



2001

TAYLOR COUNTY HOSPITAL
CANCER PROGRAM
ANNUAL REPORT



1700 Old Lebanon Road
Campbellsville, KY 42718
270-465-3561



CHAIRMAN'S REPORT FOR 2001

ANNUAL CANCER REPORT

IT HAS BEEN A PRIVILEGE FOR ME TO SERVE AS CHAIRMAN of the Cancer Committee and as Cancer Liaison for the American College of Surgeons for a fantastic rural cancer program at Taylor County Hospital. Taylor County Hospital has been involved in cancer care now for almost a decade on a formal basis, and we continue to make great progress. We are anticipating having radiation services in Taylor County in 2003. Progress is being made in that endeavor.

We continue to provide a van service to Louisville's Brown Cancer Center. In 2001, we had 1,399 patients who took advantage of that service.

We continue to have a very strong Medical Oncology Clinic. Dr. Thomas Woodcock provides service to this clinic on Tuesday. The oncology nurses provide an outstanding patient care in delivering chemotherapy to the many patients in that clinic. In 2001, there were 2,235 patients seen in the clinic.

We continue to also provide clinical trials to patients who want to participate in these programs to try and better the understanding of how to treat cancer.

We also continue to provide brachytherapy at Taylor County Hospital and Dr. Baby Jose from the Brown Cancer Center assists Dr. James Angel in performing these treatments. Last year, 22 patients received such therapy.

I have served as the State Chairman for the Cancer Liaison for the American College of Surgeons. It has been a privilege to be able to serve.

I feel fortunate that I have been able to participate for a number of years with Taylor County Hospital in this outstanding program. I anticipate that we can make great progress. I would particularly like to thank Dr. Thomas Woodcock for his efforts in providing medical oncology at Taylor County Hospital and Dr. William Spanos for his efforts in providing radiation oncology, and the Brown Cancer Center in providing a van for transportation between Taylor County Hospital and the Brown Cancer Center. Hopefully, in the next few months, we will be able to provide radiation therapy to our patients locally and we will expand our medical oncology.

I would like to thank all members who have served on the Cancer Committee in the year 2001. We appreciate all the hard work they have done.

Sincerely,

Eugene H. Shively M.D. FACS

Eugene H. Shively, M.D.

Faculty American College of Surgeons

Chairman, Cancer Committee

Clinical Professor of Surgery, University of Louisville

Associate Clinical Professor of Surgery, University of Kentucky

Kentucky State Chair of the Commission on Cancer

of the American College of Surgeons

2001 CANCER REGISTRY REPORT

THE CANCER REGISTRY AT TAYLOR COUNTY HOSPITAL IS A computerized data center that compiles demographic, diagnostic and therapeutic information for those cancer patients diagnosed and/or treated at Taylor County Hospital. Taylor County Hospital's Cancer Registry has been in existence since 1987. Since that time, 2,945 cases have been abstracted into the Cancer Patient Data Management System. Like all hospitals in the state, the Cancer Registry at Taylor County Hospital reports the data to the Kentucky Cancer Registry based in Lexington, Kentucky. It is also used to provide the patient, medical staff and community with meaningful data in relation to the diagnosis and treatment of cancer.

Analysis of registry data is used to identify the incidence of cancer and stage at diagnosis. Areas of interest can be retrieved from the registry, including type of cancer, age at diagnosis and county of residence. Data are used to select topics for cancer screenings and education programs.

There are two categories of cancer cases. The analytic category includes cases first diagnosed and/or having received all or part of the first course of therapy at TCH. We had 210 analytic cases in the year 2001. Non-analytic cases are treated at TCH after having received a first full course of therapy elsewhere. There were 8 non-analytic cases reported.

Lifetime follow-up is required on all analytic cases entered into the registry. The follow-up rate for cases accessioned from 1987 to 2001 is 91%. This exceeds the American College of Surgeons standard of 90%. Patients benefit from this process, as it helps remind them that continued, routine medical examinations ensure early detection of any possible cancer recurrence.

