Allegiance Health
Cancer Care Program
2009

Annual Oncology Report
Includes data collected through 2008

Allegiance
HEALTH

University of Michigan
Health System

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chairman's report

Report Focus: **Lung Cancer Report**

By: John Axelson, MD
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Allegiance Health Cancer Committee Chairman
2003 - 2009

The 2009 Allegiance Annual Report has focused on lung cancer. According to the American Cancer Society, new lung cancer cases are the second most common cancer in adults, following behind prostate cancer in men, and breast cancer in women. However, lung cancer remains a large concern because it is the most common cause of death due to cancer. Approximately three times as many men die from lung cancer compared to prostate cancer, while twice as many women die from lung cancer compared to breast cancer. Over all, the incidence of cancer for our institution mirrors the national statistics whereby the most common are prostate, lung, breast, and colon cancers.

Lung cancer treatment is more successful for early cancers than late cancers. Our lung cancer incidence shows the minority are early stage, i.e. one third of patients present with stages I or II, while two thirds of patients present with locally advanced stage III and advanced stage IV lung cancer.

Our technology for diagnosis and treatment is advancing as well. We offer endobronchial ultrasound testing and biopsy techniques and laser therapy. We have the most advanced radiation technology available, including intensity modulated radiation therapy (IMRT).

Progress is being made in the treatments for lung cancer, however, the cure rate for cases is still a challenge for clinicians and patients. The best strategy is one of prevention. Allegiance Health System has a comprehensive health improvement strategy designed to start at birth and continue through the continuum into geriatric and end of life issues. We have a strong tobacco treatment program available, and participate in clinical trials looking at symptom control as well as treatment options. The best treatment we have is still prevention; thus smoking cessation is a strong goal and effort for the medical system.

We have a strong, dedicated comprehensive group of clinicians that serve our patients. We have added a patient navigator to help patients in their journey through the process of diagnosis, treatment, and supportive care. Our physicians meet weekly at our comprehensive tumor board to discuss, plan, and coordinate cutting edge cancer care.

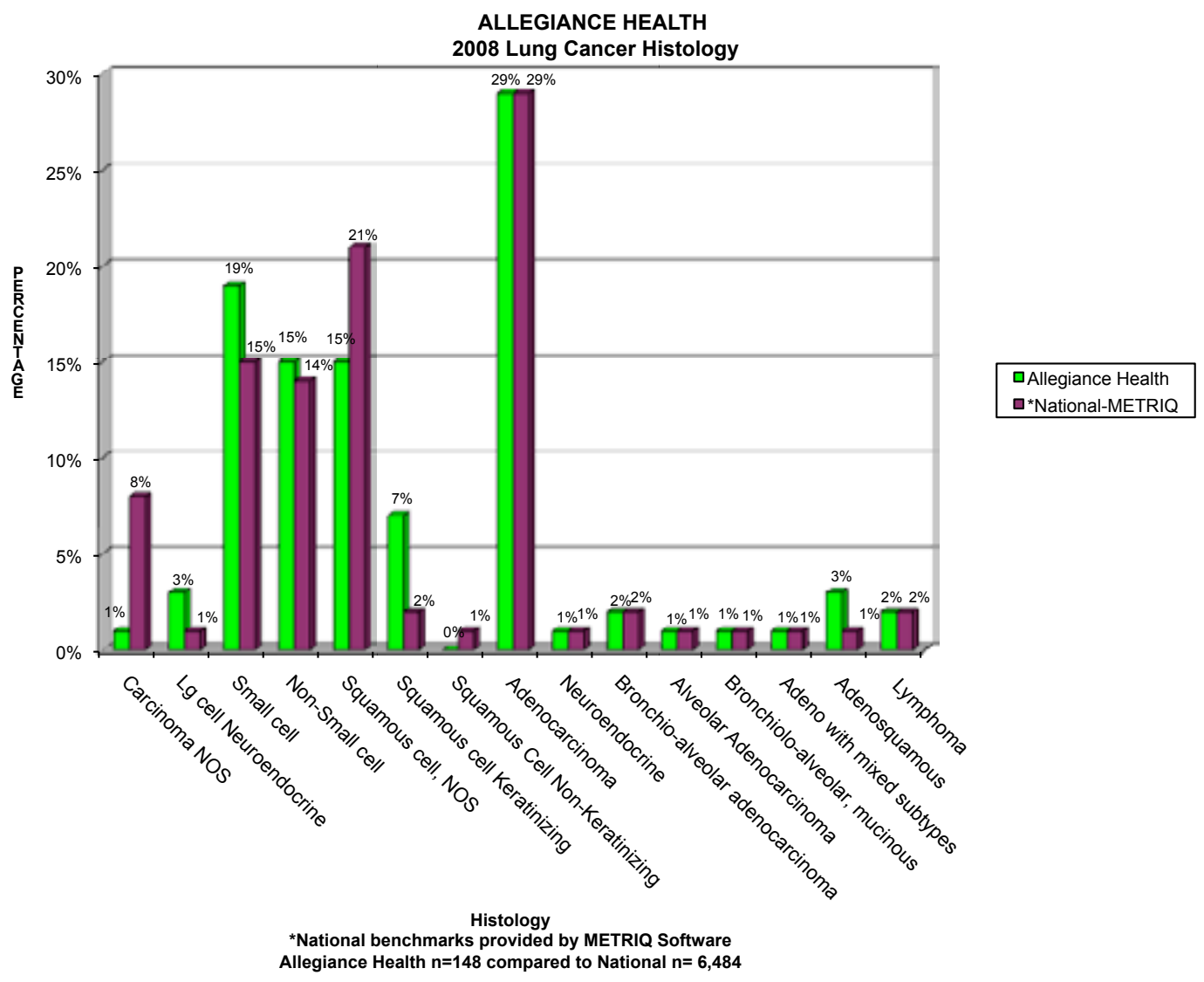
It is our hope that better prevention methods and more effective treatments will continue to improve the outcome for our cancer patients in their battle and journey against this disease.

