

SOUTHEAST CANCER CENTER

Annual Cancer Report 2015



**Southeast
Cancer Center**

A member of
Southeast Cancer
Care Network



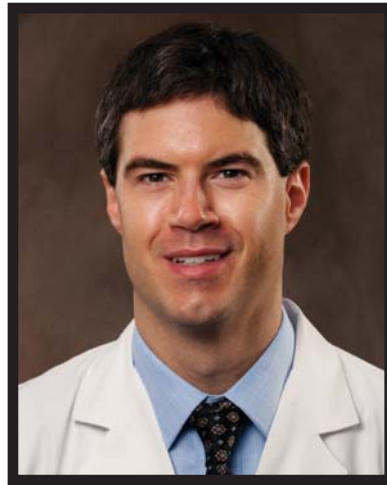
**SOUTHEAST ALABAMA
MEDICAL CENTER**

Treatment of Squamous Cell Anal Cancer at Southeast Alabama Medical Center

By Steven Stokes, MD and Jarrod B. Adkison, MD



Medical Director
Dr. Steve Stokes (left),
and Dr. Jarrod Adkison



Between 2010 and 2014, seventeen patients were diagnosed with anal carcinoma at Southeast Alabama Medical Center (SAMC). Anal cancer now comprises 2.5% of all GI malignancies in the United States with only 8000 new cases per year. The incidence is increasing as this disease is now associated with human papillomavirus infection.

Over the past few years emphasis has been made in the use of concurrent chemotherapy and radiation attempting to avoid an abdominal perineal resection and permanent colostomy.

This report documents the results of treatments of this group of patients at SAMC that have been treated primarily with concurrent chemotherapy and radiation per NCCN guidelines. The NCCN guidelines state for locoregional disease, clinical stage, primary treatment is Mitomycin//5-FU + RT or Mitomycin / Capecitabine + RT.

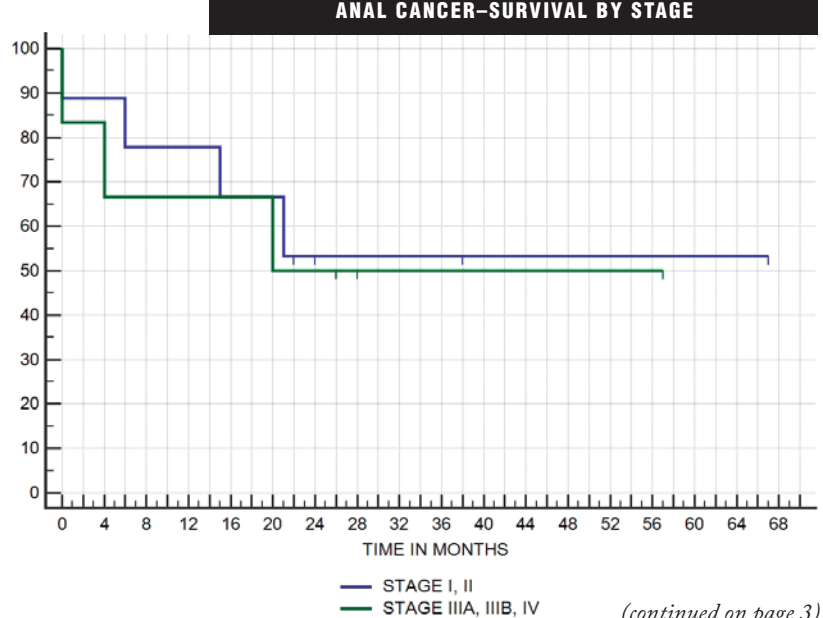
Using AJCC staging ten patients had Stage I and II and seven patients had Stage III and IV disease. Graph 1 shows the overall disease free

survival for all stages. Approximately 50% of the patients were free of disease at minimum follow-up two years. Of the sixteen patients, only two experienced a locoregional pelvic recurrence. The other patients who developed recurrent disease were all systemic. This indicates that locoregional therapy with radiation and chemotherapy is effective in avoiding major surgical procedure and colostomy. The greatest threat to a patient is systemic recurrence for this disease.

