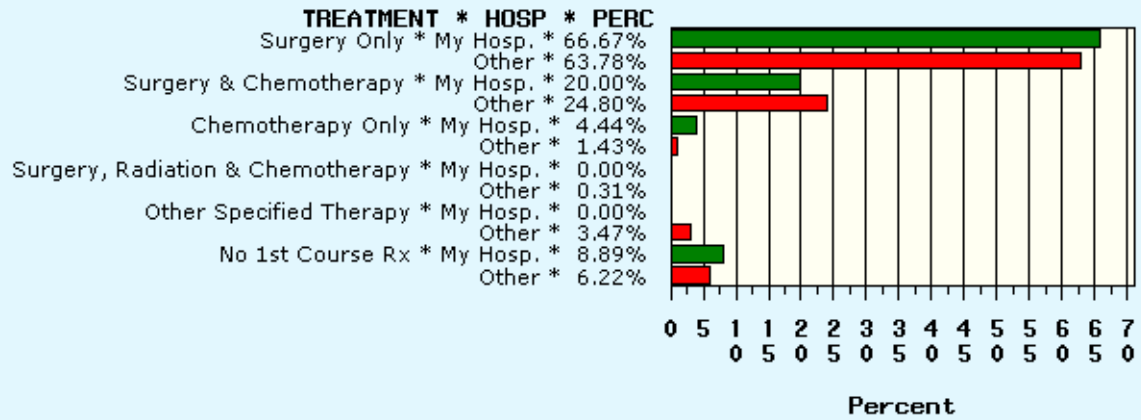
	N (cases)		% (percent)	
	Sum		Sum	
	Reported by		Reported by	
	Other	My Hosp.	Other	My Hosp.
<b>TREATMENT</b>				
<b>Surgery Only</b>	89,767	30	64.99	66.67
<b>Surgery &amp; Chemotherapy</b>	30,805	9	22.30	20.00
<b>Chemotherapy Only</b>	1,846	2	1.34	4.44
<b>Surgery, Radiation &amp; Chemotherapy</b>	493	0	0.36	0.00
<b>Other Specified Treatment Combinations</b>	5,576	0	4.04	0.00
<b>No 1st Course Rx</b>	9,640	4	6.98	8.89
<b>Total</b>	138,127	45	100.00	100.00

Source: NCDB, Commission on Cancer, ACoS. Benchmark Reports, v3.0

# TREATMENT of Colon Cancer Diagnosed in 2000 & 2001

All Reported Cases - HOSP. TYPE: All Types/Systems

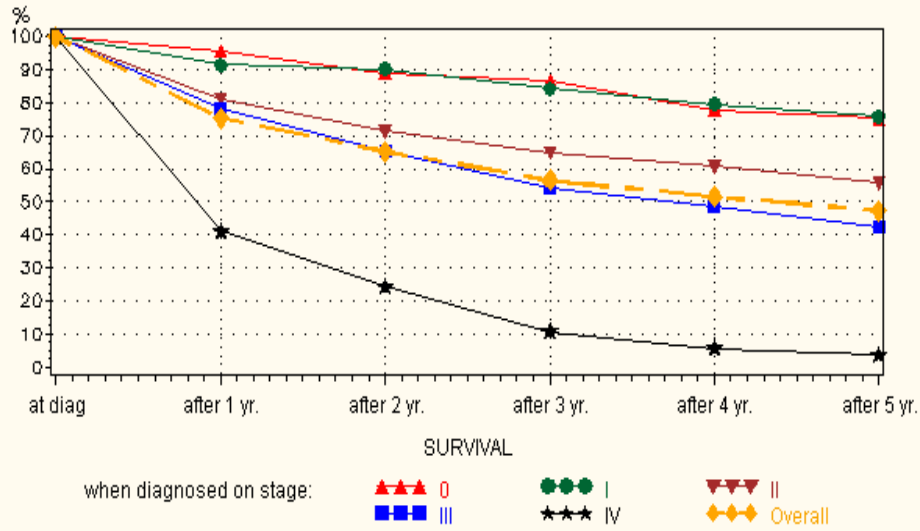
City Hospital, Martinsburg, WV vs. Hospitals in State of West Virginia - Data From 23 Hospitals



Source: NCDB, CoC, ACoS.

