

2010 Oncology Report

With 2009 Data



Focus on Colon Cancer
Cancer Statistics
Community Outreach





COMMUNITY PROGRAM HIGHLIGHTS

- COMMUNITY SCREENINGS-
 - Prostate Screening, Highlands Cancer Center September 28, 2010
 - Consol Energy Health Fair- September 24, 2010
 - HRMC Health Fairs
- EDUCATION:
 - Breast Cancer Awareness-
 - BCTCS Oct. 22, 2010
 - Magoffin Co. HS Oct. 2010
 - Floyd County Chamber Oct. 2010
 - Pink Ribbon Luncheon May 26, 2010
 - Pink Glove Video
 - TOBACCO AWARENESS
 - HOT Conference Oct. 25, Nov. 16, 2010
 - Sheldon Clark HS Sep. 29
 - SKIN CANCER AWARENESS
 - "Fun in the Sun" Project
 - SENIOR ADVANTAGE
 - Colon/Skin Cancer Awareness
- RELAY FOR LIFE- June 4, 2010
- "LOOK GOOD FEEL BETTER" July 2010
- FLOYD COUNTY CANCER COALITION

A Message from the Cancer Committee

2010 was a busy year for Highlands Cancer Center and the cancer committee at Highlands Regional Medical Center. One of the biggest events this past year was our accreditation survey by the American College of Surgeons' Committee on Cancer which took place during May, 2010. The survey was very beneficial for our committee, as it provided positive feedback in the areas where we are performing well and demonstrated standards that we need to improve. The committee and our facilities remain dedicated to providing oncology services that are nationally recognized. We could not achieve these goals without the committee's hard work, and I want to personally thank all of the members for their service.

The committee consists of a multidisciplinary collection of dedicated staff from all departments that affect the care of our cancer patients and their families. We meet regularly to ensure that Highlands is continuing to meet the standards set out before us by the Committee on Cancer, brainstorm together to find new ways to educate the public, direct our facilities, and improve upon the areas that are not meeting the needs of patients or Highlands' staff.

Our cancer program continues to work with the American Cancer Society (ACS) in helping our patient population obtain much-needed benefits and utilize the many resources that they provide. Some of the activities and programs offered by ACS include Relay for Life, Reach to Recovery, and Look Good-Feel Better. If you are unfamiliar with any of these programs, I greatly encourage you to ask one of the committee's members about them, or go to www.cancer.org for more information.

Most people today have been profoundly impacted by cancer, either personally, or in someone they know and love. I know I approach my role, and I imagine the majority of the committee also approaches their roles, by keeping in mind how we or a loved one would like to be treated should a diagnosis of cancer occur. It is these motivations that drive us to try to do our best for all involved.

-Allen Stephens, D.O. Cancer Committee Chairman

Dedicated to Cancer Care...

Highlands Regional Medical Center- Highlands Cancer Center

Colon Cancer Risk Factors

- **AGE**- 90% of colon cancers occur after the age of 50.
- **PREVIOUS POLYPS OR CANCERS**-Certain types of polyps may lead to invasive cancer.
- **HISTORY OF INFLAMMATORY BOWEL DISEASE (IBD)**- People with a diagnosis of Crohn’s Disease or ulcerative colitis may have increased colon cancer risk .
- **FAMILY HISTORY OF COLORECTAL CANCER**- People with first degree relatives who have had colon cancer have a higher risk.
- **RACE/ETHNICITY**- African Americans and Jewish people of eastern European descent have a higher risk.
- **DIET**-Diets that are high in red and processed meats have higher risks.
- **LIFESTYLE**- Choices such as smoking, lack of exercise, obesity, alcohol use, and getting Type 2 Diabetes are also thought to increase the risk of cancer, and worsen an individual’s prognosis..
- **CERTAIN FAMILY SYNDROMES**- The two most common inherited syndromes that are associated with colorectal cancer are Familial Adenomatous Polyposis (FAP) and Hereditary Non-polyposis Colon Cancer (HNPCC, also known as Lynch syndrome). FAP is due to a genetic mutation that causes hundreds-thousands of polyps throughout the colon. People with the mutation can get cancer as early as age 20, and almost all people with FAP will get colon cancer by age 40 if their colon is not surgically removed. HNPCC is due to alterations in the genes that code for DNA repair and can lead to increased numbers of polyps, but not as many as is seen in FAP. People with HNPCC also get cancer at an earlier age, and the lifetime risk of colorectal cancer in this population is up to 80%. It is also important to note that women with this syndrome have an increased risk of endometrial cancer as well.

