Cancer Program Annual Report
SUMMA BARBERTON HOSPITAL

IMPROVING OUTCOMES WITH PERSONALIZED TREATMENTS
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Summa Health System – headquartered in Akron, Ohio – is one of the largest integrated healthcare delivery systems in the state. Formed in 1989 with the merger of Akron City and St. Thomas Hospitals, this nonprofit system now encompasses a network of:

- Hospitals
- Community-based health centers
- A health plan
- A multi-specialty group practice
- An entrepreneurial entity
- Research and medical education
- Multiple foundations

Summa serves more than one million patients each year in comprehensive, acute, critical, emergency, outpatient and long-term/home-care settings and represents more than 2,000 licensed inpatient beds in the following clinical settings:

- Summa Akron City Hospital
- Summa Barberton Hospital
- Summa St. Thomas Hospital
- Summa Wadsworth-Rittman Hospital
- Summa Western Reserve Hospital
- Summa Rehab Hospital
- Robinson Memorial Hospital, an affiliate of Summa Health System
- Crystal Clinic Orthopaedic Center

Outpatient care is extended throughout Summit, Portage and Medina counties in multiple community health centers. Providing superior, multi-specialty patient care, medical research and continuing medical education, Summa is consistently ranked one of the best healthcare providers in the country.

Various Summa Health System hospitals, service lines, joint ventures and affiliates are recognized by the following organizations:

- American College of Surgeons Commission on Cancer (CoC)
- American Nurses Credentialing Center
- American Osteopathic Association’s Healthcare Facilities Accreditation Program (HFAP)
- Centers for Medicare and Medicaid Services
- Magnet Recognition by American Nurses Credentialing Center
- National Accreditation Program for Breast Centers (NAPBC)
- Premier Healthcare Alliance
- The American Heart Association
- The Joint Commission on the Accreditation of Healthcare Organizations
- Thomson Healthcare (formerly Solucient)
- U.S. News & World Report

Our Mission
The mission of Summa Health System is to provide the highest quality, compassionate care to our patients and members and to contribute to a healthier community.

Our Vision
Summa Health System will be recognized as one of the finest healthcare organizations in the United States and will be the preferred provider of healthcare services in our service area.

Our Values
- Personal and organizational integrity
- Quality, caring organizational environment
- Excellence in leadership
- Valuing one another
- Individuality
- Respect and fair treatment
- Open communications
- Teamwork
- Community service
The year 2011 marks the 31st 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, 2011 was highlighted by the following events:

Service excellence awards, which represent patient satisfaction with the care they received. These awards are extremely important given the current direction of healthcare reform. The first award was to the Breast Imaging Center which was rated by patients as having better service than 90 percent of their peers. The second award was to Parkview Center, which was recognized by patients for having better services than 90 percent of their peers. The third award was given to Parkview Center, deemed the best clinical department at Summa Barberton Hospital.

Continuing to build on a long tradition of service to the community, the year 2011 was marked by the eighth Relay for Life held at Lake Anna in July 2011. In excess of $108,000.00 was raised for the American Cancer Society, and ultimately, patient care services in the Barberton area with this particular event. In 2012, a major change to the Parkview Center campus will be the construction of a new hospital cafeteria and conference center, in addition to a new emergency department adjacent to Parkview. Other goals include the expansion of Summa’s palliative care program and inpatient hospice services to Summa Barberton Hospital. Development of a genetic program for analysis of malignant and non-malignant disease continues to be a high priority for the institution. One of our major strengths remains the continued deliverance of excellent oncological care and breast care at Parkview Center.

Sincerely,

Andrew J. Haas, Jr., M.D.
Cancer Committee Chair,
Hematology/Medical Oncology
Lee Anne Sprance, M.D., FACS
Medical Director, Breast Care Program
Summa Barberton Hospital

Lee Anne Sprance, M.D., FACS is the medical director of the Breast Cancer Program at Summa Barberton Hospital, which is accredited through the National Accreditation Program for Breast Centers (NAPBC). Dr. Sprance is a board-certified general surgeon devoted to the care of patients with breast diseases. As of May 2012, she is the only surgeon in the Akron/Canton region who has obtained stereotactic biopsy certification and ASBS certification in breast ultrasound.

Breast Cancer
REPORT 2011

7th in the U.S.

Dr. Sprance was the seventh surgeon in the United States certified by the American Society of Breast Surgeons (ASBS) in stereotactic breast biopsies.

Breast cancer is the most commonly diagnosed malignancy (excluding skin cancer) among women in the United States, accounting for nearly 1 in 3 cancers diagnosed. Currently, a woman living in the U.S. has a 12.15 percent (or a one in eight) lifetime risk of being diagnosed with breast cancer. In 2011, the American Cancer Society (ACS) estimated that 230,480 new cases of invasive breast cancer and 57,650 new cases of in situ breast cancer will have been diagnosed among U.S. women. Breast cancer is rare in men and accounts for approximately 1 percent of all breast cancer cases diagnosed. There were 509 breast cancer cases treated at Summa Barberton Hospital from 2007 to 2011.

