

2010 Cancer Program Annual Report



 Advocate
Christ Medical Center

Inspiring medicine. Changing lives.



Introduction by Thomas M. Hoeltgen, MD and James L. Weese, MD

A Message from the Cancer Committee Co-Chairs:

On behalf of Advocate Christ Medical Center and Hope Children's Hospital, we are pleased to present the Cancer Program's 2010 (reviewing 2009 data) Annual report. This report describes the wide range of cancer services available to the community we serve and presents a survival study on endometrial cancer by Yvonne Collins, MD, Richard Belch, MD, Sandy Norton, RN and Laurel Barbour, APN.

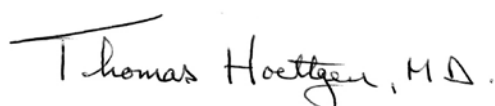
The past year has been a very successful one for the Cancer Program. Early in 2010, we received notification from the American College of Surgeon's (ACoS) Commission on Cancer (CoC) that Advocate Christ Medical Center's cancer program had been selected to receive commendation from the College as a result of the 2009 survey. This honor means that the program not only met all 36 accreditation standards but it exceeded six specific standards to earn commendation. This achievement resulted in Christ Medical Center receiving the ACoS CoC Outstanding Achievement Award. This award recognizes the Cancer Program's focus on patient-centered care and the diligence of staff, administration and cancer committee members.

Other accomplishments of the cancer program throughout the year include:

- Received a Center of Excellence Award from Cianna Medical for innovative early-stage breast cancer treatment utilizing SAVI® instrumentation for partial breast irradiation
- Collaborated with American Cancer Society Relay for Life, Making Strides against Breast Cancer
- Cancer Institute Foundation Council created
- Hosted Paint the Town Pink—a breast health community education offering
- Hired Yvonne Collins, MD, a gyne-oncologist
- Genetics High Risk Assessment Program initiated
- Multi-disciplinary clinics opened October 15 with a breast clinic
- Increased laboratory capabilities with specialized testing
- Established APNs for GI, lung, as well as multi-disciplinary clinics
- Increased staffing in cancer research department
- Hosted a symposium in April focused on GI cancers
- Oncology EMR approved as a system-wide initiative as a result of Advocate Christ Medical Center's cancer program
- Hosted a pediatric symposium in November
- Poster presentation by pediatric oncologists at the American Society of Pediatric Hematology
- Monthly educational programs provided to the community
- Hosted the Annual Cancer Survivor's Day Luncheon
- Screening activities offered to the community
- Became members of GOG and ECOG research cooperatives

We congratulate the medical staff, nurses, ancillary staff members and cancer registry team on their accomplishments during the past year. Their collaborative efforts promoted improved data reporting and patient care at Advocate Christ Medical Center and Hope Children's Hospital and are reflected in the national recognition of our cancer program.

Sincerely,



Thomas M. Hoeltgen, MD
Co-Chair, Cancer Committee



James L. Weese, MD
Medical Director, Cancer Institute
Co-Chair, Cancer Committee

Cancer Committee Members

Co-chairpersons

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Paul Gordon, MD	Surgery, Thoracic
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Janet Makovsky	Cancer Registrar, Cancer Registry
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Rosemary Schubert	Coordinator, Clinical Research
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Gloria Mervosh, RN	Oncology Research
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Contents

Program Descriptions 1

- Breast Cancer Program 1
- Thoracic Oncology Program 2
- Gastrointestinal (GI) Cancer Program 3
- Gynecologic Oncology Program 4
- Genitourinary (GU) Cancer Program 5
- Neurologic Oncology Program 6
- Multi-disciplinary Clinics 7

Cancer Genetic Risk Assessment Program 8

The Pediatric Hematology/Oncology Program 9

Patient Navigation with Advanced Practice Nurses 13

Community Benefits 14

Research 15

Philanthropy Makes a Difference 17

Logan's Heroes 18

Remission Accomplished 19

Donor Profile: Gleneagles Men's Club 20

Data 21

A Retrospective Review of Endometrial Survival 23

- Endometrial Cancer Patients at Advocate Christ Medical Center 23
- Results 24
- Data 26
- Bibliography 28

Program Descriptions

Breast Cancer Program

Advocate Christ Medical Center's breast cancer program has been available to patients for more than 10 years. It offers the latest in diagnosis, staging and treatment of breast malignancies. The breast cancer program is our most established program, with an exceptional team of caregivers led by Dr. Barbara Krueger, a board-certified surgeon specializing in breast surgery. To care for these patients, Dr. Krueger partners with our breast health specialist/advanced practice nurse, the first "patient navigator" at Christ Medical Center. The breast cancer team also features some of the most well respected specialists in their fields, including medical oncologists, radiation oncologists and genetic counselors. Our multi-disciplinary approach to care provides patients with numerous options, depending upon the state of their disease and medical condition.

Established in October 2009 as the first Cancer Institute multi-disciplinary clinic, the breast clinic evaluated more than 40 patients in its first three months of operation, and provided them with a recommended treatment plan for their specific type of breast cancer. Patients diagnosed with breast cancer can be referred to this clinic for the purpose of obtaining a primary cancer evaluation or second opinion, or discussing the option of participating in clinical trials. The breast clinic's multi-specialty team includes a breast surgeon, medical oncologist, radiation oncologist, breast health specialist/advanced practice nurse, a genetic counselor and an oncology research nurse. The intent is to ensure that patients receive a complete consultation with every specialist in one day and that the results are communicated to the referring physician or other source. Our highly trained team at Christ Medical Center works together to create a customized treatment plan for each patient.





Thoracic Oncology Program

The thoracic cancer program at Advocate Christ Medical Center's Cancer Institute offers a comprehensive program to diagnosis and treat patients. A multi-disciplinary approach is used to treat thoracic malignancies, with an emphasis on minimally-invasive techniques, leading-edge technology and extensive knowledge of cancer treatment options. The weekly interdisciplinary lung conference allows a team of board-certified pulmonologists, medical oncologists, radiation oncologists, thoracic surgeons, a pathologist, research nurse and advanced practice nurse to review each case and outline a course of treatment. Using evidence-based recommendations, the team creates a customized plan for each patient.



The thoracic oncology program is led by Paul Gordon, MD a board-certified thoracic surgeon. He is partnered by a lung health clinical nurse specialist. The clinical nurse specialist's role in the Cancer Institute is extremely critical. The nurse works with the lung cancer patients of the thoracic surgeons and other physicians to help them "navigate" through the health care system and complex world of cancer care.

