



Good Samaritan  
Hospital

*MedStar Health*

5601 Loch Raven Blvd.  
Baltimore, MD 21239

Cancer Registry: 443.444.3887

2011 Annual Report / 2010 Statistical Data / Lung Cancer Focus

# ONCOLOGY PROGRAM



# MESSAGE FROM OUR CHAIRMAN

The Good Samaritan Cancer Program had a great year of growth and achievement, allowing us to keep in the forefront of cancer therapy. This past year, we obtained digital mammography and acquired a cone beam CT for radiation therapy, allowing us to better localize our treatment to the cancer and decrease the radiation to surrounding tissue.

Dr. Lynne Skaryak, a minimally invasive thoracic surgeon and Dr. Joseph DiRocco, a minimally invasive colorectal surgeon have joined our staff. These surgeons will afford us the opportunity to perform cancer surgery in the lung and abdominal cavity with less side effects and allow patients a quicker recovery time.

Dr. Skaryak has initiated a multi-disciplinary lung cancer clinic at Good Samaritan Hospital. This will improve our coordination of care for lung cancer, our most commonly diagnosed cancer.

Dr. Thomas Reid, a medical oncologist has become the head of the combined Good Samaritan Hospital/Union Memorial Hospital cancer program. The program also allows us to expand our access to state-of-the-art therapy.

In conjunction with Union Memorial Hospital, we initiated holding a quarterly combined Neuro-Oncology Tumor Conference to discuss treatment planning and diagnosis.

Under research, Heather Williams, a research nurse, joined our staff. Subsequently, we have been approved by CALGB to participate in national clinical trials, giving our patients access to cutting-edge clinical research.

Under quality initiatives, our program has, once again, been approved for three years with commendation by the American College of Surgeons. In addition, we are participating with the American Society of Clinical Oncology and Medicare in performing quality care reviews.

In the next year, we plan to add a genetic counseling program, survivorship program and expand the cancer fatigue program. Also planned is increased access to PET/CT and expansion of our MedStar North Oncology Program.

*Davis Hahn*

# focus: LUNG CANCER

LUNG CANCER, ALTHOUGH DECREASING IN INCIDENCE OVER THE past five years, is still the number one cause of cancer deaths in both males and females. In 2011, approximately 220,000 people will be diagnosed as having lung cancer. The causes of lung cancer are multiple [i.e. radon environment, radioactive material, etc], but smoking remains the leading causative agent and to date, anti-smoking campaigns and legislation have had minimal impact in reducing the incidence rate.

In 2010, 59 new lung cancer cases were diagnosed at Good Samaritan Hospital. Twenty-six were female [44 percent] and 33 were male [56 percent]. Ninety-three percent of our new cases were current [25] or previous [30] smokers. Our patient population was older than the national average, with 15 percent younger than 60 years of age and 85 percent, 60 years and older. Twenty-Five percent had early stage disease [Stages 1 and 2], 29 percent had regional stage disease [Stage 3] and 45 percent had metastatic disease [see graph]. These are essentially identical to Maryland and the National averages. Seven patients had Small Cell Lung Cancer and 52 had Non-Small Cell Lung Cancer.

The purpose of this patient care evaluation was to ensure that our patients are receiving appropriate therapy—surgery or radiation alone for Stage 1 Non Small Cell Lung Cancer; combination therapy for Stage 2 and Stage 3 Non Small Cell Lung Cancer and Small Cell Lung Cancer; and palliative care for Stage 4 cancer. All treated patients with Stage 1 received either surgery or radiation therapy. Sixty-one percent of treated patients with Stage 2 and 3 lung cancer, received combination chemotherapy. This was better than the national average of 22 percent. The 39 percent of patients, who received single modality therapy, either refused combination therapy or were not offered the combination for medical reasons. This resulted in a five year survival rate essentially identical to the national average.

Our goals for the future are to continue to try to decrease our incidence of lung cancer through our smoking cessation program. We also plan to establish a lung cancer screening program and participate in lung cancer clinical trials.

In conclusion, Good Samaritan continues to offer, in a very user-friendly, patient-oriented setting, state-of-the-art therapy with access to advanced technology for lung cancer patients, utilizing combined modality treatment where medically indicated.





