



Touching Lives

A Patient Resource Navigator Program Report prepared for:



September 2009 – May 2010

Real-life help for cancer patients. Real-life benefits for partner cancer centers.

The Patient Resource Navigator (PRN) at WVUH - East City Hospital is truly making a difference in the quality and outcomes of the treatment experience.

The navigation program at WVUH - East City Hospital is clearly reaching the right population, with over 39% falling into the uninsured/underinsured category. Since the program started, we have served 235 patients and caregivers!

Hospital Overall	Fiscal Year to Date
Patients/Caregivers Served	180
Newly Diagnosed	126 (70%)
Services Requested (ACS, Hospital & Community)	558
Service Request per Patient/Caregiver	3.1 SR/constituent
Uninsured/Underinsured (Cancer Patients Only)	71 (39%)
Top 5 Cancer Sites	<ol style="list-style-type: none"> 1. Breast 2. Lung 3. Colon 4. Ovary 5. Lymphoma

Team members talk it up.

"I ask the Patient Resource Navigator for transportation sources and help with lodging issues. There was a patient who needed to travel from one state to another—she found a driver to get him to his doctor. She's an excellent resource and I love working with her."

– Danielle Brown, MSW

"So many people come to us with complex issues. They need transportation, help financially and they have to learn coping skills. Our Patient Resource Navigator is an invaluable link to resources. She helps us help our patients."

– Cindy Waddington, RN

Patients speak up.

"I was diagnosed with breast cancer and Lynn helped to put me at ease. She was always checking to see if I had any concerns. And when I needed a wig, I told her I couldn't find one for an African-American woman. The next time I saw her, she had one in her hands to give me. She's amazing."

– Angela Waterman
Middletown, DE

"Kevin is extremely helpful and has provided great information. I look forward to seeing him at each of my visits."

– Patient at St. Agnes Hospital
Baltimore, MD



Cancer Patient Data Only

Gender

Male:	71 (39%)
Female:	109 (61%)

Race

African American:	12 (6%)
Caucasian:	167 (93%)
Hispanic / Latino	0 (0%)
Other:	1 (1%)

Age

<45:	14 (8%)
46 – 64:	96 (53%)
Over 65:	70 (39%)

Insurance Coverage

Uninsured:	9 (5%)
Medicaid:	29 (16%)
Medicare:	25 (14%)
Medicare + Medicaid:	8 (4%)
Employer Paid:	61 (34%)
Other:	48 (27%)



“I never would've been able to complete my treatments if it wasn't for you getting me help. I didn't have the money for rent and gas. You (the Patient Resource Navigator) made it possible”

- Patient at Winchester Medical – Winchester, VA

Referrals We Are Providing to Patients & Caregivers

Program	Number of Referrals Provided to Patients / Caregivers
General Cancer Information & Navigation ***	232
Look Good...Feel Better	16
Dietitian on Call & Patient Advocate	53
Personal Health Manager	21
Medication Assistance	0
Transportation	6
Road to Recovery	2
Man to Man	0
Reach to Recovery	21
I Can Cope	2
Lodging/Hope Lodge	1
Hospital Nurse Coordinator	92
Hospital Social Worker	59
Community Support Groups	19
Hospital & Community Financial Assistance	13

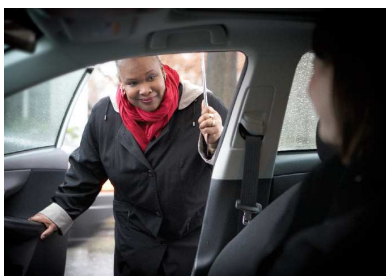
* Patients received \$150.00 in transportation assistance.

** Patients received \$0.00 in medication and other financial assistance.

***Specific cancer, treatment, or resource info. tailored to meet the patient or caregiver's needs.

Patients Served by County

County	Fiscal Year to Date
Berkeley (WV)	122
Hampshire (WV)	2
Jefferson (WV)	47
Mingo (WV)	1
Morgan (WV)	6



"Being a caregiver for a cancer patient is hard work. Thankfully Lynda introduced herself to us and helped us navigate through the medical system and beyond. She has provided resources we may not have been able to access otherwise."

- Ellen Lattman, Caregiver of a patient at Winchester Medical Center – Winchester, VA

South Atlantic Division

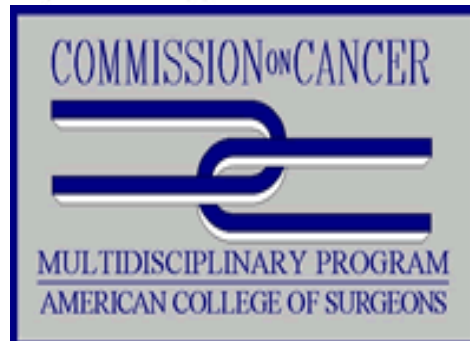
Number of New Patients & Caregivers Served by Hospital Site

Hospital Site (denotes when PRN program started at hospital)	Program to Date	Fiscal Year to Date (Sept '09 – May '10)	Newly Diagnosed (Sept '09 – May '10)	Uninsured/ Underinsured (Sept '09 – May '10)
1. DeKalb Medical Center-GA (since March 2009)	348	265	147 (68%)	116 (54%)
2. Grady Health System-GA (since Feb 2007)	1,114	233	157 (74%)	196 (92%)
3. Gwinnett Medical Center-GA (since Apr 2008)	766	229	157 (75%)	90 (43%)
4. Lewis Cancer & Research Pavilion (since April 2007)	940	202	129 (68%)	89 (47%)
5. Medical Center of Central-GA (since Apr 2007)	1,989	449	323 (75%)	245 (57%)
6. Northeast Georgia Med Center-GA (since Mar 2008)	662	299	218 (79%)	113 (41%)
7. Northside Hospital-GA (since June 2008)	1,118	342	175 (59%)	44 (15%)
8. Phoebe Putney-GA (since July 2007)	1,126	252	193 (79%)	151 (62%)
9. Mission Hospital-NC (since Mar 2007)	1,313	384	315 (83%)	151 (40%)
10. Roper Hospital-SC (since Apr 2008)	1,109	488	422 (88%)	190 (40%)
11. Blumenthal Cancer Center - NC	67	67	36 (63%)	40 (70%)
12. Chesapeake Regional Medical Center-VA (since Nov 2005)	1,640	255	228 (92%)	110 (44%)
13. Sentara Obici-VA (since September 2008)	523	127	80 (74%)	45 (42%)
14. University of Virginia-VA (since Mar 2007)	1,117	182	114 (67%)	102 (60%)
15. Winchester Medical Center-VA (since May 2007)	1,245	370	341 (94%)	98 (27%)
16. WVUH East - City Hospital (part time) (since Jan 2009)	235	180	126 (70%)	71 (39%)
17. Good Samaritan-MD (part time) (since Oct 2007)	585	227	161 (72%)	86 (38%)
18. Greater Baltimore Medical Center-MD (since Mar 2007)	1,722	318	256 (81%)	23 (7%)
19. Greenebaum-University of MD (since Aug 2005)	2,094	399	241 (77%)	140 (45%)
20. Mercy Medical Center-MD (since Oct 2007)	1,330	463	364 (82%)	171 (38%)
21. Saint Agnes-MD (since Nov 2005)	2,375	498	266 (74%)	89 (25%)
22. Washington County-MD (since Sept 2007)	580	117	93 (81%)	24 (21%)
23. Western MD Health System-MD (since Apr 2006)	1,696	338	262 (81%)	74 (23%)
24. Christiana Care-DE (since Apr 2006)	2,168	382	323 (85%)	97 (26%)
25. George Washington University-DC (since Oct 2007)	681	355	118 (40%)	140 (48%)



