

SUMMA BARBERTON HOSPITAL



2009

Cancer Program Annual Report



Cancer Committee Chairman Report



The year 2009 marked the 29th year of continuous service by the cancer care program of Summa Barberton Hospital. In addition to standard events such as weekly Tumor Board, standing Cancer Committee and ongoing Tumor Registry, 2009 was highlighted by the following events:

The patient care evaluation (PCE) study, required by the American College of Surgeons for ongoing accreditation of the cancer program at Summa Barberton Hospital, was completed. The major site chosen was for a study of pancreatic cancer under the authorship of Shameem M. Ahmed, M.D. This report, in addition to data inclusions, will be found in the text of this annual report.

The year 2009 represented continuous attention by the institution to the issues of quality patient care. There was an implementation of a new patient's resource guide for the Center for Infusion Services at Summa Barberton Hospital. In addition, a part-time RN position for clinical research was initiated.

Quality improvement in patient care included the development and implementation of safe practices with the use of vincristine preparation to prevent catastrophic intrathecal injection. Likewise, tumor marker CA-125 methodology was changed in attempts to raise the precision and accuracy of sampling. For now, all further assays will be sent to Summa Akron City Hospital for

Annual Report, Year 2009

analysis. Finally, in order to facilitate the maximum percentage of dose ordered, RN's will now piggyback chemotherapy bag with a secondary set to a primary line of appropriate IV solution.

Quality improvement studies for 2009 included a study of apparent breast stage migration, comparing diagnoses in the year 2008 with the year 2009. It appeared that there was a definite migration stage from early Stage 0 and I to Stage I and II at the time of initial presentation. Analysis of this data is ongoing. Second, a study of peripheral intravenous cannulas evaluating the outcome of implementing evidence-based clinical guidelines by means of surveying the frequency of phlebitis and thrombophlebitis will be undertaken. This data will be extremely important in ongoing use of these critical IV access lines.

The breast cancer surveillance plan was developed for Parkview Center breast program in the year 2009. Under the leadership of the breast cancer committee, efforts were undertaken to establish the framework for seeking "A Center of Excellence" designation and accreditation in breast cancer care from NAPBC at Parkview. Expected survey will be in the year 2010.

Ongoing efforts in professional outreach were undertaken with an open house for new physicians in the service area held at Parkview Center in May 2009.

Continuing to build on a long tradition of service to the community, the year 2009 was marked by a bone marrow drive held at Summa Barberton Hospital in April 2009. In addition, the sixth Relay for Life was held at Lake Anna in July 2009. Almost \$125,000 was raised for the American Cancer Society, and ultimately, patient care services in the Barberton area with this particular event.

The year 2009 represented a continued effort on the part of Summa Health System institutions Summa Barberton Hospital and Summa Wadsworth-Rittman Hospital to develop a "unified strategy" in the delivery of medical care to surrounding environs. A major component of this initiative will be the continued delivery of excellent oncological care and breast care incorporating the tremendous asset which Parkview Center represents.

Andrew J. Haas Jr., M.D.
Cancer Committee Chair
Hematology/Medical Oncology

Cancer Liaison Physician Statement

The Commission on Cancer (CoC) is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care.

Established by the American College of Surgeons (ACoS) in 1922, the CoC:

- Establishes standards to ensure quality, multidisciplinary and comprehensive cancer care delivery in healthcare settings
- Conducts surveys in healthcare settings to assess compliance with those standards
- Collects standardized data from CoC-approved healthcare settings to measure cancer care quality
- Uses data to monitor treatment patterns and outcomes and enhance cancer control and clinical surveillance activities
- Develops effective educational interventions to improve cancer prevention, early detection, cancer care delivery and outcomes in healthcare settings

Summa Barberton Hospital has a CoC-approved cancer program and in 2009 received its “Approval with Commendation” for outstanding cancer care. Cancer programs

earning recognition from the CoC offer high-quality cancer care. Approval by the CoC is given only to those facilities that have voluntarily committed to provide the best in diagnosis and treatment of cancers. To meet the standards necessary for CoC approval, each cancer program must undergo a rigorous evaluation process and a review of its performance. In order to maintain approval, facilities with approved cancer programs must undergo an onsite review every three years. Only one in four hospitals that treats cancer patients receives this approval.

Receiving care at a CoC-approved cancer program ensures that you will receive:

- Quality care close to home
- Comprehensive care offering a range of latest services and equipment
- A multi-specialty, team approach to coordinate the best treatment options available to cancer patients
- Access to cancer-related information, education and support
- A cancer registry that collects data on type and stage of cancers and treatment results and offers lifelong patient follow-up
- Ongoing monitoring and improvement of care
- Information about ongoing clinical trials and new treatment options

An integral part of any CoC-approved cancer program is the cancer liaison physician (CLP). Established in 1963, the Cancer Liaison Program of the CoC was developed as a network of physician volunteers willing to manage clinically related cancer activities in their local institutions and surrounding communities. As the CLP for Summa Barberton Hospital, I am responsible for providing the leadership and direction to establish, maintain, support and improve the cancer program at this facility.

In 2009, Summa Barberton Hospital became fully integrated with Summa Health System's cancer research program giving the opportunity for our patients to participate in national clinical trials sponsored by several different groups such as the Eastern Cooperative Oncology Group (ECOG), the National Surgical Adjuvant Breast and Bowel Project (NSABP), the Radiation Therapy Oncology Group (RTOG) and many others. This provides our patients with advanced cancer treatments at Parkview Center at Summa Barberton Hospital and allows cancer patients the opportunity to be near family and friends during their treatment. Clinical trials are an important tool in the battle to cure cancer. If you have recently been

diagnosed with cancer, ask your oncologist if you are eligible to participate in a clinical trial. Participation is completely voluntary and our clinical trials staff will discuss the details of the trial and answer your questions about the process involved.

The nationally accredited cancer program at Summa Barberton Hospital provides patients with the ability to receive the highest level of care close to home. Parkview Center is a warm and welcoming facility where the patients and their families find the utmost comfort and compassion from the physicians and staff. If you or a loved one is diagnosed with cancer, know that Summa Barberton Hospital will provide the optimal treatment in an atmosphere designed to ease the fear and anxiety for patients and their families.

Lee Anne Sprance, M.D., FACS
Cancer Liaison Physician
Medical Director, Breast Care Program

Shameem Ahmed, M.D.
Department of
Gastroenterology

Pancreatic Cancer Report 2010

epidemiology & pathology:

Deaths from pancreatic cancer rank fourth among cancer-related deaths in the United States. In 2009, the estimated incidence of pancreatic cancer in the United States was 42,470 cases and an estimated 35,240 patients died from this disease. The death rate for pancreatic cancer has been stable in men since 2003 but has been increasing by 0.1% per year since 1984 in women.

The cause of pancreatic cancer remains unknown. Several risk factors, however, have been implicated. The risk of pancreatic cancer in smokers is 2.5 to 3.5 times that of non-smokers and the risk increases accordingly with greater tobacco use and longer exposure. In some studies risk also appears to

increase with obesity, chronic pancreatitis and diabetes.

The role of other factors such as moderate alcohol intake, coffee consumption, aspirin usage, previous cholecystectomy and blood groups is not completely known. Approximately 5-10% of patients with pancreatic cancer have family history of this disease. Some germ-line genetic alterations have also been identified.

Pancreatic cancer originates in the ductal epithelium and evolves from pre-malignant lesions to fully invasive cancer. Pancreatic intraepithelial neoplasia is a histologic precursor to pancreatic cancer. The

Figure 1

Summa Barberton Hospital

Analytic Pancreas Cancer Cases *age at diagnosis*

AGE	0-39	40-49	50-59	60-69	70-79	80-89	90+
Summa Barberton Hospital	0.0%	10.3%	14.4%	28.9%	27.8%	17.5%	1.0%
National Cancer Database	1.3%	6.0%	16.7%	24.9%	30.7%	17.8%	2.6%

Barberton = 97 Cases

NCDB = 184,400 Cases

Source: Summa Barberton Hospital, 1999-2009 analytic cases
Source: NCDB, CoC, AcoS, Benchmark Reports, 6/10/10

Figure 2

Summa Barberton Hospital
Analytic Pancreas Cancer Cases
male vs. female by age group

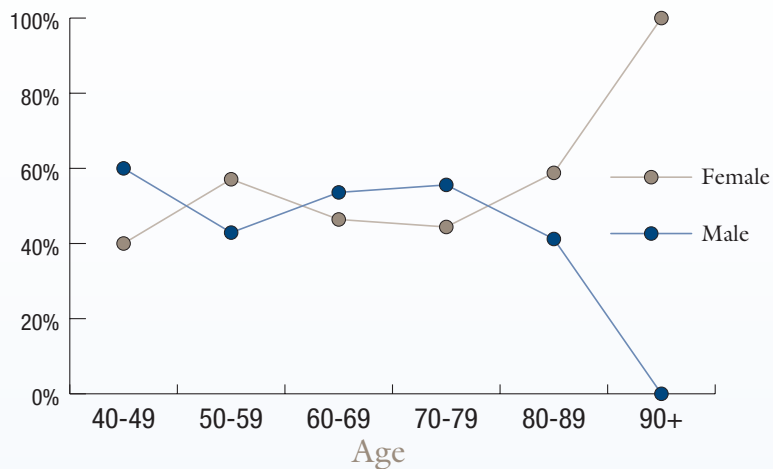
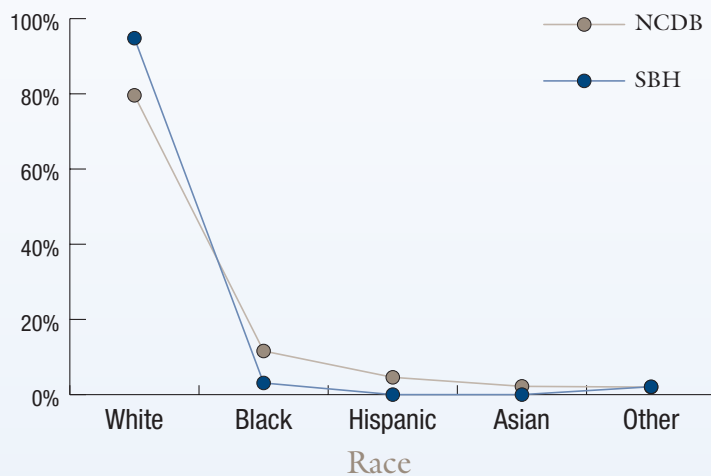


Figure 3

Summa Barberton Hospital
Analytic Pancreas Cancer Cases
race



Source: Summa Barberton Hospital, 1999-2009 analytic cases
Source: NCDB, CoC, AcoS, Benchmark Reports, 6/10/10

progression from minimal dysplasia to severe dysplasia and ultimately to invasive carcinoma is associated with accumulation of mutations in oncogenes and multiple tumor-suppressor genes.