The Good Samaritan Hospital is pleased to have introduced the Cancer Fatigue Program as part of its treatment for oncology patients. The program began in early 2011 in an effort to treat the fatigue that is so prevalent among patients with cancer.

Feeling tired is the number one complaint expressed by our patients, and may be caused by the cancer treatments, the tumor itself, poor nutrition, pain, lack of sleep, stress, and lack of exercise. Because fatigue is a multidimensional problem, we believe the treatment should also be multidimensional.

During initial treatment, the patient is introduced to the concept that the healthy habits he learns in this program will not only increase endurance during treatment but will become a part of his life even when treatment is finished. To that end, the patient is scheduled to see a nutritionist, a mental

## spotlight: CANCER FATIGUE PROGRAM

health professional, physical and occupational therapy, and a pain management specialist. The patients are assessed by these professionals and coordinated treatment plans are developed.

During the course of the cancer journey, fatigue levels are assessed monthly, and appropriate treatment is prescribed. We monitor and treat anemia, electrolyte imbalances, thyroid function and more, prescribing medication, if needed, to improve fatigue. The cancer fatigue team meets periodically to discuss the progress and treatments of its patients. We hope to add many more patients to our program in the coming year.

### FOLLOW-UP OF ALL LIVING PATIENTS IS VITAL TO THE CANCER REGISTRY.

This information assists physicians when accessing patients who may return for check-ups, aids in early identification of recurrences and helps to determine treatment. In 2010, the average follow-up rate at Good Samaritan was 92 percent from the registry reference date [2005] and 93 percent for the past five-year reference date. During the middle of the year, it was recommended that we update our reference year from 1995 to 2005. This was approved by ACoS in June and the above numbers reflect the new dates and percentage rates.

### FOLLOW-UP RATES

	2005 Reference Year	5-Year Reference
Total Patients in Registry	2632	2210
Less Benign and Borderline Cases	7	7
Less CA in Situ Cervix	15	8
Less Basal and Squamous Cell Cancer of Skin	10	7
Less Foreign Residents	0	0
Less Patients Over 100 Years of Age	2	2
Less Non Analytic	400	315
Less Class of Case 0	53	53
<b>Subtotal</b>	<b>2145</b>	<b>1818</b>
Less Deceased Patients	989	796
<b>Adjusted Total [Living Patients]</b>	<b>1156</b>	<b>1022</b>
Less Patients Known Alive	984	894
<b>Total Lost to Follow-up</b>	<b>172</b>	<b>128</b>
Successful Follow-up	92%	93%
<b>Target</b>	<b>80%</b>	<b>90%</b>



# COMPARISON of common cancers

In 2010, the cancer registry accessioned 358 new, analytic cases into the database. The five most common malignancies seen at Good Samaritan Hospital during 2010 exhibit some changes since last year's report. While lung cancer still tops the list at 18 percent, the incidence of lung cancer diagnosed at Good Samaritan has decreased by 1 percent from the previous report [20 to 19 percent], but remains our number one diagnosed cancer.

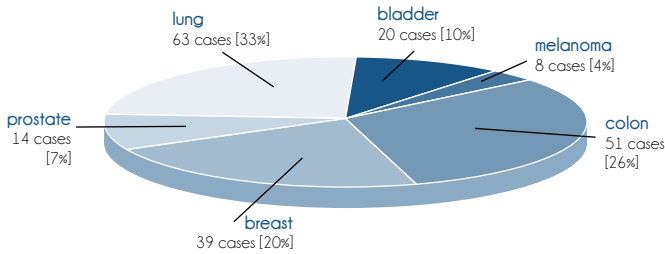
Colon cancer [14 percent] has become our second most diagnosed cancer at Good Samaritan but fourth nationally and in the state. These are followed by breast [11 percent], which has dropped to third at Good Samaritan, but remains ranked as second in the nation and state. Bladder [6 percent], meninges [5 percent] and prostate [4 percent] rank as fourth, fifth and sixth respectively at Good Samaritan. Of note is the fact that cancer of the meninges has taken fifth place at Good Samaritan and prostate has dropped to sixth, while melanoma has taken fifth place nationally and in the state.