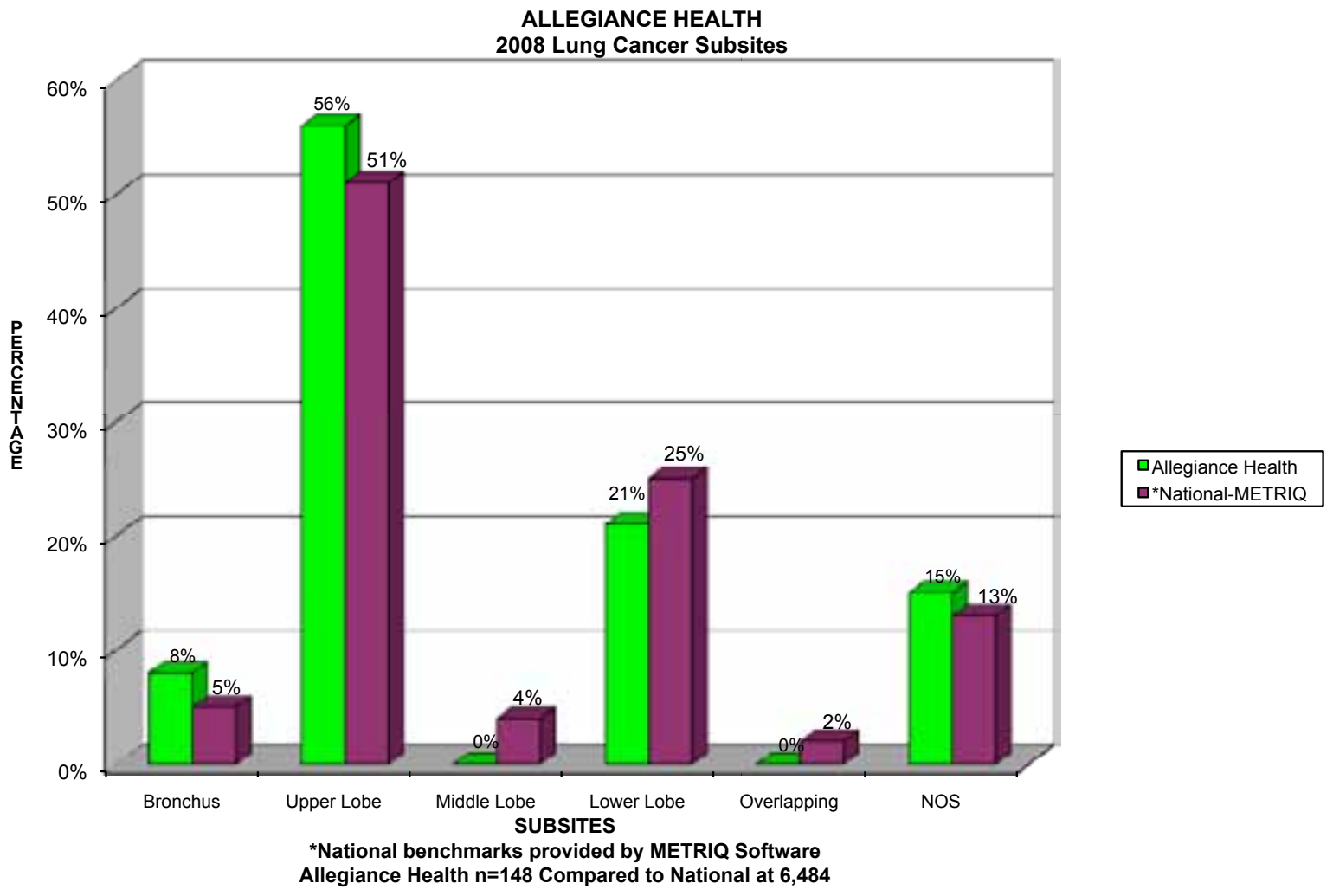
John Axelson