WVU·EAST

CityHospital JEFFERSON
Memorial Hospital



WVU·East City Hospital's Cancer Program 2010 Annual Report

Including statistical review of 2009 Cancer Registry Data

WVU·East CITY HOSPITAL CANCER TREATMENT PROGRAM

Timothy K Bowers MD, FACP
Medical Director, Oncology Program
WVU·East City Hospital

The WVU·East CITY HOSPITAL CANCER TREATMENT PROGRAM offers a full spectrum of services for the diagnosis and treatment of patients with cancer and related diseases. Specialized cancer treatment has been available at City Hospital since the first Board Certified Medical Oncologist joined the staff in 1979. The program has expanded through the years to now include three full time Board Certified Medical Oncologists, as well as a fulltime Board Certified Radiation Oncologist. This dedicated staff of cancer specialists is supplemented by a large staff of Board Certified specialists in other medical disciplines, including general surgery, pathology, diagnostic radiology, internal medicine, and the various surgical subspecialties. Our program has been accredited as a Community Hospital Treatment Program by the Commission on Cancer of the American College of Surgeons since 1993.

Since the merger of City Hospital into WVUH-Hospitals and the establishment of the WVU School of Medicine East Campus, our program has been developing increasingly close ties with the WVU School of Medicine and the Mary Babb Randolph Cancer Center in Morgantown. All of our oncologists are faculty members of the WVU School of Medicine.

In addition to our present ability to do chemotherapy treatments with all Food and Drug Administration approved drugs and protocols, we offer our patients the opportunity to receive investigational treatments on clinical trials through our affiliation with the Mary Babb Randolph Cancer Center, the NASBP, and the Eastern Cooperative Oncology Group. When indicated we also refer our patients to other tertiary care centers such as the National Cancer Institute or Johns Hopkins University, for specialized or investigational treatments not otherwise available.

To further increase the accessibility of new and investigational cancer treatments to patients in the Eastern Panhandle, and indeed all of West Virginia, WVUH-East City hospital, partnering with the West Virginia Oncology Society and the WVU Mary Babb Randolph Cancer, became a founding member of the West Virginia Clinical Trials Network. This organization has the dual goals of increasing accessibility to specialized care, and increasing the number of patients entered into clinical trial, in order to speed progress in medical research regarding cancer treatment.

Last year, 317 new cases of cancer were diagnosed at WVUH-East City Hospital, and the vast majority of these patients were able to receive their full course of treatment locally. We know that some cancer patients have problems too complex to receive their full course of treatment at a community hospital, and we are confident of our ability to recognize these cases, and we refer them to an appropriate major medical center. Frequently these patients return to us after consultation, and continue their treatment here.

In 2008 we partnered with the American Cancer society to implement a Patient Navigator Program. These plans came to fruition in 2009 when WVUH-East City Hospital became the first Cancer Program in the state of West Virginia to initiate a Patient Navigator Program. The Patient Navigator is a health professional whose sole responsibility is to assist patients and their families in navigating through the medical, economic, social, and bureaucratic complexities of cancer care.

This program, which is funded jointly by WVUH-East City Hospital and the American Cancer Society has been a resounding success and will serve as a model for the development of similar programs throughout the state.

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2010 Cancer Committee:

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JAMES CARRIER, MD	SURGERY/LIAISON
JOHN BLANCO, MD	RADIOLOGY
JEFFREY STEAD, MD	PATHOLOGY
HERNANDO JIMENEZ, M.D	PATHOLOGY
TERRENCE REIDY, MD	HEM/ ONC IM
EDWARD KIGGUNDU, MD	RADIATION ONCOLOGY
MATTHEW JONES, MD	HEM/ONC
JAMES PASKERT, MD	VICE PRESIDENT MEDICAL AFFAIRS
ANTHONY ZELENKA	ADMINISTRATION
KATHY SALAS, RN	HOSPICE OF THE PANHANDLE
PATRICIA FOGLE, RN	PATIENT NAVIGATOR
BARBARA HENRY	AMERICAN CANCER SOCIETY
LISA BIVENS, RN	PANHANDLE HOME HEALTH INC.
CAROL JOSEPH, RN	DIRECTOR PHYSICIAN EDUCATION
PAMELA MOATS, RHIT, CTR	CANCER PROGRAM COORDINATOR
SARA BURKHART, BSW LSW	SOCIAL SERVICES
TAMARA WARE, MSN, RN, ONC	NURSING ONCOLOGY MANAGER
BARBARA SHEPPARD	QA/RISK MANAGEMENT
JESSICA GRAHAM	WELLNESS CENTER
REV DOUGLAS KNUPP	CLERGY/HOSPICE
WILLIAM CHAMBERS	NUTRITION SERVICES

Cancer Program Liaison - James Carrier, MD

The Commission on Cancer (COC) established the Cancer Liaison Program Cancer in 1963. The Liaison Physicians support the cancer program efforts in complying with the COC standards; facilitate activities to improve the care provided to cancer patients in the facilities and community.

Our patients have access to all services and programs offered by the (American Cancer Society) ACS. Their office is located in the Dorothy McCormick Center.

Duties of the Liaison Physician include working closely with the ACS to improve the rate of referrals to the "Reach to Recovery Program" and serving as Cancer Registry Advisor for our Quality Data Improvement Studies for the Registry and COC special studies.

Dr Carrier has been appointed as president of the West Virginia Liaisons Association for 2010.

Cancer Conferences - Timothy Bowers, MD

A multidisciplinary team of physicians and other healthcare professionals participate in these conferences which include discussions of patient medical history, diagnostic testing, surgical procedures, staging of disease at diagnosis, treatment planning including palliative care according to NCCN and NCI guidelines. This program is approved for CME Credit. The patient's benefits from the expertise and input for the management of their disease by these physicians The Cancer Conferences are held every second and forth Thursday at 12:00 noon every month.

In 2009, there were 20 facility-wide conferences held. Total of 91 cases presented 92% prospective 2% retrospective, 6% didactic case presentation with 30% of 2009 caseload being presented. Average attendance at all meetings was 28.

