



Together, The Strength to Fight Cancer

Fighting Cancer With the People You Trust

Our Cancer Committee

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Bluffton Regional Medical Center 2008 Cancer Report

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Prepared by Community Cancer Care www.cccoutreach.com

Bluffton Regional Medical Center 2008

Quality Improvement Data Study: Colon Cancer Study

This study looks at the age at diagnosis, stage, treatment and survival of colon cancer patients diagnosed at Bluffton Regional Medical Center from 2003-2007 and compares findings with the National Cancer Data Base (NCDB).

Colon cancer is the third most common cancer occurring in the United States. At Bluffton Regional Medical Center between 2003 and 2007 we had 84 cases available for analysis.

Age at Diagnosis

As noted on the "Age at Colon Cancer Diagnosis" chart on page 3, Bluffton Regional is comparable with the national data.

Stage at Diagnosis

With regard to stage at diagnosis, there is a higher percentage of "Stage unknown" and trending toward a higher percentage of early stage cancers when compared to the national averages. This is skewed by low numbers, however, as the number for comparison at our facility was only 78. This is due to the fact that some cancer cases are diagnosed here but treated elsewhere. These were not included in our analysis.

Stage is important to understand because it can determine treatment and survival. A stage is given to a tumor at diagnosis so that the physician can understand the extent of the disease.

Stage 0: Neoplasm that meets microscopic criteria for malignancy except invasion

Stage I: Malignancy that is entirely confined to organ of origin

Stage II/III: Malignancy that has spread by direct extension to immediately adjacent organs/tissue or has metastasized to regional lymph nodes or organs

Stage IV: Malignancy that has spread beyond adjacent organs or tissues by direct extension or has developed secondary or metastatic tumors, metastasized to lymph nodes or is systemic in origin

Treatment Protocols

Treatment options available at Bluffton Regional include traditional colon resection with lymphadenectomy along with adjuvant ("extra" treatment) or neo-adjuvant chemotherapy as indicated.

There was higher percentage of no first course of treatment at Bluffton Regional compared to the national average. This is most likely due to the older patient population from our drawing area and these patients choosing palliative care (care that provides comfort, not treatment) only. This is purely speculative, however, as the treatment choices were not broken down by patient age in our data.

Comments

At this point in time there have been several breakthroughs in the adjuvant treatment and types of chemotherapy for colon cancer. This is similar in nature to the changes we saw in breast cancer treatment a decade or more ago. In the future I think we will see more combined modality treatment for colon cancer and would anticipate even those who have metastatic disease would have increased survival rates. Preoperative chemotherapy may become more of a treatment arm for patients with advanced disease. Advances in hepatic (liver) resection and hepatic metastatic treatment have improved markedly. From these new modalities, we are just beginning to see survival statistics which seem to be improved but are yet unknown.

Implications

If one believes in the "polyp-to-colon-cancer" sequence it would behoove our community to closely follow the American Cancer Society guidelines for colon cancer screening. Anyone age 50 or older should be screened regularly. If you are under the age of 50 and are at greater risk for colorectal cancer, talk to your family physician about your specific risk factors and the type of screening that may be appropriate for you. A colonoscopy and other appropriate tests can provide both prevention and early detection. Knowing this, it would make the most sense to increase our efforts and screen as many people as possible.

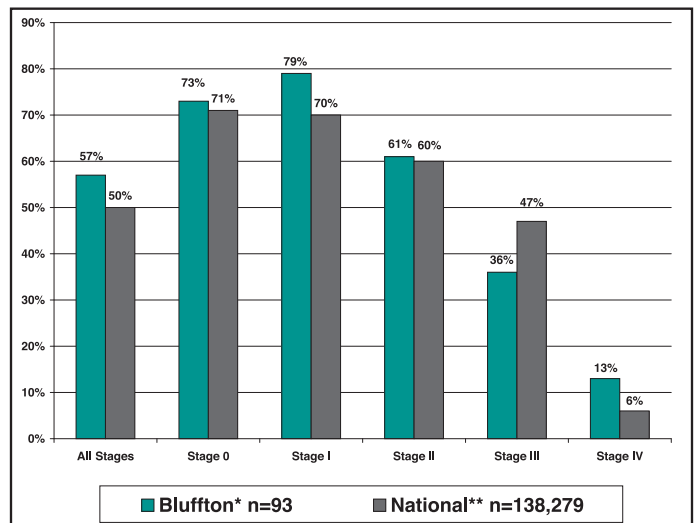
Jeremy Wilson, DO
General Surgeon

Survival Data

The "Observed Survival by AJCC Stage" chart shown on this page exhibits survival data by stage for 5 years. In terms of overall survival, Bluffton Regional's observed survival is on par with the national averages. The same can be said when the cancers are broken down by stages with an all-stage survival of 57% compared to the national average of 50%. Stage I survival at Bluffton Regional was 79% versus 70% nationally. Stage IV survival also showed an increase over national average of 13% compared to 6%. Stage III survival was slightly less for Bluffton Regional at 36% compared to 47% nationally. Again, these numbers are most likely skewed by the low case number as there were only 9% Stage III cancers identified at Bluffton Regional compared to the 22% national average.