Summa Barberton Hospital's 10-year review of pancreatic cancer from 1999-2009 was analyzed and 97 of its cases were noted and will be referred to as analytic cases in this report. The age distribution of most pancreatic cancers is between the ages of 40 to 89 years old. Young age and extreme old age patients did not show a strong predisposition to this disease (figure 1). In this pancreatic cancer report, Summa

Barberton Hospital's data is also compared to the National Cancer Data Base (NCDB). The gender distribution of this disease shows predominance in males in all age groups (figure 2). Pancreatic cancer predominantly affects Caucasians more than any other race (figure 3). The above epidemiology data of age, gender, and race from Summa Barberton Hospital parallels to NCDB data.

There are other premalignant lesions of the pancreas, which are not as well characterized as pancreatic ductal cancers. These lesions include intra-pancreatic mucinous cystic neoplasia, intra ductal papillary mucinous neoplasia and autoimmune pancreatitis.

diagnosis & staging:

Figure 4

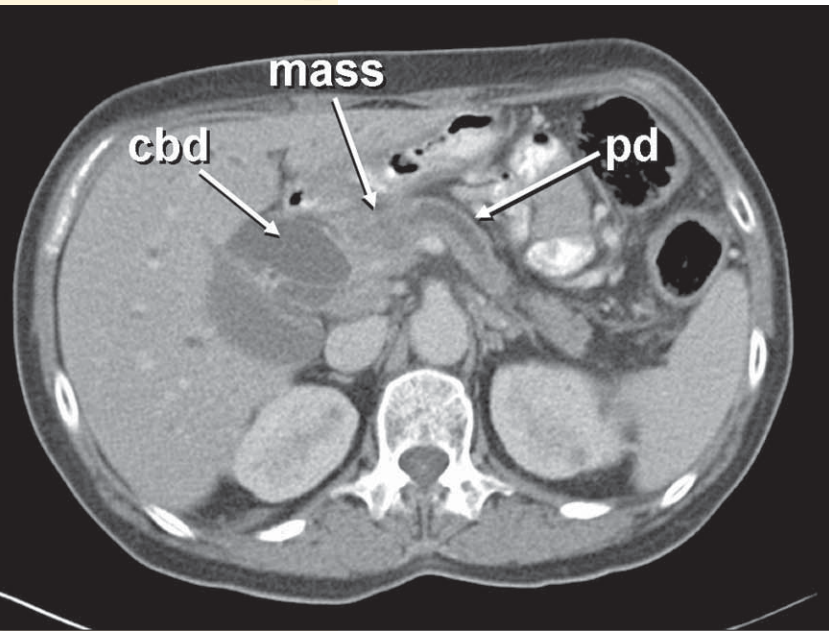


Figure 5

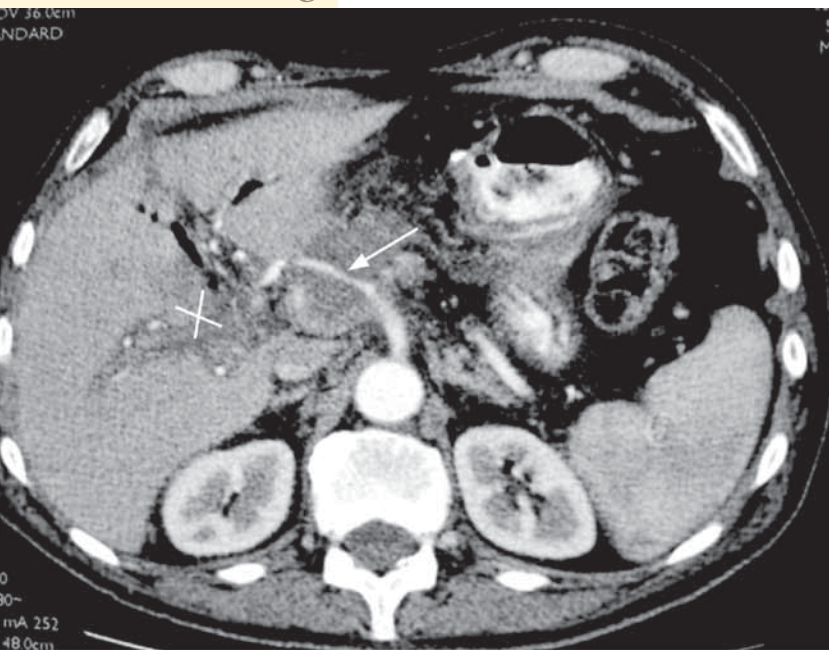


Figure 4 and 5:

Helical CT scans showing pancreatic cancer obstructing the common bile duct and pancreatic duct in figure 4, pancreatic cancer is encasing the superior mesenteric artery in figure 5.

Cancer of the pancreas often develops without any early symptoms. Presenting symptoms of this disease vary depending on the location of the tumor within the gland. In the majority of cases, the tumor is located in the pancreatic head and can cause obstructive jaundice, nausea and dull, deep upper abdominal pain. Pancreatitis and hyperglycemia are also seen at times. Systemic manifestations of malignancy such as asthenia, anorexia and weight loss are also present in many patients. The physical exam may reveal jaundice, abdominal tenderness and distention, wasting and an enlarged liver and gallbladder. The laboratory tests may reveal abnormal liver function testing, hyperglycemia and anemia.

Pancreatic cancer is staged according to the most recent edition of the American Joint Committee on Cancer tumor-node-metastasis (TNM) classification. T1, T2 and T3 lesions are potentially resectable, whereas T4 tumors invade the superior mesenteric artery or celiac axis are unresectable. Tumors involving the superior mesenteric vein, portal vein, or splenic vein are classified as T3 tumors.

Multiphase multidetector helical computed tomography with intravenous administration of contrast material is, initially, the preferred imaging modality for the diagnosis. This

Figure 6

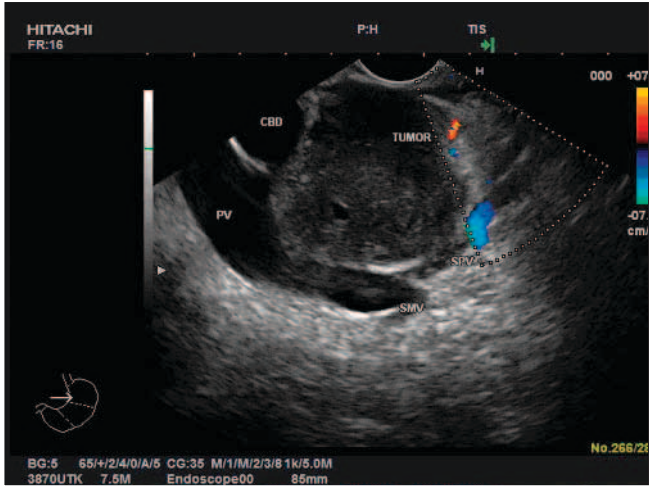
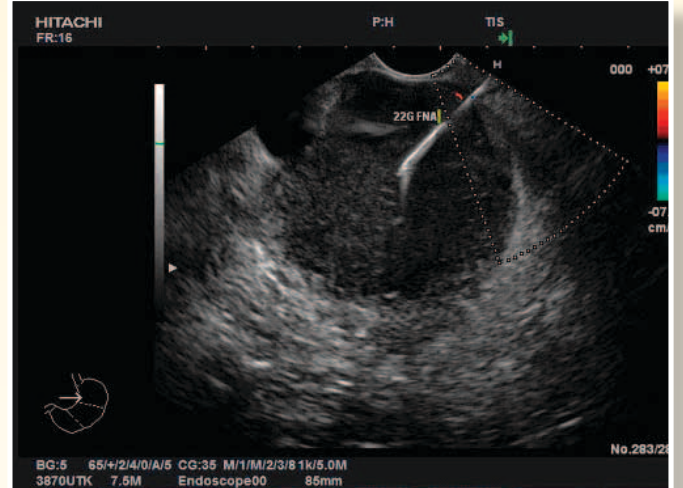


Figure 7



technique allows visualization of the primary tumor in relation to the superior mesenteric artery, superior mesenteric vein, portal vein, splenic vein and distal organs. In some cases positron tomography is complimentary when CT findings are equivocal (figures 4 & 5). Endoscopic ultrasound is the best modality to diagnose pancreatic cancer when it is suspected, but the lesion wasn't identified

in the CT examination. It is also the best modality to obtain tissue diagnosis, which is necessary before initiating any chemotherapy. The tissue diagnosis, however, is not mandatory before surgery (figures 6, 7 & 8).

Figures 6, 7 & 8: Endoscopic ultrasound showing pancreatic cancer abutting the portal vein and obstruction of the common bile duct (figure 6). Endoscopic ultrasound guided fine needle aspiration of pancreatic tumor (figure 7). Pancreatic cancer pathology obtained from fine needle aspiration from (figure 8).

