Cancer Care Team

Annual Report 2010-2011
Avera Queen of Peace
Multidisciplinary Cancer Care Team

Cancer Conference, previously referred to as Tumor Conference or Tumor Board, is a meeting where multiple medical specialists come together to discuss appropriate treatment options for patients recently diagnosed with cancer. The multidisciplinary team approach involves oncologists, pathologists, radiologists, surgeons, primary care physicians and ancillary personnel involved in the diagnosis and treatment planning for cancer patients at Avera Queen of Peace. All Avera Queen of Peace physicians and ancillary staff are welcome to attend as well as request that a specific case be discussed. Diagnostic studies and pathology slides are reviewed. Cancer staging and nationally recognized treatment options are discussed by the multidisciplinary team. During 2010 there were 84 cancer cases presented at Cancer Conference with 95% being prospective cases. Cancer sites discussed in 2010 included breast, prostate, colorectal, lung, bladder, head/neck, esophagus, stomach, pancreas, uterus, kidney and lymphoma/leukemia. Cancer Conference is held on the third Tuesday of each month. CME credits are approved for physicians.

ASK ME is a marketing campaign that promotes the screening services made available by the State of South Dakota’s Health Department and the Avera Queen of Peace Foundation. Combining the resources and services available from both entities under one umbrella allows Avera Queen of Peace to create a promotional campaign to promote FREE Screenings for breast and cervical cancer, colon cancer, heart disease, diabetes and prostate cancer to those who meet income guidelines (200% above poverty level) and who are under-insured or uninsured.

For more information about the ASK ME Program call: 1-877-AT-AVERA (877-282-8372)

The Avera Queen of Peace Cancer Center celebrated 10 years of operation with an open house on Tuesday, November 16, from 4:00 p.m. to 6:00 p.m. The open house was described as 10 Years of Thanksgiving for the availability of cancer services close to home. Part of the celebration was a rededication of our efforts to provide the best cancer care possible. The November 16 event was co-sponsored by the Mitchell Area Chamber of Commerce which created better attendance from the local business community. Invitations were sent, print ads were placed in the newspaper, and the event was announced on the radio encouraging community members to attend. Avera Queen of Peace employees were invited to be special guests at the open house since they are also supporters of our Cancer Center! The open house included self-guided tours, Lilly Oncology on Canvas art exhibition, and the opportunity to visit with the Avera Queen of Peace Cancer Care Team physicians and staff. All were welcome, especially employees, and cancer survivors — our special guests.
Survivorship Program

The Avera Queen of Peace Cancer Center views survivorship as a journey that begins when a person hears “you have cancer” and continues through their treatment and the remainder of their life. It is important to include family members, friends and caregivers because they are all, in some way, affected by this disease.

In order to assist our patients through this journey, we have developed a survivorship website. This website is located at www.AveraQueenofPeace.org. Putting the information on the website makes it more accessible for patients to share the information with family members and those who do not live close by. The information includes what to expect while going through treatment and all resources that are available for assistance during and after treatment. The information is updated on a regular basis.

National Cancer Survivors Day

The Avera Queen of Peace Cancer Center, physicians, and staff sponsored a celebration for National Cancer Survivors Day on Tuesday, June 7, with a program and special recognition for all cancer survivors in attendance, and those who have received treatment at the Avera Queen of Peace Cancer Center. The event featured a light meal and a gift for each cancer survivor. Tours of the Cancer Center were also available. In order to support, honor, and provide inspiration for all cancer survivors, the Avera Queen of Peace Cancer Center arranged for some very special guests...cyclists from Livestrong – Dakotas. The cyclists shared stories about why they ride in support of cancer survivors. Prostate Cancer Survivor, Rob Marchand, also addressed those in attendance.

MSHA

Each year members of the Mitchell Skating and Hockey Association (MSHA) can purchase a pink mug with refills. The profits are donated to the Avera Queen of Peace Cancer Care Fund. The club has donated $3,000 to the Cancer Care Fund over the past three years.