Registry Data – Pamela Moats, RHIT, CTR

During 2009, there were 317 total cases added to the cancer registry of which 287 were analytic cases of cancer that we diagnosed or treated first course. Class of case analysis shows 36 were Class 0 diagnosed at our facility and treated first course at outside facilities, 172 were class 1 diagnosis and first course treated here, Class 2 showed 79 cases diagnosed outside facility treated here first course, Class 3 showed 30 were diagnosed and treated first course elsewhere, Lung, breast, colon, prostate and hematopoietic were the top major sites for 2009 cases. Stage at diagnosis indicates 14 were In-situ, 105 were local, 20 were regional and 41 were regional to lymph nodes, 15 were regional and regional to lymph nodes, 76 were distant and 16 cases were not applicable for staging. Our 2009 Primary Site table is presented with a summary of our cases by site, sex and stage.

2010 New Goals for Cancer Program:

Clinical Goals:

Develop template summary for chemotherapy drugs and treatment dates.
Implement End of Treatment Summary (EOT) for Chemotherapy administration for medical oncology patients dictated in the patient's electronic medical record.
Restructure Clinical Trials Accrual methods to identify more patients eligible for the trials available.

Programmatic Goals:

Restructure the Cancer Conferences to include rare or unusual cases and cases that are diagnosed by radiology only for education. Increase the number of sarcoma cases that are presented. Increase the number of physicians requesting their cases be presented at cancer conferences. Develop a coordination of care system for cases requiring multidisciplinary services. Obtain successful completion of the ACOS survey with commendation on the performance report.

Community Goals:

Hold skin screening in May, 2010. Health-Fair in May, 2010. Offer free mammograms in October, 2010. Establish a "comfort fund" for employees and the community to donate funds for the patient navigator program.

Quality Improvement Goals:

Continue the colorectal multidisciplinary Study with all departments on remaining 2009 cases. Implement new Multidisciplinary Study on 2010 Breast Cancer Cases. Pathology will review all cases with less than 12 lymph nodes removed and document all QI procedures used to determine the number of lymph nodes removed.

Summary of 2009 New Goals for Cancer Program Completed:

Clinical Goals:

Implement a Clinical Relative Dose Intensity (RDI) program to ensure optimal chemotherapy delivery dose.
Increase participation in the clinical trials program.
Implement a template for history and physical for new chemotherapy patients.
Increase clinical staging to 70%.

Programmatic Goals:

Develop a patient management system utilizing the patient navigator. Expand number and type of clinical trials available to patients. Increase community awareness of clinical trials program and increase number chemotherapy patients diagnosed at outside facilities. Utilize marketing program for patients to get their cancer treatments close to home. Implement the "Hospice in the Hospital Program."

Community Goals:

Offer a Health Expo for the community. Set a goal of screening 100 patients for breast exams, PSA's or Heme Occults. Hold a community education series on "What is New in Treatment of Cancer" "Freshstart" Smoking Cessation Program of quitting and staying quit to employees and community of both hospitals.

Quality Improvement Goals:

Continue Colorectal Multidisciplinary Study with all departments. Pathology will review all cases with less than 12 lymph nodes removed during resection. Review accuracy of Breast Cancer frozen section specimens. Continue EQIP Breast and Colon Study.

Figure 1: 2009 Class of Case

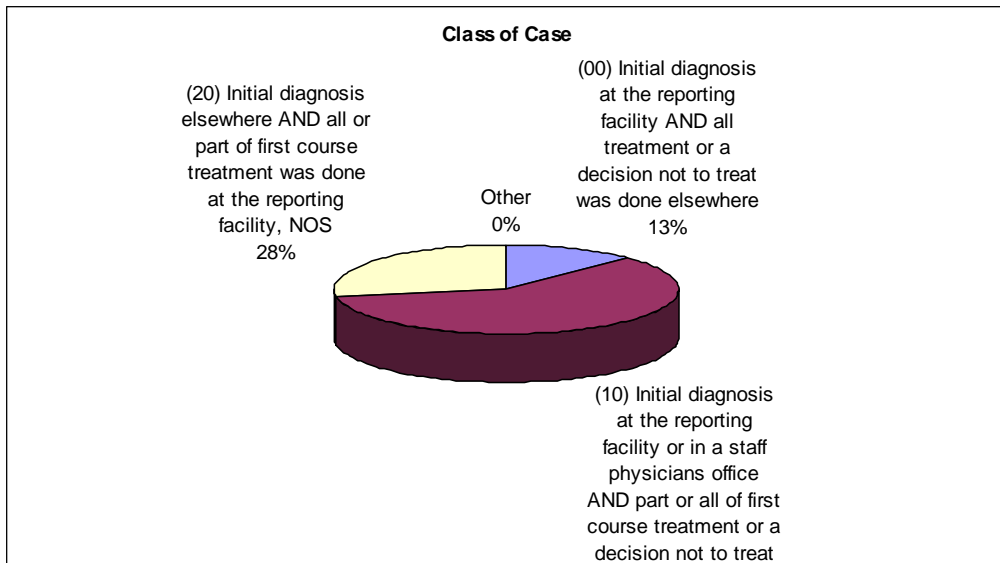


Figure 2: County of Diagnosis

County of Diagnosis	Number of Cases	Percent of Cases
BERKELEY	212	73.87%
JEFFERSON	55	19.16%
OTHER	20	6.97%
TOTAL	287	100.00%

Figure 3: Primary Site Table
WVUH- East CITY HOSPITAL

Primary Site	Total	Male	Female
ORAL CAVITY & PHARYNX	7	6	1
Tongue	3	3	0
Salivary Glands	1	1	0
Gum & Other Mouth	1	1	0
Tonsil	1	1	0
Hypopharynx	1	0	1
DIGESTIVE SYSTEM	51	27	24
Esophagus	7	6	1
Stomach	6	4	2
Colon Excluding Rectum	21	8	13
Cecum	6	2	4
Ascending Colon	4	0	4
Transverse Colon	6	5	1
Sigmoid Colon	5	1	4
Rectum & Rectosigmoid	14	7	7
Rectosigmoid Junction	5	3	2
Rectum	9	4	5
Liver & Intrahepatic Bile Duct	2	1	1
Other Biliary	1	1	0
RESPIRATORY SYSTEM	63	42	21
Nose, Nasal Cavity & Middle Ear	1	1	0
Larynx	3	3	0
Lung & Bronchus	59	38	21
BONES & JOINTS	1	1	0
Bones & Joints	1	1	0
SOFT TISSUE	2	2	0
Soft Tissue (including Heart)	2	2	0
SKIN EXCLUDING BASAL & SQUAMOUS	4	3	1
Melanoma -- Skin	4	3	1
BREAST	56	1	55
Breast	56	1	55
FEMALE GENITAL SYSTEM	22	0	22
Cervix Uteri	7	0	7
Corpus & Uterus, NOS	9	0	9
Ovary	5	0	5
Vagina	1	0	1
MALE GENITAL SYSTEM	18	18	0
Prostate	17	17	0
Testis	1	1	0
URINARY SYSTEM	16	10	6
Urinary Bladder	9	8	1
Kidney & Renal Pelvis	7	2	5
EYE & ORBIT	1	1	0
Eye & Orbit	1	1	0
BRAIN & OTHER NERVOUS SYSTEM	1	1	0
Brain	1	1	0
ENDOCRINE SYSTEM	4	1	3
Thyroid	4	1	3