Approval of our Cancer Registry by the American College of Surgeons also requires quarterly Cancer Committee meetings be conducted. This standing committee is also composed of members from each specialty. The committee's purpose is to provide leadership, to plan, initiate and supervise all cancer related activities to ensure that a state-of-the-art cancer program is available at the institution.

Another component of the Cancer Program is the Tumor Conferences. These conferences occur on the fourth Tuesday of each month. The conference's purpose is to provide multidisciplinary consultative services to cancer patients. Physician representatives and other healthcare professionals from appropriate disciplines provide a team approach in treating oncology patients. Patient-oriented care conferences improve care, while educating the Medical Staff members of supportive services. These conferences are approved for 1 (one) Continuing Medical Education (CME) credit for physicians. Each and every patient diagnosed and/or treated here at Taylor County Hospital is presented for discussion at these monthly conferences regarding diagnosis, management, stage of disease, treatment options and studies related to new developments in oncology. This is above and beyond the standard set by the American College of Surgeons.

We at TCH are very proud of our Cancer Program and continue to strive for ongoing improvement. For more information regarding the Cancer Registry, or for requests for data, please contact Jennifer Smothers or Sam Underwood at (270) 465-3561, ext. 2329.

Jennifer Smothers, CTR

patients were treated at the
TCH oncology clinic in 2001.

2,235

91%

cancer registry
follow-up rate

2001 REPORT ON PROSTATE CANCER

PROSTATE CANCER REPRESENTS THE MOST COMMONLY diagnosed cancer in men in the United States. An estimated 189,000 new cases of prostate cancer were detected in the United States in 2002. Prostate cancer is the second most common cause of cancer death in men in the United States. Only lung cancer is responsible for more cancer deaths than prostate cancer. Therefore, in a population of non-smokers, prostate cancer represents the most common cause of cancer death in men. An estimated 30,200 deaths will occur in the United States secondary to prostate cancer in 2002. The incidence of prostate cancer reached a peak between 1988 and 1992 and then the incidence dramatically decreased in interval from 1992 to 1995. From 1995 through 1998, the number of new cases of prostate cancer in the United States leveled off. This represents early detection secondary to the development of the PSA (Prostate Specific Antigen) blood test in an unscreened population prior to 1988 and subsequently, its continued use has resulted in a leveling off of the number of new cases detected.

Symptoms of prostate cancer are fairly insidious. They are similar to symptoms of benign conditions such as benign prostatic hyperplasia or prostatitis and include urinary frequency, difficulty in voiding and low back pain. Most frequently, prostate cancer is detected in relatively asymptomatic men who have a prostate nodule or an elevated PSA. Risk factors for prostate cancer include age and race. The older the patient gets, the more frequently prostate cancer is detected. More than 70% of all prostate cancers are detected in men 65 years of age and older. The incidence of prostate cancer is highest among African American population and lowest among Asian descent peoples. Annual screening for prostate cancer should begin at age 50 in the general population and should involve digital rectal examination and a PSA determination. Because of the increased risk to African American men, screening should begin at the earlier age of 45. Patients who have a strong family history of more than one (1) primary relative with prostate cancer should begin early screening at age 40.

Treatment modalities for prostate cancer depend upon the age, stage of the cancer and other medical conditions of the patient. These vary between surgery, different forms of radiation therapy. Hormone therapy and a combination of chemotherapy and hormone therapy. Watchful waiting is also considered appropriate in order age group patient with low grade and/or early stage tumors. Approximately 80% of all prostate cancer currently is discovered in either a local or regional stage. The five (5) year survival rate for these patients is approaching 100%. Over the past 20 years, survival rates for all stages combined has increased from approximately 67% up to 96%.