Types of Breast Cancer
Breast cancer can be confined to the ducts or to the lobules of the breast. This is referred to as in situ breast cancer. Ductal Carcinoma in Situ (DCIS) accounts for the vast majority of in situ breast cancers and Lobular Carcinoma in Situ (LCIS) is found much less commonly. LCIS is not a true cancer but serves as a marker for future risk of developing invasive breast cancer in either breast. Most breast cancers are invasive (infiltrating). These cancers begin in the ducts or in the lobules of the breast and have invaded the tissues surrounding them. Of the 509 breast cancer cases treated at Summa Barberton Hospital from 2007 – 2011, 72.1 percent of all breast cancer cases were infiltrating ductal carcinomas. (Graph 1)

Tumor Characteristics
Much attention is now focused on identifying breast cancer tumor subtypes in order to better tailor treatments for each patient. Tumors are analyzed for estrogen receptors (ER) and progesterone receptors (PR) and invasive breast cancers are also checked for human epidermal growth factor receptor 2 (HER2).

These factors aid in determining the appropriate and most effective treatment for patients but are also prognostic for survival. In addition, genetic assays such as Oncotype Dx have been developed which analyze tumors for the activity of certain genes which may be predictive of the behavior of the tumor. These genetic assays help with determining the risk of recurrence of early stage, ER/PR positive tumors. These assays can also assist with determining the potential benefit of chemotherapy and, in some cases of DCIS, whether radiation would be required after surgery.

Stage at Diagnosis
There are two main staging systems for breast cancer. The simplest staging system is the SEER (Surveillance, Epidemiology and End Results) system. SEER classifies breast cancers as local (confined to the breast), regional (tumors that have spread to surrounding tissue or lymph nodes) and distant (spread to other organs). The most precise system is the TNM staging system. It is based on tumor size (T), lymph node involvement (N) and if the tumor has metastasized or spread to other organs (M).

Stage at Diagnosis

- Stage 0: Early stage tumors have not spread beyond the breast tissue. These tumors can be cured with surgery and/or radiation.
- Stage I: Tumors that have spread to the lymph nodes in the armpit. Treatment options include surgery and/or chemotherapy.
- Stage II: Tumors that have spread to the lymph nodes in the armpit and have invaded the chest wall or skin. Treatment options include surgery and/or chemotherapy.
- Stage III: Tumors that have spread to the lymph nodes in the armpit and have invaded the chest wall or skin. Treatment options include surgery and/or chemotherapy.
- Stage IV: Tumors that have spread to other parts of the body. Treatment options include surgery, chemotherapy, radiation, and hormone therapy.

Risk Factors
There are multiple factors that increase the risk of developing breast cancer. Some risk factors can be modified such as age, family history of breast cancer, Ashkenazi Jewish heritage, high body mass index (especially combined estrogen and progestin), oral contraceptive use, alcohol consumption and lack of exercise. Some risk factors cannot be modified such as age, family history of breast cancer, Ashkenazi Jewish heritage, the presence of a BRCA genetic mutation, early puberty and late menopause. A history of radiation treatment to the chest for other cancers such as Hodgkin’s Disease or non-Hodgkin’s Lymphoma also significantly increases the risk of developing breast cancer. Other risk factors include late age at first full-term pregnancy (>30 years) and lack of breast feeding.

Genetic Issues
5 – 10 percent of breast cancer cases may result from an inherited genetic mutation such as BRCA1 and BRCA2. These are relatively rare mutations but are more prevalent in the Ashkenazi (Eastern European) Jewish population. BRCA mutations account for only about 15 – 20 percent of familial breast cancers. Women with the BRCA1 mutation may have an estimated lifetime risk of 44 – 78 percent for developing breast cancer by age 70 and those carrying the BRCA2 mutation may have a risk of 31 – 56 percent.

Women with a strong family history of breast cancer should consider genetic counseling to determine their risk of an inherited cancer syndrome.

Age at Diagnosis
Breast cancer incidence rates generally increase with age. The American Cancer Society reports the median age for new breast cancer diagnosis was 61 years from 2004 – 2008. According to the National Cancer Trends in the U.S.

98%

of breast cancer cases were diagnosed in women age 40 and over at Summa Barberton Hospital from 2007-2011.

CANCER PROGRAM 2011 ANNUAL REPORT

SUMMAHEALTH.ORG/CANCER
data from the National Cancer Data Base, 95.8 percent of breast cancer cases occur in women age 40 and over. At Summa Barberton Hospital, the data from 2007 – 2011 is similar with 97.6 percent of cases occurring in this age range with the largest percentage diagnosed in women in their 60’s (28.3 percent). (Graph 3)

Race/Ethnicity
Breast cancer rates are the highest nationally among non-Hispanic white women with the NCDB reporting a rate of 83.9 percent in this group in the data from 2007 – 2011. At Summa Barberton Hospital, 94.9 percent of all breast cancer cases during this period were diagnosed in this population. (Graph 4) According to the American Cancer Society, African American women have a higher incidence rate before 40 years of age compared to the non-Hispanic white female population.

Male Breast Cancer
Male breast cancer is rare and represents approximately 1 percent of all breast cancer cases. In 2011, the ACS estimates that about 2,140 new cases of male breast cancer will be diagnosed in the U.S. Screening mammography is not recommended for men because the disease is so uncommon. The incidence of male breast cancer increases with age as it does with cancers of the female breast. However, the incidence is higher in African American men than in white men. Three of the 509 breast cancer patients treated at Summa Barberton Hospital from 2007 – 2011 were in men (0.6 percent). (Graph 5)

Treatment
The treatment of breast cancer is tailored to the stage of the disease, the risk of recurrence or spread of the tumor and the genetic makeup of the cancer. This decision-making is very complex and treatment decisions are individualized for each patient as no two breast cancer patients are alike. Surgery, radiation therapy, chemotherapy and hormonal therapy can be utilized individually or in combination for the treatment of breast cancer at varying stages of the disease. Physicians specializing in these various treatment modalities work together to plan a treatment regimen that produces the greatest benefit for each patient. (Table 1)

Clinical Trials
A clinical trial is a controlled experiment that is used to assess the safety and efficacy of treatments for human diseases and health problems. In general, participants in clinical trials receive either the current standard treatment or a new therapy that my offer improved survival or lower side effects from treatment. Summa Barberton Hospital has many clinical trials available for breast cancer patients either as initial treatment prior to surgery or as an adjuvant treatment after surgery has been completed. Breast cancer patients at Summa Barberton Hospital who may be eligible for one of these trials are identified at the weekly breast cancer pre-treatment conference so that their physicians can be made aware of the potential enrollment and benefit for their patients.