Figure 8

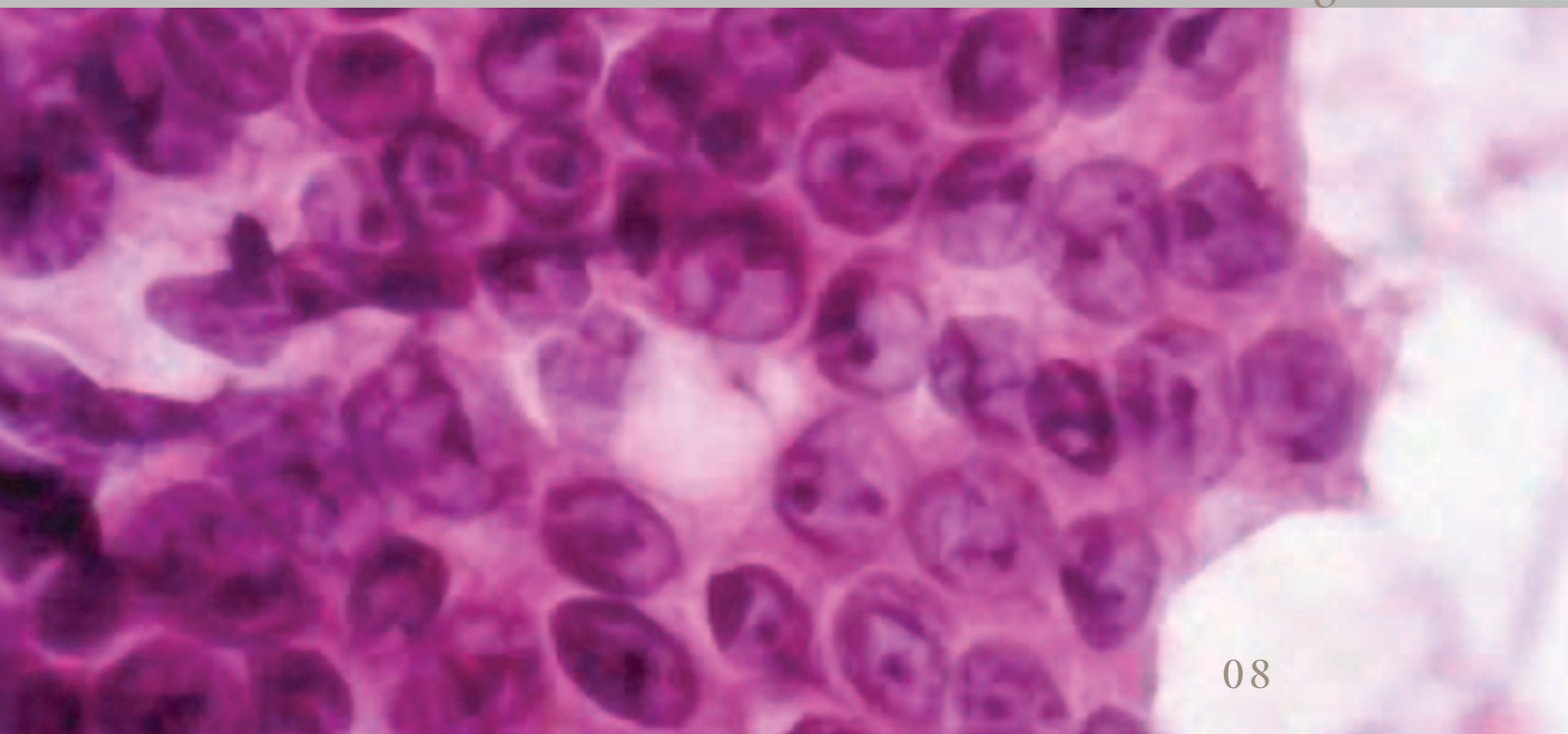


Figure 9:
Normal anatomy of the bile duct and pancreatic duct using ERCP modality.



Figure 9

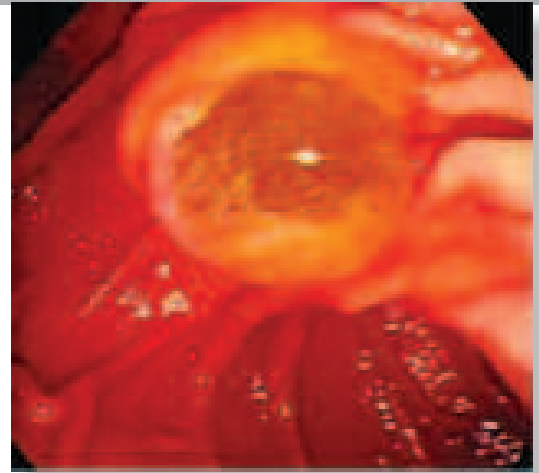


Figure 10

Figures 10 and 11:
Endoscopic view of gaping papilla suggestive of intrapapillary mucinous neoplasia figure 10, endoscopic ultrasound showing mucinous cystic neoplasm figure 11.

Endoscopic retrograde cholangiopancreatography (ERCP) is especially useful in a jaundiced patient with pancreatic cancer who requires a stent. This test shows the anatomy of the common bile duct and pancreatic duct. The brushing of these ducts can sometimes reveal tissue diagnosis (figure 9).

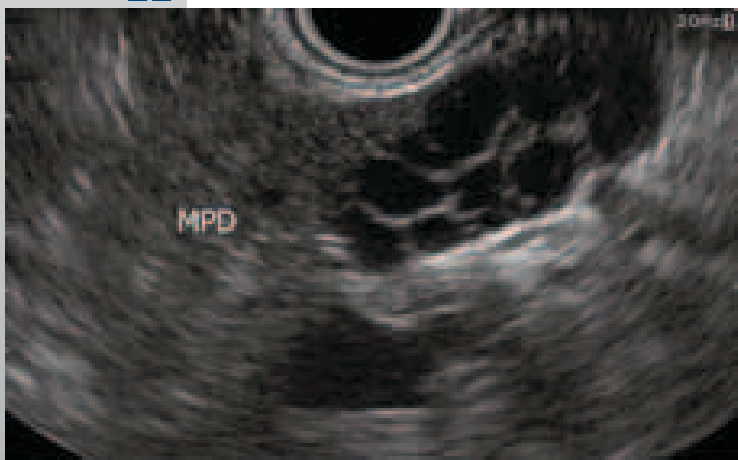
CA-19-9 is the most useful biomarker for therapeutic monitoring and early recurrent disease after treatment in patients with known pancreatic cancer.

According to expert consensus statement, staging laparoscopy should be used selectively

on the basis of clinical predictors that optimize yield. These predictors include a pancreatic head tumor greater than 3 cm and tumors of body and tail with equivocal CT findings and CA-19-9 more than 100 u/ml.

Advances in molecular analysis and microdissection based genotyping (MBG) with polymerase chain reaction (PCR) methodology can help differentiate benign and pre-malignant conditions like mucinous cystic neoplasm, intraductal papillary mucinous neoplasm and autoimmune pancreatitis. Modalities like EUS and ERCP can provide fluid and material for the above testing and pre-existing slides can also be used for MBG (figures 10 and 11). The molecular analysis of malignant cysts are based on higher DNA quality, higher number of allelic loss and the sequence of a high amplitude K-ras mutation followed by allelic loss.

Figure 11



	Stage 0		Stage I		Stage II		Stage III		Stage IV		Unknown	
	SBH	NCDB	SBH	NCDB	SBH	NCDB	SBH	NCDB	SBH	NCDB	SBH	NCDB
Surgery Only	100.0%	71.1%	11.1%	23.1%	5.5%	17.6%	9.1%	9.4%	2.0%	1.8%	0.0%	7.0%
Radiation & Chemo	0.0%	2.1%	0.0%	10.5%	39.0%	11.1%	36.4%	26.3%	2.0%	6.8%	0.0%	6.3%
Chemo only	0.0%	4.4%	11.1%	7.0%	11.1%	6.6%	0.0%	13.7%	42.0%	36.7%	12.5%	15.1%
“Surgery, Radiation & Chemo”	0.0%	1.1%	11.1%	11.5%	5.5%	22.1%	9.1%	12.8%	0.0%	0.9%	0.0%	1.5%
Other Specified Therapy	0.0%	7.0%	11.1%	13.7%	11.1%	14.1%	18.1%	12.1%	0.0%	14.6%	0.0%	15.8%
No First Course Treatment	0.0%	14.3%	55.6%	34.2%	27.8%	28.5%	27.3%	25.7%	54.0%	39.2%	87.5%	54.3%

Table 1
Summa Barberton Hospital
Analytic Pancreas Cancer Cases
treatment by ajcc stage

treatment:

Pancreatic cancer treatment is best approached by multi-disciplinary teams that include surgeons, gastroenterologists, medical and radiation oncologists, radiologists, nutritionists and pain specialists. Surgery is the treatment of choice in patients with resectable disease. Depending on the location of the tumor, operative procedure may involve pancreatoduodenectomy (Whipple’s procedure), distal pancreatectomy and total pancreatectomy with a minimum of 12-15 lymph node resections. The goal of the surgery is to obtain free margins.

Table 1 shows utilization of various treatment modalities at Summa Barberton Hospital in comparison to NCDB. Neoadjuvant therapy is currently investigational for patients with potentially resectable pancreatic cancer, but adjuvant chemotherapy or chemoradiation is indicated after surgical resection. Radiation therapy might specially be of benefit in distinct subset of patients with positive

margins or otherwise considered to be at increased risk of recurrence. Six months of flurouracil with leucovorin or gemcitabine is the standard adjuvant therapy for patients with resected cancer. Chemoradiation is always followed by chemotherapy but not used as a stand alone modality.

Approximately 30% of patients with pancreatic cancer receive a diagnosis of advanced disease and an additional 30% of patients will have a local recurrence of tumors after treatment of early disease, for these patients, gemcitabine alone or gemcitabine combined with a platinum agent, erlotinib (Tarceva®) an inhibitor of epidermal growth factor receptor or a fluropyramidine can be used.

Source: Summa Barberton Hospital, 1999 - 2009 analytic cases

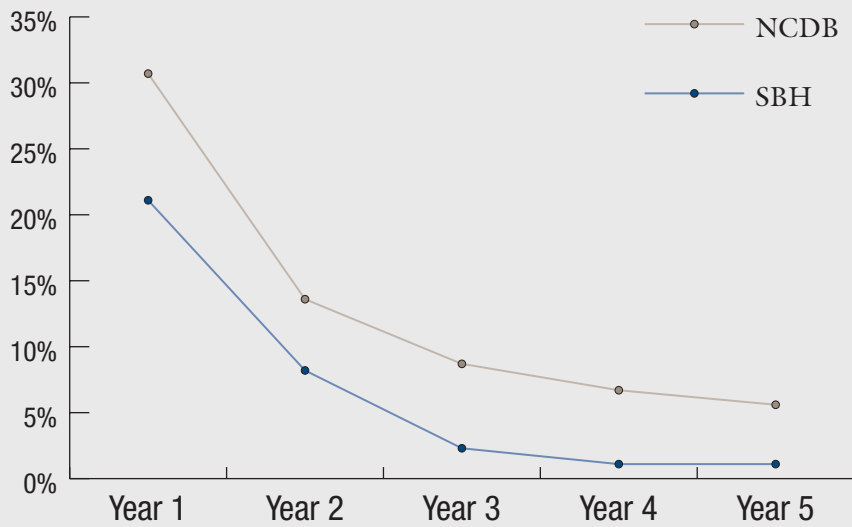
Source: NCDB, CoC, ACoS, Benchmark reports, 6/10/10

survival:

Less than 20% of all pancreatic cancers present with localized potentially curable disease. The survival data at Summa Barberton Hospital indicates the overall

survival rate among these patients is less than 5% (figures 12 & 13). Again, this data is similar to NCDB cases.