In the United States, lung cancer is the number one cause of cancer-related deaths, killing more people every year than breast, prostate, colon and pancreatic cancers combined. Early diagnosis offers hope. This year, the Cancer Institute at Advocate Christ Medical Center obtained Electromagnetic Navigation Bronchoscopy (ENB). Using the patient's natural airways, the "superDimension i-Logic™ System" provides the ability to diagnose, stage and prepare to treat distal lung lesions in one procedure. The technology is comparable to GPS devices found in automobiles. ENB provides turn-by-turn navigation out to the peripheral nodule in the lung. Our Cancer Institute is the only hospital in Illinois combining Electromagnetic Navigation Bronchoscopy and CyberKnife® Radiosurgery in the treatment of lung cancer patients.



Gastrointestinal (GI) Cancer Program

Advocate Christ Medical Center's gastrointestinal cancer program offers the very latest in diagnosis, staging and treatment of malignancies in the gastrointestinal tract. Our exceptional team of physicians features some of the most well respected and highly trained specialists in their fields, having pioneered procedures, therapies and treatment protocols. Our multi-disciplinary approach to care provides patients with numerous options, depending upon their state of disease and medical condition. From gastroenterologists to surgical oncologists to radiation oncologists, the highly trained physicians at Christ Medical Center work together to create a customized treatment plan for each patient, considering conventional evidence-based therapy, clinical trials and investigational therapy.

Gastrointestinal cancer refers to malignancies of the gastrointestinal tract, including the esophagus, stomach, duodenum, pancreas, liver, gall bladder, biliary system, small bowel, colon and rectum. As is the case with colorectal cancer, the most prevalent gastrointestinal cancer and the third most commonly diagnosed cancer in the United States, early detection of gastrointestinal cancers can lead to better patient outcomes.

Using cutting-edge technology such as endoscopic ultrasound, gastroenterologists can detect and stage esophageal, pancreatic, stomach and hepatobiliary tumors that are less than a centimeter in size and that would otherwise be invisible on a Computed Tomography (CT) scan or Magnetic Resonance Imaging (MRI) image.

Our commitment to advancing the field of cancer research and improving outcomes in gastrointestinal cancer patients is of the utmost importance at Advocate Christ Medical Center's Cancer Institute. We participate in high priority national clinical trials through cooperative groups as well as through selected industry-sponsored studies in which patients can enroll, based on their illness and condition.



Gynecologic Oncology Program

The gynecologic oncology interdisciplinary team treats cancers of the uterus (endometrium), ovary, trophoblastic tumors, cervix, vulva, vagina, peritoneum, and fallopian tube. The team provides comprehensive, multi-disciplinary care for women with known or suspected gynecologic cancer. There is a biweekly interdisciplinary conference to discuss these cases. In 2009, there were 285 new patients referred for treatment.

Yvonne Collins, MD joined Advocate Christ Medical Center mid-year 2009 and has enhanced the scope and breadth of services available to patients.

Surgical procedures include radical pelvic exenteration, gastrointestinal, urological, and reconstructive surgery. There were 155 surgical cases in 2009.

In conjunction with the Department of Radiation Oncology, the team develops treatment plans and places brachytherapy devices. Outstanding teamwork amongst Dr. Collins, surgical services and radiation oncology allowed these modalities to increase by more than 300 percent.

Advocate Christ Medical Center participates in the Gynecologic Oncology Group (GOG), a national research organization funded by the National Institutes of Health to provide patients access to cutting-edge therapy. Enrollments in the GOG studies are on the rise.

Genitourinary (GU) Cancer Program

At Advocate Christ Medical Center's Cancer Institute, patients have access to the full spectrum of treatment for genitourinary cancers, including prostate, kidney, testicular, penile and bladder. Our specially trained physicians have completed fellowships in oncology and laparoscopic and robotic surgeries, and offer the very latest in cancer treatments.

When a patient is diagnosed with a genitourinary cancer, experience matters. Urologists at the Cancer Institute see more newly diagnosed cases and perform more procedures than most medical centers in this area—more radical prostatectomies, more laparoscopic nephrectomies and more cystectomies. Our high volumes translate into better patient outcomes. Fellowship-trained urologists in Christ Medical Center's genitourinary cancer program perform laparoscopic resections, laparoscopic cryoablations and radiofrequency ablations to treat kidney tumors without large surgical incisions.

Urologists at the Cancer Institute are continuously researching even less invasive treatments for prostate cancer that further improve patient outcomes. Advanced technologies such as the CyberKnife® Radiosurgery System provide patients with much more targeted treatments without major surgery and long recovery times. High-intensity-focused ultrasound is another minimally invasive treatment and involves no incisions.

Our commitment to contributing to the expansion of knowledge and best practice treatment options is of the utmost importance at the Cancer Institute. To fulfill our mission, urologists at Christ Medical Center participate in numerous research studies and clinical trials to provide patients the most up-to-date treatment options and advance the genitourinary cancer knowledge base.





Neurologic Oncology Program

When faced with cancer, patients want the best possible treatment options and care available. Advocate Christ Medical Center offers just that in our neurologic oncology program. In collaboration with our highly advanced Neurosciences Institute, the neurologic oncology program offers a unique combination of advanced diagnostics, evidence-based care, clinical trials, cutting-edge treatment technology and an exceptional interdisciplinary team of neurologists, neurosurgeons, medical oncologists, radiation oncologists, advanced practice nurses in oncology, and a neuropathologist to treat neurologic cancers. This exceptionally trained team provides compassionate treatment for adult and pediatric patients with primary and metastatic brain tumors, spinal cord cancer, cancers of the nervous system and neurologic complications of cancer and its treatments.

This team approach, coupled with the latest in diagnostic and treatment technology, enables our institute to focus on providing the very best therapy and treatment options for our patients. Team members share a passion to do whatever is necessary for the patient and to make sure the patient is cared for in a timely and coordinated fashion. Neuro-oncology case conferences are held regularly in order for the clinical caregivers to share findings, discuss collectively different approaches to care and coordinate a plan for the best treatment options.

Our commitment to advance the field of cancer research and improve outcomes for neurological cancer patients is of critical importance at Advocate Christ Medical Center's Cancer Institute. Therefore, we have invested in a clinical research department and participated in high priority national clinical trials through cooperative groups as well as selected industry-sponsored studies in which patients can enroll, based on their illness and condition.

Multi-disciplinary Clinics

Decisions about cancer treatment present a difficult challenge for patients, primary care physicians and specialists. When a patient feels a lump, has systemic symptoms, notes blood in their sputum or stools, or is given a definitive diagnosis of cancer, the patient's anxiety level increases markedly. It is at this time that the option of a multi-disciplinary cancer clinic becomes important to our patients, their families and physicians.

In 2009, we established the first of our multi-disciplinary clinics. The first clinic is focused on breast cancer. This evaluation clinic offers patients the opportunity to be seen by multiple specialists in one day and to leave knowing what their team of experts recommends for treatment of their specific type of cancer.