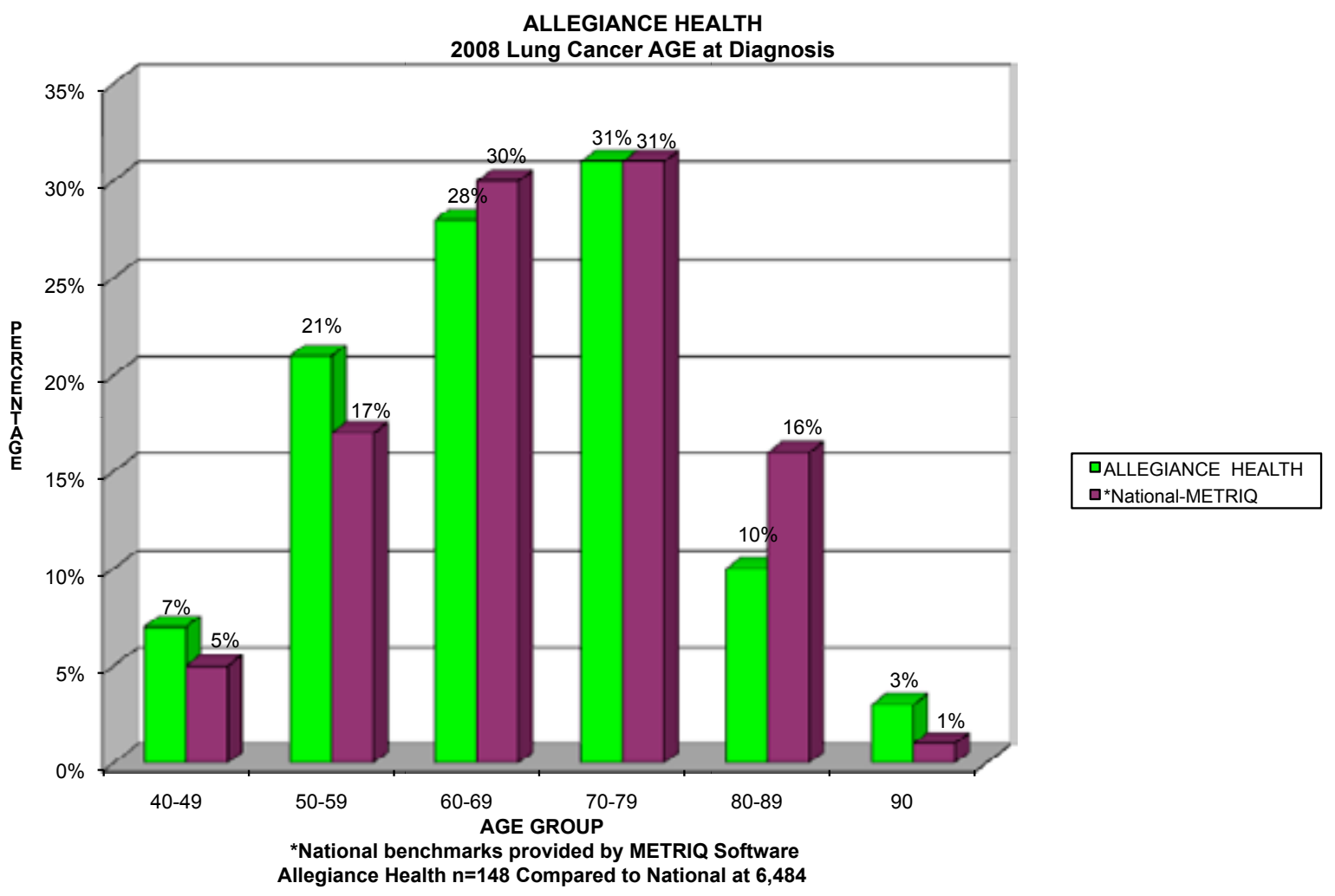
lung cancer