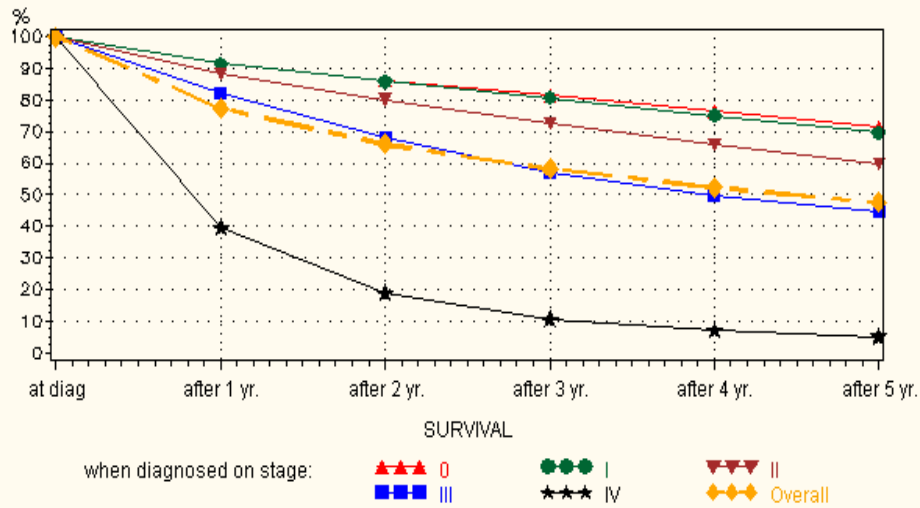
Benchmark Reports, v3.0 - October 28, 2005

Five Year Surv. Rates for Colon Cancer Cases Diagnosed in 1995 and 1996  
 State of West Virginia / Data Reported from 12 Hospitals  
 Hospitals of Type: All

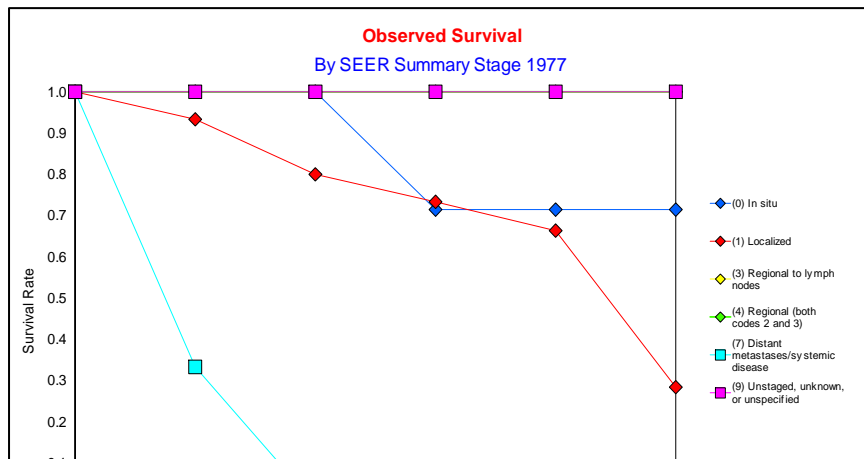


Source: NCCDB, Commission on Cancer, ACoS. Survival Reports, v2.0 – September 16, 2005