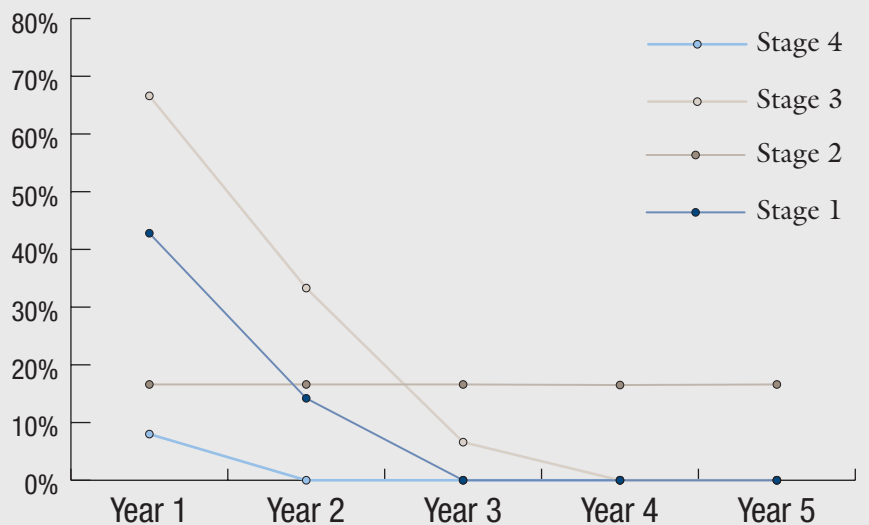
Figure 12 Pancreas 5 Year Survival *by year*



Source: Summa Barberton Hospital, 1993-2004 analytic cases
Source: NCDB, CoC, ACoS, Survival reports - 6/28/10

Barberton = 85 cases
NCDB = 48,232 cases

Figure 13 Pancreas 5 Year Survival *by stage*



Source: Summa Barberton Hospital, 1999-2009 analytic cases
Source: NCDB, CoC, ACoS, Benchmark Reports, 6/10/10



conclusion:

Though advances have been made in imaging, appropriate staging and tissue diagnosis of pancreatic cancer, the survival from the disease has not yet improved significantly. Universal primary screening for pancreatic cancer disease is currently not recommended. Surveillance of patients with high risk, such as those with strong family history, can benefit from serial endoscopic ultrasonography or CT scanning. Such studies have shown a 10% yield of pre-malignant lesions in such high risk groups.

Pancreatic cancer is a heterogeneous disease; hence, individualized therapy would be required. A better understanding of the biology of pancreatic cancer is opening new avenues for treatment and an increasing number of new targeting agents are in clinical development, which may help improve overall survival rates.

references:

- 1 Manuel Hidalgo, MD: Pancreatic Cancer. *N Eng J Med* 2010; 362:1605-17.
- 2 Ross A. Abrams, MD, Andrew M. Lowy, MD, Eileen M. O'Reilly, MD, et al. Combined Modality Treatment of Resectable and Borderline Resectable Pancreas Cancer: Expert Consensus Statement. *Ann Surg Oncol* 2009; 16:1751-56
- 3 Douglas B. Evans, MD, Michael B. Farnell, MD, Keith D. Lillemoe, MD, et al. Surgical Treatment of Resectable and Borderline Resectable Pancreas Cancer: Expert Consensus Statement. *Ann Surg Oncol* 2009; 16:1736-44
- 4 Mark P. Callery, MD, Kenneth J. Chang, MD, Elliot K. Fishman, MD, et al. Pretreatment Assessment of Resectable and Borderline Resectable Pancreatic Cancer: Expert Consensus Statement. *Ann Surg Oncol* 2009; 16:1727-33
- 5 Asif Khalid, MD, Differentiating Neoplastic From Benign Lesions of the Pancreas: Translational Techniques. *Clinical Gastroenterology and Hepatology* 2009;7:S55-S58
- 6 American Cancer Society, Pancreatic Cancer: Cancer Facts & Figures. 2009; 18-20

Beating the Odds

Smart, fortunate and thankful are three words that describe Joan Duncan. When many people would have ignored or dismissed an unusual pain, she was smart to go to the doctor. She told her gastroenterologist, who did an endoscopy and found an unusual spot. He referred her to surgeon Nicholas Bisconti, M.D. Additional testing confirmed his suspicion – a tumor on her pancreas.

Pancreatic cancer is one of the deadliest cancers, killing 96% people who are diagnosed with it, according to the American Cancer Society. There is no prevention; the early symptoms are few and subtle. It is difficult to catch it at an early stage when it is curable. It spreads rapidly and aggressively making it a challenge to treat.

Duncan was scared because she knew if the test showed the tumor was cancerous she would just have to accept it. Little could be done.

Duncan's biopsy results were the best for which she could have hoped. The tests showed the tumor was an intraductal papillary mucinous neoplasm (IPMN), a growth inside the pancreatic duct. She was very fortunate that there was no invasive cancer and the IPMN had only progressed from mild to moderate dysplasia, or abnormal cells. Fortunate, indeed! For one of the deadliest cancers, this was the best possible situation – and one that could be cured.

Dr. Bisconti chose to perform a pylorus-preserving Whipple procedure, a common surgery for pancreatic cancer, but only performed in the minority of patients whose pancreatic cancer is localized and not spread. The surgery is long – six to ten hours – and very complicated. During the Whipple procedure, also called a pancreaticoduodenectomy, Dr. Bisconti removed the head of the pancreas, the gallbladder, part of the duodenum (the upper part of the small intestine) and lymph nodes near the head of the pancreas. He then rebuilt the digestive tract by reconnecting the remaining pancreas and bile duct back to the intestine. Duncan's pylorus, or bottom of the stomach, was not removed.

“She was a perfect candidate for the Whipple procedure,” said Dr. Bisconti. “Her outcome was ideal.”

Duncan's fortune continued. Only surgery was needed. She would not have to endure chemotherapy or radiation treatments. Her hospital stay was much shorter than anticipated. And her life is the same now as before surgery, except that she needs a blood test, CAT scan and follow-up with Dr. Bisconti every six months. This is a small price she is more than willing to pay.

Today, three years after her surgery, Duncan is very thankful that the tumor was found at such an early, treatable stage. She is thankful that she can enjoy time with her nine children and 14 grandchildren. “They need me,” she exclaimed.

Cancer Registry Summary 2009

The cancer registry is an essential component of the Commission on Cancer (CoC) accredited cancer program. Summa Barberton Hospital's cancer program is a strategic partner with CHAMPS Oncology Data Services (ODS) who staff the registry with multi-credentialed certified tumor registrars (CTR) and CoC consultants. CHAMPS personnel help programs achieve their goals by collecting and reporting quality cancer data in support of their business planning and outreach initiatives.

Data collected by the cancer registry is an invaluable tool in the fight against cancer. As an accredited CoC facility, the registry collects demographic and disease specific

data elements on each cancer patient presenting for diagnosis or treatment. The information collected is utilized by physicians, administration and other healthcare professionals. Among the many uses are:

- Measuring quality outcomes
- Tracking community outreach initiatives
- Supporting clinical, diagnostic and treatment research
- Evaluating the effectiveness of current treatment modalities
- Presenting data for individualized patient treatment planning
- Submitting to local and national databases for incidence and outcome comparison

2009 data summary

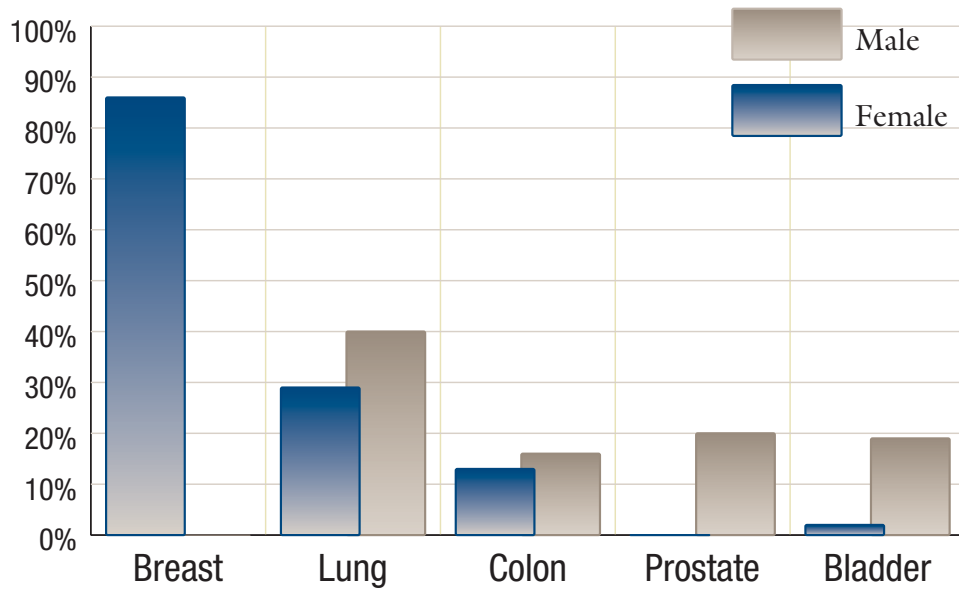
Summa Barberton Hospital's cancer registry accessioned 354 new cancer cases for 2009. The following illustrates the most frequent primary sites seen at this facility.

Top 5 Sites



*for analytic cases

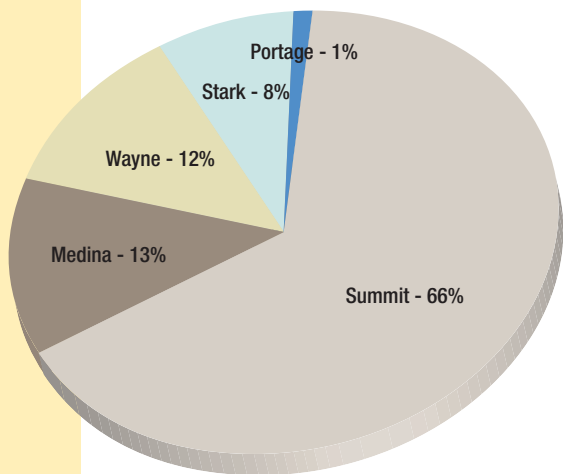
The top five sites for all patients are breast, colon, lung, prostate and bladder. The gender distribution for these top sites is represented in the graph below.



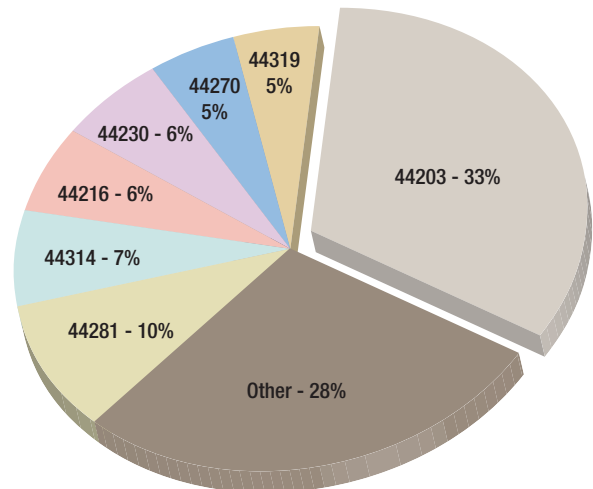
demographics

The majority (66%) of the patients presenting to Summa Barberton Hospital reside in Summit County with the most living in the 44203 zip code area. This is represented by the following two charts.

