

Taylor Regional
Hospital



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02

Cancer Program
Annual Report

I continue to be very proud to be Chairman of the Cancer Committee and to serve as Cancer Liaison for the American College of Surgeons for the fantastic rural cancer program at Taylor Regional Hospital. We have been involved in high quality cancer treatment for many, many years at Taylor Regional Hospital.

We are extremely disappointed that we have lost Dr. Thomas Woodcock as our Medical Oncologist and we certainly are extremely grateful for the long service and excellent medical oncology services that he provided Taylor Regional Hospital and the surrounding area.

2002 Chairman's Report

We are proud that the Brown Cancer Center has now taken over Medical Oncology and we

anticipate that this service will continue to grow and provide continuing state-of-the-art oncology.

The Brown Cancer Center is also providing us with Radiation Oncology services and continues to provide a van service that travels between Taylor Regional Hospital and Brown Cancer Center in Louisville. We appreciate these tremendous services that they provide.

We are in the final stages of preparing to build a new building for our Cancer Center at Taylor Regional Hospital, which will be closely associated with the Brown Cancer Center. It is anticipated that the Brown Cancer Center may become recognized as a National Institute of Cancer center within the next few years.

I would like to thank all the members who have served on the Cancer Committee in 2002 and extend my appreciation to all the physicians who attend the meetings regularly. Particularly, I would like to thank Dr. William Spanos for making an effort to come to all of our Tumor Conferences. We appreciate the long service of Dr. Woodcock, and we would like to thank Dr. James Dunnington for his service to the Tumor Conference as our Pathologist.

We anticipate great years in 2003 and 2004, and look forward to increasing the service that we are providing Taylor Regional Hospital and the surrounding areas.

Sincerely,

Eugene H. Shively M.D. FACS

Eugene H. Shively, M.D., F.A.C.S.
Chairman, Cancer Committee, Taylor Regional Hospital
Clinical Professor of Surgery, University of Louisville
Associate Clinical Professor of Surgery, University of Kentucky
State Co-Chair for Commission on Cancer of American College of Surgeons

CANCER COMMITTEE 2002

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*Faye Veatch, RN,
Discharge Planning*
Kristi Lanham, RT, Radiology
*Jennifer Smothers, CTR,
Cancer Registry*



The mission of Taylor Regional Hospital's (TRH) cancer registry is to continually assess cancer patients and to collect and analyze statistics for research and education. The cancer registry is a member of the Kentucky Cancer Registry (KCR) and is also a cancer program accredited by the American College of Surgeons Commission on Cancer.

In 2001, the Kentucky Cancer Registry was selected to become part of the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) Program. This was a great honor, in that the SEER registries are considered to be among the finest population-based cancer registries in the world. Being part of the SEER program has required the collection of even more detailed statistics to be used by researchers and clinicians.

2002 Cancer Registry Report

All malignancies which have been diagnosed and/or treated at TRH since 1987 are placed in the computerized registry. 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 elsewhere. Since 1987, 2,931 analytic cases have been added to the registry. The other type of case that we accession here are non-analytical cases. This means that the patient was first diagnosed elsewhere and received first course of treatment elsewhere, then comes to our facility for subsequent treatment.

Analysis of registry data is used to identify the incidence of cancer and stage at diagnosis. The cancer registry data consists of information on patient demographics, medical history, occupational exposures, diagnostic findings, cancer treatment, disease staging and lifetime follow-up. This data is electronically stored for the use of analytic studies that will monitor, evaluate and improve patient care and provide statistical trends for physicians, administrators and other healthcare professionals. Data from the Taylor Regional Hospital cancer registry is also reported to the Kentucky Cancer Registry and to the National Cancer Database for comparative analysis with national data.

In 2002, 218 cases were added to the cancer registry, bringing the number of total analytic cases to 2,931. Current survival status indicates that 1,442 of the total analytic cases are living. Lifetime follow-up is required on all analytic cases entered into the registry. The follow-up rate for cases accessioned from 1987 to 2002 is 91% percent. This exceeds the American College of Surgeons standard, which is 90%.