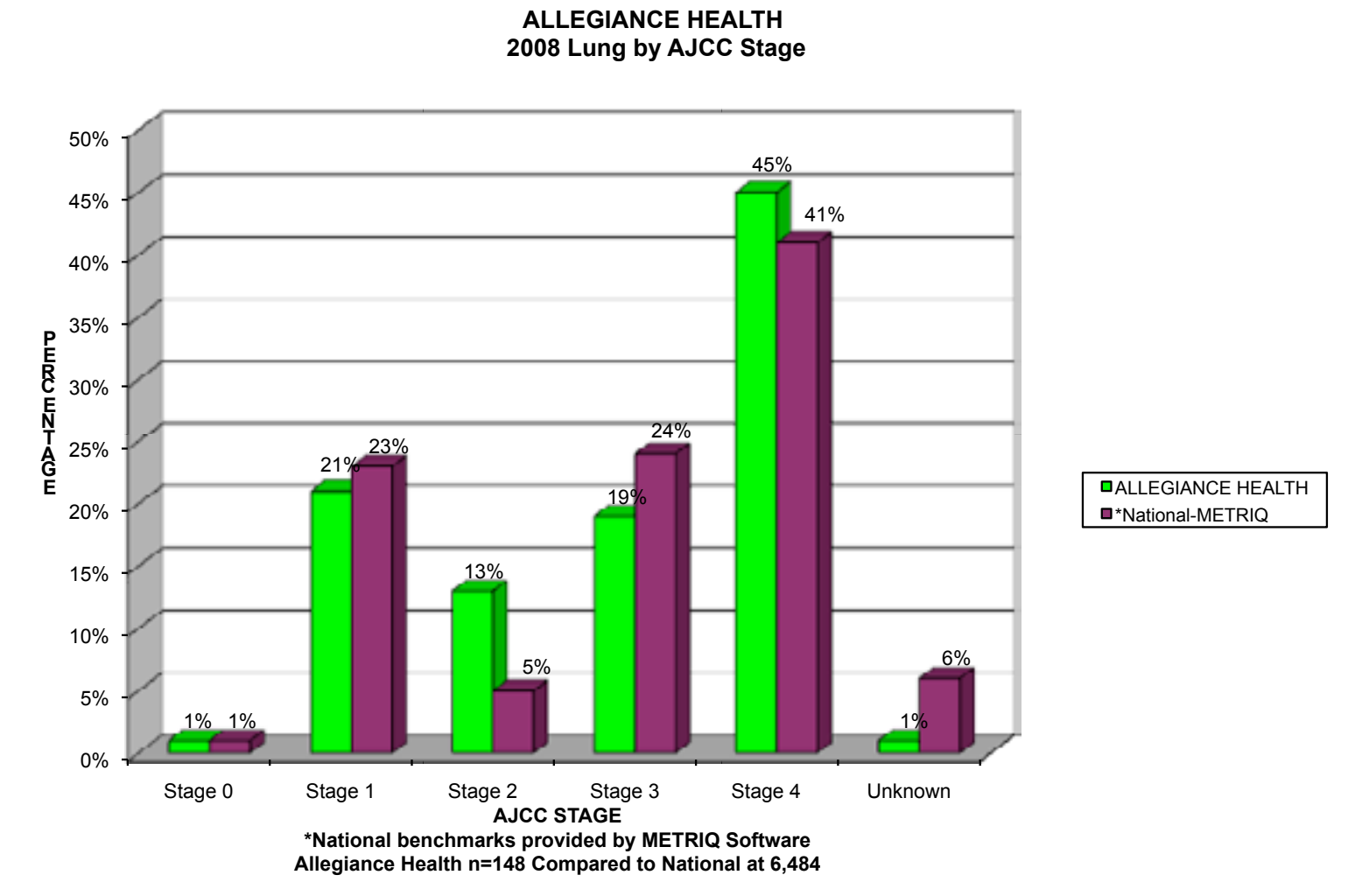
2008 Registry Data Lung Cancer Statistics