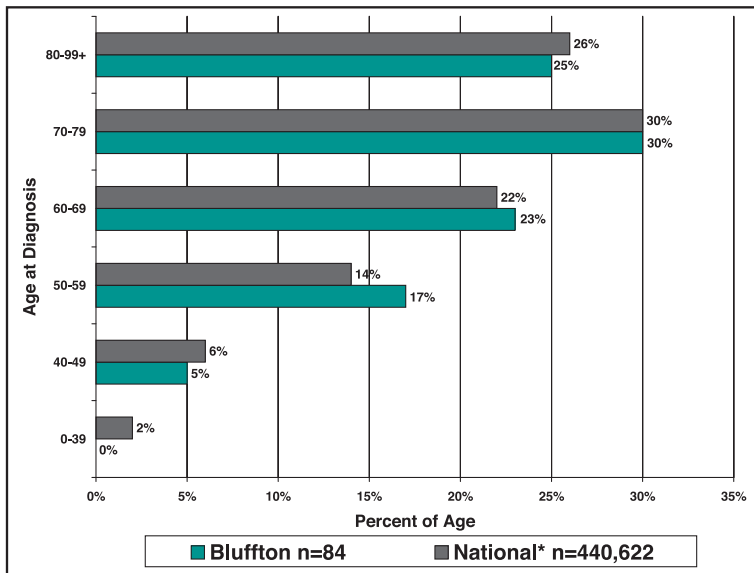
The AJCC (American Joint Committee on Cancer) formulates and publishes systems of classification of cancer, including staging and end results reporting, which is acceptable to and used by the medical profession.

Bluffton Regional Medical Center 1998-2002 Analytic Colon Cancer Observed Survival by AJCC Stage



**Excluded from survival are cases with multiple primaries, unknown stage of disease at diagnosis and unknown cancer status during the last patient follow-up information. **National comparison: 1998-1999, National Cancer Data Base, Chicago, IL.*

**Bluffton Regional Medical Center
2003-2007 Analytic Colon Cancer By Age**



*This chart illustrates the number of colon cancer patients by their age at Bluffton Regional Medical Center compared nationally between 2003 and 2007. Note that the word “analytic” refers to those cases diagnosed and/or treated initially at our hospital. The highest percentage of diagnoses at Bluffton Regional occurred between ages 70 and 79 and 80 to 99. *National Comparison: 2000-2005, National Cancer Data Base, Chicago, IL.*