Tumor Conferences are held once monthly on the fourth Tuesday. These conferences are attended by members of the medical staff, nursing personnel and other ancillary personnel. Each individual case of cancer diagnosed at Taylor Regional Hospital is presented at Tumor Conference. Pathological slides are presented by the Pathologist, x-rays are presented by the Radiologist and an open discussion is held among physicians regarding staging and management for each case. Conferences are approved for one hour of Category I Continuing Medical Education (CME) Credit.

Two hundred twenty-five cases, which represented 82% of the cases diagnosed in 2002, were presented for discussion at Tumor Conferences.

On staff are two Certified Tumor Registrars who are both active members of the National Cancer Registrars Association. They attend many state meetings to keep abreast of the latest changes in the registry field.

The Registry uses the American Joint Commission on Cancer TNM (T = Tumor Size, N = Lymph Nodes and M = Metastasis) staging system for all applicable cancer sites. A TNM staging form is used in the medical records to ensure compliance and accuracy of staging.

Physicians help provide quality data by providing the cancer registry with treatment information and information on the status of their patients on follow-up exams. Patients can also help provide quality data by sending back information on their current address and physician. Patients can provide this valuable information by completing and returning the follow-up letter from the Cancer Registry, or by calling the Cancer Registry at (270) 465-3561, extension 2329.

For any data requests or additional information, contact Jennifer Smothers, CTR or Sam Underwood, CTR at (270) 465-3561 extension 2329.

Jennifer Smothers, CTR

Jennifer L. Smothers, CTR

Case Frequency Report

Site	Count	Percent
Prostate	44	20.2%
Breast, female & male	33	15.1%
Lung, Non-Small Cell	21	9.6%
Colon	20	9.2%
Bladder	13	6.0%
Kidney	12	5.5%
Larynx	11	5.0%
Lung, Small Cell	7	3.2%
Ovary	7	3.2%
Pancreas	6	2.8%
Malignant Melanoma	5	2.3%
Endometrium	5	2.3%
Unknown primary site	4	1.8%
Rectum/Anus	3	1.4%
Thyroid	3	1.4%
Lymphocytic Leukemia	3	1.4%
Salivary Glands	2	0.9%
Stomach	2	0.9%
Other Skin	2	0.9%
Testis	2	0.9%
Hodgkin's	2	0.9%
Tongue	1	0.5%
Floor of Mouth	1	0.5%
Oropharynx	1	0.5%
Other Oral Cavity	1	0.5%
Esophagus	1	0.5%
Liver	1	0.5%
Other Digestive Tract	1	0.5%
Connective & Soft Tissue	1	0.5%
Other Urinary Organs	1	0.5%
Non-Hodgkin's Lymphoma	1	0.5%
Myeloid Leukemia	1	0.5%
Total	218	100.0%



2002 Primary Site Table

Site	Analytic	Non-Analytic	Male	Female	Total
Prostate	43	1	44	0	44
Breast, Female & Male	31	2	0	33	33
Lung, Non-Small Cell	21	0	14	7	21
Colon	20	0	7	13	20
Bladder	10	3	10	3	13
Kidney	12	0	9	3	12
Larynx	11	0	8	3	11
Lung, Small Cell	7	0	3	4	7
Ovary	7	0	0	7	7
Pancreas	6	0	5	1	6
Malignant Melanoma	5	0	4	1	5
Endometrium	4	1	0	5	5
Unknown Primary	4	0	2	2	4
Rectum/Anus	3	0	2	1	3
Thyroid	3	0	0	3	3
Lymphocytic Leukemia	2	1	1	2	3
Salivary Glands	2	0	0	2	2
Stomach	2	0	1	1	2
Other skin	2	0	1	1	2
Testis	2	0	2	0	0
Hodgkins Lymphoma	2	0	0	2	2
Myeloid Leukemia	1	0	0	1	1
Non-Hodgkins Lymphoma	1	0	1	0	1
Other urinary organs	1	0	0	1	1
Connective and soft tissue	1	0	1	0	1
Other digestive tract	1	0	0	1	1
Liver	1	0	1	0	1
Esophagus	1	0	1	0	1
Other oral cavity	1	0	0	1	1
Oropharynx	1	0	1	0	1
Floor of mouth	1	0	1	0	1
Tongue	1	0	0	1	1
Totals	210	8	119	99	216