In the upcoming year, other clinics will be established in the areas of gastrointestinal, lung, gynecologic and genitourinary cancers.

The visit to the clinic is coordinated by an advanced practice nurse (APN) who has expertise in oncology care. She will ensure that the patient is evaluated in a timely way by appropriate specialists. In addition, she will confirm contact information, present available treatment guidelines and clinical trials to physicians, and contact the research nurse in order to discuss clinical trials where appropriate. The APN will also be sure that the referring physician is contacted at the conclusion of the clinic visit, and a preliminary report of the visit and recommended treatment plan will be faxed or e-mailed to the referring physician's office.

The introduction of multi-disciplinary clinics is designed to provide a patient with a centered, coordinated cancer care approach that will decrease time from diagnosis to definitive treatment, enable good communication amongst all treating physicians and reduce the anxiety level of the patients and families going through this challenging journey.





Cancer Genetic Risk Assessment Program

Genetics has a powerful role to play in the prevention and treatment of cancer. The causes and origins of cancer are multifactorial, involving the interaction of life-style, medical, environmental and genetic factors. The base of knowledge being gained in cancer genetics helps to improve our understanding of cancer biology, assists us in identifying individuals at risk for cancer, and aids in increasing our ability to characterize different cancers and establish treatment tailored to those findings. In summary, cancer genetics has an impact on all aspects of managing cancer—prevention, detection and treatment.

With this in mind, the Cancer Institute established a genetics division to support our cancer patients and their family members. For people who have a personal or family history of cancer, understanding and managing their risk for cancer is extremely important. Our program offers hereditary cancer risk assessments, genetic counseling and genetic testing performed by our specially trained and licensed genetic counselors. We provide information needed to make medical decisions about how to manage the risk for cancer.

In 2009, the genetic counselors saw nearly 160 new patients and provided consultation to those patients and their physicians. They attended the breast and gastrointestinal case conferences and offered expert opinion during case reviews. In addition, they provided 18 educational offerings throughout the year to a variety of audiences, including medical students, residents, physicians, support groups, nurses and the community at large.

The Pediatric Hematology/Oncology Program

Advocate Hope Children's Hospital is home to one of the largest, most comprehensive outpatient pediatric cancer programs in the Midwest. The pediatric hematology/oncology division at Advocate Hope Children's Hospital provides the latest advancements in diagnostic and treatment services for all childhood cancers, including leukemia, brain tumors, non-Hodgkins and Hodgkins lymphoma, neuroblastoma, tumors of the kidney, sarcomas and retinoblastoma. Treatment may include chemotherapy, radiation, surgery and non-commercial investigational agents available only through the National Cancer Institute.

As a member of the Children's Oncology Group (COG), an international research organization sponsored by the National Cancer Institute, the cancer division at Hope Children's Hospital offers patients the latest available treatment options and leading-edge therapies.

The program is under the direction of nationally renowned, board-certified physicians in pediatric hematology and oncology, Sharad Salvi, MD and Ammar Hayani, MD. In 2008, Jason Canner, DO, joined the physician team, followed by Rebecca McFall, MD, in 2009.

Our highly trained physicians also care for all pediatric hematological disorders, including thrombocytopenia, hemophilia, von Willebrand Disease, coagulopathies, hemoglobinopathies, leukopenia, neutropenia and all anemias. Most recently, a comprehensive Sickle Cell Clinic was established. Through the program's community outreach, education and leading-edge treatment innovations, 200 children and teens diagnosed with sickle cell are currently receiving the specialized care they need to manage their disease.

Our physicians and staff pride themselves on offering a family-centered, multi-disciplinary approach to all children. Complete care is provided with access to social workers, child life specialists, an in-hospital teacher, spiritual care support and psychosocial resources.

Advocate Hope Children's Hospital has a 22-bed inpatient cancer unit and three positive pressure rooms. There is also a 15-bed Pediatric Intensive Care Unit (PICU) available. A variety of services are offered to make a child's stay more comfortable while he or she is an inpatient receiving treatment. We have a child life department staffed by certified child life specialists who offer distraction methods, medical play and volunteer services for the children. A music therapist and an art therapist work closely with any child who may be interested in music or art as a complement to treatment. Pet therapy, offered once a week, give children an opportunity to interact with specially-trained dogs. There are also two age-specific playrooms where children can relax and have fun away from their room.



The Keyser Family Pediatric Cancer Center at Advocate Hope Children's Hospital is an 8,000-square-foot, state-of-the-art facility developed to deliver high quality outpatient care in a comfortable and healing environment. The outpatient pediatric oncology clinic features the following:

- Six examination rooms, a private consultation room, an in-house pharmacy, and a large patient/visitor waiting area
- The Logan Molenhouse Day Room, a large infusion treatment center with eight private treatment bays utilizing natural light and giving patients a view of the outdoors, which is integral to the healing process
- Large recliners, well-lit homework spaces, individual televisions, toys, video games, movies, crayons, art supplies and other activities to bring the comforts of home to the patients
- Child-friendly décor, including hand-painted colorful ceramic tiles that adorn the walls of the cancer center and a 1,200-gallon exotic saltwater fish tank





Located across the street from Advocate Hope Children’s Hospital, the 16-bedroom Ronald McDonald House provides a comfortable, short-term home for the parents and siblings of our pediatric cancer patients. At a time of great stress and concern for their child, families can relax in a comfortable living space and find support from other families in similar situations. To further create a comfortable place in which to live, the house has a full kitchen where families can prepare meals, a game room, library and several living areas.

A new program called “Planting Seeds of Hope” offered by child life services addresses the unique needs of the siblings of cancer patients. Although the program centers around the siblings, it helps to foster better relationships between the siblings and the entire family by working through feelings, such as resentment and fear. Improving the relationship between the child and his or her sick brother or sister can lead to a stronger connection and, therefore, a better quality of life for the patient as well as the entire family.

Other programs offered include the Pediatric Oncology Survivorship in Transition (P.O.S.T.) clinic. The P.O.S.T. clinic at Advocate Hope Children’s Hospital is one of the most extensive pediatric cancer survivors support programs in the Midwest. It addresses the needs of patients treated for pediatric cancer who are survivors and have been off treatment for two to three years. A cornerstone of the program is to provide an annual general health screening for childhood cancer survivors per standard age recommendations.