Survival
According to the American Cancer Society, relative survival rates for women diagnosed with all stages of breast cancer are 89 percent at 5 years, 82 percent at 10 years and 77 percent at 15 years. The NCDB 5-year survival rate ranges from 95.6 percent for the earliest stage (stage 0) of breast cancer to 21.9 percent for those with stage IV disease. The data for patients treated at Summa Barberton Hospital from the years 2002 – 2006 is nearly identical for stage 0 disease but is slightly lower at higher stages. (Graph 6) With the formation of a formal breast cancer program at Summa Barberton Hospital in 2006, and accreditation by the National Accreditation Program for Breast Centers (NAPBC) in 2010, the survival rates should improve with the more timely diagnosis and better coordination of care that has been provided to patients over the last five years.

Prevention
There is no way to completely prevent breast cancer from occurring, however, there are strategies that will lower a patient’s risk of developing the disease. These include avoiding weight gain and obesity, having regular physical activity, minimizing alcohol intake and avoiding hormonal medications such as hormone replacement therapy. Some women who are at high risk for breast cancer may be able to lower their risk with treatment such as tamoxifen or raloxifene which blocks the influence of hormones on the breast tissue. Additionally, women who are at extremely high risk of developing breast cancer such as those with a BRCA mutation, may elect to have prophylactic removal of their breasts which effectively lowers their risk of developing the disease by 90 percent.

Early Detection
Early detection is the key to increasing survival rates among breast cancer patients. For most women, annual mammographic examinations should begin at age 40. For those women with a family history of breast cancer, yearly mammography may need to be started at an even younger age. Since the incidence of breast cancer increases with age, there is no specific age at which screening mammography should be discontinued. In general, as long as a woman is in relatively good health and would be a candidate for breast cancer treatment, she should continue to receive screening mammograms. For some women who are high risk and have dense breast tissue, annual MRI examination of the breasts may be recommended. Clinical breast examinations should be performed on a yearly basis around the time of annual mammography. Routine monthly breast self-examination is no longer advocated by the American Cancer Society as they have found that self-awareness seems to be more effective for detecting breast cancer than structured monthly breast self-examinations. Women should become familiar with the appearance and feel of their breasts so that they will be able to detect any changes that would prompt them to seek medical attention for a potential breast problem.

Summary
Breast cancer is the most prevalent malignancy in women in the United States excluding skin cancer. In its early stages, it is a very treatable problem with a high cure rate. Early detection is the key to finding this disease when treatments are most effective. The NAPBC accredited breast program at Summa Barberton Hospital is dedicated to the early detection and treatment of breast cancer.

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

References
Breast Cancer Facts & Figures 2011-2012, American Cancer Society
National Cancer Data Base (NCDB) Commission on Cancer, American College of Surgeons, Benchmark Reports
Graph 1: 2011 Breast Cancer Cases – Histologies
Summa Barberton Hospital – 509 cases
National Cancer Database (NCDB) – 280,346 cases

Graph 2: 2011 Breast Cancer Cases – Age at Diagnosis
Summa Barberton Hospital – 509 cases
NCDB – 280,346 cases

Graph 3: 2011 Breast Cancer Cases – Race Distribution
Summa Barberton Hospital – 509 cases
NCDB – 280,346 cases

Graph 4: Breast Cancer Five-Year Survival by AJCC Stage
Summa Barberton Hospital – 357 cases
NCDB – 252,502 cases

Graph 5: Breast Cancer Five-Year Survival by Year – All Stages
Summa Barberton Hospital – 357 cases
NCDB – 252,502 cases

Graph 6: Breast Cancer Five-Year Observed Survival
Summa Barberton Hospital

Breast Cancer VOLUMES, DEMOGRAPHICS, SURVIVAL RATES
82% of the breast cancer cases treated at Summa’s Parkview Center were stage 0, I or II

**Graph 7**
Breast Cancer Five-Year Observed Survival
National Cancer Database (NCDB)

**Graph 8**
Analytic Breast Cancer Cases by AJCC Stage
Summa Barberton Hospital – 509 cases  NCDB – 280,346 cases

**Graph 9**
2011 Breast Cancer Cases – Gender Distribution
Summa Barberton Hospital

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**Cancer Registry Summary 2011**

The cancer registry is an essential component of the Commission on Cancer (CoC) accredited cancer program. The Cancer Program at Summa Barberton Hospital is a strategic partner with CHAMPS Oncology Data Services who staff the registry with multi-credentialed Cancer Tumor Registry (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

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Male 0.6%
Female 99.4%

82% of the breast cancer cases treated at Summa’s Parkview Center were stage 0, I or II

**Graph 7**
Breast Cancer Five-Year Observed Survival
National Cancer Database (NCDB)

**Graph 8**
Analytic Breast Cancer Cases by AJCC Stage
Summa Barberton Hospital – 509 cases  NCDB – 280,346 cases

**Graph 9**
2011 Breast Cancer Cases – Gender Distribution
Summa Barberton Hospital
### Top Five Sites

**Summa Barberton Hospital**

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<tr>
<th>Primary Site</th>
<th>Total</th>
<th>Sex</th>
<th>Class of Case</th>
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The top five sites for all patients are breast, lung, colon, bladder and non-Hodgkin’s lymphoma. The gender distribution for these top sites is represented in the graph below.