County of Residence



Zip Code at Diagnosis



follow-up

Meaningful survival and outcome measures require reliable tracking of disease, recurrence and vital status for the lifetime of each patient record. Accurate follow-up data enables Summa Barberton Hospital to compare outcomes with regional, state, or national statistics. The successful follow-up rate at Summa Barberton Hospital for the last five years is 97%; the rate since the established registry reference year (1993) is 94%. Both rates are well above the CoC requirement of 90% and 80% respectively.

continuing education

In response to the increased demand of quality registry data, national and international standard setters are revising and expanding the level of data elements collected by the cancer registry. 2010 will see tremendous changes in data collection standards, and continuing education of registry personnel will be a priority. As a strategic partner with ODS, the facility can be assured that registry staff will exceed all educational requirements.

In 2009, registry staff attended the Ohio Association of Cancer Registrars 39th Annual Education Conference, and the National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology Symposium for Head and Neck Cancers, in addition to other local and regional events.

Primary Site	Total Cases	Sex		Class of Case	
		M	F	Analytic	Non-Analytic
Breast	90	0	90	86	4
Lung	69	40	29	67	2
Colon	29	16	13	27	2
Prostate	20	20	0	19	1
Bladder	21	19	2	18	3
Non-Hodgkin's Lymphoma	19	11	8	17	2
Rectum	19	10	9	18	1
Corpus Uteri	9	0	9	9	0
Unknown Primary	9	3	6	9	0
Multiple Myeloma	7	5	2	7	0
Pancreas	6	3	3	6	0
Tongue	6	4	2	6	0
Larynx	6	4	2	6	0
Kidney/Renal Pelvis	6	2	4	6	0
Thyroid	6	1	5	5	1
Esophagus	5	5	0	5	0
Other Digestive System	5	1	4	5	0
Stomach	4	3	1	4	0
Liver	4	3	1	4	0
Leukemia	4	4	0	4	0
Other Oral Cavity	3	3	0	3	0
Melanoma	3	1	2	3	0
Brain (Malignant)	3	3	0	3	0
Anus/Anal Canal	3	2	1	3	0
Other Urinary System	2	0	2	2	0
Cervix	2	0	2	2	0
Other Blood & Bone Marrow	2	1	1	2	0
Connective/Soft Tissue	1	0	1	1	0
Other Skin	1	1	0	1	0
Testis	1	1	0	1	0
Other Brain & CNS	1	0	1	1	0
Hypopharynx	1	1	0	1	0
Oropharynx	1	1	0	1	0
Hodgkin's Disease	1	1	0	1	0
Other/III-defined	1	1	0	1	0
Total	370	170	200	354	16

This table details the number of analytic cases (Class 0,1,2) by primary site for 2009.

2009

Cancer Conferences

Date	Topic	Speaker
10/01/2009	“Treatment of Platinum-Sensitive Advanced Recurrent Ovarian Cancer”	James Thigpen, M.D.
10/15/2009	“Genomics in the Management of Colon Cancer”	Mark Lee, M.D.
10/22/2009	“Adjuvant Hormonal Therapy for Early Breast Cancer”	Sunil Verma, MS, MEd
12/17/2009	“The Importance of Staging and Prognostic Factors in Cancer Care and Use of National Guidelines in Treatment Planning”	Sandra Hazra, M.D.

During 2009, there were 45 Cancer Conferences conducted. Case specific presentations included 111 cases. Of these case presentations, 109 were prospective and 2 were retrospective.

2009 cases

SITE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Anus							1						1
Appendix						1							1
Blood/Bone Marrow		1	1	1			1	3					7
Brain											1		1
Breast (Female)	3	2	2	2	3	2	3	2	4	2	1	1	27
Colon				1	1	1			1				4
Duodenum	1												1
Endometrium		1											1
Esophagus			1										1
Gallbladder		1											1
Hypopharynx											1	1	2
Kidney						1	1						2
Liver						1							1
Lung	3	1	3	1	2		2	3	3	2	1	1	22
Lymph Nodes	2	1	2	1	1	2		2	1	1	1	1	15
Ovary										1			1
Pancreas	1	1									1		3
Rectum		1	1	3	2			1	1				9
Skin								1			1	1	3
Stomach			1	1			2					1	5
Tongue												1	1
Unknown Primary				1							1		2
TOTAL	10	9	11	11	9	8	10	12	10	6	8	7	
Retrospective 2	Prospective 109						YEARLY GRAND TOTAL						111

Breast Care Program

The breast care committee at Summa Barberton Hospital consists of a multi-disciplinary group of physicians, administrators, and other health care professionals whose goal and commitment is to provide the timeliest and most comprehensive, advanced diagnosis and treatment for patients in the Akron area who present with an abnormality of their breast. As medical director of the breast care program, it is my responsibility to provide the leadership necessary to accomplish these goals.

The Center for Breast Imaging in Parkview Center is equipped with the most advanced digital mammography unit available as well as high tech ultrasonography and a dedicated unit for stereotactic breast biopsy procedures. The digital mammography unit produces high resolution images which are very important in the early detection of breast cancer. We are very proud to be able to provide this latest testing for all breast health patients at Parkview Center.

Kari Kovach, RN, BSN, OCN, CBCN, is the breast care coordinator at Summa Barberton Hospital. She is a certified oncology nurse and also a certified breast care nurse. Kovach plays a significant role in establishing a vital communication link between the radiologists, who evaluate the mammograms and breast ultrasounds, and the patients and their physicians. She greatly reduces the patient's anxiety and notifies the ordering physician if there is an abnormality as soon as the radiologist has reviewed the films, usually on the same day. She is then available to assist patients and their physicians with setting up appointments for consultations if needed. Kovach provides support for patients diagnosed with breast cancer at Summa Barberton Hospital and serves as the

facilitator for the breast cancer support groups at Stewart's Caring Place.

All patients who are diagnosed with breast cancer at Summa Barberton Hospital receive the benefit of having their case reviewed at a multi-disciplinary pre-treatment breast cancer conference which is held on a weekly basis. The moderator for the pre-treatment conference is Nicholas Bisconti, M.D., FACS. Each patient's case is reviewed by a team of physicians and specialty staff who provide a coordinated treatment recommendation for each patient.

In 2009, the breast care program at Summa Barberton Hospital began the application process for accreditation through the National Accreditation Program for Breast Centers (NAPBC) and was accepted for survey in early 2010. The NAPBC is an organization sponsored by the American College of Surgeons that was established to identify and recognize breast centers providing quality care in the United States. When the breast care program at Summa Barberton Hospital is accredited by the NAPBC, it will be one of only a handful in the state of Ohio and the only hospital in the Akron-Canton area to achieve this recognition.

The breast care committee is a sub-committee of the cancer committee at Summa Barberton Hospital and together they will continue to guide improvements in the breast care program. It is our goal to provide the best and most integrated model for breast health in all of Northeast Ohio.

Lee Anne Sprance, M.D., FACS
Medical Director, Breast Care Program

Breast Care Coordinator Report

Kari Kovach, RN, BSN, OCN, CBCN, is the breast care coordinator for Summa Barberton Hospital. She has been with the institution for five years and worked closely with the breast care committee to develop the current Summa Barberton Hospital breast care program.

The coordinator is a liaison between the radiologist and the patients and their physicians. When the radiologist recommends a surgical consultation/biopsy, the ordering physician is contacted immediately. One of the primary goals of the program is to reduce the patient's anxiety by greatly minimizing the time from the initial detection to final diagnosis. By notifying patients and their physicians of the radiologist's recommendation at the time of imaging, the process between the surgical consult and biopsy/diagnosis is shortened.

Another important component of the breast care coordinator role is patient, family, and community education. In the Center for Breast Imaging, teaching material on self breast exams and many benign breast conditions such as cysts, fibrocystic condition and breast pain are available. Since October 2006, the breast care program has provided to all breast cancer patients diagnosed at Summa Barberton Hospital with a "Your Breast Cancer Treatment" book and information folder containing local and national resources, support groups, hotlines and support services. Most of these teaching materials have been provided by donations by Par Four Charities, a local organization that has generously supported the hospital's breast care program for the last eight years. With

their donations from this year, we purchased post-surgical camisoles for all mastectomy patients. Community breast health education has been offered throughout the year at Summa Barberton Hospital, local churches and community functions such as "Relay for Life." The hospital is a sponsor of Stewart's Caring Place, a facility in Fairlawn that offers free services, education, and support for patients and families touched by cancer. The coordinator currently serves as co-facilitator at the twice-monthly breast cancer support group at Stewart's Caring Place. Additional information can be obtained by calling (330) 615-3553 or Stewart's Caring Place at (330) 836-1772.

Summa Barberton Hospital works closely with the Pink Ribbon Breast & Cervical Cancer Project to provide quality breast/cervical care to uninsured women with free access to diagnostic testing and consultative services for women's health issues. If you are a woman living in Portage, Stark, Summit, or Wayne counties who are 40 years of age or older, do not have health insurance and meet certain income guidelines, may be eligible for one or more of these services. Call the Pink Ribbon Project at (330) 926-5750 for more information.

Cancer Prevention & Community Education Activities

Information on most major types of cancer, prevention and detection (along with tobacco use facts and smoking cessation information) is distributed at community and hospital health fairs and activities throughout the year.

All inpatients are asked the following questions with admission assessments:

- Do you use tobacco products?
- Have you used tobacco products within the past 12 months?
- Do you live with a smoker?

If a patient answers “yes” to any of these questions, a licensed respiratory care practitioner will speak to the patient one-on-one to encourage her or him to stop smoking or stay tobacco free. Respiratory therapy also provides documented one-on-one tobacco interventions (upon request) for our patients and all identified smokers admitted with any of the “core measure” diagnoses. These currently include acute myocardial infarct, congestive heart failure and pneumonia. Core measure requirements for tobacco intervention and education have been reached at 100% for every quarter of 2009.

The respiratory care practitioners also provide information regarding the tobacco cessation process and resources to help patients. Part of this information is in the form of a pamphlet entitled “Tobacco Intervention: A Guide to Quitting.” The pamphlet includes:

- The surgeon general recommendations
- Recognizing nicotine withdrawal
- Five keys to quitting
- A list of community, national and Internet resources

All patients are encouraged to contact their doctor, nurse or respiratory therapist if they would like more information or a personal consultation. The respiratory care department completes over 200 interventions per month. Summa Health System also provides prevention and cessation information on its web site.