Continued evolution of more effective systemic therapy will be needed to improve their overall cure rate for these patients as locoregional control is very effective with combined chemotherapy and radiation.

As compared to national standards, our Stage I and II survival at 70% was in the current range while NED survival at five years for Stage III and IV of 50% is also within current national standards. Our results compare favorably with other national reported studies.

GRAPH 1



(continued on page 3)

Survival time	TIME
Endpoint	END_POINT END POINT
Factor codes	FACTOR

KAPLAN-MEIER SURVIVAL ANALYSIS

Factor	Number of events ^a		Number censored ^b		Total sample size
	N	%	N	%	
A	3	33.33	6	66.67	9
B	4	66.67	2	33.33	6
Overall	7	46.67	8	53.33	15

CASES SUMMARY

^aEND_POINT = 1

^bEND_POINT = 0

Factor	Mean	SE	95% CI for mean	Median	95% CI for median
A	38.556	6.545	25.27 to 51.385	—	—
B	12.167	4.246	3.844 to 20.489	6.000	4.000 to 21.000
Overall	30.901	5.862	19.412 to 42.391	21.000	15.000 to 21.000

MEAN AND MEDIAN SURVIVAL

Survival Time	Factor				Overall	
	A		B		Survival Proportion	Standard Error
	Survival Proportion	Standard Error	Survival Proportion	Standard Error	Survival Proportion	Standard Error
0	0.889	0.105	0.833	0.152	0.867	0.0878
4	—	—	0.667	0.192	0.800	0.103
6	—	—	0.500	0.204	0.733	0.114
15	0.778	0.139	—	—	0.667	0.122
20	0.667	0.157	—	—	0.593	0.129
21	—	—	0.000	0.000	0.494	0.140
22	—	—	—	—	—	—
23	—	—	—	—	—	—
24	—	—	—	—	—	—
27	—	—	—	—	—	—
52	—	—	—	—	—	—
Endpoint: Observed n	3.0		4.0			
Expected n	4.8		2.2			
Observed/Expected	0.6224		1.8352			

SURVIVAL TABLE

Chi-squared	2.3425
DF	1
Significance	P = 0.1259

COMPARISON OF SURVIVAL CURVES (LOGRANK TEST)

Factor	A	B
A	—	2.9489 0.5955 to 14.6035
B	0.3391 0.06848 to 1.6794	—

HAZARD RATIOS^a WITH 95% CONFIDENCE INTERVAL

Cancer Committee Report

The Southeast Alabama Medical Center Cancer Program is accredited by the American College of Surgeons (ACOS) Commission on Cancer, designated as a Comprehensive Community Cancer Program (CCCP) and is under the leadership of the Cancer Committee.

The Cancer Committee at Southeast Alabama Medical Center is a standing committee meeting quarterly. The Committee is comprised of physicians of varied disciplines, as well as other ancillary departments involved in the treatment and care of cancer patients. Goals are set annually to monitor and improve cancer patient care. Some of the things the Committee worked on in 2014 are:

SAMC continues the clinical and research affiliation with the University of Alabama at Birmingham (UAB). We also continue to participate in the CMS Healthcare Innovation Grant that funds Patient Care Connect, which benefits patients in several ways, including:

- Helping to test and study the value of patient navigation teams
- Exploring “best practices” in the delivery of patient navigation services
- Long range goals include:
 - Improve the overall health of the people we serve
 - Improve the healthcare delivery process
 - Lower overall cost
- Benefits of the Navigation team (consisting of four navigators):
 - Educate about the treatment process
 - Help patients make informed choices about their care
 - Provide emotional support and problem solving
 - Help to overcome common barriers to cancer treatment
 - Encourage patients to use healthcare resources wisely

