

SUMMA BARBERTON HOSPITAL

# 2010

## Cancer Program Annual Report



*SUMMA*  
Health System



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# ONCOLOGY PROGRAM CHAIRMAN REPORT

The year 2010, marks the 30th year of continuous service by the Cancer Program at Summa Barberton Hospital. In addition to standard events, such as weekly Tumor Board, weekly Breast Conference, standing Cancer Committee, and ongoing Tumor Registry, 2010 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 ovarian cancer under the directorship of Stephen J. Andrews, M.D. This report, in addition to data inclusions, will be found in the text of the Annual Report.

2010 was highlighted by a list of significant accomplishments in the four areas of:

1. Programmatic development
2. Clinical care
3. Quality assurance
4. Community outreach

This list can be seen in the context of this Annual Report.

For the year, major highlights include in May, 2010, Summa Barberton Hospital becoming the seventh hospital in the State of Ohio, and the first in the five county area including Summit, Stark, Medina, Portage, and Wayne County, to be awarded accreditation by the NAPBC (National Accreditation Program for Breast Centers). The second major development includes the initiation of an in-house Hospice Service Program at Summa Barberton Hospital.

Continuing to build on a long tradition of service to the community, the year 2010 was marked by the seventh Relay For Life which was held at Lake Anna in July 2010. In excess of \$111,000.00 was raised for the American Cancer Society, and ultimately patient care services in the Barberton area, with this particular event.

As we look forward in 2011, major areas of effort will be directed towards the continued development of a

formalized program for the rapidly evolving field of genetic analysis, both in malignant and non-malignant disease. Also, attempts at developing a formalized Palliative Care Program at Summa Barberton Hospital will be pursued.

In the Fall of 2011, the American College of Surgeons will conduct its rigorous every three year review of the Cancer Program at Summa Barberton Hospital. One of the major strengths of the program at Summa Barberton Hospital remains the continued delivery of excellent oncological care and breast care at the Parkview Center.

Sincerely,

Andrew J. Haas, Jr., M.D.

Cancer Committee Chairman

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 multidisciplinary CoC:

- Establishes standards to ensure quality, multidisciplinary and comprehensive cancer care delivery in health care settings
- Conducts surveys in health care 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 health care 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. CoC approval 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 the approval of the Commission on Cancer for excellence in cancer care.

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

- Quality care close to home
- Comprehensive care offering a range of state-of-the-art 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 Commission on Cancer 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, SBH became fully integrated with Summa's cancer research program giving our patients the opportunity to participate in national clinical trials sponsored by several different groups such as the Eastern Cooperative Oncology Group (ECOG), the National Surgical Adjuvant Breast & Bowel Project (NSABP), the Radiation Therapy Oncology Group (RTOG) and many others. This provides our patients with cutting-edge cancer treatments in

our state-of-the-art facility at Parkview Center 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 with you and answer any questions you may have 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, rest assured that Summa Barberton Hospital will provide the optimal treatment in an atmosphere designed to ease the fear and anxiety that patients and their families may experience with their diagnosis.

Lee Anne Sprance, M.D., FACS  
Cancer Liaison Physician



# ACCOMPLISHMENTS

## programmatic

- Implemented three-year, system-wide strategic plan for oncology, specifically key programmatic strategies and tactics.
- Became the seventh hospital in the state of Ohio to become NAPBC (National Accreditation Program for Breast Centers) accredited, May 2010.
- In-house hospice program implemented February 17, 2010
  - o 34 patients and families benefited from the inpatient hospice program from February 17, 2010 through December 31, 2010
- Implementation of OnGuard® chemo containment system, a closed system transfer device (CSTD).
- Expansion of teaching mission to include Pharmacy PGY-1 participants within Summa Health System.
- Ohio Department of Health annual Mammography Quality Standards Act (MQSA) inspection, January 2010. Inspection results: found to be in full compliance.

## clinical

- Quarterly education modules for oncology nursing were created, implemented and completed.
- Implemented and integrated outpatient behavioral health services into plan of care for newly diagnosed cancer patients.
- Oncology services standardized policies and procedures within Summa Health System.
- Refinement of order process to include MUGA/Echocardiogram results on affected order sets.
- Purchased second digital mammography unit, December 2010.

## quality improvement

- Achieved the American College of Radiation (ACR) Accreditation for Breast Ultrasound and Ultrasound Guided Biopsies, August 2010.
- Began planning and development of a formalized genetics program and component to oncology services.
- Implemented completion of an electronic medical record for radiation oncology.
- Symptom management performance improvement reflected 100 percent compliance in controlling symptoms of pain, nausea and vomiting in the oncology in-house hospice patients.

## community outreach

- Collaboration increased among hospital entities within Summa Health System for cancer screenings/education programs.
- Nine women were diagnosed with high-risk benign breast conditions and offered chemoprevention with an appropriate oral medication.
- Ten men elected to participate in the prostate screening health fair. Two men were found to have abnormal PSA lab results and were referred for further work-up.
- Continued to work with Pink Ribbon Breast and Cervical Cancer Project (Ohio Breast and Cervical Cancer Project) to offer free physical exams, breast imaging, pap smears and biopsies.