LYMPHOMA	16	7	9
Hodgkin Lymphoma	2	1	1
Non-Hodgkin Lymphoma	14	6	8
NHL - Nodal	12	6	6
NHL - Extranodal	2	0	2
MYELOMA	6	1	5
Myeloma	6	1	5
LEUKEMIA	8	4	4
Lymphocytic Leukemia	4	2	2
Chronic Lymphocytic Leukemia	3	1	2
Other Lymphocytic Leukemia	1	1	0
Myeloid & Monocytic Leukemia	4	2	2
Acute Myeloid Leukemia	1	0	1
Chronic Myeloid Leukemia	3	2	1
MISCELLANEOUS	11	6	5
Miscellaneous	11	6	5
Total	287	131	156

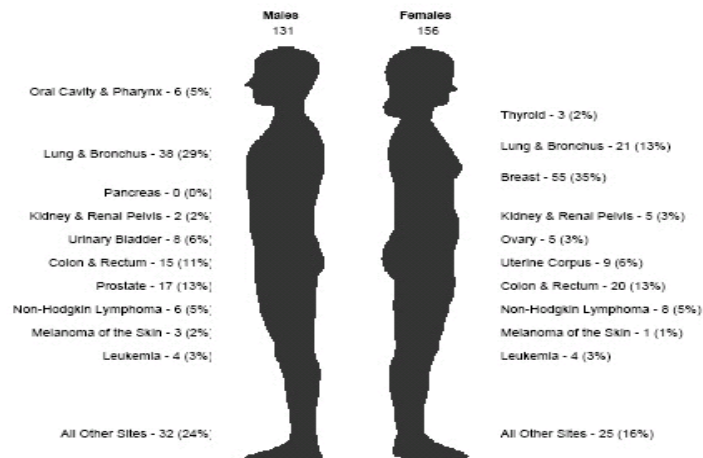
Figure 4: Summary by Body System and Sex

CITY HOSPITAL

8/7/2010

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Summary by Body System and Sex



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PATIENT CARE EVALUATION BREAST CANCER, 2009

Fifty six new cases of breast cancer were seen at WVUH-East City hospital in 2009. Thirty seven cases had all or almost all of their treatment here. The remainder was treated by physicians elsewhere; most of those were seen here for radiation therapy only.

AGE:		
Age Range:		40-90
Average Age:		61
<i>Note: Age distribution by decade is depicted in figure 1.</i>		
GENDER:		
<i>Female</i>		55
<i>Male</i>		1
RACE:		
<i>Caucasian</i>		52
<i>African American</i>		3
<i>Other</i>		1
HISTOPATHOLOGY:		
<i>Ductal carcinoma in situ</i>		6
<i>Invasive ductal carcinoma</i>		40
<i>Invasive lobular carcinoma</i>		4
<i>Lobular carcinoma in situ</i>		1
<i>Other</i>		5
STAGE:		
<i>0</i>		7
<i>I</i>		21
<i>IIA</i>		13
<i>IIB</i>		5
<i>III</i>		5
<i>IV</i>		2
<i>Unknown</i>		3

TREATMENT BY STAGE:

(PATIENTS WITH TREATMENT DIRECTED BY WVUH-East CITY HOSPITAL PHYSICIANS)

Stage 0	
<i>Lumpectomy and radiation-</i>	4
<i>Mastectomy, no radiation</i>	2
<i>Lumpectomy, no radiation</i>	1 (for LCIS)
Stage I	
<i>Lumpectomy and radiation</i>	7
<i>Mastectomy, no radiation</i>	4
<i>Lumpectomy, no radiation</i>	1
<i>Adjuvant chemotherapy</i>	3
Stage II	
<i>Lumpectomy and radiation</i>	9
<i>Mastectomy, no radiation</i>	2
<i>Mastectomy and radiation</i>	1
<i>Adjuvant chemotherapy</i>	9
Stage III	
<i>Lumpectomy and radiation</i>	3
<i>Mastectomy and radiation</i>	1
<i>Mastectomy, no radiation</i>	2
<i>Neoadjuvant chemotherapy</i>	1
<i>Adjuvant chemotherapy</i>	4
Stage IV	
<i>Biopsy, chemo, radiation</i>	1

Note: Adequate information regarding adjuvant hormone therapy is not available at this time due to the short follow-up.

SUMMARY

We saw 56 new cases of breast cancer at WVUH-East City Hospital in 2009. Of these, 37 cases had all of almost all of their treatment here, the remainder had treatment elsewhere, but a portion, (usually radiation), here. Those cases treated here were subjected to a more detailed analysis of treatment by stage.

Those patients with Stage 0 disease, carcinoma in situ, were treated appropriately, with lumpectomy and radiation (4), or mastectomy without radiation (2). One patient with lobular carcinoma in situ was appropriately treated with lumpectomy without radiation.

Of the 12 cases of Stage I disease, seven received lumpectomy and radiation, four cases mastectomy, and one lumpectomy without radiation in an elderly woman with a very small ER positive tumor. Three patients, aged 48, 50, and 54, received adjuvant chemotherapy. The remainder of the Stage I patients were 65 years or older. At least four others received adjuvant hormonal therapy, but data on hormone treatment are incomplete due to the short follow-up interval.

Of the twelve Stage II cases, nine received lumpectomy and radiation, two mastectomies without radiation, and one mastectomy with radiation. Six of the nine received adjuvant chemotherapy. In one case chemotherapy was recommended but declined, one case had only micro metastatic nodal disease, and one patient was 77 years old and in poor health.

Of the six Stage III cases, three had lumpectomy and radiation; two had mastectomy without radiation, and one mastectomy with radiation. Five of the six also had chemotherapy, one of which was neoadjuvant. The patient who did not receive chemotherapy was a frail 84 year old.

The one patient who presented with Stage IV disease was appropriately treated with diagnostic biopsy, chemotherapy, and palliative radiation therapy.

Overall treatment was appropriate and in compliance with NCCN guidelines. Breast conservation therapy was the rule, accomplished in 22 of the 31 patients with Stage 0, I, and II disease, and three of the six with stage III disease. There were no cases where radiation was inappropriately omitted after lumpectomy. Adjuvant chemotherapy was used increasingly with increasing stage disease, three of 12 with Stage I, nine of 12 with Stage II, and five of six with Stage III.

There was good evidence that clinical stage was used appropriately in treatment planning. The surgical approach was always proper for the clinical stage. One patient received neoadjuvant chemotherapy based on clinical evidence of chest wall involvement, and postoperative radiation to the suspected area even though the (post-chemotherapy) pathology was negative. We did identify several other

patients who might have benefited from neoadjuvant chemotherapy. This issue has been reviewed at our cancer conference. One patient received radiation after mastectomy for unclear indications.

All of the patients with breast cancer initially encountered in 2009 are still living at last contact, but obviously with very short follow-up at this point. More informative are the data regarding long term follow-up and survival of WVUH-East City Hospital patients compared to the nation-wide National Cancer Database, as depicted in Figure 6.