There is significant variation of the statistics at Taylor County Hospital from the national statistics and these may be in part be due to local demographics and availability of overall healthcare professionals. Prostate cancer represents 34% of the total cancer cases detected at Taylor County Hospital which is of course nearly twice the percentage of national statistics because this reflects the total cancers detected in both men and women. There was a total of 218 cases of cancer diagnosed and treated at Taylor County Hospital, 43 of which were prostate cancer cases detected in 2001. 41 of these cases were diagnosed and treated at Taylor County



2001 CANCER COMMITTEE MEMBERS

Eugene H. Shively, M.D.
Chairman

James Dunnington, M.D.
Pathology

James R. Angel, M.D.
Urology

James A. Ewing, M.D.
ENT

Scott Miller, M.D.
Radiology

Thomas Woodcock, M.D.
Chemotherapy

William Spanos, M.D.
Radiation Oncology

John Garner, M.D.
General Practice

Joel Eade, M.D.
Internal Medicine

Donald Shackelford, M.D.
OB/GYN

Kathy Brock, NSA
Nursing Services
Administrator

Angie Skaggs, Pharm.D.
Pharmacy

Pam Reed, OCN
Chemotherapy

Michele Dickens, RN
Education

Lisa Haliday, RN
TCH Home Services

Carol Wright, RN
Director, Chemotherapy/ER

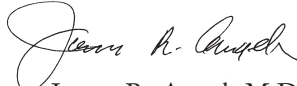
Faye Veatch, RN
Discharge Planning

Lisa Dunnington, RHIT
Director Healthcare
Information

Jennifer Smothers, CTR
Cancer Registry
(Coordinator)

Hospital. 31% of these cases elected for surgery only and 36% received radiation therapy only. 47% of the patients had a family history of prostate cancer which is somewhat higher than the national average. Average age at diagnosis was 68 years which is fairly close to the national average with the youngest being 48 and the oldest being 94. 93% of the patients were of white race and only 7% were black race. Approximately one-third of the cases detected were from Taylor County Hospital and the remainder were from surrounding counties. A large proportion of prostate cancer detected at Taylor County Hospital versus other types of cancer most likely represents the scope of urologic practice at Taylor County Hospital and the fact that I provide, probably, the largest percentage of urology care, not only in Taylor County, but to several surrounding counties whereas other types of cancer may be treated at other hospitals. Another significant deviation from the national statistics is percentage of prostate cancer cases detected in African American versus the white population. A large part of this probably also represents the demographics of our area and the fact that there is probably a large percentage of white patients versus African American patients in our area than in many of the urban areas of the state. This is certainly a factor that needs to be looked into more carefully and every effort needs to be made to ensure that screening, early detection and treatment is emphasized in the African American population who are at greatest risk for this disease. Several new factors for early detection including determination of free and total PSA, complexed PSA may be of value in screening patients for prostate cancer and then follow up. Investigation also continues on new tumor markers for prostate cancer.

Currently, here at Taylor County Hospital, the newest treatment modalities have been offered to the patients including Transrectal Ultrasound Guided Transperineal Brachytherapy of the prostate gland. Last year, the ten (10) year statistics were released for brachytherapy and overall, about 80-85% of the patients remained cancer-free according to PSA values after 10 years. Certainly, this represents an exciting treatment modality and compares favorably to Radical Prostatectomy. If this trend continues to 15 year cancer-free survival statistics, brachytherapy may become the dominant form of treatment of local stage prostate cancer in the United States. The Brown Cancer Center in Louisville has the largest population of patients treated with brachytherapy in the state. Post-implant dosimetry calculations indicates that patients treated at Taylor County Hospital had between 96-98% of the seeds placed correctly which represents the best brachytherapy treatment statistics in the state and compares favorably to the best results in the world. Efforts are currently underway to construct a regional cancer center where external beam radiation therapy can also be provided to patients locally. These results and our continuing efforts represent the mission of Taylor County Hospital and its physicians to provide for our patients the best cancer therapy that is available anywhere.


James R. Angel, M.D.