Free smoking cessation clinics were held at Summa Barberton Hospital in the fall of 2009. All clinics are taught by one of several tobacco treatment specialists provided through the Summit County Tobacco Prevention Coalition and the Ohio Department of Health. The clinics consist of a series of five two-hour sessions held over a five-week period. Nicotine replacement products and Chantix® are offered at a reduced cost to the participants. The local community has experienced an increase in demand for the cessation programs. Summa Barberton Hospital plans to continue the smoking cessation clinics, scheduling at least one per season.



The Ohio Tobacco Quit Line (1-800-QUIT-NOW), the free telephone tobacco cessation program, is available to all Ohio residents. Funding for this program is provided by the Ohio Department of Health. Summa Barberton Hospital supports and promotes the Ohio Tobacco Quit Line and the local Nicotine Anonymous chapter.

Summa Barberton Hospital continues to be a tobacco-free facility. Since July 22, 2006, the use of all tobacco products has been prohibited on property owned or maintained by the hospital. Beginning January 2010, Summa Health System will initiate a program of hiring only employees who sign a no-smoking declaration.

Summa Barberton Hospital was a top fundraising corporate sponsor for the 2009 “Relay For Life” event at Lake Anna Park. Over \$123,000 was raised for the American Cancer Society’s signature event entitled “Cancer Takes No Holiday.” Seven relay teams represented the hospital for their fundraising endeavors. In addition to raising funds, Parkview Center focused on pancreatic cancer for its educational presentation to the public at the event. Free educational materials and discussions with health care personnel were available. Colorectal, lung, ovarian, and breast cancer information were also included. The event included 49 teams from the community with 1,172 participants of which 160 were cancer survivors.



Screenings

pink ribbon program

The Barberton Area Family Practice Center of Summa Barberton Hospital participates in the Ohio Department of Health Breast and Cervical Cancer Project (BCCP). The goal of the BCCP is to detect cancers in women at an earlier stage when treatment is more effective and to improve access to breast and cervical cancer screening for low-income women age 40 and above.

The grant for Region 10 (Summit, Portage, Stark, and Wayne counties) is known as the Pink Ribbon Project (PRP). The family practice center saw 92 women for breast and cervical cancer screening in 2009.

Sixty-six women had normal mammograms. Twelve women had abnormal initial

mammograms and were referred for ultrasound studies and/or surgical intervention. Ten had normal ultrasounds, one needed surgical intervention for an enlarging mass, and one was referred for biopsy.

Seventy-four women had pap smears completed. Of those, 71 had normal results. One woman had an atypical (ASCUS) result with a negative HPV screen; it was recommended that she have a repeat pap smear in six months. One woman had a low-grade squamous (LGSIL) result and her colposcopy confirmed CIN 1. She returned for a repeat pap smear six months later.

The women were educated in breast self-exams and the risk factors for cervical cancer.

prostate screening

The Parkview Center staff and LabCare Plus staff have collaborated to provide free prostate screening blood tests for our community. One in six American men will be diagnosed with prostate cancer in the course of their lives. According to the American Cancer Society, the following cancer screening guidelines are recommended at the average risk for cancer (unless otherwise specified) and without any specific symptoms: both the prostate-specific antigen (PSA) blood test and digital rectal examination (DRE) should be offered annually, beginning at age 50, to men who have at least a 10-year life expectancy.

At high risk are African-American men and men with a strong family history of one or more first-degree relatives (e.g., father, brothers) diagnosed before age 65. They should begin testing at age 45. Men at even higher risk, due to multiple first-degree relatives affected at an early age, could begin testing at age 40. Depending on the results of this initial test, no further testing might be needed until age 45.

In 2009, 51 men were provided PSA testing at several community sites. All participants and their indicated physicians received the lab results. Twelve of these individuals were found to have an abnormal result and were directed to seek physician follow-up.

Oncology Nursing

Summa Barberton Hospital's oncology unit (1-East) provides a multidisciplinary approach to caring for oncology and hematology patients. The mission of the unit is to provide physical, psychosocial, emotional, and spiritual support to cancer patients and their families throughout the disease process.

The oncology unit is a combined oncology, orthopaedic and surgical unit. Services in 2009 included administration of:

- 110 chemotherapy treatments
- 36 injections of biological modifiers
- 152 units of blood and blood products for treatment of blood dyscrasias

Oncology-related procedures completed at the bedside included care of implanted vascular ports, paracentesis, thoracentesis and bone marrow aspiration averaged 10 treatments per month. The unit provided 211 outpatient treatments for patients with chronic illnesses.

The staff consists of chemotherapy-certified registered nurses; ONS chemotherapy- and biotherapy-certified registered nurses, registered nurses, licensed practical nurses, nurse externs, and nurse assistants. All participate in direct patient care. Unit secretaries provide support by assisting with the flow of patients through the unit, facilitating implementation of physician orders, and general secretarial functions. Oncology nurses complete competencies on a quarterly basis to increase and maintain level of expertise.

Multidisciplinary conferences are held with the nursing staff, case manager, social worker, and physical therapist. Conferences are held with other healthcare team members to discuss the plan of care for each patient as specific patient needs are identified. Discharge planning begins at the time of admission focusing on a plan of care to transition from the acute hospital setting to home or other facilities. The conference is being held in conjunction with the daily discharge planning meeting. The oncology unit staff works closely with area hospices to accommodate patients as needed to facilitate transition from acute care to a hospice setting.

The unit focuses on performance improvement activities striving to meet or exceed the patient and guest expectations.





Pharmaceutical Care Services

Statistically in 2009, the pharmacy of Parkview Center infusion services processed over 9,000 orders with a total of 10,520 doses dispensed. Of these, approximately 1,260 oral unit doses were dispensed. Over 5,900 subcutaneous and small volume intravenous push-doses were dispensed with the remainder (approximately 3,360) being small volume and large volume chemotherapy doses. This represents a reduction of volume of approximately 3,000 doses from 2008. This truly was representative of the economy. Many patients were foregoing physician visits in deference to utilities, food and other needs of every day living. It certainly seemed, anecdotally, that cases were presenting at an advanced stage or even wide spread when treatment options are rather palliative in nature.

Strategically, prudent purchasing and tracking of contracted purchases along with therapeutic interchange opportunities remained a priority throughout 2009. Again, challenges presented by Centers for Medicare and Medicaid Services (CMS) through changes in reimbursement and shortfalls of other payment programs were present. Society's economic woes during the entire year presented greater challenges to treat patients without a third-party payer source (i.e., insurance.) Patients seeking public and private assistance through prescription patient assistance programs have become the common theme.

Educationally, the cancer center, aligned with The Ohio State University College

of Pharmacy and the University of Findlay College of Pharmacy, hosted five clinical clerkship students in August and December 2009 as well as January and April 2010. During 2010 and into 2011, these affiliations, along with the Northeastern Ohio Universities Colleges of Medicine and Pharmacy (NEOUCOM), will allow the pharmacy at Parkview to have students in their last professional year of pharmacy curriculum for monthly clerkships for a majority of the year.

Ron Smetana, MS, RPh, cancer center pharmacist, earned the designation of board-certified oncology pharmacist (BCOP) in December 2009. He is the sole BCOP within Summa Health System at this time.

Clinically, the emergence of more monoclonal antibodies (i.e., "designer" anti-cancer drugs) and small-molecule agents (targeted therapies) has transformed chemotherapy services. The incorporation of these drugs has increased the overall survival (OS), disease-free intervals (DFI) and time-to-progression (TTP) in a number of cancers. Likewise, the emergence of these agents along with newer generations in anti-emetic therapy provides opportunity to re-think the entire process of administration of chemotherapeutics. These agents are, for the most part, quite expensive. At the same time, the use of these agents has changed the face of cancer therapy. For the majority of patients, 'cancer' is a chronic disease – one that will be treated for years. The therapies are significantly more complex and options are greatly increased.

office of clinical trials

In 2009, the offerings of clinical trials at Summa Barberton Hospital continued to expand as a member of the Summa Health System. Our goal is to offer a clinical trial for each cancer and stage. That is a very aggressive vision but it is obtainable. We added a part-time position of clinical research nurse. The incumbent is responsible for review all new cases for potential offerings of clinical trials.

The trials include not only novel pharmaceutical agents but also newer uses for current agents. Also included is the use of radiation therapy in novel and interesting methodologies. Clinical trials at Summa Barberton Hospital are offered through several cooperative groups (e.g., SWOG/ECOG, NSABP, CTSU/NCI, RTOG) as well as PhRMA-sponsored trials

Summa Barberton Hospital officially joined the Summa Health System Institutional Review Board (IRB) in January 2009 and had representation on the IRB in March. The IRB is responsible for compliance with all FDA and other international rules and regulations pertaining to human-subject trials. Each physician enrolling patients in trials, as well as all research staff, re-certify in human subjects protection every 24 months.



Radiation Oncology

The Summa Barberton Hospital radiation oncology department, located in Parkview Center, was established April 25, 2007. Since the opening of the program there has been steady growth within the division. For the past three years we have been able to successfully provide the latest radiation oncology services to Barberton and surrounding communities.

Physician staffing:

We currently have highly qualified and fully credentialed radiation oncologists from two professional groups of physicians: Akron Radiation Oncology, Inc. and Radiation Oncology Physicians, LLC. These groups bring many years of experience to our department, which is one of the reasons for the success of the program.

Department staffing:

Highly skilled staffing in radiation oncology has expanded along with the growth and success of the program. The technical staff currently consists of one medical physicist, one chief medical dosimetrist, one chief radiation therapist, two staff radiation therapists, one radiation oncology nurse and one receptionist.

Advanced treatment:

The department's Elekta Synergy® linear accelerator provides the highest quality radiotherapy, including 3DCRT, IMRT and IGRT. Our GE LightSpeed Quad Computed Tomography is utilized to simulate the

patients for localization of the disease for treatment planning and delivery. The Pinnacle (ADAC) treatment planning system is a highly sophisticated computer software program that allows the radiation oncologist to plan the patient's radiation treatments with extreme accuracy. Our MOSAIQ® (Impac) record and verify system assists the radiation therapist in the delivery of the radiation to the tumor site. The use of PET and MRI image fusion has been increased to better visualize and more accurately locate the targeted area of treatment, resulting in minimized dose to surrounding critical structures and healthy tissue.

2009 Goals accomplished:

- 100% Electronic Medical Record was implemented in July utilizing the MOSAIQ® record and verify system.
- Cross training of staff between Summa Akron City Hospital and Summa Barberton Hospital has been completed.
- Revenue cycle audit and reconciliation program has been put in place.