The Cancer Registry for the Cancer Care Program of Allegiance Health is a data-collection system used to manage and analyze case data to provide a clear reading of the types and numbers of cases that occur in the Foote Health System service area. Data on new cancer cases each year is tracked and recorded according to malignancy. The data collected includes patient demographics, information concerning the tumor location, size, type and treatment. Patient identity is excluded from the database to protect patient confidentiality.









cancer screening guidelines

Cancer Screening Guidelines

(Source: American Cancer Society, 2009)

Breast Cancer

- Annual mammograms starting at age 40 (earlier for high risk women)
- Clinical breast exam every three years for women in their 20s and 30s, and every year for women 40 and older
- Report any breast changes promptly
- Breast self-exam for women starting in their 20s
- Women at high risk should consider baseline MRI along with mammogram

Cervical Cancer

- Screening should begin approximately three years after a women begins having vaginal intercourse, but no later than 21 years of age.
- Annual screening with regular Pap tests or every two years using liquid-based tests
- At or after age 30, women who have had three normal test results in a row may get screened every 2-3 years absent of any high-risk factors.
- Women 70 and older who have had three or more consecutive Pap tests in the last 10 years may choose to stop cervical cancer screening.
- Screening after a total hysterectomy (with removal of the cervix) is not necessary unless the surgery was done as a treatment for cervical cancer.

Colorectal Cancer

Men and women age 50 and over:

- A fecal occult blood test (FOBT) every year
- A flexible sigmoidoscopy (FSIG) every 5 years
- A double-contrast barium enema every five years
- A colonoscopy every 10 years

Prostate Cancer

Men age 50 and over:

- Before testing begins, a discussion with your physician should occur about the benefits and limitations of early detection and treatment of prostate CA for informed decision making.
- Annual prostate-specific antigen (PSA) test and the digital rectal examination (DRE)
- Men at high risk (African-American men and men with a strong family history of one or more first-degree relatives diagnosed with prostate cancer at an early age) should begin testing at age 45.

cancer registry overview

During 2008, a total of 917 new cancer cases were diagnosed as part of Allegiance Health Cancer Care Program. Of those cases, 779 were analytic cases, meaning the patients received all or part of their first course of treatment through Foote providers. Another 138 cases were non-analytic cases, meaning patients received their initial treatment elsewhere and were referred to Allegiance Health providers for subsequent treatment.