Figure 5: Age Group by State of Diagnosis

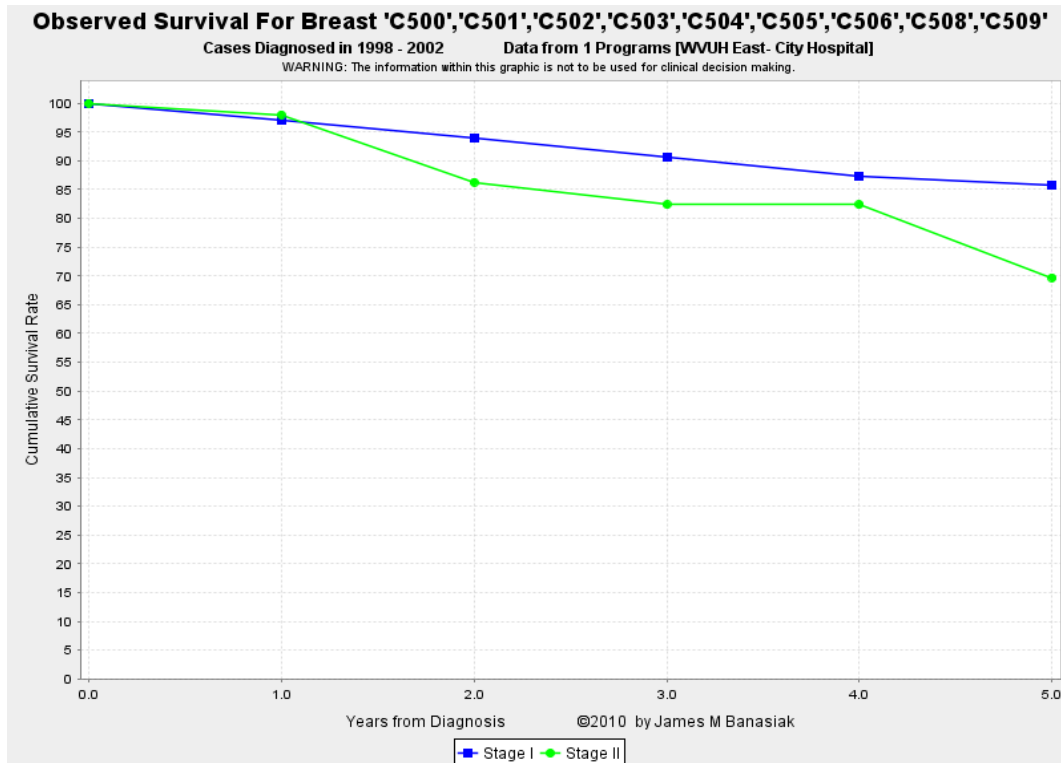
WVUH East- City Hospital, Martinsburg WV									
Age Group by Stage of Breast Cancer Diagnosed in 2000 to 2007									
All Diagnosed Cases									
Age Group	Stage							Totals	
	0	I	II	III	IV	UNK	N	%	
First Course Treatment: Surgery Only									
1. 40 - 49	1 25%	2 50%	.	.	1 25%	.	4 (100%)	10.8%	
2. 50 - 59	1 12.50%	3 37.50%	1 12.50%	1 12.50%	1 12.50%	1 12.50%	8 (100%)	21.6%	
3. 60 - 69	2 66.70%	1 33.30%	.	.	.	.	3 (100%)	8.1%
4. 70 - 79	3 23.10%	8 61.50%	.	.	1 7.70%	1 7.70%	13 (100%)	35.1%	
5. 80 - 89	3 33.30%	5 55.60%	1 11.10%	.	.	.	9 (100%)	24.3%	
Subtotal	10 27%	19 51.40%	2 5.40%	1 2.70%	3 8.10%	2 5.40%	37 100%		
First Course Treatment: Surgery & Radiation									
1. 40 - 49	2 40%	2 40%	1 20%	.	.	.	5 (100%)	11.4%	
2. 50 - 59	6 66.70%	3 33.30%	.	.	.	.	9 (100%)	20.5%
3. 60 - 69	4 36.40%	5 45.50%	2 18.20%	.	.	.	11 (100%)	25%	
4. 70 - 79	3 21.40%	8 57.10%	2 14.30%	1 7.10%	.	.	14 (100%)	31.8%	
5. 80 - 89	.	3 75%	1 25%	.	.	.	4 (100%)	9.1%	
6. 90 & over	.	.	.	1 100%	.	.	1 (100%)	2.3%	
Subtotal	15 34.10%	21 47.70%	6 13.60%	2 4.50%	.	.	44 100%		
First Course Treatment: Surgery & Chemotherapy									
1. 30 - 39	.	1 20%	2 40%	2 40%	.	.	5 (100%)	16.1%	
2. 40 - 49	.	.	4 80%	1 20%	.	.	5 (100%)	16.1%	

3.	50 - 59	.	1	4	.	2	.	7	22.6%
		.	14.30%	57.10%	.	28.60%	.	(100%)	
4.	60 - 69	.	.	3	4	.	.	7	22.6%
		.	.	42.90%	57.10%	.	.	(100%)	
5.	70 - 79	.	.	2	2	1	1	6	19.4%
		.	.	33.30%	33.30%	16.70%	16.70%	(100%)	
6.	80 - 89	.	.	.	1	.	.	1	3.2%
		.	.	.	100%	.	.	(100%)	
	Subtotal	.	2	15	10	3	1	31	100%
		.	6.50%	48.40%	32.30%	9.70%	3.20%	100%	
First Course Treatment: Surgery, Radiation & Chemotherapy									
1.	30 - 39	.	1	4	1	.	.	6	12.8%
		.	16.70%	66.70%	16.70%	.	.	(100%)	
2.	40 - 49	.	3	4	3	.	.	10	21.3%
		.	30%	40%	30%	.	.	(100%)	
3.	50 - 59	.	8	4	6	2	.	20	42.6%
		.	40%	20%	30%	10%	.	(100%)	
4.	60 - 69	1	1	6	2	.	.	10	21.3%
		10%	10%	60%	20%	.	.	(100%)	
5.	70 - 79	.	1	.	.	.	.	1	2.1%
		.	100%	.	.	.	.	(100%)	
	Subtotal	1	14	18	12	2	.	47	100%
		2.10%	29.80%	38.30%	25.50%	4.30%	.	100%	
First Course Treatment: Surgery, Radiation & Hormone Therapy									
1.	30 - 39	1	.	.	.	.	.	1	1.2%
		100%	.	.	.	.	.	(100%)	
2.	40 - 49	4	7	.	2	.	.	13	15.5%
		30.80%	53.80%	.	15.40%	.	.	(100%)	
3.	50 - 59	2	10	3	.	1	.	16	19%
		12.50%	62.50%	18.80%	.	6.30%	.	(100%)	
4.	60 - 69	1	13	9	1	.	.	24	28.6%
		4.20%	54.20%	37.50%	4.20%	.	.	(100%)	
5.	70 - 79	5	7	7	1	.	.	20	23.8%
		25%	35%	35%	5%	.	.	(100%)	
6.	80 - 89	.	6	2	2	.	.	10	11.9%
		.	60%	20%	20%	.	.	(100%)	
	Subtotal	13	43	21	6	1	.	84	100%
		15.50%	51.20%	25%	7.10%	1.20%	.	100%	
First Course Treatment: Surgery & Hormone Therapy									
1.	30 - 39	1	.	.	.	.	.	1	3.2%
		100%	.	.	.	.	.	(100%)	
2.	40 - 49	.	1	.	.	.	.	1	3.2%
		.	100%	.	.	.	.	(100%)	
3.	50 - 59	1	1	.	.	.	.	2	6.5%
		50%	50%	.	.	.	.	(100%)	
4.	60 - 69	1	4	1	.	.	.	6	19.4%
		16.70%	66.70%	16.70%	.	.	.	(100%)	
5.	70 - 79	3	6	3	.	.	.	12	38.7%
		25%	50%	25%	.	.	.	(100%)	
6.	80 - 89	.	3	4	.	.	.	7	22.6%
		.	42.90%	57.10%	.	.	.	(100%)	
7.	90 & over	.	1	.	.	1	.	2	6.5%
		.	50%	.	.	50%	.	(100%)	
	Subtotal	6	16	8	.	1	.	31	100%
		19.40%	51.60%	25.80%	.	3.20%	.	100%	