Cancer prevention, early detection and screening: Programs offered to the community in partnership with the American Cancer Society are:

- I Can Cope
- Look Good-Feel Better
- Reach to Recovery
- Smoking Cessation
- Cancer Support groups

SAMC is the only hospital in the Southeastern Region participating in ACS National Pilot Study of Cancer Services. The local ACS representative, Jeanne Mann is conducting a free GAP analysis across SAMC cancer services to identify any gaps in service upon which initiatives can be launched to improve patient care across the cancer continuum. Data from all SAMC cancer service providers was gathered and a comprehensive report was shared with the committee. The analysis showed SAMC was

providing all of the recommended services, cautioning trouble with clinical trial accruals, which is a national concern as guidelines for accrual increase in 2015.

Health fairs and screenings:

8/8/2014: Men’s Health Fair:

- 850 attendees
- 407 free blood tests
- PSA: 28 elevated
- Cholesterol: 91 elevated
- Glucose levels: 84 elevated
- Testosterone levels: 96 low
- Thyroid checks: 13 abnormal

These men were notified of their abnormal results, and a courtesy copy of their test results were mailed to their primary care physician for immediate follow up. If the participant did not have a primary care provider, the SAMC Hospitalist/Medical Director of the Men’s Health Fair followed up directly with the patient by personal phone call to offer follow up care.

The Southeast Regional Health Screening Program:

In its 6th year of operation, this rural-based program that uses a mobile medical vehicle to perform vital health screenings. The program provides underserved residents opportunity to receive the cancer screening services they need, when they need them. The program targets citizens in Barbour, Coffee, Covington, Dale, Geneva, Henry, Houston and Pike counties in Alabama, and those living in southwest Georgia and northwest Florida who have limited or no access to regular breast cancer screenings. The 40-foot mobile medical vehicle is equipped with a screening mammography suite, an education area and a laboratory. Screening for breast cancers can be done easily, and if detected in the earliest stages treatment options are greater.

Education provided for physicians and other personnel:

- Monthly Webinars hosted by University of Alabama in Birmingham
- 7/10/14 Uma Borate, MD, Assistant Professor, Director of Hematology and Oncology for UAB presented “Acute Leukemias with an emphasis on Acute Lymphocytic Leukemia.”
- 7/30/14, Wendy Demark-Wahnefried, PHD, RD for Harvest for Health presented “A Gardening Intervention for Cancer Survivors”
- 9/24/14, Shin Mineishi, MD, Director of Transplantation and Stem Cell Therapy of UAB presented “New Trends in Stem Cell Transplantation.”

Rehabilitation: Southeast Alabama Medical Center offers physical, occupational, and speech therapy to all our patients including cancer patients.

- Lymphedema management
- Aquatic therapy
- Swallowing therapy
- ReBuilder (a self-administered, drug-free, in-home treatment that restores mobility as it eliminates pain and numbness)
- Neuromuscular Balance Center

Multidisciplinary approach to the management of cancer care:

In an effort to improve the time from positive breast cancer diagnosis to surgery/treatment, SAMC launched a LEAN committee to review the current breast cancer screening process and radically change it to better meet the needs of our patients. The goal was to model our new process after the UAB Breast Cancer Treatment Center that focused on bringing the treatment team to the patient. The new approach assigns a Registered Nurse Navigator to each patient newly diagnosed with breast cancer, who will first notify the patient of the diagnosis, then set up an appointment within one week to meet with the entire treatment team, consisting of a surgeon, medical oncologist and radiation oncologist. The patient will return to the Comprehensive Breast Center, where imaging performed. The family is invited to attend the appointment, and the goal is to have the first intervention started within one week of that appointment (whether that is surgery, chemotherapy or radiation therapy). This new process was evaluated, refined throughout 2014 and deemed an overwhelming success. Patient reviews and feedback are excellent.