2008 ALLEGIANCE HEALTH PRIMARY SITE TABLE

Primary Site	Total	Sex		Class of Case		Status		Stage Distribution - Analytic Cases Only						
		M	F	Analy	Non-Analy	Alive	Exp	Stg 0	Stg I	Stg II	Stg III	Stg IV	88 Staging doesn't apply	Unk
Prostate Gland	**160**	**160**	**0**	**112**	**48**	**158**	**2**	**0**	**0**	**101**	**4**	**7**	**0**	**0**
Bronchus & Lung	**150**	**85**	**65**	**148**	**2**	**86**	**64**	**1**	**31**	**7**	**41**	**67**	**0**	**1**
Breast	**148**	**2**	**146**	**143**	**5**	**141**	**7**	**31**	**56**	**32**	**16**	**7**	**0**	**1**
Colon	**73**	**30**	**43**	**66**	**7**	**60**	**13**	**9**	**6**	**18**	**21**	**11**	**0**	**1**
Bladder	**59**	**48**	**11**	**56**	**3**	**49**	**10**	**29**	**10**	**8**	**2**	**7**	**0**	**0**
Cervix Uteri	46	0	46	12	34	45	1	7	2	0	3	0	0	0
Hematopoietic & Reticuloendo System	26	14	12	23	3	18	8	0	0	0	0	2	21	0
Skin	22	8	14	10	12	18	4	4	3	0	0	2	1	0
Corpus Uteri	22	0	22	16	6	21	1	0	6	1	5	0	3	1
Lymph Nodes	19	14	5	18	1	17	2	0	3	4	5	6	0	0
Kidney	18	13	5	16	2	14	4	0	8	1	4	3	0	0
Brain	18	5	13	14	4	8	10	0	0	0	0	0	14	0
Stomach	17	9	8	17	0	11	6	2	6	4	0	3	1	1
Unknown Primary Site	16	9	7	16	0	7	9	0	0	0	0	0	16	0
Thyroid Gland	14	5	9	13	1	14	0	0	11	1	0	1	0	0
Larynx	12	10	2	11	1	9	3	0	4	2	0	5	0	0
Small Intestine	10	7	3	10	0	9	1	0	2	0	1	1	6	0
Testis	10	10	0	10	0	10	0	0	8	1	1	0	0	0
Esophagus	8	8	0	8	0	6	2	0	1	2	0	3	0	2
Tonsil	7	5	2	5	2	6	1	0	0	0	0	5	0	0
Base of Tongue	6	5	1	5	1	5	1	0	1	0	1	3	0	0
Rectum	6	3	3	6	0	5	1	1	1	1	0	2	1	0
Connective & Other Soft Tissue	6	2	4	6	0	5	1	0	1	2	1	0	1	1
Ovary	5	0	5	3	2	4	1	0	0	0	1	2	0	0
Anus & Anal Canal	4	1	3	4	0	4	0	0	2	0	2	0	0	0
Pancreas	4	2	2	4	0	2	2	0	0	1	0	3	0	0
Ureter	4	3	1	4	0	3	1	1	0	2	0	1	0	0
Renal Pelvis	3	2	1	3	0	2	1	1	1	0	1	0	0	0
Other Tongue	2	2	0	1	1	0	2	0	0	0	0	1	0	0
Palate	2	2	0	2	0	2	0	0	0	1	0	1	0	0
Nasopharynx	2	1	1	2	0	2	0	0	0	0	0	2	0	0
Liver & Intrahepatic Bile Duct	2	2	0	2	0	1	1	0	0	0	2	0	0	0
Vagina	2	0	2	1	1	2	0	1	0	0	0	0	0	0
Pyriform Sinus	1	1	0	1	0	1	0	0	0	0	0	1	0	0
Hypopharynx	1	1	0	1	0	0	1	0	0	0	0	1	0	0
Rectosigmoid Junction	1	1	0	1	0	0	1	1	0	0	0	0	0	0
Gallbladder	1	0	1	1	0	0	1	0	0	0	0	1	0	0
Other Digestive Organs	1	1	0	1	0	0	1	0	0	0	0	0	1	0
Thymus	1	1	0	1	0	1	0	0	0	0	0	0	1	0
Bones & Cartilage of Limbs	1	1	0	1	0	1	0	0	0	0	0	0	0	1
Peripheral & Autonomic Nervous	1	1	0	1	0	1	0	0	0	0	0	1	0	0
Retroperitoneum & Peritoneum	1	0	1	0	1	0	1	0	0	0	0	0	0	0
Vulva	1	0	1	0	1	1	0	0	0	0	0	0	0	0
Penis	1	1	0	1	0	1	0	0	1	0	0	0	0	0
Other Male Genital Organs	1	1	0	1	0	1	0	0	0	1	0	0	0	0
Spinal Cord & Other CNS	1	1	0	1	0	0	1	0	1	0	0	0	0	0
Other Sites	1	1	0	1	0	0	1	0	0	0	0	0	1	0
Total	**917**	**478**	**439**	**779**	**138**	**751**	**166**	**88**	**165**	**190**	**111**	**149**	**67**	**9**