The purpose of the P.O.S.T. clinic is to provide childhood cancer survivors with close medical follow-up in order to detect any health, psychosocial or developmental problems that may be a result of the cancer itself or the treatment received. Significant late effects can be subtle and may go unnoticed unless evaluated in a structured manner. The clinic educates survivors about potential problems and take steps to identify and treat them early if they do develop. The success of the P.O.S.T. clinic is largely dependent on the experiences and quality work of the P.O.S.T. clinic coordinator, Linda Rivard, RN, BSN, CPON. Linda is both a cancer survivor and parent of a survivor. She has dedicated herself to providing the most current Children’s Oncology Group recommendations and therapies to all of our childhood cancer survivors and working with the team to assure healthy living.

The H.O.P.E. School Program is committed to providing educational support to all school age patients ages 10 to 18. The staff strives to provide a sense of normalcy and consistency in patients' daily routines while staying within Hope Children's Hospital. A rich learning environment that is filled with trust, care, concern and respect in assisting all our patients and their families is provided.

It has been known that while hospitalized, many children succumb to a great deal of stress over falling behind in their school work. Keeping school as a fundamental part of each child's life is our main goal here at Advocate Hope Children's Hospital.

Thanks to our new H.O.P.E. School Program, kids can continue that sense of "normalcy" in their lives. We know the importance of education in a child's life and want to help keep their routine as consistent and stress-free as possible.



Patient Navigation with Advanced Practice Nurses

A diagnosis of cancer brings many challenges for patients and their loved ones. It is common to feel overwhelmed by the amount of new information and decisions to be made. Understanding of the “What comes next?” is where the disease-specific clinical nurse specialists at Advocate Christ Medical Center come into play. These advanced practice nurses, who have a disease-site-specialty are available to assist or navigate the patient with one-on-one support through the cancer experience. Some of their clinical responsibilities to patients include, but are not limited to:

- Assessing for clinical, emotional, spiritual, psychosocial, and financial needs
- Guiding through the complex treatment “maze” and lessening any confusion of the processes involved
- Eliminating barriers to care
- Ensuring patients receive a treatment plan that is understandable, feasible and within national guidelines
- Reinforcing patient education and directing patients and families to available and reliable resources
- Facilitating access to clinical trials
- Providing information, history and films for multi-disciplinary conferences
- Helping to provide hands-on care and referrals for support services

The Cancer Institute has four “patient navigators,” who act as liaisons between patients and the patient care team in order to help coordinate care and ensure all health care needs are met. These nurses include a breast health specialist, gastrointestinal specialist, a lung health specialist and an advanced practice nurse for the multi-disciplinary clinics.



Laurel Barbour, APN
*Multi-disciplinary
Clinic*



Patricia Mullenhoff, APN
Lung Cancer



Deborah Stlaske, APN
*Gastrointestinal
Cancer*



Patrice Stephens, APN
Breast Cancer



Community Benefits

Advocate Christ Medical Center's Cancer Institute professionals strongly believe that community education and involvement are a vital part of our mission.

Support groups are available for people who are undergoing or have completed cancer treatment. In addition to a support group open to people with any cancer diagnosis, there are also groups focusing specifically on prostate and breast cancer.

Up-to-date, accurate information is crucial to making informed health care decisions. The Cancer Institute provides this via formal and informal health educational opportunities in the community. Members of the Cancer Institute regularly participate in health fairs throughout the surrounding communities. Doctors, nurses, dieticians and therapists all lend their expertise to educational sessions on campus and in the community. An example of this is "Paint the Town Pink," a free breast cancer awareness and education program. This annual half-day program is held on campus for the public. It provides education, support and motivation for anyone interested in or affected by breast cancer.

The Cancer Institute believes that early detection is key to better outcomes. A free skin cancer screening was offered in May and free prostate cancer screening was offered in September. For colon cancer awareness month in March, free take home screening kits were distributed, at a local library, several nearby pharmacies and on the medical center campus.

We strive to be a community resource by providing screenings, support groups and the latest health information.

Clinical trials offer patients access to the very latest in cancer care, while giving physicians and researchers the opportunity to study the effectiveness of new treatments. With Advocate Christ Medical Center's active participation in clinical trials, patients have access to treatments before they are widely available. Christ Medical Center manages a robust portfolio of clinical trials. A significant number of the trials in progress at the medical center focus on treatments for cancer and cardiac-related ailments in both adult and pediatric patients.

Most of the clinical trials managed within the Cancer Institute each year are Phase III, which means that the study drug or treatment is given to large groups of people (1,000 – 3,000) to confirm its effectiveness, monitor side effects, compare it to commonly used treatments and collect information that will allow the drug or treatment to be used safely. Earlier phases of clinical studies are designed to evaluate safety, determine a safe dosage range, and identify side effects in smaller groups of people.

The Advocate Christ Medical Center Cancer Institute participates in studies sponsored by the National Cancer Institute through groups such as the Eastern Cooperative Oncology Group, the Radiation Therapy Oncology Group, the Gynecological Oncology Group, the National Surgical Adjuvant Breast and Bowel Project, and the American College of Surgeons Oncology Group. In addition, the Cancer Institute participates in several other national and international cancer studies sponsored by the pharmaceutical industry.





Involvement in clinical trials provides access to a wide range of new, experimental drugs or treatments without having to leave the community for cancer care. Most patients are referred to these clinical trials through their physician or disease-specific conferences, which are held on a regular basis. These meetings provide a forum where cancer care team members discuss patients and identify those who might potentially benefit from a clinical trial. Once the potential clinical trial is discussed with the patient, the patient makes the final decision about whether or not to participate.

Patient safety during the clinical trial is the first priority. Every clinical trial at Advocate Christ Medical Center must by law be approved and monitored by an Institutional Review Board (IRB) to make sure the risks are as low as possible and are worth any potential benefits. Clinical trials follow a carefully controlled protocol and study participants are monitored very closely. Participants have scheduled visits throughout the course of the study, and are seen regularly by the research coordinator and the research physician. The Cancer Institute at Advocate Christ Medical Center strives to use research as a tool to increase its patient's options through clinical trials and increase the level of care through process improvement studies and evidence-based practice.

Philanthropy Makes a Difference

Advocate Charitable Foundation builds relationships and partnerships to inspire charitable giving by individuals, foundations, corporations and organizations to Advocate Christ Medical Center and other Advocate hospitals. The Cancer Institute's Foundation Council raises philanthropic funds specifically to advance the medical center's clinical, educational, research, patient-support and outreach programs. The council comprises physician leaders, community members and business owners and serves in an advisory capacity.