PROSTATE CANCER STUDY

1996 vs
2001 DATA

1996 PROSTATE CASES

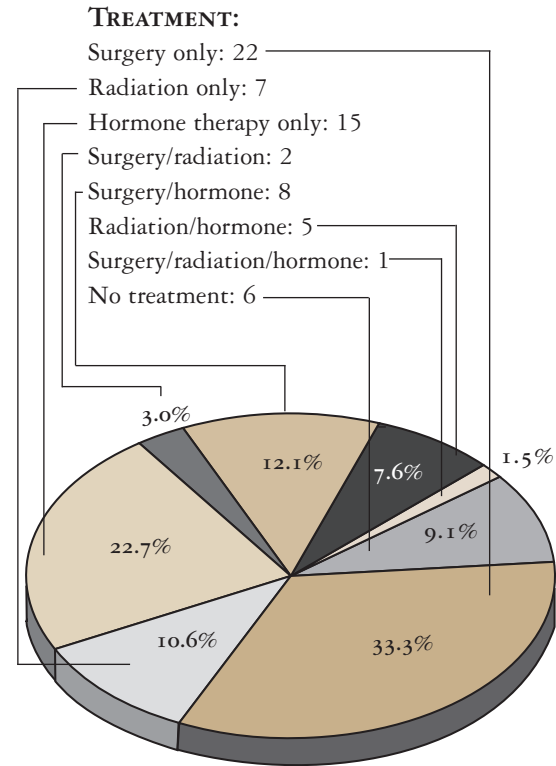
Total cases: 66
Race: White: 65
Black: 1

Age Range: 57-88 yrs old
Mean Age: 71 yrs old

Family history of prostate cancer:
Yes: 1 No: 20 Unknown: 45

AJCC Stage at Diagnosis:

Stage 0: 1
Stage 1: 17
Stage 2: 15
Stage 3: 6
Stage 4: 2



2001 PROSTATE CASES

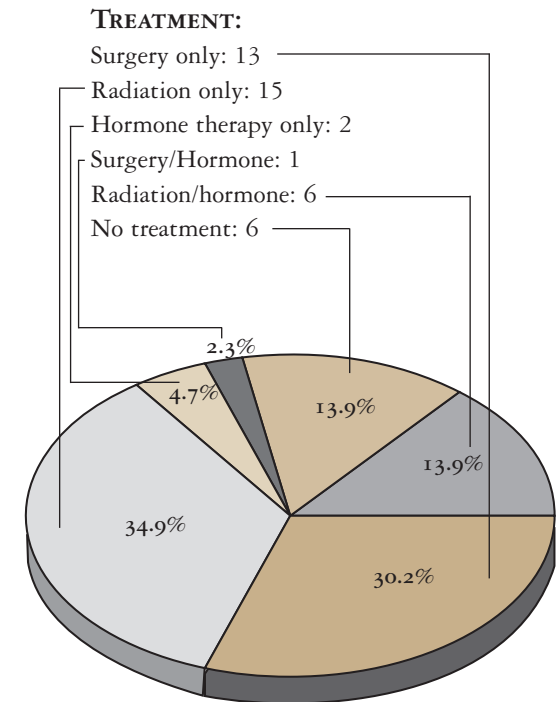
Total cases: 43
Race: White: 40
Black: 3

Age Range: 48-94 yrs old
Mean Age: 68 yrs old

Family history of prostate cancer:
Yes: 4 No: 20 Unknown: 19

AJCC Stage at Diagnosis:

Stage 0: 1
Stage 1: 37
Stage 2: 1
Stage 3: 1
Stage 4: 4

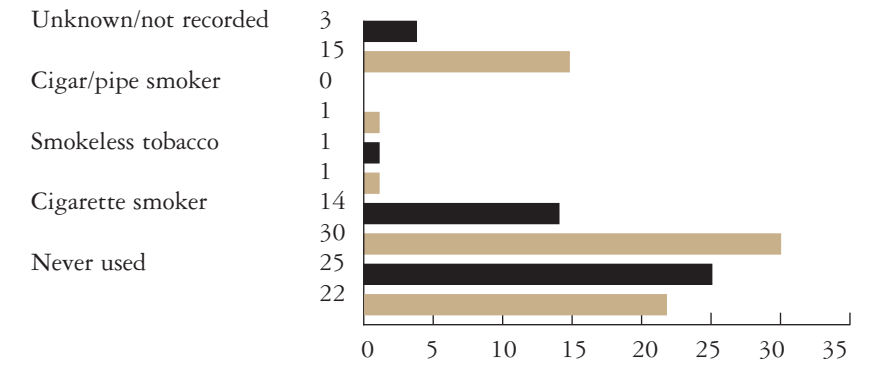


ALL PROSTATE CASES IN 1996 VS

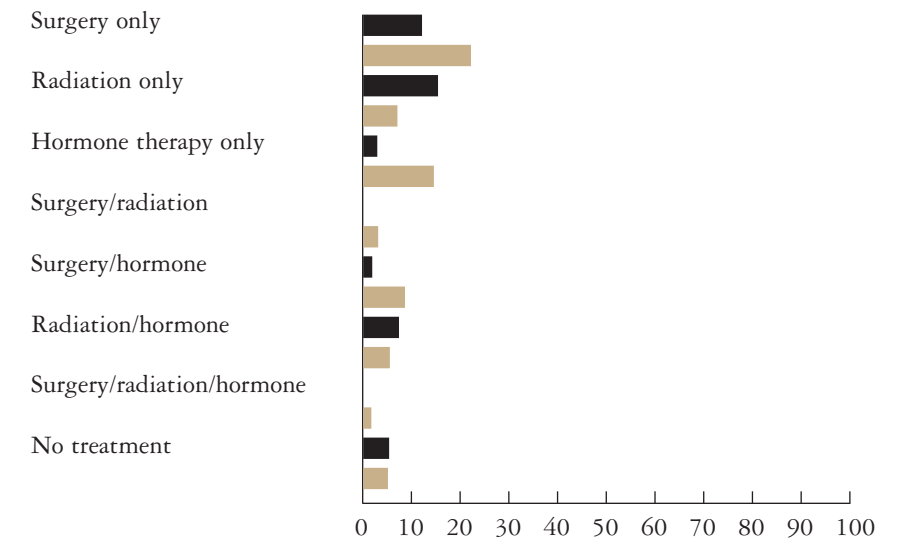
ALL PROSTATE
CASES IN 2001

1996
2001

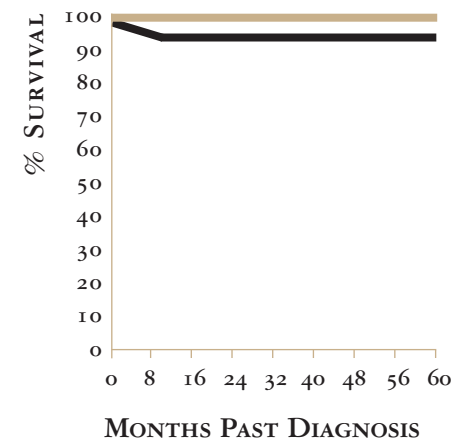
SMOKING HISTORY



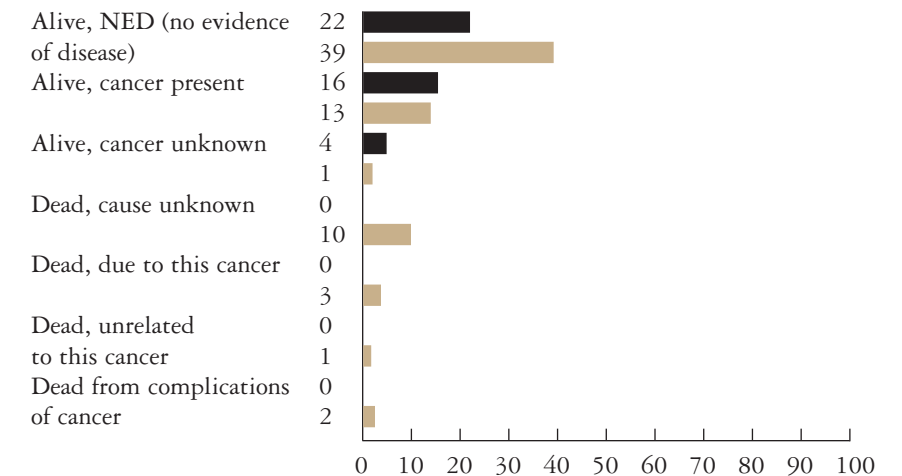
TYPE OF TREATMENT



5-YEAR SURVIVAL CURVE 1996 vs. 2001



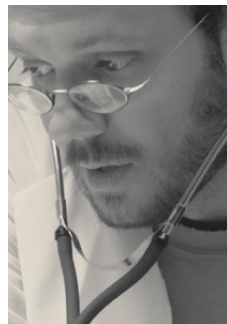
CASE SURVIVAL STATUS



of all prostate cancers
are detected in men 65
years of age and older.