# OVARIAN CANCER

BY STEPHEN J. ANDREWS, M.D.

In 2011, it is estimated that 21,990 women will be diagnosed with ovarian cancer in the United States and that 15,460 will die of the disease. Six hundred of these new diagnoses will be in Ohio. Ovarian cancer is the ninth most common cancer in women, but is the fifth most common cause of cancer death. Among gynecologic cancers, ovarian cancer is the second most common cause of cancer behind uterine cancer, yet, will account for more gynecologic cancer deaths than all gynecologic cancers combined.

There are three types of ovarian cancer: epithelial, stromal and germ cell cancers. Of these three, epithelial ovarian cancer (EOC) accounts for over 80 percent of diagnosis and will be the topic of this report. The epithelium, or covering, of the ovary has the potential to develop into many different cell types, usually mimicking other tissues found in the gynecologic system. In addition, the covering of the ovary shares an embryologic origin with the covering of the inside of the abdomen, called the peritoneum. The most common cell type in EOC is called

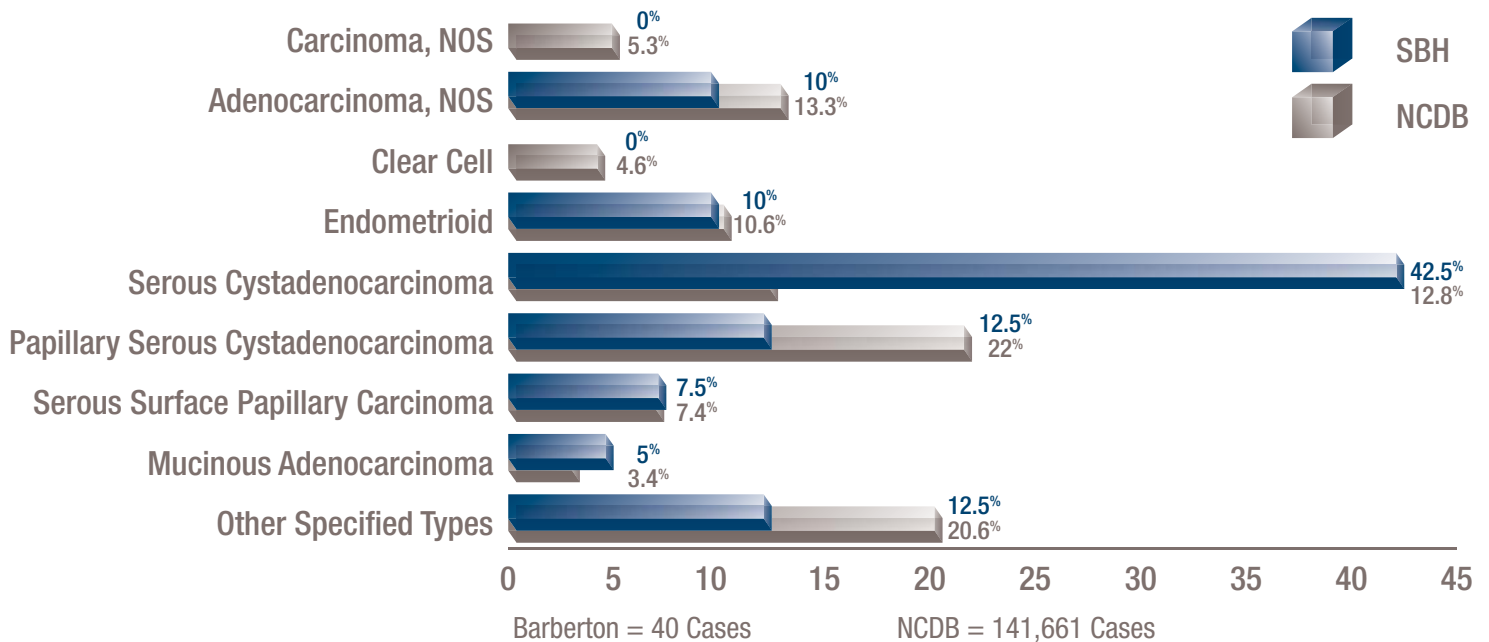


papillary serous, which mimics the inside lining of the fallopian tube. Due to the biologic similarities, as well as the similar response to therapy between EOC, primary peritoneal cancer and fallopian tube cancers, these three cancers are usually grouped together. The other main cell types of EOC

Figure 1

## *Analytic Ovarian Cancer Cases* Histology Distribution

SUMMA BARBERTON HOSPITAL



Source: Summa Barberton Hospital, 2000-2010 analytic cases  
Source: NCDB, CoC, AcoS, Benchmark Reports

include endometrioid, mucinous and clear cell carcinomas. The distribution of cell types diagnosed at Summa Barberton Hospital is similar to those diagnosed nationwide.

The risk of EOC increases with age, with most newly diagnosed women being menopausal. This is in agreement with those cases diagnosed at Summa Barberton Hospital over the past ten years.

The strongest risk factor is a family history of EOC, however, as with breast cancer, only 10 percent of patients diagnosed with EOC have such a history. Other risk factors include early menarche and late menopause, history of infertility, heavier body weight and a personal history of breast cancer. Protective factors include pregnancy, breast feeding and oral contraceptive use. EOC is also more common in Caucasian women as compared to Hispanic or African-American women.