Colon Cancer Still Prevalent in Our Region

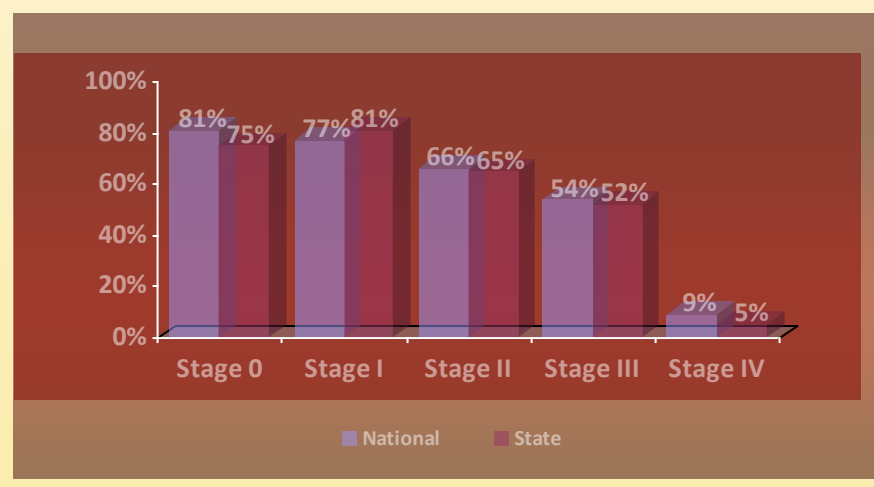
Colon cancer remains one of the most prevalent cancer diagnoses in the United States and the state of Kentucky. The statistics from new colon cancer cases diagnosed at HRMC in 2009 show that the rate of prevalence continues to mirror those seen nationwide. Colon cancer continues to maintain a spot in the top five types of cancer diagnosed in the United States.

The American Cancer Society estimates that approximately 101,700 new cases of colon cancer will be diagnosed in 2011, and approximately 49,380 deaths from colon and rectal cancer (combined) will occur in 2011. Thankfully, the numbers of new cases and deaths due to colon cancer have been declining for the past 15 years. However, it is the third most common type of cancer in men and women, and developing colon cancer carries a lifetime risk of 1 in 20 people.

Risk Factors

The risk factors that continue to contribute to acquiring colon cancer include factors that cannot be changed, such as age, previous diagnosis of polyps or colon cancer, history of inflammatory bowel disease, a family history of colorectal cancer, and/or history of certain familial syndromes, as well as factors that can be changed such as diet, obesity, lack of exercise, alcohol use, smoking, and type 2 diabetes.

5 Year Survival Rates for Colon Cancer



Colon Cancer Stages

- **Stage 0 colorectal cancer**- Cancer that is found only in the innermost lining of the colon.
- **Stage I** - Cancer that has spread beyond the inner lining of the colon to the second or third layers and involves the inside wall of the colon.
- **Stage II** - Cancers that are larger and extend through the muscular wall of the colon, but no cancer in the lymph nodes.
- **Stage III**- Cancers that have spread outside the colon to one or more lymph nodes.
- **Stage IV**- Cancers that have spread to other organs or parts of the body. The tumor may be any size and may or may not affect lymph nodes.



Colon Cancer is Treatable

Treatment for colon cancer varies depending on the stage at which the colon cancer exists. That's why cancer screenings and early diagnosis is so important. People who are at high risk for colon cancer or who have lifestyles that contribute to colon cancer risks should be screened early and treated if necessary.

Treatment of Stage 0 colon cancer may include a local excision or polypectomy. If the tumor is too large to remove by local excision, a resection and anastomosis may be necessary.

Stage I colon cancers usually require a resection and anastomosis. Stage II and III colon cancers may require resection and anastomosis as well as chemotherapy or biological therapy after surgery.