Philanthropic support to the Cancer Institute increased by 40 percent in 2010, and the total number of donors increased by 103 percent. What follows are several highlights of how philanthropic funds were used to support the Institute's mission in 2010:

- A microscope camera with Internet capability enables surgical teams to send "live" video images from operating suites to pathologists in remote locations for immediate interpretation. A second camera enables pathologists to take still photos of tissue samples for use in powerpoint presentations, publications, and other educational materials.
- More than 135 practicing physicians, medical residents, nurses, pharmacists, social workers, and other allied health professionals attended, free, full-day conference where they received the newest information on diagnosing and treating gastrointestinal cancers.
- Women coming to the Institute's breast center can now use computer notebooks to complete a questionnaire about their family history with cancer. A special software program allows staff to analyze the results and identify women who may be at higher risk for breast cancer and who are then educated about measures they can take to potentially extend their lives.
- More than 175 area residents attended the Cancer Institute's annual breast-health awareness and education event, "Paint the Town Pink," which is offered free to the public.





Logan's Heroes

Now 13 years old, Logan Molenhouse was just 2 when a prolonged fever sent his family to a pediatrician. Initial blood work signaled something wasn't right, so his parents took him to Advocate Hope Children's Hospital, where he was diagnosed with B-lineage leukemia "Your world stops," says his father, Rick. "You hear the word leukemia, and all you know is that it's bad."

Under the care of a team led by director of pediatric oncology and hematology, Sharad Salvi, MD and his colleague, Ammar Hayani, MD, Logan began a two-year course of chemotherapy. Eventually, the cancer went into remission, but the struggle wasn't over. He suffered two relapses, which required progressively stronger chemotherapy and removal of an infected spleen to overcome.

The Molenhouses' sometimes overwhelming experience was tempered by the professional care and personal attention they received from physicians, nurses and other staff, whose compassion was genuine. "When one of our young patients relapses, it becomes emotionally tough for the physicians," says Dr. Salvi. "By that time, we've developed a relationship with the child and family."

Today, Logan continues to do well, and the extended Molenhouse family maintains a strong relationship with Advocate Christ Medical Center and Hope Children's Hospital. Rick serves on the medical center's Development Council, which works to build philanthropic support from the community. Logan's grandparents, Dick and Pixie Molenhouse, played a key role in making and securing the charitable gifts that made possible the Logan Molenhouse Day Room, an infusion treatment center, with eight private treatment bays, that provides a relaxing atmosphere for childhood cancer patients. Martin Ozinga III, another relative, serves on the Cancer Institute's new Foundation Council.

The entire family gets great satisfaction from knowing they're making a real difference for the people in their community. "That's what it's all about," says Dick Molenhouse, who was honored at the medical center's 2010 gala, along with Pixie, for their many contributions. "It's not just Logan; it's all the little kids going through the same thing. Your heart just goes out to them and their parents—and their grandparents!"

Remission Accomplished

Several years ago, Pat Fisher of Stickney began experiencing symptoms of a serious illness. Her appetite and weight declined, she became bloated and constipated and was in terrible pain. “I could almost feel something growing in my abdomen,” she says.

At the insistence of her worried daughter, Pat finally went to the emergency department at Advocate Christ Medical Center, nearly six months after she first started feeling sick. A CT scan revealed several large tumors in her ovaries, one of them wrapped around her large intestine. Within a few hours, she was admitted to the medical center’s oncology unit, where she was quickly diagnosed with Stage III ovarian cancer—the most deadly of the gynecologic cancers because its vague symptoms often enable it to progress undiscovered. “If she had waited any longer before seeking medical help, her outcome could have been much worse,” says Dr. Amar Hamad, oncologist. “The cancer might have been incurable.”

Pat was started almost immediately on two chemotherapeutic drugs to destroy cancer cells throughout her body and shrink the tumors to an operable size. The medicines were delivered through a power port surgically implanted under her skin, preventing her from having to be “stuck” for each treatment and blood draws.

After only four six-hour treatments, a CT scan revealed that her tumors, remarkably, were gone. To minimize the possibility of any stray cancer cells remaining, gynecologic oncologist Michael Regan, MD, removed her ovaries, fallopian tubes, uterus, nearby lymph nodes and the tissue covering the intestines. “Hers was a very complex case requiring a major, delicate surgery and a team of specialists working together,” says Dr. Hamad.

After her discharge from the hospital, Pat received preventative chemotherapy once every three weeks, in five-hour sessions, as an outpatient. She continues to be carefully monitored by Dr. Hamad, but all indications are good. All her blood tests, CT scans and pathology reports indicate that Pat’s cancer is officially in remission. “It’s like a miracle,” she says.





Donor Profile: Gleneagles Men's Club

When Barbara Zaczek was being treated for breast cancer at Advocate Christ Medical Center, her husband found himself sharing her story with some of his friends in the Gleneagles Men's Club. "Once we started talking about it, I realized it's an epidemic: So many of our wives, sisters and daughters have been through the same thing," says Felix Zaczek. "It got me thinking that as a group we could raise money to help support local organizations that are taking care of breast cancer patients."

An independent golfing club whose 300 members play primarily at the Gleneagles Country Club in southwest suburban Lemont, the Gleneagles Men's Club held its first fund-raiser in 2008—generating nearly \$25,000 through raffle-ticket sales. The members then donated \$5,000 of the proceeds to the Cancer Institute, which used the funds to purchase a blanket warmer for the medical center's outpatient chemotherapy center in Oak Lawn. "The chemotherapy process can be time-consuming and difficult for patients," says Renee Jacobs, MD, the medical oncologist who treated Barbara Zaczek and advised the Gleneagles Men's Club about the gift. "Anything that can be done to improve their experience is welcome, and patients truly appreciate the added comfort provided by the heated blankets."

After its 2009 fund-raiser, the Gleneagles Men's Club donated another \$5,000 to the Cancer Institute, which used it to purchase a second blanket warmer—this time for the inpatient cancer unit at Advocate Christ Medical Center. There, it is being used to help keep patients who are going through chemotherapy or radiation more comfortable. The group's 2010 gift of \$5,000 was used to purchase laptops for three advanced practice nurses who specialize in GI, lung and breast cancers, and help patients "navigate" through the complexities of cancer care.

"Giving like this really strengthens our organization and gives it meaning," says Felix. "We're not there just to compete in golf, but to help those in need. Our theme is the GMC: Great Men Care."