Top Five Most Diagnosed Cancers at Taylor Regional Hospital in 2002

PROSTATE

Number of cases: 43

Age range: 51 - 94

Mean age: 69

AJCC Stage of Disease

Stage 2: 41

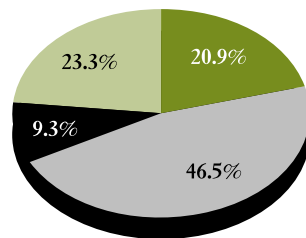
Stage 3: 1

Stage 4: 1

Unknown: 0

Treatment

■ Surgery Only	9
■ Radiation Only	20
■ Hormone Therapy Only	4
■ Surgery/Hormone	0
■ Radiation/Hormone	10
■ No Treatment	0



BREAST

Number of cases: 31

Age range: 37 - 82

Mean age: 58

AJCC Stage of Disease

Stage 0: 4

Stage 1: 14

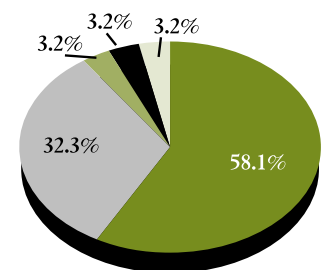
Stage 2: 8

Stage 3: 4

Stage 4: 1

Treatment

■ Surgery Only	18
■ Hormone Therapy Only	0
■ Surgery/Chemotherapy	10
■ Surgery/Radiation	0
■ Surgery/Hormone	1
■ Surgery/Chemo/Hormone	1
■ No treatment	1



NON-SMALL CELL LUNG

Number of cases: 21

Age range: 39 - 83

Mean age: 64

AJCC Stage of Disease

Stage 0: 0

Stage 1: 7

Stage 2: 2

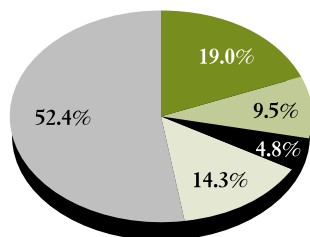
Stage 3: 6

Stage 4: 4

Unknown: 2

Treatment

■ Surgery Only	4
■ Chemotherapy Only	2
■ Radiation Only	1
■ Hormone Therapy Only	0
■ Chemo/Radiation	3
■ No treatment	11



COLON

Number of cases: 20

Age range: 43 - 92

Mean age: 69

AJCC Stage of Disease

Stage 0: 2

Stage 1: 4

Stage 2: 4

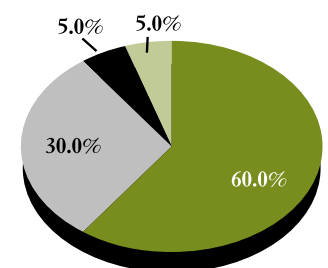
Stage 3: 5

Stage 4: 4

Unknown: 1

Treatment

■ Surgery Only	12
■ Surgery/Chemotherapy	6
■ Surgery/Chemo/Radiation	1
■ No treatment	1



KIDNEY

Number of cases: 12

Age range: 48 - 79

Mean age: 62

AJCC Stage of Disease

Stage 0: 0

Stage 1: 9

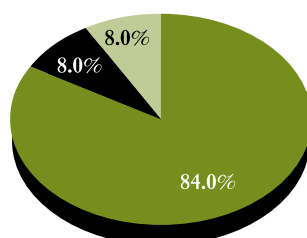
Stage 3: 1

Stage 4: 1

Unknown: 1

Treatment

■ Surgery Only	10
■ Chemotherapy Only	1
■ No Treatment	1



Cutaneous melanoma is becoming a more common disease and, although it remains a disease primarily affecting the white population, it can be seen in all ethnic groups.

Melanoma is a malignancy that primarily begins in the skin, in pigment-producing cells known as melanocytes, although it can be seen in the eyes, the alimentary tract, the respiratory tract and the meninges. It accounts for 77% of all skin cancer-related deaths and over 7,600 total deaths in 2003. Roughly 91,900 (54,200 invasive and 27,700 in situ) cases will be diagnosed in 2004 and the relative risk of developing melanoma today is 1 in 67 compared to a risk of 1 in 1,500 in the 1940's. This represents a more than 2,000% increase. Median age of diagnosis is 45 years of age and there is a slight male predominance.