### 2011 Data Summary

Summa Barberton Hospital’s cancer registry accessioned 394 new cancer cases for 2011. The following graph illustrates the most frequent primary sites seen at this facility.

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**Female/Male Top Sites**

**Summa Barberton Hospital**

- **Breast**
- **Lung**
- **Colon**
- **Bladder**
- **Non-Hodgkin’s Lymphoma**

### Statistics

**2011 Primary Sites**

**Summa Barberton Hospital**

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<tr>
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<td>Testis</td>
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<td>Hodgkin’s Disease</td>
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<td><strong>Total</strong></td>
<td><strong>414</strong></td>
<td><strong>182</strong></td>
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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
Summa Barberton Hospital
- Summit: 66%
- Other: 2%
- Stark: 8%
- Medina: 10%
- Wayne: 13%

Zip Code at Diagnosis
- Other: 26%
- 44218: 5%
- 44230: 5%
- 44314: 5%
- 44270: 6%
- 44281: 8%
- 44319: 9%
- 44203: 35%

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 95 percent, and the rate since the established registry reference year (1993) is 92 percent. Both rates are well above the CoC requirement of 90 percent and 80 percent respectively.

Continuing Education
In 2011, registry staff attended the Ohio Association of Cancer Registrars 41st Annual Education Conference, the NAPBC Pursuing Excellence Through Accreditation Workshop and the CHAMPS Oncology Educational Symposium, in addition to other local and regional events.

2011 Reports

Professional Education
Six cancer-related educational activities were held in 2011.

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tr>
<td>01/20/2011</td>
<td>“Hereditary Cancer Syndromes – Identification and Management”</td>
<td>Steven Schonholz, M.D., FACS</td>
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<tr>
<td>03/03/2011</td>
<td>“Multiple Myeloma”</td>
<td>Joseph Tuscano, M.D.</td>
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<td>03/17/2011</td>
<td>“Treatment of Metastatic Colon Cancer”</td>
<td>Richard Kim, M.D.</td>
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<td>04/28/2011</td>
<td>“Dental Issues with Bisphosphonate Therapy”</td>
<td>Angelo Mariotti, BS, DDS, Ph.D</td>
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<tr>
<td>08/18/2011</td>
<td>“Myelodysplastic Syndrome”</td>
<td>Harry Erba, M.D., Ph.D</td>
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<tr>
<td>10/20/2011</td>
<td>“Advances in NSCLC – Selecting Treatment For Survival”</td>
<td>Bachar Dergham, M.D.</td>
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</table>

Cancer Conferences 2011
During 2011, there were 36 Cancer Conferences conducted. Case specific presentations included 94 cases. Of these case presentations, 84 were prospective and 10 were retrospective.

Cancer Conferences conducted in 2011

36
SUMMAHEALTH.ORG/CANCER

Breast Care Program

REPORT 2011

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

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 the timeliest and most comprehensive, diagnosis and treatment for patients in the Akron area who present with an abnormality of their breast.

The Parkview 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 was installed early in 2011. This allows the Parkview Center for Breast Imaging to accommodate even more patients with the continued growth of the Breast Care Program.

In June 2010, Summa Barberton Hospital’s Breast Care Program became the seventh program in Ohio and the first in the Akron area to be accredited through the National Accreditation Program for Breast Centers (NAPBC). The philosophy of the Breast Care Program is to reduce the patient’s anxiety by greatly 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 navigator role is patient, family and community education. In the Center for Breast Imaging at Summa Barberton Hospital, we have teaching material on breast self-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.

Kari Kovach, RN, BSN OCN
Breast Care Coordinator

Lee Anne Sprance, M.D., FACS, is a board-certified general surgeon who specializes in the field of breast surgery. She is the medical director of the Breast Care Program and leader of the Breast Care Committee. The Breast Care Committee is a sub-committee of the Cancer Committee at Summa Barberton Hospital. Together, they continue to guide improvements in the Breast Care Program.

It is our goal to provide the best, most integrated model for breast health in northeast Ohio.

Kari Kovach, RN, BSN, OCN, CBCN (Certified Breast Care Nurse through the Oncology Nursing Society) is the breast care navigator for Summa Barberton Hospital. The breast care navigator is a liaison between the radiologist, the patients and their referring 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 greatly 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.

1st in Akron

In June 2010, our Breast Care Program became the first in the Akron area to be accredited through the National Accreditation Program for Breast Centers.

NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS

The Breast Care Program is patient/family-focused, high quality breast care with very timely diagnosis and treatment of breast conditions and diseases. In 2011, Summa Barberton Hospital diagnosed 91 new breast cancers with nearly 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.

Weekend Multi-disciplinary Pre-Treatment Breast Cancer Conferences

Nicholas Bisconti, M.D., FACS
Moderator for the weekly Pre-Treatment Breast Cancer Conference

Lee Anne Sprance, M.D., FACS, is a board-certified general surgeon who specializes in the field of breast surgery. She is the medical director of the Breast Care Program and leader of the Breast Care Committee. The Breast Care Committee is a sub-committee of the Cancer Committee at Summa Barberton Hospital. Together, they continue to guide improvements in the Breast Care Program.