Cancer Registry Data 2007 – 2009

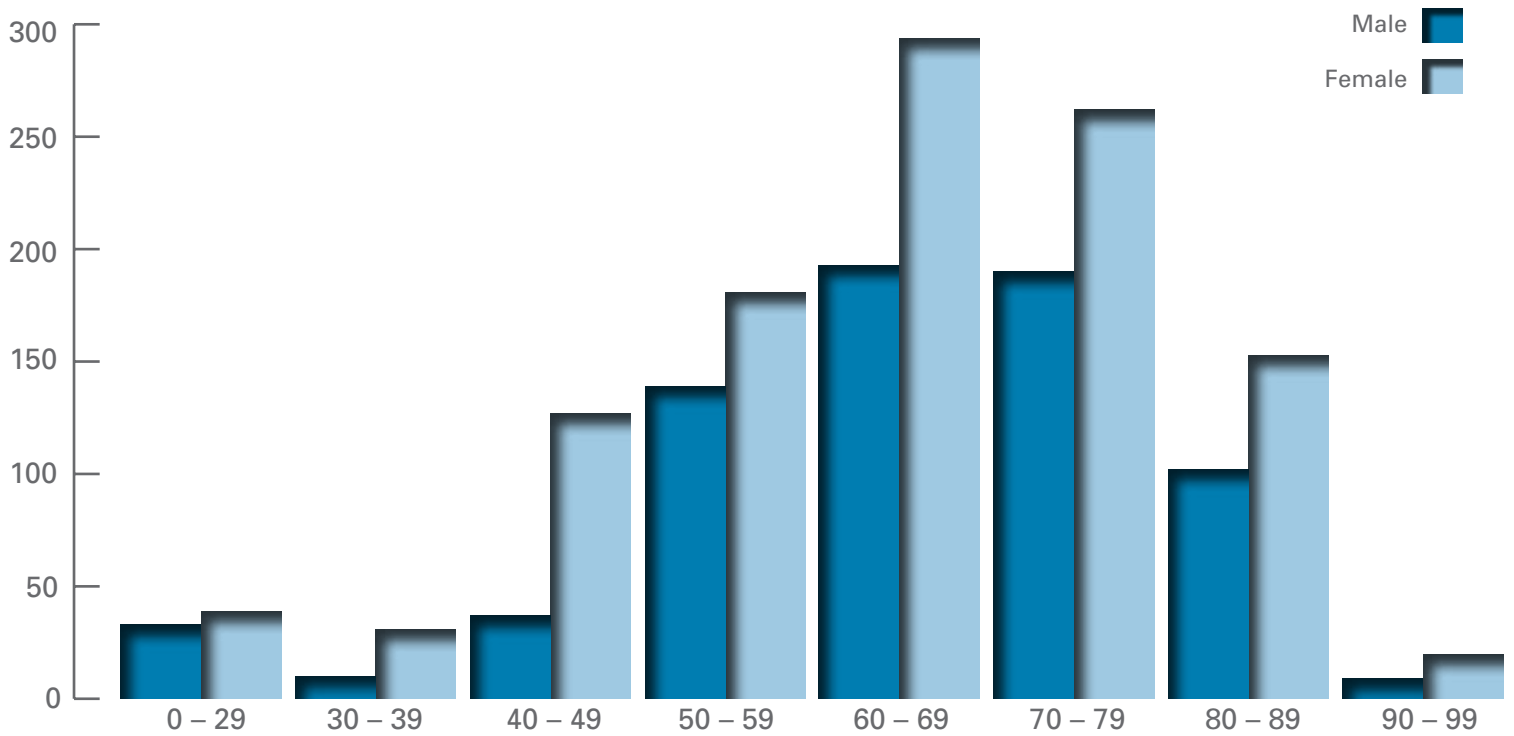
Primary Site	2007	2008	2009
Breast	344	397	373
Lung	280	335	373
Colorectal	179	190	160
Prostate	106	90	91
Brain	69	86	105
Hematopoietic	38	57	53
Other	554	649	654
Total	1,570	1,804	1,819

Cancer Incidence by Site: Comparison 2009

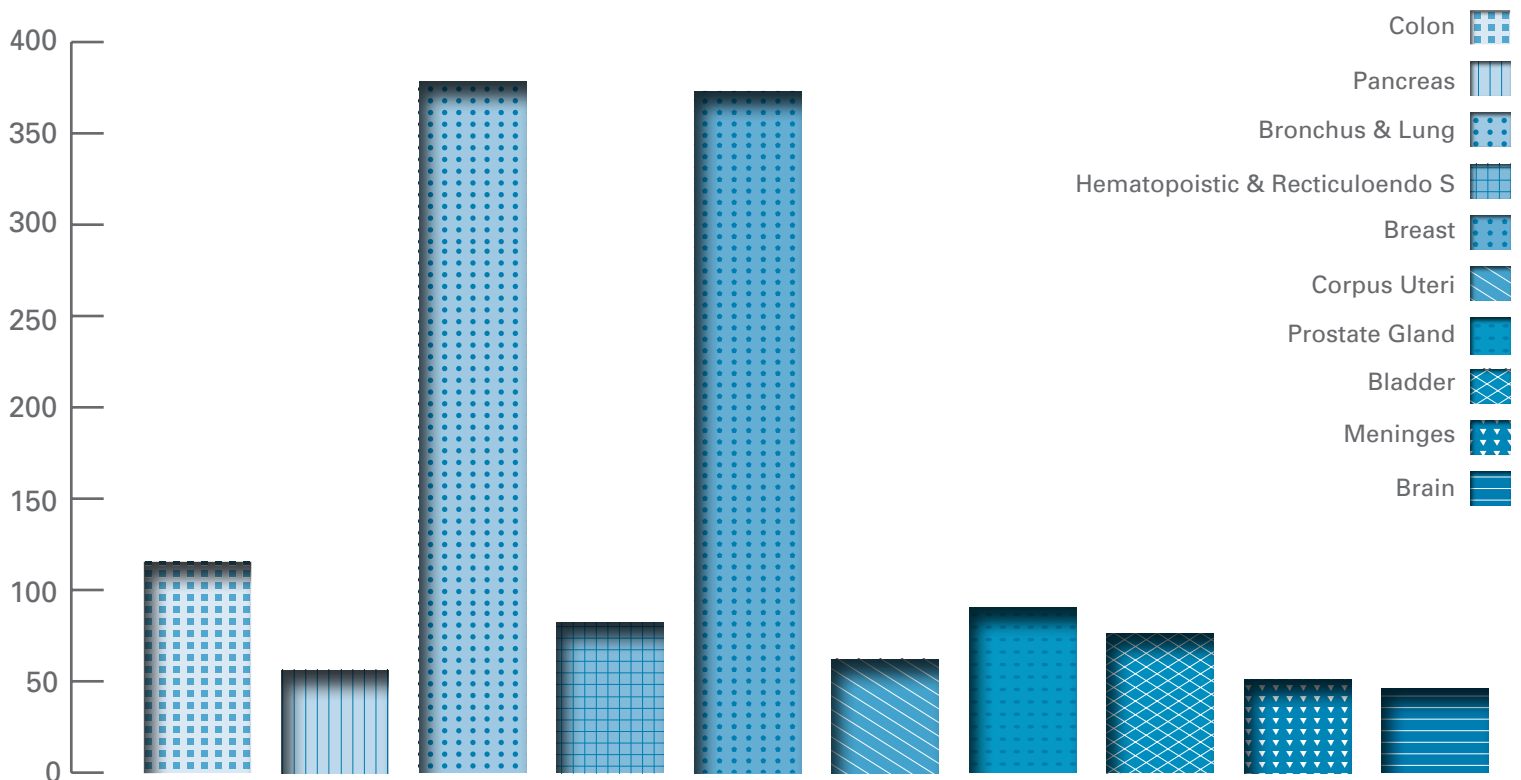
Female	Christ Medical Center	National
Breast	33%	27%
Lung/Bronchus	19%	15%
Colon/Rectum	8%	10%
Uterine Corpus	6%	6%
Non-Hodgkin's Lymphoma	2%	4%
Melanoma-Skin	1%	4%
Thyroid	2%	4%
Ovary	2%	3%
Kidney/Renal Pelvis	2%	3%
Leukemia	2%	3%
All Other Sites	22%	21%