Figure 2

*Analytic Ovarian Cancer Cases Age at Diagnosis*  
SUMMA BARBERTON HOSPITAL

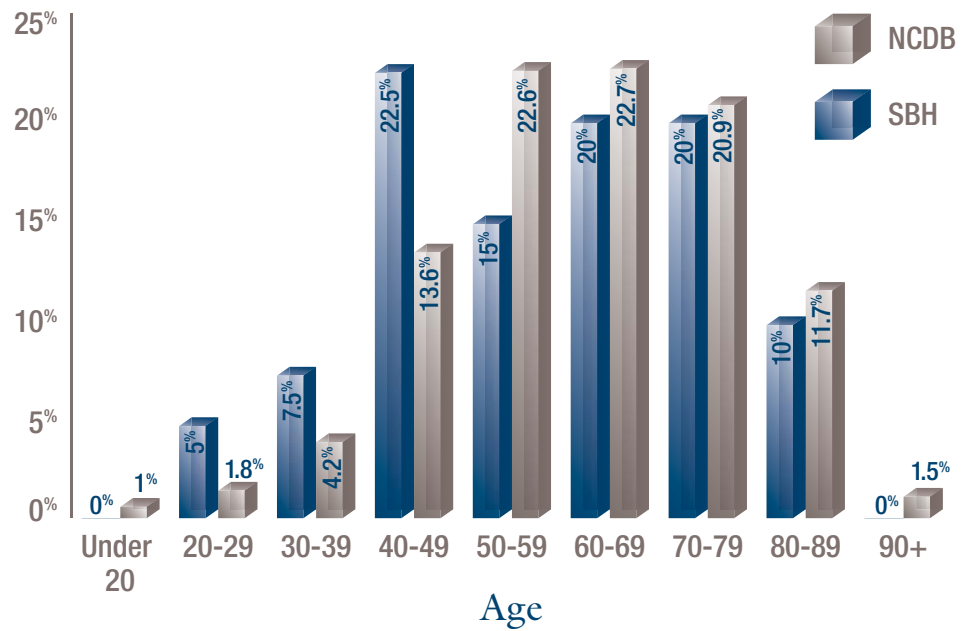
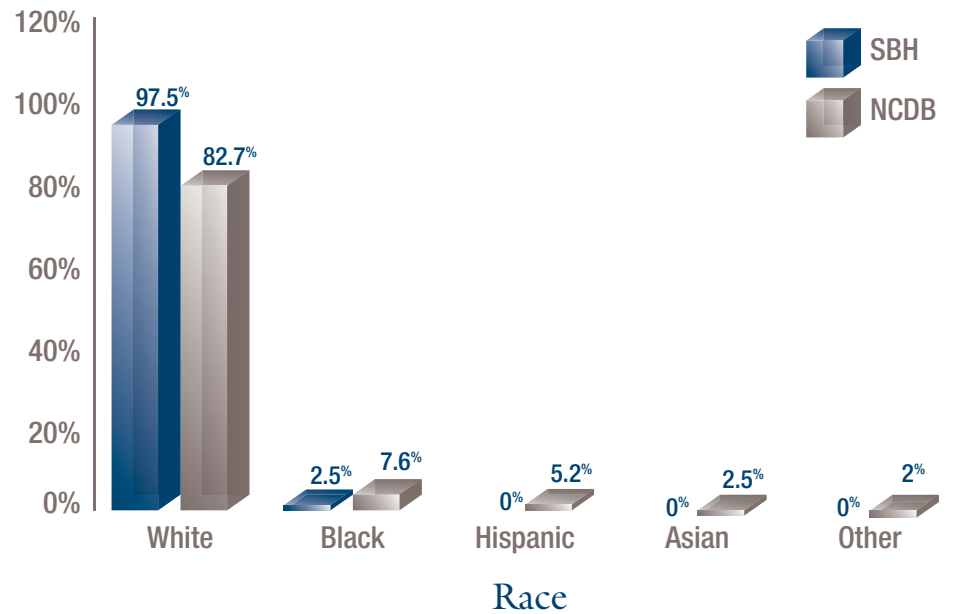


Figure 3

*Analytic Ovarian Cancer Cases Race*  
SUMMA BARBERTON HOSPITAL



Source: Summa Barberton Hospital, 2000-2010 analytic cases  
Source: NCDB, CoC, AcoS, Benchmark Reports



A family history of EOC, primary peritoneal cancer, fallopian tube cancer and breast cancer (especially pre-menopausal breast cancer) are the strongest risk factors for developing EOC. Women with a known mutation in BRCA 1 or BRCA 2 genes are at highest risk, with a 20 to 60 percent lifetime of developing EOC. Recent studies have suggested that for women with such a mutation, the cancer may originate in the fallopian tube and not the ovary itself. Another genetic condition, called Lynch syndrome also places women at high risk for not only EOC but uterine cancer as well. Women with a BRCA mutation are recommended to undergo prophylactic removal of the fallopian tubes and ovaries when finished with their childbearing or by age 35. While women with a Lynch mutation should also have removal of the uterus.