Cancer Conferences provide physicians a format to discuss consultative, diagnostic, and treatment planning with a team of highly trained and experienced physicians allied healthcare professionals. These physicians are of different specialties. One hour continuing education is granted for each conference. At Cancer Conference, the discussion involves the review of the patient's medical history, imaging studies, pathology, and current methods of treatment. Appropriate staging is discussed for applicable cases. National Comprehensive Cancer Network (NCCN) treatment guidelines or other appropriate guidelines are referenced to ensure treatment plans are in line with nationally recognized standards, clinical trials are discussed as applicable.

In 2014, a Lung Health Center to expand screening, diagnostic and treatment options for lung cancer patients was put into motion. The Pulmonology lab updated equipment including Endobronchial Ultrasound (EBUS) in order to enhance Transbronchial Needle aspiration. EBUS is used to obtain biopsies from lung and surrounding tissues for diagnosis of malignancies. The Bronchoscopy lab has also received updates to improve the patient experience.

Cancer Registry Activity and 2014 Data Analysis

The goal of the Cancer Registry is to ensure accurate and timely collection of cancer data on patients diagnosed and/or treated at Southeast Alabama Medical Center. The Registry began collecting data in 1988. A total of 1,269 new cases or analytic cases were added to the database in 2014; 692 males and 577 females. 79% were in-between the ages of 50 and 79; 17% from 50 to 59, 35%, 60 to 69 and 27%, 70 to 79.

The top five primary sites diagnosed and/or treated in 2014 were, in order most to least, Breast, Lung, Prostate, Colorectal and Bladder. National Benchmarks have not been released for 2014 as of this time.

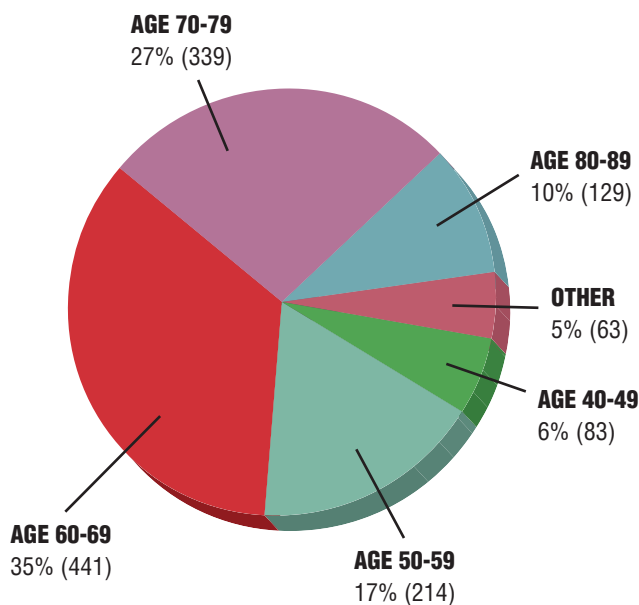
The 2014 county distribution illustrates Southeast Alabama Medical Center provides services to Alabama (73%), Florida (19%) and Georgia (8%). Houston County carries the largest population at 44% of Alabama counties, Jackson County at 62% of Florida counties and Seminole County at 45% of Georgia counties.

The focus of the Cancer Registry is to provide quality information to the National Cancer Database, Alabama Statewide Cancer Registry and to healthcare professionals, physicians, and hospital administration. Registry data is also utilized on a local level in patient care and performance improvement studies.

Lifetime follow-up is provided on all analytic cases (11,645 patients) since the re-established reference date of 2002. The Cancer Registry currently maintains a 93% follow-up rate, exceeding the American College of Surgeons standard of 80%.