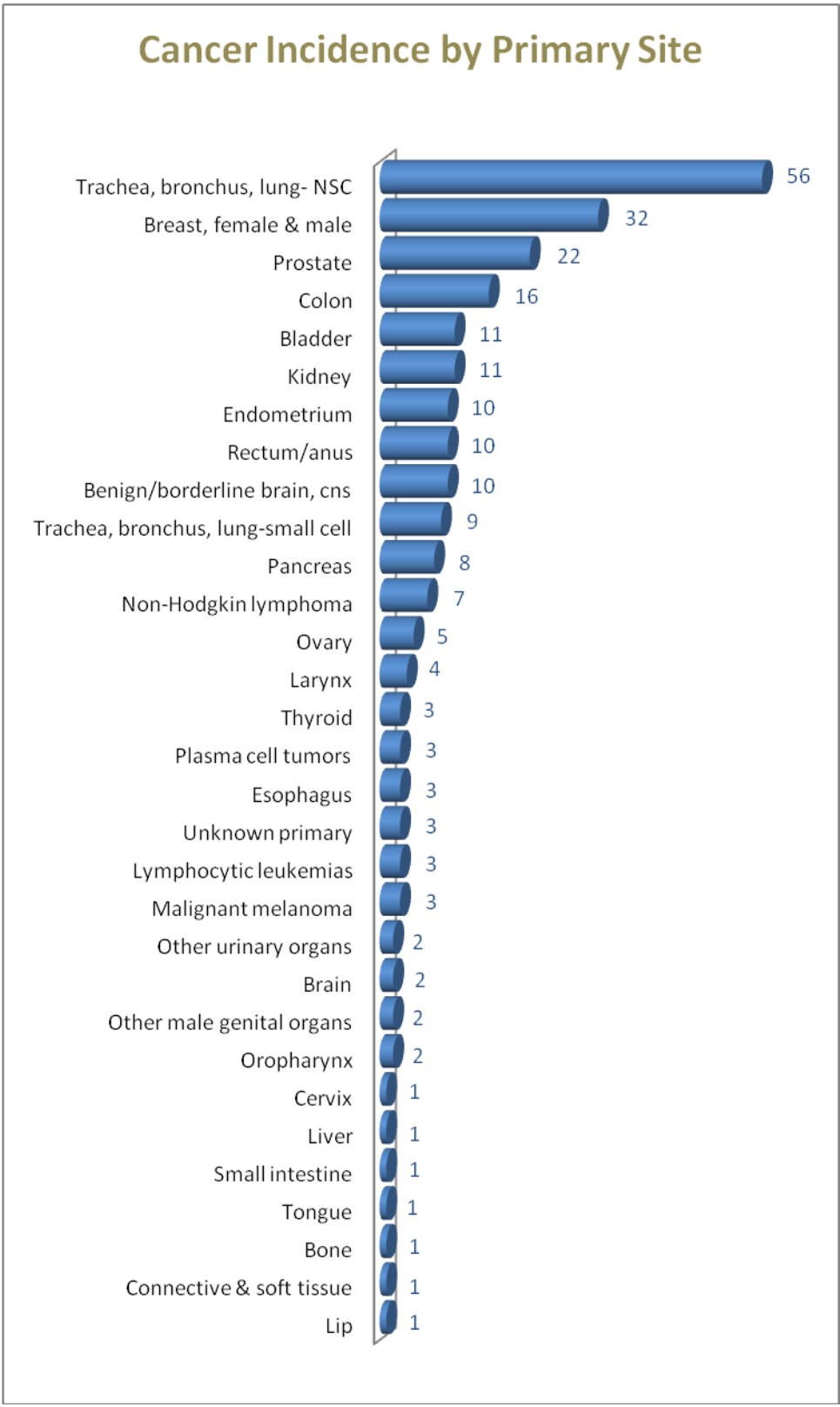
Stage IV colon cancer and recurrent cancer may require resection with or without anastomosis, surgery on other organs or parts of the body where cancer has spread, radiation therapy or chemotherapy and palliative therapy.

For more information on colon cancer treatment options visit the National Cancer Institute website at www.cancer.gov and search for Colon Cancer Treatment PDQ.

PDQ® is the National Cancer Institute's (NCI) comprehensive cancer database.

Cancer Registry Report

2009 Data- 244 Cases





2010 HRMC Cancer Committee

Kirti Jain, M.D. -Cancer Liaison
 Allen Stephens, D.O. -Chairman, Cancer Conference Coordinator
 Aaron Williams, M.D.
 Philip Zambos, M.D. -Diagnostic Radiology
 Syed Badrudduja, M.D. – General Surgery
 Chris Hoffman, C.O.O.
 Terry Booher, V.P. Patient Care Services
 Kathy Jackson- Director, Health Information Management
 Rebecca Osborne- Director, Performance Improvement
 Melissa Vance- Director, Community Services
 April Collins- Director, Utilization Review
 Cindy Scott- Clinical Dietician
 Deitra Hackworth- Educational Services
 Vylinda Howard- Director of Pharmacy
 Penny Marcum- Oncology Nurse
 Toby Music- Social Worker
 Tiffanie Buckner- ACS Representative