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In June 2010, our Breast Care Program became the first in the Akron area to be accredited through the National Accreditation Program for Breast Centers.
of these teaching materials have been provided by donations from a local organization, Par Four Charities, that has generously supported the Breast Care Program for many years. Donations from Par Four Charities also has funded the purchase of post-surgical camisoles with light prosthesis pillows, which are given to all mastectomy patients at no cost to enhance their post-operative comfort and self-image.

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 navigator is currently a co-facilitator at the twice monthly Breast Cancer Support Group at Stewart’s Caring Place.

Patient focused Our philosophy

Summa Barberton Hospital works closely with the Pink Ribbon Breast and 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 2011, through the Pink Ribbon program, Summa Barberton Hospital provided the following: 74 screening mammograms, 36 diagnostic mammograms, 26 ultrasounds and nine breast biopsies free of charge for uninsured women.

2011 Breast Care Program Highlights

- Diagnosed 91 new breast cancers, nearly 90 percent in the earliest stages [0, I, II]
- Installed a second digital mammography unit, allowing us to accommodate more patients in a very timely manner
- Breast MRI received accreditation through the American College of Radiology
- Continued to work with Pink Ribbon Program (Ohio Breast and Cervical Cancer Project) to offer free physical exams, breast imaging and biopsies
- Performed 6,168 mammograms, 938 breast ultrasounds, over 300 surgical consults and/or biopsy procedures
- Supported Stewart’s Caring Place in facilitating a bi-monthly Breast Cancer Support Group
- Women diagnosed with high risk benign breast conditions are offered chemoprevention with Tamoxifen
- Continued to partner with Par Four Charities to provide support materials and post-mastectomy camisoles to the patients in our Breast Care Program
- Patients diagnosed with the BRCA gene are offered surgical prophylaxis with reconstruction
Breast Care Program
ACCOMPLISHMENTS 2011

Programmatic

- Commission on Cancer Survey – Received three-year accreditation with commendation

Clinical

Service Excellence Awards
- Breast Imaging Center rated by patients for having better service than 90 percent of their peers
- Parkview Center rated by patients for having better service than 90 percent of their peers
- Parkview Center voted as best clinical department by other employees through an internal survey

Quality

- Dr. Sprance received the American Society of Breast Surgeons ultrasound certification

Quality Improvement Studies
- Re-excision rates after initial breast lumpectomy
- Mediastinal staging study for lung cancer

Quality Improvement of Patient Care
- Protocol change for the documentation process of physician order sets
- Staff cross-training and Infusion Center reconstruction will be initiated due to added volume of patients
- Summa health chat website launched
- A second digital mammography unit was installed in the breast center

Community Outreach

- Relay For Life – July 17, 2011 and July 18, 2011 raised more than $108,000
Clinical Trials

Summa Barberton Hospital Breast Cancer Clinical Trials

Protocol: NSABP B-43  
A Phase III Clinical Trial Comparing Trastuzumab Given Concomitantly with Radiation Therapy and Radiation Therapy Alone for Women with Her-2 Positive Ductal Carcinoma In Situ Resected by Lumpectomy  
Eligibility Criteria: Her-2 positive ductal carcinoma in situ, must submit tumor block for central review prior to randomization, Her-2 testing provided by the study

Protocol: RTOG 1005  
A Phase III Trial of Accelerated Whole Breast Irradiation with Hypofractionation vs Concurrent Boost versus Standard Whole Breast Irradiation Plus Sequential Boost for Early-Stage Breast Cancer  
Eligibility Criteria: Stage I or II plus one of the following criteria: age less than 50 years, positive axillary nodes, lymphovascular space invasion, more than 2 close resection margins (>0 mm to < 2 mm), 1 close resection margin and extensive in-situ component, focally positive resection margins, ER and PR negative, grade III histology or Oncotype recurrence score >25. Stage 0 with nuclear grade 3 DCIS and patient age < 50 and Stage 0, 1, a resected by lumpectomy after neoadjuvant systemic therapy are also eligible.

Protocol: SWOG S0800  
A Randomized Phase II Trial of Weekly Nab-Paclitaxel with or without Trastuzumab Either Preceded by or Followed by Every 2 weeks Doxorubicin and Cyclophosphamide plus Peg Filgastrim as Neoadjuvant Therapy for Inflammatory and Locally Advanced Her-2 Negative Breast Cancer  
Eligibility Criteria: Inflammatory or locally advanced (stage IIIb or IIIB/IIIA), Her-2 negative

Protocol: NSABP B-49  
A Phase III Clinical Trial Comparing the Combination of Docetaxel Plus Cyclophosphamide to Anthracycline-Based Chemotherapy Regimens for Women with Node Positive or High-Risk Node Negative Her-2 Negative Breast Cancer  
Eligibility Criteria: Her-2 negative, unilateral invasive adenocarcinoma of the breast with positive lymph nodes. If lymph node negative must have one of the following: ER and PR negative, > 2 cm, T1c with ER positive and either grade 3 histology or Oncotype DX > 25, enrolled within 84 days of surgery

Protocol: SWOG S1007  
A Phase III Randomized Clinical Trial of Standard Adjuvant Endocrine Therapy with or without Chemotherapy in Patients with One to Three Positive Nodes, Hormone Receptor Positive and Her-2 Negative Breast Cancer with Recurrence Score of 25 or Less  
Eligibility Criteria: 1 to 3 positive lymph nodes, ER+ and/or PR+, Her-2 negative, Recurrence Score by Oncotype DX > 25