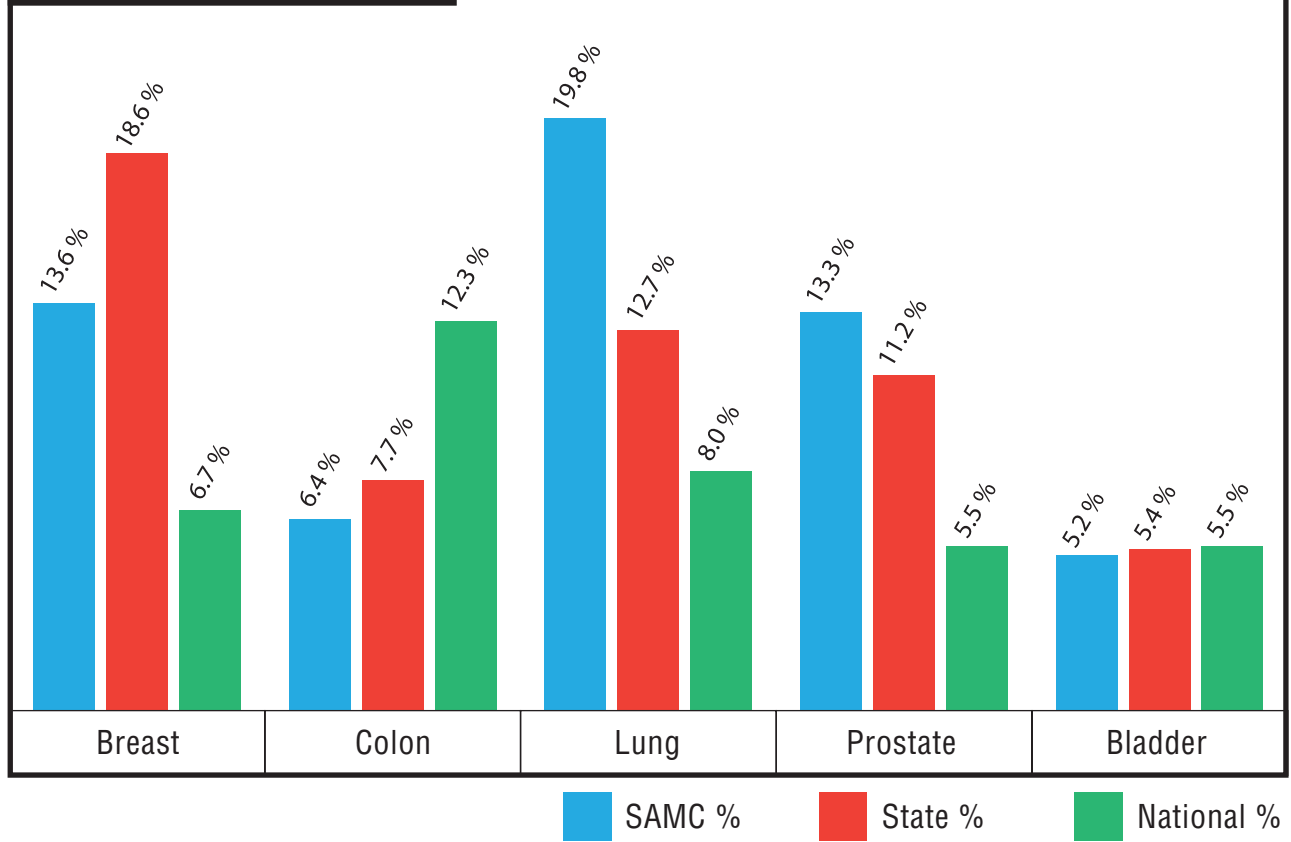
The Cancer Registry received the Alabama Statewide Cancer Registry Gold Standard for Quality, Completeness and Timeliness on 2013 Cancer Data Submission.