70%

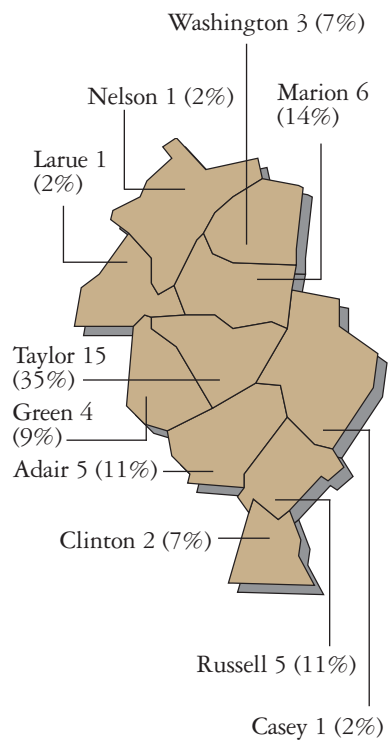
more
than





**2001 CASE
FREQUENCY REPORT**

**2001 PROSTATE
CANCER CASES
BY COUNTY OF
RESIDENCE**



SITE	COUNT	PERCENT
Prostate	43	19.7%
Breast, female & male	30	13.8%
Trachea, bronchus & lung – Non-small cell	22	10.1%
Colon	20	9.2%
Bladder	17	7.8%
Kidney	11	5.0%
Non-Hodgkin's Lymphomas	8	3.7%
Rectum/Anus	7	3.2%
Trachea, bronchus & lung – Small cell	6	2.8%
Stomach	6	2.8%
Esophagus	5	2.3%
Unknown Primary	4	1.8%
Larynx	4	1.8%
Endometrium (corpus uteri)	4	1.8%
Malignant melanoma	3	1.4%
Lip	2	0.9%
Tongue	2	0.9%
Oropharynx	2	0.9%
Nasal cavities, sinuses, ear	2	0.9%
Connective & soft tissue	2	0.9%
Other skin	2	0.9%
Testes	2	0.9%
Hodgkin's Lymphoma	2	0.9%
Plasma cell tumors	1	0.5%
Lymphocytic leukemias	1	0.5%
Gum & hard palate	1	0.5%
Floor of mouth	1	0.5%
Nasopharynx	1	0.5%
Pancreas	1	0.5%
Other digestive tract	1	0.5%
Cervix	1	0.5%
Ovary	1	0.5%
Myeloid leukemias	1	0.5%
Other leukemias	1	0.5%
Thyroid	1	0.5%
TOTAL	218	100%

**2001 PRIMARY
SITE TABLE**

SITE	ANALYTIC	NON-ANALYTIC	MALE	FEMALE	TOTAL
Lip	2	0	1	1	2
Tongue	2	0	1	1	2
Gum & Hard Palate	1	0	0	1	1
Floor of Mouth	1	0	0	1	1
Oropharynx	2	0	1	1	2
Nasopharynx	1	1	1	1	2
Esophagus	5	0	3	2	5
Stomach	6	0	5	1	6
Colon	20	0	10	10	20
Rectum/Anus	7	0	5	2	7
Pancreas	1	0	0	1	1
Other Digestive Tract	1	0	0	1	1
Nasal Cavities, Sinuses, Ear	2	0	2	0	2
Larynx	4	0	3	1	4
Lung – Small Cell	6	0	3	3	6
Lung – Non-Small Cell	21	1	14	8	22
Connective & Soft Tissue	2	0	2	0	2
Malignant Melanoma	3	0	2	1	3
Other Skin	2	0	2	0	2
Breast, Female/Male	30	0	0	30	30
Cervix	1	0	0	1	1
Endometrium	4	0	0	4	4
Ovary	1	0	0	1	1
Prostate	41	2	43	0	43
Testis	2	0	2	0	2
Bladder	17	0	11	6	17
Kidney	11	0	6	5	11
Thyroid	1	0	0	1	1
Hodgkin's Lymphoma	2	0	2	0	2
Non-Hodgkin's Lymphoma	8	0	1	7	8
Lymphocytic Leukemia	1	0	1	0	1
Myeloid Leukemia	1	0	1	0	1
Other Leukemias	1	0	1	0	1
Unknown Primary	0	4	3	1	4
TOTALS	210	8	126	92	218