Protocol: CALGB 40603  
Randomized Phase II 2X2 Factorial Trial of the Addition of Carboplatin with or without Bevacizumab to Neoadjuvant Weekly Paclitaxel Followed by Dose Dense Adriamycin and Cyclophosphamide in Hormone Receptor Poor/Her-2 Negative Resectable Breast Cancer  
Eligibility Criteria: Stage II to III, resectable breast cancer with measurable disease, must be hormone receptor poor and Her-2 negative, tissue submission is required to participate

Protocol: APHINITY  
A Randomized, Multicenter, Double-Blind Placebo-Controlled Comparison of Chemotherapy Plus Trastuzumab Plus Placebo versus Chemotherapy Plus Trastuzumab Plus Pertuzumab as Adjuvant Therapy in Patients with Operable Her-2 Positive Primary Breast Cancer  
Eligibility Criteria: Her-2 positive, > 18 years old, lymph node positive or if lymph node negative must have one of the following: tumor size > 1.0 cm, if >0.5 cm and < 1.0 cm must have nuclear grade 3 or ER and PR negative or age < 35 years

Protocol: SCUSE 0806  
Phase II Placebo-Controlled Trial of Lisinopril and Coreg CR to Reduce Cardiotoxicity in Patients with Breast Cancer Receiving Neoadjuvant or Adjuvant Chemotherapy with Trastuzumab  
Eligibility Criteria: Her-2 positive breast cancer scheduled to receive neoadjuvant or adjuvant trastuzumab therapy

Protocol: RTOG 1014  
A Phase II Study of Repeat Breast Preserving Surgery and 3D-Conformal Partial Breast Re-Irradiation for Local Recurrence of Breast Carcinoma  
Eligibility Criteria: Locally recurrent breast cancer within 120 days of diagnosis, tumor < 3 cm, initial lumpectomy flawed by whole breast radiation more 1 year ago, no concurrent treatment including trastuzumab

Protocol: ECOG 2108  
A Randomized Phase III Trial of the Value of Early Local Therapy (Surgery Plus Radiation After Chemotherapy versus Continued Chemotherapy Only as Needed for Control of Disease) for the Intact Primary Tumor in Patients with Metastatic Breast Cancer  
Eligibility Criteria: Stage IV intact primary (not recurrent) breast cancer, includes males and females,

Over 100 active clinical trials are ongoing at Summa Health System

Contact Joyce Neading at (330) 375-4221 or neadingj@summahealth.org for more information about cancer clinical trials or for a complete list of open protocols and corresponding sites.
Brandi’s

Diagnosis

A chance meeting with a friend in the spring of 2008 saved Brandi Reece’s life.

“She was dropping her sons off at Hazel Harvey Elementary School in Doylestown,” Brandi said. “I noticed she had cut all her hair off—so I asked ‘what’s going on with you?’”

“I have breast cancer,” her friend confided.

As soon as she got home, Brandi did a breast self-exam (BSE). She didn’t think she would find anything. She was a young (age 36), single parent of three sons with no obvious risk factors for cancer.

“I have no family history, I don’t smoke or drink and I’m not overweight—nothing,” Brandi said. But she found a lump in her right breast.

It’s probably nothing, she told herself. Maybe just a cyst.

“It was the end of May and I was taking my kids to Disney World,” she said. “I hoped maybe the lump would go away by itself.”

She decided to deal with the lump after she returned from Florida.

“We got back—and the lump was still there. And now it was starting to hurt a little bit,” she said.

In July, Brandi made an appointment with her primary care physician, Sameh N. Ghoubrial, M.D., who immediately sent her to Summa Wadsworth-Rittman Hospital to have a digital mammogram and an ultrasound of both breasts.

Brandi suspected something was wrong by how carefully the technician measured the location of the lump in her right breast.

“I started getting a little nervous. I asked the technician if there was something there,” Brandi said. “And, of course, she couldn’t tell me anything.”

After reviewing the test results, Dr. Ghoubrial referred her to Lee Anne Sprance, M.D.

Dr. Sprance is a surgeon with Summa Physicians Inc. and also is the medical director of the Breast Care Program at Parkview Center at Summa Barberton Hospital.

Brandi drove herself to the appointment with Dr. Sprance. In hindsight, she wishes she had brought someone with her to the appointment.

The news wasn’t good.

“Brandi, just by looking at it, I am 99.9 percent sure it’s breast cancer,” Dr. Sprance told her. “But we need to get a biopsy done as soon as possible.”

Just hearing the word “cancer” left Brandi feeling numb and in shock.

“I don’t remember much of what was said after that,” she said. “That day is literally a blur to me.”

The full impact of what she was facing didn’t register until she was driving home to Doylestown.

“I remember passing a gas station. I needed gas, so I turned around and pulled into the station,” she said. “Suddenly, I found myself sobbing at the gas pump.”

The drug trastuzumab (Herceptin) was used to target the HER2/neu receptor protein on breast cancer cells.
Oddly, not one person asked her what was wrong or why she was crying, she remembers.

“I kept thinking… oh, my goodness, I have two little boys at home. They were just six and seven years old at the time, along with my older son, who was 18,” Brandi said. “It all just hit me at once.”

Until recently, Brandi had been employed as an emergency services 911 dispatcher/supervisor for almost 10 years. She had carefully saved her money, putting aside funds to pay for tuition to nursing school and to cover living expenses until she could graduate and land a nursing job.