EOC is often called the quiet disease as there are no distinct signs or symptoms to help in diagnosis. Pelvic pain is often the first symptom in early stage EOC. Retrospective reviews have shown that pelvic or abdominal pain, difficulty eating or feeling full quickly and/or urinary complaints such as frequency or urgency are the most common patient complaints. The same study did show that women without EOC will often have similar symptoms. Importantly, women with EOC stated that these symptoms were a true change from their normal state, and that these symptoms were frequent. Women with these symptoms which occur daily for more than a few weeks should seek medical advice, preferably from a gynecologist.

Currently, there are no approved screening tests for EOC. Women

at high risk may choose to undergo screening with annual or biannual CA 125 blood tests and transvaginal ultrasound of the ovaries, although the benefits of such screening are unproven. Screening with blood tests looking at multiple serum markers has also shown promise, but further studies are needed.

Due to the lack of an effective screening test and the lack of established early signs and symptoms, EOC is usually diagnosed late. In the United States, 75 to 80 percent of women with EOC are diagnosed at an advanced stage (Stage III or IV) when the cancer has already spread throughout the abdominal cavity or into the chest cavity. In these women, often the most common sign is a sudden enlargement in their abdominal girth, due to the accumulation of fluid



in the abdominal cavity. Diagnosis is often aided by CT scan of the abdomen and pelvis which will usually show a complex ovarian mass, omental metastasis and ascites (Figure 1). Early stage EOC (Stage I and II) is usually not suspected before surgery, with most patients undergoing surgical exploration for a painful pelvic or ovarian mass. Imaging studies such as an ultrasound or CT scan will often show a complex ovarian mass with both solid and cystic components (Figure 2).

Treatment of early stage ovarian cancer requires a thorough and meticulous staging operation. This usually requires removal of the uterus, tubes and ovaries, with biopsies of the pelvic and para-aortic lymph nodes, omental removal, abdominal washings and biopsies of multiple sites throughout

the abdomen. Women who still desire fertility can safely be treated with preservation of an unaffected ovary and uterus without decreasing chance of overall survival. Studies have shown that women with early EOC who undergo complete staging have a better outcome. Most women with early stage EOC will require chemotherapy with a platinum and a taxane for three to six courses. A recent Gynecologic Oncology Group (GOG) study showed no advantage to an additional 24 weeks of maintenance taxane chemotherapy in early stage patients. In addition, there appears to be a lower recurrence rate with six versus three courses of adjuvant therapy.

Treatment of advanced stage EOC requires a combination of surgery and chemotherapy. The complete surgical excision (debulking) of all visible

cancer has consistently been shown to enhance overall survival and should be the goal of the operating surgeon, preferably a gynecologic oncologist. After debulking surgery, patients are treated with a combination of platinum and a taxane for a minimum of six courses. Several randomized studies have shown a distinct survival advantage to utilizing both intravenous and intraperitoneal chemotherapy. The use of neoadjuvant chemotherapy is often utilized for those women thought to have surgically unresectable disease or who are poor surgical candidates for a major debulking operation due to other medical comorbidities and/or poor nutritional status. A recent European study has shown this approach, combined with interval debulking, not to be inferior in terms of overall survival. However, the complete removal of all visible



tumor was the most important factor in improving survival, regardless of the timing of the surgery.

A recent report presented at the Society of Gynecologic Oncology, using SEER data reviewed the care of over 4,300 Medicare participants over a 10-year period with a diagnosis of EOC. Surprisingly, only 40 percent of these Medicare patients nationwide received the recommended treatment of both six courses of chemotherapy and surgery. At Summa Barberton Hospital, 71 percent of patients with advanced stage EOC received both surgery and chemotherapy.

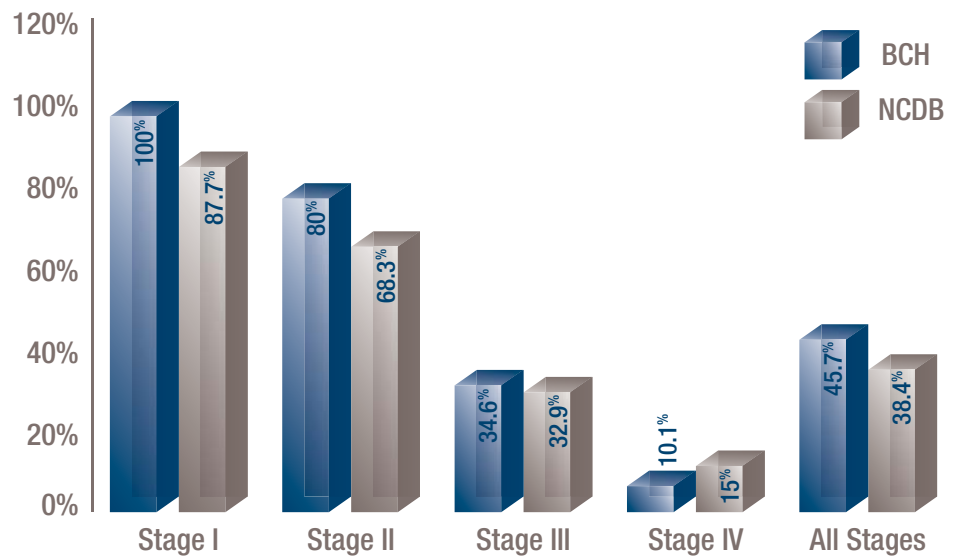
Survival of EOC, as with most cancers, is closely related to the stage at diagnosis. Early stage EOC has an excellent survival of 94 percent, however, as mentioned earlier, only a minority (15 – 20 percent) of patients are diagnosed at this early stage. Although the 5-year survival of advanced stage EOC (III and IV) has increased over the last several years, it is still only 28 – 30 percent. Comparison of overall survival for patients with EOC at Summa Barberton Hospital compares very favorably to national data.