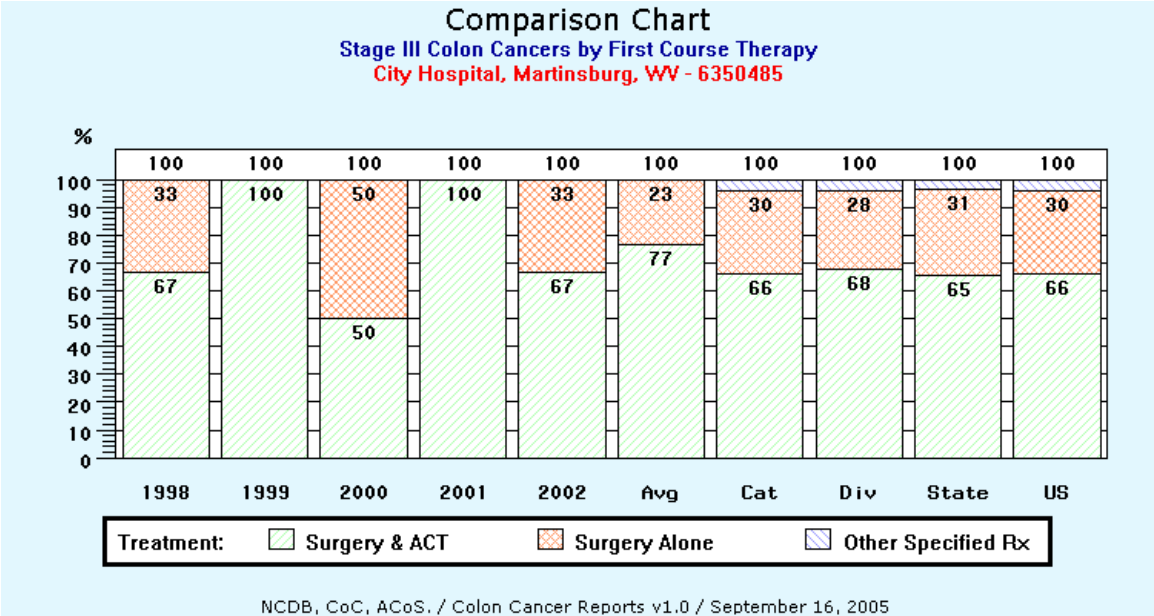
Five Year Surv. Rates for Colon Cancer Cases Diagnosed in 1995 and 1996  
 All States / Data Reported from 1735 Hospitals  
 Hospitals of Type: All



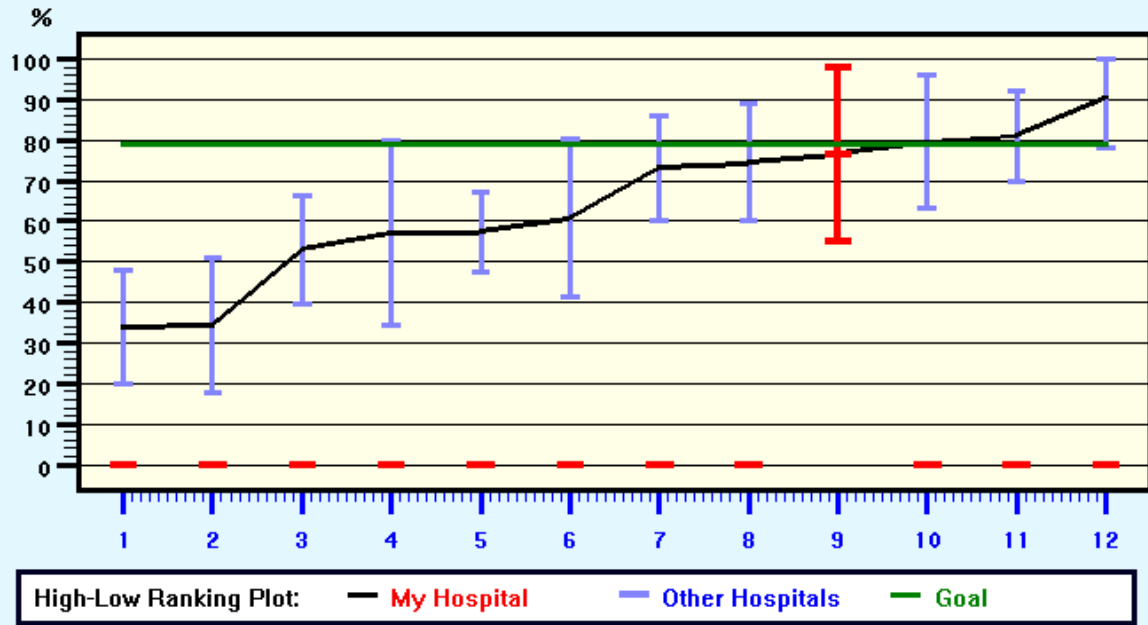
Source: NCCDB, Commission on Cancer, ACoS. Survival Reports, v2.0 – September 16, 2005