AGE AT DIAGNOSIS (IN YEARS)



2013 TOP SITES TREATED

A comparison by SAMC, State, and National estimates



2014 CASES BY COUNTY DISTRIBUTION

County at Diagnosis Report (1,269 total cases)

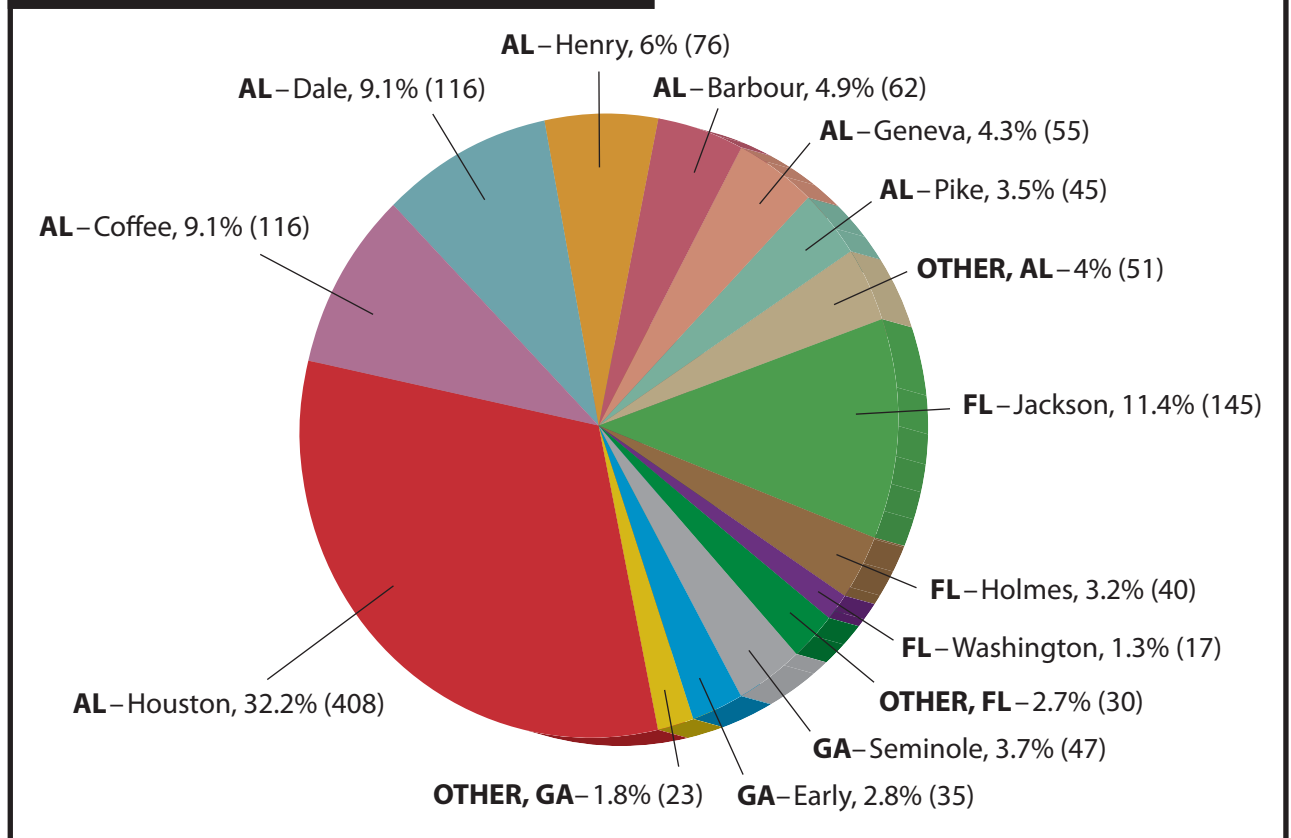


Figure 5

PRIMARY SITE TABLE, 2014

	MALE	FEMALE	TOTAL
ALL SITES COMBINED	692 (55%)	577 (45%)	1,269
ORAL CAVITY/PHARYNX.....	29	8	37
Tongue.....	7	3	10
Salivary Glands.....	2	0	2
Floor of mouth.....	1	0	1
Gum and other mouth.....	4	0	4
Nasopharynx.....	1	0	1
Tonsil.....	5	3	8
Oropharynx.....	3	1	4
Hypopharynx.....	4	1	5
Other Oral Cavity & Pharynx.....	2	0	2
DIGESTIVE SYSTEM.....	114	73	187
Esophagus.....	8	4	12
Stomach.....	13	7	20
Small intestine.....	2	0	2
COLON EXCLUDING RECTUM.....	36	28	64
Cecum.....	9	5	14
Appendix.....	2	1	3
Ascending Colon.....	6	4	10
Hepatic Flexure.....	3	0	3
Transverse Colon.....	6	1	7
Splenic Flexure.....	2	0	2
Descending Colon.....	1	4	5
Sigmoid Colon.....	7	8	15
Large Intestine, NOS.....	0	5	5
RECTUM & RECTOSIGMOID.....	18	12	30
Rectosigmoid Junction.....	0	3	3
Rectum.....	18	9	27
ANUS, ANAL CANAL & ANORECTUM.....	4	4	8
LIVER & INTRAHEPATIC BILE DUCT.....	7	2	9
Liver.....	7	1	8
Intrahepatic Bile Duct.....	0	1	1
GALLBLADDER.....	2	0	2
OTHER BILIARY.....	2	1	3
PANCREAS.....	22	14	36
OTHER DIGESTIVE ORGANS.....	0	1	1
RESPIRATORY SYSTEM.....	150	91	241
Nose, Nasal Cavity & Middle Ear.....	1	0	1
Larynx.....	14	2	16
Lung & Bronchus.....	135	89	224
BONES & JOINTS.....	1	1	2
SOFT TISSUE.....	2	3	5

	MALE	FEMALE	TOTAL
ALL SITES COMBINED	692 (55%)	577 (45%)	1,269
SKIN (excluding basal & squamous).....	12	13	25
Melanoma.....	10	12	22
Other Non-epithelial.....	2	1	3
