CHAIRMAN’S MESSAGE

K. Joseph Philip, MD
Section head, Medical Oncology/Hematology
Chairman, Cancer Activities Committee
Board certified in Oncology/Hematology

I am pleased to present the annual report for the Cancer Program at Swedish Covenant Hospital for 2009, reflecting 2008 data.

This report highlights our state of the art cancer care and cancer-related education for the community and medical professionals. Swedish Covenant Hospital is fortunate to have an outstanding team of professionals, physicians, nurses, social workers, nutritionists, data managers and religious leaders dedicated and motivated to delivering the highest quality cancer treatment and education. I am convinced that there is no finer team or organization focused on cancer care.

For our efforts, the Commission on Cancer has named us a Comprehensive Community Cancer Center with Commendation, which is one of the highest honors a Cancer Program can receive.

This title reflects the consistent, high performance and unparalleled cancer care we offer to our patients, their families, and health professionals.

The future of our cancer program is bright, thanks in large part to the substantial number of our patients enrolled in our clinical trials and research protocols.

I would like to extend special thanks to members of the Cancer Committee and all dedicated caregivers who have worked so hard to maintain one of the highest organization ratings since 2002.
TUMOR BOARD CONFERENCES
The Cancer Committee conducted more than 80 tumor board cancer conferences in 2008, where more than 75 percent of newly diagnosed analytic cases at Swedish Covenant Hospital were prospectively reviewed. Surgeons, pathologists, radiologists, medical and radiation oncologists and other specialists participated in these conferences. This weekly forum facilitated interactive multidisciplinary discussions about current research, therapeutic treatment guidelines and recommendations for prospective patient treatment planning. Tumor staging for treatment planning was discussed and documented by the Data Management office staff. This important physician education and patient care quality initiative is supported by participating physicians and other healthcare professionals.

PATIENT CARE ENHANCEMENTS
Quality and performance improvements are an essential part of our accredited cancer program. In 2008, Swedish Covenant Hospital’s improvements included educating the public on methods of prevention, identifying barriers for women getting mammograms as part of an overall program to increase mammogram rates in our community and ensuring patients received outstanding care in compliance with the National Comprehensive Cancer Network guidelines.

QUALITY IMPROVEMENT STUDIES
Swedish Covenant Hospital annually completes and reviews Quality and Outcome studies. In 2008, Dr. Gary Schreiber conducted a study on carcinoma of the gastrointestinal system; Dr. Joseph Philip conducted a bone marrow study and a five year survival review on breast cancer with comparisons to the National Cancer Data Base; and Dr. Cecylia Mizera reviewed an ongoing study on the national quality measurement reviews for colon cancer and breast cancer. The criteria for the studies was reviewed and approved by the Swedish Covenant Hospital Cancer Committee.

CANCER COMMITTEE
The Swedish Covenant Hospital Cancer Committee meets quarterly and is a group of healthcare professionals representing administration, nursing, education, social services, quality management and data management. The Cancer Committee is dedicated to the evaluation of patient care and exploring opportunities for improvement, collaborating with the American Cancer Society to address the needs of our patient population. Representatives from the American Cancer Society attend the Cancer Committee meetings once or twice a year and provide valuable information about programs and resources available to the public.
Patient Care Evaluation studies have identified trends toward better staging at the time of diagnosis and increased use of multimodality therapy in definitive therapy. This 2008 quality improvement study analyzes age, stage, gender and survival of Non-small Cell Lung Cancer (NSCL). The data was compared with national statistics of the same time period.

According to the American Cancer Society, lung cancer accounts for the most cancer-related deaths in both men and women. An estimated 161,840 deaths, accounting for about 29 percent of all cancer deaths, occurred in 2008.

There were a total of 349 NSCL cases diagnosed and treated from 2002 to 2007 at Swedish Covenant Hospital. The prognostic factors in the reviewed cases indicated that 59 percent of the cases had a history of smoking or had been exposed to secondary smoke. Five percent of the cases had a family history of Lung Cancer, and 10 percent had a history of alcohol in-take.

**Gender Distribution**
The gender distribution revealed that the number of cases in the male population was higher than the female age group.

**American Joint Committee on Cancer (AJCC) Stage Distribution**
The AJCC stage at time of presentation revealed that the male incidence was slightly higher than the females, in comparison to Stage IV where the female incidence was significant higher than the male population. Please note that Swedish Covenant Hospital serves an older patient sub-group.

**Summary of Stage Distribution**
The summary of stage revealed that 26 percent of the cases presented with local disease at diagnosis.
Lung cancer has one of the lowest survival outcomes of any cancer because more than two-thirds of patients are diagnosed at a late stage when curative treatment is not possible. Earlier diagnosis and referral to specialists would make a significant difference in survival rates.

Many patients are elderly with co-existing co-morbid problems making them unfit for radical treatment. However, new surgical techniques may enable more patients with complex medical problems to benefit from surgery.

**Five Year Survival Analysis**

Swedish Covenant Hospital’s findings on the five year survival by stage are similar to national five year survival by stage findings from the National Cancer Data Base.

In conclusion, the review of lung cancer for diagnosis and treatment between 2002 and 2007 indicates similar national average outcomes. At Swedish Covenant Hospital, we remain committed to excellence in the diagnosis and treatment of cancer.