Provided by METRIQ-Cancer Registry Database.

cancer committee

Resources of the Cancer Care Program at Allegiance Health stay on the leading edge due to the effective leadership of its Cancer Committee. This group of oncologists and other cancer specialists direct the quality standards of the program, including continuing staff education and accreditation requirements. The combined efforts and talents of these professionals provide an opportunity to share expertise on cancer treatments and initiatives and to incorporate new technology into treatment planning.

The committee is comprised of:

Physician Members 2008

John Axelson MD, Hematology & Oncology, Cancer Committee Chairman

Richard V. A. Dieterele, MD, Director, Pathology

Claudia Perez, DO, General Surgeon

Amy Schultz, MD, Community Health & Prevention, Community Outreach Coordinator

Michael Sheth, MD, Pain Management

Julie Soriano, MD, Radiation Oncologist, Cancer Liaison Physician

Anil Tibrewal MD, General Surgeon

David Williamson, MD, Radiology

Additional Members 2008

Deborah Dusseau, BS, RT, Manager, Radiation Oncology & Cancer Registry

Karen Biskupski, BSN, RN, CRNI, Manager, OP IV Services

Susan Caines, BSN, MBA Quality Management

Joan Ezinga, RN, Passages

Mary Floros, CTR, RHIT, Cancer Registrar

Nyoshini Govender, RBScPT, Manager, Outreach Services

Terrance Keys, Administrator, Imaging Services, Radiation Oncology, Cardio-pulmonary diagnostics, Foote Diagnostic Center, Patient Scheduling

Robin Kirkpatrick, Director, Marketing

Lil McGaffigan, BSN, RN Patient Navigator

Laurie Collier, RN, Clinical Trial Coordinator

Rachel Wheeler, RN, Nurse Manager, Medical Oncology Unit

cancer research

Hematology and Oncology Associates, along with Allegiance Health, jointly operate the Ray H. Clark Cancer Research Program and maintain an affiliation with the University of Michigan Cancer Care Network. This relationship allows our patients direct access to clinical trial protocols (cancer research) available through the National Cancer Institute.

In 2008, 5% of analytical patients enrolled in clinical trials.

Supporting Programs and Services

Case Management
Cancer Conference
Center for Pain Management
Allegiance Hospice Home
Home Care Services
Hospice of Jackson
Imaging Services
Inpatient Hospice Care
Inpatient Oncology
Lifeline Systems
Outpatient Chemotherapy
Outpatient IV Services
Pastoral Care
Pharmacy
Radiation Oncology
Registered Dietitians
Rehabilitation Services
Tobacco Treatment Services

Local Support Groups

Living Stronger Together (chronic illnesses)
RENEW (breast/gynecological cancer)
Man to Man (prostate cancer)

important phone numbers

Medical Oncologists

Hematology and Oncology Associates . . 789-7122
Central Clinic, P.C.. 787-8371

Radiation Oncologists

Center for Radiation Oncology 780-7299

Access Center
(24-hours crisis counseling line) 789-5971
Allegiance Home Care Services 841-6984
Allegiance Hospice. 841-6982
Allegiance Hospice Home 817-7600
Case Management Department 788-4950
Center for Pain Management 788-4841
Ray H. Clark Cancer Research Program . . . 841-1413
Outpatient IV Services 788-4922