TCH cancer cases have been abstracted into the Cancer Patient Data Management System since 1987.

2,945

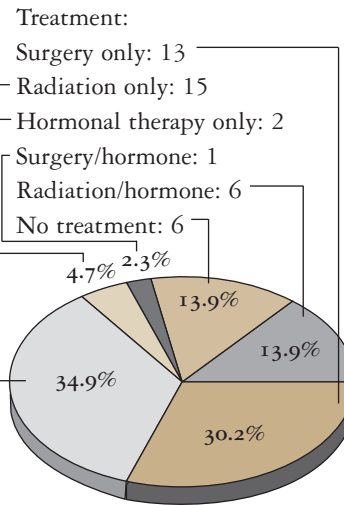


2001 HIGH FREQUENCY CANCERS

PROSTATE

Number of cases: 43
Age Range: 48-94 Mean Age: 68

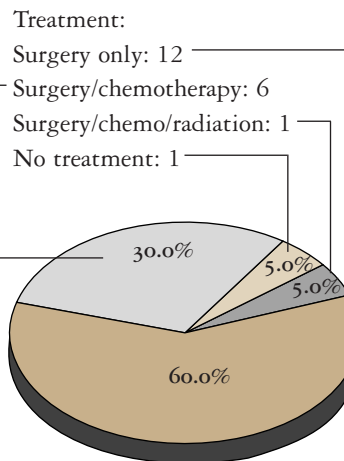
AJCC Stage of Disease:
Stage 2: 37 Stage 3: 1
Stage 4: 1 Unknown: 4



COLON

Number of cases: 20
Age Range: 53-82 Mean Age: 69

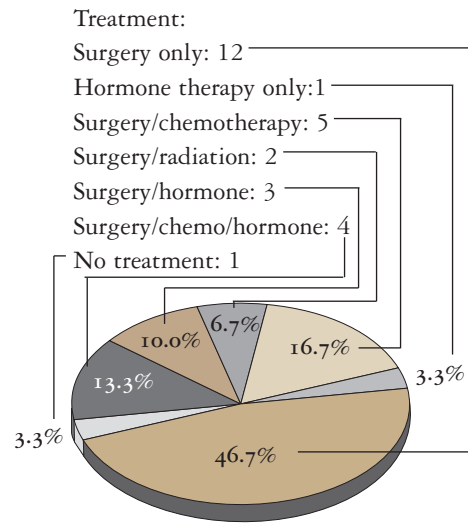
AJCC Stage of Disease:
Stage 0: 2 Stage 1: 5
Stage 2: 5 Stage 3: 4
Stage 4: 4 Unknown: 1



BREAST

Number of cases: 30
Age Range: 39-85 Mean Age: 64

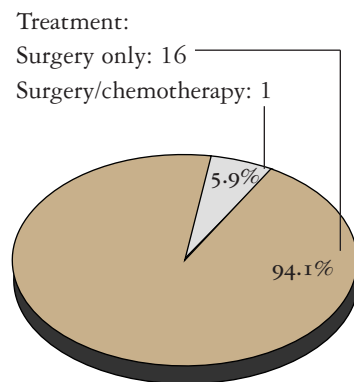
AJCC Stage of Disease:
Stage 0: 4 Stage 1: 11
Stage 2: 12 Stage 3: 1
Stage 4: 2