Future Goals:

The departmental goals for 2010 are:

- Participate in Radiation Therapy Oncology Group (RTOG) studies through collaboration with the Summa Akron City campus.
- Develop system-wide radiation oncology policies and procedures.
- Utilize PET/CT for patient treatment planning.

Social Work Services

Social work intervention is often initiated for patients who were assessed – then referred – by a registered nurse and/or case manager. Other referrals to a social worker are initiated by physicians, nurses, outside agencies, patients and families.

The social worker provides a number of services to help patients and families deal

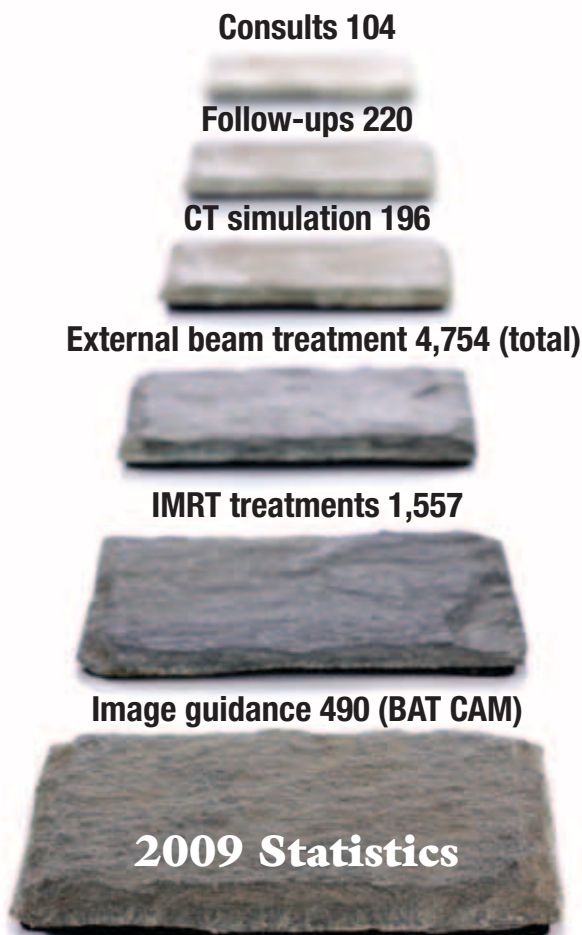
with the impact of the physical, emotional, and social problems that often occur when an individual is diagnosed with cancer. These services include discharge planning and psychosocial intervention.

The social worker facilitates the discharge plan from the hospital. An assessment of the patient’s needs is completed and an appropriate plan is devised with the patient and family. The social worker regularly attends daily interdisciplinary meetings that discuss patient needs and goals. The social worker also educates patients on options such as:

- Home health care
- Hospice care
- Medical equipment
- Extended care or rehabilitation
- Financial assistance
- Alternative living arrangements

The social worker also serves as a vital link to resources within the community. These resources include support groups, web sites, financial aid resources, the American Cancer Society among others.

The social workers on the staff of Summa Barberton Hospital are Andrea Pfouts and Carrie Evans. Each has a degree in social work and a state of Ohio social work license. For more information about social work services, call (330) 615-3132.



Transitional Care Services

The Transitional Care Services unit at Summa Barberton Hospital is a combined rehabilitation unit and skilled nursing unit. Two units share one mission: to provide high quality, comprehensive, interdisciplinary services, which will improve the functional independence of those whom we serve. The goal of our program is to return our patients to their highest level of function. In some cases the goal is to decrease the burden of care for the family/caretakers.

This is a dedicated inpatient rehabilitation unit, providing 24-hour rehabilitation nursing care directed by board-certified physical medicine and rehabilitation specialists.

The patient's primary care physician may follow the patient throughout the rehabilitation process. Meanwhile, the dedicated skilled nursing unit provides 24-hour skilled nursing care directed by the patient's primary care physician.

Nursing services include: patient education, pain management, wound care, medication and prescribed treatments. Psychological services are available to assist in meeting emotional needs as well.


Additional services provided on our combined unit include physical therapy, occupational therapy, social services, nutritional services and recreational activities.

Rehabilitation services are provided for persons with functional loss due to disability, injury or illness. Skilled nursing services are provided for persons with medical needs as well as rehabilitative needs. These conditions may include but are not limited to: cancer, stroke, multiple trauma, brain injury, orthopaedic conditions, spinal cord injury, amputation, pulmonary and cardiac conditions.

Referrals may be made by physicians, social workers, case managers, family members or patients. A pre-admission screening process is used to determine which unit would best meet the needs of the patient as well as eligibility. The decision for placement is made in a collaborative approach with the medical directors, the nurse manager and the transitional care services team members.

Interdisciplinary team meetings are held regularly for each patient to develop a plan of care and review progress. Patients and families are encouraged to participate as well through conferences and family instruction sessions.

In order to provide a smooth transition and continuity of care to home or another setting, discharge planning is an ongoing process. It is initiated during pre-admission and is ongoing throughout the patient's stay.

A large, polished wooden sculpture of a hand holding a bird, possibly a dove, symbolizing care and support. The hand is open, with fingers slightly curled, and the bird is perched on the palm. The background shows a blurred building and greenery, suggesting an outdoor setting.

In 2009, the transitional care services unit assisted patients with a primary or secondary diagnosis of cancer. Rehabilitative services as well as skilled nursing services required during chemotherapy and radiation treatments were provided. These services included but were not limited to:

- IV therapy
- Ostomy care
- Patient education services
- Respiratory
- Wound care

For the unique needs of the cancer patients, we have in-house access to treatments at the Parkview Center facility.

We assist patients in attaining the best possible quality of life regardless of the anticipated outcome of their disease process.

Women's Health Screening

As part of the women's health program at Parkview Center, Summa Barberton Hospital's mammography department is accredited by the American College of Radiology (ACR) and the Food and Drug Administration (FDA). The department is inspected annually by the Ohio Department of Health on behalf of the FDA. All technologists working in the mammography department are registered by the American Registry of Radiologic Technologists (ARRT) and maintain advanced mammography certification from the ARRT.

At Parkview Center, digital mammography procedures provide images that are superior to analog technology for individuals in certain age groups and certain diagnosis categories. Stereotactic breast biopsy and ultrasound breast imaging also are available.

On October 2, 2008, Summa Barberton Hospital's Radiology Department raised its diagnostic imaging capabilities to a new level by offering MRI technology currently available. David R. Stephens, BSN, RN, CNA, MHA, regional administrative director, diagnostic services, reported Summa Barberton Hospital was one of the few hospitals in Northeast Ohio to have MRI breast imaging capability. "This is consistent with Summa Health System's commitment to being a leader in women's health services," said Stephens. The new technology, GE Medical Systems' Signa HDxt platform, provides physicians with faster access to higher-quality diagnostic information. This upgrade maintains the hospital's commitment

to provide the most advanced diagnostic capability and ensures Summa Barberton Hospital will remain on the forefront of medical imaging for years to come.

With its ability to collect and process more data than a conventional MRI scanner, Signa HDxt offers significant advantages for patient care. Overall, the magnetic resonance imaging section demonstrates superior image quality (including breast imaging) and the many new types of studies we can now offer. With this platform upgrade and the purchase of MR breast imaging and biopsy equipment, along with a computer aided diagnostic (CAD) interpreting program, the radiologist can better view images of breast tissues. During 2009, 40 MRI breast imaging procedures were performed.

The mammography medical staff consists of radiologists with advanced training in the interpretation of mammograms. They are certified by the American College of Radiology and the Food and Drug Administration. Thomas Poulton, M.D., is the lead interpreting physician for mammography. In addition to our radiologists, the staff includes Kari Kovach, RN, BSN, OCN, CBCN, breast care coordinator. In February 2009, Kovach was one of the first nurses in the nation to receive the certified breast care nurse (CBNC) certification. CBCN-certified nurses have met or exceeded requirements for practice in total breast care, have completed education in breast oncology nursing and have tested knowledge of this specialty.

Mammography, ultrasonography and MR procedures are completed by radiologic technologists and ultrasonographers certified by the American Registry of Radiologic Technologists (ARRT). They completed additional certifications in mammography, ultrasonography and magnetic resonance imaging.

In 2009, 6,193 screening and diagnostic mammograms were performed. All mammography procedures are performed according to protocols established by the radiology medical director in compliance with ACR and FDA regulations. Detailed reports are sent to referring physicians on all mammograms. A letter is sent to all patients informing them of the results of the mammography procedure.

All mammography reports that require follow-up are tracked by the mammography department to ensure that all recommended follow-up procedures are completed or scheduled. The referring physician and/or patient is contacted for follow-up. On May 11, 2009, Summa Barberton Hospital began using the PenRad mammography reporting/mammography tracking system. This system is used by the radiologists in their interpretation procedures and provides the department with historical data as required by the regulatory agencies. The PenRad mammography reporting/mammography tracking system has aided us in increasing our efficiency and provided immediate turnaround time for exams. The system's unique design benefits the patient,

technologist, radiologist and administrative personnel.

For the year 2009, 195 biopsies were recommended. This represents 3.1% of the total mammography procedures. In combination with recommendations from ordering physicians, 420 breast biopsies including breast surgeries were performed under the guidance of stereotactic mammography, ultrasound, and surgical intervention. There were 51 positive biopsies and 369 benign biopsies. The true positive percentage was 26.1%.

Summa Barberton Hospital's comprehensive breast care program which includes mammography, ultrasound and MR technology is under the direction of Matthew Karlen, M.D., medical director radiology, Thomas Poulton, M.D., lead interpreting physician for mammography, and Syed Zaidi, M.D., interventional radiologist. Dr. Zaidi has a subspecialty in women's health, which includes uterine fibroid embolization and treatment of venous congestion syndrome.

The mammography, ultrasound and MRI departments are under the direction of David R. Stephens, BSN, RN, CNA, MHA, regional administrative director of diagnostic services. For further information regarding radiological services or for women's health, please contact Stephens at (330) 615-3922 or send an email to dstephens@barbhosp.com.