Pastoral Care 788-4889
Patient Representative 788-4740
Pharmacy 788-4817
Registered Dietitians 787-3806
Rehabilitation Services
Inpatient 788-4704
Outpatient. 788-4856
Lymphedema Clinic 780-7252
Support Group Information 780-7299
Tobacco Treatment Services 788-4707

online resources

National Comprehensive Cancer Network
www.nccn.com

American Cancer Society
www.cancer.org

National Cancer Institute **1-800-4CANCER**
www.cancer.gov

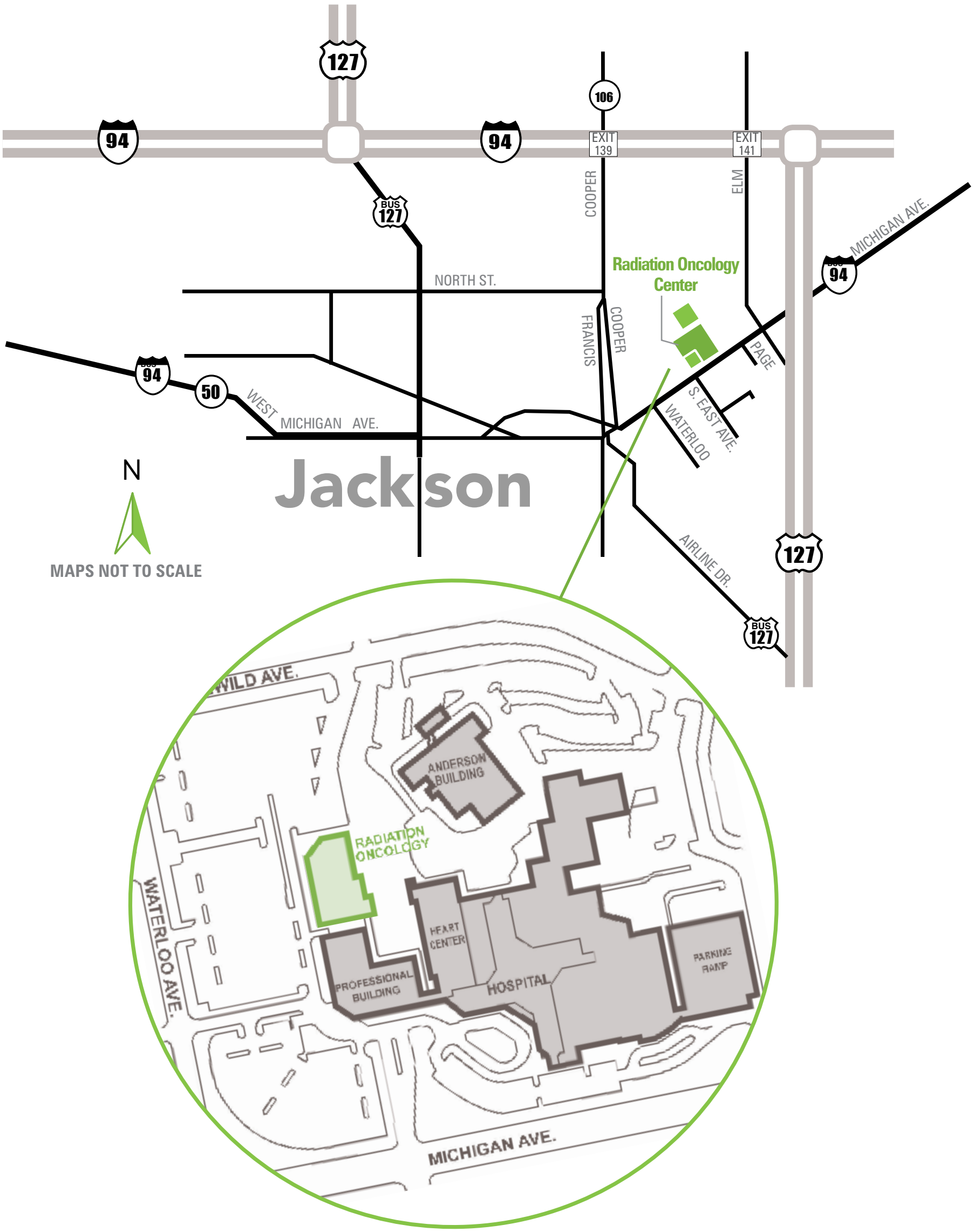
Center for Disease Control
www.cdc.gov/cancer/screenforlife

Foote Health System
www.footehealth.org

Michigan Cancer Research Consortium
www.mcrconline.org

To determine Medicare coverage
1-800-MEDICARE

cancer.Net
www.cancer.Net

American College of Surgeons
www.facs.org

allegiance location map