First Course Treatment: Surgery, Radiation, Chemotherapy & Hormone Therapy									
1.	30 - 39	.	2	4	.	.	.	6	18.2%
		.	33.30%	66.70%	.	.	.	(100%)	
2.	40 - 49	.	5	6	1	.	.	12	36.4%
		.	41.70%	50%	8.30%	.	.	(100%)	
3.	50 - 59	.	1	2	5	.	.	8	24.2%
		.	12.50%	25%	62.50%	.	.	(100%)	
4.	60 - 69	.	1	1	3	2	.	7	21.2%
		.	14.30%	14.30%	42.90%	28.60%	.	(100%)	
	Subtotal	.	9	13	9	2	.	33	100%
		.	27.30%	39.40%	27.30%	6.10%	.	100%	
First Course Treatment: Surgery, Chemotherapy & Hormone Therapy									
1.	50 - 59	.	1	2	.	.	.	3	33.3%
		.	33.30%	66.70%	.	.	.	(100%)	
2.	60 - 69	.	.	2	2	.	.	4	44.4%
		.	.	50%	50%	.	.	(100%)	
3.	70 - 79	.	.	.	1	1	.	2	22.2%
		.	.	.	50%	50%	.	(100%)	
	Subtotal	.	1	4	3	1	.	9	100%
		.	11.10%	44.40%	33.30%	11.10%	.	100%	
First Course Treatment: Other Specified Therapy									
1.	30 - 39	.	.	1	.	.	.	1	1.6%
		.	.	100%	.	.	.	(100%)	
2.	40 - 49	1	5	2	2	.	.	10	16.4%
		10%	50%	20%	20%	.	.	(100%)	
3.	50 - 59	1	2	4	.	1	.	8	13.1%
		12.50%	25%	50%	.	12.50%	.	(100%)	
4.	60 - 69	1	7	3	1	.	.	12	19.7%
		8.30%	58.30%	25%	8.30%	.	.	(100%)	
5.	70 - 79	3	12	5	1	1	.	22	36.1%
		13.60%	54.50%	22.70%	4.50%	4.50%	.	(100%)	
6.	80 - 89	1	2	2	1	.	.	6	9.8%
		16.70%	33.30%	33.30%	16.70%	.	.	(100%)	
7.	90 & over	.	1	.	.	.	1	2	3.3%
		.	50%	.	.	.	50%	(100%)	
	Subtotal	7	29	17	5	2	1	61	100%
		11.50%	47.50%	27.90%	8.20%	3.30%	1.60%	100%	
First Course Treatment: No 1st Course Rx									
1.	30 - 39	.	.	.	.	.	1	1	6.7%
		.	.	.	.	.	100%	(100%)	
2.	50 - 59	.	.	.	.	2	1	3	20%
		.	.	.	.	66.70%	33.30%	(100%)	
3.	60 - 69	.	.	.	.	2	2	4	26.7%
		.	.	.	.	50%	50%	(100%)	
4.	70 - 79	.	.	.	1	3	1	5	33.3%
		.	.	.	20%	60%	20%	(100%)	
5.	80 - 89	.	.	.	.	1	1	2	13.3%
		.	.	.	.	50%	50%	(100%)	
	Subtotal	.	.	.	1	8	6	15	100%
		.	.	.	6.70%	53.30%	40%	100%	

First Course Treatment: TOTAL										
Age Group	Stage							Totals		
	0	I	II	III	IV	UNK	N	%		
1. 30 - 39	2 9.50%	4 19%	11 52.40%	3 14.30%	.	1 4.80%	21 (100%)	5.4%		
2. 40 - 49	8 13.30%	25 41.70%	17 28.30%	9 15%	1 1.70%	.	60 (100%)	15.3%		
3. 50 - 59	11 13.10%	30 35.70%	20 23.80%	12 14.30%	9 10.70%	2 2.40%	84 (100%)	21.4%		
4. 60 - 69	10 11.40%	32 36.40%	27 30.70%	13 14.80%	4 4.50%	2 2.30%	88 (100%)	22.4%		
5. 70 - 79	17 17.90%	42 44.20%	19 20%	7 7.40%	7 7.40%	3 3.20%	95 (100%)	24.2%		
6. 80 - 89	4 10.30%	19 48.70%	10 25.60%	4 10.30%	1 2.60%	1 2.60%	39 (100%)	9.9%		
7. 90 & over	.	2 40%	.	1 20%	1 20%	1 20%	5 (100%)	1.3%		
Grand Total	52 13.30%	154 39.30%	104 26.50%	49 12.50%	23 5.90%	10 2.60%	392 100%			