A major advance in the treatment of advanced EOC was reported in 2010 showing an advantage in progression-free survival with the addition of the anti-angiogenic agent bevacizumab in combination with a platinum based regimen for six courses followed by a maintenance course of bevacizumab. The impact on long-term survival is not yet known. Further study in the use of bevacizumab in the primary treatment of EOC as well as

maintenance therapy is available thru GOG protocols available at the Summa Health System cancer research office. The use of bevacizumab is also being studied in recurrent EOC by the GOG, available thru Summa Health System cancer research office. For women with BRCA mutations, the use of a drug that inhibits an enzyme used in cellular DNA repair, PARP inhibitors, has also shown promise in the treatment of EOC.

Figure 4

*Analytic Ovarian Cancer Cases* Five Year Survival by AJCC Stage  
SUMMA BARBERTON HOSPITAL



Barberton = 62 Cases

NCDB = 9,995 Cases

Source: Summa Barberton Hospital, 1993 - 2005 analytic cases  
Source: NCDB, CoC, ACoS, Survival reports - 6/20/11

# STATISTICS

## cancer registry summary 2010

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 who staff the registry with multi-credentialed certified tumor registrars (CTRs) 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:

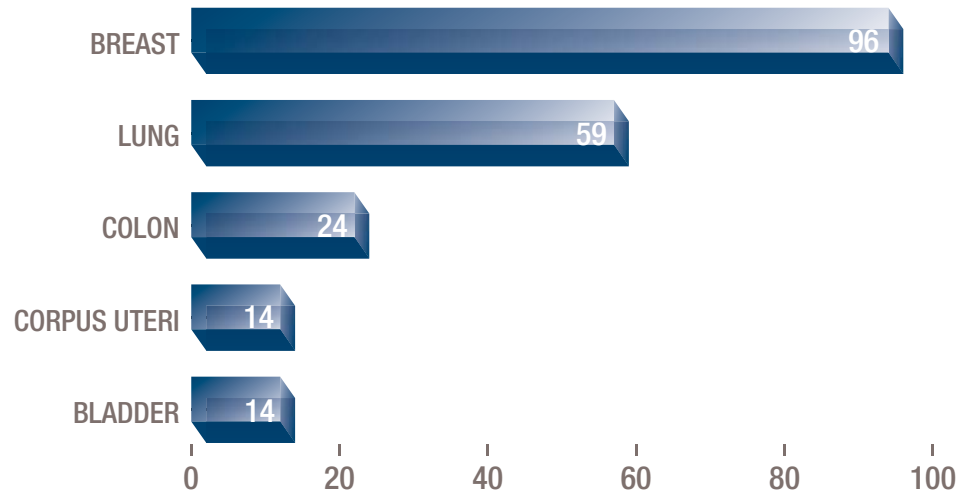
- Measuring quality outcomes.
- Tracking community outreach initiatives.

- 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.

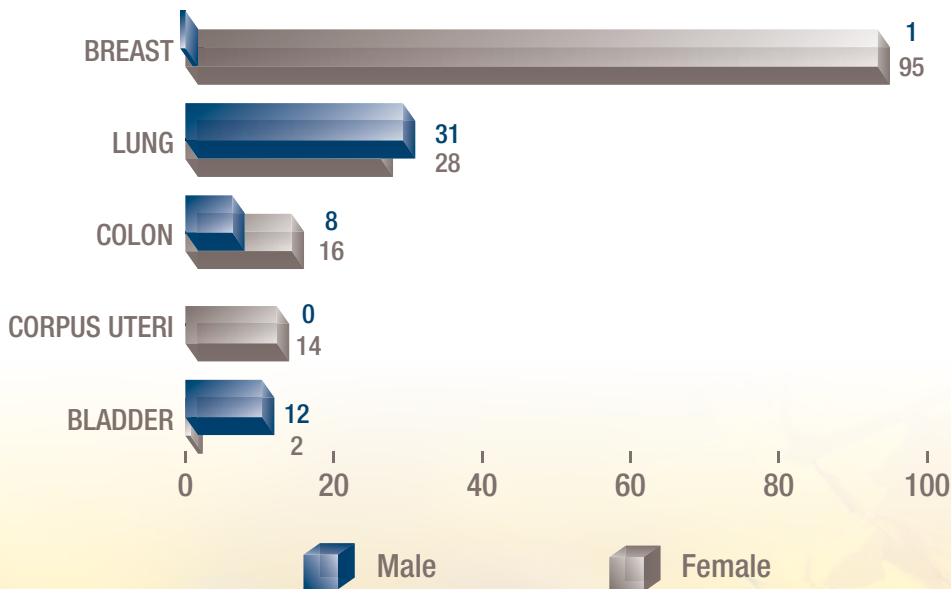
# 2010 data summary

Summa Barberton Hospital's cancer registry accessioned 342 new cancer cases for 2010. The following graph illustrates the most frequent primary sites seen at this facility.