Male	Christ Medical Center	National
Prostate	13%	25%
Lung/Bronchus	23%	15%
Colon/Rectum	11%	10%
Urinary Bladder	8%	7%
Non-Hodgkin's Lymphoma	4%	5%
Melanoma-Skin	1%	5%
Kidney/Renal Pelvis	3%	5%
Leukemia	4%	3%
Oral Cavity	2%	3%
Pancreas	3%	3%
All Other Sites	18%	19%

Age of Diagnosis by Sex – 2009



Top 10 Primary Sites – 2009



A Retrospective Review of Endometrial Survival

Endometrial Cancer Patients Diagnosed at Advocate Christ Medical Center

This is a retrospective review of endometrial cancer survival at Advocate Christ Medical Center from 1999 thru 2004.

Proposed by the American Cancer Society (ACS) for 2011 the estimates are 46,470 new cases of endometrial carcinoma and 8,120 deaths from endometrial carcinoma. (1) The estimated figures for 2010 were 43,470 new cases and 7,950 deaths respectively. The proposed trend indicates a slight increase in the number of cases and in deaths for 2011. There remains a marked discrepancy in five year survivals by race, being considerably lower in African Americans (61%) compared to an 86% five year survival in whites. Although causes remain indeterminate, more aggressive sub-types and a decreased access to healthcare services have been proposed. Endometrial carcinoma accounts for approximately 6% of cancers in women. Fortunately most cases present early in the natural history allowing for higher cure rates and lesser intervention, often surgery alone.

This study was undertaken as a retrospective review of patients treated for endometrial cancer at the Advocate Christ Medical Center in the years 1999 thru 2004. The database at Advocate Christ Medical Center (ACMC) allowed for retrieval of retrospective information with regard to patient survival, age, and management modalities. Two and five year survivals were calculated.

Contributing authors: [Richard Belch, MD](#) and [Sandy Norton, RN](#)



Results

During the five year interval between 1999 and 2004, 187 patients were identified with endometrial carcinoma in the ACMC cancer database (Table 1). 27 patients were diagnosed at less than 50 years of age (16.92%) and 160 patients were greater than or equal to 50 years of age (83.08%). In the young group 27 (16.92%) were histology grade one, where as 146 (76.88%) of patients greater than 50 years of age were of a grade one histology. The remaining patients were grade two or grade three histology, that is 14 patients.

Histology when broken down by race showed a total of 149 patients. 142 were grade one (Table 2). In the Afro-American cohort 20 of 25 were grade one. In this series a majority of patients (98) were an endometrioid Adenocarcinoma. The clinical stages were 124 patients stage one, 19 patients stage two, 18 patients stage three, and 8 patients stage four, 1 was describes as carcinoma in situ and 17 were unstaged (Table 3). Of the patients with grade one tumor 125 were alive and 48 have succumbed to their disease. The numbers for grade two and three were 1 of 6 and 1 of 5 for dead of disease respectively (Table 4).

Surgery was the primary treatment for 81 patients with stage 1 endometrial carcinoma at ACMC. Surgery was also the primary treatment for 33 patients with stages two and 1 patient for stages three and four respectively. Radiation therapy was utilized as primary treatment for 5 patients with stage one disease and 6 patients with stage three disease. A combination of surgery, radiation, and chemotherapy was utilized for 1 patient with stage one, 2 patients with stage three, and 3 patients with stage four disease. Combination surgery plus radiation therapy was utilized in 32,15,3, and 1 patients for stages one, two, three, and four respectively. Surgery and chemotherapy was utilized in 2 patients for stage one disease and 1 patient with stage four disease. Radiation and chemotherapy was utilized in treating 4 patients with stage three disease. Chemotherapy alone was utilized in one patient with stage two disease.

The survival rate described by data from the ACMC cancer registry reveals a two year survival of 88% and a five year survival of 74% (Figure 2). There is a marked difference in the age groups with a five year survival under age 50 at the time of diagnosis being 96% and at age 50 and over at time of diagnosis being 70% (Figure 2). The mean age of patients at time of diagnosis was 64.27 with a standard deviation of 12.91. In the NCDB the ratio of whites to African American for endometrial carcinoma was 66.7 to 16.7 for stage zero and 75.4 over 12.4, 75.4 over 14.0, 77.1 over 15.7, and 62.6 over 23.7 for stages zero, one, two, three, and four respectively. In addition the ratio was 65 over 23.1 for unspecified stage.



Our two year survival rate of 88% overall compares favorably with that of the National Cancer Database of 89.5%, and our five year survival of 74% is slightly less than the NCCDB's calculated survival of 78.0%. (2) The age related survivals also indicate a marked differential between the groups less than 50 years of age as compared to that group 50 years of age or older (96% vs. 70%). Variations in the time frame as well as patient selection may account for some of these differences.

Endometrial carcinoma remains one of the most frequently encountered invasive cancer related to the female reproductive tract. The concept of surgical therapy as a primary treatment remains firmly ensconced in our management. The relative value of complete staging as well as pelvic and peri-aortic lymphadenectomy continues to be evaluated. In the past decade the use of chemotherapy as adjuvant has become more prevalent. (3)

Overall there is a considerable lack of standardization in the management of endometrial carcinoma. The National Comprehensive Cancer Network (NCCN) has forwarded guidelines for clinical practice and indicates that the practice guidelines are not intended to replace good clinical judgment nor to replace individualization of management. The American College of Obstetrics and Gynecology has recommended that patients with endometrial carcinoma be referred to a gynecologic oncologist for management and treatment. Yet a recent study reports that 21.4% of women with endometrial cancers were referred to gynecologic oncologists and that 78.6% were treated by others. (4) The authors report that those patients treated by gynecologic oncologists were more likely to undergo staging and subsequently receive adjuvant chemotherapy for advanced disease. This group included women that were of older age presented with a more advanced stage, and had higher grade tumors. They concluded that the care provided by gynecologic oncologists improved the survival of those patients that were of higher risk.