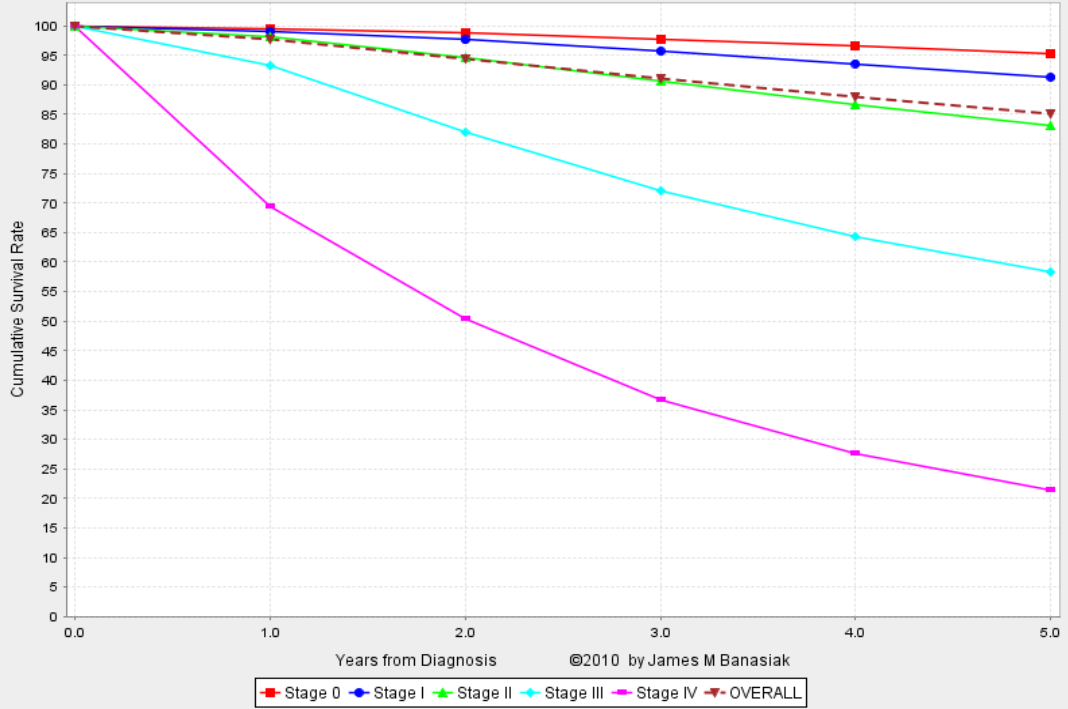
Figure 6: Observed Survival for Breast Cancer



Observed Survival For Breast

Cases Diagnosed in 1998 - 2002 Data from 1404 Programs [National]

WARNING: The information within this graphic is not to be used for clinical decision making.



**PATIENT CARE EVALUATION
KIDNEY CANCER, 2009**

Seven new cases of kidney cancer were seen at WVUH-East CITY hospital in 2009. Six had initial treatment here; one was referred to a tertiary center.

AGE:		
	Age Range:	45-75
	Age Average:	61
GENDER:		
	Female	5
	Male	2
RACE:		
	Hispanic	1
	Caucasian	6
	<i>Note: Age distribution by decade is depicted in figure 1.</i>	

PRESENTING SYMPTOMS:		
Asymptomatic, tumor incidental finding		4
Pain, back or abdominal, not necessarily related to tumor		3
HISTOPATHOLOGY		
Renal cell, clear cell		5
Renal cell, NOS (surgery elsewhere)		1
Non Hodgkin's lymphoma, DLBC, confined to kidney		1
CLINICAL STAGE		
Stage I (including the lymphoma)		6
Stage III (surgery elsewhere)		1

PATHOLOGIC STAGE		
Stages I		6
Info not available (surgery elsewhere)		1
DIAGNOSTIC/STAGING STUDIES		
CT abd/pelvis		7
CT chest		3
Chest x-ray		6
Chest CT or x-ray		7
Bone Scan		1
MRI		3
PET Scan		1
INITIAL TREATMENT		
Surgery		7
COMPLIANCE WITH NCCN GUIDE LINES		
Yes		7
No		0
RECURRENT DISEASE		
Yes		1
No		6
ALIVE		
Yes		7
No		0

SUMMARY

We saw seven new cases of malignancy involving the renal parenchyma in 2009; six were renal cell carcinomas and one was a diffuse large B-cell lymphoma confined to the kidney. The five renal cell cancers were operated on here were all clear cell variants. The other case was operated on at Johns Hopkins Hospital, and information regarding the histological variant is not available.

The age distribution is as expected for these cancers. The gender distribution is skewed, but the sample size is small. The racial distribution reflects our general population.

Presenting symptoms, when present, were vague and not clearly related to the tumor. Only in one more advanced (Stage III) tumor did the complaint of flank pain seem directly due to the cancer. No patients presented with systemic symptoms such as fever or anemia.

The diagnostic evaluation done on these patients was appropriate. All patients had imaging of the chest, abdomen and pelvis. The MRI scans were done to more clearly defining small renal masses. The PET scan was done on the patient with lymphoma.

These patients by and large presented with early stage disease, 6 of the 7 were Stage I. Their cancers were discovered incidentally on imaging studies done for other reasons, or for vague and probably unrelated complaints. These early stage cases have an excellent prognosis, and guidelines call for no other therapy following surgery. The exception is the patient with lymphoma, who would be a candidate for postoperative combination chemotherapy. This was offered but refused by this elderly lady. The patient with Stage III disease has a poor prognosis, but unfortunately no standard therapy has been shown to reduce the risk of recurrence. Clinical trials are ongoing at other institutions.

In all cases treatment as instituted or recommended was in compliance with the treatment guidelines published by the National Comprehensive Cancer Network (NCCN).

All seven of these patients are still living. The one patient with Stage III disease has had a recurrence but is still living with evidence of disease.

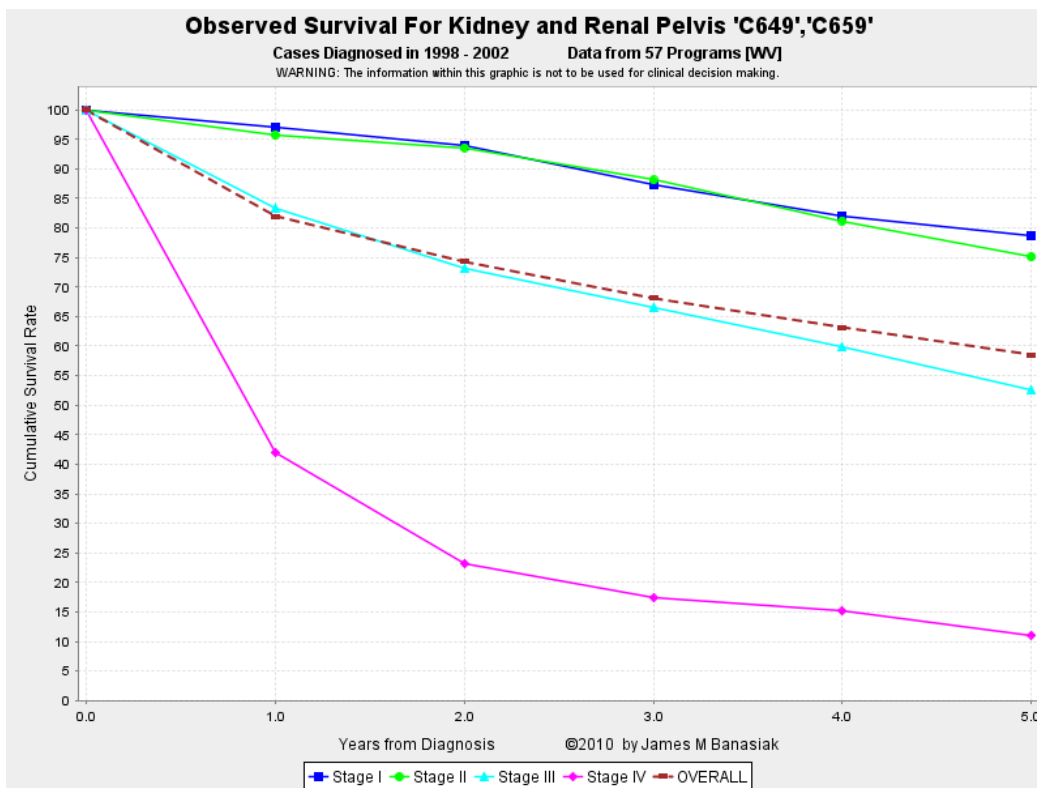
A comparison graph of the survival of West Virginia renal cell cancer patients to the National Cancer Databank is depicted in Figure 8. *