Parkview Center

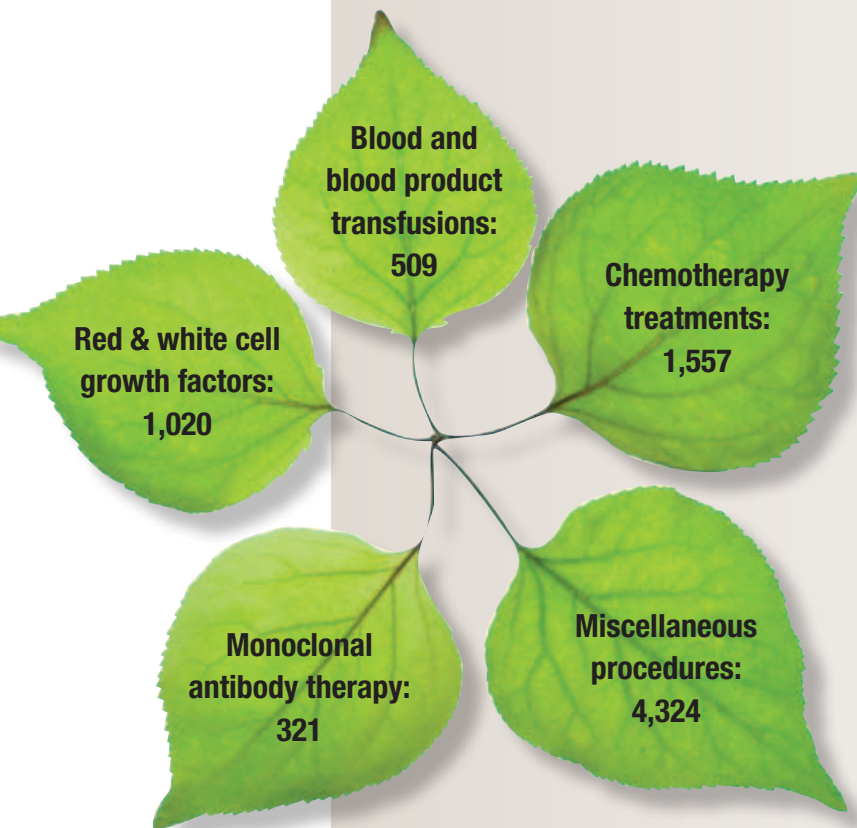
Parkview Center was designed to meet the changing needs of oncology patients by providing comprehensive cancer services including medical oncology, radiation oncology, chemotherapy and infusions. Breast imaging services such as screening and diagnostic mammography continue to utilize digital mammography. Digital mammography with computer-aided detection (CAD) provides a better view of the entire breast, especially of dense breasts when compared to analog mammography. These minimally-invasive breast biopsy procedures are offered at Parkview Center.

- Fine needle aspiration
- MRI biopsy
- Stereotactic biopsy (Mammotome®)
- Ultrasound core biopsy

Health information is available to patients and the community through the Resource Library located in the lobby of Parkview Center and the hospital library, which also serves as a branch of the Barberton Public Library. Oncology patients and families have the availability of a librarian to guide them through the vast majority of health literature.

Oncology nursing care in the center provides medical services for adult and geriatric patient, including:

- Accessing and maintenance of peripheral and central intravenous access devices
- Administration of chemotherapy
- Anti-arthritis therapy
- Anti-osteoporosis injections/infusions
- Blood and blood product transfusions
- Bone marrow aspiration and biopsy
- Emotional support
- Hydration
- Immunoglobulin replacement
- Nutritional intervention
- Pain management
- Patient education
- Serum iron replacement
- Supportive therapy with red and white cell growth factors
- Therapeutic phlebotomy



2009 Statistics –
Total Visits: 6,162

Patient care activities are complemented with various services within the hospital and by referrals. These services include:

- Consultations
- Home health care
- Hospice care
- Nutritional therapy
- Occupational therapy
- Pastoral care
- Physical therapy
- Radiology
- Rehabilitation
- Social services
- Support services
- Surgery

Parkview Center was designed to make the utilization of diagnostic and treatment services as easy as possible. With all related services under one roof and the addition of 180 parking spaces on the south side of the hospital campus, patients have a short walk from their cars to the center.

While medical professionals work to heal patients' physical conditions, the addition of the healing garden helps comfort their spirits. Treatment areas have large picture windows that overlook Tuscora Park and a beautiful garden which features flowers, sculptures, a fountain and landscaping. The entrance is accessible for patients who choose to experience its tranquility. Speakers are placed throughout the garden so patients and visitors may enjoy soothing, therapeutic music. Being surrounded by nature plays an important role in a patient's healing process. The healing garden helps to reduce stress through a continual relaxation experience.

Parkview Center services at Summa Barberton Hospital are under the direction of Barb Saylor, RN, BSN, regional director of oncology services. For further information regarding oncology services please call (330) 615-4126.



Cancer Committee Members

Andrew Haas Jr., M.D.	Hematology/Oncology Chairman
Lee Anne Sprance, M.D., FACS	Commission on Cancer, Cancer Liaison Physician, Breast Cancer Program, Medical Director
Physician Members	
Syamala Ahmad, M.D.	Radiation Oncology
Nicholas Bisconti, M.D.	General Surgery
William Demas, M.D.	Radiation Oncology
Sandra Hazra, M.D.	Hematology/Oncology
Mark Parker, M.D.	Pathology
R. Douglas Trochelman, M.D.	Hematology/Oncology, Medical Director, Oncology Service Line, Summa Health System
Syed Zaidi, M.D.	Radiology
Non-Physician Members	
Scott Berry, RTT	Radiation Oncology
Linda Breedlove, BSN, RN, MBA, NE-BC	Administrative Director, Oncology Service Line, Summa Health System
Thomas A. DeBord, FACHE	President, Summa Barberton Hospital
Lisa Gilbert, RN, BSN, CPHQ	Quality Assurance Coordinator
Vivian Heim, RN-BC, CRRN	Transitional Care Services
Ann Higgins, RRT, RCP	Manager, Respiratory Care, Sleep and Neurology Lab
Mary Jo Huckabone, RN, BSN	Nurse Manager, Inpatient Oncology Unit
Heather Kauffman, PT, DPT	Physical/Lymphedema Therapist
Kari Kovach, RN, BSN, OCN, CBCN	Breast Care Coordinator
Erin Roberts	American Cancer Society
Andrea Pfouts, LSW, BSW	Social Services
Barb Reynolds	Administrative Assistant
Barb Saylor, RN, BSN	Regional Director, Oncology Services
Ron Smetana, MS, RPh, BCOP	Clinical Trials Coordinator
Melissa Smith, BA, RHIT, CTR	
David R. Stephens, BSN, RN, CNA, MHA	Regional Administrative Director, Diagnostic Services

Programs and Services

American Cancer Society
(888) 227-6446

Blood Donor Program through the American Red Cross
(800) 676-3307

Brother to Brother Prostate Screening
(330) 849-0695

Cancer Registry*
(330) 615-4130

Cancer Research Clinical Trials*
(330) 615-4132

Case Management*
(330) 615-3132

Center for Breast Imaging*
(330) 615-3349

Center for Infusion Services*
(330) 615-4126

Center for Pain Management*
(330) 615-4050

Center for Radiation Oncology*
(330) 615-4136

Hospice of Visiting Nursing Service and Hospice Care Center
(330) 665-1455

Occupational Therapy*
(330) 615-3378

Ohio Tobacco Quit Line
(800) QUIT NOW (800-784-8669)

Oncology Unit (1-East)*
(330) 615-3400

Physical Therapy*
(330) 615-3377

Pink Ribbon Project
(800) 381-2489

Social Services*
(330) 615-3132

Speech Therapy*
(330) 615-3376

Transitional Care Services Unit*
(330) 615-3717

** Denotes a department or service at Summa Barberton Hospital.*

Definition of Terms

American College of Surgeons (ACoS) –

The ACoS, Commission on Cancer surveys and approves cancer programs.

Analytic –

Pertains to those cases initially diagnosed and/or receiving their first course of treatment at Summa Barberton Hospital.

OHISS –

an incidence registry for the State of Ohio. It is a cancer registry administered by the Ohio Department of Health.

Nonanalytic (N/A) –

A case diagnosed and treated elsewhere prior to being seen at Summa Barberton Hospital or cases that were treated greater than four months after initial diagnosis. Cases that were initially diagnosed at autopsy are considered nonanalytic as well.

Stage –

The registry records stage using the AJCC (American Joint Committee on Cancer Manual) for staging guide. Stages include Stage 0, I, II, III, IV, or Unknown.

Survival –

The actuarial method of calculating survival provides a means for using all follow-up information accumulated up to the closing date of study.

ACRONYMS

ACR – American College of Radiology

AJCC – American Joint Committee on Cancer

ARRT – American Registry of Radiologic Technologists

ASCUS or ASC-US - atypical squamous cells of undetermined significance

BCCP – Breast and Cervical Cancer Project

BCOP – board-certified oncology pharmacist

CAD – computer-aided detection

CBCN – certified breast care nurse

CIN 1 – cervical intraepithelial neoplasia, mild (1 mild; 2 moderate, 3 severe)

CMS – Centers for Medicare and Medicaid Services

CLP – Cancer Liaison Physician

CoC – Commission on Cancer

CTSU – Cancer Trials Support Unit

DFI – disease-free intervals

DRE – digital rectal exam

ECOG – Eastern Cooperative Oncology Group

ERCP – endoscopic retrograde cholangiopancreatography

EUS – endoscopic ultrasound

FACS – Fellow, American College of Surgeons

FDA – Food and Drug Administration

IRB – Institutional Review Board

LGSIL – Low grade squamous intraepithelial lesion

MR – magnetic resonance

MRI – magnetic resonance imaging

NAPBC – National Accreditation Program for Breast Centers

NCCN – National Comprehensive Cancer Network

NCDB – National Cancer Data Base

NCI – National Cancer Institute

NSABP – National Surgical Adjuvant Breast and Bowel Project

NEOUCOM – Northeastern Ohio Universities Colleges of Medicine and Pharmacy

NSABP – National Surgical Adjuvant Breast and Bowel Project

OCN – certified oncology nurse

ODH – Ohio Department of Health

ODS – Oncology Data Services (through CHAMPS)

ONS – Oncology Nursing Society

OS – overall survival

PhRMA – Pharmaceutical Research and Manufacturers of America

PRP – Pink Ribbon Project (breast and cervical cancer screenings)

PSA – prostate-specific antigen

RTOG – Radiation Therapy Oncology Group

SWOG – Southwest Oncology Group

TTP – time-to-progression



how may we help you?

To refer a patient to Summa Health System's oncology physicians, please call Summa Connections (800) 237-8662.

If you wish to learn more about the services at the Parkivew Center located on the Summa Barberton Hospital campus, please call (330) 615-4126.

About Summa Health System

Summa Health System is one of the largest integrated delivery systems in Ohio. Encompassing a network of hospitals, community health centers, a health plan, a physician-hospital organization, a multi-specialty physician organization, research and multiple foundations, Summa is nationally renowned for excellence in patient care and for exceptional approaches to healthcare delivery. For more information, visit summahealth.org.



summahealth.org