Good Samaritan Hospital, cancer cases 2010

## PRIMARY SITE

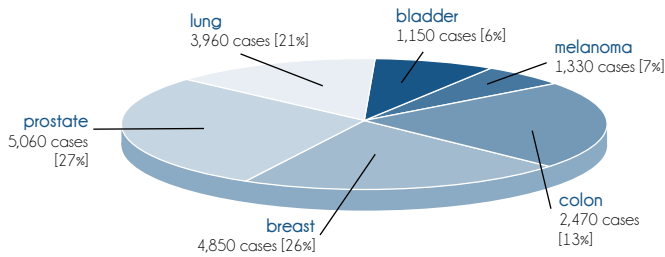
Primary Sites	# of cases	percent
Digestive System	89	25%
Respiratory System	69	19.2%
Breast	39	10.9%
Urinary System	38	10.6%
Brain/CNS	19	5.3%
Male Genital	17	4.7%
Endocrine	14	3.9%
Oral Cavity & Pharynx	13	3.6%
Lymphoma	12	3.3%
Leukemia	12	3.3%
Female Genital	11	3.1%
Skin	10	2.8%
Multiple Myeloma	6	1.7%
Soft Tissue	2	.6%
Eyes & Orbit	1	.3%
Unknown primary	6	1.7%
<b>Total</b>	<b>358</b>	<b>100</b>

### GOOD SAMARITAN HOSPITAL



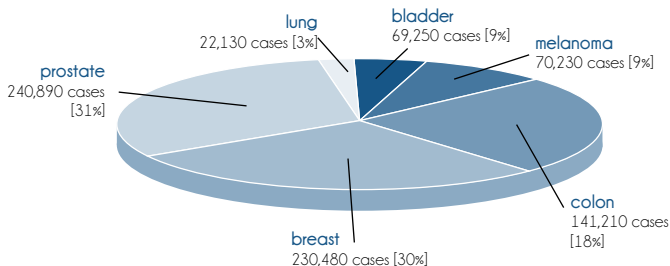
### MARYLAND CASES

estimated only [ACS; 2011]



### NATIONAL CASES

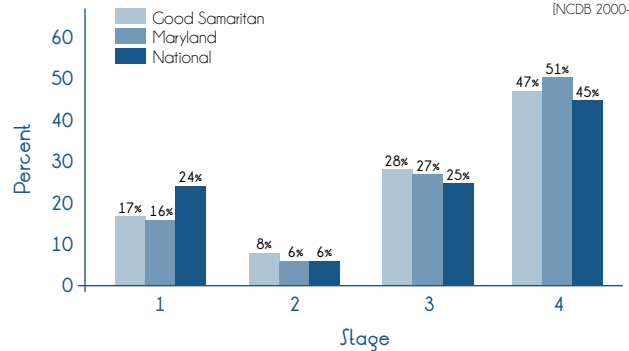
estimated only [ACS; 2011]



### STAGE COMPARISON

lung cancer

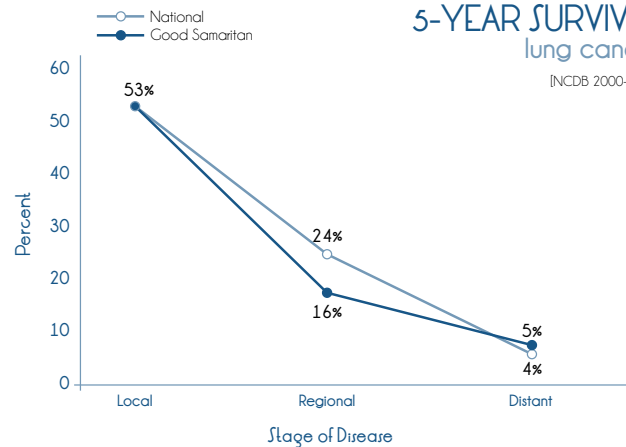
[NCDB 2000-2008]



### 5-YEAR SURVIVAL

lung cancer

[NCDB 2000-2008]



# COMPREHENSIVE SERVICES



## ONCOLOGIC SURGERY

Cryoablation  
 General, Abdominal, Thoracic,  
 Head and Neck, Neurologic,  
 Urologic and Gynecologic  
 Surgery  
 Sentinel Lymph Node Biopsy  
 for Breast and Melanoma

## MEDICAL ONCOLOGY

Biotherapy  
 Management of Red Cell,  
 Leukocyte and Platelet  
 Disorders  
 Outpatient Chemotherapy,  
 Hydration and Infusion  
 Therapy