BREAST.....	2	241	243
FEMALE GENITAL SYSTEM.....	0	37	37
Cervix Uteri*.....	0	13	13
CORPUS & UTERUS, NOS.....	0	32	32
Corpus Uteri.....	0	8	8
Uterus, NOS.....	0	2	2
Ovary.....	0	8	8
Vagina.....	0	3	3
Vulva.....	0	3	3
MALE GENITAL SYSTEM.....	217	0	217
Prostate.....	204	0	204
Testis.....	8	0	8
Penis.....	4	0	4
Other male genital organs.....	1	0	1
URINARY SYSTEM.....	81	32	113
Urinary Bladder.....	58	7	65
Kidney & Renal Pelvis.....	23	24	47
Ureter.....	0	1	1
BRAIN & OTHER NERVOUS SYSTEM**.....	17	22	39
Brain.....	11	6	17
Cranial Nerves & Other.....	6	16	22
ENDOCRINE SYSTEM.....	10	19	29
Thyroid.....	8	18	26
Other, including Thymus.....	2	1	3
LYMPHOMA.....	30	17	47
HODGKIN LYMPHOMA.....	1	1	2
NON-HODGKIN LYMPHOMA.....	29	16	45
NHL Nodal.....	17	8	25
NHL-Extranodal.....	12	8	20
MYELOMA.....	9	4	13
LEUKEMIA.....	5	3	8
LYMPHOCYTIC.....	1	0	1
MYELOID & MONOCYTIC.....	1	2	3
Acute Myeloid.....	2	2	4
Chronic Myeloid.....	1	0	1
MESOTHELIOMA.....	1	0	1
MISCELLANEOUS.....	12	13	25

Southeast Alabama Medical Center is a 420 bed regional referral center for the Southeast. With a medical staff of 300, 2,600 employees, and 200 volunteers, virtually every facet of medical care is available. The Southeast Cancer Center is an integral part of total patient care at SAMC. The Cancer Center provides a full spectrum of cancer care to a total service population of over 785,000, including all or part of 13 counties in southeast Alabama, six counties in the Florida panhandle and seven counties in southwest Georgia.

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For more information please call:

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