High School Basketball Game

The Avera Queen of Peace Cancer Center, including Stephen Dick, MD, and Anwarul Haq, MD, were at the Corn Palace on Tuesday, February 22, to promote cancer awareness at the Mitchell High School boy’s basketball game. Charlene Berke, Director of Cancer Center, and the Marketing Department worked together to develop cancer awareness messages for the new communication boards at the Corn Palace. The physicians and Cancer Center staff distributed information and small green Avera basketballs. The Cancer Center physicians, in collaboration with Avera De Smet Memorial Hospital, sponsored a cancer awareness event during a boys basketball double-header in De Smet on January 11, 2011.
Prostate cancer is the second most common cancer among American men after skin cancer. About 1 man in 6 will be diagnosed with prostate cancer during his lifetime. Prostate cancer is the second leading cause of cancer death in American men. About 1 man in 36 will die of prostate cancer. African American men have higher rates of prostate cancer than any other group. They are 60% more likely than white men to be diagnosed with prostate cancer. Besides race, other risk factors for prostate cancer include age, family history, and diet.

The American Cancer Society estimated that 217,730 new cases of prostate cancer will be diagnosed in the United States in 2010 and that 32,050 men would die of the disease in that year. Prostate cancers can be slow growing. The disease accounts for 10% of cancer-related deaths in males.

Prostate cancer is rare before the age of 40, but the risk rapidly increases after the age of 50. Almost 2 out of 3 prostate cancers are found in men over the age of 65. At Avera Queen of Peace more than 73% of prostate cancers were diagnosed in men age 60-79 years compared to 68% for the same age group in the National Cancer Registry Database (NCDB) Mid-West division. The most common age group at diagnosis at Avera Queen of Peace was 70-79 years of age. (Graph 1)

Diagnosis

Many cases of prostate cancer are found because of abnormalities in a screening prostate-specific antigen (PSA) level or findings on a digital rectal exam (DRE). Most healthy men have PSA levels under 4 ng/mL of blood. Other than cancer, a PSA can be increased by an enlarged prostate, age, infection or inflammation, and other conditions. Prostate cancer can also be an incidental pathologic finding when tissue is removed during a transurethral resection of prostate (TURP) to manage obstructive prostatic symptoms. Symptoms associated with prostate cancer may include bone or pelvic pain, loss of erectile function, bloody urine or changes in urinary function.

Due to the above screening tests the majority of prostate cancers are diagnosed at an early stage. Accurate staging is an essential component of diagnosis and treatment planning. Staging includes PSA testing, a DRE, a prostate biopsy and, for some patients, radiographic evaluation for metastatic disease. The biopsy specimen is usually obtained via a transrectal ultrasound biopsy performed in the urologist’s office. A Gleason Score is assigned by the pathologist that grades the cancer’s aggressiveness. A score of Gleason 6 or less indicates the lowest-risk cancer, and a score of 7 indicates moderately aggressive disease. Gleason Scores of 8, 9, or 10 are assigned to the most aggressive tumors. The information from the PSA, DRE and Gleason Score enables physicians to predict a patient’s risk and to develop a treatment plan. Other considerations include the patient’s other medical problems, age, life expectancy and general health.

At Avera Queen of Peace approximately 78% of the patients were diagnosed at stage II which, in general, means the cancer is contained within the prostate capsule without regional lymph node involvement or distant metastases. This is very comparable to the NCDB Midwest Division which shows approximately 80% diagnosed at Stage II. (Table 1)

Treatment

The treatment options for prostate cancer depend in part on age, overall health, patient’s preferences, and whether the tumor has spread. For early stage tumors, radiation therapy (external beam radiotherapy or brachytherapy), TURP and radical prostatectomy are common treatment options. “Active Surveillance” is also a treatment option. In this approach, no treatment is given until the tumor gets bigger, becomes symptomatic, or has significant rises in PSA. Active Surveillance may be the best choice for an older man who has a higher risk of dying from something other than his prostate cancer.