# CITY HOSPITAL COLON SURVIVAL 2000-2001



**Surgery & ACT Treatment Ranking at State Level**  
**Weighted Average of Stage III Colon Cancers Receiving Surgery & ACT**  
 City Hospital, Martinsburg, WV - 6350485



NCDB, CoC, ACoS. / Colon Cancer Reports v1.0 / September 16, 2005

**Ranking Table**

Stage III Colon Cancers by First Course Therapy  
 City Hospital, Martinsburg, WV - 6350485

COMPARISON GROUP	HOSPITALS IN GROUP	QUARTILE RANK			ORDINAL RANK		
		Surgery & ACT	Surgery Alone	Other Specified Rx	Surgery & ACT	Surgery Alone	Other Specified Rx
US	1376	2	3	4	446	777	1376
Category	504	2	3	4	179	277	504
State	12	2	3	4	4	7	12
ACS Division	192	2	3	4	71	99	192

NCDB, CoC, ACoS. / Colon Cancer Reports v1.0 / October 28, 2005

## Hospital Comparison Table

Stage III Colon Cancers by First Course Therapy

City Hospital, Martinsburg, WV - 6350485

	FIRST COURSE THERAPY												TOTAL
	SURGERY & ACT				SURGERY ALONE				OTHER SPECIFIED Rx				
	cases		95% CI		cases		95% CI		cases		95% CI		
	n	wt%	Lower	Upper	n	wt%	Lower	Upper	n	wt%	Lower	Upper	
<b>WHO?</b>													
<b>My Hospital</b>	12	76.67	55.26	98.07	3	23.33	1.93	44.74	0	0.00	0.00	0.00	15
<b>Hosp. in My State</b>	290	65.31	60.88	69.74	130	31.02	26.72	35.33	24	3.67	1.92	5.41	444
<b>Hosp. in My ACS Div.</b>	5596	67.79	66.79	68.79	2368	28.04	27.08	29.00	404	4.17	3.74	4.60	8368
<b>Hosp. in My Category</b>	8367	66.02	65.20	66.83	3912	30.12	29.33	30.91	618	3.87	3.53	4.20	12897
<b>All Hosp. in US</b>	38112	65.93	65.55	66.31	17735	30.04	29.67	30.41	2754	4.03	3.87	4.19	58601

NCDB, CoC, ACoS. / Colon Cancer Reports v1.0 / October 28, 2005

## Case Reporting Table

Reported Colon Cancers by Year and First Course Therapy

City Hospital, Martinsburg, WV - 6350485

	REPORTED COLON CASES		REPORTED STAGE III CASES		FIRST COURSE THERAPY						STAGE III CASES OVER 70 YEARS OF AGE	
					Surgery & ACT		Surgery Alone		Other Specified Rx			
	n		n	%	n	%	n	%	n	%	n	%
<b>Dx Year</b>												
<b>1998</b>	15		3	20.00	2	66.67	1	33.33	0	0.00	2	66.67
<b>1999</b>	17		4	23.53	4	100.00	0	0.00	0	0.00	2	50.00
<b>2000</b>	19		2	10.53	1	50.00	1	50.00	0	0.00	1	50.00
<b>2001</b>	8		3	37.50	3	100.00	0	0.00	0	0.00	0	0.00
<b>2002</b>	17		3	17.65	2	66.67	1	33.33	0	0.00	2	66.67

2005 CITY HOSPITAL ANNUAL REPORT PRESENTED TO CANCER COMMITTEE 10/24/05