## ONCOLOGY NURSING

Oncology Nursing Society  
 [ONS] Certification

## RADIATION ONCOLOGY

3D Conformal therapy  
 Digital Mammography  
 IMRT  
 Physics Support  
 Radiation Safety Officer  
 Simulation, CT Simulator  
 Transportation Assistance  
 Varian 2100 EX Linear  
 Accelerator

## IMAGING

1.5 Tesla MRI  
 Nuclear Medicine Studies  
 PET Scan  
 Spiral CT Scan  
 Vascular Interventional Services

## HOME CARE & HOSPICE

## REHABILITATION

Acute Post-Breast Surgery  
 Rehabilitation Program  
 Inpatient and Outpatient  
 Physical, Speech and  
 Occupational Therapy

Inpatient Comprehensive  
 Rehabilitation Program  
 Lymphedema Management  
 Transitional Care Unit

## QUALITY MANAGEMENT

Evaluation Studies  
 Outcomes Measurement,  
 Analysis and Decision  
 Support  
 Performance Improvement  
 Patient Care  
 Quality of Life Studies

## RESEARCH PROGRAM: CLINICAL TRIALS

## COMMUNITY OUTREACH & SUPPORT SERVICES

Cancer Screening and  
 Education Program  
 Costa Memorial Support  
 Services Program  
 Parish Nurse Program  
 Pastoral Care  
 Patient Resource Navigator

**THE CANCER COMMITTEE** is a standing committee of the Medical Staff that includes membership from diagnostic and therapeutic specialties, as well as allied health professionals and other staff involved with the cancer patient care team. The purpose of the Cancer Committee is to oversee all issues related to cancer care, and to identify, assess, organize, plan and implement cancer-related activities at Good Samaritan. The Cancer Committee meets quarterly, maintains a permanent record of its findings, proceedings and actions, and reports to the Medical Executive Committee [MEC].

Davis Hahn, MD, Chairman - Medical Oncology  
 Christen Alevizatos, MD - Urology  
 Jill Anderson, PT - Outpatient Rehabilitation  
 Dale Buchbinder, MD - Surgery  
 Terina Chen, MD - Pathology  
 Kelly Fagan - Case Manager  
 Paul Fowler, MD - Radiation Oncology  
 Shelley Garfield - MedStar Health VNA  
 Francesco Grasso, MD - Colorectal Surgery  
 Phyllis Gray - Director, Oncology Program  
 Carole Hayward - Radiation Oncology

Marie Hill, RN - Radiation Oncology  
 Avraam Karas, MD - Thoracic Surgery  
 Anne Krackow, PhD - Patient Resource Navigator  
 Barton Lane, MD - Radiology  
 Moira Larsen, MD - Pathology  
 Dennis Lee - Clinical Pharmacist, Oncology  
 Gail Molinari - American Cancer Society  
 Jeanette Nimon, RN, OCN - Oncology Nursing  
 Charles Padgett, MD - Medical Oncology  
 Thomas Reid, MD - Chief, Hematology & Med. Oncology  
 Fr. Jim Reusing - Pastoral Care

Howard Richard, MD - Interventional Radiology  
 Thomas J Senker - Administration  
 Lynne Skaryak, MD - Thoracic Surgery  
 Chris Stromyer, RHIA, CTR - Tumor Registry  
 Francis Velez, MD - Surgery  
 Debbie Wagner, RN - Nursing Education  
 Ken Walsch - Quality Management  
 Jeremy Weiner, MD - Surgery  
 Thomas Wilson, MD - Palliative Medicine  
 Jennifer Wilkerson - Strategic Planning  
 Heather Williams, RN - Research Coordinator

Proud to be recognized by the American College of Surgeons.

At Good Samaritan, our providers are focused on offering the best cancer care closer to home. In fact, our oncology program has been recognized by the Commission on Cancer of the American College of Surgeons. Only one in four hospitals that treat cancer receives this special approval. It is a recognition of the quality of our comprehensive, multidisciplinary patient care.



Good Samaritan  
 Hospital  
 MedStar Health

Good Samaritan Hospital  
 5601 Loch Raven Boulevard  
 Baltimore, MD 21239  
 443.444.8000  
[goodsam-md.org](http://goodsam-md.org)