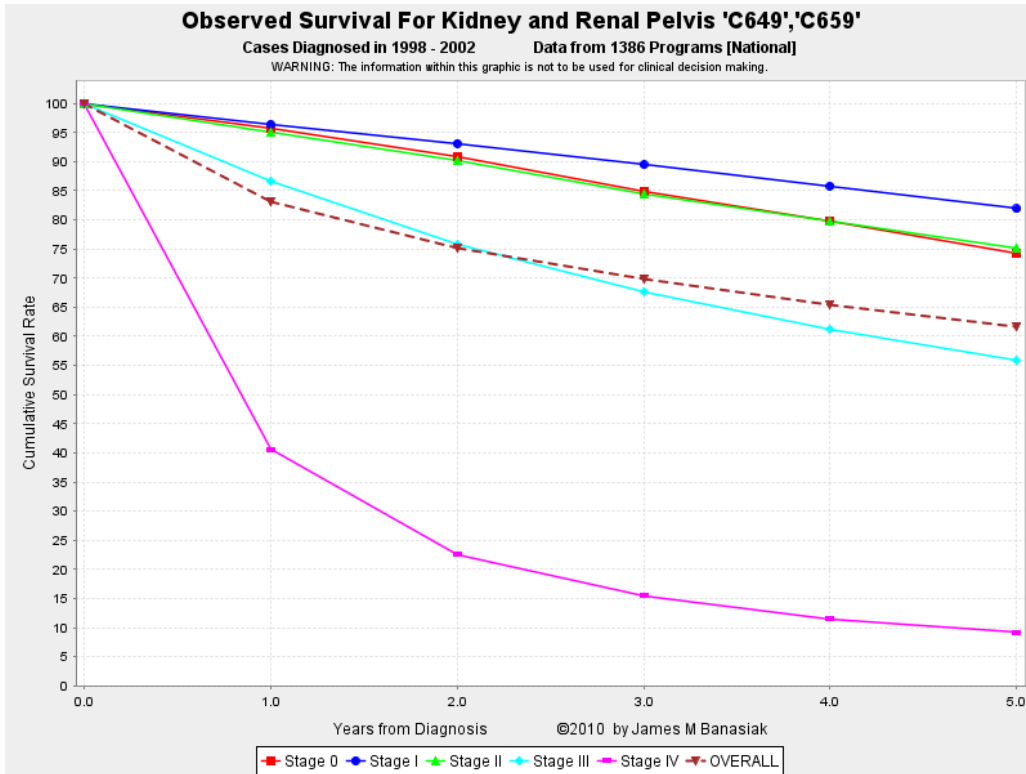
Figure 7: Age Group by State of Diagnosis

WVUH East- City Hospital, Martinsburg WV									
Age Group by Stage of Kidney and Renal Pelvis Cancer Diagnosed in 2000 to 2007									
All Diagnosed Cases									
Age Group	Stage						Totals		
	0	I	II	III	IV	UNK	N	%	
First Course Treatment: Surgery Only									
1.	40 - 49	.	5	2	1	.	.	8	16.7%
		.	62.50%	25%	12.50%	.	.	(100%)	
2.	50 - 59	1	5	1	3	.	.	10	20.8%
		10%	50%	10%	30%	.	.	(100%)	
3.	60 - 69	.	8	2	4	.	1	15	31.3%
		.	53.30%	13.30%	26.70%	.	6.70%	(100%)	
4.	70 - 79	.	7	1	2	1	.	11	22.9%
		.	63.60%	9.10%	18.20%	9.10%	.	(100%)	
5.	80 - 89	.	3	.	1	.	.	4	8.3%
		.	75%	.	25%	.	.	(100%)	
	Subtotal	1	28	6	11	1	1	48	100%
		2.10%	58.30%	12.50%	22.90%	2.10%	2.10%	100%	
First Course Treatment: Other Specified Therapy									
1.	60 - 69	.	.	.	.	1	.	1	33.3%
		.	.	.	.	100%	.	(100%)	
2.	80 - 89	.	.	.	.	2	.	2	66.7%
		.	.	.	.	100%	.	(100%)	
	Subtotal	.	.	.	.	3	.	3	100%
		.	.	.	.	100%	.	100%	
First Course Treatment: No 1st Course Rx									
1.	30 - 39	.	.	.	.	1	.	1	7.7%
		.	.	.	.	100%	.	(100%)	
2.	40 - 49	.	.	.	.	2	1	3	23.1%
		.	.	.	.	66.70%	33.30%	(100%)	
3.	50 - 59	.	.	.	1	3	2	6	46.2%
		.	.	.	16.70%	50%	33.30%	(100%)	
4.	70 - 79	.	.	.	.	2	1	3	23.1%
		.	.	.	.	66.70%	33.30%	(100%)	
	Subtotal	.	.	.	1	8	4	13	100%
		.	.	.	7.70%	61.50%	30.80%	100%	

First Course Treatment: TOTAL								
Age Group	Stage						Totals	
	0	I	II	III	IV	UNK	N	%
1. 30 - 39	.	.	.	.	1	.	1	1.6%
	.	.	.	.	100%	.	(100%)	
2. 40 - 49	.	5	2	1	2	1	11	17.2%
	.	45.50%	18.20%	9.10%	18.20%	9.10%	(100%)	
3. 50 - 59	1	5	1	4	3	2	16	25%
	6.30%	31.30%	6.30%	25%	18.80%	12.50%	(100%)	
4. 60 - 69	.	8	2	4	1	1	16	25%
	.	50%	12.50%	25%	6.30%	6.30%	(100%)	
5. 70 - 79	.	7	1	2	3	1	14	21.9%
	.	50%	7.10%	14.30%	21.40%	7.10%	(100%)	
6. 80 - 89	.	3	.	1	2	.	6	9.4%
	.	50%	.	16.70%	33.30%	.	(100%)	
Grand Total								
	1	28	6	12	12	5	64	100%
	1.60%	43.80%	9.40%	18.80%	18.80%	7.80%	100%	

Figure 8: Observed Survival Kidney and Renal Pelvis





COMPARISONS TO NATIONAL CANCER DATA BASE

It is apparent that our patients' survival is at least as good, and indeed appears somewhat better than the NCDB patients.

WVUH-East 2010 Annual Cancer Program Report presented to Cancer Committee 10/25/10

*Insufficient data for Facility Survival

**WVUH-East Cancer Registry Data

***National Oncology Data Base-Commission on Cancer