Usually, tumors that have spread beyond the prostate can’t be cured with either radiation or surgery. They can be treated with hormones that slow the cancer’s growth. Androgen deprivation therapy (ADT) is generally the initial treatment for men with metastatic prostate cancer. Despite high response rates to ADT, nearly all men eventually develop progressive castrate-resistant disease. In this setting, multiple options are available, including secondary hormonal manipulations, cytotoxic chemotherapy, and immunotherapy.
The Avera Queen of Peace Cancer Registry showed that for 2001-2010, 53% of the prostate cancer patients were treated with surgery alone. Over 33% of the prostate cancer patients were treated with radiation, either in combination with hormone therapy or surgery or radiation therapy alone. In addition, 31% of the patients received hormone therapy, either alone or in combination with another treatment modality. (see table 2 and graph 2)

There can be side effects associated with both the treatment options of radiation and surgery including, but not limited to, impotence, urinary problems, rectal problems, and fatigue. At 10 years after treatment, cure rates are about the same for radiation therapy and radical prostatectomy. Men who have radiation therapy avoid the risks of surgery, which includes bleeding, infections, prolonged hospitalizations, and urinary incontinence. Surgery, however, may result in a better chance of cure over the long term.

Prostate cancer patients were treated at Avera Queen of Peace by one or a combination of the following:

**Surgery**
- **Transurethral resection of the prostate (TURP)** - May be done if complete prostate removal surgery is too risky. In this case, TURP is done to remove part of the prostate to relieve urine blockage and lessen symptoms. It is not done to treat the cancer itself.
- **Radical retropubic prostatectomy** - remove the whole prostate gland and the nearby lymph nodes (bilateral pelvic lymphadenectomy).

**Radiation therapy**
- **External beam** – IMRT (intensity modulated radiotherapy) is used for cure when cancer has not spread beyond prostate gland, or has only spread to nearby tissues. Radiotherapy can also be used or palliation (to shrink the tumor or to reduce symptoms when cure is not possible). Treatments are given 5 days a week for 8 ½ weeks. Palliative courses of radiotherapy are given over a shorter time period.
- **Low Dose Rate (LDR) prostate brachytherapy** - Internal radiation where small radioactive iodine or palladium seeds are implanted into the prostate. Brachytherapy administers a higher dose of radiation than external beam radiotherapy. A smaller area is treated. Low Dose Rate Brachytherapy was recently implemented at Avera Queen of Peace Hospital through a grant received from the The Leona M. and Harry B. Helmsley Charitable Trust. The first treatment took place in June of 2010. These patients are being checked with routine PSA levels and digital rectal examinations.

**Hormone therapy**
- **Luteinizing hormone-releasing agonists (LHRH)** - lowers the level of testosterone produced.
- **Bilateral orchietomy** - not a cure for prostate cancer; however, it increases the rate of survival. Prostate cancer is known to regress after surgical removal of testicles since the source of testosterone is removed.

**Survival**
Survival statistics from Avera Queen of Peace (2001-2005) are similar to those seen in the NCDB from 1998-2002. The 5-10 year cause specific survival rates for low risk, intermediate risk, and high risk prostate cancers are over 95%, 85-90%, and 80-85%, respectively. The 5-10 year cause specific survival rates drop to under 60% if there is cancer spread to regional lymph nodes. The median survival for patients with androgen independent prostate cancer is approximately 18 months.
What is the Cancer Registry?

The Cancer Registry is designed to collect information about the occurrence (incidence) of cancer, the types of cancers that occur and their locations within the body, the extent of cancer at the time of diagnosis (stage), and the treatments that patients receive. This data is reported to a central statewide registry (SDCR) as well as the National Cancer Database (NCDB). The data collected and reported is used to support research (including those aimed at evaluating the effectiveness of cancer prevention, control and treatment programs), track trends, initiate epidemiologic studies and provide data for allocation of services.