## Top Five Sites



## Female/Male Top Sites



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

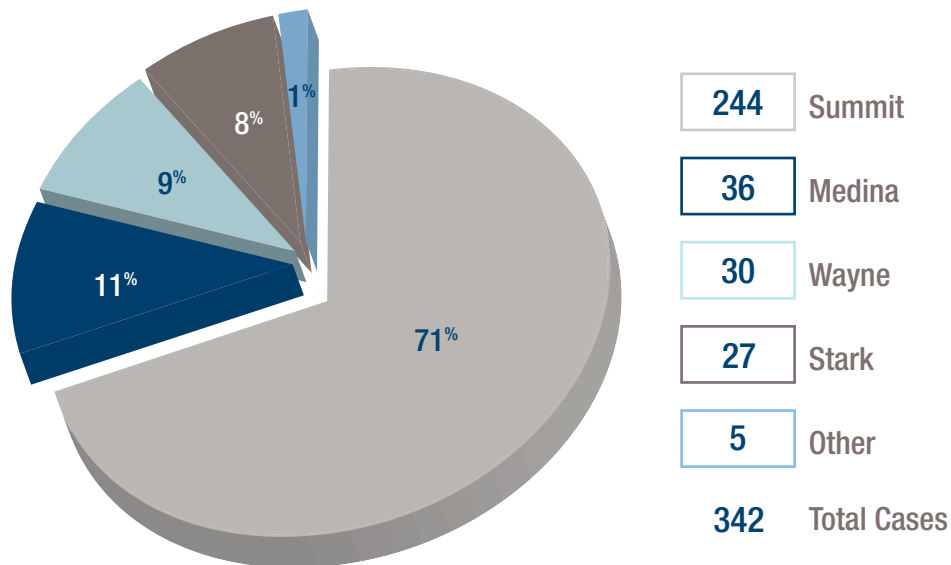


# demographics

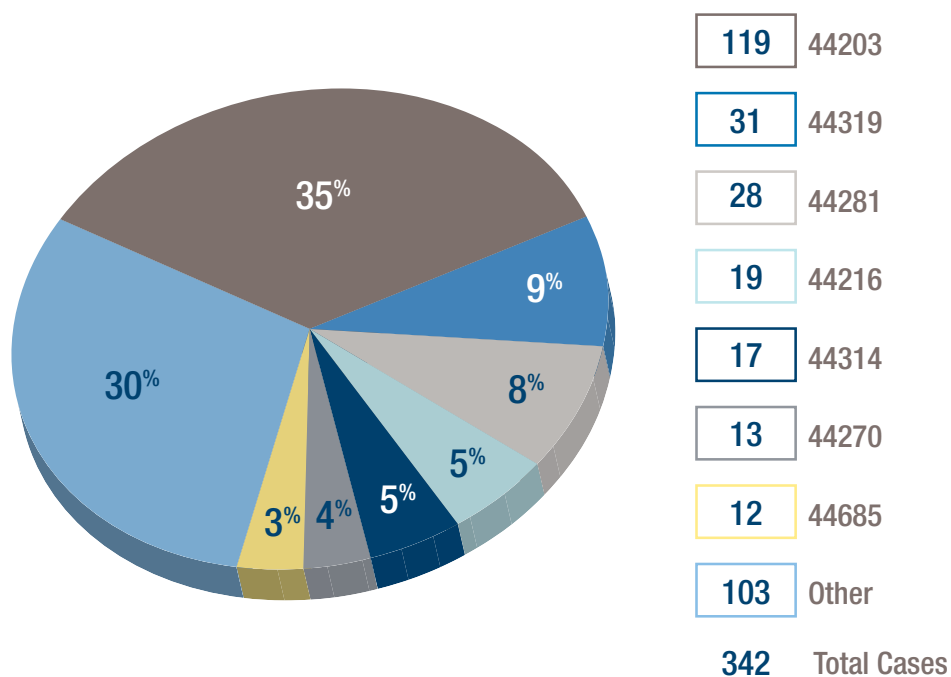
The majority (71 percent) of the patients presenting to Summa Barberton Hospital reside in Summit County with the most living in the 44203 zip code area. This is represented by the following two charts.



## County of Residence



## Zip Code at Diagnosis



The following table details the number of cases by primary site for 2010.