**CANCER DATA MANAGEMENT REPORT**

Maribel Romero, CTR, CPE  
*Data manager, Section of Oncology/Hematology*

The Cancer Data Management System and Cancer Registry at Swedish Covenant Hospital has populated its database with demographic, diagnostic, staging, treatment and follow-up information on analytic and non-analytic cases. The registry annually follows the progress of these patient cases to ensure accurate survival statistics. Swedish Covenant Hospital maintains a follow-up rate of 91.8 percent, which exceeds the Commission on Cancer rate of 90 percent.

Our hospital reports all data on a monthly basis to the Illinois State Cancer Registry, which is part of the Illinois Department of Public Health, and annually to the National Cancer Database (NCDB), the data management system for hospitals and programs approved by the Commission on Cancer.

The NCDB uses the submitted data for comparative studies that evaluate oncology care and provides a benchmark summary of cancer care and survival in the United States. The NCDB is co-sponsored by the American Cancer Society and the American College of Surgeons.

The Cancer Activities Committee at the Swedish Covenant Hospital authorized our 2008 data, including site and stage data submission, to the NCDB to be posted to the American Cancer Society’s website, www.Cancer.org. The Facility Information Profile System appears on this website, allowing patients to view the types of cancers diagnosed and treated at a particular facility. This can help patients make more informed decisions about their cancer care.

Swedish Covenant Hospital also uses the collected data to evaluate incidence rates for the entire state and compare data in regional, county and national studies and conferences.
Site Distribution
The American Cancer Society’s Surveillance Research estimated that 1,437,180 new cancer cases would be diagnosed in Illinois in 2008.

Swedish Covenant Hospital
2008 Five Most Common Cancer Incidence

Breast cancer continues to be the most frequently diagnosed and/or treated cancer at Swedish Covenant Hospital, followed by colo/rectal, lung, prostate and bladder cancers respectively.

Staging
To help physicians evaluate the patient’s disease at diagnosis, estimate prognosis, guide treatment, evaluate therapy and access the results of early cancer detection, the AJCC has established a TNM Staging Classification based on the premise that cancers of similar sites and histologies share similar patterns of growth and extension.

In the TNM staging system:
— T relates to extent of the primary tumor
— N relates to lymph node involvement
— M indicates the presence of distant metastases

The combination of the TNM provides a stage group classification of Stage 0, 1,2,3,4, or unstageable. Cancers may be unstageable because no AJCC staging classification exists for the site. For example, leukemias, unknown primaries and primary brain tumors cannot be staged using the AJCC criteria. Also, patients may be unstageable because they choose to forego treatment or further testing needed to determine the appropriate stage.

2008 PRIMARY SITE TABULATION WITH COMPARISON TO THE AMERICAN CANCER SOCIETY

Comparison with national statistics from the American Cancer Society (ACS) demonstrates that Swedish Covenant Hospital (SCH) Breast Cancer incidence accounted for 15 percent, which is similar to the ACS’ 13 percent. The Colo/Rectal Cancer incidence at SCH was 13 percent, which is higher than the national norm of 11 percent. The Prostate incidence was lower at SCH than the ACS’ 8 percent. The Lung Cancer incidence at SCH was 11 percent in comparison with the ACS’ 15 percent. The Urinary Bladder incidence was identical for SCH and ACS at 5 percent. The remaining anatomical sites were similar to the national statistics.

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<thead>
<tr>
<th>Site</th>
<th>SCH</th>
<th>ACS</th>
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<tbody>
<tr>
<td>BREAST</td>
<td>15%</td>
<td>13%</td>
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<tr>
<td>COLO/RECTAL</td>
<td>13%</td>
<td>11%</td>
</tr>
<tr>
<td>LUNG</td>
<td>11%</td>
<td>15%</td>
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<tr>
<td>PROSTATE</td>
<td>8%</td>
<td>13%</td>
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<tr>
<td>URINARY BLADDER</td>
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<td>LYMPHOMA</td>
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<tr>
<td>STOMACH</td>
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<td>2.8%</td>
</tr>
<tr>
<td>PANCREAS</td>
<td>3%</td>
<td>3%</td>
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2008 CANCER COMMITTEE MEMBERS

Joseph Philip, MD, Chairman, Medical Oncology
Cecylia Mizera, MD, Physician Liaison, Surgery
Heather Bolser, RN, Nurse Navigator
Jenise Celestin, Community Relations
Loren E. Dardi, MD, Pathology
Grace Golden, Clinical Trials Director
Javed Imam, MD, Medical Oncology
Jose La Luz, Pastoral Care
Carol Levi, MD, Gynecology
Bassam Matar, MD, Medical Oncology
Alan Matson, MD, Radiology
Elizabeth Miniscalco, RN, Cancer Program Manager
Cora Nisavic, RN, Quality Improvement
Mary O’Neal, RRA, Medical Records Director
Melissa Pelayo, Tumor Registry
Maribel Romero, CTR, Oncology Data Manager
Chuck Rosenberg, RN, Nursing Administration
Gary Schreiber, MD, Radiation Oncology
Mary Shehan, RN, Nursing Administration
Jessica Smith, American Cancer Society
Peter Vaselopulos, MD, Urology