BLADDER

Number of cases: 17
Age Range: 53-91 Mean Age: 72

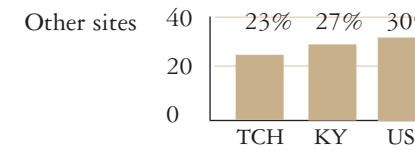
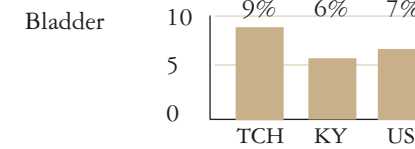
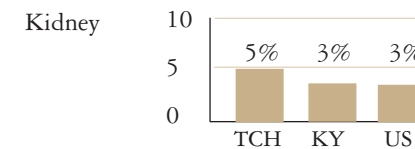
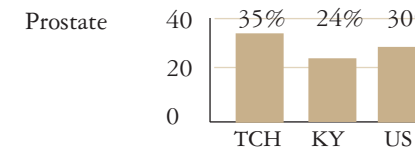
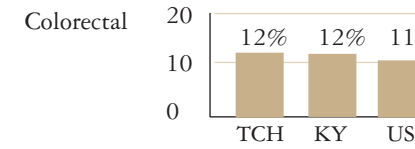
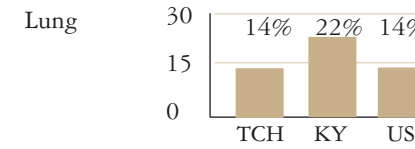
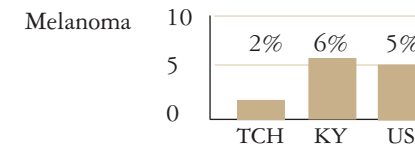
AJCC Stage of Disease:
Stage 0: 5 Stage 1: 3
Stage 3: 5 Stage 4: 2
Unknown: 2



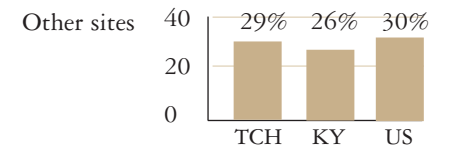
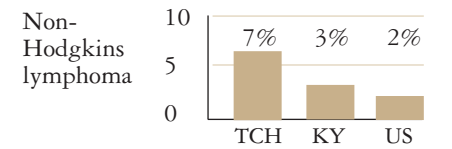
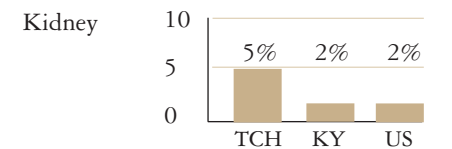
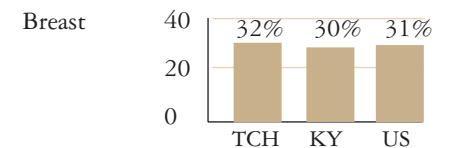
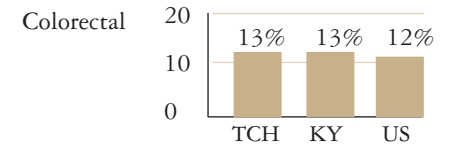
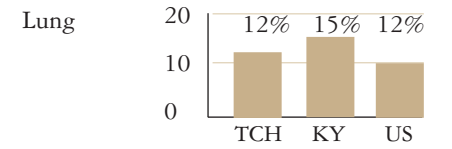
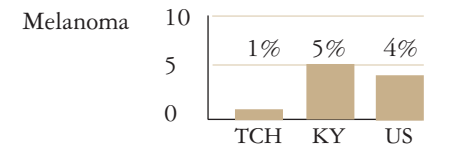
2001 NATIONAL* AVERAGE AND STATE

COMPARISON** BY SITE AND SEX

MALE



FEMALE



210

analytic cancer cases at Taylor County Hospital in 2001

*Based on data from the National Cancer Institute's Surveillance and Epidemiology and End Results Program, Prepared by the American Cancer Society and published in "CA-A Cancer Journal for Clinicians," Jan/Feb. 2002.
**Kentucky Cancer Registry 2000 Cancer Incidence Report