Primary Site	Total Cases	Sex		Class of Case	
		M	F	Analytic	Non-Analytic
Breast	102	1	101	96	6
Lung	60	32	28	59	1
Colon	26	9	17	24	2
Prostate	18	18	0	13	5
Non-Hodgkin's Lymphoma	16	10	6	13	3
Bladder	14	12	2	14	0
Corpus Uteri	14	0	14	14	0
Ovary	12	0	12	6	6
Leukemia	10	9	1	6	4
Unknown Primary	10	3	7	10	0
Thyroid	9	1	8	9	0
Other Blood & Bone	8	5	3	8	0
Marrow					
Multiple Myeloma	7	5	2	6	1
Other Digestive System	7	3	4	6	1
Other Oral Cavity	6	5	1	6	0
Rectum	6	4	2	5	1
Pancreas	5	1	4	5	0
Larynx	5	2	3	5	0
Esophagus	5	4	1	5	0
Liver	4	3	1	4	0
Brain (Malignant)	4	1	3	4	0
Connective/Soft Tissue	3	1	2	3	0
Stomach	4	2	2	3	1
Tongue	2	2	0	2	0
Cervix Uteri	2	0	2	2	0
Other Respiratory	2	2	0	2	0
Other Female Genital	2	0	2	2	0
Other Brain & CNS	2	2	0	2	0
Kidney/Renal Pelvis	2	1	1	1	1
Melanoma	2	2	0	1	1
Anus/Anal Canal	1	1	0	1	0
Other Skin	1	1	0	1	0
Oropharynx	1	0	1	1	0
Vulva	1	0	1	1	0
Nasal/Sinus	1	1	0	1	0
Other/III-defined	1	0	1	1	0
<b>Total</b>	<b>375</b>	<b>143</b>	<b>232</b>	<b>342</b>	<b>33</b>

## 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 98 percent; the rate since the established registry reference year (1993) is 94 percent. Both rates are well above the CoC requirement of 90 percent and 80 percent respectively.

## continuing education

In 2010, registry staff attended the Ohio Association of Cancer Registrars 40th Annual Education Conference, the National Cancer Registrars Association 36th Annual Educational Conference and the Association of Community Cancer Centers 36th Annual National Meeting, in addition to other local and regional events.

# 2010 REPORTS

## professional education

Seven cancer-related educational activities were held in 2010.

Date	Topic	Speaker
03/11/2010	“Peripheral T-Cell Lymphoma”	Philip Haddad, M.D., FACP, FCCP, FAHA
04/22/2010	“Use of Histology to Select Treatment of Advanced NSCLC”	Mark Socinski, M.D.
05/27/2010	“Chronic Myeloid Leukemia”	Harry Erba, M.D., Ph.D.
06/24/2010	“Genomic Assay: New Technology Using Microarray and Mammaprint”	Richard Bender, M.D., FACP
07/01/2010	“MicroRNA in Cancer Diagnostic: The Power to Personalize Care”	Robert Babkowski, M.D., FACP
08/12/2010	“Current Trends in the Management of Glioblastoma Multiforme”	David Reardon, M.D.
11/18/2010	“A Case-Based Approach: The Use of Avastin Based Therapy in Metastatic Colon or Rectal Carcinoma”	Weijing Sun, M.D.

## 2010 cancer conferences

During 2010, there were 34 Cancer Conferences conducted. Case specific presentations included 90 cases. Of these case presentations, 82 were prospective, seven were retrospective and one was didactic (teaching).



# 2010 cases presented at tumor board

SITE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Bile Ducts					1								1
Bladder									1				1
Blood/Bone Marrow		1		1		2	2			2	2	2	12
Brain	1	1				1							3
Breast (Female)			2	1	1			1		1	1	2	9
Cervix							1						1
Colon (3)		2		1		1	1		2	1			8
Endometrium									1	1			2
Esophagus									1				1
Gallbladder				1									1
Kidney		1											1
Liver									2				2
Lung (8)	3	4	1	3	2	3		3	1	1			21
Lymph Nodes		1	1		1	1		1		1			6
Ovary			2	1					2			1	6
Pancreas (2)		1								1			2
Pleura			1										1
Prostate (2)						1							1
Rectum	1	1											2
Skin										1			1
Soft Tissue										1			1
Spermatic Cord	1												1
Stomach									1	1			2
Sweat Gland			1										1
Tongue	1												1
Unknown Primary	1							1					2
<b>TOTAL</b>	<b>8</b>	<b>12</b>	<b>8</b>	<b>8</b>	<b>5</b>	<b>9</b>	<b>4</b>	<b>6</b>	<b>11</b>	<b>11</b>	<b>3</b>	<b>5</b>	

YEARLY GRAND TOTAL

90

Prospective 82

Retrospective 7

Didactic 1

# BREAST CARE PROGRAM REPORT 2010

The breast care program at Summa Barberton Hospital consists of a multi-disciplinary group of physicians, administrators and other healthcare professionals whose goal and commitment is to provide timely, comprehensive, leading edge diagnosis and treatment for patients who present with an abnormality of their breast.

Located in Parkview Center on the Summa Barberton Hospital campus, the Center for Breast Imaging is the hub of the breast care program. It 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. A second digital mammography unit was purchased in 2010 and will be installed early in 2011. This will allow the Center for Breast Imaging to accommodate even more patients with the continued

growth of the breast care program. We are very proud to be able to provide this advanced testing for all breast health patients.