Endometrial carcinoma remains a highly curable disease as most patients are diagnosed with an early stage and/or with a favorable grade. Yet its virulence expressed with increased grade and increased stage, often requiring adjuvant chemotherapy and radiation therapy in addition to surgery. These pose considerable risk to the women who often present with significant comorbidities. Optimal standards of management, not only the high risk disease but also the low risk, remain in flux as our knowledge and new therapeutic modalities are evaluated and established. Pre-treatment consultation with a gynecologic oncologist should be afforded to all women with endometrial carcinoma.

Data

Age by Histology Code						
Histology Code	< 50 yrs		≥ 50 yrs		Grand Total	
	n	%	n	%	n	%
1	27	16.92%	146	76.88%	173	93.80%
2			11	4.87%	11	4.87%
3			2	0.35%	2	0.35%
88			1	0.98%	1	0.98%
Total	27	16.92%	160	83.08%	187	100%

Table 1

Ethnicity by Histology Code								
Histology Code	White		AA		Other		Grand Total	
	n	%	n	%	n	%	n	%
1	142	75.94%	20	10.70%	11	5.88%	173	92.51%
2	6	3.21%	4	2.14%	1	0.53%	11	5.88%
3	1	0.53%	1	0.53%		0.00%	2	1.07%
88		0.00%	1	0.53%		0.00%	1	0.53%
Total	149	79.68%	26	13.90%	12	6.42%	187	100%

Table 2

Clinical Stage	n	%
0	1	0.03%
1	124	65.30%
2	19	10.26%
3	18	10.41%
4	8	4.61%
Missing data	17	9.39%
Grand Total	187	100.00%

Table 3

Vital Status by Histology Code			
Clinical Stage	Vital Status	n	%
1	Alive	125	70.91%
	Dead	48	22.89%
1 Total		173	93.80%
2	Alive	6	2.63%
	Dead	5	2.25%
2 Total		11	4.87%
3	Alive	1	0.21%
	Dead	1	0.14%
3 Total		2	0.35%
88	Dead	1	0.98%
88 Total		1	0.98%
Grand Total		187	100%

Table 4

Endometrial Survival – 187 Cases diagnosed between 2000 – 2004

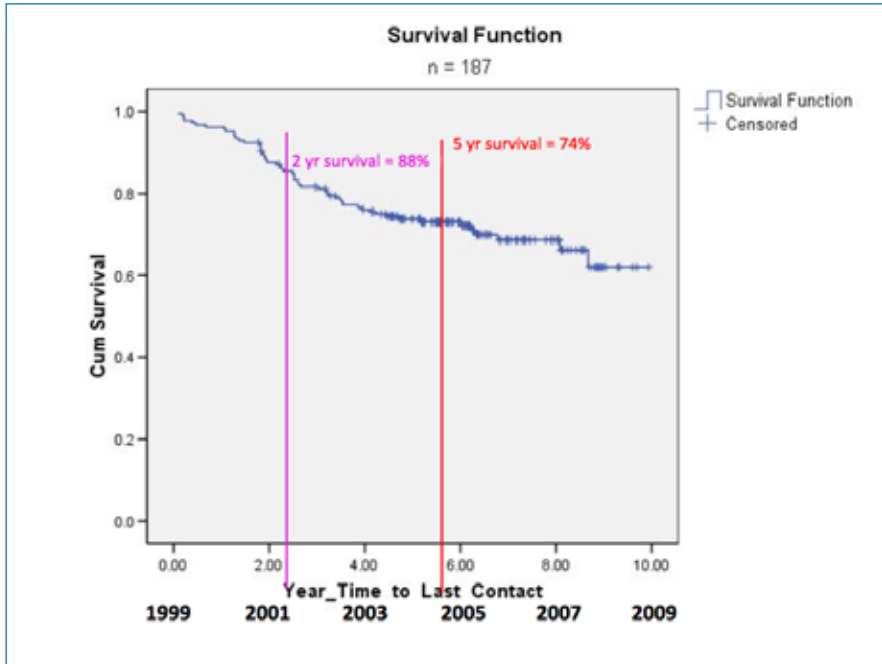


Figure 1

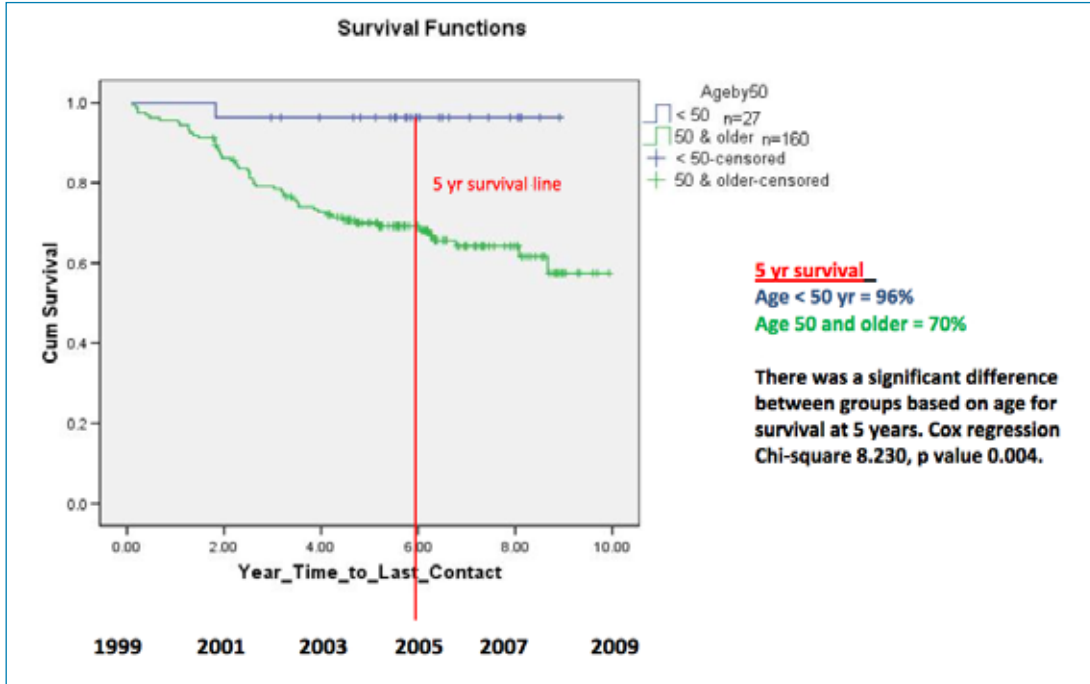


Figure 2

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