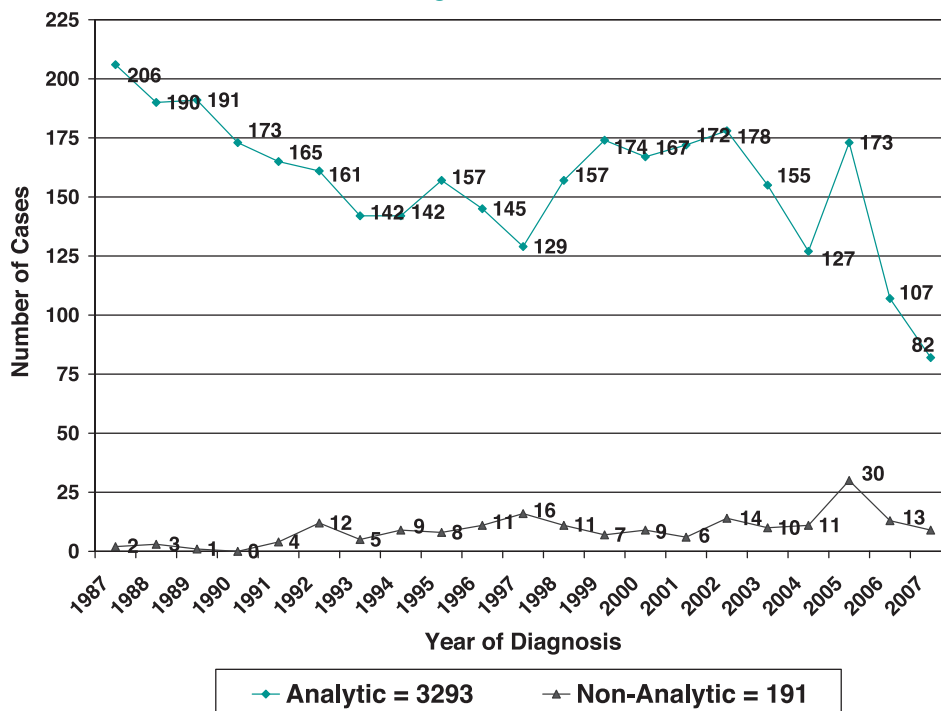
About Our Cancer Program

Our outpatient cancer treatment program at Bluffton Regional Medical Center includes chemotherapy and other support services for patients with most types of cancer. Registered nurse, Tonya Claycomb, RN, BSN, manages the Community Cancer Center along with a part-time medical oncologist. Our Center is located in our Medical Arts building at 1026 S. Main Street.





Tonya Claycomb,
RN, BSN

**Bluffton Regional Medical Center
3,484 Total Cancer Cases Diagnosed and/or Treated Between 1987-2007**



This chart compares the total number of all cancer cases diagnosed and/or treated between 1987 and 2007 at Bluffton Regional Medical Center and compares analytic and non-analytic cases. Note that the word “analytic” refers to those cases diagnosed and/or treated initially at our hospital. “Nonanalytic” refers to cancer cases primarily diagnosed and treated elsewhere, receiving subsequent care at our hospital.

Bluffton Regional Medical Center 2007 Cancer Incidence by Site and Sex

 Male	Bluffton n=22		National n=766,860		 Female	Bluffton n=36		National n=678,060	
Prostate	4	18%	218,890	29%	Breast	14	38%	178,480	26%
Lung	0	0%	114,760	15%	Lung	0	0%	98,620	15%
Colon & Rectum	9	41%	79,130	10%	Colon & Rectum	8	22%	74,630	11%
Urinary Bladder	6	27%	50,040	7%	Corpus Uterus	1	3%	39,080	6%
Non-Hodgkin Lymphoma	0	0%	34,200	4%	Non-Hodgkin Lymphoma	1	3%	28,990	4%
Melanoma Skin	0	0%	33,910	4%	Melanoma Skin	0	0%	26,030	4%
Kidney	3	14%	31,590	4%	Kidney	1	3%	19,600	3%
Leukemia	0	0%	24,800	3%	Leukemia	0	0%	19,440	3%
Oral Cavity & Pharynx	0	0%	24,180	3%	Thyroid	2	6%	25,480	4%
Pancreas	0	0%	18,830	2%	Ovary	1	3%	22,430	3%
All Other Sites	0	0%	136,530	19%	All Other Sites	8	22%	145,280	21%

This chart illustrates the total number of analytic cancer cases (those diagnosed and/or treated initially at our hospital) at Bluffton Regional Medical Center in 2007 and breaks them down by site of origin and sex. National estimates provided by the "American Cancer Society: 2008 Cancer Facts & Figures." Excluded from the comparison are basal and squamous cell skin cancers and in situ carcinoma except urinary bladder. Male Excluded: Skin = 0; In situ = 9 (29%); Female Excluded: Skin = 0; In situ = 15 (29%).

Are You At Risk for Colorectal Cancer?

Age: Colorectal cancer is more likely to occur in people over the age of 50.

Polyps: Polyps are growths on the inner wall of the colon and rectum and may increase one's risk of colorectal cancer if not found and removed.

Family History: Parents, siblings and children of a person who has had colorectal cancer are more likely to develop it. Women who have had ovarian, uterine or breast cancer may also be at risk for developing colorectal cancer.

Ulcerative Colitis: This condition is an inflammation of the colon's lining and increases a person's chance of developing colorectal cancer. Crohn's Disease (chronic inflammation of the gastrointestinal tract) also increases the risk of getting this cancer.

Diet: Diets high in fat and calories and low in fiber may increase the risk of colorectal cancer.

Smoking: People who smoke cigarettes are at greater risk for polyps and colorectal cancer.

Alterations in Genes: People who have changes in certain genes have an increased risk of colorectal cancer. Ask your family physician about new advances in genetic testing.

Recognizing the Symptoms of Colorectal Cancer

If you experience any of the following symptoms call your family physician right away. These may be related to colorectal cancer or other serious medical conditions.

- Change in bowel habits
- Diarrhea, constipation or a feeling that your bowel is not completely emptying
- Blood in the stool (bright red or very dark in color)
- Stools that are narrower than usual
- General abdominal discomfort (i.e., gas, bloating, fullness, cramping)
- Weight loss for no apparent reason
- Chronic anemia (i.e., constant tiredness)
- Vomiting

For more information about colorectal cancer visit:
www.cancer.org.