All patients 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 July 2010, the Summa Barberton Hospital breast care program became the seventh program in the state of Ohio and the first in the Akron area to be accredited through the National Accreditation Program for Breast Centers. The philosophy of the program is patient/family-focused, high quality breast care with very timely diagnosis and treatment of

breast conditions/diseases. In 2010, Summa Barberton Hospital diagnosed 88 new breast cancers with more than 90 percent in the earliest stages [0, I, II]. Women diagnosed with high risk benign breast conditions are offered chemoprevention with Tamoxifen and those found to have the BRCA gene, which places them at very high risk for breast and ovarian cancer, are offered prophylactic surgery with reconstruction.

Lee Anne Sprance, M.D., FACS, a board-certified general surgeon specializing in breast surgery, is the Medical Director of the breast care program and the leader of the breast care committee. The breast care committee is a sub-committee of the cancer committee at Summa Barberton Hospital and together they have continued 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.

Kari Kovach, RN, BSN, OCN,

CBCN is the breast care coordinator for Summa Barberton Hospital. The breast care coordinator is a liaison between the radiologist and the patients and their other physicians. When surgical consultation/biopsy is recommended by the radiologist, the ordering physician's office is contacted immediately. One of the primary goals of the breast care program is to reduce the patient's anxiety by minimizing the time from the initial detection of a breast problem to final diagnosis. By notifying patients and their physicians of the radiologist's recommendation at the time of imaging, we hope to expedite the surgical consult and biopsy/diagnosis process.

Another important component of the breast care coordinator role is patient, family and community education. In the Center for Breast Imaging, we have teaching material on self breast exams and many benign breast conditions such as cysts, fibrocystic condition and breast pain. Since October 2006, the breast care program has provided teaching materials on breast cancer and an information folder, which contains local and national resources, support

groups, hotlines and support services to all breast cancer patients diagnosed at Summa Barberton Hospital. Most of these teaching materials have been provided by donations from a local organization, Par Four Charities, that has generously supported the Summa Barberton Hospital breast care program for the last nine years. Also with the donations from Par Four Charities, we have been able to purchase post-surgical camisoles with light prostheses pillows which are given to all mastectomy patients at Summa Barberton Hospital for their post-operative comfort and care.

Community breast health education has been offered throughout the year, both at Summa Barberton Hospital and at local churches and community functions such as Relay for Life.

Summa Barberton Hospital is a sponsor of Stewart's Caring Place, a facility in Fairlawn offering free services, education and support for patients and families touched by cancer. The breast care coordinator is currently a co-facilitator at the twice monthly breast cancer support group at Stewart's Caring Place. Additional information

can be obtained from Kovach at (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. In 2010, through the Pink Ribbon program, Summa Barberton Hospital provided the following: 65 screening mammograms, 31 diagnostic mammograms, 12 ultrasounds and 42 pap smears free of charge for uninsured women. If you are a woman living in Portage, Stark, Summit, or Wayne counties and are 40 years of age or older, do not have health insurance, and meet certain income guidelines, you may be eligible. Call Pink Ribbon for more information at (330) 926-5750.

# 2010 CANCER COMMITTEE MEMBERS

**Andrew Haas Jr., M.D.**  
Hematology/Oncology Chairman  
Summa Barberton Hospital

**R. Douglas Trochelman, M.D.**  
Hematology/Oncology  
Medical Director  
Oncology Service Line  
Summa Health System

**Lee Anne Sprance, M.D., FACS**  
Commission on Cancer, Cancer Liaison  
Physician  
Breast Cancer Program,  
Medical Director  
Summa Barberton Hospital

## Physician Members

**Syamala Ahmad, M.D.**  
Radiation Oncology

**Nicholas Bisconti Jr., M.D.**  
General Surgery

**William Demas, M.D.**  
Radiation Oncology

**Sandra Hazra, M.D.**  
Hematology/Oncology

**Matthew Karlen, M.D.**  
Radiology

**Mark Parker, M.D.**  
Pathology

## Non-Physician Members

**Scott Berry, RTT**  
Radiation Oncology

**Thomas A. DeBord, FACHE**  
President, Summa Barberton Hospital,  
Summa Wadsworth-Rittman Hospital

**Lisa Gilbert, RN, BSN, CPHQ**  
Quality Assurance Coordinator

**Vivian Heim, RN-BC, CRRN**  
Transitional 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 Therapy

**Kari Kovach, RN, BSN, OCN, CBCN**  
Breast Care Coordinator

**Erin Roberts**  
American Cancer Society

**Andrea Pfouts, LSW, BSW**  
Social Services

**Brian Rentschler, MBA**  
System Director, Oncology Service Line

**Barb Reynolds**  
Administrative Assistant, Parkview Center

**Barb Saylor, RN, BSN**  
Regional Director, Oncology Services

**Ron Smetana, MS, RPh, BCOP**  
Clinical Trials Coordinator

**Melissa Smith, RHIT, CTR**  
Cancer Registry

**David 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

**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.

## **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 O, 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.





**SUMMA**  
Health System  
Barberton Hospital

**Parkview Center**

Radiation Oncology  
Outpatient Oncology  
Breast Imaging  
Oncology Physicians

## 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](http://summahealth.org).



[summahealth.org](http://summahealth.org)