In 2003, 553,091 deaths were cancer-related, accounting for 23% of all deaths nationwide. While lung cancer remains the most prevalent, melanoma numbers are increasing, and now melanoma has become the fifth most common cancer in men and seventh most common cancer in women.

Melanoma

The percentage of melanoma cases diagnosed and/or treated at Taylor Regional Hospital in 2002 was significantly lower than either the state (5.4%) or national (4%) averages, while incidence rates of malignant melanoma in Kentucky exceed national averages with 23 cases per 100,000 males and 16.4 per 100,000 females statewide versus 19.4 and 12.4 nationwide, respectfully. The total number of new cases in Kentucky increased from 876 in 1996 to 1,169 in 2000.

Taylor Regional Hospital experienced 218 new cancer cases diagnosed and/or treated in 2002 with only five cases of malignant melanoma being reported (2.2%). One female and four males account for the five cases, and 60% of those cases had local involvement only. Those rates are likely not a true reflection of total numbers in Taylor County as many cases are in situ (non-invasive) melanomas and are diagnosed by biopsies performed in local physician offices and subsequently not reported to our cancer registry.

Melanoma can strike anyone, although it is much more common in those exposed to the ultraviolet radiation of the sun. Significant risk factors include:

- Previous melanoma
- Fair skin
- Many moles and/or large moles
- Red or blonde hair
- Family history of melanoma
- Excessive sun exposure in the first 10-18 years of life

Melanoma is highly curable, with five-year survival rates in excess of 89% in invasive melanomas and in excess of 96% with in situ melanomas. Early detection and prevention remain crucial to successful treatment and the reduction of the alarming increase in the incidence of this disease.

Avoiding peak sunlight hours, seeking shade and wearing protective clothing, including wide-brimmed hats, sunglasses, long sleeves and pants, in addition to the application of broad spectrum sunscreen with a SPF of 15 or greater, represent precautionary prevention methods, while attention to the ABCD rule and prompt medical attention with biopsy remain of utmost importance to early detection and cure. The ABCD rule outlines the warning signs of melanoma:

- A - Asymmetry
- C - Color (non-uniform, multi-colors)
- B - Border irregularity
- D - Diameter (>6mm in width)

Surgical resection remains the predominant form of therapy, with those lesions detected early affording a high curability. Multi-modality therapy, however, is utilized in metastatic disease to optimize cure rates.

Early detection remains the best treatment. Therefore, perform regular self-exams, looking for irregular lesions that are growing and changing, and use the ABCD rules. If you have an atypical mole, see a physician immediately.



Robert B. Romines, M.D.



Malignant Melanoma Study 1997 vs. 2002 Data



1997 MELANOMA CASES

Total Cases: 1
 Race: White, 1 (100%)
 Sex: Male, 1 (100%)
 Age Range: N/A (1 patient)
 Mean Age: 82 years old
 Family History of Prostate Cancer: No
 1 (100%)

AJCC STAGE AT DIAGNOSIS

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

TREATMENT

Surgery Only	1
Radiation Only	0
Hormone Therapy Only	0
Surgery/Hormone	0
Radiation/Hormone	0
No Treatment	0

2002 MELANOMA CASES

Total Cases: 5
 Race: White, 5 (100%)
 Age Range: 39 - 76
 Mean Age: 63 years old
 Family History of Melanoma: Yes No Unknown
 0 2 3

AJCC STAGE AT DIAGNOSIS

Stage 1: 2
 Stage 2: 1
 Stage 3: 2
 Stage 4: 0
 Unknown: 0

TREATMENT

Surgery Only	4
Radiation Only	0
Hormone Therapy Only	0
Surgery/Radiation	0
Surgery/Hormone	1
Radiation/Hormone	0
Surgery/Radiation/Hormone	0
No Treatment	0

Smoking History

	1997	2002
Never Used	0	1
Cigarette Smoker	0	3
Cigar/Pipe Smoker	0	0
Smokeless Tobacco	0	0
Mixed Tobacco Products	0	1
Unknown/Not Recorded	1	0

Case Survival Status

	1997	2002
Alive, NED (No Evidence of Disease)	0	4
Alive, Cancer Present	0	0
Alive, Cancer Unknown	0	0
Dead, Cause Unknown	1	1
Dead, Due to this Cancer	0	0
Dead, Unrelated to this Cancer	0	0
Dead from Complications of Cancer	0	0



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