From January 1, 2001 through December 31, 2010 there were 2,279 cases entered into the Avera Queen of Peace Cancer Registry database, with an average annual caseload of 228 cases. In 2010, a total of 206 cases were entered into the database. More than 62% of the patients entered in the Avera Queen Peace Cancer Registry database reside outside of Davison County. For 2010, 20 counties in South Dakota were represented in the Cancer Registry database.

Most Common Cancers:

In 2010, the five most common cancers in the Avera Queen of Peace Cancer Registry in order of frequency were breast, lung, colorectal, prostate and lymphoma. Our cancer incidence rates for the most common cancers are comparable to the national rates predicted by the American Cancer Society for 2010. Avera Queen of Peace did show a slightly higher percentage of breast, lung, colorectal, and Non-Hodgkin lymphoma cases while showing a lower percentage for prostate cases when compared to national estimates. (see graph 1).

Gender/Age Distribution:

Distribution of cases by gender revealed 41% females and 59% males. It’s interesting to note that in 2009 there were 54% females and 46% males. In 2010 ages ranged from 24-96 with the mean age at diagnosis being 67. The most common age group at diagnosis for women was 60-69 and for men it was 70-79. (see graph 2)
Stage/Site:
The majority of breast, colorectal, and prostate patients were diagnosed at early stages (Stage 0-II). The lung and Non-Hodgkin lymphoma patients were most commonly diagnosed at Stage III-IV 61% and 75% respectively.

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*Cancer Site Distribution Summary – 2010*

**Avera Queen of Peace Hospitality House**

*Are you or someone you love in need of a home-away-from-home while receiving medical care at Avera Queen of Peace?*

The Avera Queen of Peace Hospitality House, located at 600 East 6th Avenue in Mitchell, offers affordable, temporary housing with a comfortable, home-like atmosphere for patients and caregivers. Located near the Avera Queen of Peace Cancer Center and the Hospital, the House enables individuals to stay in Mitchell and receive the care they need, without the worry and burden of traveling. *The facility is especially intended to help patients who are receiving cancer treatment; however, it is also available for those scheduled for same-day surgery, and patients using other ongoing hospital services.* The families of residents at Avera Brady Health and Rehab and Avera Brady Assisted Living are also eligible to stay at the House, if rooms are available. A referral form from the Cancer Center, Hospital or Avera Brady is required. For more information about the Hospitality House or to schedule a tour, please call **605-995-2466**.
The Avera Queen of Peace Cancer Committee

Back row, left to right: Jason Merkley, vice president of Professional Services; Stephen Dick, MD, radiation oncologist, cancer liaison physician; Kim Lorenzen, MD, pathologist, chairperson; Aaron Baas, MD, general surgeon. Middle row, left to right: Rochelle Reider, RN, vice president of Patient Services; Sister Roxanne Seifert, PBVM, MA, vice president of Mission; Dileep Bhat, MD, urologist; Anwarul Haq, MD, medical oncologist/hematologist; Bonnie Hoffman, RN, Radiation Oncology; Tammy Wheeler, MD, radiologist. Front row, left to right: Jill Ireland, American Cancer Society health promotions coordinator; Charlene Berke, RT(R)(T), director of Cancer Center; Jeanice Miskimins, CSW, social services; Pat Sudbeck, RN, director of Education Services; Cheri Feterl, RHIA, CTR, cancer registrar. Not pictured: Becky Rose, RHIT, Quality-Risk Management; Brenda Olson, RHIT, director of Quality-Risk Management

Cancer Liaison Physician (CLP) Outstanding Performance Award

Congratulations to Stephen J. Dick, MD, MPH, Radiation Oncologist at the Avera Queen of Peace Cancer Center. Dr. Dick received the Cancer Liaison Physician (CLP) Outstanding Performance Award!

Dr. Dick was nominated because he exhibits outstanding leadership and guidance as a physician champion in the Avera Queen of Peace Cancer Program.