Nursing school was scheduled to start in three weeks. But now, for the first time in her life, Brandi found herself facing a possible cancer diagnosis with no job – and no health insurance coverage.

“How am I going to do this?” she wondered.

Dr. Sprance scheduled a biopsy and met with Brandi afterward to discuss the results.

On August 25, Brandi was diagnosed with Stage 2 invasive ductal carcinoma of the right breast. Based on the microscopic analysis of the tumor’s cells gathered during the biopsy, the tumor was a Grade 3. Grade 3 tumors tend to grow rapidly and spread faster than tumors with a lower grade.

But, after more tests, there was one piece of good news: the cancer had not spread to her bones or other organs. She did have one enlarged lymph node in her armpit.

Dr. Sprance and Kari Kovach, a breast cancer nurse navigator at Parkview Center, met with Brandi to discuss her treatment plan. Kari’s role as a cancer nurse navigator is to help guide patients through the cancer treatment process, answer questions and provide additional support for breast cancer patients like Brandi.

Toward the end of her treatment, Dr. Sprance recommended Brandi first begin with chemotherapy rather than surgery. She referred Brandi to an oncologist who recommended a 52-week regimen to shrink the tumor before undergoing surgery.

Brandi’s cancer was the HER2-positive (HER2+) type, meaning that the surfaces of the cancer cells have more HER2/neu receptor protein. About 15 to 20 percent of breast cancers are HER2/neu-positive. 1, 2

HER2 refers to a protein called human epidermal growth factor receptor 2 (HER2). The HER2 protein promotes the growth of cancer cells by causing them to grow and divide quickly. HER2+ cancers are aggressive and can metastasize quickly.

The drug Herceptin (trastuzumab) targets the HER2/neu receptor protein on breast cancer cells. Herceptin (trastuzumab) was first shown to improve survival for those with HER2/neu-positive metastatic breast cancer. Now, it is also used to treat HER2/neu-positive early breast cancers.

On September 22, Dr. Sprance installed a medication port in Brandi’s chest in preparation for weekly chemotherapy sessions.

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Brandi Reece with her breast specialist
Lee Anne Sprance, M.D.

Findings from studies in women with HER2/neu-positive early breast cancer show that adding Herceptin (trastuzumab) to standard chemotherapy increases overall survival compared to chemotherapy alone.

At the time of Brandi’s diagnosis, Herceptin (trastuzumab) was still relatively new. She received four cancer-fighting “cocktails” of three drugs every three weeks during her initial infusion sessions: Carboplatin (paraplatin), Taxotere (docetaxel) and Herceptin (trastuzumab). Later, she began weekly treatments with Herceptin (trastuzumab) alone.

Within weeks, Brandi noticed the tumor was getting smaller, until finally it could not be felt even during a breast exam. But due to the location of the tumor and other structures involved, Dr. Sprance still recommended a mastectomy.

Throughout diagnosis and treatment, Brandi chose to take a proactive approach to her care – researching treatment options, breast reconstruction techniques, how to cope with side effects and the stress that goes along with having a serious illness – and how to deal with the hair loss that accompanies chemotherapy.

“How long do you think it will be before my hair falls out? A couple of weeks?” Brandi asked a nurse shortly after beginning chemo.

“No, honey, with this type of chemo, it’s going to be about three days,” the nurse replied.

“I decided I wouldn’t sit there and have me – or my boys - watch my hair fall out piece by piece,” Brandi said. “If it’s going to be taken from me, then I am going to empower myself.”

Brandi contacted a cousin who owned a hair salon and told her, “It’s time.”

“We went over there, me and my boys, and we had a hair-shaving party where we all shaved our heads. Some of my family was there, my uncle and aunt,” Brandi said. “They brought pink boas and dew rags and all that kind of stuff. It was emotional, but I wanted the boys to see it as an empowering thing.”

Brandi credits the Infusion Center’s caring staff and volunteers for making what could have been a grim experience into a positive one.

“If you’ve ever met Barb at the front desk, you know they’ve hired the perfect person for the job,” said Brandi. “She greets you every morning with a smile, laughter and a joke.”

“I would go in and sit down in the same chair for every treatment,” Brandi said. “I was always sitting in the same chair, close to where the volunteer stood.”

That volunteer was usually Bill Nettles, a jovial, retired teacher from the Medina school system.

“I have gotten so close to Bill and his family – and also to all of my nurses. They always made me laugh. In fact, I never turned on the TV during treatments because I always had such a good time joking around with the nurses and volunteers,” she said.

The pharmacologist who mixed Brandi’s chemotherapy medications also joined Brandi’s growing circle of friends at the Infusion Center.

“I called Ron my ‘mixologist’ because he was so good at mixing my ‘cocktail’ each week,” said Brandi. Ron also provided after-hours advice when Brandi had an unexpected reaction to a medication.

After it was determined she would not need radiation therapy in addition to the mastectomy, Brandi consulted plastic surgeon, Douglas S. Wagner, M.D., about breast reconstruction. Brandi carefully researched her options and chose tissue expansion as the reconstruction technique of choice. She realizes that reconstruction is a personal choice for every breast cancer survivor, but she has been satisfied with the outcome.

Recovery

Today, four years after being diagnosed with Stage 2 breast cancer, Brandi Reece is cancer-free.

She is enjoying her new life with husband, Tim, her three sons and her stepdaughter. Although she has put aside her dream of becoming a nurse, she hasn’t stopped helping people.

“Everything happens for a reason,” Brandi believes. “Maybe telling my story can help someone else.”

As a breast cancer survivor, she has formed a team of walkers to solicit donations to help fund breast cancer research. The name of Brandi’s team highlights her impish sense of humor: The Young and the Breastless.

Brandi feels that Parkview Center’s team-based approach to cancer care was an important factor in her recovery.

“If it wasn’t for Dr. Sprance, Ron, Kari, Linda, Steve, Barb and Connie, I don’t know what I would have done,” she said. “When you can walk into a place like Parkview and feel like you have all these people around you who have your back, that’s just amazing.”

“The care I got at the Infusion Center was above and beyond just giving me my medication. They always took care of me,” Brandi said. “I don’t know what I would have done without this place.”

Brandi feels that the Infusion Center’s caring staff and volunteers made all the difference. She credits her team of walkers and all those who support her and her family with the courage to move forward. She recognizes the importance of finding a community of support and having someone who can laugh with you in moments of stress, such as when you lose your hair.

“Maybe telling my story can help someone else,” Brandi believes. “It’s important to hear the story of someone who was in the same situation and successfully moved forward.”

Today, four years after being diagnosed with Stage 2 breast cancer, Brandi Reece is cancer-free. She is enjoying her new life with husband, Tim, her three sons and her stepdaughter. Although she has put aside her dream of becoming a nurse, she hasn’t stopped helping people. Everything happens for a reason,” Brandi believes. “Maybe telling my story can help someone else.”

As a breast cancer survivor, she has formed a team of walkers to solicit donations to help fund breast cancer research. The name of Brandi’s team highlights her impish sense of humor: The Young and the Breastless.

Brandi feels that Parkview Center’s team-based approach to cancer care was an important factor in her recovery. “If it wasn’t for Dr. Sprance, Ron, Kari, Linda, Steve, Barb and Connie, I don’t know what I would have done,” she said. “When you can walk into a place like Parkview and feel like you have all these people around you who have your back, that’s just amazing.”

“The care I got at the Infusion Center was above and beyond just giving me my medication. They always took care of me,” Brandi said. “I don’t know what I would have done without this place.”

Today, four years after being diagnosed with Stage 2 breast cancer, Brandi Reece is cancer-free.
**Physician Members**

- **Syamala Ahmad, M.D.** Radiation Oncology
- **William Demas, M.D.** Radiation Oncology
- **Andrew Haas, Jr., M.D.** Hematology/Oncology Chair
- **Sandra Hazra, M.D.** Hematology/Oncology
- **Mark Parker, M.D.** Pathology
- **Lee Anne Sprance, M.D.** General Surgery
- **Andrew Haas, Jr., M.D.** Hematology/Oncology
- **Douglas Trochelman, M.D.** Hematology/Oncology System Oncology Service Line Medical Director
- **Syed Zaidi, M.D.** Radiology

**Non-Physician Members**

- **Scott Berry, RTT** Radiation Oncology
- **Lisa Gilbert, RN, BSN CPHQ, Quality Assurance Coordinator**
- **Vivian Heim, RN, CRRN RNCH, Transitional Services**
- **Mary Jo Huckabone, RN BSN, Nurse Manager, 1-East**
- **Heather Nass, PT, DPT Physical/Lymphedema Therapy**
- **Kari Kovach, RN, BSN, OCN Breast Care Coordinator**
- **Andrea Pfouts, LSW, BSW Social Services**
- **Connie Reece, RN, BSN Regional Nurse Manager Oncology Services**
- **Brian Rentschler, MBA System Director Oncology Service Line**
- **Barb Reynolds Administrative Assistant Parkview Center**
- **Erin Roberts American Cancer Society**
- **Brant Russell, MBA, MSN, RN NEA-BC, Administration**
- **Barb Saylor, RN, BSN Regional Director Oncology Services**
- **Ron Smetana, MS, RPh, BCOP Parkview Center Pharmacy**
- **Melissa Smith, RHIT, CTR Cancer Registry**
- **Patricia Warner, RN Clinical Trials Nurse**

**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.

**National Accreditation Program for Breast Centers (NAPBC)**

The NAPBC represents a consortium of national, professional organizations dedicated to the quality of care and monitoring of outcomes of patients with diseases of the breast, through standard-setting, scientific validation and patient and professional education. The NAPBC has instituted nationally recognized breast cancer quality performance measures that serve as an initial program for measuring quality improvement in breast disease treatment.

**Nonanalytic (N/A)**

A case diagnosed and treated elsewhere prior to being seen at a 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.
At Summa Health System, high-quality, compassionate cancer care is available at five convenient Ohio locations spanning Portage, Summit and Medina Counties.

The Jean and Milton Cooper Cancer Center
Summa Akron City Hospital Campus
161 North Forge Street
Akron, Ohio 44304
(330) 375-7280

Summa Western Reserve Hospital
1900 23rd Street
Cuyahoga Falls, OH 44223
Phone (330) 971-7246

Parkview Center
Summa Barberton Hospital Campus
155 Fifth Street NE
Barberton, OH 44203
(330) 615-4126

Robinson Memorial Hospital
– An affiliate of Summa Health System
6847 North Chestnut Street
Ravenna, OH 44266
(330) 297-0811

Summa Health Center at Lake Medina
3700 Medina Road
Medina, Ohio 44256
(877) 504-7849

Cancer Care
LOCATIONS

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 Parkview Center located on the Summa Barberton Hospital campus, please call (330) 615-4126.